

# COVID-19 + Punjabi communities

MENTAL WELL-BEING DURING COVID-19 + LOCK-DOWN



**Tarakī Wellbeing**  
**August 2020**

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# EXECUTIVE SUMMARY

Rather than being a 'great leveller' (1) research has shown that communities racialised as Black and minority ethnic (BAME) have experienced COVID-19 and lock-down distinctly differently from their counterparts racialised as white, with BAME groups more likely to die from COVID-19 once diagnosed (2) and more likely to report experiences of mental distress throughout lock-down (3).

Compiled by a team with knowledge derived from academic study alongside lived experiences of mental health challenges, this research considers the impact of COVID-19 and lock-down on the mental well-being of Punjabi communities through outreach involving 470 respondents primarily from the United Kingdom.

## The key findings presented by this research are:

- 60% of all respondents reported a **decline in their self-rated mental well-being** from before to during COVID-19 and lock-down.
- On average across all respondents, self-rated mental well-being **decreased by 18%** during COVID-19 and lock-down when compared to before.
- The **largest decreases in self-rated mental well-being** were reported by those with previous mental health challenges who identified as LGBTQIA+ (-30%), 1st generation migrant (-29%), and living with co-morbidities (-25%).
- Across all respondents, the **most frequent challenges** during COVID-19 and lock-down were 'fear of the future', 'occasional low mood', and 'difficulty sleeping'.
- On average across all respondents, the **most frequently accessed support infrastructure** were support through family (63%), friends (56%) and faith (41%).
- Out of all respondents, 9% reported **not feeling supported** during COVID-19 and lock-down. Respondents where the **largest proportion felt unsupported** were those with previous mental health challenges who also identified as living with co-morbidities (25%) and over 40 years old (23%).

# EXECUTIVE SUMMARY

- **Social media support** was accessed disproportionately more by LGBTQIA+ respondents and those under 40 years old compared with other groups.
- **Support through faith** was accessed disproportionately more by Amritdari [initiated] Sikh respondents compared with other groups.
- Respondents in the United Kingdom and the United States rated their governmental responses to COVID-19 as the worst compared to other countries.
- 66% of respondents wish to see combined physical and mental well-being programmes as supports to be accessed after COVID-19 and lock-down.

## The key recommendations arising from this research are:

- **Learn:** Stakeholders in policy and research should work towards understanding the complex and multidimensional role played by faith in Punjabi communities and wider society during the COVID-19 pandemic and lock-down.
- **Invest:** Mental health professionals and advocacy organisations should look towards the establishment of programmes which combine mental and physical health promotion within certain areas of Punjabi communities.
- **Change:** Mental health professionals and advocates should speak to the factors which can shape mental well-being in Punjabi communities beyond the biological and inclusive of social, environmental and economic determinants.
- **Change:** Stakeholders in policy, research, mental health professions and advocacy should all more readily take approaches rooted in intersectionality to avoid homogenising diverse and complex communities.

We welcome you to now engage with this conscientiously compiled report.



Shuranjeet Singh, Founder of Taraki and Primary Investigator

# WHO ARE TARA KĪ?



Tarakī are a not-for-profit organisation working with Punjabi communities to reshape approaches to mental health through awareness, education, support, and research.

Tarakī means 'to progress' in Punjabi, Urdu, and Hindi. It was founded in October 2017 by Shuranjeet Singh after his experiences of mental health difficulties whilst a student.

In creating space for conversations, education, and care for Punjabi mental well-being, this innovative research was coordinated by Tarakī working with a group of organisations and citizen scientists to understand mental well-being in Punjabi communities throughout the multiple experiences of COVID-19 and lock-down.

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# INTRODUCTION

On March 11th 2020 the World Health Organization declared COVID-19 a global pandemic. Since then, billions of people have been impacted through state-sanctioned lock-downs whilst healthcare services have been pushed into an unprecedented overdrive. Rather than being a 'great leveller' (1) COVID-19 has catalysed discussions about social and economic inequalities, and their relationship to the health outcomes emerging from the pandemic and its associated responses.

In the United Kingdom, Black and Minority Ethnic (BAME) communities are at greater risk of dying once diagnosed with COVID-19 when compared to white ethnic groups (2). Though the exact linkages between ethnicity and poorer COVID-19 health outcomes remain unclear, researchers are keeping an open mind as to the myriad realities – including social, economic, environmental, political, and biological – which may shape BAME COVID-19 experiences. Though it should not be assumed that all is known about the virus itself or its contributing factors, these issues are being investigated to ensure that the social and systemic failings which have led to these differential outcomes can be best confronted and resolved.

COVID-19 has presented varied and wide-ranging consequences, both in terms of its direct health outcomes but also indirect impacts on economic, social, and emotional well-being. With over 95,000 participants, the COVID Social Study has collected and relayed important information regarding COVID-19 and its impact on the social and psychological well-being of those in the United Kingdom. The COVID Social Study has reported that Black and Minority Ethnic participants were communicating higher self-rated levels of anxiety, depression, financial stress, unemployment stress, self-harm, loneliness, and abuse throughout the time from lock-down until time of questioning (3). To compound these disparities, a greater proportion of BAME respondents stated that their mental health was 'worse than usual' compared to their White counterparts as well as a lower level of confidence in the government and healthcare services throughout their experiences of lock-down.

# INTRODUCTION

'Black and minority ethnic' is a catch-all term for all of those who are ethno-racially read as 'non-white' within white-majority societies and, as such, this term does not naturally lend itself to granular analyses. Consequently, it is important to supplement initial findings on BAME communities with more focused research within ethnic and sub-ethnic groups. Punjabi communities are comprised of peoples with an ethno-linguistic, geographic, or cultural tie to the Punjab region. Tarakī has worked closely with Punjabi communities since October 2017 and therefore took the initiative in leading a consortium of voluntary and charity sector organisations to ask pressing and under-researched questions around Punjabi communities and their experiences with COVID-19 with respect to mental well-being.

This research focuses on four broad questions for Punjabi communities, building on areas of interest identified through the UK's *National Institute of Health Research* (4):

- **What is the impact of COVID-19 and lock-down on the mental well-being of Punjabi individuals with previously identified mental health challenges?**
- **What is the impact of COVID-19 and lock-down on the mental well-being of Punjabi individuals without previously identified mental health challenges?**
- **What supports have Punjabi communities accessed during lock-down?**
- **What supports would participants like to see once lock-down has been lifted?**

Data collection lasted for one month in June involving an online survey and semi-structured, virtual interviews. **462 respondents** completed the survey and **8 semi-structured interviews** were completed during this timeframe.

This report provides a snapshot into a vast and complex topic, working to outline the key findings of the research whilst keeping a focus on the experiences of Punjabis existing across the intersections of multiple identities. Furthermore, this report relays potential insight into present and future directions of research and action within the space of Punjabi mental health as we rebuild together.



# OUR RESEARCH TEAM

This project would have been impossible to conduct without the kindness of the citizen scientists who helped to shape, conduct, analyse, and report findings. The volunteer research team come from a variety of professional backgrounds, some of whom have lived experiences of mental health challenges. They are bound by their appreciation for research alongside their motivation to advocate for better mental health outcomes within Punjabi communities and beyond.

**Shuranjeet Singh (PI):** "I believe that the values core to research are curiosity, reflexivity, and empathy. As well as having lived experience of mental health challenges, I have a background in health services research so I am able to share my methodological toolkit with the team during research development and deployment."

**Aanika Bhalla:** "I believe that the key values associated with good research are honesty, objectivity and fairness. I'm a Sikh woman who has struggled with depression and anxiety most of my life. I wanted to help with this study as I am interested to know about help available within our community during this pandemic."

**Amardeep Singh:** "I think the key values associated with good research are attentive listening, honesty and empathy. This is a particularly challenging moment in history and I wanted to play a part in ensuring those voices that are often forgotten might be heard and the stories shared be recorded."

