Gender and Race Differences in Juvenile Mental Health Symptoms: MAYSI-2 National Norm Study

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Gender and Race Differences in Juvenile Mental Health Symptoms: MAYSI-2 National Norm Study

Gina Vincent, PhD, Thomas Grisso, PhD, Anna Terry, BA, & Steve Banks, PhD, University of Massachusetts Medical School; Supported by William T. Grant Foundation (PI: Grisso), Law and Psychiatry Program

Research Questions

1. Are there differences between gender and racial-ethnic groups in the reporting of clinically significant levels of mental health symptoms on the MAYSI-2 instrument?

2. Where differences exist, are these differences consistent across all sites and across demographic subgroups?

Sample Characteristics

N=70,423 from 283 facilities in 19 states

- Gender: Boys > Girls, 78%/22%
- Age (years): 12-14 36%; 15-17 64%
- Ethnity/Race: Black 33%; Hispanic 24%; White 39%; Other 2%
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- Ethnity/Race: Black 33%; Hispanic 24%; White 39%; Other 2%
- Time of MAYSI-2 Administration (hrs after intake):
  - First few hours: 56%
  - 6 to 24 hrs: 32%
  - >/<= 48 hrs: 12%

Meta-analytic Procedures

- Use of Analyses: Frequentist
- Separate Analyses for Each MAYSI-2 Clinical Scale
- Common ORs across sites
- Weighted Linear Modeling
- General Linear Modeling
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Gender Effect Averaged Across Sites

- Large Effects: Suicide Ideation OR = 2.4
- Medium Effects: Depressed-Anxious OR = 1.8
- No Effect: Anger-Irritable OR = 1.04

Conclusions

Girls in JJ were much more likely than boys to report clinically significant levels of symptoms

- Higher rates of symptoms in girls than boys in JJ on all symptom-specific scales
- Differences were generally across the U.S.

- Even for alcohol-drug use, girls were more likely than boys

Implications

- Girls who enter the JJ system may represent a more disturbed or difficult-to-adapt population

- Clinicians should anticipate "age-inappropriate" increased risk of substance use among younger girls

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