ISSUE BRIEF

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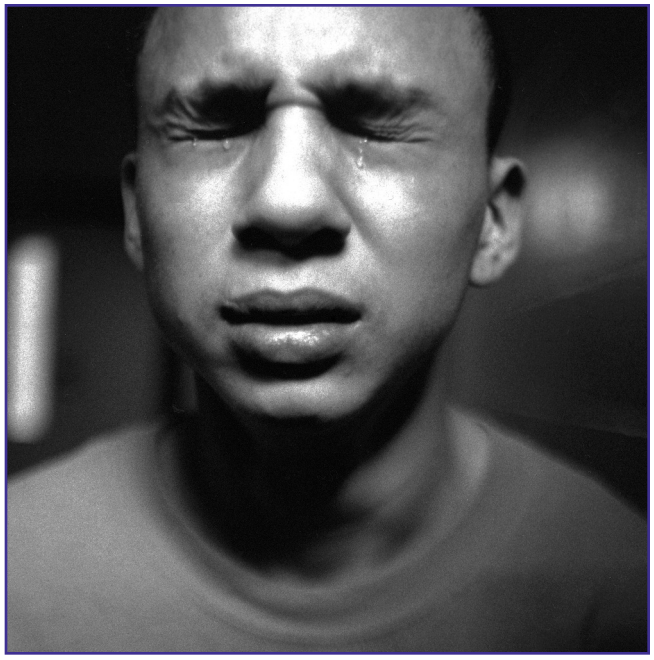
Mental Health Screening in Juvenile Detention Facilities

While only 18-20% of all children in the United States suffer from a mental health disorder, nearly 70% of children in juvenile detention facilities suffer from one or more mental health issues. Many children who have behavioral issues and enter the juvenile justice system are exhibiting underlying mental health disorders. With approximately 70,000 children across the country spending time in residential detention facilities each year, mental health disorders present a serious challenge to successful rehabilitation. In many cases, parents of mentally ill youth actually initiate system contact and seek legal interventions in order to acquire assistance for their children. They are unaware that contact with the juvenile justice system can have a further negative impact on their family and their child. Unfortunately, many detention centers, which hold youth accused of crimes prior to a resolution of their case, are not equipped to manage youth with significant mental health needs. Further, detention staff may not always be aware that a youth's behavior in the facility is related to a mental health issue, which can delay connecting youth to the necessary interventions.

Juveniles are at a particularly high risk for substance abuse, personality, anxiety, and mood disorders. Some common disorders among children in detention facilities include: attention deficit hyperactivity disorder (ADHD), substance abuse, depression, and bipolar disorder. In addition, many youth in juvenile facilities—in some instances as many as 93%—have experienced one or more serious traumas (emotional and physical responses to a terrible event). There is no one way to treat each issue as each youth is unique and is impacted by or exhibits mental illness differently. Thus, it is important that if detention is absolutely necessary,



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each youth is evaluated individually for risk of anger, trauma, and suicide and treatment is tailored to individual youth. From childhood through the early twenties, children's brains develop at a rapid rate and during this time period, ineffective or negative interventions for youth with mental health disorders can lead to long-lasting negative results. Early identification and treatment of mental health disorders are critical in order for youth to learn to cope with their mental illness and receive treatment that assists them in becoming responsible adults. Identification is particularly important in cases where youth are facing the negative effects of detention. Screening should be used to divert youth with immediate mental health needs, rather than drawing them to detention facilities.

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How Do We Detect Mental Health Issues in Detained Youth?

Many of the best instruments for comprehensive assessment of mental disorders in youth tend to require lengthy administration time, appropriate professional staff, and parent or teacher contact for data. In detention facilities, access to these resources often does not exist at the time a youth is admitted. By contrast, mental health screens using instruments such as the Massachusetts Youth Screening Instrument Second Version (MAYSI-2) are cost-effective tools that can be administered to children within the first 48 hours of being admitted to a detention facility. Screening tools can be administered by nonclinical staff in a brief process and are used to describe the child's state of mind for a brief period of time and to identify youth in need of immediate care or further assessment. Children exhibiting symptoms that raise the question of a potential mental health disorder can then be assessed by a clinical psychologist to determine whether a disorder exists. Ultimately, this process will give the facility a more thorough and accurate understanding of how to address the child's needs.

