



## **Mental health and child welfare:**

understanding the links between both systems to better integrate and coordinate mental health services for youth in care

*Key Findings and Recommendations*

Emmanuelle Khoury, PhD, Associate Professor  
Université de Montréal, School of Social Work

Université   
de Montréal

  
**IRSC CIHR**  
Instituts de recherche en santé du Canada Canadian Institutes of Health Research

# Team

**Nominated principal investigator** : Emmanuelle Khoury, Université de Montréal

**Principal co-researchers** : Martin Goyette, ENAP ; Srividya Iyer, McGill University

**Research coordinator** : Natalia Incio-Serra, UdeM, ENAP

## Co-researchers

Naima Bentayeb, SHERPA, Université McGill  
Sue-Ann MacDonald, Université de Montréal  
Barbara Anne Fallon, University of Toronto  
Rosita Vargas Diaz, Université Laval  
Amal Abdel-Baki, CHUM  
Delphine Collin-Vezina, McGill University  
Skye Barbic, UBC  
Gina Dimitropoulos, University of Calgary  
Jo Henderson, Centre for Addiction and Mental Health  
Rosemary Carlton, Université de Montréal  
Julie Noël, Université de Sherbrooke  
Melissa Kimber, MacMaster University

## Collaborators & knowledge users

Ina Winkelmann, Direction of multidisciplinary services and ID-ASP-PD, CIUSSS de l'Ouest-de-l'Île-de-Montréal  
Christian Macé, ministère de la Santé et des Services sociaux  
Christian Whalen, Government of New Brunswick  
Jessica Côté-Guimond, Collectif Ex-Placé DPJ  
Daphne Macleod-Hutt, IWK Health Centre, Nova Scotia  
Naomi Parker, Luna Child and Youth Advocacy Centre, Alberta  
Beverley Robinson, Batshaw Youth and Family Centres  
Katherine Moxness, Batshaw Youth and Family Centres  
Ernie Hilton, HomeBridge Youth, Nova Scotia  
Myriam Lepage-Lamazzi, Mouvement jeunes et santé mentale  
Talina Henseleit, C.A.R.E. Jeunesse

## Research assistants

Frédérique Lemieux, graduate studies (criminologie), UdeM  
Caterina de Felice, Medical student, UdeM  
Noémie Castro, graduate studies (social work), UdeM  
Axelle Jean, doctoral studies (social work), UdeM  
Laurence Comtois, undergraduate (social work), UdeM  
Tzvetelina Tzoneva, research professional, McGill University

# Agenda

1. Context
2. Objectives
3. Theoretical framework
4. Methodological approach
5. Methodology
6. Key findings
7. Challenges and limits

# Context

- Most mental health problems occur before the age of 25, with many children and youth encountering personal and structural barriers to accessing mental healthcare.
- Barriers to mental health care are especially daunting for those leaving child welfare services, who often experience higher rates of homelessness, legal issues, and mental health concerns.
- These challenges are further complicated for individuals from equity deserving communities and/or with language barriers.



There remains a critical need for evidence-informed standards that articulate best practices in mental health interventions and programs for youth in child welfare services or exiting these services.



# Objectives

*Why are we doing this ?*

**Describe** the practices and standards that influence mental health services provided to children and youth under youth protection or transitioning to adulthood in Quebec

**Identify** the factors that facilitate or hinder the implementation of current standards and guidelines, according to the perspectives of key stakeholders, decision-makers, and practitioners.

**Understand** the needs and expectations of young people and families who have received youth protection services in Canada regarding mental health and well-being.

