

Hello,

Thank you for considering my nomination for the consumer co-chair of the Illinois Mental Health Planning and Advisory Council. It was a great honor to receive news of my nomination earlier in the year. In the years since I have been introduced to the statewide community of mental health activists, advocates, and professionals, I have been blessed by the warmth and enthusiasm with which my presence and participation has been received across Illinois, and I want to keep that in my life.

Like all of you, I am here because I have devoted myself to creating a better mental health system. My philosophy on how I should pursue this has evolved over time. Five years ago, I was effectively disabled by mental illness. I was clinically depressed, incapable of productive activity, and I believed that this condition would continue for the rest of my life. At times I could not imagine having a life beyond the age of thirty, and I felt profoundly isolated from the world around me. Though I had limited or no contact with other people who shared my plight, I knew from various forms of literature and media that they existed in great numbers, and generally shared my grievances about the often raw deal that mental health gets in the world. My belief then, as it very much is now, is that these people were in need not just of community, but also of strong, broad-based social and political organizing. Furthermore, for a large majority of these people, those organizing communities were either non-existent or very hard to find. I therefore decided to rearrange my life to change the mental health system, and give those who were like me a chance to act by building movement where it was needed.

My first plan was to educate myself. I enrolled in an undergraduate program to receive a degree in psychology, during which time I also volunteered on the psychiatric wing of Evanston Hospital. Then, upon finishing that program, I enrolled in a Master's Program in Public Policy and Administration, with a concentration in Urban Mental Health Policy. I decided that the political effort was where my efforts and skills were best placed. The mental health system was in need of many efforts, and mine was best suited for political advocacy and policy. While it was cruel that so many people could not even put words to their experience of mental illness, and too often felt disconnected or isolated from the world around them, it was just as cruel that services and supports had undergone tremendous disinvestment throughout my lifetime. In Illinois alone, there have been hundreds of millions of cuts in community mental health investment since 2008. Though this reality is out of sight to many who are not directly impacted by it, an early 2000's report from a Presidential commission declared the mental health system in America to be "in shambles."

The issues of silence and stigma, I believed, were a matter of cultural norms. The lack of resources was a matter of political will, and of how we allocated resources and political priorities. It looked like mental health received some of the lowest consideration of any issue in the country. While I could at least identify people who could sympathize with experiences of mental illness, and who would write a book or an article about it, it was much harder to find people who were working on these issues politically, in spite of a broad history of social justice movements that would in theory capture these issues. Now that I have found many of these people, I want to build power, and bring in more.

I obsessively studied and interacted with various movements, advocates, and activists, and tried to master my grasp of the factors at play in the mental health system, both within it (in services and practices), and without it (in the social, cultural, political world). As a part of my graduate curriculum, I wrote a capstone project on the mental health system in Illinois, in which I interviewed mental health consumers in Illinois on their experiences. Various themes emerged. Consumers would report common statements like, "All I wanted was someone to talk to. All I got was drugs," "I never got the time to form a relationship with a therapist," "I was homeless too many times, for too long," and "My family never

talked about it. We stick to a code of silence.” It portrayed a system and a society constrained by backwards principles and a lack of supports, but I do not have to explain any of that to you. This led me to develop a positive vision of what the mental health system should look like – one that offers individuals a full array of resources, be they psychosocial, medical, housing, financial, and which integrates and tolerates mental illness as a normal part of life.

For nearly two years thereafter, I worked on a SAMHSA grant to organize a statewide network of mental health consumers in Illinois. The grant itself has unfortunately had limited impact. The organization I was working with had limited personal and financial resources, and the lion’s share of the work of managing this overwhelming task fell onto me. This included the roles of Project Coordinator (managing the day-to-day tasks of forming a statewide consumer network, attending advocacy meetings, organizing educational events and meetings), Administrative Assistant (maintaining a schedule for the Project Director and tending to other clerical responsibilities within the organization), Project Evaluator (submit quantitative and qualitative reports to SAMHSA), along with many of the tasks of the Project Director when he was unable to attend to them (maintaining good organizational standing with the federal government, writing grant reapplications, writing reports). I took on more than what was realistically possible – in fact, a vast majority of the grant operation - and resigned from this role at the end of March of this year. That said, during my time on the job, I acquired a very unique set of experiences, insights, and interpersonal skills regarding the mental health advocacy world in Illinois, and I have been eager for an opportunity to share them in a new setting. I believe that IMPHAC is the exact type of setting where they could be impactful.

I have formed relationships across a broad spectrum of people – people who at various times identified as peers, consumers, survivors, in recovery, in crisis, stable, in need, ex-patients, providers, therapists, psychiatrists, psychologists, and parents, amongst others, all of whom shared my core goal of creating a better fate for the mental health system and the people who are served in it. It has been an illuminating, enriching experience, but there is also a lot of conflict and contradiction when all of these people exist under the same tent. There is no one-size-fits-all for mental illness or for the mental health system, and each individual is going to approach these issues from their own set of experience and preferences, which at times may starkly contradict those of the person sitting next to them. It requires a lot of strength, education, nuance, aplomb, and skill to be able to manage all of these perspectives and tensions at once. Invariably, a council like IMPHAC will have to be able to handle this, and by confronting these issues directly on a nearly incessant basis for the last half of a decade of my life, I possess those attributes. This qualifies me to be a strong and promising consumer co-chair.

I’d like to close with a statement of respect for IMPHAC. Because of my experience with this diverse population of people, I have known providers who are dismissive of the intelligence and insight of people who have experienced the system, and I have known providers who are astoundingly sympathetic to those people. On the other side of that statement, I have also known activists who react negatively to the so-called “system,” citing reluctance amongst providers and advocates engage with new ideas and with consumer experiences. This is often raised as a point to disengage from certain advocacy settings, and when loosely defined, this “system” may contain an agency like IMPHAC. I am proud to state that the bulk of my experience with those involved in mental health advocacy in Illinois and with IMPHAC discredits these negative assessments. Far from being a bastion of the old, this-is-the-way-things-are mental health system, the people I have met in Illinois are generally highly receptive to new ideas and new models of mental health. They are also attuned to the limits of meds and beds mental health treatment, a phrase I use here as shorthand for the style of treatment typified by hospital stays and psychiatric drugs. This strikes me as a great foundation for growth, and the task from here on out, as I see

it, is to build on this foundation and translate it into concrete systems-change in the mental health system in Illinois, which allows people everything they need and more to lead fulfilled lives and pursue their ambitions while living with mental illness.

Thank you again for your consideration. Whatever the outcome of this vote, I hope the board grows and moves Illinois towards a stronger mental health system.

Best,

Matt Perry