Communities Mental Health and Wellbeing Fund for Adults

National Fund Guidance

Years 6 and 7 (2026-2028)

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This guidance was updated in June 2026 to reflect an extension to the Fairer Funding Pilot Project. The pilot will now run for an additional year until 2027-28. This guidance is intended for use in Year 6 (2026-27) and Year 7 (2027-28). For anything relating to the first year of the Fairer Funding Pilot Project (2025-26) please refer to the National Guidance for Years 5 & 6.

Part 1: Communities Mental Health and Wellbeing Fund for Adults

Introduction

The Communities Mental Health and Wellbeing Fund for Adults (the Fund) was established in October 2021 and to date has distributed £99 million to community initiatives supporting mental health and wellbeing across Scotland. Funding for Year 6 (£15 million) was announced in March 2025 as part of the Fairer Funding for the Third Sector Pilot Project.

The Fairer Funding Pilot remains a two year pilot. However, a decision was made to provide an additional year of funding for a number of initiatives currently within the 2-year Fairer Funding Pilot and it was agreed in March 2026 that the Communities Mental Health and Wellbeing Fund for adults would receive a further investment of £15 million for Year 7 (2027-28).

The Fund has a strong focus on prevention and early intervention and aims to support grass roots community groups in tackling mental health inequalities and addressing priority issues of:

- social isolation and loneliness;
- suicide prevention; and
- tackling poverty and inequality.

There will be a continued emphasis in Year 6 and 7 on responding to the ongoing cost of living crisis and on those facing socio-economic disadvantage, with a particular focus on supporting the six priority family groups identified in the previous Best Start Bright Futures: Tackling Child Poverty Delivery Plan and the new plan Bringing Hope Building Futures Tackling Child Poverty Delivery Plan 2026-2031

The Fund will continue to be delivered through a locally focused and co-ordinated approach via local partnership groups (building upon existing partnerships and with TSIs as lead partner), working together to ensure that support to community based organisations is directed appropriately and in a coherent way. This collaborative approach is more important than ever, giving increasing budget and capacity constraints within individual sectors.

Publications on Years 1-4 can be found below. We would encourage you to make use of the wide range of good practice on delivery approaches highlighted in these reports.

Year 1 (2021-22)

- Communities Mental Health and Wellbeing Fund for Adults - Year 1 Monitoring and Reporting Summary and easy read version
- Communities Mental Health and Wellbeing Fund for Adults - Year 1 External Evaluation and easy read version
- Communities Mental Health and Wellbeing Fund for Adults - Year 1 External Evaluation Case Studies Standalone Document.
- Year 1 Projects Awarded Funding

Year 2 (2022-23)

- Communities Mental Health and Wellbeing Fund for Adults - Year 2 Monitoring and Reporting Summary and easy read version
- Communities Mental Health and Wellbeing Fund for Adults - Year 2 Impact Report.
- Year 2 Projects Awarded Funding

Year 3 (2023-24)

- Communities Mental Health and Wellbeing Fund for Adults - Year 3 Monitoring and Reporting Summary and easy read version
- Year 3 Projects Awarded Funding

Year 4 (2024-25)

- Communities Mental Health and Wellbeing Fund for Adults - Year 4 Monitoring and Reporting Summary.
- Year 4 Projects Awarded Funding

This guidance outlines information on delivery of the Fund for Years 6 and Year 7. There are some minor updates based on feedback from Year 5. Please note that to ensure clarity of expectations, the guidance uses consistent language to make clear whether TSIs must, should or can follow an aspect of the guidance. Definitions are outlined below:

- 'TSIs **must**….' – This denotes a mandatory criteria of the Fund
- 'TSIs **should**…' – This denotes something that is recommended and can be regarded as the default approach although there is flexibility for local discretion.
- 'TSIs **can**…. This denotes some suggestions however there is no obligation on TSIs to take the approach.

Fairer Funding Pilot including extension until Year 7 (2027-28)

This is the first time Third Sector Interfaces have received a multi-year grant award for the Fund. The opportunity to grant funding across three years has arisen as part of the Scottish Government's Fairer Funding pilot, as part of our commitment to deliver fairer funding for the third sector.

The Pilot was set up to provide more certainty and allow for longer-term planning, aiming to improve stability and cost-efficiency for organisations (in this case TSIs) and services.

The original Pilot was announced in March 2025 with £15 million committed in each of the 2 years 2025-26 and 2026-27. It was agreed in March 2026 that Communities Fund would receive further £15 million in 2027-28.

The main implications of the pilot for the Fund for Years 6 and 7 are as follows:

1. As agreed in Year 5, between 60-80% of funding granted to TSIs will already have been reserved for the second year of the multi-year projects in Year 6, to ensure the benefits of the pilot are passed on and so that the impact of the pilot can be properly evaluated nationally.

2. In Year 7 of the Fund, TSIs will have greater flexibility to determine what percentage of their Year 7 grant funding is awarded to multi-year projects. They will be able to award a mixture of single year grants, new multi year grants for Year 6 & 7 and a continuation of multi-year grants into a third year (Years 5, 6 & 7).

3. If TSIs choose to fund new multi-year awards for Year 6 & 7, they should bear in mind that a percentage of Year 7 funding must still be used to extend original pilot projects (Year 5, 6 & 7) and fund single year projects.

4. Adding in an additional multi-year cycle for Year 6 and Year 7 will reduce funding further for single year applications in both Year 6 and Year 7. It will also require TSIs to administer 2 separate multi- year cycles concurrently - i.e Year 5, 6 & 7 (3 year pilot projects) as well as a Year 6 & 7 (2 year pilot projects).

5. Projects who are funded for a single year in Year 6 can also apply again for a single year of funding in Year 7, while also allowing new projects to apply for funding in Year 7.

6. The Scottish Government is not imposing any upper or lower limits on what percentage of funding should be used for the third year pilot projects in Year 7. Some TSIs have expressed their wish to keep the percentage split the same as before, while others would prefer flexibility in order to provide a multi year award to organisations/projects which otherwise would miss out on the opportunity for multi-year funding.

7. The approach for Year 7 will allow individual TSIs to deliver the funding in a flexible way, in line with local plans and priorities.

8. Where a third year is considered, TSIs must be satisfied that projects are viable and can continue for a third year, ensuring due diligence requirements are met as set out in this guidance. **For more detail please refer to the section on due diligence on page 16 of this guidance.**

9. TSIs will still be required to submit local partnership plans and end of year reports in each year. The end of year report for Year 6 will act as an interim report for 3 year projects.

10. There may be some changes to monitoring and reporting requirements, we will agree these with analytical colleagues and share with TSIs ahead of commissioning.

11. Information gathered will feed into evaluation of the Fairer Funding pilot.

Fund aims and outcomes.

The overarching aim of the Fund is to:

Support community based initiatives that promote and develop good mental health and wellbeing and/or mitigate and protect against the impact of distress and mental ill health within the adult population (aged 16 or over), with a particular focus on prevention and early intervention.

Specifically, it aims to:

1. Tackle **mental health inequalities** through supporting a range of 'at risk' groups (as outlined in the Equalities section).
2. Address priority issues of **social isolation and loneliness, suicide prevention and poverty and inequality** with a particular emphasis on responding to the cost of living crisis and support to those facing socio-economic disadvantage.
3. Support **small 'grass roots' community groups** and organisations to deliver such activities.
4. Provide **opportunities for people to connect** with each other, build trusted relationships and revitalise communities.

The Fund directly contributes to Outcome 4 of the Mental Health and Wellbeing Strategy published in June 2023:

> "better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others"

It also clearly supports the three key areas of focus in the Strategy:

- **Promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;
- **Prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and
- **Provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

In addition it delivers on strategic action 3.2 of the accompanying Delivery Plan published November 2023.

"We will continue to build capacity in local services and third sector community groups, in order to ensure everyone in Scotland, particularly people most at risk, are able to access mental health and wellbeing support within their local communities".

And it has an important contribution to make to the delivery of strategic action 3.3:

"We will drive a shift in the balance of care across mental health to ensure a focus on prevention and early intervention in the community, including a focus on providing high quality mental health care in General Practice".

The Fund also seeks to contribute to the following national outcomes from the National Performance Framework:

- We are **healthy and active.**
- We will live in **communities** that are inclusive, empowered, resilient and safe.
- We **tackle poverty** by sharing opportunities, wealth and power more equally.

Specifically, the intended outcomes of the Fund remain the same as in previous years, and are to:

- Develop a **culture of mental wellbeing and prevention** within local communities and across Scotland with improved awareness of how we can all stay well and help ourselves and others.
- Foster a **strategic and preventative approach** to improving community mental health.
- Support the **resilience of communities** and investing in their capacity to develop their own solutions, including through strong local partnerships.
- Tackle the **social determinants of mental health** by targeting resources and collaborating with other initiatives to tackle poverty and inequality.

Fund criteria

The fund criteria set outs out the broad parameters for how funding must be allocated to community organisations. However, this is intended to be flexible in order to allow local partnership groups to identify their own priorities for spend within the terms of the fund criteria and in line with their local partnership plan (see below). Funding decisions must reflect the broad principles of the fund criteria as well as local priorities.

Who can apply?

The ambition of this Fund is to support initiatives which promote mental health and wellbeing at a *small scale, grass roots,* community level. It must be accessible, no matter how small or inexperienced the project or initiative.

National organisations undertaking initiatives in your local area are not excluded but are not the main focus of the Fund and should only be funded by exception. Where local partnership groups identify a need that cannot be met by applications from grass roots, community level organisations, the option is there to accept applications from national organisations that are able to meet that need.

Funded organisations do not need to have to have mental health and wellbeing as their sole focus, but, as this is the purpose of this Fund, their application does have to **clearly outline how it benefits the mental health and wellbeing of people** in their community.

Applications must only be accepted from a range of voluntary, 'not for profit' organisations, associations, groups and clubs or consortiums/partnerships which have a strong community focus for their activities. The range of **organisations eligible to apply are**:

- Scottish Charitable Incorporated Organisations (SCIO)
- Unincorporated Associations
- Companies Limited by Guarantee
- Trusts
- Not-for-profit company or asset locked company or Community Interest Companies (CIC)
- Cooperative and Community Benefit Societies
- Community councils
- Parent councils

Please note that parent councils[1]are eligible to apply, subject to the following conditions:

- The funded activities must meet the aims of the Fund and specifically must focus on supporting young people aged 16 or over or supporting adults rather than their children.
- Any Parent Council applying to this fund must have a statutory duty to keep proper accounts, for which there may already be legal and regulatory requirements for them to do so depending on the status of the Parent Council, for example, some parent councils are registered with OSCA as a charity.

Please also note that TSI organisations involved in distributing the Fund and supporting the wider third sector **are not** eligible to apply to the Fund (see Q&A for further information).

Local partnerships can consider funding unconstituted groups, either by supporting them to become constituted, or by allowing a constituted entity (that meets criteria above) to hold a grant for the unconstituted group. The TSI as grant giver would require to be satisfied with arrangements in terms of assurance around monitoring and accountability of spend.

We are aware that in recent years some unsuccessful projects have been demonstrating their frustration in a range of ways, including subjecting TSI staff members to inappropriate comments. Whilst it is understandable that projects not being funded will feel disappointment, especially in the light of wider financial constraints, we recognise the impact this can have on TSI staff. As such TSIs may wish to consider proactive communications on this at the beginning of the bid process, setting out the constraints they work within and any penalties that might be imposed on organisations acting inappropriately, for example, disqualifying projects from future funding rounds.

[1] For information, parent councils' functions are around: collaborating with the school in supporting children's schooling and learning; representing the views of parents; promoting and supporting contact between the school, parents, pupils, providers of nursery education and the community, and communicating or reporting to the Parent Forum.

Neither the Scottish Government, nor Ministers can become involved in individual cases where an organisation or project has not been granted funding.

As stipulated in this guidance, the Fund criteria set outs out the broad parameters for how funding must be allocated to community organisations. However, this is intended to be flexible in order to allow local partnership groups to identify their own priorities for spend within the terms of the Fund criteria and in line with their local partnership plan.

What type of project can be funded?

The focus of the Fund is on prevention and early intervention and we would expect all funded projects to focus on one or both of these themes. The focus of the Fund is also on supporting the adult population, which is considered to be members of the population aged 16 and over. We recognise that there is some overlap with the children and young people's community mental health and wellbeing supports and services (CYP supports), provided via local authorities, as those supports are focused on targeted projects for those aged 5-24 (26 if care-experienced) and their family members.

We would encourage TSIs to work in partnership with local authorities to maximise opportunities to better align the planning, communications and delivery of the two sets of supports. More information on the CYP supports can be found in the Community Mental Health and Wellbeing Supports and Services Framework.

