ModelsforChange
Systems Reform in Juvenile Justice

Knowledge Brief

Does Mental Health Screening Fulfill Its Promise?

As many as two-thirds of youths in pre-trial detention exhibit behaviors serious enough to qualify them for a mental disorder. Under the stress of detention, these youths can act out in ways that are harmful to themselves, to other youths around them, and to detention center staff. In this study, researchers implemented a validated screening procedure (MAYSI-2) that allows staff to identify a youth who is in crisis and may need immediate attention. But would staff in fact use the tool to get youths the help they need? Findings indicate that in most centers staff did increase their efforts to obtain services and to take suicide precautions where needed. In addition, when services were not available, the ability to identify youths was sometimes helpful in finding or creating the needed services. Screening did not reduce the number of disruptive incidents; that may require additional training.

Background

Juvenile detention centers are rightly concerned about the mental health of the young people in their charge. Studies have found that as many as two-thirds of youths in pre-trial detention have symptoms serious enough to qualify them for a mental disorder. In many cases these symptoms, while serious, are temporary—linked to the youth's developmental stage or current circumstances. In others they represent a more lasting disorder. But even juveniles with relatively mild symptoms can, under the stress of detention, act out in ways that are harmful to themselves, to other youths around them, and to detention center staff.

For the safety of all concerned, as well as the long-term well-being of detained youths, professional organizations and agencies nationwide have urged detention centers to identify troubled youths at intake. One way to do that is with a validated screening tool that could alert staff to the need for suicide watch or a mental health consultation.

But does mental health screening fulfill its promise? As part of the MacArthur Foundation's Models for Change initiative, researchers conducted the first study of the value of mental health screening in juvenile detention centers. They implemented a screening procedure in nine detention centers in three states and examined whether this enhanced the responses staff made to youths with behavioral health needs. The screening tool used was the Massachusetts Youth Screening Instrument-2nd version (MAYSI-2),[1] which provides scores that staff can use to identify a youth who is in crisis and may need immediate attention.

[1] MAYSI-2 asks youths to answer yes/no to 52 items describing their recent feelings, thoughts, or behaviors. The items contribute to six clinical scales: Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences. MAYSI-2 takes only 10 minutes and is administered by non-clinical intake personnel. It is currently used in 43 states.

Mental health symptoms are common at detention intake.

The detention centers in this study had never used systematic mental health screening at intake. For four months, staff kept daily records of incidents involving youth misbehaviors such as assault or contraband; they also kept records of staff responses to apparent mental health symptoms such as depression, anxiety, suicidal ideas, or abnormal thoughts or behaviors. The researchers then helped staff make the screening tool a routine part of the intake process, administered to every youth within their first two to four hours at the center. Staff continued to record detention incidents and mental health responses for another four months.

In most of the detention centers, about 70 percent of boys and 80 percent of girls scored in the "clinical" range for one or more symptoms, indicating a concern but not necessarily one that needed immediate attention. About 20 percent of boys and 30 percent of girls had scores suggesting a mental health crisis serious enough to require action. These proportions were very similar to past MAYSI-2 findings in hundreds of detention centers nationwide.

Staff responses increased with the screenings.

When the mental health screening was put in place, researchers educated staff members about the meanings of the scores and symptoms. They developed a system for staff to be informed promptly of the scores, and offered suggestions for responding to youths with critical symptoms. The staff members themselves decided when such responses were necessary.

Six of the detention centers produced data that the researchers were able to analyze for staff responses to mental health needs. The findings showed that in the four months following the introduction of the screening, staff in most of these centers gradually increased their efforts to obtain services such as clinical consultations for youths and to take suicide precautions for those who needed them. The change was pronounced in three of the sites, modest in one, and negligible in another. Interestingly, the pattern in the sixth site showed a decrease in mental health responses. This turned out to be due to less frequent use of suicide precautions; before the screenings, staff in that center apparently had been using suicide watches—which require isolating the youth—more often than was necessary.

