



Integrated Youth Services in Canada

A portrait

July 2022

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EXECUTIVE SUMMARY

WHAT IS THIS REPORT ABOUT?

This report is a portrait of Integrated Youth Services (IYS) as they currently exist in Canada. Commissioned by the Bell-Graham Boeckh Foundation Partnership, it describes IYS as a system of care transforming youth mental health services in Canada and internationally. The report outlines the foundational principles and core components of IYS, its evolution and related research evidence, as well as its achievements, challenges, and opportunities, moving forward. The report ends with an observation of the promise of IYS for Canada and its youth, should challenges to its sustainability be addressed.

WHAT ARE THE KEY MESSAGES?

IYS developed in response to longstanding issues with youth mental health services related generally to fragmentation, access, and quality of care. While different forms of IYS have developed in many countries, its evolution in Canada has been uniquely decentralized, context-specific, and broad-based in terms of support. Thanks to substantial investment from governments and philanthropic organizations, and considerable advocacy, the past decade has seen IYS grow from a few single sites into comprehensive systems of care in several provinces, with substantial recent development in many more jurisdictions. Likewise, research evidence for the rationale, implementation, and effectiveness of IYS has grown, particularly through IYS programs such as Foundry, Youth Wellness Hubs Ontario, Aire ouverte, and ACCESS Open Minds.

As IYS matures as a movement it has many achievements to celebrate, notably the transformational effect it is having on communities and broader jurisdictions, and more recently, efforts to develop a pan-Canadian network and federation. To the extent these can address the need for common standards of care, data integration, continuous quality improvement, knowledge exchange, and ongoing sustainability for the sector, they can help achieve the promise of better support for Canada's youth.

WHY IS THIS IMPORTANT?

In 2006, Senators Michael Kirby and Wilbert Keon described the youth mental health sector as “the orphan’s orphan,” relative to adult mental healthcare and general healthcare services.

Decades of limited access, fragmented services, and inappropriate and ineffective care have meant most youth in Canada have not received the care they need, putting them at both short- and long-term risk. Society at large also pays a much higher price in both service costs and lost contributions if its young people do not receive intervention and support when problems first present themselves. The widely acknowledged ill effects of COVID-19 on youth mental health bring a further urgency to the issue.


Adolescence and young adulthood are therefore a key window of opportunity to intervene early, support and empower youth to manage their own health, and establish effective habits for social, emotional, and mental wellbeing for a lifetime. In this respect, IYS has tremendous long-term potential, by reaching more youth in their own communities with a responsive, equitable model of service in which they, their families, and communities actively participate.

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INTRODUCTION

Integrated youth services (IYS) have been developing at a rapid rate in Canada over the past fifteen years. It began as an innovative way of organizing and delivering services to young people, the majority of whom were either not accessing or receiving appropriate care when needed due to service fragmentation and ‘siloing’, a lack of timely access to community-based care, minimal youth engagement in service planning, and other systemic issues. Since then, there has been growing recognition that profound changes are needed to address young people’s needs.



...the separation of physical health care, mental health and substance use care, and additional social supports decreases the likelihood that youth and young adults will access services early.

(Provincial/Territorial Working Group on Mental Health and Substance Use [PTWG], 2016, p. 8)

As its name implies, IYS provides youth aged roughly 12 to 25 years of age with mental health, substance use, and primary health care, along with a variety of social services, all in a convenient, youth-friendly setting. The appeal of IYS lies not only in this de-siloing and rapid access to services, but in the many ways youth, families, and community agencies are involved in collaborative planning, implementation, and governance of IYS services and programs. In other words, IYS is not only a different form of service delivery, but a system-level *transformation*.

IYS has grown quickly across Canada, thanks to the substantial financial support of many philanthropic organizations and provincial/federal governments, and to the collaboration of a wide variety of stakeholders, including youth and family advocates. Philanthropy has been particularly instrumental catalyzing the evolution of IYS in Canada, through partnerships that have supported provincial/territorial program and site development as well as research and knowledge exchange.

In 2021, the Graham Boeckh Foundation (GBF) and Bell Let’s Talk engaged SRDC to develop a portrait of IYS in Canada as a way of establishing a point of comparison for future planning, research, and evaluation. Accordingly, this document provides an overview of the current state of IYS in Canada and summarizes the research evidence. This portrait of IYS is based on a targeted literature review and environmental scan, a document review, and interviews with representatives of national, regional, and local IYS initiatives (for a list of organizations interviewed, see Appendix A).

IYS IN CANADA

WHY DO YOUTH MENTAL HEALTH SERVICES NEED TO BE TRANSFORMED?


Adolescence is a period of significant physical, emotional, psychological, and social development (e.g., Singh, 2009; Zimmer-Gembeck & Skinner, 2008). It can also be a period of vulnerability – 75 per cent of mental illnesses begin before age 24 (Government of Canada, 2006; Kessler et al., 2005; WHO, 2009), and mental disorders are the leading cause of mortality and morbidity among adolescents and young adults (Erskine et al., 2018; Jones, 2012; Mokdad et al., 2013). In fact, mental health problems represent half the disease burden for children and youth (WHO, 2009; Whiteford et al., 2013).

