



Exploring the experience of Loneliness in South Asian Punjabi British Communities with lived experiences of mental health challenges: A Qualitative Study

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executive summary

This research delves into the often-overlooked issue of loneliness among Punjabi British individuals facing mental health challenges. The study acknowledges the existing disparities in mental health prevalence within the South Asian British Community, exacerbated by factors like substandard living conditions, economic deprivation, and institutionalised racism. Loneliness, stemming from these inequalities, adversely affects the quality of life and social engagement of individuals, leading to isolation.

The research focuses on understanding loneliness through the lens of the Punjabi British community, recognizing the unique cultural, religious, and social features of this subgroup. This study employs a qualitative approach, using semi-structured interviews with eighteen participants and template analysis for data interpretation.

Key Themes Explored

1. Participants' Understanding and Experiences of Loneliness: Unveiling personal perspectives on loneliness.
2. Contributing Factors Leading to Loneliness: Examining the circumstances that ushered loneliness into participants' lives.
3. Relationship Between Loneliness and Mental Health: Investigating the interconnectedness of loneliness and mental health.
4. Coping Strategies: Exploring the methods employed by participants to mitigate loneliness.

Added Value

This research contributes significantly to the limited qualitative studies addressing loneliness in individuals with lived experiences of mental health challenges. It stands as one of the first studies in the UK to specifically capture the nuanced experiences of loneliness among Punjabi British individuals. The findings have the potential to inform policy formulation aimed at effectively addressing loneliness within this community, promoting a more inclusive and supportive mental health landscape.

introduction

A demographic shift in immigration patterns had led to a significant rise in ethnic and cultural diversity of several high-income countries, including United Kingdom (UK). According to the 2021 UK census (1), the Asian ethnic group is now the second-most substantial proportion of the UK's overall population, constituting 5.5 million individuals. This group has seen notable growth, rising from 7.5% to 9.3% of the population. Among this Asian group, the top- three leading countries of origin are India, Pakistan and Bangladesh. Within the British Asian community, Punjabis are the largest ethnic group and form a dominant sub-cohort of British Indian and British Pakistani communities (2). Ethnicity is a complex and multifaceted concept, shaped by cultural traditions, shared language, heritage, physical traits, and religious beliefs. For instance, Punjabi identity is closely tied to the Punjabi language, as well as the region's cultural and geographical heritage (3). As per the 2021 UK census, Punjabi is the fourth most spoken language in UK (4).

The rapid increase in cultural and ethnic diversity has highlighted the need to better understand the well-being of these communities (5). Research shows that immigrant populations often face unique challenges, including mental health struggles, limited access to support systems, social isolation, and loneliness (6-9). There is mounting evidence showing South Asian communities in the UK, like many immigrant groups, experience higher rates of mental health issues that often go unaddressed (7,10,11). While there is limited evidence for a direct link between mental health challenges and migration related stress, the stresses of adapting to a new culture combined with factors like poverty and unemployment, can result in negative mental health outcomes (7,8,10,11). Acculturative stress—the pressure to fit into a new cultural environment—can also affect mental well-being. Other factors, such as generational trauma, depression, and discrimination, can further marginalise these communities and contribute to feelings of loneliness and isolation (12).

What is Loneliness?

Loneliness is an undesired emotional state that occurs when someone feels a lack of meaningful connections or when their relationships do not meet their expectations (13). It is important to note while loneliness and social isolation are different, they are closely related, with the latter referring to having few or no familial connections (14). Over the past decade, a growing amount of literature has highlighted the connection between loneliness, isolation and premature morbidity and mortality (15-17). In comparison to well established determinants of poor health such as obesity and physical inactivity, loneliness presents an alarming concern for public health and population wellbeing (17,18).

How is Loneliness associated with Mental Health?

Loneliness is more common among people with mental health issues when compared with the general population (19–21). It is viewed as one of the leading indicators of wellbeing and has shown to be linked to low self-assessed health (22–26), reduced life satisfaction (22), diminished subjective happiness (27) and impaired cognitive functioning (22,28– 30). Loneliness is also strongly linked to psychological distress (24,25), depressive episodes (22,24,31,32) insomnia or sleep problems (22,25,27,28,33,34). Loneliness can be described as a hidden factor that contributes to psychological distress and behavioural problems (35,36). The relationship between loneliness and mental health is complex. On the one hand, loneliness can increase vulnerability to depression and other mental health problems (31,37), while on the other hand, loneliness combined with a lack of social support can make it harder for individuals to recover from mental health issues (38,39).