Mental health screening is equally beneficial to both children and facility staff. Screening during the early stages of detention can:

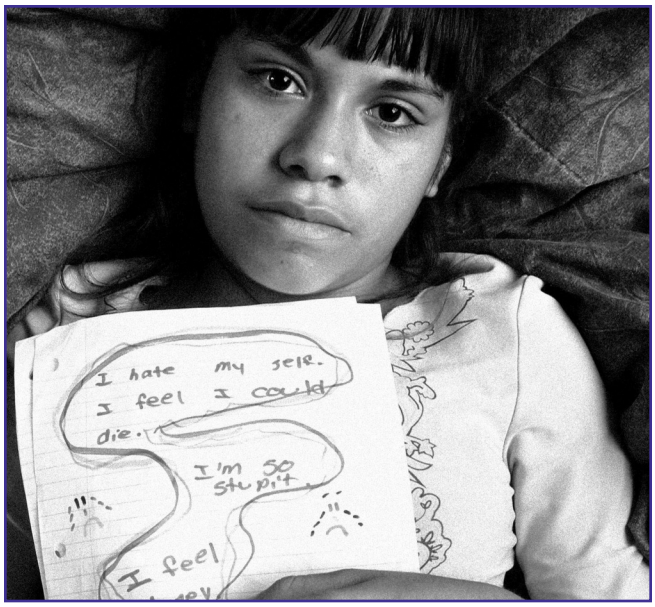
- Provide facilities with the means to comb through large quantities of children, identify high-risk children, and respond to immediate mental health needs.
- Help to identify serious mental health issues in a timely manner before a child's mental condition unnecessarily deteriorates or is exacerbated by detention.
- Guide the allocation of time and money necessary to assist children with the greatest need for immediate care.
- Increase efficiency in acquiring assessments after screening.
- Improve staff communications and perceptions of youth.
- Assist facilities in providing mental health care appropriate to each child's needs.
- Reduce detention costs by diverting children with serious mental health needs out of facilities.

What is the MAYSI-2?

The **MAYSI-2** is a self-report inventory of 52 questions designed to assist juvenile justice facilities in identifying youths 12 to 17 years of age who may have special mental health needs. The MAYSI-2 requires a fifth grade reading level and takes approximately 10-15 minutes to complete. Scoring of MAYSI scales requires about 3 minutes. It is intended for use at any point in the juvenile justice system.

The **MAYSI-2** is not intended for identification of clinical disorders, but to identify youths who report symptoms of distress that are characteristic of disorders or manifest feelings or behaviors that could require immediate intervention.

The **MAYSI-2** was developed by Thomas Grisso, Ph.D. and Richard Barnum, M.D., at the University of Massachusetts Medical School during the 1990s with assistance from the William T. Grant Foundation. It was made available in 2000 after sufficient research had been done to establish initial reliability and validity. To learn more about MAYSI-2, visit www.NYSAP.us.



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Promising Practices for Mental Health Screening in Detention Centers

In order to meaningfully assist youth and staff in dealing with mental health disorders in detention centers, facilities that utilize mental health screens should:

- **Use Standardized Screening Instruments:** Standardized screening instruments provide meaningful results and useful data for future research. Clinical psychologists are unable to determine the quality and accuracy of data that is collected through unstandardized measures. Accurate and consistent data allows researchers to identify strengths and weaknesses in a particular tool.

- **Protect Information Shared During Screening:** A mental health program can only be successful if the information children share is protected. Children can further incriminate themselves for admitting to substance abuse or other potentially criminal acts during screening. Confidentiality during mental health screening assures children can receive the treatment they need and provide better information to treatment providers. Allowing medical professionals to securely share information about a child will encourage consistent and knowledgeable treatment, as well as better quality continuity of care.

