# Advancing Integrated Care for Youth: The Role of Family Physicians in an Urban, Multidisciplinary Service

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**Abstract**

**Integrated Youth Services (IYS) are increasingly implemented across Canada to address the intersecting mental, physical and social needs of young people, yet the integration of primary care within IYS remains under-documented. This article presents a qualitative, practice-based case study of Aire ouverte Montréal-Métro Berri, an urban IYS site where family physicians have been embedded as permanent members of a multidisciplinary team since 2022. Serving diverse youth aged 12–25 in a downtown context, this site offers an exemplar of integrating family medicine within a publicly funded youth service model. Drawing on an ongoing evaluation, the paper describes the implementation model, roles of family physicians and enabling organizational conditions, based on document analysis and perspectives from clinicians, managers and team members. Findings highlight how co-location, collaborative practices, shared care planning and flexible administrative arrangements supported the integration of family physicians. Reported impacts include timely access to primary and mental healthcare, improved care coordination, enhanced team capacity to manage risk and earlier engagement of youth who might otherwise not access services or access care through crisis-driven pathways. This case offers transferable insights into integrating family physicians within IYS, at a time of rapid national scaling and persistent challenges in youths' access to primary care.**

## Introduction

Youth experiencing mental or physical health difficulties, psychosocial problems or obstacles related to transitions to adulthood often face poorly coordinated and difficult-to-navigate care pathways, long wait times and fragmented services that are frequently experienced as insufficiently engaging (MacDonald et al. 2018; McGorry et al. 2024). Even before the COVID-19 pandemic, youth mental health problems were on the rise (Wiens et al. 2020) and the trend has only intensified since. In Canada, between 2019 and 2023, the proportion of 12–17-year-olds who rated their mental health from fair to poor rose from 12% to 16%. In this period, one in five young people who initially reported good mental health shifted to lower ratings, with higher rises among older teens during the COVID-19 pandemic (Rubin-Kahana et al. 2025). In response to these converging pressures, a global movement to invest in and transform youth services has accelerated.

In Canada, almost every province and territory has launched an Integrated Youth Services (IYS) initiative since 2015. By emphasizing physical and virtual co-location in youth-friendly environments, IYS aims to provide rapid and integrated access to a variety of services: mental health, substance use, physical health, sexual health, housing, school or employment support and more (Mathias et al. 2022). The transition from pediatric to adult care creates a large gap in

access to care for young people above 18. The 12–25 age range for Aire ouverte allows for continuity of care, improved services for youth with complex needs and preventive care (Toulany et al. 2022).

Access to primary care remains a major challenge for young people in Canada. Around 11% of youth under 17 lack access to a first-line healthcare provider, a proportion that rises to 27% among young adults aged 18–34. In Quebec, this challenge is compounded by a growing shift of family physicians toward private practice (Collège des médecins du Québec 2025). These trends underscore the importance of examining how primary care – and family medicine in particular – can be more effectively integrated into youth-focused service models in the publicly funded system. This article examines the integration of family physicians within an IYS and its implications for youth care.

Quebec's Aire ouverte is among the earliest IYS models to emerge and scale up in Canada. Launched in 2018 with three pilot sites – when only two other provinces had IYS in place – Aire ouverte now includes 30 service points and 14 satellite sites. Between April 2024 and March 2025, Aire ouverte services offered more than 44,000 interventions to 11,940 youth. In recent studies, youths have said that Aire ouverte made it easy to access physical and mental healthcare. They value the accessible, walk-in option to quickly meet a nurse or counsellor, and found extended opening hours reassuring (Demers et al. 2024).

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Unlike other provinces where IYS have typically been deployed by community organizations, Aire ouverte services are exclusively implemented by public organizations responsible for all primary, secondary and tertiary healthcare, as well as social services and youth protection for a given territory, that is, Centre intégré universitaire de santé et de services sociaux (CIUSSS) or CISSS when not affiliated with a university. Together, the CI(U)SSS cover the entire population of Quebec, including approximately 1.57 million youths aged 15–29 (Institut de la statistique du Québec 2025). All CISSS/CIUSSS report to the Ministry of health and social services and, since December 2024, to Santé Québec, the provincial agency responsible for coordinating the provincial health and social services network. Each Aire ouverte falls under the same authority and territory as the CISSS/CIUSSS to which it is attached. In regions that are large or densely populated, Aire ouverte operates through several sites, including satellites.

In most Aire ouverte sites, as in many youth primary care services internationally, physical healthcare is provided predominantly by nursing staff. A recent study highlighted that limited access to primary and psychiatric care for youth, combined with broader system fragmentation in Quebec, can weaken intersectoral collaboration and fragilize service delivery within Aire ouverte (Touati et al. 2024). In this context, more direct integration of family medicine within IYS can strengthen continuity, coordination and clinical responsiveness.

