



August 11, 2025

Dr. Kevin Smith President & CEO University Health Network 200 Elizabeth Street Toronto, ON M5G 2C4 Kevin.Smith@uhn.ca

RE: Concern about dissolution of the Asian Initiative in Mental Health (AIM)

Dear Dr. Smith,

I am writing as the Chair of the Transcultural Psychiatry Section of the Canadian Psychiatric Association (CPA) and as a cultural psychiatrist at McGill University with over 30 years of experience. I was surprised and alarmed to hear about the closure of the Asian Initiative in Mental Health (AIM), and I urge a full restoration of AIM and other culturally focused mental health services. Asian people in Canada have long suffered discrimination and neglect by mainstream mental health programs. For decades, AIM was a culturally competent program that served to reduce mental health inequities experienced by Chinese and Asian Canadians in the GTA and was an exemplary model for UHN and the University of Toronto, in addition to being well recognized nationally and internationally. The recent decision by UHN to dissolve AIM repeats and reinforces historical injustices.

In a time of escalating indifference and increasing attacks on the rights and dignity of minoritized communities, I believe that this decision sends the wrong message to our patients, to members of Asian communities, and to our national and international colleagues. Contrary to current anti-DEI trends, cultural and linguistic issues are of critical importance to the health of our patients. Mainstream healthcare institutions have a responsibility to demonstrate their unwavering commitment to best practices grounded in the principles of inclusion, diversity, equity and accessibility (IDEA).

Culturally developed programs, especially ones driven by ethnocultural communities, need to be protected and supported rather than dissolved and absorbed into generic services. Before making such drastic program changes, a respectful collaborative process with service users and the affected communities needs to take place to avoid neo-colonial approaches to care. The recent decision by the UHN to cancel AIM programming runs counter to the best practices supported by the collective scholarly work of social scientists and cultural psychiatrists in Canada and around the world.

There is still time to act for the greater good and restore the AIM in the GTA, which I fervently hope will be the case.

Sincerely,

M.N.

G. Eric Jarvis, MD

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Chair, Transcultural Psychiatry Section of the CPA

Director, Cultural Consultation Service

Director, Culturally Focused Early Psychosis Program

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Cc: Ms. Grace Ivo, UHN <u>Grace.Ivo@uhn.ca</u> (please forward to Mr. Dean Connor, Chair of UHN Board of Trustees)

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