**Darius Binning:** "The key values which led to me being involved in this research are; honesty, empathy and compassion. During these anxious and frightful times, we are confronted with two options: stay 'locked away' or provide each other a platform for better conversation. I believe the conversation we create with each other creates for a better conversation in the society we live in."

**Dr Kuljit Bhogal:** "I think good research has a clear aim, collects the right kind of information, and thinks carefully about the data it is collecting. I wanted to be part of this research to help give the Punjabi community a voice during this pandemic. I'm excited to be part of such an important piece of work!"

**Sandev Panaser:** "I feel the true value of any research lies in the lived experience of the individual. It's through the direct contact that we are truly able to get representative view of the context in which we live in today. I wanted to be part of a project that ensured the views of a minority community were brought to light, to not only inform future research, but to offer culturally specific solutions to the issues faced in society today."

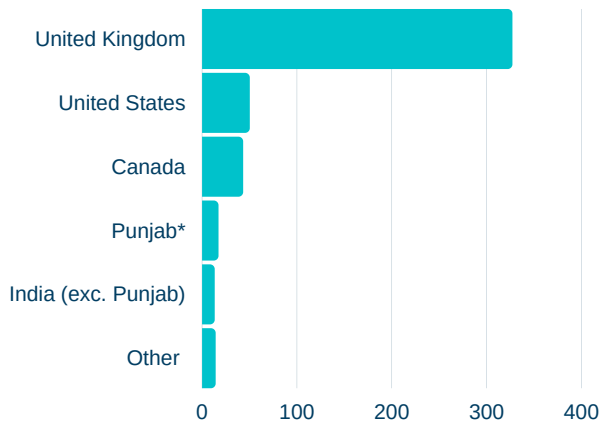
**Tanveer Sian:** "For data analysis, the key thing is to be as open minded as possible and let the data guide your story, and not let your preconceptions guide the data. There is a real need for more granular data in relation to mental health outcomes for BAME communities, and this piece of research shows the diversity of experience even within communities."

*We would also like to say a special thank you to [Sikh Your Mind](#) and [Sikh Forgiveness](#) for their help in developing the research design, providing feedback on methods, and helping to share the survey into Punjabi communities as well as the selfless individuals who helped to proof-read and offer suggestions in the creation of this report.*



# WHO PARTICIPATED?

## TOTAL + LOCATION



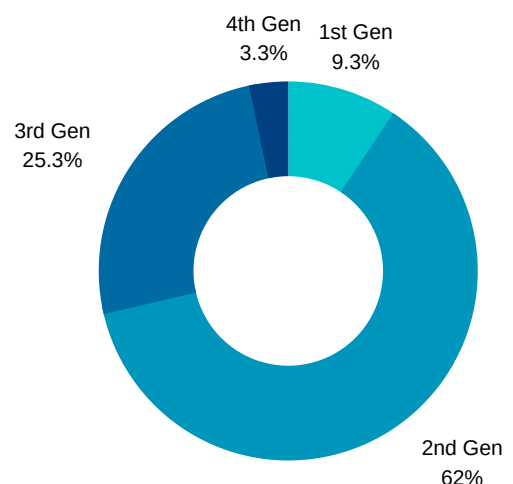
A **total of 462 responses** were collected through the online survey. The vast majority of respondents were based in the **United Kingdom**.

Some respondents were also based in the United States, Canada, Punjab\* and other areas around the world.

\*Punjab is defined as both the state in north-west India and the province in north-east Pakistan.

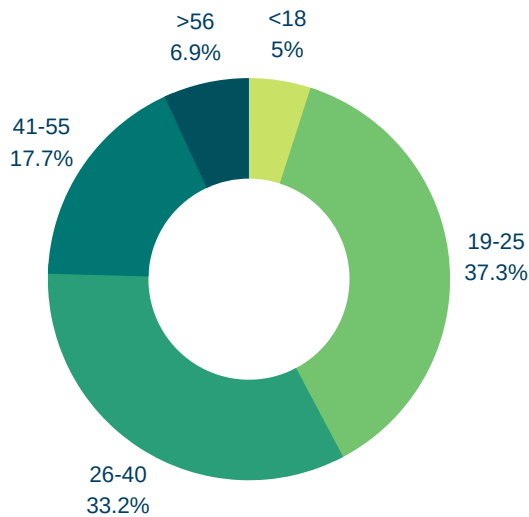
## IN-DEPTH: MIGRATION

This chart presents the complex migration patterns amongst diaspora Punjabi respondents, providing a unique insight into the data cutting across time and geography. **1st generation** means that the respondent moved out of Punjab, **2nd generation** means that the respondent was born outside of Punjab whilst their parents had migrated, etc.



# WHO PARTICIPATED?

## AGE

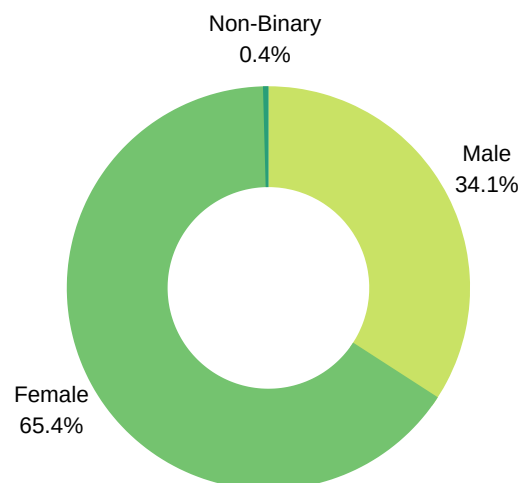


Whilst there was at least some representation across age groups, the majority of respondents reported that they were **under 40 years of age**.

## GENDER IDENTITIES

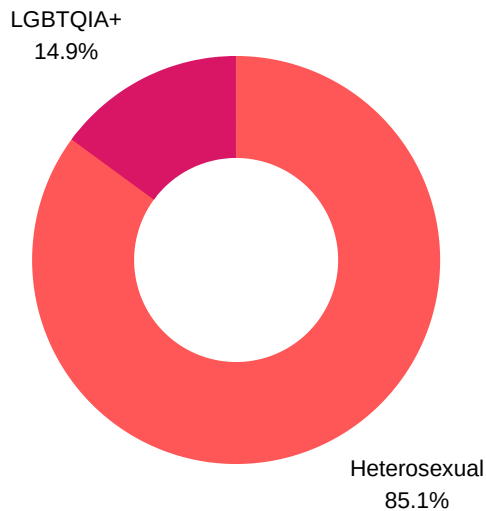
Almost two thirds of respondents identified as female whilst one third identified as male. Alongside this, 0.4% of respondents identified as non-binary.

**Non-binary:** when one identifies as either having a gender which is in-between or beyond the two categories 'man' and 'woman', as fluctuating between 'man' and 'woman', or as having no gender, either permanently or some of the time (5).



# WHO PARTICIPATED?

## SEXUAL ORIENTATION



In this study 85.1% of all respondents identified as **heterosexual** whilst 14.9% identified as **LGBTQIA+**.

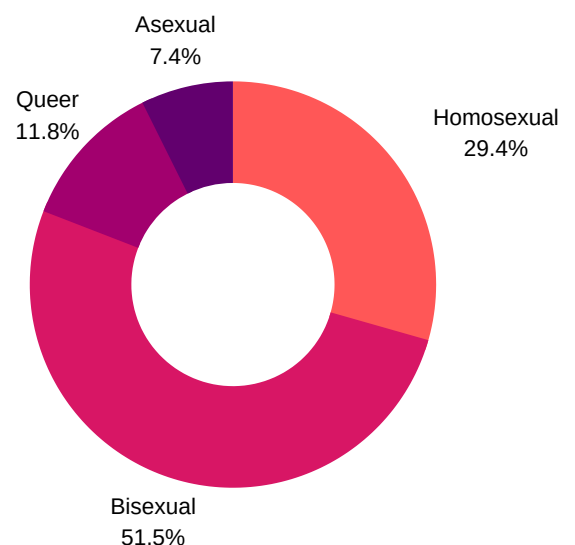
**LGBTQIA+**: those who identify as lesbian, gay, bisexual, trans, queer, intersex, or asexual either independently or alongside one another (5).

