CHANGING SUITS

Breaking Through Cultural Barriers

Mental Health Impact Report

Young People's Survey — 2026

89 Young People Surveyed	**58%** Asian / South Asian	**81%** Aged 11–16
75% Report High Stress (Often or above)	**54%** Uncomfortable Talking to Family	**56%** Fear of Judgement (Top Barrier to Help)

Surveys conducted in local schools and community spaces by Changing Suits Youth Leadership Board

About This Report

Changing Suits is a community-based organisation dedicated to bridging cultural divides and enhancing engagement between ethnically diverse communities, particularly the South Asian community, and essential support services. Changing Suits has been working to increase mental health awareness and access to appropriate support for young people in Swindon.

A Survey by Young People, for Young People

This survey was not only designed for young people — it was designed and distributed by them. Members of the Changing Suits Youth Leadership Board, a group of young people from the community, took the lead in developing the survey and reaching their peers. They shared it with friends, family members, and classmates, ensuring that responses came from a wide range of young people across schools and community settings in Swindon.

This peer-led approach is central to what makes these findings credible and meaningful. Young people are more likely to respond honestly to surveys distributed by their peers, and the reach of the Leadership Boards network ensured the survey captured voices that traditional research methods often miss — particularly young people from South Asian and other ethnically diverse backgrounds who may be less likely to engage with formal research processes.

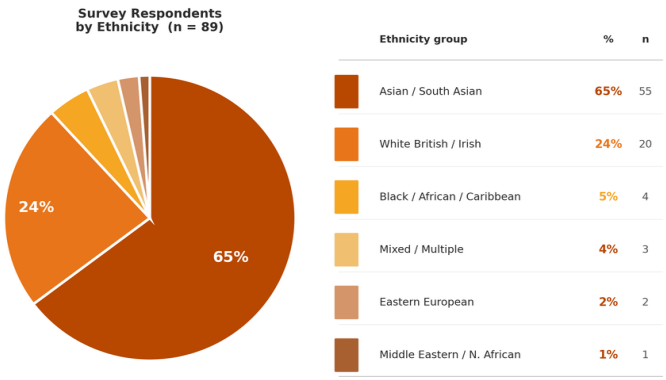
This report presents findings from a survey of 89 young people, conducted across multiple settings:

The South Asian community represents the fastest-growing population group in Swindon, residing in some of the most deprived areas nationally (within the bottom 30%). Despite this, mainstream mental health services have historically struggled to engage these communities — a gap this project directly addresses.

Changing Suits is uniquely placed to bridge this gap. As an award-winning, trusted, multilingual, community-embedded organisation — we have delivered over 200 events reaching approximately 10,000 people in Swindon. The Changing Suits Youth Leadership Board — a group of young people at the heart of our work — led the distribution of this survey, sharing it with peers across schools, college, and community spaces. This survey is part of our commitment to listening to young people and letting their voices shape what we do.

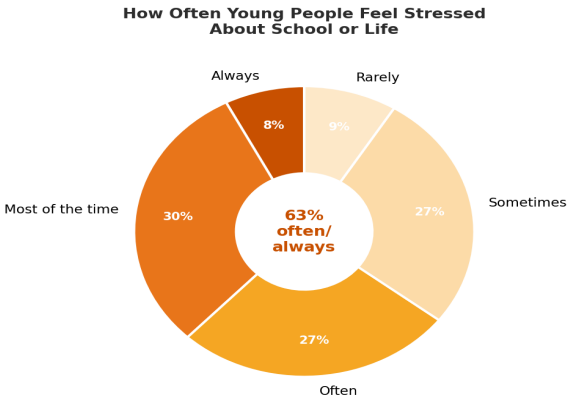
Who Responded

Respondents by Ethnicity



Ethnicity group	%	n
Asian / South Asian	65%	55
White British / Irish	24%	20
Black / African / Caribbean	5%	4
Mixed / Multiple	4%	3
Eastern European	2%	2
Middle Eastern / N. African	1%	1

