Exploring Access to Mental Health Support Services for Asian American Communities: An Exploratory Case Study

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Abstract

The background of the problem is that Asian Americans are not adequately accessing mental health services. The problem is that some members of the Asian American communities in the United States have limited access to mental health support services. There is limited research regarding community-based organizations providing direct mental health support to the Asian American community. The purpose of this exploratory case study was to explore the perspectives of community-based leaders regarding access to mental health support in Asian American communities across the United States. Research questions included how community-based leaders viewed access to mental health support services for the Asian American community, what challenges leaders believed Asian Americans encountered when accessing mental health support, and what mental health supports were available in community-based organizations. Purposive samples consisted of leaders from community-based organizations throughout the United States who offered support and resources to the diverse Asian American community. Data were collected through personal interviews. Significant emerging themes were stigma and cultural taboos around mental health, community reliance on informal support systems, and lack of dedicated funding and resources for mental health programs. Findings illuminate the need to prioritize culturally competent mental health services, secure increased funding for mental health program expansion, including community outreach and education, and build strategic partnerships with "cultural brokers".

Keywords: Asian American, mental health, CBOs, servant leadership, challenge to access

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Introduction

Suicide was the leading cause of death for Asian American adolescents (Lee, 2019). Chen et al. (2020) reported that Asian Americans were less likely to seek mental health support than any other ethnic group because of discrimination and bias. The problem did not decrease, especially with a 72% increase in the Asian American population from 2000 to 2015 (Lee, 2019). With the increased need for mental health support, the question of support accessibility arose in the Asian American community. Previous research suggested that Asian Americans did not access mental health support (Chen et al., 2020; Lee, 2019). There was limited research on whether mental health services were provided in their community, were culturally competent, and accessible in their language.

The benefit of the study allowed for further exploration of the availability of mental health support services in Asian American communities, the Asian American community's view on mental health and support services, and challenges with utilizing mental health support in their community through the perspective of leaders of CBOs supporting the Asian American community. Asian Americans come from 43 different countries and have over 100 different languages and dialects (Park, 2020). Aggregated data did not account for the vast differences between Asian American subgroups, such as poverty, isolation, language barriers, and lack of community advocacy (Park, 2020).

Some of these factors played a significant role in Asian Americans accessing mental health support. One of the main challenges for accessing mental health services in the Asian American community was limited language access (Wang, 2019). Thirty-one percent of Asian Americans had limited English proficiency (The Southeast Asia Resource Action Center & Asian American Advancing Justice, 2020). Chinese Americans with advanced English proficiency were more likely to receive mental health support than Vietnamese Americans and Korean Americans (Lee et al., 2021). Lee (2019) suggested that the Asian American community lacked understanding and advocacy for mental health and wellness. Elder Asian Americans sought mental health support or reported somatic symptoms to their primary care physician (Kim et al., 2020).

The purpose of this qualitative exploratory case study was to explore the perspectives of community-based organizational leaders regarding access to mental health support in Asian American communities across the United States. The rationale for the research was to explore access to mental health support in Asian American communities. Yin (2018) recommended using qualitative methods and case studies to explore phenomena in their natural setting. Qualitative methods and a case study research design were used to explore community-based organizational leaders' perspectives on mental health support for Asian American communities. Participants had at least one year of experience as leaders of a community-based organization that supported an Asian American community. Leaders with less than one year of experience in their current positions were excluded from the study. A semi-structured interview protocol was utilized with 18 participants via Zoom, a virtual meeting platform, to record the interview digitally. This study aimed to understand mental health support services in the Asian American community across the United States.

