



A qualitative study of Canadian mental health service providers' perspectives on mental health guidelines for youth involved in the justice system

Megan J. Magier^a, Melissa Blackburn^b, Evelyn Vingilis^c, Michele Peterson-Badali^d, Tara Marie Watson^e, Michelle Scully^d, Fiona G. Kouyoumdjian^f, Leonora Regenstreif^f, Branka Agic^{e,g}, Tracey A. Skilling^{d,h,i}, Hayley A. Hamilton^{a,e,*}

^a Institute for Mental Health Policy Research, Centre for Addiction and Mental Health, Toronto, Ontario, Canada

^b Child and Youth Studies, Faculty of Social Sciences, Brock University, St. Catharines, Ontario, Canada

^c Schulich School of Medicine and Dentistry, University of Western Ontario, London, Ontario, Canada

^d Ontario Institute for Studies in Education, University of Toronto, Toronto, Ontario, Canada

^e Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada

^f Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada

^g Education Research, Centre for Addiction and Mental Health, Toronto, Ontario, Canada

^h Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada

ⁱ McCain Centre for Child, Youth and Family Mental Health, Centre for Addiction and Mental Health, Toronto, Ontario, Canada

ARTICLE INFO

Keywords:

Mental health service providers
Youth justice system
Guidelines
Guiding principles
Mental health services

ABSTRACT

Background: Commonly, youth in the justice system (YIJS) experience mental health concerns that are often accompanied by an unmet need for mental health and substance use services. Currently, guidelines for mental health and substance use treatment for youth involved in the justice system are often unclear, particularly regarding how assessments and services should be implemented in practice.

Methods: The current work focused on virtual semi-structured focus groups with 30 mental health service providers (MHSP) from two Canadian provinces to explore areas for improvement with respect to guidelines for mental health and substance use treatment for mental health guidelines for youth involved in the justice system. An integrated knowledge translation approach was also employed to maximize the relevance and impact of this research.

Results: There was a lack of clear guidelines for mental health services to youth involved in the justice system. While MHSP were guided in their work by broader principles such as trauma-informed care and client-centered care, a clear process outlining the path to frontline implementation when serving YIJS was lacking. Participants recommended the development of guidelines serving YIJS that consider the diversity and complex needs of this population, incorporate the voices of such youth and their families, and consider the diverse skills and resources of those involved in the provision of mental health services.

Conclusions: Overall, this study supports the development of clear guidelines that can enhance mental health services and promote positive outcomes for youth involved in the justice system.

1. Introduction

Youth involved in the justice system (YIJS) frequently meet the criteria for one or more mental health conditions and often experience unmet needs for mental health and substance use services (Drerup et al.,

2008; Unruh et al., 2009; Liebenberg and Ungar, 2014; Commission, 2020). Despite their higher risk for mental health issues, YIJS are less likely than non-offending youth to have these concerns identified or to receive appropriate services (Aalsma et al., 2017). Processes for recognizing, assessing, and treating mental health concerns for YIJS are

Abbreviations: YIJS, youth involved in the justice system; MHSP, mental health service providers.

* Corresponding author at: Center for Addiction and Mental Health, 250 College St, Toronto, Ontario M5T 1R5, Canada.

E-mail address: Hayley.Hamilton@camh.ca (H.A. Hamilton).

<https://doi.org/10.1016/j.childyouth.2025.108684>

Received 8 May 2025; Received in revised form 13 November 2025; Accepted 15 November 2025

Available online 17 November 2025

0190-7409/© 2025 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

critical, but remain inconsistent, largely due to the absence of clear guidelines for service provision (Georgiadis et al., 2020).

Overall, guidelines and guiding principles for mental health and substance use assessment and treatment are generally developed based on ethical and legal considerations, particularly within human rights contexts (Livingston, 2009). Legalisation ensures that essential mental health and substance use services and access to reasonable non-essential mental health and substance use services are available (Government of Canada, 2002; Government of Canada, 2024). For instance, Section 34 in the Youth Criminal Justice Act administers information for correctional settings to provide mental health assessments that support appropriate mental health and substance use services for youth involved in justice settings (Government of Canada, 2002). Guidelines, which are derived from legislation, help interpret and apply legislation to facilitate uptake (Government of Canada, 2024). When effectively developed, guidelines can reduce variability in services, improve care quality, and set clear expectations for service provision (Bauer, 2002). While guidelines may provide specific approaches for service implementation, guiding principles, offer overarching expectations that shape service delivery (Livingston, 2009; Steadman et al., 1989). As such, guiding principles provide an environment in which guidelines may operate (Livingston, 2009; Steadman et al., 1989).

Research indicates that guidelines for assessing and treating YIJS mental health and substance use needs are often ambiguous (Livingston, 2009; Holoyda and Landess, 2024). In Canada, for example, Section 19 of the Youth Criminal Justice Act permits conferences to address mental health concerns for YIJS but details on how and when to implement these conferences are vague (Government of Canada, 2002). Although mental health courts have emerged to support specialized adjudication and treatment to justice involved youth, there is ongoing uncertainty regarding referral criteria and the scope of treatment offered (Penner et al., 2011).