Stress Frequency



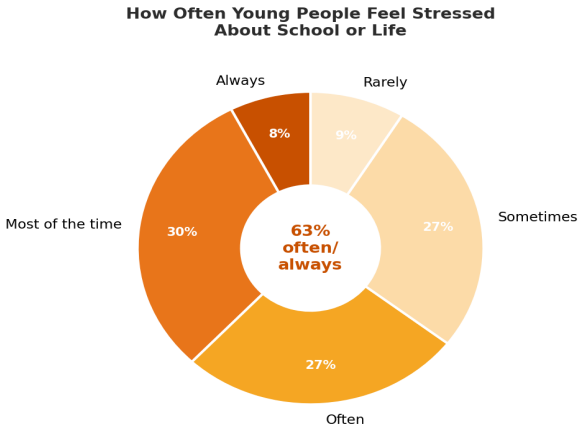
The survey reached a diverse cross-section of Swindon's young people, with Asian/South Asian respondents making up over half of participants — reflecting Changing Suits' deep roots in this community. 91% of respondents were aged between 11 and 16.

Key Findings

1. Mental Health Stress is Pervasive

Young people are experiencing high and consistent levels of stress. Among respondents aged 11–16:

- 75% reported feeling stressed "Often", "Most of the time", or "Always"
- Only 11% said they "Rarely" feel stressed
- Just 1 young person reported "Never" feeling stressed

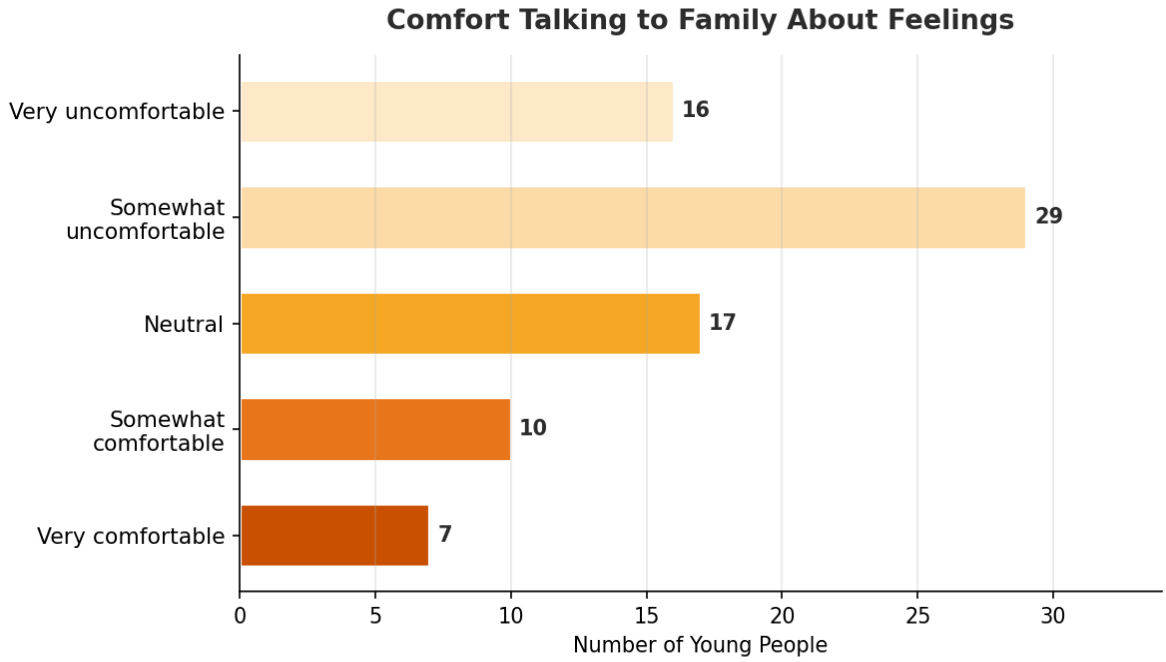


> ***"I don't tell my parents or anyone. I don't want to get embarrassed."***
> — Survey respondent, aged 11–16

2. Family is Not a Safe Space for Many

The data reveals a significant emotional barrier within family relationships — particularly pronounced in South Asian households, where cultural norms discourage open discussion of mental health:

