

Staff and partners' perspectives on implementing a community-based mental health model in a rural Francophone context

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Abstract

Background

Youth in Canada continue to face significant barriers to accessing mental health care, particularly in rural communities where access to specialized services, mental health literacy and stigma remain ongoing challenges. However, evidence regarding the implementation of mental health services in underserved regions remains limited. This study used the RE-AIM framework to evaluate the implementation of the Accès Santé Jeunesse Péninsule Acadienne, a rural Francophone community-based program designed to provide mental health support to youth living in the Acadian Peninsula, a rural region in New Brunswick, Canada.

Methods

A multimethod study design was employed. Data were collected in two phases between April and July 2022 and included administrative data and semi-structured interview with program staff and community partners (N = 11). Interviews explored the RE-AIM (i.e., reach, effectiveness, adoption, implementation, and maintenance) dimensions. Administrative data informed program characteristics and service use. Interviews were analyzed using a deductive thematic analysis approach based on the RE-AIM framework, followed by a cross-sectional comparison across time points.

Results

Staff participants (n = 6) had an average of 20 years of professional experience, while community partners (n = 5) averaged 12 years of professional experience. Administrative data indicated that 178 youth accessed services between July 2021 and March 2023. Service utilization was the highest among youth aged 11–25, whereas fewer youth aged 26–30 and fewer parents access services than anticipated. Key facilitators of implementation included flexible referral processes, service mobility, inclusive eligibility criteria, and strong partnerships between local partners. Participants also emphasized the importance of youth engagement and social support. Reported barriers included limited human and financial resources, low program visibility, and geographical challenges. Participants further identified sustainability and ongoing collaboration as critical considerations for long-term success.

Conclusions

Finding suggests that mobile community-based mental health services can be successfully implemented in rural Francophone communities and may improve accessibility and continuity of care for youth. Continued investment in community engagement, and sustainable funding is essential to support long-term implementation.

Background

Despite growing awareness of youth mental health needs, significant barriers to accessing formal mental health support persist across Canada. Long wait times, fragmented systems of care, and limited mental health literacy continue to hinder timely and appropriate access to services ¹. In response to these challenges, community-based mental health services have emerged as an important approach to improving access to care for youth and young adults ². By actively engaging youth and families in service design and delivery, community-based approaches seek to promote coordinated, youth-centered care and reduce barriers to help-seeking ^{3,4}.

Globally and across Canada, increasing attention has been directed toward transforming youth mental health systems to better meet the needs of young people. National and international initiatives have emphasized the importance of accessible, integrated, and community-oriented services that address the social and contextual determinants of health ⁵. Despite this momentum, implementation remains uneven, particularly in rural and linguistic minority settings where structural and contextual barriers may further limit access to care. Youth living in these settings often face reduced access to specialized services, lower mental health literacy, and persistent stigma surrounding help-seeking ^{6,7}. In New Brunswick (NB), vulnerable youth report elevated mental health needs while simultaneously experiencing challenges in accessing culturally and linguistically appropriate services ⁸.

Although early evaluation of several community-based youth mental health initiatives in Canada have demonstrated promising outcomes related to youth engagement and improved access to services ^{9,10}, research documenting implementation processes in underserved settings remains limited. Understanding how community-based mental health programs are implemented in rural and minority-language setting is particularly important to identify factors that facilitate or hinder implementation. To address this gap, implementation science frameworks provide useful tools for evaluating both intervention delivery and contextual influences. Among these, the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance) offers a comprehensive approach for examining health interventions across individual and organizational levels and has been widely applied to community-based programs ^{11–13}.