Projects can be funded if they are a community based initiative that promotes and develops good mental health and wellbeing and/or mitigates and protects against the impact of distress and mental ill health within the adult population. In addition, local partnerships should ensure that funding is allocated to initiatives which have a focus on the priority issues outlined above, i.e.:

1. Tackling **mental health inequalities**, including support to 'at risk' groups (those identified in the Equalities section and any local priority groups) as well as support to the general population.
2. Addressing priority issues of **social isolation and loneliness, suicide prevention and poverty and inequality** with a particular emphasis on responding to the cost of living crisis and support to those facing socio-economic disadvantage.

Local partnerships are not expected to target all these aspects within their overall funding package, but should agree which priority issues and groups they will focus on. We are aware that there are a range of other groups who may require support locally (for example, carers, or parents/carers of family members experiencing mental health concerns). Local partnerships should consider local needs accordingly in their plans and consider the available funding streams locally for certain groups.

The Fund must not be seen as a way to replace other funding streams. Granting funds to projects previously funded through statutory bodies is at TSI discretion, however projects must demonstrate value added relative to statutory provision. This will allow projects that meet the Fund's objectives to be considered, but only granted funding if they can demonstrate clear additionality. For instance, a project adds value by addressing unmet needs beyond statutory provision.
While existing projects are eligible, it is important that the funding allows space for new projects to be funded. TSIs can consider ring-fencing a proportion of the funding for new projects, to ensure fairness and innovation continues. For Years 6 and 7, there should be a continued effort to reach underrepresented at-risk groups in your local area networks which should in turn unearth further 'new' projects not funded in the first 5 years.

It is appreciated that any developments/improvements to projects year on year may be minimal if the support/service being provided is working well and having demonstrable impacts.

Projects must also have a **specific community focus** rather than providing regional or national coverage. As per previous years, the intention is that funding provided in your local allocation supports initiatives based within your local authority area, though the initiatives need not exclude people living in surrounding areas. There have been some requests to consider whether organisations could put in one bid for community projects serving more than one local authority area. There is no restriction against doing so, however the onus is on the partnering TSIs/local partnerships agreeing a process for doing so and alerting the Scottish Government Communities Team to the arrangements. End year reporting would need to clearly outline the spend allocated and benefits accruing in your TSI area.

We are aware that in previous years some projects have submitted applications to multiple TSIs. We recommend that TSIs ask applicants to declare in their application forms whether they are seeking funding from any other TSI area so that this can be considered by decision-making panels and any connections made.

What can be funded?

The following list is not exhaustive and local partnership groups are expected to apply due diligence to the exact conditions they set locally – please also see Q&A for further details.

What can be funded	What cannot be funded
Equipment	Contingency costs, loans, endowments or interest
One-off events	Electricity generation and feed-in tariff payment
Hall hire for community spaces.	Political or religious campaigning *(please note that faith based organisations are eligible to apply with the exclusion of any religious campaigning activities or activities restricted only to members of the faith based organisation. TSIs should undertake due diligence around these matters).*
Staff costs (these should be one off or fixed term)	Employment costs that arise from the organisation's statutory or contractual obligations to employees, including but not limited to redundancy payments. The grant also cannot be used to fund costs that are recoverable from HMRC or another source.
Training costs	Profit-making/fundraising activities: Any profit, mark-up or margin earned by a subsidiary, connected organisation, related enterprise, or associated individual(s) when providing goods, services or materials funded by the grant. Transactions with related parties must be conducted on a genuine cost-recovery basis and be supported by appropriate evidence.
Transport	Statutory activities
Utilities/running costs	Overseas travel
Volunteer expenses	Alcohol
Small capital spend up to £5,000.	Recoverable VAT: Any Value Added Tax (VAT)

Local partnerships can allow applicants to request funding for capital expenditure such as the construction, refurbishment and/or purchase of buildings, amenities or vehicles. The benefits of the capital expenditure must demonstrably contribute to the Fund outcomes. Applicants must be awarded no more than £5,000 for such capital expenditure. This limitation does not apply to the purchase of small items of equipment.	that can be reclaimed by the applicant or grant holder through HMRC or any other mechanism.
	Costs unrelated to the project: Any expenditure that does not directly contribute to the delivery of the approved project or support the purpose for which the grant was awarded.

To help underrepresented groups to fully benefit from the Fund, applicants are encouraged to include accessibility costs within their proposals. While we recognise that inclusion and accessibility carry legitimate costs, TSIs must exercise judgment to ensure that any funds used for inclusion and accessibility are legitimately and proportionally used to support inclusion of participants and are proportionate to the size of the project. Some examples of accessibility costs include:

- Interpretation costs (multiple languages include BSL)
- Particular venue hire that is accessible/wheelchair friendly
- Childcare costs
- Trauma informed training for staff and volunteers
- Additional staff hours to cover support for vulnerable adults or to ensure safety of participants
- Private travel (where public transport is unavailable or unsafe)

Funding of counselling and other therapeutic treatments

The Fund is primarily aimed at a range of **preventative community supports** for improved mental health and wellbeing and the allocation of funding should reflect this. However, the Fund also aims to support early intervention approaches and support to those with existing mental health and wellbeing issues. We also appreciate there are cases where support and treatment are hard to distinguish and recognise that some community based complementary supports as part of their offer also provide counselling, as well as other therapeutic treatments.

As such, counselling and other therapeutic treatments are not excluded from the Fund, but should be considered on a case by case basis. TSIs should bear in mind that:

- The **main intention** of the Fund is not about projects that are primarily "treatment" focused and it is not meant to replace funding for direct therapeutic interventions in the community, such as counselling, or Cognitive Behavioral Therapy (CBT). Instead, it aims to provide a range of broader community supports that can complement clinical care and is an opportunity to support a wide range of approaches to providing emotional and practical support to individuals (for example peer support practices). It is for the TSI and the local partnership to decide on the relevance and level of priority of the activity in respect of the aims of the fund and guidance.
- There are other funding streams which can support counselling services in various realms (for example, the Scottish Government Survivors of Childhood Abuse Support Fund and Perinatal and Infant Mental Health Fund)
- If such supports are funded, there must be appropriate safeguarding around this, including staff/volunteers having access to adequate sources of support and/or supervision.
- For any proposals that do involve potential for clinically trained staff delivering therapeutic interventions, there should be clear arrangements in place for clinical supervision and governance. Specifically with regards to counselling support, it should conform to agreed

professional standards, such as those provided by COSCA and BACP. Formal counselling should be undertaken by a professional counsellor, acting in their specialist role, and in accordance with a strict code of ethics, which requires confidentially, accountability and clinical supervision. The TSI must ensure that funded organisations are aware of these requirements.

How much organisations can apply for

There are no specific limits on the size of grant that TSIs can set for the Fund locally. This is a matter for the local TSIs and the partnership group to establish, using their knowledge of local circumstances and discretion and with reference to fulfilling the aims and terms of the Fund.

However, TSIs should:

Ensure a broad reach across small community organisations through the distribution of a significant proportion of smaller value grants. We would expect the majority of funding to go towards smaller scale community projects (for example amounts of less than £10,000 per annum).
Ensure the vast majority of bids are under £50,000.

The reporting expectations should be proportionate – for example, a bid for £50,000 would require more detail than one for £500. Please see the Evaluation and Reporting Section for the standard data being collected from all funded organisations.

When organisations can apply

TSIs can set their own exact timeframes (i.e. open and closing dates). However, TSIs must ensure that their **local application processes should be live no later than 18 September 2026 and 17 September 2027.** While local promotion will be ongoing, on the live date, the Communities Team will ensure national communications (i.e. SG tweets) and sharing to national networks etc. If there any issues with this deadline, please contact the Communities Team to discuss further.

While all funds must be distributed to community organisations by end of March 2027 and March 2028, respectively, TSIs should strive to distribute funds as early in the financial year as possible to maximise impact on communities each financial year.

Equalities considerations and supporting at risk groups.

The Fund should be inclusive of the following priority 'at risk' groups:

Women, particularly women experiencing gender based violence; people with a long term health condition or disability; people from a Minority Ethnic background; refugees and those with no recourse to public funds; people facing socio-economic disadvantage; people experiencing severe and multiple disadvantage; people with diagnosed mental illness; people affected by psychological trauma (including adverse childhood experiences); people who have experienced bereavement or loss; people disadvantaged by geographical location (particularly remote and rural areas); older people (aged 50 and above); people with neurological conditions or learning disabilities, and from neurodiverse communities; Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities; and young people aged 16-24.

Young people aged 16-24 were added to this list in Year 5. As set out above, we recognise that there is some overlap with the CYP supports provided via local authorities and would encourage TSIs to work in partnership to align planning and delivery of the two sets of supports.

Local partnerships can consider which of these groups and any locally identified groups will be a priority for the Fund in your local partnership plan, in line with local needs.

Please see Part 3 for further information about some of these target groups to aid the delivery of the Fund.

Ensuring equality of access and full participation from all relevant and at risk communities is a priority of this Fund. Local plans must take into account equalities considerations. Plans should identify mechanisms to publicise the Fund widely, involve groups and communities from across the risk groups and ensure provision of sufficient support to enable equality of access for generally excluded/seldom heard from communities. Projects should also be encouraged to consider the accessibility of the funded activity for all groups and any specific target groups relevant to the activity. All of this work should build upon the approaches developed over the 5 years of the Fund.

There are a range of accessibility toolkits and TSIs are encouraged to share any good practice through the Fund's National Network. Below are a couple of example toolkits and resources used by some TSIs:

- Let's get Active, Connected and Included! - SCLD has produced a set of documents to help people with learning disabilities become more included in their local communities.
- IN-Ren Race Equality Toolkit (inrenequality.org)

- Towards Culturally Safe Systems: A Thematic Synthesis of five reports for Recovery and Inclusion in Scotland (2008–2025) - Scottish Health Action on Alcohol Problems

Involving those with lived experience

People with lived experience must be involved in the partnerships and fund administration process from an early stage and in ongoing planning and decision making. In the context of this Fund, lived experience could, for example, include experience of mental health challenges, of being part of a marginalised group or of benefiting from mental wellbeing initiatives. By engaging with those with lived experience, better outcomes can be achieved.

We would encourage you to review the wide range of best practice on lived experience approaches highlighted in the previous years' reports, including the externally commissioned Fund evaluation report. The reports demonstrate the value gained through the involvement of lived experience.

Roles and responsibilities

The Fund will be delivered through the same approach as before - a locally focused and co-ordinated approach, with an emphasis on collaboration across all processes. Local partnership groups should:

- be comprised of TSIs, Integration Authorities (via Health and Social Care Partnership Chief Officer or representative) and a range of other local partners including local authorities
- build upon existing partnerships, networks and alliances - to work together to ensure that support to community based organisations is directed appropriately and in a coherent way.
- prompt wider reflection on continuity of planning, action and wider engagement around how we support community mental health and wellbeing in future and align this with Primary Care

Lead funding partners

Funds from the Scottish Government will be distributed in all 32 regions of Scotland by local TSIs who will each act as the lead funding partner. They will work collaboratively with the other local partners, particularly with Integration Authorities (via Health and Social Care Partnership Chief Officer or representative) to establish local need and a process to distribute the Fund locally in line with the fund aims, priorities and criteria, in keeping with local strategies and priorities.

The main fund and the TSIs' administration and capacity building grant should be used to:

- **Strengthen the role and capacity** of those working to support community mental health and wellbeing, including for example local third sector organisations, small community groups etc.
- Strengthen the **learning, development and capacity building** across those in receipt of this funding
- Build wider **capacity and ensure sustainability** over time
- **Utilise an asset-based** approach to working with communities to plan and co-design learning and capacity building opportunities
- **Minimise bureaucracy** and ensure application and monitoring processes are fit for purpose, accessible and prevent delays in money reaching the communities that would benefit most
- Promote a **co-production** approach to developing local solutions for communities and individuals, encouraging recognised participants to work alongside new providers and partners from other sectors and ensuring that the voice of lived and living experience is at the forefront in all stages of the process
- Demonstrate the value of **partnership working**

The table below outlines the roles and responsibilities of the different members of the partnership groups.

Task / Role	TSI	Integration Authorities(via HSCP Chief Officer or representative)	Other partners	Scottish Government
Planning Assess local priorities within the scope of Fund criteria	Coordinate local plan and sharing of this with Scottish Government	Contribute - with specific input in terms of IA strategic plan and local mental health plans	Advisory – particularly equalities groups and those with living experience	Support, advise and share with National Oversight Group
Seek fund applications	Lead – action to promote the Fund	Contribute	Advisory	Promote Fund through existing networks
Devise fund administration processes	Lead	Contribute	Advisory - particularly equalities groups and those with living experience	Advise and support where needed
Assess local funding applications	Lead	Contribute	Contribute	No role – guidance provided sets out broad parameters of the Fund
Capacity building with potential applicants	Lead	Contribute	Advisory - particularly equalities groups and those with living experience	Support through Communities Mental Health and Wellbeing Network and National Oversight Group
Evaluation and Monitoring	Lead - devise local monitoring and report to Scottish Government	Contribute	Advisory - particularly equalities groups and those with living experience	Collate local partnership plans; coordinate national evaluation; devise reporting templates in line with this
National Oversight Group	Contribute	Contribute	Contribute	Lead
Networking / sharing practice	Lead	Contribute	Contribute	Lead to support the National Network

Strengthening partnerships in Years 6 and 7

Although the TSIs and Integration Authorities are critical partners, broad collaboration is important to ensure outcomes are inclusive and have maximum impact. The Year 5 Local Partnership Plans indicated a decrease in membership across the local partnership of the Fund, this includes: Local authority mental health leads; local authority (other); people with lived experience; third sector organisations (not mental health); umbrella groups and representative organisations; community link workers; and suicide prevention leads. Consideration should be given to boosting participation from these groups.