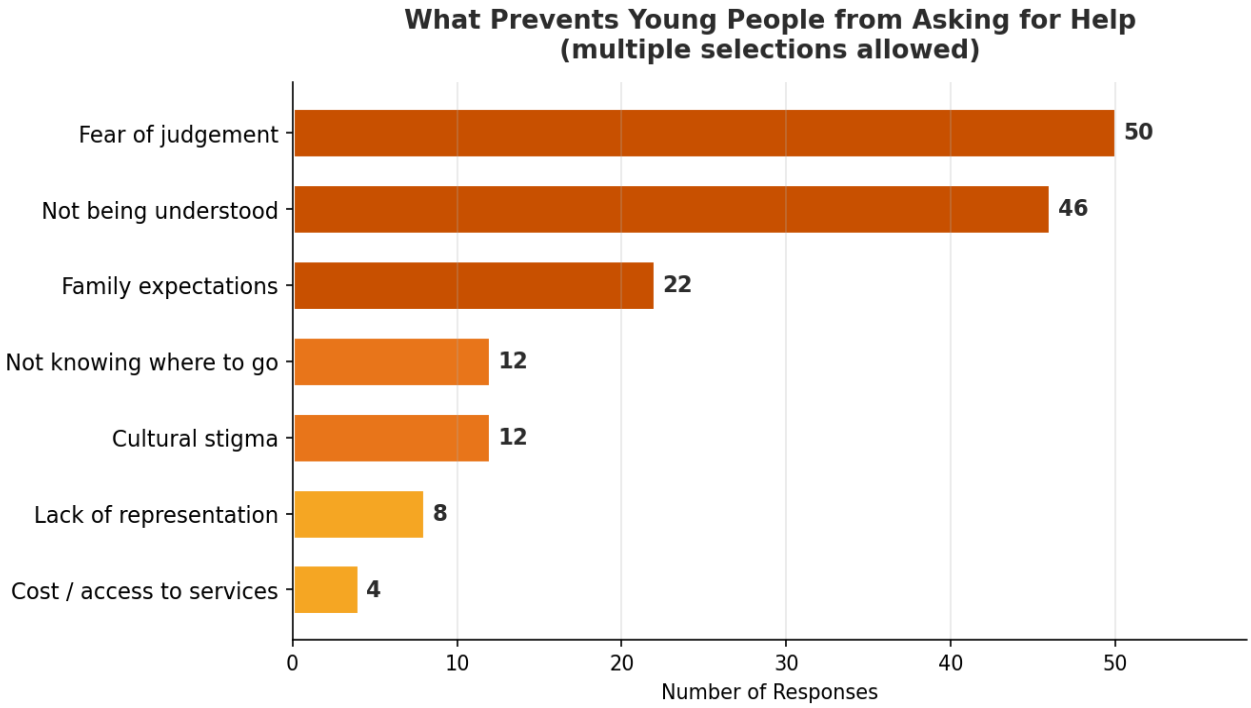
- 54% felt "Somewhat uncomfortable" or "Very uncomfortable" talking to family about their feelings
- Only 24% said they were "Somewhat" or "Very" comfortable



> ***"I only tell my friend. My family wouldn't understand."***
> — Survey respondent, aged 11–16

Barriers to Seeking Help

Young people were asked what prevents them from seeking help. Multiple barriers could be selected. The results reveal deeply rooted cultural and systemic obstacles:



Top Barriers Reported

- Fear of judgement — 50 young people (56%)
- Not being understood — 46 young people (52%)
- Family expectations — 22 young people (25%)
- Cultural stigma — 12 young people (14%)
- Not knowing where to go — 12 young people (14%)
- Lack of representation — 8 young people (9%)

