



Punjabi Mental Health Summit Report



Executive Summary

In September 2024, Taraki and partners hosted the first ever Punjabi Mental Health Summit, a landmark event bringing together grassroots organisations, lived experience advocates, NHS leaders, national charities, academics, and community members.

The Summit provided a much-needed space for collective dialogue on the unique challenges and opportunities for Punjabi mental health. Through panels, breakout sessions, and interactive discussions, attendees explored stigma, service accessibility, generational differences, and the urgent need for culturally competent, community-led approaches.

This report captures the key insights, challenges, and solutions shared at the Summit. It also outlines Taraki's ongoing commitments and the collective actions required to create meaningful change.

Glossary of Terms

Cultural competence

The ability to reduce ethnic and racial health disparities by fostering greater awareness and understanding of diverse cultures and communities. It encompasses behaviours, attitudes, and policies that enable professionals and services to operate effectively and deliver appropriate care for people from racialised backgrounds.

Culturally sensitive support

This refers to support that is built around, actively incorporates, and respects the beliefs, traditions, and personal circumstances of people from racialised communities. It does not impose a white-centric frame but instead offers care that feels appropriate, respectful, and kind.

Intersectionality

The understanding that people's experiences are shaped by multiple overlapping factors such as race, gender, class, disability, sexuality, and migration background. In Punjabi mental health, intersectionality is key to recognising how cultural identity, gender, and socio-economic conditions interact to affect wellbeing.

Punjabi communities

For this report, "Punjabi communities" refers to people with heritage from Punjab (India and Pakistan) and East Africa, including all faith and belief groups such as Sikh, Hindu, Muslim, Christian, Jain, and others.



Letter from Shuranjeet

This Punjabi Mental Health Summit was a one-of-its-kind opportunity for mental health advocates, organisational leaders and commissioners to come together and learn about the mental health issues of Punjabi communities and the challenges they face. Nevertheless, the Summit not only shared learnings about the challenges, but also reinforced the importance in recognising the strengths in Punjabi communities in relation to mental health.

Taraki is proud to have made this happen, and we want to thank the Centre for Mental Health who partnered with us on authoring this report. We remain optimistic and determined to continue working in collaboration with community partners, lived experience advocates, organisations and commissioners to make positive change across Punjabi communities.



Why we did this event

Taraki was founded in October 2017 by Shuranjeet Singh after his personal experiences with mental health challenges as a student. He felt that everyone should have access to help when they most needed it, so he started Taraki which envisions that Punjabi communities perceive and embrace mental health as an integral facet of life. Taraki wants to shape an environment which enables approaches to mental health centered on autonomy and community knowledge, working across intersections of identities and other drivers of health.

This event was inspired by our awareness that there are fantastic people and organisations wanting to make positive change in Punjabi mental health. However, for too long we have been working in siloes. In 2023, Taraki helped form the Punjabi Mental Health Roundtable, a collective of organisations and individuals wanting to make positive change in Punjabi mental health.

In 2024, this collaborative group came together with a joint vision, to host the first ever Punjabi Mental Health Summit to facilitate shared learning, discussion and action focused on mental health in Punjabi communities. At the Summit we had representation from Punjabi grassroot organisations, national charities, local NHS leaders, lived experience advocates and universities.



What did the day involve

The Punjabi Mental Health Summit took place on Saturday 28th September 2024 at Sangat Television, Birmingham. The day was structured to combine keynote reflections, panel discussions, and interactive breakout sessions.

Panel discussions

Panel 1: Key challenges in Punjabi Mental Health

- This session explored the current state of Punjabi mental health, addressing stigma, cultural perceptions, and systemic barriers. Speakers drew on lived experience and professional expertise to frame the challenges faced by communities.

Panel 2: Making Influence and Maximising Outreach for Mental Health

- This panel explored how Punjabi communities and organisations can build influence in policy spaces and use outreach effectively to shape wider systems of mental health support. Panellists reflected on the importance of translating grassroots knowledge into policy conversations, ensuring Punjabi voices are heard at local, regional, and national levels..

Panel 3: Connecting on Community Strengths

- The final panel looked ahead, identifying opportunities to strengthen Punjabi-led mental health initiatives and highlighted the strengths already present within Punjabi communities; exploring how they can be harnessed to shape a positive vision for the future of mental health.