Among British South Asians, there is evidence of higher rates of mental health problems compared to the wider population. These disparities are worsened by broader social challenges, including poor living conditions, economic inequality, and systemic racism, thus making it even harder for these communities to maintain a good quality of life and social connections, leading to more loneliness and isolation (7)(10)(40). It is essential to understand how loneliness affects mental illness through the perspective of the South Asian lens. While South Asian communities share some cultural similarities, it is important to recognise the unique cultural, religious, and social differences within these groups (41)(42). Unfortunately, there is limited research focused on the specific experiences of Punjabi British individuals. Punjabis make up a significant proportion of the South Asian population in the UK, yet their needs are often overlooked in studies that treat South Asians as a single, homogenous group.

The UK government's recent Tackling Loneliness Evidence Review (2023) has identified Punjabi British individuals as a priority group for research (43). This study aims to explore the unique experiences of loneliness among Punjabis in the UK who are also dealing with mental health challenges. The findings will provide valuable insights to help policymakers create more targeted and effective strategies to address loneliness in this community.

Study Objectives

1. To define loneliness and social isolation from the participant's perspectives and explore their connection with mental health.
2. To identify and understand the contributing factors and the various coping strategies that participants use to reduce loneliness.
3. To provide appropriate, culturally, and contextually relevant policy recommendations to address these concerns at national level.

methodology

General Study Design and Approach

Eighteen semi-structured interviews were conducted (16 via zoom and 2 face-to-face) between June and July 2023.

Participant recruitment and data collection

Inclusion and exclusion criteria

Participants considered eligible for participation included those who self-identified as Punjabi British, were aged 18 years and above, had good levels of English proficiency and had lived experience of mental health challenges. Individuals who were not able to provide informed consent were not invited to participate in the study.

Recruitment and sampling

Participants were recruited via a mix of purposive and snowball sampling primarily with the help of Taraki (48), a community-based organisation in UK who work with Punjabi communities to shape positive futures in mental health by mobilising four key avenues of change: awareness, education, application and research. Participant recruitment was advertised across multiple social media channels. Participants who were interested in taking part in the study were invited to email the researcher for further information.

Data collection

The study used a semi-structured format of interviews informed by a topic guide, where the researcher was able to address central themes within the scope of the overarching research inquiry while also lending flexibility to the participants to navigate the discussion (45). The topic guide used is adapted from the study - “Exploring the experiences of loneliness in adults with mental health problems: A participatory qualitative interview study” (49) which is publicly available. The justification to use this topic guide is rooted in its potential to be applied for replication in Punjabi British cohort. The guide included important themes such as in-depth understanding of loneliness, its association with mental health, and factors that mitigates or amplifies it. To ensure full exploration of study topics, prompts were included for questions stated in the topic guide.

Data analysis

Interview recordings were transcribed, checked for accuracy and any identifiable data were anonymised by the researcher.

Template analysis (44), a type of thematic analysis was employed for conducting data analysis (45). This analytical framework employs codebook approach requiring systematic organization and interpretation of data accumulated from the interviews.

Statement of Positionality

Positionality acknowledges the part played by the researcher's prior encounters, beliefs, and disposition in determining their interaction with the data and the research procedure (70). Considering the indispensable part of researcher subjectiveness in template analysis employing a codebook approach, this project entailed significant reflexivity that the researcher integrated during all the stages of analysis and documentation. The researcher engaged in reflexive practice during data generation and analysis through recording their reactions to participants' statements, contemplating how their own judgements and past encounters have shaped their reactions and reflecting on emerging themes and sub-themes iteratively besides the pre-identified ones.

Ethics

The research study is a part of the MSc project which has been granted ethical approval by the Ethics Committee of London School of Hygiene and Tropical Medicine (LSHTM) (Reference: 29347).

Each recruited participant provided verbal as well as written informed consent prior to their interview slot. After the interview was concluded, the researcher spoke briefly to the participants to find out how they were feeling following the interview and offered them a list of resources and organizations that can offer mental health support. Each study participant was reimbursed £10 for their time.

findings

Participant Characteristics

Eighteen participants took part in semi-structured interviews. Over half of the participants were female (n=10 [55%]). Participants were aged between 18 and 64 years and 83%(n=15) of them resided in Urban areas. In terms of self-reporting their diagnosis, 88%(n=16) of them reported having mood disorder (anxiety, depression, and PTSD). Addiction or substance abuse was reported by 61% (n=11) of the participants. The analysis identified four over-arching themes; (i) how do I understand and experience loneliness? (ii) how loneliness stepped into my life, (iii) how do I link loneliness with mental health? (iv) how do I help myself to mitigate loneliness?