# Theoretical frameworks

*How are we understanding this ?*

**Youth rights  
(Mayall, 2000)**

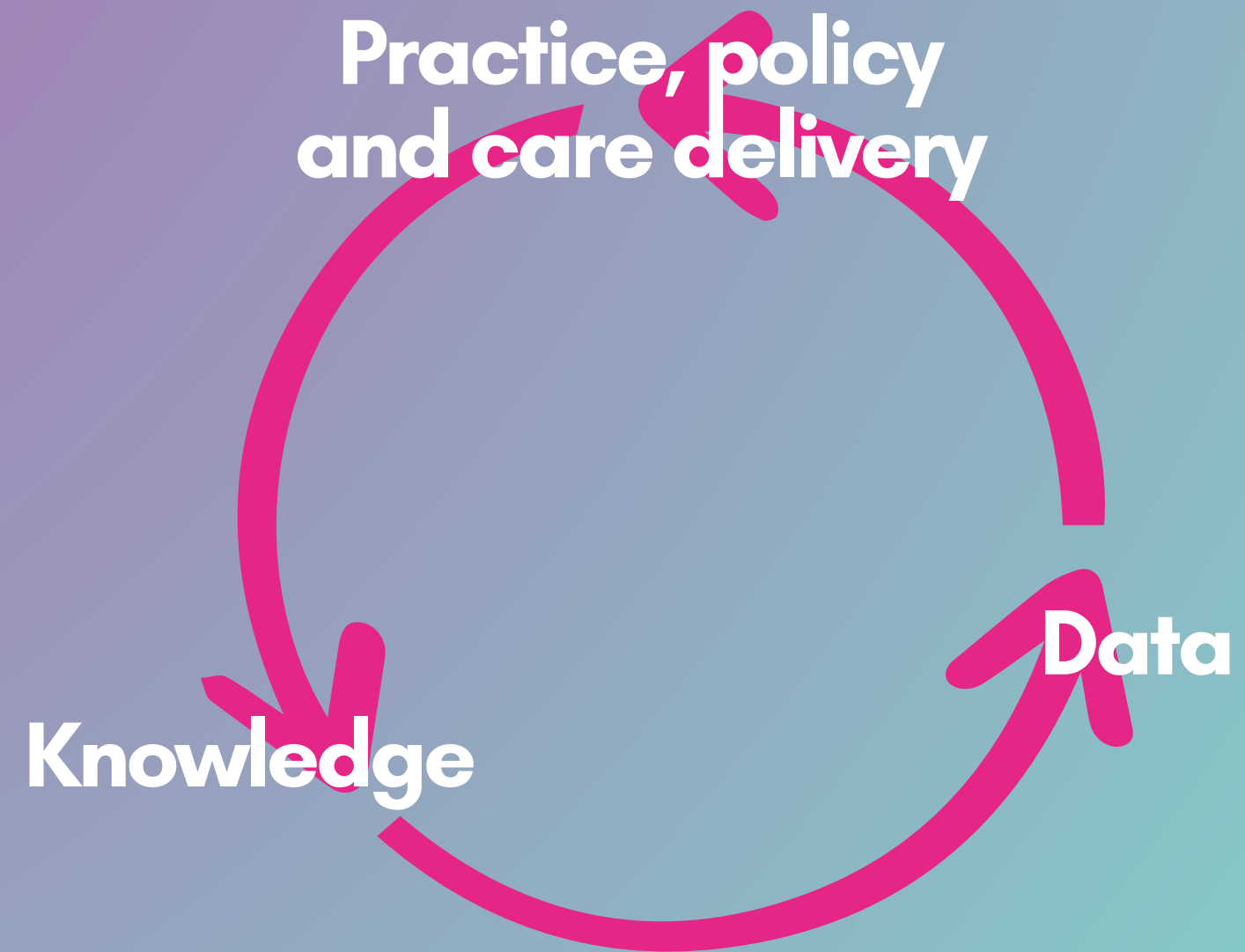
**Organizational resilience  
(Ungar, 2018)**

**Intersectionality  
(Hill Collins & Bilge, 2016)**

By considering youth rights through a systemic, interdependent, and interactional understanding of how individuals and organizations function and adapt positively in the face of adversity, disruptions, and multiple oppression, specifically racism.

# Methodological approach

*What's our strategy to learn more*



# Methodology

*What did we do ?*

## Step 1

Scoping review  
Seven individual interviews with decision makers (n=2), foster family union reps (n=3), and community organizations (n=2) in Québec.