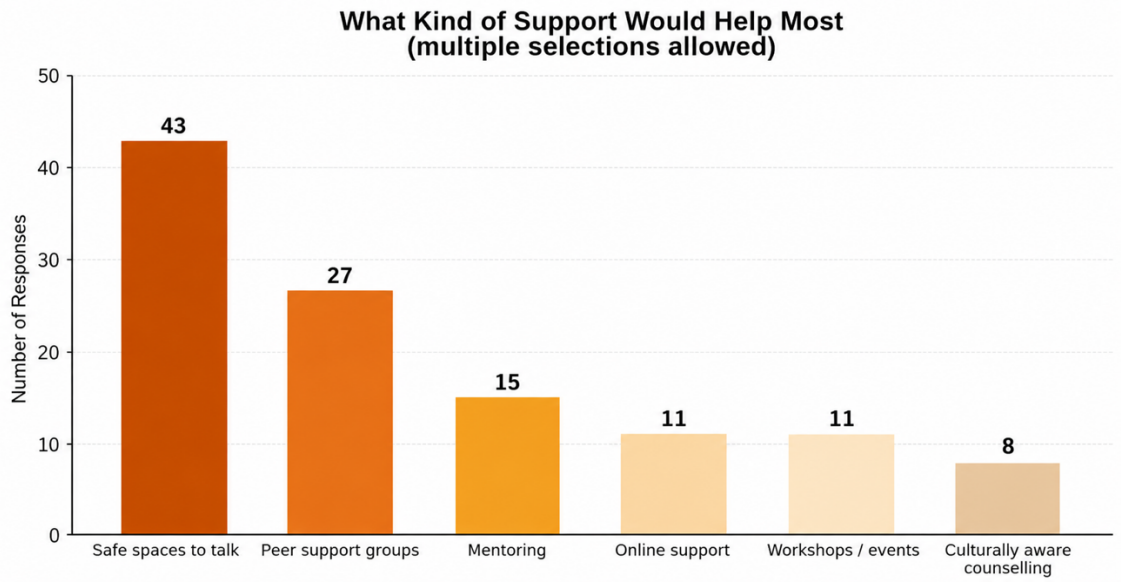
What This Tells Us

The top two barriers point directly to the need that young people are not refusing help — they simply cannot find help that feels safe and relevant to their lived experience.

Cultural stigma and family expectations reflect the intergenerational pressure many South Asian young people face, where seeking help can be perceived as bringing shame on the family.

What Young People Want

Young people were asked what kind of support would help them most. Their responses point clearly to relational and community-based support:



48%
Safe Spaces to Talk
43 young people

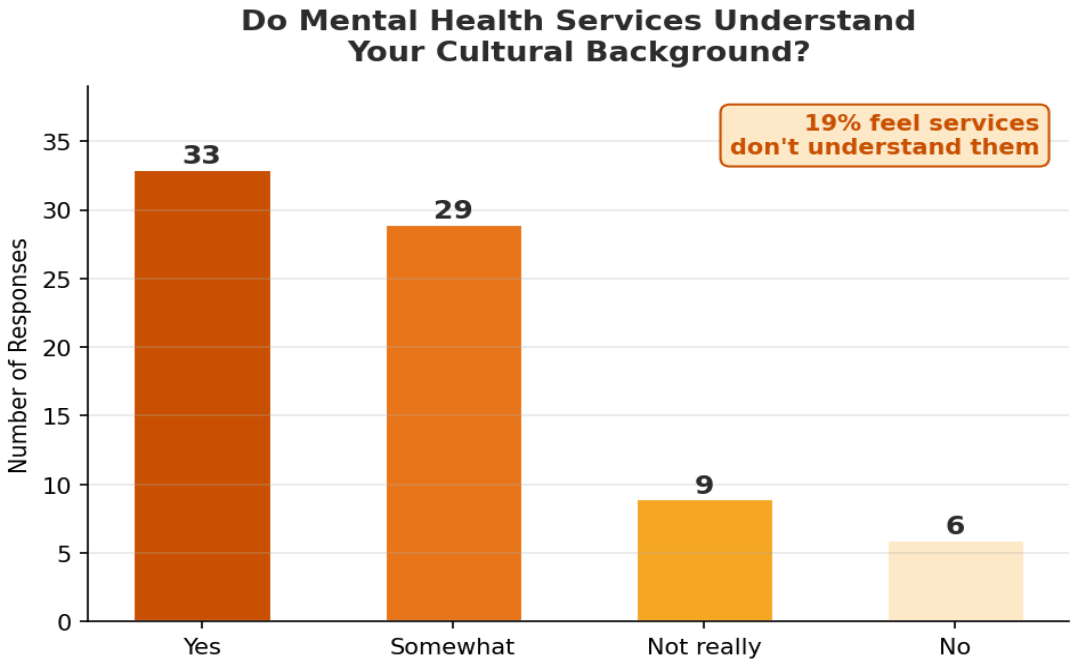
30%
Peer Support Groups
27 young people

17%
Mentoring
15 young people

> ***"just people who get me more"***
> — Survey respondent — on what support would help most

How Young People View Current Services

Young people were asked whether they felt mental health services understand people from their cultural background.