Table 1
Asian American Community Served by Participant

Participant	Community Served
CL1	Korean
CL2	Chinese
CL3	Chinese
CL4	Vietnamese, Chinese, Laotian, Cambodian, Burmese, Indian, Nepalese, Middle Eastern
CL5	South Asian, Rohingya
CL6	Cambodian
CL7	Vietnamese, Cambodian, Filipino, Japanese, Chinese, Burmese, Indian
CL8	Chinese, Filipino, Vietnamese, Korean, Indian
CL9	Filipino
CL10	Chinese
CL11	Korean, Chinese, Vietnamese
CL12	Iu Mein
CL13	South Asian communities (Indian, Pakistani, Nepali, Afghan, Rohingya)
CL14	East and South Asian
CL15	West, Southeast, South, and North Asian, Arabic countries
CL16	Chinese-American, Filipino, Vietnamese
CL17	Laotian, Vietnamese
CL18	Lao, Hmong, Cambodian

Literature Review

A theoretical framework of servant leadership was used in this study. Servant leadership was first defined with ten principles, which included listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Greenleaf, 1970). Servant leadership theory was follower-centered, provided service to followers, and included an element of structured empowerment, which provided additional support to followers and stakeholders (Allen et al., 2018). The essence of CBOs was follower-centered or community-centered, providing services and empowerment. Servant leadership theory focused on helping to develop followers and meet their needs (McAuley, 2019).

Servant Leadership Theory

A new definition of servant leadership emerged, describing it as a leadership theory focused on others, providing individualized attention to followers' needs and interests, and shifting from self-interest to the interest of others (Eva et al., 2019). Leaders who exhibited four servant leadership tenets—an inclusive style of work, helping others, having a connection to the community, and demonstrating morality—had a substantial effect on communities (Ogochi et al., 2022). Followers' behavior of seeking feedback from superiors via moqi, an unspoken understanding of expectations, was positively correlated with servant leadership (Qin et al., 2021). Servant leaders also fostered positive outcomes in their employees. The author further noted, despite overwhelming research supporting the positive effects of servant leaders in relation to their followers or employees, some drawbacks were noted (Canavesi & Minelli, 2021).

Building a servant leadership culture requires time and the leader to develop strong interpersonal connections with their followers (Canavesi & Minelli, 2021). Leaders need to

make a considerable effort to be role models and establish a culture focused on sharing and helping others. The author further noted that creating such a culture required patience, deliberate effort, and constant practice (Eva et al., 2019). According to Canavesi and Minelli (2021), this approach was not feasible or optimal for every organization, particularly in fast-paced environments, and focusing on the growth and development of followers could also lead to the leader shifting focus from the organization to its followers. The author further noted, that when leaders spend too much time on healing and empathy, they risk becoming overprotective, which could disempower followers and make them overly dependent on the leader (Canavesi & Minelli, 2021).

Despite the drawbacks, overwhelming evidence supported the benefits of a servant leadership culture in the workplace. Eva et al., (2019), argued servant leadership continues to remain the best option for long-term growth in organizations and profit for all stakeholders. Servant leadership empowers followers to reach their maximum potential, make decisions, share, and serve others. Notably, the author further reported when customers were well cared for, servant leadership promoted loyalty to the company, which could increase revenue and yield stock market gains (Eva et al., 2019). CBOs were founded to meet the needs of community members (Lu et al., 2018). Leaders of CBOs were servant leaders capable of empathizing, meeting needs, and building up the communities they supported (Allen et al., 2018). Findings from this study helped empower servant leaders in CBOs to act by empathizing with their followers and stakeholders, meeting their needs, and assisting in building up the community.

Asian Americans

The population of Asian Americans exceeded 20.4 million and grew by 72% between 2000 and 2015 (Lee, 2019). Park (2020) stated that Asian Americans were projected to become the largest immigrant group by 2065, representing 38% of immigrants living in the United States. Asian American immigrants have originated from 43 different countries and spoke more than 100 languages and dialects, with the largest subgroups being Chinese, Indian, Filipino, Vietnamese, and Korean (Park, 2020). When referring to Asian Americans, all subgroups were combined; however, their sociodemographic characteristics and time of immigration made each subgroup unique (Office of Minority Health, 2021b).