NB presents a particularly relevant context in which to examine community-based youth mental health service implementation. Nearly half of the provincial population live in rural areas ¹⁴, and approximately 30% identify as Francophone ¹⁵, creating distinct challenges related to service accessibility, continuity, and linguistic appropriateness. The Accès Santé Jeunesse Péninsule Acadienne (ASJPA) program was developed and delivered by the Centre de Bénévolat de la Péninsule Acadienne (CBPA) to serve youth and young adults aged 11–30 years between June 2021 and March 2023. The program seeks to reduce barriers to mental health care, provide high-quality mobile interventions, and address service gaps during the transition to adulthood through individualized counselling and support, referrals to community and mental health resources, and participation in group activities and workshops ¹⁶. Services are

continuously adapted to respond to local needs and contextual realities. Given the program's continued adaptation to youth needs, this study aimed to evaluate the implementation of ASJPA using the RE-AIM framework.

Methods

Study design

This study is part of a broader multimethod research initiative examining the implementation of the ASJPA program from the perspective of program staff, community partners, and participating youth. Ethical approval was obtained from the Université de Moncton Research Ethics Board (2122-053).

The present paper reports findings derived from administrative data and qualitative interviews conducted with ASJPA staff and community partners. Data collection followed a multimethod study design approach and was collected across two-time points (T1 and T2) to document program implementation over time¹⁷. Findings related to quantitative data collected from participating youth are reported elsewhere¹⁶.

Participants and Recruitment

Participants included mental health professionals who either worked directly within the ASJPA program or had current or previous collaborative involvement with the initiative (hereafter referred to as community partners). Eligibility criteria included employment within ASJPA or previous/current collaboration with the program.

A convenience sampling strategy was used to recruit participants. For ASJPA staff, a member of research team (HC, MSW, female research professional with extensive qualitative research experience) distributed a recruitment email describing the study. For community partners, contact information was provided by ASJPA, and eligible individuals were invited by email from HC and CG (B.A. Psychology, female research assistant with qualitative research experience). Recruitment occurred between January and April 2022 to align with the study's two waves of data collection.

Data Collection

Semi-structured interviews (N = 11) were conducted via videoconference and lasted approximately 30–60 minutes. The first wave of data collection was conducted in April 2022, and the second wave was completed in June and July 2022. Prior to each participation, oral informed consent was obtained by a research team member (HC or CG), including consent to audio-record the interview. Participants first completed a brief professional background questionnaire, after which the semi-structured interview was conducted.

Measures

Professional background questionnaire

A brief questionnaire developed by the research team was administered during the first wave of data collection. It collected information regarding participants' current position, years of experience in their current role, years of professional experience, and relationship to the ASJPA program.

Administrative data

Administrative data were reviewed throughout the study to support understanding of program reach, adoption, and implementation. Internal program records were used to document the number of youth accessing services. In addition, program documents describing team composition, staff roles and job descriptions, annual training, services offered, and the intake and follow-up procedures were also reviewed.

Semi-structured interview guide

A semi-structured interview guide was developed by the research team and organized according to the five dimensions of the RE-AIM Framework ¹¹: (1) Reach, (2) Effectiveness, (3) Adoption, (4) Implementation, and (5) Maintenance (see supplementary file for complete interview guide). Table 1 summarizes the dimensions, level of assessment, and outcomes examined in this study.

A single interview guide was used for all participants; however, questions were adapted according to participants' role. Questions identified as "I" were intended for internal participants (e.g., ASJPA staff), whereas questions labelled "E" were intended for external participants (e.g., community partners), ensuring that interview content remained relevant to participants' experiences and responsibilities.

Table 1
RE-AIM dimensions, level of assessment and aspect assessed for the ASJPA program

Dimension	Level of assessment	Outcomes assessed
Reach	Individual	Number and representativeness of youth participating; access pathways; facilitators and barriers to recruitment and participation (administrative data and interviews)
	Organizational	Team's capacity to identify and engage youth; recommendations to improve recruitment and participation (interviews)
Effectiveness	Individual	Staff perceptions towards achievement of intended outcomes; unintended outcomes, areas for improvement (interviews)
Adoption	Individual	Number and roles of staff involved in the program implementation (administrative data and interviews)
	Organizational	Facilitators and barriers to adoption; staff training; perceptions of adoption and collaboration (administrative data and interviews)
Implementation	Individual	Fidelity and quality of services delivered (interviews)
	Organizational	Consistency of program delivery; adaptations made (administrative data and interviews)
Maintenance	Organizational	Sustainability of the program; long-term financial support; durability of outcomes (interviews)

Researcher positionality and reflexivity

This study was conducted by researchers with background in social work, psychology, and community-based mental health research. Interviews were conducted by HC (Master of Social Work, female research professional with extensive qualitative research experience) and CG (Bachelor of Arts in Psychology, female research assistant with qualitative research experience). Neither interviewer had a clinical, supervisory, or personal relationship with participants prior to the study.