TSIs should look to continue to build upon partnerships and aim to work with, involve or consult a range of relevant bodies, such as:

- Community Planning Partnerships
- Local authority / HSCP leads for CYP supports
- Local employability partnerships
- Community anchor organisations
- Umbrella groups and organisations which represent particular geographies or key priority groups i.e. Minority Ethnic groups, Regional Equalities Councils, Scottish National Rural Mental Health Forum, LEADER network for Rural Scotland
- Community Link workers
- Suicide prevention practitioners i.e. the local suicide prevention implementation officers
- Other sectors such as culture, physical activity, heritage, green and outdoor space

The National Communities Mental Health and Wellbeing Network (TSI National Network) can help provide some national support around facilitating these connections, amongst connecting with one another individually or through the TSI Scotland Network.

There has been some good partnership working in certain areas to share learning and ensure coherence between the adult community mental health and the CYP supports allocated to local authorities, such as overlap of steering group members, collaboration to fund grassroots projects and TSIs being involved in distributing both sets of funding.

From 2025, the £15 million per annum funding provided to local authorities by the Scottish Government in relation to CYP supports was baselined into the local government finance settlement.

The Fund evaluation recommends ongoing work to ensure coherence is achieved in all local areas. Therefore, TSIs are encouraged to work closely with local partners involved in the CYP supports, and this is also reflected in the guidance provided to local authorities.

We would ask any TSIs with examples/experience of good partnership working with local authorities, to please share these with the TSI Network.

Local partnership plans for the Fund

The TSIs will coordinate the co-production of a Fund local partnership plan which should set out priorities for spend locally within the parameters of the fund criteria. The purpose of the local partnership plans is to:

- Ensure coherence of approach locally
- Tie into existing planning for mental health and community wellbeing
- Provide a strategic approach to addressing identified priorities locally in line with fund criteria
- Take account of current provision and address evidence on gaps in support
- Agree a set of outcomes for community mental health and wellbeing support locally and

in line with the Mental Health and Wellbeing Strategy outcomes, identify the contribution the Fund will make to these

TSIs must engage closely with HSCP Chief Officers or representatives on the plan to ensure fit with strategic plans of IJBs. The plan may be shared with integrated joint boards which, where possible, should be involved in agreeing plans. The plans should consider coherence with other funding streams including the CYP supports . They should also consider the wider funding landscape, taking account of any intelligence shared through partnership groups about financial challenges elsewhere that could impact on projects.

The format for the local partnership plans should be decided locally. As outlined in the reporting section, TSIs will be asked to provide basic summary reporting on the local partnership plan approach.

In order to connect up the system at a local level, information on what has been funded through the Fund and its impact (i.e. numbers using the support, impacts on individuals and so on) should be shared by each TSI with their integration authority who should update local mental health strategies and plans in line with this. To measure impact of the Fund and ensure connections are made across the system, the TSI and local partnership (where possible) should draw on local data and statistics relating to mental health and wellbeing held by General Practitioner practices and NHS services - such as numbers of referrals for mental health difficulties, numbers of people rejected for therapeutic support.

National Communities Mental Health and Wellbeing Network

The Scottish Government will continue to support Third Sector Interfaces by running the TSI National Network providing opportunities to share practice, network and develop capacity. TSIs are encouraged to suggest agenda items.

The TSI National Network is attended by TSI representatives directly involved in the Fund management and administration. TSIs also represent their partnerships at these meetings.

National Oversight Group

The role of the National Oversight Group is to:

- Provide oversight of the delivery of the Fund, providing the role of a critical friend to the process
- Make connections with other relevant national developments on mental health
- Advise on evaluation and reporting best practice and provide feedback on progress locally in line with this
- Inform updates to the Minister for Social Care, Mental Wellbeing and Sport on progress
- Focus meetings on discussion of emerging risks, updates on progress of key actions, and any mitigating actions that require to be taken.

Funding arrangements

With regards to the main funding allocation (£15 million in each year), allocations to TSIs will be based on the NHS Scotland Resource Allocation Committee Formula (NRAC), which is commonly used in mental health allocations. The details of the main fund allocation will be outlined in the main grant letters.

Additional funding (on top of the £15 million per annum) will also be distributed to each TSI in recognition of the effort required in the administration of the Fund and in provision of capacity building support. In Year 6, this funding was increased by approximately 5%, with a minimum baseline payment of £7,000 for the Island TSIs.

As was the case from Years 3 onwards, TSIs have the flexibility to use up to 1% of their local allocation of the main funding (their share of the £15 million) in each year to support further capacity building activities among community organisations applying to the Fund **(see capacity building support section below for further information)**.

Please note that the actual amount (the value of 1% for each TSI) will be detailed in the Grant Offer Letter.

TSIs will be asked to report in end year returns due by end April 2027 and April 2028 whether any of the main fund allocation was used for these purposes and the nature of the activities undertaken. We will ask TSIs to provide a full breakdown of costs for administration and capacity building work, both for funding received under the administration grant and the main grant. This will allow us to better understand the nature of this spend and any impacts of multi-year funding on these costs. **A template is provided at page 26 of this guidance for ease.**

In Year 4, 56% of TSIs reported that they had used the option to allocate up to 1% of the main fund for capacity building.. TSIs reported that they had used this in a number of ways, for example to support internal assessors, giving staff an opportunity to gain experience/understanding in funding assessment or providing one-to-one guidance and support to organisations and running webinars.

For projects awarded multi-year funding, TSIs may wish to include the following text in their grant awards letters: “The value of the grant payable in year three is an indicative confirmation and cannot be taken as a guarantee: all indicative funding commitments are subject to the outcome of any spending review by the Scottish Government and approval of the annual Budget Bills by the Scottish Parliament during this period.”

Fund administration

TSIs will take the lead in administering the Fund, securing input from their Integration Authority and wider partners throughout. This will involve:

- Setting in place a ‘light touch’ application process
- Promotion and awareness raising of the Fund locally
- Inviting bids from individual community groups and organisations
- Providing capacity building support to ensure access for less well developed organisations
- Considering potential of collaboration of bids and partners where possible
- Assessing bids, undertaking due diligence on applicants and making funding decisions in line with the local partnership plan and fund criteria as set out in this guide
- Issuing grant letters and managing payments appropriately to individual community groups and organisations
- Taking a lead on gathering intelligence, monitoring progress and sharing practice in their locality
- Submission of evaluation and reporting data to the Scottish Government (in line with requirements set out in the evaluation and reporting section of this guidance).

Due Diligence

Due diligence processes should be proportionate, taking account of how much funding is being sought.

For larger grants, due diligence processes must include an assessment of applicants’ funding arrangements, particularly in the case of multi-year awards. TSIs should seek to obtain assurance regarding a project’s viability for the duration of the Communities Fund grant and sustainability in the longer term. In order to do this, TSIs may wish to consider:

- Whether an applicant’s income streams are sufficiently diverse so as to be sustainable in the medium-to-long term

- Whether an applicant has contingency plans for the possibility of part (or all) of its funding coming to an end
- Whether, based on information provided by the applicant, there can be reasonable certainty that their funding arrangements safeguard it from potential funding shortages.

All applications should be considered against the *Four-Limbed Subsidy Test* to determine if funding constitutes a subsidy. This does not need to be a comprehensive review, but you must undertake a brief check for your own records that you have considered the four limbs and determined whether the funding being provided is a subsidy or not.

Application process

TSIs now have well established systems in place to administer the Fund. Application processes can be further adapted around existing local funding arrangements, such as if a community commissioning approach is being used. These arrangements and decision making structures must be representative, with good involvement of people with lived experience, and include sufficient training, expertise and knowledge to enable decision making based on objective criteria.

TSIs must continue to ensure that application processes are simple in order to enable small scale and inexperienced applicants to access funds. TSIs are encouraged to share best practice from Year 5 application processes via discussions in the National Network and through the TSI online platforms.

Some TSIs have produced their own local guidance and are encouraged to share with the Network. For reference here are links to some TSIs' local guidance. These are in relation to Year 5, however, they are for reference only and to give a flavour of what has been produced previously. We would ask TSIs to share updated Year 6 and 7 guidance with the TSI Network when it becomes available.

- Voluntary Sector Gateway West Lothian - Local Guidance for Year 5
- East Dunbartonshire Voluntary Action - Local Guidance for Year 5

In terms of the information that is required from projects to inform monitoring submitted to SG, the evaluation and reporting section of this guidance sets out the SG requirements and provides a standard set of questions for projects to gather this information in consistent manner.

Capacity building

TSIs, with support from wider partners, will continue to have a key role in building capacity with the individual community groups, from supporting them to complete basic funding applications to providing advice and assistance and making connections throughout the project. TSIs continue to offer pro-active and responsive support to applicants which includes, but is not limited to, training in funding, outcome monitoring and evaluation and support with application writing, as well as support throughout the application process

Capacity building remains a key purpose of the management grant. As mentioned previously, TSIs can also, if need be, use up to 1% of the main fund allocation, as detailed in the Grant Offer Letter, to directly support community organisations.

The management grant and this optional use of the 'main' funding can be used for a range of activities that directly benefit and support the accessibility of the Fund to community organisations and/or develop their capacity in terms of supporting mental health and wellbeing. This may include activities such as promoting the fund, providing training opportunities and increasing awareness for potential applicants and funded organisations i.e. applying to the fund for support, how to evaluate the impact of a project in terms of health and wellbeing, or specific mental health and wellbeing training such as trauma informed approaches etc.

This flexibility is not intended to fund the basic administration of the Fund, such as involvement of TSI staff in assessing applications nor to fund the development of wider TSI systems or processes not focused on the Fund. Please contact the Communities Team if you are unsure whether it is appropriate to use the main fund allocation for your planned capacity building activities.

We are also aware that the TSI core grant includes a capacity building function. We understand that capacity building for this Fund will contribute to wider capacity building for the third sector, given the Fund's wide reach. It is appropriate to make reference to the capacity building undertaken for this Fund during your core grant reporting mechanisms.

Assessing applications

When assessing and agreeing individual bids, it will be the responsibility of the local partnership group to look at individual applications as well as strategically at the coherence of proposals across their area, in line with their local partnership plan. Part of this oversight should include an assessment of the impact on specific groups and provision of this information though monitoring processes.

Promotion of funded projects

To improve signposting to the wealth of community supports afforded by the Fund, TSIs must ask projects to register their projects on ALISS and signpost on other local directories where relevant. We would encourage TSIs to add this requirement to funded projects' grant letters. .

ALISS is being used by GPs and community link workers to signpost available supports so it is important that this is kept up to date. However, where websites, directories or other approaches are used locally, we would encourage you to ensure these are kept up to date too. TSIs should encourage projects to remove projects from directories in the event that they are no longer in operation.

We are always looking for up to date information on any directories being used locally in order to help us consider improvements to national signposting. If you have a local directory please forward a link or details of where it can be accessed to Maggie.Young@gov.scot.

Fund Branding

The Fund should be referred to as the **Communities Mental Health and Wellbeing Fund for Adults.** It is appropriate to add your local TSI region to branding to make clear that the application process etc relates to your area. Please ensure the Scottish Government logo is included alongside any of your own logos (i.e. name of TSI).

A copy of the Scottish Government logo is below. Right click on the image and choose 'Save picture as...' This will download the file and save it in the location you have chosen.

Evaluation and reporting

As the grant holders, TSIs have overall accountability for spend at a local level and should undertake appropriate monitoring and evaluation on funded projects to ensure necessary information is gathered for your role as the grant holder. This section outlines the national reporting requirements needed by the Communities Team by the timescales set out below. This includes a standard set of questions for projects to ensure consistent national data can be gathered from the

outset.

Summary of requirements: Years 6 and 7

The Fund and its delivery model are now well established and the external evaluation of the Fund highlighted the success of the delivery approach adopted by TSIs. Years 6 and 7 reporting requirements will continue to have a focus who has been funded, for what purpose and the impact this funding has had on peoples' mental health and wellbeing.

New information required has been highlighted. Over summer 2026, there may be amends to ensure the wording of questions supports qualitative returns for analysis purposes. TSIs will be kept informed.

