

Mental Health Screening and Assessment in Juvenile Justice

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National Youth Screening
& Assessment Project

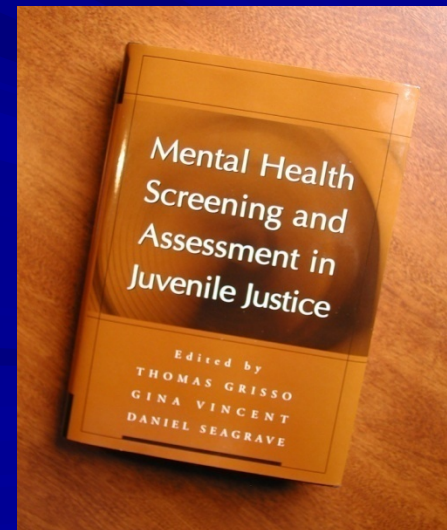
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Outline

- Evidence-based screening in juvenile justice settings
- Evidence-based assessment as follow-up
- Ten steps for developing a mental health screening program

Resources for Mental Health Screening and Assessment in Juvenile Justice

- *Mental Health Screening within Juvenile Justice: The Next Frontier.* Publication of the MacArthur Foundation “Models for Change” initiative. Download at www.NCMHJJ.com
- Grisso, Vincent & Seagrave: *Mental Health Screening and Assessment in Juvenile Justice.* Guilford Press, 2005



New Research on Mental Health Needs of Youth in Juvenile Justice Settings

- The proportion of youths meeting criteria for one or more mental disorders...
 - 2-in-3 youths (70%) for juvenile justice settings
 - 2-in-10 youths (20%) in the general adolescent population

Many are co-morbid
(meet criteria for more than one disorder)

Reasons for Identifying Youths' Mental Health Conditions

Benefits....

- **Safety:** Avoid imminent harm to self/others
- **Health and welfare:** Immediate treatment for serious disorders to reduce suffering
- **Delinquency prevention and rehabilitation:** Determine need for mental health intervention to prevent further delinquency
- **Documentation:** Knowing the need in order to develop policy and management plans

Elements of a Juvenile Justice Response

■ Screening

- Brief MH screening at intake point
- To identify youth who need a closer look, regarding potential MH-SA needs

■ Assessment

- Follow-up detailed evaluation of youth “screened in”
- To determine individualized current and long-range needs

■ Services

- Interventions to meet three MH-SA needs of youth
 - Emergency, crisis and stabilization services
 - Treatment for youths with chronic disorders and histories
 - Community MH services in aftercare

Evidence-Based MH-SA Screening

Some places screening may be helpful

- Prevention programs
- Intake probation offices
- Diversion programs
- Detention centers
- Reception into juvenile corrections

Mental Health Screening

- Used with every youth at intake
- “Triage”--Identifies youths who might have most serious mental health needs
- Acts as early warning for emergencies
- Assists in deciding need for a more detailed and individualized assessment
- Should be done with an evidence-based mental health screening tool

Screening (cont'd)

- Evidence-based MH-SA screening tools should be...
 - **Routine-feasible**
can be done with every youth, easy and brief—e.g., 10-15 min.—and require staff training but not clinical skills
 - **Standardized**
always done exactly the same way
 - **Relevant**
identifies the types of behaviors, feelings or thoughts that you wish to identify as “mental health concerns”
 - **Valid**
research-based evidence that it measures what it is supposed to
 - **Youth-appropriate**
age range, language translations

What should MH screening tools help you to identify? Why?

- **Substance use**
 - usual and recent
- **Suicide potential**
 - current ideation, past behavior
- **Anger**
 - aggression potential
- **Mood and affect**
 - depressed, anxious
- **Thought disturbance**
 - odd or unusual thoughts and beliefs
- **Impulse control**
 - ability to delay one's action response under emotional or external pressures

Selecting MH Screening Tools

■ Single-focus tools (for example...)

