Pan-Canadian Guidance for Integrated Youth Services

Winter 2023-24

10 Principles

for Improving Integrated Care for Youth

Contents

Executive Summary

Integrated youth services (IYS) within Canada is an emergent sector, led by non-governmental organizations, community organizations, governments and networked groups across regions and provinces/territories. A common goal across these organizations and networks is to improve access to appropriate care and social services for youth for their mental health and overall wellness.

This guidance document offers a roadmap for new and existing IYS organizations and networks in designing, planning, delivering and expanding IYS.

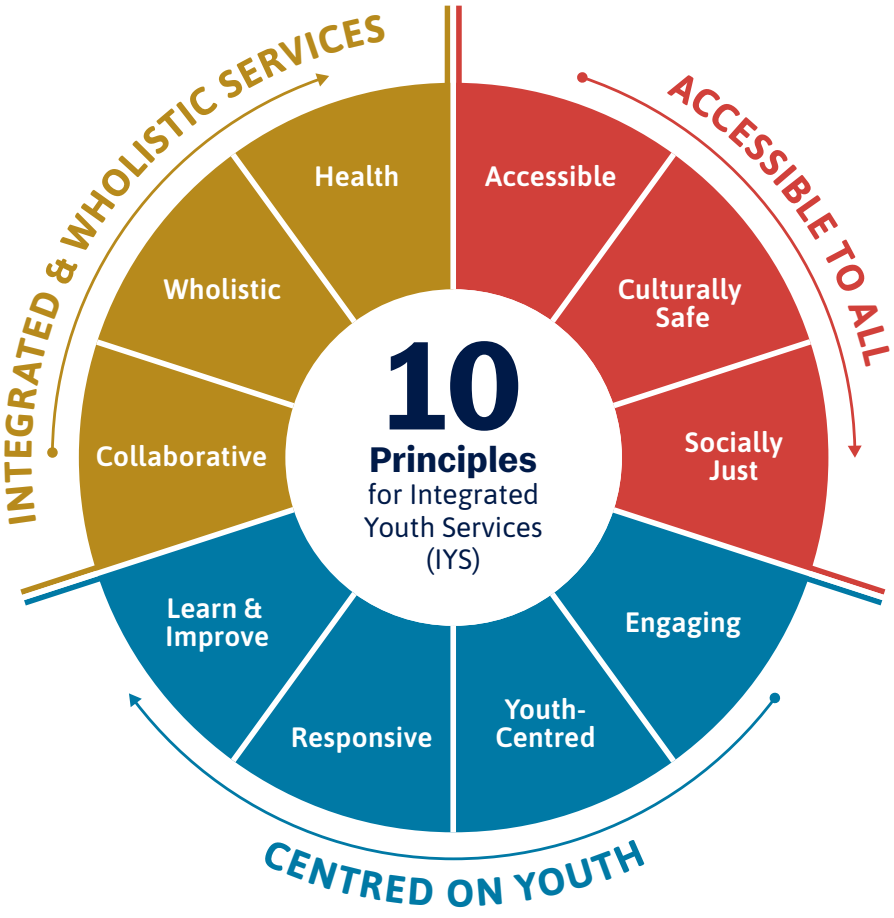
This document builds on the ten principles of IYS that were identified through a collaborative Delphi process in 2022 by the Federation of Integrated Youth Services Network (FIYSN). This document outlines in more detail what it means to enact these principles in practice and what enabling factors support these principles, from the perspective of IYS providers and network implementers as well as youth and families/caregivers.

Figure 1 on page 2 showcases the ten principles and guiding statements for each principle that support their implementation.

The development of this document was led by a Guidance Development Working Group with representatives from seven IYS networks, as well as two youth advisors, with engagement from youth, families/caregivers, IYS providers, administrators and others in the IYS sector from across the country.

This document is the first step in supporting a pan-Canadian vision of IYS. It is a living document, which will grow, change and evolve as more voices are invited to the table and the lives, needs, strengths and dreams of young people change and evolve.

FIGURE 1: PRINCIPLES FOR INTEGRATED YOUTH SERVICES AND GUIDING STATEMENTS



Accessible to all

Accessible

Actively work to reduce barriers by ensuring there are multiple entry points that reflect and invite diverse youth experiences.

Co-designing with youth helps to create a welcoming environment where young people can feel safe(r) to be themselves, free from judgment and stigma.

A key to creating a seamless continuum of multiple integrated services is ensuring youth don't have to repeat their stories.

Part of increasing accessibility to IYS is actively reaching out to youth in the community, particularly where there may be additional or complex systemic barriers.

Culturally Safe

Cultural safety priorities are set and directed by Indigenous youth, local Indigenous communities and equity-denied communities who are affected by colonization and systemic barriers. The focus is on relationship and reciprocity.

Striving toward culturally safe(r) work in IYS means that settler-led organizations or providers continuously learn and unlearn with humility, to understand the ongoing impacts and commit to action toward reconciliation.

Working toward creating culturally safe(r) services and spaces in IYS includes understanding the diverse unmet needs within your community, particularly racialized youth and youth experiencing multiple intersecting barriers.

Socially Just

Social justice work starts with naming different system(s) of oppression and working towards an anti-oppressive, anti-racist and decolonizing approach.

Putting social justice work into action includes committing at personal, professional, organizational and network levels of IYS to challenge and disrupt systems of oppression.

Recognizing power imbalances in the system and giving power (back) to the diverse youth are part of doing social justice work.

Centred on youth

Engaging

In meaningful engagement, youth and families/caregivers are equals at the table alongside clinicians, providers and implementers and are involved early and throughout.

At the heart of engaging youth is building relationships by being transparent and moving at the speed of trust.

IYS support youth engagement by offering diverse services and programs, as well as diverse ways for youth to access services and to participate in IYS organizing.

Youth-Centred

Being youth-centred means seeing youth as the experts of their own experience — by youth, with youth, for youth.

To centre youth is to celebrate the diversity among young people and to help promote their resilience, joy and strengths.

To centre youth also means to appreciate the diverse realities and challenges young people experience in their lives and to actively work to support youth in ways as determined with, by and for youth.

Responsive

Meet youth where they are at by being flexible, nimble and willing to adapt to their stated needs and wishes. Youth decide what is a priority for them at any given moment.

Being transparent, listening to youth and believing the stories of youth help support informed decision making and mitigate potential harms.

Learn & Improve

Producing knowledge, drawing on best practices and gathering information are essential parts of meeting the needs of youth. Actively use what is learned to continuously improve.

Youth and communities are part of the learning process from start to finish.

A culture of learning, curiosity and discovery that is based in humility allows for sharing of knowledge and continuous innovation within IYS and beyond.

Integrated and wholistic servces

Collaborative

Collaboration in IYS is about delivering and accessing services and programs in an integrated way — coming together as a whole community to support young people.

Co-creation with youth, families/caregivers and communities and continuously asking who is missing at the table can help avoid tokenism and create genuine partnerships.

Developing structures, policies and procedures for collaborative care and support allows for a seamless continuum of services.

Wholistic

Supporting youth as whole persons in IYS means attending to their physical, mental/psychological, social and spiritual wellness, as well as the wellness of their families and communities.

In IYS, treatment and health bridge Western medicine and cultural approaches to health and wellness.

Trauma-informed approach is a commitment of everyone in IYS, not just trauma-informed practitioners.

Health

Health services in IYS include offering evidence-based clinical treatments alongside cultural approaches and informal programs to support young people at all stages of their wellness journey.

Promoting health and building relationships early with youth help prevent ill health and ensure that youth can connect to services when they need them.

Equity in health care is about paying attention to the social determinants of health, looking at wellness in all areas of life, actively finding ways to create greater access to services and reducing disparities in outcomes.

Territorial Acknowledgements[1]

With gratitude, the integrated youth services (IYS) Guidance Development Working Group acknowledges the ancestral territories and homelands of First Nations Peoples, Métis and Inuit where we conduct the work of IYS.

Foundry acknowledges, with much gratitude, that we are uninvited guests on the traditional lands of the over 200 unique First Nations across the province and that our work takes place on land steeped in rich Indigenous history and home to many First Nations, Inuit and Métis people today. We recognize and respect Indigenous Peoples as the stewards of this land and acknowledge the enduring relationship that exists between Indigenous Peoples and their traditional territories.

Choices for Youth would like to respectfully acknowledge Newfoundland as the ancestral unceded homelands of the Mi'kmaq and Beothuk, Inuit and Innu, and their ancestors, as the original people of Labrador.

IWK Health acknowledges that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq and Wolastoqiyik (Maliseet) people first signed with the British Crown in 1725. We are all treaty people and we have rights and responsibilities as Mi'kmaq and settlers alike.

Youth Wellness Hubs Ontario (YWHO) operates on lands that have been occupied by First Nations for millennia; lands rich in civilizations with knowledge of medicine, architecture, technology and extensive trade routes throughout the Americas. Toronto, the primary location of the YWHO Provincial Office, is covered by the Toronto Purchase, Treaty No. 13 of 1805 with the Mississaugas of the Credit. Toronto is now home to a vast diversity of First Nations, Inuit and Métis who enrich this city. YWHO serves youth and families throughout the lands now known as Ontario, which includes lands covered by 46 treaties and other agreements, as well as unceded and unsurrendered First Nations lands. YWHO is committed to reconciliation. We will honour the land through programs and places that reflect and respect its heritage. We will embrace the healing traditions of the Ancestors and weave them into our caring practices. We will create new relationships and partnerships with First Nations, Inuit and Métis, and share the land and protect it for future generations.

Huddle youth hubs are located on Treaty 1 and Treaty 2 Territories. These lands on which we gather are the traditional territories of Anishinaabeg, Cree, Oji-Cree, Assiniboine, Dakota and Dene Peoples and the birthplace of the Métis Nation. We also acknowledge the water we drink comes from Treaty 3 Territory of Shoal Lake 40 First Nation, and our electricity comes from Treaty 5 Territory.

We respectfully acknowledge that Kickstand is a provincial initiative and our employees, partners and stakeholders live, work and play on historical and unceded Indigenous lands. These lands include Treaties 6, 7 and 8; the traditional gathering places of the Cree, Nakota Sioux, Dene Suliné, Saulteaux, Blackfoot Confederacy (comprising Siksika, Piikani and Kainai First Nations), Stoney Nakota (comprising Chiniki, Bearspaw and Wesley First Nations), Dane-Zaa, Chipewyan, many other Indigenous Peoples and lands of the Métis people of Alberta which includes the Métis settlements and Métis regions 1 through 6. We acknowledge, with gratitude, the historic and continuing relationship of Indigenous Peoples to the land. We recognize and honour the land, history, ways of being and our relationship with all Indigenous Peoples within Alberta as Kickstand commits to ensuring the voices of Indigenous young people are heard and shared for the next 7 generations.