Internationally, integrated care models, including Australia's *headspace*, highlight the role of general practitioners and family physicians in supporting one-stop-shop care, delivering physical and sexual health services and ensuring continuity of care. In these settings, family physicians can also develop expertise in areas such as eating disorders, developmental disorders and gender-affirming care, supported by targeted training (Rickwood et al. 2015). Similarly, in British Columbia's *Foundry* model, family physicians are identified as key providers of physical and sexual health services, as well as mental health and substance use care within integrated teams (Mathias et al. 2022).

Despite recognition of their value, the effective integration of family physicians as core members of IYS teams remains uncommon and evidence regarding implementation and perceived effects remains limited. Within Quebec's Aire ouverte network, one site offers particularly informative insights. The integration of family physicians as permanent team members at Aire ouverte Montréal-Métro Berri distinguishes this site from other Aire ouvertes in the province and many IYS initiatives across Canada. The present paper describes this integration model, identifies physician roles and enabling conditions and documents practice-based impacts, while acknowledging the limits of available outcome data.

## Methods

This study is embedded within a provincial research program evaluating the implementation and impact of youth services and supporting service improvement through a learning health system approach. This program includes an ongoing multimethod, single case study at diverse Aire ouverte sites to examine contextually defined strengths, adaptations and implementation processes. The case is the implementation of Aire ouverte and the sites serve as units of analysis. Methods include systematic document analysis, structured observations and analysis of existing administrative and research datasets, enabling methodological triangulation and enhancing the credibility of findings. The present paper focuses on a single site, where the integration of family medicine was identified as a key innovation. This article draws on the perspectives of the clinical leads (physicians and managers) and interdisciplinary team members, who provide first-hand accounts of

organizational practices, service delivery processes and implementation experiences. This analysis privileges implementation and provider perspectives; youth perspectives are the focus of ongoing work. This report from the larger case study is intended to generate practice-based insights into implementation mechanisms rather than to evaluate effectiveness or causal outcomes.

## Context

This site in downtown Montreal (Aire ouverte *Montréal-Métro Berri*) serves a particularly diverse group of youth, including recent immigrants and youth experiencing homelessness or facing multifaceted social challenges. From April 2024 to March 2025, 719 youths received services at this site, accounting for a total of 2,444 interventions. The downtown Montreal team is multidisciplinary, comprising social workers, psychologists, sexologists, nurses, peer support workers as well as family physicians and psychiatrists.

## Results

### Implementation model and enabling conditions

The integration of family physicians occurred gradually following the hiring of psychosocial and nursing staff and the opening of the clinic in February 2022. Reflecting a wholistic health vision and full-service integration, the program manager initiated a process to embed family physicians within the existing interdisciplinary team.

This decision was motivated by several factors, including the growing prevalence of complex clinical and social situations (e.g., trauma, sexual assault, homelessness and mental health challenges especially among minoritized youth) and limited access to specialized services within the public system, which heightened the need for on-site medical capacity that would facilitate an integrated, responsive approach.

A partnership was established with another clinic within the same CIUSSS, a clinic for the unhoused/precariously housed (*Clinique Itinérance*), where family physicians were already practising. Through a service-loan arrangement, physicians dedicate protected time to Aire ouverte. This model addressed administrative and remuneration constraints associated with Quebec's fee-for-service system and enabled the involvement of physicians experienced in complex, youth-centred care. Although this service-loan arrangement was necessary on an administrative level, physicians were integrated as full members of the interdisciplinary team rather than as external consultants.

### Role of family physicians within the interdisciplinary team

Family physicians are physically co-located at Aire ouverte Montréal-Métro Berri and provide a continuum of physical and mental healthcare. The current team includes two physicians, each present approximately one day per week, offering a combined total of 12 appointment slots weekly. When staff and youth determine that it would be beneficial for the youth to see a physician, they can book the appointment immediately, and the shared workspace allows for spontaneous consultations, preventing missed follow-ups, avoiding unnecessary return visits, reducing wait times and supporting on-site staff. The family physician team is also on call for emergency situations.

Physicians contribute to accessible primary care without referral barriers and strengthen links between IYS and the broader health system. Their roles include initiating and managing treatments, supporting referrals to secondary and tertiary services and advocating for youth within complex care pathways. To facilitate system navigation and continuity of care, family physicians often maintain contact with services they have referred young people to, including psychiatric and surgical services. The Aire ouverte Montréal-Métro Berri's staff reported that physicians also provide them with real-time clinical support, enhancing their confidence in managing risk and complex cases.