Table 1: Demographics of 18 participants

Category	Subcategory	Count
Gender	Female	10
	Male	8
Age	18-24	5
	25-34	9
	35-44	2
	45-54	1
	55-64	1
Sexual Orientation	Heterosexual	14
	Gay/Bisexual/non-heterosexual	3
	Prefer not to answer	1
Self-reported Diagnosis	Mood Disorder (Depression, Anxiety, PTSD)	16
	Personality Disorder	1
	Psychosis (Schizophrenia)	1
	Other (addictions, suicidal thoughts, OCD)	17

Category	Subcategory	Count
Previous/Current use of mental health services	None, or on waiting list	W=6
	Inpatient services	None
	NHS community mental health services	2
	GP	7
	Private Sector Psychotherapy	8
	Voluntary sector services	2
Urban/Rural Location	City	15
	Town	3
	Village	None

1 Lesbian/Gay/Bisexual/ non-heterosexual: Bisexual(n=2), Gay(n=1)

2 Other (addictions, suicidal thoughts, OCD): addictions(n=11), suicidal thoughts(n=5), OCD(n=1)

3 None, or on waiting list: waiting list(n=6)

Theme 1: How do I Understand and Experience Loneliness?

Loneliness was interpreted and felt in several ways, including emotional loneliness, lack of meaningful connections, , not being loved and supported, feeling of acceptance and through experiences of social anxiety. The central theme not only encompassed undesirable absence of meaningful relationships with people but also contain dimensions of social anxiety- an overwhelming fear and avoidance of being in social situations that can interfere with relationships.

1.1 How Loneliness is Interpreted Emotionally

Participants' testimonies expressed emotional loneliness using a glossary that is equivalent to low mood, comprising of words like "sad", "depressing", "terrible", "draining", and "disheartening". Participants also revealed loneliness to be an unpleasant condition that poses adverse outcomes for mental health. Additionally, participants' accounts underscore a close relationship with depression and anxiety. Emotional loneliness was strongly felt by a majority of participants who felt they lacked connections with others despite being in close proximity to them. The accompanying feeling of 'doom and gloom' suggests the deep and penetrative impact of loneliness.

Theme 1.1	Participants Account
How Loneliness is Interpreted Emotionally	<p>“Loneliness is very draining. It’s something that really comes up with my depression. And it also impacts my anxiety that feeling of loneliness because you can’t connect.” (P-1, Female, Urban, 25-34)</p> <p>“I can be in a room full of people, and it can be family, it can be whoever. And I can still feel it on a deep. A deeper level when I do think that’s something that I would link with depression as well. I think there’s a there’s a kind of there’s a sort of doom and gloom that comes with that.” (P-16, Female, Urban, 25-34)</p>

1.2 Lack of Connection

The feeling of absent or inadequate connections with others emerged as a notable finding. Participants continuously underlined experiencing emotional, psychological, and spiritual disconnect despite being physically surrounded by people. They also mentioned of “not sharing energy” and getting disheartened if the energy is not reciprocated in the same way. Participants also described how cultural expectations impose norms to act in a specific manner that leads to masking up of their true emotions and consequently an inability to form genuine and meaningful relationships with others.

Theme 1.2	Participants Account
Lack of Connection	<p>“There are times where you’re not isolated and you are with other people. But you still feel lonely. And you just feel like that connection isn’t there or like. The energies then reciprocated in the same way. But I think it’s just something that is disheartening.” (P-10, Male, Urban, 18-24)</p> <p>“I’m very dramatic and I love that about me. I think that’s very Punjabi of me. And if I feel like I can’t be happy and dance because people around me are not feeling that way or that’s not how Indian girls behave. And I feel that in extended households and at work, I need to mask and when I mask, I can’t be loud and emotional and happy. Then I can’t connect with you, and I can’t be authentic with you.” (P-5, Female, Urban, 18-24)</p>

1.3 Feeling of Not Belonging

Many participants also described how they find themselves at the intersection of largely two communities- British and Indian, where they struggle to assimilate into either of them. Though it should be noted that not every participant had heritage in India, but some in East Africa and Pakistan. They often faced challenges of being fully accepted by either of the communities, which lead them to disconnect from the broader community. Some described a sense of feeling like they did not belong, and experienced themselves as outsiders 'peeping in'. Cultural norms often pressurised them to conceal their true emotions and a feeling of being unwelcomed within their own family or community. In addition, one participant also spoke about her experience of viewing loneliness being transmitted through generations in her family. She mentioned how her mother loneliness had an impact on her sense of isolation from the rest of the family.

Another participant reflected how the feeling of being seen different because of her religion leads to a social withdrawal and lack of belonging in the broader community. The presence of prejudice and discrimination against Muslims and Islam and issues related to her personality restricted her to form connections in the community, both within and outside. Few participants highlighted the need of acknowledgement or to be seen in family or at workplace. They mentioned that when they felt not being understood or seen or appreciated by closed ones or colleagues, it amounted to feeling of loneliness.