## IN-DEPTH: LGBTQIA+

**LGBTQIA+** encompasses many sexual orientations and identities. This diversity is reflected within the sample as this chart represents the specific identifications of LGBTQIA+ participants.

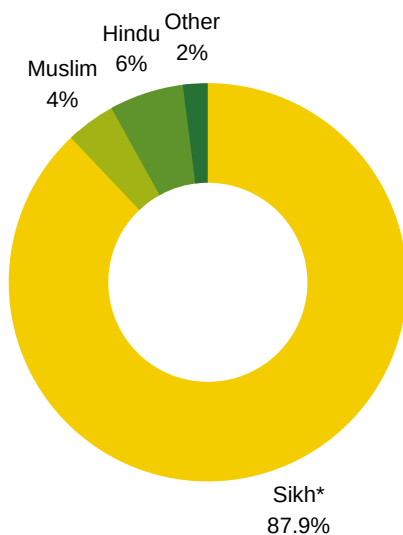
**Queer**: those who don't identify with traditional gender identities and sexual orientations (5)

**Asexual**: those who do not experience sexual attraction for any gender (5)



# WHO PARTICIPATED?

## FAITH IDENTITIES

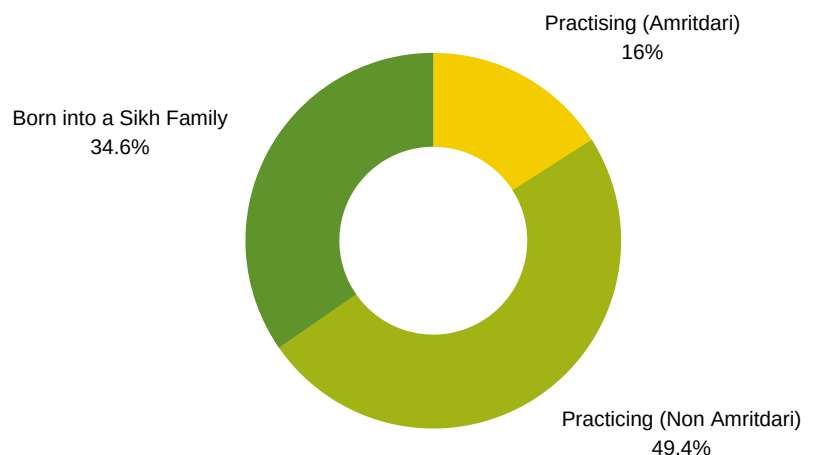


Though Punjabi communities exist across faith boundaries, the **majority of respondents identified as Sikh\*** which is expanded upon below. 87.9% of respondents identified as Sikh\* whilst 6% identified as Hindu, 4% identified as Muslim, and 2% identified as other faith-based or non faith-aligned identities.

## IN-DEPTH: SIKH\*

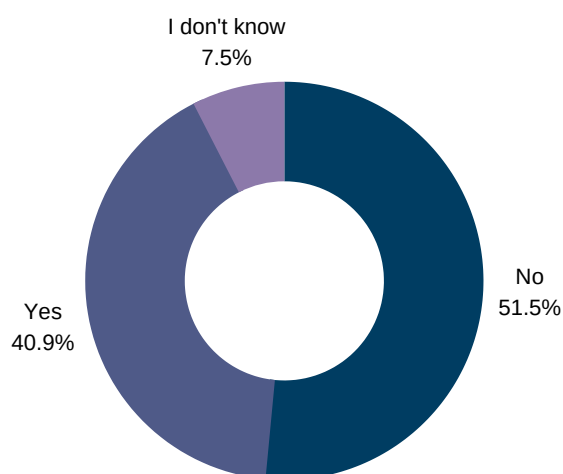
Sikh\* includes respondents with a variety of relationships to the faith. These nuances are reflected here, indicating the identifications of Sikh or Sikh-adjacent respondents.

**Amritdari:** a Sikh who has been formally initiated into the Khalsa Panth.



# WHO PARTICIPATED?

## MENTAL HEALTH CHALLENGES



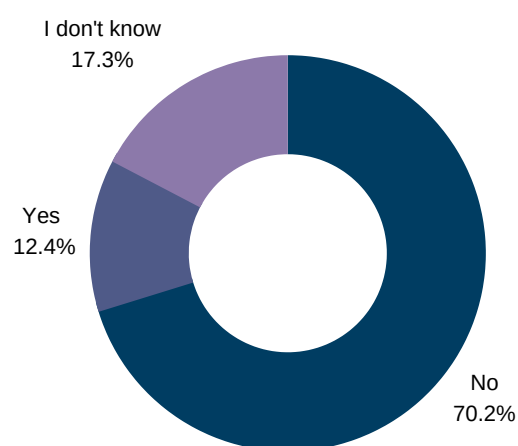
40.9% of all respondents self-identified as having experienced mental health challenges before lock-down, compared to 51.5% who did not, and 7.5% who answered that they 'don't know'.

During analysis those who answered 'I don't know' have been considered under 'yes' due to existing challenges around recognising and reporting mental distress within Punjabi communities.

## IN DEPTH: CO-MORBIDITIES

**Of those who answered 'yes' to having experienced mental health challenges before lock-down, 12.4% identified as living with co-morbidities, compared to 70.2% who responded as living without.**

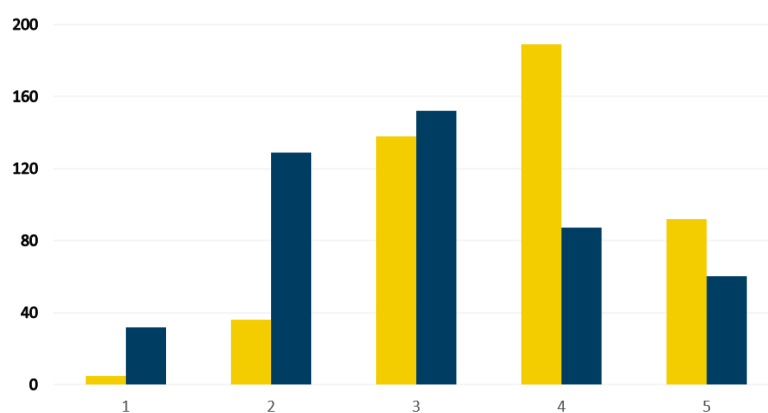
**Co-Morbidity:** Comorbidity is when more than one health challenge occurs in one person at the same time. For example, someone who is living with both a diagnosis of depression and a diagnosis of diabetes.



# WHAT DO THE RESULTS TELL US?

## OVERVIEW: ALL RESPONDENTS

This chart shows how all respondents self-rated their mental well-being **before** and **during** COVID-19 and lock-down. The x-axis represents a scale of mental health from 1 (very bad) to 5 (very good). The y-axis shows the total number of respondents.



■ BEFORE COVID-19 + LOCK-DOWN ■ DURING COVID-19 + LOCK-DOWN

The data presents a general decrease in mental well-being from before to during COVID-19 and lock-down. When comparing before and during responses the **average self-rated mental well-being across all respondents decreased by 18%.**

## WHAT SUPPORTS HAVE RESPONDENTS ACCESSED?

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [63%]  
SUPPORT THROUGH FAMILY [56%]  
SUPPORT THROUGH FAITH\* [41%]  
(MEDITATION & CONTEMPLATION)

### LEAST ACCESSED

STATE HEALTHCARE SERVICES [7%]  
FAITH-BASED CONGREGATIONS [7%]  
PRIVATE HEALTHCARE SERVICES [5%]

\*Based on previous research (6) this study provided two dimensions through which people seek faith-based support: through contemplation and meditation, as well as through the gathering of congregation, physically or virtually.

