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Regional Differences and Race Effects in Mental Health Symptoms Among Juvenile Offenders

Nathan Cook, Gina M. Vincent, & Thomas Grisso

Abstract

Regional differences in the reporting of mental health symptoms among juvenile justice (JJ) involved youth were examined using data from the 70,423 youths in the MAYSI-2 national norm study (Vincent et al., 2008). The percentage of youth scoring above Caution on MAYSI-2 scales was examined by race/ethnicity (white vs. minorities) and sex. Regional differences were assessed using Cochran’s Mantel-Haenszel (CMH) analyses. White youth were more likely to score above caution on all clinical scales except Depressed-Anxious. An interesting gender and race/ethnicity effect emerged such that White male youth in the Northeast and Midwest were more likely than Minority youth to score above caution; whereas White female youth in the West were more likely than Minority youth to score above caution.

Method

Sample: Archival youth cases from the MAYSI-2 National Norm Study (N = 70,423) fell into categories as follows:
Regions: Northeast (NE; n = 15,515), Midwest (MW; n = 8,927), South (n = 34,015), and West (n = 11,966).
Race/Ethnicity: White – n = 27,267; Minority (including Black & Hispanic) – n = 39,954
Gender: Females – n = 15,767; Males – n = 54,607

Data Analyses:

Regional differences in the percentage of youth scoring above caution on the MAYSI-2 scales were investigated using CMH analyses that included gender and race/ethnicity. These analyses examined the homogeneity of odds ratios (ORs) across regions. Obtaining a significance level <.05 indicates that ORs are significantly different by region. Whites in the Midwest were more likely (OR = 1.05) to score above Caution than Whites in the South and West. Generally, the percentages of youth scoring above caution were lowest in the MW and S, with the exception of the AI and SI scales; on the AI and SI scales the West region had the lowest percentage of youth scoring above caution.

Results

Overall, there was a small race/ethnicity effect on every MAYSI-2 scale but DA with Whites more likely to score above Caution (see Table 1). These race effects significantly differed by region on every scale (see Table 2). Most notable was the difference on the ADU scale. Odds Ratios indicated no race effects in the West (OR = 1.05) but large race effects in the NE region where White JJ youth were more than twice as likely (OR = 2.62) to score above Caution than minorities. Also of note, on the SI scale there was a Moderate race effect in the NE and MW regions, but small or no effects in the South and West.

Discussion

Results indicate that Whites in the JJ system are generally more likely to report MH problems than minorities regardless of the region or gender. Further examination of race/ethnicity effects after controlling for gender paints a somewhat different picture. For males, race effects differed significantly across regions on all scales (see Table 3). For females, there were no race effects for any scale. However, there were regional differences for race effects on the DA and SI scales (see Table 4). For males, the race effects were stronger in the NE and MW regions, except on the DA scale where there was a small effect in the West. For females, the largest regional differences were on the ADU and SC scales. Although there were differences in the magnitude of race effects by region and gender, Whites were consistently more likely to score above Caution than minority youth – except on the DA scale.