Introduction
Evidence-based eMH approaches are available and apply to the general population; however, the literature demonstrates a relative paucity of research on eMH strategies tailored to culturally diverse populations. Technology can improve quality and access to this underserved population through e-mental health. However, these services must be culturally tailored for peak effectiveness.

Methods
In this mixed-methods study, participants (N=136) responded to an online survey to inquire about their e-mental health use, the severity of their depression and anxiety symptoms, and socio-demographic characteristics. Interested survey participants (N=14) shared their experience at one of four semi-structured focus group discussions to further ask about their needs for future resources. Qualitative data was analyzed through coding and thematic categorization using NVivo. Quantitative data was analyzed using descriptive statistics.

Results
Participants’ ages ranged from 19 to 55+ years with 43% within the young adult ages of 19 to 24. Of the respondents, 65% were women, 22% were men, and 3% identified as Trans Male, Non-Binary or Other. Participants identified as South Asian (40%), Chinese (28%), White (6%), West Asian/Arab (6%), South East Asian (4%), and Filipino (3%).

FACILITATORS
- Free, accessible
- Convenient, flexible
- Access to health data
- Sense of control and empowerment
- Monitors health progress
- Low-commitment
- Private
- Full of relevant information

BARRIERS
- Lack of personal connection
- Too much work
- Lack of credible information
- Too much promotional content
- Does not recognize unique needs
- General information
- Wordy/Scientific jargon
- Need motivation to use
- No accountability
- Lack of cultural relevance
- Culturally linked stigma
- Rare inclusion of minority languages
- Lack of representation

61-year-old South Asian male named Gary said that flexibility in accessing resources allows users to "not be constricted by office hours or availability of a person who’s going to provide those resources" by choosing when "you want to get those resources, while in the safety of [your] safe environment."

Conclusion
The implications from this study have the potential to benefit culturally diverse communities by improving CDP’s access to effective treatment for anxiety and depressive disorders using technology. It provides health care professionals with recognition of treatment needs of CDP in addition to supporting the development of culturally relevant e-mental health resources and services. Lastly, we hope to add to the limited literature on cultural responsiveness of e-mental health and overall, to the paucity of multicultural e-health research.

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