19%

said services do "Not really" or "No" understand their background

33%

said services only "Somewhat" understand them

Over half of young people do not feel fully understood by current services — a powerful argument for the Changing Suits model, which is rooted in the community and understands its cultural nuances firsthand.

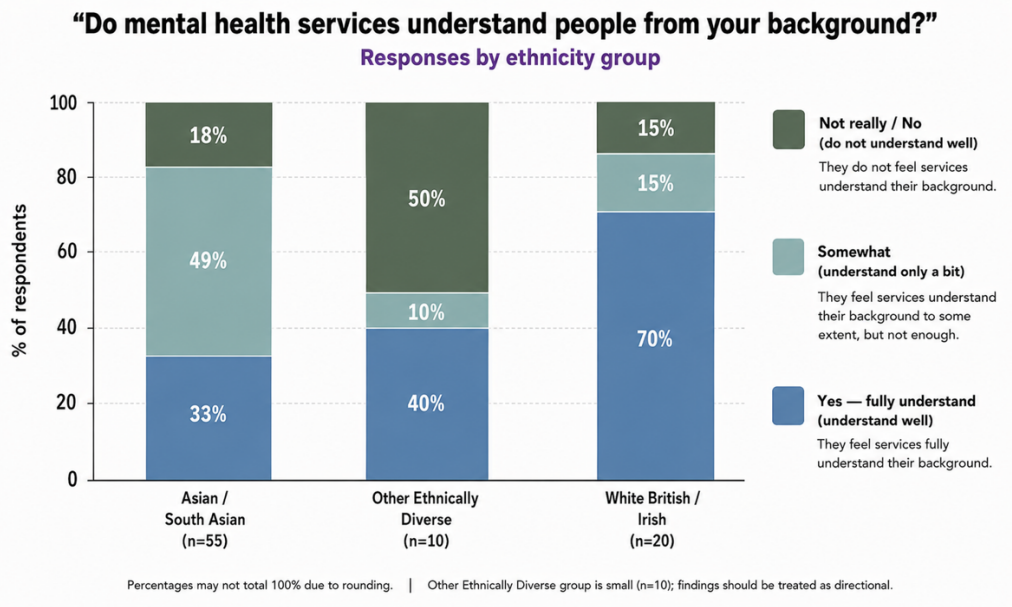
Cultural Barriers: What the Data Shows

The survey data allows us to look beyond the headline figures and examine whether the experience of mental health stigma and help-seeking barriers differs by ethnic background. The findings are significant, and they point clearly to a cultural competence gap in current services.

For this analysis, respondents are grouped into three categories: Asian/South Asian (n=55), Other Ethnically Diverse (n=10, comprising Black/African/Caribbean, Mixed/Multiple, Eastern European and Middle Eastern/North African respondents), and White British/Irish (n=20). Four responses were excluded as unclassifiable. The 'Other Ethnically Diverse' group is small, and findings for this group should be treated with appropriate caution — they are presented here as a directional indicator alongside the stronger South Asian data.

1. Services are failing to reach ethnically diverse communities

When asked whether mental health services understand people from their background, the difference by ethnicity is striking. Just 33% of Asian/South Asian respondents said 'Yes' — compared to 70% of White British/Irish respondents. The Other Ethnically Diverse group sits at 40%, with half reporting they feel not fully understood. Across both ethnically diverse groups, the data points consistently in the same direction: current services are not experienced as culturally responsive.