As members of a sector that is closely interlinked with health care systems, which has a long history of and ongoing systemic and institutional racism, the Working Group members recognize their network and organization's responsibility to create a culturally safer environment of care and services, to actively work to decolonize these systems and to support the rights and self-determination of First Nations Peoples, Métis and Inuit, as outlined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Truth and Reconciliation Commission calls to action.

1 This territorial acknowledgement follows the guidance from the First Nations Health Authority in British Columbia to include all the names of the nations on whose traditional territory the Working Group is located, to acknowledge how this document and IYS in general relate to the ongoing historical legacy of colonialism and to state our intention and commitment to decolonization and reconciliation (Territory Acknowledgements Information Booklet 11 July 2023. Available from: fnha.ca/Documents/FNHA-Territory-Acknowledgements-Information-Booklet.pdf).

Acknowledgements

The initiation of this document — and the development of the IYS sector — is built on the dedication and energy of all those working in this area.

The following Guidance Development Working Group members (and respective networks, where applicable) guided the development and content of this document:

- WORKING GROUP CHAIR: Darlene Seto (Foundry)
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- YOUTH WELLNESS HUBS ONTARIO (YWHO, Ontario): Maria Talotta, Lee Cameron
- YOUTH AND YOUNG ADULT ADVISORS**:** Suchayte Bali (Foundry), Ashley Hubert (YWHO)

In addition, the Ministère de la Santé et des Services sociaux (Aire Ouverte, Quebec) participated and was present as an observer for the working group.[2]

With gratitude, the Working Group acknowledges the time and contributions of youth and families/caregivers from across the country who participated in the engagement process, as well as IYS providers, administrators and others in the IYS and broader community whose inputs during one-on-one conversations informed the original draft and who also reviewed and provided feedback on this document at multiple stages of its development. We further acknowledge the support of the Federation of Integrated Youth Services Network (FIYSN) and its membership in the development and review of this document.

We additionally extend appreciation to Helen Kang for her guiding work in document development and writing and Kevan Gilbert (Co.school) in project engagement and facilitation. Thank you as well for the additional support of Kelly Veillette on the overall stewardship of the document, Toni Carlton on content and engagement, Mike Savage (21stops) and Brian Liu on design, and Holly Sawchuk for copy-editing.

We acknowledge that the development of this guidance document was made possible, in part, by the financial support of Health Canada and the coordination of standards development by the Standards Council of Canada as part of the National Mental Health and Substance Use Health Standardization initiative. This initiative promotes the development of standards to improve the quality and accessibility of mental health and substance use health care across Canada.

2 Quebec participated only as an observer member to the working group, in coherence with its exclusive jurisdiction and responsibility for IYS in its territory. As such, Quebec is not necessarily party to all conclusions or language of this document.

This document is an initial step in demonstrating a pan-Canadian vision of IYS. It aims to support the exchange of ideas and shared values across the IYS sector as it continues to grow and evolve.

SECTION A

Introduction

Purpose of the Document

This guidance document is an initial step in demonstrating a pan-Canadian vision of IYS. It contains guidance on the principles of IYS and how to enact them in practice. The purpose of the document is to help provide a roadmap to support IYS providers, non-profit administrators, provincial/territorial health authority and ministry staff, and others in both existing and emerging IYS networks to design, develop and expand IYS. Its purpose is also to provide a broader sense of belonging in the IYS movement and support the exchange of ideas and shared values across IYS networks.

Ultimately, this document is grounded in a broader vision and mission to support young people from diverse backgrounds and life experiences across Canada so that they may feel empowered and fulfilled in all aspects of their lives (social, emotional, physical, spiritual) and experience positive outcomes.

The goals of IYS are to improve access to care and services and support youth in their mental health and overall wellness in a way that puts youth and their families/caregivers at the centre of decision making, planning and design. This goal is reflected in this document as well, in both its contents and the process of its development — to centre and elevate the voices and stories of youth and families/caregivers, supported by the experiences of service providers and provincial implementers, as well as known best practices and research in the field. For further information on the goals of IYS, see page 10.

The Guidance Development Working Group takes this first step with excitement and humility. In this first version of the IYS guidance document, the Working Group acknowledges the work that has come before to support and uplift youth, their families/caregivers and their communities. While a strong effort was made to engage diverse communities in the IYS sector, including First Nations, Métis and Inuit led organizations and advocates who support youth, more work is needed for a richer, deeper and more substantive engagement.

The Working Group humbly acknowledges that IYS in Canada is situated at the intersection of various settler colonial institutions, including governments, health care and other service systems, the non-profit sector and research. The IYS networks and organizations who contributed to the development of this document are predominantly settler led and have distinct understandings and ways of responding to, and continuing to learn about, Canada's history and ongoing Indigenous-specific systemic racism in the context of the health and well-being of youth. This ongoing historical legacy includes systematic attempts at cultural genocide through the Indian Act, the residential school system, the Sixties Scoop and other policies and legislations. This legacy also includes the control of ancestral territories of the First Nations, Métis and Inuit who have stewarded these lands and waters since time immemorial.

The networks and organizations who worked on this document have taken different approaches to youth and community engagement, services and programs, and hiring and governance based on their understandings and learnings about this legacy. Much work is still needed to work with First Nations, Métis and Inuit youth, families, communities, organizations and advocates to continue the work of reconciliation and decolonization. The hope is that this document can be part of the first step in this necessary work.

As the IYS community grows within regions and provinces/territories across the country, and as the IYS work changes and evolves to meet the needs of youth and communities, this guidance document will also grow, change and evolve. For this reason, the vision for this document — and the principles contained herein — remains nimble and flexible to reflect the diverse and ever-changing values, strengths, dreams and lives of youth of diverse backgrounds and life experiences.

It is the recommendation of the Working Group that the document be reviewed for updates and revisions within 3 years of its development, where possible.

Context of the Document

In March 2023, in support of Health Canada's mental health and substance use priorities, the Standards Council of Canada commissioned the collaborative development of a pan-Canadian guidance document on IYS to help improve integrated care for youth. Foundry, British Columbia's IYS network, and members of the Federation of Integrated Youth Services Network (FIYSN) have come together through the first half of 2023 to steward the development of this document. The goal of this work has been to develop a guidance document that operationalizes IYS models, including best practices for evidence-based, high quality, timely services and that is implementable by relevant jurisdictions, organizations and providers.

This work builds on the ten IYS principles that were identified by group consensus by FIYSN in 2022 using a multi-step Delphi process and facilitated discussion (please see "IYS Principles" on page 14 for more details):

- Accessible
- Culturally Safe
- Socially Just
- Engaging
- Youth-Centred
- Responsive
- Learn and Improve
- Collaborative
- Wholistic
- Health

How to Use this Document

The ten IYS principles and guidance are not intended to be standards or prescriptive guidelines. They have been developed to support the planning, design and delivery of IYS, while at the same time allowing space for each organization and network to adapt to local and regional contexts.

In this document, the term "youth and families/caregivers" is used to centre youth and acknowledge the important role that families and caregivers, as well as other members of community, can play in the lives of young people. However, not all young people may have or want the involvement of family[3] in their health and wellness journey, and a young person may have their own definition of family that goes outside traditional kinship bonds. It is therefore important to be cognizant of the diverse experiences among youth when it comes to family involvement and follow the wishes of each young person around the involvement of support people in their care and wellness journey.

The term "youth" is a broad category, and the experiences, developmental needs and priorities for young people can vary significantly, from young adolescence and late adolescence to young adulthood. It is important for IYS providers and administrators to understand the specific developmental needs of the young people in their community who seek their services and programs.

The term "equity-denied" is used in this document to describe individuals and communities who have faced, and continue to face, barriers to inclusion, access to resources and opportunities due to systemic discrimination and oppression.[4] The intention is to highlight how barriers originate from systems that create inequities and that the path to greater equity lies in systemic change.

Finally, the spelling of the term 'wholistic' (rather than holistic) is used to be more inclusive and respectful of Indigenous ways of knowing, including the tenets of wholeness and wholism.

This document is organized into the following elements:

- **Introduction, Approach and Background:** These sections introduce the purpose and context of this document, as well as the background of IYS globally and in Canada.
- **IYS Principles:** This section is the heart of this document. It explains the process of developing the ten principles that are the foundation of this work. It also offers guiding statements and supporting information that shows what each principle looks like in practice. It includes a list of enabling factors that allow each principle to happen, direct quotes from youth and families/caregivers from the engagement process and relevant findings from research and other literature.

3 "Family" is not just limited to biological relatives. Huddle defines family as "a family is a circle of care and support that offers enduring commitment to care for one another and can be made up of individuals related emotionally, culturally or legally. This includes those who the person receiving care identifies as significant to their well-being." Foundry sees family as "defined uniquely by each young person and can include anyone supporting or advocating for their wellness. Family, whether by birth, choice or circumstance, holds a significant role in supporting a young person by fostering a sense of belonging and hope through their shared experience."

4 For more details on this term and other terminology related to equity, diversity and inclusion, please see this resource: Guide on Equity, Diversity and Inclusion Terminology: Government of Canada; 2023. [Available from: noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng]

SECTION B

Approach

This guidance document was developed through two inter-connected processes that ran in parallel from April to July 2023.

1. Guidance Development Working Group

This pan-Canadian Guidance Development Working Group was composed of representatives from major IYS networks across Canada: Choices for Youth (Newfoundland), IWK Health (Nova Scotia), YWHO (Ontario), Huddle (Manitoba), Kickstand (Alberta), Foundry (British Columbia) and two youth advisors. Aire Ouverte (Quebec) was also present as an observer. The Working Group met seven times over 11 weeks to confirm the purpose and scope of the document, contribute to the initial draft of the guiding statements, review engagement results (see below) and provide feedback on drafts. Each Working Group member also engaged in individual "deep dive" conversations on each principle with Helen Kang (guidance development lead), which were summarized and synthesized into initial guiding statements and supporting information.

2. Engagement with Youth, Family/ Caregivers, Service Providers and Network Implementation Leaders

Youth, families/caregivers, services providers and network implementation leaders in different provinces/territories were engaged, focusing on the jurisdictions of the Working Group members. Using online surveys, one-on-one interviews and online group meetings, initial thoughts and reflections on the principles were gathered, summarized and brought to the Working Group to further develop the guiding statements and the supporting information. This engagement included:

- 62 individuals who completed worksheets (in French and English)
- 8 workshops hosted with multiple participants, including French- and English-speaking participants, youth with lived experience with IYS and Indigenous youth, families/caregivers and service providers
- 13 Working Group "deep dive" conversations with 18 participants
- 3 one-on-one interviews

Where possible, efforts were made to invite responses from individuals from equity-denied communities, including Indigenous Peoples, people who identify as 2SLGBTQIA+ and individuals from racialized communities.

Based on these activities, adjustments were made to the guiding statements and the supporting information and quotes were added to reflect the voices and perspectives of youth and families/caregivers.

An online survey gathered input on the first full draft of this guidance document from youth, families/caregivers, service providers and IYS network leaders (who were not part of the Working Group), as well as experts in youth mental health and substance use from across the country. This included 38 detailed responses from individuals and organizations.