■ SASSI: Substance Abuse Subtle Screening Instrument

- 72 true-false items, self-report
- Indicators of symptoms, risks, and attitudes related to substance abuse

■ TSC-C: Trauma Symptom Checklist-Children

- 54-item self-report
- Presence of acute or chronic post-traumatic symptoms

MH Screening Tools (cont'd)

■ Multi-focus tools (for example...)

■ GAIN-SS: Global Appraisal of Individual Need-Short Screen

- 15-item checklist, self-report
- Contribute to three categories: substance use, mental health, aggression

■ MAYSI-2: Massachusetts Youth Screening Instrument-Second Version

- 52 yes-no items, self-report
- Six scales: substance use problems, anger, depression, somatic complaints, suicide ideation, thought disturbance

How MH screening tools should be used

- For facilities, administered 2 - 4 hours after admission
- Administered individually (not in a group setting)
- Youth adequately informed about purpose of the screening
- Some screening tools have computer-assisted administration and scoring
- If staff read items to youth, youth should respond on paper and pencil, not aloud

Appropriate follow-up to screening in juvenile programs intake

- Obtaining further assessment
- Detecting emergent conditions
 - Responding to emerging crises, seeking psychiatric consultation
- Taking immediate precautions
 - Suicide watch
 - Aggression risk-reduction efforts

Inappropriate assumptions about screening in juvenile justice intake

- One should not presume that screening...
 - Provides a diagnosis
 - “Screens in” all youths with mental disorders
 - “Screens in” only youths with mental disorders
 - Is adequate for treatment planning

Example: The MAYSI-2

Mass. Dept of Youth Services

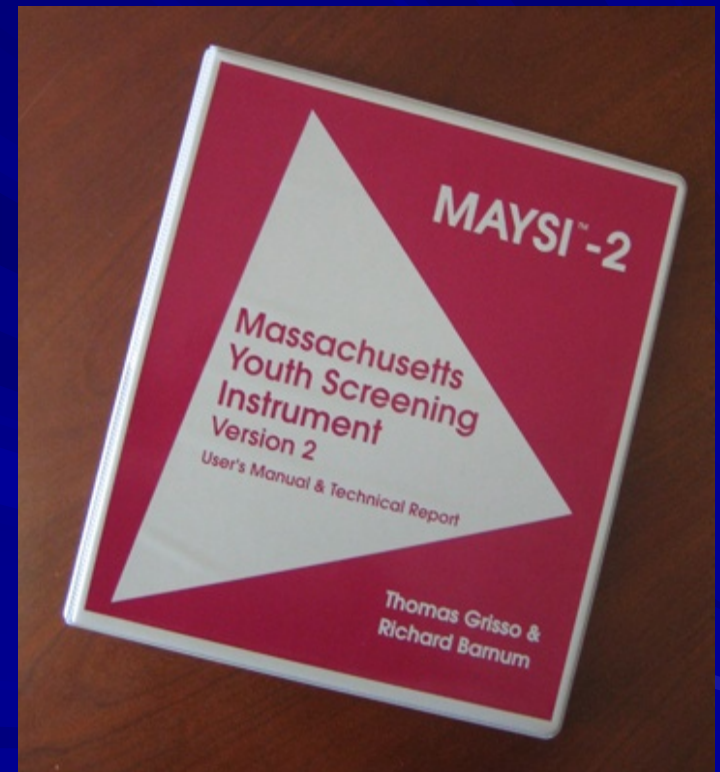
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William T. Grant Foundation

