Impact of MAYSI-2 Mental Health Screening in Juvenile Detention

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We began a study in 2003 focused on the costs and consequences of the MAYSI-2. This project addressed the following research questions:

- What factors influenced the rapid adoption of the MAYSI-2?
- What were the barriers to adoption and implementation?
- What is the MAYSI-2 actually being used for in juvenile justice settings? What are the variations in its use?

We have done this by reviewing the comprehensive and outcomes of routine MAYSI-2 mental health screening, as well as analyzing the psychological, practical, and financial incentives that promote the adoption of mental health screening.

Methods

A. Litigation

We conducted a case study of 45 implementing facilities, including country welfare and health agencies, and youth-related organizations that have used the MAYSI-2.

B. Interviews

We conducted semi-structured interviews with over 200 staff across the country to understand the factors that influence the adoption and implementation of the MAYSI-2.

C. Focus Groups

We conducted focus groups with youth, guardians, and community members to gather qualitative data about their experiences with the MAYSI-2.

D. Observations

We observed the implementation of the MAYSI-2 in various settings to understand the challenges and successes.

Results

We found a variety of factors that influence the adoption and implementation of the MAYSI-2. These include:

- Positive and negative perceptions of the MAYSI-2 among staff and youth.
- The perceived utility of the MAYSI-2 in day-to-day practice.
- The impact of the MAYSI-2 on resource allocation and budgeting.
- The integration of the MAYSI-2 into existing workflow.

Conclusion

We recommend that the Massachusetts Youth Screening Instrument (MAYSI-2) be adopted and implemented in juvenile justice settings to improve mental health services for youth. Further research is needed to understand the long-term impact of the MAYSI-2 on youth outcomes.

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ABSTRACT

Increasing 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. 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 did about the factors that facilitate their implementation. If they become standard practice across the nation, we know that positive and negative uses of the MAYSI-2 vary across different juvenile justice facilities.

PRINCIPAL CONSEQUENCES

Our efforts to classify administration, management, and front-line staff’s responses suggest four main categories of changes:

- Administrative changes: "We noticed changes in staff attitudes...now staff view kids not as a problem but as a person with behavior problems;"
- Policy changes: "One center needs to have enough staff so that things can get to them now"; "Although no one would come out and say it, the MAYSI increased how staff view kids not as a problem but as a person with behavior problems;"
- Clinical changes: "Kids really do open up to the computer"; "Kids who 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. In the outside world, 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."
- Legal changes: "We noticed changes in staff attitudes...now staff view kids not as a problem but as a person with behavior problems;"
- "The results have a personal impact on staff in that they think about youth differently; We talk more about mental health issues day-to-day since the MAYSI-2;"

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The needs identified by the MAYSI in part led to the opening of a mental health diagnostic center. We got a Walk-in Center and a mobile unit in part because of the MAYSI results we were able to report...see we got two full-time masters-level people and some psychiatrist time; Kids are now getting treated through the --, they are going to be getting treatment facilities instead of just hush-hush.

REFERENCES


CONCLUSIONS AND RECOMMENDATIONS

Findings from these four research questions suggest the following recommendations:

- Develop a policy that avoids repetitive administration of the MAYSI-2.
- Use a standard set of instructions for completing the MAYSI-2 when introducing youths to the instrument.
- Use a standard set of instructions when introducing youths to the MAYSI-2 or any other screening tool.
- Develop a policy and practice to assure legality and to establish appropriate uses of mental health screening data.

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