



Susan Mikolic, ODMH Director Michael F. Hogan, Ph.D., and Matt Mikolic at the first meeting of the Transformation Working Group on December 20.

## 18-year-old provides youth perspective to Transformation Working Group

“I was put on this earth to go through what I went through, get through it, and to be able to share my information and help other people,” says Matt Mikolic.

That is exactly why Matt was invited to be the youth representative on the Transformation Working Group. The cabinet-level group will work to evaluate and improve the state’s approach to mental health care. This would not be complete without the voice of a youth who has been there.

From his own experiences, Matt has a number of suggestions for how Ohio can improve the mental health care system.

### **Mental health professionals who have been there**

One of the most important issues Matt identified was the need to have mental health professionals who have experienced a mental illness to help consumers buy-in to therapy.

“You’ve got understand where these people are coming from and why they can help you,” Matt said. “The way I always looked at therapists was their knowledge is from books and from maybe sitting in with some people who have mental illnesses and trying to help them work through it like that. They don’t really know what I’m going through. So I don’t have a real want to listen to them. If kids know this person has really been through something then they will listen more. It’s just like cancer patients who go on TV and say I made it through and all that. That is a lot more effective than some doctor going on there saying that cancer can be treated. People like to see someone it’s actually happened to, it’s more of a punch.”

Matt’s mother, Susan, agrees.

“If we could have more consumer therapists, more consumer everything it would be great. Statistics tell us that they are out there, they are in these jobs. But what happens is they don’t feel comfortable saying it. I told a group I was

speaking to about my own depression. Their reaction was, 'How can you stand up there and say that in a public group of people.' And I said we have to, we must, because the public perceives the face of mental illness as a homeless, drunk person on the street. They have to understand, to have examples of high functioning, successful people who have these illnesses."

### **Encouraging peer support**

Having a group of youths that get together to talk about their mental illnesses and show how they are getting by would be very helpful, according to Matt.

"I want to see some kind of group for kids to go to when they want to talk to people like them, people who have mental illness but are doing well enough to get by in their life. Showing them that there is hope to get through it and lead a regular life."

### **Enabling school success**

Matt stressed the importance of listening to the child to determine their ability to participate in school and social activities.

"The first thing you have to worry about is if the kid is ready to be in school. I usually knew when I was ready, if I was capable of going to school on a certain day. Kids know what they can and can't do. I'm not going to lie, there were a couple times I took advantage of it and said I didn't feel well enough to go to school and I didn't. For the most part, kids know when they can and can't handle going to school. I've gone a couple of times when my mom forced me to go and less than an hour later she'd have to come pick me up because there was a serious problem."

Working collaboratively with the school district to find options to help Matt succeed in school was essential.

"The parents should truly see themselves as an equal member of the team," Susan said. "It's a very intimidating process at best. If we allow ourselves to not be an equal partner, others will be happy to treat us that way. It starts with us carrying ourselves in such a way that we understand we are an equal partner and we expect to be treated as an equal partner. We had a private psychiatrist who we hired and paid to come to the school to explain to them that the choice was between, 'Is he going to learn math or is he going to kill himself today?' It's not often you can get a doctor to go to the school meetings with you. We were very blessed. That started this road and then we worked with them very closely."

Susan believes involving the child in meetings with the school district in an appropriate manner can also help.

"One time when Matt went to home instruction we brought him to the meeting and they saw for themselves. He could barely even walk into the room, let alone function to come to school and learn and be successful. That was very helpful. They could actually see how he was and that it wasn't going to work."

### **Financing mental health care**

Matt is concerned with the level of financial support that he sees from the government & insurance companies.

"I'd like to see more support from the government & insurance companies. We lost our house and are in major debt because of mental illness, because of the government & insurance companies being willing to pay for other illnesses, but not mental illness. It truly is not in my control. How is it different from any other disease?"

### **Eliminating stigma**

Creating a greater awareness of mental illness would help eliminate the stigma many people experience.

"I do see more understanding," Matt says of stigma. "A long time ago people would be afraid to say they have a mental illness because they would lose their job, they'd lose friends. It is becoming more accepted and known that it's not something you choose. It's something uncontrollable."

### **Using proper equipment**

Matt's own experiences with electroconvulsive therapy (ECT) point to the need for proper equipment to treat mental illnesses.

"I'd definitely like to see proper instruments used in every area, including anesthesia monitoring," Matt said from his experiences with ECT. They give you anesthesia and a drug to paralyze your muscles and electrodes are on your head. They shock you. A few times we had a huge problem with the anesthesia. There were not proper instruments there to monitor brain activity to tell if I was awake or not. They had given me the paralyzing drug and had started the procedure, but I was still awake."

"I could still see things, I still remember it. I remember myself trying to move my hands and not being able to say anything or do anything. It was really a feeling of being helpless, because you really are. I felt shortness of breath because I couldn't control my own breathing. It was like drowning. I could not do anything. I couldn't raise a finger to show I was awake. All because they didn't have one little instrument. Granted it may be expensive, but I believe it is necessary if you are going to give someone a paralyzing drug and they can't show any signs that they are awake and it's not working. That's a serious problem."

### **Having faith**

Matt and his family credit their faith and spirituality in recovery as their cornerstone.

"Seeing the blessing in things, looking for lessons, and looking for the good in every experience," Susan said. "Matthew is 18 years old. He's been profoundly mentally ill since he was five. Yet he looks at it as a blessing that he's been given, a gift to help other people. When you are able to approach things from that perspective you are able to help yourself better than when we approach things as being a victim or helpless."

Matt looks forward to doing advocacy work related to mental illness.

"This is just a beginning. I want to go out there and I want to be able to do everything that I can. I'd love to be able to talk to every person that is out there with a mental illness...I know this is not possible, so I will have to find a way to deal with that and help people in other ways. I will do my best to help people that I see and talk to. I'd love to do this as a career."