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: MALE-IDENTIFYING

Filtering by gender identification provides a unique insight into potentially different experiences of COVID-19 pandemic and lock-down. Here, we focus on those who identified as male: a **total of 156 respondents**.

**42%** of male respondents identified as having previous mental health challenges before lock-down.

Percentage change in self-rated mental well-being for male respondents with previous mental health challenges:

**-15%**

### Top difficulties before lock-down:

Occasional low mood [66%]

Occasional anxiety [52%]

Trouble sleeping [45%]

Highly self-critical [38%]

### Top difficulties during lock-down:

Fear about the future [63%]

Persistent low mood [48%]

Lack of energy [48%]

Trouble sleeping [46%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [54%]

SUPPORT THROUGH FAMILY [38%]

SUPPORT THROUGH FAITH [45%]

(MEDITATION & CONTEMPLATION)

### LEAST ACCESSED

FAITH-BASED CONGREGATIONS [8%]

PRIVATE HEALTHCARE SERVICES [3%]

OTHER ONLINE SUPPORT [3%]



# WHAT DO THE RESULTS TELL US?

## IN FOCUS: MALE-IDENTIFYING

**58%**

of male respondents identified as not having previous mental health challenges.

Percentage change in self-rated mental well-being for male respondents without previous mental health challenges:

**-13%**

### Top difficulties during lock-down:

Occasional low mood [58%]

Fear about future [38%]

Trouble sleeping [33%]

Lack of energy [21%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [64%]

SUPPORT THROUGH FAMILY [54%]

SUPPORT THROUGH FAITH [36%]

(MEDITATION & CONTEMPLATION)

*"Being a teacher and having to go back to work with no choice and I moved back home. People are drinking more in the family, mum suffers from asthma and diabetes. I am cooking and cleaning more whilst working, not being so independent..."*

*"More time alone good and bad, no food pressure from eating out, not able to explore, socialise in real life, occasional trips to city. I feel like I have time to catch up professionally as I don't feel alone in looking for work. One can live more privately."*

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: FEMALE-IDENTIFYING

Filtering by gender identification provides a unique insight into potentially different experiences of COVID-19 pandemic and lock-down. Here, we focus on those who identified as female: a **total of 303 respondents**.

**52%** of female respondents identified as having previous mental health challenges before lock-down.

Percentage change in self-rated mental well-being for female respondents with previous mental health challenges:

**-20%**

### Top difficulties before lock-down:

Occasional low mood [64%]

Occasional anxiety [55%]

Fear about future [54%]

Mild-moderate depression [51%]

### Top difficulties during lock-down:

Fear about the future [64%]

Persistent low mood [61%]

Lack of energy [61%]

Trouble sleeping [59%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [69%]

SUPPORT THROUGH FAMILY [50%]

SOCIAL MEDIA SUPPORT [40%]

### LEAST ACCESSED

STATE HEALTHCARE SERVICES [8%]

OTHER ONLINE SUPPORTS [8%]

FAITH-BASED CONGREGATIONS [6%]

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: FEMALE-IDENTIFYING

**48%**

of female respondents identified as not having previous mental health challenges.

Percentage change in self-rated mental well-being for female respondents without previous mental health challenges:

**-21%**

### Top difficulties during lock-down:

Occasional low mood [66%]

Trouble sleeping [45%]

Occasional anxiety [44%]

Fear about future [42%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [67%]

SUPPORT THROUGH FAMILY [67%]

SUPPORT THROUGH FAITH [48%]

(MEDITATION & CONTEMPLATION)

*"I've finally learnt to slow down and then benefits of that. Spending more time at home and creating time to meditate daily or at least regularly."*

*"Being stuck in a house with six other members of my family has been both positive (in terms of spending time together) and negative (in terms of the stress of being constantly in the same place with the same people in a cramped space)."*

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: LGBTQIA+

Filtering by sexual orientation provides a unique insight into how experiences of COVID-19 pandemic and lock-down may relate to sexuality. Here, we focus on those who identified as LGBTQIA+: a **total of 68 respondents**.

**57%** of LGBTQIA+ respondents identified as having previous mental health challenges before lock-down.

Percentage change in self-rated mental well-being for LGBTQIA+ respondents with previous mental health challenges:

**-30%**

### Top difficulties before lock-down:

Occasional low mood [69%]

Fear about the future [64%]

Occasional anxiety [64%]

Mild-moderate depression [56%]

### Top difficulties during lock-down:

Fear about the future [74%]

Persistent low mood [72%]

Lacking energy [72%]

Trouble sleeping [64%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [79%]

SOCIAL MEDIA SUPPORT [49%]

SUPPORT THROUGH FAITH [33%]

(MEDITATION & CONTEMPLATION)

### LEAST ACCESSED

FAITH-BASED CONGREGATIONS [10%]

OTHER ONLINE SUPPORT [10%]

PRIVATE HEALTHCARE SERVICES [5%]

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: LGBTQIA+

**43%**

of LGBTQIA+ respondents identified as not having previous mental health challenges.

Percentage change in self-rated mental well-being for LGBTQIA+ respondents without previous mental health challenges:

**-19%**

### Top difficulties during lock-down:

Occasional low mood [66%]

Trouble sleeping [45%]

Fear about future [45%]

Occasional anxiety [45%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [76%]

SUPPORT THROUGH FAMILY [52%]

SOCIAL MEDIA SUPPORT [45%]

*"I am stuck at home with parents who don't recognise me as an LGBTQIA+ person, and who don't understand mental health and well-being from my perspective... they add to my stress and sadness consistently by refusing to respect my boundaries. They think I do nothing all day, just because I'm working from home and facing job insecurity, and they pretend I'm fine and are super hard on me every day, knowing that I've been very suicidal and unwell before. I can't see my friends, and talk freely on the phone, because my parents would object, but also because of lock-down and my location meaning I can't even socially distance in the park with them."*

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: AGE [UNDER 40]

Filtering by age provides an important indicator about how different generations have experienced the COVID-19 pandemic and lock-down. First, we focus on the responses for those who indicated that their age was under 40: a total of **349 respondents**.

**58%** of respondents under 40 identified as having previous mental health challenges before lock-down.

Percentage change in self-rated mental well-being for respondents under 40 with previous mental health challenges:

**-20%**

### Top difficulties before lock-down:

- Occasional low mood [67%]
- Occasional anxiety [55%]
- Fear of the future [52%]
- Mild-moderate depression [49%]

### Top difficulties during lock-down:

- Fear of the future [66%]
- Persistent low-mood [59%]
- Lacking energy [59%]
- Trouble sleeping [56%]

### MOST ACCESSED

- SUPPORT THROUGH FRIENDS [67%]
- SUPPORT THROUGH FAMILY [47%]
- SUPPORT THROUGH FAITH [40%]  
(MEDITATION & CONTEMPLATION)

### LEAST ACCESSED

- PRIVATE HEALTHCARE SERVICES [8%]
- OTHER ONLINE SUPPORT [7%]
- FAITH-BASED CONGREGATIONS [6%]

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: AGE [UNDER 40]

42%

of respondents under 40 identified as not having previous mental health challenges.

Percentage change in self-rated mental well-being for respondents under 40 without previous mental health challenges:

-20%

### Top difficulties during lock-down:

Occasional low mood [66%]

Fear about the future [49%]

Occasional anxiety [46%]

Trouble sleeping [46%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [67%]

SUPPORT THROUGH FAMILY [66%]

SUPPORT THROUGH FAITH [40%]

(MEDITATION & CONTEMPLATION)

*"Difficult relationship with parents. Difficulty in structuring my time. Anxiety for work and new endeavors. Stress build up and leading to anger outburst. Loneliness."*

*"Obviously I have my low moments, being in lock-down is difficult, but I think overall it has impacted me positively. I've started to practice my religion more, taken up new hobbies, I have more time for myself and more time to do things that I never had time to do before. It's helped me find myself and be able to appreciate everything I have a lot more than I did before."*



# WHAT DO THE RESULTS TELL US?

## IN FOCUS: AGE [OVER 40]

Filtering by age provides an important indicator about how different generations have experienced the COVID-19 pandemic and lock-down. Here, we focus on the responses for those who indicated that their age was over 40: a **total of 113 respondents**.

