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Culturally Responsive Community Mental Health: Successes and Lessons from a Community Mental Health Organization

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This case study examines the United Chinese Americans Wellness, Advocacy, Voices, Education, and Support (UCA WAVES) initiative as a culturally responsive, systems-based model for community mental health. Guided by a hybrid framework integrating Culturally Responsive Theory of Change (CRToC) and Community-Based System Dynamics (CBSD), we analyze how interdependent subsystems (e.g. advocacy, storytelling, culturally adapted psychoeducation, peer support) reinforce one another to reduce stigma, build trust, enhance sustained engagement, and drive policy change despite resource constraints. Theoretically, the case illustrates how systems design and cultural responsiveness can align micro-, meso-, and macro-level changes to increase intervention resilience. Practically, it offers strategies for integrating digital and in-person engagement, leveraging volunteer networks, and fostering multi-sector collaboration.

KEYWORDS

Mental health, Asian Americans, community mental health organizations, cultural responsiveness, systems design thinking

Mental health disorders are a significant global public health concern. Depression is a leading cause of health-related disability (Korczak et al., 2023) and suicide a leading cause of death among adolescents and young adults (World Health Organization [WHO], 2024). Recent decades have witnessed an increase in community-based mental health services, as demand for accessible, culturally responsive care has grown (Weng & Spaulding-Givens, 2017). Community-based mental health organizations (CMHOs) fulfill a wide range of functions, such as offering psychoeducation to increase public understanding of mental health (Jorm, 2012) and fostering support networks for minority youth (Christensen et al., 2023), playing a critical role in facilitating prevention, early intervention, and utilization of professional mental health services (Castillo et al., 2019).

Embedded in local communities, CMHOs are often trusted intermediaries that bridge the gap between formal treatment systems and populations who are historically marginalized or hesitant to seek care. To effectively engage populations that formal institutions struggle to reach, they often take years to cultivate deep community trust through partnerships with schools, community organizations, foundations, and governmental agencies (Rusch et al., 2020) and by offering culturally responsive services in native languages, honoring cultural practices, and employing staff from the communities served (Weng & Spaulding-Givens, 2017). Despite documented successes of CMHOs in implementing more person-centered programs, they are faced with many challenges, such as the increasingly complex needs of the populations served, chronic funding instability, staff turnover, and the need to balance funder requirements and community expectations (MacNeil et al., 2025; Spitzmueller, 2016; Sweeney & Knudsen, 2014).

Much of the literature has examined culturally adapted mental health interventions to tackle linguistic, cultural, attitudinal, and structural barriers faced by racial and ethnic minorities (Ellis et al., 2022). We know relatively little about how CMHOs build and sustain community-based informal support infrastructures within a specific ethnic community to provide culturally responsive services that complement formal clinical systems. These infrastructures often encompass communication practices, program design elements, and funding diversification strategies that enable sustained engagement and trust-building. The current study employs a case study approach to examine how UCA WAVES, a CMHO serving Asian American

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communities based in North Carolina with national reach, developed innovative communication strategies to overcome resource constraints, designed evidence-based and culturally-responsive programs, and achieved sustainable successes through collaborative partnerships and diverse funding. In doing so, the study seeks to illuminate how CMHOs can meet the unique needs of immigrant families while advancing broader community mental health goals, as immigrant families are integral members of increasingly diverse communities.

Mental Health in Asian American Communities and UCA WAVES

Asian Americans are the fastest-growing minority group in the United States (Hahm et al., 2025), making up 5.8% of the population (United States Census Bureau, 2024). The lifetime prevalence of any psychiatric disorder for Asian Americans is approximately 17.3%, with a 12-month rate of 9.2% (Takeuchi et al., 2007). 12.3% of Asian American adolescents had thoughts of suicide (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022), yet they are only one third as likely to seek mental health services as their White peers (U.S. Department of Health and Human Services, 2024). Only 36% of Asian adults with mental illness received treatment, compared to 56% of White and multiracial adults (SAMHSA, 2022).

Like most immigrant families, Asian Americans face cultural and structural barriers to mental health care that include language discordance, low mental health literacy, stigma around mental illness due to traditional belief systems, lack of culturally competent mental health providers, insufficient multilingual services, inadequate health insurance coverage, and anti-Asian hate and discrimination (Abrams, 2021; Lin et al., 2024; Na et al., 2016; Nguyen-Truong et al., 2023; Tan et al., 2016). As of 2021, approximately 81% of the U.S. psychology workforce consisted of White professionals, with only 3% of Asian heritage (American Psychological Association [APA], 2022), leaving many Asian American families without providers that share similar cultural or linguistic backgrounds.

