EMPOWERMENT COUNCIL:
SYSTEMIC ADVOCATES IN MENTAL HEALTH AND ADDICTION
1025 Queen St. W., Room 1322, Toronto, ON M6J 1H4 (416) 535-8501 Ext 33013

July 10, 2025

Sent by Email

Sarah Downey
President and CEO
CAMH

Kevin Smith
President & CEO
UHN

RE: Concern Regarding the Dissolution of the Asian Initiative in Mental Health (AIM) Program

Dear Sarah and Kevin,

The Empowerment Council (EC) is a voice for current and former patients of mental health and addiction services. We are an organization consisting entirely of people who have received mental health or/and addiction services and we receive a lot of feedback from patients, organisations and families over the years about issues that matter to them. We are also connected and work in partnership with other mental health organisations in the sector.

I am writing to express my deep disappointment regarding the recent dissolution of the Asian Initiative in Mental Health (AIM) program, following the formation of the CAMH-UHN partnership. First, and most notably, in an era characterized by a plethora of discussion about the importance of patient engagement, we are left to question: how were patients meaningfully engaged in this decision-making process? Second, we are deeply concerned about the future of culturally responsive mental health care for the Chinese Canadian community and what this decision signals in that regard.

I read the *Toronto Star* article discussing the merger, which highlights that mental and physical health care in Canada have long been siloed, leading to serious consequences for patient care. However, this critique of fragmentation in health services is not new. It dates back at least to the Graham Report of 1988, which made similar arguments and called for "a health concept encompassing overall well-being, addressing quality of life and care; an integrated government health policy." Your framing of what is happening in the sector is problematic, as it is repetitive and obscures years of work by communities and especially patients themselves who have long challenged the separation between mind, body and community. I raise this not to be abstract, but to critically examine the historical processes that produced this divide and to question the role that powerful institutions have played in reinforcing and sustaining it. Equally important is the question of who now is granted the authority to determine how such a divide should be addressed, and whose knowledge, experience, and expertise are legitimized in shaping the terms of such an integration. This brings me to the closing of AIM.

The abrupt dissolution of the AIM program absent a transparent and adequate transition planning and inclusion of its members raises (familiar) concerns regarding the continuity of care for communities. This decision exemplifies a troubling trend in Ontario right now to subsume smaller, equity-oriented initiatives into larger institutional frameworks in the name of “efficiency” or “integration” at the expense of the very communities such programs were designed to serve, support and nurture.

At a time when many face multiple forms of precarity, invoking EDI only to subsequently deprioritize or dismantle these commitments feels disingenuous. There is a contradiction here which raises questions about how institutional commitments to health equity are being operationalized, if at all.

The Empowerment Council has been fortunate and we are grateful to have worked with leaders in AIM to center patient voices often at times when others in leadership positions were not even open to the prospect at all. We have strategized to build bridges, to talk about the importance of patient voice, equity and advocacy, and to make conversation and involvement accessible. Given this, we would appreciate feedback to inform and update stakeholders, students and partner organizations who share concerns about the recent dismantling of AIM:

1. How patients/service users in the Chinese community will be brought in to help shape future services? What concrete plans, accommodations, public events are being arranged?

2. How are leads and other community agencies with a stake in the conversation (such as Abrigo and Hong Fook and others) going to be included?

3. What timeline will be made to ensure linguistically and culturally appropriate services remain accessible to people who need support?

It would be helpful to have institutions like CAMH and UHN recognize that "implicit bias" operates structurally, not just individually. Equity-oriented, community-based programs such as AIM are often the first to be cut or sidelined, reflecting a deeper bias that treats marginalized communities' needs as peripheral. Even without overt discrimination, decisions that defund or absorb these initiatives into dominant institutions reproduce inequity. True leadership in equity means embedding and protecting such models as essential, not optional and that takes care and time.

Thank you for your attention to this matter.

Lucy Costa BA (Hons), LL.M
Deputy Executive Director
The Empowerment Council: Systemic Advocates in Mental Health & Addiction
Room 1322 - 1025 Queen Street W. Toronto, ON M6J 1H4
416 535-8501 Ext. 33013
lucy.costa@camh.ca