



McGill

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October 12, 2025

Dr. Kevin Smith
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Cc:

Ministry of Health, The Honourable Sylvia Jones, 777 Bay Street, 5th Floor, Toronto, ON M7A 2J3; sylvia.jones@ontario.ca

Ms. Grace Ivo, UHN Grace.Ivo@uhn.ca (please forward to Mr. Dean Connor, Chair of UHN Board of Trustees)

Dr. Lisa Robinson, Dean, Temerty Faculty of Medicine, University of Toronto;
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Dr. Lisa Richardson, Associate Dean, Inclusion and Diversity, Temerty Faculty of Medicine, University of Toronto medicine.vicedean.strat@utoronto.ca

Dr. Melanie Woodin, President, University of Toronto president@utoronto.ca

Subject: ***Reinstate the Asian Initiative in Mental Health (AIM) Without Delay***

Dear Dr. Smith,

I am writing as a Canadian child and cultural psychiatrist who has been long involved in developing cultural consultation, global health and child psychiatry services at McGill and now at University of British Columbia. As a colleague I am disheartened and very disturbed to hear about the precipitous closure of an important Canadian model for care, training, and research to a very significant Asian psychiatric service developed at the University of Toronto. At a recent meeting with in Tokyo of the World Association for Cultural Psychiatry attended by key practitioners including psychiatrists from key departments in America (eg. Harvard including Dr. Arthur Kleinman), Canada (including McGill), major European centers, Latin American, African and Pacific Rim countries, the subject of AIM closure was of deep concern to us.

The process of closure without consultation to the serious mental ill patients who access the Asian clinic and who receive services adapted to their cultural realities was a deeply damaging experience for the Asian community and for all us who are supporting diversity and equity furthered by cultural competency. There are particular historical legacies of the Black, Indigenous and Asian communities which have been part of our Canadian cultural psychiatry efforts to address the legacy of historical structural racism which continues to be reflected in data and research. As you may recall Covid was a period when the Chinese community was particularly targeted. In Montreal it was the efforts of the Chinese community and leadership of Dr Alice Chan Yip to vigorously lobby against the Quebec threats to close the only Chinese

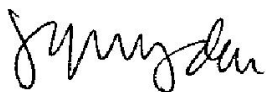
hospital where that community could receive appropriate care: the Quebec government recognized this legacy of the community and listened to the particular cultural needs of this community currently championed by Dr Kenneth Fung and others at the University of Toronto.

The AIM clinic is unique and highly regarded but decisions were made without consultation or respectful dialogue with this community causing deep damage to their dignity, access to services, disruption of seriously ill treatment groups, elimination of a unique training setting, community engaged person-centered links and a highly regarded initiative in cultural psychiatry in the country. Residents from other training centers were specifically choosing electives in that unique setting as the reputation of AIM has been applauded across the country. Just as the University of Ottawa undertook an initiative for hub for Black mental health care under Dr Jude Cenat, the AIM clinic is similarly highly regarded for trainees with international research efforts. In view of the current distressing anti DEI actions in the United States, we stood with Europe and other centres to pursue dignity and person-centered community engaged care in Canada with team-based care whose knowledge transfer is relevant across the nation as a model of training and competency.

I am joining with other colleagues across the country and internationally to appeal to the University of Toronto to reconsider and protect this vital program which undermined partnerships for a tertiary center to communities and trainees. This is blow not only to service users but to a respectful model of consultation that is vital to supporting a population whose ancestry has been one of the important early history of our social fabric.

I can only convey our anguish and concern at this decision. I do hope that you will carefully consider the implications of AIM closure without consultation. I have been working in this profession since the early 1970's in Canada as a third-generation immigrant origin citizen and psychiatrist: we have always supported the wonderful work that has been part of the University of Toronto's significant and unique contribution internationally as a training, clinical and research center for cultural psychiatry. I urge you to consider the community and the professionals who are supporting a reversal of this most detrimental decision.

Sincerely and respectfully,



Dr. Jaswant Guzder

Clinical Professor, Faculty of Medicine, Dept of Psychiatry University of British Columbia Co-Director UBC Social and Cultural Psychiatry Program Professor(ret), McGill University, Faculty of Medicine, Division of Child Psychiatry & Division of Social and Cultural Psychiatry
Consultant,
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- With respect and gratitude, I acknowledge the traditional unceded territory where I was born, live and work, where Coast Salish peoples, the Lək̓ʷəŋən, Esquimalt and W̱SÁNEĆ peoples remain in historical relationships with these lands.