The legislative frameworks discussed are specific to the Canadian context; however, the interpretation and implementation of relevant mental health and justice policies vary widely across provinces, leading to disparities in available resources (Alain et al., 2016). These resource gaps make it challenging for mental health service providers (MHSP) to meet legislative requirements for mental health and substance use assessment and treatment, often forcing them to rely on personal judgment, experience, training and scope of practice—factors that can vary widely between service providers (Canadian Association of Social Workers, 2024; Psychological Association of Canada, 2017; Bonner and Vandecreek, 2006). Together, these factors can create significant variability in the delivery of mental health services for YIJS.

In adult correctional settings, guidelines exist for the assessment and treatment of mental health and substance use issues, as well as for those who are serving community sentences with serious mental health and substance use disorders (Livingston, 2009). The Government of Canada previously released the ‘*Mental Health Strategy for Corrections in Canada*’ which outlines guidelines in adult correctional settings to ensure continuity of established treatment plans, develop and implement new treatment plans and to integrate the mental health services received in correctional settings with community-based treatment and follow-up services (Government of Canada, 2012). Youth may have fewer documented mental health diagnoses for various reasons including reduced access to assessment and gaps in identification and service pathways (McCormick et al., 2015). Many YIJS also have unique needs that must be considered, including adverse childhood experiences, developmental needs and comorbid conditions such as intellectual, learning or cognitive disabilities (Seiter, 2017). Thus, guidelines designed for adult populations may be less applicable to YIJS (McCormick et al., 2015).

In the current study, we aimed to explore what mental health guidelines may exist for YIJS, and identify challenges, gaps, and ways to enhance guidelines and their development.

2. Method

Our sample consisted of MHSP who were recruited through various agencies in Ontario and Nova Scotia, Canada that work with YIJS, in mental health courts and community facilities that provide assessments and/or treatments. Initial outreach to these facilities was conducted through email or telephone which included providing contact information and a brief study description for MHSP who may wish to participate. Eligible participants were over 18 years old, English speaking, and MHSP who worked with justice-involved youth. Eligible participants who contacted the research assistant were then provided with an electronic consent form to complete prior to their focus group. Ethics approval was obtained from the Centre for Addiction and Mental Health (CAMH) and followed procedures for ethical online data collection and consent.

We also utilized an integrated knowledge translation approach to maximize the relevance, applicability and impact of this research (Gagliardi et al., 2015; McDonald et al., 2021). To align with this approach, the research team established a Knowledge User Committee to engage key stakeholders, including intended recipients of the research at the outset of the project (e.g., mental health and substance use providers, policymakers, YIJS and their families).

2.1. Data collection

Data collection took place from January 26 to April 25, 2024. To accommodate the geographical distance between participants, 10 virtual semi-structured focus groups were conducted in English via the Webex platform, with 3–5 participants within each group. The focus groups were moderated by members of the research team, including the principal investigator. Focus groups lasted between 60–90 min and were conducted during or after work hours. All focus group participants received a \$15 virtual gift card.

At the end of each focus group, demographic information for each participant was collected through an online survey that was built using REDCap software (Vanderbilt University, N.D) and information from the survey and focus group were de-identified.

2.2. Measures

The focus group interview guide, co-created by the research team and the Knowledge User Committee, aimed to explore any existing guidelines, challenges to applying and integrating guidelines into routine practice and recommendations for adherence. Youth and family members contributed to the development of the interview guide through the Knowledge User Committee, however, they did not participate directly in the focus groups, which focused exclusively on MHSP perspectives.

Focus groups provide participants with the opportunity to engage in moderated group discussions, which for some, may facilitate the sharing of experiences particularly in relation to emerging issues (Adler et al., 2019; Warr, 2005; Packer-Muti, 2010). Focus groups took a semi-structured approach in which members of the research team asked questions and then allowed for conversations to organically emerge. Probing questions were also asked if necessary for further details on each question. Questions were asked about guidelines [(“What mental health or substance use guidelines do you consider or use when working with young people involved in the justice system?”; “To what extent do you think guidelines address the needs of diverse youth (e.g. gender-diverse, racialized, 2SLGBTQ, etc.) that you encounter?”)], benefits to implementing guidelines (“In your experience, how well are these guidelines typically followed within your institution, particularly regarding screening, services, continuity of care, and post-release support?”), challenges to implementing guidelines (“If certain guidelines are not usually followed, what do you think are the issues or barriers?”) and recommendations for adherence (“From your perspective, how can these

guidelines be improved or new ones developed to better address the mental health and substance use needs of youth in the justice system?"; "How can we encourage greater adherence to guidelines, particularly in the areas of screening, services and continuity of care?").