Moreover, there are longstanding systemic problems with youth mental health care in Canada (and in many other jurisdictions), including:

- **limited access to primary and secondary mental health care** – an estimated 50 to 80 per cent of young people don't obtain the care, treatment, and support they need (CAPHC, NICYMHCA, CHEO, 2010; Davidson & Locke, 2010; Kessler et al., 2005; Merikangas et al., 2011; Waddell et al., 2002)
- **delays in diagnosis and treatment**, owing partly to the fact that mental health problems often present differently among youth than adults (Fusar-Poli, 2019)
- **a dearth of evidence-based, developmentally appropriate treatment models** and services for youth, since the current system is largely focused on institutional and bio-medical treatment (Fusar-Poli, 2019; Malla et al., 2019)
- **a lack of involvement of youth** and families in service design and delivery, resulting in a lack of engagement and sometimes inappropriate care (Kirby et al., 2006; PTWG, 2016; Salmon et al., 2018)
- **siloed systems of care** for children and youth compared to adults, resulting in poorly managed transitions for clients and inadequate training for staff to address the needs of youth and young adults (Fusar-Poli, 2019; Malla et al., 2019 and 2021; Settapani et al., 2019)

As one person interviewed for this report noted, *“There are clearly gaps in the system where services just don't exist, or don't exist to the level that they need to require to meet need. But the fragmentation is another particularly difficult thing.”*

Unfortunately, neither primary care in its current form nor specialist care are equipped to meet these challenges of access, fragmentation, and quality of care (Malla et al, 2019). The irony is that youth ‘age out’ of child and youth mental health care at age 18, precisely when they are most vulnerable to mental disorders (Fusar-Poli, 2019; PTWG, 2016).



The reality of Canada is, despite a national ethos of universal and accessible healthcare, a complex array of local youth mental health services that are difficult to access, challenging to navigate, often unavailable to those over the age of 18, and governed and funded through local and provincial rather than national sources.

(Goldbloom, 2019, p. 12)

As a result, the current system can result in profoundly disrupted life trajectories for youth in terms of their academics, vocational pathways, social connections, and quality of life. For society as a whole, later-stage rescue and restorative strategies for youth in distress represent a much greater need for systems involvement and cost than for preventative and protective interventions earlier on (Fusar-Poli, 2019). In fact, there is a high economic cost of not treating mental health issues among youth, given their role as future drivers of the economy (Jones 2013; Merikangas et al., 2010; McGorry et al., 2007).

Adolescence and young adulthood therefore represent a key window of opportunity. At the individual level, it is a time to establish social and emotional habits for wellbeing for a lifetime to come (WHO, 2021). At the societal level, there is an opportunity to improve mental health outcomes for youth in both the short- and long-term, with prevention and early intervention strategies. Finally, there is an opportunity for all of society to reap the benefits of young people having optimal mental health and wellbeing. From both a scientific and societal perspective, therefore, “youth mental health is the starting point of overall mental health” (Malla et al., 2018, p.217), and ought to be a top priority for mental health care.

WHAT IS IYS?

As noted above, IYS is a model for transforming the way mental health and other services are provided to youth. It is considered to have first developed in Australia in 2006 as *headspace*, a non-profit organization established by the Australian Government, with over 100 centres providing holistic support to youth for mental health, substance use, and relationship issues, along with online and telephone supports. *headspace* focuses on early intervention and linking youth to specialist services, schools, and community-based organizations (Settipani et al., 2019).

The *headspace* model has spread to countries such as Denmark, Iceland, Israel, and the Netherlands, and other models of IYS have developed in other jurisdictions. These include Headstrong in Ireland (offered in a network of support spaces known as Jigsaw hubs), THRIVE in the UK, Youth One-Stop-Shops in New Zealand, and Maisons des Adolescents in France (McGorry et al., 2022). Several of the core principles of IYS have developed from a model of care developed for early episode psychosis, particularly the focus on early intervention, multidisciplinary care, youth engagement, and minimal barriers to access (Fusar-Poli, 2019).

It is important to note that IYS is not a single, prescriptive program model. It developed first as a framework or set of principles for ensuring young people receive “*the right services at the right time and in the right place*” (YWHO, 2017). However, IYS has since developed into a system of organized, comprehensive, equitable care,¹ often called a movement rather than a program (e.g., Salmon et al., 2018). Implicit in these definitions is recognition that critical systemic issues have left the majority of Canadian youth without access to appropriate or effective mental health care.

A core tenet of IYS is that ‘every door is the right door,’ and that once youth enter, they can easily access services for other needs (without referral), regardless of their initial reason for seeking help. As such, IYS in Canada seeks to cater to youth with different types and severities of mental health problems, along with a range of additional needs (e.g., physical health, sexual health, housing), whenever these arise.

One of the key parts (of IYS) is that young people and their families won't need to do the navigation of services themselves...And so our real desire here and attention is that, you know, families get connected to the services they need without having to knock on a bunch of different doors.

(Interviewee)

WHAT IS IYS?

IYS is a dynamic, pan-Canadian, and international movement that aims to build effective, youth-focused, and integrated services for mental health, substance use and related issues.

(Graham Boeckh Foundation, 2021a)

IYS services are integrated and multidisciplinary in that they encompass health, mental health, and substance use care, as well as social services such as housing and educational or vocational supports, and these core services are provided by

¹ For the purposes of this report, we refer primarily to organized collectives of IYS initiatives (here called programs), rather than single sites.

clinicians as well as social service providers, family members, and youth peers. The focus of IYS is on client-centred, community-based, ‘stepped’ care that varies in intensity according to the young person’s needs, as opposed to a diagnosis.

IYS also emphasizes seamless linkages to affiliated services, especially to eliminate the standard practice of transitioning youth to adult care at 18 years of age (Malla et al., 2020; Salt et al., 2018), since such transitions often leave youth stranded with no follow-up or with developmentally inappropriate care (Singh & Tuomainen, 2015). The innovation of IYS is that it goes beyond the capacity of individual programs and services to reduce the fragmentation of care across systems of care for children, youth, and adults (Halsall et al, 2018). Moreover, services are increasingly provided in a variety of formats, such as via telephone, online, and text, in addition to in-person.²

Figure 1 **Key components of IYS**



Source: Graham Boeckh Foundation (2021a).