Workshop sessions

Each panel was followed up by a facilitated workshop discussion/activity in smaller groups for deeper conversations on stigma, generational differences, accessibility, and community-led approaches. These discussions fed directly into the key themes and recommendations captured in this report.



What we heard: the main challenges faced by the Punjabi community when it comes to mental health

During the Summit, group discussions with attendees highlighted several key themes related to the mental health of the Punjabi community.

The challenges within the Punjabi community:

Stigma and negative attitudes towards mental health

Mental health stigma remains a persistent issue across the UK, and recent data suggests that progress in reducing it has started to reverse (Mind, 2024). Within the Punjabi community, this stigma is particularly pronounced, as it is further intensified by internal factors, such as cultural perceptions of mental health, and external factors, such as experiences of marginalisation. A recurring theme raised by attendees was the detrimental impact of mental health stigma, bias and shame within the Punjabi community. Many participants expressed that this stigma often hinders individuals from identifying mental health difficulties and seeking the support they need. One group emphasised the role of pride, discussing how poor mental health could be perceived as a threat to the pride of individuals, families, and communities.

Comments from attendees:

“Dismissive attitudes”

“Fearmongering, threat, shame, being outnumbered, being hushed, feeling judged.”

Cultural and generational differences

Attendees also highlighted cultural and generational differences within the community as a common barrier to addressing mental health challenges. This included differences in awareness and understanding of mental ill health through to differences in what support looks like or would be helpful. In particular, some attendees felt that Gurdwaras could take a more active role in promoting mental health awareness and fostering inclusivity, ensuring they represent the diverse needs of the community, including those with lived experiences of poor mental health.



Comments from attendees:

“Disconnect within the community between leaders and needs.”

“Gurdwara committees saying no or being reluctant”

“Intergenerational differences (e.g. 1st generation focused on survival, experienced trauma and are resistant to change, whereas next generation are ready to have the discussions to facilitate change.”

Lack of accessible and culturally competent services

Issues around service accessibility and cultural competency were highlighted as critical barriers impacting the mental health support available to the Punjabi community. Accessibility issues included challenges faced by specific groups within the community, such as elderly women, as well as language barriers that often result in miscommunication or loss of meaning during translations. Additionally, attendees pointed to a lack of cultural competency in existing mental health services, emphasising the need for better awareness and training and increased Punjabi-led initiatives to address this gap.

Comments from attendees:

“Existing services not being culturally competency (the community needs to fill this gap)”

“Language barriers and things getting lost in translations.”



Structural issues impacting mental health services

Attendees acknowledged the structural challenges and systemic pressures within the mental health system, emphasising how these issues contribute to delays and inadequate access to mental health support for the Punjabi community. They highlighted that these challenges are often exacerbated by the misallocation of NHS funding to organisations that may not effectively address the specific needs of the community. Furthermore, concerns were raised about the limited capacity of community-based organisations, which hampers their ability to deliver adequate and culturally appropriate mental health support.

Comments from attendees:

“NHS funding can end up going to the wrong organisations.”

“Limited capacity of organisations within the community”



Challenges in evidence and research

Gaps and challenges in research were identified as another significant barrier impacting the mental health of the Punjabi community. These challenges included a lack of representation in mental health data and studies, limited trust in researchers and the meaningful use of collected information, and a perception that community groups were often engaged in tokenistic ways or treated as part of a "tick-box" exercise.

Comments from attendees:

"With research - what happens and is agreed at the top doesn't always filter down to the bottom."

"The same groups are getting approached."



What the community wants to see

During the Summit attendees shared ideas and actions that could be taken to promote and support the mental health of the Punjabi community.

Equitable and accessible support

Attendees emphasised the need for equitable and accessible mental health support tailored to the Punjabi community's unique needs. Collaboration between faith institutions, wider community groups, and service providers was identified as essential to this vision. Additionally, they called for a shift in power dynamics, advocating for the community to take the lead in driving meaningful change rather than relying solely on external organisations.

Comments from attendees:

“An inclusive, nuanced, accessible environment that accepts people and allows them to grow and bloom. Involving culturally informed, trauma informed, co-produced and people-centred care/services.”

