

Staff at the centre with youth:
An Institutional Ethnology of Staff in Integrated Youth Services

by

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Dedication

To Heather - I am so grateful for us through the tides.

To Jason and Keira - dream big, be brave, love always.

In memory of my mom, who taught me about softness and strength and bathed me in unconditional love.

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Abstract

Up to 75% of mental health issues develop during the adolescent period from 12 to 25 years old, yet only an estimated 25% of affected youth in Canada access mental health services. Integrated youth services (IYS) is a model that seeks to improve youth service access and outcomes. IYS disrupts traditional power structures within youth mental health services by incorporating lived experience into service development, ensuring direct access by youth in youth-friendly settings, youth and family engagement, providing consideration of a broad range of service needs, and using peer support models. IYS initiatives are grounded in a commitment to evidence-based practice and knowledge translation, that also constitutes an effort to dislocate power through encouraging knowledge creation and sharing. Institutional ethnography grounds itself in the lived work experience of individuals and this methodology was supported using poststructural theory. Data collection included ethnographic observations and 19 interviews were used to map the experience of frontline IYS staff in relation to the ruling relations in their institutions. Staff recounted how they are doing the work of IYS, but they did not connect their workplace actions to the policy commitments of IYS. For example, research participants mentioned the importance of youth engagement, but not in terms of how this can address inequity, and none discussed the impact of family engagement on their work. Participants universally noted that being able to consider diverse challenges facing youth instead of only remaining focused on mental health was important for wellness, but they did not relate these needs to structural oppression or seem to take up the possibility of intersectional reflection. Most participants reported a lack of orientation to the IYS model and a lack of meaningful access to use evaluation and research. As IYS continues to expand across Canada, there is a need to bridge the gap that persists between the ambitious policy commitments of IYS and the experience and engagement of frontline staff in order to realize better, more accessible services through disrupting the traditional power structures in youth mental health services.

List of Abbreviations

BIPOC	Black, Indigenous, People of Colour
CAS	Complex Adaptive Systems
EBPs	Evidence-Based Practices
IE	Institutional Ethnography
IYS	Integrated Youth Services
KT	Knowledge Translation
LGBTQ	Lesbian, Gay, Bisexual, Trans, Queer
NPO	Non-Profit Organization
ORC	Organizational Readiness for Change
PAR	Participatory Action Research
REB	Research Ethics Boards
SDOH	Social Determinants of Health
2SLGBTQ+	Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Plus

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Chapter 1: Introduction

Many young people between 12 and 25 years old in Canada struggle with mental health issues. Overall, 75% of mental health issues develop during this period, affecting an estimated 12% to 25% of this population, with the rate of onset of mental health disorders peaking between the ages of 19 and 25 (Kutcher et al., 2010; McGorry et al., 2022; Mental Health Commission of Canada, 2017). Suicide has persistently been the second-leading cause of death for young people under the age of 24 in Canada (Canadian Mental Health Association, 2021). The majority of children and adolescents do not receive needed mental health treatments in Canada, with only an estimated 25% of affected youth getting the help they require (Lyon & Bruns, 2019; Mental Health Commission of Canada, 2017). This unmet need results in growing service demands in different areas of a health system that is often ill-equipped to respond to mental health issues.

Across Canada and internationally, integrated youth services (IYS), an adolescent service delivery model, is being implemented (Hetrick et al., 2017; Malla, Iyer et al., 2018; Salt et al., 2017). This model is based on a series of principles that fundamentally shift how knowledge and power are considered in the service environment. There is a commitment to youth and family engagement and peer support, and youth can seek the services directly, without referral from an intermediary. Integrated services are provided in recognition that youth may need help with a wide range of social determinants of health (SDOH). A number of IYS have been connected with ongoing academic research to implement evidence-based practices (EBPs) and undertake evidence generation through research and evaluation (Fowler et al., 2022).

This research sought to better understand IYS initiatives through an analysis of the experiences of staff working within these structures, in particular frontline staff that directly welcome youth into IYS. The project focused on the following question: “How do staff

experience working in integrated youth services?” It may seem counterintuitive to reflect on the implementation of IYS initiatives through the experience of staff rather than that of youth, particularly when IYS initiatives have a strong commitment to youth engagement. However, this research project is premised on the importance of attending to the experiences of staff as a key aspect of successful implementation of integrated health care, including IYS initiatives (Suter et al., 2009). Additionally, a review of the literature does not reveal any similar studies of the experience of frontline staff.

Given the focus of this research, I selected institutional ethnography (IE) as the methodology for this research. This methodology grounds itself in the lived work experience of individuals and uses this understanding—gained through methods that include observations, interviews, and analysis of key workplace texts and documents—to examine how social relations and power are working within institutions (D.E. Smith, 2005). Underpinning the use of IE is the use of poststructuralist and intersectional theory. Poststructuralist theory helped build a process of inquiry that acknowledges power is ubiquitous in IYS initiatives and may have positive and negative implications for the work experiences of staff within organizational reporting relationships and service relationships with youth. Intersectional theory furthered the analysis of power and marginalization through a conceptual framework that acknowledges that individual experiences are linked to broader societal structures of power that create and perpetuate inequality. Through a consideration of how staff experience and perpetuate power and marginalization, this study helps identify barriers to and facilitators of successful implementation of IYS initiatives (Hankivsky et al., 2014).

Reflexivity Statement

My passion for improving youth mental health services in Canada began in childhood.

My grandmother and mother both struggled with severe mental health issues throughout their lives. Services seemed nonexistent or inaccessible, stigma created shame, diagnoses were unclear, and treatments often seemed like a best guess, rather than evidence based.

Over a decade ago, when my son was young, I became concerned about his mental health. I naively expected a different experience, assuming that services had improved. However, the experience was similar: unclear diagnoses, inaccessible services, and deep stigma, inside and outside the health care system. My son also carried with him the trauma of a life begun in the child welfare system, and as an Inuk, he faced racism and a lack of cultural knowledge in the health system. As a parent, I fought for my son to access the best available services, and at the same time, we as a family filled the gaps in terms of culture, education, recreation, and counselling. A particular turning point was my son's ability to begin to participate in a youth group and then later attend a summer camp with the same organization. Throughout his teenage years, we worked as a family to find and access the right experiences and supports but without coordination or professional guidance from a mental health professional. This experience has greatly influenced my conviction that young people need coordinated services across all aspects of their lives to fully recover and flourish. Change in the youth mental health system in Canada is needed and I am particularly intrigued by the holistic approach of IYS initiatives.

Relevance and Impetus

The Urgency and Challenge of Youth Mental Health Services in Canada

The gaps in support in Canada for mental health in general and youth mental health specifically have long been noted (Romanow, 2002). In his report *Building on Values: The Future of Health Care in Canada*, Romanow (2002) noted that mental health was the “orphan child” (p. 178) of the Canadian health care system. Yet a national mental health strategy was

only released in 2012 from the Mental Health Commission of Canada and a national youth-specific mental health strategy has yet to be developed (Mental Health Commission of Canada, 2017).

There are numerous long-term impacts of inadequate access to mental health treatment during adolescence and early adulthood, including health-related disability, decreased educational and employment outcomes, and increased rates of substance use and criminality (Erskine et al., 2015). Mental health issues account for a quarter of all years lived with disability in children and youth aged 0 to 24 (Erskine et al., 2015).

In 2011, the estimated cost of mental health issues in Canada was \$42.3 billion annually in direct costs and \$6.3 billion in indirect costs. By 2041, the number of Canadians living with mental health issues is expected to reach over 8.9 million or 20.5% of the total population. The cumulative cost of mental health issues in Canada over the next 30 years is projected to exceed \$2.5 trillion (Mental Health Commission of Canada, 2017).

Unmet need is resulting in growing service demands in areas of the health system that are not adequately equipped to respond to mental health issues. Emergency room visits for mental health issues increased by 55% for children and 37% for youth from 2006 to 2014, and self-harm resulting in hospitalizations increased 85% during the same period (Canadian Institute for Health Information, 2015).

Mental Health Inequity

The mental health challenges encountered by racialized youth remain in the margins. In Canada, there is a lack of research on the mental health status and outcomes of Black, Indigenous and People of Colour (BIPOC) children and youth and very little information available that outlines organizational change efforts (Abramovitz & Blitz, 2015; Nestel, 2012). A recent

scoping review found 33 studies that examined barriers and facilitators to care experienced by Black youth, including wait times, lack of access to practitioners, and financial barriers, as well as racism and lack of culturally competent care (Fante-Coleman & Jackson-Best, 2020). This creates a mistrust of the health system and less access to services, and affects outcomes (Lucente et al., 2022). Racism increases the likelihood and acuity of mental health issues (Anderson et al., 2015). BIPOC children and youth often receive mental health care because they enter a crisis that is intercepted in other systems, such as emergency and other medical systems, and the education and justice systems (Archie et al., 2008; Finlay et al., 2019; D. Taylor & Richards, 2019).

Sexual orientation and gender identity also result in increased rates of mental health issues as well as barriers to accessing care. A systematic review of 34 articles identified challenges directly related to mental health issues, such as isolation and depression, and the need for community, school, and families to be able to support LGBTQI+ youth well-being (Wilson & Cariola, 2020). In a study of 923 transgender youth from across Canada, participants reported high levels of psychological distress, self-harm, major depressive episodes, suicidal ideation, and suicide attempts, confirming disparities in well-being for trans youth (Veale et al., 2017; Saewyc et al., 2020). There continues to be large gaps in research into the mental health needs of Two Spirit people but their increased rate of mental health issues, even in comparison to other members of the LGBTQI+ community, is largely acknowledged (Robinson, 2022).

Effects of the COVID-19 Pandemic

There is an ongoing need to research and understand how the COVID-19 pandemic and related public health measures affected child and youth mental health. A Canadian study that began collecting data prior to the pandemic provides some interesting indications. Youth who were already facing mental health challenges reported little change over the course of the

pandemic. They also reported less substance use than prior to the start of the pandemic, but those who did use substances used more (Sheikhan et al., 2022). This is another area of speculation. Social isolation and instructional interruptions and changes were disruptive to many students. A survey of 1,054 Canadian adolescents indicated they faced decreased academic stress and experience better family connections—yet young people were concerned about the impact of public health protocols on their academic outcomes (W.E. Ellis et al., 2020). Given the increased vulnerability described above, as well as research demonstrating the negative impact of COVID-19 on the mental health of BIPOC adults in Canada, it is anticipated that COVID-19 disproportionately impacted the mental health of BIPOC children and youth (Lucente et al., 2022). During COVID, transgender and gender-diverse youth reported more service disruptions than cisgender youth in Canada (Hawke, Hayes et al., 2021).

Barriers to Youth Mental Health Services

Youth face a multitude of barriers to accessing mental health services.

Referrals and Wait Times. To access publicly funded mental health services, most provincial and territorial systems require patients to have a referral, usually through a primary health provider, who provides an initial assessment (Moroz et al., 2020). Thus, youth need to access primary health care to secure a referral, and then must wait for publicly funded mental health services. Even if a youth has access to private health insurance through a family plan that would offset the costs of private treatment, most health insurance plans continue to require a referral from a primary physician and insurance plans usually indicate what kind of mental health services can be reimbursed.

Youth are less likely than adults to have a primary health care provider they trust, and access to primary health care providers is even more limited in the BIPOC community

(Anderson et al., 2015, 2017). Canadian youth are resistant to engaging with their primary care provider—even if they have one—for issues around mental and sexual health and substance use (Anderson & Lowen, 2010). This reluctance increases for BIPOC and 2SLGBTQ+ youth (Clark et al., 2018; F.A.C.E.S. of Peel Collaborative, 2015). Youth have consistently reported wanting to access mental health support in community-based settings (Anderson & Lowen, 2010; Plaistow et al., 2014). Wait times for publicly funded mental health services, including for child and youth mental health, continue to be lengthy in most jurisdictions (Canadian Association of Paediatric Health Centres et al., 2010; Child Mental Health Ontario, 2017).

Marginalized youth seem to have even less access to primary care as a first step to mental health care. A study in Nova Scotia collected input from 283 2SLGBTQ+ respondents over the age of 16 with a mean age of 32. Though not youth focused, this study confirmed that respondents did not feel like their primary health care needs were being met (Gahagan & Subirana-Malaret, 2018). The study's finding also suggest that improving access to primary health care involves changes at the frontline service level through increased staff training and competence in how health care systems are constructed. A US study of 110 transgender Black youth found that having access to affirming primary care was essential for youth to access health care (Goldenberg et al., 2019).

Nova Scotia provides a case study of how this system affects access to mental health treatment for youth. The province maintains a database of everyone who needs a primary health care physician called Need a Family Practice Registry. As of February 2023, 133,595 Nova Scotians have registered, constituting 13.5% of the population (Government of Nova Scotia, 2023a). There is no information provided about the age or any other demographics of people on this list, yet the waitlist certainly includes youth up to the age of 25. The province also provides

information on current wait times for mental health services. As an example, in Halifax Regional Municipality, 50% of youth 18 and under had their first nonurgent assessment within 104 days, and 90% of youth 18 and under had their first nonurgent assessment within 119 days, for the period of July 1 to September 30, 2022. For urgent assessments, 50% of youth had their assessment within 4 days and 90% within 7 days. For those over the age of 18, Nova Scotia Health notes a range of wait times in Halifax Regional Municipality, from 50% waiting 124 days for their first nonurgent assessment to 90% of adults waiting 139 days (Government of Nova Scotia, 2023b).

These all exceed the Canadian Psychiatric Association's (2006) recommendation that people over 18 years of age receive mental health treatment within 30 days of presenting at a health care provider with a potentially serious mental health issue. Waiting for access to mental health professionals often leads to inadequate follow-up, less treatment adherence, and poorer mental health outcomes (Erskine et al, 2015).

Child to Adult Service Transition at Age 18. There are other challenges in how youth mental health services have typically been provided across Canada. This includes the requirement to transition at the age of 18 from child services to adult services despite young people having ongoing developmental needs between the ages of 12 and 25 (McGorry, 2014; Mulvale et al., 2016). Children's health services often provide developmentally appropriate services in child- and youth-friendly spaces and the shift into adult health care can be jarring (Nguyen et al., 2017). Patients report challenges with access, information, and suitability of services during this transition time and, consequently, youth may discontinue mental health services (McGorry, 2014; Mulvale et al., 2016). Services have traditionally been offered in

clinical settings that are not youth-friendly spaces, at times when many youth are in school or at work.

Further Marginalization. The effects of waiting for mental health treatment for all youth are problematic. For marginalized youth, the effects of waiting for mental health services can be severe. Racialized youth in Canada are overrepresented in the juvenile justice system, and untreated mental health needs make them more vulnerable to community incidents and contact with the legal system (Collins & Bilge, 2016; Faucher, 2009; Wortley, 2003). A study in the Peel region of Ontario found that one-sixth of children accessing community-based mental health services had experienced police encounters due to emotional distress that involved aggression, self-harm, and destruction of property (Liegghio et al., 2017). Discrimination is an overarching finding that explains consistent connections between 2SLGBTQ+ status, poverty, and health (Kinitz et al., 2022).

For this research, it was necessary to consider how SDOH affect mental health (Allen et al., 2014). A population health approach puts a particular focus on transitions between life stages and recognizes that protective and risk factors are contextual (Dyck & Oickle, 2017; Ungar, 2013). A large body of research demonstrates the role of SDOH as significant drivers of population health inequities.

Mental health issue rates and mental health outcomes also follow common pathways of SDOH, such as gender and socioeconomic status, and at different levels in communities and systems, including within families, communities, and societies (Allen et al., 2014). Additionally, the effect of SDOH on mental health can be identified across the lifespan. Depression in adolescence is linked with adverse childhood experiences (Bell, 2013; Wickrama et al., 2008).

The effect of SDOH on mental health is dynamic, providing the opportunity to address SDOH to positive effect (Allen et al., 2014).

In addition to considering the SDOH, others have called for attention to the structural determinants of health, which include systems of oppression and marginalization (Brown et al., 2015; Crear-Perry et al., 2020). In some cases, this involves an exclusive focus on structure as provided by social policies. A systematic review of data on the effect of social policies on mental health suggested some links between better mental health outcomes and certain policies, particularly regarding income support and support for employment. In this review, it was less clear what the effect of education was. Overall, the authors noted that there are few examples of analysis related to the structural determinants of mental health (McAllister et al., 2018).

Marginalized young people who experience oppression on the basis of gender, gender identities, sexual orientation, race, socioeconomic status, and other grounds for oppression, or who are users of multiple services, have higher rates of mental health issues (Garland et al., 2001; Iwasaki et al., 2014). Marginalized populations face other barriers to accessing health care, including previous negative health care experiences, service provider attitudes and competence, and services that address single issues and not broader SDOH (Flanagan & Hancock, 2010; Williams & Williams-Morris, 2000; Woodgate et al., 2017).

Fragmentation. Not accounting for the unique developmental needs and goals of the youth period, mental health services have previously only focused on mental health to the exclusion of other SDOH, such as housing, education, employment, and social inclusion. Youth with mental health issues often have additional health or social challenges, such as substance use disorder (McGihon et al., 2018). This population is also more likely to face challenges in undertaking education and employment, and seeking medical care, housing, and other services

(Aarons et al., 2001). In addition, one effect of excessive wait times, as described above, is that youth access mental health services through emergency care or the judicial system. The lack of systemic or coordinated approaches results in multiple wait times for different services and youth must coordinate their own care, even though the system is not structured to support patient or client agency (Bai et al., 2009).

As a result, disparities in access to mental health services persist along lines of marginality in terms of race, gender, sexual orientation and gender identity, socioeconomic status, and service use history (Kirmayer et al., 2000, 2011; Noh et al., 1999). A US study that looked at 1,256 youth who use at least one public service (such as juvenile justice, mental health, or special education) in California found that African and Asian American youth were one-half as likely to receive mental health services as white youth were (Garland et al., 2005). A Canadian study examined the experience of Indigenous youth in health care services through focus groups and interviews with 20 participants (two-thirds youth leaders, one-third service providers who worked with Indigenous youth) who perceived individual racial bias and disrespect as well as treatments that disregarded culture and community strengths (Blanchet-Cohen et al., 2011). Health care disparities in terms of access are persistent for young people; youth who have used multiple services do not stay in mental health treatment at the same rates as adults who share similar service history backgrounds and diagnoses (Garland et al., 2003).

Having coordination or connections across sectors is recognized as important for well-being, but many governmental and nongovernmental organizations across jurisdictions fail to realize this policy and service orientation (Suter et al., 2009). A social network analysis study completed with youth-serving organizations across Canada indicated that systems-level

integration was not as widespread as might have been anticipated, especially with common comorbid conditions, such as mental health and substance use (McGihon et al., 2018).

Integrated Youth Services

There are several efforts to improve youth mental health services in Canada. Designed to be a radical departure from current publicly funded youth mental health services, IYS has emerged as a model in several Canadian contexts since 2015 (Malla et al., 2018). Though there are variations among initiatives, core principles include rapid, direct, youth-led access in person or online, without the need for a referral, for youth across the developmental period of 12 to 25 years old. IYS develops collaboration and integration models with diverse health and social services, and often uses peer support models in addition (Mathias et al., 2021). There is a deep commitment to youth engagement and often to peer support as well (Halsall, Manion, Lachance et al., 2019).

IYS echoes developments in health services more broadly. Patient-centred care is being implemented in response to how traditional power structures in health care, which accord power to physicians, can be detrimental to health outcomes. There is increased acknowledgement that health outcomes are also intimately linked to SDOH and, because of that, interprofessional collaboration is needed. What these emergent issues share with IYS is a commitment to rethinking how knowledge and power are exchanged in health care and integrating lived experience and addressing a wide range of issues, upsetting the traditional physician-led model.

Rapid access removes the role of physicians and others as gatekeepers and allows youth to initiate service access. Building services on a basis of youth engagement and peer support, both of which value lived experiences, creates potential pathways to equity by elevating voice and lived experience to a point where they may influence institutional decision-making.

Additionally, the focus on connecting youth with a wide range of services recognizes the collective challenges of SDOH, shifting the focus from the individual as the unit of need and service.

Throughout Canada and internationally, including in Ireland and Australia (Hetrick et al., 2017; Malla, Iyer et al., 2018; Mathias et al., 2021; Salt et al., 2017), IYS are being implemented. Common elements across examples from these countries include service provision to youth aged 12 to 25 that bridges the transition from youth to adult services and is immediately available through walk-in, drop-in, and online access. A range of mental health clinical services are available, along with peer support programs and allied health supports, including primary health care, which are sometimes co-located. Along with this, IYS usually offers education, employment, housing, basic needs, culture, and recreation supports through a combination of on-site programs, formal collaborations with other service providers—who may be at the IYS site—and informal connections.

To access mental health services, most IYS initiatives offer rapid access through assessment protocols that respond immediately via walk-in and online services, often within 72 hours (Malla, Iyer et al., 2018; Salt et al., 2017). This approach decreases wait times for specialized services, such as psychiatric consults, because these are not required to access other services, such as counselling or group programs (Malla, Iyer et al., 2018). This approach is a stepped care model, where youth can access the level of service they need when they need it.

Several IYS initiatives have been established in Canada. At the national level, ACCESS Open Minds was a 14-site research project that included youth, families, community organizations, service providers, researchers, and policy makers in the development of contextually relevant but evidence-based models in all its sites. Following the sunset of funding,

some sites transitioned to join provincial IYS initiatives, and ACCESS Open Minds laid the groundwork for IYS Net (Iyer, Shah et al., 2019; Malla, Iyer et al., 2019).

Apart from Prince Edward Island, all provinces have committed to implementing an IYS system, which are at various stages of development. Foundry (<https://foundrybc.ca>) is a British Columbia model that co-locates health and social services through a network of 12 centres and e-health services, with additional centres in development (Mathias et al., 2021). Foundry has used a community-driven model to identify and establish new centres by supporting communities to develop youth-friendly spaces and connecting to provincial services and community organizations. Foundry has also specifically focused on addressing employment challenges and has a virtual service.

Youth Wellness Hub Ontario (<https://youthhubs.ca>) is a network of 14 sites. It grew from a three-site initiative call YouthCan IMPACT in Toronto as well as the Chatham Kent ACCESS Open Minds site to implement a series of rapid-access, cocreated services (Szatmari et al., 2016). In New Brunswick, the provincial government has an integrated approach to child and youth service delivery and continues to support three former ACCESS Open Minds sites.

There are also IYS networks in development in Alberta, Manitoba, Quebec, Saskatchewan, Nova Scotia, and Newfoundland. This proliferation of IYS, in Canada and globally, led to the initial development and funding of the Canada-based FRAYME network (<https://frayme.ca>), which continues to support the development of this sector through research, knowledge mobilization, and network building, and the more recent IYS Net.

In the current research project, participants came from a wide range of IYS initiatives, some that are part of national or province projects and some from stand-alone, self-identified IYS initiatives that are independent from these larger initiatives.

This research project does not attempt to summarize the body of literature that has emerged regarding the effectiveness and efficiency of IYS models. However, from the Canadian literature, there are a few salient points. An early review of Foundry included a file review of 4,783 youth and a total of 35,791 visits that revealed younger youth aged 15 to 19 years old were more likely than other age groups to seek Foundry services. Service users were also more likely to identify as female than other genders and a disproportionate representation of 2SLGBTQ+ youth was recorded. The file review also suggested Foundry services did not attract a proportional number of Indigenous youth given the potential sample population. There were also challenges in data collection that are relevant to the current research project, including the lack of consistent methods and terminology resulting in data that were coded differently at different sites (Mathias et al., 2021). A recent commentary on IYS in Canada noted the lack of implementation rigour and diversity of approaches and services with an IYS label (Malla et al., 2021). The core principles that are shared broadly across IYS initiatives in Canada are operationalized in diverse ways. Even within standardized networks such as ACCESS Open Minds or Foundry, there is a core commitment to ensuring that each site is also contextually relevant and responsive (Mathias et al., 2021).

There have been a limited number of early assessments of IYS initiatives from the perspective of staff. Across studies, IYS share a collective commitment to improving youth mental health services and outcomes in ways that previous systems had failed to do (Malla et al., 2021; Salmon et al., 2020).

Nooteboom et al. (2021) conducted a systematic review of 55 studies looking at the barriers and facilitators for professionals in integrated youth care. From this review, the authors reinforced that addressing SDOH in integrated care is important because no one professional

approach can effectively respond to complex, interconnected issues. Internal communication was highlighted as a key issue that could be a barrier or a facilitator (Nooteboom et al., 2021).

A limited number of IYS initiatives in Canada have been able to look at the experience of staff. The Foundry network in British Columbia was subject to a developmental evaluation process that included ethnographic observations over 17 months and interviews and focus groups with 150 staff as participants. In describing how teams worked together, the evaluators asserted that distributed leadership—a form of management that prioritizes collaboration and consensus and deemphasizes hierarchy—was a key outcome (Salmon et al., 2020).

Key IYS Elements in This Research

There are key elements of IYS policy and structure that are important in this research project, as they relate to disruptions of power within the youth mental health system.

New Sources of Knowledge

Youth Engagement. There is strong evidence across sectors, including mental health, that engagement in the decisions that affect them is positive for youth, as well as the services they use (Checkoway, 2011; Hawke et al., 2018; The Lancet Child & Adolescent Health, 2017). Engaging youth in a meaningful way can help overcome the disconnect between marginalized youth and their communities, promote a sense of connectedness within a group or community, and promote mental health treatment adherence (Chandler & Lalonde, 1998; Dunne et al., 2017; Iwasaki, 2016; Lerner et al., 2011; Smyth & Eaton-Erickson, 2009).

In a review of 18 IYS initiatives, either organizations or networks of organizations, 11 of them, including five networks, identified youth engagement in governance, services, and leadership as a key element. Given the size of the networks that identified youth engagement as a key element, such as Jigsaw (13 sites), headspace (100+ sites), New Zealand Youth One Stop

Shops (11 sites), Foundry (seven sites), and ACCESS Open Minds (14 sites), it is clear that youth engagement is a common attribute of IYS initiatives (Halsall, Manion, Iyer et al., 2019; Hetrick et al., 2017; Settipani et al., 2019). Nonetheless, there has been limited reflection on youth engagement in IYS from the perspective of staff (Canas et al., 2021).

Family Engagement. Like youth engagement, family (or carer) engagement in youth mental health is growing in significance and is seen as an important approach to improving policies and services (Boydell et al., 2006; Danesco et al., 2020). Family and carers play an important role in supporting youth with mental health challenges as they wait for diagnosis and treatment. They also help support youth with treatment adherence and life transitions (Halsall et al., 2018; Waid & Kelly, 2020).

Family engagement has been at the heart of Canadian IYS initiatives as indicated by policy commitments and program implementation (Henderson, Chiodo et al., 2022). Family engagement is one component of a commitment to ensuring diverse forms of knowledge and experience are considered in service development (Markoulakis et al., 2020; Nooteboom et al., 2020).

Peer Support. Peer support services appear to be promising as part of structured approaches to youth mental health services, including in IYS initiatives (Daniels et al., 2010). Peer support services have been found particularly effective when supporting service users in areas such as managing symptoms and distress, making a wellness plan, and integrating community, educational, and employment opportunities (Doughty & Tse, 2011; Lawn et al., 2008).

Peer support is increasingly being integrated into service planning, and peer support workers are now often being engaged as employees to provide services (Rebeiro Gruhl et al.,

2016). Peer support workers are the largest growing occupational group in the mental health workforce (Doughty & Tse, 2011). Despite this increasing integration, peer support remains recognized for its flexibility, creativity, and responsiveness.

Social and Structural Determinants of Health

Most IYS initiatives provide services to youth from 11 or 12 to 25 years of age, thus avoiding the abrupt transition at 18 that is particularly pronounced for marginalized youth facing age-related changes in multiple services such as child welfare, juvenile justice, and education. The eligible age range for IYS initiatives, along with formalized linkages to community supports, addresses many of the developmental needs of this age group, such as housing, education, and employment (Nguyen et al., 2017).

A key aspect of the IYS model is an increased level of collaboration or integration of mental health services and community-based nonprofit organization (NPO) services (Hetrick et al., 2017; Malla, Iyer et al., 2018). NPOs in this context are understood to be organizations independent from government, with a governance structure outside of the health system, and with mandates to provide services and programs (Lewis, 2010). NPO services are particularly important for youth with complex needs who use more than one service across different sectors for basic needs, such as education, employment, and housing (de Voursney & Huang, 2016; Garland et al., 2003; Mitchell, 2011). In other settings, there is an increased call for integrated approaches, even in the absence of formal IYS initiatives. The World Health Organization (WHO; 2005) also cites the need for multisectoral approaches to youth mental health as key to ensuring young people have access to the services they need. Working in an integrated model may offer staff more effective service options to recommend to youth that staff can then build into treatment plans, including accessing NPO services.