Reviews of empirical literature suggest that ethnic-specific mental health services, characterized by ethnic and linguistic matching between the individuals and their service providers, are most effective in reducing barriers to service access and utilization for Asian Americans (Nguyen et al., 2012), yet such services remain scarce. It is in this context that WAVES (Wellness, Advocacy, Voices, Education, Support) Youth Mental Health Collaborative was founded in 2016 as a subsidiary of United Chinese Americans (UCA), a national coalition of Chinese Americans, to address the mental health needs of the massively under-served Chinese American communities.

UCA WAVES is now nationally recognized for its education and community outreach efforts, receiving funding from diverse foundations and agencies, including Robert Wood Johnson Foundation (RWJF), SAMHSA, the BlueCross BlueShield North Carolina Foundation (Chen et al., 2025), North Carolina State Health & Human Services, Julian Grace Foundation, and Triangle Community Foundation, among others. The strong relationships within and among the communities that UCA WAVES has supported and continues to nurture are vital for the work they do, including cross-sector collaborations with schools, ethnic associations, refugee farmers, youth leaders, LGBTQ+ advocates, and local government agencies. With tremendous volunteer efforts to complement the funding, the service provided by UCA WAVES has reached thousands of community members. In this article we describe several core initiatives developed by UCA WAVES and analyze their impact through two interrelated theoretical frameworks – the Culturally Responsive Theory of Change and Community-Based System Dynamics. In doing so, we aim to illustrate a model for locally led, culturally tailored mental health promotion and inform similar efforts in other underserved populations.

Culturally-Responsive, Community-Based, and System-Oriented Models of Change

Research on community-based mental health interventions has long noted the importance of cultural relevance (e.g., Barrio, 2000; Meyer et al., 2022) in promoting higher levels of engagement and service utilization (e.g., Aini, 2024; Huey & Tilley, 2018). Indiscriminate application of Western models of rehabilitation on ethnic minority patients was found to produce adverse effects (Barrio, 2000). The Culturally Responsive Theory of Change (CRToC) is a systematic approach used to design and evaluate complex community initiatives (Connell & Kubisch, 1998) with an emphasis on cultural understanding, trust, identity safety, and community empowerment as preconditions for sustained impact (Goforth et al., 2022; Hopf et al., 2021). The framework begins by identifying long-term goals and working backwards to identify intermediate outcomes and necessary conditions for strategic program planning (Weiss, 1995). Regarding mental health services designed for Asian American communities, this approach entails recognizing barriers such as racial discrimination, mental health stigma, and health inequities in mental health literacy (Baker et al., 2010; Eisenbruch, 2018; Kim-Goh et al., 2015; Na et al., 2016), as well as the importance of establishing partnerships with multiple sectors to tackle various global, contextual, and cultural factors and to build a stronger support system for ethnic community members (Asnaani et al., 2022).

The Community-Based System Dynamics (CBSD) framework complements CRToC by not only emphasizing a participatory approach to community health initiatives (Richardson, 2011), but also showing how reinforcing feedback loops expands community capacity and sustains long-term change (Berman et al., 2018; Hovmand, 2014). For example, Trani et al. (2016) utilized CBSD to uncover how financial factors, such as poverty and treatment costs, interact with cultural and social factors, such as stigmatizing beliefs, to perpetuate low access to mental health care for people with mental disorders. By engaging communities in understanding and transforming the systems they live in, CBSD can empower local CMHOs to collaboratively identify actionable intervention strategies. The value of system-oriented community organizing approaches to tackle physical and mental health challenges is

increasingly recognized (e.g., Bosma et al., 2005; Carstensen et al., 2019; Cheadle et al., 2010; Kadariya et al., 2023). The current study integrates CRToC and CBSD as interrelated frameworks to shed light on evidence-based strategies that UCA WAVES uses to adapt and implement community mental health initiatives among Asian American immigrant families. Specifically, we asked the following research questions:

What strategies and processes has UCA WAVES used to build and sustain collaborative partnerships with community partners and participants, and how have these partnerships influenced program reach and effectiveness?

