



Advancing integrated care for youth: The role of family physicians in an urban, multidisciplinary service



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INTRODUCTION

Integrated Youth Services (IYS) are increasingly implemented across Canada to address intersecting mental, physical, and social needs, yet the **integration of primary care within IYS remains under-documented**.

This project is 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.

OBJECTIVES

1. Examine contextually defined **strengths, adaptations,** and **implementation** processes
2. Generate **practice-based insights** into implementation mechanisms rather than to evaluate effectiveness or causal outcomes

METHODOLOGY

- **Case study** methodology was employed, with multiple sources of data :
- Systematic document analysis, structured observations, interviews, and analysis of existing administrative and research dataset from Aire ouverte, Métro Berri.



RESULTS

- Family physicians are physically **co-located** and provide a **continuum** of physical and mental health care.
- The shared workspace allows for **spontaneous consultations**, preventing missed follow-ups, avoiding unnecessary return visits, reducing wait times and supporting on-site staff.
- Physicians contribute to accessible primary care without referral barriers and strengthen links between IYS and the broader health system.
- 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
- Direct facilitation of access to care for:
 - **Youth with traumatic life experiences** like sexual assault, difficult migration experiences, or history of youth protection/child welfare involvement
 - **Non-binary and trans youth**
 - Young people living with anxiety, depression and psychosis with **somatic symptoms**.
- **Increased treatment engagement and preventive care.**

DISCUSSION

- The success of this integration relies on intentional and well-aligned **organizational planning**.
- Recruitment and onboarding must not only prioritize competencies, but 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.

CONCLUSION

Additional future directions include examining how this model can be scaled or adapted in other regions of Québec, particularly in **rural or remote areas** where availability of family physicians is limited. This project points toward **opportunities for strengthening IYS models** and youth teams across Canada by integrating family physicians.

2024-2025 Snapshot at Aire ouverte, Métro Berri

Intensity (average interventions per user)	Total interventions	Quebec user rate per 100k	Unique users
3,4	2, 444	935	719



CHAIRE-RÉSEAU DE RECHERCHE
SUR LA JEUNESSE DU QUÉBEC