The IYS sector continues to grow and evolve across Canada but there are clear distinctions between this model and traditional public mental health services. There are staff in these structures who are not found in traditional mental health services—staff that greet and coordinate youth access to diverse services. This research looks at their experiences.

Chapter 2: Scholarly Context

Given the IYS focus on implementing evidence-based practices, there are several key frameworks to consider that together offer guidance during the establishment of IYS. IYS are certainly not the first initiative to see integration as a path to improved services and outcomes, yet surprisingly the concept remains difficult to define. Knowledge translation remains a challenge in both health care and youth services. One element of the successful implementation of evidence-based practices is understood to be organizational readiness for change. Finally, there is increasing consideration of how adopting a complex adaptive systems perspective may make changes in health care more effective.

Service Integration

Integration has been prominent in public administration over the last 40 years in health and other public service delivery models. IYS initiatives are being implemented in this context. To understand the experiences of staff in IYS initiatives, an enhanced understanding of the background and conceptualization of integrated service is helpful.

A precise definition of integrated care remains elusive (Nooteboom et al., 2021). A systematic review of integrated care that examined 58 academic articles and 120 grey literature documents found 70 terms related to integration that resulted in 175 definitions and concepts (Armitage et al., 2009). However, the WHO (2016) has defined integrated care as “a coherent set of methods and models of funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors” (p. 3). The lack of clarity around the definition of integrated care, coupled with its increasing popularity, has resulted in the term being used to describe many diverse

approaches. This pervasive yet unclear use masks the actual complexity within conception and implementation (Ehrlich et al., 2009). The lack of conceptual clarity means that staff in integrated care settings may have inconsistent expectations of what integrated care means, and this lack of clarity may in turn extend to their roles and responsibilities.

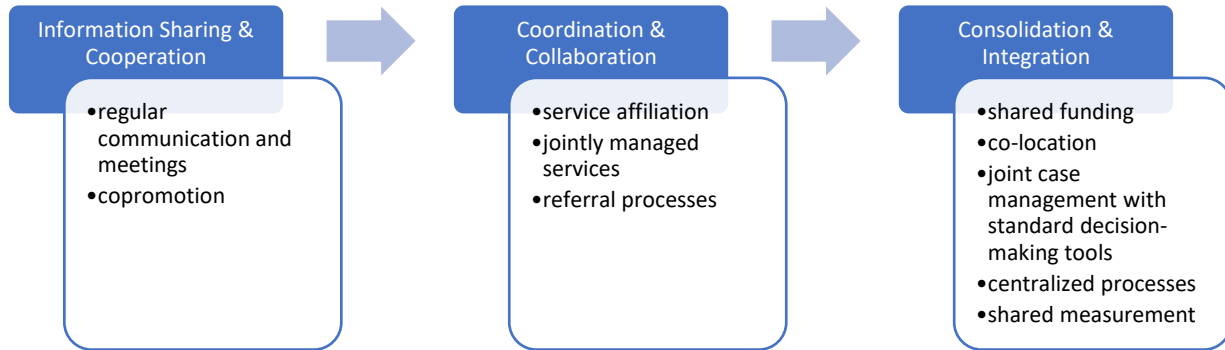
To address this issue, numerous conceptual models of integration have been developed. Keast et al. (2007) suggested that one approach to integration is vertical integration, where services are reorganized and restructured through formal decision-making and authority structures. Keast et al. also identified integrated models that are more horizontal, relying on peers to establish collaborative working relationships. Konrad's (1996) continuum of integration identifies a variety of models based on formality and intensity, named as information sharing and communication; cooperation and coordination; and collaboration, consolidation, and integration. Leutz (1999) offered a similar continuum ranging from linkage to coordination to full integration. Nooteboom et al. (2021) reviewed 55 articles in a systematic literature review that focused on integrated services for children under 18 and their families. Although this age range does not fully encompass the age range of IYS, their review offers important insight. They proposed a definition of integrated care based on three elements: a commitment to using integrated models, frameworks, or conceptions to improve the quality of life of the target population; coordinated and ongoing support; and service availability to respond to the diverse needs of the target population. The myriad of models means that evaluation of service integration can focus on process as well as impact outcomes for patients, service providers, organizations, and systems (Armitage et al., 2009; Keast et al., 2007). Cross-sectoral collaborations as well as initiative involving NPOs are often cited as particularly challenging integration efforts due to resource constraints and organizational culture differences (Babiak & Thibault, 2009; Bach-

Mortensen et al., 2018).

Using these various conceptual examples, Figure 1 presents a consolidated model based on the work of Keast et al. (2007), Konrad (1996), and Leutz (1999), along with specific organizational actions and procedures that create an integrated approach as suggested by Kodner (2009).

Figure 1

Conceptual Models of Service Integration



It is important to situate the experiences of IYS staff within models of integrated services. Early in this research, I anticipated that IYS initiatives would largely be located within the category of consolidation and integration, and this would in turn have implications for the experience of staff. Within this category, potential service elements include operating in co-located service settings and using shared case management tools and processes.

Ehrlich et al. (2009) developed four concepts around integrated care, including structural, procedural, and interpersonal (who provides care) elements, as well as a philosophical element focused on the rationale and inspiration for undertaking a certain approach. This last concept—being clear about the rationale for the implementation of an integrated approach—may be the most important given the diversity of models that exist and the lack of conceptual clarity. Staff in integrated settings likely benefit from clearer mandates where the rationale and conceptual framework for the integrated initiative are well established (Ehrlich et al., 2009).

The integration of health and social services is designed to address service fragmentation and gaps, as well as decrease service costs (Keast et al., 2007; Salt et al., 2017). The World

Health Conference on Primary Health Care in Alma Alta in 1978 was an early forum on the concept of integrated care, focused on integrated primary health care. Notably, the call for integrated primary health was tied to key principles, including the need to ensure health care was available to all and that patients were engaged in their health care (WHO, 1978). Health care integration has also been linked to patient-centred care by the Ontario Hospital Association (2016), which advocates for integrated services as provision of seamless care for patients, with a focus on providing holistic services (Horwath & Morrison, 2007). The motivation for pursuing integrated care models varies but often involves a desire to have an enhanced focus on providing patient-centred care. Many examples of integrated health care include the integration of non-health services (Suter et al., 2009). The emphasis on patient-centred care in integrated care likely impacts the role, expectations, and approach of staff.

Integrated care is perhaps most important for vulnerable populations with chronic and complex problems that require the services of multiple professionals (Ehrlich et al., 2009; Kodner & Spreeuwenberg, 2002). Kodner and Spreeuwenberg (2002) advocated for a bottom-up approach to designing integrated care in a way that increases the degree of patient-centredness in the system. IYS initiatives as integration models benefit from clear boundaries—a focus on youth, with mental health at the centre. Nooteboom et al. (2021) identified several barriers and facilitators to integrated care for children and their families from the perspective of youth care professionals. Many of these are applicable for staff in IYS, including having clear referral pathways, enabling a “warm handoff,” sharing information, establishing guidelines, promoting self-efficacy, and ensuring multidisciplinary training.

Child and Youth Services

Though IYS initiatives are relatively new, there are other examples of integrated child and youth services, growing from a recognition that a range of services are needed to support vulnerable youth (de Voursney & Huang, 2016). Lack of integration has been identified as one of the barriers to the implementation of evidence-based policy in children's services in Canada (Boydell et al., 2009; Waddell et al., 2005).

Collaborative care models show promise to improve access to mental health treatment for marginalized young people and have an increased capacity to address SDOH, particularly with care coordination and training for health care providers (Acri et al., 2016; Garland et al., 2013; Mulvale et al., 2016). Children access mental health supports in non-mental-health-service sectors—such as child protection, education, and justice—more often than in the specialty mental health sector (Burns & Birrell, 2014; Larsson et al., 2015; Mitchell, 2011). Further, there are consistent mental health outcomes regardless of who provided the service, so a clinician is not necessarily required (Garland et al., 2013). NPOs, in partnership with formal mental health services, can help overcome disparities in health care access by establishing connection and trust, and promoting positive development among youth (Flanagan & Hancock, 2010; Lerner et al., 2011; McLaughlin, 2000; Mitchell, 2011).

Much of the literature on the integration of child and youth mental health services has focused on the integration of primary health and mental health care (Anderson & Lowen, 2010; Ewing et al., 2016; Henderson, Chaim et al., 2017; Kolko & Perrin, 2014; Rousseau et al., 2011). Primary health care is not responsive to the range of needs presented by youth, and the current mental health system also limits access based on the process of referrals and specialist care (Malla et al., 2018). In other sectors, there is some indication that the integration of mental health and child

protection systems leads to increased service use, decreased disparities among vulnerable young people in terms of service use—such as more equal access for racialized youth—and increased positive outcomes (Bai et al., 2009; Schley et al., 2011). Integrated services seem to increase the engagement of vulnerable and marginalized youth (Acri et al., 2016; Kutcher et al., 2009; McGorry et al., 2013).

At the same time, youth do not seek preventative primary health care services and are reluctant to raise mental health concerns in primary health care settings due to stigma and parental involvement (Anderson & Lowen, 2010; de Voursney & Huang, 2016). Primary health care is not usually provided in youth-friendly spaces designed for therapy or at times convenient for youth such as evenings and weekends, and it often requires parental involvement to access (Anderson et al., 2017; Kutcher et al., 2009).

Primary care integration could bolster early diagnosis and treatment, as primary care health providers have a holistic view of an individual's health—including family and socioeconomic status—and can better identify links between health issues (McGorry et al., 2013; Ronis et al., 2017). Yet stigma persists among primary health care providers and there is a lack of understanding of comorbid health behaviours (Delaney et al., 2013). In Ontario, family health teams were developed in the mid-2000s with the intent to provide mental health services, but the requirement for referrals through family health teams continues to create barriers to accessing specialist treatment. Patient satisfaction increased slightly, but longer than recommended wait times persisted (Kutcher et al., 2009; Ronis et al., 2017). Health care providers' attitudes are important and reported bias in health care services remains a barrier, although further research is needed (W. Hall et al., 2015; J. A. Hall et al., 1993; Shavers et al., 2012).

Schools-Based Programming

Integrated youth mental health treatment models seek to take advantage of systems and contexts where youth are already present. School-based programs in public school settings (excluding postsecondary institutions) can improve mental health literacy and support early identification of mental health issues, but they have an inconsistent evidence base, lessening the ability to analyze these approaches from an intersectional perspective (Durlak et al., 2011; Lyon & Bruns, 2019; Manion et al., 2013). Young people seeking mental health support through school-based services have an increased rate of school incompleteness, indicating that use of school-based mental health services can help identify vulnerable youth (Homlong et al., 2013).

Most vulnerable students are unlikely to be effectively reached by school-based programming without specific attention paid to identifying and removing barriers for marginalized youth; otherwise, embedding mental health services in schools may serve to replicate experiences of oppression and discrimination. As Collins and Bilge (2016) noted, “Schools are not in the equity business” (p. 192). Across North America, racialized young people experience higher rates of suspension and expulsion than their white peers, affecting school engagement by racialized students (Gregory et al., 2010). Racialized youth, Indigenous youth, 2SLGBTQ+ youth, and youth accessing multiple services all have lower rates of educational attainment and weaker connections to the formal education system (Martens et al., 2014; C. Taylor & Peter, 2011). School-based mental health programs are often underutilized by racialized youth (Bear et al., 2014; Langer, 2015). A 2017 review of 4,584 visits to school mental health clinics in New Haven, Connecticut (United States) found interesting use patterns for mental health services, with peak usage for African American boys at ages 8 and 13; overall, however, white students accessed mental health services at a disproportionately higher rate (Bains et al., 2017). There

remains research has not analyzed the impact of school-based programs for racialized and Indigenous youth. The first Canadian randomized controlled trial on the effect of in-class mental health literacy programs only disaggregated participants on the basis of sex (which was presented as binary male-female), language, and previously identified mental health issues, and thus was silent on the experience of marginalized youth (Milin et al., 2016).

Current evidence in school mental health is not being followed consistently (Lyon & Bruns, 2019). Schools can be a site for youth activism, so there is the potential for participatory approaches to engage marginalized students to identify priorities and assess proposed school-based interventions (Collins & Bilge, 2016; Friere, 1972; Zeldin et al., 2018). Using school-based services to reach marginalized youth will require inquiry that focuses on how marginalized youth experience specific school contexts and acknowledges the complex interplay between needing services, receiving services, demanding equity, and facing increased exclusion.

Staff Experiences

There have been limited studies of staff experiences in integrated health services. PROCARE (Providing Integrated Health and Social Care for Older People: Issues, Problems and Solutions), a project funded by the European Union, involved nine partner countries doing simultaneous case studies of integrated care organizations. Each country team conducted research at two sites that fit the study criterion of being an organization providing integrated health and social care to older people, and included both cross-agency models of collaboration and fully integrated models. Staff reported increased job satisfaction within single-organization integration models because of a perception of increased organizational capacity to assess and provide services that met the needs of clients, as well as a set of core values to guide the initiative (Coxon, 2005).

In Australia, the national system of IYS sites is called headspace. A 2018 review looked at the experience of headspace staff (Pomare et al., 2018). This study noted the effect of perceived complexity among staff of both mental health services and integrated services. This complexity and associated experience of uncertainty created stress for IYS staff, who felt they needed to be nimble and have diverse skills for their roles and responsibilities. Organizational uncertainty persisted and staff reported a need for increased knowledge about the IYS model in addition to enhanced technical support. Institutional uncertainty was also reported as a factor, particularly in a new IYS initiative. Staff may be unclear about the parameters of service and its sustainability, how to refer clients, and how to ensure treatment adherence.

How staff experience working in an integrated setting may vary based on their experience during its creation. In complex service environments, using participatory design approaches to engage staff in service development seems promising (Robert et al., 2015). Integrated approaches are often designed to have financial savings (Erhlich et al., 2009; Kodner & Spreuwenberg, 2002). However, initial investments are often required to establish an integrated initiative (Salt et al., 2017). Pressure to find costs savings may lead to inadequate human resource investments or increased pressure on staff to find savings while delivering effective services (Keast et al., 2007). Other key elements necessary to support staff have been highlighted in reviews of IYS initiatives, such as the need for information management systems that support service provision across integrated services, training and support to develop collaborative skills, and human resources capacity to undertake community engagement (Erhlich et al., 2009; Halsall, Manion, Iyer et al., 2019; Salt et al., 2017).

Youth Mental Health Systems as Complex Adaptive Systems

Youth mental health systems are increasingly recognized as complex adaptive systems (CASs) (L. A. Ellis et al., 2017; Garland et al., 2003; Salmon et al., 2020). Within this conceptualization, there are ongoing efforts to identify effective service models for youth mental health services, with a particular emphasis on overcoming service fragmentation across mental and physical health and community support (DeSilva et al., 2014; Malla, Shah et al., 2018). IYS implicitly and explicitly reflects and operationalizes service design from a CAS lens, as well as principles from current community change models, specifically collective impact (Hetrick et al., 2017; Kania & Kramer, 2011; Malla, Shah et al., 2018).

Health care systems are increasingly being characterized as CASs (Khan et al., 2018). Youth mental health is a multilevel system, from its origin in complex SDOH to the need to respond to interlinked physical, social, and mental needs on individual, family, and community levels (L. A. Ellis et al., 2017). Resources and responsibilities are spread across government departments and across sectors, notably the community-based sector (Rosenberg & Hickie, 2013). There is a current impetus to find new approaches to programs and services that address the complexity of youth mental health with multidisciplinary approaches (L. A. Ellis et al., 2017; Norman et al., 2010; Weaver, 2016). CASs are characterized by their unbounded composition, which includes a number of interacting, interconnected components, such as stakeholders, services, and organizations; their actual membership is unpredictable and dynamic (L. A. Ellis et al., 2017; Holden, 2005; Plsek & Greenlaugh, 2001). Youth mental health consumers are diverse and so are their contexts, and “even simple biomedical interventions often involve complex social interactions” (Paina & Peters, 2012, p. 366).

Complexity is established within a system through the levels of interconnectedness between actors (Khan et al., 2018). Through the interaction of these components, emergent and nonlinear behaviour and actions are seen (Holden, 2005; Plsek & Greenlaugh, 2001). The dynamic interactions across heterogeneous populations and systems result in limited control, and thus limited predictability, over the behaviour of service providers, patients, and communities in implementation contexts (Paina & Peters, 2012). CASs cluster around a core issue or attractor (L. A. Ellis et al., 2017). The desire for increased effectiveness in youth mental health is an example of what can constitute an attractor. However, how actors respond to that attractor in the face of other pressures and issues is unpredictable. A CAS lens provides models for how CAS behaviour may occur and those working within them are better positioned to respond by using a complexity lens (Khan et al., 2018).

One important lesson from a CAS approach to youth mental health systems is the capacity to integrate system feedback (Paina & Peters, 2012). A project in Massachusetts called Communities That Care sought to reduce teen substance use and targeted parental engagement as one aspect of the project. Repeated performance measures found no change in parental behaviour until the project combined substance use with other emergent community issues that matched parents' priorities, such as the local food movement, in their project design. In this case, the permeable boundaries of a CAS were not directly challenged by external factors; instead, they were integrated into project campaigns (Kania & Kramer, 2013). This example highlights the importance of shared, continuous performance measurement across an initiative to allow projects to respond. This example also highlights that whether by design or context, youth mental health services are affected by dynamic external factors. Anticipating the need to respond to changing dynamics results in a commitment to ongoing assessment of readiness for change and creates

sustainability. Adopting a complexity lens helps situate a single change initiative and the youth mental health system as a whole within the current public and health care sectors, which are in a constant state of change and evolution (Horwath & Morrison, 2007).

Organizational Readiness for Change

Despite numerous frameworks to guide organizational change and the growing discipline of implementation science, many large-scale social and health care projects do not meet their objectives (Garland et al., 2013; Khan et al., 2018; Palinkas, 2018). Readiness has been identified as one of the key conditions required for successful implementation of EBPs in mental health (Butterfoss & Kegler, 2002). Weiner et al. (2008) defined organizational readiness for change (ORC) as “the extent to which organizational members are psychologically and behaviorally prepared to implement organizational change” (p. 381). Theories of ORC are multilevel and emphasize individual cognitive agreement among participants before engaging as a collective (Armenakis et al, 1993).

Lehman et al. (2002) summarized the state of organizational readiness for ORC, particularly in relation to drug dependency programs, which are somewhat analogous to youth mental health programs in that they provide both clinical and behavioural support. The majority of readiness frameworks used in these programs have focused on an individual level of readiness that included personal motivation and capacity. Along with motivation and resources, proposed initiatives need to be seen as relevant and credible (Aarons, 2005; Lehman et al., 2002). Change fatigue may also be an issue in institutions, where the perception of change failure may lead to increased skepticism and resistance (Aarons et al., 2009; Lehman et al., 2002).

A study that measured implementation of a manual-based approach by 543 community-based therapists working with youth in mental health and substance use programs found that ORC

could be used to identify individuals and organizations most likely to implement EBPs based on service provider attitude developed through past experience, reinforcing the importance of context and history in ORC (Armenakis et al., 1993; Saldana et al., 2007). Organizational culture can affect an individual's attitude toward change, and child and youth service providers value information from peers over external sources (Aarons, 2005).

ORC is usually situated positively as an active commitment to change rather than simply a lack of resistance to change (Weiner et al., 2008). In addition, there seems to be a compounding effect of ORC, whereby a strong interest in the change initiative and initial success improves subsequent attitudes and actions (Weiner et al., 2008). Nonetheless, ORC analyses have often focused on management or externally enforced change initiatives, and this lack of bottom-up change may in part explain limited success, as individuals in an organization also need to learn how to value the change (Weiner et al., 2008).

In a 2009 model, Weiner proposed a collective model of ORC. Weiner's work in ORC is particularly important because it focuses on the organizational level rather than the individual level yet does not ignore the role and response of individuals as one component of internal context. The emphasis, however, is on whether the collective can develop a cohesive psychological state. This is despite the fact that the impetus may not be voluntary. Commitment to change develops because people value the change as something needed, they feel change is outside of their control, or they are obligated (Weiner, 2009). Aversion to risk can be a major barrier to implementing change, especially at the individual level, yet this reaction may not be evenly shared among individuals throughout an institution (Greenhalgh et al., 2004). Adopting a collective approach may overcome the influence of individuals and outliers and create a more moderate perspective.

Context is highlighted in Weiner's ORC model as not only important but dynamic, and ORC can shift depending on change initiative elements as well as feedback from emergent implementation. Common cultural factors include comfort with innovation or risk-taking, the response of organizational policies and procedures, and whether changes are congruent with organizational values (Weiner, 2009). In community-based coalitions, there are also questions regarding the impact of community readiness that impact how collective efforts are formed, who in terms of individuals and organizations is involved and has capacity to participate, and other available resources (Feinberg et al., 2004).

In a review of 38 articles that discussed health care and ORC, Attieh et al. (2013) found 10 relevant theories and frameworks, including Weiner's (2009) model, the Promoting Action on Research Implementation in Health Sciences (PARIHS) model, and the Greenhalgh et al. (2004) diffusion of innovations model. The core components of the frameworks were consolidated into five main concepts, including personal and institutional readiness. These five concepts line up with many elements of Weiner's change valence. Innovation readiness addressed much of what Weiner intended under change efficacy. Interestingly, "change process" in the model from Attieh et al. also echoes Weiner's change valence component because its subcomponents focus on the perceived need for change, management support, and a sense that change is possible. Finally, the model includes organizational dynamics, which aligns largely with Weiner's change readiness concept.

Weiner (2009) started by outlining the factors that need to be considered when planning an ORC initiative. These include developing an understanding of the context, including past experiences with change and the current organizational culture, while also considering the structure and form of an initiative through the intentional creation of a shared vision, which in itself is a lengthy

process and includes an understanding of past efforts and current culture. A CAS approach to context involves mapping relationships and dependencies to better understand how systems affect each other through understanding the path dependencies that exist within systems (Paina & Peters, 2012). In a CAS, the shared vision is expressed as an attractor that creates a response and action among diverse actors (L. A. Ellis et al., 2017). Weiner then proposed a simultaneous analysis of the level and character of change valence in the affected initiative or community, while at the same time looking at institutional preparedness. This is the stage where participants in a change initiative need to share a commitment to change and believe change is necessary.

A complexity perspective would acknowledge that the collective commitment would need to be revisited and reconsidered as emergent issues arise. Weiner (2009) then included three conditions as part of the institutional assessment: clarity about need and feasibility, sufficient resources, and a supportive context. Greenlaugh et al. (2004) found that innovations perceived as simple were more easily adopted, but that hesitation to embrace complex changes could be overcome with greater appreciation for practical evidence and demonstration of benefits of new innovations. IYS initiatives that are heavily focused on contextually relevant implementation can thus work to overcome concerns by validating practice and tacit knowledge. IYS initiatives also benefit from other service sites and networks to validate new approaches.

Common elements of ORC and CAS support the creation of change-related effort (Plsek & Wilson, 2001). An institution that has a commitment to being a learning organization is more likely able to balance individual motivation for change with an organizational culture that supports change (Aarons, 2005). The role of a change agent is also included in many models of ORC (Armenakis et al, 1993).

Knowledge Translation

There is strong research evidence about effective approaches to supporting youth mental health, and increased use of this evidence is recognized as critical for improving services and outcomes for young people. However, child and youth services have been slow to implement EBPs (Aarons et al., 2009; Barwick et al., 2012; Mitchell, 2011). IYS initiatives in Canada share a commitment to EBPs. The integration of mental health services including EPBs and services provided by community-based NPOs in areas such as vocation and education support and arts and recreation, where EBPs are less established, would bring these two sectors together.

There is strong research evidence about effective approaches to supporting youth mental health, and increased use of this evidence is recognized as critical for improving services and outcomes for young people. However, child and youth services have been slow to implement EBPs (Aarons et al., 2009; Barwick et al., 2012; Mitchell, 2011). “Implementation science,” “knowledge transfer,” and “knowledge mobilization” are all terms used to describe the process of moving research into practice, through the engagement of researchers as knowledge producers with knowledge users, including practitioners and other stakeholders such as people with lived experience (Jull et al., 2017; Nilsen, 2015). A systematic review of knowledge translation in adolescent mental health identified only 12 relevant studies and the quality and size of these studies limited meaningful assessment (Barwick et al., 2012). Access to and sharing of promising practices is also challenging for community-based NPOs.

Youth-serving NPOs rarely access EBPs, including scholarly and practice-based evidence, and much of what is learned through practice is rarely evaluated or reviewed against available evidence (Axford & Morpeth, 2013; Mitchell, 2011). More broadly, NPOs in Canada have not consistently been part of knowledge translation initiatives and face internal and external barriers,

such as lack of capacity and networks, to identifying and sharing what works (Leadbeater, 2010; Mitchell, 2011; Ungar et al., 2015). Many of the barriers to increased use of EBPs in child- and youth-serving NPOs are linked to human resource issues, such as lack of training, lack of capacity, and lack of networks (Despard, 2016). The issue of effective knowledge translation defined as implementing evidence-based practices is thus linked to the experiences of staff in IYS initiatives and is another theme examined through this research.

Knowledge translation is recognized as important for sustainability, and there is increasing emphasis on greater integration of knowledge translation in health care, in recognition of the need for multidisciplinary approaches and interprofessional collaboration (Hardwick et al., 2015; Norman et al., 2010). In a review of the CoNEKTR model, Norman et al. (2010) discussed how the project combined theories from complexity science, networks, eHealth technology, and other elements in order to create networks of networks in health care innovation. This model grounds itself in the recognition that many knowledge translation approaches are divorced from how evidence is created, accessed, and used in practice, and that there is a need to integrate practice-based, lived, and tacit experience in a systematic way.

There has been much speculation about the limited success of implementation science, which as a discipline has been accused of lacking a strong theoretical basis, potentially inhibiting effectiveness of knowledge translation efforts (Beckett et al., 2018; May et al., 2016; Nilsen, 2015). In response, a range of theoretical frameworks have been developed that are grounded in concepts from a variety of theories, from psychology and sociology to learning and evaluation (Harvey & Kitson, 2015; Nilsen, 2015; Tabak et al., 2012).

The integrated-PARIHS (i-PARIHS) model from 2016 builds on the original model's strengths in terms of its acceptance of the complex and dynamic interplay of evidence and context and the

need for facilitation for implementation support (Harvey & Kitson, 2016). Harvey and Kitson (2016) have drawn on a range of organizational learning and innovation theories to underpin the i-PARIHS model and use complexity theory to introduce the concept of innovations that are dynamic and cyclical. Instead of Successful Implementation (SI) as a function of context, evidence, and facilitation, where $SI = f(E, C, F)$, the i-PARIHS framework proposes that $SI = Facilitation (Innovation + Recipients + Context)$. As the active component in the i-PARIHS framework, the facilitation function responds to the interplay between innovation, recipients, and context (Harvey & Kitson, 2016). To strengthen an intersectional facilitation function, activities should be seen as multiple-level constructs ranging from individual to systems levels (Helfrich et al., 2010). In the i-PARIHS model, one function of the facilitator is to assess the basis of the innovation and identify who is implicated (Harvey & Kitson, 2016). Tacit knowledge is valued, which can enhance the role of knowledge users in creating knowledge, which has been limited to date (Despard, 2016; Goldner et al., 2014; Nichols et al., 2015).

A broad conceptualization of knowledge and evidence is important in youth mental health. NPOs resist evidence-based program development because they believe that their specific and diverse organizational and contextual dynamics render empirical analysis impossible and also that EBPs do not transfer across cultures and contexts (Axford & Morpeth, 2013; Gray et al., 2009; Ungar et al., 2015). IYS initiatives offer the possibility of long-term relationships between researchers, clinicians, NPO service providers, families, and youth, which increases the potential for knowledge user experiences and priorities to be reflected in the development of research projects (Jansson, Benoit, Casey, Phillips & Burns, 2010).

With the strong emphasis on integrating research evidence and standard models across networks of IYS initiatives, staff should expect to be actively engaged in knowledge translation efforts.

Together these four theoretical frameworks provide guidance to the development of IYS, both building on past experiences in KT, ORC and integration and offering potential considerations going forward along with adopting a complexity perspective.

Chapter 3: Methodology

IE was chosen as the methodology for this research because the IE methodological and theoretical perspective was developed to focus on the experience of staff. As noted previously, the experience of frontline staff in integrated health, and especially the role of frontline staff in IYS, appears to be understudied. This research attempted to help fill this research gap, particularly because of the importance of staff engagement when implementing EBPs in healthcare. The IE researcher seeks to map the ruling relations within an institution, linking the actual work experiences of participants to larger institutional and societal structures. IE research is expected to uncover disjunctures caused by previously unidentified interactions of knowledge and power within the institution.

Other Research Methodologies

Given the vast potential of IYS, other methodologies could be considered to investigate aspects of IYS. For example, IYS offers the opportunity to address SDOH, and that is reflected in the data. The shift in theoretical perspective from an individualistic one to one that considers contextual and systemic factors seems to be consistent with IYS approaches.

