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Lessons Learned: Facilitating Mental Health Screening in Juvenile Justice Programs

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Recent evidence suggests that the prevalence of mental disorders among youths in the juvenile justice system is two to three times higher than youths in the general population.[1] Screening upon entry to a juvenile justice facility is essential for identifying youth who may have emergency mental health problems (e.g., suicide risk) and has become standard practice across the nation. We know more about the validity and reliability of mental health screening tools used in this context than we do about the factors that facilitate their implementation. If improperly implemented, adequate validity is virtually lost. Effective screening procedures require attention to how they are used within juvenile justice facilities.

MAYSI-2 Uses & Consequences Study

Introduced in 2000, the Massachusetts Youth Screening Instrument — Second Version (MAYSI-2) is now the most widely used mental health screening tool in juvenile justice secure facilities in the U.S.[2] The National Youth Screening and Assistance Project (NYSAP), funded by the MacArthur Foundation, provides technical assistance nationwide for juvenile justice programs implementing mental health screening.

The Law and Psychiatry Program at the CMHSR began a study in 2003 focused on the adoption and implementation of the MAYSI-2. Qualitative data were collected using semi-structured interviews, focus groups and on-site observation. Respondents included administrators, managers and front-line staff at 17 juvenile detention centers in Pennsylvania and one each in Illinois and Arizona. This project addressed the following research questions:

- What influenced the rapid adoption of the MAYSI-2?

- What were the barriers to and facilitators of implementation?
- How is the MAYSI-2 actually being used in juvenile justice settings? What are the variations in its use?

Results

Adoption

Analyses identified several themes regarding administrators' and managers' stated reasons for adopting the MAYSI-2:

- *A way to improve the quality of their care for youths* – "We wanted to catch kids who might otherwise slip through the cracks;" "to help staff be better at what they do."
- *A method to collect data* to help demonstrate the need for resources and mental health services – "We knew the kids had mental health needs and…needed services" but "we needed numbers to show the situation."
- A *standardized procedure* with known validity that would verify or crosscheck other procedures in use – "We were hoping that it would validate what staff conducting intakes detect...and it does."
- A strategy to *maintain consistency in the face of policy and resource changes* – "We needed to have the continuity that the MAYSI would bring. Our mental health service provider is under contract. What if that contract is not renewed?"

Barriers to and Facilitators of Implementation

Several themes emerged related to barriers to

implementation of the MAYSI-2 or mental health screening in general:

- A *lack of understanding* on the part of staff and/or administrators regarding the potential value of mental health screening – "It's important to keep letting staff know how important the MAYSI process is. It's not a hassle. It's a win-win."
- *Negative staff attitudes* about taking on any new task or responsibility – "Our [staff] view the MAYSI as unnecessary paperwork and some see it as a chance for excuse making"
- *Inadequate numbers of staff* for administration – "A center needs to have enough staff so that things can get done right even when a lot of kids come in at once."

Several themes emerged related to factors facilitating implementation of mental health screening:

- *Policy must come before implementation* – "Detention staff and the management team need to make sure their roles and responsibilities are clearly defined;" "They need to think about how and when it's [screening] going to take place and what happens with the MAYSI-2 [scores]."
- *Buy-in at all levels* – a focus on working through issues in the differing interests of top-level administrators and front-line staff – "It's a lot about relationship building and education"; "We had a lot of administrator buy-in."
- *Ease of use* – MAYSI-2 features made things easier (e.g., short administration time and computer administration)
- *Conducting a pilot* was very effective in reducing resistance and increasing motivation – "I think trying it out got people motivated. Seeing it work made it more real."

Variations in Use

We observed fairly wide variations across facilities with regard to several administration variables.

- *Administration Timing* – Various sites give the MAYSI-2 within the first 6, 12, 24, or 48 hours after admission. Our evidence indicates these variations do not influence the proportion of youths screened in for further services. But delays in administration run risks of failing to identify potential crisis conditions for certain youths.
- *Repeat Administrations* – Repetitive administrations of the MAYSI-2 can occur when youth are transferred from one facility to another and are re-administered the MAYSI-2. Youths' answers can change when they receive it repeatedly in a short period of time.
- *Instructions to Youth* – Some facilities supply appropriate instructions about the purpose and use of the MAYSI-2 and some provide information that is extensive but somewhat inaccurate.
- *Data and Resource Management* – Some facilities and agencies use MAYSI-2 databases routinely to identify their needs for mental health referral. These efforts provide examples for new sites to follow in using MAYSI-2 data to lobby for resources.
- *Availability of Results to Third Parties* – Some centers have had to respond to efforts by third parties (e.g., probation, prosecutors) to obtain MAYSI-2 data for use in the adjudicative process and to defense attorneys who object to "testing" of their clients.

Recommendations

Based on these findings, we suggest:

- Develop a policy that avoids repetitive administration of the MAYSI-2 – for example, more than twice per month. In most cases, the previous placement will know of the youth's special mental health needs and can inform the receiving facility about them – e.g., putting them on alert regarding past suicide risk status which many detention centers would want to reinstate upon a youth's movement to any new setting.
- Use a standard set of instructions for completing the MAYSI-2 when introducing youths to the instrument. It is important that the introduction be done in a way that engages youth in the task, describes why they are being asked to participate in screening, tells them how the results will and will not be used, and respects their choice if they decline participation.
- Develop policy and practice to assure legally and clinically appropriate uses of mental health screening data. Establish protections regarding the use of mental health screening data as evidence in hearings or trials related to adjudication or disposition of the youth's charges. Develop an agreement regarding the release of mental health screening results to probation officers at the pretrial stage of youths' cases.

References

1. Teplin, L.A., Abram, K.M., McClelland, G.M., Dulcan, M.K. & Mericle, A.A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry, 59,* 1133-1143.

2. Grisso, T. & Barnum, R. (2006). *Massachusetts Youth Screening Instrument-version 2: User's Guide and Technical Report.* Sarasota, FL: Professional Resource Press.

For more information about mental health screening in juvenile justice, see:

Grisso, T., Vincent, G., and Seagrave, D. (2005). *Mental health screening and assessment in juvenile justice.* New York: Guilford.