



Mild vs. Serious Juvenile Offenders: A Comparison of Mental Health Screening Reports and Other Factors Related to Youth Recidivism

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Abstract

Recidivism rates continue to trouble the juvenile correctional system in the United States. Previous research suggests various factors increase risk of recidivism such as: age at first offense, academic achievement, substance use, trauma, suicidal behavior, externalizing disorders, and internalizing disorders, including anxiety, depression, and somatizing problems (Hoeve, McReynolds, Wasserman, & McMillan, 2013; Mallett, Fukushima, Stoddard-Dare, & Quinn, 2013). The Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) is widely used to assess mental health, substance use, and maltreatment factors for adolescents between the ages of 12 and 17 (Benner, Stage, Nelson, Laederich, & Ralston, 2010). The purpose of this study is to compare mental health screening reports and other factors related to youth recidivism in a sample of juvenile offenders.

Introduction

- Repeat offenders account for the majority of incarcerated youth (Katsiyannis, Ryan, Zhang, & Spann, 2008), making recidivism reduction an important juvenile justice system priority.
- Evidence links mental health problems to more serious youth offending behaviors and delinquent acts as well as high recidivism rates (Maniadaki & Kakouros, 2008).
- The MAYSI-2 is a standardized, mental health screening tool administered to referred youth at intake into the juvenile justice system with six scales: *Anger*, *Alcohol/Drug Use*, *Depression/Anxiety*, *Somatic Complaints*, *Suicide Ideation*, and *Thought Disturbance*. Results of the MAYSI-2 scales can identify individuals at risk for severe mental health disorders (Benner et al., 2010).
- The current study explores the relationship between degree of offending and mental health problems in a sample of serious and mild juvenile offenders (SO and MO, respectively) through the scales of the MAYSI-2.
- We hypothesized that the sample of SO would, on average, score higher than MO on all six scales of the MAYSI-2.

Method

PARTICIPANTS

- 107 juvenile offenders between the ages of 10-14 were extracted from 893 records from the Harris County Juvenile Probation Department (HCJPD). All individuals meeting inclusion criteria (10 or more offenses or 5 offenses) were included.
- 25 offenders were extracted due to having 10 or more offenses (termed serious offenders [SO]).
- 82 were extracted due to having committed 5 offenses (termed mild offenders [MO]).
- Offense records and MAYSI-2 scores for all 107 juvenile offenders were utilized.

PROCEDURE

- The average MAYSI-2 scores for the SO and MO were found across the six scales.
- Unpaired (two sample) *t* tests were performed to determine the statistical difference between averaged MAYSI-2 scores for the SO and MO groups.
- Age at first offense and academic achievement are additional factors related to recidivism (Barrett, Katsiyannis, & Zhang, 2010), and thus, were also measured by age and grade retention, respectively.

Results

- There were no significant differences between the two groups on age of first offense (SO: $M = 13.36$, $SD = 0.757$; MO: $M = 13.56$, $SD = 0.704$, $p = 0.098$) or academic achievement ($p = 0.466$).
- No significant differences were found between SO and MO on any of the six scales of the MAYSI-2.
- SO showed higher rates of alcohol/drug use ($M = 0.225$, $SD = 0.357$, $p = 0.431$) and suicide ideation ($M = 0.343$, $SD = 0.544$, $p = 0.589$) than MO.
- MO showed higher rates of anger ($M = 0.556$, $SD = 0.576$, $p = 0.499$), depression/anxiety ($M = 0.419$, $SD = 0.454$, $p = 0.538$), somatic complaints ($M = 0.416$, $SD = 0.382$, $p = 0.403$), and thought disturbance ($M = 0.580$, $SD = 0.606$, $p = 0.405$) than SO.

TABLE 1: Serious Offenders Average MAYSI-2 Scores

Anger	Alcohol	Depression	Somatic	Thought	Suicide
0.473	0.225	0.356	0.342	0.472	0.343

TABLE 2: Mild Offenders Average MAYSI-2 Scores

Anger	Alcohol	Depression	Somatic	Thought	Suicide
0.556	0.168	0.419	0.416	0.580	0.281

Discussion

- Our results failed to support our hypothesis. None of the results concerning MAYSI-2 scores, age at first offense, or academic achievement were significant.
- These results do not support findings of past research that identified mental health symptoms as recidivism risk factors (age at first offense, academic achievement, substance use, suicidal behavior, externalizing and internalizing disorders, etc.). This may be due to the limited differences between ten or more offenses and five offenses.
- The factors explored in the current study may lead to other potential risk factors, poor decision making, or the interaction of various other risks (Mallett et al., 2013), weakening the results of the study.
- Future research should aim to identify additional risk factors or explanations for the recidivism rates plaguing the juvenile correctional system in the United States.

References

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