Working Group members also provided additional feedback on the document draft. In total, over 125 voices have shaped this document.

Please see the companion document *Guidance Development and Engagement Summary* for a more detailed description of the guidance development process. Additional quotes from youth and families/caregivers that were not included in the main part of the document are also available in the companion document.

SECTION C

Background

Integrated Youth Services

Integrated youth services began as a way to address the need for improved access to appropriate care and services for youth for their mental health and wellness. Globally, mental health challenges and disorders are the leading cause of disability and poor life outcomes among young people (1) — 75% of mental illnesses develop by age 25 (2). In Canada, approximately 50 to 80% of youth do not receive the care and services they need for their mental wellness (3).

A *Global Framework for Youth Mental Health: Investing in Future Mental Capital for Individuals, Communities and Economies* published by the World Economic Forum in May 2020 identified the need globally for age-appropriate mental health systems, especially during the transition period from child and adolescent care to adult care after age 18 (1). There is much diversity within this age group, with different needs, priorities and developmental stages across early adolescence, late adolescence and young adulthood that need to be considered when developing and delivering services to help ensure that people are not lost to care and support due to gaps in age-appropriate services and programs (1).

Integrated youth services emerged as an approach to develop and offer care and social services for young people that would address these interrelated gaps in the health and social service systems. One of the early leaders of IYS is Australia's headspace, established in 2007 and now operating as a network of over 150 centres. Since then, models uniquely focused on mental health have been found in other countries, such as Denmark, Israel, the Netherlands (all branded headspace), Ireland (Jigsaw) and Canada.

As a newly emerged and emerging field, IYS is "not a single prescriptive model" that can be applied in every setting, nor is it just a different type of service delivery within existing care and service systems. Instead, IYS is often called a movement with the aim to create "a system-level transformation" (3). This means that IYS can look different in different settings, based on the barriers and enablers that exist within specific health and service delivery systems. However, as a movement, "[t]he prevailing ethos of IYS models is to break down silos by bringing together multiple areas of service delivery into one youth-focused, youth-friendly space that is both appealing to youth and effective at addressing a wide variety of youth needs." (4)

In the field of IYS globally, there are many different models and programs with different standards and guiding principles. Among IYS organizations, IYS supporting organizations (such as philanthropic foundations) and research-based bodies (such as think tanks) examined for this document,[5] there are some common principles, concepts and enablers of IYS (please see Figure 2).

FIGURE 2: COMMON PRINCIPLES, CONCEPTS AND ENABLERS OF IYS

Participation by youth
Participation by families
Access
Prevention and early intervention
Youth-centric/youth-appropriate care
Wholistic and integrated care (clinical) and support (social)
Interdisciplinarity
Evaluation and continuous improvement

5 Models and principles from headspace (Australia), Jigsaw (Ireland), allcove™ (Stanford, California) and World Economic Forum were examined to draw common principles, concepts and enablers of IYS from other models: headspace Model Integrity Framework (hMIF) V2. Australia: headspace National Youth Mental Health Foundation; 2020. [Available from: bsphn.org.au/wp-content/uploads/2018/11/headspace-Model-Integrity-Framework-hMIF.pdf]; Clinical Governance Information Leaflet. Ireland: Health Service Executive; 2012. [Available from: hse.ie/eng/about/who/qid/governancequality/clinical-governance.pdf]; allcove Model Integrity Guide. Leland Stanford Junior University; 2022. [Available from: bsphn.org.au/wp-content/uploads/2018/11/headspace-Model-Integrity-Framework-hMIF.pdf]; and A Global Framework for Youth Mental Health: Investing in Future Mental Capital for Individuals, Communities and Economies. Switzerland: World Economic Forum; 2020. [Available from: weforum.org/docs/WEF_Youth_Mental_Health_2020.pdf].

IYS are often described as "early intervention models for youth and emerging adults, focusing on accessible and rapid access to coordinated, collaborative, evidence-informed services in youth-friendly settings" with a focus on evidence-based approaches (4).

In practice, IYS typically operates as a network of physical care and service sites for youth with a "backbone" organization functioning as a nucleus to facilitate the integration of care and services. The sites (variously termed centres, hubs, or similar) in each network use a social determinants of health lens to support young people, while engaging in shared learning and continuous improvement through data collection (such as via a common data platform), and co-design with youth and families/caregivers. Each IYS network often also has a shared visual identity or brand to make it easier for young people to recognize the local services as they navigate the health and social system. This network model is the most common in Canada currently, and going forward other models may emerge as the sector grows and evolves.

At its heart, IYS is about a transformation in how we think about treatment and access for young people, while at the same time emphasizing a new way of working with and alongside youth through collaboration and shared decision making to ultimately enhance accessibility and appropriateness of care and services.

What makes IYS unique compared to typical primary health care and mental health services?

Evidence-based treatment in IYS is about knowledge, expertise and traditions that include and go beyond Western medical approaches — Indigenous medicines, cognitive behavioural therapy, land-based approaches and other knowledges are all part of what would be considered evidence-based.

IYS also go beyond treatment to include care, relationships, community and a wide range of social services and programs (such as recreational programs, housing and vocational programs) as part of a wholistic approach to health and wellness.

Integration in IYS includes, and goes beyond, co-location of services — it is about collaborative services with shared governance, which includes youth and families/caregivers at the decision-making table.

Access in IYS is about bringing treatments, care, services and programs to youth in ways that are meaningful, appropriate, timely and empowering. It is about working with and alongside youth differently than in traditional health care and service systems. This includes connecting and learning directly from youth, families/caregivers and community and responding to learning in real time.

IYS in Canada

In Canada, IYS emerged organically through partnerships between federal research agencies, philanthropic foundations, provincial/territorial governments and youth and family advocates (3), with a focus on gathering and exchanging knowledge about how best to provide meaningful services and programs for youth (5). This history has been well documented by the Social Research and Demonstration Corporation (SRDC) in their report *Integrated Youth Services in Canada: A portrait*. In it, the SRDC notes that there are long-standing systemic problems in Canada in youth mental health services: limited access to mental health care, delays in diagnosis and treatment, a lack of evidence-based treatment models, siloed systems in care and a lack of engagement of youth and families in the design and delivery of care and services (3).

The nature of IYS in Canada has meant that there are distinctive approaches across provinces/territories and regions that may vary based on their legal and funding structure. As discussed, IYS initiatives are typically set up as networks with a central backbone implementation team that facilitates consistency and quality of services and supports community capacity at the local level. The backbone organization and sites may operate as one organization or distinct entities but share a common identity to facilitate awareness and navigation, and support common vision, goals, and network governance. As the SRDC report states:

> **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 within each province or territory, based on common principles and values, core service offerings, and adaptation to community needs** (3)**.**

IYS as a sector has grown significantly in recent years across Canada. An important pan-Canadian achievement has been the development of the Federation of Integrated Youth Services Network (FIYSN). Members of FIYSN include existing, emerging or proposed IYS networks or backbone implementation teams in the 13 provinces and territories. The goals of FIYSN are to generate, share and advance best and innovative practices for improved access to quality, integrated health and social services for all young people.

The IYS sector's development is also being supported by a suite of research, evaluation and data infrastructure activities at the pan-Canadian level, alongside the development of services and implementation infrastructure. These activities will establish common measures, evaluation frameworks and platforms using a learning health system approach[6] and will continue supporting the development of a flexible and adaptive sector.

As of June 2023, there are 10 IYS networks in various organizational stages in the provinces/territories, ranging from exploratory and emerging to operational and expanding. More details can be found in the *Integrated Youth Services Implementation Status* Report by FIYSN (6). Early research on the impact of IYS in Canada[7] shows that IYS has a significant positive impact on young people's mental health and overall wellness.

6 A learning health system describes a health care organization that uses data and information with the explicit purpose of informing and improving care and social service delivery, while emphasizing collaboration across the system, accountability and leadership. This approach is supported by the Canadian Institutes of Health Research—see Institute of Health Services and Policy Research. CIHR Institute of Health Services and Policy Research Strategic Plan 2015-19: Canadian Institutes of Health Research; 2016 [Available from: cihr-irsc.gc.ca/e/49711.html].

7 ACCESS Open Minds is a pan-Canadian youth mental health network that began as a research initiative in 2014 with 16 sites across the country, some of which now operate within FIYSN member networks. Its early research results, as of August 31, 2020, show that over 70% of youth reported experiencing less distress, 67% showed improved mental health and 64% had higher school, work and social functioning after seeking help from ACCESS Open Minds sites (ACCESS Open Minds, 2021). Data analysis is ongoing and this work will help expand the collective knowledge around the opportunity and impact of novel approaches to youth mental health.

The Broader Landscape: Existing Standards, Models and Approaches

This guidance document is situated in a broader landscape of diverse approaches to services for youth that are linked to IYS, including primary health care; child, youth and family services; mental health care and support; Indigenous approaches to primary health care and mental wellness; and IYS models and approaches globally.

This document sits within a broader landscape of standards for related care and services, which include the Primary Health Care Services (7), the Child, Youth and Family Services (8), Community-Based Mental Health Services and Supports (9) and Behavioral Health Standards Manual (10).

FIGURE 3: COMMON PRINCIPLES AND CONCEPTS IN EXISTING HEALTH STANDARDS (7-10)

Relationship- and person-centred approach, with care and services offered in collaboration or partnership with the person and families
Coordination and/or integration of services to help ensure continuity of care
Collecting data/information/knowledge to continuously monitor and improve services

These standards emphasize different aspects of care and services for different health populations, including youth. However, there are common principles and concepts that emerge across them (please see Figure 3). Other notable principles and concepts that are present in some of these standards are:

- Accessibility of care and services
- Patient safety, child safety
- Equity and meeting diverse needs
- Supporting and empowering the community
- Cultural safety
- Gender-appropriate care and services
- Wholistic view of health and wellness
- Trauma-informed practice
- Emphasis on illness prevention and health promotion

As we situate this pan-Canadian guidance for IYS in the principles and concepts in these already developed standards (some of which include Indigenous-specific content), we equally recognize the principles and concepts in the teachings and perspectives of Indigenous Peoples and communities. This includes traditional or ancestral teachings embedded within the medicine wheel or Seven Sacred Teachings (11, 12), as well as in Indigenous frameworks such as the First Nations Mental Wellness Continuum, which was jointly developed by the First Nations and Inuit Health Branch (FNIHB), the Assembly of First Nations (AFN) and Indigenous leaders in mental health from various First Nations non-governmental organizations (13).

FIGURE 4: CHARACTERISTICS OF INDIGENOUS PRIMARY HEALTH CARE SERVICE DELIVERY MODELS (14)

Accessibility
Community participation (including Indigenous ownership and governance)
Continuous quality improvement
Culturally appropriate and skilled workforce
Flexible approaches to care
Wholistic health care
Self-determination and empowerment of Indigenous Peoples and communities

More recently, the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange in Australia examined the characteristic of Indigenous primary health care service delivery models in multiple settler colonial political states, including Canada, and found seven key characteristics of these approaches(14) (please see Figure 4), many of which are aligned with IYS.