**19%** of respondents over 40 identified as having previous mental health challenges before lock-down.

Percentage change in self-rated mental well-being for respondents over 40 with previous mental health challenges:

**-15%**

### Top difficulties before lock-down:

Occasional low mood [50%]

Occasional anxiety [50%]

Highly self-critical [45%]

Trouble sleeping [41%]

### Top difficulties during lock-down:

Trouble sleeping [45%]

Persistent low mood [45%]

Lacking energy [45%]

Fear about future [41%]

### MOST ACCESSED

SUPPORT THROUGH FAMILY [45%]

SUPPORT THROUGH FRIENDS [41%]

SUPPORT THROUGH FAITH [32%]  
(MEDITATION & CONTEMPLATION)

### LEAST ACCESSED

OTHER ONLINE SUPPORT [9%]

PRIVATE HEALTHCARE SERVICES [5%]

FAITH-BASED CONGREGATIONS [5%]

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: AGE [OVER 40]

**81%**

of respondents over 40 identified as not having previous mental health challenges.

Percentage change in self-rated mental well-being for respondents over 40 without previous mental health challenges:

**-15%**

### Top difficulties during lock-down:

Occasional low mood [52%]

Trouble sleeping [31%]

Fear about future [27%]

Occasional anxiety [24%]

### MOST ACCESSED

SUPPORT THROUGH FAMILY [64%]

SUPPORT THROUGH FRIENDS [55%]

SUPPORT THROUGH FAITH [49%]

(MEDITATION & CONTEMPLATION)

*"Lock-down took away my loneliness as family was all at home."*

*"My mum recently recently passed away due to COVID-19 and other complications. This has had a massive impact on me and my grieving."*

*"Not having a structure to my day so lack of motivation, low mood, eating excessively leading to weight gain ; mother being ill and shielding so moving in with her to look after her whilst dropping my own normal life."*

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: 1ST GEN MIGRANTS

Filtering by migrant generation provides an important indicator about how Punjabis who migrated more/less recently have experienced the COVID-19 pandemic and lock-down. Here, we focus on 1st generation migrants: a **total of 43 respondents**.

**45%** of 1st generation migrant respondents identified as having previous mental health challenges before lock-down.

Percentage change in self-rated mental well-being 1st generation migrant respondents with previous mental health challenges:

**-29%**

### Top difficulties before lock-down:

Lack of energy [74%]

Mild-moderate depression [58%]

Highly self-critical [58%]

Persistent anxiety [53%]

### Top difficulties during lock-down:

Persistent low mood [74%]

Lack of energy [63%]

Fear about the future [58%]

Mild-moderate depression [53%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [63%]

SUPPORT THROUGH FAMILY [53%]

SUPPORT THROUGH FAITH [47%]  
(MEDITATION & CONTEMPLATION)

### LEAST ACCESSED

I HAVE NOT FELT SUPPORTED [11%]

FAITH-BASED CONGREGATIONS [5%]

PRIVATE HEALTHCARE SERVICES [0%]

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: 1ST GEN MIGRANTS

**55%**

of 1st generation migrant respondents identified as not having previous mental health challenges.

Percentage change in self-rated mental well-being 1st generation migrant respondents without previous mental health challenges:

**-22%**

### Top difficulties during lock-down:

Occasional low-mood [61%]

Trouble sleeping [43%]

Fear about the future [39%]

Eating issues [30%]

### MOST ACCESSED

SUPPORT THROUGH FAMILY [57%]

SUPPORT THROUGH FRIENDS [35%]

SUPPORT THROUGH FAITH [43%]

(MEDITATION & CONTEMPLATION)

*"Lack of jobs (more so than usual), recruitment processes on hold, cancellations of graduate schemes and interviews, worries about the future, finances, lack of breaks from family (mainly to deal with mental health and other personal issues that they are not informed about)."*

*"Moving back in with toxic and emotionally abusive family members with no way to escape."*

*"Did not have to think about work so that helped. "*

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: AMRITDARI SIKHS

Filtering by religiosity provides an important indicator about how those with particular religious/faith affiliations experienced the COVID-19 pandemic and lock-down. Here, we focus specifically on Amritdari [initiated] Sikhs: a **total of 65 respondents**.

**38%** of Amritdari Sikh respondents identified as having previous mental health challenges before lock-down.

Percentage change in self-rated mental well-being for Amritdari Sikh respondents with previous mental health challenges:

**-18%**

### Top difficulties before lock-down:

Occasional low mood [76%]

Occasional anxiety [68%]

Mild-moderate depression [40%]

Lack of energy [36%]

### Top difficulties during lock-down:

Persistent low-mood [56%]

Lack of energy [56%]

Fear about future [48%]

Trouble sleeping [40%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [44%]

SUPPORT THROUGH FAMILY [32%]

SUPPORT THROUGH FAITH [92%]  
(MEDITATION & CONTEMPLATION)

### LEAST ACCESSED

STATE HEALTHCARE SERVICES [4%]

PRIVATE HEALTHCARE SERVICES [4%]

OTHER ONLINE SUPPORT [4%]

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: AMRITDARI SIKHS

**62%**

of Amritdari Sikh respondents identified as not having previous mental health challenges.

Percentage change in self-rated mental well-being for Amritdari Sikh respondents without previous mental health challenges:

**-9%**

### Top difficulties during lock-down:

Occasional low mood [50%]

Fear about future [30%]

Trouble sleeping [25%]

Occasional anxiety [23%]

### MOST ACCESSED

SUPPORT THROUGH FAMILY [65%]

SUPPORT THROUGH FRIENDS [50%]

SUPPORT THROUGH FAITH [80%]

(MEDITATION & CONTEMPLATION)

*"Grief of missing mum and having time to start processing everything by being at home. Poor routine and emotional eating. Staying so many days at home fearful to go outside."*

*"Co-option of Sikh organising by police and state, police and state interference in Sikh spaces has negatively impacted me."*

*"I have lived in lock-down situation before when I was ill in hospital so this isn't new to me. Using this time to do more paath [prayer] and understand more about Sikhi has helped me a lot."*

# WHAT DO THE RESULTS TELL US?

## IN FOCUS: CO-MORBIDITIES

Filtering by co-morbidities provides a view into how COVID-19 pandemic and lock-down impacts those with multiple health conditions. Here, we focus on those with co-morbidities and existing mental health challenges: a **total of 28 respondents**.

Change in self-rated mental well-being for respondents with previous mental health challenges and co-morbidities:

# -25%

### Top difficulties before lock-down:

Mild-moderate depression [75%]

Trouble sleeping [71%]

Highly self-critical [64%]

Persistent anxiety [61%]

### MOST ACCESSED

SUPPORT THROUGH FRIENDS [71%]

SUPPORT THROUGH FAMILY [54%]

SUPPORT THROUGH FAITH [43%]

(MEDITATION & CONTEMPLATION)

### Top difficulties during lock-down:

Persistent low mood [75%]

Lack of energy [75%]

Trouble sleeping [75%]

Fear about future [61%]

### LEAST ACCESSED

PRIVATE HEALTHCARE SERVICES [11%]

PHYSICAL WELL-BEING SUPPORT [7%]

FAITH-BASED CONGREGATIONS [4%]

