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Redefining Service Provider Roles Within Integrated Youth Services to Support Youth with Mental Health Issues

PERSPECTIVE PAPERS

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ABSTRACT

Workforce shortages are a persistent challenge across health and social service systems and highlight the need for new approaches to defining and supporting the workforce. Drawing on findings from a scoping review and environmental scan conducted by Youth Wellness Hubs Ontario, this commentary explores opportunities to strengthen the workforce in integrated youth services (IYS) settings. We identify six pathways for action: redefining roles, strengthening the evidence base, supporting change, leveraging technology, developing partnerships, and prioritizing health equity. Together, these pathways offer practical strategies to improve workforce capacity and access to care for youth.

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INTRODUCTION

Mental health challenges typically emerge during adolescence and early adulthood, and they are the leading cause of disability among young people globally [1]. Left untreated, mental health problems reduce life opportunities; contribute to poor health, educational, and vocational outcomes; and result in significant long-term economic costs to society [1].

Many youth lack timely access to appropriate and effective services, and most do not get the health care they need [2]. Fragmented and siloed service systems—with long waits for services, strict eligibility rules, and a lack of youth-centered approaches—create major barriers to accessing care, particularly for youth from health equity denied populations [3].

To address these barriers, integrated youth services (IYS) has emerged as an international model to shift existing services toward a more integrated, low barrier, youth-centered system [4]. In IYS, a network of mental health, substance use, primary care, and wellness services are offered through youth-friendly "hubs" that provide walk-in, appointment-based, and virtual options designed with youth and families.

As is the case in many health systems, IYS networks face persistent challenges recruiting and retaining qualified staff to meet the demand for services [5]. This is a critical constraint in realizing the full potential of integrated models and points to the need for new approaches to defining and structuring the workforce. The National Centre of Excellence in Youth Mental Health in Australia has emphasized that "anyone who has a duty of care to young people can potentially be a part of the youth mental health workforce" [6]. Indeed, many of the core competencies identified in the literature for those supporting youth apply across both traditional and non-traditional roles [7, 8].

In response to this opportunity, Youth Wellness Hubs Ontario (YWHO), a provincial IYS initiative in Ontario, Canada conducted a project to explore how service provider roles could be redefined to address workforce gaps and strengthen integrated care delivery for youth. This project included a scoping review of peer-reviewed and grey literature about workforce redesign, training, and capacity building; as well as an environmental scan to identify examples of innovative workforce models and strategies that have been implemented across mental health, health, education, and social service sectors. In this commentary, we reflect on the most promising strategies identified through this work and outline key pathways to guide workforce innovation in IYS settings.

PATHWAYS FOR REDEFINING ROLES

1. EXPAND WORKFORCE ROLES AND SERVICE CONTEXTS

There is growing evidence that non-traditional roles can effectively deliver a range of health and social services. These roles can help to maximize the use of limited, resource-intensive clinical capacity while extending the reach of care. Expanding who provides care—particularly through the inclusion of paraprofessionals, lay providers, peers, and people from communities most affected by barriers to care—and where care is delivered, including community-based and other non-traditional settings, can improve accessibility, cultural relevance, and safety.

Several approaches identified in our work illustrate how non-traditional roles can provide education, service navigation, early intervention, and connections to care, while also helping to reduce stigma and improve engagement with supportive services. Examples include the Friendship Bench model in Zimbabwe, which trains lay health workers to deliver structured mental health support in informal community spaces [9], and Operation Hairspray in Canada, which trained barbers and hairstylists to provide health education and referrals within their communities [10]. These approaches may be particularly valuable for engaging youth who may be less likely to access formal clinical services.

2. LEARN MORE

Most innovations identified in our work come from adult mental health services or other health and social service sectors, and there was limited evidence on their impact and implementation in youth service contexts. More research is needed to understand which approaches are most effective in supporting which youth populations and in which settings, as well as how different roles and models can be successfully integrated into interdisciplinary, team-based care. Strengthening the evidence base in this area will help ensure that workforce innovations are feasible, effective, and sustainable over time.

3. SUPPORT CHANGE

Redefining the workforce will require changes in how care is delivered—by those in new or expanded roles, by the teams with which they work, and by the systems and organizations that support them. Efforts to address workforce gaps should include practical strategies to support change, such as training, supervision, professional development, and clear expectations for practice within team-based care.

Lessons from integrating peer support worker roles are particularly relevant. These experiences highlight common challenges, including unclear role definitions, limited training for existing staff on how to work with

new roles, and the need for ongoing support to help all providers work to their full scope [11, 12]. Applying these lessons in IYS settings can help support successful role integration and more cohesive, team-based care.

Accessible and flexible training pathways—such as modular or work-based training—may be particularly important for supporting entry into these roles. Ongoing supervision, clear competency frameworks, and opportunities for continued learning are also needed to help practitioners develop and sustain new skills over time. At the organizational level, leadership support and alignment with existing workflows are critical to ensuring that new roles are fully integrated and sustainable over time.

4. LEVERAGE TECHNOLOGY

Technology can play an important role in supporting the workforce and improving access to care in IYS settings. It can take on non-clinical or less specialized tasks—such as screening, intake, or administrative work—to allow providers to focus on more complex care. It can also support both traditional and non-traditional roles by improving access to tools and resources, for example through virtual platforms for care and collaboration.

Technology can also help extend service reach and support more flexible models of care. For example, digital tools can provide early or low-intensity support while youth wait for services, or can help maintain continuity of care between visits through features such as check-ins, messaging, or access to ongoing supports. When integrated effectively, these approaches can reduce pressure on providers while improving access to timely support for youth.

5. DEVELOP PARTNERSHIPS

IYS are built on partnerships that bring providers together from across health and social sectors. There is an opportunity to build on this foundation by expanding networks and drawing on lessons from other fields to better address workforce gaps.

This may include partnerships with secondary and post-secondary educational institutions to create training pathways into youth services and support early exposure to careers in the sector. Such collaborations can create more accessible entry points into both traditional and non-traditional roles, particularly for students from equity-denied communities.

Stronger connections with community partners can also support workforce development and service delivery by creating opportunities for learning, mentorship, and role integration within the settings where services are delivered.

6. PRIORITIZE HEALTH EQUITY

A strong focus on health equity should underpin all strategies to strengthen the workforce. Many of the approaches highlighted—such as recruiting from equity-deserving communities, expanding the range of roles involved in care, and strengthening partnerships with community organizations—can help address the barriers faced by youth who need support the most.

Prioritizing health equity also requires meaningful collaboration with youth and families. Engaging young people and caregivers in the design, implementation, and improvement of services can help ensure workforce strategies reflect diverse needs, experiences, and priorities and supports more accessible, responsive, and culturally relevant care.

CONCLUSION

Strengthening the workforce is essential to realizing the full potential of IYS. The strategies outlined in this commentary highlight opportunities to expand capacity, make better use of existing resources, and improve access to care by broadening how workforce roles are defined, supported, and integrated within service systems. Moving this work forward will require collaboration among youth, families, service providers, educators, researchers, and community partners; a strong focus on health equity; and a willingness to rethink traditional workforce models in response to the evolving needs of youth and communities.

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COMPETING INTERESTS

The authors have no competing interests to declare.

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