While specific to self-identified IYS organizations, this document recognizes the important information within these documents and perspectives. As the IYS sector grows and evolves, including the development of further specifications or standards of care and services, more conversations and alignments with these frames of work will be needed.

SECTION D

IYS Principles

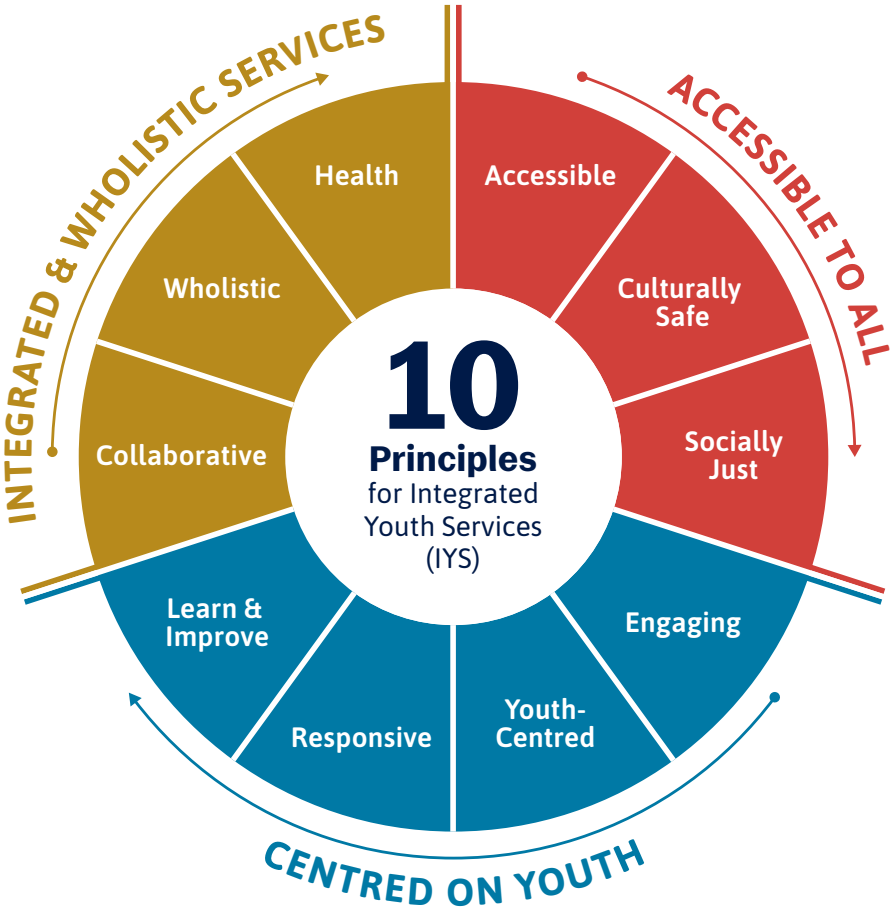
Developing the Principles

In 2022, nine IYS initiatives from across Canada participated in a process to identify a set of consensus-based common principles for IYS: Foundry (British Columbia), Kickstand (Alberta), Government of Saskatchewan (Saskatchewan), Huddle (Manitoba), Youth Wellness Hubs Ontario (Ontario), Aire Ouverte (Quebec), Government of New Brunswick (New Brunswick), IWK Health (Nova Scotia) and Choices for Youth (Newfoundland and Labrador).

A modified Delphi process was used, which is a methodology of arriving at consensus through an open and transparent process with a panel. The process began with 26 candidate principles from IYS initiatives across Canada, which were generated through each IYS network's engagement of young people and families/caregivers. From there, representatives of the nine stakeholders responded to two rounds of questionnaires about the principles, with each round followed by a facilitated discussion of the anonymized survey results. Because of the considerable overlap and connection between some of the original 26 principles, a condensed list of ten principles was created, along with brief statements describing the scope of each principle. The ten principles and statements were presented to the stakeholders and received unanimous agreement as common IYS principles:

Accessible	Are easy to find and access, have low or no barriers and are experienced as a seamless continuum
Culturally Safe	Are culturally safe, recognize intersectionality and able to support youth from Indigenous and equity-denied communities
Socially Just	Commit to social justice through anti-oppressive, anti-racist and decolonizing practices
Engaging	Engage youth and family members/caregivers/supporters in development, co-creation, decision making and governance
Youth-Centred	Are youth-friendly, developmentally appropriate, strength and relationship based, and inclusive of all youth
Responsive	Are responsive to stated needs and respectful of choice/self-determination
Learn and Improve	Continuously learn and improve through the use of data, research, evidence and wisdom
Collaborative	Are delivered through effective, collaborative partnerships
Wholistic	Take a wholistic, trauma-informed and harm reduction approach
Health	Intervene early and promote health and health equity

FIGURE 5: THE 10 PRINCIPLES FOR INTEGRATED YOUTH SERVICES (IYS)



Implementing the Principles

The principles have been further grouped into three broader categories.

Accessible to All

Centred on Youth

Integrated and Wholistic Services

FOR EACH PRINCIPLE, YOU WILL SEE:

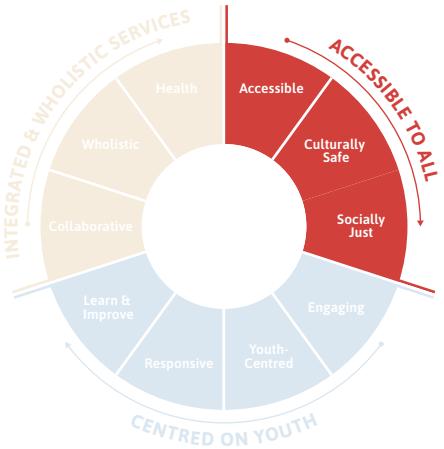
- The principle and a brief statement describing its scope
- Two to four high level guiding statements
- Details of what each statement looks like in practice with quotes from Working Group members
- What allows the principle to happen (or enabling factors)
- Quotes from youth and families/caregivers about the principle from our engagement process (for additional quotes from the engagement process, please see the companion document)
- Relevant findings from research and other literature

"You'll know accessibility is being modelled when the space you're in actually shows people with a variety of accessibility needs present. In a space with only folks with low accessibility needs, it's a sign that maybe it's not that accessible."

—YOUTH

The Principles for Integrated Youth Services (IYS)

Accessible to All



For each principle, the following guiding statements can be used to support implementation.

Accessible

- Actively work to reduce barriers by ensuring there are multiple entry points that reflect and invite diverse youth experiences.
- Co-designing with youth helps to create a welcoming environment where young people can feel safe(r) to be themselves, free from judgment and stigma.
- A key to creating a seamless continuum of multiple integrated services is ensuring youth don't have to repeat their stories.
- Part of increasing accessibility to IYS is actively reaching out to youth in the community, particularly where there may be additional or complex systemic barriers.

Culturally Safe

- Cultural safety priorities are set and directed by Indigenous youth, local Indigenous communities and equity-denied communities who are affected by colonization and systemic barriers. The focus is on relationship and reciprocity.
- Striving toward culturally safe(r) work in IYS means that settler-led organizations or providers continuously learn and unlearn with humility, to understand the ongoing impacts and commit to action toward reconciliation.
- Working toward creating culturally safe(r) services and spaces in IYS includes understanding the diverse unmet needs within your community, particularly racialized youth and youth experiencing multiple intersecting barriers.

Socially Just

- Social justice work starts with naming different system(s) of oppression and working towards an anti-oppressive, anti-racist and decolonizing approach.
- Putting social justice work into action includes committing at personal, professional, organizational and network levels of IYS to challenge and disrupt systems of oppression.
- Recognizing power imbalances in the system and giving power (back) to the diverse youth are part of doing social justice work.

Accessible

Are easy to find and access, have low or no barriers and are experienced as a seamless continuum

Guiding Statements

Actively work to reduce barriers by ensuring there are multiple entry points that reflect and invite diverse youth experiences.

Co-designing with youth helps to create a welcoming environment where young people can feel safe(r) to be themselves, free from judgment and stigma.

A key to creating a seamless continuum of multiple integrated services is ensuring youth don't have to repeat their stories.

Part of increasing accessibility to IYS is actively reaching out to youth in the community, particularly where there may be additional or complex systemic barriers.

What this looks like

- Learning about and working to minimize barriers to access that are specific to the youth in your community, particularly youth from equity-denied communities
- Identifying both physical accessibility needs (such as transportation and layout), social/cultural accessibility needs (such as cultural services, services led by or for specific communities, languages) and services with no or low stigma (such as recreational and wellness activities), as well as no- or low-barrier services
- Offering training and support for staff to better respond to the diverse needs of youth

- Taking direction from youth to define what it means to be gender-affirming, culturally sensitive, accessible and trauma-informed
- Thinking about what's in the waiting room or spaces (such as furniture, offering drinks and snacks to anyone who comes in) and having a youth-friendly visual identity (such as a brand that doesn't contain the term "mental health")
- Taking direction from youth to create an environment where young people feel like they are in the right place when they come through the door (such as publicly displaying and sharing guidance around culturally safe, respectful language and behaviours that is co-created with youth from equity-denied communities)

- Building and using systems to track information so youth do not have to unnecessarily tell their story multiple times to different providers—particularly when their story includes experiences of harm or trauma (i.e., recordkeeping systems, team meetings)
- Supporting "warm handovers"—walking a young person down the hallway to another provider or service or having a network of partnered services across centres

"It's about being able to say, 'yes, you are in the right place' rather than 'you have to go over there to get the help you need.' The young person might not show up again." — IYS NETWORK

- Consistently reviewing service data to identify and connect with groups experiencing service gaps (who is not accessing services and why)
- Actively reaching out by going into schools, community centres, parks and onto streets and alleys to reach youth who are not accessing services but who may benefit from connection to services
- Working collaboratively with rural/remote/northern communities to recognize, understand and respond to barriers and address complex systems and infrastructure challenges

"Young people might be hesitant to seek counselling at one of our centres. If a counsellor goes into a school to offers services to youth, they might think, 'Oh, this isn't so scary' and feel more comfortable coming into one our centres." — IYS NETWORK

What allows this to happen

- → Referrals or appointments not required
- → Cultural services
- → Flexible commitment requirement to access services
- → Flexible hours of operation
- → Free services (that are clearly marked as free)
- → Transportation support for youth
- → Virtual and telehealth service options
- → No wait list
- → Providing resources (i.e., kits) without needing to access a 'service' to get things they need
- → Youth-led location design and layout
- → Co-location and networking of multiple services
- → Outreach based on trust- and relationship-building with youth
- → Language support
- → Training for everyone on harm reduction, trauma-informed practice and cultural safety and humility
- → Connecting with services/ providers outside the network

What the research shows

Online mental health interventions, such as web-based self-help tools, applications, live chat and artificial intelligence-based chatbots, can help young people to manage depression, anxiety and stress and help improve mental health well-being (15). Mental health treatments, such as cognitive behavioural therapy, delivered using computer-based and online technology can offer a better alternative to a waiting list for in-person support (16).