The research team recognized that their professional backgrounds and interest in youth mental health may have influence data interpretation. Throughout the analytic process, emerging codes and themes were discussed collaboratively among multiple team members to critically examine interpretations, consider alternative explanations, and ensure that findings remained grounded in participants' accounts.

Data Analysis

Descriptive statistics were computed using SPSS (version 29) to summarize participants' professional characteristics. Interviews were transcribed in full by HC and CG. Four research team members

independently conducted an initial reading of the T1 interviews to identify preliminary themes using a deductive approach informed by the RE-AIM framework^{18,19}. Following the identification of the main themes, two members of the team conducted thematic analysis to identify subthemes grounded on participants narratives²⁰. To enhance analytic rigour and credibility, coding and thematic interpretations were subsequently reviewed and triangulated among additional members of the research team to ensure consistency and agreement in interpretation. The same analytic procedure was repeated for T2 data. Following the separate analyses of T1 and T2, a longitudinal cross-sectional comparison was conducted by two research team members to examine recurring patterns and differences in implementation experiences across time points for the overall sample²¹. As interviews were conducted in French, all quotations included in this article underwent a back-translation process to ensure semantic accuracy in English reporting²².

Results

Participants profile

Six ASJPA staff members were interviewed twice (T1 and T2). Participants were either in the management team (33.3%), social workers (33.3%), or youth workers (33.3%). Their professional experience in the field ranged from 9 to 30 years, with an average of 20 years ($SD = 8.12$), and their experience in their current role was on average 7.67 years ($SD = 9.73$). All staff members interviewed had been part of the ASJPA program team since its inception.

Five community partners (were interviewed at the first round (T1) and four were interviewed at the second round (T2), representing an attrition rate of 20% at T2 due to one participant not attending their scheduled interview. These participants were either behaviour coach (20%), social workers (60%), or registered nurses (20%). On average, they had 6.40 years of experience in their current position ($SD = 5.18$) and 12.60 years of experience in the field ($SD = 5.86$). Most community partners reported having a direct connection with the ASJPA program, such as regular communication and collaboration at various levels.

Reach – Youth Access, Recruitment, and Retention

Administrative records indicated that 178 youth accessed services through the ASJPA program during the funding period (June 2021 to March 2023). Both ASJPA staff and community partners described the referral process as efficient and timely, with referrals originating from a range of sources, including self-referral (by youth or their family members), mental health centers, school-based child and youth teams, adult mental health services, and postsecondary institutions. ASJPA staff noted that reaching youth aged 26 to 30 remained a challenged.

Key facilitators of access to the program included inclusive admission criteria (i.e., ongoing mental health concerns and aged between 11 and 30 years old), timeliness of services, flexibility in maintaining youth records open, staff mobility, free services, and trust in the host organization. Barriers centered on

limited human and financial resources, the large geographic area (approximately 4744km²³), and limited awareness of the program in the broader community.

To advertise the program and enroll youth, promotional strategies included collaboration with community partners, peer-to-peer referrals, social media, and school-based outreach. However, youth reluctance in joining the program and the lack of community awareness was noted as persistent challenges. Cross-sectional analysis highlighted that between T1 and T2 promotional activities were put in place to strengthen recruitment of youth, especially through social media, and ensuring that every youth received the monthly program activities schedule (i.e., group activities, workshops, etc.).