Theme 1.3	Participants Account
Feeling of not Belonging	<p>"There's a lot of prejudice discrimination against Muslims here. and colour, you know, so, it can be quite difficult to be a part of wider community. This leads to a withdrawal. And, you know, not gelling with other people even in your own community just because you know they may see you as a different." (P-18, Female, Urban, 45-54)</p> <p>"There's always that dual aspect of British Indian like not Indian enough to be called Indian and you're not British enough to be British. I can't connect with people who are like in my local family who are born and grew up in India. Because their culture is so different to mine. And but then equally white British people will not see you as British either. They will see you as sort of like a Brown person trying to be white and integrating. And so, you kind of left in this like middle ground of no community connecting to you. Like claiming you completely. (P-10, Male, Urban, 18-24)</p> <p>"My mom has always had a difficult relationship with her mom and so, like, she felt lonely. I think in in her family. then I think loneliness is passes down to the next generation. That has been passed on. To my mom being more isolated from the rest of the family and, therefore. Her kids, me, and my sisters. Us are slightly more isolated. In the whole group of our generation." (P-13, Female, Urban, 25-34)</p>

1.4 Lack of Sense of Affection, Support and Understanding

A dominant theme across these experiences was the lack of sense of affection, support and understanding, often leading to experiencing emotional challenges. Participants often shared examples where they felt that others did not fully acknowledge their experiences of loneliness, which restricted them to further open and discuss the feelings and the emotional challenges that they experienced. Some participants also shared of being not fully understood, despite having genuine connections, which they truly treasure. They choose to share only certain facets of their life as they are not sure about whether others would be able to fully comprehend their experiences. One participant also mentioned about adopting a cost-benefit analysis while sharing certain aspects of her life to feel supported. Few participants also shared their experiences of not being understood by immediate family members, which then amplifies their feeling of loneliness.

Theme 1.4	Participants Account
Lack of Sense of Affection, Support and Understanding	<p>“Even though I have those consistent connections. Sometimes Even then I feel that nobody understands me. And even though those connections I do have. I love it. Admittedly say that I can talk to him about anything. Part of me doesn’t want to. Because, again, I don’t think these connections understand comprehensively, I save that stuff and tend not to share.” (P-7, Male, Urban, 18-24)</p> <p>“My family, they don’t tend to understand what I’m going through like they don’t understand loneliness. Like what it’s like to not really do nothing like to do much with your life and just be kind of drifting and alone and no purpose no motivation or nothing.” (P-14, Male, Urban, 25-34)</p> <p>“You find that you have to pick and choose what parts you can share so that you feel safe and supported and not worse than if you just don’t talk to anybody. Or sometimes you know why it’s a that cost and like benefit and cost analysis or do I talk about this or not?” (P-1, Female, Urban, 25-34)</p>

1.5 Experiences of Social Anxiety

The consequences of living with social anxiety emerged from the interviews. Participants described isolating themselves which subsequently led to difficulties in creating and maintaining connections. One participant shared that they had experienced verbal harassment from others when they had noticed their anxious state. This harassment exacerbated her social anxiety which pushed her to further self-isolate. They also described experiences of being emotionally disconnected, with some holding feelings of hatred towards others. They often indulge in constant overthinking and tend to isolate themselves which not only lead to wearing and tearing of mental state but also a flight or freeze mode in social situations.

Theme 1.5	Participants Account
Experiences of Social Anxiety	<p>“I kind of just turned into a Zombie and I just, I just really want to get out of. I might step out because I have nothing against these people. But in that moment, I’m really hating everybody in this room.” (P-7, Male, Urban, 18-24)</p> <p>“So, it’s a kind of like a wearing and tearing of the mental state which can have an effect starting to seep into other areas of life where You know, in terms of like body language like I might start becoming a bit more fidgety or I, you know, maybe I will withdraw.” (P-14, Male, Urban, 25-34)</p> <p>“It’s scary and you’re very on edge. So, with social anxiety it’s very much flight or freeze mode. And, you don’t know someone’s reaction, what someone’s intentions are. There’s been times where people have picked up on it and decided to unfortunately harass me in public because I’ve been very socially anxious.” (P-17, Female, Urban, 25-34)</p>

Theme 2: How Loneliness Stepped into my Life

2.1 Cultural norms and Familial Expectations

Punjabi culture being collectivist in nature often puts an overwhelming amount of pressure to adhere to social norms and familial expectations, which may lead to experiencing feelings of isolation and loneliness. Participants often discussed how difficulties in fulfilling family expectations, such as getting married, having a stable career, looking after their parents in old age have led to chronic loneliness and turned them inwards and focus on self-reliance. The study findings also reported cultural stigma around mental health which often discourage open conversations regarding mental health, restricts access to seek peer support and limit participants to freely discuss their emotions. The entrenched cultural beliefs in traditional gender roles and negative attitudes towards non-binary gender identities and same-sex relationships have also emerged as one of the findings where participants faced hurdles when not conforming to these roles such as they can't be authentic due to non-acceptance of their gender identities, pressure to get married at an appropriate age and pursuing higher education. Some participants also mentioned how their inability to speak Punjabi made them unable to connect with their extended family or feel welcomed by the wider Punjabi community, thereby, intensifying their struggles of loneliness.

