



# MAYSI-2 BENCH CARD

**E**ngaging youth in evidence-based screening for behavioral health needs at system contact has become standard practice nationwide. System contact includes a broad spectrum of settings, including diversion programs, juvenile probation, juvenile detention, and residential placements. Identifying a youth's behavioral health needs, such as mental health, substance use, trauma symptoms, suicide ideation, and related issues, is important at initial system contact. Behavioral health screening is the first step for identifying youth who need immediate attention and further assessment for behavioral health needs.

## *Purpose*

The Massachusetts Youth Screening Instrument (MAYSI-2) is a brief, behavioral health screening tool designed for juvenile justice programs and facilities. The tool is a self-report inventory of 52 yes or no questions. The questions ask the youth if they have experienced various thoughts, feelings, or behaviors in the past few months. It identifies youth ages 12 through 17 years old who may have important, pressing behavioral health needs. The MAYSI-2 provides scores on six primary scales: alcohol/drug use, angry-irritable, depressed-anxious, somatic complaints, suicide ideation, and thought disturbance (boys). Each scale has two levels of cut-off scores: caution (clinically significant) and warning (top 10%). It is written on a fifth-grade reading level and is available in both English and Spanish. The screen measures symptoms at a point in time and produces a "snapshot" of what might be the temporary moods and emotions of a youth. The screening results are not valid for determining a youth's needs over a long period of time.

## *Policy Development*

Prior to a department or facility administering the MAYSI-2, it is recommended that a formal policy be adopted outlining training, administration, response, and stakeholder engagement. It is important to communicate with community providers and make necessary connections for possible referrals. A provider equipped to handle crisis intervention and emergency services should be informed of the department's intention to begin administering the MAYSI-2 and advised of potential referrals. A community resources capacity assessment could also be sent to other providers who might receive referrals for non-emergency behavioral health assessments.

## *Administration*

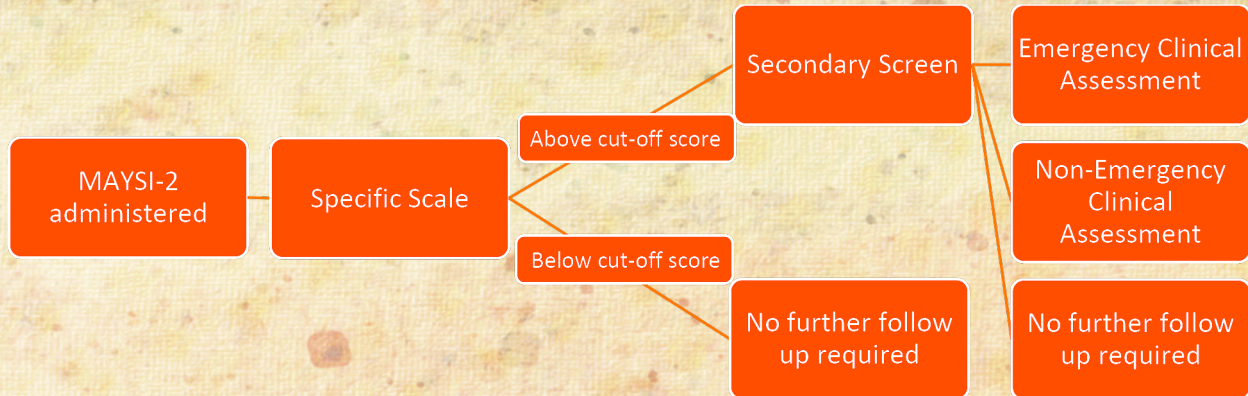
Administering and using the MAYSI-2 does not require training as a professional clinician. Probation officers or facility intake staff can administer the MAYSI-2 after reviewing the manual, attending a training, and understanding what the tool can and cannot do. Screening refers to a process of identifying youth who may have behavioral health problems to address and those that are unlikely to have behavioral health problems as they enter system contact. Typically, this is done by non-mental health professionals, including intake probation staff. Assessment refers to a process by which youth who might have mental health problems are referred for a more detailed clinical evaluation. Clinical evaluations are done by behavioral health professionals to more accurately determine the youth's actual behavioral health needs.

## *Screened In*

MAYSI-2 scores are used to determine whether a youth is "screened out" or "screened in." The term "screened out" means that the youth does not require further follow up. The term "screened in" means the youth has been identified as needing further follow up.



## Screened In vs. Screened Out



### Secondary Screen

These are forms that correspond to each MAYSI-2 scale which guide the screener in asking a few more questions when a youth scores above the cut-off on a scale. This should be performed in a conversational style, and the screener should record the youth's responses. The purpose is to determine whether a youth requires an emergency clinical assessment, a non-emergency comprehensive behavioral health assessment, or no follow up at all.

### Emergency Clinical Assessment

Emergency clinical assessments involve scheduling an immediate interview with a behavioral health professional qualified to make an individual assessment. These types of assessments could be performed by an on-call psychiatric or psychological consultant, a behavioral health social worker or psychologist, or by arrangement with local youth community behavioral health services. This may result in a referral for emergency behavioral health services (e.g., medication, inpatient care, etc.).

### Non-Emergency Comprehensive Mental Health Assessment

If the condition does not appear to present an immediate threat, the youth may be scheduled for assessment by a behavioral health professional. This would determine whether the youth may have special behavioral health needs or for planning disposition (something the MAYSI-2 does not do). Some juvenile justice systems have diversion options for youth with behavioral health disorders, and a further mental health screening may identify youth who are eligible for diversion.

### What Not To Do with MAYSI-2 Scores

The MAYSI-2 does not produce a diagnosis. It does not substitute the opinions of behavioral health professionals. It is intended to alert the screener as to which youth need professional behavioral health assessments. The scores should not be trusted to be valid for youth beyond four weeks after administration. Many things in a youth's life may cause changes to their moods and stress levels. MAYSI-2 scores should not be used as a sole or primary basis for making long-range treatment plans for a youth. The results should never be used as part of the adjudication process. If others must be told that a youth has a serious behavioral health need, this can be done without providing the actual answers or scores.

For more detailed information, please see the website of the National Youth Screening & Assessment Partners at: [www.nysap.us](http://www.nysap.us)