3. Data analysis

The current work adopted a critical realist approach to descriptive thematic analysis (Smith and Elger, 2014; Bhaskar, 1975; Mukumbang, 2023; Wiltshire and Ronkainen, 2021) such that the underlying ontological stance assumes there is a tangible social world that can be observed while maintaining that these observations are subjective and are informed by personal, sociopolitical, and historical lenses (Bhaskar, 1975; Sobh and Perry, 2006). More specifically, a critical realist approach acknowledges three key levels of reality: (Drerup et al., 2008) the real, representing broader structures that shape individual experience (i.e., government- and agency-level policies and guidelines); (Unruh et al., 2009) the actual, which includes the events or effects set in place by the structures of the real (i.e., uptake of guidelines, or lack thereof); and (Liebenberg and Ungar, 2014) the empirical, which refers to individual experience and perception of the events or effects of the actual (i.e., individual accounts of MSHP working with youth in the justice system) (Bhaskar, 1975; Mukumbang, 2023). Thus, a critical realist approach allowed for a focus on the empirical-level narratives of MHSP to help elucidate the workings of the broader systems impacting the delivery of mental health and substance use services for YIJS. We combined principles of consensus coding and Braun and Clarke's (Braun and Clarke, 2006) six phases of thematic analysis (Molnar et al., 2023; Owusu-Bempah and Wortley, 2014) to frame our inductive approach to coding excerpts from the focus group transcripts.¹ To begin, transcripts were automatically transcribed via Webex and subsequently double checked and reformatted by two independent research assistants to facilitate familiarization with the data [(Phase 1; (Owusu-Bempah and Wortley, 2014)]. Research assistants then met with the principal investigator to generate a list of initial inductive codes [(Phase 2; (Owusu-Bempah and Wortley, 2014), based on trends that were observed during transcription (i.e., by the research assistants) and during the focus groups themselves (i.e., observed by the principal investigator). In line with a critical realist approach (Wiltshire and Ronkainen, 2021), these codes were reviewed and refined among members of the research team until consensus was reached surrounding the tenability of each code, particularly with respect to their accuracy in capturing the participants' accounts as they were expressed in the focus groups. Similarly, once the codebook was finalized, two research assistants each coded two transcripts and met to review areas of agreement and discrepancy in their coding to promote coder agreement, before independently coding the remaining transcripts.

The research assistants then searched across questions and inductive codes to identify commonalities representing initial themes [(Phase 3; (Owusu-Bempah and Wortley, 2014)]. In the current work, and in line with a critical realist approach, these broader themes can be understood as representing shared practices and shared understandings of practices among MHSP working with YIJS (Mukumbang, 2023). A thematic map was used as a tool to organize questions and codes to create initial themes [(Phase 4; (Owusu-Bempah and Wortley, 2014)]. The thematic map was then used to consider whether themes accurately reflected the data and to help refine themes further. This process resulted in six key themes, which were then named and defined [(Phase 5; see Table 1

¹ Although we used Braun and Clarke's (2006) early framework to inform our stages of analysis, the current work adopted a critical realist approach (Smith & Elger, 2014; Wiltshire & Ronkainen, 2021) supported by codebook thematic analysis (Braun & Clarke, 2006) whereas Braun and Clarke's more recent work (McElvaney & Tatlow-Golden, 2016; Braun & Clarke, 2023) delineates a more interpretivist approach to reflexive thematic analysis.

Table 1

Overview of domains and key themes from focus groups with MHSP (N = 30) who work with YIJS.

Domain	Theme	Brief description
Guidelines	Guiding principles and lack of guidelines	<ul style="list-style-type: none"> – Lack of guidelines for providing mental health services to YIJS – Guiding principles from employer, service agency and/or regulatory body
Guideline gaps	Lack of clear process to move from principles to frontline implementation	<ul style="list-style-type: none"> – Treatment of YIJS is based on broad principles – Absence of a clear process to serve as guidelines for frontline practice
Recommendations for guidelines	Staffing	<ul style="list-style-type: none"> – Gap in guidelines that support all staff
	Informed by youth and family voice	<ul style="list-style-type: none"> – Guidelines should be youth-specific and informed by youth and family voices
	Consider diversity and complex needs	<ul style="list-style-type: none"> – A current lack of focus on diverse and complex needs exists – Embedding consideration for diversity and more complex needs is recommended – Increased communication and collaboration to support accessibility of services and guideline adherence is recommended
	Enhanced staffing	<ul style="list-style-type: none"> – A current staffing crisis exists – Re-allocation of funding to support staff is recommended

(Owusu-Bempah and Wortley, 2014)]. The final report was then produced in which the themes were organized into three key domains (i.e., guidelines, guideline gaps, and recommendations) [(Phase 6; (Owusu-Bempah and Wortley, 2014)]. These domains were selected to align with the goals of the Knowledge User Committee. As such, the coding process was inductive, and the organization of the findings were guided deductively using input from the Knowledge User Committee, to ensure the findings were relevant and valuable to key stakeholders.

4. Results

4.1. Participant demographics

Most participants identified as women (90.0 %), between 18 to 39 years of age (56.7 %), White (83.9 %), worked with youth between the ages of 16 to 18 (35.4 %), and worked in facilities other than a community treatment centre (62.2 %; see Table 2).

4.2. Key themes

The six key themes are presented below, organized under three primary domains: guidelines, guideline gaps, and recommendations.

4.3. Guidelines

4.3.1. Guiding principles and lack of guidelines

When asked about guidelines for providing mental health services to YIJS, MHSP typically expressed confusion. As one person said: "I had to search in my head for a minute to say, what guidelines? ... There's no guideline or some sort of a standard that says you must do this thing" (P15). There was a general sense that guidelines for services to YIJS was lacking: "I wouldn't say there's like a specific guideline that I'm aware of"

Table 2
Demographic information for MHSP that participated in a focus group (N = 30).

