Borders Community Action

Promoting and developing a vibrant third sector in the Scottish Borders

Communities Mental Health and Wellbeing Fund

Round 6

Guidance for Applicants

August 2026

Scottish Borders Communities Mental Health and Wellbeing Fund Round 6

Guidance for Applicants

1. About the Fund

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.

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"

With a focus on prevention and early intervention, the fund also reflects priorities in the Scottish Borders, in line with the Scottish Borders Community Plan 2023-2033 outcomes of Good Health and Wellbeing and the Health and Social Care Strategic Framework 2023-2026.

2. Fund Aims and Outcomes

1. Tackle **mental health inequalities** through supporting a range of 'at risk' groups (as outlined in the Equalities section at the end of this document).
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 'grassroots' community groups** and organisations to deliver such activities.
4. Provide **opportunities for people to connect** with each other, build trusted relationships and revitalise communities.

Specifically, the intended outcomes of the Fund 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 invest 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.

3. Fund Priorities

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.

This year, the fund has also incorporated the Scottish Borders priorities, in line with the priorities identified as part of the Community Planning Partnership outcomes of Good Health and Wellbeing. As a result, **the key priorities for the fund are:**

1. **Suicide Prevention** – local projects aimed at fostering socio-emotional life skills, early identification and emotional support for anyone who is affected by suicidal behaviours.
2. **Loneliness and Isolation** – opportunities for people to connect with each other, build trusted relationships and revitalise communities, particularly supporting 'at risk' groups (as outlined in the Equalities section at the end of this document).
3. **Poverty and Inequality** – projects aimed at alleviating the impact of the cost of living and its impact on people's mental health and wellbeing, particularly 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
4. **Resilience Building** – Projects aimed at improving overall well-being and promoting self-care through behaviour change such as physical activity, coping strategies and/or nutrition.

Applicants will need to demonstrate how their project tackles one or more of the key priorities highlighted above and how they have identified the need in the area the activity is planned for delivery.

We welcome applications for projects that support specific community groups. Please refer to the Equalities section of this guidance document for further details.

We would also like to see more projects benefiting people in Langlee, Burnfoot and Bannerfield, where there is a recognised higher level of need in line with local priorities.

Even if your organisation does not currently work in these communities, you may be able to make a valuable contribution by partnering with local groups, sharing skills and resources, or helping to strengthen local capacity. Partnership working is strongly encouraged. Collaborating with other organisations can increase the reach and impact of activities, improve efficiency through shared resources, reduce overlap, and help identify unmet needs within communities.

4. Fund Criteria

Please note that organisations awarded multi-year funding for rounds 5 and 6 of this fund are not eligible to apply for this small grants 1 year round 6 of funding. Organisations awarded 1 year of funding in rounds 1 – 5 are eligible to apply.

Who can apply?

The ambition of this Fund is to support initiatives which promote mental health and wellbeing at a small scale, grassroots and community level. It must be accessible, no matter how small or inexperienced they are.

National and large organisations with an income of over £1M undertaking initiatives in the local area are not excluded but are not the main focus of the Fund and will only be funded by exception.

Funded organisations do not need 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 will 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 organisations such as charities and asset-locked organisations such as Community Interest Companies (CIC)
- Cooperative and Community Benefit Societies
- Community councils
- Parent councils[1] (Please refer to the Q&A sheet for further clarification)

[1] 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.

What type of project can be funded?

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 the Scottish Borders – **please refer to key priorities of the fund in section 3.**

This fund will be allocated for projects **starting in April 2027 onwards.**

The Fund must not be seen as a way to replace other funding streams, for example, granting funds to projects previously funded through statutory bodies. **The Fund can support both existing and new projects;** however, new local projects and ideas aimed at tackling the priorities of the fund are encouraged.

While existing projects are eligible, it is important that the funding allows space for new projects to be funded; therefore, existing projects ***who are not already funded through the multi-year funding for years 5 and 6*** are eligible to apply but should clearly articulate how they will build on learning from previous years to develop and improve their offer.

For Year 6, there should be a continued effort to reach underrepresented at-risk groups in the Scottish Borders area. Projects must also have a specific community focus rather than providing regional or national coverage.

What can be funded?

A stronger focus should be places for more project proposals related to the main barriers to participation in community activities reported by people with lived experience. This would include the development of natural networks of support embedded in the community (facilitation of friendships, informal support, peer support), work related to bereavement/loss, trauma, transport and accessible spaces. These themes are not exclusive, so please **don't be put off applying if your idea doesn't fall under any of these categories**.

The use of creative approaches such as the arts, sport, or physical activity can be included (will be welcome) and could even be the main vehicle for project delivery, so long as clear links are made to mental health and wellbeing outcomes. Match funding will be considered, provided it is to add value to other grant-funded work with similar objectives.

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.*

Staff costs (these should be one-off or fixed-term)[2] (please refer to footnote for additional information)	Profit-making/fundraising activities
Training costs	VAT you can reclaim
Transport	Statutory activities
Utilities/running costs	Overseas travel
Volunteer expenses	Alcohol or unhealthy food (high sugar content)
Small capital spend up to £1,500. *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.*	

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 those with existing mental health and wellbeing issues. We also appreciate that 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 will be considered on a case-by-case basis. 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.

5. How much can organisations apply for?

Applications can be made for between £500 - £5000 for 1 year of funding for delivery from April 2027 – March 2028.

[2] All UK-based staff aged 16 and over, including apprentices, who are directly employed by the grant recipient, must be paid at least the real Living Wage in line with Fair Work First Guidance; and any UK-based workers who are not directly employed but are directly engaged in delivering the grant-funded activity, whether they be sub-contractors or agency staff, must also be paid at least the real Living Wage.