² For example, see the Foundry app: <https://foundrybc.ca/virtual/>

Other key IYS principles include:

- A ‘one-stop-shop’, ‘no wrong door’ model of mental health care, with clear service pathways for low, moderate, and high intensity service
- Integrated community care in easily identifiable, low-barrier, youth-friendly locations
- Holistic, youth-centred, trauma-informed, developmentally, and culturally appropriate services
- Co-design, delivery, governance, and evaluation of programming and services with youth, their families, community partners and other stakeholders
- Evidence-based or evidence-generating services
- Use of consistent branding to convey the breadth of wellness services delivered
- Ensuring organizational capacity and skills to create equitable, inclusive, culturally specific sites through self-assessment, considering local data and engaging with local stakeholders
- Partnerships, collaborations, and relationships founded in shared decision-making models and distributive leadership practices (see CAMH, 2020; Halsall et al., 2019; Halsall et al., 2020; Settapani et al., 2019).

HOW HAS IYS DEVELOPED IN CANADA?

IYS developed in Canada not long after *headspace* began in Australia, although not as a federal government initiative or an overlay of a newly funded system of services. Instead, IYS in Canada has developed and spread organically, in keeping with our federated system of health and mental health care – first as a grassroots initiative, then scaling up within certain provinces, and then across the country.

In terms of services, one of the prototypes for IYS was the Granville Youth Health Centre, opened in early 2015 as a youth-friendly, one-stop storefront for youth and young adults seeking a wide range of services, and providing links to specialized services and other community agencies. In 2016, five new centres were funded as the BC Integrated Youth Services Initiative, to develop a systems-level ‘proof of concept’ for IYS. With the addition of Granville, these developed into Foundry, which then evolved into a provincial movement (Salmon et al., 2020) that now encompasses 11 sites, with eight more in development.

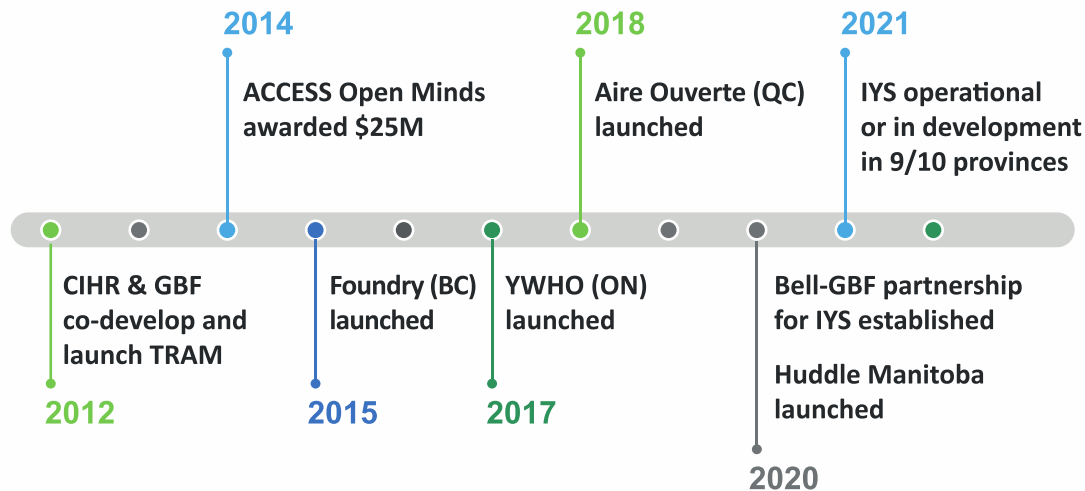
IYS has grown quickly elsewhere in Canada, too – at this point, most provinces and one territory have at least one IYS site in operation or in development, or are developing similar models of

coordinated care. Initial development of IYS in Canada has been supported financially by federal agencies such as CIHR, several philanthropic foundations, and provincial/territorial governments, and more generally by a variety of stakeholders, including youth and family advocates.

In fact, significant financial investments have been made in IYS in Canada to date. At least \$80 million has been committed by provincial governments, philanthropy, and the federal government to demonstrate the IYS model in communities across Canada, as well as to support IYS research and pan-Canadian knowledge mobilization. As well, over \$100 million of recurring annual funding (combined) is being provided to provincial IYS initiatives in BC, Ontario and Quebec that have moved past their demonstration phases, to sustain IYS community services and support provincial backbone organizations.

The Graham Boeckh Foundation (GBF), Bell Let's Talk, RBC Foundation, Medavie Health Foundation, and other private family foundations have been particularly instrumental in the evolution of IYS in Canada, through partnerships that supported program and site development as well as research (e.g., with the Canadian Institutes of Health Research) and knowledge exchange.

In particular, GBF and CIHR partnered to develop the Transformational Research in Adolescent Mental Health (TRAM) initiative, a \$25 million investment intended to catalyze fundamental change in adolescent mental health care in Canada. TRAM's specific goal was to identify and bring together Canada's youth mental health communities to collectively build a single pan-Canadian research-to-practice network that would bring new ideas and resources to transform youth mental health services. A multi-stage development process ultimately selected ACCESS Open Minds to receive the full TRAM grant, under the leadership of Dr. Ashok Malla.

