Impact of MAYSI-2 Mental Health Screening in Juvenile Detention

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We began a study in 2003 focused on the design 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 and facilitators of implementation?
- How is the MAYSI-2 actually being used in juvenile justice settings? What are the variations in its use?
- What factors have influenced the consequences of outcomes of MAYSI-2 mental health screening, as particularly juvenile justice facilities?

Data were collected using semi-structured interviews, focus groups and on-site observation. Respondents included administrators, managers and line staff at juvenile detention centers across three states—one each in the Northeast (n=17), Midwest (n=1) and the Southwest (n=1) (n=17). The sample was purposive, with an emphasis on facilities and front-line staff. The interviews involved in-depth discussions of mental health screening upon entry to a juvenile justice facility. The interviews were transcribed verbatim and coded using an iterative, constant-comparative process to identify emerging themes and recurrent patterns. Nvivo 7.0, qualitative data analysis software, was used to code, analyze, and retrieve software programs for computer analysis of qualitative data. The interview data were coded into several categories: themes related to barriers and resistance to adoption and implementation of the MAYSI-2 or mental health screening in general; themes related to the short-term consequences of the MAYSI-2; and themes related to longer-term consequences. Thematic themes were developed to describe each theme.

**RESULTS**

A few key findings are presented below to represent the nature of responses that characterize each theme.

1. **Why was the MAYSI-2 adopted?**
   - **“We wanted to catch kids who might otherwise slip through the cracks.”**
   - **“To help staff be higher at what they do.”**
   - **“We knew the kids had mental health needs and...needed services.”**
   - **“We were hoping that it would validate what staff were doing.”**

2. **What was the impact of the MAYSI-2 on the facility?**
   - **“We needed to have the continuity that the MAYSI-2 would bring. Our mental health service provider is under contract.”**
   - **“We were hoping that it would validate what staff were doing.”**

3. **Themes related to barriers and resistance to adoption and implementation of the MAYSI-2 or mental health screening in general.**
   - **“We had a rough time in the beginning convincing staff that it would be useful and just convincing them to do it.”**
   - **“It’s a lot about relationship building and education.”**
   - **“Anything new makes staff skeptical. They are already under a lot of pressure...a lot of work. To them, it seemed like just another thing to do.”**
   - **“These are the front-line staff. It has to be a resource not an overhead expense...”**
   - **“The needs identified by the MAYSI in part led to the opening of a treatment facility. We noticed changes in staff attitudes...now staff view kids not as a problem but as a person with behavior problems.”**
   - **“They talk more about mental health issues day-to-day since the MAYSI.”**

4. **Themes related to the short-term consequences of the MAYSI-2.**
   - **“It’s a lot about relationship building and education.”**
   - **“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...”**
   - **“We want to catch kids who might otherwise slip through the cracks.”**
   - **“To help staff be higher at what they do.”**

5. **Themes related to longer-term consequences.**
   - **“We noticed changes in staff attitudes...now staff view kids not as a problem but as a person with behavior problems.”**
   - **“They talk more about mental health issues day-to-day since the MAYSI.”**

**CONCLUSIONS AND RECOMMENDATIONS**

We do not claim to have exhaustive solutions to the problem of mental health screening for youth in juvenile detention. However, our findings have indicated several promising strategies. These include:

- Developing a policy that avoids repetitive mental health screening.
- Developing policy and practice to ensure legally and clinically appropriate use of mental health screening data.
- Developing a policy that avoids repetitive mental health screening.

**REFERENCES**


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**ADDITIONAL RESOURCES**

- Massachusetts Youth Screening Instrument-version 2 (MAYSI-2) and the perceived consequences of maysi-2 mental health screening. Screening for mental illness in juveniles (1995) 59, 1133-1143.