Common barriers for youth when accessing services include not knowing where to get help, stigma/shame, concerns about confidentiality, negative past experiences seeking help and waitlists (17, 18, 19).

Young people in rural and remote regions may face specific barriers to access, such as limited public transit, limited services and providers available (including mental health professionals) and fear of gossip, stigma and visibility in small communities (due to a lack of anonymity) (17). Telehealth may be a helpful tool for youth in rural and remote regions to access mental health services (20).

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"Accessibility with my local IYS network has been the difference between me not signing up at all, and my current experience and confidence with using them for more than a year now."—YOUTH

"An accessible IYS would also be one that is wholistic, and culturally safe—it would be adapted, sensitive to the community's needs."—YOUTH

"For me, accessibility looks like preventing as many obstacles as possible for people to access mental health services."—YOUTH

"There are large number of resources available, and the easy (and quick) access to various professionals in one place makes me want to seek out their services."—YOUTH

WHEN THIS PRINCIPLE IS NOT PRESENT

"If my local IYS network didn't offer their programs online, or made the sign-up process long and grueling, I either wouldn't have had the guts to sign up or I would have started the process but left it unfinished."—YOUTH

"It would make me feel left out, on the outs. It would make me feel out of the process."—YOUTH

"IYS may not be accessed or utilized by those who need it the most."—YOUTH

Culturally Safe

Are culturally safe, recognize intersectionality and able to support youth from Indigenous and equity-denied communities

Guiding Statements

Cultural safety priorities are set and directed by Indigenous youth, local Indigenous communities and equity-denied communities who are affected by colonization and systemic barriers. The focus is on relationship and reciprocity.

Striving toward culturally safe(r) work in IYS means that settler-led organizations or providers continuously learn and unlearn with humility, to understand the ongoing impacts and commit to action toward reconciliation.

Working toward creating culturally safe(r) services and spaces in IYS includes understanding the diverse unmet needs within your community, particularly racialized youth and youth experiencing multiple intersecting barriers.

What this looks like

- Committing to the ongoing work of cultural safety—the goal is to strive toward making services and participation in IYS safer, with active awareness that this is a process of learning and humility
- Creating dedicated space, processes and structures—co-designed with youth—where Indigenous youth and communities can identify priorities and talk about what is important to them, including how services should look or if a service or program is not culturally safe
- Youth and communities defining what is culturally safe—not service providers or IYS implementers

"[Cultural safety] is about the types of care youth are receiving, but also about the types of relationships you are building. It's not about trying to tick a box or extract information. It's about reciprocity."—INDIGENOUS IYS SERVICE PROVIDER

- Settler-led organizations actively working to be aware of their own lens as part of doing decolonizing work and committing to this work through self-reflection, policies and processes
- Building trust first and offering time for folks to move through institutional and intergenerational traumas
- Starting with and building from Indigenous perspectives to integrate cultural safety into all aspects of IYS, not just Indigenous-specific services or spaces
- Developing organizational structures, policies and procedures that outline the steps to ensure that the work is culturally safe(r) (for example, working to hire from diverse communities, centring lived experiences, using cultural research methodology, redefining job descriptions)

"As part of our anti-racism and equity framework, we have been developing reciprocal relationships with various local IBPOC organizations."—IYS NETWORK

- Recognizing and respecting diversity within Indigenous and equity-denied communities, without making assumptions
- Learning the stories and experiences of diverse youth in your community—for example, they may be newcomers, international students, refugees, gender diverse, neurodiverse, experiencing homelessness, etc.
- Additionally using population-level and demographic information to define and identify priority populations in your region/community
- Actively engaging and building reciprocal relationships with community partners that deliver culturally relevant supports or services

"We had youth, including gender diverse youth, coming in with questions about sexuality. Our centres in two major cities in the province offer gender affirming services and sexuality services for youth, and we are the only places in these areas that provide these services for youth and meeting this need."—IYS NETWORK

What allows this to happen

- → Equity Diversity Inclusion + Decolonizing (EDI+D) framework
- → Indigenous-led centres
- → Mechanism (with staff support) for Indigenous youth and communities to lead cultural safety work for centres/network
- → Providers/staff who speak the young people's language
- → Indigenous and culturally diverse service providers/staff
- → Traditional medicines and ceremony led by people from the community
- → Elders, Knowledge Keepers, uncles and aunties
- → Cultural safety training for providers/staff
- → Land-based learning and approaches
- → Culturally adapted services
- → Safe mechanism for youth to provide input regarding cultural safety in services + accountability structure for responding to youth requests

What the research shows

Indigenous cultural safety is about Indigenous Peoples' experience of safety—it is about understanding and working to counteract the ongoing effects of colonial history on the culture, identity and rights of Indigenous Peoples (21). The Truth and Reconciliation Commission Call to Action #22 centres recognition of Indigenous healing practices in health care systems (22). Relational, land-based, Elder-led approaches and an emphasis on authenticity, openness and reciprocity also support greater cultural safety for Indigenous Peoples (23).

There are many different teachings around health, wellness and healing in Canada. For example, the Seven Grandfather Teachings of the Anishinaabe people (which has also been adopted by many First Nations) emphasize love, respect, courage, honesty, wisdom, humility and truth (24). In the First Nations Mental Wellness Continuum Framework, mental wellness is a balance of hope (result of spiritual wellness), a sense of belonging (emotional wellness), meaning (mental wellness) and a sense of purpose (physical wellness). Each ring of the circle emphasizes various relationships and roles, a wide range of services to help promote mental wellness and guidance on policies and programs—all based on a broader understanding that supporting wellness is the responsibility of everyone (13).

For youth from diverse cultural and ethnic backgrounds, having culturally competent interpreters and providers/staff who understand their specific perspectives and needs about mental health and other challenging subjects can help create greater safety (17, 25). For youth who identify as 2SLGBTQIA+, a gender-affirming approach and visuals can help create greater safety (see this guide for providers from the QUEER Health study).

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"It's important that youth feel spiritually, emotionally, mentally, and physically safe at the site." — YOUTH

"When there is room to hear the real stories, lived experience, shared in a personal way, cultural safety becomes authentic. When the community needs are sensitively considered, it can create cultural safety." — YOUTH

"Everyone is represented and has a place. No one wonders if they belong." — FAMILY/CAREGIVER

"Practitioners should be culturally and racially diverse. Everyone should be well-educated and supervised on how to understand a youth's experience (past and present) is impacted by their culture/race—that these considerations are present in every aspect of their lives." — YOUTH

WHEN THIS PRINCIPLE IS NOT PRESENT

"Racialized youth will not access services that are not culturally safe, or which do not actively work to demonstrate that they are." — YOUTH

"Loss of trust in the system." — YOUTH

Socially Just

Commit to social justice through anti-oppressive, anti-racist and decolonizing practices

Guiding Statements

Social justice work starts with naming different system(s) of oppression and working towards an anti-oppressive, anti-racist and decolonizing approach.

Putting social justice work into action includes committing at personal, professional, organizational and network levels of IYS to challenge and disrupt systems of oppression.

Recognizing power imbalances in the system and giving power (back) to the diverse youth are part of doing social justice work.

What this looks like

- Being explicit that problems or barriers do not lie in the individual young person—the problems and barriers are in the systems
- Actively taking the time (through training and dedicated support) to increase IYS implementers', staff's and service providers' awareness of how their own history, position and experiences inform their perspectives and work, and increase their knowledge of how barriers related to systems of oppression show up within the organization or network, its policies and programs, the community and in broader social contexts

- Integrating this commitment throughout the organization/network, not just in human resources—including partnerships, governance, staffing, etc.
- Taking calls to action from youth, supporting advocacy for change and communicating back to youth about how you are putting this work into action, with accountability and transparency
- Allocating dedicated resources to conducting organizational anti-racism audits or assessments and acting upon recommendations
- Looking for ways to improve and reduce disparities—this includes data collection, interpretation and action, and working with and alongside youth, communities and partners

"One year we made Christmas hampers and we asked people about their favourite foods. We were expecting to hear things like treats and snacks. The primary response was fresh fruits and vegetables. We took this information to create our hampers but also took it to the government to demonstrate a need for better access to fresh produce in this community. We advocated for change." — IYS NETWORK

- Ensuring youth are supported to take up space (in leading, designing, etc.) and ensuring that youth leaders reflect the diversity of the community
- IYS organizers, implementers and service providers being ready to give up some of their power for youth to take power
- Creating ways for youth to advocate for themselves
- Creating mechanisms for youth to safely report experiences of racism or inequitable treatment
- Being open to receive feedback from youth and communities regarding systemic barriers with accountability structures for action and follow-up

What allows this to happen

- → People of diverse backgrounds in leadership positions
- → Advocacy for systemic change
- → Youth in leadership roles (including peer staff)
- → Understanding specific ways that racism, colonialism and other forms of oppression show up in your community
- → Socio-demographic data to understand the diversity within your community
- → Collaboration with partners who serve diverse communities
- → Intersectional approach
- → Organizational anti-racism assessments or audits
- → Humility, honesty, transparency, listening

What the research shows

Working toward equity and justice requires an intersectional approach that recognizes how different forms of oppression (such as racism, colonialism, heterosexism, homophobia, ableism, classism, etc.) are interconnected and affect young people's lives in unique ways, including as needs and barriers to care and services (26, 27).

Due to structural racism, youth of colour can experience higher risk of suicide than their white counterparts.(28) Black Canadian youth report that anti-Black racism is a major factor that contributes to their negative mental health (29). Research about Indigenous youth in settler colonial states (including Canada) show that Indigenous-specific racism—both historical and current—can negatively impact young Indigenous Peoples in their mental health, from bullying, low self-esteem and having to develop coping skills to deal with the effects of overt and covert racism.(30) Naming racism as a determinant of health and working to address and heal historical trauma are important parts of care and services for Indigenous youth and youth of colour (31, 32) .

Heterosexism and transphobia can affect the mental health and wellness of 2SLGBTQIA+ youth in different ways, such as preventing them from seeking help for their mental health (33), having complex relationships with their biological families (34) and experiencing stress and distress from social stigma related to their sexual/gender identity (35).

