

DISABILITY RIGHTS NEW MEXICO MENTAL HEALTH CLIENT ADVOCACY PROJECT

MENTAL HEALTH ADVISORY COUNCIL

Disability Rights New Mexico has an established Mental Health Advisory Council that advises the Mental Health Client Advocacy Project that was established in 1986 by the Protection and Advocacy for Individuals with Mental Illness Project in New Mexico. Sixty percent of the membership of the Advisory Council consists of individuals who have received or are receiving mental health services of family members of such individuals. The Council is chaired by an individual who has or is receiving mental health services or is a family member of such individual. The Council meets no less than three times annually and the terms of the members are three years with staggered terms. Members of the council will include attorneys, mental health professionals, individuals from the public knowledgeable about mental illness, providers of mental health services, individuals who are receiving or have received mental health services and family members of such individuals.

The purpose of the Council is to:

- A. Provide independent advice and recommendations to the system.
- B. Work jointly with the governing authority in the development of policies and priorities.
- C. Submit a section of the system's annual report as required under PAIMI (Protection and Advocacy for Individuals with Mental Illness) regulations.

Disability Rights New Mexico will provide its Advisory Council with:

- A. Reports, materials and fiscal data to enable review of existing programs policies, priorities and performance outcomes yearly, including expenditures.
- B. Reimbursement of expenses incurred by members of the Advisory Council in order to participate in its activities.

Thanks for your interest in serving on the Mental Health Advocacy Council. A description of the Council can be found above. Please complete this form and mail it to:

**Disability Rights New Mexico
3916 Juan Tabo Blvd., NE
Albuquerque, NM 87111
Phone: 1-800-432-4682
Fax: (505) 256-3184**

1. Why do you want to be on the Mental Health Advisory Council?

2. Have you or someone you know been affected by mental illness?

____(YES) _____(NO)

3. What activities are/were you involved in that are related to mental illness?

4. Which of the following groups would apply to you? (Check all that apply)

____ Recipients/Former Recipients of mental health services

____ Parent/Family members of recipient/former recipient of mental health services

____ Mental Health Service provider, explain _____

____ Mental Health Service professional, explain _____

____ Attorney

____ Individual from the public knowledgeable about mental illness

____ Other, explain _____

Would you like to let us know who referred you for membership to the Mental Health Advisory Council? _____

Your Name _____

Your Address _____

Your Telephone or Cell phone number _____

Your E-Mail address _____