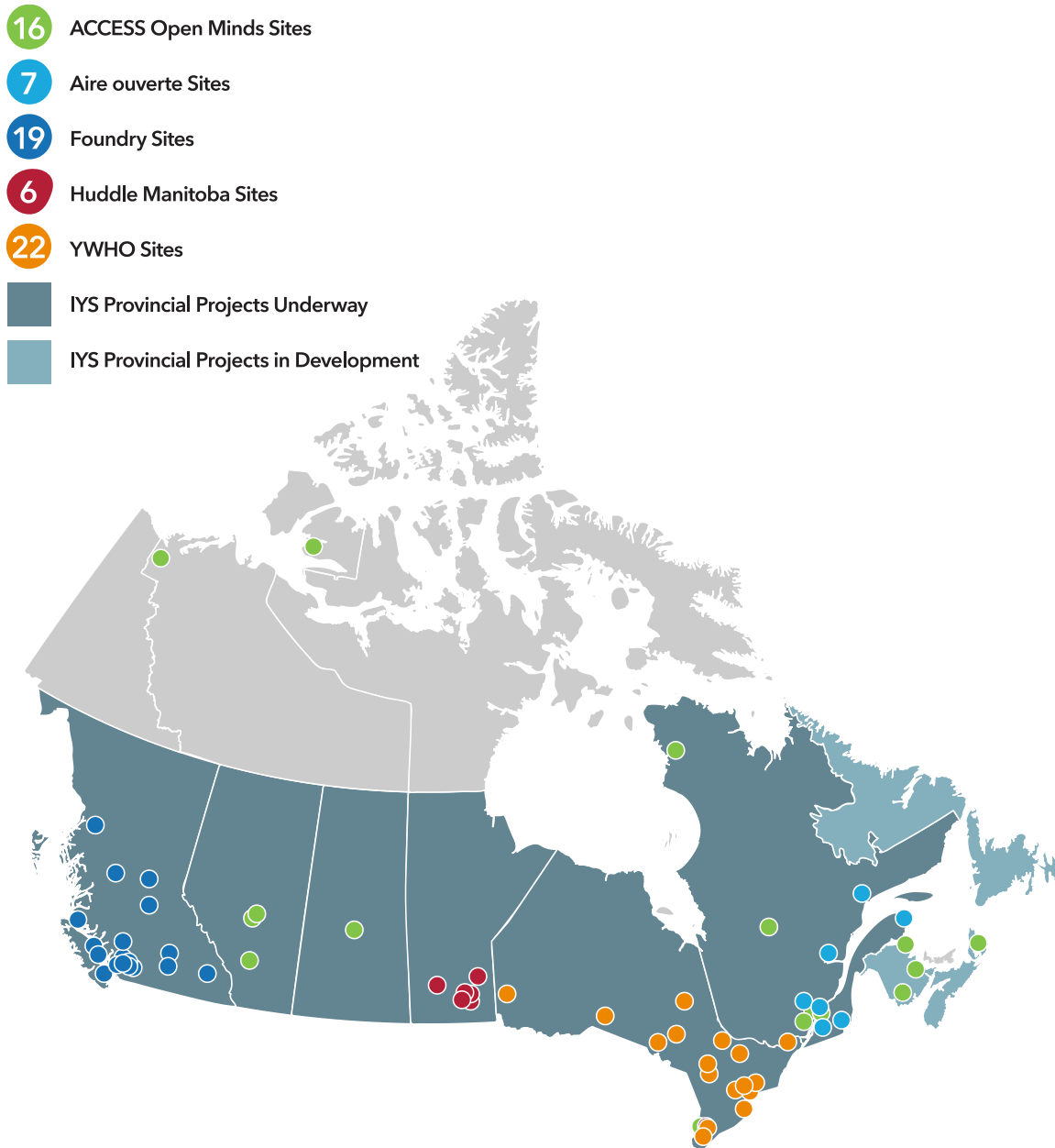
Figure 2 Key milestones in IYS development in Canada

Source: Graham Boeckh Foundation (2021a).

In addition to TRAM, key IYS initiatives in Canada to date include:

- **Foundry** in British Columbia – the oldest and largest IYS provincial program, expanding on an ongoing basis;
- **Youth Wellness Hubs Ontario (YWHO)** – launched in 2017 by the Ministry of Health and Long-Term Care, YWHO now has 14 IYS centres, with many additional sites affiliated with the [My Wellness Passport project](#). Development of an additional 8 YWHO sites [has recently been announced](#), for a new total of 22;
- **Aire ouverte**, a network of IYS in Quebec that began as three demonstration projects in 2018 and has now grown to seven sites, with plans for a total of 25 sites in all 22 regions of the province;
- **Huddle Manitoba** – first IYS site established at NorWest Co-Op Community Health in Winnipeg in 2017, there are now an additional five new IYS sites in development across the province;
- **Sites/programs in development** or planning stage – Alberta, Saskatchewan, Nova Scotia, Newfoundland, and the Northwest Territories;

- **ACCESS Open Minds (AOM)**, a multi-year, pan-Canadian research initiative on service transformation following IYS principles, set to disseminate its results soon. Between 2016 and 2017, AOM developed into a network of 16 sites across the country; many sites have since also become part of provincial initiatives such as YWHO and Aire ouverte, and continue to provide services;
- **Frayme**, a pan-Canadian network established in 2017 to facilitate adoption and scale-up of IYS through evidence synthesis and knowledge mobilization, now evolved into the national network for comprehensive knowledge mobilization of youth mental health and substance use evidence.

Figure 3 Current IYS sites (as of July 2022)

Source: Graham Boeckh Foundation, 2021a.

There are several other initiatives in Canada that offer similar elements to IYS or which have similar broad aims, while not necessarily offering all core services or having the usual IYS governance models. For instance, integrated service delivery (ISD) in New Brunswick takes the form of child and youth care teams offered in schools and community settings across the

province. ISD is similar to IYS in terms of multidisciplinary care in accessible locations, though differs in terms of staffing, governance, and youth and family engagement.

Similarly, Integrative Collaborative Care Teams – based on the IYS model – were established in three youth-friendly walk-in clinics in Toronto, Ontario, having co-located the services of community agencies, adolescent psychiatry hospitals, and primary care partners as a full-service solution approach to intervention; these have since been integrated with YWHO. Integrated Child and Youth teams are also being developed by the Government of British Columbia, to bring together services delivered by the BC health system but delivered in schools. The aim is to provide consistent wraparound services for children, youth, and their families, initially through ICY teams in five school districts, but with a goal to reach 20 districts by 2024.

It is highly unlikely that a single model of service delivery will work across the extreme diversity of this country based on geography, politics, culture, and level of available mental health resources, nor is it feasible to import a model in its entirety that has shown some effectiveness in another country.