The social ecological model (SEM) would be one option for analyzing how IYS addressed structural barriers at different levels of the youth mental health system (Bronfenbrenner, 1979; Lounsbury & Mitchell, 2009). Halsall et al. (2018) reviewed how IYS could be considered using the SEM in ways that would enhance the strengths-based approach of IYS by working with a broader range of youth and including preventative programming such as recreation and youth leadership. To use the SEM for program guidance, IYS would need to build appropriate services that consider how social determinants change within the age range of IYS. For example, education- and family-related interventions would likely be more relevant for younger youth,

whereas older youth may need more support in employment and housing. The SEM would demand expansion of services, more precision across age range, and adjustment of models and services in terms of complexity and depth. For the current study, it seemed that using the SEM would simply replicate what has been developed in terms of IYS policy commitments and not rely on the experiences of staff.

Participatory action research (PAR) is as an overarching term that includes action research and community-based participatory research. It builds from the perspective of participants with an intent to centre the voices and experiences of marginalized groups (Kemmis & McTaggart, 2005). PAR principles include the cocreation of knowledge by researchers and participants through a reflexive practice that continues throughout the project, cycling between undertaking action and reflecting on new understandings before subsequent actions (Elliott, 2013; Friere, 1972; Kemmis & McTaggart, 2005). This cyclical approach values the process as being as important as the outcomes, and PAR projects emphasize capacity building to support ongoing social change outside of planned projects (Reason & Bradbury, 2008). Action is a clear element of PAR and what constitutes action varies, ranging from knowledge generation to changes in practices to political action (Cordeiro & Baldini-Soares, 2018; Wilson et al., 2010). PAR is a broad methodology implemented through a variety of contextual methods throughout the research cycle of planning, data collection, analysis, and identification of results and next steps (Cordeiro & Baldini-Soares, 2018). In a PAR process, this individual experience is most often considered as part of a larger collective experience and situated within societal systems and structures.

In IYS initiatives, PAR processes could build upon the tacit knowledge held by staff to identify priorities for research and understand the entire system, and cyclical participatory processes

could monitor changes in process and outcomes. At the same time, given predetermined IYS structures, there would be constraints in terms of the scope and objectives of any research project that does not align with participants' priorities. Chirewa (2012) identified barriers to participatory processes including a lack of training in PAR among organizational staff and lack of staff time and capacity. The flexibility required to respond to complex environments such as integrated environments and new service models like IYS can make maintaining the objectivity of research difficult (Waterman et al., 2001).

Both PAR and poststructuralism see the promise in how an increased understanding of one's own position in terms of power can inspire action and change. Friere's (1972) objective in promoting a liberatory pedagogy was to enable participants to have increased understanding and capacity that would lead to action: "Education is the liberation of the people" (p. 61). As well, in health care settings, turnover in action research teams is more prevalent than in educational settings, making the development of shared values and a process that emphasizes mutuality challenging (Waterman et al., 2001).

When working with groups of staff that include both frontline workers and management, studies appear to take a circumscribed approach to what constitutes participation. This could be reflective of the institutional requirements and boundaries that manage health care. PAR processes within health care settings, such as IYS initiatives, may see their transformative capacity restricted and only be able to inform limited change.

In retrospect, there would have been other barriers to using PAR in this research. PAR seeks to build from a collective identity of an identifiable group. However, this is not exactly what was found among the standpoint staff. They described similar levels of commitment to change in youth mental health and similar activities but their adherence to one specific model of position or

IYS was lacking. Dialogue and reflection are at the core of PAR, through raising the consciousness of participants but also the repeated processes of mutuality and reflection by researchers and participants. Undertaking the research during the COVID-19 pandemic using PAR may have made it difficult to undertake the capacity building and iterative dialogue necessary for an integral PAR project.

Using IE supports the work of differentiating aspects of IYS from traditional clinical models of child and youth mental health. Understanding the everyday work activities of frontline staff highlights that low-barrier access to services offered by IYS is linked to policy commitments such as youth and family engagement. IYS incorporates specific operational standards through offering diverse services that seem to shift where power traditionally lies in youth mental health. The inclusion of a range of services beyond mental health indicates an appreciation of the importance of the SDOH, and this links individual challenges to systemic oppression. In IYS, it is the frontline staff who implement these policy and service commitments. This research maps the experiences of IYS staff and their reflections to understand their work better. This focus is timely as IYS structures propagate but with limited reflection on the experience of staff.

Underpinning the use of IE is poststructural and intersectional theory. Poststructuralist theory helps build a process of inquiry that acknowledges power is ubiquitous in IYS initiatives and may have positive and negative implications for the work experiences of staff. Intersectional theory furthers the analysis of power and marginalization by working from a conceptual framework that acknowledges that individual experiences are linked to broader societal structures of power that create and perpetuate inequality.

Background of Institutional Ethnography

IE was developed by Canadian sociologist Dorothy E. Smith (1990, 2005), who built it as an alternate sociology and a methodology. Calling IE “sociology for the people,” D. E. Smith (2005) started her work by building a sociology for women, inspired by her experience within institutional structures as a single mother and a professor and finding her experience absent from the sociology she taught. D. E. Smith (1999) wanted to avoid the creation of a hegemonic standpoint that objectified individuals’ experience. Instead, the experience of participants is considered by the researcher to illuminate the ruling relations within institutions. In an additional contrast to other sociologies, IE does not present a model or form that the ruling relations are then assumed to fit into, but rather the dialogue—contained in both oral and text-based communication—is used to create the understanding and shape of the institution. Staff are not the subjects of the research, but the intent is to learn from the experience of staff to better understand the institution and its ruling relations.

To further the development of IE, in 1988 Smith worked with Sandra Harding, a feminist sociologist who focused on feminist empiricism, to develop an empirical basis for a women’s standpoint that allowed for a fulsome consideration of an individual’s experience (Harding, 1992; D. E. Smith, 2005). IE built from the practices of the feminist movement, where reflecting on one’s own experience, giving language to experiences, and comparing this collectively led to increased understanding of systemic challenges and system work.

It is this analysis that has led to the epistemological and ontological commitments of IE. Having started from a feminist philosophical base and recognizing the transformational effect of considering women’s experiences, D. E. Smith (2005) is committed to seeing the subject as an expert on their own experience but also recognizing that it matters whose knowledge is used to

create systems (Rankin, 2017a). IE is rooted in an epistemological perspective that holds that all knowledge is socially constructed and is the result of an individual's action and social relations. Its ontological approach is based on developing an empirical description of work (Billo & Mountz, 2016; Rankin, 2017a). Although data and findings are used to examine the materiality of people's experience in work, the focus is in fact on understanding how their work is linked through social relations to chains of authority or power, called ruling relations (Bisaillon, 2012; Rankin, 2017b). The intent of understanding ruling relations is to better understand how power and inequality affect the institution, not only the individual. IE is firmly grounded in a feminist Marxist materialist philosophy reflected by the centrality of work and work processes in the method, with an assertion that institutional structures build and hold onto power (D. E. Smith, 2005).

IE is appropriate for the current research because the methodology centres the lived experiences of individuals and then considers them within the institutional context, and thus "work is the interface between embodied individuals and institutional relations" (McCoy, 2006, p. 110). IE methodology adopts a "generous conception of work" (D. E. Smith, 1987, p. 65) that extends beyond formal job descriptions to look at how work exactly takes place. In this research, the term "work" is used to illuminate all the activities that staff undertake to fulfill their institutional roles. D. E. Smith (2005) felt it was critical to listen to staff accounts of their work to best understand their range of activities. Job descriptions rarely capture the range of formal and informal tasks needed to achieve the stated outcomes for a staff role. Understanding the totality of a staff member's "work" allows for the juxtaposition of (a) where in their role staff have prescribed authority or power and how the application of this is formally measured and (b) the need to undertake many informal and not professionally recognized activities to achieve outcomes. This

may be particularly prominent in IYS, as it has been in studies in health care and youth work (Diamond, 2006; Nichols, 2014). Working with individuals on health and social issues seems to require a larger amount of informal connecting and relationship management than may be found in other settings: the personal becomes professional. This approach to defining work also allows IE researchers to hear from staff the links between their work responsibilities and experiences and how that connects to their personal issues and identities.

Cupit et al. (2020) reported an IE study focused on patient perspectives in cardiovascular disease prevention, in which they discussed how IE enables researchers to use the experiences of standpoint participants to trace larger, more systemic issues and concerns. They noted that by using IE “the process for identifying difficulties experienced by patients and pursuing an investigation for patients that would go beyond those to address their institutional coordination” (Cupit et al., 2020, p. 22). IE uncovers how individuals expand or adjust work to account for weaknesses within systems (Norstedt & Breimo, 2016). Additionally, in IE an “institution” is not conceived as a single organization, but rather the confluence of individuals, organizations, and rules around a particular function, such as youth work (D. E. Smith, 1987). This perspective allows IE to look at program managers’ experiences within single organizations or the collaborative IYS arrangement, based on how staff experience their work.

IE in Health Care and Youth Work

Program managers who work with youth often undertake tasks that extend beyond formal job descriptions (Nichols, 2014). A broad conception of work, as well as how staff adjust to institutional structures, allowed important feedback on the implementation of IYS initiatives and how staff understand and respond to youth needs. As DeVault and McCoy (2006) noted, “Frontline professionals are especially important because they make the linkages between clients

and ruling discourses, ‘working up’ the messiness of everyday circumstance so that it fits the categories and protocols of a professional regime” (p. 270).

In an IE study of the Employment Service in Ontario, staff approaches to communicating youth needs varied despite having a standard intake form across sites. Through 14 interviews and 80 hours of participant observations, staff revealed a nonstandard approach to interpreting the needs of youth (Bramoh, 2015). Youth experiences “get translated into ‘indicators’ and ‘criteria’ recognized by Employment Ontario” (Bramoh, 2015, p. 36). After identifying youth needs as data entered into the forms, the next challenge is to provide services that meet those needs, even if there is not a direct match between needs and what is offered or available. In general, programs are not tied to the needs of every youth; instead, program outcomes are developed based on a general and accepted range of needs that are matched by services.

IE methodology has been used widely to understand the impact of institutional structures on health service initiatives. A 2017 scoping review looked at 179 qualitative articles describing IE research projects. The highest percentage of these (28%) were found in health care, with an additional 14% in social services (Malachowski et al., 2017).

IE as Political

IE research develops an understanding of how staff experience an institution and, based on a generous conception of work, a fulsome understanding of the ruling relations of an institution. As summarized by Rankin (2017a), the “expressed purpose of IE is to generate potentially useful knowledge for people whose everyday activities are being organized against their own interests” (p. 1). An IE disjuncture reveals a place of injustice previously unknown; D. E. Smith (2005) anticipated that many staff were unaware of how institutional structures and processes affected their position within institutions. She believed that all institutions have

elements of inequality within their structures and how they are organized. Along with others who use IE, she believed that knowledge of how ruling relations organize the social world is a prerequisite to knowing how to challenge and change them so that they meet the needs and interests of marginalized people rather than the ruling class (Deveau, 2008). With the information and understanding developed through IE, those most affected may be able to organize for positive change (Kearney et al., 2018).

Integration of Personal and Political

From its origin, IE as a sociology offered the opportunity for researchers to integrate their personal, professional, and academic experiences to create a better understanding of the social relations of a specific setting. D. E. Smith (1987) used the term “bifurcated consciousness” to describe how she felt that welcoming her roles as mother and as academic in her research—and acknowledging the points of disjuncture—built her approach and analysis. The researcher’s experience or perspective is not treated as a bias to overcome (Campbell & Gregor, 2002). Just as the research is not focused on treating the standpoint participants as the subjects of the research and instead uses their reports as a basis for understanding social relations, the researcher does not use her experience as subject but rather as starting point to understand social relations. IE can have that close connection to personal experience and serve as a tool for developing a personal research narrative and to balance the insider-outsider perspective in research with a more balanced approach (Dwyer & Buckle, 2009; England, 1994; Mykhalovskiy & McCoy, 2002).

In this research, I developed my interest in the question of IYS through a combination of personal experience as a parent of a youth with mental health challenges and professional collaboration with IYS projects, as well as exposure through the youth mental health sector in

conferences, workshops, and social media. The research is informed by my desire, as a parent, for a changed mental health system, one that acknowledges and supports the complexities of youth development. However, I am not a subject of inquiry, though my experience can relate to experiences of disjuncture in the system. Likewise, the research does not focus on my professional experience or me as the subject. As a professional though, I was able to visit and consider IYS initiatives before starting this research.

Key Elements of IE

There are key elements and data collection activities of an IE project, which are outlined below.

Identification of Standpoint Perspective

One of the key methodological steps in IE is to establish a standpoint from which to analyze ruling relations. The standpoint establishes the ontological perspective and identifies a specific group of people whose experience will be examined (Rankin, 2017a). A description of the work of standpoint staff is not the terminus of inquiry, and staff are not the objects of investigation. The staff do not become the problematic in the study; instead, their experiences provide a starting point for “exploration” (D. E. Smith, 2005, p. 40). It is a process of “expanding people’s own knowledge” rather than embedding in an outsider’s expertise (Campbell & Gregor, 2002, p. 1).

Despite the standpoint of individual staff, the focus is on understanding how the institution works in relation to the staff member, not the staff member themselves (D. E. Smith, 2006a). Rankin and Campbell (2009) have used IE to study how the work of nurses is influenced by health informatics that set standards and timelines for patient care and discharge irrespective of nurses’ observations and contact with patients. Their research highlights how nurses work

within and outside informatic benchmarks with both intended and unintended consequences. In the current research, the standpoint perspective is that of the program manager. As noted, the staff are not the subjects of IE research, and the analysis does not rest on their description of work.

The goal is not to evaluate the workplace experience or performance of any staff, but rather draw from their experience within institutions to understand how they accomplish their work, how the standpoint staff understand ruling relations, and how they respond to get work done.

Problematic

The problematic is the experience the researcher wants to explore, built from previous knowledge and experiences of researchers in the research context (Campbell & Gregor, 2002).

The problematic is essential in activating the key element of IE, moving from exploring the experiences of individuals to anchoring analysis in the ruling relations of the institution. It is this connection to the practices and organizing efforts of broader systems that supports IE in producing generalizable information (D. E. Smith, 2005).

Institutions

In IE, “institution” most often does not refer to a single organization but rather the array of organizations and formal and informal structures that together create a system in which a staff member’s work takes place. This concept is particularly important in IYS research, as by its very structure and approach it appears as a bounded system but may in fact be more flexible and porous than anticipated. It is important to keep in mind IE’s focus on the trans-local—how specific, individual experiences become part of systems.

Ruling Relations

The goal of IE research is to better understand how knowledge and power are used in an institution to create ruling relations. The expectation is that—although formal processes exist—informal processes or implicit processes and actions together create a series of ruling relations. These are the ways in which knowledge and power are conveyed within the organization and affect decision-making. Ruling relations are reliant on individuals' actions, yet individuals may not be aware that their work or perspective is subject to these ruling relations. Thus, the assumption is that ruling relations are shaping how institutions are run but they are replicated and reinforced by actions in the workplace (D. E. Smith, 2005).

Disjuncture

D. E. Smith (2005) noted that IE should be used to investigate how things are actually working. A disjuncture is the point within an institution where an individual's experience, and perhaps goals, conflict with the ruling relations in an institution (Campbell & Gregor, 2002).

In adopting the standpoint staff perspective and establishing what the ruling relations are within the institution, it is possible to identify where disjunctures occur. Disjunctures often occur at processing interchanges, where two or more parts of institutions or different institutions connect and share knowledge that then incites actions in other parts of the institution or a different institution. IE anticipates that knowledge and power, as they create ruling relations, may be subject to institutional capture; in interpreting the accounts of participants, it is necessary to listen for standpoint staff use of institutional capture, when a phrase is used to describe activities that may in fact not meet a certain standard or commonly held view of what that phrase means.

An example is the term “youth engagement,” which has a developed definition and service

standard found in IYS research but is often used in many settings to describe activities that do not meet these standards. D. E. Smith (2005) called these “shell terms” (p. 112).

Data Collection

Flexibility and Adaptability

D. E. Smith (2005) considered IE to be a sociology, rather than a methodology. Common data collection tools are used in IE: observations (to develop ethnographic perspectives), interviews, and texts (how they are used throughout the organization). But not all of these need to be present as part of an IE study, and other approaches, such as surveys, case studies, and focus groups, can be added. D. E. Smith (2005) advocated that ethnographic work that can be done as “observations” generally starts from the everyday experiences of the researcher and of participants, who can report and reflect on their everyday experiences in other formats. This is reinforced by the ontological underpinning that a researcher can accept and integrate their previous experiences with the issue under study—their first experiences. Finally, “the researcher must be open to being changed” Smith & Griffith, 2022, p. 18). Prior concepts and frameworks may shape the inquiry, but the research outcomes may vary from what was expected.

This flexibility is particularly important when undertaking research in settings where research participants or their communities may be considered vulnerable in some way, even if the individuals or communities are not the subjects of the research (Høgsbro, 2017; Wright et al., 2018). IE is appropriate for use with what can be considered vulnerable research populations. This is because IE allows for the experience of work by an individual to be connected to social and institutional structures, with an emphasis on understanding how power is interwoven between experience and structure. In a study of the service-seeking experiences of parents of children with fetal alcohol spectrum disorder, the researchers did not undertake observations.

Instead, researchers were members of a small, remote community and the lead researcher noted how she consistently made explicit her personal connection to the research issue to all participants. Interviews and textual analysis were used as the data collection techniques in this study (Morton-Ninomiya et al., 2020). Likewise, interviews were the only data collection tool used in a study of refugee settlement practitioners (Parada et al., 2021). The focus of this research was the staff, but any observations would likely have involved refugee clients, which might have inhibited service seeking on the part of clients. The researchers thus relied on staff to describe their work experiences in interviews.

IE Data Collection Techniques

IE researchers have used the key elements of IE for leading research in a variety of settings, using diverse data collection tools.

Observations. Observations in the work environment are a common component of IE research (D. E. Smith, 2005). IE observations can function as informal interviews where the researcher probes based on what they see happening in the work environment (Diamond, 2006). Observations can capture the visceral conditions of work such as sounds and physical reactions. Maintaining an IE lens means looking for the minute or seemingly insignificant work activities that represent power (Diamond, 2006). IE's paradigm of researching a generous conception of work allows researchers to see workers in many lights beyond a formally specified role. Observing how program managers organize their work helps researchers understand the organization of work. The observations are not focused solely on the individual experience; the researcher focuses on observing the social relations the individual engages in during the course of work (Bisaillon & Rankin, 2013). The researcher looks for what texts or other tools are being used by the participant, what actions they create by using texts, and how the actions of others

with texts affect their work (Turner, 2006). In the current study, I observed the daily work of the standpoint program managers to better understand how they are connected within the institution and what approaches they use to undertake the implementation of IYS, with a particular focus on identifying the texts that are used to facilitate this process.

Interviews. Many IE research projects include interviews with the standpoint perspective participant, as well as additional interviews with other staff within the institution who may see the ruling relations from a different perspective. Ethnographic interviews are guided by a research plan and often semistructured interview questions, yet researchers are responsive to the environment. This often means an emphasis on creating a conversation (DeVault & McCoy, 2006). Smith & Griffith (2022) advocated that a dialogue exchange that was enjoyable for the participant would in fact result in more fulsome reflections on their experience that include the broader idea of work in IE. In IE, the process of interviewing often begins with informal conversations during the observational period (Diamond, 2006). As well, the analysis begins in the interview by checking understanding and making links. The researcher needs to be inquisitive and respond to what is emerging in the interview to build understanding. The researcher gathers individuals' reflections but also needs to actively weigh this against their understanding of the systems and organizations within which the research is taking place (Campbell & Gregor, 2002). As with the observations, the purpose is not to explore individual experiences but to see how the work of individuals is linked through institutional processes (DeVault & McCoy, 2006). Because the focus is on extrapolating from the standpoint staff experience, and the data are so firmly rooted in individual experience, sampling in recruitment is purposive but not focused on ensuring a diversity of participants. Diversity and variation are not achieved through individual characteristics but are embedded in diverse staff experiences. Even

within the same institutional setting, how individuals complete their work objectives will vary because of how they experience and respond to ruling relations (DeVault & McCoy, 2006).

Texts. Through observations and interviews, IE researchers identify the texts—including policies, forms, and others—that are replicable, are transferred within the institution, and affect the work of another individual in the same institution (D. E. Smith, 2005). Replicable texts, including consent forms, treatment planning forms, and discharge forms, are a hallmark of Canadian medical administrative systems (Cupit et al., 2020; Rankin & Campbell, 2009). Nonprofit management is also subject to text-mediated processes that are mandatory within Canadian law and regulations and establish financial and governance accountability and transparency, as well as standards for child protection (Government of Canada, n.d.).

IE researchers are interested in how a text becomes catalytic—creating and responding to actions—within institutions. They also look for implicit elements or concepts in texts that may be used to achieve certain institutional outcomes (D. E. Smith, 2006a). This essential element of IE research is an important contribution to the consideration of power. As D. E. Smith and Turner (2014) noted, “Institutional ethnography’s discovery is of how replicable texts are integral to the relations constituting the objectified modes of consciousness and organization that are deeply and yet undramatically embedded in how our societies are put together” (p. 4). Texts that activate ruling relations are like this; they expect use and compliance even if individuals are not being directly observed.

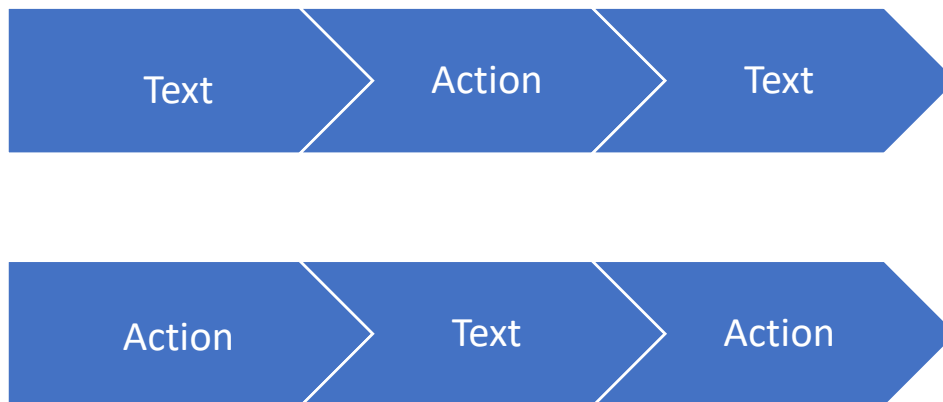
Once a text has been identified, IE research focuses on the processing interchanges that characterize institutional discourses. This is most often where actions are initiated by another, through an exchange of texts or otherwise (Nichols, 2014). D. E. Smith and Turner (2014) noted that “at every point in such an institutional complex, there are people who devise and negotiate

the wording of governing texts, who check with forms if regulations are being followed, who produce reports, whose record keeping is accountable” (p. 6). This highlights how a processing exchange may become a difficult ruling relation. Rankin and Campbell’s (2009) nursing research surfaced the disjuncture between what is expected through a technological, text-mediated system that reflects the managerial objectives of efficiency versus what nurses identify as medically necessary.

Both sequences are presented in Figure 2 as typical ways of understanding the role of texts in IE (D. E. Smith, 2006b). Texts become an exercise in trans-local power that do not even involve other staff or actors. They embody the knowledge of the system and the knowledge needed from actors to interact in the system.

Figure 2

How Texts Are Placed in Action Sequences



Institutions now have texts that are circulated in person or online. Electronic file management, including the use of client management systems, means staff use of forms can be monitored and accessed at any time, and used to assess accountability of staff actions. The content can be reviewed and used as a catalyst for actions without the knowledge of youth or staff. Staff use their direct work with youth to complete these files, thus moving their knowledge to the institution, which then uses power to make decisions and take further action. The data can also be viewed in an aggregate form, through trend analysis or evaluation. In this way, individual knowledge and power contribute to collective decisions or actions.

Artifacts. Social media and other forms of online communication such as newsletters, online learning, and networks created through webinar workshops have all created new ways in which knowledge and power are moved across institutions. The creator of online content rarely has one, direct target audience in mind. Instead, newsletters or announcements are developed for a collective and shared broadly; there is no guarantee that their content is read. Typically, these media are used to promote positive information, such as new research, promising practices, or stakeholders' views. Given its materialist roots, IE is likely well suited to analyze the common language and design of social media trends.

Data Analysis

The approach to data analysis in IE is flexible but focused. The intent is to understand the standpoint description of work and then place that work in the context of ruling relations. The research participant may not have placed their experiences into an understanding of how knowledge builds ruling relations within an institution. The researcher makes connections between what they see and hear, and focuses not on what the experience is, or the participant as subject, but rather “what does it tell me about this setting or event. That it happens as it does”

(Campbell & Gregor, 2002, p. 85). The analysis in an IE research project demands that the researcher considers what they believed they knew about the setting and its problematic prior to conducting research and what they understand now.

Discourse and language remain critical to the data analysis process. There is a need to pay attention to use of language by standpoint staff, in particular looking at how standpoint participants and others seem to use a common institutional language and asking if it reflects a common understanding. In IE, researchers need to be on guard for institutional capture, which occurs when researchers and participants alike use the language of the institution without analyzing what is being said. This is particularly challenging when the researcher and participants share a common language, such as in IYS.

IE data analysis is an iterative process of writing and rewriting (Campbell & Gregor, 2002). The researcher reflects on differences between the accounts of participants. Researchers can use data analysis approaches such as mapping and indexing to see how ruling relations develop across an institution.

Mapping

Mapping is a key tool in IE. Through participants' accounts, researchers are able to identify how the actions of standpoint staff precede and follow processes in the institution. The participants describe the relations they have within the institution. Researchers integrate the accounts of participants to understand how one action creates further actions within the institution. Like the continual revision referenced above, IE data analysis often involves drawing and redrawing maps of ruling relations to understand how the situation is working.

Researchers may also undertake a review of texts to understand how ruling relations are created. They can consider what they observed and how all sources of data reveal the ruling relations and

disjunctures in the institution. Mapping should be technical but accessible as it describes what is happening in the institution (D. E. Smith, 2005).

Indexing

IE indexing is not thematic analysis or any kind of coding. In indexing, the researcher reviews all reports from the standpoint staff and other participants and does not attempt to slot the data into categories. The researcher collates these reports. The indexing may create points of inquiry to be examined in the mapping exercise. Patterns may emerge and may be reinforced by the maps that are being created at the same time. As the IE researcher constructs a map of the ruling relations within an institution, they can then review data—including field notes, interview transcripts, and sample texts—to add details to the map. This review will lead to adjustments in the ruling relations map (Smith & Griffith, 2022).

Rigour in IE

Rigour in IE research is ensured through a reflexive process used to develop accurate maps of the ruling relations in institutions. The maps must build from—but not objectify—the standpoint perspective. The intent is not to focus on a participant’s experience, but rather accurately place their experience in context (DeVault & McCoy, 2006). As the maps are developed, an IE researcher usually revisits them several times, through a process of reflection on various accounts, texts, and observations (Kearney et al., 2018; B. Smith & McGannon 2018). The researcher must constantly ensure they are concentrating on ruling relations that move knowledge and power, because IE must “produce accurate and faithful representations of how things actually work” (D. E. Smith, 2006b, p. 72). Reflexivity in qualitative research is defined and used in a multiplicity of ways to limit the effect of the researcher on findings (Jootun, 2009). However, in IE the experiences and perspectives of the researcher are welcomed into the process

(Campbell & Gregor, 2002). This background can aid the researcher to be “creative in the questions asked and the approaches used to generate knowledge” (Newnham et al., 2021, p.4).

Reflexivity processes need to keep the aim of IE in mind: to understand how individual experiences create a collective experience of an institution, often without the standpoint participants being aware of how their actions support the movement of knowledge and power without them (D. E. Smith, 1997). The “big tent” model for quality in qualitative research methodology is also useful with its emphasis on the rationale and impetus for studies and whether research can make a significant contribution (Tracy, 2010). That changes are needed in responding to the current unmet need for youth mental health services cannot be disputed; it is an urgent and relevant topic. This research also focuses on the experiences of frontline staff who are engaged in a defining aspect of IYS—helping youth navigate an open system, with various service options. This focus seems to be unique in the emergent field of IYS research.

Integrating Philosophical Perspectives

The proposed philosophical basis for this research—as well as the IE methodology—can be grouped under the themes of power, knowledge and discourse, reflexivity, and emancipatory goals.

Power. The philosophical basis for this research creates a shared understanding that power is pervasive in institutions and dependent on context.