How has UCA WAVES navigated resource constraints to design and implement culturally responsive programs for Asian American immigrant families?

What lessons can be drawn from UCA WAVES's initiatives for other community-based mental health organizations seeking to address culturally specific barriers in immigrant populations?

UCA WAVES: A Case Study

The study adopts a case study approach (Simons, 2009) to examine UCA WAVES as an ethnic-specific community mental health organization (CMHO). Two coauthors, as founding leaders, provided insider perspectives on program development and community engagement, while the lead author has been a long-time outside observer. Multiple data sources were used to enhance the credibility of findings through triangulation (Creswell & Poth, 2016), including organizational documents (e.g., grant proposals, annual and quarterly reports, working papers, social media updates), program evaluation data (e.g., pre- and post-program surveys measuring mental health literacy, stigma reduction, and self-reported help-seeking intentions), and observations of events (e.g., peer support meetings, training sessions, community events, and mental health conferences). Our analysis centered on how UCA WAVES designed culturally responsive and sustainable strategies under resource constraints.

Unique Communication Approaches: The Building Blocks of WAVES

WAVES seeks to promote ***W****ellness* among Asian American, Native Hawaiian, and Pacific Islander (AANHPI) youths through a comprehensive framework that includes Advocacy, Voices, Education, and Support. ***A****dvocacy* involves developing initiatives to drive policy change related to AANHPI mental health on both local and national levels. Examples include organizing dialogue between community members and policymakers to promote the legislative process of policies such as the ACCESS in Mental Health Act (2024) and launching a strategic roundtable that convenes state-level health departments, community organizations, foundations, academic institutions, and mental health providers to jointly discuss the mental health needs of the AANHPI community to explore possibilities of policy innovation.

V*oices* focuses on amplifying the otherwise marginalized authentic experiences of AANHPI youth through media and storytelling campaigns, most notably the production of an original documentary, *Silent War*, which was officially released in September 2025. Featuring the untold stories of diverse Asian American immigrant families, along with their friends, community members, mental health professionals, and policymakers, this documentary exposes the serious mental health challenges faced by AANHPI groups, including deep-rooted stigma and shame surrounding mental illness. By breaking this "silent war," the documentary showcases the power of storytelling as a culturally grounded tool for reducing stigma, fostering broader public understanding and empathy, and inspiring individuals to speak up and seek help.

E*ducation* focuses on increasing awareness and equipping youths and families with culturally relevant knowledge and skills, primarily through culturally adapted Mental Health First Aid (MHFA) training. UCA WAVES, in collaboration with the Mental Health Association of Chinese Communities (MHACC), offers bilingual courses that teach participants to recognize signs of mental illness and substance use, respond to crises, and serve as "mental health guardians" for themselves and their loved ones. By integrating Chinese-language materials and culturally sensitive teaching methods, the program ensures accessibility and cultural resonance. As of September 2025, 43 MHFA training sessions have been provided to 2951 registrants, with 938 receiving certificates and 1236 referrals made by the trainees (Waves, 2025). Results from a recent longitudinal evaluation study demonstrated significant improvement in participants' mental health literacy, help seeking intentions, and de-stigmatization (Wang & Havewala, 2025).

S*upport* encompasses offering accessible workshops and webinars, building volunteer-driven peer support networks, and direct assistance to empower AANHPI youths and families throughout their mental health journeys. For example, WAVES Village, staffed by 57 trained volunteers, has successfully connected with over 800 participants from Chinese communities nationwide, facilitated 83 peer support sessions with 1,344 attendees either in-person or via virtual meetups. Participants consistently noted that the sessions helped them "feel validated" and "more likely to open up about mental health concerns with family and friends." According to facilitator reports, over 60% of regular attendees have sought follow-up resources or become involved as peer co-facilitators or storytellers. This model empowers community members to become cultural brokers and advocates while significantly reducing costs. By leveraging WeChat, a widely used social media platform among Mandarin- or Cantonese-speaking Chinese Americans, WAVES not only overcomes linguistic barriers, but also creates inclusive spaces for dialogue. Webinars, including those launched during the COVID pandemic and rising anti-Asian Hate, reached thousands of participants, with timely guidance from mental health professionals.