Years 6 and 7

Local plan summary feedback (by 12 October 2026 and 11 October 2027) - to be focused on:

- Which national and local priorities and target groups are being prioritised
- Partners involved
- Any risks identified in local plan and mitigating actions
- Any changes to planned fund administration for Years 6 and 7. This should specifically reflect any changes made as a result of the Fairer Funding pilot.
- Confirmation that you have appropriate due diligence processes in place, including consideration of subsidy control and Fair Work First policies

End year reporting (by the end of April in each year)

One excel template should be submitted by each TSI on 30 April 2027 and again on 30 April 2028. This will include one sheet on the funded projects, one sheet with the TSI collated figures and one sheet on TSI administration and capacity costs.

Sheet 1 - Project level information

- Organisation name
- Project name
- Project aims/description
- Type of initiative
- Size of organisation
- 1 Year Grant (Year 6)
- 2 Year Grant (Year 5-6)
- 2 Year Grant (Year 6-7)
- 3 Year Grant (Year 5-7)
- Value of grant awarded in current financial year
- A breakdown of spend in multi-year awards (e.g. Year 6: £6,000 and Year 7: £6,000)
- Key priorities and target groups reached, including child poverty's 6 priority families
- Additional matched funding achieved
- Source of additional matched funding
- Where there are multiyear grants (2 or 3 year), was matched funding agreed over the entire duration of the multi-years or just in a single year?

Sheet 2

TSI collated figures on:

- Number of applications
- Number of awards made in current financial year
- Number of organisations
- Grant received (main fund)
- Amount spent on 14 April of financial year (main fund)

- Amount spent from main fund on specific capacity building support to community organisations (i.e. the up to 1% option) (including *amount and summary no more than 250 words on what the capacity building funding was used for)*
- Underspend on 14 April of financial year (main fund)
- Grant received (admin grant)
- Amount spent (admin grant)
- Underspend on 14 April of financial year (admin grant)

Sheet 3 – Administration costs breakdown

TSI collated figures on:

- Staff costs
- Volunteer expenses
- Training costs
- Administrative costs
- Travel expenses
- Assets & equipment
- Marketing/events
- Capital spend
- Other

Evaluating and sharing impact of Year 6 and 7 projects

(end of April 2028 and end of April 2029)

Standard evaluation questions (**see section C below**) are to be shared with projects for completion for:

- Year 6 (either single or multi-year from Year 5) projects by the end of April 2027; and
- Year 7 (either single or multi-year from Year 5) projects by the end of April 2028

Collated returns should be shared with SG (via MS Forms). We appreciate that some projects may be running past this date, however, it will be helpful to have a record of impact at this point in time.

While we understand that most feedback on impact won't be available until the dates above, we are keen to gather early examples of impact where they exist. TSIs are encouraged to share examples of emerging impact as they arise, by sending to the Communities Team and sharing these with the National Network.

Reporting requirements - full detail

a) Local Plan reporting

A short online survey will be sent to TSIs in September 2026 and September 2027, for completion by 31 October 2026 and 31 October 2027, with the following questions:

List of all partners involved in local partnership group in Year 6 and 7	*(tick all that apply, plus other category)* • *Health and Social Care Partnership* • *Local authority mental health leads* • *Local authority (other)* • *Community Planning Partnerships* • *People with lived experience* • *Community anchor organisations* • *Umbrella groups and representative organisations* • *Community link workers* • *Suicide prevention leads*

	• *Mental health third sector organisations* • *Third sector organisations (not mental health)* • *Police Scotland* • *Local employability partnerships* • *Other (free text)*
National and local priorities and target groups	• Which national priorities and target groups are prioritised in your local partnership plan? *tick all that apply:* • suicide prevention • social isolation and loneliness • addressing poverty and inequality • Women (including women experiencing gender based violence) • People with a long term health condition or disability • People from a Minority Ethnic background • Refugees and those with no recourse to public funds; • People facing socio-economic disadvantage; • People experiencing severe and multiple disadvantage; • People with diagnosed mental illness; • People affected by psychological trauma (including adverse childhood experiences); • People who have experienced bereavement or loss; • People disadvantaged by geographical location (particularly remote and rural areas); • Older people (aged 50 and above); • Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities • Neurodiverse groups • Young people aged 16-24 Have other local priorities (themes or groups) not listed in the national priorities been identified in your local partnership plan? *Yes/No* *If Yes- please list (free text)*
Learning /changes	Please outline any changes to the planned fund administration for year 5 and 6, reflecting specifically on any changes resulting from the Fairer Funding pilot.
Risks	a) Can you outline any risks that you have identified in your partnership plan in terms of your delivery of the Fund in line with fund guidance, and detail any mitigating actions set in place. *(Free text)* If the Communities Team can provide any advice or support on these risks, please contact us.

b) End Year Reporting

TSIs will complete an excel return by 30 April 2027 for Year 6 and 30 April 2028 for Year 7. This template is attached in the grant letter guidance email.

If there are multi year awards for Year 6 and 7, similarly to Year 5 guidance, the excel return in April 2027 will act as an interim report, whilst the April 2028 report will act as a final report.

See a summary of reporting requirements below.

PLEASE DO NOT INCLUDE UNFUNDED PROJECTS IN THE END OF YEAR EXCEL RETURNS

End year reporting questions for projects

To ensure consistent and comparable information can be collected and used to collate national impact, the following table outlines a standard set of questions for all projects which can be gathered in application forms. TSIs can then collate returns and submit in Sheet 1 of the end year reporting by the end of April 2027 and the end of April 2028.

Question heading	Question wording For projects	Answer Choices For projects	Advice for TSIs submitting excel return
Organisation Name	**Organisation Name**		Free Text, first letter capitalisation
Name of Project	**Name of Project**		Free Text, first letter capitalisation
Type of Project	**Please tick which of these descriptions best describes your project: (choose one)** TSIs may want to add other types of project to a list (these would be reported in the other category)	• Befriending • Peer support • Counselling • Therapeutic • Mentoring • Financial inclusion/cost of living • One to one • Group activity • Equipment • Food • Nature • Social • Arts and crafts • Maintenance/repair • Sport or physical activity • Culture • Other	Select the option which best reflects the activity of the project. If choosing 'other' please expand your reply to give some detail Information must be returned using the exact spelling as the answer choices.
Type of Project (Other)	**If Other please describe**		Free Text
Project Aims	Please describe the project including its key aims and activities, and how this supports mental health and wellbeing		Free Text. Please review for grammar quality. 100 words max.

	(maximum 100 words)		
Project Target Group	**Is your project: for the general population (general), open to all but with a focus on particular target groups (targeted) or aimed directly at particular target groups (restricted)?**	• General • Targeted • Restricted	Select One. Information must be returned using the exact spelling as the answer choices.
Target Groups *This is 14 separate columns/ fields each containing one of the answer choices prefixed by "TG:" as the field name.*	**The project does not need to be targeted at specific groups, but if it is targeted, which group/s of people are you seeking to reach (choose up to three):** TSIs may want to add additional local priority groups to their list (which will be collected in other category)	TG: Women (including women experiencing gender based violence) TG: People with a long term health condition or disability TG: People from a minority ethnic background TG: Refugees and those with no recourse to public funds TG: People facing socio-economic disadvantage TG: People experiencing severe and multiple disadvantage TG: People with diagnosed mental illness TG: People affected by psychological trauma (including adverse childhood experiences) TG: People who have experienced bereavement or loss TG: People disadvantaged by geographical location (particularly remote and rural areas) TG: Older people (aged 50+) TG: people with neurological conditions or learning disabilities, and from neurodiverse communities.	Your submission will have each of these target groups as a column. The relevant columns should be marked with a "Y". No more than 3 columns should be marked. A final column will include "Other". This will be free text and can include any other priority groups the local TSI identified.

		TG: Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities TG: Other TG: Young people aged 16-24	
Target Group(TG): Other Description	**If other please describe**		Free text
Priority families most at risk of poverty	**The following family types are considered to be most at risk of poverty. Please select any (or all) who are highly likely to engage with this project.**	Lone parents Families with a disabled family member Families with 3+ Children Minority ethnic families Families where the youngest children are under 1 year old Mothers aged less than 25	Tick all that apply.
Priorities (4 columns) *This is technically 4 separate fields each containing one of the answer choices prefixed by "Priorities:" as the field name.*	**Which of the following priorities does your project contribute to:**	• Priorities: suicide prevention • Priorities: social Isolation/loneliness • Priorities: addressing poverty and inequality • Priorities: other TSI may want to add local priorities to the options, which would be submitted in the other category below	Tick all that apply. Each of the three core priorities will be a field which should be completed with a Y. There will also be a fourth 'Other' column that TSIs can complete with free text.
Priorities: Other Description	If other please describe		Free text
Organisation Size	Please select the category which describes the income of your organisation:	• Organisation with income up to £5,000 • Organisation with income up to £10,000 • Organisation with income up to £25,000 • Organisation with income between £25,000 and £100,000 • Organisation with income between £100,000 and £500,000 • Organisation with	Select One. Information must be returned using the exact spelling as the answer choices.

		income between £500,000 and £1 million per annum • Organisation with income over £1 million per annum	
New / Existing Project	Is your application for a new project or for a continuation/expansion of an existing project? (Select one)	• New project • Existing project (funded through the Communities Fund) • Existing Project (New to Communities Fund but funded previously through another funding organisation)	Select One. Information must be returned using the exact spelling as the answer choices.
Funding Requested	**Please enter the amount of funding requested**	**PLEASE DO NOT INCLUDE UNFUNDED PROJECTS IN THE END OF YEAR EXCEL RETURNS**	Numerical. Rounded to the nearest whole number of pounds. No currency signs or commas.
Volunteers	**Please enter the number of volunteers involved in delivering the project**		Numerical.

As per the excel template, please note the additional information for completion by TSIs for the end year reporting excel return by the end of April 2027 and 2028
Sheet 1 on each funded project:

Funding Awarded	The amount of funding allocated by your TSI to the organisation		Numerical. Rounded to the nearest whole number of pounds. No currency signs or commas
Capital Funding Awarded	The amount of funding allocated by your TSI to the project for capital use		Numerical. Rounded to the nearest whole number of pounds. No currency signs or commas
TSI Region	The TSI region the		Tick box (TSI

	funded project applied to		region options)
Matched funding	The value of matched funding achieved for this project		
Matched funding organisation	The name of the organisation providing matched funding		Text box

Sheet 2 – collated spend returns by TSIs

Please note that there is a sheet 2 for all spend figures, application numbers etc.

c) Evaluating and sharing impact

The following questions have been drafted with input from TSIs and draw upon some aspects of the external evaluation questions.

TSI should ask projects these questions to gather impact evaluation data and should submit to the Communities Team by the end of April 2028 and 2029 via the survey link provided at the appropriate time. TSIs can ask any additional questions that are helpful locally but by gathering feedback on the standard questions below.

We require 3 case studies from each TSI, some of these may be included in an Impact Report which will be published by Scottish Government.

Evaluating impact – Questions to ask projects

What we did:

Please outline activities undertaken, including the following details:

- How many activities were undertaken?
- How many participants benefitted?
  Where possible, please include an estimate of the total number of people who benefitted (not counting repeat attendances)

Please let us know of any achievements to date that you are particularly proud of, or that demonstrate the difference made to individuals mental health and wellbeing (max 500 words).

Please tell us how you achieved each of your proposed outcomes:
*The outcomes your project should have delivered against were in your funding agreement and you **MUST** use these outcomes as described.

- The outcome:
- What methods were used to gather evidence:
- Did you achieve the outcome? What are the indicators that demonstrate success?:

Challenges/changes (max 350 words): Any problems you encountered that slowed progress, stopped the outcomes happening or things that were changed.

Evaluating impact – Survey for participants

PLEASE NOTE. THE SURVEY QUESTIONS BELOW MAY CHANGE SLIGHTLY BUT THESE STILL GIVE A GOOD INDICATION OF THE DATA WE WILL BE COLLECTING. WE WILL ADVISE TSIS IN GOOD TIME OF FINAL QUESTIONS. MEANWHILE, FUNDED PROJECTS SHOULD BE MADE AWARE OF THIS SURVEY.

For Years 6 and 7, TSIs should provide the survey below to all projects to disseminate to participants. The Communities Team will provide a link to the survey in MS Forms format, as well as Word and PDF versions. TSIs will be asked to disseminate the survey in June each year. They will also be asked to disseminate the survey to any winter-only groups in January each year The survey will remain active for a period of 8 weeks from the date it is opened. An information sheet on the survey, including privacy notice, will be included at the point of issue. TSI or project representatives are welcome to support any participants whose first language is not English to fill out the survey.