The model minority myth painted a picture of Asian American families having middle-class incomes and advanced college degrees (Park, 2020). However, when the data were disaggregated, the findings differed from those lumped together haphazardly (Office of Minority Health, 2021b). In 2017, 10% of Asian Americans reported living in poverty, with Hmong at 16% (Park, 2020). Disadvantaged Asian American subgroups experienced poverty, social isolation, language barriers, and insufficient community advocacy (Park, 2020). Nonetheless, specific cultural characteristics were shared among subgroups, such as the level of psychological distress; Korean Americans displayed the highest distress, while living in a safe neighborhood was significant for Vietnamese Americans (Park et al., 2020). Therefore, having servant leaders in the Asian American community helped address the distinct needs of each community (Eva et al., 2019).

Asian Americans and Mental Health

The model minority myth has over-generalized the exceptionality of the Asian American group and has hidden any struggles within subgroups as well as the mental health needs of the whole group (Lee, 2019). Factors that could contribute to the mental health needs of the Asian American subgroups included how they immigrated to the United States (Lee, 2019). Although 13% of Asian Americans reported experiencing mental health needs, a staggering 4.9% utilize the services, the lowest utilization rate among all other races and ethnicities (Lee, 2019). In 2018, the Office of Minority Health (2021a) found Asian Americans were 60% less likely to receive mental health support compared to White. There also appeared to be a lack of understanding and advocacy for mental health and wellness services in Asian American communities (Lee, 2019). Similarly, Yang et al. (2020) found Asian Americans were less likely to have access to mental health treatment.

Kim et al. (2020) reported older Asian American adults (Chinese, Filipino, and Vietnamese) seek mental health support through their primary care physician, and Cambodian refugees often report somatic symptoms instead of psychological symptoms. Wagner et al. (2022) found reciprocal communication between primary care clinics and CBOs created greater acknowledgment of the medical and social-emotional needs of patients with depression later in life and the care for patients with depression was more synchronized and effective as the relationship between organizations was strengthened. Leung (2020) reported Asian were more likely to share health problems with their primary care physicians and friends. Understanding the need for collaboration between physicians' offices and local mental health or CBOs was essential to help facilitate Asian Americans' access to mental health services (Wagner et al., 2022). Servant leaders of CBOs could implement programs for the community to ensure the facilitation between mental health services and primary care clinics to meet the community's needs (Eva et al., 2019).

Family Factors and Values

Family factors played a role in mental health access for Asian Americans. Family cohesiveness in Asian American families was found to be associated with lower incidents of general anxiety disorder, while adverse family interaction was associated with higher disorders in major depression and substance abuse (Ai et al., 2022). Better parent-child relationships led to an improvement in mental health for Asian American youths (Warikoo et al., 2020). In addition to family factors, the level of enculturation and acculturation had a significant impact on seeking mental health beliefs (DeVitre & Pan, 2020). Enculturation was the attitudes consistent with Asian American values while acculturation was attitudes consistent with European values (DeVitre & Pan, 2020). Individuals who ascribed to enculturation had significantly negative feelings towards looking for mental health services, conversely, individuals who ascribed to acculturation had significant partial positive feelings towards searching for mental health services (DeVitre & Pan, 2020).

Depression and Suicide

Depression and suicide were an unprecedented concern for the Asian American community, particularly the adolescents and young adults ages 15-24, whose leading cause of death is suicide and Asian American males in grades 9-12 are 30% were more likely to think about attempting suicide compared to their white male counterpart (Lee, 2019; Office of Minority Health, 2021a). Choi et al. (2020) conducted a study between 2014 and 2018 with Filipino and

Korean-American youths and their family and found symptoms of depression and suicidal ideation significantly increased by twice the national average in 2017. The increase in distress in the area of mental health was significantly impacted by discrimination due to race and cultural conflicts within the family (Choi et al., 2020). Yang and Mutchler (2021) found Hmong immigrants from California's understanding of depression was defined by referencing their own experiences with behavioral, mental, and physical descriptors.

