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

Gina M. Vincent

University of Massachusetts Medical School

Et al.

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/psych_cmhsr

Part of the Health Services Research Commons, Juvenile Law Commons, Law and Psychology Commons, Psychiatric and Mental Health Commons, Psychiatry Commons, and the Psychiatry and Psychology Commons

Repository Citation


This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in Implementation Science and Practice Advances Research Center Publications by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
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 - 72%; Girls - 28%
- Age (years): 12-14 - 29%; 15-17 - 71%
- Ethnicity: Black - 17%; Hispanic - 24%; White - 39%; Other - 2%
- Gender: Proportion: 16%; Physical Disability: 42%; Chronically Ill: 22%
- Density: Urban: 79%; Rural: 22%
- Region: West: 17%; Midwest: 44%; South: 17%; Northeast: 22%
- 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: Fixed Effects
- Separate Analyses for Each MAYSI-2 Clinical Scale
- Exact Test of Homogeneity Across Sites
- Measurement Invariance Across Sites
- Variables for Testing Homogeneity - Controls:
  - Gender
  - Age Group (12-14, 15-17)
  - Legal Status (pre vs. post-adjudication)
  - Race (Black, Hispanic, White)
  - Site (JJ Facility)

Conclusions
Girls in JJ were much more likely than boys to report clinically significant levels of symptoms
- Highest rates of symptoms in girls than boys (if III set are specific conditions, generalizing across the U.S. difficult)
- Even for alcohol/drug use, at least for younger youths
- Girls who enter the JJ system may represent a more disturbed or difficult subpopulations of girls
- Clinicians should understand “age inappropriate” increased risk of substance use among younger girls

Aggregate-level Gender Differences (% Above “Clinical” Cut-Off)
- Large Effects:
  - Suicide Ideation: OR = 2.4
- Medium Effects:
  - Angry-Irritable: OR = 1.8
  - Depressed-Anxious: OR = 1.95 – 2.14
- Small Effects:
  - Alcohol-Drug Problems: OR = 1.04, but increases with age: 12-14 year olds - girls > boys (OR=1.03), 15-17 year olds - no gender difference

Aggregate-level Race Differences (% Above “Clinical” Cut-Off)
- Some are, and Some are Not
- Whites, on average, were more likely to report clinically significant levels of symptoms than Blacks or Hispanics
- Medium to Large Effects
  - Alcohol-Drug Scale
    - White: OR = 2 Large ES
    - Hispanic: OR = 1.5 Medium ES
- Small Effects
  - Suicide Ideation (SI): W > H > B
  - Somatoform Complaints (SC): W = H = B

When Do Racial Differences Vary Across Youths?
- Findings on the Alcohol-Drug scale and scales other than SI and SC (not consistent across sites)
- Potential moderates of the variability in the magnitude of the effect in the magnitude of the racial difference

Conclusions
There is wide variability in racial differences across sites
- White youths, as a group, were more likely to report problem levels of alcohol or drug use, but the frequency varied widely across sites and states
- Racial effects were non-involutional on all other MAYSI-2 scales
- Implications
  - Most race-related differences in JJ were small in the meta-analytic data in national reports of differences in the community
  - The alcohol/drug race differences in JJ may be due to “real” community differences, rather than differences produced by racial discrimination in detention decisions