1) Please tell us the name of the group or service you have attended

2) Please tell us where you accessed this group or service (Council area)

3) How did you find out about this group or service?
   - Online
   - Word of mouth
   - Referral (from a GP, Community Link worker, other professional)
   - Other (please specify)

4) How long have you been accessing this group or service?
   - 0-3 months
   - 3-6 months
   - 6 months +

5) We would like to understand whether involvement with this group or service has helped your mental health and wellbeing. Based on your participation so far, to what extent to do you agree with the following statements?:
   - Participation in this group or service has helped me feel happier and more content (strongly disagree/disagree/neither agree nor disagree/agree/strongly agree)
   - Participation in this group or service has helped me connect with others (strongly disagree/disagree/neither agree nor disagree/agree/strongly agree)
   - Participation in this group or service has helped me to feel a sense of belonging in my community (strongly disagree/disagree/neither agree nor disagree/agree/strongly agree)
   - Participation in this group or service has helped me cope better with difficult situations in my life (strongly disagree/disagree/neither agree nor disagree/agree/strongly agree)
   - Participation in this group or service has helped improve my confidence and self-esteem (strongly disagree/disagree/neither agree nor disagree/agree/strongly agree)

6) Is there anything else you would like to tell us?

Sheet 3 – administration costs breakdown

Please use this sheet to record administration and capacity costs. This should include a breakdown of spend through the Administration and Capacity Grant plus any of the 1% allocation of main funding used for capacity building activities.

TSIs may also wish to record any spend relating to the Fund that is covered centrally by TSI budgets in the final box for completeness. This will not be included in the total for reporting purposes but will enable scrutiny of all costs.

Cost Breakdown - Draft template										
									Overall Total Cost	#REF!
Staff Costs										
Role Title										
No. of FTE										
Total Cost (Per Annum)	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00		
Total Cost	£ -									
	Recruitment Costs									
	Cost	No. of Roles								
Marketing & Recruitment Process (i.e. interviews etc.)										
Onboarding										
Total Cost (Per Annum)	£0.00	£0.00	£0.00	£0.00						
Total Cost	£ -									
Training Costs										
	Course Name	**Cost Per attendee**	**Course Name**	**Cost Per attendee**	**Course Name**	**Cost Per attendee**	**Course Name**	**Cost Per attendee**		
In House Staff		£ -		£ -		£ -		£ -		
Cost per Annum	£ -		£ -		£ -		£ -			
Training delivered to organisations		£ -		£ -		£ -		£ -		
Cost per Annum	£ -		£ -		£ -		£ -			
Total Cost	£ -									
Events & hall hire										
	Cost per annum									
Events	£ -									
Hall hire (community spaces)	£ -									
Other	£ -									
Total Cost	£ -									
Utilities & running costs										
	Cost per annum									
Utilities	£ -									
Other	£ -									
Total Cost	£ -									
Travel expenses										
Travel										
Total Cost	£ -									
Volunteer expenses										
Expenses										
Total Cost	£ -									
Equipment										
Equipment purchased										
Total Cost	£ -									
Other Costs										
	Cost per annum									
Input as required										
Input as required										
Input as required										
Total	£ -									
Centrally covered costs (any Communities Fund activity paid from TSI core budget)										
Total	£									

Fund Delivery Timeline

March 2026	▪ Grant award letter and administration award letter to issue to TSIs ▪ Claim for Year 6 funding to be returned by TSIs to Scottish Government for payment
April 2026	▪ Year 4 evaluating impact (Impact Case Studies) returns to be submitted ▪ Year 5 End Year Report returns to be submitted
3 June 2026	▪ **National Network Meeting**
July/August 2026	▪ National Fund Guidance for Year 6 and 7 to be distributed to TSIs ▪ Local partnership groups develop high level local plans for use of the Fund in their area and set overarching aims for use of the Fund locally ▪ Capacity building support for potential applicants that need this
5 August 2026	▪ **National Network Meeting**
18 September 2026	▪ TSIs should ensure that the Fund is 'live' for applications from community groups no later than Friday 18 September Exact timings i.e open/closing dates can be decided locally. ▪ Ongoing collaboration by local partnerships around Fund decisions
October/November 2026	▪ Submit local plan summary template to Communities Team for consideration by the National Oversight Group by 12 October. ▪ National Oversight Group review local plan template analysis
28 October 2026	▪ **National Network Meeting**
3 February 2027	▪ **National Network Meeting**
March 2027	▪ Year 6 funding to be fully distributed to community organisations no later than 31 March 2027. ▪ Scottish Government to issue **Participant Survey** link/form for distribution to projects
April 2027	▪ Year 5 evaluating impact returns to be submitted ▪ Year 6 end year excel returns to be submitted (acting as interim reporting for two-year awards), including administration costs breakdown ▪ Grant allocations and any changes to National Guidance confirmed for Year 7 ▪ Claim for Year 7 funding to be returned by TSIs to Scottish Government for payment
5 May 2027	▪ **National Network Meeting**
May 2027	▪ **Participant Survey closes 31 May.**
June 2027	▪ Commencement of Fund discussion and planning by local partnership groups (to assess local need, consideration of existing plans, gap analysis)

June/July/August 2027	▪ Local partnership groups develop high level local plans for use of the Fund in their area and set overarching aims for use of the Fund locally ▪ Capacity building support for potential applicants that need this
August 2027	▪ **National Network Meeting**
17 September 2027	▪ TSIs should ensure that the Fund is 'live' for applications from community groups no later than Friday 17 September. Exact timings i.e open/closing dates can be decided locally ▪ Ongoing collaboration by local partnerships around Fund decisions
October/November 2027	▪ Submit local plan summary template to Communities Team for consideration by the National Oversight Group by 11 October 2027. ▪ National Oversight Group review local plan template analysis
November 2027	▪ **National Network Meeting**
February 2028	▪ **National Network Meeting**
March 2028	▪ Year 7 funding to be fully distributed to community organisations no later than 31 March 2028. ▪ Scottish Government to issue **Participant Survey** link/forms for distribution to projects.
April 2028	▪ Year 6 evaluating impact returns to be submitted ▪ Year 7 end year excel returns to be submitted
May 2028	▪ **National Network Meeting**
May 2028	▪ **Participant Survey closes 31 May.**

Fair Work First Requirements

Fair Work First is the Scottish Government's flagship policy for driving high quality and fair work and workforce diversity across the labour market in Scotland.

Our Fair Work First Guidance, updated on 18 November 2024, explains our Fair Work First approach, provides good practice examples to guide employers' approaches and, importantly, explains the benefits of fair work for workers and organisations. It is designed to encourage and support employers to adopt fair work practices within their organisation, focusing on the Fair Work First criteria.

Through Fair Work First the Scottish Government is asking employers in receipt of public sector grant funding to adopt the following criteria:

Mandatory

- payment of at least the real Living Wage;
- provide appropriate channels for effective workers' voice, such as trade union recognition

Desirable

- investment in workforce development;
- no inappropriate use of zero hours contracts;
- address workplace inequalities, including pay and employment gaps for disabled people, racialised minorities, women and workers aged over 50;
- offer flexible and family friendly working practices for all workers from day one of employment; and,
- oppose the use of fire and rehire practice

The mandatory criteria are the minimum standard required for a grant award, and grant applicants should also confirm that they are committed to working towards the five remaining desirable criteria.

With regards to the real Living Wage, the guidance notes that: The real Living Wage condition requires that the following groups of workers who are 16 and over, including apprentices, are paid at least the real Living Wage:

- All staff who are directly employed by the grant recipient and work in Scotland.
- All staff who are directly employed by the grant recipient and directly engaged in delivering the funded activity but based elsewhere in the UK.
- All workers (in a third party organisation) not directly employed by the grant recipient who are directly engaged in delivering the funded activity and based anywhere in the UK.

As with previous years of the Fund, this applies to TSIs as grant recipients. A key condition is that the real Living Wage policy applies to employers commissioned by grant recipients to deliver an aspect of the grant funded activity. This means that staff working in or for the funded community projects (employed directly or commissioned by them) should be paid at least the real Living Wage. It is the responsibility of TSIs to ensure projects meet the real Living Wage condition for those directly involved in delivering the funded activity. The Fair Work First Guidance states that where the cumulative value of grant funding received by an organisation from an individual funder over a single financial year is below £100,000, self-declaration is sufficient.

We appreciate the challenges in implementing the policy particularly for small organisations and low value grants. TSIs may approve a limited exception to meeting the real Living Wage condition where a potential grant recipient genuinely cannot afford to pay the real Living Wage to part(s) or all of its workforce, and therefore withholding the grant would undermine the funder's corporate objectives or delivery of a public service. Further guidance on exceptions can be found in Annex C of the updated Fair Work First guidance linked above. Any limited exceptions should be communicated to the Communities Team as early as possible in the grant management process.

It should be noted that fair work guidance around effective workers' voice does not apply to the funded projects.

Part 2: FAQs

1. CONTINUATION OR RECURRING FUNDING

Will there be any continuation or recurring funding?

This is a 3 year funding cycle however there is no confirmation of funding beyond Year 7 of the Fund. We will update you on this through the Spending Review process.

It should be noted that funding will be time limited and, therefore, applications to the fund should be sought for time limited projects and tests of change.

Are Year 6 and 7 priorities the same as Year 5?

In the main, the core fund priorities as outlined in the fund aims have not changed. All projects should have a prevention or early intervention theme, therefore are not identified as 'priorities' as such in the Year 6 and 7 guidance.

The Fund was initially set up to respond to the effects of the Covid-19 pandemic and this is now not a priority theme. Year 4 and 5 of the Fund sought to also respond to the cost of living crisis and provided increased emphasis on one of the 'at risk' groups – those facing socio-economic disadvantage. Year 6 and 7 will see a continued and important emphasis on supporting mental health and wellbeing of communities through the ongoing cost of living crisis, with a particular focus on supporting the six priority family groups identified in the Best Start Bright Futures: Tackling Child Poverty Delivery Plan and the new plan, Bringing Hope Building Futures Tackling Child Poverty Delivery Plan 2026-2031

2. EXTENSION OF FAIRER FUNDING PILOT IN YEAR 7

How will TSIs allocate Year 7 funding?

In Year 7 of the Fund, TSIs will have greater flexibility to determine what percentage of their grant funding is awarded to single and multi-year projects.

TSIs can award a mixture of

- single year grants
- new multi-year grants (over Year 6 and Year 7)
- a continuation of multi-year grants for a third year (Years 5,6 & 7).

This will mean

- Original pilot projects funded for Year 5 and Year 6 can have their funding extended for a third year into Year 7.
- Projects can apply for a single year funding in Year 6 and apply again for a single year of funding in Year 7.
- Year 6 projects applying for the first time can be funded as part of a multi year cycle for 2 years (Year 6 & 7)
- New single year projects can apply/be funded in Year 7.

If TSIs want to fund new multi-year awards for Year 6 & 7, they should bear in mind that a percentage of Year 7 funding must be used to extend the original pilot projects (Year 5, 6 & 7) and they should also be able to fund single year and new applications in Year 7.

Adding in an additional multi-year cycle for Year 6 & Year 7 will reduce funding for single year applications in both Year 6 & Year 7. It will also require TSIs to administer 2 separate multi-year cycles concurrently, i.e Year 5, 6 & 7 (3 year pilot projects) as well as a Year 6 & Year 7 (2 year pilot projects).

A percentage of funding **must** be awarded for a third year of the pilot project so that the benefits of the pilot are passed on and the impact of the pilot can be properly evaluated nationally.

How do we ensure fairness when making decisions on extending a pilot project?

It is important that projects/organisations understand that funding is awarded based on local plans and priorities. The management of the grant has been devolved to local areas, through their TSI in partnership arrangements that are designed to reflect and benefit local priorities and needs.

How do we ensure consistency across different TSI areas when making decisions on extending funding for the pilot projects?

The demand on the Fund in each area varies significantly and this, coupled with changes over time (e.g. changes within local organisations (personnel, priorities etc. that mean projects come to a natural end), potential variabilities in methodology, engagement, evaluation, all result in very different funding decisions across different localities.

The nature of many grassroots projects is that they are unique and rooted in their community, so consistency between localities would not be possible or practical.

We aim to ensure overall consistency across the programme by having some standard terms that apply across the board, as well as issuing guidance to TSIs and regular engagement sessions with sharing of good practice and information through the TSI National Network.

Do current multi-year projects with allocated money for Year 6, need to submit another funding application for Year 7?

This is for TSIs to decide. If they are satisfied that a project is viable to continue for a third year (Year 7) they can include notification in Year 6 grant letters which would negate the need for Year 7 applications. The amount of funding awarded in Year 7 does not need to be at the same level as previous awards. Again, this would depend on their needs and TSIs must be satisfied that the project will continue to meet expected outcomes over mutliple years.

Why is the pilot project being extended? What additional impact/data can be evaluated from a 3 year project that can't be from a 2 year projects

The Fairer Funding Pilot remains a two year pilot. However, Ministers decided to provide an additional year of funding for a number of initiatives currently within the 2-year Fairer Funding Pilot.