Staff Responses to Perceived Mental Health Needs

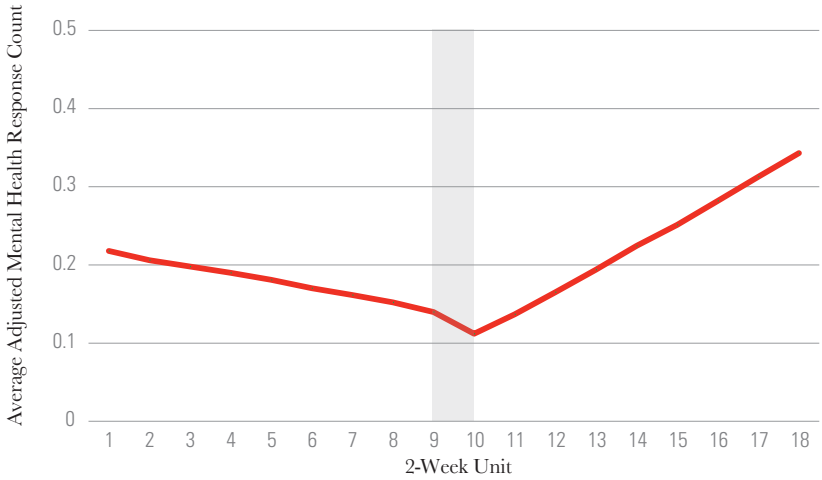

figure 1

The figure shows a gradual increase in the frequency of mental health responses by detention center staff following a two-week period (shaded section in the center of the graph) during which the mental health screening tool was put in place in the detention center. Six sites are included; the count is weighted according to the number of youths at each site during each two-week observation period.

Screening may ultimately lead to greater availability of services.

The study did not examine whether youths actually obtained the services sought by staff, or whether their conditions improved as a result of staff responses. Detention center directors told the investigators that because of budget constraints, appropriate services often were not available. In some detention centers, however, the ability to identify youths with mental health needs was helpful in finding or creating the needed services. In short, implementing a reliable method of identifying mental health needs can be a first step in developing services that protect youths and reduce delinquent behavior.

Disruptive incidents were the same before and after screening.

Before and after mental health screening was begun, staff members made daily records of any incidents in detention involving rule infractions such as fighting, contraband, or serious disobedience. The researchers had expected that the screening results would give staff members information that would help them anticipate and deflect disruptive behavior. However, the study produced no evidence that detention incidents were reduced.

Could screening scores have helped staff anticipate disruptions?

The researchers did not tell staff members how or whether to use MAYSI-2 results in managing youths. When screening failed to change the pattern of disruptive incidents, the researchers wondered whether the tool was providing staff with the right cues to anticipate such behaviors. They looked for differences in scores at admission for youths who eventually did or did not engage in detention center infractions during their stays, and found differences on several of the MAYSI-2's seven scales. The researchers are now working on a method to combine scores on those scales to provide detention staff with a signal that a youth is at higher risk for engaging in disruptive behavior while in detention. Staff should be able to use that signal to improve their management of youths and increase safety in the detention center.

Implications for policy and practice.

Many practitioners and advocates argue that the best response to the problems of managing youths with mental health symptoms is to reduce the frequency with which they are detained. For youths whose offenses are not serious, a growing number of communities prefer to use community mental health services with placement at home or temporary foster care, along with crisis hospitalization where needed. Yet this is difficult in communities with inadequate child mental health services, and it may not be appropriate for youths whose offenses are more serious and who require the security of detention. Even in communities with the best diversion options, most detention centers will require careful monitoring and responses to the youths in their care.

The starting point is to provide a valid, easy-to-use tool and make it a part of the intake process. As shown in this study, a screening tool such as MAYSI-2 can be successful in alerting staff to youths with clinical symptoms and can increase their ability to formulate a response. By extension, the screening can also be helpful in reducing threats to the safety of youths and staff. Fulfilling this benefit, however, may require training staff on how to use the screening results to anticipate incidents and adjust their monitoring activities.

Federal and many state juvenile justice agencies now recommend mental health screening in juvenile detention centers, and step-by-step procedures for implementing it are available.[2] To fulfill its promise, mental health screening must be done with a scientifically validated tool—one whose scores have been shown to accurately measure the symptoms they intend to measure. Such tools are already being adopted nationwide. For example, in the past decade, MAYSI-2 has been adopted for use in

[2] See *Mental Health Screening Within Juvenile Justice: The New Frontier* (2008), a document developed by the MacArthur Foundation. Available at www.NCMHJJ.org

detention centers statewide in more than half the states. The cost can be as low as $250 for an instrument that can be used without limit, offering an opportunity to improve detention center practices even in economically strapped states. The evidence of the present study supports the value of this investment, both for the clinical welfare of youths and for increasing the safety of youths in detention, detention center staff, and communities.

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This brief is one in a series describing new knowledge and innovations emerging from Models for Change, a multi-state juvenile justice initiative. Models for Change is accelerating movement toward a more effective, fair, and developmentally sound juvenile justice system by creating replicable models that protect community safety, use resources wisely, and improve outcomes for youths. The briefs are intended to inform professionals in juvenile justice and related fields, and to contribute to a new national wave of juvenile justice reform.