Asian / South Asian respondents

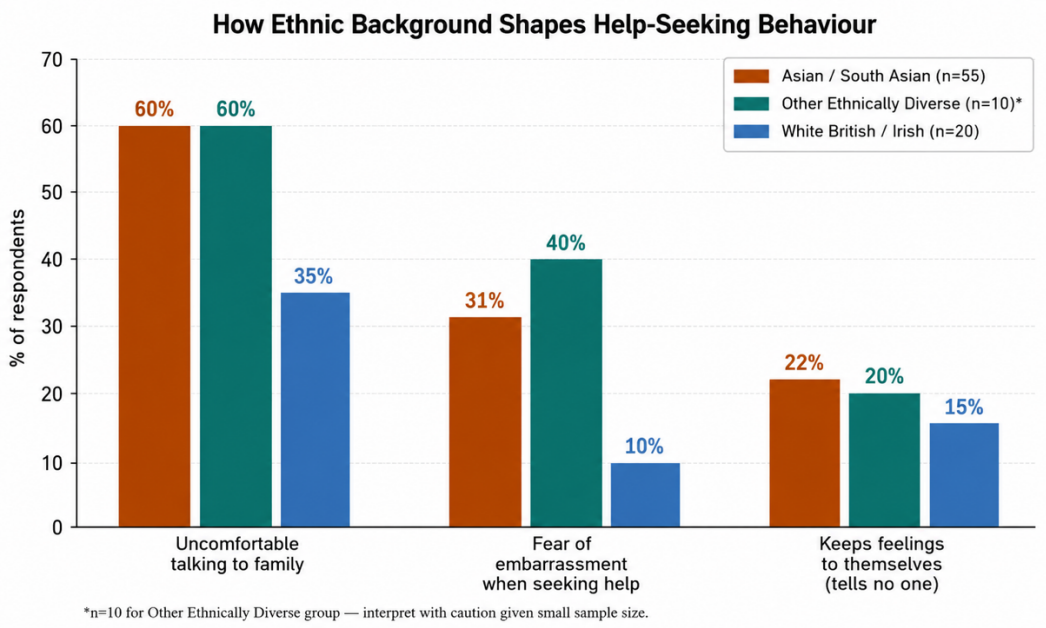
67% do not feel fully understood by mental health services (answered 'Somewhat', 'Not really' or 'No') — compared to just 15% of White British/Irish respondents. This is not a marginal difference; it is a five-fold gap.

Other Ethnically Diverse respondents

50% feel not fully understood by services — directionally consistent with the South Asian finding, though the group size (n=10) means this should be read as indicative rather than conclusive.

2. Shame and silence are more prevalent in ethnically diverse communities

The survey asked respondents directly how their ethnic background affects the way they seek help. Across three key indicators — discomfort talking to family, fear of embarrassment, and keeping feelings entirely to themselves — the contrast between ethnically diverse respondents and White British/Irish respondents is consistent.