(Malla et al., 2019, p. 699)

Rather than a single program model, then, IYS in Canada is a *re-organization and re-orientation* of existing care into a new primary care system for youth (Malla et al., 2021) within each province or territory, based on common principles and values, core service offerings, and adaptation to community needs.

This focus on local services highlights another distinction of the Canadian IYS movement and a re-occurring theme across our interviews with IYS stakeholders, namely, a deliberate focus on community engagement, local adaptation, and customization as part of provincial scale-up. As

part of the typical development of an IYS site, community members are mobilized and encouraged to first reflect on the assets and unique characteristics of their community, and then to identify how to integrate existing services and address any potential gaps. As a result, some details of IYS service provision can look different in each community depending on the context and community being served, although the overall goals and core services are common to all sites and programs.

Accordingly, ‘one-stop shop’ does not necessarily mean a single site of co-located services, but rather, collaboration within a network of services that all provide low-barrier access to services, a safe and friendly space for youth, where youth are empowered and supported to shape the direction of their own care (Salmon et al., 2018).



‘One-stop-shop’ has really evolved into, ‘what is the community like? What is the strategy in the community to build the services and to build the community around the needs of young people and families?’ And then, ‘how do we work with them to empower them to bring partners together, including Indigenous partners, including schools, including many different people into one common group of people, with a shared goal of improved health for young people?’

(Interviewee)

EVIDENCE FOR IYS

There is always a lag time between introduction of an innovation and development of a robust related body of research evidence; this is true of IYS, although that evidence is growing steadily. As already noted, there is considerable research and evidence from advocates outlining the need and rationale for IYS as a means of addressing long-standing problems associated with youth mental health services, both in Canada and internationally (see *Why do youth mental health services need to be transformed?* above).

Similarly, there is also a fair bit of research describing the design of IYS. An international scoping review by Settapani and colleagues (2019), for example, outlined the common principles of IYS in various jurisdictions and other key attributes. In Canada, some of this more descriptive research focuses on the overall design of IYS or on specific aspects of IYS, such as related conceptual frameworks (e.g., Halsall, 2018), the contributions of youth and family members (e.g., Henderson et al., 2021), or the relative preferences and priorities of caregivers regarding different aspects of IYS (Hawke et al., 2021).

Implementation studies of IYS internationally are also growing in number, although these have been criticized as not being detailed or numerous enough to clearly guide implementation or replication (Malla et al., 2020; Settapani et al., 2019). In Canada, implementation evidence and guidance³ has emerged with the growth of the largest IYS programs or networks, namely, ACCESS Open Minds, Foundry, and YWHO, each of which has had an evaluation or research mandate. Indeed, a special supplement of the peer-reviewed journal, *Early Intervention in Psychiatry*, focused on the design and implementation of services at seven AOM sites, each serving distinct geographic or cultural communities.

For example, a formative evaluation of Foundry by Salmon and colleagues (2018, 2020) described the development process undertaken for the first six sites and examined challenges and success factors based on interviews and focus groups with 150 diverse stakeholders (see *IYS Achievements* and *IYS Challenges*, below). A similar focus on implementation success factors and challenges is seen in formative evaluations of individual YWHO and AOM sites (Iyer et al., 2019; Lu et al., 2021; Valianatos et al., 2019), and of YouthCan IMPACT's Integrated Collaborative Care Teams – comparable in many respects to IYS (Henderson et al., 2019).

Internationally, evidence of the effectiveness of IYS generally lacks control or comparison groups but is promising in terms of differences pre- and post-intervention. Much of this evidence is from evaluations of *headspace* in Australia. Using a combination of self-report from youth,

³ For example, Foundry has published a Start-up Guide, Service Guide, and other resources; AOM published a Community Mapping guide; and YWHO has published a Primer on IYS.

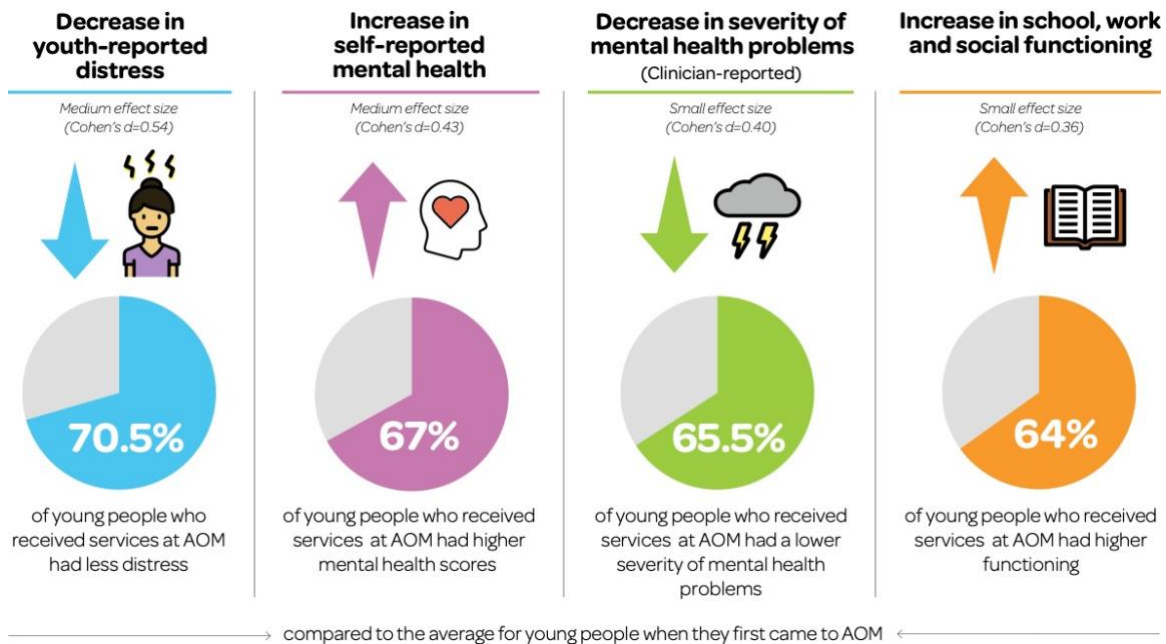
clinician ratings, and observations, these studies have found several benefits that include reduced psychological distress among participating youth, improvements in their physical health and social relationships, and in their social functioning (*headspace*, 2020; Hilferty et al., 2015; Muir et al., 2009; Rickwood et al., 2015). Similar reductions in distress have been reported among youth participating in Ireland's *Jigsaw* (O'Keefe et al., 2015).