Demographics		N (%)
Age (years)	18–39	17 (56.7 %)
	40–59	13 (43.3 %)
Gender	Woman	27 (90.0 %)
	Other	3 (3.3 %)
Education	Bachelor's degree or less	15 (50.0 %)
	Master's degree or above	15 (50.0 %)
Race ^a	Non-white	5 (16.1 %)
	White	26 (83.9 %)
Worked as a MHSP (years) ^a	≤5 years	12 (40.0 %)
	6 to 10	10 (33.3 %)
	More than 10	8 (26.7 %)
Type of Facility ^a	Community Treatment Centre	14 (37.8 %)
	Other ^b	23 (62.2 %)
Age range of youth served (years) ^a	12 to 15	26 (31.7 %)
	16 to 18	29 (35.4 %)
	19 to 21	20 (24.4 %)
	22 years and above	7 (8.5 %)
Types of MHSU services ^a	Assessment	15 (35.7 %)
	Treatment/support	27 (64.3 %)

^a Indicates a “select all that apply” question.

^b “Other” includes youth detention/correctional facility, court, hospital, provincial governmental office or none of the above.

(P14) and “other than the professional guidelines we already are expected to follow as service providers, there's nothing” (P22).

In discussing what guides their work with YIJS, however, service providers expressed commitments to their employer or service agency, as well as their professional licensing body. As such, participants discussed general guiding principles, rather than specific guidelines for their work. One participant indicated: “we follow [guiding principles] from the Centre and best practices as well from our College of Social Workers or the College of Psychology” (P4). Most emphasized prioritizing the unique needs of their clients, and aligning with the approaches and values highlighted by their regulatory bodies. One participant stated: “I'm in a role where I can be very client-centered... and we're able to really do things like empower the client, be trauma-informed, and practice all those values and ethics” (P10). In addition, participants also emphasized balancing a harm reduction approach to service delivery, with some indicating that: “we are always operating from a harm reduction model” (P2). Hence, approaches such as client-centered care, trauma-informed and harm reduction, supported MHSP in their services to YIJS and in meeting their professional licensing bodies guiding principles.

4.4. Guideline gaps

4.4.1. Lack of clear process to move from guiding principles to frontline implementation

The general focus on broad principles, rather than specific guidelines that have a youth focus for those involved in the justice system seemed to create a key challenge for MHSP. Such broad guiding principles often lack clear processes that provide specific guidance to frontline implementation. One participant simply explained: “there's not even a clear process” (P9), whereas another noted that: “a lack of understanding of certain [guiding principles] is huge for us” (P29). As such, inconsistencies and barriers in services are common. A participant noted: “there's no standardization in the implementation of the program” (P9). With regard to continuity of services for youth, another participant noted: “one of the major barriers that I'm seeing is trying to support youth who are being moved from facility to facility, continuously... and setting up really good post-release plans when they're not even in the district is really hard” (P5). Having obligations to multiple bodies in the provision of care may also lead to inconsistencies and barriers in practice. In discussing reporting to different Ministries, one participant noted that: “it's twofold for us because we are funded by the one Ministry and we are licensed by another and neither of those Ministries talk to one another or coordinate with one

another about service and how to actually do the program for the youth” (P1). This participant also expressed concern that when the work that agencies do falls under multiple ministries, the requirements: “will not necessarily come from a client-centered or a youth perspective lens, especially when it is youth justice involvement” (P1).

MHSP also pointed out that in working with YIJS, there may sometimes be a conflict with regard to how to best serve youth. One participant noted: “it's like trying to find that balance of working within what your mandate is of the service that you work with but also trying to get some positive buy-in from a really complex group of youth” (P13).

4.4.2. Staffing

Whereas some MHSP were guided somewhat by their regulatory body, other non-specialized staff seem to be left with less guidance. One participant explained the role of youth workers: “I think that having youth workers in the community and not giving them strict guidelines for how you work with a specific youth population, I think that's huge” (P25). Another participant shared: “I've seen that happen where someone does get to go to treatment, but the staff in the facility aren't able to support them” (P28). Further emphasizing the lack of guidelines for non-specialized staff, another MHSP explained: “the youth are coming into the system and there's less than a handful of people that know, or understand, or have other guidelines to follow to be able to treat those youth” (P17). Thus, MHSP in this study expressed the need for guidelines that support all staff who work with YIJS.

4.5. Recommendations for guidelines

4.5.1. Informed by youth and family voice

MHSP provided recommendations for guidelines that support the delivery of mental health services for YIJS. They noted that such guidelines should be youth-specific and informed by youth voice. One participant shared: “the guidelines need to be informed by the people that are having the daily interactions with youth and can feed their voices into the guidelines” (P6). Beyond youth voice, the inclusion of the voices of family members was another prominent recommendation: “I think I would add that at the forefront needs to be the youth's voice and the family's voice” (P15). Thus, the perspectives of youth and families, in addition to those of MHSP, should be considered during the development of guidelines.

4.5.2. Consider diversity and complex needs

A key recommendation was greater consideration of the diversity and complex needs of YIJS. MHSP highlighted that: “we don't have a specific focus on the minority groups [e.g., racialized and 2SLGBTQ + youth] that struggle more within the youth population, like LGBTQ” (P8) and “a lot of our systems are not culturally appropriate” (P10). In addition to equity considerations, consideration for youth who may have more complex needs was also underscored. For instance, MHSP shared how the location of services may impact a youth's ability to receive appropriate care: “the closest Indigenous services is a 45-minute drive from here, and a lot of the barrier for our youth is transportation” (P11). MHSP also often noted that many youths are experiencing housing instability, food insecurity and other issues. One participant captured this by sharing: “the reality is that they have unstable housing, they're coming, and we expect them to engage in services and they haven't even had anything to eat all day?” (P13). MHSP further shared the necessity of screening and assessments to capture these unique needs to be better equipped to support them: “we need to be looking at how we increase assessment for people who are coming into youth justice? And screening, and looking at formal pathways and partnerships for people to make sure that they are getting proper care right off the hop” (P5). As such, embedding within guidelines considerations for diversity and complex needs is key, and the use of assessments may be a potential pathway to better recognize those needs.