Theme 2.1	Participants Account
Cultural norms and Familial Expectations	<p>“My parents would have these certain expectations on me that you know our son is going to get a good job, going to look after us when we’re old, get married, have kids, which aren’t being met from my end and that’s kind of creating an undesirable state of loneliness in me. It’s like it’s so chronic loneliness. It’s like an element of social pressure on the individual. You know cultural expectations and social expectations and all that but It’s like, I guess it’s, the loneliness has drawn me closer into myself and it’s made me realize that I can only really rely on myself.” (P-14, Male, Urban, 25-34)</p> <p>“Especially like my Punjabi family. I have felt lonely. In those situations, I’m like the only queer person. And that has a profound impact. It means that different gender identities aren’t accepted. It means that like I can’t really be my full self, which feels like me.” (P-13, Female, Urban, 25-34)</p> <p>“Even the whole concept of like mental health I think, culturally it’s, it’s quite a big taboo like I remember saying or being quite open about struggling and I remember my family saying well what have you got to be depressed about? Like nothing bad has happened.” (P-8, Female, Urban, 35-44)</p> <p>“There’s a lot of isolation that comes from like linguistic isolation where I can understand what’s going on around me, but I can’t express myself since I don’t have the vocabulary. And then, people will be poking fun at how bad your Punjabi is. And then you feel isolated.” (P-10, Male, Urban, 18-24)</p>

2.2 Transitions in Life

Participants often spoke about changing life circumstances such as going to university, switching to a new job, moving away, death of a parent that played important role in intensifying feelings of loneliness. These transitions often caused disruptions in social networks and a profound adverse effect on emotional and mental well-being.

Participants often spoke about how their anxiety cropped up with the mere idea of attending a university due to fear of being lonely accompanied with the fear of unknown. Switching jobs or relocating to a new place was also quoted as one of the factors that amplified their experiences of loneliness because of starting afresh, away from the close social networks. Participants also observed how the loss of a parent have left a big vacuum in their life, thereby adding onto their sense of loneliness. Several participants considered to be physically distant from close ones to connect better, maintain their freedom and overall well-being, particularly mental health, despite the distance perpetuating another vicious cycle of loneliness. One participant also spoke about how a micromanaged and competitive work culture pushes one to impose self-isolate to perform well.

Theme 2.2	Participants Account
Transitions in Life	<p>“First time I was going to Uni, so I was anxious about leaving home and the fear of the unknown. I don’t know if it was a fear of being lonely. I think it was the fear of maybe that social anxiety piece comes in. A finishing school that sense of like all that it was too much change for me. I think that’s what triggered it. But It got so bad at the point where then I didn’t end up going for a while.” (P-4, Female, Urban, 25-34)</p> <p>“Yeah, I feel very lonely since I lost my mother about 2 years ago and, yeah, so that has a big impact. I was a carer for over 20 years. So, she was a big part of my life.” (P-18, Female, Urban, 45-54)</p> <p>“I have realized that when I spend a lot of time with my family. The dynamics are different. I can’t do my own thing. I can’t step out. And it’s much more to mental health. I found that when I was living alone and was sort of lonely but seeing them every couple of weeks or so, was a good balance for me.” (P-7, Male, Urban, 18-24)</p>

2.3 Difficulties of Fitting in

Findings from several participants' account described how different facets of ethnic identity, physical health, personality type and past traumatic experiences can magnify sense of loneliness. Such factors contribute to feelings of not belonging and being different from the mainstream population, thereby, eventually shaping their experiences of loneliness. Participants who were physically disabled expressed low mood or increased loneliness due to difficulties they experience when trying to leave their premises. Participants identifying themselves as Muslims faced challenges while fitting into predominantly White communities. They reported sense of separation and marginalization and often heard demeaning comments that often led them to isolate from the broader community. One participant also resorted to shortening her name to blend in with the wider community and reduce her sense of isolation related to her Punjabi community. Several participants also reported discrimination and bullying based on skin colour and physical appearance that led them to become self-conscious and extremely lonely.

Theme 2.3	Participants Account
	<p>“So, what one main thing is being physically disabled does lots of times when I’m like too tired or in too much pain to leave the house. It’s my mood just gets very low, and I feel because I am physically alone.” (P-13, Female, Urban, 25-34)</p> <p>“Been in a quite predominant white community. You know, there’s a very much, separation. Sometimes, you can hear the odd comments made so that can you know be quite demeaning. For example, if you have a scarf or hijab on, it’s not seen in a very nice manner. That leads one to isolate.” (P-18, Female, Urban, 45-54)</p> <p>Difficulties of Fitting in</p> <p>“I used to shorten my name so that I can fit-in well. So, I used to have a nickname to make it easy for everyone else to say my name. So that’s also quite interesting as well because I noticed in terms of, yeah, my Punjabi identity and my name. I really felt very lonely so a part of me wants to say oh yeah, just say my name like this.” (P-1, Female, Urban, 25-34)</p> <p>“I was in a predominantly white school with people of a white background. I was also bullied at school because I’ve got pigmentation- so where your skins like just pack white patches. So, I used to get bullied about that and I became really self-conscious and that made me feel really lonely.” (P-8, Female, Urban, 35-44)</p>

Theme 3: How do I Link Loneliness with Mental Health?