The family physicians manage a wide range of mental health presentations, sometimes in collaboration with psychiatrists, who provide consultation services (largely focused on evaluation) to Aire ouverte Montréal-Métro Berri. Their presence facilitates early identification of underlying conditions, initiation of pharmacological treatments and improved access to psychiatric services for youths who otherwise might not receive them – thus overall, supporting early intervention. Clinicians perceived that this model, which flexibly shifts between co-located care within Aire ouverte and shared care/coordination with specialized services, supports continuity of care and reduces the risk of disengagement among vulnerable youth. Although this reduction in risk of treatment dropout has not yet been measured in Aire ouverte Montréal-Métro Berri, it has been reported earlier in a systematic review (De Soet et al. 2024).

From the outset, the project invested heavily in building interdisciplinary collaboration, clarifying roles and fostering mutual trust. In contrast to traditional hierarchical models, Aire ouverte promotes a collaborative structure in which family physicians function through complementarity rather than centralization. Youth are referred to physicians based on needs identified by front-line staff through conversations with youth, and who maintain primary responsibility for ongoing support. Physicians, managers and team members at Aire ouverte Montréal-Métro Berri view this model as promoting balanced role distribution and mutual recognition of expertise. They also reported that strong communication and information sharing among staff, coordinators, managers and physicians enhanced team confidence in managing clinical risk, including suicidal behaviours, substance use and other concerns. Through close collaboration with nurses and

psychosocial professionals, family physicians were seen as supporting clinical decision making, fostering youth autonomy and improving treatment engagement – often a challenge in this age group. Interdisciplinary teamwork was perceived as key to strengthening continuity across the youth's care pathway.

### Perceived impacts

Physicians' appointment slots are consistently filled, suggesting high demand for on-site medical services. Most consultations involve youths with complex needs requiring multidisciplinary coordination, including eating disorders, suicidal ideation, substance use and psychosis. Staff reported observing improved access to timely assessment and treatment planning, particularly through close collaboration with Aire ouverte psychiatrists and psychologists. In cases where there are delays in specialized centres (e.g., for eating disorders) in accepting the referrals, team members reported that treatment delays were reduced because family physicians initiated pharmacological treatment in coordination with other Aire ouverte staff who supported other needs. Team members also reported that the presence of family physicians ensured greater attentiveness to the detection and management of physical health comorbidities among youth. Physicians at Aire ouverte Montréal-Métro Berri reported observing positive changes (symptom improvement and stabilization of mental states) for many young people in less than a year, potentially reducing hospitalizations and the worsening of mental health conditions. Aire ouverte Montréal-Métro Berri also receives referrals from other parts of Montreal, highlighting unmet needs for primary care among youth in other regions as well as the widely perceived value of embedded family medicine within a youth-focused service.

A substantial number of trans and non-binary youth seen at Aire ouverte Montréal-Métro Berri present with mental health challenges and elevated suicide risk, and had previously experienced long delays in accessing care, including gender-affirming care and hormone therapy; these patterns are consistent with those reported elsewhere (Pullen Sansfaçon et al. 2025; Surace et al. 2021). Despite their limited capacity for long-term follow-up, Aire ouverte Montréal-Métro Berri physicians, who are well trained and knowledgeable in best practices in gender-affirming care, are seen as playing a pivotal role in the healthcare journey of these young people by initiating therapy and collaborating with the youth's primary family physician, particularly if that physician has less experience in gender-affirming care and hormone therapy, to support them in providing ongoing follow-up. The team reported that this approach not only facilitates direct access to care more quickly but also strengthens the capacity of other community healthcare providers to meet the needs of youth.

**BOX 1.**
**Impact story**

An adolescent who had recently arrived in Quebec following a difficult migratory transition was already taking antidepressant medication in her country of origin but was unable to renew her prescription after arrival. As a result, she made multiple visits to the emergency department without continuity of care. At Aire ouverte Montréal-Métro Berri, the family physicians ensured the renewal of her medication and assessed her ability to access and afford it. In parallel, a psychosocial worker supported her in stabilizing her housing situation, and she received on-site legal advice regarding her migration status. This integrated approach enabled timely access to primary care while addressing several interconnected dimensions of her situation.

A key perceived effect of this integration is that family physicians are able to reach youth who might otherwise only reach the health system much later, only through crisis-driven care pathways. Youth at Aire ouverte Montréal-Métro Berri often have multilayered histories marked by trauma including sexual assault, difficult migration experiences or a history of youth protection/child welfare involvement. At this site, these youths, often marginalized or distanced from traditional services, find a more accessible, less stigmatizing entry point into care. By simplifying access and enabling rapid, on-site clinical responses, this model supports earlier engagement with services and timely responses to complex needs. Based on staff perspectives, site reports/documents and existing literature, the benefits of this collaboration with primary care physicians are reduced reliance on emergency departments and hospitalizations, and increased treatment engagement and preventive care, although these outcomes were not formally measured in the present study (Toulany et al. 2022).