## Step 2

10 discussion groups with mental health and child welfare workers and managers (n=28) in Québec

## Step 3

Three discussion groups with youth (n=10) in Québec in partnership with: Collectif des jeunes ex-placés and Mouvement jeunes et santé mentale

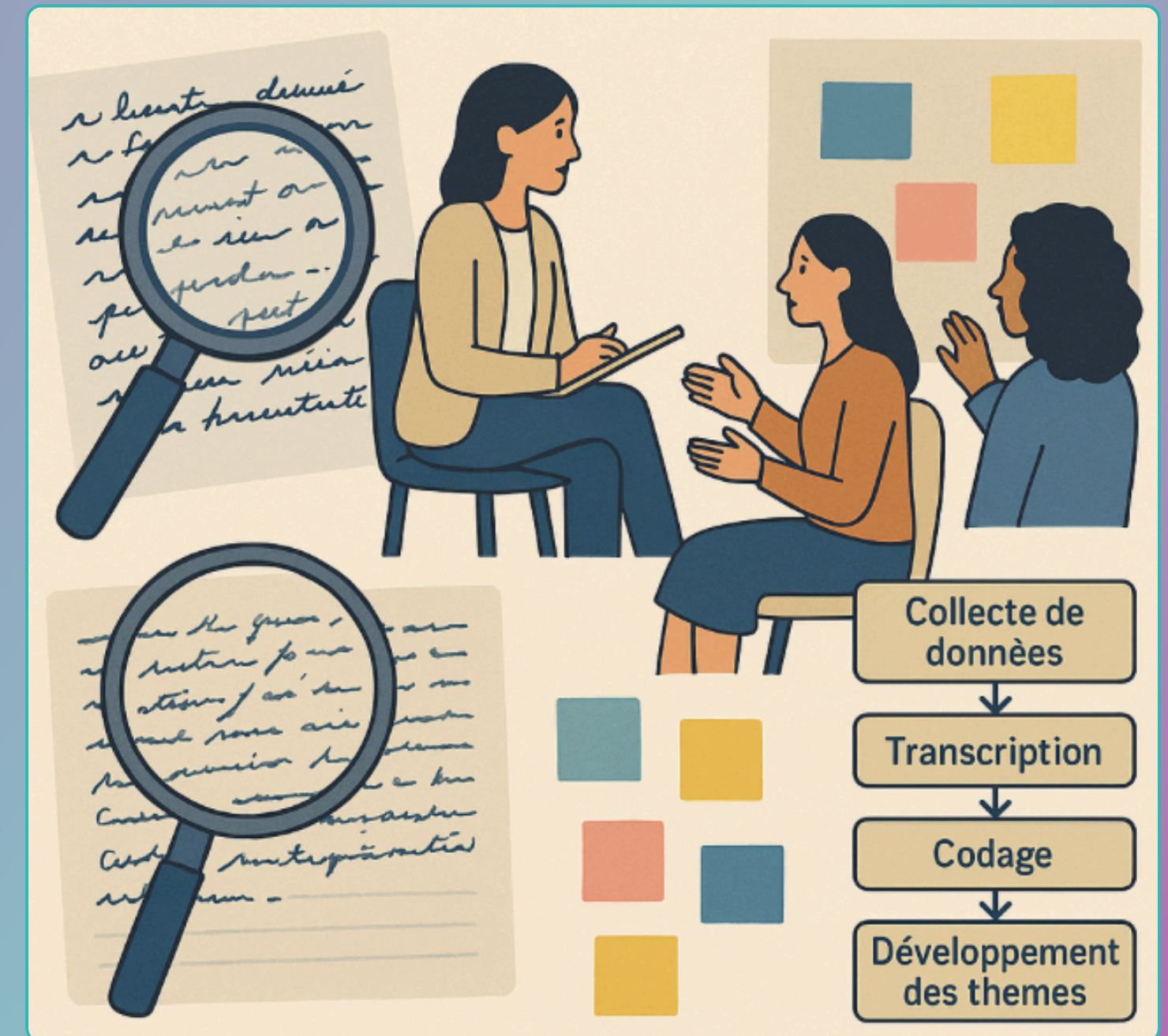


# Methodology

## *A Qualitative Methodology*

- To explore complex topics that do not lend themselves to quantification
- To give a voice to those directly affected
- To understand the nuances of a situation

The thematic analysis of the various focus groups and individual interviews also allowed us to identify key elements related to the initial objectives from an organizational resilience perspective. We adopted a learning health system approach, emphasizing knowledge emerging from field experience.