Retention was supported by the approach adopted by ASJPA staff, specifically respecting youth's pace, establishing a trusting relationship, tailoring services to youth needs and assuring continuity of staff. Some barriers such as disengagement or refusal to participate, mismatches between group activities and youth needs, and disruptions during COVID-19 were identified. A summary of facilitators, barriers and illustrative quotes related to access, recruitment, and retention is presented in Table 2.

Table 2
Facilitators, barriers and illustrative quotes related to Reach subdomain

Subdomain	Illustrative quotes
Access	
<i>Facilitators</i>	We're not targeting for mental health diagnoses, we're not targeting people with extreme challenges neither, so anyone who (...) because we all face mental health challenges at some point in our lives, so whether they're minor or more significant, it means that essentially almost every youth can be accepted into the program. (ASJPA2-T1)
<i>Barriers</i>	If you're not already connected to a service (...) I'm not sure if a parent who simply wants something for their child, who notices some challenges, would even know it exists. I have the impression that you have to already be somewhat within the service system to be aware that ASJ exists. (ComPart5-T2)
Recruitment	
<i>Facilitators</i>	We send reminders [to partners] that the program is still active, so if there are social workers at the ministry who feel that a youth may be a good fit for our program, well they'll pass along the information or they'll refer them to us. (ASJPA4-T2).
<i>Barriers</i>	You know, there are always some who are reluctant to use services. Some have had negative experiences (...) there are youth who simply don't want to get involved (...) the youth worker can suggest things, they can suggest things, but if they always say no, you know, these services are voluntary after all. (ComPart1-T2).
Retention	
<i>Facilitators</i>	One of the aspects that makes youth stay is the welcoming environment, the flexibility, the trusting relationship that they truly establish with the youth workers, that's probably due to the fact that the program places each youth at the heart of the process, it means that they'll really go according to the youths' interests and passions, it means that it's highly personalized according to each youth's needs. (ASJPA4-T1).
<i>Barriers</i>	When we were in the middle of the pandemic, during isolation and all of that, we had far fewer references, access to the youth (...) we couldn't go see them, they couldn't come see us (ASJPA2-T1).

Effectiveness – Perceived benefits for youth

Interview with ASJPA staff and community partners highlighted several perceived benefits for youth, including reduced isolation and building new friendships, personal growth, discovery of new interests, improved access to resources and services, and reduced stigma around mental health. ASJPA staff perceived that this not only improved perceived youth mental health but also reduced the severity of psychological challenges faced by some youth, potentially easing pressure on mental health waitlists and, in some cases, preventing hospitalizations. Cross-sectional analysis revealed that between T1 and T2 an additional youth worker was hired to offer services to additional youth, but also to help with overall program effectiveness (e.g., reach additional youth, promote services, etc.).

The COVID-19 pandemic negatively affected the program effectiveness, as restrictions limited in-person group-based activities and intensified social isolation, anxiety, and emotional challenges among youth. ASJPA staff reported that while virtual supports (e.g., phone, video calls, messaging) helped maintain contact with youth, in-person re-engagement in the program after the pandemic was challenging, particularly for youth who had become accustomed to isolation. Gradual easing of sanitary restrictions allowed the program to resume in-person individual and group activities. A summary of perceived effectiveness and illustrative quotes is presented in Table 3.

Table 3
Perceived effectiveness of the ASJPA program

Subdomain	Illustrative quotes
<i>Perceived benefits for youth</i>	The programming had a really positive impact, and often we found ourselves saying “wow”, but it happens on its own because the youth are among themselves (...)it’s so nice to see how one youth helped another youth, you know, whether through their presence or a kind word (ASJPA3-T1).
<i>Impact on the mental health system</i>	I think many youths didn’t end up accessing mental health services because they received what they needed, whether through the programming and all that. But it’s also that when we accompany a youth toward the right service, if we guide them to mental health care at the right moment, probably that, in some situations, we’ve prevented hospitalizations as well (ASJPA5-T1)
<i>COVID-19 challenges</i>	The young people who had social anxiety, we were trying to get them out of their homes. But for these young people, the pandemic, it made them feel safer. They had the right to isolate themselves at home and not expose themselves to anxiety-inducing factors. So, getting these youth, even getting them back in the program will be a challenge because there’s a certain level of comfort that has been established. (ASJPA5-T1)