Michel Foucault’s ideas underscore IE methodology. Both Foucault and IE are interested in identifying what is not necessarily obvious and what may not seem significant in terms of power relationships and understanding how this affects individuals. IE helps locate individual experiences in chains of authority where the barriers and enablers experienced by individuals are linked to larger social and knowledge power constructs in which they work. The research will

support increased understanding of the impact of governance and management structure on the individual program manager and potentially even how it affects their perceived effectiveness. Foucault's perspective on power as multidirectional and dynamic is important in the NPO context when considering the governance and operational context of NPOs. NPOs do not necessarily have power structures for personal or systemic domination. They may be created through funding agreements, board structure, or other issues, and thus not all power within an organization is automatically negative and may in fact serve the needs of organization. IE helps identify how power affects staff perception and participation in EBPs such as integrated stepped care models. IE helps make Foucault's concept of multiplicity of power more tangible by enabling the identification of specific ways in which power manifests itself in individuals' experience within organizations.

Knowledge. All the philosophies underlying this research share a respect for the lived experiences of individuals as reflecting their reality and value experiential knowledge as key to understanding how power manifests itself in different contexts. The devaluing of lived experience and practice knowledge is one of the major barriers to implementing EBPs in NPOs. The challenge of integrating lived experience into research processes means that this form of knowledge is often missed in research. Dominant forms of epistemologies may push out alternative forms of knowledge. As Collins (2002) noted, "Knowledge without wisdom is adequate for the powerful, but wisdom is essential to the survival of the subordinate" (p. 55). Lived experience and practice experience is likewise often absent from the governance structures

of NPOs. Like most structures, NPOs are built to reflect current legislative and regulatory requirements, thus reflecting dominant discourse.

Role of Reflexivity. All the underlying philosophies emphasize the importance of individuals having the capacity to describe their experiences and use their knowledge to create an understanding of the world around them and their own concept of reality. This reflective process and understanding then allows individuals to consider larger questions of power and political implications and to respond to this reality.

An operating assumption of this research is that NPO program managers are interested in questions of social justice and would not want to participate in or replicate systems of oppression or ineffective working arrangements. At the same time, one proposition of this research is that program managers' experiences reflect intended and unintended power structures. IE methodology includes creating chains of authority, which will deepen the understanding of the structural frameworks in which program managers work. Deconstructing the ways frameworks and systems work will help identify and conceptualize gaps between theory and practice and how, where, and if the use of evidence-informed practices might be useful. Weedon (1996) identified that although individuals within an organization may not be able to address larger issues of power and inequality, they still make decisions; these decisions reflect how program managers negotiate organizational expectations. After identifying organizational structures—of oppression and inequality as well as promise and possibility—this research can then support program managers to move to the next level of social critical theory and “interrupt” systems of oppression and build avenues for change (Lather, 1991).

Emancipatory Goals. IE is also key to using poststructuralism to move toward social change. First, IE acknowledges that there are ruling relations that structure and can inhibit the

actions and experiences of individuals. Further, it places individuals in the role of experts of their own experiences. The current study framed their experiences in a larger context and looked for commonalities. The purpose of IE research is to draw on experiential knowledge to “resist domination” and support individuals to “insist organizations serve them rather than just manage them” (Campbell & Gregor, 2002, p. 2).

Philosophical Framework

IYS models propose a restructuring of how power and knowledge is considered in youth mental health, including systems-level oppression and the longstanding lack of patient agency to access and assess treatment options. Having an emphasis on addressing service needs that stem from or are affected by SDOH also necessitates consideration of the structures of power and marginalization within societies. There are two key philosophical perspectives that strengthen this research project.

Foucault and Poststructuralism

Foucault was a leader in the development of poststructuralist thought. He believed that knowledge is how power is exercised but that power is not arbitrarily held to the disadvantage of other groups. Foucault did not see power as an inherently negative force, recognizing that power may be needed and necessary at times. In his view, power is multidirectional, pervasive, and dynamic. He also noted that power is conveyed through visible and invisible means, and can be difficult to make tangible outside of individuals’ experiences (Crane et al., 2018). Power is found in formal and informal systems and structures. Because of the diffuse nature and multiplicity of power, Foucault felt that it is best analyzed in chains or networks (Caldwell, 2007).

Foucault has been widely critiqued for contending that power was mostly neutral and for his seeming lack of interest in exploring how understanding power could be used for social

change. Some critics find Foucault's understanding of power limiting because if power is limitless and pervasive, as well as neutral, it is unclear how it can be addressed if and when it becomes problematic (Caldwell, 2007). Furthermore, Foucault's concept of the subjective self can seem to limit the agency of an individual to address power, given its pervasiveness. However, Foucault's later writing seems to indicate that he reconsidered this. He posited that freedom comes from working within power structures and feeling the capacity to do so, rather than being rid of the impact of power (Crane et al., 2018).

Foucault expanded his conception of power to recognize that power could dominate on an individual on an ongoing basis, and that the search for liberation may be abandoned (James, 2016). Earlier, Foucault (1979) had said about his written works that "if people want to open them, to use this sentence or that as a screwdriver or spanner to short circuit or smash systems of power ... so much the better" (p. 115). An example of Foucault's political work exemplifies how he saw access to knowledge as linked to power, and increased knowledge to incite social actors to work to better conditions. He founded an organization that, as its main political activity, demanded increased information about prison conditions, rules, and status of inmates for inmates and their families (Elden, 2017).

Other theorists have expanded Foucault's work to better understand how it could be used to support emancipatory goals. Lather (1991) called for an approach to poststructuralism that moves beyond simply assessing and commenting to undertaking research and actions that are emancipatory. In the introduction to Lather (1991), Apple (1991) spoke of this movement as shifting from only identifying power to being "creators of space" so that individuals can identify their own liberatory goals. Others have noted that freedom is an underlying part of Foucault's concept of power because otherwise power would be domination (Crane et al., 2018).

Intersectional Theory

Intersectional theory has developed over the past 30 years as a framework for research, policy, and activism, building from feminist, social critical, and social identity underpinnings (Cho et al., 2013; Collins & Bilge, 2016). Kimberlé Crenshaw published a landmark intersectional article in 1989 where she discussed how Black women in the United States found their experience and knowledge were absent not only from mainstream feminist theory and activism but also from mainstream Black critical theory. Intersectional theory and practice continue to evolve and are now used to contemplate the complex makeup of identities and recognize the multiple and multidirectional nature of identity and oppression (Carbado et al., 2013; Cho et al., 2013; Collins & Bilge, 2016).

Grounded in lived experience, intersectionality holds that knowledge is socially constructed through individual experiences of oppression and marginalization in large systemic structures (Collins & Bilge, 2016). Intersectional inquiry looks for new knowledge and enhanced knowledge, and then compels action based on knowledge (Collins & Bilge, 2016). When using intersectionality to advance social justice aims, a critical approach is required to anticipate issues of power and marginalization while acknowledging there can be inconsistencies between oppressive structures and individual experiences (Bauer, 2014; Collins & Bilge, 2016). “Critical,” as a perspective in intersectional theory, is used to assess the modes and perspectives of research inquiry for their comprehensiveness in terms of integrating complex identities and experiences, and also refers to the action resulting from an intersectional commitment and analysis (Collins & Bilge, 2016). Identity itself is less important than the relations of power in any given context and their effect on inquiry and practice. In a study with LGBTQ youth who had moved to New York City, participants reported feeling more oppressed on the basis of their

sexual orientation and gender identity in their home communities, while their experience of class oppression on the basis of socioeconomic status was more pronounced once they relocated to New York City (Irazábal & Huerta, 2016). In this way, intersectionality allows for relative consideration of marginalization and its effects on mental health needs and treatments.

Using intersectionality theory to look at models of youth mental health services can suggest pathways for inquiry to identify gaps in the knowledge base and inform the development of treatment models, as well as enhance existing knowledge by considering access in terms of systemic issues (Collins & Bilge, 2016). Intersectionality analysis is not a prominent philosophy in youth mental health, and even large studies exclude the experiences of specific groups of marginalized young people. A large US study, for example, excluded youth who identified as biracial and those whose parents could not complete an interview in English (Garland et al., 2005). An intersectional approach would encourage analysis across identities and, in particular, areas of marginality in order to improve proposed interventions. Chandler and Lalonde (1998), through their work on suicide prevention in First Nations communities in British Columbia, noted how relying on the overall rate of suicide for First Nations youth in the province masked the significant variability in suicide rates between the 111 bands included in the study.

Intersectionality is an appropriate framework for integrated models of youth mental health because it necessitates a connection between research, theory, and action, and thus can inform the design of both clinical and community services (Collins & Bilge, 2016).

Theoretical Basis

In the development of IE, D. E. Smith both used and challenged poststructuralist theory, particularly that of Foucault. Poststructuralism and IE see power as pervasive and complex, not hegemonic or predictable, and anticipate that power is identified in unexpected ways in different

contexts. Foucault (1982) did not see power as an inherently negative force but rather saw that power may be needed and potentially positive. Contrary to Foucault, D. E. Smith (1990) never saw power as neutral and asserted that ruling relations are primarily constituted in pursuit of dominance. Smith intended for IE analysis and an explicit explanation of ruling relations to create a consciousness among affected individuals, whereas Foucault's commitment to inciting transformation through reflection was never as strong.

Working together, Foucault's poststructuralism and Smith's IE methodology provide essential perspectives by recognizing the unique and multiple experiences of individuals within structures that reflect experiences of activated power in diverse ways. Both approaches push the researcher to uncover what is not explicit in terms of power and relations and to consider how individuals react and adjust to the power that they encounter.

IE can be accused of sharing with poststructuralism a lack of clear pathways to action and transformation once ruling relations have been identified. Poststructuralism, as developed by Foucault, never assumes action is required or will be undertaken, but Foucault (1988) valued the effect that greater understanding of power relations may have for individuals and acknowledged that this increased knowledge may lead to individuals undertaking action, and that people would realize they have access to greater forms of liberty. When studying IYS initiatives, researchers have accountability to research ethics and university administrations but also hold privilege in their access to knowledge and funding (Minkler & Wallerstein, 2008). NPOs hold what Foucault (1980) regarded as a use of power with a purpose, which allows them to meet accountability requirements, but NPOs may also intentionally or unintentionally reinforce oppressive structures based on relationships and practices. NPOs have access to the researchers on behalf of their clients and access to their clients for the research project.

IE is a practical approach, designed to link empirical research and activism. In the context of program managers' experiences in IYS initiatives, the range and diversity of institutional structures cannot be changed but can be understood and managed. The only possibility for change is within the IYS initiatives, rather than the broader societal context. IE is likely better placed to identify possibilities for adjustment within institutional structures. IE can and does inspire change. As Taber (2010) noted, "IE tends to show us the trees that were hidden in the forest: once we can see the trees (ruling relations), they can never again recede ... and we can begin to interrogate and challenge them" (p. 20).

Research Project

Research Question

"How do staff experience working in integrated youth services?"

Study Design

The IE research process is reflexive and emergent in its implementation and it is not necessary to be fully planned out (DeVault & McCoy, 2006). This emergent aspect of IE was particularly true during the data collection period, and data collection methods were adapted to fit the reality of the COVID-19 pandemic. Table 1 outlines my research timeline and includes notes about COVID 19 public health measures that impacted research plans, such as travel restrictions.

Table 1

Timeline of Research Process

Date	Event
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March 2015 onwards	Ongoing professional engagement in Canada and globally regarding IYS, including IYS site visits in Canada
September 2017	I began the PhD program
February 2019	Completed comprehensive exam process
November 2019	Ethics application and approval—Dalhousie University REB
December 2019	Memorandum of understanding established with one IYS to be included in the study
January 2020	Observations began at one IYS site
February 2020	In-person visit to IYS site; planning for visits to two other sites in April and May 2020
March 2020	March 11—COVID-19 pandemic declared by the World Health Organization March 22—The province of Nova Scotia declared a state of emergency. Travel restrictions remained in place until June 30, 2021
April 2020	Revised REB submission to adjust recruitment process, increase the number of interviews, and to virtually conduct interviews using the Zoom online platform
April 2020– September 2020	19 qualitative interviews Workplace texts identified

October 2020– Analysis and drafting of study results

May 2023

Note. IYS = integrated youth services; REB = Research Ethics Board.

Ethics Approval

The first research plan approved by the Dalhousie University REB in November 2019 was amended in April 2020 to revise the interview participant recruitment process and add more interviews because of an inability to plan site visits and ethnographic observations. It was clear from March 2020 onwards that COVID-19 public health measures would include site closures—sometimes on an intermittent basis—or sites would be open within specific gathering restrictions. As well, interprovincial and intraprovincial travel was severely restricted. Further, these public health measures were anticipated to last throughout the intended research period. The revised ethics application did not rule out ethnographic observations but allowed broader recruitment at more sites across Canada, even without ethnographic observations at those sites. It also outlined the safeguards to be used when conducting interviews using the Zoom online platform. I developed an introductory email to share broadly within the youth mental health sector in Canada and directly with IYS sites (see Appendix A). Prospective participants were emailed a letter to recruit them into data collection, allowing them the opportunity to consider and withhold consent (see Appendix B). Emails were also sent to IYS managers (see Appendix C) and mental health clinicians (see Appendix D). I obtained written consent from those directly observed and interviewed (see Appendix E). Any individual who did not give consent was not observed either as part of the direct or general observation. Participants were free to withdraw

from the project at any stage. The goal with the revised recruitment and interview protocol was to recruit 20 individuals for interviews.

Sample

The original research plan proposed a limited number of research sites. The sampling strategy was based around diversity in types of communities. As of December 2019, negotiations with organizations were underway to plan when ethnographic observations would take place between March and June 2020. In February 2020, I also attended a national IYS conference and attended presentations on other IYS across Canada. In the revised research plan, the interview sample size was set at 20. No explicit goal was set for hours of ethnographic observations given uncertainty at the time of data collection.

Inclusion Criteria

Sites. Organizations were considered an IYS initiative when the following service characteristics were present:

- They serve an age range that bridges traditional child and adult services, do not cut off youth at age 18, and include youth between the ages of 12 and 30 years old.
- They offer some aspect of walk-in or drop-in services, where youth do not need an appointment to come to the service site (although next steps in terms of assessment and access to programming may vary).
- They provide or support youth to access a broad range of services, including mental health services and services from NPOs.

Interview Participants. Within these initiatives, the primary research participants were staff who specifically focused on supporting service access by youth. Participants ideally had been in their role for at least 6 months with job descriptions that included a responsibility to help

identify and coordinate integrated services for youth. I also sought interviews with staff in management positions within the research sites (who may not work directly with youth), as well as mental health clinicians who provide mental health clinical counselling.

Exclusion Criteria

This research did not engage research sites with the following structural characteristics:

- They do not serve youth under 18 or over 25 years old.
- They require appointments to access services.
- They provide or support access only to clinical mental health services or NPO services.

Recruitment of Interview Participants

Research participants were recruited through a combination of purposive and snowball sampling. I have extensive professional contacts in the Canadian youth mental health sector in general, and in many IYS initiatives as well. I initially contacted prospective participants directly via email with a poster attached, usually drawing on past contact. I also encouraged primary contacts to share the information by forwarding the email to others who may be interested. Some contacts created direct communication with linked emails between a prospective participant and me. In one case, a prospective participant reported that they had been forwarded the study information from within their organization, but the exact source was not clear. 19 participants were recruited for interviews.

Consent was gathered from observation participants through a form that included the ethics procedures approved by Dalhousie University's and partners' REBs (if required) and outlined how long the observation period would be, what to expect, and how to pause or exit the study. I provided these forms electronically to participants prior to the interview and asked participants to sign and return them as photo or scanned image files.

When participants completed their interviews, I used an assent script to start the process, reminding participants of the consent provisions, including the ability to suspend or terminate data collection (see Appendix F). Suspending participation for a period of 3 months was possible. For 6 months following the data collection period, participants had the option to pause or end their participation and withhold their data from inclusion in the study.

Research Process

Prior to the Dalhousie University REB submission for this project, I was engaged in national and international research and knowledge mobilization dialogue about IYS sites in Canada through my professional role in the youth mental health sector. Some IE studies start with “desk ethnology,” described as reviewing academic and policy research and resources as well as following the issue or sector online through social media (Cupit et al., 2020). In my case, this research built upon deep engagement in the sector, including the development and implementation of IYS research projects, leading of IYS knowledge mobilization projects, site visits, and access to influential leaders in IYS through my contacts. This involvement—coupled with the academic literature about IYS and implementation of youth mental health services—provided important information to develop my approach to observations, interviews, and review of use of texts.

Ethnographic Observations

In the original research plan, site visits were designed to take place over several concurrent days. This approach was intended to allow me to see a typical work period. I had also discussed attending team and management meetings at sites. During the ethnographic observations, I kept field notes and schematics in a handwritten journal and later transcribed them.

Interviews

IE interviews invite participants to recount their daily or typical work activities: what they do and how they do it. For many participants, how things work and are connected to ruling relations within their institution may not be evident.

The interview guide was designed in an iterative process. I reviewed other PhD and funded studies that used IE as their methodology to analyze how their interview questions were crafted. The interview questions need to be drafted so as to allow standpoint staff to describe the everyday activities of their work and focus on their actions and interactions. The interview questions were also informed by my experience in the sector—my “desk ethnology”—observing how IYS worked at sites and being involved in policy and research discussions about IYS. Thus, the interview guide included questions that asked standpoint staff to specifically recount their everyday activities with a focus on key aspects of IYS service delivery, such as use of texts and coordination of services.

Thus, the IE interviews in this study needed to balance inviting participants to describe their work while also exploring key themes described in the literature review portion of this study. This included addressing the key principles guiding IYS implementation such as youth engagement and access to other services. There were also questions that inquired about the type of youth served (intersectionality), how standpoint staff were introduced to the concept of IYS (ORC and knowledge translation), and standpoint staff access to evidence and evaluation (knowledge translation). Additional questions sought to explore how the standpoint staff understood their work in implementing the services and programs of the IYS. The interviews were recorded on the Zoom platform. The recordings were verbatim transcribed by a professional third party.

Interviews were scheduled between April and September 2020. After initial contact (as described in Chapter 3), the interviews were confirmed through an exchange of emails, and I provided written consent forms as an attachment to be completed prior to the interview. The email confirmations also included a link for a Zoom meeting. At the start of each interview, I either acknowledged the receipt of the consent form via email or asked participants to complete it. I also started off sessions with an assent script that reminded participants of the key provisions of the consent form in terms of confidentiality, free and willing participation, and next steps. The semistructured interview guide included 20 questions that asked participants to reflect on their experience implementing an IYS initiative, with a particular focus on how they connect with new information and other services in an integrated services context (see Appendix G, Appendix H, and Appendix I).

Texts

The research plan included identifying institutional texts through ethnographic observations and also prompts in the interview guide. Through these steps, texts were collected and then placed into the map of ruling relations during data analysis. Texts also connect program managers to youth, and often create discomfort between what programs managers recommend for youth and what is possible (Nichols, 2014). The inclusion of texts in IE is meant to identify what is replicable and creates actions, and thus ruling relations, in an institution. Throughout the interviews, if participants did not mention the use of texts when describing their work, then I asked about whether they used any kind of forms or documents in their work, and if they used these to communicate with other services. I asked for electronic copies of any texts mentioned during the interview. If I had been able to complete the site visits as initially planned, I may have

been able to better notice the use of texts. Nonetheless, what was interesting is that in the describing of their work, the use of texts did not stand out.

Conclusion

IE was identified as an appropriate methodology to better understand the experience of staff in IYS. Data collection methods included desk ethnography, observations, interviews, and review of key texts, with a particular emphasis on how key aspects of IYS such as new forms of knowledge affect their experience. There are increasing numbers of evaluations and studies looking at barriers and facilitators to IYS implementation in Canada. These studies continue to provide valuable information but do not drill down to the analysis of the daily work of frontline staff. Poststructuralist theory helps build a process of inquiry that acknowledges power is ubiquitous in IYS initiatives and may have positive and negative implications for the work experiences of IYS staff. Intersectional theory furthers the analysis of power and marginalization by working from a conceptual framework that acknowledges that individual experiences are linked to broader societal structures of power that create and perpetuate inequality.

Chapter 4: Findings

In this chapter, I review the accounts provided in recorded and transcribed interviews with 19 research participants and consider these narratives along with limited data from ethnographic observations and review of institutional texts. Together, the data are analyzed using the key differentiating aspects of IE to map and index the institutional relations that develop in the work of the main standpoint staff—frontline youth workers—with those in management and clinical roles providing secondary reflections (D. E. Smith, 2005). The data are used to identify how staff undertake a generous conception of work in their roles, and then how daily work activities coordinate and are coordinated into ruling relations within the institution.

Summary of Data

The diversity of standpoint staff experiences in IYS I encountered in this research seemed to contradict the national and international research dialogue on IYS, where there is general agreement about what constitutes the core elements of IYS. Multisite IYS initiatives use these core elements to create IYS that implement specific treatment goals based on these key principles (Halsall, Manion, Iyer et al., 2019). The participants in my research shared descriptions of their work experiences that differed from the hegemonic IYS conception.

From the data collected from my interviews and observations, I developed a typology of IYS models and activities. Not all IYS offered the same services, yet how staff recounted their work activities and why they thought these activities were important was consistent. Table 2 provides an overview of the types of services and their associated activities. The services category uses language gathered from both research and interview accounts.

Table 2*IYS Typology*

Services offered at IYS	Staff activities
Walk-in	Clinical assessment
	Intake
	Access to no- or low-barrier programs/services
Drop-in	Cooking/meals
	Art
	Social space
	Essential supplies pantry (food, clothing, hygiene)
Peer support	Informal support, eg. in drop-in space
	Peer-led programs
	Peer support training
	Peer support in clinical programs
Clinical support	Rapid assessment (walk-in/drop-in)
	Ongoing clinical services
	Ongoing clinical programs (in group settings)
Integrated services (formal)	Partner organizations share space
	Partner organizations have formal MOUs outlining their shared service arrangement
	Partners share finances
Integrated services (informal)	Relationships among organizations

Relationships among staff

Regular or ad hoc meetings to share service updates

Note. IYS = integrated youth services; MOU = memorandum of understanding.

Interviews

The interviews focused on the experience of work at the institution. My intent was to understand the organizational processes shaping participants' experiences. As described previously, the interview questions were developed based on examples from other IE research projects and then elaborated to query key IYS aspects. Interview questions were aimed at reflections on ORC and knowledge translation, and participants were also asked how they use texts or forms to communicate with youth or about youth within their institution and with external organizations. The interview questions sometimes deviated slightly from the interview guide to allow for follow-up and clarifying questions.

Each interview was planned for 1 hour. Three interviews were shorter than an hour due to the scheduling constraints of the participant. With participants' permission, interviews were recorded on the Zoom platform. I was in a family home when conducting interviews and had access to a quiet and private space. Most participants (17 of 19) also completed their interviews in a work-from-home environment, which included home offices in bedrooms, living rooms, basements, and gardens. The remaining two participants were in their offices at the youth service. The interviews were professionally transcribed following each session.

Eleven (of 19) participants were IYS frontline staff, with various professional titles across IYS sites. They described their everyday work in IYS initiatives in diverse communities offering a range of services, as outlined in Table 2. Six participants were administrators and

managers who shared their perspectives on the work of staff in IYS and how those approaches changed the way youth access services, the role and work activities of frontline staff, and their experiences managing staff in IYS sites. There were also two participants that provided direct clinical services to youth and reflected on how they perceived youth access the IYS and the roles of different staff members. Participants names have been withheld for confidentiality purposes. Throughout this dissertation, participants are referred to as “P” with the corresponding number from Table 3 and with regard to the professional role that they occupy.

Table 3 provides an overview of participants’ roles and provides context on their IYS in terms of services, activities, and the type of community they serve. Participants names have been withheld for confidentiality purposes. Throughout this dissertation, participants are referred to as “P” with the corresponding number from Table 3 and with regard to the professional role that they occupy.

Table 3*Research Participants*

Participant	Type of IYS	Type of community	Role	Activities
1	Walk-in	Suburban	Community coordinator	Cooking/meals
	Drop-in			Art
	Integrated clinical support			Social space Essential supplies pantry
2	Walk-in	Urban	Executive director	Cooking/meals
	Drop-in			Art
	Peer support			Social space Essential supplies pantry
3	Walk-in	Urban	Community coordinator	Cooking/meals
	Drop-in			Art
	Peer support			Social space Essential supplies pantry
4	Walk-in	Urban	Employment and education coordinator	Cooking/meals
	Drop-in			Art
	Peer support			Social space
	Integrated services (informal)			Essential supplies pantry
5	Walk-in	Large urban centre	Site coordinator	Clinical assessment
	Integrated services (formal)			Intake Access to no- or low-barrier programs/

Participant	Type of IYS	Type of community	Role	Activities
				services
6	Walk-in Drop-in Peer support Integrated services (informal)	Large urban centre	Executive director	Clinical assessment Intake Access to no- Or low-barrier programs/ services Cooking/meals Art Social space Peer support training Peer support in clinical programs
7	Walk-in Drop-in Peer support Integrated services (informal)	Large urban centre	Access manager	Clinical assessment Intake Access to no- or low-barrier programs/ services Cooking/meals Art Social space Peer support training Peer support in

Participant	Type of IYS	Type of community	Role	Activities
				clinical programs
8	Walk-in Drop-in Clinical Integrated services (formal)	Large urban centre	Executive director	Clinical assessment Intake Access to no- or low-barrier programs/ services
9	Walk-in Drop-in Peer support Integrated services (informal)	Large urban centre	Access manager	Clinical assessment Intake Access to no- or low-barrier programs/ services Cooking/meals Art Social space Peer support training Peer support in clinical prog
10	Walk-in Drop-in Integrated services (formal)	Urban	Executive director	Walk-in Clinical services Referrals Essential supplies pantry
11	Walk-in Drop-in Clinical	Urban	Manager—family support	Cooking/meals Art Social space

Participant	Type of IYS	Type of community	Role	Activities
	Integrated services (formal)			Essential supplies pantry
12	Walk-in	Urban	Manager—outreach	Cooking/meals
	Drop-in			Art
	Integrated services (formal)			Social space
				Essential supplies pantry
13	Walk-in	Regional urban centre	Youth engagement	Cooking/meals
	Drop-in		advisor	Art
	Integrated services (formal)			Social space
				Essential supplies pantry
14	Walk-in	Regional urban centre	Executive director	Cooking/meals
	Drop-in			Art
	Integrated services (formal)			Social space
				Essential supplies pantry
15	Walk-in	Urban	Harm reduction	
	Drop-in		coordinator	
	Clinical			
	Integrated services (formal)			
16	Walk-in	Regional urban centre	Manager	Cooking/meals
	Drop-in			Art
	Integrated services (formal)			Social space
				Essential supplies pantry
17	Walk-in	Regional urban centre	Executive	Cooking/meals

Participant	Type of IYS	Type of community	Role	Activities
18	Drop-in	Urban	Harm reduction coordinator	Art
	Integrated services (formal)			Social space
	Walk-in			Essential supplies pantry
	Drop-in			Clinical assessment
18	Peer support	Urban	Harm reduction coordinator	Intake
	Integrated services (informal)			Access to no- or low-barrier programs/ services
				Cooking/meals
				Art
				Social space
				Peer support training
19	Walk-in	Urban	Program manager	Peer support in clinical programs
	Drop-in			Walk-in
	Integrated services (formal)			Clinical services
				Referrals
				Essential supplies pantry

Note. An essential supplies pantry provides items such as food, clothing, and hygiene products.

A Generous Conception of Work

In IE, a generous conception of what constitutes work is used to describe the array of formal and informal roles staff undertake that become “work” in workplaces. In each of the 19 interviews, the standpoint staff and secondary participants reported a generous conception of work undertaken by the standpoint staff, in comparison with previous workplace experiences in youth mental health.

Standpoint staff reveal themselves at numerous institutional junctures in the implementation of their work. Standpoint staff work between youth and the institution—representing the IYS and its approach and services and implementing youth engagement and peer support. In practical ways, like leading activities and providing snacks, and more intangible assessment of youth needs, staff attempt to align youth needs and priorities with the services and programs of the institution. Standpoint staff are the first representatives of the IYS for most youth. Standpoint staff are often in the position of liaising and advocating with their internal IYS colleagues on behalf or in support of youth. Staff face the effects of SDOH in their work with youth. Standpoint staff also reach outside the institution to work with external partners to address youth needs.

Key elements that emerged from the interviews included providing rapid and direct access in a welcoming environment on a drop-in or walk-in basis, addressing SDOH through service collaboration, and supporting youth engagement and peer support models. Standpoint staff undertake this generous conception of work as a condition of their work in IYS.

Supporting the Direct Access of Youth

All IYS sites in this study offer walk-in reception, drop-in services, or both and—until March 2020 and the advent of the COVID-19 pandemic—this was one of the ways that youth would

first connect to an IYS. Staff repeatedly emphasized the importance of first contact and wanted to make sure that youth felt welcome when entering. Standpoint staff reported a distinction between walk-in as the point of access and drop-in-in as the ongoing service option. In their descriptions, there was little difference in the work activities undertaken by staff providing walk-in reception or drop-in services, but the intention and goals differed. In both cases, staff were able to describe how the work activities fit into different institutional relations.