Model Mental Health Screening Programs

Two of Ohio's neighboring states – Pennsylvania and Indiana - have recognized the importance of standardized mental health screening in their facilities and established model mental health screening programs:

Pennsylvania Practice Highlights:

- Administers the MAYSI-2 52-item self-reporting tool.
- Uses computers as the platform for the MAYSI-2 evaluation.
- Identifies whether a youth is seriously in need on any of six symptom scales.
- Provides additional mental health assessment and treatment for children exhibiting the most severe symptoms.

Indiana Practice Highlights:

- Administers the MAYSI-2 52-item self-reporting tool.
- Identifies whether a youth is seriously in need on any of six symptom scales.
- Notifies parent/guardian regarding significant results.
- Uses a "steering committee" to review protocols, develop data-sharing procedures, and adopt county-specific screening protocols.

Confidentiality in Mental Health Screening

Currently, Ohio does not offer explicit legal protection for statements or information provided by youth in the mental health screening process. However, Ohio does recognize a right of a child not to testify against him or herself when the court threatens to revoke the child's probation. So while Ohio law acknowledges some privacy for youth, no explicit statutory protection exists. Other states have statutes that provide comprehensive protection against self-incrimination by statements and information provided by the child for mental health purposes, including Connecticut, Illinois, Indiana, Pennsylvania, Texas, and Virginia.

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Both states have found that mental health screening has generated a more positive atmosphere that fosters recovery, resulted in reductions in violent youth behavior among peers, and improved youth and staff communications and perceptions.

Next Steps for Ohio

Ohio continues to receive much attention for sustained, comprehensive juvenile justice system reform designed to produce better outcomes for youth. With regard to detention, the Juvenile Detention Alternatives Initiative (JDAI), a project of the Annie E. Casey Foundation, currently is in place in 5 of Ohio's largest counties. Since 2010, these counties have safely reduced detention without risk to public safety by ensuring that only the right youth are detained. The Department of Youth Services has committed to replication of JDAI in additional counties throughout the state. This replication will include a close look at the conditions of confinement in participating detention centers and the resources available to detained youth.

Many local communities have also begun to look at the mental health issues surrounding youth in the juvenile justice system. For example, the Ohio Department of Mental Health initiated the Behavioral Health Juvenile Justice (BHJJ) project to divert youth with mental illnesses away from incarceration in eight of Ohio's eighty-eight counties. The BHJJ program performs assessments for court-involved youth from ages 10 to 18 with substantial mental health issues, trauma and/or violence in their past. Once identified, candidates are diverted from post-disposition incarceration in traditional Ohio Department of Youth Services facilities to community and family-based programs and participate in a variety of therapy programs. BHJJ youth have experienced significant improvements in behavior. In Hamilton County, for example, no program participant or graduate has subsequently been recommitted to the Ohio Department of Youth Services.

As Ohio progresses along the path of thoughtful detention and mental health reform, it is crucial to continue to find ways to reduce harm to youth who do enter the doors of the detention center. It is important to both youth and detention staff that youth with serious mental illnesses are quickly identified to better respond to their needs and minimize behavioral problems spurred by mental disorders and the trauma of detention. To better serve this vulnerable population, Ohio must:

- Implement early screening processes using standardized screening instruments. While many Ohio detention centers already use a screening tool at intake, others have yet to employ a screening tool.
- Ensure that screening instruments are employed in a standardized manner. In order for early screening to be impactful, on-going training and reviews should be conducted to ensure quality of screening.
- Protect the confidentiality of youth who undergo screening. In order to ensure effective screening and treatment of youth, Ohio must protect statements children make during screening to encourage accurate information.
- Develop data collection capabilities to better track the number of youth with mental health issues in detention centers and their outcomes.

Resources

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CDF Mission Statement

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

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