Can applicants in Year 6 apply for multi-year since we have had Year 7 confirmed?

Yes. If TSIs want to run 2 separate multi-year cycles concurrently i.e Year 5,6 and 7 as well as a Year 6 and Year 7, then we would not stop them from doing so. However, it may be onerous for TSIs to run different multi-year cycles concurrently.

A percentage of Year 7 funding still needs to be provided for extend pilot projects (Year 5, 6 and 7) and some should be reserved for single year applications in Year 7. Adding in an additional multi-year cycle for Year 6 and 7 will reduce funding for single year applications.

3. REDUNDANCY COSTS

Clause 2.7 of the Grant Offer Letter to TSIs makes clear that any employment costs arising from the grantee's legal obligations to its employees such as redundancy payments are **not** covered by the grant.

This means that the Scottish Government is not responsible for any employment rights or claims and those are the responsibility of the grant recipient, in this case TSIs.

However, as the grant obligations set out in the Grant Offer Letter do not apply to individual Fund recipients, TSIs must include similar wording to the above, in Grant Letters or funding agreements between TSIs and awarded projects.

Therefore, no additional funds can be accessed over and above the awarded grant for redundancy or other costs related to any employment relationship coming to an end.

Organisations receiving grants involving staff for two years or more should be made aware of this.

4. MONITORING AND EVALUATION

In respect of reporting and evaluation, there will be minimal changes to what is already highlighted in the 25-26 multi-year National Guidance.

We are refining the questions for the Participants Survey in Year 6 and Year 7 and we will communicate any changes as soon as possible to TSIs

5. THE SIZE OF ORGANISATIONS THAT CAN APPLY TO THE FUND

What size of organisation can apply for the fund?

The Communities Mental Health and Wellbeing Fund for adults aims to provide grants to small, grassroots community groups and organisations (i.e. voluntary or community organisations; registered charities; groups or clubs; not-for-profit companies or Community Interest Companies, and community councils).

We are aware of an increase in national organisations applying to the Fund. We would remind TSIs that the majority of grants in each local area should go to small to medium sized groups with incomes less than £1 million to ensure grassroots organisations are supported.

We know that some of these national organisations are doing very specialist work and that a number of local anchor organisations may be over this threshold. The guidance provides flexibility to local partnerships to allow grants to organisations with incomes over £1 million as long as the work is in line with the aims of the Fund. However, these organisations should only be funded by exception. Where local partnership groups identify a need that cannot be met by grass roots, community level organisations, the option is there to fund national organisations that are able to meet that need.

It has come to our attention that some national organisations have been submitting applications across numerous TSI areas. We would suggest that funding application forms include a question about whether an organisation has applied in other areas. TSIs can then cross check the applications before making a decision.

6. WHAT IS THE PROCESS FOR CHANNELLING MONEY TO RECIPIENTS?

The Fund will be granted to TSIs as a single payment for each respective year. It is for the TSI and local partnership group to establish a satisfactory, light touch process for applications and grant payments from the Fund to recipients, ensuring there are adequate processes in place to satisfy minimum standards of accountability and due diligence.

7. WHEN WILL THE GRANT BE PAID INTO TSI BANK ACCOUNTS?

Given the nature of the Fund, payment has always been made by SG to TSIs in advance of need. This has been a key feature that has enabled small-scale, grassroots community initiatives to apply for funding. This will continue into Years 6 and 7.

TSIs should receive funds 2 weeks after returning their signed grant claims. Claims will need to be submitted separately for Year 6 and Year 7, as detailed in the grant letter.

8. WHEN DOES THE FUND HAVE TO BE SPENT BY AND HOW DO WE ENSURE COMPLIANCE WITH PUBLIC SECTOR SPENDING RULES?

This guidance covers financial years 2026-27 and 2027-28 and it is important TSIs understand that they should not hold any funds allocated by the Scottish Government beyond 31 March of the respective financial year for which the Fund has been provided. In practice this means a TSI must have dispersed the funding to agreed projects as soon as possible and by 31 March 2027 and 31 March 2028 respectively at the latest and be able to provide evidence of this through the agreed monitoring process for each of these years.

TSIs must make efforts to distribute funds to organisations as soon as possible in the financial year that the funding has been awarded for. Application deadlines should reflect these principles.

It is for TSIs to manage the use of those funds by projects in accordance with the grant letter and ensure that funded projects are capable of carrying out the obligations for which they are funded. As per the Scottish Public Finance Manual rules there must be a need for the payment to projects to be made in each of the financial years that the Fund covers.

TSIs and funded organisations should be satisfied that in the event of any other funding being withdrawn – e.g. match funding, the project will be able to continue. This is to safeguard Communities Fund money.

The end year reporting requires you to report any underspends. Please notify the

Communities Team about underspends via the end year reporting template and please send an email noting an underspend to Maggie.Young@gov.scot / Lucy.Pullar@gov.scot who will discuss arrangements for returning funds.

Projects have 18 months to spend their funding, therefore underspends from projects may not be apparent until as late as September 2027 and September 2028. However, every effort must be made to return underspends as soon as they are known.

Projects should be encouraged to contact their TSI as soon as possible for advice if they anticipate an underspend. TSIs may be able to suggest solutions which would enable the grantee to reappropriate the funding within the conditions of the grant. This is particularly relevant in respect of very small, less experienced organisations TSIs are also requested to notify the Communities Team as soon as possible if they anticipate any underspend.

9. WHAT TIMESCALE DOES THE RECIPIENT ORGANISATION HAVE TO USE THE FUNDS BY?

Can funded projects (multi-year) carry over any funding between years or must each year's allocation be spent before next year's money should be granted?

As with other years/cycles, TSIs must ensure that funding is spent by projects within 18 months of receipt of funding.

10. CAN OTHER ORGANISATIONS DISTRIBUTE FUNDS ON THE TSIs' BEHALF

Is it legitimate for TSIs to transfer funding to another organisation who would then distribute small grants to other organisations?

After careful consideration, it is considered not appropriate for TSIs to transfer funding to another organisation for distribution. TSIs have been provided with a separate grant to resource the administration of the Fund in line with the national guidance. There would be concerns with the proposed approach in terms of accountability of spend and ensuring funding decisions are made in line with fund aims and in connection with outcomes. Funding decisions should be made in line with the principles of the local partnership working principles as set out in the guidance and this would be difficult to adopt through this approach.

11. CAN THE FUND BE USED FOR EXISTING PROJECTS?

Does the fund have to be used for new projects, or can it be used for expanding projects or continuing existing projects?

TSIs can use the funding to support expanding projects or continuing existing projects. In keeping with the guidance, TSIs should be looking to extend the reach of the Fund to under-represented target groups in your local area, so will wish to be mindful of the split between existing and new projects.

12. CAN YOUNG PEOPLE BE ENGAGED TO DELIVER A PROJECT?

The Fund is intended to benefit adults. If a proposal includes young people as volunteers in delivering support to adults is this still eligible?

The Fund is intended to support people aged 16 and above therefore includes support to young people. As long as the beneficiaries fit the Fund's criteria, such a proposal would be eligible for support from the fund. However, the TSI and local partnership would need to ensure that where young people are involved adequate and satisfactory support and child

protection measures are in place before funding has been agreed. These measures also apply in other instances, for example, where a parent is attending the project and raises an issue which affects the safety of the child/children in their care.

13. WHAT CAN THE FUND PAY FOR?

The Fund is primarily focused on supporting operational and revenue costs – e.g. volunteer and one off fixed term staff costs, expenses, equipment, etc. - to fulfil the activity.

Local Partnerships can allow applicants to request funding for capital expenditure such as the construction, refurbishment and/or purchase of buildings, amenities or vehicles. The benefits of the capital expenditure must demonstrably contribute to the Fund outcomes. Applicants must be awarded no more than £5,000 for such capital expenditure. This limitation does not apply to the purchase of small items of equipment.

14. CAN THE FUND BE USED TO SUPPORT WORK DELIVERED BY THE TSI

Can the fund support a TSIs own projects?

TSI projects – including projects where the TSI is in a partnership with other groups or organisations in delivering the activity - cannot be supported through the Fund.

As the TSI is the lead partner for the Fund in their locality, there is a potential conflict of interest in TSIs accepting applications for the Fund to support their own projects. It is crucial that the process is seen to be objective, open and fair.

We recognise that some TSIs do provide services that are relevant to the Fund's aims. However, in line with the administration grant provided to TSIs to support capacity building, we are also keen that TSIs work to support the wider third sector to fulfil the aims of the Fund.

An exception to the answer above relates to the capacity building aspect of the Fund. Years 6 and 7 of the Fund allow up to 1% of the main fund allocation to be used to support capacity building investment in community organisations applying or being funded through the Fund. This could include paying for external trainers to provide training for projects, such as mental health training or evaluation training. However, it also could be used for additional resource within the TSI to provide capacity building support such as funding support event to reach underrepresented target groups.

15. HOW CAN WE MANAGE CONFLICTS OF INTEREST?

Each TSI has a Board of Directors that also run third sector organisations. What if a director applies on behalf of their organisation? How do we manage this conflict of interest?

TSIs should consider their own governance arrangements to ensure any conflicts of interest are managed. For example, through the use of an external panel. Ian Bruce (Glasgow TSI) has produced a paper for his Board which he is happy to share and which makes clear that the external panel makes the decision. TSIs are encouraged to share good practice on governance challenges.

16. CAN THE GRANT BE USED AS A PART OF A MATCH FUNDING PROCESS?

Yes. We are aware that match funding occurs in some areas and is very much welcomed. This is a matter for the local TSI and partnership group to establish, using their knowledge

of local circumstances and discretion and with reference to fulfilling the aims and terms of the Fund. Particular attention should be made with respect to any significant impact on timescales should match funding be pursued.

TSIs and funded organisations should be satisfied that the delivery of a project is not wholly dependent on any other additional funding e.g. match funding. In the event of match funding being withdrawn, the funded project should have a contingency plan to deliver in a way that still meets the overall aims of the Fund. This is to safeguard funding and ensure that projects can continue to meet the aims of the Fund.

Can an organisation use this fund to match fund another project that is already funded by Scottish Government?

Yes, but it must be for additional activity and activities cannot be double funded.

17. CAN CHURCHES AND RELIGIOUS BODIES APPLY FOR THE FUND?

Promotion of religion is ruled out; does this prevent churches and other religious bodies applying?

No. Churches and religious bodies can apply for the Fund, but the activity must be consistent with the aims of the fund and cannot be used to fund religious or campaigning activities. Activities must not be restricted only to members of the faith based organisation.

18. DO APPLICANTS HAVE TO COMPLETE A MINIMAL FINANCIAL ASSISTANCE DECLARATION AS PART OF SUBSIDY CONTROL?

Minimal Financial Assistance is a specific provision within the UK Subsidy Control Act 2022 which does not apply to this Fund.

Instead we ask TSIs and their partners to undertake due diligence with all applications for support from the Fund, using the Four-Limbed Subsidy Test to determine if funding constitutes a subsidy.

Given the nature of funding, it may be unlikely that projects applying to the Communities Fund would constitute a subsidy, however this check is required in order to ensure compliance with subsidy control rules.

19. CAN WE PUBLISH THE NATIONAL FUND GUIDANCE ON OUR OWN WEBSITE?

Yes. TSIs are free to publish this Guidance on their own websites.

20. HOW IS FUNDING CHANGING FOR CYP SUPPORTS?

From 2025, the £15 million per annum funding provided to local authorities by the Scottish Government in relation to CYP supports and services was baselined into the local government finance settlement.

Part 3: Further information on target groups and priority issues

Please note: The purpose of this section is to provide some high level background information to help you consider the projects applying for funding. However, this should not be considered a comprehensive or detailed assessment of every issue relating to these groups and mental health. Nor does it reflect the full picture of different groups. TSIs are encouraged to reflect on this alongside local needs. Further information can be found in the Mental Health Equality Evidence Report 2023 published alongside the Mental Health and Wellbeing Strategy.

Women particularly women experiencing gender based violence.

Across most aspects of mental health, outcomes for women and girls are poorer than those for men and boys. These include, but are not limited to:

- Stressors and trauma experienced by women in gender segregated key worker jobs
- Continuing and increased pressure on women in unpaid caring roles
- The disproportionate emotional and physical burden on women of caring for relatives of all ages, and (although not exclusively an impact on women) home schooling children
- Living with domestic violence, abuse, coercive control and toxic masculinity
- Loneliness and isolation felt by women at different stages of life (e.g. women with young babies or children, and older women living alone)
- The effects on mental wellbeing of young women and girls in a culture where they are encouraged to compare their lives to others, including the impact of social media and body image on young women.

Through engagement with our Equality and Human Rights Forum we have identified a few examples of issues stopping women from accessing mental health support and services. This includes; digital exclusion, stigma and risk of perceived consequences and lack of available child care. Providing support and information through a variety of means was a common theme thought to improve access to support.