These initiatives align well with the mental health literature that recognizes education, connection, storytelling, and

advocacy as effective strategies for stigma reduction (e.g., Corrigan et al., 2015), as well as principles of cultural responsiveness that emphasize the need to identify and respect service recipients' cultural characteristics to enhance accessibility and effectiveness (Hopf et al., 2021). Besides macro-level strategic planning, WAVES has developed structures and protocols in line with deliberative dialogue and restorative communication models (e.g., Carcasson & Sprain, 2016; Fitzgerald et al., 2019) to facilitate productive conversations in a safe, nonjudgmental environment that fosters trust, authenticity, and communal healing. For example, the *UCA WAVES Peer Support Group Facilitator Handbook* was developed to define the core principles and structures governing peer support sessions, roles and responsibilities of facilitators, techniques, challenges, and strategies for handling group interactions, tips for practicing self-care, as well as practical tools and templates for evaluations and feedback. Similar skills and protocols (e.g., active listening, non-directive guidance, emotional check-ins, pacing) are also used to guide storytellers, who are invited through trusted community partners, to articulate their authentic lived experiences in powerful ways and co-create narratives of resilience, self-discovery, and intergenerational understanding that serve as community assets for de-stigmatization. Policymakers, community leaders, and representatives from funding agencies are invited to storytelling events as both listeners and guest speakers to hear grassroots voices and engage in open, collaborative dialogue toward actionable solutions. These connections have further prepared WAVES advocates to hold productive meetings with members of the Congress when visiting the capitol to advocate policies such as the ACCESS in Mental Health Act (2024) as part of the "National AANHPI Advocacy Day."

While scholars have recognized that the agendas and methods used to achieve stigma reduction may contradict each other (D & Corrigan, 2022), the structures and processes implemented by WAVES highlight a culturally sensitive, person-centered approach grounded in authentic, lived experiences to integrate education, connection, and advocacy as an overlapping system. Over time, this iterative, culturally grounded model not only fosters individual agency but also enhances the community resilience. As more members become involved, WAVES evolves into a dynamic, self-sustaining ecosystem capable of adapting to emerging mental health needs with long-term sustainability.

Building Sustainable Collaborative Partnerships

At the heart of UCA WAVES' initiatives is a commitment to collaboration across sectors to enhance the accessibility of mental health services while fostering interagency coordination and mutual trust. Through collaboration with service providers, policymakers, and community-based organizations, UCA WAVES has established a multi-state referral network for mental health services, such as a directory of bilingual service providers, which helps overcome systemic fragmentation, a primary barrier to immigrants' access to culturally sensitive mental health care (Hovmand, 2014; Kirmayer & Jarvis, 2019). UCA WAVES also regularly organizes bi-annual conventions and strategic roundtables that bring diverse stakeholders and community members together to explore legislative, financial, or research opportunities around shared goals of equity, inclusion, and empowerment.

UCA WAVES' multi-layered organizational structure provides strong support for multi-sector collaboration, including a core operations team, an advisory board, professional consultants and specialists, the WAVES Makers Youth Professional Council (comprised of college students and young professionals) and Student Council (high school students), and parent and youth ambassadors. UCA WAVES also partners with educational institutions, such as universities, public schools, and Chinese schools, to expand mental health literacy and early intervention programs with culturally tailored curricula and workshops. WAVES also invests in grassroots alliances with parents' groups, cultural associations, refugee collectives, LGBTQ+ advocacy organizations, and youth leadership programs. For example, joint events with Karen refugee organizations have created culturally safe spaces for trauma recovery and resilience building. Such efforts align with Goforth et al.'s (2022) call for interventions that immerse service providers in ethnic communities to build trust and co-create solutions. In the CRToC, these partnerships target necessary preconditions for long-term change and ensure alignment between strategy planning and community implementation, whereas from a CBSD perspective, they help reinforce feedback loops for early identification or timely utilization of culturally competent mental health care, enhancing system responsiveness in unique ways.

Finally, UCA WAVES actively leverages philanthropic and governmental partnerships to sustain program innovation. Funding support from national and local foundations (e.g., Robert Wood Johnson, SAMHSA, BlueCross BlueShield NC) has enabled WAVES to pilot novel initiatives—such as storytelling campaigns and intergenerational dialogue projects—that address stigma in culturally nuanced ways. The CRToC lens underscores how diversified funding not only ensures operational stability (a necessary precondition for long-term change) but also fosters iterative program development, allowing WAVES to adapt to shifting community needs without losing cultural fidelity.

