

History of the Recipient Advisory Committee

1988

In response to a federal law mandating public advisory committees, the New York State Office of Mental Health (NYSOMH) formed the Mental Health Planning Advisory Committee (MHPAC), which included several consumer/survivor activists and advocates. This was the first time that OMH brought recipients into policy discussions in a formal way, and the involvement of consumer/survivors on the MHPAC was the impetus for the changes that were to follow.

1989

In 1989, the MHPAC convened a task force on stigma and discrimination. The task force included many leaders from the consumer movement. These activists set the tone for the group's deliberations, resulting in a number of concrete recommendations to combat stigma and discrimination. Among those recommendations was establishment of an office of consumer affairs, headed and staffed by consumer/survivors. The purpose was to bring the recipient perspectives into the policy-making process.

1992

After more than two years of lobbying and negotiation, a single position called Special Assistant to the Commissioner for Recipient Affairs was created. The activists of MHPAC fought hard to ensure that the position was part of the management team, had direct access to the commissioner and other senior officials, and had the freedom to offer alternative viewpoints without fear of retribution. This position was created to be filled by a recipient who would be responsible for bringing recipient perspectives into the policy-making process. The Special Assistant was appointed by the governor and held cabinet level status. The Special Assistant reports to and is supervised by the Commissioner of the NYSOMH. The Recipient Advisory Committee was formed the following year.

The Present Time

Through the years, those in the Bureau of Recipient Affairs, working with the RAC and other consumer/survivor groups and individuals, have seen consumer/survivor participation become the rule rather than the exception at OMH. The importance of self-help and peer support to people's healing and recovery is understood and supported by OMH policy-makers. What started out as a single individual charged with bringing consumer/survivor perspectives into the policy-making process has grown into a Bureau of Recipient Affairs of 13 people in six locations around the state, working to ensure meaningful consumer/survivor participation at all levels of the mental health system.