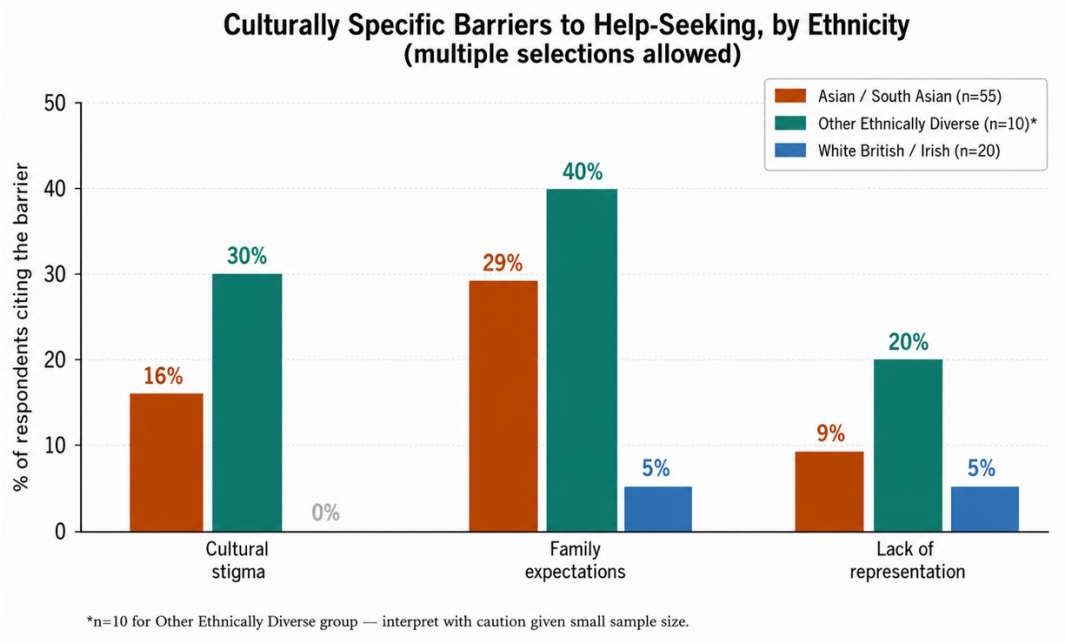


60% of both Asian/South Asian and Other Ethnically Diverse respondents feel uncomfortable talking to their family about their feelings, compared to 35% of White British/Irish respondents. Fear of embarrassment when seeking help is reported by 31% of Asian/South Asian young people and 40% of Other Ethnically Diverse young people — against just 10% of White British/Irish respondents. These are not small statistical variations; they reflect the lived reality of cultural stigma, where mental health difficulties can carry shame and silence in ways that are not equally distributed across communities.

It is important to note that discomfort talking to family is also present among White British/Irish respondents (35%) — mental health stigma is not exclusive to any one community. However, the data shows it is **significantly more prevalent** among ethnically diverse groups, and that current services are not responding to this disparity adequately.

3. The barriers young people name are explicitly cultural

The survey asked respondents directly what prevents them from seeking help. Alongside universal barriers such as fear of judgement, three barriers are explicitly cultural in nature: cultural stigma, family expectations, and lack of representation in services. The data shows a striking difference in how often these are cited across ethnic groups.



Cultural stigma & family expectations

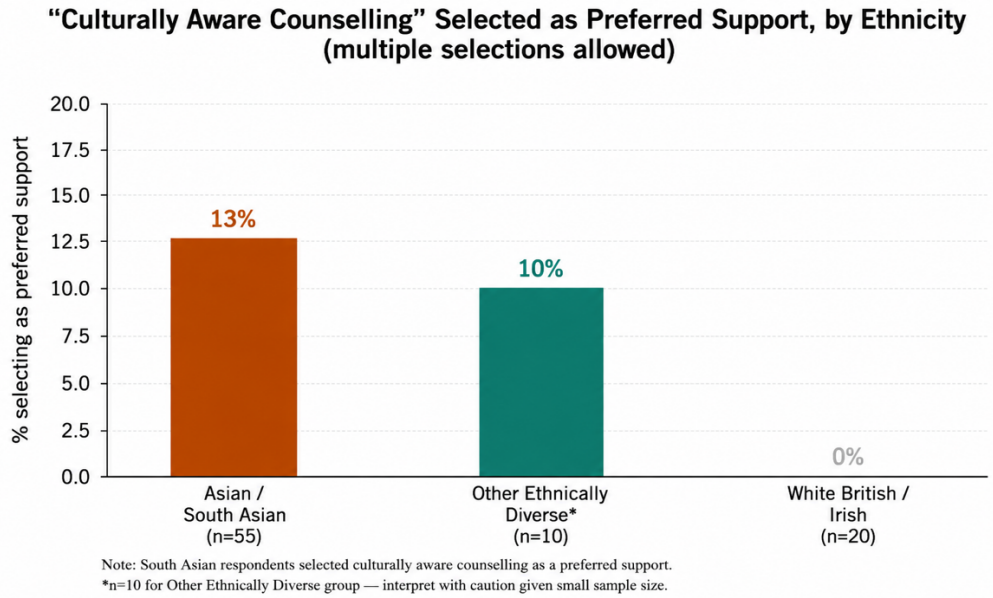
Cultural stigma is cited as a barrier by 16% of Asian/South Asian and 30% of Other Ethnically Diverse respondents — compared to 0% of White British/Irish respondents. Family expectations follow a similar pattern: 29% and 40% respectively, versus just 5%. These are not shared barriers — they are specific to communities where mental health difficulties carry stigma within the family and the wider community.

Lack of representation

9% of Asian/South Asian and 20% of Other Ethnically Diverse respondents cite lack of representation as a barrier — the sense that services, practitioners, and support structures do not reflect who they are. This matters: when young people cannot see themselves in the services available to them, they are less likely to reach out.

4. Young people from ethnically diverse communities are explicitly asking for culturally aware support

When asked what kind of support would help them most, 'culturally aware counselling' was selected by 13% of Asian/South Asian respondents, 10% of Other Ethnically Diverse respondents and 0% White British/Irish respondent selected this option.