Navigating Resource Constraints

Despite limited resources, UCA WAVES has expanded its impact through low-cost, community-driven strategies. The volunteer-driven Peer Support Groups of Research Triangle Park (RTP), for instance, offered weekly training sessions on parenting, stress, conflict management, and self-care both in-person and virtually. The WAVES Makers program further demonstrates scalability under constraint. With SAMHSA's support, over 900 youth and adults across 38 states completed culturally adapted MHFA training and were empowered to share knowledge within their communities (Chen et al., 2025). This "train-the-trainer" model aligns with CRToC principles of building endogenous community capacity to ensure sustainability. In CBSD terms, it creates multiplicative reinforcing loops that expand outreach without proportional cost.

Digital dissemination is another cost-effective strategy. Through WeChat, WAVES published 65 blogs and multilingual short videos addressing immigration stress, intergenerational conflicts, and access to mental health services, reaching

38,464 readers. Since 2022, Instagram account has published 300+ posts with 160+ followers and YouTube nearly 19 hours of video content with 100+ subscribers, with steady increases in engagement totaling thousands of views. The LinkedIn account has published 500+ posts and attracted 350+ followers, whereas the Facebook account, launched in June 2023 and focusing on project news, event recruitment, and science communication, has attracted nearly 100 followers. Collectively these trends show that WAVES has cultivated a recognizable digital identity that supports community learning, dialogue, and action. By embedding culturally resonant narratives in familiar platforms, WAVES reduced structural barriers (e.g., transportation, cost) for participants while sustaining engagement (Na et al., 2016). A pilot study of the Chinese curriculum showed a 154% increase in Instagram views and a 112% increase in content interactions on Facebook, indicating the potential of culturally tailored content to reach diverse audiences. Cross-program integration also maximizes efficiency by repurposing resources from one initiative to benefit another. For example, training materials from the WAVES Makers Project have been adapted for use in parenting workshops and youth leadership programs, minimizing duplication and enhancing content consistency.

Finally, UCA WAVES employs continuous program evaluation to secure funding support and ensure that scarce resources are directed to high impact programs. Data from peer group evaluations, MHFA post-training surveys, and digital engagement analytics are reviewed quarterly to identify what works and allow iterative program refinement. This aligns with CBSD's feedback loop principle, where continuous monitoring informs adaptive decision-making (Richardson, 2011), and with CRToC's principle on data-driven refinement of intervention pathways (Connell & Kubisch, 1998).

Discussion

The current study seeks to shed light on how UCA WAVES, a community mental health organization (CMHO), addresses the longstanding cultural, linguistic, and structural barriers that discourage Asian American families from seeking formal mental health care. First, the findings demonstrate that cultural responsiveness is not peripheral but a structural driver shaping program design, community engagement, resource efficiency, and long-term sustainability (Eisenbruch, 2018). The bilingual (Mandarin, Cantonese, and English) resources, familiar platforms such as WeChat, and storytelling campaigns (e.g., the *Silent War* documentary and *Vital Video Series*) not only provide accessible, relatable psychoeducation but also help build trust, reduce stigma, and create identity-safe spaces that enable participation and help-seeking.

Second, the WAVES model also demonstrates the power of community-driven problem solving, a central tenet of CBSD that positions "community as experts" (Hovmand, 2014). For example, the *WAVES Village* WeChat-based peer support network is entirely volunteer-run. Similarly, the *WAVES Makers* program invests in youth leadership development by training Chinese American high school and college students as mental health advocates. This "community members as co-creators" strategy not only helps bridge intergenerational gaps but also generates reinforcing loops that expand capacity and sustain engagement over time. As UCA WAVES programs are all free of charge to decrease barriers to participation, efforts from dedicated volunteers are critical. The leadership team employs a shared decision-making model to maximize participants' sense of ownership and create a safe space for volunteers and team members to make mistakes and promote self learning.

Third, WAVES' success also lies in its ability to maximize impact from limited resources by leveraging volunteers, digital dissemination, and shared program infrastructure with partner organizations. This lean, adaptive model aligns with CBSD's emphasis on leveraging existing system assets and CRToC's call for designing interventions that are feasible within the real-world constraints of community organizations. For example, WAVES developed a parent-focused workshop series co-facilitated by bilingual clinicians and parent advocates, after a pilot study revealed a gap in the MHFA training provided. This timely adaptation not only improves program relevance but also strengthens community trust—reinforcing loops that further increase engagement and impact. Taken together, these findings show how culturally anchored preconditions (trust, stigma reduction, identity safety) interact dynamically with systemic processes (feedback, resource optimization) to produce sustainable change.

