**Massachusetts Youth Screening Inventory – Second Version**

**(MAYSI-2)**

Screening for mental health needs on early contact with youth in juvenile justice settings has become standard practice nationwide. Research consistently shows that 70% of Youth involved in the juvenile justice system have a diagnosable mental health issues (depression, anxiety, bi-polar disorder, PTSD, attachment issues, abuse issues), compared to 20% of Youth in the general population (Surgeon General).

**What it is**

* The MAYSI-2 is a mental health screening tool to assist juvenile justice facilities in identifying youths 12-17 years old who may have special mental health needs requiring immediate attention
* Paper-and-pencil self-report inventory of 52 questions, administered for timeframe of last 3 months
* It can be used at any entry or transitional placement point in the juvenile justice system (e.g., intake, probation, pretrial detention, juvenile correctional programs, diversion programs, aftercare programs).
* Since 2000, the MAYSI-2 has become one of the most widely used mental health screening tools in juvenile justice systems, having been adopted for statewide use in probation, detention, or juvenile corrections programs in 40 states.

**History**

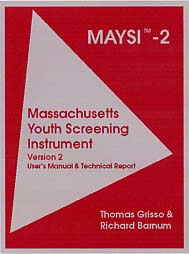
* Developed by Thomas Grisso, PhD & Richard Barnum, MD at University of Mass Med School in the 1990s; Funded William T Grant foundation
* Made available in 2000 after sufficient research to establish initial **reliability and validity** (measures what is suppose to measure each time)
* Since 2000, technical assistance for use of the MAYSI-2 nationwide has been provided by the John D. and Catherine T. MacArthur Foundation’s support of the National Youth Screening and Assessment Project (NYSAP) at the University of Massachusetts Medical School

**Administration**

* Youths read the items themselves (5th grade reading level) and circle the answers
* Youths circle YES or NO concerning whether each item has been true for them "within the past few months."
* Administration takes about 10 to 15 minutes and scoring requires approximately 3 minutes
* The MAYSI-2 is available in both English and Spanish as well as in software form.
* The MAYSI-2 software, called MAYSIWARE (2006) and MAYSIWARE 4.0 (2011, for Vista/7 versions of Windows), is available for purchase from [**Professional Resource Press**](http://www.prpress.com/Massachusetts-Youth-Screening-Instrument-Users-Manual-Technical-Report-MAYSI-2-Also-MAYSIWARE-software_p_170.html)
* Can be administered to all youths in probation intake interviews or within the first few hours after admission to detention and corrections facilities.
* Requires no more than 15 minutes to administer, and can be scored in about 3 minutes.
* Can be administered in paper-and-pencil form or with a software program called MAYSIWARE, and is available in both English and Spanish.
* Alerts staff to potential mental/emotional distress and certain behavior problems that might require an immediate response (Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, Traumatic Experiences).
* Does not require a mental health professional for scoring and interpretation.
* Protocol for responding to identified needs will need to be developed

**The instrument uses seven scales to assess the youth:**

* Alcohol & Drug Use
  + The AD scale is intended to identify youths who are using alcohol or drugs to a significant degree, and who are therefore at risk of substance dependence and/or abuse. The scale has eight items. Five of the items are concerned with various negative consequences of substance abuse, and the remaining three address characteristics of substance use that are thought to represent factors for abuse.
* Angry – Irritable
  + The AI scale is intended to assess explicit feelings of preoccupying anger and vengefulness, as well as a general tendency toward irritability, frustration, and tension related to anger. The scale has 9 items. Four explicitly concern angry mood and thoughts, three others are concerned with irritability and risk of impulsive reactions, and the last two items pertain to behavioral expression of anger.
* Depressed – Anxious
  + The DA scale is intended to elicit symptoms of mixed depression and anxiety. The scale has nine items. Five items inquire about manifestations of anxiety and inner turmoil, and four items are concerned with depressed mood.
* Somatic Complaints
  + The SC scale includes six items that ask about various bodily aches and pains that may affect the youth, along with specific bodily expressions of anxiety. An elevated score on this scale could occur for a variety of reasons. For example, somatic complaints tend to co-occur with depression and anxiety, and sometimes they can be associated with trauma history and with thought disorder as well. On the other hand, aches, pains, and other somatic complaints may be symptoms of physical illness, and such complaints should not be overlooked as symptoms in their own right.
* Suicide Ideation
  + The SI scale has five items. Three of them specifically address thoughts and intentions about self-harm and two involve depressive symptoms that may present an increased risk for suicide. One of the items is shared with the DA scale.
* Thought Disturbance (Boys Only)
  + The TD scale is intended to indicate the possibility of serious mental disorder involving problems with reality orientation. The scale has five items, four of which refer explicitly to altered perceptions in reality that are frequently associated with psychotic disorders. The remaining item refers to a condition of derealization ("things don't seem real") that is a more general abnormality of perception and consciousness. It is sometimes an early indication of a psychotic state, but it may simply arise in anxiety or dissociative states as well. In the study with which the MAYSI-2 was developed, the various ways that we used to identify which items came together as scales did not identify a "thought disturbance" scale for girls using MAYSI-2 items. Thus the TD scale should not be applied to girls.
* Traumatic Experiences
  + The TE scale is intended to identify whether a youth has had greater exposure to traumatic events compared to other youths. Unlike other MAYSI-2 items, the TE items ask for responses regarding events or feelings over the youth's entire lifetime rather than just the "past few months." There are separate TE scales for boys and girls.



**Benefits**

* **Evidence based – valid and reliable**
* **Uniform/standardized screening protocol**
* **Objective measure**
* **Informs regarding needs of Youth**
* **Individualizes programming**
* **Preventative – moves away from crisis model**
* **Documentation of needs and response to needs**
* **Most effective use of resources – time and space**

***Visit***[***The National Youth Screening and Assessment Project's***](http://www.nysap.us/Index.html) ***website to find out more about the tool, research costs, and to learn about training opportunities.***

[**http://www.nysap.us/MAYSI2.html**](http://www.nysap.us/MAYSI2.html)

[**http://www.prpress.com/MAYSI-2-2006-Massachusetts-Youth-Screening-Instrument-Users-Manual-Technical-Report-\_p\_170.html**](http://www.prpress.com/MAYSI-2-2006-Massachusetts-Youth-Screening-Instrument-Users-Manual-Technical-Report-_p_170.html)

[**http://www.ncjfcj.org/massachusetts-youth-screening-instrument-maysimaysi-2**](http://www.ncjfcj.org/massachusetts-youth-screening-instrument-maysimaysi-2)