MHSP commonly recommended a greater consideration of complex needs through increased collaboration and communication between

organizations or agencies within guidelines. The discrepancies in resources and lack of awareness of other agencies hampers services to support YIJS. One participant noted: *“I can count the amount of resources I have available to me on two hands”* (P10); and another participant indicated: *“there are lots of agencies who’ve never heard of each other and aren’t aware of the services they provide”* (P2). To better support YIJS and the accessibility of services and treatments, MHSP described a way to enhance collaboration was the idea of a community of practice in which MHSP could come together to share and discuss ideas. One participant indicated that: *“if we could all just have a symposium and sit together and mingle with each other that would go a long way in my opinion”* (P10). Further, MHSP recommended a centralized system to improve accessibility and coordination: *“if there was something more central or just things that were more easily accessible, that would be helpful. It doesn’t feel like that exists at this point”* (P21). Overall, enabling MHSP to communicate and collaborate further with each other was a key recommendation when considering guidelines.

4.5.3. Enhanced staffing

Beyond the creation of guidelines, MHSP highlighted that the uptake and success of guidelines are driven by the availability of resources. Staffing shortages and the impact this would have on implementation and adherence of guidelines was commonly discussed. Many participants described a widespread hiring crisis: *“we’re in a staffing crisis right now...everywhere is looking to hire, and it’s a tricky learning curve on all parts”* (P16). As such, MHSP recommended hiring to better support the uptake of guidelines. A participant shared: *“it’s hard to get qualified people to want to do this work. If we had more clinicians, more psychiatrists, more psychologists working with our kids, we might be able to avoid many of these issues”* (P16). Supporting staff with up-to-date training was also recommended, as one participant shared: *“our clients have changed drastically over the years, but the training has not changed to go with it”* (P18).

To support increased staffing, participants pointed to the need to increase funding. It was noted that: *“there’s zero funding so at the same time we’re like, how are we supposed to pull people in when there’s no resources?”* (P30). Thus, a key recommendation included increased hiring, training and funding to support guidelines creation and uptake for mental health service provision for YIJS.

5. Discussion

This study provides evidence, based on the experiences of MHSP, to inform the development of mental health assessment and treatment guidelines to improve mental health service delivery for YIJS. Utilizing an integrated knowledge translation approach, this study formed a Knowledge User Committee which aimed to: (1) co-produce knowledge through meaningful interactions with knowledge users; (2) raise awareness of the findings; and (3) inform policy and practice decisions for the provision of mental health and substance use services to YIJS. An integrated knowledge translation approach has been identified as a key strategy for a Learning Health System, enabling the translation and integration of knowledge with relevant users and stakeholders (McDonald et al., 2021). Questions were asked to participants that explored guidelines, guideline gaps and recommendations. Key themes emerged that showed empirical-level narratives from MHSP with regard to guidelines for service delivery to YIJS. These results highlight the need for provincial or national efforts to develop youth-justice-specific mental health treatment guidelines that move beyond broad principles toward actionable service processes.

When asked what guides their work, participants frequently described a lack of specific guidelines for providing mental health services to YIJS. Instead, they relied on broad guiding principles from professional licensing bodies such as the Canadian Psychological Association and the Canadian Association of Social Workers. However, these principles vary by profession and lack specific guidance relevant to YIJS

(Canadian Association of Social Workers, 2024; Psychological Association of Canada, 2017). This reliance on general guiding principles may add to the challenges in providing mental health and substance use services are delivered to YIJS (Braun and Clarke, 2006; Drerup et al., 2008; Unruh et al., 2009; Liebenberg and Ungar, 2014; Mental Health Commission of Canada, 2020). For non-specialized staff who are not a part of a licensing body, the absence of professional guiding principles leaves them with even less direction in their roles. Effective care requires guidelines that are tailored to the unique needs of YIJS, which often reflect histories of adverse childhood experiences and developmental needs (Seiter, 2017; Braun and Clarke, 2021; Donisch et al., 2016; Rapp, 2016). This finding reinforces the urgent need for appropriate youth-specific guidelines. Further research is necessary to determine how best to develop and implement them for all staff working with YIJS.

Findings highlighted the need for clear guidelines that outlined their practical application in frontline settings. Previous research suggests that clearer, process-oriented guidelines for mental health and substance use services to YIJS could help address inconsistencies in service provision (Georgiadis et al., 2020). Disparities in mental health and substance use service accessibility across regions contribute to inconsistent care (Alain et al., 2016; Peterson-Badali et al., 2015). In this study, MHSP recommended creating opportunities for partnerships and collaboration to improve service delivery, and that guidelines should reflect their importance when serving YIJS. YIJS often navigate multiple systems (e.g., justice, child welfare, and mental health), making coordination particularly challenging for those with mental health concerns and their service providers (Wilkins, 2018). Interagency collaboration has been identified as a key facilitator of service integration, and co-locating mental health services within justice settings may improve accessibility and wraparound care. In Canada, one of Ontario’s pilot projects has been Justice Centres, which offer integrated, community-based mental health services. Although further research on these Centres is needed, they provide a promising model that could be expanded to enhance service availability and influence guideline implementation and adherence across different regions (Zajac et al., 2015).