Theoretical Implications

This case study advances scholarship on community mental health organizations (CMHOs) by illustrating how a systems-oriented, community-based, and culturally responsive approach can generate sustainable outcomes in addressing mental health challenges of immigrant populations. The UCA WAVES model operates not as a set of discrete programs but as an interconnected system in which each component reinforces the others through feedback processes (Hovmand, 2014): Advocacy serves as an integrative backbone, uniting diverse community partners around shared goals and priorities and channeling grassroots voices into actionable policy dialogue. Storytelling initiatives, such as the *Silent War* documentary, generate "narrative capital" that expands the persuasive range of advocacy (Na et al., 2016), normalizes community conversations on mental health, and strengthens public trust, which in turn increases attendance at MHFA training workshops and participation in peer support networks. Culturally adapted MHFA training builds community competencies and bridges the gap between problem recognition and help-seeking (Jorm, 2012), while volunteer-based peer support networks cultivate a sense of belonging and transform individual knowledge into collective efficacy. These subsystems interact recursively to produce desired outcomes, such as cross-program referrals, increased social media engagement, and sustained funding support.

The growth of internal system assets is central to creating system-level change. Over time, WAVES has accumulated a portfolio of intangible yet powerful assets, including (a) human capital in the form of trained bilingual volunteers and youth leaders, (b) relational capital through collaboration with schools, agencies, refugee groups, and parent networks, (c) digital capital via multilingual social media platforms (e.g.,

WeChat, Facebook, LinkedIn, YouTube), and (d) narrative capital through community-generated stories that destigmatize mental illness. These assets constitute the "stocks" in CBSD terminology – resources that expand over time through reinforcing feedback loops (Hovmand, 2014). Together, they transform the organization from a program deliverer into a learning ecosystem capable of self-renewal and adaptive growth.

Theoretically, this configuration illustrates nested micro–meso–macro alignment: micro-level shifts in stigma reduction and mental health literacy strengthen meso-level volunteer networks and partnerships, which in turn influence macro-level policy attention and resource flows (Daellenbach et al., 2016). Integrating CRToC and CBSD offers a hybrid framework in which the CRToC identifies culturally anchored preconditions (trust, linguistic access, identity safety) and intermediate outcomes (stigma reduction, empowerment), while CBSD clarifies how these components interact dynamically over time through reinforcing loops and adaptive learning (Belone et al., 2016; Homer & Hirsch, 2006). Through such multilevel alignment the WAVES model exemplifies how system-level change occurs not only through resource allocation or policy shifts but also through the internal cultivation of community capabilities, leadership pipelines, and cultural infrastructures (e.g., peer networks, digital platforms, and storytelling campaigns).

While the WAVES initiative is grounded in the specific cultural and linguistic context of Chinese American communities, its design recognizes both the shared challenges across AANHPI communities and intra-community heterogeneity. Identity is viewed as fluid and shaped by intersecting factors (e.g., generational status, migration history, socioeconomic background). While themes of intergenerational conflict and stigma surrounding mental health recur across many AANHPI subgroups, how these issues are discussed, framed, or resolved may differ significantly. The WAVES model contributes to scholarship on culturally adapted mental health interventions by demonstrating the importance of flexibility, iterative adaptation, and deep community listening as key design principles to broaden its application across diverse cultural contexts.

Practical Implications and Challenges

On a practical level, UCA WAVES demonstrates how CMHOs can apply systems design thinking to optimize cultural adaptation, cross-sector collaboration, and resource efficiency while advancing equity. First, partnerships with schools, grassroots organizations, and policymakers can create multi-layered support networks that optimize resource allocation and expand communication pathways. For example, schools can provide access to younger demographics, as well as parents and teachers that can potentially serve as first responders to mental health crises, grassroots organizations can help build trust within communities, and policymakers can help legitimize and scale initiatives. Aligning these efforts can result in more sustainable and scalable solutions to complex social challenges. Second, storytelling campaigns such as the *Silent War* documentary successfully utilized shared cultural memory to evoke emotional resonance and dismantle barriers surrounding sensitive issues. This person-centered, adaptive approach underscores the importance of aligning the values and emotional needs of participants to build trust and cultivate deeper engagement. Third, WAVES's approach to resource efficiency through volunteer efforts, digital models, and diversified funding is another important take-away. For resource-constrained CMHOs, these strategies highlight how culturally tailored, cost-effective interventions can maintain resilience and deliver long-term systemic impact (Chamlee-Wright & Storr, 2011).