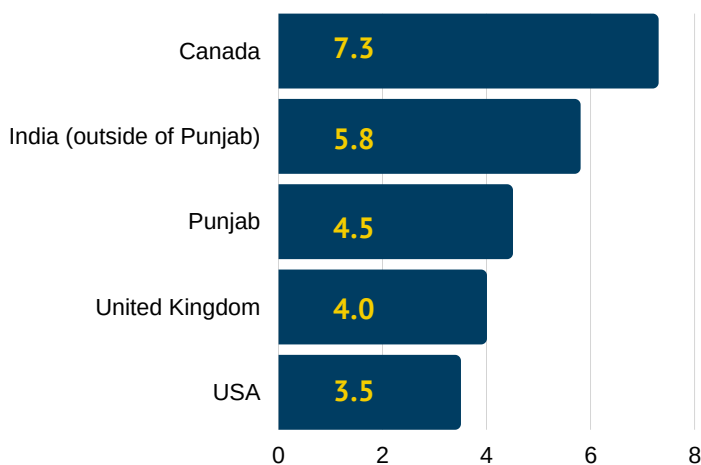
*"I've been continuing therapy sessions over the phone for the first few weeks of lockdown but this led to greater levels of anxiety and so I subsequently stopped. Support from friends was vital and has kept me going but that's something I used to get pre lockdown too so despite it being virtual, it still means a lot."*



# ASSESSING RESPONSES TO COVID-19

Countries around the world have responded to COVID-19 in distinctly different ways. These complex processes have involved a number of stakeholders, ranging from governmental, healthcare, and even military involvement. In this survey we asked respondents to rate the responses of the countries in which they primarily reside. These responses were broken into two areas: **government** and **healthcare**.

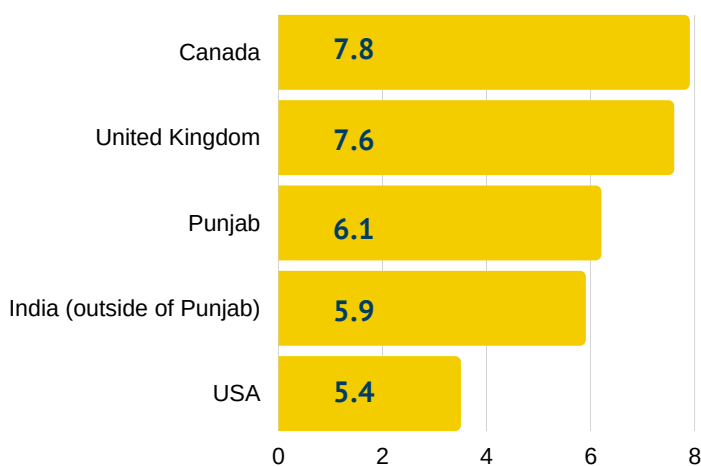
**From 1 (awful) to 10 (excellent) how would you rate your country's governmental response to COVID-19? by Location**



Respondents residing in **Canada (7.3)** rated their government's response to COVID-19 the highest.

By contrast, respondents residing in the **United Kingdom (4.0)** and **United States (3.5)** rated their government's response to COVID-19 as the lowest.

**From 1 (awful) to 10 (excellent) how would you rate your healthcare system's response to COVID-19? by Location**



Respondents residing in **Canada (7.8)** rated their healthcare system's response to COVID-19 the highest.

Respondents residing in **India** (outside of Punjab) and **United States** rated their healthcare system's response to COVID-19 as the lowest at 5.9 and 5.4 out of 10 respectively.

# IMAGINING A POST-COVID WORLD

## FUTURE SUPPORT STRUCTURES

The third aim of this research was to understand what types of mental health supports respondents would like to see developed or made available after lock-down has ended and we rebuild into the future. Here, we present the types of support preferred by the respondents as a whole and below we break this down by demographic identifiers.

66%

COMBINED PHYSICAL & MENTAL WELL-BEING SUPPORTS

PROVISION OF TALKING THERAPIES

54%

54%

SUPPORT IN SCHOOL, WORK, OR UNIVERSITY

As seen below, preferred types of future support vary within sub-sections of Punjabi communities demonstrating the importance of close engagement rather than projecting what is assumed to be best. The preference of some supports are constant but others are different. The top 3 most preferred supports are highlighted in **green**.

	Male	Female	LGBTQIA+	Under 40	Over 40	1st Generation Migrant	Amritdari Sikhs	Co-Morbidity
Informal Discussion Groups	55%	51%	53%	55%	44%	33%	65%	57%
Providing Talking Therapies	47%	60%	59%	58%	49%	57%	54%	68%
Support in Faith Centres	49%	52%	54%	53%	49%	40%	63%	43%
Providing Virtual Therapies	46%	51%	59%	55%	32%	36%	58%	46%
Combined Mental and Physical Well-Being Support	60%	70%	66%	70%	55%	60%	68%	75%
Support in School, University or Work	46%	58%	56%	61%	30%	45%	45%	64%

# DISCUSSING THE FINDINGS

## How has mental well-being been impacted by COVID-19 and lock-down in Punjabi communities?

The average change in self-rated mental well-being across all respondents from before to during lock-down was -18%. However, there is a distinct difference in this metric when sub-sections of Punjabi communities are more closely considered. For instance, **LGBTQIA+ respondents** (-30%), **first generation migrants** (-29%), and **those living with co-morbidities** (-25%), all with previously identified mental health challenges, reported the **largest average decline in mental well-being** during this time. Conversely, Amritdari Sikh respondents (-9%) and male respondents (-13%) without previously identified mental health challenges experienced the **smallest average change in mental well-being** during this time, demonstrating how experiences of COVID-19 and lock-down can cut across sexual orientation, migration, and gender.

From the findings, respondents with previously identified mental health challenges were more likely to report **higher than average declines** in self-rated mental well-being from before to during lock-down. However, even some groups without previously identified mental health challenges experienced above average declines in their mental well-being, such as **first generation migrants** (-22%), **female respondents** (-21%) and **respondents under 40** (-20%). A more detailed breakdown of self-reported change in mental well-being can be found in [Appendix A](#) at the end of this report.

**Anxiety** and **depression** were highlighted as the most frequent mental health challenges experienced before COVID-19 and lock-down throughout the semi-structured interviews conducted as a part of this research. Furthermore, during lock-down, participants reported an increase in **anxiety** and **stress**. A smaller number of participants mentioned feelings of **suicidal ideation** and **mood fluctuation** whilst **loneliness** and **isolation** were also consistent factors across the data. In contrast, one participant outlined that in their experiences, COVID-19 and lock-down had actually enhanced the capacity of individuals to have conversations about well-being.

Whilst experiences of COVID-19 and lock-down have generally led to a decline in mental well-being across respondents, such a change is not equal across Punjabi communities as is shown above through experiences of intersecting identities.

# DISCUSSING THE FINDINGS

## What challenges have Punjabi communities faced during COVID-19 and lock-down related to their mental well-being?

The general decline in self-rated mental well-being from before to during COVID-19 and lock-down provides a broad appreciation for how Punjabi communities have experienced the pandemic. The data recorded also helps to map the particular obstacles participants have faced during COVID-19 and lock-down. **'Fear of the future'** (52%), **'occasional low-mood'** (50%) and **'trouble sleeping'** (47%) were the challenges most frequently reported by all respondents. However, these challenges change as the data is viewed through different lenses. For instance, 44% of those with previously identified mental health challenges noted experiencing **'persistent low-mood'** when compared to 4% for those without previous mental health challenges. Again, these findings emphasise the importance of an approach which appreciates the diversity of experiences even within particular communities. A more in-depth breakdown of the challenges faced by respondents before and during COVID-19 and lock-down can be found in [Appendix B](#) at the end of this report.

A number of different challenges and causes of distress were highlighted by participants in relation to living through COVID-19 and lock-down throughout the semi-structured interviews. A recurring theme across interviews related to the **uncertainty** manifested through precarious **employment**, whether in the individual or a family member. Similarly, students completing academic work from home also reported the classroom to home transition as being a source of difficulty, most notably the process of taking exams. Several respondents cited the discussions around **Black Lives Matter**, highlighting the ongoing police brutality and anti-black racism against Black communities, as a source of 'hopelessness' which exacerbated their difficulties. While for some family structures worked as a place of support, others experienced distress through **family conflict** and 'toxic relationships'. One notable experience highlights the overlap between **gendered expectations** of family roles within the context of increased time spent at home. For two interviewees, engaging with talking therapies was a source of **difficulty** and **increased anxiety**, whilst the effects of therapy were noted to last for a shorter amount of time. Overall, participants noted a number of different sources for the distress experienced during COVID-19 and lock-down which require further investigation.