Taken together, these four findings build a consistent and evidence-based case. Young people from Asian/South Asian and Other Ethnically Diverse backgrounds experience mental health stigma differently, face barriers that are rooted in cultural context.

Trust and Psychological Safety

The findings suggest that barriers to support are not simply practical — they are deeply relational. Young people repeatedly identified fears of judgement, misunderstanding, embarrassment, and lack of representation. Together, these point to a deficit of trust and psychological safety within existing support structures.

For many ethnically diverse young people, accessing support requires navigating cultural stigma, intergenerational expectations, and the risk of being misunderstood by professionals unfamiliar with their lived experience. This is not about unwillingness to engage — it is about whether the conditions for safe engagement exist in the first place.

This highlights the importance of culturally competent, community-rooted provision, where trust is built through representation, cultural understanding, language awareness, and long-term relationships within the community.

Why Representation Matters

Young people from ethnically diverse backgrounds were the only respondents to specifically request culturally aware counselling. This suggests that existing provision is not experienced as sufficiently reflective of the identity, culture, or lived experience of ethnically diverse young people.

Representation within mental health services is not simply symbolic. It can influence trust, disclosure, engagement, and whether young people feel safe discussing culturally sensitive issues. When services lack diversity in their workforce and their practice, they can inadvertently signal to young people that their experience is not understood — reinforcing the very barriers the service aims to remove.

What this means for commissioners and service providers

Without culturally competent early intervention, young people may disengage from support until needs escalate into crisis-level presentations. The cost of inaction is not only to individuals — it places greater demand on statutory services at the point of crisis.

Community-rooted provision can act as a bridge between underserved communities and statutory mental health systems, improving engagement rather than replacing it.

Culturally competent services are not an optional enhancement to mental health provision. For many young people, they are the difference between engaging with support and remaining silent.

What does this mean for services?

Cultural competence is not a "nice to have" — it is a prerequisite for effective mental health support in Swindon's diverse communities. In South Asian languages, the closest translation for "mental health" can carry connotations of madness or weakness. Help-seeking within the family is discouraged when it risks bringing shame. These are not individual barriers; they are structural ones, embedded in culture and reinforced by a lack of representation in services.

Statutory services that are not designed with these realities in mind will continue to under-serve the young people who need them most. Changing Suits exists to bridge this gap — providing a trusted, multilingual, community-embedded route to support that statutory services currently cannot offer.

Recommendations

Based on the survey evidence, Changing Suits recommends the following priorities for the next phase of delivery:

1. Expand Safe Spaces to Talk

- Create regular drop-in sessions in community settings — schools, places of worship, community centres
- Train community volunteers to facilitate peer-led safe spaces
- Ensure all spaces are explicitly non-judgmental and culturally informed

2. Strengthen the Mentoring Programme

- Recruit mentors from within the South Asian and other diverse communities
- Ensure representation of lived experience — mentors who truly understand the young people they support
- Expand the current mentoring offer to meet the clearly expressed demand

3. Engage Families and Community Leaders

- Deliver intergenerational workshops to reduce stigma within the family unit
- Work with religious and community leaders to normalise conversations about mental health
- Provide parents and carers with tools to better support their children

4. Advocate for Culturally Competent Services

- Share these findings with statutory services and commissioners in Swindon
- Deliver cultural competency training to partner agencies and service providers
- Address the language gap — in South Asian languages, mental health terms often translate as "madness", creating a barrier before help is even sought

Conclusion

This survey confirms what Changing Suits has learned from its years of frontline community work: young people in Swindon — particularly those from South Asian and other diverse backgrounds — are experiencing significant mental health challenges, and are not getting the support they need.

The barriers are not a lack of willingness to seek help. They are structural, cultural, and relational. Fear of judgement, not feeling understood, and the weight of family expectations create a wall between young people and the support that exists.

Changing Suits is uniquely placed to break down that wall. As a trusted, community-embedded, multilingual organisation with over 200 events reaching approximately 10,000 people — we can reach young people where statutory services cannot.

The survey data is a call to action. Young people are telling us what they need: safe spaces, people who understand them, peer support, and mentoring.

> ***"I want people that actually listen and don't laugh at me."***
> — Survey respondent, aged 11–16