Each May, our country shines a spotlight on two important issues, through Asian American and Pacific Islander Heritage Month and Mental Health Awareness Month. Technically, these are two separate awareness holidays. But for me, my mental health and Asian American identity feel closely intertwined — so I have always found the overlap of these two moments a perfect, cosmic coincidence, and an opportunity for self-reflection. In addition to working through the connection between my own mental health, racial heritage, and immigrant background, I have also aimed to help others do the same.  
  
From a young age, I struggled to understand the incongruence I felt between the Asian and American aspects of my identity. But one day, a fellow immigrant explained that feeling of incongruence quite simply and beautifully. For those of us who bridge two worlds, we often experience three cultures: first, our culture of origin; second, the culture to which we immigrate; and third, a culture born from the experiences of balancing between the first two. For me, a former orphan from South Korea, I became used to strangers assuming that my parents were also Asian, that I was most likely Buddhist, and that their children could seek my help as a math tutor. In reality, I grew up with many of the usual American symbols of Midwest domesticity: church on Sundays, Friday dinners at Pizza Hut, and Saturdays spent roaming the local mall. Each time a stranger made assumptions about me, I would smile and politely laugh it off, but those misconceptions only deepened my uncertainty about where I belonged. If I didn’t fit in with my white peers, and I no longer fit in with my Asian peers, where did I belong? As I have continued to be more open in my discussions of mental health and my personal exploration of identity, I have learned that this friction, this internal battle to navigate one’s third culture, is a common journey for many immigrants.  
  
As both a Volunteer Advocate for the American Foundation for Suicide Prevention’s North Dakota Chapter (through which I help AFSP’s public policy office pass important suicide prevention policies at the state and federal level) and the Diversity, Equity, and Inclusion (DEI) Liaison for Clay County Public Health just a short drive over in Minnesota, I have seen firsthand the mental and emotional struggles experienced by families navigating third cultures. In both of these roles, I have the opportunity to engage with diverse populations and explore ways that we can improve our community’s health services. Many of the people I work with have resettled in the U.S. as refugees of war or persecution in their homelands. The process of relocation alone can be mentally and emotionally traumatic. But on top of that, they are also navigating the pressure of trying to carry forward ethnic traditions while still integrating new and unfamiliar American practices.  
  
When I sit with these families and listen to their stories of struggle, I always feel compelled to share as many mental health resources as possible, including the 988 Suicide & Crisis Lifeline number, 988. As a Volunteer Advocate for the American Foundation for Suicide Prevention, and also as a community health worker, I know firsthand that the implementation of 988 was a profound milestone and a critical step toward decreasing national suicide rates.  
  
At the same time, as I continue to work with and observe families who exist in third culture spaces, I have come to realize that the fundamental concept of 988, like much of our behavioral health support systems, is deeply rooted in American principles. Reaching outside of the family for help, talking about deeply personal feelings and thoughts with a stranger, and even using the term “mental health” are all practices that can contradict those of many of our New American families. (The term "New American" is one we have come to use locally in many nonprofit circles when referring to immigrants and asylum seekers, since labels like "refugee" can carry a lot of stigma, and can even create barriers to employment due to discrimination.)  
  
In Clay County, where I work, a large percentage of New Americans speak Kurdish, Arabic, Somali, and French. Because of this, our Public Health Center has translated 988 informational flyers into each of those languages. This update to Clay County's mental health resources has not only allowed us to reach a wider audience, but it has also opened the door to even more conversations about how to improve our crisis services.  
  
At the height of the pandemic, many public health workers saw the gap in health equity widening for racially marginalized people. Our county government recognized this issue taking place on a local level, and took action by creating my position as DEI Liaison. In addition, they began working with individuals from our New American communities to better understand ways to provide culturally competent health services, including mental health services. Engaging in this collaborative work meant meeting people in familiar gathering spaces, talking through and addressing common questions, including whether 988 provides interpreters for non-English speakers (the answer, by the way, is yes! And for an incredible 240-some languages!). Together, county government and New American communities have also established critical training like Mental Health First Aid and removed barriers to access like cost, which was possible because of a partnership with our local AFSP chapter.  
  
In 2020, when the 988 Suicide & Crisis Lifeline was signed into law, advocates across the country celebrated the historic moment, while still knowing the work of implementation was just beginning. Four years later, as communities like mine continue to grow and diversify, defining the fight of building a better and more adaptive mental health crisis system continues to evolve. So, as I pause to reflect and acknowledge both Asian American and Pacific Islander Heritage Month and Mental Health Awareness month, I am hopeful and inspired to see a future where suicide prevention ultimately reaches every corner and every culture in our country.  
  
To learn more about Sarah's story, read her Volunteer Spotlight in our 2023 Annual Report.  
  
For more information on mental health and suicide prevention support for Asian American and Pacific Islander people, we encourage you to read and share this list of resources.