# DISCUSSING THE FINDINGS

## How have Punjabi communities accessed support during COVID-19 and lock-down?

Methods of accessing support are not universal across society. Even within Punjabi communities there are multiple routes of support-seeking. While 9% of respondents reported that they have '**not felt supported**' during COVID-19 and lock-down, 63% of respondents noted that they accessed support through **friends**, 56% through **family**, and 41% through **faith** (contemplation and meditation). Alongside this, some supports were accessed disproportionately more by sub-sets of respondents when compared with others. **LGBTQIA+** respondents and respondents **under 40** accessed support through social media more than other sub-sections of respondents. Overall, sources of support are multiple within Punjabi communities whilst some are accessed more than others. The development of future (mental) health programming will be reliant on understanding existing support pathways within communities. A more in-depth breakdown of how respondents accessed multiple supports during COVID-19 and lock-down can be found in [Appendix C](#) at the end of this report.

A number of different supports were mentioned and utilised by participants during the semi-structured interviews. A number of respondents identified that their families provided support even whilst experiencing some family dynamics which exacerbate mental health challenges. Some participants stayed in-touch with extended family through regular video conferencing to combat their own and others loneliness. Different supports accessed by participants ranged from university counselling services and the indirect help of their jobs providing structure to their days. A consistent theme throughout the data relates to the role of social media in providing different kinds of support during the COVID-19 pandemic and lock-down. Participants identified particular social media groups, such as Sarbat LGBT+ Sikhs, which had provided support during their experiences of lock-down. Furthermore, social media support is shown to be easily accessible and providing insight sometimes beyond participant's experiences of talking therapies as one respondent noted that '*social media was making me ask certain questions yet my therapist wasn't*'. Overall, the quantitative and qualitative data show that supports are multi-dimensional and should be considered within particular contexts rather than as a part of an assumed whole.

# CONCLUSIONS + RECOMMENDATIONS

This study provides an initial glimpse into the experiences of Punjabi respondents and their mental well-being within the context of COVID-19 and lock-down. In sum, these findings are intended to be a point of departure from which further questions, conversations, and solutions are born, with an ultimate aim to develop more effective responses to the challenges experienced by contemporary Punjabi communities.

The approach set forward in this research should be considered as the minimum standard from which future endeavours can emerge. A set of recommendations are listed below to those in policy and research, professionals & advocates, and Punjabi publics, drawing on these findings to move towards improved health outcomes for all.

## ***(1) Policy & Research***

- **Learn:** Stakeholders should more meaningfully engage with faith-based supports to best work towards a truly integrated and equitable healthcare system.
- **Invest:** Better mechanisms should fund mental health research undertaken at a community level by organisations with proven reach and genuine motivation.
- **Invest:** A healthcare research programme should be developed to engage citizen scientists and academics to undertake meaningful community-based research.

## ***(2) Professionals & Advocates***

- **Invest:** Professionals and advocates should look towards mental health support programming which integrates physical and mental well-being.
- **Invest:** Advocates and existing organisations should work more closely to provide a range of low-level interventions for those experiencing mental distress.
- **Invest:** More resources should be collated and disseminated aimed at communicating mental health and well-being to family members who may have diverse linguistic capabilities and/or different systems of reference.
- **Learn:** Advocates should focus on amplifying multiply marginalised groups within Punjabi communities to ensure that their well-being needs are being best met.
- **Learn:** Professionals and advocates should speak towards the non-biological factors which can shape mental well-being to move towards an understanding of health around social, environmental, political, and biological determinants.

## ***(3) Punjabi publics***

- **Change:** Punjabi publics should better create spaces for welcoming and honest mental health discussion predicated on non-judgement and compassion.

# TOWARDS FUTURE RESEARCH

By no means does this study claim to speak on behalf Punjabi communities as a homogeneous whole. Rather, it appreciates and vocalises the complexities within Punjabi communities, particularly for those who live at, or between, the intersection of multiple identities. As stated, this research aims to be a starting point for further discussion, deliberation, questioning, and curiosity, with the aim of working towards more just and equitable health outcomes for all within Punjabi communities.

There are several aspects of this research which would usually be cast as 'limitations', but here they will be referred to as doorways to further contribute to knowledge on this vast topic. Rather than viewing knowledge as a static and timeless whole, knowledge is refined and refuted through an iterative process over years, decades, and centuries. As such, this short section will outline several important strands which emerge from this study to delineate potential avenues for future curiosities:

(1) ***Beyond English***: Only available to complete online and in English, this research excludes those without capacity to access the English language and the internet. Future research should take this into account when working with Punjabi communities to ensure representation across technological and linguistic capability.

(2) ***Snapshot vs process***: As this survey and the interviews were conducted at one point over what is a months-long process, it is important to acknowledge how experiences can change over a longer period of time. Future research, if well resourced, should aim to approach complex topics like COVID-19 and lock-down over a longer period of time

(3) ***Deep-dive into sub-sections of Punjabi communities***: This research presents a snapshot of Punjabi communities with strong representation across several vectors of identity. As such, this report is limited in how much detail it can cover, meaning that closer readings of the data remain underdeveloped. This study is a stepping stone to appreciating the complexity and diversity within Punjabi communities and how we understand the various impacts of phenomena like COVID-19 and lock-down.

(4) ***Trust in authority vs mental health decline***: Trust in authority is measured in this report through rating governments and healthcare systems. One line of questioning which can be explored are potential linkages between those with previous mental health challenges and their trust, or lack thereof, in the state and health system.



# APPENDICES

## APPENDIX A

A table presenting respondents' comparative changes in self-rated mental health before and during COVID-19 and lock-down filtered by those with/without previous mental health challenges and demographic identifiers.

Select groups	% change in wellbeing	
	W/ previous mental health challenges	W/O previous mental health challenges
Male	-15%	-13%
Female	-20%	-21%
Heterosexual	-17%	-18%
LGBTQIA+	-30%	-19%
Under 40	-20%	-20%
Over 40	-15%	-15%
1st Generation	-29%	-22%
Amritdhari Sikhs	-18%	-9%
Average change across all groups = -18%		

# APPENDICES

## APPENDIX B

A table presenting respondents' self-identified challenges before and during COVID-19 and lock-down, filtered by those with/without previous mental health challenges and demographic identifiers.

Difficulties faced	Male			Female		
	Before	During		Before	During	
	W/ MHC	W/ MHC	W/O MHC	W/ MHC	W/ MHC	W/O MHC
Occasional Low-Mood	66%	34%	53%	64%	41%	66%
Persistent Low-Mood	22%	48%	3%	21%	61%	9%
Persistent Lack of Energy	29%	48%	21%	45%	61%	25%
Relationship Issues	29%	34%	10%	29%	30%	19%
Trouble Sleeping	45%	46%	33%	39%	59%	45%
Mild to Moderate Depression	37%	31%	10%	51%	38%	15%
Severe Depression	6%	9%	0%	7%	13%	1%
Self Harm	2%	3%	0%	8%	9%	0%
Suicidal Thoughts	15%	17%	2%	18%	20%	2%
Panic Attacks	12%	17%	7%	38%	31%	8%
Highly Self-Critical	38%	38%	12%	45%	51%	13%
Fear about the Future	37%	63%	38%	54%	64%	42%
Occasional Anxiety	52%	38%	27%	55%	41%	44%
Persistent Anxiety	23%	28%	4%	29%	43%	6%
Bipolar Disorder (1/2) or Cyclothymia	2%	2%	0%	1%	1%	1%
Eating Issues	28%	22%	18%	22%	30%	18%
Illegal Substance Use	6%	5%	1%	1%	1%	2%