Please note that information on your grant application should be proportionate to the grant level you seek to obtain. The same principle will be applied to the monitoring and evaluation requirements.

6. Other recommendations for applicants

The Scottish Government requires that all funded organisations add project details to the **ALISS database https://www.aliss.org/** - support can be provided on how to do so. This is also in line with local priorities, particularly the social prescribing agenda and can be helpful in the future to develop a database of organisations operating across the Scottish Borders.

We would like to encourage community groups and organisations to link their proposals to the **Ways to be Well in the Scottish Borders :**
https://www.nhsborders.scot.nhs.uk/creating-hope/ways-to-be-well/

We would also like to encourage community groups and organisations to link their proposals to the **Creating Hope Scottish Borders Awards Scheme** :
https://www.nhsborders.scot.nhs.uk/creating-hope/creating-hope-awards/

7. Application and Monitoring Processes

The application form is based on the guidance provided by the Scottish Government and the outcomes proposed in this guidance. The form has been designed to gather information that will be used to assess applications and for monitoring the activities described below. An online version of the application form will be available on the Borders Community Action website, and all applicants will be encouraged to apply online. A paper version can be available on request.

Successful applicants will be asked to adhere to all monitoring, evaluation and reporting requirements in the grant offer letter. These will be proportionate to the amount of grant obtained, these are:

- Submission of progress reports including spend to date
- Completion of end of grant report detailing outputs and outcomes achieved along with project expenditure breakdown
- Respond to any request for information from Borders Community Action at any time
- Provide information when requested to contribute to overall fund evaluation.

Reporting on outcomes will be required at the end of the project however, Borders Community Action may request some information during the project.

Borders Community Action holds overall responsibility for overseeing the progress of the CMH&WB Fund in the Scottish Borders. Local projects will be required to cooperate with reporting so that the Borders Community Action can provide accurate information to the Scottish Government, according to set deadlines. Where possible, we will try to keep the

reporting 'light touch', although this can be tricky because of the questions we are asked and the timescales we are given from the Scottish Government.

8. Scoring

All applications will be initially assessed by BCA to ensure they are eligible. Scoring of eligible applications will then be conducted by a panel of independent volunteers from the Scottish Borders communities across the following categories;

Themes

1-3	Low alignment with fund themes
4-6	Moderate Alignment
7-10	High alignment

Outcomes

1-3	**Few positive outcomes evidenced in the narrative**
4-6	**Some positive outcomes evidenced in the narrative**
7-10	**Strong positive outcomes evidenced in the narrative**

Beneficiaries

1-3	Limited impact - not enough evidence of beneficiaries provided in the narrative
4-6	Moderate impact - satisfactory evidence of impact to beneficiaries provided in the narrative
7-10	Significant impact - strong evidence of impact to beneficiaries targeted in the application

Project Delivery

1-3	Poor - poorly defined, managed and uncertainty around ability to deliver
4-6	Adequate - reasonably defined, can be managed and is achievable within the timeframe
7-10	Excellent - strong alignment between narrative and resources allocated to deliver the project within the timeframe

Value for Money

1-3	**Poor value - costs are disproportionately higher compared to expected outcomes and beneficiaries**
4-6	**Fair value - costs are adequate for the activities proposed**
7-10	**Excellent value - costs reasonable and justifiable for the expected outcomes**

Partnership Working - Avoidance of Duplication

1-3	Low evidence of partnership/ duplication of existing activities or partners are not fully involved in the proposed activity
4-6	Partnership has been identified but are more collaborators rather than partners are not equal in the delivery of the project
7-10	Strong partnership is evidenced with partners having equal input into the project and delivery of activities

Impact

1-3	**Minimal - Lack of clear impact metrics or failure to address positive impact to beneficiaries and wider communities**
4-6	**Some positive impact for the duration of the project showing long-term or systemic change**
7-10	**Significant - Projects that achieve meaningful outcomes and create positive, sustainable change or influence.**

Scores for **Outcomes, Value for Money and Impact** will carry most weight but overall application scores will ultimately determine which applications are successful.

9. Deadlines

The Fund opens for applications on **Tuesday 1st September 2026 and welcomes applications until midnight on Sunday 18th October 2026**.

The Application form will be live from 1st September on the Borders Community Action website here Funding Opportunities & Support | Borders Community Action. We would prefer applications to be submitted digitally however, if you are unable to do so, please contact us and we can advise on how to submit a paper copy.

We have 2 online sessions planned where we will present the fund and give you an opportunity to ask any questions you may have, you can book a place on these here Training & Events | Borders Community Action. You can also request 1-1 support with a member of our Borders Community Action team by submitting a request here Need Support for Your Organisation? .

If you have not done so already, you can join BCA membership to be first to receive our news and updates, it's free and helps us to build an accurate picture of the activity across the Scottish Borders, please sign up here Join Our Membership Today | Borders Community Action where you can also sign up to our newsletter to receive the latest funding opportunities, events and updates.

All enquiries and applications should be directed to funding@borderscommunityaction.org.uk

Equalities Section – further information on target groups

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.

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.

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 are directly affected by permanent sensory loss.

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.

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.

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, FGM and other deeply rooted cultural practices

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.

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 discrimination9. 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.

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. 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

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.

People experiencing severe and multiple disadvantages

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 (Adverse Childhood Experiences), 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 system.

People with a 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)

- Individual trauma results from an event, series of events, or set of 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 the 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

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.

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.

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.

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.

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.

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.

Extension to year 7 grant offer letter's must contain the following wording:

Employment costs arising from the grantee's legal obligations to its employees such as redundancy payments are not covered by the grant.