While several outcomes-focused evaluations of IYS in Canada are either ongoing or have not yet released final reports, interim findings are equally promising to those from Australia. For example, interim results from the AOM study (based on August 2020 data) indicated that participating youth were from the intended target group – those aged 12-24 with high levels of need⁴ that were not being met effectively elsewhere. In addition, the vast majority of services at AOM sites were found to meet standards for rapid access:

- a reported 84 per cent of youth were assessed within 72 hours of referral or presentation;
- there was an average wait time for an in-person appointment of less than 30 minutes; and
- interventions were offered within 30 days of referral for 94 per cent of youth (all AOM, 2021).

Perhaps most importantly, youth at AOM sites reported significantly less distress and severity of mental health problems, and improvements in mental health and school, work, and social functioning (AOM, 2021), compared to the average for young people when they first arrived at AOM sites:

⁴ In terms of psychological distress, severity of mental health problems, self-rated health and mental health, and suicidality.

Figure 4 Interim results from ACCESS Minds sites (as of August 2020)

Source: ACCESS Open Minds (2021).

Similar results have been reported among Foundry youth in terms of profile and levels of need, as well as improvements in self-rated functioning, and ability to manage their health, life, and problems (Foundry, 2018). Findings from Foundry's developmental evaluation also found a reduction in wait times and high rates of satisfaction with IYS services among youth and families, particularly in terms of youth-friendliness and overall approach (Salmon et al., 2020). YWHO youth also report high levels of satisfaction with services, as indicated by the 99 per cent that agreed they would recommend YWHO services (YWHO, 2021).

From a systems perspective, results from these evaluations also indicate a clear need for IYS: for example, 44 per cent of Foundry youth would not have accessed services without Foundry as an option (Foundry, 2018). Similarly, 40 per cent of YWHO youth surveyed between April 2020 and March 2021 said they wouldn't have known where to go without YWHO, or would have gone nowhere for help (YWHO, 2021).

IYS ACHIEVEMENTS

IYS has come a very long way in Canada, particularly in the past ten years, and momentum – and sites – are building quickly across the country. Any system takes years to transform, but there are a great many achievements to celebrate already. First and foremost, of course, are the reports of positive effects on youth mental health outcomes noted in the previous section, and the fact that youth with high levels of need are accessing services.

Equally impressive are the many qualitative reports from youth expressing high satisfaction with services and praising the IYS model – particularly in de-stigmatizing mental health concerns and empowering youth to manage their own care and recovery (e.g., AOM, 2021; Henderson et al., 2020; Salmon et al., 2018). Moreover, several IYS programs have been able to increase the accessibility of their services – in part in response to the COVID-19 pandemic – by offering virtual care in multiple formats (e.g., text/chat, phone, video conferencing) and resources on virtual platforms.

The creation of Foundry centres as “one stop shops” did not simply add a program or service to the city in which it was located or create mechanisms for optimizing utilization of limited resources. Rather, Foundry centres fundamentally reconfigured the service and policy landscapes in the regions in which they were located. The work of making a Foundry centre required communities to create new services and networks, and expand existing networks, to move toward clinical, administrative, and community-level integration that had previously been desired but not achieved.

(Salmon et al., 2018, p. 69)

Critically, IYS initiatives also appear to be achieving the goal of transforming services in the communities in which they have been developed. In extensive interviews, for instance, the evaluation of Foundry’s proof-of-concept established that it had “*transformed access to services for young people and their families primarily through the intentional integration of services, programs, and policies across sectors and systems*” (Salmon et al., 2018, p. 69).

A key finding about success factors in IYS implementation in various regions was the emergence of a shared sense of purpose across the centres and services involved at each site, and the importance of ‘distributive leadership’ and consensus decision-making at different levels in supporting this shift in organizational and systems culture (Lu et al., 2021; Salmon et al., 2018; 2020). These findings are echoed in the YWHO and AOM studies (Henderson et al., 2020; Iyer et al., 2019).

Central to this transformation is the use of sophisticated governance models to build and

sustain integration (Abba-Aji et al., 2019; Foundry, 2021; Malla, 2019). While each IYS program has evolved somewhat differently in its regional context, they all share similar governance structures, whereby a lead agency facilitates a coordinated, collaborative approach to service delivery across youth-serving agencies in a given community, supported by a central, provincial/territorial ‘backbone’ organization that also supports other sites across the province or territory.⁵ This kind of multi-level, flexible governance structure also includes advisory bodies at both the local and provincial level to address specific issues (e.g., implementation) or population needs (e.g., of youth, caregivers, Indigenous communities). In turn, this has meant service and system transformation has been systematically based on core principles, objectives, and protocols, as well as targeted guidance from key stakeholder groups, allowing customization to local community contexts (Iyer et al., 2019).