Participants saw this commitment to providing a welcoming walk-in setting as part of meeting external community expectations. A senior manager involved in the oversight of an IYS site noted that being welcoming and flexible was important to demonstrate success to their community, given the large amount of community mobilization and engagement that helped to establish the IYS site: “This is always where you have to put your money where your mouth is and make sure that when they walk through the door, they feel welcome” (P17, Executive).

Being welcoming and responsive was seen as part of the IYS approach. Staff attributed this “work” to the unique IYS approach that promises rapid, low-barrier access to diverse services. Staff described how this approach helps them navigate on behalf of youth through numerous institutional junctures to identify services. The executive director of an urban IYS site discussed how access was not a singular event but rather ongoing engagement” “It’s not come and wait for your appointment and then leave. It’s not line up and say your need and go down a linear path. It’s an opportunity for engagement and community” (P6, Executive Director).

Staff noted that welcoming youth into IYS is often a process of overcoming past and current service expectations and experiences: “We know frustration is often when that youth tap out ... and the most critical time to engage is early intervention” (P17, Executive). Across Canada, access to publicly funded mental health services requires a referral from a primary care

practitioner. All participants in this research reported the elimination of this requirement from IYS. Youth did not need any referral to access the IYS.

Standpoint staff reported a wide variety of activities when working in a walk-in or drop-in space. In most cases, there is a brief intake or assessment process led by staff on a youth's first visit, but an assessment is rarely used as a mandatory step toward walk-in or drop-in access. Walk-in settings involve the site being open at certain hours when youth can arrive without an appointment, without obligation to undertake any specific next steps, and can simply seek information and assess their comfort in the space.

We deal with a lot of trauma and if you come into that space and you don't feel supported, often that's a test. Folks come in and test to see if this is going to be a safe space, and that's not to say that it's safe for everyone, because it's not, but we will look at that and think it through and figure out what you need. I think that's the point: People come in and they don't feel safe and we'll say, "What is it that you need right now?" (P7, Access Manager)

Youth can immediately engage in services that include social opportunities (such as gaming stations and hangout space) and essential needs (meals or snacks, clothing, and hygiene supplies). At times, there may be low-barrier programs in the drop-in space, such as art programs. Staff emphasized that while they maintained the space, they wanted youth to feel it was *their* space: "They can come and hang out.... You don't have to tell me what's going on or share your deepest, darkest secrets.... I think it just allows people to exist in a space" (P6, Executive Director).

A youth drop-in space in a suburban community was described as a spot where "youth are able to drop in and able to socialize, play games, do art, be creative, get something to eat, and

really have a place to call their own” (P1, Community Coordinator). When visiting this site, I saw a youth come barreling in the door at opening time, full of energy and greetings for the staff. The main staff recalled that the youth had not visited the drop-in space in some time, yet this did not seem to be an admonishment; instead, it served as a point of connection, as the youth’s absence had been noticed and their return was being celebrated. The youth was introduced to a new staff member and was reminded of the various activities they could choose, as well as the availability of snacks, while at the same time staff checked in to see how they were doing. As a researcher, I had already been told that I could not stay that day during the drop-in, as the space was small and open, and my presence would be noticed by youth and potentially affect their interactions. Thus, I left after greetings between the youth and the staff and introductions between myself and the staff. Of note is that the institution establishes the physical space through funding agreements, leases, staff contracts, and the administration necessary to run an organization. These administrative texts are invisible to youth. Youth are told it is their space, but many elements of that are conditional and vary among IYS initiatives. In fact, they determine what services can be accessed in an invisible manner.

Some sites offer walk-in services that require little in the way of formal registration. Staff are expected by the institution to operationalize this sense of welcoming and decreased barriers. For example, an IYS in an urban context included a large café space that resembled other cafés in that city. No referral or sign-in process was required to enter and use the space. Young people were seated at tables, alone, or in groups of two or three. Many had laptops open on the table in front of them; all of them had a cellphone in their hands or within easy reach. Despite being a researcher outside the age range for this organization, my arrival and presence in the café space was seemingly not noticed. A key difference between this café and a regular café is that the IYS

runs on self-service. To access drinks and snacks, youth make their way down a corridor that has offices on one side to a kitchen space. In the kitchen, it is again difficult to distinguish youth visiting the café, youth accessing services, and staff (peer supporter or otherwise). Everyone in the space was engaged in similar activities in a similar way: pouring drinks, rinsing dishes, and putting them in the dishwasher. In my experience, it seemed like it would be easy to use the café space without interacting with the organization; however, I speculate that the peer supporters working in the café would be able to identify anyone new in the space and may approach them.

During the interview process, five participants provided detailed answers when asked about their use of texts in the provision of services to youth. Two participants referred to internal online text-based systems where registration and service use information was collected and could be accessed by internal staff. Three participants provided documents after completing the interview. A manager noted that their organization prioritizes offering as many programs as possible without registration:

Our youth access our services a number of ways. They can call in, email, or just come in when COVID is not a thing. We have different pathways depending on what's going on for that person. Before COVID and before the redesign of our intake processes—which we don't call an intake process, we call it accessing—we had some programs that require an intake and some that are just straight up drop-in programs that run every single week.... We have more low-barrier programs than we do programs that would require official registration. (P7, Access Manager)

At this same site, the first step in accessing registered programs is participating in a group orientation, “then as long as they indicate they want to join our registered programming, they would sign up for an intake meeting with access staff” (P9, Access Manager). The group

orientation moves the experience of accessing services from an individual experience to a collective experience, helping contextualize the experiences of youth and perhaps finding shared experiences.

Staff at the suburban drop-in site above shared how they had initially operated without requiring any registration, in an attempt to be as low-barrier as possible, but a minimal registration process had been established: “We don’t want to have a rigorous intake that’s going to be detrimental or turning people away, [but] we came to the realization of like, we have people walking through the door that if something was to happen, we wouldn’t have any information or ability to support them” (P1, Community Coordinator). In this case, the registration form is completed by hand on paper, and asks for limited demographic information as well as an emergency contact. The text appears to create limited barriers, as parental or guardian approval is not required, for instance. As well, the text was not reported to be used in institutional exchanges as the staff said they still texted or phoned community partners to connect youth to other services.

At another site, there was no intake:

No, we actually don’t have any intake forms at all. The only time really is even to get consent is when we are doing referrals or anything to an outside agency.... Otherwise, it’s no, just come on in, we’ll help you the best way we can. (P12, Outreach Manager)

Many participants identified similarly that forms are only used in order to fulfill legal requirements regarding confidentiality:

There is a confidentiality form that they sign upon coming and then if there’s anything specific where our clinicians have to connect with other resources or other services that

they've been part of and collaborate then they would be signing a specific form for release of personal health information, those kinds of things. (P19, Program Manager)

Staff at different IYS sites acknowledged the tension between welcoming through low-barrier access while establishing adequate accountability processes. At the urban drop-in café site, the institution uses an internal online system to record staff interactions with youth through program participation, which is accessible to all staff. Though important, staff indicated in interviews that they prioritized verbal communication to connect:

I am a registered psychotherapist, so that is my background and I have found other organizations, some organizations to be very structured, which does have a very stress-free aspect to it in some regards, because there's a policy, a procedure. Not that we don't have policies and procedures, but there are very strict guidelines that dictate how people access services and who's going to access services.... Our approach is always to be as flexible as possible, because we recognize that every person is so different and comes in with different experiences and so there is a lot of flexibility.... We very rarely have a hard and fast [approach], we have guidelines.... There's always exceptions to those guidelines and that's pretty much on a daily basis there are exceptions.... I've had some people who have done all the registered programming and said, "It was fine, but you know what, I just didn't get anything out of it" and actually get more out of coming into the drop-in space and hanging out with the peer supporters there and then meeting other people that are doing that as well and that's been more healing. (P7, Access Manager)

Building Relationships and Trust

Throughout the interviews, participants repeatedly linked the need to build relationships and trust with youth to effectively accomplishing their work tasks at an IYS. Staff reflected that

they cannot achieve work objectives without a relational approach: “It has to do with time there, and developing relationships with the youth, that’s the biggest piece” (P5, Site coordinator).

This theme and workplace action winds throughout IYS operations. As staff reported, the need to build relationships and trust persists at numerous levels within an IYS system: “Part of recovery is sharing who you are and connecting on a human level and I think that’s a big gap in institutional settings.... There’s a way to respect and still connect to people” (P5, Site coordinator). To realize the possibility of addressing a range of complex issues, staff reported that building relationships with youth beyond a clinical treatment mandate supported them to work with youth to identify service needs: “They perhaps recognize that our organization is a place where they feel comfortable and safe when looking for other types of support” (P15, Harm Reduction Coordinator). The commitment to building relationships and trust as a core IYS aspect that overcomes deficiencies in past services is congruent with what I observed in my desk ethnology. In informal conversations, formal studies, and conference presentations on IYS, staff and management repeatedly echoed that the ability to connect in different ways with youth more than in previous employment was personally and professionally rewarding.

Staff understanding of youth stories may be supported or constrained by their own background, organizational priorities, organizational resources, current partnerships, and larger contextual resources. Standpoint staff often located their work role and ability to build relationships with youth in their own personal experiences. In the IYS model, staff also reported how they engaged their own personal story and experiences as part of “work.” An IYS coordinator in a regional hub centre noted, “I had my own struggles as a youth, so I had that personal experience to recognize what those struggles looked like” (P16, Manager). The caring,

assessing on a personal level, and theorizing while in dialogue with youth to connect them into institutional structure is reported as an integral part of their work.

Staff also see the action of building and maintaining trust as important to understanding, along with youth, what services the youth may need and to be able to present options: “Building the relationship where they’re coming and going really enables us to help them navigate the services that they most appropriately need” (P16, Manager). The staff, on behalf of the institution, does this by welcoming a wide range of needs, building trust, and trying to match needs with services.

An IYS coordinator in a regional urban centre, who had revealed their own mental health struggles as a point of connection, noted:

Sometimes they aren’t even aware that those are their barriers. They’re not even aware that those are things missing from their lives until they sort of see a list of services.... It’s kind of like when you go out to dinner, you’re not really sure what you want to have to eat until you are there. (P16, Manager)

In this account, the youth is conceived of being able to identify and choose needed services:

Often our access team knows everyone. They are the ones that interact on a daily basis with folks. We usually know people by name and we kind of know what’s happening for them. There are lots of quick check-ins happening. (P7, Access Manager)

Addressing Social Determinants of Health

IYS offer the opportunity for staff to identify and address SDOH as part of the support provided to youth to improve their mental health. Frontline staff consistently noted how persistent inequities in health status and access to health services affect youth during this critical developmental period that requires transitions in education, employment, housing, recreation,

and culture. A peer supporter at an urban IYS site did not identify SDOH but rather contextualized issues in terms of needs:

I guess one thing I would [do] is making sure that people's baseline needs are paid attention to—youth who don't know where they're going to sleep that night or don't know where their next meal is coming from or how they will get more of their medication. These baseline things need to be taken care of before you move into more complex things.... You see little changes that snowball into an overall bigger thing because of the hierarchy of need, you've got your housing and health figured out. All the others start to snowball on top of it. (P4, Employment and Education Coordinator)

In interviews, staff repeatedly highlighted how they perceived that the structure of IYS allows for more effective responses to a diverse range of youth needs by providing the possibility of connecting with an assortment of services that address SDOH. Staff also reported having increased feelings of effectiveness and satisfaction that they were able to address a wide range of issues as a critical part of improving youth mental health:

We look at each person individually and that sounds really corny and cliché, but it's actually true. We find that sometimes the higher-barrier programs they just can't get there. We serve a lot of people; we serve a population of people with alternative realities as well and different complex mental health concerns. They've tried to access more with registered programming that there's a little bit more barriers to and it just doesn't meet their needs. (P7, Access Manager)

In a regional urban centre, the IYS initiative grew from a shared recognition among service providers that youth were not able to access services they needed at the transitional point of leaving the child welfare system. The participant from this site recounted how “the project

started with research because of those [child welfare] conversations.... The two youth advisors led the research. They talked to many, many youth locally and really the feedback was that we want everything under one roof” (P14, Executive Director).

Staff recognize how mental health can impact a youth’s ability to transition successfully during a period where they may compare themselves against peers in terms of advancing life stages. This may include significant SDOH such as housing or how mental health has impeded education or employment opportunities typical of their peers. A frontline staff member who also focuses on employment and education counselling in an urban IYS noted how they perceived youth value access to support in those areas: “Some people use the idea of being in school or having work as almost a baseline sign of normalcy.... The first thing they’ll want to do is go back to work or back to school.... It makes them feel, gives them kind of almost a sense of wellness” (P4, Employment and Education Coordinator).

The structure of IYS allows staff to respond rapidly and continue to be connected. One participant described an example of this:

This young man had been accepted out of the province for university but was experiencing significant issues. He had already been to hospital three times around suicidality. He had seen different therapists, was not doing well. The parent came to the walk-in and the parent said, “I can’t let him go away to school, not like this.” They were able to see a therapist right away. They were pretty quickly able to see a consultant psychiatrist who started medication. There was work with a young person around emotional regulation and how to deal with some of the issues. (P8, Executive Director)

In one urban IYS there are no formalized agreements with any outside services, yet the staff engage deeply in connecting youth to other services:

For instance, if they're working on their income assistance file, I may help them out and be that extra person in the room if they want to contact that person or I'll call that person on their behalf. I've got a list of contact people that I work with in the community.... I relate that information to members and they can feel free to contact those people if they need to. (P3, Community Coordinator)

Staff noted that this process of connection is also a part of encouraging youth to advocate for their needs:

To me, it's about showing youth what all the services available to them are and being able to help provide the services. It's not necessarily like us working there at [the IYS site] or providing these services. We're bringing other people into [the IYS site] to tell them about the services. To me that's what it would mean, having all different options available. (P13, Youth Engagement Advisor)

Staff also recognized—based on their own previous employment experiences—that youth may face a different service environment when being connected to other services”

What we do is work with them as much as possible to prepare them with the information.... We'll really work with them at a kind of just starting point—"There is this service that exists. I know it can be really scary calling new places.” (P19, Program Manager)

Responding to Complexity

Staff reported that the IYS approach better allows them and their organization to respond to a range of issues aside from clinical mental health concerns that are critical for the well-being of youth. They confirmed that staff and institutions have made an intentional effort to identify and understand individuals and their context. This recognition of context is embedded in the

development of many IYS, such as those focused on former youth in care struggling in a community as they age out. In another IYS, the core partners had been working together over time but used an IYS structure to better integrate their services. IYS also allows staff to consider the multiple systems embedded within systems that can co-evolve. Standpoint staff, as noted above, indicated that youth seeking IYS are also coming into a service environment to address structural issues of inequality, such as access to housing.

As outlined above, standpoint staff are responsible for a range of work activities in walk-in spaces. At the same time, they are making the links between youth and services that they may need or prioritize. Because of the variety of possible IYS offerings in any one location, staff and management at IYS find that they work with a diverse range of youth with complex needs.

The outreach coordinator at an organization in an urban centre spoke to the complexity of providing services in a drop-in and walk-in setting:

When the doorbell goes off, we don't necessarily know who or what they need or want.

Staff are basically doing triage every time they answer the door, so it's a lot of questions, a lot of rapport building ... trying to figure out what the young person needs or wants in a very welcoming way. (P12, Outreach Manager)

Staff also noted that they were better able to respond to diverse needs because they could offer diverse services:

When you have one door with one service with one demographic offering that service, for example, you're going to attract one demographic. I'm generalizing a little bit, but when you offer one service, when you go to the butcher shop, you're going to get meat [laughs]. When you go to a grocery store that has everything, then more people go there,

so yeah 100% I think it has attracted a wider range of needs, a wider range of experiences, a wider range of population. (P9, Access Manager)

None of the sites included in this study had a set path for service use or referral after intake. Staff regularly emphasized that this step—starting to use services—was as flexible as the initial engagement process. A staff person in the role of access manager in a large urban setting described how flexibility is important and also resulted in attracting youth with complex needs:

We look at each person individually.... Flexibility in our approach has actually brought in the majority of people, which is reflected in our numbers that have very complex mental health issues.... Everyone's pathway will look different depending on where they are at in that moment and how they decide or choose what feels right for them in terms of accessing. (P7, Access Manager)

Standpoint staff reported that they saw a difference in the IYS model from their experiences in prior workplaces, where youth would have likely benefited from flexible approaches to service delivery. The peer support coordinator at an urban site that combines clinical and peer support models elaborated on how they experienced the impact of not being able to provide flexible and integrated services in a previous role:

It was frustrating in that context, because you know, there were people that were put, for example, somebody would come in and they would say, "I need counselling." And they would work with the counsellor for the 8 weeks' preset period of time. They weren't even formal conversations, but they'd have casual conversations with me saying, "This person does not need counselling. They just need to chat with a peer." Right? There was no path for them to get there, so this person would be quite honestly, in my experience, I perceived that they were wasting their time, they were wasting our staff's time, because it

was the wrong fit. It was trying to make something work that didn't work. (P9, Access Manager)

In this way, the staff person revealed how the structure of past service management that was not as flexible made them feel there were negative impacts for both the youth and their staff.

In contrast to typical IYS models that suggest an IYS would have equal and formal relationships with other organizations, the interviews revealed that IYS staff reach out to organizations that vary in terms of size and regardless of whether they have a formal arrangement with the IYS.

Staff are aware of the potential challenges of moving youth between differing institutional structures. Observations of a team meeting that included staff from three different sites revealed how staff negotiated their relationships with potential partner organizations. Staff assessed which organizations provided services they felt were needed based on the youth they worked with, and which organizations would have the perceived capacity to partner. They also discussed how they needed to still be able to differentiate their institution and services from larger, government organizations. Staff often need to overcome distrust based on a youth's past experiences, only to risk having youth experience a negative interaction at another service, even with their accompaniment: "They hear, 'Oh we have to refer you to another place.' In their mind, they think, 'Okay I gotta tell my story again, I've got to wait, it's another service'" (P12, Outreach Manager).

There is a tension between building trust and maintaining trust when the IYS staff need to link youth with other services. The trust developed by IYS staff may provide a bridge to other services but does not guarantee how youth will be received or if or how they will receive services. As part of their daily work, staff support connecting youth to and within structures that

may be outside the IYS or a service for which the staff holds no formal institutional accountability:

I mean this idea that you don't need to repeat your story and be ping-ponged back and forth [in IYS]. You're supported, right, in this integrated service. I think that's key. We speak to so many people that fit between—en français on dit “entre deux chaises.” They're not quite in this category and not quite in this category. They're lost in the system because of that, so being able to create a system that integrates all of these services, I think that's key. It's more appropriate. We know that time is so important. People can't wait when they need that support, so being able to quickly readjust and get who needs to be there from the staff level, to be able to mobilize that team quickly and know that that team is working together to support someone, that's a community, right? It's much needed. (P5, Site coordinator)

Youth may not understand how the IYS and may not be well equipped for service advocacy in the future. As the coordinator of the suburban IYS site noted, “Youth see the umbrella organization but do not learn the distinctions between service providers or even who they are” (P1, Community Coordinator). This may mean that youth do not gain knowledge for future self-advocacy.

There are other ways in which the conditions and barriers associated with SDOH affect IYS implementation. Many organizations that identify as IYS have not escaped the challenge of finding adequate funding. IYS provide a cohesive approach for the sector but do not fundamentally change the policy and funding landscape, as IYS initiatives continue to struggle to achieve financial security and may not be able to find funding sources that directly match program objectives. A member of the management team for an IYS in an urban area noted, “As a

charity we take what we can get sometimes. I will say, though, is even when that does happen, a lot of times there is a need for that anyway” (P18, Harm Reduction Coordinator). Funding, rather than youth needs, drives services and partnerships. In settings where different service providers engage with a youth drop-in on a regular basis, available services will be affected by which organizations have resources to be able to offer an ongoing, reliable presence. A manager that works with an IYS that has an established partner committee shared the difficult discussions that arose between them:

We had a pretty serious, transparent conversation about a month ago with the [partner] committee.... It was if you can't be engaged in this, and you don't have the time or resources, no problem, but we need to fill those seats with people that are engaged and are committed to making the project work. (P14, Executive Director)

Access to funding affects how IYS initiate and implement projects, including youth engagement:

Best practice would generally be an environmental scan of some sort, or some sort of research component where we would reach out to participants to validate the need....

From there we might create a codesign group committee.... Sorry, before that we would also need to apply for funding. (P18, Harm Reduction Coordinator)

In IYS models, staff are often part of a youth's journey to wellness and are able to be flexible in their approach to supporting youth, within institutional boundaries. This requires the institution to support staff in their work.

Our approach is always to be as flexible as possible.... The downside to that is that there a lot of uncertainty a lot of the time and ... we really encourage youth consultations, getting together as a team, talking through things.... We take a very flexible approach

from a management stance and it can be more difficult ... and being flexible with our staff so our staff can be flexible with our participants. (P7, Access Manager)

This type of institutional relation changes how power is expressed, between youth and staff as well as between staff and management. Standpoint staff reported increased flexibility to respond to youth needs, but it is not clear that this results in a devolution of power. The expansion of flexible and potential decision-making power remains within the organization structure.

Staff in IYS face many challenges. “The capacity that you need to do that amount of work on a daily basis with folks, it’s very intense, very complex, and our staff need to be well supported on the front lines” (P7, Access Manager).

Power in relations remains a factor in IYS and affects staff experience and feeling of agency as well as creates concerns for staff about the outcomes of youth:

When I was in the role of community navigation, the challenge a lot of the time with some organizations, like the accountability just wasn’t there. [The government agency] just doesn’t get back to you and they don’t answer our members’ calls and they don’t answer our calls. It’s just a very difficult system to navigate and it’s frustrating for us let alone members. (P3, Community Coordinator)

I started the interviews with a question that invited staff to reflect on how they saw their intersectional identities or those of the youth they served being impacted by the IYS model. A standpoint staff involved in developing a new IYS site in a suburban area linked their experience, identity, and the work they do with youth:

I think it would be ignorant of me to not acknowledge the ways that my identity plays a role and an impact in how I work in the space, because I think when you’re doing work that is so deeply involved in people’s personal lives, your own personal self comes

through in some ways. I think of things like I have a really good relationship built with a lot of the youth who identify as LGBTQ+ who come into the space. I'm really open about the fact that I'm a queer person and that I'm in a same-sex relationship.... I am from that community, so it's like I went to the same elementary, junior high, high school that you went to. We can talk about that dynamic.... I've always found that that's been a really quick way to build some trust and rapport with people is them realizing "Oh, you are from my community, so you might understand some of the challenges that I'm experiencing, some of the things I'm frustrated with, or some of the things that I really love and am really excited about being from this place." (P1, Community Coordinator).

Responding to Diverse Sources of Knowledge

Youth Engagement

There appears to be a wide range of approaches to youth engagement among the participants' IYS sites. Throughout interviews, the language they used about youth engagement varied and was often unclear, including "youth-led," "youth-engaged," "youth-driven," and "codesigned." Youth engagement models ranged from consultation in adult-led initiatives to youth-led projects, but overall staff emphasized the ongoing engagement of youth in issues that matter to them and their influence on IYS development. All participants who highlighted this aspect of their IYS sites viewed it as positive overall, describing how they felt their organization was better able to respond to youth priorities and that this would result in better youth outcomes.

Standpoint staff sit between youth and the IYS, and all are bookended by whatever youth engagement structure is in place. The staff role in IYS is not engaged in the development of the youth engagement policy and approach of the IYS and no frontline participant referenced their involvement in developing a youth engagement policy or approach. Their role is indirect and

they receive mediated information through institutional processes and through youth. Youth engagement influences how the work of staff is constructed and thus should become part of staff evaluation. Staff named youth engagement as a conceptual commitment and also considered as essential to ensure successful youth access to services.

For many participants, youth engagement was reflected in youth consultation about service conditions:

Before we opened, there had been a youth advisory council that had been part of it since pretty much the beginning, weighing in on everything from furniture choices to colours of the wall to the hours that we were actually open. (P19, Program Manager)

A senior manager in an IYS shared an example of how this commitment to youth engagement changed practices but also the work and accountability of staff:

So many times, you'd get into your normal, move forward, decision-making hat and then you'd have to pause and say, "Oh, did we run that by the youth council?" It was a humbling experience, because when you do that and when you are really open to appreciating they're leaders of this journey and it all goes back to them.... It was very much like there is a lot of uncertainty and some of that is because we're trying to be innovative. (P17, Executive)

In one IYS, the commitment to youth engagement remained clear:

We're all about codesign. If we get feedback something's not working, the change can happen quickly, so that's what I mean too by flexibility. If we're getting feedback from our young adults that this isn't working, we're going to go in another direction, where with some organizations, that flexibility doesn't exist. You can't just change directions in the moment. (P7, Access Manager)

Many staff shared a personal commitment to youth engagement, but also revealed how supporting youth engagement can create stress in their work. “We try to hear what youth are coming with and try to respond reflexively ... really just try to run what the youth are asking for, basically” (P19, Program Manager).

Frontline staff may be responsible for coordinating or responding to youth engagement or youth-led initiatives. They work with youth toward an agreement or plan, but staff are then responsible for ensuring this is communicated throughout the institution. At the same time, services are not just determined by youth priorities but by organizational mandates and available resources, ranging from time and staff to networks. Standpoint staff are positioned to create the institutional relations between youth and site administration and thus take on the risk of being the site of a disjuncture. As an executive director of an urban IYS noted, it “can also create a big stress on staff, because now you are switching directions quickly, and that can change your schedule, it can change a lot of pieces” (P7, Access Manager).

Peer Support

Peer support is another aspect of IYS that challenges the dominant power structures in youth mental health, as it is precisely the use of lived experience towards service goals.. There are different models of peer support at IYS sites. At some sites, peer support is a core underpinning of the service philosophy and offerings, while at others, youth advisors are in place as an avenue for connecting and peer modelling. Frontline IYS staff are responsible for navigating the division of roles and responsibilities within a peer support model. At some sites, there was not a formal approach to peer support, although depending on staff lived experience and identity, this may be defacto informally shaping the service experience.

At an IYS in an urban area, peer support is embedded across drop-in and clinical programming. To access more formalized peer support, youth undertake the same registration process as for clinical programming. However, because peer supporters are present in the drop-in space, they can support youth to move from the drop-in in a more flexible manner:

When they're coming and hanging out, if the peer support staff picks up on like, you know this person could use some extra support right now and they think individual peer support would be beneficial for them, then they can easily just make the warm referral then and there. (P9, Access Manager)

In clinical programs, such as a therapy group, registered mental health clinicians lead the teaching of skills, while peer support workers model how to apply those skills in a daily context. Programs like dialectical behaviour therapy emphasize clinical self-determination, yet in an IYS setting, addressing SDOH results in staff balancing a focus on the individual with broader contextual issues of how marginalization and oppression create service needs:

The assumption is that the responsibility is on the individual to a degree. Another DBT [dialectical behaviour therapy] assumption is "I might not have created all the problems and I still have to deal with them." ... I think peer support also holds clinical programs accountable to the ways in which historically therapy is a form of social control. (P18, Harm Reduction Coordinator)

Peer supporters are often skilled in contextualizing experience and practice. By tempering clinical training with lived experience, peer supporters may be seen as countering the clinical standards of the IYS.

A peer support manager reflected on their experience at a past youth mental health service where peer support and clinical support were managed as two separate streams of intervention. She noted that she found the approach did not meet the needs of young people”

I used to work in an environment where there were peer support services and there were clinical services and those were two very separate services and totally operated independent of each other, not at all integrated. People would come in and they would say, “I want counselling” and they would go to counselling, and they would come in, they would go to a peer group, and that’s what they did. And there was no integration. (P9, Access Manager)

This participant was one of a few who worked in an IYS site that had an electronic records management system, and thus staff could track youth use of services, although referring to the online system was not mandatory for staff before providing service. Managers and staff need to mediate between these worldviews, and also ensure their capacity to be supportive in a context with peer supporters. As a peer support manager noted,

The values alignment is key. When we hire a clinician, we make sure they understand “You are going to be working with peer supporters. Do you know what that means? Have you worked with peer supporters before?” If there’s any ounce of uppity-ness about working with peers then you’re not working here, because we’re not here for that. We’re doing a lot of training for our peer supporters and our clinicians on that peer-clinical integration piece and what does that mean. (P9, Access Manager)

It is not only clinicians who need support working in a peer-engaged approach. Other staff, management, and peer supporters themselves need to be clear on roles and expectations. Research participants reported this need at a deeper level than simply developing the usual

human resources framework of job descriptions, workplans, and performance measurement frameworks:

The same thing that I find most helpful is defined role and scope.... How do we support peer and clinical supports without making it sound like one is better than the other?

