

## Bridging the Divide: Diversity, Equity, and Inclusion in Behavioral Healthcare Internship

### **Purpose**

**Seeking behavioral health treatment is a courageous decision. Research shows that people are more likely to report positive experiences in treatment when they share the race, ethnicity, or gender of their provider. Black, Indigenous, and People of Color (BIPOC), LGBTQ+ individuals, and people with disabilities are underrepresented as mental health consumers (patients/clients) and providers (professionals).**

**The Mental Health Association of Rhode Island (MHARI) aims to increase the availability of culturally and linguistically competent mental health providers in Rhode Island. This program aims to award scholarships and internship stipends to current graduate students from diverse backgrounds. Supporting today's students will diversify tomorrow's mental health professionals, thus increasing access to treatment and services for under-represented groups.**

### **Internships**

**Each year, MHARI awards graduate students who will be selected for a \$7,500 internship stipend. The award is calculated at \$15 per hour for a total of 50 hours. The internship stipends will be paid to you in three installments throughout your internship. Students are expected to secure an internship position; this stipend will support them while interning.**

**For questions, please contact [francesca.raoelison@mhari.org](mailto:francesca.raoelison@mhari.org).**

### **Eligibility**

- **Be a United States citizen, DACA Student, National, or hold an immigration visa. Persons with a temporary or student visa are not eligible.**
- **Enrolled in full-time or part-time Graduate studies at Rhode Island College, University of Rhode Island, Johnson & Wales University, Brown University & Salve Regina University.**
- **Enrolled in the Clinical Mental Health Counseling, Social Work, Marriage & Family Therapy, Ph.D. in Psychology, or Psychiatry Degree Programs.**
- **Recommended GPA of 3.0 or above**
- **Must demonstrate financial need**
- **May not have tuition reimbursement from an employer**
- **Must be on a clinical track, not policy or administration.**
- **Have applied for FAFSA unless you are a DACA student. You will need to submit your one-page FAFSA summary. DACA students may submit a 1040 Tax Form instead if they have one.**

- **Commitment to practicing in Rhode Island upon graduation and licensure.**

**Must fall into one or more of the groups below:**

- **People who come from minority racial or ethnic groups (For example: Black, Indigenous, People of Color)**
- **Speakers of English as a Second Language**
- **LGBTQ+ Individuals**
- **A person with a disability**

**A complete application consists of the following:**

- **Online application form**
- **2 recommendations from current or previous supervisors or instructors. Recommendations may not be from friends or family members. We will need contact information for each one.**
- **Your response to the essay question is submitted in a Word document or PDF or youtube video**
- **Academic transcript**
- **FAFSA Summary or Determination Letter (DACA students are exempt from this requirement.)**

**Deadline to Apply**

**June 26 to apply for the internship stipend.**

**After submitting an application, the applicant will receive an email confirmation from the DEI Program Manager of the Mental Health Association of Rhode Island. Applications will be forwarded to the Review Committee, composed of your schools' faculty, MHARI staff, and Members of the Diversity**

\* 1. Contact Information

**Name**

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Email Address**

**Phone Number**

\* 2. Please Select all the languages that you speak and your proficiency level.

	Native Speaker	Beginner	Intermediate	Advanced
American Sign Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arabic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Armenian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bengali	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese (including Mandarin, Cantonese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gujarati	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haitian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hmong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Italian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Khmer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nepali/Merathi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persian (Farsi, Dari)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portuguese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punjabi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Russian/Slavic Languages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swahili	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tai, Lao	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urdu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnamese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yiddish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

\* 3. Please Select Your Gender

- Male
- Female
- Non-Binary
- Transgender
- Other

\* 4. Do you Identify with the LGBTQIA+ Community?

- Yes
- No

\* 5. Ethnic Origin

- Hispanic
- Non- Hispanic
- Not Indicated

\* 6. What is your Race?

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race

\* 7. What is your citizenship status?

- US Citizen
- Legal Resident
- DACA Student
- Immigration Visa
- Other (please specify)

\* 8. What is your veteran status?

- Veteran
- Child of A Veteran
- Grandchild of a Veteran
- Spouse of a Veteran
- None of the above- Not a Veteran

\* 9. Do you Identify as a Person with a Disability?

- Yes
- No

\* 10. Where did receive your High School Diploma or GED?

\* 11. What degree have you completed?

- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Other (please specify)

\* 12. Which college or university do you attend?

- Rhode Island College
- University Of Rhode Island
- Salve Regina University
- Johnson & Wales University
- Brown University

\* 13. What is your current Degree Program?

- Master's in Clinical Mental Health Counseling
- Master's in Social Work
- Master's in Marriage and Family Therapy
- Ph.D. in Psychology
- Psychiatry

\* 14. Are you a Part-time or Full-Time Student?

- Part-Time Student
- Full-Time Student

\* 15. Credits completed towards degree

\* 16. Remaining credits needed for degree completion

\* 17. Date of admission to the program

Date / Time

Date



\* 18. Expected date of graduation?

Date / Time

Date



\* 19. Cumulative GPA

20. Tell us about your internship. Please provide your internship supervisor's name, address, phone number and email address. We will use this information to verify your internship status before each stipend award is mailed to you.

**Name**

**Company**

**Address**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Email Address**

**Phone Number**

\* 21. Please select your internship's setting.

- Hospitals
- Partial hospitalization/ Intensive outpatient program
- Community mental health center
- Integrated primary care
- Private practice
- Group home
- Corrections (DOC)
- Other (please specify)



## Financial Need

- 1. Please discuss your financial need for this scholarship/internship.**
- 2. Please upload your FAFSA one-page summary. DACA students are exempt from this requirement and should upload a 1040 Tax Form if they have one.**

\* 22. Please describe your financial need for this Internship.

## References

**Please provide contact information for two people who know you well. Professional, academic or service references are preferred.**

\* 23. Reference 1

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 24. Reference 2

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

## Narrative Summary

**Please attach your responses to the question in a separate Word document or PDF. The response should fit on one page. Alternatively, you may answer the question in a brief video. Please upload your video to YouTube and then paste your Youtube link in the space below. If you need assistance, please contact [eunice.david@mhari.org](mailto:eunice.david@mhari.org).**

### **Narrative Question:**

**1) Please discuss the significance of this internship in pursuing your personal, professional, and/or educational goals.**

25. Upload The Narratives

Or email required narrative to [eunice.david@mhari.org](mailto:eunice.david@mhari.org)

Choose File

Choose File

No file chosen

26. Youtube Video Narrative Option (Upload here or email to [eunice.david@mhari.org](mailto:eunice.david@mhari.org))

27. Upload Academic Transcripts

Or email required transcript to [eunice.david@mhari.org](mailto:eunice.david@mhari.org).

Choose File

Choose File

No file chosen

28. Upload FAFSA Summary or Determination Letter (DACA students are exempt from this requirement.)

Or email required transcript to [eunice.david@mhari.org](mailto:eunice.david@mhari.org).

Choose File

Choose File

No file chosen

29. If you are a DACA applicant, Please explain your financial situation here.

Certification Statement

**I, the undersigned, hereby certify that all of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility.**

**I attest that I plan to practice as a mental or behavioral health provider in Rhode Island upon graduation and licensure. I agree to respond promptly and truthfully to the Mental Health Association of Rhode Island's periodic surveys for no more than five years from the date of my licensure."**

\* 30. Signature

\* 31. Today's date

Date

Date