In terms of effective support and services our stakeholders highlighted that there was a need for services to understand and account for intersectionality and have a trauma informed response. Peer support models and services which 'reach out' to women were also seen as effective. It is also important to consider ways to support recovery from abuse.

People with a long term health condition or disability

Disability

Disability has a broad meaning. It covers any physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. 1 in 5 (20%) people living in Scotland had a disability – 21% of women and 18% of men.[4] Over 25% of Scotland's population

[4] Coronavirus (Covid-19) – disabled people: Health, social and economic harms – research report (2021)

are directly affected by permanent sensory loss. [5]

The 'social model' of disability sees the barriers created by society for disabled people as the cause of disadvantage and exclusion rather than the impairment itself. As such, disabled people are more likely to live in a household of poverty, less likely to be in employment, more likely to be paid below the living wage, more likely to be digitally excluded and are less likely to view their neighbourhood as a very good place to live. They are also more likely to have poorer mental health.

Over Covid-19 disabled people were more likely to experience an exacerbation of already poor physical health, difficulties accessing food and other essential supplies, disruptions to social care arrangements and an exacerbation of already poor mental health due to loneliness and reductions in mental wellbeing experienced during isolation and restrictions in the ability to undertake physical activity. As a result, there has been an increased demand for mental health support and services.

A recent report highlighted that 60% of disabled people asked were digitally excluded, and 40% of people have difficulties in accessing information in formats required. These issues ultimately act as barriers to support and services with 80% not aware of any local support services they could access.[6]

Learning Disability and Autism

Autistic people and people with a learning disability face inequalities across all spheres of life including Education, Health and Social Care, Employment. People with a learning disability have a life expectancy 20 years less than the general population. Last year, new evidence was published by the Scottish Learning Disabilities Observatory that adults with learning disabilities are twice as likely to die from **preventable** illnesses. They also face barriers in accessing support and services due to a lack of accessible information.

Autistic people experience delays in getting a diagnosis particularly as adults, and as women, leading to anxiety and stress as they try to make sense of how they feel and experience life. Many autistic people develop mental health problems. Approximately 40% of autistic people have at least one anxiety disorder and the proportion of those who experience depression is higher amongst autistic people. It is common for autistic people to hide their autism in order to conform as they feel they can't be the real version of themselves for fear of judgement and lack of understanding - this is referred to as masking.

The pandemic had a massive impact on autistic people and people with a learning disability on both their physical and mental health. The National Autistic Society's – Left Stranded Report found that; 9 in 10 autistic people worried about their mental health during lockdown; 85% said their anxiety levels got worse. Autistic people were 7 times more likely to be chronically lonely than the general population (comparisons using ONS data)

Research from The Scottish Learning Disabilities Observatory demonstrated that; People in the learning disability population were 3 times more likely to die from COVID-19 than those in the general population, twice as likely to become infected with COVID–19 and twice as likely to experience a severe outcome of COVID-19 infection, resulting in hospitalisation and/or death. People with a learning disability reported feelings of anxiety, sadness and anger. Moreover even after the lifting of restrictions people reported that they still felt lonely and isolated with no one to talk to.

[5] Mental Health, Sensory Loss and Human Rights – A transition report calling for sensory literate services. (2021)
[6] Supercharged: A Human Catastrophe. Glasgow Disability Alliance

Priorities identified by autistic people and people with a learning disability which will make a positive impact on improving their lives and support their physical and mental health include lived experience informed and led development of training and awareness raising for GP's and Health Care professionals, flexible options for post diagnostic support and ongoing life support and provision of suitable accessible information in a variety of mediums and formats.

Long term health conditions

The onset of the COVID-19 pandemic presented several challenges to many target groups including individuals with long term health conditions, including those who with rehabilitation needs. Reduction in the capacity of services meant that many individuals with long term health were unable to access the services and support they needed – this has resulted in many individuals presenting with increasingly complex health needs.

Emerging from the pandemic, individuals with long-term health conditions have been impacted by the lack of access to health services and rehabilitation by:

- An increasing need for support from individuals with pre-existing, long-term health conditions with increased complexity of need.
- The increased need for support from individuals who have been adversely affected as a result of lockdown and/or shielding.
- The emergence of a new cohort of individuals requiring support, specifically people living with the long-term effects of COVID-19.
- A greater number of individuals presenting with both physical and mental health issues and the recognition that services need to be better placed to address the needs of the whole person.
- Significant challenges relating to the availability of both workforce and other resources leading to increased waiting times.
- The widening of health inequalities.
- The opportunities that digital technology provides as part of a suite of rehabilitation options.

In order to support people accessing the services and rehabilitation they require, current demand and capacity challenges need to be considered as part of this.

In addition services should be encouraged to identify opportunities for innovation and broader cross-sectoral working with third and leisure sectors. This should include supporting individuals to live well, through supported self-management and access to both rehabilitation and prehabilitation.

People living with dementia – likely considered as part of the long term health condition group and in most cases older people at risk group

A diagnosis of dementia, at whatever age, is recognised as a risk to mental wellbeing e.g. people diagnosed with dementia have a 54% increased risk for suicide within the first year after diagnosis. The risk is exceptionally high among those aged 74 years and younger *(Kułak-Bejda (2021)).*

The stigma of dementia, as well as the direct consequences which often include loss of both employment and driver's license, continue to act as a barrier to coming forward for, as well as coming to terms with, a diagnosis of dementia and to seeking out support on how to manage the condition. Unpaid carers remain the biggest 'workforce' in dementia care.

Whilst age is the biggest risk factor in developing dementia, people under 65 who are diagnosed with dementia face additional psychological and practical challenges in coming to terms with the diagnosis and managing the upheaval caused to employment, financial security and family life.

Whilst peer support has been a growing phenomenon in dementia, during the pandemic when many dementia support services were paused, people living with dementia strengthened and extended their peer support mechanisms and have now embedded peer support as a recognised intervention that both challenges stigma and supports people to live well for longer.

People from a Minority Ethnic background

There is considerable evidence of the disproportionate influence of underlying inequalities and experiences negatively impacting the mental health of minority ethnic communities. These include experiences of poverty and deprivation, racism, Islamophobia and other forms of discrimination, as well as instances of gender based violence, Female Genital Mutilation (FGM) and other deeply rooted cultural practices[7].

There are however perceived stigmas around mental health issues in some groups as well as differences in how mental health conditions are understood which influence health seeking behaviours. This has also been seen to be gendered with black minority ethnic men less likely to access support and services than other groups.[8] Distrust in both primary and mental health care providers, as well as a fear of being discriminated against also acts as a barrier to access support and services.

The need for culturally sensitive mental health services and support has been highlighted by numerous stakeholders. This includes the need for clear signposting to support, offering bi-lingual support, as well as training of cultural competency and sensitivity to mental health practitioners. Training was also highlighted as needed to raise awareness of how issues of racism and racialised trauma influence the mental health of different groups. The need for diversity within the mental health practitioners providing support and services was also seen as important to engendering a deeper understanding of the issues that minority ethic people are contending with.

Within many ethnic minority groups, particularly for women, the specific role of social networks and support through family and friends also facilitates a mechanism for support. Feedback from stakeholders noted that their members felt that community networks were crucial to increasing cultural awareness and reducing inequalities, as well as reducing isolation by building connections.

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[7] Glasgow City HSCP (2022), Mental health and wellbeing of Black and Minority Ethnic children and young people in Glasgow Microsoft Word - BME C&YP MH&WB Glasgow final (scot.nhs.uk)

[8] Menon et al. (2016)

Refugees and those with no recourse to public funds

Asylum seekers and refugees are at risk of developing mental health problems both due to their exposure to trauma in the home countries from which they have fled, and from a range of post-displacement stressors, including social isolation, poverty, lack of access to resources, racism and discrimination[9]. Asylum seekers and refugees are more likely to experience poor mental health than the local population, including higher rates of depression, Post-Traumatic Stress Disorder (PTSD) and other anxiety disorders.[10] Unemployment, enforced economic inactivity and consequential dependence on state and charity support for long lengths of time, as well as barriers to access employment are also key causes of poor or worsening mental health among asylum seekers and refugees[11].

Despite the often higher burden of psychiatric illness, one study has found asylum seekers and refugees utilisation of mental health services was relatively low across Europe. [12] Barriers to accessing mental health support and services include: lack of availability of timely and joined up services; low awareness of services; lack of trust in health care staff; stigma and the reluctance to seek help, in part due to cultural differences in how mental health problems are understood. In general asylum seekers and refugees were more likely to seek help from local organisations rather than governmental/'official' sources. Barriers to seeking help included existing attitudes within communities and language barriers. This has been echoed in other research, which also highlights the need for culturally sensitive approaches and more specialised services[13].

Ukrainian refugee resources

The Russian invasion of Ukraine has caused many Ukrainians to experience traumatic circumstances. Local partnerships should consider the local needs for mental health support among displaced people from Ukraine who are arriving in rapidly increasing numbers in Scottish communities.

The following resources have been developed to support Ukrainian refugees and we would be grateful if these could be shared with any relevant projects:

Ukraine Refugee Psychological Wellbeing Pack: Guidance for services - gov.scot (www.gov.scot)

Ukraine Psychological Wellbeing Pack: Guidance for Host Families - gov.scot (www.gov.scot)

Ukraine Psychological Wellbeing Advice Pack: Guidance for Ukrainian Arrivals - gov.scot (www.gov.scot)

People facing socio-economic disadvantage

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities we may face.

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[9] Miller, K.E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: an ecological model of refugee stress. *Epidemiology and Psychiatric Services, 26,* 129-138.
[10] Mental health statistics: refugees and asylum seekers | Mental Health Foundation
[11] Refugees, mental health and stigma in Scotland | Mental Health Foundation
[12] Satinsky, E., Fuhr, D.C., Woodward, A., Sondorp, E., Roberts, B. (2019). Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. *Health Policy.* In press.
[13] Pollard, T. and Howard, N., (2021). Mental healthcare for asylum-seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers, and enablers. *International journal of mental health systems*, *15*(1), pp.1-15.

We know that some groups of people experience poorer mental health and wellbeing because of social or economic factors that they cannot control, such as low income or poverty, poor housing, limited employment opportunities, or because they experience prejudice and discrimination.

Poverty is a key driver of poor mental health and there is a structural relationship between wider socio-economic inequality and mental health. This is why in the Mental Health Strategy we have committed to strengthening alignment of mental health policy with work to tackle poverty and reduce inequality.

Tackling child poverty

Poor mental health can lead to or exacerbate child poverty as it can be a barrier to parents entering and sustaining work, accessing social security, and accessing wider support and advice on income maximisation. Supporting good mental health and wellbeing is fundamental to influencing the three drivers of child poverty reduction (income from employment, income from social security and benefits in kind, and costs of living) and is a vital part of our holistic approach to supporting families, as set out in 'Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026' and the new plan, Bringing Hope Building Futures Tackling Child Poverty Delivery Plan 2026-2031

The range of actions set out in 'Best Start, Bright Futures' focus on delivering for the six priority family types at greatest risk of experiencing child poverty:

- lone parent families
- minority ethnic families
- families with a disabled adult or child
- families with a younger mother (under 25)
- families with a child under one
- larger families (three or more children)

Almost 90% of all children in poverty in Scotland are in these six priority family types. Notably, the priority family groups overlap with the 'at risk' groups identified in the Fund guidance, including minority ethnic groups, those with long term health conditions and women.

The priority family groups can face unique and intersecting barriers to moving out of poverty (e.g. structural inequalities in the labour market). An overview of the barriers priority families face is available on the Scottish Government website. To ensure a holistic, person-centred approach to tackling poverty, it is vital that our policies and services address individual needs and structural barriers.

People experiencing severe and multiple disadvantage

"There is no consistently accepted definition of severe and multiple disadvantage. However, it is broadly understood to refer to the co-occurrence of 'serious social problems', which often appear in the lives of people facing inherent disadvantage and which 'act in mutually reinforcing manner, leading to their further entrenchment'. There is considerable divergence in the literature as to which 'serious social problems' fall within SMD. A broad list typically includes: ACEs, poverty, inadequate housing or homelessness, mental health problems, substance misuse, irregular immigration status, history of domestic abuse and/or sexual violence, and involvement with the criminal justice systems.
This list is not exhaustive." [14]

"We estimate that, over a year, 5,700 people in Scotland experience all three of homelessness, substance dependency and offending; 28,800 experience two out of these three; and 156,700 experience one of these disadvantages only. Overall, 876,000 people in Scotland have experienced one of these three 'core' SMD domains in the course of the whole of their adult lives, 226,000 have experienced two of them, but a much smaller number (21,000) have experienced all three.
Homelessness is the most common of these three SMD experiences when looked at through this 'ever' lens"." [15]
Given that SMD invokes many other defined target groups, it is worth consulting the definitions of these groups for the full picture.