“Multi-modality working, building a resource bank in multiple languages, safe and brave place without cultural judgment. Faith institutions and wider communities working together. Utilising alternative therapies along with medical interventions.”

“More accessible safe spaces and a supportive virtual space.”



“More accessible safe spaces and a supportive virtual space.”

As part of this vision, attendees highlighted the importance of building a mental health workforce that reflects the Punjabi community. They emphasised the need to create more pathways into mental health professions, particularly for individuals from the Punjabi community and those with lived experience, to ensure services are more inclusive and representative.

“Having employees who are bilingual to diversify the workplace.”

Additionally, attendees highlighted the potential of expanding social prescribing initiatives in mental health as a promising opportunity for the Punjabi community. They emphasised the need for increased investment in these services to broaden the range of support available and to extend provision into community-based and informal settings, ensuring more accessible and culturally relevant care.

“Increased referrals for social prescribing which are culturally sensitive”



Coordinating provision for Punjabi communities

The critical need for better coordination of mental health provision tailored to the Punjabi community. They advocated for a centralised platform where mental health resources and support in Punjabi are easily accessible, fostering a more connected network of professionals, peer support workers, community organisations, and mental health services working collaboratively to create positive change.

Comments from attendees:

“Centralised place for mental health resources and support in Punjabi and an increasingly connected community of professionals, organisations and services making a positive impact on the Punjabi community.”

“A Sikh Punjabi Wellbeing Hub”

Investment in community led initiatives and support

The importance of investing in Punjabi-led, community-based initiatives to address the mental health needs of the Punjabi community was a recurring theme throughout the Summit. Attendees shared a range of ideas, including the need for peer-to-peer and gender-specific support to enhance mental health and foster social connections. Additionally, there was a strong emphasis on the need for services that engage multiple generations, helping bridge generational gaps in understanding mental health and promoting greater community-wide awareness.

Comments from attendees:

“Lunch/Langar clubs, pay as you feel peer support”

“Intergenerational projects in the community”



“Peer support spaces and more spaces for the Punjabi community that can be accessed nationally/globally (supporting one another to create programmes/spaces that work - no gatekeeping).”

“More female social events”

Research and knowledge production

Research and knowledge production were identified as critical areas for improvement, with attendees calling for research focussed on Punjabi-specific mental health issues to enable more effective interventions. To address the gaps in data and insights, there is a clear need for increased investment in community-led mental health research that is tailored to the specific needs of the Punjabi community.

“Contemporary research regarding Punjabi specific mental health issues for better informed intervention”

“Transparency with participants, managing expectations, discussing confidentiality, pre and post-check in calls and community designed research.”



What is next: calls to action

To achieve the change that the Punjabi community would like to see, collaboration across multiple stakeholders is essential. We have identified the various stakeholders who are vital to engage and collaborate with to take action.

Individuals

They play an important role, within and outside of the Punjabi communities in engaging in open conversations about mental health, to work to break down the stigma and bring about awareness. They can support peers and signpost to culturally sensitive services.

Grassroots organisations and advocates

Through collaboration, we can ensure that resources and expertise are utilised in the most effective way, to ensure high quality outcomes for Punjabi communities. By doing so, we not only champion lived experience voices and ensure intergenerational inclusion, we also mitigate the risk of work being duplicated.

Health system partners

Greater investment into cultural competence training and the inclusion of lived experience expertise from across Punjabi communities is important to work towards more equitable health outcomes. Where possible, health system partners are encouraged to commission community-led services.

Government and system leaders

It is essential that funding allocation is equitable across communities, this allows for Punjabi community-led organisations to continue their work within the community. Furthermore, strategies should recognise the unique needs of Punjabi communities on a national level, through consultation with community partners.

Funders and supporters

Their support through investment in long-term and community-driven initiatives is fundamental to enable sustainable outreach across Punjabi communities. They play a role in supporting peer-led and intergenerational projects that bridge cultural and generational gaps.



Post-summit wins

Since the Punjabi Mental Health Summit, Taraki has worked in collaboration with partners to build momentum through initiatives such as:

- The launch of Taraki's Resource Hub
- Taraki's Advancing Advocacy Programme
- The development and implementation of Faith Centre Noticeboards
- Various live podcast events across Punjabi communities to continue the conversations started at the Summit with over 200 attendees in total.