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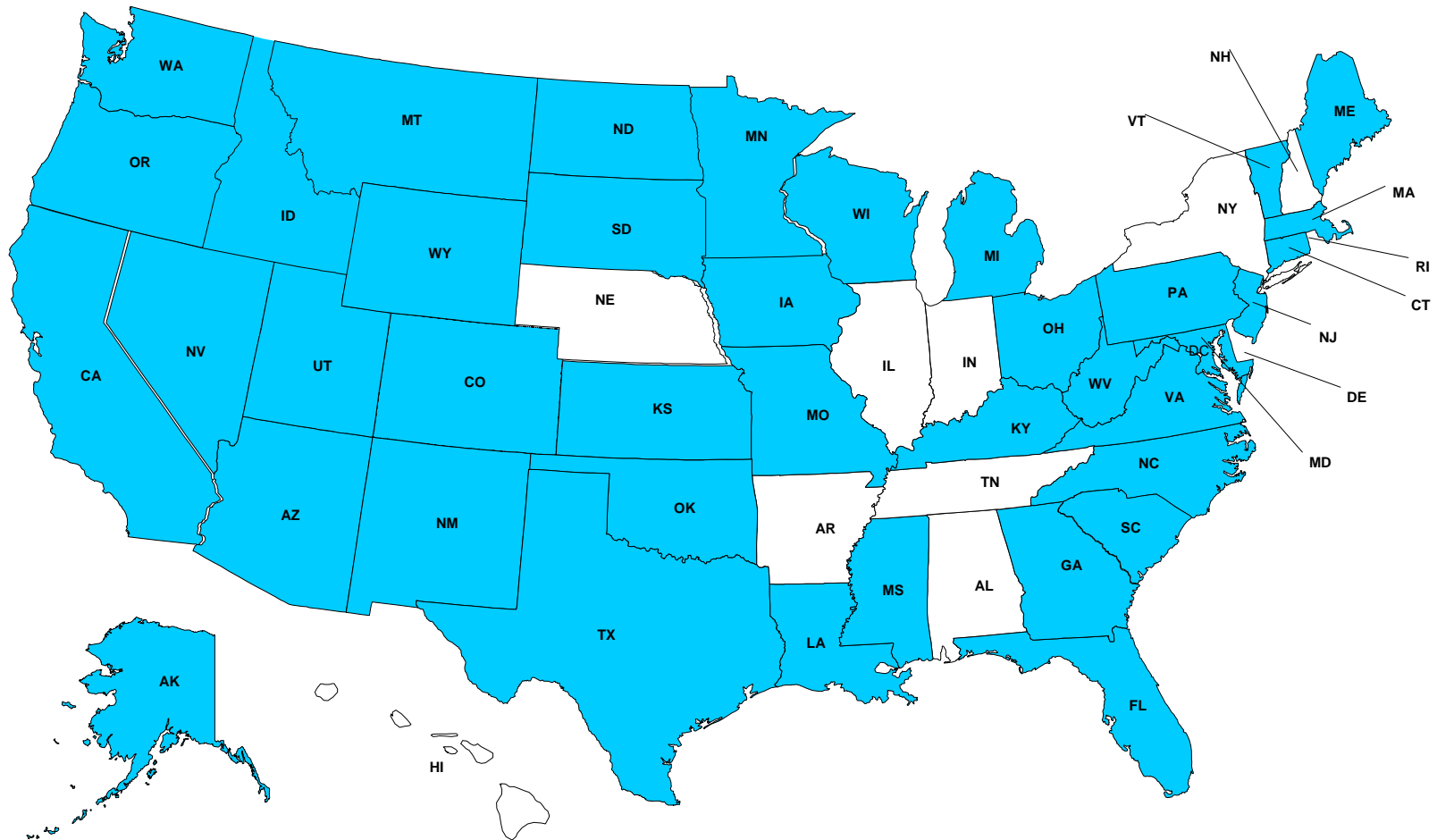
MacArthur Foundation

2000-2008



www.maysiware.com/MAYSI2.htm

Used Statewide in Probation, Detention or Corrections In 41 States (2009)



Format

- 52 item questionnaire, scoring key, and summary form
- Youth self report—circle “yes-no”
- 5th-grade reading level; English and Spanish
- 10-15 minutes for administration and scoring
- Paper-and-pencil, or **MAYSIWARE™** software for MAYSI-2 administration, scoring, data-basing

Content

- 52 items ask youth if the behavior, thought or feeling in the item is “true for you”
 - For six primary scales, “In the past few months”
 - For Traumatic Experiences: “Have you ever...”
- A few items do not contribute to any scales (included for research purposes)

The Seven Scales...