Adoption

Adoption of the ASJPA program within the team

Administrative documents and staff interviews highlighted how the ASJPA program was adopted both at the organizational level and within the team. The ASJPA team consists of eight members, including administrative managers, clinical coordinators/social workers, and youth workers (see Table 4). The clinical staff usually manage referrals, complete intake and assessment, ensure service continuity, provide individual therapy and collaborate with community partners; youth workers provide direct counselling support and accompaniment to youth; while administrative managers will ensure reporting, grant applications, and data collection. At the organizational level, ASJPA staff members reported that adoption of the program went smoothly, with teamwork, openness to change and strong staff retention being identified as key facilitators.

At the individual level, ASJPA staff described feeling competent and well prepared to adopt the program, drawing on prior experience and diverse skill sets. To deepen their knowledge and stay up to date with new developments in the field of youth mental health, staff were required to complete annual trainings.

With regards to their roles, staff reported wearing “many hats”, with roles ranging from direct youth intervention and group facilitation to administrative tasks such as budgeting, data collection and reporting. One challenge was noted regarding the boundaries of the youth worker role, particularly around availability after work hours, but strategies (e.g., distributing cards to youth with availability and emergency contacts) were implemented to address this.

Partnerships and community integration

Since its launch, the ASJPA has developed partnerships with a wide range of public, community, and private organizations (e.g., school district, community mental health centers, local community organizations), with contributions ranging from material donations (e.g., discounted activities, free space) to close collaboration around case management. These partnerships ensured that the ASJPA program complements rather than duplicates existing services, helping to fill service gaps and support youth consistently. Community partners viewed themselves as collaborators and promoters of the program. Findings from the interviews highlighted challenges related to maintaining regular communication with ASJPA staff, clarity of program’s goal and objectives and referral pathways.

Table 4
Adoption of the ASJPA Program

Subdomain	Illustrative quotes
<i>Team structure and roles</i>	My role is a little bit divided into many things, in terms of the fact that I still do interventions with the youth because I’ve kept a few youths even though my position has changed. Like now, as we have workshops coming up, I participate in the presentation of the workshops, I also participate in the programming, there are activities that take place and I will bring my youth to them as well. Of course, I have individual meetings with young people for counselling, I receive referrals, so when there are referrals that come in it’s me...I can make the first contact, plan the first meeting to explain the program. (ASJPA2-T1).
<i>Organizational adoption</i>	We’re very open, it’s without judgment, it’s precisely an organization, both the program and the organization, it’s an organization that is open to everything, we’re open to all eventualities, to all changes, so when it fits in, it’s easier to implement. (ASJPA2-T1)
<i>Community partnerships</i>	<p>(...) not that long ago I made some purchases at the bowling alley and then we got big discounts on gift cards, so people from the community help us too, precisely to find spaces or give us small special package deals because they know we work with the youth. (ASJPA2-T1).</p> <p>I would say that for us, our initial objective was that there be no youth falling in the cracks. So, regardless of whether a youth needed a service like in mental health, but there was a waiting list, since they were referred to us, our objective was not to duplicate services but at least remain involved until the youth had seen someone in mental health (ASJPA6-T2)</p>
<i>Community partner perceptions</i>	For me, when I make a referral to the ASJPA program, if I’m still involved with the youth I referred, I will definitely have a close collaboration with the program (ComPart1-T1).

Implementation – fidelity of program delivery, process and challenges

Administrative documents indicated that ASJPA is guided by five core pillars: (1) early identification, (2) rapid access to services, (3) the provision of appropriate, high-quality care, (4) continuity of care beyond the age of 18 years, and (5) active participation of youth and families in services planning and delivery. Consistent with these principles, ASJPA included the provision of referral services, clinical services, accompaniment by youth workers, and access to activity programming (e.g., educational guidance, group activities).

