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Introduction

Recent evidence suggests that the prevalence of mental health disorders among youth entering juvenile pretrial detention centers is two to three times higher than youths in the general population (Teplin, Abram, McClelland, Dulcan & Mericle, 2002). Within the past five years, mental health screening upon entry to a juvenile justice facility 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 tools are not implemented properly, their adequate validity is virtually lost. Effective screening procedures require attention to how screening instruments are put into place and how they actually function within juvenile justice facilities. Introduced in 2000, the Massachusetts Youth Screening Instrument—Second Version (MAYSI-2; Grisso & Barnum, 2006) is now the most widely used mental health screening tool in juvenile justice secure facilities in the United States.

Method

We began a study in 2003 that focused on the uses and consequences of the MAYSI-2 in juvenile justice facilities. 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. These data were coded using an iterative, constant-comparative process to identify emerging themes and recurrent patterns. AnSWR, a code-and-retrieve software program, facilitated this analysis. This project addressed the following research questions:

- What factors 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, and what are the variations in its use?
- What have been the consequences and outcomes of routine MAYSI-2 mental health screening, as perceived by juvenile detention professionals?

Results

Analyses identified several themes regarding administrators' and managers' stated reasons for adopting the MAYSI-2. Table 1 provides example quotes to represent the nature of responses that characterize each theme.

Adoption and Implementation

Many respondents reported being motivated to use the MAYSI-2 by both external pressures and self-imposed standards to improve the quality of their care for youths. Mental health screening data were often seen by administrators as having the potential to help them demonstrate the need for resources and mental health services that they did not have. Data gathered by the MAYSI-2 also were helpful for validating other sources of information. Some facilities already had intake procedures that used other methods to identify youths with special needs, but respondents reported that a standardized procedure with known validity would verify or crosscheck their efforts. Some facilities saw the MAYSI-2 as a potential way to maintain consistency and quality over time. Juvenile justice facilities, like many public

Table 1
Themes and Example Quotes from Administrators, Managers, and Front-line Staff related to the Adoption,
Implementation and Perceived Consequences of Routine MAYSI-2 Mental Health Screening

Themes related to what first attracted respondents to the MAYSI-2 for mental health screening	
Doing a better job	• We wanted to catch kids who might otherwise slip through the cracks. • It's [using the MAYSI] a way to help staff be better at what they do.
Leveraging resources and services	• We knew the kids had mental health needs and…needed services but we needed numbers to show the situation.
Validating other sources of information	• We were hoping that it would validate what staff conducting intakes detect…and it does. • It really supports what we already know. It's an important check.
Maintaining quality over time	• 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? • We need to keep something the same. It's important to have a test out there as a back up.

Themes related to barriers and resistances to adoption of MAYSI-2 mental health screening	
Lack of understanding	• They [staff] don't understand why they need to do it. They are resistant to it. • It's important to let staff know how important the MAYSI process is…It's not a hassle. It's a win-win.
Negative individual staff attitudes & perceptions	• We had a rough time…just convincing them to do it. Staff felt kids would not leave if we implemented the plan… • Our [staff] view the MAYSI as unnecessary paperwork and some see it as a chance for excuse making.
Limited staff	• A center needs to have enough staff so that things can get done right even when a lot of kids come in at once.

Themes related to facilitating implementation of MAYSI-2 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	• The MAYSI must be relevant to detention officers and probation officers. These are the front-line staff. It has to be a resource not an overhead expense. • It's a lot about relationship building and education.
Conducting a pilot	• I think trying it out got people motivated. Seeing it work made it more real. • I think people thought it would be harder than it is. Things worked better than we first thought. This really won them [staff] over.

Themes related to perceived consequences of MAYSI-2 mental health screening	
Staff perceptions of mental disorders among youths	• We noticed changes in staff attitudes….now staff view kids not as a problem but as a person with behavior problems. • We talk more about mental health issues day-to-day since the MAYSI.
Better communication with youth	• Kids that were never detained before don't know staff are there to help them until they see the questions on the MAYSI and see that it's okay to talk about these issues that happened. • It makes the contact easier.
Increased efficiency	• I think the most profound effect [of the MAYSI] has been on mental health providers. Kids get to them now. • We are more alert with the MAYSI and know if the mental health folks should be called right away. We don't have to wait and watch.

service institutions, are always in a state of change. Thus, a stable, enduring procedure for screening had appeal in this context.