# APPENDICES

## APPENDIX B

Difficulties faced	40 or under			Over 40		
	Before	During		Before	During	
	W/ MHC	W/ MHC	W/O MHC	W/ MHC	W/ MHC	W/O MHC
Occasional Low-Mood	67%	39%	66%	50%	27%	52%
Persistent Low-Mood	21%	59%	9%	27%	45%	3%
Persistent Lack of Energy	42%	59%	27%	27%	45%	18%
Relationship Issues	28%	32%	22%	36%	27%	5%
Trouble Sleeping	41%	56%	46%	41%	45%	31%
Mild to Moderate Depression	49%	37%	16%	32%	23%	9%
Severe Depression	6%	12%	1%	14%	9%	0%
Self Harm	7%	9%	0%	5%	0%	0%
Suicidal Thoughts	18%	21%	3%	9%	5%	1%
Panic Attacks	32%	28%	10%	9%	18%	3%
Highly Self-Critical	43%	49%	15%	45%	32%	9%
Fear about the Future	52%	66%	49%	32%	41%	27%
Occasional Anxiety	55%	40%	46%	50%	41%	24%
Persistent Anxiety	28%	41%	5%	27%	27%	5%
Bipolar Disorder (1/2) or Cyclothymia	1%	1%	1%	0%	0%	0%
Eating Issues	24%	29%	20%	23%	18%	15%
Illegal Substance Use	3%	3%	3%	0%	0%	0%

Difficulties faced	Heterosexual			LGBTQIA+		
	Before	During		Before	During	
	W/ MHC	W/ MHC	W/O MHC	W/ MHC	W/ MHC	W/O MHC
Occasional Low-Mood	64%	39%	60%	69%	33%	66%
Persistent Low-Mood	20%	54%	7%	28%	72%	3%
Persistent Lack of Energy	39%	54%	23%	46%	72%	31%
Relationship Issues	30%	28%	14%	23%	49%	28%
Trouble Sleeping	39%	53%	40%	51%	64%	45%
Mild to Moderate Depression	45%	33%	11%	56%	51%	28%
Severe Depression	8%	11%	0%	3%	13%	0%
Self Harm	6%	7%	0%	8%	13%	0%
Suicidal Thoughts	17%	17%	1%	18%	31%	7%
Panic Attacks	28%	24%	7%	36%	44%	10%
Highly Self-Critical	41%	46%	13%	54%	56%	14%
Fear about the Future	47%	61%	40%	64%	74%	45%
Occasional Anxiety	52%	42%	37%	64%	28%	45%
Persistent Anxiety	30%	38%	6%	21%	49%	0%
Bipolar Disorder (1/2) or Cyclothymia	1%	1%	0%	0%	3%	0%
Eating Issues	24%	27%	20%	26%	31%	7%
Illegal Substance Use	2%	1%	1%	8%	10%	7%

# APPENDICES

## APPENDIX B

Difficulties faced	1st generation			Amritdari Sikh			Comorbidities		
	Before	During		Before	During		Before	During	
	W/ MHC	W/ MHC	W/O MHC	W/ MHC	W/ MHC	W/O MHC	W/ MHC	W/ MHC	W/O MHC
Occasional Low-Mood	53%	16%	61%	76%	32%	50%	57%	21%	
Persistent Low-Mood	47%	74%	17%	16%	56%	5%	43%	75%	
Persistent Lack of Energy	74%	63%	17%	36%	56%	13%	57%	75%	
Relationship Issues	32%	32%	13%	32%	32%	5%	39%	43%	
Trouble Sleeping	37%	47%	43%	28%	40%	25%	71%	75%	
Mild to Moderate Depression	58%	53%	13%	40%	32%	10%	75%	54%	
Severe Depression	0%	11%	0%	0%	8%	0%	18%	29%	
Self Harm	0%	5%	0%	4%	4%	0%	11%	14%	
Suicidal Thoughts	42%	32%	4%	12%	12%	0%	25%	25%	
Panic Attacks	26%	26%	13%	8%	24%	8%	32%	36%	
Highly Self-Critical	58%	42%	17%	28%	32%	13%	64%	54%	
Fear about the Future	53%	58%	39%	28%	48%	30%	61%	61%	
Occasional Anxiety	26%	37%	26%	68%	20%	23%	25%	32%	
Persistent Anxiety	53%	37%	26%	12%	28%	3%	61%	54%	
Bipolar Disorder (1/2) or Cyclothymia	0%	5%	4%	0%	0%	0%	0%	0%	
Eating Issues	21%	21%	30%	20%	24%	10%	50%	54%	
Illegal Substance Use	0%	0%	4%	4%	4%	0%	0%	0%	

# APPENDICES

## APPENDIX C

A table presenting supports utilised by respondents during COVID-19 and lock-down, filtered by those with/without previous mental health challenges and demographic identifiers.

Support received	Male		Female	
	W/ MHC	W/O MHC	W/ MHC	W/O MHC
Support through Family	38%	64%	50%	67%
Support through Friends	54%	54%	69%	67%
Faith Support (Meditation and Contemplation)	45%	36%	38%	48%
Faith Communities (Congregation)	8%	12%	6%	6%
Support through Social Media	25%	22%	40%	40%
Support through Physical Well-Being	9%	33%	30%	28%
State Healthcare Services	11%	4%	8%	5%
Private Healthcare Services	3%	1%	10%	2%
Other Online Support	3%	14%	9%	8%
<b>I have not felt supported</b>	<b>17%</b>	<b>4%</b>	<b>11%</b>	<b>6%</b>

Support received	40 or under		Over 40	
	W/ MHC	W/O MHC	W/ MHC	W/O MHC
Support through Family	47%	67%	45%	64%
Support through Friends	67%	66%	41%	55%
Faith Support (Meditation and Contemplation)	40%	40%	32%	49%
Faith Communities (Congregation)	6%	10%	5%	5%
Support through Social Media	37%	40%	18%	22%
Support through Physical Well-Being	25%	30%	18%	30%
State Healthcare Services	8%	4%	18%	5%
Private Healthcare Services	8%	2%	5%	1%
Other Online Support	7%	10%	9%	10%
<b>I have not felt supported</b>	<b>12%</b>	<b>5%</b>	<b>23%</b>	<b>7%</b>

# APPENDICES

## APPENDIX C

Support received	Heterosexual		LGBTQIA+	
	W/ MHC	W/O MHC	W/ MHC	W/O MHC
Support through Family	49%	68%	33%	52%
Support through Friends	62%	60%	79%	76%
Faith Support (Meditation and Contemplation)	40%	45%	33%	31%
Faith Communities (Congregation)	5%	9%	10%	7%
Support through Social Media	33%	31%	49%	45%
Support through Physical Well-Being	22%	30%	33%	28%
State Healthcare Services	8%	5%	13%	3%
Private Healthcare Services	9%	1%	5%	3%
Other Online Support	6%	8%	10%	21%
<b>I have not felt supported</b>	<b>13%</b>	<b>6%</b>	<b>15%</b>	<b>0%</b>

Support received	1st generation		Amritdari Sikh		Comorbidities
	W/ MHC	W/O MHC	W/ MHC	W/O MHC	W/ MHC
Support through Family	53%	57%	32%	65%	54%
Support through Friends	63%	35%	44%	50%	71%
Faith Support (Meditation and Contemplation)	47%	43%	92%	80%	43%
Faith Communities (Congregation)	5%	0%	12%	25%	4%
Support through Social Media	37%	22%	28%	23%	21%
Support through Physical Well-Being	26%	13%	16%	28%	7%
State Healthcare Services	21%	13%	4%	5%	29%
Private Healthcare Services	0%	4%	4%	3%	11%
Other Online Support	21%	17%	4%	13%	18%
<b>I have not felt supported</b>	<b>11%</b>	<b>13%</b>	<b>8%</b>	<b>5%</b>	<b>25%</b>

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