Despite its successes, UCA WAVES encountered several challenges. First, balancing the diverse needs of community subgroups, such as first-generation immigrant parents and second-generation immigrant youth, can be challenging. Storytelling campaigns have proven effective in bridging these perspectives by fostering mutual understanding and opening intergenerational dialogue. However, achieving this balance requires ongoing negotiation and adaptation to ensure inclusivity and resonance. Second, each of the resource efficiency mechanisms has its caveats: Digital platforms broaden reach but risk excluding older or less tech-savvy populations; volunteer-driven models must address turnover and consistency; although diversified funding helps to maximize support, fluctuations in funding sources can threaten long-term project viability and introduce management complexity. To mitigate these risks, developing more targeted communication strategies, investing in robust volunteer management systems, and adopting innovative fundraising strategies will remain critical.

Limitations and Future Directions

Although WAVES illustrates promising outcomes, several limitations should be acknowledged. First, the success of WAVES hinges on its deep understanding of the cultural and linguistic characteristics of Asian American communities. We recognize that culture is not monolithic and that Chinese American experiences are not representative of all AANHPI groups. The diverse regional languages or dialects, immigration histories, cultural traditions, and generational experiences can all add complexity to addressing mental health challenges of specific communities. For example, the insights from those navigating pressures around family expectations and academic stress may be less applicable in communities where mental health is shaped by distinct sociopolitical trauma (e.g., refugee or asylum-seeking populations such as Hmong or Afghan Americans), isolation, or religious distress. In such cases, CMHOs should adopt a flexible framework that places humility and local knowledge at the center of their initiatives. Several elements of the WAVES model, such as co-creation of mental health narratives, emphasis on intergenerational dialogue, and use of culturally adapted peer support and MHFA training models remain applicable across other AANHPI groups. By anchoring interventions in systems design principles, CMHOs can tailor core strategies to community-specific needs while advancing shared goals of equity, inclusion, and empowerment.

Second, WAVES remains in a formative stage, with insufficient longitudinal data to determine whether improvements in mental health literacy, stigma reduction, and help-seeking behaviors can be sustained over time. Future research should conduct extended longitudinal studies and systematically

integrate qualitative insights with quantitative data to provide a more comprehensive assessment of the system's long-term impact and guide ongoing refinement. Third, although WAVES has engaged diverse audiences and institutional partners, the study relies primarily on data provided by the organization, missing the other groups' perspectives. Future research may consider conducting a more comprehensive evaluation of the model's applicability across different populations and contexts.

Conclusion

The UCA WAVES case study demonstrates how culturally grounded, systems-oriented approaches can meaningfully transform mental health service ecosystems in underserved communities. By integrating the Culturally Responsive Theory of Change (CRToC) with Community-Based System Dynamics (CBSD), our analysis shows that WAVES's community-based, participatory approach cultivates trust, narrative capital, and identity safety as essential systemic assets to address the AANHPI communities' mental health needs, which is often insufficiently addressed in formal mental health services. The model's success lies in its ability to align micro-level changes in literacy, stigma reduction, and interpersonal trust with meso-level growth in partnerships and volunteer capacity, ultimately enabling macro-level shifts in policy attention and resource allocation. In doing so, WAVES provides a replicable framework for other community mental health organizations seeking to embed cultural responsiveness within scalable, resource-efficient interventions.

Author Contributions

CRediT: **Meina Liu:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Writing – original draft; **Jian (Lily) Chen:** Resources, Validation, Writing – original draft, Writing – review & editing; **Tianlin Jiang:** Formal analysis, Investigation, Methodology, Resources, Writing – original draft; **Meijie Lyu:** Formal analysis, Investigation, Resources, Writing – original draft; **Jionglue Huang:** Formal analysis, Investigation, Resources, Writing – original draft; **Justin A. Chen:** Resources, Validation, Writing – review & editing.

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