Several themes emerged related to factors facilitating implementation of mental health screening. Respondents at all levels emphasized the importance of establishing policy before implementing screening. For example, policy issues that needed to be decided include: (a) having a clear rationale as to what it is that needs to be assessed, (b) understanding how scores are translated into decisions about youths, (c) knowing when screening will occur during the intake process, and (d) having clearly defined staff roles and responsibilities with regard to screening. Further, implementation was facilitated when there was buy-in at all levels, from top-level administrators to front-line staff. When time and effort were devoted to working through issues that concerned a variety of different interests, staff and administrators could better identify ways that screening would help them care for the youth in their facilities. With regard to use, implementation was facilitated by features of the MAYSI-2 (such as a short administration time and computer administration) that "made things easier" for all involved. Additionally, respondents reported that piloting the MAYSI-2 was very effective in reducing resistance and increasing motivation for its use.

However, there were some barriers to implementation. Several themes emerged related to barriers and resistance to implementation of the MAYSI-2 or mental health screening in general. A number of administrators noted that, initially, there was simply a lack of understanding on the part of staff or administrators regarding the potential value of mental health screening. Some facilities had to deal with negative staff attitudes and perceptions about taking on any new task or responsibility, or simply doubting the importance of the task. Other respondents at multiple levels reported that having too few staff to administer the MAYSI-2 posed a significant barrier to its implementation.

Variations in Use

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

- *Administration timing*. Various sites gave the MAYSI-2 within the first 6, 12, 24, or 48 hours after admission. Our evidence indicates that these variations do not influence the proportion of youths screened 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 their clients.

Perceived Consequences

Our efforts to classify administrators, managers, and front-line staff's responses suggest three main categories of change. First, there were improved staff perceptions of mental disorders among youths. There is a general agreement that use of the MAYSI-2 has, in various ways, increased staff awareness of the relevance of mental health problems and has helped them understand youth behaviors. In turn, it also seems to have assisted staff in adjusting their own responses to these behaviors. Second, respondents reported better communication with youth. Many participants indicated that staff found out more about youths' feelings because youth were more forthcoming when answering MAYSI-2 questions on the computer than when staff asked mental health questions in person. Youth and staff seemed more

comfortable talking about a youth's feelings after youths expressed those feelings by answering the MAYSI-2 questions. Third, the MAYSI-2 increased efficiency. Administrators and staff often commented that the MAYSI-2 routine had a positive impact on a number of process variables during detention, such as a decrease in "chaos" associated with the intake process, and greater efficiency and speed in acquiring assessments after screening.

Conclusions and Recommendations

Findings suggest the following recommendations regarding mental health screening at intake to juvenile detention. Policies that discourage repetitive administration of the mental health screening tool (e.g., more than twice per month) should be developed. In most cases, the previous placement will know of the youth's special mental health needs and can or should inform the receiving facility about them. For example this would put the new facility on alert regarding past suicide risk status, as many detention centers would want to reinstate this status upon a youth's movement to a new setting.

In addition, a standard set of instructions should be used when introducing youth to the mental health screening tool. It is important that the introduction be done in a uniform way that engages youth in the task, is straightforward and factual about why they are being asked to participate in screening, and respectful of their choice if they decline participation. A good introduction should also include a clear description of how the results will and will not be used. This will differ somewhat from one program to another, depending upon the program's policies for uses of screening results.

Finally, policy and practice should be developed to assure legally and clinically appropriate uses of mental health screening data. There should be established protections regarding the use of mental health screening data, as these may become evidence in hearings or trials related to adjudication or disposition of the youth's charges. An agreement also should be developed regarding the release of mental health screening results to probation officers at the pretrial stage of youths' cases.

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