



## American Psychiatric Association Foundation 2019 Helping Hands Grants

Supported by a grant from Otsuka America Pharmaceutical, Inc.

**MENTAL ILLNESS** can profoundly disrupt a person's thinking, moods, ability to relate to others and capacity for coping with the demands of life. While mental illnesses can affect persons of any age, race, religion, or income level, a heightened need exists for improved mental health education and assistance particularly in underserved communities throughout the United States. The staggering individual and societal consequences of untreated mental illness include: unnecessary disability, unemployment, substance abuse and homelessness. Every year in the United States, the economic cost of untreated mental illness exceeds hundreds of billions of dollars.

### PROGRAM DESCRIPTION

The American Psychiatric Association Foundation established the Helping Hands Grant Program to encourage medical students to participate in community mental health and substance use disorder activities, particularly those focused on underserved populations. The program seeks to raise awareness of mental illness and the importance of early recognition. Additionally, the program seeks to build interest among medical students in the field of psychiatry.

Grants of up to \$5,000 will be provided to medical schools for community mental health and substance use programs that are initiated and managed by medical students. These projects can be new initiatives conducted in partnership with community agencies or in conjunction with ongoing medical school outreach activities.

### POSTER PRESENTATION

Recipients of the 2019-2020 Helping Hands grants will be invited to create and present a poster about their project at the American Psychiatric Association's Institute on Psychiatric Services (IPS) in October 2020. A small travel stipend will be offered to each recipient program to help offset the cost of travel for one or more representatives, but the amount will not vary. Information regarding the IPS will be available Summer 2020.

*"The Helping Hands grant has allowed our medical student-run free clinic...to screen over 150 patients for mental illness and help facilitate referrals to mental health agencies for those requiring care." - Helping Hands Grant participant*

### ELIGIBILITY

Medical schools are eligible to apply for the grants. **All projects must be conducted under the supervision of medical faculty, consisting of at least one psychiatrist. A member of the faculty must be identified as the project administrator.** This does not need to be the psychiatrist. Medical students who lead the program must be in their second, third or fourth year of medical school at the time they are engaged in community service.

Innovative, new or replicable ideas are encouraged.

#### Some examples of activities that can be funded:

- Outreach and community education about mental health
- Mental health literacy programs
- Screenings and referrals in community health centers or homeless shelters utilizing validated tools

## EVALUATION CRITERIA

Evaluation of submitted applications will include:

- The value to the community of the proposed project, particularly underserved populations
- The uniqueness of the proposed program, its ability to be replicated and the likelihood that it will meet its stated goals
- The extent to which it fosters medical student interest in psychiatry or underserved populations
- The structure and organization of the project and the extent to which medical students take a significant role in its design, planning, and operation
- The amount and appropriateness of physician oversight
- The likelihood and ability of a program's sustainability into the future (unless a short-term period is defined)
- The extent of utilization of existing materials (validated screening tools, health literacy brochures, etc.)

## APPLICATION PROCESS AND TIMELINE

Incomplete applications will not be reviewed. Please follow the Application Instructions on the next page to ensure you are submitting complete applications.

Applications for 2019 grants must be postmarked by May 31, 2019. **If your institution requires review and approval by the Grants and Contract Office, please allow sufficient time for this to occur prior to submission of the application.**

Award decisions will be announced in mid-August, with grant funding available beginning September 1 (or upon receipt of a signed grant contract). **Signed contracts must be received within 60 days of receipt of contract.** The program year runs from September 1, 2019 – August 31, 2020. Funds must be expended within this time frame. Unused funds must be returned to the foundation. If required, grant extensions should be requested prior to the end of the grant year in August 2020.

## APPLICATION INSTRUCTIONS - submit one original application packet, by mail or as a PDF

The application packet must include:

- A completed application form. Please provide all contact information requested, including your email address and a complete mailing address (this includes a zip code!). Many official documents, including the notification of the award will be sent via USPS. Please make sure the mailing address(es) will be valid during the summer. If seasonal addresses will be required, please make note.
- A project narrative (see next page for more details) not to exceed four double spaced, single-sided pages.
- Detailed budget and detailed budget justification. Your budget justification should explain each budgetary line item.
- A list of the medical students who will be participating in the project, including their medical school year at the time of the proposed project. If more than one medical student is participating, please indicate the primary contact(s) should be.
- A list of physicians (at least one psychiatrist must be involved) and administrators (including titles) on faculty who will provide oversight and management of the project, including the type and extent of supervision. Your project administrator must be one of these physicians or administrators, but does not need to be a psychiatrist.
- A timeline for the activities of the program.