3.1 How Loneliness Impacts Mental Health?

Participants’ testimonies have consistently highlighted that social isolation and loneliness have a harmful effect on mental health contributing to negative thoughts and low mood. Loneliness also creates major hurdles in seeking the appropriate support from others, that leads to further intensification of such adverse experiences. Participants also expressed an absence of an outlet to express their emotions or mental health struggles. As a result, they tend to isolate themselves that further prolong their mental health issues. One participant also narrated how loneliness leads to amplification of his pre-existing anxiety. In addition, the findings also suggest that loneliness have a compounding effect that could even follow attempts of self-harm and suicidal ideations.

Theme 3.1	Participants Account
How Loneliness Impacts Mental Health	<p>“It (loneliness) makes me feel worse because I don't then have an outlet to express how low I'm feeling. Because I'm not able to feel connection from anyone or to anything. I don't have an outlet for my mental health difficulties when I'm feeling lonely because I isolate myself and because I don't feel comfortable enough to be authentic and so that causes it to prolong and maintain mental health problems.” (P-5, Female, Urban, 18-24)</p> <p>“Anxiety was likely there. But it was when I started becoming isolated or going into more prolonged states of loneliness- That's when I would say the anxiety would tend to prop up a lot more and I would say it's becoming magnified or amplified because of being lonely.” (P-14, Male, Urban, 25-34)</p> <p>“It will have kind of compounding effects on loneliness. And the things that can really make you feel very down. Like I, like it can bring on things like self-harm and suicidal ideation, which I have experiences of.” (P-1, Female, Urban, 25-34)</p>

3.2 How Mental Health Feeds into Loneliness?

The findings of this research underscores how mental health problems such as anxiety and depression can add to and be intensified by loneliness. Therefore, it is imperative to address loneliness in conjunction with mental health problems for the overall well-being. Participants narrated that their anxiety often leads to self-doubt, negative thoughts and underestimating the importance of social connections. They are constantly in fear of receiving judgement from others that reinforces isolation. Along similar lines, depression is also reported to be closely associated with loneliness where both amplify the presence of each other and further deteriorates one's mental health.

Theme 3.2	Participants Account
How Mental Health Feeds into Loneliness	<p>“My anxiousness tells me that connection isn’t worth it, and that people are going to judge me. And that I’m not going to get joy from going out and being bothered to get dressed up and see friends and you know, my anxiousness gives me a lot of negative rumination.</p> <p>And so, when I’m feeling lonely, the things that I need to lean on, my anxiousness tells me it’s not going to help.”</p> <p>(P-5, Female, Urban, 18-24)</p> <p>“It’s (loneliness) like strongly connected with, like clinical depression. I think they kind of feed into each other. Like if you’re feeling depressed. Even if you’re around people, I think the depression makes it harder to connect to them and you feel quite alone or isolated.”</p> <p>(P-13, Female, Urban, 25-34)</p>

3.3 A Vicious Cycle

The findings strongly suggest that mental health and loneliness goes hand in hand and mutually reinforce each other. For instance, good mental health, enables an individual to forge meaningful social connections, embrace positive thoughts and enhanced self-esteem, whereas poor mental health coincides with loneliness and social isolation.

Theme 3.3	Participants Account
A Vicious Cycle	<p>“I think it goes hand in hand. I think it could be one thing sets off the other, but I think for me it goes hand in hand.”</p> <p>(P-11, Female, Urban, 25-34)</p> <p>“When I have good mental health, I can never feel lonely. And, when my mental health is bad then the first thing, I’ll feel is my loneliness. So, I think they are interlinked.”</p> <p>(P-5, Female, Urban, 18-24)</p>

3.4 Discussions around Loneliness with Friends, Family and Therapists

The conversations with friends and family were limited because of fear of misinterpretations, concerns about breach of confidentiality and influence of perceived gender roles and cultural expectations. Several participants expressed concerns in sharing their feelings with immediate family members due to the fear of facts being twisted around or being misused against them, often leading to a cycle of mistrust. Participants also mentioned of self-disgust and stigma surrounding loneliness that obstructs them to openly recognize or discuss loneliness with closed ones. Many participants expressed that they didn't consider discussing about loneliness with their healthcare professional and those who did, faced cultural barriers since the professionals would not be able to understand their loneliness and mental health experiences due to ethnic and cultural variations. These findings demonstrate the intersection of various social, cultural, and personal factors that limits open dialogue about loneliness and mental health. Overcoming these barriers by reducing stigma and improving awareness of loneliness and good mental health is the need of the hour.