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"It makes me feel safe within the sites. This looks like a zero-tolerance policy towards bullying and hate speech [...] This looks like listening to individuals with self-identified lived experience of oppression."—YOUTH

"Not belittling the ways that people speak—in our society we have ways of speaking that are seen as more valid."—YOUTH

"I think it's an important human right. That allows for acceptance but also healthy debates between all people to allow for a further understanding of one another as well as coming to a common ground in our community to aid in everyone feeling some sort of equity."—YOUTH

WHEN THIS PRINCIPLE IS NOT PRESENT

"IYS would become a breeding ground for inappropriate, socially unjust, fascist behaviour. It would no longer be a safe space for many individuals who have faced hardships and struggle with trauma and repercussions of those hardships."—YOUTH

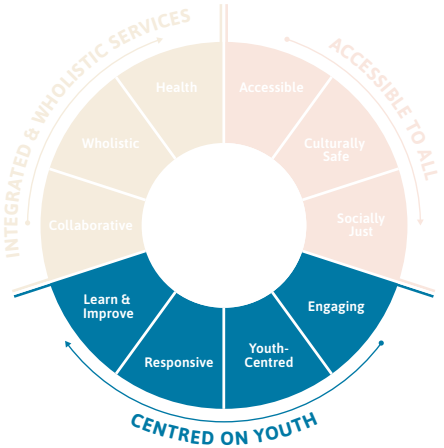
"It is inconceivable not to help someone or to provide less assistance to someone just because they are different."—YOUTH

"All people working at the site must like youth."

—YOUTH

The Principles for Integrated Youth Services (IYS)

Centred on Youth



For each principle, the following guiding statements can be used to support implementation.

Engaging

In meaningful engagement, youth and families/caregivers are equals at the table alongside clinicians, providers and implementers and are involved early and throughout.

At the heart of engaging youth is building relationships by being transparent and moving at the speed of trust.

IYS support youth engagement by offering diverse services and programs, as well as diverse ways for youth to access services and to participate in IYS organizing.

Youth-Centred

Being youth-centred means seeing youth as the experts of their own experience — by youth, with youth, for youth.

To centre youth is to celebrate the diversity among young people and to help promote their resilience, joy and strengths.

To centre youth also means to appreciate the diverse realities and challenges young people experience in their lives and to actively work to support youth in ways as determined with, by and for youth.

Responsive

Meet youth where they are at by being flexible, nimble and willing to adapt to their stated needs and wishes. Youth decide what is a priority for them at any given moment.

Being transparent, listening to youth and believing the stories of youth help support informed decision making and mitigate potential harms.

Learn & Improve

Producing knowledge, drawing on best practices and gathering information are essential parts of meeting the needs of youth. Actively use what is learned to continuously improve.

Youth and communities are part of the learning process from start to finish.

A culture of learning, curiosity and discovery that is based in humility allows for sharing of knowledge and continuous innovation within IYS and beyond.

Engaging

Engage youth and family members/caregivers/supporters in development, co-creation, decision making and governance

Guiding Statements

In meaningful engagement, youth and families/caregivers are equals at the table alongside clinicians, providers and implementers and are involved early and throughout.

At the heart of engaging youth is building relationships by being transparent and moving at the speed of trust.

IYS support youth engagement by offering diverse services and programs, as well as diverse ways for youth to access services and to participate in IYS organizing.

What this looks like

- Empowering youth to feel comfortable to challenge and educate IYS providers
- Involving youth in planning, implementation, evaluation, co-design of spaces and services, and other aspects of IYS organizing — "nothing about us without us"
- Offering appropriate payment for their work and contributions, as well as recognition and credit

"In our network, youth are involved in co-creation and decision-making for any new initiatives, hiring, strategic planning, marketing, asset creation, evaluation strategy, etc. Youth are capable!" — IYS NETWORK

- Taking time to build trust and slowing everything down if needed
- Clearly communicating with youth throughout the process (about their own care and/or about their participation in governance)
- Being honest, including about how and to what extent the engagement and contributions of youth and families/caregivers will influence decisions
- Ensuring that youth have the information they need to make decisions
- Putting mechanisms in place to ensure that engagement happens at an organizational/network level and is done well

- Offering a menu of options for youth to choose from — with a true choice, where the options meet different needs and interests
- Being mindful of different capacities and interests of youth and families/caregivers

What allows this to happen

- → Staff position(s) dedicated to youth and family engagement
- → Line items in budgets for compensation for participation by youth and families
- → Peer staff (youth and family) in key positions
- → Training and other supports for youth to become leaders and engaged adults
- → Consistent schedule, regular communication
- → Youth and family advisory councils empowered with decision making
- → Training for staff on how to enact shared decision making with youth
- → Virtual ways of participating and accessing services
- → Transportation support for youth

What the research shows

A collaborative relationship between a young person and a provider includes open communication (which includes listening) and shared decision-making processes. This leads to less distress for youth and more willingness to be involved in their care. When youth are offered opportunities to influence the design and implementation of services, they have better health outcomes and services are more relevant and appropriate to youth (36).

In a study done at a headspace centre in Australia with 229 new young clients ages 16 to 25, one group (149 youth) engaged with a peer worker and an online support tool to support informed decision making, which included the question "What matters to you?" Another group (80 youth) did not receive this. The group that worked with a peer worker and a decision-making process felt significantly more involved with their care decisions with the clinician than the group that did not participate in shared decision making (37).

A strong provider-youth relationship is an important factor for engagement in care and services, and trust is an important element in this relationship. Some elements of trust include warmth and support, open communication, collaboration and shared decision making (38). The National Centre of Excellence in Youth Mental Health has a helpful guide for shared decision making with youth.

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"Seeking feedback after every event/activity. Changing things up and having snacks is always an engagement success." — YOUTH

"We can all have a better understanding and appreciation of everyone's needs. Giving everyone a platform to be heard." — FAMILY/CAREGIVER

"Be honest with the youth about what you're doing, keep them in the loop and ask them about what they want and what they think instead of assuming." — YOUTH ADVISOR

WHEN THIS PRINCIPLE IS NOT PRESENT

"The youth are not included and adults are basically saying what kids need, but there are no kids to say if that is true." — YOUTH

"Youth won't feel comfortable talking to the people working at the sites." — YOUTH

"Youth would get bored and not participate." — YOUTH

Youth-Centred

Are youth-friendly, developmentally appropriate, strength and relationship based, and inclusive of all youth

Guiding Statements

Being youth-centred means seeing youth as the experts of their own experience — by youth, with youth, for youth.

To centre youth is to celebrate the diversity among young people and to help promote their resilience, joy and strengths.

To centre youth also means to appreciate the diverse realities and challenges young people experience in their lives and to actively work to support youth in ways as determined with, by and for youth.

What this looks like

- Creating diverse ways for peer involvement for youth to support other youth through the lens and expertise of their own experience — youth tend to respond more positively when they see someone they can relate to (similar age, shared identity)
- Leveraging peer involvement to help challenge power dynamics involved in care (between youth and providers)
- Working with the young person to foster and support a level of autonomy that is appropriate to their developmental stage, life experience and/or circumstances — for example, a young person living at home with their family may have different developmental and life stage experience from someone who is living on their own
- Working with the young person to determine the services that they are ready for — for example, they may have a need for intensive services but may not be ready yet

- Seeing diversity and difference as a source of strength, not a challenge to overcome
- Supporting youth to grow in their interests and strengths, not focusing solely on the problems and deficits
- Listening to and believing in the stories of youth
- Empowering youth with skills and knowledge to reach their goals and to name and fight systems of oppression that affect them
- Being inclusive of all youth and ensuring that youth who experience the most barriers feel included (such as youth who are actively using substances)

- Understanding the needs of different age groups among young people
- Understanding the diverse experiences of youth related to relationships (including with family), living situations, developmental and life stages (including transitions) and identity without making assumptions
- Creating safe(r) spaces with and for youth from equity-denied communities (such as Indigenous youth, 2SLGBTQIA+ youth, neurodivergent youth, etc.)

"You might have someone come in who uses drugs consistently, but the young person wants to focus on finding stable housing. If the clinician focuses on drug use, then the person will disengage. Instead of focusing on what is not working, focus on what is working. You can help the young person to recognize their strengths and gifts and to use them to address other areas of life." — IYS NETWORK

What allows this to happen

- Prioritizing relationships first
- Peer engagement
- Co-designing the space and visual identity of IYS (branding) with youth
- Structures for youth involvement (youth councils, working groups, committees)
- Social media and other youth-friendly methods of communication
- Goal setting and identifying strengths and interests of each young person
- Experiential data collection (surveys, focus groups) to understand the needs of youth
- Age- and developmentally-appropriate approach

What the research shows

Youth-led peer supports can be ways for young people to offer support to others and find empowerment and agency by impacting youth services (39). Peer support for youth has been shown to positively impact mental well-being, self-esteem and optimism, as well as protecting against depression, anxiety and stress among young people (40). Youth peers can play an important role, including engagement, planning, advocacy, research, education, evaluations and "bridging" between youth and adults (41, 42).

Strength-based (or resilience-based) approaches support the well-being of youth, including self-efficacy, coping strategies, relationships and cultural identity (43). In particular, young people see a positive impact when the provider takes a strengths-based approach (44).

Taking a developmentally and culturally appropriate approach to care, services, supports and shared decision-making means to recognize that young people may experience challenges in mental health and well-being in complex, fluid and different ways from adults and over the course of their youth, from pre-adolescence to young adulthood (45, 46). It is important to be guided by young people themselves (47). The National Centre of Excellence in Youth Mental Health has a helpful guide for shared decision making with youth.

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"It helped me open up to people, I was able to express how I was feeling and open up and feel good about it." — YOUTH

"Youth-centred means having our voice heard and our needs met. Peer-led programming, consistent input from youth attending IYS, and actually listening to it. Having the space and services created/decided by youth for youth." — YOUTH

"My daughter has developmental disability challenges and doesn't respond positively to a "purely professional" approach. She feels frustrated and diminished when she doesn't understand the medical terminology used. Having a friendly trusted support person to explain and discuss the information provided, at an appropriate speed and level, helps keep her engaged in her treatment plan." — FAMILY/CAREGIVER

WHEN THIS PRINCIPLE IS NOT PRESENT

"Without the youth being centered, teenagers and young adults may be more unsure or uncomfortable with feelings and actions. Getting youth involved helps not only other youth but also helps the adults better their tactics with helping young people." — YOUTH

"Feeling like a number in an impersonal system. Feeling pressure to 'get better' quickly if there is an insistence on a high frequency of meetings as dictated by the service." — YOUTH

Responsive

Are responsive to stated needs and respectful of choice/self-determination

Guiding Statements

Meet youth where they are at by being flexible, nimble and willing to adapt to their stated needs and wishes. Youth decide what is a priority for them at any given moment.

Being transparent, listening to youth and believing the stories of youth help support informed decision making and mitigate potential harms.