They're really just different services, but in this field, we are trained and conditioned to experience mental health in a hierarchy, and so in dismantling that ... how do we make that messaging clear in a way that's nonoppressive and really upholds the values of peer support? (P18, Harm Reduction Coordinator)

Understanding the distinction between peer support and clinical support and being willing to shift those boundaries and support staff to shift those boundaries is part of integrating peer support into an IYS:

We have peer workers that will teach DBT [dialectical behaviour therapy] skills and that is not beyond the scope of a peer support worker at [our site]. We have clinicians that will also mention their lived experience, so the flexibility goes both ways. Is it perfect?

Absolutely not. Does it create tension and are there power dynamics at play? Yes, there are. Are we perfect at it? No, we are not, but it's something we pay a lot of attention to. I think it again works really well with our participants. I think that they appreciate that the clinicians will say, "I have a dog named Willow at home that is a big support for me" and they appreciate that the peer supporters will say, "When I learned this skill, somebody taught it to me in this way, let's see if that works for you," right? I think that they just appreciate that there's flexibility and accommodation. We're just creative. We try new things and see how they go and a lot of the time that openness to pushing scope and pushing boundaries has led to some really cool things. (P9, Access Manager)

Peer support is an important part of how IYS indicate a values shift by institutionalizing lived experience in service delivery. Despite the perceived value shared in the interviews, those directly involved in peer support in IYS echoed themes and concerns found in the discussion about peer support in other sectors and initiatives. This includes valuing the role but recognizing how it's flexibility and approach is very different from structured therapy such as DBT. Often, services struggle to offer both or work between the two paradigms, and this was articulated in the interviews where participants noted the need for role clarity and appropriate management.

Change and Sustainability

Participants were not directly asked to share their reflections on the Canadian youth mental health system in terms of the need for change, nor were they provided with a list of perceived weaknesses. Nonetheless, participants identified, in reflection on how they work in IYS sites, what they observed in previous models. They emphasized two key challenges in the current system.

A senior manager who led the development of an IYS site in a regional urban centre, building on many years working in health care administration, had this to say about the youth mental health system:

Without a doubt, everyone says it's fragmented. We all agree it's broken. We agree that families and youth, it's not meeting their needs and we have to do better. I think that it was a fantastic starting point, because there was no one who resisted [the fact that] something new had to happen. It was time to transform youth mental health. (P17, Executive)

Participants reflected on how they struggled to feel successful in the traditional youth mental health system, leading to a desire for change in the direct conditions and experiences of their work:

It was very different what was set up, you're a cog in the wheel and you try not to be, but I think you are reminded of the limits of your position.... I want to be part of something bigger than this revolving door, and how do we break down those barriers to actually offer a menu of options for care? (P5, Site coordinator)

The majority of observational ethnography took place at a day-long meeting of IYS staff from one organization who managed three sites in urban, suburban, and small community settings. I attended the meeting and sat at the table, taking notes. I had preexisting personal and professional relationships with the majority of the staff and the external facilitator. However, I had not worked formally with any of the staff or the facilitator. One of the staff had previously worked with my family providing respite support but this connection felt more familial than professional. These existing relationships seemed to help create more comfort with the two staff members that I did not know. I did not participate directly in the discussions and while I do think the two staff that I didn't know may have been hesitant to share initially, I think that my comfort, approach and non-intrusiveness eventually had little effect. I took notes of the discussion and some photographs of notes that were recorded during the discussions and posted on the meeting room walls. I focused my listening on how the standpoint staff conceptualized their services in relation to how youth accessed them, as well as how they worked with other service providers in organizing to meet the needs of youth. I also had the opportunity to visit one of these sites to meet with staff, but not while the site was open to youth. I took notes by hand and later transcribed them.

Organizational Readiness for Change

Despite shared change valence throughout the youth mental health system, staff reported not being prepared in theory or practice for the introduction of the IYS model. An experienced staff member in the youth mental health sector reflected that they had not been exposed to the IYS model previously: “I had never even heard of the concept. I’ve been working in children’s services for my whole career, but it was really just a new concept when I first joined [name of agency]” (P14, Executive Director). This approach to staff orientation seems to be pervasive. An IYS frontline manager described their orientation process: “We have basically a quick printout.... By the end of the orientation your head will be spinning” (P16, Manager). Staff at other IYS concurred: “I would say that introduction was quite different than maybe folks who are entering our place now. I would say that my introduction was a bit more informal” (P18, Harm Reduction Coordinator).

Without formalized process, differences may arise in staff understanding of the IYS model as well as their level of support, “I think there’s a general understanding of what the model is, but I think that due to the different infrastructures at different sites I think that there has been a different level of not understanding, but I think a different level of approach and acceptance, if that makes sense” (P2, Executive Director).

A few sites had a more extensive IYS preparation process, but this had not extended to staff engagement despite the recognition by an executive director of an IYS in an urban centre about the importance of ORC in implementing IYS. This participant noted success often relies on “a big understanding about organizational readiness and capacity” (P2, Executive Director). Another participant stated,

I think when I came on, they hadn't been in the site even very long and so I was warned of that and also it's one of the pieces I love most about [this IYS]. At that time, I'll be honest, we didn't really have a good idea of how to really explain or a comprehensive idea of what that was. We've kind of grown in 3 years very quickly to realize that that's one of our strengths and one of the things we value, but at the time that I came in, there were 10 people working there and it wasn't intentionally grounded that that was one of our values. It has kind of evolved that way over time. (P7, Access Manager)

A participant from a site with a basis in research did highlight how staff were introduced to IYS: "So usually we start off with orientation about it so we encourage them to do readings on other integrated youth services models, including headspace, including Jigsaw, and how those all started" (P19, Program Manager). Participants also spoke about the high level of respect for staff input:

They made sure that they told me all the time that they saw my work, that they valued it, and I think that meant more to me than anything else, because a lot of the time, especially frontline workers kind of go unnoticed. They're the folks that are down there every day doing this work. It's incredible what they do. You can witness it. It's incredible, but it gets forgotten. (P7, Access Manager)

Knowledge Translation

In terms of academic research, participants' input reflected longstanding concerns about access to research in service settings. When asked about access to research, a long-time coordinator at an urban IYS answered, "Honestly? Probably not. Probably not past the information that 211 would give me.... You don't normally hear about that stuff unless it's at a conference.... I also feel like that information isn't necessarily immediately available" (P4, Employment and

Education Coordinator). Another participant also conflated information with peer-reviewed scientific research, saying, “Only if I come across an article or something like that from the BBC, the *Globe* or somewhere, like a reputable news source or something like that. I’d post it on our Facebook page for someone to read” (P3, Community Coordinator).

Participants also revealed that information was arriving in random and ad hoc ways, without a process to review and understand it. As one said,

All the partners are constantly flooding my emails with tons of that kind of stuff, yeah. I don’t have any personal accounts or anything like that, but I am constantly flooded with information.... I just get so much of it sometimes that it is just overwhelming with those types of things. We all have our points of interest and whenever I see the title is something, I always certainly make sure to read up on it, but I just can’t always read everything that comes through. (P16, Manager)

This staff perspective reflects that while staff are responsible for implementing the IYS model, there is little guidance or support given from organizations on what the evidence base is behind IYS: “There’s a lot of partnerships in regards to research and that’s probably more senior level leadership ... but I guess it’s above my pay grade” (P12, Outreach Manager). There were limited reports of how staff may at some point access research or evaluation information. One participant, for example, stated, “What we had done in the past is that we would set aside time as clinicians once alone to review literature on different therapeutic approaches and have some conversation around it” (P18, Harm Reduction Coordinator).

An IYS site coordinator in an urban centre echoed many of the barriers, including access to research and time:

I don't have access [to academic articles]. I think when we talk about scientific articles, unless they're open-access articles, I don't have access to them. Later in the project, we identified a few students who could help us get access to that information. We talked about having a journal club. The challenge for reading what's out there is really time, right, and being able to say, "Well, today I'm going to set this time aside to read the articles." I have binders of information, but when do we take the time to sit down and read it and question what we're doing and discuss it? (P5, Site Coordinator)

Other participants highlighted how their IYS did have some process to consider relevant research in the workplace:

Yeah, we haven't done it in a little while, but what we had done in the past is that we would set aside time as clinicians once a month to review literature on different therapeutic approaches that are similar to stuff that we're doing and then we would have some discussion around it. (P18, Harm Reduction Coordinator)

There were some participants that discussed how important it was to learn from other initiatives: "At one time, a social worker who was working with us started looking through the research and figuring out about what models work and came across headspace in Australia and Jigsaw in Ireland and then started thinking about okay, how could we do this here?" (P19, Program Manager).

The lack of access by institutions and staff to adequate research also extended to capacity constraints in evaluation. "The evaluation piece has been a bit of a challenge for us.... We haven't had the resources to be able to have somebody come in that has the evaluation and data collection background" (P14, Executive Director). A participant spoke to their interest in

evaluation and an upcoming partnership with another organization that would enable increased program evaluation.

We're really excited about the potential that evaluation can bring. Over the years when we've been relying on grant funding and stuff it's been very grant specific ... but because we started out so small there was just never capacity to do super huge evaluation pieces.
(P19, Program Manager)

Staff said repeatedly that—in a context where evaluation and research access seem limited—a critical element of their learning about IYS is connecting formally or informally with other IYS staff. A coordinator at an IYS in an urban area spoke to this value:

I think building a team of allies and getting to know who else is doing this kind of work was huge for me. You heard that from me, I think when I went to a couple of events and just being like “Wow, there's a whole world of people out there who are in the same boat” and can talk about the challenges frankly and hone in on some strategies to not just be constantly reinventing ourselves. (P5, Site Coordinator)

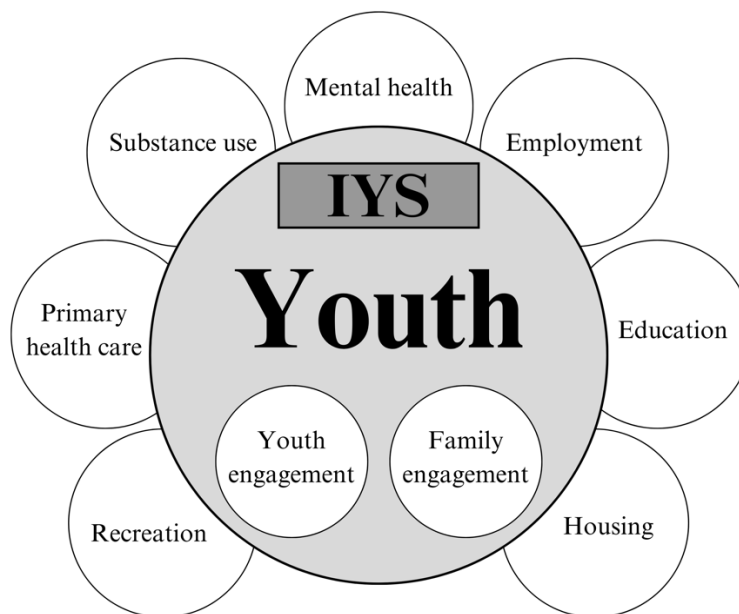
Some IYS sites benefit from being connected with formal networks, and staff noted the difference in experience. An IYS administrator noted it was “helpful to have structure, to have a backbone organization to support operations: equipment, funding, data” (P8, Executive Director). Connection to research networks has been important: “None of us had to become expert in that area [public relations]. We could just reach out and ask for the information or guidance” (P17, Executive).

Chapter 5: Discussion

The IYS institutional and academic discourse emphasizes that IYS initiatives put youth at the centre of their experience, thereby disrupting traditional power structures in youth mental health systems (Halsall, Manion, Lachance et al., 2019). IYS centre the experience of youth through several common elements: rapid access, a broad range of services and interventions, and a commitment to youth engagement.

Figure 3

Typical IYS Model



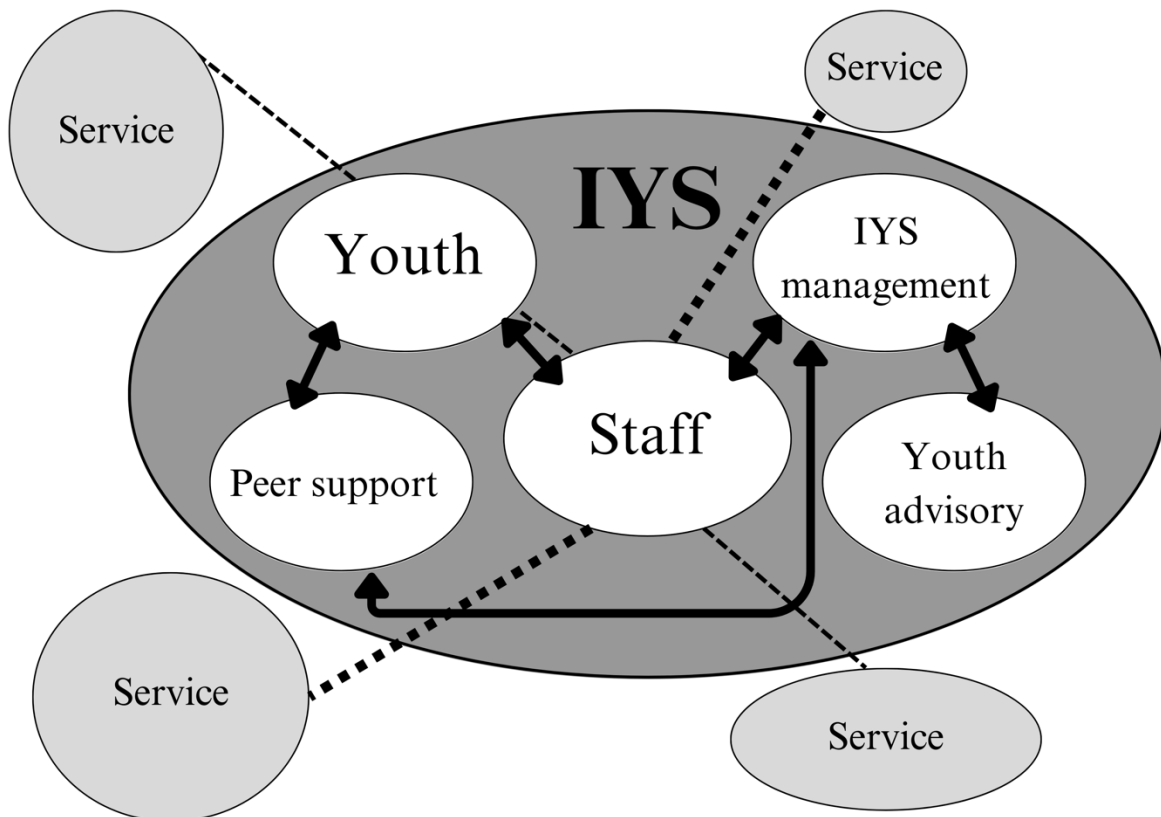
A typical IYS visual model, presented in Figure 3, positions the IYS in the centre of diverse services, without any barriers between the IYS and the other services. Staff are assumed to be embodied in the IYS. This model implies that the youth can access what they need from an institution composed of diverse and equally available services of equal size and in equal

relationship with the IYS. The relationship is simplified in Figure 3, which is based on visual models previously presented as part of the ACCESS Open Minds and FRAYME networks, as well as headspace in Australia (Fusar-Poli, 2019). Figure 3 does not represent the range of institutional relations in IYS.

Figure 4 expands on Figure 3 and presents important information about ruling relations within IYS. This research demonstrates that the interaction of the youth in IYS is almost never without the mediating role of a staff member. In IYS, staff bridge what youth experience and what they need and how this is understood within institutions. IYS use the discourse of youth engagement, yet what services youth can access remains very much within a bounded system.

Figure 4

Staff at the centre of IYS



However, through this research, standpoint staff reveal themselves at numerous institutional junctures in the implementation of their work. Standpoint staff work between youth and the institution—including implementing youth engagement and peer support—to interpret and negotiate the alignment of youth needs and priorities within the boundaries of the institution. In doing this, standpoint staff are in the position of liaising and advocating with their internal IYS colleagues on behalf or in support of youth. Staff face the effects of SDOH in their work with youth, but the integration of SDOH into programs and services is mediated by the IYS institution. Standpoint staff often reach informally outside the institution to work with external partners to address youth needs.

From an IE standpoint, Figure 4 also highlights how staff mediate the influence of youth engagement and peer support. In terms of youth engagement, staff are expected to implement the policy commitments and specific actions of the youth advisory structure (if applicable). Both policy and actions are transmitted to the staff through the IYS management. The staff then needs to translate and use this information in their work with youth. Because of a combined policy commitment along with actions, this demands both articulating and reflecting this approach as well as specific work activities.

In terms of peer support, staff work alongside peer support staff. The experience of staff is likely affected by the peer support role with youth. However, the management and organization of peer support is a work activity of IYS management.

Figure 4 also demonstrates how external services are diverse in terms of size and power and occupy a range of relationships with the IYS through the standpoint staff. External services are represented as having formal (long-dotted line) or informal (short-dotted line) connections with the IYS that are led by staff. These services are also presented as being of different sizes to

suggest different amounts of power relative to one another and the IYS. This model differs from the service integration models presented in Figure 1, where there had been an expectation that service relationships would be well established between different organizations. In a previous phase of this research, my inquiry was focused on understanding how staff facilitated the collaboration and integration of diverse youth services for youth to access, assuming that youth were at the centre and able to connect directly with a range of services through standard processes, as outlined in Figure 3.

Based on early IYS projects, as well as research and policy information, I anticipated that the work of standpoint staff would consist of using established institutional relationships and standard procedures to seamlessly connect youth with other services. An early and surprising finding through the standpoint interviews was that most sites in this research project did not have—or at least staff could not report—formal arrangements with other services or organizations. It is not a matter of neatly arranged and equally accessible services formally set; instead, staff build most of the relationships.

Foucault saw power as best identified in chains of action and decision-making, emphasizing how power is activated through social relations (Caldwell, 2007; Foucault, 2000). D. E. Smith (2005) built the institutional ruling relations from the lived and workplace experiences of standpoint staff. In IYS, staff pass along and negotiate power, but it is not clear they and their role are also accorded increased power. Staff actions support the implementation of ruling relations and a great deal of the daily work is not accounted for within the institutions' ruling relations. From a poststructural perspective, there is a lack of consciousness among staff about how and where power manifests itself within IYS. IYS are supposed to be a radical departure from current youth mental health services, but still struggle with ongoing limits on how power is shifted and shared.

Staff Negotiate Institutional Relations

Stepping through the door or sending the first online message may be steps that youth take on their own to access IYS. From that moment on, however, staff accompany them in the institution, negotiating and coordinating between the youth, their priorities, institutional accountabilities, and partnerships.

As noted earlier, the data collection for this research was adjusted due to COVID-19 and the inaccessibility of physical sites during the data collection period, although I had previously visited a few IYS sites. It is important to note that while I had experience interacting with IYS staff and institutional representatives, I never had worked in a formal capacity with any of the interview participants. However, working with IE allows my lived experience to be integrated into my reflective process. My experience influenced the development of the interview questions because I could both picture the work environment and also anticipate policy issues that could be raised. However, at the same time, the IE interview process demands that standpoint staff be invited to recount how they want their everyday work activities to be understood so in fact specific policy commitments were not mentioned. Likewise, my experience informed the review of the participant interviews because I could draw from reflections on my past visits at IYS sites, as part of my desk ethnography, as well as my experience as a parent supporting my children in youth mental health services.

When listening to interviews in real time and reviewing the transcripts, I could recall what I had seen at IYS sites. For instance, as staff described the need to provide youth-friendly spaces, I could visualize IYS spaces that looked more like lounges and cafés than clinics, with comfortable sofas, bright colours, and youth-friendly communications, much different than my lived experience in youth mental health services. Those services had been held in traditional

clinical settings, with receptionists, rigid chairs, and a hushed waiting room with a few posters on the walls. Individual sessions were in clinicians' personalized office spaces, while group sessions were in undecorated boardroom settings.

As participants described their efforts to provide a welcoming, open-door approach to greeting youth and building relationships, I noted that youth were coming in after school, in the evenings, and on weekends, and could access IYS spaces and programs outside of scheduled clinical sessions. The IYS was a place to hang out and address priority issues. My lived experience to date had been very different, where my children had to have referrals to access new services. This always involved a wait for a first appointment or session, with little or no agency in scheduling; the patient accepted what was offered and when it was offered, and never outside of regular school and business hours.

Poststructuralism sees power as activated through relationships. However, beyond accessing a walk-in or drop-in program, there was no model identified in this research project where youth could independently seek access to a service without engaging with staff first. In all examples, there was then a staff person who undertook a mediating role between youth and other service providers.

Standpoint staff welcome youth into the space and begin the process of assessment, but with imperfect knowledge of the needs and priorities of the youth. They are then left to link, with the knowledge available, youth service needs with what is provided at or through the IYS site. Service relationships are not solely determined by youth priorities, but are bound also by organizational mandates, available resources and staff, and access to service networks. Staff become, to youth, the representation of this institutional power. In each part of their service delivery model, from when the youth walks in the door to linking to other services, staff are

working in a dynamic system in which they do not hold the power to control youth needs or service response.

Staff represent the ruling relations of the IYS where they work. They use this power to position themselves to understand and translate youth concerns and needs. Staff are responsible for facilitating service elements within this context. They welcome and orient youth to the IYS, including opportunities to access programming or services. Staff assess youth needs and communicate these in the discourse of the institution within their own workplace and may also connect on behalf of the youth with both formal and informal partners. Staff implement youth engagement processes and initiatives prioritized by youth. Staff work alongside peer support staff.

Each staff action both conveys and creates a ruling relation. At each of these connection points between youth and service, it is the staff who are negotiating access and experience, leaving staff as the potential source of disjuncture. Staff may have their knowledge of other services and may be able to access these on behalf of the youth. In interviews, few participants discussed formalized processes or structures that they encountered in their everyday work. Implementation of youth engagement structures has been documented in a Canadian IYS through an IE study that examined the work of and reaction to a Youth Advisory Council (Canas et al., 2021). This study clearly articulates how youth, staff, and administrators all experience different types of work related to youth engagement, and how disjunctures sometimes arise. Examples include how much to build capacity and institutional understanding of youth and how much spontaneity to allow, and how to support youth engagement that may happen at a different pace in institutional work. In this case, the Youth Advisory Council needed more time than the institutional culture would be likely to allow for decision-making.

Being welcoming and accessible is one way to reward the youth's agency in coming to the IYS; it reinforces their agency within the boundaries set by the institution. Staff may need to switch roles from being youth-facing to being institutionally backed depending on stages in the service provision process. A shift to youth autonomy in initiating access increases the initial power of youth in the mental health system, as they can seek out services that seem to be a match rather than rely on the actions of intermediaries. Underlying the welcoming approach and emphasis on building relationships is the reality that staff seek to achieve the goals of the IYS. Staff build trust as a facilitator to effective service provision, yet they remain bounded by the constraints of the IYS. This is a potential site of disjuncture. In more traditional youth mental health settings, youth interact with many gatekeepers when trying to access mental health services, such as a family physician to obtain a referral and an intake staff at the service itself (Moroz et al., 2020). In that case, there seems to be an imbalance of power toward the institutional sources of power, and the institutions communicate with each other in institutional discourses in the absence of the youth.

Through institutional roles, staff directly introduce and implement the power shift that seems to be intended by moving from therapeutic models focused on addressing individual needs to models that begin to work collectively through modalities that include youth engagement, peer support, and access to diverse services. In interviews, staff reflected on how they wanted to be part of something that improved the delivery of youth mental health services as well as the perceived outcomes of services. They recognized the limitations of past service models that were restricted to one issue and were difficult for youth to access. Staff reported they felt a responsibility to overcome past negative experiences youth may have had with the youth mental health system and described relationship building as key to this. In this way, the personal

approach of staff becomes embedded in their professional approach and linked with professional accountability, but this is risky. Disjunctures may arise if the institutional mandate is not well understood or communicated from institution to staff to youth. When staff represent an institution that is ostensibly founded on youth engagement and offering a wide range of services, those elements may not then be secure. Staff may not be able communicate youth needs and priorities within the institution or with partner organizations.

The work of staff attempts, on behalf of the institution, to overcome the impacts of a youth mental health system based on a gatekeeper model where youth need to convince health professionals of their need for help. Staff noted that welcoming youth into IYS is often a process of overcoming past and current service expectations and experiences. They recounted stories of youth being disillusioned with services before IYS was implemented.

Staff also see the action of building and maintaining trust as important to understanding, along with youth, what services the youth may need and to being able to present options. Staff discussed the need to develop relationships and trust with youth to effectively connect them with services. Staff rely on important IYS aspects such as youth engagement to better assess and address the SDOH, recognizing that doing so is essential for mental health. The staff then rely on being able to consider the SDOH in their services as an important pathway to addressing diversity. This perceived mandate seems to relate to a personal mission as well as an institutional responsibility. However, personal relationship building on behalf of the institution does not automatically increase the actual power of staff in terms of decision-making; recommendations still need to fit within the institutional mandate. Potential points of disjuncture may arise as the staff member is challenged by negotiating personal and professional identities that may take a toll on staff.

Staff take on a variety of roles and work activities in response to youth interactions. They may be seen as someone who provides fun activities, as an advisor to youth, as an advocate with colleagues or other services, and as a person responsible for service coordination. From management's perspective, standpoint staff take on a representational role for the IYS with youth and with external partners. Yet their actual power does not shift. They need to try and assess youth needs and fit them within the institutional boundary of the IYS, both internal in terms of the core organization, and within largely nebulous larger boundaries within the community of services they know or the IYS is connected to. They also cannot control how the youth interacts with the IYS.

The work of standpoint staff in the drop-in settings is multidimensional and requires a range of diverse skills, from program management to mental health assessment. It includes maintaining operational standards, including required texts, cleanliness, site safety, and program outcomes. These are work activities that can be measured and evaluated by simple means, for example, whether the required forms were completed and how many program participants took part. At the same time, staff indicated they need to use their professional skills to create an environment that appeals to youth and is "their" space. For staff, this results in work activities for which success is difficult to measure easily. Staff reported limited evaluation work, especially on an ongoing basis or organization-wide, especially if the relationship with other services is not formalized.

In the IYS sites in this study, youth can directly initiate contact, which may be on a drop-in basis without an intake process or with a low-barrier intake process that gathers basic information and consent from a youth. This is a particularly dynamic environment, where youth appear to hold increased power over whether to attend, for example, and how to participate. Yet

the drop-in program is developed and maintained by staff. Staff discussed how the intent was to provide a welcoming space where youth would feel comfortable. Staff may appear to have increased power through flexibility accorded by the institution to be responsive to youth needs and interests and achieve the intangible “welcome feeling.”

The accountability for making youth feel at home in the space is not actually an accountability to youth. It remains part of the expectation of the work activities of staff, as demanded by the IYS, and is demonstrated through youth perceptions. Youth perceptions and success are measured by the institution and assessed against institutional norms. The standpoint staff experience of power in this context is limited and remains focused on institutional accountability. It is also complex, as staff feel the informal pull of multiple accountabilities. Staff consistently shared their experience that they had little access to ORC and knowledge translation approaches and opportunities. There is an institutional boundary beyond them which is perceived to be where management is engaged. From a poststructural perspective, it seems staff’s actions and their roles in institutional relations remain firmly geared toward satisfying management and administration rather than having an expansive approach to responding to youth.

Texts

In this research project, I was surprised at the limited use of official texts reported by participants, particularly in coordinating services. In IE, the emphasis is on understanding how participants see their work considering ruling relations. Often in IE, observations may reveal work processes—including use of texts—that are not emphasized by the oral reports of participants, but because I was not at sites, I could not look for these texts in other ways. I listened for participants to refer to the use of texts directly. If participants did not mention texts, I inquired about their use. Yet only five of 19 participants explicitly reported use of texts in their

work and no participant reported their use in the exchange with other services. Furthermore, the use of conventional texts such as intake forms was not reported with importance or urgency.

Participants did not reference the use of texts to describe the process of welcoming, conducting intake, or connecting with services within or outside the institution. Instead, the emphasis was repeatedly on activating relationships via meetings, emails, text messages, and phone calls. Table 4 represents where texts appear.

Table 4*Role of Texts at Research Sites*

Action/text	Youth	Staff	IYS	Other services
Action	Choice to seek services	Welcome and connect Walk-in Drop-in	Providing services to youth Supporting staff	Staff connecting by text, phone, email
Source of knowledge that provides for action	Lived experience	Commitments to valuing lived experience (youth engagement, peer support)	Staff	Staff experience and knowledge Relationship with youth
Role of texts	No text (referral or diagnosis) needed to access staff or IYS	No text needed to connect with staff as a proxy for service	Intake Registration Consent	Consent
Underlying texts	Administrative texts (incorporation, rental agreements, staff contracts)			

Note. IYS = integrated youth services.