Theme 3.4	Participants Account
Discussion with Friends and Family	<p>“So, there’s no confidentiality. There is absence of sort of safe space where I can talk to them (my siblings). And tell them something without it going back to her (my mom) and then getting twisted and coming back to me. And I just hit that cycle of discomfort and loneliness. Is not a comfortable cycle at all to me and so it is a difficult one to speak about, because it’s not recognized.” [P-15, Male, Urban, 25-34]</p> <p>“For me, it’s like. Shame, feel quite shame that I feel like that because like again like you know like I have siblings, I’ve got parents. And you know I’ve got people around me and there’s people in the world that don’t have all of that, so I feel quite ashamed for feeling like this.” [P-8, Female, Urban, 35-44]</p> <p>“I think it’s not, it’s not something that you want to talk about. I mean, I certainly don’t want to talk about it. It’s not something that you feel proud of and say, I am lonely. You just don’t do it.” [P-18, Female, Urban, 45-54]</p>
Discussion with Therapists	<p>“No, because all the healthcare professionals I’ve seen. Have been whites. And most of them I found hard to talk to. And it’s just too hard to explain. Like so many. Cultural things.” [P-13, Female, Urban, 25-34]</p> <p>“Didn’t get anywhere because the therapists I spoke to didn’t come from the same background as me. So, they won’t understand my lack of privileges of coming from a working class South Asian family, since they haven’t experienced those” [P-15, Male, Urban, 25-34]</p>

Theme 4: How do I Help myself to Mitigate Loneliness?

Many participants emphasize on the importance of fostering meaningful connections through shared cultural experiences such as shared language and food to forge meaningful relationships. They also quoted that these relationships do not have to be in-depth but can be as basic as sharing a cup of tea or jalebi. Majority of the participants emphasized on the importance of turning their energy inwards and develop their own resources to combat loneliness. This includes engaging in activities such as photography, reading, going to gym. For many participants, embracing solitude was a good option to build better relationships with oneself and others and indulging in activities such as meditation and journal that leads to better self-awareness was quite helpful. A good number of participants also mentioned of adopting harmful mitigating strategies such as alcohol abuse, drug abuse, indulging in risky sexual activities to cope up with loneliness. Several interviewees also advocated for the need of culturally sensitive therapies and the importance of integrating mental health services within community spaces such as faith-based organizations to improve accessibility as well as combating stigma of mental health and loneliness.

Theme 4	Participants Account
Fostering Meaningful Connections	<p>“Sometimes you can feel very connected to other people through your culture via like shared language even or just shared food. Sometimes it doesn't need to be like in depth conversations about philosophy and faith. It can literally just be like. A good cup of tea or jalebi or samosa are like kind of nice points to contact to like kind of connect with other people.”</p> <p>(P-1, Female, Urban, 25-34)</p>
Developing one's own Resources	<p>“I read my book, or you know, what something on the telly, look for something, listen to some Bollywood. 70's songs. And so just to take my mind off things.”</p> <p>(P-2, Female, Urban, 45-54)</p>
Embracing Solitude	<p>“I can withdraw and come back to my own space when I want. But when I was living with family it would just be too much because everybody's problem there's be too many dynamics that There's no space for yours, whereas now I'm alone, I am free and able to connect better with others.”</p> <p>(P-4, Female, Urban, 25-34)</p>

Theme 4	Participants Account
Self- Awareness and Recognising Loneliness	<p>“I have noticed that kind of being conscious of my breath and bringing my attention to the present moment has tends to remove like a lot of like extraneous or internal like feelings. I become more mindful of my current circumstances and recognize that these voices in my head, they’re not necessarily true. I guess, it amplifies my sense of self-control. I tend to get on with my day with a to do list which makes me busy doing other stuff and putting my mental energy towards other things and restricts me to think or lean too deeply into this loneliness thing.” (P-14, Male, Urban, 25-34)</p> <p>“I make sure that I’ve got plans with people. At least like every you know a couple of weeks like I’ll go out for dinner with my friends, or I’ll go home and spend the weekend with my family, and we’ll do something together. And now I make a conscious effort to stay in contact with people instead of not replying to texts.” (P-8, Female, Urban, 35-44)</p>
Unhealthy Coping Strategies	<p>“Historically I have used alcohol. So, I would drink a lot to them become loud and want to party. And stop this feeling of emptiness inside me. And again, historically I’ve used drugs, indulging in sex to get gratification. And then next day I just feel absolutely worse and rubbish.” (P-8, Female, Urban, 35-44)</p>

recommendations

In accordance with the study findings and the solutions offered by interviewees to tackle loneliness in Punjabi British with lived experience of Mental Health Challenges, the author proposes following set of recommendations:



Improve Awareness of and Combat Stigma of Loneliness and Mental Health

The findings of this study highlight the need for a dedicated campaign to increase awareness of and reducing stigma of Loneliness and Mental Health among the Punjabi British community. It is important to break down popular cultural narratives about loneliness and mental health that often results in Punjabi British people not accessing the available support services - such as being lonely is not regarded as a sign of strength and vigor and seeking professional support will bring shame to family. Individuals and families should be empowered to advocate within their circle of influence and encouraged to have an open discussion about loneliness and mental health.

