

Symposium | Community care : [Symposium 44] Family and culture

2025年9月26日(金) 14:50 ~ 16:20 Session Room 3 (Large Hall A)

**[Symposium 44] Family and culture**

Moderator: Sergio Javier Villaseñor-Bayardo (Universidad de Guadalajara), Yoko Kamio (Ochanomizu University)

**[SY-44-02] When Clinics Are Families: Lessons from the Closure of the Asian Initiative in Mental Health**\*Hung-Tat (Ted) Lo<sup>1</sup>, \*Kenneth Po-Lun Fung<sup>1</sup> (1. University of Toronto (Canada))

The closure of the Asian Initiative in Mental Health (AIM) at University Health Network has left not only a structural gap in culturally responsive care, but revealed the profound meaning of “family” in mental health services. For over two decades, AIM was more than a clinic—it was a community hub where patients, families, clinicians, and the wider Chinese Canadian community experienced a sense of belonging, continuity, and cultural resonance. In many Asian cultures, mental health care involves not just individual intrapsychic issues, but often involves family relationships issues and sometimes directly involve multiple family members, emphasizing the importance of relational healing. At the clinical level, AIM fostered intergenerational and family informed approaches. At the organizational level, AIM also functioned like a family, fostering collegial bonds and collective mission. Its abrupt dissolution has been experienced as a devastating loss by patients (who felt they lost a “home”), staff (who lost professional kinship), and the Chinese community (who perceived the erasure of a program “for our own people”). The anti-Asian racism is impactful and reverberated for the entire extended community. This contrasts sharply with the trend in large institutions toward assembly-line models of care where staff are interchangeable in the name of perceived corporate efficiency, relational continuity is undervalued, and cultural meaning is disregarded with anti-DEI rationale. Drawing on organizational culture frameworks such as the Competing Values Framework, this presentation will explore why many groups—across clinical and organizational cultural contexts—prefer family-like, clan-based models of care and leadership. It will invite dialogue about how the dismantling of “family” in health systems contributes to burnout, values erosion, and inequities, and how reclaiming family as a guiding metaphor can strengthen individual care, organizational culture, and community resilience.