The implementation process follows four structured steps: (1) intake, (2) assessment, (3) orientation, (4) follow-up. During the intake phase, referrals are received and an initial meeting is scheduled within five days. The first meeting includes obtaining informed consent and is conducted with flexibility to accommodate the youth's needs. During the assessment phase, the ASJPA staff conducts an evaluation of youth's needs using biopsychosocial assessments, service planning tools, and evaluations of interests and strengths to identify appropriate supports and establish individualized goals. The orientation phase involves referrals to external services, individual counselling, accompaniment by a youth work, and participation in program activities. Finally, ongoing follow-up is provided the youth workers to monitor progress toward service plan goals and ensure continuity of care.

Interviews with the ASJPA staff revealed a strong consensus about the program's goals and a shared focus on youth-centered individualized care. Staff emphasized the importance of active listening, trust building, and empowerment rather than directive approaches (see Table 5). Community partners also recognized the program's flexible and creative nature, describing ASJPA as being able to reach youth in ways the conventional system cannot, due to bureaucratic or financial limitations.

The main barrier to implementation identified by both ASJPA staff and community partners was a lack of human resources, which limits the frequency of follow-ups and the range of services that can be offered. ASJPA staff suggested expanding access to specialized supports (e.g., professionals to explain diagnoses and medication, eating disorder services, animal-assisted therapy) and increasing the diversity of activities offered. Having a permanent "safe space" dedicated to the program was also mentioned as a need. Finally, while COVID-19 did not strongly affect fidelity of implementation, it did create feelings of isolation among staff due to reduced in-person contact.

Table 5
Implementation of the ASJPA program

Subdomain	Illustrative quotes
<i>Program goals and objectives</i>	Because our goal is really that the youth, you know, no matter what service they receive, whether it's just support from our counsellors or just programming, we really want them to have a positive experience (ASJPA6-T1).
<i>Approach adopted</i>	<p>Sometimes we would want it to go fast, but you can't, you go at the pace of the young person, I can take a young person and take him there and say: "this is what you need", but forget it, there is a whole process and it takes a lot of gentleness, patience, you have to be a bit of a role model. (ASJPA3-T1)</p> <p>And I think that when you're supporting youth it's not so much about talking, it's more about listening. You know, listening and then making a plan to understand what the distress is, how can I support them, without starting to tell them here's the recipe (...) because I can give them something and they won't even be able to do it (...) so I work a lot with what the youth will share me rather than dictate things. (ASJPA1-T1)</p>

Maintenance

A major challenge identified was the short-term nature of the program's funding, which creates insecurity both for staff and participating youth. ASJPA staff described constant uncertainty about the program's continuation, which generates stress and instability among youth who benefit from the services. At the time of the second round of interviews, ASJPA staff confirmed that funding was secured until March 31, 2023, while discussions were ongoing with governmental and philanthropic partners to secure longer-term financial support.

Participants emphasized that stable and recurring funding – along with increased human resources – would ensure continued service delivery and help sustain the positive impacts observed among youth. Additionally, community partners highlighted the need for a systematic evaluation process to better document youth progress over time, strengthen accountability, and support sustained program impact.

Discussion

Documenting the implementation of community-based initiative for youth mental health is essential to inform service improvement and better respond to the evolving needs of young people. Guided by the RE-AIM framework, this study provides insights into the implementation of such initiatives within a rural, Francophone minority linguistic context. Drawing on perspectives of diverse ASJPA staff members and community partners with extensive experience in youth mental health care, the findings highlight key strengths of the initiative as well as areas for improvement.

One key strength of the ASJPA initiative lies in the inclusive admission criteria, which allow youth with lower to moderate levels of mental health needs (e.g., those not requiring specialized or acute care and those without a formal diagnosis) to access timely support in rural settings²⁴. While ASJPA staff provide social and clinical services, they work collaboratively with community partners to ensure that

youth receive the appropriate level of care, including referrals to specialized services when needed. Together, this flexible and accessible approach helps address an important gap in the youth mental health service continuum in rural and Francophone minority communities in NB ^{25,26}, where access to mental health care is often limited.

