

# My life as a mental health consumer, carer, clinician and living experience academic: From personal madness to global mental health advocate

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It was August 26<sup>th</sup> 2017, I lay in the back of my car ready to enter the spiritual world through the same means my mother had taken in 1999. I survived, a word that reflects my personal and family resilience having experienced a history littered with childhood abuse, violence, neglect, bullying and abandonment.

I grew up in foster care, bouncing from home to home for four years of my parentified childhood. I was confused, angry and sad. Throughout school I used my learned resilience – advocacy – as a tool for student wellbeing as I held vice-captain and house captain positions. However, the process of childhood trauma reared its head through escaping reality and entering a world of truancy and hiding underneath my bed at age 11 and 14. I parented my younger siblings until their mental distress became suicidal, lacking reality and hurting my own wellbeing. I still hold caregiver guilt for leaving the family home to fend for my own wellbeing.

I entered university with a vision to always studying and working in a career. I came out as queer at the commencement of second year university after a suicide attempt leading to an ultimatum of courage or death. I blossomed and found myself fall into social work due to my interest in sociology, psychology, cultural studies and politics. I felt nurtured intellectually, academically and socially within social work and experienced nurturance through varying social work pseudo mothers and grandmothers – a figure I projected, yet longed for many years after the abandonment of my mother's parents after her suicide.

Despite lacking a sense of self, I found purpose and passion through my studies. Education provided the stable base, validation, structure and positive reinforcement I needed growing up and consequently I became addicted to the academic lifestyle. I spent many years throughout my study advocating for my sibling's human rights and access to services as they found themselves in and out of public psychiatric hospitals and community clinics. However, I always struggled with feeling low and worthless, quick to judge myself, and extremely emotionally sensitive with violent mood fluctuations.

I worked in forensic mental health upon graduating from social work school and applied my passion for human rights and social justice through lived experience consultancy on behalf of both consumers and carers. I was bullied in the carer consultancy role, which was poorly support in role, responsibilities and time resulting in my mental health deteriorating to a point of severe social anxiety, depression and then daily suicidal thoughts. I became so unwell over the course of eight months that I lost my second job, lost my car and found myself \$60,000 in debt. I thought my mental health failure was destiny, and my thoughts turned to ending my life in the hope and dream of being with my mother. I accepted her loss by suicide, therefore I thought the same for me. A lethal concoction of thoughts and belief systems culminating in near death sentence.

Throughout my own hospitalisation and recovery process I experienced my first medication induced manic episode whilst travelling around Australia after 8 weeks of institutionalisation. I placed my father under significant financial stress and thought I could survive by buying and selling cars and houses without the financial means to do so. I lost my driver's license twice in three days, which really hit home. I realised the diagnosis of Bipolar Disorder stuck. I knew of personal mood fluctuations for many years, particularly high during the summer, and low during the winter.



I met many amazing people with lived experience in hospital and few became my closest friends. My closest friends and father kept and keep me alive. I transitioned from working as a mental health clinician into academia through my Masters in Counselling and Psychotherapy and PhD in Social Work at Monash University. I found solace as an academic in working towards mental health promotion, prevention and early intervention which fostered resilience through self-care and hope. Due to my tangential and often manic mind, my strengths meant I was suited to systems and macro thinking over clinical practice and used this beautifully creative, innovative and deeply flawed mind found a way to travel the world and advocate for persons with lived experience by speaking to my own consumer and carer story.

I currently teach and research within health and mental health across two universities from a lived experience and peer work discipline position. I spoke at the Mental Health Gap Forum at the World Health Organisation from a lived experience and service user voice to ensure we are integral to interdisciplinary decision making in global mental health. I am the Western Pacific Regional Representative for the Global Mental Health Peer Network lead by CEO, Charlene Sunkel, and continue to advocate on a global systems level for persons with lived

experience in reducing stigma, discrimination, human rights violations and socio-structural determinants to health and wellbeing.

I write this piece as a message for hope, even at my worst recurrent daily suicidal thoughts, and not leaving my bed - head under the pillows for days and weeks on end, you will get better with connection, love and being heard. The road ahead is filled with challenges, but that is not unique to any human.

I decided that my life would embody my mother through the physical steps she did not walk after 28 years of living. I work to service and peer with consumers and carers by supporting through connection and sharing my own living experience journey of personal distress, family distress and service use in public and private mental health systems.

I have found my purpose through survival, resilience and growth from trauma. My illness and mental distress have been a gift that I can share with others to improve personal, family, community and societal wellbeing. Illness is part of the story, transformation through purpose and resilience is another – a narrative the DSM or ICD does not articulate.

My PhD is living experience based and aims to draw together the consumer perspective as the discipline for peer work. Furthermore, I draw upon lived experience leadership as integral to the emergence of the peer work discipline and social movement in global mental health towards human rights, social and disability justice.

Dying for the right and just cause is the most human thing one can do, and this is my cause.

Thank you for listening.