# Key findings

*What are we learning?*

## What Young People Say About Their Mental Health Needs



**Human Connection:** Trust, empathy, and continuity with care providers are essential for meaningful support.



**Validation Matters:** Young people want their experiences and traumas to be acknowledged and taken seriously.



**Consistency is Key:** They emphasize the need for stable, uninterrupted services—no long waits, no sudden gaps in care.



**Empowerment Through Involvement:** They want to be active participants in decisions that affect them, with their life stories genuinely valued.

# Key findings

*What are we learning?*

## What Service Providers and Managers Say



**Support for the Supporters:** Many professionals express a need for more training, resources, and recognition.



**Strengthening Relationships:** They seek tools and guidance to deepen their relational role with young people and foster trust.



# Key findings

*What are we learning?*

## Gaps Between Expressed Needs and Services Provided

Insufficient Recognition of Traumatic Experiences

Limited Access and Discontinuity of Care

Mismatch Between Approaches and Loss of Meaning

## Systemic Constraints and Institutional Logics

Siloed Work and Interservice Fragmentation

Procedural Rigidity and Judicial Constraints

Institutional Violence and Experiences of Mistreatment

## Toward a More Relational, Inclusive, and Coherent Service Offering

Reaffirming the Value of the Relational Approach

Greater Recognition of Experiential Knowledge and Youth Involvement

Support for Professionals and Working Conditions

# Key findings

*What are we learning?*

The findings remind us of the importance of placing people at the heart of services and supporting those who accompany them on a daily basis.

**Three categories of standards emerge:**

**Relational and Ethical  
Standards**

**Organizational Standards**

**Clinical Standards**



# Key findings

## *Recommendations*

Integrating these elements would help strengthen the quality, continuity, and relevance of services, while fostering more sustainable care environments that support the well-being of both youth and practitioners.

**Relational Approaches**  
Emphasizing trust, empathy, and continuity between youth and practitioners.

**Youth Voices**  
Integrating their regular feedback to adapt services to their needs and aspirations.

**Trauma-Informed Practices**  
Adopting approaches that minimize the risk of retraumatization.

**A Coordinated Circle of Care**  
Engaging all significant individuals and professionals around the young person.

**Stability and Consistency**  
Promoting continuity in practitioners and living environments to reduce disruptions and support safe, stable settings.

**Acknowledging Trauma**  
Taking into account prior experiences, sometimes lived even before involvement with services.

**Staff Support**  
Recognizing the risks of vicarious trauma and moral injury, and providing resources to protect staff mental health.

**Clear Guidelines for Complex Needs**  
Providing clear language and tools to better identify and support these situations.

**Shared Decision-Making**  
Involving young people and interdisciplinary teams in care planning and decision-making.

**A Holistic Vision of Well-Being**  
Recognizing that mental health is shaped by multiple interconnected factors.

# Challenges and Limitations



Recruiting participants proved to be challenging, particularly when it came to reaching teams and individuals located outside of Quebec or establishing contact with youth protection (DPJ) employees. It was also not possible to meet with young people currently placed in rehabilitation centers.



As with any qualitative approach, the findings are based on situated experiences and perceptions, which limits the generalizability of the conclusions while offering a rich and contextualized understanding of the issues explored.



The one-year funding period, provided through a rapid research grant, also posed a constraint: the relational work required to build trust takes significantly more time than what is typically allocated in such programs.



The interview analysis also presented specific challenges, as some were conducted in English and others in French. Translation and interpretation can lead to lost nuances or partial understanding of participants' statements.



The diversity of participants' availabilities and lived realities led to certain logistical constraints in organizing the meetings.

# References

Hill Collins & Bilge (2016). Intersectionality. Polity Press.

Mayall, B. (2000). The sociology of childhood in relation to children's rights. *The International Journal of Children's Rights*, 8, 243–259.

Ungar, M. (2018). Systemic resilience: principles and processes for a science of change in contexts of adversity. *Ecology and Society*, 23(4), Article 34.  
<https://doi.org/10.5751/ES-10385-230434>

# Thanks !

## Contact Information:

[emmanuelle.khoury@umontreal.ca](mailto:emmanuelle.khoury@umontreal.ca)

[www.smjaction.ca/en](http://www.smjaction.ca/en)