By linking sites, this multi-level, flexible governance model has also developed local and regional networks for coordination, partnership, and knowledge exchange, which have been key to creating organized systems of care in those areas. For the period of its study, AOM created a multi-site network across Canada. More recent efforts include a newly formed federation⁶ comprised of IYS leaders from the nine participating provinces, and a new network of networks (IYS-Net), currently supported financially by GBF and CIHR. IYS-Net will link regions for greater impact, improved youth mental health outcomes, and joint research, while advancing development of common standards,⁷ indicators, and data collection. Not itself a direct service initiative, IYS-Net will also focus on sharing best practices for culturally appropriate youth mental health services – especially in Indigenous and racialized communities – and generally supporting provincial and territorial IYS initiatives.

Another key achievement has been the investment made in IYS research and evaluation here in Canada, which is adding to the international body of evidence for IYS. In particular, AOM’s final results will provide extensive information about the impacts and implementation of IYS in many different community contexts, for whom it provides the most benefits, and how (Iyer et al., 2019); a study of costs and benefits⁸ is also underway. Likewise, the YWHO common evaluation approach will assess youth functioning over time and the degree of effectiveness of the YWHO model, and Foundry continues to publish evaluation results on a regular basis. A randomized controlled trial is also underway of Integrated Care Teams in Ontario (the YouthCAN Impact

⁵ In Quebec, these central organizations are the pre-existing RSSS (Réseau de services de la santé et des services sociaux), integrated health and social service centres which include services such as hospitals, youth protection, residential long term care centers; the backbone organization for Aire ouverte as a whole is the Ministry of Health and Social Services

⁶ In October 2021.

⁷ Already a feature of provincial programs, but not yet common across them.

⁸ Preliminary evidence from the Edmonton AOM site indicates cost savings of \$10 in services avoided for every \$1 invested in IYS (Iyer et al., 2019).

study). These research and evaluation initiatives will all make substantial contributions to the development and ongoing improvement of IYS as a system of care.

Embedding measurement into ongoing IYS service delivery and operations in Canada is also an achievement, since it has helped establish information infrastructure and the basis for ongoing, data-informed service planning and long-term learning. For example, Abba-Aji and colleagues (2018) reported that at the Edmonton AOM site, study results directed provision of more after-hours psychiatry and a greater range of service providers than in the initial model, and more flexible service formats such as the choice of community locations and mobile appointments. Minimum datasets have been established across multiple YWHO, Foundry, and AOM sites. Together with the common approach of engaging youth and families in research and evaluation, this will support a culture of ongoing learning and data-driven decision-making, even as service transformation is taking place.

A final, potentially transformative achievement of IYS in Canada is the development of many sites with a particular focus on serving youth in Indigenous communities. Almost half the former AOM sites are either located in Indigenous communities or serve a high proportion of Indigenous youth, and Foundry, Huddle Manitoba, and YWHO also have sites that are Indigenous-led. This is important because Indigenous youth may have higher rates of some mental health concerns and problems accessing sufficient culturally appropriate services (e.g., Levin & Herbert, 2004), owing to the discrimination, racism, and oppression of Indigenous peoples in Canada from both historical and current colonization. Experiences of structural and social racism can manifest as individual and collective trauma and deep, ongoing health, economic, and social inequities, despite the considerable cultural and community strength of Indigenous peoples, and centuries of resistance and resilience.

In Indigenous communities, serving youth goes hand in hand with serving the community, and both clinical interventions and community mental health promotion can mobilize cultural resources for resilience, such as cultural values, collective history, and the richness of Indigenous languages and traditions (Kirmayer et al., 2011). For example, clinical approaches taken by the AOM IYS team in Eskasoni First Nation are community-focused, informed by Mi'kmaq teachings such as Two-eyed Seeing (Bartlett, Marshall, & Marshall, 2004); honouring the integration of Indigenous healing practices and Western ways of providing help is paramount (Hutt-Macleod et al., 2019).

The Indigenous IYS sites across the country will undoubtedly provide valuable learning about ways to ensure IYS services address the needs of Indigenous youth in a culturally appropriate manner and achieve equitable outcomes. For example, the AOM IYS team in Ulukhaktok, NWT, innovatively trained two members of the community – an Elder and a young person – in Mental Health First Aid and suicide intervention to deliver care to its young people (Etter et al., 2019).

These sites will also help develop a better understanding of how to integrate OCAP⁹ and other Indigenous community research protocols into ongoing data collection and multi-site research studies such as AOM (Boksa et al., 2019).

⁹ OCAP refers to Ownership, Control, Access, and Possession, First Nations principles for information governance and data sovereignty (First Nations Information Governance Centre, 2022).

CHALLENGES AND OPPORTUNITIES

Systems transformation is not easy work, to say the least. Just as studies of IYS implementation in Canada have identified several success factors, they have also outlined some common challenges; several of these issues were also raised by interviewees. At a site level, such issues have tended to revolve around change management, particularly to achieve full integration across the various partner organizations and alignment of service components (e.g., extended hours of service, peer support, disclosure agreements), especially if these have not been a feature in each service prior to IYS being established in that community.

Likewise, sustaining buy-in from key decision-makers – and in some cases, financial support – while also managing expectations were identified in the literature and interviews as common challenges, made even more difficult if partner organizations were experiencing instability due to re-organizations and staffing challenges (e.g., Henderson et al., 2020; Iyer et al., 2019; Vallianatos et al., 2019). At the central program/network level, operational challenges have reportedly been more related to achieving a degree of fidelity across participating sites, especially in light of community differences in geography, culture (and in some cases, language), as well as modes of communication, and political realities such as funding arrangements and labour agreements (e.g., Abba-Aji et al., 2019; Iyer et al., 2019).

Whether locally or regionally, IYS sites are only part of the continuum of services that may need to be marshalled to meet the needs of any given young person or group of youth; referrals for more intensive or specialized services may sometimes be needed. As a systems-level intervention, IYS sites are only as successful as the response from other parts of the youth mental health system. This means that success engaging youth can translate into increasing demand even as resources and space are stretched (Abba-Aji et al., 2019; Vallianatos et al., 2019). Likewise, there can be challenges meeting target timelines for specialty care when there are system backlogs or these services just don't exist, such as in rural and remote communities.