The lack of guidelines to reflect the complex and diverse needs of YIJS was a consistent concern among MHSP and has also been documented in prior literature (Braun and Clarke, 2006). Research highlights that racialized and Indigenous youth are disproportionately placed in therapeutic facilities compared to their White counterparts (Government of Ontario, 2023). White youth are more likely to access mental health services through primary care, whereas racialized and Indigenous youth often receive mental health support for the first time through the justice system (Harfield et al., 2024). This underscores the need for justice-specific guidelines that not only account for developmental needs but also address the systemic inequities that contribute to justice system involvement among marginalized groups. Greater integration of equity-based, culturally responsive mental health practices is also essential (Edbrooke-Childs and Patalay, 2019). Further, a significant proportion of YIJS do not receive adequate mental health and substance use services, often due to inadequate screening and assessment processes (Seiter, 2017; Kerig et al., 2024). MHSP in this study emphasized that transparent screening guidelines could provide a more structured approach to identifying and supporting YIJS with mental health concerns (Georgiadis et al., 2020). A lack of universal mental health screening may be leaving many YIJS overlooked (Seiter, 2017). Prior research suggests that all YIJS should receive an initial broad assessment, with more intensive screening available for higher-risk youth, when needed (Seiter, 2017; Burke et al., 2015).

Finally, systemic issues—including inadequate staffing, training, and resources—were identified as major challenges that need to be considered in the development of guidelines and key areas for improvement of services to YIJS. Previous research highlights that ongoing training can reduce service provider stress and improve outcomes for both youth and service providers (Grisso et al., 2005; Anderson et al., 2020). Investments in MHSP training may also support staff retention, another

challenge to potential guidelines and their adherence (Anderson et al., 2020) which was also noted in the current study.

6. Strengths and limitations

The research team acknowledges their own positionality within this project, as having their own previous expertise and experiences within various mental health and justice settings that may have shaped interpretation of the data. However, engaging in the process of reflexivity and the inclusion of the Knowledge User Committee, as nonparticipant members of the target population, to support the research process and data interpretation helped to produce themes that stayed true to participant responses (Berry et al., 2024). This study also adds to the limited literature on guidelines for justice-involved youth and mental health and substance use services, thus informing future research.

Some limitations warrant consideration for this study. The use of focus groups may be subject to social desirability and potential sampling bias (Adler et al., 2019). That is, the experiences of participating MHSP might not be reflective of all MHSP working in youth justice contexts, as participation may have been biased towards those with more experience or availability. However, the use of focus groups did help to provide in-depth insight into MHSP experiences working with justice-involved youth and helps to inform future practice. Another potential limitation for this study is the possibility of bias in the interview questions. Some questions, such as those related to improving guidelines, may have implicitly assumed that changes are necessary, which may have impacted MHSP responses. However, as discussed, existing literature indicates that current guidelines are often ambiguous, inconsistent, or lacking (Holoyda and Landess, 2024; Smith and McGannon, 2018; Paterson-Young, 2022; Hancock, 2024). Given this context, questions aimed to explore gaps and areas for improvement and were directional based on the goals of this study and the objectives of collaborating with the Knowledge User Committee.

Finally, as participants in this study were primarily women, of White racial background, and worked in community rather than custody settings, the findings may not fully capture the perspectives of Indigenous, racialized, or custody-based MHSP. Given the documented overrepresentation of Indigenous and racialized youth in the Canadian justice system (Bhaskar, 1975; Ahamdi, 2021), future research must actively engage MHSP and youth from these communities to better understand culturally responsive guideline development. Efforts were made to recruit a diverse sample, including MHSP from a wide range of facilities, however, previous related research has shown similar demographic characteristics in this population (Armstrong, 2024). Additionally, this study was conducted in two Canadian provinces (Ontario and Nova Scotia), and mental health and justice service structures vary across Canada due to differences in legislation, interagency coordination, and resource availability. Therefore, findings should be understood as a starting point that identifies shared challenges and priorities rather than a national perspective. Future work should directly engage youth and families, and include service providers from additional provinces and territories, particularly those working in Indigenous and remote northern communities, to further examine how guideline development and implementation can be tailored to diverse regional, cultural and service contexts.

7. Conclusion

This study provides a foundation for future research aimed at strengthening the development and integration of guidelines for mental health and substance use services for YIJS. It underscores the need for guidelines that are clear, consistent and available to all MHSP who work with YIJS. Giving special consideration in guidelines to equity, resource allocation, and collaboration may contribute to improving the uptake of guidelines and outcomes for justice-involved youth. To be effective, guideline development must be accompanied by investments that

increase staffing and training, as well as sustainable funding that supports implementation in practice.

Ethics approval and consent to participate

Ethics approval was obtained from a university-affiliated mental health hospital and followed procedures for ethical online data collection and consent.

Consent for publication

As stated above, all participants in the study provided electronic informed consent. In doing so, they agreed to the publication of results while maintaining confidentiality of their data.

Availability of data and materials

The dataset used in this study is not readily available due to considerations of confidentiality. Anonymized data may be available upon reasonable request from the principal investigator of this study.