People with diagnosed mental illness

The impacts of the pandemic on people's mental health have been felt unequally across Scotland. Those with a pre-existing mental health condition are among the groups reporting greater impacts from the pandemic.

While the Fund has a strong focus on prevention, the needs of those with pre-existing mental health conditions are important to consider in order to support recovery and early intervention approaches in the community setting.

People affected by psychological trauma (including adverse childhood experiences[1])

- Individual trauma results from an event, series of events, or set or circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being. This means that experience of trauma is subjective, and is not limited to a set of defined events that are traumatic.

- Adverse Childhood Experiences (ACEs) and trauma increase the risk of experiencing poorer physical and mental health, and poorer social, educational and justice outcomes. Evidence points to a strong relationship between experience of ACEs and trauma and decreased mental wellbeing and increased risk of a range of mental health problems (including anxiety, addictions, depression and risk of self-harm and suicide). Whilst many people find positive ways to cope, if unsupported, ACEs and trauma can have significant negative impacts on people's lives and significant costs for society and the economy, including increased demand on services and reducing people's capacity to work.

ACEs and trauma definitions:

- **'Adverse childhood experiences'** (ACEs) is a term originally developed from a survey carried out in the US in the 1990s to examine the relationship between adverse experiences in childhood and later health and wellbeing in adulthood. The term 'ACEs' is sometimes used to refer to a particular sub-set of experiences commonly measured in ACE surveys[1], however others use it to refer to a broad range of adverse experiences. In the Scottish Government the term 'ACEs' is used broadly and inter-changeably with 'adversity' to refer to the wide-range of adverse experiences which can negatively impact on children's healthy development; including the experiences commonly included in ACE population surveys, as well as many other experiences (e.g. bullying, bereavement, coercive control, homelessness, and community violence). The

terms ACEs and adversity encompass various types of adverse **experiences in a child's life,** but each individual child's **response can vary.**

- **'Trauma' is one potential response to childhood adversity/ACEs; it is when a child experiences this adversity as extremely harmful or threatening.** Multiple factors play important roles in determining how children and young people react to adverse experiences, including the type and severity of the event, their existing attachment to trusted adults, and the wider systems and support available. Trauma also may occur in adulthood. Overall, the terms ***'trauma'*** or *'psychological trauma'* refer to a wide range of traumatic, abusive or neglectful events or series of events that are experienced as being emotionally or physically harmful or life threatening by children or adults and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing. The term 'trauma' is often understood in terms of the 3 **E**'s: the **e**vent, how it is **e**xperienced, and its **e**ffects.

People who have experienced bereavement or loss

Bereavement is the experience of losing someone important to us, and is one of the most difficult challenges any of us will experience. It is characterised by grief, which is the process and range of emotions we go through as we gradually adjust to the loss. Grief affects us emotionally, physically and can affect our mental health and wellbeing. Grief can also be associated with feelings of loneliness, anger, anxiety and sadness. It can affect our sleep and appetite, as well as our ability to fight off illness. It is important to remember there is no 'normal' way to grieve and we all react in our own way.

The Irish Hospice Foundation describes the pyramid of bereavement care in the following way. All people who experience a bereavement have some level of need, like the need for compassion and acknowledgement of the death (Level 1). Some will need additional support outside their natural network (Level 2). Some require more intensive support, like counselling (Level 3) and a few require support from a specialist therapeutic service (Level 4).[16]

In January 2022, the International Classification of Diseases for Mortality and Morbidity Statistics was updated to include Prolonged Grief Disorder or complicated grief.[17] Cruse Bereavement Support define complicated grief as follows:

"Prolonged grief disorder or complicated grief is when intense, long-lasting symptoms of grief, together with ongoing problems and difficulties in coping with life, go on for more than six months after someone dies."[18]

Recently published research[19] reported that around 7 to 10% of those bereaved will experience prolonged grief; the studied risk factors for development of the condition include:

- demographic characteristics such as female gender, older age and lower socio- economic status
- existing mental health conditions
- inadequate social support
- those who experienced childhood adversity
- those bereaved by a sudden or traumatic death
- previous bereavements or losses

People disadvantaged by geographical location (particularly remote and rural areas)

Although there are many positives about rural life, we also recognise that there can be challenges relating to rural isolation. These may be increasingly felt by those in remote communities as a result of the pandemic.

Mental ill health can be more difficult to tackle in more remote parts of Scotland, due to isolation, transport issues and stigma.

In partnership with the National Rural Mental Health Forum, we will develop an approach to ensure that these communities have equal and timely access to mental health support and services, including consideration of whether dedicated pathways are needed.

The Communities Mental Health and Wellbeing Fund has an important role to play in supporting this at risk group.

[1] Physical abuse, sexual abuse, verbal abuse, emotional neglect, physical neglect, parental separation, growing-up in a household with domestic violence, and growing-up in a household in which there are adults: experiencing alcohol and drug use problems; mental health difficulties; or there are adults who have spent time in prison.

[16] https://hospicefoundation.ie/wp-content/uploads/2021/05/Adult-Bereavement-Care-Framework-Pyramid.pdf
[17] https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f1183832314.
[18] Complicated grief | Cruse Bereavement Support
[19] Prolonged Grief Disorder: Course, Diagnosis, Assessment, and Treatment | FOCUS (psychiatryonline.org) [20] 10. People Who Have Suffered Bereavement and Loss - Coronavirus (COVID-19): mental health - transition and recovery plan - gov.scot (www.gov.scot)

Older people

The mental health and wellbeing needs of older adults are viewed as being neglected across the spectrum of promotion, prevention and treatment services in the UK. The need for improvement in the provision of and access to mental health services for people aged 65+ was emphasised within the Scottish Government report, 'A Fairer Scotland for Older People, published in 2019. The Mental Health and Wellbeing Strategy published in June 2023, further emphasises the need to ensure equitable access to mental health support and services for older adults.

When older adults are grouped broadly (e.g., 65+) and compared with younger adult age groups, they report better mental wellbeing. However, when narrower age ranges of older adults (e.g. 65-69, 70-74 etc.) are compared, people aged 75+ reported poorer mental wellbeing than those aged 65-69 and 70-74, and the likelihood of experiencing loneliness increased.

Older adults appear to report better mental health outcomes than younger adults, however, this might reflect that they are less likely to report poor mental health, particularly due to more stigmatising views of mental health amongst this age group and reliance on self-reported data. Research also indicates that age-related stigma affects older adults in various ways, such as affecting how they are treated in mental health services and how they engage with such services (e.g., not accessing services due to not wanting to be a burden). A clear distinction should be made between

dementia and mental health, particularly in older adulthood. Evidence indicates that an older adults' mental health issues might be neglected if they are diagnosed with dementia.

Older men and women have similar mental wellbeing on average, and a similar likelihood of experiencing depression symptoms and loneliness. However, older men are more likely to report anxiety symptoms and suicidal thoughts, while older women are more likely to report a higher average level of loneliness. Older adults with a physical health condition have poorer mental wellbeing on average. Older adults who lived alone – compared with those living with others can have poorer mental wellbeing and a higher likelihood of experiencing loneliness.

The COVID-19 pandemic appeared to have a detrimental effect on older adults' mental health, particularly loneliness. However, in terms of psychological therapy referrals, waiting lists and new patients, older adults' mental health services show signs of recovering following a decrease in these rates during the COVID-19 pandemic.

Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities

There is a wealth of evidence which indicates that LGBT+ people in Scotland are at much higher risk of mental health problems than heterosexual/cisgender people. There are higher rates of anxiety, depression, substance use, eating disorders, self-harm and suicide amongst the LGBT population.[21] For example, LGB people have around 1.5 times higher prevalence of depression and anxiety disorders than heterosexual adults.[22] 61% of LGB people had self-harmed, rising to 84% for the trans population and 22% of LGB people had previously attempted suicide rising to 45% for the trans population.[23]

The majority of available evidence links the disproportionately high incidence of mental health problems to experiences of prejudice and minority stress. Minority stress recognises that LGBTI people's experiences of stigma, prejudice, the expectation of rejection, experiences of discrimination and pressure to 'conceal' their identities creates a hostile and stressful social environment that causes mental health problems. This is compounded by experiences such as bullying, discrimination, hate crimes and social isolation, with evidence suggesting these experiences were exacerbated during lockdown.

Engagement with stakeholders highlights that poor experiences of mainstream mental health services had led to a lack of trust. Many believed services not to be equalities competent, sometimes showing a lack of understanding of specific LGBT health needs, prejudicial attitudes and needs being ignored or unrecognised. There was also a frustration at heteronormative assumptions made in healthcare services.

Distrust of these services means that LGBTI people may wait until crisis point to reach out, or rely on more informal and social networks of support. Having supportive family and friends was seen as one of the most important factors contributing to good mental health. Support from the LGBTI community and having LGBTI friends ("finding my tribe") was also seen as crucial.[24] the literature also found that across all LGBTI groups there was much reliance on third sector providers for counselling and support, many of which were dedicated LGBTI services.[25]

As with all these groups, intersectionality between different identities can compound the mental health inequalities that exist. For example, a minority ethnic

LGBTI person can face confounding stresses of alienation from family, varying responses from different religious groups and deep rooted stigma where being LGBTI was illegal and prosecuted. Similarly older LGBTI people have higher levels of mental health struggles, substance use, increased risk of distress, anxiety and isolation this is often because they are living with the experience of historical criminalisation, pathologisation, widespread lack of legal protection, and trauma developed throughout the AIDs crisis with some feelings of 'survivor guilt'.

Young People Aged 16 - 24

Scotland's Census 2022 found the percentage of people self-reporting a mental health condition (a "condition which affects emotional, physical or mental wellbeing" over previous 12 months) increased from 4.4% in 2011 to 11.3% in 2022 - the largest increase across condition types and largely driven by an increase in these conditions amongst young people. Younger people are now more likely to report a mental health condition than older people. In 2011, the reverse was true.

These findings are mirrored in a recent Health Foundation report. The mental health of the working-age population appears to be getting worse, with over 10% of working-age people reporting signs of poor mental health across a range of data sources, including self-reported survey measures, screening tools and clinical diagnoses. While this rise is seen across people of all ages, the greatest increase has been for people of younger ages 16–34 years. Multiple data sources indicate that rates have at least doubled over the past decade.

[21] (Hagell A 2017)
[22] (Semlen et al 2016)
[23] (Stonewall 2017)

Useful Resources.

Peer Support

The Peer Recovery Hub. This page contains links to Scottish Recovery Network's peer support resources – Peer2Peer training, peer group facilitation guide and our Peer Chat podcasts

The peer recovery hub - Scottish Recovery Network | Peer support

Let's Develop Peer Roles toolkit Let's Develop Peer Roles toolkit! - Scottish Recovery Network

The Bump Birth & beyond Perinatal Peer Support Guide Let's do Peer Support: Bump, Birth & Beyond - Scottish Recovery Network

Suicide Prevention

For a short introduction to Time Space Compassion, see Introducing the 'Time, Space, Compassion' approach to suicide prevention - National Wellbeing Hub

For a practical introduction to Time Space Compassion, including resources, links and information that can help people consider how they integrate it into their project Time Space Compassion - supporting people experiencing suicidal crisis: introductory guide - gov.scot (www.gov.scot)

For practical inspiration and connections to people already exploring application through practice – including ideas on how to describe what you do in terms of Time Space Compassion Time Space Compassion - supporting people experiencing suicidal crisis: stories in practice - volume 1 - gov.scot (www.gov.scot)

Mental Health and Wellbeing Strategy

Mental Health and Wellbeing Strategy - Easy Read Version

Mental Health Equality Evidence Report 2023

Mental Health and Wellbeing Strategy - Executive Summary

New Dementia Strategy for Scotland: Everyone's Story

Arts and Reminiscence in Wellbeing.

Creative Connections and the Life Stories Project have both been supported in Perth and Kinross through the Communities Mental Health and Wellbeing Fund for Adults and have been working with Care Homes and community mental health groups to promote arts and reminiscence in addressing wellbeing.

There are e-books available for free download on their website which can be shared with your network. These have been compiled with huge involvement and support from many of the Care Homes and creative wellbeing groups throughout Perth and Kinross.

Disabled People

"Rights Now!": Disabled People's Experiences of Poverty & Inequality and Call to Action • Glasgow Disability Alliance

Disabled People's Mental Health Matters • Glasgow Disability Alliance

GDA Manifesto 2026: Manifesto for a Fairer Scotland for Disabled People • Glasgow Disability Alliance

Learning from See Me's Grant-Making and Intersectional Anti-Stigma Approaches

Adapting our Anti – Stigma Arts Fund: Blog**:** Taking an Intersectional Approach | End Mental Health Stigma and Discrimination.

Learning from the Anti-Stigma Arts Fund over 4 years: see-me-creative-approaches-report.pdf

Challenging Mental Health Stigma and Discrimination Through an Intersectional Approach: Support Resources