

AIM Fact Sheet

Background Context

- The Greater Toronto Area (GTA) is home to **679,725 Chinese Canadians**. **Mandarin** and **Cantonese** are the second and third most spoken first languages after English.(1)
- Chinese Canadians report the **weakest sense of belonging, poorest self-rated mental health, lowest mental health service use, and highest unmet need among all ethnic groups** (2)
- An Ontario study found **significantly higher rates of involuntary psychiatric admissions and more severe psychotic symptoms** in this population (3)

History of Asian Initiative in Mental Health (AIM)

- AIM was founded in 2002 by **Dr. Kenneth Fung** and **Dr. Peter Lim** to serve Cantonese, Mandarin, and Korean-speaking communities in the Greater Toronto Area funded by the Ministry of Health. After Dr. Kim's departure, AIM focused on Chinese Canadian populations, offering care in **Cantonese, Mandarin, and English**.

Composition

- 2 psychiatrists
- 7 mental health clinicians (about 5.2 FTE)
- 1 administrative assistant

Clinical Service

1. AIM Clinic

- Culturally and linguistically concordant psychiatric assessment, medication management, individual psychotherapy, and ongoing follow-up.
- All patients were co-managed by a psychiatrist and clinician through a collaborative care model.
- Pathway for urgent assessments (typically within one week after hospital discharge).
- Monthly open-ended drop-in group to maintain psychological wellness for chronic or discharged patients.

2. Early Intervention in Psychosis (EIP)

- Time-limited (3 years) program for individuals aged 16–45 experiencing first-episode psychosis, with cultural adaptations for later-onset among immigrants.
- Services included case management, family psychoeducation, home visits, and outreach.

3. Pioneering Group Programs

- *Journey to Healing (J2H)*: 10-session culturally tailored psychoeducation (e.g., includes qi-gong, naturopathy).
- *Integrative Behavioral Group Therapy (IBGT)*: 12-session ACT, CBT, and mindfulness-based program delivered in Cantonese, Mandarin, and Portuguese.
- Launched in 2014, both unique innovative and ground-breaking culturally adapted programs showed significant pre-post effectiveness and high patient satisfaction. It also demonstrated collaboration with Hong Fook and Abrigo.

Service Volumes Estimates:

- ~4,500 patient visits annually
- ~1,000 unique patients per year, including 250 new referrals
- Over 900 patients served through IBGT groups since inception
- About 75% of new intakes in 2025 were from outside UHN's catchment area

Other mental health work:

- Community education and outreach (e.g., schools, media (TV, radio), universities)
- Partnerships with agencies including Hong Fook, Mon Sheong, and Abrigo
- Active engagement in anti-Asian racism response efforts (SARS, COVID)
- Training site for students, psychiatry residents, and fellows in cultural psychiatry
- Host of the ACT and Buddhism Fellowship (with the Buddhist Education Foundation for Canada)
- Pioneer of Chinese-language fundraising initiatives (e.g., radiothon with Fairchild)

Closure:

- AIM is housed within the Community Mental Health Program (CMH) at Toronto Western Hospital, UHN, which also included two other ethnospecific clinics: the Portuguese Mental Health and Addictions Services (PMHAS) and the Spanish Clinic.
- In 2020, structural changes were made to the CMH program, which was renamed to Outpatient Mental Health. These changes resulted in inefficiencies, staff burnout, and high turnover. Spanish Clinic closed; PMHAS dissolved following departure of its psychiatrist in 2021; and partnership with Abrigo for IBGT ended in 2022.
- On **June 18, 2025**, AIM was **abruptly closed** without consultation with patients, families, community partners, or internal staff. Four of the seven AIM clinicians were laid off. All remaining psychiatrists and staff are absorbed into Outpatients. Chinese Canadian patients living outside TWH catchment area are no longer accepted.

Fallouts:

- **Disruption of Care Continuity:** Existing patients will only be followed until their “episode of care” ends, with no assurance of long-term follow-up.
- **Restricted Access for New Patients:** New referrals are now limited to those within UHN’s geographic catchment. This excludes ~75% of AIM’s new patients. OMH’s strict exclusion criteria (e.g., ADHD, Motor Vehicle Accident-related mental health issues) further limit access.
- **Loss of Specialized Early Psychosis Services:** AIM’s culturally adapted Early Intervention in Psychosis program was transferred to CAMH, with no guarantee of continued language- or culture-specific supports.
- **Dismantling of Culturally Grounded Group Programs:** IBGT and Journey to Healing were absorbed into the Depression Clinic, which lacks specific cultural focus. Portuguese-language services have nearly ceased due to the dissolution of PMHAS and the end of the Abrigo partnership with dwindling group numbers.
- **Loss of Cultural Psychiatry Training:** AIM had served as a key academic site for residents and fellows in cultural psychiatry. Its closure eliminates a rare and essential training ground for the next generation of culturally competent clinicians.
- **Erosion of Collaborative, Community-Linked Care:** AIM’s integrated, team-based model and longstanding partnerships with Chinese and Portuguese community agencies have been weakened or ended entirely.

AIM in the media:

1. UHN 4-min video on values of **Community Mental Health** and **AIM**
<https://youtu.be/6ZUH52wmKe0>
2. CITY TV News in 2021: featuring Asian mental health needs and AIM:
<https://toronto.citynews.ca/2021/05/11/asian-initiative-in-mental-health-offers-culturally-relevant-mental-health-approach/>
3. UHN Newsletter featuring an AIM education event and patient testimonials:
https://www.uhn.ca/corporate/News/Pages/AIM_mental_health.aspx
4. AIM Anti-Asian Racism Webinar, a 2-hour webinar collaborating with Dr. Fei Fei Liu and Janice Fukakusa:
https://www.youtube.com/watch?v=h2cma2c_76M

Support for ethnospecific services:

- Ontario Psychiatric Association: OPA Champions Equitable Access to Mental Health Care for Diverse Populations, April 7, 2021
<https://eopa.ca/news-updates>

References

- 1 Statistics Canada 2021 <https://www.cbc.ca/news/canada/toronto/mandarin-now-toronto-s-2nd-most-common-first-language-reflecting-years-of-demographic-change-1.6554155>
- 2 Chiu M, Amartey A, Wang X, Kurdyak P. Ethnic Differences in Mental Health Status and Service Utilization: A Population-Based Study in Ontario, Canada. *Can J Psychiatry*. 2018;63(7):481-91.
- 3 Chiu M, Lebenbaum M, Newman AM, Zaheer J, Kurdyak P. Ethnic Differences in Mental Illness Severity: A Population-Based Study of Chinese and South Asian Patients in Ontario, Canada. *J Clin Psychiatry*. 2016;77(9):e1108-e16.