Another challenge for IYS as a movement is continuing to build evidence of effectiveness. As noted, this is an area of growing achievement for IYS in Canada, and there is already impressive infrastructure for data collection and measurement (i.e., minimum datasets) within most of the large IYS programs or networks. The challenge – and opportunity – is to continue building this evidence of effectiveness and in such a way as to learn for whom such approaches work best, in what contexts and circumstances (as well as who is being less well served by IYS), so that adaptations can be made as needed in an evidence-informed manner.

In this sense, 'evidence-informed' must entail information that derives from lived experience, practice, and traditional knowledge as well as research. In other words, evidence must be meaningful, relevant, and appropriate for youth, families, and communities as well as credible from a research perspective. Achieving such a balance of needs is no simple matter and may look

somewhat different across communities and regions, while still aligning with protocols for common data collection.

A related challenge is that the complexity of systems change doesn't lend itself easily to standard methods of program evaluation. From a research and evaluation perspective, there is much more to learn about IYS not only in terms of service outcomes for youth and families, but also about community-level impacts, as an integral part of effective, adaptive systems of care.

In this respect, there is an opportunity to build on assessment of community impacts with common approaches across IYS programs. However, more complex, and sophisticated evaluation methods (e.g., outcome mapping, pathway mapping, social network analysis, contribution analysis) are needed to establish how IYS is transforming youth mental health systems in communities, regionally, and nationally. To the extent the new pan-Canadian IYS federation and IYS-Net are able to develop common indicators, data collection methods, and evaluation frameworks that are still sensitive to local needs and contexts, they represent an opportunity for IYS to develop as a learning health care system across the country.



What we've never done is really understood the process of integration and we've never really measured that integration. We're focused on the integration because our belief is that if we do integration well, the young people in the family will benefit from it and they will experience better care.

(Interviewee)

Now that IYS is developing and spreading into many more jurisdictions, there is an opportunity to develop common service standards, both for accountability to youth, families, and other stakeholders, for ongoing quality improvement, and to maintain integrity of the IYS framework over time. Work on this has already begun – YWHO, Foundry, and Aire ouverte have all developed service standards for their own provincial initiatives to ensure consistent levels of care across sites; as noted earlier, several guidance documents have been developed to support Lead Agencies to develop and operationalize the IYS model. Moreover, AOM has reported on a 72-hour benchmark for initially accessing services. It also has reported on wait times for accessing specific interventions using benchmarks for non-urgent care from the Canadian Psychiatric Association (AOM, 2021).

It will also be important, however, to develop similar benchmarks to guide ongoing service delivery at the site level, in each of the core service components. These could be particularly useful if assessed in tandem with each young person's own goals for their engagement with IYS, and family members' expectations. Such standards can help define how core components of IYS ought to be operationalized, while still providing flexibility for adaptation to local needs and

realities. Moreover, national standards – that is, *across* provincial programs – can be useful to guide development of core competencies for staff and training curricula, recognizing that staff will come to this work with diverse training, some of it in the adult mental health system. As with all aspects of IYS, however, development of common service standards and core competencies will be most relevant and effective if undertaken in collaboration with youth and family members, and must remain flexible enough to respond appropriately to local needs.

Last but not least, the sustainability of IYS in Canada is an ongoing challenge for the sector. The iterative nature of its growth may have led to success in terms of spread, but we heard from a few interviewees that their IYS sites had had to cobble together funding from a variety of sources to cover both capital and operational costs; the former can be particularly hard to finance. In addition, we heard from one of the programs that the costs of supporting youth and family engagement are often not fully recognized in project budgets, nor the participation of community-based organizations.

...How do we shift this narrative to take us to a quality-of-service narrative? And also, how do we be open and willing to understanding that when we start talking about that quality-of-service narrative, it might change the model, right? Or it might change not necessarily all the core components of the model, but it might change the trajectory of implementation of the model.

(Interviewee)

Community mental health is often described as the ‘orphan’ of health budgets, and youth mental health even more so. Continued production of knowledge products that describe the IYS innovation and how it works, and identifying ways to make it most effective for the greatest numbers of youth, can only enhance its sustainability over the long term.

CONCLUSION

I was lucky to have a support system that helped me find resources. But if you don't, finding it yourself when you're in that really hard place is almost impossible. And there's also just so many misconceptions around mental health care. I live in a small town and there are so many misconceptions about finding care – where it is, what it's going to be like. I feel like so many [young people] are just turned off by mental health care before they even get started.

(Youth key informant)

The promise – and growing reality – of IYS is in providing an alternative to the experience this young person describes, where misconceptions, stigma, and inappropriate care are replaced by a warm welcome from peers, trusting relationships built with staff, and appropriate and effective services delivered in a welcoming and safe environment.

Canada is in the midst of a transformation in the way adolescents and young adults have their mental, physical, and social needs met through services and supports. The ‘innovation’ of IYS lies in its organization and governance, and particularly, its integration of youth and family perspectives from planning through development to ongoing service delivery.

IYS is still maturing as a service and systems-level intervention, but there is growing momentum, support, and encouraging progress as the framework spreads across the country. Enthusiasm for IYS is widespread, including at all levels of government (Malla, Frampton, & Mansouri, 2020). The overall challenge will be to ensure the pace of knowledge and learning keeps up with development of services, and that the sector is adequately supported for sustainability in the long-term. Canada’s youth deserve nothing less.

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APPENDIX A: ORGANIZATIONS INTERVIEWED

Interviews were conducted with 17 representatives from the following organizations closely involved in IYS in Canada:

1. ACCESS Open Minds
2. Aire ouverte
3. BC Ministry of Mental Health and Addictions
4. Foundry
5. Frayme
6. Graham Boeckh Foundation
7. Youth Wellness Hubs Ontario (YWHO)

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