ALCOHOL / DRUG USE	8 items
ANGRY-IRRITABLE	9 items
DEPRESSED-ANXIOUS	9 items
SOMATIC COMPLAINTS	6 items
SUICIDE IDEATION	5 items
THOUGHT DISTURBANCE (boys)	5 items
TRAUMATIC EXPERIENCES	5 items

Cut-Off Scores

- Each of the six clinical scales has two levels of cut-off scores

Caution (clinically significant)

Warning (top 10%)

- How cut-off scores were developed
 - Used Massachusetts and California samples (over 4000 youths in all)
 - Caution equals clinically significant range based on more comprehensive measures
 - Warning identified as top U.S. 10% in JJ programs

Evidence-Based Assessment

Purpose of Assessment

- Follow-up on youth “screened in,” to make decisions about individualized need for MH interventions like...
 - Referral to inpatient mental health services for specific types of treatment
 - Placement in specialized units that provide enhanced MH-SA services
 - Planning for MH-SA services later on

Types of MH assessment in juvenile justice

■ Clinical needs

- Focusing on special MH-SA clinical needs

■ Educational needs

- Focusing on learning and skills building

■ Functional rehabilitation needs

- Focusing on problems in social situations and how to reduce them

■ Risk classification

- Focusing on management of institutional, youth and community safety

Assessment tools

■ Evidence-based Mental Health Tools (e.g.)

- Voice-DISC: Diagnostic Interview Schedule for Children
 - Produces computer-assisted suggested diagnoses
- BASC-2: Behavioral Assessment System for Children-Second Edition
 - Assesses various symptoms of psychopathology in children and adolescents
- PADDI: Practical Adolescent Dual Diagnosis Interview
 - Guided interview procedure to identify suggested diagnoses related to substance use and mental disorders
- Psychological tests: Require formal clinical training
 - Youth Self Report (Child Behavior Checklist)
 - Millon Adolescent Clinical Inventory
 - Minnesota Multiphasic Personality Inventory-Adolescent

Assessment tools (cont'd)

■ Evidence-based Family and Problem-Oriented Needs/Strengths Tools

- CAFAS: Child and Adolescent Functional Assessment Scale
- GAIN: Global Appraisal of Individual Need
- CANS-JJ: Child and Adolescent Needs and Strengths-Juvenile Justice
- YLS/CMI: Youth Level of Services/Case Management Inventory

Assessment tools (cont'd)

■ Evidence-based Risk Tools

- WSJCA: Washington State Juvenile Court Assessment
- SAVRY: Structured Assessment of Violence Risk-Youth

Good assessment requires...

- Using evidence-based tools selected to focus on specific mental health issues
- But not just that...
 - Reviewing records from the community
 - Obtaining information from parents, teachers and others in the community
 - Skillful interviewing of the youth, often in less standardized ways

Developing a Mental Health Screening Program

More than just a screening tool

- A good screening tool is no better than the quality with which it is used
- 10 steps for implementing mental health screening in juvenile programs....

1. Review needs and options

- What are your reasons for needing mental health screening?
- What are the range of options for doing it?

2. Review practical matters

- What informants will be available?
- What level of staff expertise is feasible?
- What are the “efficiency demands?”
- What will be the costs of implementation?
 - Manuals
 - Forms or software
 - Computer hardware
 - Data-basing costs

3. Educate program staff

- Educating staff to need for screening and potential benefits
- Using staff suggestions in further planning
- Getting buy-in, managing resistance

4. *Select method and procedure*

- Getting help to select methods
- Work out the procedure for screening....

For example

- Time of administration
- Location of administration
- Who will administer it
- What the youth will be told
- When and how results will be scored and filed

5. *Develop “decision rules” and “response policies”*

- Decision Rules: Automatic “screen-in” decisions based on easy-to-identify scores
 - Use of what cut-off scores?
 - On what scales?
- Response Policies: Clear statements about what is done with “screened-in” cases
 - Move to assessment?
 - Engage in standard suicide prevention methods?

...And Steps 6 - 10

6. Build resources for responding to “screened in” youth
7. Develop information sharing policies
8. Pilot and train
9. Engage data-basing
10. Monitor and maintain

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