Another factor that increased the likelihood of concerns for suicide among Asian Americans was encountering health challenges (Leung, 2020). Park and Park (2020) found that Asian American youths who were born in the United States and spoke English at home had a higher likelihood of suicidal ideation and United States-born Asian American youths had a higher likelihood of suicidal ideation when compared to foreign-born Asian Americans. Depressive symptoms were more common among Asian Americans than non-white Hispanic and suicide ideation was only found during the period of adolescence (Park & Park, 2020). Furthermore, Lee (2019) supported Park and Park (2020) that found suicide is the leading cause of death among Asian American adolescents. Due to the high prevalence of suicide among Asian American youths, mental health access and support are vital to the future of Asian American youths.

Barriers and Interventions to Access Mental Health

Although mental health services were reported to be available for Asian Americans, it does not specify if the services were language accessible or culturally competent. Barriers to mental health access for Asian Americans included not knowing where services are provided and being less likely to have access to treatment (Yang et al., 2020). Similarly, difficulties with locating culturally competent mental health professionals were reported as a barrier to treatment (Lee et al., 2021). Lee et al. (2021) compared three Asian American groups, the Chinese, Vietnamese, and Korean, and found that Chinese Americans with advanced English proficiency were the highest recipients of mental health treatment. Cultural values within the Asian American family related to norms of secrecy to "save face" of the family and individual (Reyes et al., 2020). This study helped identify what supports are currently available for the Asian American communities.

Additional barriers for Asian Americans included stigma towards mental health, deficient access to culturally competent providers, and limited access to good-quality mental health services (Lee, 2019). Asian Americans have a higher stigma toward mental health and additional beliefs about depression, which include perceptions of antidepressant medication being addictive and depression showing personal defects (Jung et al., 2020). In addition to stigma and communication challenges, discrimination and mental health knowledge were reported barriers for Hmong Americans (Vang et al., 2021). Stigma, limited English language proficiency, and cultural competence service providers continued to be major barriers to accessing mental health services for Asian American (Wang, 2019). CBOs with community health workers allowed services to be culturally competent and provided language access to the community (Paloma et al., 2020).

Several suggestions and interventions have been offered to assist with helping Asian Americans access mental health support. Park et al. (2019) employed what the community used for entertainment as a way of introducing mental health, and participants appeared to respond positively to utilizing Korean Drama (K-drama) as a means of providing mental health education. Connecting mental health providers with Asian American communities was

essential in creating culturally competent interventions along with introducing a Western attitude toward mental health can assist with the recognition of when supports were needed as well as mental health providers working closely with community-based outreach interventions to know what services were available for the Asian American community (Yang et al., 2020).

Before barriers can be fully addressed, a comprehensive and evidence-based knowledge of Asian Americans and mental health is needed (Lee, 2019). For the Hmong community, interventions provided in a group or community-based format displayed hopeful outcomes (Vang et al., 2021). Another intervention to assist with therapist alliance between the family and therapy was utilizing culturally aware family therapy (Hynes, 2019). Additional suggestions to assist with accessing services included providing culturally relevant, trauma-informed care, and judgment-free practices, western views not forced, cultural differences valued, and readily accessible to interpreters (Smith et al., 2019). Another possible solution was drama therapy in refugee camps, it provided comprehensive care, took away the stigma, and was shown to assist with emotional control, movement and physical activity, a sense of inclusion, and changes within family dynamics (Sakhi et al., 2022).

Several initiatives, committees, and conferences have been put in place to help address the mental health needs of the Asian American communities which included *Health Minds Imitative (HMI), Asian Pacific American Officers Committee (APAOC), Asian Women's Health Imitative Project, National Institute of Mental Health, The Asian Women's Action for Resilience and Empowerment (AWARE), Let's Talk! Conference, National Asian American Pacific Islander Mental Health Association, National Asian Pacific American Families Against Substance Use, and A3PCON DACA Mental Health Project* (Lee, 2019). Additional solutions included providing psychoeducation to the community regarding the biological, neurological, and physical elements of mental health; conducting community-based education focusing on acknowledging and preserving privacy and culture; more advocates dedicated to spreading and executing evidence-based practices for the community and involved in civic engagement for Asian American mental health; and having Asian American representation in political offices help advocate for policy changes (Lee, 2019). When radical conversations about mental health in the Asian American community take place, factors such as stigma, language barriers, shame, and guilt can be analyzed and broken down (Lee, 2019).

