From Survival to Global Advocacy: A Lived Experience Perspective on Mental Health and the UN High-Level Meeting

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Introduction: A Moment for Mental Health at the Global Stage

In May 2024, I had the honour of delivering a lived experience speech at the United Nations in New York, during the Multistakeholder Hearing for the High-Level Meeting (HLM) on Non-Communicable Diseases (NCDs) and Mental Health. This was a critical preparatory moment for shaping the UN Political Declaration on NCDs, which for the first time includes a significant focus on mental health. Through the support of the Global Mental Health Action Network (GMHAN) and United for Global Mental Health, I joined over 30 advocates from around the world to contribute our voices to the political processes shaping the global response to mental health crises.

This hearing marked a turning point in international health governance: a growing recognition that mental health must be addressed not solely through biomedical frameworks, but by integrating lived experience, rights-based approaches, and upstream social determinants. The World Health Organization has repeatedly called for greater civil society involvement, and this initiative was a rare example of resourced, coordinated lived experience advocacy on a global scale.

My Journey from Survivor to Advocate

I came to this space not as a statistic or professional, but as someone who has lived what we are trying to change. My advocacy is rooted in personal experience of intergenerational trauma, systemic neglect, and institutionalisation. Removed from my mother due to her mental health needs, I entered foster care. At just nine years old, I lost my mother to suicide. From then on, I became the primary carer for my siblings, navigating poverty, grief, and violence without support.

My distress was never solely internal. It was shaped by systemic injustices—sanism, poverty, queerphobia, and the criminalisation of suffering. I was institutionalised over nine times, experiencing psychiatric settings that often pathologised my survival rather than responded to my needs. Coming out as non-binary and queer only deepened my exclusion. But in reclaiming identity, connection, and community, I also began reclaiming voice.

From Personal to Collective Advocacy

During our time in New York City, we were also tasked with engaging directly with our country-level UN missions. This involved briefing diplomats on the lived experience mental health agenda and advocating for its inclusion in the political declaration. For me, this included co-leading a meeting with the Australian Mission alongside a representative from the Philippines, as well as contributing to discussions during visits to the Ukrainian, Netherlands, and European Union missions. Across these engagements, I consistently emphasised the importance of addressing the social and structural determinants of mental health—including poverty, violence, discrimination, and colonial legacies—and advancing a model of care that is non-institutional, community-based, and co-led by people with lived expertise at every level of decision-making.

United Nations TV | Multi stakeholders hearing on the prevention and control of noncommunicable diseases (NCD) and the promotion of mental health and well-being (1 hour 50 mins)

https://webtv.un.org/en/asset/k1j/k1j4sdn19b

Delivering My Speech at the United Nations

Below is the full text of the speech I delivered at the UN Multistakeholder Hearing on May 2nd, 2024:

"Thank you, Chair, constituents and co-creators,

Good afternoon, I'm Matthew Jackman, the founder of the Australian Centre for Lived Experience and a member of the Global Mental Health Action Network.

I speak today as someone who has lived what we are here to change.

I was removed from my mother by child protection due to mental health issues. She died by suicide at age 28 while I was in foster care. I was nine years old. From that moment, I became the primary carer for my younger siblings—raising them in poverty, through school, in a home marked by family violence, addiction, and stigma,

with no access to community mental health support. I ended up institutionalized for a year over 9 hospitalizations, often without addressing my needs, preferences or human rights.

My distress was never just individual or about a broken brain. It was deeply social, political, and structural. We were impacted by systems that abandoned us. Later, I faced homophobia and gender-based discrimination as I came out as queer and non-binary—further compounding my distress, through honouring my mother's spirit within me – two spirit.

That is why I urge Member States to politically declare an equitable financial investment in care away from harmful institutions—care that does not medicalize and pathologise human suffering, grief, trauma, poverty, or queerness amongst many intersectional identities. We need services that are rights-based, peer-led, culturally grounded, community-based and person-centred—where healing is not done to us, but led by us, drawing on our collective wisdom.

Mental health systems must move away from coercion and eliminate forced and involuntary treatment by moving toward connection, consent and collective care. Multisectoral governance must mean more than policy alignment—it must mean sharing power with those most affected, those with lived and living experience.

Member States must resource and remunerate lived experience leadership—not as a gesture, but as a rights-based, economic and ethical imperative. Lived experience is expertise, it is a discipline and a social movement in our intersecting spaces.

Let us build systems that honour pain and survival—and trust people like us to co-lead the way forward, as those closest to the problems, are closest to the solutions in putting people first over profit.

We don't ask for a seat at your table, we invite you to co-create a new one.

And as for harmful commercial determinant industries, here in the room, our mental health is not for sale It's time we all take a stand as member states and civil society.

Thank you."

Conclusion: From Witness to Leadership

This experience at the United Nations was not only a personal milestone—it was a powerful testament to the strength of our movements, our stories, and our collective capacity to transform systems. In those rooms, I was not just speaking for myself—I was held, seen, and empowered by a global community of peers, many of whom have turned pain into purpose and exclusion into expertise.

The power of peer advocacy is in its ability to weave the personal with the political. It affirms that our knowledge is not incidental; it is essential. Our lived experience is not supplementary; it is primary. Whether through supporting each other in diplomatic meetings, co-creating language for declarations, or simply

witnessing each other's truths—we were actively reshaping what global mental health leadership can look like.

But this work cannot be sustained through passion alone. It must be resourced. Lived experience leadership must be valued, remunerated, and structurally embedded into all levels of decision-making. The future of global mental health must be rooted in rights, justice, and relationships—not in coercion, profit, or pathology.

Being truly seen and valued by my peers during this process reminded me that change is not only possible—it is already here. It lives in us. It is being led by us. And together, we will continue to speak, resist, and rebuild until our systems reflect our truths and our communities are held in care, not control.