In my lived experience, it is difficult to remember texts that were used for communicating with other services because referrals outside the mental health service were not done. There were some referrals within the formal system that seemed to be part of a written e-document that shared information about the youth as a patient within services (e.g., from weekly counselling to psychiatric referrals). Even within the formal, hospital-based service that we accessed as a family, mental health clinicians seemed to meet and discuss cases in person, even sometimes presenting their findings together in person.

The configuration of Table 4 maps how we might expect to see texts in the IYS processing exchanges, yet there are several steps where texts are not a piece of the process. First and foremost, youth can seek services at an IYS without a formal referral from any other service. It might be expected that this action of the youth would be quickly followed by the initiation of a text, again as per Table 4. Yet participants reported being aware that immediately requiring any kind of registration or assessment may become a barrier in the process of developing trust and relationships that are critical. Participants reported that registration information is taken for safety reasons, for example, having access to emergency contacts. They also reported the use of consent forms when connecting youth to other services, yet the actual action of referring seems to remain more informal than a text-based interaction. Staff talked about building on existing networks and contacting other service providers via text message, email, and phone. In this scenario there is a text necessary for the action but not responsible for the action. Through this

discussion of the role of texts, they seem rendered stagnant rather than active. Action happens without and despite texts like intake forms in place.

It seems risky for staff to operate without these recognizable, viewable, readable, tangible examples of their work. Relationships and dialogue appear to predominantly result from actions and creating actions, and perhaps it is dialogue that creates ruling relations. However, relying on staff individual or institutional relationships that may be informal, based on history and experience and not processes and standards, may not provide enough accountability. It is difficult to demonstrate staff actions and results without traditional texts when their daily work activities are not viewed by managers. Without a radical change in health administration in Canada, it is hard to see how less reliance on texts is useful for staff. In fact, it reinforces the power structure of organizations because it becomes the institution that is responsible for actions, based on youth outcomes. The staff remain subject to exterior measures of outcomes. Power structures remain but are less visible. IE is challenging in this context as a materialist methodology in the type of work where the modes of production are not standardized and instead occur in a CAS. A lack of formal documentation about how services are arranged and accessed also hinders gathering information about IYS management.

IYS staff take on an important role in connecting youth with services other than what is provided by their own institution. Staff value the ability to connect to diverse services as part of their role. They assessed which organizations provided services they felt were needed based on the youth they worked with, and which organizations would have the perceived capacity to partner. When I visited IYS sites, it was visually clear that diverse services were on offer through posters and program calendars. IYS staff seemed proud when they reported that they could address a variety of issues—not just mental health—and prioritize what was causing the most

challenges for different youth. At an urban IYS, staff used the example of a youth they had recently supported who came into the IYS because of increasing anxiety. It turned out that it was a school-based situation that was influencing this experience of anxiety. Staff recounted how they were able to support the youth through one session to return to school and address the issue with school administration.

They saw this as a key distinguishing component of their work in IYS as compared to previous experiences working in youth mental health. In interviews, participants widely reported they felt capable of providing more coordinated care and overcoming fragmented approaches. They indicated that doing so allows them to support youth with a more flexible and more comprehensive approach, allowing them to address diverse issues that they see as important as mental health. Staff recognized that without resolution, challenges such as employment, education, and housing will hinder the achievement of positive mental health outcomes. They felt able to place increased importance on these issues, yet they do not have increased power outside of the IYS to ensure the needs are met. Viewing youth mental health services as a CAS, the status quo is in fact disjointed services (L. A. Ellis et al., 2017). Introducing more coherence and coordination through IYS is thus a change initiative, and arguably one of the more heralded aspects of IYS. In an evaluation study of the headspace programs, there were negative findings due to a perceived lack of integration with existing health and community services (Kisely & Looi, 2022). With standpoint staff responsible for this coordination, they are again at a point where a disjuncture may arise.

Staff may find their power reduced in this ruling relation for several reasons. IYS and other organizations may be reluctant or inefficient in establishing formal documented relationships. Other services may have limited resources to engage in IYS. In their development,

IYS can help overcome funding and operational inequalities through more formal partnerships that would also serve to define standpoint staff role and accountability. Formal partner relationships are unlikely to shift power to youth or staff, unless such arrangements directly address equity issues. In a suburban drop-in setting, there were partnerships that set out when different organizations may be available for consultation or to deliver programs in the physical space. Even in this example, the exact scope of services provided by each partner seemed unclear and communications remained informal, such as when standpoint staff recounted texting the mental health counsellor to connect them with specific youth:

So instead of me having to work with a youth to maybe call the mental health and addictions line to get them an appointment to talk to somebody, to talk to a counsellor about something that they're experiencing or challenge they're having, I can just pick up my phone and text the social worker who I know is going to be on site and say "Hey, I think this person could really benefit from connecting with you. They've also agreed that they want to chat with you. When are you available?" and easily and quickly make an appointment within the next couple of days. (P1, Community Coordinator)

The IYS model moves from a focus on the individual mental health of a youth to increased recognition of the effects of SDOH, and thus increases the potential to better address inequity and oppression. Inequity in youth mental health status and outcomes remains a constant factor in service planning and implementation. Staff perceived that offering diverse services was important in supporting the overall well-being of youth and made them feel like they could do their work more effectively. Yet tensions persist. Staff may perceive that SDOH are being addressed, but in fact the actual determinants are determined by what services the IYS provides. Unmet needs for support may continue if they fall outside of the IYS.

While they work to develop a relationship with youth that creates a situation that is youth-engaged, youth-led, and flexible, staff then link youth with other systems and services that do not have this approach. Staff spoke to the need to overcome youth mistrust from past negative service experiences, but they may in fact then be responsible for supporting the youth to access services that do not hold these principles. These staff actions place staff directly at the site of potential disjunctures, where the IYS institutional discourse is not reflected by partners, and youth feel disempowered because their needs may not be met.

In my family's experience, within an appointment only one service was offered—the service we had waited for and arrived for. There was a limited choice of treatment modality, mostly clinically based, as well as limited group programs that required an additional wait time. The accepted process was to access one program at a time, so there might have been a choice between pursuing clinical counselling or group work but not both. There were not any onsite partners who offered diverse services such as educational and employment supports.

Through IE, D. E. Smith (2005) saw all power structures as inherently problematic, but I would hope that a realization of a shared experience of inequity would lead youth, staff, and institutions to become more aware of the impact of inequities and compel them to further action to address SDOH. Yet, in IYS, much of the actions to address inequities related to the SDOH remain at the level of providing remedial services rather than using an IYS structure to undertake political action. Foucault would argue that the recognition of the SDOH may be sufficient, leaving staff to consider their own activation independently.

However, though most IYS implement measures that start to address social change such as youth engagement structures, none of the research participants as individuals or institutions discussed a formal approach to considering issues of health equity. Not addressing SDOH as social justice

issues has ramifications for staff and their institutional relations with youth and with partners. Staff did not report that their work directly addressed the systems of oppression and inequity that create negative SDOH. An increased focus on antioppressive analysis and action would both address causes of negative SDOH and invest in advocacy skills among youth to strengthen their ability to advocate for social change. At this point, IYS staff do not seem to address issues of power and oppression when dealing with SDOH: “They might not want people to know that they’re looking for help to withdraw [from a drug] ... or that they’re ‘oh yeah, I’m looking for housing,’ which may evolve to ‘hey, I actually might need counselling’ ” (P15, Harm Reduction Coordinator). This staff perspective focuses on addressing SDOH as a service objective. This is a missed opportunity for developing a deeper understanding of oppression and how it affects mental health, which may in fact help improve youth mental health and well-being more collectively and sustainably in the long term. This does not seem to be the work of IYS staff at this point.

IYS theory remains focused on addressing individual needs—though they may be caused by systemic issues—and IYS dialogue seems to stop short of naming the structural issues that can create the need for youth services, such as socioeconomic inequality, racism, and more. An enhanced focus on naming and understanding structural issues could be built into programming. For instance, the youth engagement structure could develop a Terms of Reference that includes advocacy training and solidarity work on dominant social issues. Youth can also be supported to undertake their own policy advocacy with different levels of government and policy makers. A SEM approach may strengthen the capacity of IYS initiatives to not only address the impacts but to name and perhaps start addressing structural inequalities. Future considerations with regards to using the SEM would be whether the model would be too restrictive in naming

systems and processes that in some way limits youth naming of experience and staff responsiveness. To more effectively address SDOH, IYS need to apply an explicit health equity lens, which was not articulated by participants. The international momentum behind IYS—and the importance SDOH is accorded by this study’s participants—offers an opportunity to define an equity framework for IYS. Engaging in social justice work without the right support can be risky for staff.

Poststructuralism emphasizes the importance of self-reflection and sees the promise in how an increased understanding of one’s own position in terms of power can inspire action and change. Poststructuralism, as posited by Foucault, never assumes action is required or will be undertaken. In an interview published in 1988, Foucault clarified that he saw his role as showing that people are “freer than they think they are.” (Foucault, 1998). Many staff spoke to the importance of self-reflection and their own identity in doing this work. This self-reflection may lead to increased understanding and action by staff that links IYS with SDOH.

If a youth did not remain engaged in a traditional service setting (that focused on providing one kind of service), often service providers would not see them again. Because of the wide-ranging and ongoing nature of IYS initiatives, IYS staff are more likely privy to the ongoing struggles of the youth seeking services, even if those are reflections of current constraints in the youth mental health system and have nothing to do with the IYS or the staff person. Thus, between developing ongoing relationships and witnessing service failure and youth struggles, staff can find themselves in uncomfortable situations. This experience then also calls upon management to support staff in uncertain contexts.

Systemic inequities and disparities can also be a barrier to youth accessing what they need. Small organizations may not have the financial or human capacity to engage in integrated

projects, yet their perspective may be important because of their focus on specific communities, such as Black or Indigenous youth, or on specialized services that are not widely needed but critical when they are (Mathias et al., 2021). Some diverse communities may not have the trust to become part of broader engagement efforts due to past negative experiences with more mainstream institutions (Mathias et al., 2021).

The work of staff to link youth with diverse services also withholds power from youth. By acting on behalf of youth to liaise with outside organizations, the staff become the agent of the youth, which may lessen or at the very least not enhance their ability to self-advocate. IYS could address or upset these power dynamics by implementing approaches that centre youth engagement, such as specific training that explains the structure of health and social services, what youth have rights to in terms of services, common challenges in service seeking and how to advocate within systems. This type of approach could lessen the feeling that service challenges are an individual problem and emphasize the systemic challenges faced by youth. Health care is a system of systems, and so is youth services. No matter how many services are part of an IYS, there is always a point where youth will need to interact with another part of a system or a different system that may not share the IYS commitment to equity. Transition planning from child and youth to adult services is becoming more common including within mental health but a social justice lens may make it more effective.

Responding to Diverse Sources of Knowledge

Major pillars of IYS—youth engagement, family engagement, and peer support—acknowledge different sources of knowledge about what constitutes effective services than traditional clinical and research-based knowledge. Using these forms of knowledge elevates experiential knowledge as a type of expertise (Canas et al., 2021). In IYS, this concept of lived expertise is reflected in

principles, actions, programs, staff positions, and more. However, much like how IYS address the SDOH, opportunities to frame and implement lived experience as a power shift are often lost in implementation.

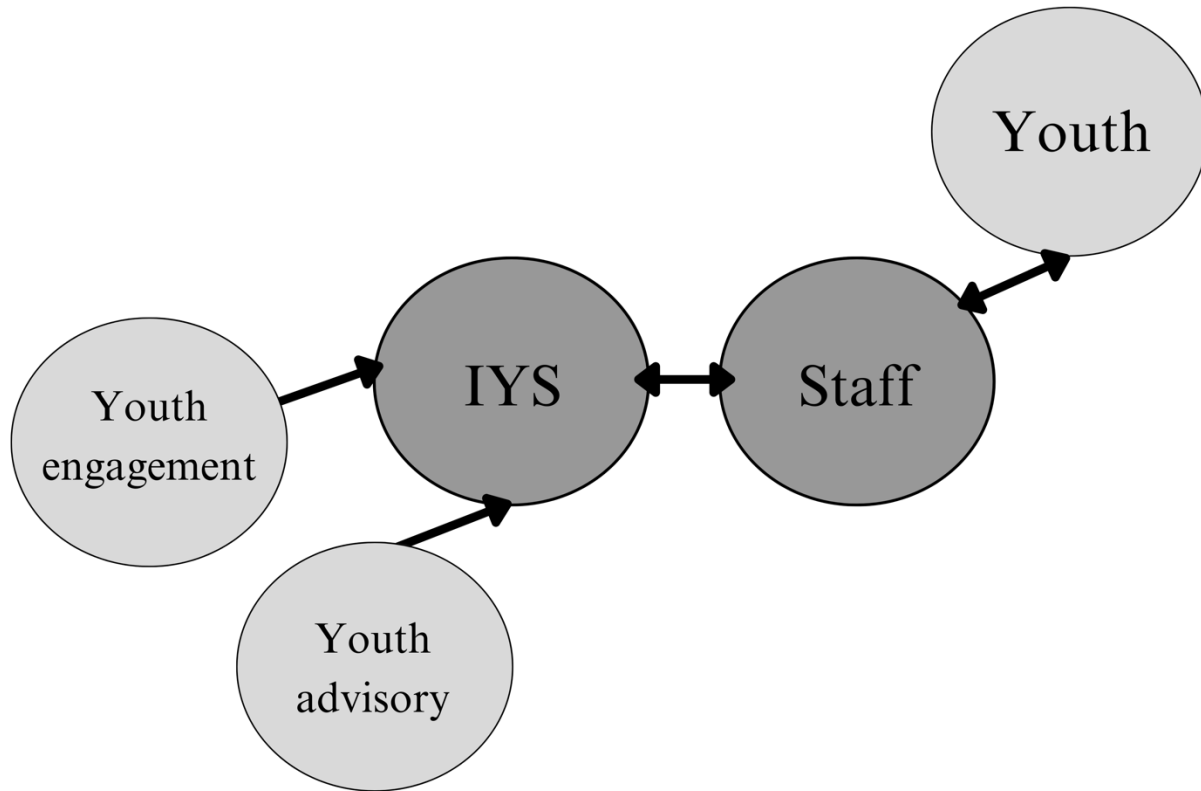
Staff Are Engaged in the Power Exchange of Youth Engagement

Declaring and demonstrating a commitment to youth engagement is a direct way to articulate the commitment of an IYS to rethink sources of knowledge and restructure power in youth mental health. In IYS, it is linked most often to service improvement, a pledge, and an action to overcome past weaknesses in relevance and effectiveness. However, the quality of and approach to youth engagement matters, and research participants did not share a common, evidence-based approach to youth engagement in their work.

In interviews, staff in management roles recounted their conviction that youth engagement was fundamental in shaping their institution and its services and reported youth engagement as a key principle that informed IYS development. After the establishment of IYS, standpoint staff are responsible for activating the input of youth engagement processes in direct ways in services and programs. Standpoint staff identified youth engagement as a foundational principle, but a limited number of standpoint staff described how they were involved directly in developing the youth engagement approach of their institution. Instead, they remained responsible for ensuring that the youth experience reflected the youth engagement in the institution. Figure 4 provides a visual representation of how staff are on the front lines responding to youth seeking services but often not directly connected to a youth engagement structure. Thus, the youth engagement policy is mediated through the youth engagement structure and other staff in the IYS.

Figure 4

Youth Engagement Map



The work of staff should reflect back to youth how their engagement—in other words, their power—has been taken into account in programs and services. However, for staff to respond to any level of youth engagement, they need to remain aware of the boundaries within the institution and how they can respond to youth needs and priorities using the discourse of the institution. In most research, participant institutions, youth, and staff meet in a bounded system. Both staff and youth then have avenues to provide feedback to the institution on the effectiveness of the youth engagement approach. Figure 4 reflects these different institutional relations.

There are many institutional actions where staff have an important role that can cause disjunctures and reveal how little power staff actually have in this role. In IE, language is

perhaps the first indication and experience of disjuncture. D. E. Smith (2005) recognized “language as coordinator” (p. 3). Standpoint staff used “youth engagement” to mean a wide range of activities, from consultation to leadership, and it was not clear in their accounts how youth engagement was defined. Yet, despite this lack of consistency in the use of the term, “youth engagement” creates action within the institution and builds ruling relations. Standpoint staff could be at many points of disjuncture in youth engagement, from institutional policy to practice, from experience to evaluation. All the points in Figure 4 can become points of disjuncture. Why is this important? IYS is founded on shifts in knowledge and power, so when this does not occur successfully or occurs in a superficial way, it not only inhibits power shifts but reinforces inequities.

More broadly, this lack of conceptual consistency and implementation measurement reflects how many IYS institutions and standpoint staff lack connection to IYS research, evaluation, and knowledge translation. This limits their capacity to interpret institutional commitments in programming and to understand how their actions are intended to connect with broader policy frameworks. It also inhibits the creation of their own knowledge and results in no shift in power. A social justice–based, transformational approach to youth engagement would ensure that youth are engaged on an ongoing basis, addressing issues they deem priorities (Iwasaki, 2016).

Staff Are Engaged in the Power Exchange of Peer Support

Peer support is another aspect of IYS that challenges the dominant power structures in youth mental health. As a formal part of service offerings, it elevates lived experience to an official capacity. It also emphasizes a positive perspective of mental health by bringing in broad ideas of wellness and recovery, increased service engagement, and promising signs of reducing

mental health care disparities amongst diverse youth (Hiller-Venegas et al 2022; Munson et al, 2022). As another way of institutionalizing lived experience into IYS initiatives, peer support could be an important part of a values shift in IYS. A peer support program can be both formalized, in that it professionalizes and supports the role, helping to avoid unstructured trauma sharing, and yet remain flexibly responsive as per the IYS approach (Hiller-Venegas et al, 2022).

Staff With Lived Experience

Some staff discussed their personal experience with mental health concerns and mental health services during the interviews. IE as a methodology welcomes the analytical linkages between individual experiences and the experience of work. Like with my own experiences, participants' prior experiences are seen as a valuable source of information about the ruling relations under investigation. D. E. Smith (2005) talked about staff holding personal and work experiences by saying that a standpoint staff member "has feet in two worlds" (p. 128) and the experiences are remembered physically, mentally, and emotionally.

Using IE, these personal experiences can be linked to larger systemic issues. Recall the staff who noted that they consistently identify as a queer person in a same-sex relationship when in the IYS and working with youth. They noted that they felt the trust was amplified because of this identity and honesty. In this case, there is a clear link between their personal background and use of it to attempt to overcome systems of marginalization and oppression facing LGBTQ+ young people. This aspect of the staff's work creates a new ruling relation, from exclusion to inclusion.

Family Engagement

There were not any direct questions regarding youth engagement, yet this topic was raised consistently. Further, without prompting or direct questions, many research participants

discussed the presence of peer support in their work. However, in describing their work and its placement in the institution, not one participant mentioned family engagement.

It would be easy to assume that the lack of mention of family engagement indicates that it is not happening at the data collection sites. An IE analysis would suppose that staff did not report it in their description of work because family engagement is not part of their work, and thus does not affect how staff experience ruling relations. Discourse is key in IE, and silence or omission needs to be noted in dialogic work. A poststructural view may extend this to note that although youth engagement and peer support have been disruptive enough to traditional power in IYS to be noticed by staff, family engagement as a theory or principle has not affected power relations as much.

Staff Lack Access to Knowledge Exchange That Would Shift Power

Throughout this research project, staff reported limited opportunities to engage outside of direct service delivery with the policy and research context of IYS. Though staff often lauded the flexibility they feel working in an IYS, a lack of onboarding and organizational norms could create an uncertain situation for staff.

Limited Consideration of Complexity and Readiness

By its very nature, IYS work within a complexity that comes from having a range of unpredictable, adaptive actors in the system. A complexity perspective recognizes that IYS initiatives will not offer a single, static solution but will need to respond to diverse actors, interconnected problems, unpredictable behaviour, and emergent issues (L. A. Ellis et al., 2017; Khan et al., 2018; Plsek & Greenlaugh, 2001).

A complexity perspective also recognizes that the actions of actors affect the behaviour of others and will create new behaviour. From an IE perspective, this is how institutional

relationships are formed. IYS staff anticipate uncertainty and change and respond to it, knowing it is part of IYS development and implementation. This uncertainty also seems to be acknowledged by management. Additionally, in reacting to a youth mental system as a complex system, staff in the system will experience tensions and inconsistencies, and ideally, the organization will attempt to iteratively identify positive elements from the paradoxes. This was confirmed by a participant who noted, “Especially from a management point of view, it is harder to manage because there are so many factors at play and there is a lot of bending that you need to do. Also, we see it in the complexity of coming through, we see it in how folks are with us” (P7, Access Manager).

In order to effectively manage in a dynamic environment, staff need to feel trust from their institution to make the best decisions. The same manager said, “Ensuring that there’s trust there and that folks can come to me, because that is something really vulnerable to tell a manager and say like ‘Yeah, I’m not doing well right now.’ There is a lot of stigma around saying those things, because you don’t want to look like you aren’t strong enough to do the job that you’re doing, and that’s not true” (P7, Access Manager). Acknowledging complexity does not take away from undertaking purposeful service provision with youth. In fact, acknowledging the complexity in a system can support better intersectional engagement. A CAS framework would offer structure, identify training needs, and result in a more systematic approach (Khan et al., 2018).

It was surprising in this research to have staff recount how they started without orientation support. As well, ORC considerations were limited to commenting on the shared perception of the need for change in the youth mental health system. Change valence is an important

component of ORC, yet the type of systemic change management and orientation processes that underpin successful ORC processes were lacking at the IYS sites of research participants.

Knowledge Translation

In my previous work in youth mental health and IYS initiatives, I was always connecting to research and knowledge mobilization efforts, including conferences, webinars, and research applications. This represented a collective approach to knowledge translation, including developing resources to share and engaging in the knowledge exchange. From that perspective, the commitment to EBPs in IYS was clear, and the efforts toward knowledge translation were evident. There are national and international evaluations, research, and standards available to guide IYS implementation in Canada. However, in this research, staff are not connected while management may be.

In interviews, staff reported feeling IYS models were more effective than previous experiences, yet also reported a lack of access to research evidence and evaluation. Staff answers revealed a lack of shared understanding of what type of information would constitute research or evaluation. At the same time, staff also used common terms related to knowledge translation in youth mental health. In these cases, staff seemed confident of their use of certain terms and of their meaning, despite articulating feeling distance from research and evaluation and also at times misunderstanding those terms. Research was understood by one participant to involve reaching out to other services to understand their services better or looking at polling data. Only three participants discussed having access to academic research and two indicated they have or have had some way to access it. There was similarly a mix of understandings of the term “evaluation” and an overall feeling of lack of access to doing or reviewing evaluations.

An important part of IE analysis is identifying and querying the work language used by staff. It may include commonly used terms that develop a specific meaning in context. “Welcoming” in an IYS is surely different than “welcoming” in a customer service environment, for example, and in each case the concept of “welcoming” is a front for detailed service aims. Staff use their work knowledge and work language to mediate between the objective of work (improved youth mental health) and the processes by which that is achieved.

Most staff indicated that they feel they cannot achieve work objectives without a relational and flexible approach. It appears that the perceived requirements of the type of IYS they engage in is beyond, or at least blurs, what would commonly be used as professional boundaries in youth mental health. Texts and formal agreements are not always in place, and so the success of collaboration appears to rest heavily on the actions of the staff. Staff are more likely to pick up the phone to discuss youth needs and to refer youth to other services instead of relaying information from youth in a formal document through a formal system. They are responsible for conveying to partners the approach of the IYS and the commitment to youth engagement and other characteristics, and then responsible for supporting youth to access services that may not be youth friendly.

Smith & Griffith (2022) offered the concept of the first reflection in IE, which aligns with the first problematization from Foucault. The staff could identify how power structures in previous models inhibited services—through wait times, lack of peer support, lack of youth engagement—but they need research, evaluation, and knowledge translation to assess how power structures affect their work in IYS. Although IE does not see staff as subjects, Foucault would see staff as subjects, but not in sociological terms. Foucault’s analysis would see the subject as

still restrained by the power structures and governmentality of the institution. Foucault also saw this as an expression of subject's agency.

Agency would not be possible without power relations, distinct from power dominance (Foucault, 1982). Self-reflection is also needed for agency and can identify sites of resistance. It could be argued that staff need to be able to take this self-reflection into the collective reflection processes of knowledge translation. Knowledge translation processes support reflections by identifying problematics and understanding the possible avenues for change. Using the insights from IE and poststructuralism to apply a complexity perspective in the planning and implementation of IYS would inherently mean a stronger commitment to self-reflection and self-actualization. Managers need to see this as part of how they manage change in IYS.

For staff, this lack of access to knowledge translation reinforces their marginalized position within the organization. Important concepts such as IYS and youth engagement become language that staff use without clarity and a shared understanding in context, meaning, and use. These "shell terms" (D. E. Smith, 2005, p. 112) are present throughout the institution and in the broader institutional context such as in reports, at meetings, in webinars, and at conferences. They have become common language to describe how people's institutional activities are organized, yet staff did not report being introduced to the specific definitions of these terms as used by management and researchers. This affects the position of staff. It is difficult to implement concepts whose definitions are not shared or well understood.

There is limited scope within current standpoint staff work in IYS to expand beyond a focus on service delivery to transformative actions that challenge systemic gaps and challenges, such as policy advocacy. Yet, from a complexity perspective, it is important for institutions to support staff to be coproducers; they are responsible for supporting coproduction with youth but

their current role appears limited. Working from an intersectional and poststructural framework would allow staff to reflect on their experiences and how their work reinforces dominant discourses.

Staff may begin to see how power is flexible and negotiable. They may identify how to shift to addressing SDOH through IYS projects. Staff in IYS are also supported by the commitment to youth and family engagement in IYS, as the input of stakeholders can be an important action in disrupting and repositioning where power lies, thereby offering the opportunity to significantly affect the conceptualization and delivery of services. By locating youth mental health needs beyond the aspects of services, they can create new ways of addressing challenges. A poststructural framework can help staff understand how power, discourse, and structure are and are not replicated in IYS. Staff are uniquely placed to evaluate this.

In interviews, staff used work language such as “intake form” and “welcoming space” to describe how youth are greeted and welcomed into services. The work language used by staff represents past ruling relations in other services and how responding to the ruling relations within an IYS is different. IYS institutions need to respond with discourse that considers this broad conception of work through recruitment, performance assessment, and other human resources processes. Relational skills need to be quantified, for instance, to protect against hiring based on a perceived “fit,” which can create a clear risk for equity (El Arnaout et al., 2019).

Access to evaluation and research is an equity issue, both at the institutional level and at the level of individual staff. Despite the success of large projects like ACCESS Open Minds, most youth mental health programs and organizations are disconnected from research and underfunded for evaluation (Halsall, Manion, Iyer et al., 2019). This results in organizations that

may struggle to meet the policy and program frameworks of other organizations. Organizations that serve marginalized youth or work on stigmatized issues, such as substance use, are often the organizations most removed from stable funding, research, and evaluation (Waller et al., 2022).

Knowledge translation models also provide for the integration of lived experience and thus a more rigorous approach to knowledge translation. Knowledge translation models address the need for access to evidence-based information to support sustainable policy and practice change, and ones that are inclusive and participatory are often more successful (Lawrence et al., 2019; Ramanadhan & Viswanath, 2018). There is a need to involve all stakeholders in EBPs. In this research, staff revealed limited access to and use of evaluation and research. Better access to research and evaluation for staff would allow integration of practical experience and innovations in the field by what they and peers hold in terms of knowledge.

Limitations

Effects of COVID-19 Pandemic

IE research should take place in the “work.” But what if the work is unclear or in evolution? The distance between staff and their actual workplace during the interview period may present some limitations. The majority of participants (17 out of 19) were literally not in their IYS workplace at the time of the interviews and were working remotely. The interviews also took place at a time where services seemed to largely be in their initial COVID-19 transition period, and staff were connecting online with youth and evaluating how to offer supports. On the one hand, this removed staff from the normal cues and rhythms of the workplace, which would have informed the experiences they related in the interviews. Conversely, staff seemed well placed to be reflective on their experiences in IYS thus far and appeared to focus on the elements they think are most critical, such as trust, relationship building, and connecting, both before and

during the pandemic. There was consistency in reports across participants. My sense was a heightened level of reflectiveness as participants were able to hold their description of their work “still” and not be as influenced by ongoing events.

Largely, the distance from experience does not matter in IE because the researcher is not actually studying experience but social relations. D. E. Smith (2005) said that experience can be revealed that “has feet in two worlds” (p. 128). It is remembered physically, mentally, and emotionally. It also changes when it is shared. The staff cannot control how the researcher is listening to their experience, and in fact, the researcher is constantly interpreting. In IE, ethnographic workplace observations can function as an informal interview as well as an opportunity to identify and query the use of institutional texts in communication and decision-making. Participants in this research may have omitted institutional texts that are in use because the interview relied on formal, virtual sessions. As reported, in relating how they experienced their work and how they made their work “work,” participants made limited reference to the use of texts. Although this was interesting in and of itself, it also meant that I did not have the opportunity to see examples of how texts did work in workplaces.