Impact of CBOs

Rusch et al. (2020) found that CBOs create more reasonable and acceptable access in addressing the mental health needs of Latinx immigrant families. Women in South Africa reported the necessity and importance of CBOs in their community, with assistance in receiving food for their families, and how it created nutritional behavior change for them (Martin-Howard, 2019). CBOs were vital in delivery coordination and care in vulnerable populations to improve the health of the community due to their language capacity, cultural insights, and community norms (Wong et al., 2022). Paloma et al. (2020) found that community-based mentorship interventions have shown promise for newly arrived refugee groups. Refugees who have already settled into the community were trained as mentors to host culturally appropriate peer-support groups for new refugee arrivals, showing significant improvements in gratitude for life, individual strength, connecting with others, and new opportunities (Paloma et al., 2020). Therefore, CBOs with servant leaders could continue to provide the necessary services and interventions for the community they serve (Ogochi et al., 2022).
CBOs often utilize community health workers in working with the community (Lu et al., 2018). Community health workers were instrumental in helping Cambodians understand health, had

strategies that assisted with health access to the community, and took action steps to improve health access for the Cambodian community (Lu et al., 2018). Micro-level of intervention included support navigation and peer-to-peer education, whereas the mezzo-level of interventions included building up the community and coalition effort (Lu et al., 2018). Community health workers were instrumental in conducting activities to assist with violence prevention in their community, including culturally appropriate mediation, socially appropriate support, and building community capacity (Barbero et al., 2022).

Methodology

An exploratory case study was considered and determined to be the most appropriate method of design. A benefit of an exploratory case study was the ability to form a foundation for future research (Yin, 2018). This exploratory case study was able to provide a baseline view of the perspectives of community-based organizational leaders on the topic of Asian American mental health support and access across the United States. Baxter and Jack (2008) suggested that exploratory case studies have the flexibility to capture experiences occurring in real-life settings and allow the ability to tailor questions to the participants. Semi-structured interviews were used for this exploratory case study which allowed the flexibility to tailor or clarify questions for participants. Bressanelli et al. (2018) found that exploratory case studies could describe real-world context thoroughly. Mental health support and access in the real-life setting was able to be explored in this exploratory case study through the perspectives of leaders. Menon (2019) stated that exploratory case studies allowed a better understanding of perspectives from a smaller sample of in-depth and content-rich data. Eighteen participants were selected for this study, and the small sample size will allow for in-depth data and content.

Results and Discussions

After coding and thematic analysis were complete, six overarching themes emerged. The six themes were: 1) Stigma and Cultural Taboos Around Mental Health, 2) Generational Differences in Attitudes Towards Mental Health, 3) Challenges in Accessing Mental Health Services, 4) Community Reliance on Informal Support Systems, 5) Efforts by Organizations to Address Mental Health Needs, and 6) Lack of Dedicated Funding and Resources for Mental Health Programs.

