Juvenile Justice Fact Sheet

# SCREENING INSTRUMENTS FOR MENTAL ILLNESS IN JUVENILE OFFENDERS: THE MAYSI AND THE BSI

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Personnel working in the juvenile justice system should ascertain juveniles' needs for a mental health assessment or mental health treatment. Many youth entering the juvenile justice system experience psychological and emotional distress, particularly in the pre-adjudicatory stage, and many delinquent youth suffer from mental illness (Cocozza & Skowyra, 2000). In fact, at least 20% of youth in the juvenile justice system have a serious mental health problem (Cocozza & Skowyra, 2000). A study of detained youth in Virginia, for example, found that 9% had severe and urgent mental health needs requiring immediate treatment (Virginia Policy Design Team, 1994), and a large-scale study of detained youth in Chicago found that 80% had at least one mental illness (Teplin, Abram, & McClelland, 1991).

Unless the facility has sufficient mental health personnel as part of its staff, mental health screening instruments have the potential to help insure that youth in need of services are identified. The use of screening instruments may thereby reduce the risk of

harm to the youth and others, reduce potential legal liability, prevent and alleviate suffering, and provide useful additional information about the youth. In the context of juvenile detention, substance-abusing, aggressive, and suicidal youth (see Hayes, 2000) are of particular concern.

To be useful, however, an instrument must be brief in administration (15 minutes maximum), and staff untrained in mental health must be able to administer, score and utilize the results as a guide for referral to mental health professionals. In addition, the instrument must screen for risk of suicide. Two such instruments--*The Massachusetts Youth Screening Instrument* (MAYSI) and the *Brief Symptom Inventory* (BSI)--show promise.

## THE BRIEF SYMPTOM INVENTORY (BSI)

The BSI (Derogatis, 1979) is designed to measure current psychological symptom status and is oriented toward psychiatric diagnoses. The BSI yields scores on nine syndrome constructs and provides three different total scores that indicate psychological distress.

Its strengths include: it has been used in a variety of published research studies, adolescent norms exist, reliability and validity have been established and are acceptable, and it has been translated into 26 languages, typically requires only 7-10 minutes to complete, and is easily scored. Its weaknesses include: it has not been used with juveniles in the justice system, recommended cut-off scores may not be valid for a detention center population, and it does not have a specific suicide subscale, does not access aggression or drug and alcohol use, and is relatively expensive to purchase.

To obtain further information on the BSI and copies of the instrument, *contact:* NCS, Attention: Order Processing, Box 1416, Minneapolis, Minnesota 55440; (1-800-627-7271).

## THE MASSACHUSETTS YOUTH SCREENING INSTRUMENT (MASYI)

The MAYSI (Grisso & Barnum, 1998) is designed specifically to assess psychological distress experienced by youth in the juvenile justice system for the purpose of referral for mental health services. It focuses on symptoms and signs of distress, not psychiatric diagnoses. It measures both situational and characterological distress. There is no total MAYSI score, but rather, scores on 9 subscales, each assessing a different type of distress. There are 9 MAYSI subscales: (1) Alcohol and Drug Use, (2) Angry-Irritable, (3) Anxiety, (4) Depressed Mood, (5) Fighting, (6) Somatic Complaints, (7) Suicidal

Ideation, (8) Thought Disturbance, and (9) Traumatic Experiences.

"Caution" and "warning" cut-off scores are provided for each of the nine subscales. Youth scoring about the "caution" cut-off scoring on a particular subscale warrant additional attention and observation. This might mean detention staff talking with the youth more than they typically do with most youth, watching the youth more closely, having a "counselor" give the youth additional attention, etc. These second level "screening" activities may weed out some of the false positives before more expensive referral decisions, e.g., a full diagnostic evaluation, are made. Youth scoring above the "warning" cut-off probably should receive priority status in referrals for mental health services.

The strengths of the MAYSI include: reliability and validity have been established on a large sample (1500) of youth in the juvenile justice system, a Spanish-language version is being developed, there are specific subscales for suicide risk, aggression and substance abuse, and it requires most youth only 6 to 12 minutes to complete. Only a 5th grade reading level is required, and for children unable to read the questions, the questions may be read to them. It is also very easy to administer and score. The MAYSI includes 52 yes-no questions on two sides of a single page, and a template is provided for easy scoring.

To obtain further information on the MAYSI and copies of the instrument, *contact:* MAYSI PROJECT OFFICE, Department of Psychiatry, University of Massachusetts Medical Center, Worcester, Massachusetts 01655; (508-856-8727).

## A PRELIMINARY STUDY

To date only one study has investigated both the BSI and the MAYSI simultaneously. Land (1998) individually administered either the BSI or the MAYSI or both to 149 male adjudicated adolescents at a Diagnostic and Reception Center in Virginia. Clinicians employed by the Center then rated the adolescents on each dimension contained in the MAYSI and BSI based on their routine contact and evaluation of the youth. The MAYSI and BSI correlated well with each other but not as well with clinicians' ratings. Although some BSI total ratings correlated better with the clinicians' ratings than did the MAYSI ratings, both instruments fail to identify some youth who should be referred for a full mental health assessment according to the clinicians and misidentify some youth who do not need to be referred.

The best conclusion appears to be that either the MAYSI or the BSI may assist in the identification of youth with mental health needs, but neither instrument alone would be sufficient to identify accurately all youth in need. With the exception of the Land study, the

BSI has not been subjected to specific investigation with delinquent offenders, and even Land's study used offenders who had penetrated the justice system further than the nonadjudicated youth in detention centers.

## CONCLUSION

Screening instruments such as the BSI and the MAYSI are relatively easy to use and can provide valuable information about a youth to personnel working in the juvenile justice system. Youth identified as potentially being in psychological distress may warrant more intensive monitoring, added safety or security measures, the gathering of additional information on their mental health and medical history and status, or a referral for mental health evaluation or treatment.

It is critically important, however, that juvenile justice personnel not rely solely on any screening instrument, particularly because some juveniles may deny their symptoms when answering questions on a quick screening instrument. Additional and collateral information must be obtained, such as medical and mental health history, prior treatment records, information from parents or guardians, school records, and records of other involved agencies.

Whatever screening instrument is used, it also is critical that staff receive adequate training and practice in its use.

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