What this looks like

- Supporting the young person around what they need and what they are interested in, rather than trying to fit them into boxes of existing services ("their narrative comes first, before the questionnaires")
- Supporting the self-determination of youth — asking youth to define what is their priority right now and respecting their wishes, in a non-judgmental, non-stigmatizing, non-paternalizing way
- Taking a "let's see what we can do" approach
- Being creative and pivoting to meet the individual needs of youth and their communities, including when their priorities and needs change
- Being flexible around service models and delivery (e.g., day of services, reducing wait times)

"We had a young man who wasn't accessing medical services. When the doctor asked if he was using any drugs, he pulled out a handful of pills. The doctor pointed at the pills and said, 'This one is safe to use. If you use this one, don't use it with that one.' The young person felt respected. He was met where he was at and he got support and care." — IYS NETWORK

- Explaining services beforehand (such as care plans) by communicating clearly and regularly
- Helping to ensure that youth have access to the big picture and can make decisions around their care and services
- When working with youth from equity-denied communities, listening to and trusting the stories of youth, particularly around experiences of oppression and harm, to mitigate (further) structural harms
- Taking action based on feedback from youth and communicating to them the impact of their feedback
- Addressing the strengths, goals and desires of youth as defined by youth

"With the screening questionnaire, we go over it with them, show them the result, and what the results might mean. We show them the model and services offered. This is where you're at today. We give them as much information as possible so that they can make a well-informed decision."
— IYS NETWORK

What allows this to happen

- A culture of listening to youth, including processes and structures to support continuous feedback and input from youth (in their own care and in IYS governance)
- Empowering service providers and having policies that support youth to make choices that may not directly align with best practices
- Approaching each young person in a wholistic way, looking at all life domains
- Mechanisms to first learn the needs of youth, then address the needs with services and programs, and then loop back with the youth to show how their feedback/input has been acted on
- A diversity of choices in services, care and programs
- Offering clear information on the reasons for suggesting certain services, asking questions on a survey, etc.

What the research shows

Deep listening can be a way of bearing witness to the other person's story (23), and young people state that being listened to without judgment helps them to access care and services they need (48). Youth from equity-denied communities who have experienced racism, sexism, homophobia and/or other forms of oppression in health care and other service systems may rightly have distrust in care and service systems (17). Building trust through open communication, warmth, a wholistic approach, transparency and a strong relationship are therefore critically important (38). Care and services that take a strengths-based approach can also support young people's self-identity, coping strategies and relationships (43).

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"Learning to listen to others is worth much more than a mountain of diplomas. It is not the file or the past that defines a person. The focus should be on why you came today and what you want today." — YOUTH

"Being responsive also means being respectful of youth. Often people do not respect people's boundaries because they are young. I appreciate when my local IYS network allowed me to take my time during meetings and slowly open up even if this meant sometimes I didn't contribute to the conversation and was quiet." — YOUTH

WHEN THIS PRINCIPLE IS NOT PRESENT

"Talking to a wall vs having a back and forth conversation with someone who understands you." — YOUTH

"Imagine having a conversation with someone, and that person completely ignores you. You would no longer feel like engaging in conversation with that person because they are not listening. Similarly, if young people feel unheard or ignored, they may become disengaged and reluctant to seek support or utilize the services provided." — YOUTH

Learn & Improve

Continuously learn and improve through use of data, research, evidence and wisdom

Guiding Statements

Producing knowledge, drawing on best practices and gathering information are essential parts of meeting the needs of youth. Actively use what is learned to continuously improve.

Youth and communities are part of the learning process from start to finish.

A culture of learning, curiosity and discovery that is based in humility allows for sharing of knowledge and continuous innovation within IYS and beyond.

What this looks like

- Collecting data in real time with a focus on impact, not outputs (beyond the number of people reached)
- Using what has been learned to adapt and pivot, to solve problems, to meet a need you did not know about previously and to make improvements (i.e., creating a learning health system)
- Doing formal research and using standardized measures to generate rich data
- At the same time, critically examining these tools — they can reinforce other systems of oppression, may not be designed for youth or may be outdated
- Reviewing and updating existing tools with youth through a process of co-creation

- Youth deciding what needs to be learned and improved upon and what questions to ask in formal research (youth-led data collection)
- Collecting information that is of interest and relevant to youth
- Actively sharing what changes have been made (in services, programs, governance, hiring, etc.) and what impacts these changes have had
- Youth also learning and growing individually as they participate in decision making, governance, peer work and other aspects of IYS

- Coming together to exchange ideas and practices and finding solutions together
- Acknowledging and honouring past IYS-like work (before the term "IYS" came to be) and learning from it
- Acknowledging what you do not know, trying things out, making mistakes, failing forwarding, letting go of perfectionism ("getting it right") and having compassion when you or others make mistakes
- Acting on what has been learned (for example, if you learn that what you are doing isn't working or is causing harm, it is about doing something about it)

"In our early days, we met regularly in our network to help ensure that the shared vision was clear. We were rethinking the way we work, so we needed to ensure that everyone, all the partners and groups, were going in the same direction." — IYS NETWORK

What allows this to happen

- Continuous data collection on needs and priorities of youth
- A wide range of data (quantitative, demographic, narrative, goals of youth)
- Creating measures and identifying questions with young people
- Keep up-to-date on best practices
- Valuing all expertise (youth, families, professionals)
- Methods of sharing knowledge within the network (such as communities of practice, regular meetings)
- Mechanisms to communicate back to youth, families and communities on what has been learned
- Mechanism and processes to ensure that what has been learned informs practice
- Less emphasis on perfection, more emphasis on what is helpful

What the research shows

A learning health system is a concept that describes continuously improving and innovating care at a system level by gathering, analyzing and using data to make improvements, creating a culture of collaboration and exchange within the system, and continuous learning and growth, all while having individuals and families actively involved in the learning process (49, 50). This approach is being adopted and used by many IYS networks within Canada.

It is important to conduct research and data collection that actively involve and are developed by/with young people (51) and that inform improvements in practice, services and care (52). There is also a need for more research and evidence-based care practices around mental health and wellness that benefit diverse young people, such as ethnic minority youth (53), as well as measurements and tools that are culturally appropriate (54). Indigenous models of health, wellness and development should also inform what is measured, such as connection to land and connection to culture (30).

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"If service providers are learning and improving, more youth are going to show up. 'This space is actually designed for me — it's good but getting better.' There's an aliveness that keeps you coming back. There's sometime a worry that things to need to be perfect off the bat, but no youth is expecting perfection. We're expecting improvement. It's the expectations we have for ourselves too: we gotta keep working on it." — YOUTH

"Young people are willing to listen to the specifics of the structural barriers, i.e., funding limitations, personnel changes and struggles." — YOUTH

"It gives me the peace of mind to know staff have an up-to-date knowledge of issues. This looks like providing different training modules for staff and frequently offering more educational experiences for them to become better. This looks like staff taking personal responsibility to better educate themselves on topics they struggle with in their field of work, and topics they work with frequently." — YOUTH

WHEN THIS PRINCIPLE IS NOT PRESENT

"...Stagnant — stuck in their ways — not willing to change with the changing times." — RESPONDENT WHO IS PART OF AN IYS CENTRE

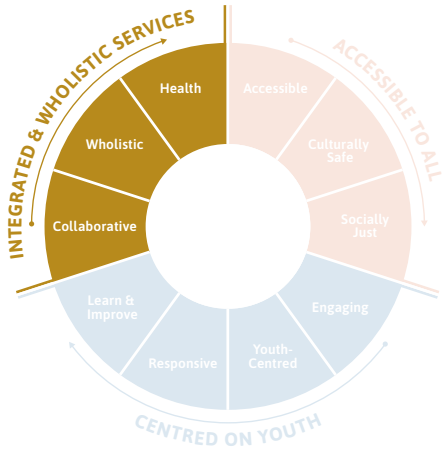
"Disappointment is an understandable response. You've brought something up. You've expected change. There's no change. And it affects you." — YOUTH

"True collaboration is going to be a continuous process. Collaboration changes the relationship between youth and their service provider. Not a barrier between adult/authority and youth; but a genuine partnership. We're all in this together."

—YOUTH

The Principles for Integrated Youth Services (IYS)

Integrated and Wholistic Services



For each principle, the following guiding statements can be used to support implementation.

Collaborative

Collaboration in IYS is about delivering and accessing services and programs in an integrated way—coming together as a whole community to support young people.

Co-creation with youth, families/caregivers and communities and continuously asking who is missing at the table can help avoid tokenism and create genuine partnerships.

Developing structures, policies and procedures for collaborative care and support allows for a seamless continuum of services.

Wholistic

Supporting youth as whole persons in IYS means attending to their physical, mental/psychological, social and spiritual wellness, as well as the wellness of their families and communities.

In IYS, treatment and health bridge Western medicine and cultural approaches to health and wellness.

Trauma-informed approach is a commitment of everyone in IYS, not just trauma-informed practitioners.

Health

Health services in IYS include offering evidence-based clinical treatments alongside cultural approaches and informal programs to support young people at all stages of their wellness journey.

Promoting health and building relationships early with youth help prevent ill health and ensure that youth can connect to services when they need them.

Equity in health care is about paying attention to the social determinants of health, looking at wellness in all areas of life, actively finding ways to create greater access to services and reducing disparities in outcomes.

Collaborative

Are delivered through effective, collaborative partnerships

Guiding Statements

Collaboration in IYS is about delivering and accessing services and programs in an integrated way—coming together as a whole community to support young people.

Co-creation with youth, families/caregivers and communities and continuously asking who is missing at the table can help avoid tokenism and create genuine partnerships.

Developing structures, policies and procedures for collaborative care and support allows for a seamless continuum of services.

What this looks like

- Integrating beyond co-location of services in one building including intersectoral partnerships (with schools, hospitals, governments, child protection, other community-based organizations, etc.) and collaborative governance and service delivery
- Being open to shifts in thinking and ways of working—from doing it alone to working together, sharing resources and moving past a scarcity mindset
- Being creative and flexible—being willing to work around the edges of mandates to make it a seamless experience of services for youth.

"We have a tightly knit network of partners. There is trust between organizations to reach out to one another for help and support, without having to reveal information about families or individuals." — IYS NETWORK

- Having youth and families at the decision making table as much as possible while offering diverse ways for youth and families to participate based on their interests and capacities.
- Balancing operational needs, such as deadlines, with what is necessary for true co-creation—time and patience for relationship building (i.e., making agreements on how to make time-sensitive decisions and when to share back)
- Being clear, honest and transparent about the involvement of youth and families/caregivers and coming to an agreement around this
- Recognizing inclusion is more valuable than efficiency for meaningful collaboration

"We have youth and family involvement at multiple levels: provincial and local advisory committees for youth and for families, as well as smaller youth working groups. Our goal is to have all centres in our network to have youth and family at the leadership table." — IYS NETWORK

- Building a shared vision and purpose between partners in the network that supports relationships between individual providers
- Having a youth-friendly approach across the network of services
- Avoiding unnecessary duplication of services
- Using feedback mechanisms that operate across different community connections and partners
- Developing shared information systems or aligning existing information systems to support collaborative care

"The sign of good integration and collaboration is when centres and staff do all this work behind the scenes, but the youth don't see that. They just experience seamless services. They don't know the work involved." — IYS NETWORK

What allows this to happen

- Shared vision, values and objectives amongst sites that are reflected in the network governance structure
- Not just everything under one roof but everyone working together
- Network policies and procedures around conflict resolution, information sharing and resource sharing
- Youth and family as partners with equal voice
- Regular and transparent communication between sites
- Key partners already have collaboration as an organizational principle
- Emphasis on the benefits of collaboration for each site and for the youth
- Partnerships outside the network (hospitals, schools)

What the research shows

Collaborative approaches to care that involve decision making by youth, including in the choice of treatment (such as medications and psychosocial approaches) have been shown to have better results for young people, such as improved mental health scores, quality of life and involvement in work and school (55, 56).