Staff perspectives suggest that integrating family physicians into youth teams enhances interdisciplinary collaboration and has led to greater job satisfaction across roles. Team members describe that this interdisciplinary approach allows the team to go further collectively in meeting youth needs by mobilizing complementary medical, psychosocial and community-based expertise. Family physicians reported valuing a collaborative environment where their clinical work contributes meaningfully within a broader, youth-centred intervention strategy, rather than functioning in isolation.

The presence of family physicians in front-line youth services also serves as an access point to mental healthcare through physical health presentations. Many youths may initially seek help for somatic complaints that mask or co-exist with psychological issues such as anxiety, depression or psychosis. These symptoms, untreated, have been linked to higher rates of hospitalization and worse mental health (Bohman et al. 2018). The integrated medical approach allows for earlier recognition and coordinated, continuous and

tailored care. The integration of physical and mental health illustrates the core of family medicine: a holistic vision of the person and their needs within their life context. Youth experience a simpler, more coherent care pathway, while professionals highlight the benefit of teamwork and coordination. Another key learning is the importance of flexibility: adapting medical practice to the pace and needs of youth work requires openness and humility on the part of physicians.

## Discussion

### Lessons learned

The success of this integration relies on intentional and well-aligned organizational planning. Governance structures and management practices may need to be adapted, including through the adoption of medical co-management models that support shared clinical responsibility without reinforcing professional hierarchies.

For family physicians working in IYS, recruitment and onboarding must not only prioritize competencies, but also the physician's capacity to work within a multidisciplinary, non-hierarchical team. An important lesson from this study was the importance of values alignment, with respect to professional autonomy, collaboration and respect for youth self-determination.

Ongoing, fluid communication across professional roles was identified as central to enhancing the team's collective capacity to respond to complex medical and psychological situations and manage risk.

### Implications for system leaders

While organizational structures differ across jurisdictions, the enabling conditions identified here may be relevant to other publicly funded IYS and youth service systems.

System leaders/decision makers should support innovative, non-traditional service models in which physicians function as complementary contributors rather than central pivots. This approach preserves the distinct expertise of each professional group while supporting non-hierarchical collaboration and shared accountability.

Decision makers play a critical role in enabling physician integration by embedding collaboration as a core organizational value. Planning for physician involvement from the outset, through dedicated clinical spaces, appropriate equipment, shared tools and coordination mechanisms, can substantially ease implementation. Encouraging physical proximity among professionals remains a powerful lever for breaking down silos and fostering informal consultation.

Organizational planning should also account for the capacity to host students, residents and trainees while maintaining manageable supervision ratios, thereby contributing to workforce development and sustaining a culture of integrated care.

Administrative and financial flexibility is essential to ensure appropriate remuneration for physicians working in integrated, non-traditional care models. Interoperable or shared electronic medical records would further strengthen collaboration and continuity, although this is not always possible immediately and need not be a barrier to co-locating family physicians within IYS.

The early and proactive integration of medical services within youth programs may represent a socially and economically sound investment (Henderson et al. 2025), as preventive approaches and reduced access barriers can alleviate pressure on hospitals and emergency departments (Glowacki et al. 2022). By tailoring services to the specific needs of local communities, organizations can more effectively address health inequities and strengthen community resilience. Close collaboration with public health partners can help decision makers identify unmet needs and direct resources (including family physicians' time) where they are most needed.

### Future directions

Two key limitations of this article should be acknowledged. First, the description draws on local experiences and reflections and does not include quantitative data on outcomes such as wait times, continuity of care or service utilization patterns. Future work could incorporate a more systematic evaluation of the effects of integrating family physicians on youth access, pathways and outcomes. Second, this article only captures informal feedback from youth pointing to their positive perceptions of the integration of family physicians into the IYS. Integrating youth voice more intentionally through interviews, surveys and other methods, particularly from marginalized groups, is an important direction for documenting whether and how the presence of physicians influences trust and engagement.

Additional future directions include examining how this model can be scaled or adapted in other regions of Quebec, particularly in rural or remote areas where the availability of family physicians is limited. Adopting a long-term perspective regarding the sustainability and scalability of such integration is essential to ensure that efforts extend beyond short-term feasibility, and are adequately supported to maintain service quality and to ensure services remain responsive to the evolving needs of youth.

This article points toward opportunities for strengthening IYS models and, more generally, youth teams across Canada by integrating family physicians. Pursuing this requires attention to family physician funding and reimbursement structures and governance, along with a societal commitment to integrated care for youth.

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