Another notable strength is the youth-centered therapeutic approach embedded within service delivery. Staff emphasize the importance of actively listening to youths' concerns, validating their experience, and empowering them to be part of their care process. This approach supports the establishment of strong therapeutic relationships, which enhances engagement and contribute to more positive outcomes. The importance of the therapeutic relationship in youth mental health care is well documented, with elements such as trust, confidentiality and collaboration often identified as central to improved engagement and outcomes ^{27,28}.

Findings from the ASJPA initiative implementation build on previous studies demonstrating that community-based mental health initiatives can improve timely access to mental health care ^{2,3}. However, despite these strengths, challenges remain in achieving optimal service reach. Consistent with literature on community-based youth mental health services in rural contexts, barriers such as limited awareness of available services, and geographic challenges can limit service access for youth ²⁹. These findings highlight the importance of implementing targeted outreach strategies to enhance program visibility and engagement. In particular, establishing and maintaining a strong online presence - through a dedicated website and social media platform – may be a promising avenue for increasing program visibility, facilitating access to information, and promoting youth engagement with services ³⁰. Furthermore, regular communication and refining ongoing collaboration with community partners were identified as an area for improvement in the results and may strengthen awareness of available services, improve referral pathways, and support greater reach among youth.

Finally, sustainability emerged as the most critical challenge. Consistent with implementation science literature, finding suggest that while individual level adoption and implementation can be achieved through strong team engagement and local adaptation, long-term maintenance depends on external structural factors such as funding stability and system-level coordination ^{31–33}. Without sustained investment, even well-implemented community-based models risk instability and reduced impact over time.

Implications

These findings have several practical implications. First, strengthening outreach strategies and maintaining regular communication with community partners are essential to improve equitable reach, particularly for underserved and older youth. Second, investment in workforce capacity is necessary to maintain relational, youth-centered care without overburdening staff. Third, formalizing sustainability planning, including long-term funding strategies and systematic evaluation frameworks, is critical for maintaining program continuity and impact.

Limitations of the study

Several limitations should be considered. First, community partners were recruited through program staff, which may have introduced selection bias and limited variability in perspectives. Second, staff participants may have been subject to social desirability bias given their involvement in program implementation. Third, the relatively short interval between T1 and T2 may have limited the ability to detect longer-term implementation changes. Finally, findings are based on a single community-based hub in a rural Francophone context, which may limit generalizability to other community-based initiatives across the province.

Conclusion

Using the RE-AIM framework, this study looked at how the ASJPA program is implemented in a rural Francophone minority context. Overall, the findings suggest that a flexible, youth-centered and relational approach supported access, engagement, and perceived benefits for youth. At the same time, several structural constraints shaped implementation in practice, including limited resources, geographic barriers, uneven awareness of the program, and ongoing funding uncertainty. Sustainability emerged as the main challenge. Taken together, these results highlight both the strengths and the fragility of community-based mental health models, and the need for stable support to sustain accessible, youth-centered care over time.

Declarations

Ethics approval and consent to participate

This study received the ethical approbation from the Research Ethics Board of Université de Moncton (2122-053). All study participants provided informed written or oral consent prior to their participation. All procedures involving human participants were conducted in accordance with relevant guidelines and regulations, including the Declaration of Helsinki.

Consent for publication

Not Applicable

Competing interests

The authors have no relevant financial or non-financial interests to disclose

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Author Contribution

Study design: VP, HC Data collection: HC, CG Data analysis: HC, CG, VP First draft: HC, VP, SA, CG, KM Final draft: HC, VP, SA, CG, KM

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Data Availability

Supporting data will be available upon reasonable request to the corresponding author.

Abbreviations

ASJPA Accès Santé Jeunesse Péninsule Acadienne

NB New Brunswick

CBPA Centre de Bénévolat de la Péninsule Acadienne

SPSS Statistical Package for Social Sciences

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