Collaborative care that involves a multi-professional approach with a structured management plan, schedule for follow-up and focus on team communication has been shown to significantly improve outcomes in adults with depression and anxiety (57). Similarly, integrated/collaborative care has been found to benefit the mental health of children and youth (56, 58, 59). Clinicians working in a collaborative care model can also feel more comfortable diagnosing mental health conditions among youth, possibly due to access to a wider range of knowledge and expertise than on their own (58).

Some examples of barriers to collaborative care include differences in disciplinary focus, culture and procedures between professions and sectors and a lack of structure or coordination for communication (60). Facilitators to collaborative care include shared care plans, clear referral pathways, warm handoffs, co-location, consultations and multi-disciplinary meetings, training and evidence-based practice protocols for collaboration, shared values and working styles, and mutual trust and respect (60).

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"We can better support young people when there is cooperation between care providers, families, schools, and any other key individuals or groups who intersect with their lives."—FAMILY MEMBER/CAREGIVER

"When you have multiples of people helping one person, you get multiple perspectives and can better help them."—YOUTH

"Teamwork makes the dreamwork. It is always easier to work with someone instead of by yourself."—YOUTH

"It's about being social and stepping out of your safe zone to try to make friends and work on projects together."—YOUTH

WHEN THIS PRINCIPLE IS NOT PRESENT

"When collaboration stops being present, it stops being applicable to youth. IYS targets an 'idea' of what youth need, rather than what youth really need. There's a power imbalance. Service providers are deciding what you need. Rather than youth saying what we need. No partnership."—YOUTH

"People miss out on hidden services they are not aware of based on too many independent agencies that often don't market/have marketing budgets or say an online presence."—YOUTH

Wholistic

Take a wholistic, trauma-informed and harm reduction approach

Guiding Statements

Supporting youth as whole persons in IYS means attending to their physical, mental/psychological, social and spiritual wellness, as well as the wellness of their families and communities.

In IYS, treatment and health bridge Western medicine and cultural approaches to health and wellness.

Trauma-informed approach is a commitment of everyone in IYS, not just trauma-informed practitioners.

What this looks like

- Seeing youth as whole persons who are part of families and communities and leveraging their strengths
- Using strengths-based language when communicating with youth as well as using a strengths-based approach (rather than deficits-based)
- Using wholistic frameworks, such as the First Nations Mental Wellness Continuum Model to guide work
- Actively looking for ways that wholistic care and support are not being offered to youth and working together (across professions, services, sectors) to fill that gap, without judgment

"It's about finding out what is missing that youth want and breaking barriers around what is offered. For example, things like harm reduction and sex ed can be stripped away in the name of 'protecting the kids' but this continues the harm." — IYS NETWORK

- Valuing relationship-building as treatment — *making meatballs together is treatment*
- Engaging peer supporters in more aspects of treatment to add the lens of lived experience within services
- Taking a broad understanding of "care" and "treatment" to support the whole person

"Some of our sites have both nurse practitioners and traditional healers who together provide services that fulfill our primary care service component." — IYS NETWORK

- Being informed about the experience of (intergenerational) trauma in the group you are working with before you start working with them and being mindful of not causing (further) harm
- Talking and listening to youth about how to help create a safer space and being transparent throughout the process
- Continuously working to build trust with youth and communities and not taking their trust for granted
- Understanding that being trauma-informed can look different depending on individual histories — being trauma-informed requires meeting the specific needs of a person or community

What allows this to happen

- Elders, Knowledge Keepers, Kookums, uncles and aunties
- Regular casual and informal connections between youth and service providers
- Support for families and caregivers
- Land-based approaches and other Indigenous practices supporting wholism
- Strong linkages and pathways between various services and providers
- Understanding and supporting young people's broader community(ies)
- Equal value on emotional, spiritual, physical and mental well-being (body/mind/heart/spirit)
- Peer support and the value of youth sharing lived experience with other youth

What the research shows

Strong family/caregiver support can help to decrease mental illness and protect against homelessness, as well as introducing healthy routines and supporting the development of self-regulation skills among youth (61, 62). At the same time, however, negative dynamics within the family can contribute to mental ill health among young people (62). The role and importance of family can change over time—for example, family may play an important role during adolescence but less so as a person reaches late adolescence (18). Also, some young people may not want family members involved or even informed of the care and services they receive (17).

Trauma-informed care requires trusting relationships between the person/family and providers and between providers in an integrated care context (63). Promoting safety, choice, autonomy, cultural competence and sharing power with the person are also key (64). Education and support around trauma, techniques to help manage trauma-related reactions, individual support ad regular check-ins are also supportive (65).

There are many different Indigenous teachings around health, wellness and healing that emphasize wholism—a person's connection to families, communities, the land, culture, etc. Please see "Culturally Safe" on page 20 for more about these teachings. Offering traditional healing, having Indigenous staff and providers, and facilitating self-determination and empowerment are part of offering wholistic care for Indigenous Peoples (14).

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"Truly staying alive to the community's needs—especially being sensitive to the ways of engaging with Indigenous needs; not just a tokenized acknowledgement. Wholistic would look like authenticity. Wholistic would look like talking to community." —YOUTH

"Family peer support IS youth care. It is for the youth. And this is why the value of Wholistic is important: many services, working together, not competing against each other, to support youth wholistically." —FAMILY PEER SUPPORTER

"My son completed just one intake with my local IYS network and then was eligible to receive multiple services." —FAMILY/CAREGIVER

"Sometimes we need Western medicine, it can be beneficial, but to balance the two. There's so much variation in mental health, even with the same diagnoses. Each person's experience is different and it's not a one size fits all kind of thing." —YOUTH

WHEN THIS PRINCIPLE IS NOT PRESENT

"I would end up going home with unmet needs. The issues are multifactorial, and you don't have the energy to make so many requests for help. It would be nonsensical not to consider the whole person, their life experiences, and their aspirations." —YOUTH

"Many youth and caregivers would simply not be in a position to access siloed services because of the challenges we face with access to healthcare and mental health practitioners." —FAMILY/CAREGIVER

Health

Intervene early and promote health and health equity

Guiding Statements

Health services in IYS include offering evidence-based clinical treatments alongside cultural approaches and informal programs to support young people at all stages of their wellness journey.

Promoting health and building relationships early with youth help prevent ill health and ensure that youth can connect to services when they need them.

Equity in health care is about paying attention to the social determinants of health, looking at wellness in all areas of life, actively finding ways to create greater access to services and reducing disparities in outcomes.

What this looks like

- Offering the full range of options to support youth as whole persons — *offering a basket of supports to uplift the young person*
- Health spans over mind/body/heart/spirit — well-being activities (such as music, cooking and other skills-building programs, culture sharing) are part of health and can be doorways to the continuum of services
- At the same time, bringing up-to-date, evidence-based Western therapies and treatments to youth in ways that are youth-friendly and accessible
- Offering services that are designed for youth and are appropriate for their needs developmentally, socially, etc.
- Connect regularly with youth, to gather information regarding their care and needs, as well as working with each young person to track their progress toward their goals (as defined by them)

- Being proactive and preventing ill health as much as possible, before people are in crisis
- Giving youth the language to help describe their experiences in a destigmatizing way, as well as tools and strategies for youth to help themselves before things get dire
- Engaging with parts of health systems that are not specifically connected to youth (such as hospitals, emergency rooms) to create pathways to and from IYS

"There might be groups (cultural, ethnic) of young people who may not access services because they don't know about them. They might not have had their experience described as a problem before. To go to them early and quell things that might come up later on also helps to destigmatize those experiences." — YOUTH ADVISOR

- Distinguishing equity from equality — equity is about understanding that the same thing won't work for everyone and more resources/funding or different approaches might be needed for equity-denied individuals and communities
- Services and programs that address the social determinants of health (such as clothing drive, thrift store, food security, transportation, etc.) are as critical as primary care
- Working towards and ensuring equity in youth outcomes and experience as well as access to services
- Bringing services to communities who do not have them

What allows this to happen

- → Strong pathways and interconnections between sites in the network and with partners
- → Building trust with youth early
- → Social services and programs as bridges to other services
- → Recreational, vocational and other non-clinical programs and support (including housing, income assistance support) alongside clinical services
- → Health promotion and outreach in community (youth and families)
- → Understanding youth health needs at the community level
- → Drop-in centres and other programs that help create a culture of belonging
- → Ongoing research and evaluation to keep up to date on best practices
- → Indigenous programs, ceremony and traditional medicine led by Indigenous staff, youth and community members

What the research shows

There is a strong connection between the circumstances and adversities in the lives of young people (social determinants of health) and their mental well-being — poverty, not having safe and stable housing, and not having access to nutritious foods can lead to worse mental health and less wellness among youth (66, 67). Social determinants of health can also negatively impact young people's access to care and social services (66).

Early intervention involves better access to and delivery of care and services, as well as education, before people reach crisis points (68). Early intervention has been successful with psychotic disorders (69), and there is a strong case for it in other areas of mental health (70), through an integrated model of care and services that focuses on engaging youth early and is developmentally appropriate and youth-friendly (71, 72, 73).

There are numerous evidence-based approaches to supporting youth for their mental health and wellness, including cognitive behavioural therapy (74) and solution-focused brief therapy (75) that have shown positive impacts, as well as land-based approaches (including knowledge and skills building, relationship building) that have been passed through the generations by Indigenous knowledge keepers (76, 77).

What youth and families told us

WHAT THIS PRINCIPLE LOOKS LIKE IN ACTION

"When we intervene early, we empower youth to talk about their challenges and seek help when they need it." — YOUTH

"Destigmatized safe spaces helped me talk about my mental health openly and prevented a decline." — YOUTH

"I think health can also be different in different ages and parts of our lives." — YOUTH

"I think we need to extend the term health beyond our more recent Western medicine and healthcare approach. Take in learnings from other cultures and integration into our colonial systems." — FAMILY/CAREGIVER AND SERVICE PROVIDER

WHEN THIS PRINCIPLE IS NOT PRESENT

"Without safe places to come to for health care people struggle in silence." — YOUTH

"If it is not accessible in all communities to all participant populations, this creates service gaps for many communities." — FAMILY/CAREGIVER AND SERVICE PROVIDER

SECTION E

Conclusion

This document is the first step of articulating a vision of IYS on a pan-Canadian scale.

To put into action the guidance, suggestions and good practices for IYS that this document outlines, funding and cross-sectoral commitment and partnerships are needed to support this work in a sustainable way.

Just as IYS as a sector and approach must embrace flexibility, nimbleness and humility to meet the needs of youth and their communities appropriately and meaningfully, this document must also change and adapt.

As more voices are invited to the table and the IYS community grows, we anticipate that future versions of this document will contain greater clarity when it comes to the principles and concepts.

SECTION F

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