Closing Remarks

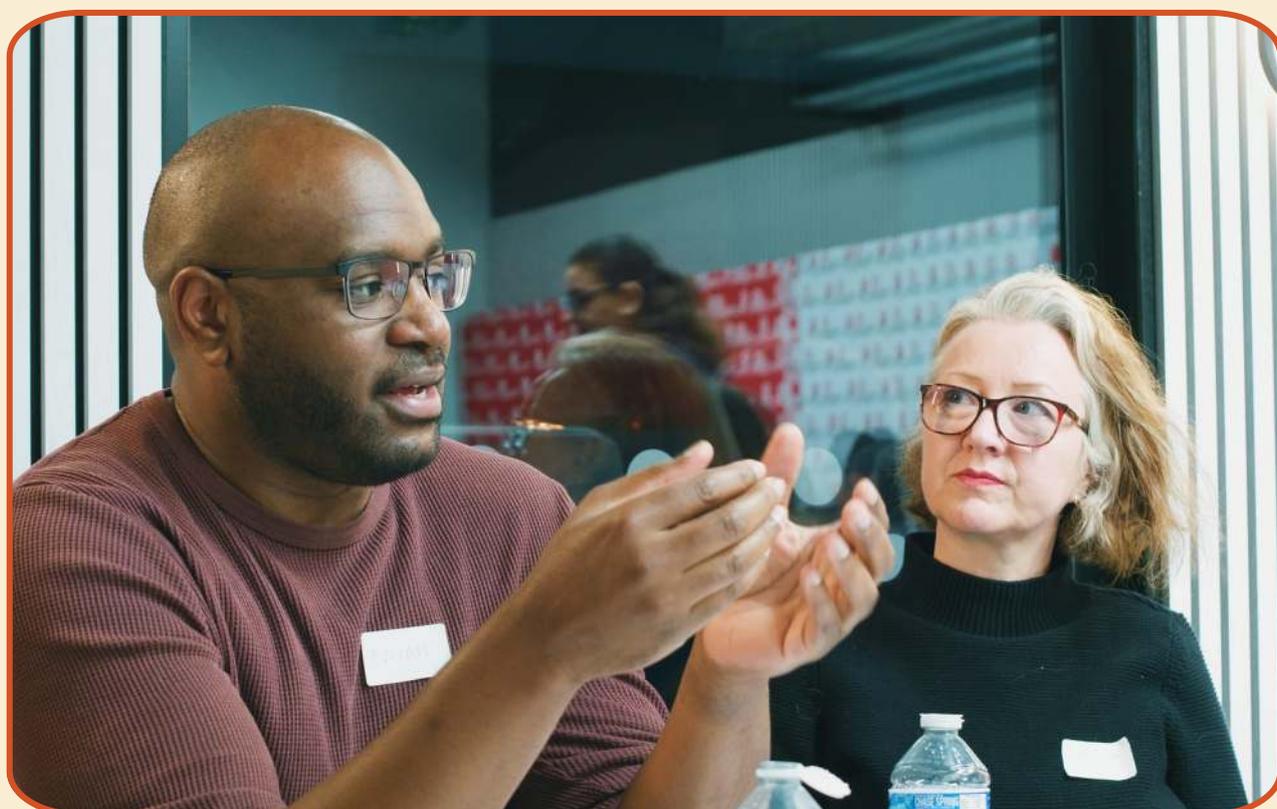
The Punjabi Mental Health Summit 2024 marked a historic step towards collective action in Punjabi mental health. The energy and ideas generated by attendees reflect both the urgency and the potential for change.

The challenges are real: stigma, structural barriers, and a lack of representation in research. But the vision is clear: equitable, culturally competent, community-led support that reflects the diverse needs of Punjabi communities across faiths, generations, and geographies.

Taraki remains committed to advancing this work, together with partners, advocates, and communities, to ensure that mental health is embraced as an integral part of Punjabi life.

References

Mind (2024) The Big Mental Health Report. Available from: <https://www.mind.org.uk/about-us/our-policy-work/reports-and-guides/the-big-mental-health-report-2024/#findings>





**working with punjabi
communities to
reshape approaches
to mental health**



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