

To: Frank Cervantes

From: Joe Haas

Re: Mental Health Screening

The following is a brief discussion of the Massachusetts's Youth Screening Inventory (MAYSI) as a potential instrument to be used as a statewide screening for mental health concerns for youth in Nevada's juvenile justice system. The MAYSI has been used for over 10 years in Washoe County as a screening for mental health concerns for detained youth. It is my understanding that Clark County and some rural jurisdictions use it as well. The MAYSI can also be used in probation settings at the initial intake interview and at key transition points in the probation process. It can be administered by paper and pencil, a self-contained software platform, and most recently a web based platform. The developers are currently shifting automated access to the MAYSI to the web based system with the software system to functionally phase out as it will no longer be kept up to date with the evolving Windows operating systems. As the Nevada State Juvenile Justice Oversight Commission selects a statewide data system, it would be important to explore the capabilities of the new system to integrate the MAYSI or any other screening into the system.

The MAYSI consists of 52 items that screen for concerns in the areas of Somatic Complaints, Traumatic Experiences, Alcohol/Drug Use, Depressed/Anxious, Suicidal Ideation, Angry- Irritable, and Thought Disturbance (boys only). It can be administered by juvenile justice line staff with no requirement for advanced mental health training or licensure. In 2004, OJJDP published Screening and Assessing Mental Health and Substance Use Disorders among Youth in the Juvenile Justice System: A Resource Guide for Practitioners. This guide was authored by Thomas Grisso and Lee Underwood. Grisso is the developer of the MAYSI. This guide reviewed 11 brief screening instruments available at the time. The MAYSI is unique in that it was the only brief instrument that was general in its scope with the rest of the instruments screening for specific areas such as depression, suicide risk, intelligence etc. Some more general scales such as the Behavioral and Emotional Rating Scale, Personal Experience Screening Questionnaire and the Problem Oriented Screening Instrument require clinician oversight, have a longer administration time, or go beyond mental health issues. The Symptom Checklist 90 and the Youth Self Report section of the Child Behavior Checklist are common clinical screening inventories but do not have the extensive research base in juvenile justice settings. The Global Appraisal of Individual Needs (GAIN) is a family of instruments that includes a Short Screen. The GAIN is administered in structured interview as opposed to a paper and pencil format.

The MAYSI seems to be the most widely researched mental health screening tool in use at this time and is heavily researched with juvenile justice populations in both urban and rural areas. Combined with probation interviews that query past treatment history and current suicidal ideation it would provide a sound snapshot of a youth's current mental health picture and the basis for referring for a more comprehensive mental health evaluation. There is research to suggest that the MAYSI correlates well with more detailed assessment instruments. The guide reference above also provides summaries of these types of instruments as well.

Issues to consider if the MAYSI or any instrument for the matter is adopted are professional expertise of the person administering the assessment, research base for reliability and validity, length of administration and scoring time, training costs, cost of the instrument, and compatibility with the statewide data system.

Please let me know if I can provide any additional information.