Since data collection in 2020, IYS initiatives across Canada have continued to expand in many ways. There continue to be individual services being developed that draw on IYS principles. More provincial IYS networks have been announced by provincial governments. In addition, there is increased recognition at the federal level of the IYS model with the launch of IYS Net, a new knowledge sharing and practice development initiative. Participants in this research reported a consistent lack of access to evaluation and research. It is possible that the continued growth of IYS initiatives, particularly in formalized provincial networks, will lead to improved standardization of staff ORC and access to knowledge translation.

Intersectionality

The data collection for this research also took place during a period of community activism, including youth activism, in the Black Lives Matter movement. For many organizations, including IYS sites, 2020 became a year of reckoning with institutional structures, composition, and engagement accountability with Black individuals, organizations, and communities (Carney & Kelekay, 2022; Nartey, 2022).

Of course, an intersectional approach considers a broader range of identities and experience, but it was specifically the Black Lives Matter movement and momentum that affected this research project. Though not the focus of the research and not raised by participants during the interviews, informal conversations pre- and post interview revealed that the majority of IYS sites were undergoing substantive organizational reflection and change exercises in response to Black Lives Matter. Many participants struggled to discuss racism and violence. They indicated that their IYS initiatives were deeply exploring these questions and that this process was, at times, difficult. Based on the first few interviews, I decided not to pursue an intersectional analysis that began with a survey, which was part of my original research plan. It was an ethical dilemma—staff revealed how they were impacted but the process was also in course and felt deeply personal, emotional, and volatile. Methodologically, I worried about continuing access at some sites if I were to administer the survey, which asked detailed questions about how each participant identified in terms of race, culture, sexual orientation, gender identity and expression, socioeconomic status, education, and registration in a profession. My intent had been to use this data in the analysis of interviews to see if there were any differences in workplace experiences based on different aspects of identity.

Methodology

IE provided a strong basis from which to focus on how the experience of IYS staff matched IYS policy commitments that prioritized shifting how power worked in more traditional youth mental health settings. It was also important that IE allowed me to draw on my personal and professional ethnology given the changes in data collection necessitated by the COVID-19 pandemic. Nonetheless, there were of course limitations with this methodology. It excluded the voices of youth and family as service recipients in the data collection process, which is an important cornerstone of IYS. As well, the SEM is being given consideration by researchers to understand and evaluate the IYS model. As a method of inquiry, IE's structural preoccupations are mostly limited to within the institution, rather than the broader societal structures.

Transferability

As discussed previously, the COVID-19 pandemic meant that data collection was done through virtual interviews outside of an IYS and almost always (17 out of 19) in people's personal space. This distance from the IYS allowed staff to gain perspective in terms of reflecting back on what had been done.

At the time of writing, the pandemic has not been declared over. In Canada, IYS services are offered in person, with some services available through online access. It is not within scope of this research to undertake a comparative study at this point. Nevertheless, some of the transferability of this research may be limited by the time in which it was undertaken.

Future Research

Diversity of Models

In the period since this research project began—and despite the COVID-19 pandemic—the number of IYS initiatives has increased across Canada and around the world (Malla et al., 2021).

As discovered through this research, there is a vast array of IYS initiatives that use different models but adhere to core principles. The issue of fidelity in the implementation of IYS needs to be further examined. As recounted through staff interviews, the initial public health responses to COVID-19 resulted in a period of paused services, and it is not clear how this affected current implementation. Once services resumed, new and ongoing models continued to generate increased practice knowledge, yet staff were faced with a lack of in-person learning and networking. This may have inhibited the sharing of experience and practice, as connecting has relied on existing networks and relationships. An additional study on this period of forced service pause and change could seek to better understand the experience of staff in providing online and hybrid services.

Texts and Role of Online Connecting in IYS

As noted previously, texts were used less frequently than I had anticipated. These include administrative texts used to share information and link to both internal and external services. Instead, many referral pathways appear to rely on in-person and less formal connections. Perhaps, though, the type of texts that are replicable and shared to organize ruling relations are also changing. The issue is less about the use of texts and more about what this tells us about how power is used to create management structures. Institutions can operate without texts. This gives staff power, but also expose

In IE, texts are seen as being used by people in institution to incite an action and that how texts are exchanged is one way to reveal ruling relations; I had anticipated the text-action-model sequence as Figure 2 outlines. Instead, the texts identified by participants seem be more passive and less active than anticipated. For example, no text is used for initial access of a service. Some participants identified using a basic intake form or a consent form, yet these were completed to

meet minimum safety standards. The intake form at the suburban drop-in, for instance, was used simply to collect emergency contact information. Consent forms were seen by participants as more important. They are a standard of care across Canada in health and social services. Yet participants did not use them directly in negotiating for different, external services for youth. Participants discussed their recognition of the need for diverse services that respond to diverse identities but if demographic data are not collected or used to map pathways of care, then again staff are left exposed, with little to demonstrate how they took considerations of intersectionality into account.

Future research will need to consider the role of social media used by IYS. Nichols (2014) asserted that youth work is often less influenced by institutional power than by social power. Due to the pandemic, many organizations have increased their organizational use of social media to connect with target clients (Torous et al, 2021). The challenge is to “recognize texts as they appear” (D. E. Smith, 2005). Looking at social media as an extension of how ruling relations are communicated (maybe even created) is consistent with D. E. Smith’s view of texts as developing because of capitalism. Social media is created by private companies that establish systems in which individuals and organizations place their information. Further, effective use of social media by youth-serving organizations is based on consistent and frequent use of design and trends that are often created and perpetuated by social media users (inside and outside the organization). Social media also acts as perhaps the ultimate panopticon in society. Foucault would recognize it as such: it is pervasive and activated largely by the power and knowledge obtained by observation of others. It influences actions that are often unrecognized as being influenced by social media by those that adapt them. In fact, social media moves beyond

influence and coordinates reactions. Within youth-serving organizations, it is used to share knowledge but only what the institution wants shared and how it wants it shared.

Social media posts are replicable in many senses. They often share a common look and feel. They are repeated on social media channels to aid in the promotion of messages. Often social media promotions for specific events and services will include a link where it is necessary to register, and this may be a text-like process through platforms such as Google Forms and Eventbrite. Social media posts and registration links commonly include the requirements and obligations of participation, such as age, as well as benefits and opportunities. Future research could take into account the role of social media as a socially replicable text within organizations and how it creates ruling relations. Future research could also consider what else is replicable and creates actions in IYS. Signs displayed in IYS may also be considered; they may indicate times and locations for different programs, how to participate, and the requirements and benefits.

Conclusion

This research builds on my own “first dialogue,” as noted by Smith & Griffith (2022). I began my observations as a parent trying to access youth mental health services for my child. My ethnographic immersion continued as an advocate seeking to support improved child and youth well-being, where I spent years working with and supporting advocates, clinicians, researchers, youth, and families to improve youth mental health services. It is important that IE allows for this first dialogue because it served both as inspiration and also as my first ethnographic observation. The IYS standpoint staff in this research also revealed their own first dialogues. All reported experiences in other models of youth mental health as a staff person, the shared sense of the need for change in the system and often they also have lived experience.

My first personal and professional periods of observation were during a time of increased need for youth mental health, a global drive to use evidence and evaluation, and rapid development of IYS. Likewise, this was the context that the research participants lived and worked in. Their reflections on IYS were overwhelmingly positive, focused on the ability to compensate for perceived shortcomings in the “regular” youth mental health system such as wait times, the ability to address SDOH, and the ability to move fluidly between types and levels of care.

The lack of references to key policy underpinnings does not mean that the standpoint staff did not reveal compelling reflections on how their work achieves the goals of IYS, illuminating a key point from D. E. Smith and Griffith (2022) that “what is striking about people’s experiential resources is that they can always tell more” (p. 21). IE shows how IYS approaches are organized from external decisions rather than those of the staff but rely on staff to be successful, even when staff are not well supported to access the research and policy base of the initiatives.

The experiences of IE staff could be seen as analogous to the mothering work that D. E. Smith and Griffith (2022) grounded their study in. That work includes unspoken and unanticipated tasks such as deciding what snacks or meals to have available, or who is likely coming to drop-in and what might they like or need. Their role is anticipating needs and then fitting them into a structure, whether as for D. E. Smith and Griffith (2022) it’s the public school system or IYS sites as in this study. This work demands professional and personal investment.

This research demonstrates that the institution in IYS models maintains most of its traditional power to set priorities, determine service models, and allocate power, influenced by the broader research and evaluation environment that addresses issues like youth engagement. IE research

permits an analysis of the exact working conditions of staff to test how the IYS has been implemented. Staff do not gain new power but are deeply involved in the exchange of power, and thus are sometimes able to address broader issues of inequity and oppression through attention to the SDOH. Staff are hired to support youth mental health. The IYS structure creates work to be done that is not direct to this, and much different from previous employment experiences. Yet the “welcoming atmosphere” that staff provide does not originate from the staff, but from the structure.

More importantly, IE’s focus on including in its analysis a generous conception of work, including formal and informal responsibilities and tasks, confirmed the central role of staff in the institutional actions that move power within organizations. Standpoint staff revealed themselves to be there at critical institutional junctures between the youth and the institution, and to be part of the ruling relations structure of IYS. These points include how youth access services at the IYS site and with partners, how youth engagement is undertaken and implemented, and how peer support models are included. Understanding this, and not confusing their accountability to youth, is an important part of managing their work activities. They may appear to have more power in informal structures that rely on their own leadership and connection, but this appears to involve more risk. Yet their reflections remained limited in terms of the role of power in how youth mental health has been conceptualized and services structured. Most surprising is the revelation that staff are essential in the exchange of institutional relations and some changes in power in youth mental health services yet they experience little change in their power.

Given the present level of interest in IYS initiatives, both within Canada and worldwide, I anticipated that there would be a certain amount of standardization in how IYS were being implemented, including this collaborative approach. However, following the data collection and

analysis of the findings, this initial theorizing is not borne out. It became apparent that there remains diversity across IYS in terms of organizational structure and institutional service models, and this is particularly striking in the area of collaboration to address SDOH. The current reality among Canadian IYS initiatives is often far more fluid and dynamic, particularly in the organization of collaborative service models. There are important implications for staff, with unclear boundaries and accountabilities, and unidentified power that could be surprising.

Research participants revealed, however, a shared commitment to the principles of IYS, starting from their commitment to activating change in the youth mental health system to enhance its perceived effectiveness. IE allows researchers to build an understanding of the political structure of power in an organization from the information provided by standpoint staff (Cupit et al., 2020). Staff value their work in IYS but remain in a precarious web of institutional relations. A gap persists between policy promises to address issues of power to enable better outcomes and the experience of staff in IYS.

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Appendix A – Email Invitation to Participate in Research (Organization/Management)

[Date]

To Whom It May Concern:

My name is Lisa Lachance. I am a doctoral student in the Faculty of Health at Dalhousie University, under the supervision of Dr. Michael Ungar.

I am researching new models of integrated youth services, through the experience of staff who work directly with youth and attempt to coordinate different services, ranging from clinical mental health services to the services of non-profit organizations. I think this aspect of integrated youth service initiatives is particularly essential in supporting young people with complex needs or who face structural marginalization and are more likely to access NPOs services and programs for basic needs, such as education, employment, and housing and also benefit from integrated services with NPOs. I hope that increased understanding the experiences of staff can help inform service implementation.

I am hoping that you may consider participating in this research project.

As a program manager who works directly with youth and helps coordinate services for youth, I would like to complete a semi-structured 60 interview, using the Zoom online platform or via phone if preferred. In total, I hope to complete 20 interviews with participants working at IYS sites across Canada. There is no obligation to participate. I do not anticipate many risks with participating, aside from the time commitment. All of your responses and input will be anonymous, and all attempts will be made to avoid using identifying information.

I would like a chance to explain my research and to answer any questions.

Thank you,

Lisa Lachance

Appendix B – Email Invitation to Participate in Research (Research Participants)

[Date]

To Whom It May Concern: (personalized salutations will be used)

I am writing to inquire about working with your organization on a research project for the PhD program in the Faculty of Health at Dalhousie University, under the supervision of Dr. Michael Ungar.

I am researching new models of integrated youth services through the experience of staff who work directly with youth and attempt to coordinate different services, ranging from clinical mental health services to the services of non-profit organizations. This aspect of integrated youth service initiatives is particularly essential in supporting young people with complex needs or who face structural marginalization and are more likely to access NPOs services and programs for basic needs, such as education, employment, and housing and also benefit from integrated services with NPOs. I hope that increased understanding the experiences of staff can help inform service implementation.

I would like to semi-structured interviews lasting no more than 60 minutes with staff directly involved in assessing and organizing integrated services. I would also like to review the forms and documents used to communicate youth service needs both within your organization and when you connect with others.

I would also like to complete semi-structured interviews lasting no more than 60 minutes with one or two managers in your organizations, as well as mental health clinicians (if applicable), using the Zoom online platform or via teleconference.

I recognize that this proposed research project will require a significant commitment of time from project and research staff. I hope that my work to be useful in the implementation of integrated youth services initiatives in Canada.

I would like to understand if my proposed research is feasible within the context of your organization. Could we arrange a call to discuss further? I look forward to your comments and questions.

Kind regards,

Lisa

Appendix C – Email Invitation to Participate in Research (Managers)

[Date]

To Whom It May Concern:

My name is Lisa Lachance. I am a doctoral student in the Faculty of Health at Dalhousie University, under the supervision of Dr. Michael Ungar.

I am researching new models of integrated youth services, through the experience of staff who work directly with youth and attempt to coordinate different services, ranging from clinical mental health services to the services of non-profit organizations. I think this aspect of integrated youth service initiatives is particularly essential in supporting young people with complex needs or who face structural marginalization and are more likely to access NPOs services and programs for basic needs, such as education, employment, and housing and also benefit from integrated services with NPOs. I hope that increased understanding the experiences of staff can help inform service implementation.

I am hoping that you may consider participating in this research project. As a Manager who supervises staff that are responsible for identifying and coordinating integrated services for youth, I would be interested in your perspectives on how integrated services are implemented through a 60-minute semi-structured interview, using the Zoom online platform or via phone. In total, I hope to complete 20 interviews with participants working at IYS sites across Canada.

There is no obligation to participate. I do not anticipate many risks with participating, aside from the time commitment. All of your responses and input will be anonymous, and all attempts will be made to avoid using identifying information.

I would like a chance to explain my research and to answer any questions.

Thank you,

Lisa Lachance

Lisa.Lachance@dal.ca

Appendix D – Email Invitation to Participate in Research (Mental Health Clinicians)

[Date]

To Whom It May Concern:

My name is Lisa Lachance. I am a doctoral student in the Faculty of Health at Dalhousie University, under the supervision of Dr. Michael Ungar.

I am researching new models of integrated youth services, through the experience of staff who work directly with youth and attempt to coordinate different services, ranging from clinical mental health services to the services of non-profit organizations. I think this aspect of integrated youth service initiatives is particularly essential in supporting young people with complex needs or who face structural marginalization and are more likely to access NPOs services and programs for basic needs, such as education, employment, and housing and also benefit from integrated services with NPOs. I hope that increased understanding the experiences of staff can help inform service implementation.

I am hoping that you may consider participating in this research project. As a mental health clinician working collaboratively with integrated services, I would be interested in your perspective on how integrated services are implemented through a 60-minute semi-structured interview, using the Zoom online platform or via phone.

There is no obligation to participate. I do not anticipate many risks with participating, aside from the time commitment. All of your responses and input will be anonymous, and all attempts will be made to avoid using identifying information.

I would like a chance to explain my research and to answer any questions.

Thank you,

Lisa Lachance



Appendix E – Consent Form (Research Participants)

CONSENT FORM

Project title: The experiences of staff working in integrated youth services

Lead researcher: Lisa Lachance, PhD Candidate, Faculty of Health, Dalhousie University
(Lisa.Lachance@dal.ca)

Other researchers

PhD Supervisor: Dr. Michael Ungar, Professor, School of Social Work, Faculty of Health,
Dalhousie University (Michael.Ungar@dal.ca)

Funding provided by: N/A

Introduction

This is an invitation to take part in a research study being conducted by me, Lisa Lachance, a doctoral student at Dalhousie University, as part of my PhD program. Choosing whether or not to take part in this research is entirely your choice. There will be no impact on your employment if you decide not to participate in the research. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

You should discuss any questions you have about this study with me. Please ask as many questions as you like. If you have questions later, please do not hesitate to be in contact.

Purpose and Outline of the Research Study

This research seeks to better understand how integrated services for youth are being implemented, with a focus on how these initiatives are integrating clinical mental health services and non-profit services and programs to respond to the needs of youth.

I will conduct semi-structured interviews that will last approximately 60 minutes with research participants, using the Zoom online platform or via teleconference. I would also like to conduct semi-structured interviews with other staff such as managers and/or mental health clinicians; it will depend on the structure at each site. I will also be looking at the forms and documents that you use to communicate youth needs to other parts of your organization or other services.

Who Can Take Part in the Research Study

You may participate in the study if you are over 18 years old, work directly with youth, and help coordinate a range of services for youth. This role should be specific in your job description and ideally, you have been in your role for at least six months. Also, you are able to participate if you have recently left a similar role within the past six months.

Interviews will also be sought with staff in management positions within the research sites (who may not work directly with youth) and also mental health clinicians who provide mental health clinical counselling.

What You Will Be Asked to Do

Participating in this research will involve the following:

Completing a semi-structured interview with me that will last up to 60 minutes

Possible Risks and Discomforts

The interviews will take place online using the Zoom platform or directly by phone, and should not present any unusual physical or mental risk. If you need a break or to end your participation, you can do so at any time. You can request to have specific information gained during the interview to be removed up to six months following the observation period and/or interview. I will my best to keep your information confidential as discussed below in section “How your information will be protected.”

Possible Benefits

Across Canada and around the world, those that work with youth are constantly trying to identify and assess new ways of providing services to youth that meet their needs. Integrated youth service models are relatively new in their design and it is hoped that this research project will provide valuable insight into ongoing and future service design. I have been involved in a number of integrated youth service initiatives and hope that because of these professional connections, my research will be accessed by a number of service providers.

Compensation / Reimbursement

There is no planned compensation for participation. Observations and interviews will take place during regular working hours.

How your information will be protected:

The interviews will be recorded. The recording will then be transcribed and these transcripts will be read and analyzed. Each participant will be assigned a non-identifiable coded name during the transcription and this will be used through the analysis process. It is possible to have portions of your discussion or specific information removed within six months of the interview if you wish. Information that you provide to me will be kept private. Only I will have access to this information. All your identifying information will be securely stored. All electronic records will be kept secure in an encrypted file on the researcher's password-protected computer, with a copy on the Dalhousie University secure server.

Every effort will be made to protect the confidentiality and privacy of participants. I will describe my findings in my thesis, in presentations and in journal articles. I will be very careful to only talk about group results so that no one will be identified. This means that ***you will not be identified in any way in our reports***. However, given the diversity of IYS initiatives and the unique characteristics found at each site, as well as the potentially small number of staff at each site, it may be difficult to provide enough contextual description while maintain confidentiality. We will work with you toward the best possible solution.

If You Decide to Stop Participating

You are free to leave the study at any time. If you decide to stop participating at any point in the study, you can also decide whether you want any of the information that you have contributed up to that point to be removed or if you will allow us to use that information. You can also decide for up to six months from the time of observations or interviews if you want us to remove your

data. After that time, it will become impossible for us to remove it because it will already be published in the research study. During the six month period following observations or interviews, if you want to consider your participation, you can pause your participation for a period of three months is possible.

How to Obtain Results

I will provide you with a short description of group results when the study is finished. No individual results will be provided. You can obtain these results by including your contact information at the end of the signature page. I also plan to offer a webinar to all participants and you will receive an email invitation to this webinar when initial analysis is available.

Questions

If you have questions about this research project at any time, I can be reached at Lisa.Lachance@dal.ca or by phone/text at 902 266 5329. You can also contact my PhD supervisor at Michael.Ungar@dal.ca.

If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca (and reference REB file # 2019-4906).

Signature Page

Project title: The experiences of staff working in integrated youth services

Lead researcher: Lisa Lachance, PhD Candidate, Faculty of Health, Dalhousie University

(Lisa.Lachance@dal.ca)

Other researchers

PhD Supervisor: Dr. Michael Ungar, Professor, School of Social Work, Faculty of Health,

Dalhousie University (Michael.Ungar@dal.ca)

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I understand that I have been asked to take part in an interview that will occur at a location acceptable to me, and that the interview will be recorded. I understand direct quotes of things I say may be used without identifying me. I agree to take part in this study. My participation is voluntary and I understand that I am free to withdraw from the study at any time, until six months after the interview.

_____	_____	_____
Name	Signature	Date

I agree that my interview may be audio-recorded Yes No

I agree that direct quotes from my interview may be used without identifying me Yes No

_____	_____	_____
Name	Signature	Date

Appendix F – Assent Process (To Be Read and Provided in Hard Copy)

Thank you for taking a few minutes to share your thoughts about Integrated Youth Service (also known as IYS) initiatives.

This interview is part of a doctoral research project led by PhD candidate Lisa Lachance, (supervisor Dr. Michael Ungar) through the Faculty of Health at Dalhousie University in Halifax, Nova Scotia.

About this discussion

- This interview will last approximately 60 minutes, using the Zoom online platform or via teleconference.
- It is voluntary. You do not have to take part if you do not want to. You can skip questions you do not want to answer. You can leave the discussion at any time. Following this session, if you want to suspend or end the inclusion of your input in this research, please contact me. This can be done up to six months from today's session. In the case of a temporary suspension of participation, this can be up to three months in duration.
- I will audio record the discussion. The recording will then be transcribed word for word and these transcripts will be read and analyzed. Each participant will be assigned a non-identifiable coded name during the transcription and this will be used through the analysis process. Every effort will be made to maintain confidentiality with the recognition that details of each IYS initiative may be inadvertently identifiable. Please let me know during our discussion if there is any specific information shared that you do not want reflected in the research.
- The discussion transcripts will be stored on the Dalhousie University secure server.

Research Ethics

If you have any ethical concerns about your participation in this research, you may contact Research Ethics, Dalhousie University at (902) 494-1462, or email ethics@dal.ca (and reference REB file # 2019-4906).

Do you have any questions or concerns about this interview?

Appendix G – Interview Questions

1. Can you tell me about your work here at [insert organization name]?
2. Can you describe how youth access your services?
3. Can you describe what it has been like working with [insert name of IYS program]?
4. What is your understanding of integrated youth services?
5. How were you introduced to IYS approaches? What did the organization do to support your orientation to this approach? What about for other people?
6. Compare your day/work now with before working at an IYS initiative. What changed?
7. How has the IYS initiative changed young people’s use of services and programs at nonprofit organizations?
8. Compare your day/work now with before working at an IYS initiative?
9. Can you tell me about what you’re noticing through this project in your work?
 - a. What about with youth?
 - b. What about with colleagues?
10. Does the intersectionality of youth who access your service seem to affect their use of services? Can you describe your experience serving diverse groups of youth, including youth who are marginalized or have complex needs? Has your experience working with these youth changed in the IYS initiative?
11. How does your identity affect your implementation of an IYS implementation?
12. Are you recommending or implementing new services for youth as part of the IYS initiatives? Do you think the integrated approach has created increased usage of the services of nonprofit organizations? What does that look like—which services, for what and how long? How do you feel this has affected youth outcomes?

13. How do you communicate in the IYS structure about youth? What documents do you use in this process?
14. What is the decision-making process clear in your workplace? What is your role in decisions about youth treatment? Team management? Major projects? Does the IYS structure seem to give you more or less power in decision-making?
15. How does your work and the IYS initiative access the information you need in terms of evidence or evaluation? Can you provide me with an example from your recent work that shows me what you mean?
16. What do you think has supported your work within an IYS initiative? Can you provide me with an example from your recent work that shows me what you mean?
17. What has been challenging in working within an IYS initiative? Can you provide me with an example from your recent work that shows me what you mean?
18. Can you identify one aspect of work that you would describe at the most significant change for organization? For youth?
19. What would you do differently?
20. What would you recommend?

Appendix H – Interview Question for Management and/or Administration

Assent process (to be read and provided in hard copy)

Thank you for taking a few minutes to share your thoughts about Integrated Youth Service (also known as IYS) initiatives.

This interview is part of a doctoral research project led by PhD candidate Lisa Lachance, (supervisor Dr. Michael Ungar) through the Faculty of Health at Dalhousie University in Halifax, Nova Scotia.

About this discussion

- This interview will last approximately 60 minutes, using the Zoom online platform or via teleconference.
- It is voluntary. You do not have to take part if you do not want to. You can skip questions you do not want to answer. You can leave the discussion at any time. Following this session, if you want to suspend or end the inclusion of your input in this research, please contact me. This can be done up to six months from today's session. In the case of a temporary suspension of participation, this can be up to three months in duration.
- I will audio record the discussion. The recording will then be transcribed word for word and these transcripts will be read and analyzed. Each participant will be assigned a non-identifiable coded name during the transcription and this will be used through the analysis process. Every effort will be made to maintain confidentiality with the recognition that details of each IYS initiative may be inadvertently identifiable. Please let me know during our discussion if there is any specific information shared that you do not want reflected in the research.
- The discussion transcripts will be stored on the Dalhousie University secure server.

Research Ethics

If you have any ethical concerns about your participation in this research, you may contact Research Ethics, Dalhousie University at (902) 494-1462, or email ethics@dal.ca (and reference REB file # XXXXX).

Do you have any questions or concerns about this interview?

1. How did you learn about IYS initiatives? How long have you worked with this IYS initiative?
2. Can you describe your experience serving diverse groups of youth, including youth who are marginalized or have complex needs? Has your experience working with these youth changed in the IYS initiative?
3. Are you recommending or implementing new services for youth as part of the IYS initiatives?
4. Do you think the integrated approach has created increased usage of the services of nonprofit organizations? What does that look like – which services, for what and how long? How do you feel this has affected youth outcomes?
5. How do you feel staff are responding? How do you orient new staff to the IYS approach?
6. Are there any common barriers or facilitators to working in this way? With staff? With partners?
7. Can you describe the decision-making process clear in your workplace? What is your role in decisions about youth treatment? Team management? Major projects?

8. How does your team access the information you need in terms of evidence or evaluation?
Can you provide me with an example from your recent work that shows me what you mean?
9. What do you think has supported your work within an IYS initiative? Can you provide me with an example from your recent work that shows me what you mean?
10. What has been challenging in working within an IYS initiative? Can you provide me with an example from your recent work that shows me what you mean?
11. Can you identify one aspect of the IYS approach that you would describe at the most significant change for organization? For youth?

Appendix I – Interview Questions for Mental Health Clinicians

Assent process (to be read and provided in hard copy)

Thank you for taking a few minutes to share your thoughts about Integrated Youth Service (also known as IYS) initiatives.

This interview is part of a doctoral research project led by PhD candidate Lisa Lachance, (supervisor Dr. Michael Ungar) through the Faculty of Health at Dalhousie University in Halifax, Nova Scotia.

About this discussion

- This interview will last approximately 60 minutes, using the Zoom online platform or via teleconference.
- It is voluntary. You do not have to take part if you do not want to. You can skip questions you do not want to answer. You can leave the discussion at any time. Following this session, if you want to suspend or end the inclusion of your input in this research, please contact me. This can be done up to six months from today's session. In the case of a temporary suspension of participation, this can be up to three months in duration.
- I will audio record the discussion. The recording will then be transcribed word for word and these transcripts will be read and analyzed. Each participant will be assigned a non-identifiable coded name during the transcription and this will be used through the analysis process. Every effort will be made to maintain confidentiality with the recognition that details of each IYS initiative may be inadvertently identifiable. Please let me know during our discussion if there is any specific information shared that you do not want reflected in the research.
- The discussion transcripts will be stored on the Dalhousie University secure server.

Research Ethics

If you have any ethical concerns about your participation in this research, you may contact Research Ethics, Dalhousie University at (902) 494-1462, or email ethics@dal.ca (and reference REB file # 2019-4906).

Do you have any questions or concerns about this interview?

1. How did you learn about IYS initiatives? How long have you worked with this IYS initiative?
2. Can you describe your experience serving diverse groups of youth, including youth who are marginalized or have complex needs? Has your experience working with these youth changed in the IYS initiative?
3. What is your experience developing treatment plans for youth that include community referrals? What has this been like within the IYS initiative?
4. How do you track or follow up on treatment plans that include community services?
5. What do you think has supported your work within an IYS initiative? Can you provide me with an example from your recent work that shows me what you mean?
6. What has been challenging in working within an IYS initiative? Can you provide me with an example from your recent work that shows me what you mean?
7. Can you identify one aspect of the IYS approach that you would describe at the most significant change for organization? For youth?