Table 2

Themes and Supporting Components to Research Questions

Research Question	Theme	Supporting Components

Research Question 1: How do community-based leaders view access to mental health and support services for the Asian American community?	Theme 1: Stigma and Cultural Taboos Around Mental Health	-Sensitive/Taboo Topic -Negative Connotation/ Stigmatized Language -Cultural & Linguistic Gap -Stigma/Reluctance
	Theme 2: Generational Differences in Attitudes Towards Mental Health	-Older generation may not prioritize -Younger generation open to discussion, impact, and acknowledge mental health -Improving Awareness & Acceptance
Research Question 2: What challenges do community-based leaders feel Asian Americans encounter when accessing mental health support? Research Question	Theme 3: Challenges in Accessing Mental Health Services	-Language Barrier/Bilingual Provider Availability -Cultural Competence & Sensitivity -Stigma & Mental Health Awareness -Financial & Insurance Barriers -Confidentiality Concerns -Organizational capacity and resource constraints -Transportation -Lack Awareness of Resource
	Theme 4: Community Reliance on Informal Support Systems	-Religious Institution -Primary Care Physician (PCP)/ Medical Professional -Family/Friends -CBOs (CBOs)
Research Question 3: What mental health supports are available in Asian American CBOs?	Theme 5: Efforts by Organizations to Address Mental Health Needs	-Indirect Mental Health Support -Referral Services -Direct Counseling &Support Groups -Culturally Competent Services -Create Safe/Affirming Space
	Theme 6: Lack of Dedicated Funding and Resources for Mental Health Programs	-Lack of Dedicated Mental Health Funding -Medicaid, Grants, Foundations -Volunteers, Pro Bono

Summary

The research findings confirmed not knowing where services are provided, difficulties locating culturally competent mental health professionals, stigma, and limited language proficiency were challenges in accessing mental health support services in the Asian American community consistent with previous literature (Lee, 2019; Lee et al., 2021; Wang, 2019; Yang et al., 2020). Similar to Lee (2019) found there is a lack of understanding and advocacy for mental health and wellness services in the Asian American community, this study's implication advocates for the need of community outreach and education around mental health services. Older Asian American adults, especially Chinese, Filipino, and Vietnamese, seek mental health support from their medical doctor (Kim et al., 2020). Similarly, this study's findings reported a community reliance on informal support systems, including medical doctors and educators. Consistent with Wagner et al. (2022), reported collaborations between medical offices and CBOs were vital to help facilitate Asian American access to mental health services. This study's implication includes the building of a strategic partnership with "cultural brokers".

Recommendations

The study's findings provided practical recommendations for improving mental health support services for the Asian American community as well as highlighted areas for further research in the field of mental health support services. Recommendations for further research focused on exploring various Asian American subgroups, accessing multiple geographic locations, and looking at the perspectives of the community members directly. These recommendations will be addressed in the following section.

Asian American Subgroups

Further research can look at the mental health needs of each subgroup community. Asian Americans represent 43 countries with over 100 languages and dialects (Park, 2020). According to the Office of Minority Health (2021b), the group has a unique makeup depending on the time of immigration and subgroup sociodemographic. Six subgroups represent 85% of the Asian American population – Chinese (24%), Indian (21%), Filipino (19%), Vietnamese (10%), Korean (9%), and Japanese (7%) (Budiman & Ruiz, 2021 -b). Studying these diverse Asian American groups' specific mental health needs can show which community is receiving more mental health support and which groups are receiving less or not at all. Another subgroup to conduct further research on is the Southeast Asian Americans. The 1.1 million Southeast Asian Americans who resettlement in the United States were at risk of post-traumatic stress disorder as a result of their lived traumatic experiences in the United States (Office of Minority Health, 2021a). Southeast Asian Americans resettled in poor neighborhoods with gangs, underfunded schools, and racial problems that were overlooked (The Southeast Asia Resource Action Center & Asian American Advancing Justice, 2020).

Multiple Geographic Locations

Further research looking at individual geographic areas is recommended. This study attempted to look at the national perspective of the mental health needs of the Asian American community and was able to capture the perspective of the community-based leaders in the Midwest, East Coast, and West Coast. Studying the perspective of community-based leaders in the Midwest, East Coast, West Coast, South, and Southern States individually will allow researchers to see if mental health access varies within the states of the geographic area being studied. Then each geographic location can be compared to determine if certain geographic areas are receiving more or less mental health support than their counterpart.