Funding

This project was funded by a Canadian Institute for Health Research (CIHR) Grant, Grant # SY5-186494.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

The authors would like to thank the participants in this study whose experiences and insights provided valuable contributions to this work. The authors would also like to thank the Knowledge User Committee for dedicating their time and support to the implementation and interpretation of this project.

Data availability

The data that has been used is confidential.

References

- Aalsma, M. C., Anderson, V. R., Schwartz, K., Ouyang, F., Tu, W., Rosenman, M. B., et al. (2017). Preventive care use among justice-involved and non-justice-involved youth. *Pediatrics*, *140*(5).
- Adler, K., Salanterä, S., & Zumstein-Shaha, M. (2019). Focus group interviews in child, youth, and parent research: An integrative literature review. *International Journal of Qualitative Methods*, *18*, Article 1609406919887274.
- Alain, M., Corrado, R. R., & Reid, S. (2016). *Implementing and Working with the Youth Criminal Justice Act across Canada*. Canada: University of Toronto Press.
- Anderson, R., Treger, J., & Lucksted, A. (2020). Youth Mental Health First-Aid: Juvenile justice staff training to assist youth with mental health concerns. *Juvenile and Family Court Journal*, *71*(1), 19–30.
- Armstrong, K. K. B. (2024). Mental Health Professionals Remaining Engaged While Working in a Juvenile Detention Setting: Capella University.
- Bauer, M. S. (2002). A review of quantitative studies of adherence to mental health clinical practice guidelines. *Harvard Review of Psychiatry*, *10*(3), 138–153.
- Berry, K., Allsopp, K., Gaskin, F., & Price, O. (2024). Staff support for workplace trauma: A freedom of information act request survey for NHS trusts providing mental health care in England. *Journal of Mental Health*, *33*(6), 701–705.
- Bhaskar, R. (1975). Forms of realism. *Philosophica*, *15*.
- Bonner, R., & Vandecreek, L. D. (2006). Ethical decision making for correctional mental health providers. *Criminal Justice and Behavior*, *33*(4), 542–564.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.
- Braun, V., Clarke, V. (2021). Thematic analysis: a practical guide. 2021.
- Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and being a knowing researcher. *International Journal of Transgender Health*, *24*(1), 1–6.
- Burke, J. D., Mulvey, E. P., & Schubert, C. A. (2015). Prevalence of mental health problems and service use among first-time juvenile offenders. *Journal of Child and Family Studies*, *24*, 3774–3781.
- Canadian Association of Social Workers (2024). Canadian Association of Social Workers Code of Ethics, Values and Guiding Principles 2024. [Available from: <https://www.casw-acts.ca/en/casw-code-ethics-2024>].