Please answer the following questions in your project narrative:

- What is the opportunity or problem to be addressed, the need for the program and how was that need was determined?
- Will you be collaborating with any community organizations on this project? Please provide information on the organizations such as: mission statements, a description of the population served and a history of the organization.
- How your program will further the mission of the Helping Hands Grant Program — to improve the mental health of communities?
- What is the size and description of the target audience?
- What are the specific goals and objectives for the program? And what are the specific, measurable activities to accomplish these objectives? Indicate how the objectives will be integrated into existing community organizations or efforts.
- Does your program involve screening? What tools will be used to administer the screening? What will the referral and follow-up processes be? How long have these processes be in place?
- If applicable, how will the project be sustained after the funding period has expired?
- What evaluation will be utilized for your project? How will results be measured, used, disseminated and/or publicized?
- What is the budget you are requesting? How will each dollar be spent? (Budgets without a justification will render the application incomplete.) The budget should be detailed and justifications should be provided.
- If your school is a past grant recipient, is this a different or expanded project? (Helping Hands Grants will only support the same program for three consecutive years. After a two year period, the same program may be considered for support again.)
- What other information would you like us to know?

#### PLEASE NOTE:

- Grants cannot be used for physician personnel costs or payments to students or other professionals for activities related to the grant.
- Grants cannot be used to fund medication or pharmacy access.
- Funds for food functions for program participants will be considered if necessary for program success and typically cannot be more than 5% of the budget.
- Funds for computers and audio-visual requests will be considered, however, the application must include information regarding the necessity for the equipment and how the equipment will be used for the continuation of the program in future years.
- Funds for transportation for the target audience (for example: to and from clinic sites) will be considered if the funding is restricted so that it can only be used for purposes of this application.
- Cash equivalent incentives (i.e. gift cards, giveaways, raffles) typically may not exceed 20% of the budget. Non-cash equivalent incentives (i.e. babysitting or other at-event-services) will typically not be held to the budget restriction.
- To request overhead or indirect costs, a copy of the university overhead policy (or a statement from the grants and contracts office, or the project administrator) must be provided. **Overhead must be included as part of your total -not to exceed \$5,000- budget, and the APAF will only fund overhead costs of up to 8% for all programs/projects for which it provides funding.**
- If approval from your grants and contracts office is required, please obtain it prior to the submission of your application, and include contact information for that office.

## REPORTING GUIDELINES

Brief one page quarterly progress reports are due on December 1, March 1, and June 1. The final report must be emailed within 30 days of the completion of the program. Guidelines for the report will be provided if the application is funded. A budget reconciliation will also be required with the final report. Any unused funds must be returned to the APAF.

## SUBMISSION GUIDELINES

Please submit your proposal, by mail or emailed as a PDF, to:

Brittany Raymond  
American Psychiatric Association Foundation  
800 Maine Avenue, S.W., Suite 900  
Washington, DC 20024  
braymond@psych.org

*\*Please provide a signature on all applications, whether sent by mail or as a PDF file.*

# HELPING HANDS GRANT PROGRAM APPLICATION

(Please Type or Print Clearly)

1. Name of project: \_\_\_\_\_

Has this project received funding from a Helping Hands Grant before? If yes, when? \_\_\_\_\_

2. Name of Medical School: \_\_\_\_\_

Name of Dean: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name of Sponsoring Department: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide a complete mailing address for the primary student author. **Awards will be made in August 2019 and relevant contact information must be provided.** Most official correspondence, including notifications, will be via USPS.

4. Medical Student Author(s)\*: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*\* If there is more than one student author, or a seasonal mailing address, please provide contact information for each on a separate piece of paper. Indicate the primary student author and/or contact person.*

5. Name and Title of Project Administrator: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Signature of Dean: \_\_\_\_\_

7. Signature of Department Chair: \_\_\_\_\_

8. Signature of Medical Student Author(s): \_\_\_\_\_

**If approval from your Contracts and Grants Office is required, please obtain that prior to the submission of your application and include contact information for that office.**