Community's Perspective

Further research suggests getting the perspectives of the community directly from individuals representing the community. The perspective of the Asian American community was reported second-hand by the leaders of the CBOs. A few research participants did not share the same ethnic or cultural identity as the community they served and reported that information was provided to them indirectly through their staff member's interaction with the community. As a result of confidentiality concerns, the community members may not share accurate information with the staff members at the community organization for fear of letting people know about business that should be kept in the family, and fear or shame of the staff member knowing about their family challenges. Conducting the research directly with the Asian American

community could be more telling of the challenges they have about seeking mental health support.

Implications for Leadership

Leadership action will play a crucial role in expanding and improving access to mental health support services within the Asian American community across the United States. The findings from the study show there is a need to prioritize culturally competent mental health services, secure increased funding for program expansion, including community outreach and education, and build strategic partnerships with cultural brokers. These leadership actions will be discussed in detail in the following section.

It is crucial for leadership to acknowledge the importance of providing culturally competent mental health services to effectively meet the unique needs of the Asian American community (Paloma et al. 2020; Wang, 2019). The findings indicate that many individuals in this population face barriers to accessing mental health support, including language barriers, cultural stigmas around mental health, and accessing bilingual mental health providers. Resources must be allocated toward hiring and training bilingual, culturally aware mental health providers who can offer sensitive and relevant care. This would promote trust and engagement within the Asian American community, ensuring that mental health services are available, accessible, and meaningful.

A pressing importance for leadership is the need to secure additional funding to expand mental health programs for Asian Americans. The findings highlight that current programs are underfunded and unable to meet the demand for mental health support in the community. Governmental and nonprofit sector leaders must advocate for additional resources through policy initiatives, grants, and partnerships. Securing additional financial support will allow for the development and implementation of comprehensive mental health services, including outreach efforts, prevention programs, and long-term care, personalized to the specific challenges faced by the diverse Asian American community.

Leaders should also be diligent in improving community outreach and education around mental health within the Asian American community (Lee, 2019). The findings show that in the Asian American community, mental health issues are often misunderstood or stigmatized, preventing individuals from seeking help. Priority should be given to creating culturally sensitive education campaigns to raise awareness about mental health, reduce mental health stigma, and encourage individuals to seek professional mental health support. Collaborating and partnering with trusted community figures and organizations can further expand these efforts, making mental health resources more visible and acceptable to the Asian American community.

Building strategic partnerships between CBOs and "*cultural brokers*" – individuals the community member trusts with concerns and go to for help to navigate through the various structured systems, is essential for the success of mental health programs supporting the Asian American community (Kim et al., 2020; Wagner et al., 2022; Yang et al., 2020). Coined by CL6 "*cultural brokers*" are faith leaders at churches, monks at temples, informal support networks, medical professionals, school personnel, family members, and friends. The findings reveal that these individuals have strong ties within the community and can serve as valuable partners in the delivery of mental health services. Leaders of CBOs should work closely with churches, temples, medical offices, and schools to design and implement programs that are responsive to the needs of the Asian American community. This collaboration can help extend

the reach of mental health programs and create a more holistic approach to community well-being

Conclusion

This qualitative case study aimed to explore community-based leaders' perspective on mental health support services for the Asian American community in the United States. The study's finding revealed there is stigmas and cultural taboos around mental health, generational differences in attitudes exists towards mental health, there are challenges in accessing mental health services, the community relies on informal support systems, efforts have been made by organizations to address mental health needs, and there is a lack of dedicated funding and resources for mental health needs. These findings highlighted the need for additional funding to expand mental health programs for the Asian American community, increase investment in education and outreach for mental health, and expand recruitment efforts of culturally competent and bilingual mental health providers.

Recommendations for further research highlighted the need to explore the various Asian American subgroups individually including the subgroup of Southeast Asian Americans, look at individual geographic areas separately and then compare them, and get the perspectives of the community members directly instead of from the leaders. Several implications from the research findings were noted. There is a need to prioritize culturally competent mental health services. Additional funding is needed to expand community outreach and education. Lastly, building strategic partnerships with *"cultural brokers".* Without leaders addressing these areas, the Asian American community will continue to have their mental health needs unmet resulting in a diminished quality of life or death by suicide.

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