- Donisch, K., Bray, C., & Gewirtz, A. (2016). Child welfare, juvenile justice, mental health, and education providers' conceptualizations of trauma-informed practice. *Child Maltreatment*, 21(2), 125–134.
- Drerup, L. C., Croysdale, A., & Hoffmann, N. G. (2008). Patterns of behavioral health conditions among adolescents in a juvenile justice system. *Professional Psychology: Research and Practice*, 39(2), 122.
- Edbrooke-Childs, J., & Patalay, P. (2019). Ethnic differences in referral routes to youth mental health services. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(3).
- Gagliardi, A. R., Berta, W., Kothari, A., Boyko, J., & Urquhart, R. (2015). Integrated knowledge translation (IKT) in health care: A scoping review. *Implementation Science*, 11, 1–12.
- Georgiadis, C., Peris, T. S., & Comer, J. S. (2020). Implementing strategic flexibility in the delivery of youth mental health care: A tailoring framework for thoughtful clinical practice. *Evidence-Based Practice in Child and Adolescent Mental Health*, 5(3), 215–232.
- Government of Canada. Youth Criminal Justice Act (S.C. 2002, c.1), (2024). [Available from: <https://laws-lois.justice.gc.ca/eng/acts/Y-1.5/index.html>].
- Government of Canada. Mental health justice for corrections in Canada: a federal-provincial-territorial partnership Ottawa - Ontario: Correctional Services Canada. 2012. [Available from: <https://publications.gc.ca/site/eng/427753/publication.html>].
- Government of Canada. Legislation and Guidelines. In: Canada H, editor. 2024. [Available from: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/legislation-guidelines.html>].
- Government of Ontario. Ontario Justice Centre Opens in Kenora: Innovative Centre to support Indigenous communities [press release]. [Available from: <https://news.ontario.ca/en/release/1002690/ontario-justice-centre-opens-in-kenora>].
- Grisso, T., Vincent, G., & Seagrave, D. (2005). *Mental health screening and assessment in juvenile justice*. Guilford Press.
- Hancock, K. (2024). Justice-involvement and access to mental health care. *Crime & Delinquency*, 00111287241242479.
- Harfield, S., Purcell, T., Schioldann, E., Ward, J., Pearson, O., & Azzopardi, P. (2024). Enablers and barriers to primary health care access for Indigenous adolescents: A systematic review and meta-aggregation of studies across Australia, Canada, New Zealand, and USA. *BMC Health Services Research*, 24(1), 553.
- Holoyda, B., & Landess, J. (2024). Mental Health Service Availability for patients involved in the US Criminal Justice System. *Psychiatric Services*, 75.
- Kerig, P. K., Ford, J. D., Alexander, A. R., & Modrowski, C. A. (2024). Interventions for trauma-affected youth in the juvenile justice system: An overview of diagnostic, ethical, and clinical challenges and evidence-based treatments. *Psychological Injury and Law*, 17(3), 199–220.
- Liebenberg, L., & Ungar, M. (2014). A comparison of service use among youth involved with juvenile justice and mental health. *Children and Youth Services Review*, 39, 117–122.
- Livingston, J. D. (2009). Mental health and substance use services in correctional settings. *International Centre for Criminal Law Reform and Criminal Justice Policy*.
- McCormick, S., Peterson-Badali, M., & Skilling, T. A. (2015). Mental health and justice system involvement: A conceptual analysis of the literature. *Psychology, Public Policy, and Law*, 21(2), 213.
- McDonald, P. L., Van Der Wees, P., Weaver, G. C., Harwood, K., Phillips, J. R., & Corcoran, M. (2021). Learning health systems from an academic perspective: Establishing a collaborative within a school of medicine and health sciences. *Medical Education Online*, 26(1), Article 1917038.
- McElvaney, R., & Tatlow-Golden, M. (2016). A traumatised and traumatising system: Professionals' experiences in meeting the mental health needs of young people in the care and youth justice systems in Ireland. *Children and Youth Services Review*, 65, 62–69.
- Mental Health Commission of Canada. Mental Health and the Criminal Justice System: 'What We Heard'. 2020. [Available from: <https://mentalhealthcommission.ca/resource/mental-health-and-the-criminal-justice-system-what-we-heard-evidence-summary-report/>].
- Molnar, D. S., Blackburn, M., Tacuri, N., Zinga, D., Flett, G. L., & Hewitt, P. L. (2023). "I need to be perfect or else the world's gonna end": A qualitative analysis of adolescent perfectionists' expression and understanding of their perfectionism. *Canadian Psychology/Psychologie canadienne*.
- Mukumbang, F. C. (2023). Retroductive theorizing: A contribution of critical realism to mixed methods research. *Journal of Mixed Methods Research*, 17(1), 93–114.
- Owusu-Bempah, A., & Wortley, S. (2014 Jan). Race, crime, and criminal justice in Canada. *The Oxford Handbook of Ethnicity, Crime, and Immigration*, 1, 281–320.
- Packer-Muti, B. (2010). Conducting a focus group. *The Qualitative Report*, 15(4), 1023–1026.
- Paterson-Young, C. (2022). "We are still running around with the same rules, but we are not the same we were 20 years ago"—Exploring the perceptions of youth justice professionals on secure training centres. *Residential Treatment for Children & Youth*, 39(4), 348–369.
- Penner, E., Roesch, R., & Viljoen, J. (2011). Young offenders in custody: An international comparison of mental health services. *International Journal of Forensic Mental Health*, 10(3), 215–232.
- Peterson-Badali, M., Skilling, T., & Haqanee, Z. (2015). Examining implementation of risk assessment in case management for youth in the justice system. *Criminal Justice and Behavior*, 42(3), 304–320.
- Psychological Association of Canada. (2017). Canadian Code of Ethics for Psychologists 2017. [Available from: cpa.ca/docs/File/Ethics/CoEGuidelines_PracticeProvPsych_2017_Final.pdf].
- Rapp, L. (2016). Delinquent-Victim youth—adapting a trauma-informed approach for the juvenile justice system. *Journal of Evidence-Informed Social Work*, 13(5), 492–497.
- Seiter, L. (2017). Mental health and juvenile justice: A review of prevalence, promising practices, and areas for improvement. *National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth*.
- Smith C, Elger T. (2014). Critical realism and interviewing subjects. *Studying organizations using critical realism: A practical guide*. 2014:109-31.
- Smith, B., & McGannon, K. R. (2018). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*, 11(1), 101–121.
- Sobh, R., & Perry, C. (2006). Research design and data analysis in realism research. *European Journal of Marketing*, 40(11/12), 1194–1209.
- Steadman, H. J., McCarty, D. W., & Morrissey, J. P. (1989). *The mentally ill in jail: Planning for essential services*. Guilford Press.
- Ahmedi, R. (2021). Unequal Justice-Experiences and outcomes of young people in Ontario's youth bail system.
- Unruh, D. K., Gau, J. M., & Waintrup, M. G. (2009). An exploration of factors reducing recidivism rates of formerly incarcerated youth with disabilities participating in a re-entry intervention. *Journal of Child and Family Studies*, 18, 284–293.
- Vanderbilt University. REDCap About [Available from: <https://projectredcap.org/about/>].
- Warr, D. J. (2005). "It was fun... but we don't usually talk about these things": Analyzing sociable interaction in focus groups. *Qualitative Inquiry*, 11(2), 200–225.
- Wilkins K. (2018). Saving the Future: An Interstate Comparison of Juvenile Justice. *Lewis & Clark Law Review Online*. 22.
- Wiltshire, G., & Ronkainen, N. (2021). A realist approach to thematic analysis: Making sense of qualitative data through experiential, inferential and dispositional themes. *Journal of Critical Realism*, 20(2), 159–180.
- Zajac, K., Sheidow, A. J., & Davis, M. (2015). Juvenile justice, mental health, and the transition to adulthood: A review of service system involvement and unmet needs in the US. *Children and youth services review*, 56, 139–148.