

REPORT ON THE TOWNHALL CONSULTATION (DECEMBER 2025)

A virtual townhall was held on December 3, 2025, to address the sudden closure of the Asian Initiative in Mental Health (AIM) Clinic, formerly housed at University Health Network's Toronto Western Hospital, which provided culturally responsive mental health services to the Chinese community across the Greater Toronto Area for over twenty years.

The objectives of the townhall were:

1. Provide updated information on the closure and efforts undertaken to restore AIM.
2. Encourage information sharing and facilitate community consultation.
3. Shape advocacy priorities and develop strategies for future action.

To ensure the townhall would meet the intended objectives, outreach was conducted through personal networks and advertising through social media. Speakers were selected based on their expertise on the subject matter and demonstrated commitment to the community. Simultaneous interpretation in Mandarin and Cantonese was provided to facilitate discussion.

Participation from the community included patients, caregivers, representatives from diverse ethnocultural and racialized groups, advocacy organizations, healthcare service providers from mainstream and ethnospecific agencies, and experts from academic institutions. The event drew approximately 130 participants.

Participants were provided with a brief update on the work undertaken since the AIM closure, including the launch of the RE-AIM website, gathering petition signatures (over 1,300) and organizational support letters, hosting educational webinar forums, reports in mainstream and ethnic media, meetings with UHN psychiatry leadership, and a scheduled upcoming meeting with the UHN Board of Trustees.

Townhall Discussion

Impact on patients

In June 2025, AIM (UHN) was abruptly closed without consultation with service providers, community partners, service users, families, or the community. Deep concerns were raised about the speed with which AIM was "integrated" into General Outpatient Psychiatric Services without prior consultation or an evaluation plan. Speakers cautioned that, without proactive navigation supports, AIM's clients are among those most likely to fall through the cracks in a larger, more complex system.

The townhall began with viewing a brief video highlighting three AIM patients' courageous sharing of their lived experiences, echoed by other participants' sharing at the townhall. This included experiences of benefiting from AIM in their healing journey, highlighting the team-based approach and collaboration with community resources. Participants also shared the devastating impact of the closure, including contribution to attempted suicide, grieving the loss of a trusted clinical lifeline, and suffering relapses and re-hospitalizations. They felt that the long-term costs of removing a culturally adapted clinic far exceeded any perceived administrative efficiencies.

Participants also raised concerns about process and transparency, including limited responsiveness to community outreach, uncertainty about decision-making criteria, and the absence of clear, publicly communicated plans for service continuity, evaluation, and accountability.

Lack of recognition of culturally specific services

Key speakers and participants highlighted the critical importance of culturally appropriate services for diverse communities, and the longstanding challenge that mainstream systems often do not recognize community needs or the essential role of ethnospecific agencies in meeting them. Almost forty years ago, the founding of the Yee Hong Centre for Geriatric Care, a long-term care home for Chinese Canadians, met with initial resistance from Queen's Park. Following grassroots protests and communication to mainstream and Chinese media, the first Yee Hong opened in 1994. Today, Yee Hong operates four centres across the Greater Toronto Area.

Another advocate and leader with lived experience from the Portuguese community recalled major barriers in accessing culturally appropriate services, including navigating the mental health system as a youth when her family did not speak English. The Portuguese Mental Health and Addictions Clinic at Toronto Western Hospital (UHN) served this community need since 1999, but faced challenges that led to services being progressively shuttered in 2020 despite reassurances to the media and community, until its official closure in 2025.

SAPACCY (Substance Abuse Program for African and Caribbean Canadian Youth, CAMH) shared its challenging journey. Funded in the 1990s to respond to mental health and substance use needs among Black youth, it was a standalone program with its own intake process. In 2015, it was integrated into CAMH's broader children and youth services as part of a hospital-wide restructuring, with the same rationale cited for AIM's closure: that by breaking down silos, clients would gain improved access to services. The Black community advocated for reinstatement successfully. In 2021, the Ministry of Health invested \$2.9 million to strengthen the existing program and expand seven new community satellites across the province.

Loss of clinic to community, training, and research

Key speakers, including clinical practitioners, leaders, and academics from medicine, nursing, social work, and psychology shared personal, community, and research-informed perspectives on the role of culturally specific services in the Canadian health care system. A medical leader from the Chinese community described the loss of a reliable referral source for Cantonese- and Mandarin-speaking patients in Toronto, and the downstream impact on continuity of care. Speakers also noted a widening "referral desert" for language-concordant specialty care, with spillover effects on emergency, inpatient, and community services. Several speakers underscored quality and safety risks when care is not language- and culturally responsive, including reduced engagement, diagnostic uncertainty, and increased risk of relapse. While interpreter support can improve access, speakers noted that bilingual and bicultural clinicians can enhance accuracy, efficiency, and therapeutic alliance.

A trainee spoke of the impact AIM had on professional development. AIM provided a training site for culturally responsive care, transforming theoretical knowledge into clinical

practice. Learning emphasized tailoring mental health assessment and treatment to individual cultural needs, including working effectively with interpreters and attending to culturally shaped meanings of distress. With the closure, there were grave concerns about reduced opportunity for cultural psychiatry training and research, leaving future practitioners less equipped to work with complex cultural and mental health needs.

At the organizational level, speakers from academic institutions and community agencies underscored the need for culturally sensitive mental health care, calling on decision-makers to reconsider the closure of AIM, particularly to support timely access to intervention, treatment, follow-up, and coordination with community resources. Speakers also noted that removing visible culturally specific programs can undermine community trust and affinity, with implications for partnerships and philanthropic engagement.

The discussion also highlighted the importance of engaging people with lived experience, especially from diverse user communities with longstanding under-representation in mental health care. This requires community capacity building so participants can contribute meaningfully to co-design, supported by plain-language information about how hospital decisions are made, how services are accessed, and how intersecting identities shape barriers and care needs. This approach emphasizes cultural safety, acknowledged institutional power, and supported decolonizing, power-sharing practices in which communities have a meaningful role in decisions about services, affirming that publicly funded hospitals belong to the public and must remain accountable to the communities they serve.

Conclusion and Next Steps

The townhall achieved its objectives by updating participants on the AIM Clinic closure and related advocacy, deepening shared understanding of its impacts, and generating concrete next steps for collective action. Community members, providers, and leaders affirmed that the loss of AIM is a social justice issue that threatens equitable, language-concordant care and undermines trust in publicly funded institutions that are accountable to the communities they serve. There was unanimous support for continuing to fight for AIM's reinstatement.

Building on the discussion, several clear priorities emerged for moving forward:

- Outreach to continue expanding RE-AIM support including from organizations and the public through petition, targeted invitations, media and social media, forums, and community education initiatives.
- Mobilize volunteers into focused working groups (e.g., communications, evidence and data, political outreach, fundraising) to coordinate efforts efficiently.
- Strengthen alliances with other equity-seeking and ethnospecific services and groups to highlight shared systemic concerns and build a broader advocacy coalition.
- Engage UHN leadership and the Board of Trustees to reinstate AIM as a dedicated, culturally responsive program with clear accountability and evaluation mechanisms.
- Advocate with municipal, provincial, and federal elected officials to secure sustained investment in culturally responsive, language-concordant mental health services, training, and research.