Build an Inclusive Environment

In terms of educational aspects, co-designing loneliness, and mental health strategies with British Punjabi community, should be covered in the loneliness module of the recently formulated Relationships, Sex and Health curriculum in the UK's educational establishments. Also, for creation of an inclusive work environment, it becomes imperative that the Loneliness Employers Network- an initiative of UK Government to assist employers in addressing loneliness, should prioritize on comprehending and dismantling barriers to inter-personal relationships and meaningful participation in the work environment, including bias and harassment.

Removing barriers in accessing services

Explicit standards and mechanisms must be formulated that would aid in addressing unintended bias when delivering or referring for services. Services provision must reflect the needs of the community they are serving which can be achieved by:

- Recruiting a varied range of volunteers and personnel
- Co-production of services resonating with the varied demands as well as different characteristics of the Punjabi community
- Ensuring services are strongly rooted within the Punjabi community and further strengthened by community workers.
- Formulating services for addressing linguistic barriers such as translation of Information, Education and Communication material to different languages such as Hindi, Urdu and Punjabi, in addition to English.

Create friendly community spaces

Create friendly community spaces by bringing people from different cultures under one roof to create social connections and boost social linkages. This can be in form of food clubs, running clubs, book clubs and so forth. Good practices can be borrowed from Costa coffee's Chatty café(50), the Rural coffee caravan(129), and Taraki's Cha in the city movement(51).

Conduct Further Research

Conduct further research to fill the evidence base that would assist in developing evidence-informed policies and designing effective interventions for addressing loneliness.

- Undertake a rigorous investigation to understand the difficulties related with the use of UCLA loneliness measurement tool in the South Asian cultural context and associated linguistic issues. The findings would provide a basis for developing guidance on how to address. This investigation will provide the groundwork for offering advice on dealing with any problems that might come up.
- Conduct a UK nationwide quantitative study, estimating the prevalence of loneliness among South Asian Punjabi British population. In addition, explore the interconnections between loneliness and other factors such as religious affiliations, varied gender identities, associated disabilities, different age categories, and socio-economic status.
- Explore the facilitators and barriers among South Asian Punjabi Families of having a meaningful communication.

The above-mentioned recommendations provided by research participants bear resemblance to the guidance laid out by UK government in its Loneliness strategy(52) and the measures set out by British Red Cross in its Barriers to Belonging Report(53). However, it needs to be seen how effectively and at what pace the Government implements these set of recommendations.

Conclusion

The findings of this research highlight that Punjabi British cohort experience distinct requirements in comparison to other segments of UK population, thereby highlighting the ongoing need for interventions particularly targeting the South Asian Punjabi subgroup. Also resources should be channelled towards strategies that are specific, rooted in evidence and representative of the needs of the people of South Asian Punjabi cohort.

The UK Government's loneliness strategy—"A Connected Society: A strategy for tackling loneliness – laying the foundations for change"(52) is commendable for introducing social prescribing and for making strong efforts to bring loneliness into the heart of government thinking and policymaking. One notable step was including loneliness in the Family Test, which helps assess how policies affect families (54). However, it's missing some crucial elements. For instance, the current tools to estimate the prevalence of isolation and loneliness were originated from research undertaken within white populations. This itself raises questions on the applicability of such tools to detect loneliness in other ethnic groups, including South Asians. Despite the strategy listing out various funds to tackle loneliness in South Asian Communities identified as part of BAME group, including a £4 million Local Connections Fund and £5 millions via Loneliness COVID-19 grant, there is a persisting need to continue making efforts towards addressing loneliness existing in South Asian Punjabi communities across UK. Since the Strategy is the Government's preliminary stance rather than its definitive standpoint on matters related to loneliness, its initiatives are understandably tentative and open to adjustment.

This research presents a valuable addition to the limited body of qualitative research aimed at addressing issues of loneliness among individuals with personal encounters of mental health challenges. The present research is one of the first in UK that has attempted to capture and understand the experiences of loneliness among South Asian Punjabi British people with lived experience of mental health challenges. Therefore, the findings of this project offer a preliminary base for future research. Nonetheless, the necessity to complement these findings with quantitative data is imperative for effectively guiding the practitioners and policymakers about the magnitude of loneliness and isolation in South Asian Punjabi British people. As a result, these findings have the potential to support the policy formulation and designing of specific strategies for tackling social isolation and loneliness in South Asian Punjabi British community.

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