**Newcastle General Consultation Summary**

In August this year Elena and Emma visited Newcastle for a consultation to hear about people’s experiences with the system and what changes they would like to see. The main issues people spoke about were poor experiences with service provision, changes because of the National Disability Insurance Scheme (NDIS), seclusion and restraint and the importance of true consumer leadership and participation.

We asked people what had changed in the last 5 years in mental health in that area. The feedback was while there have been big social changes, such as the NDIS, within the mental health system itself not much has changed. People talked about a fragmented and stagnant mental health system, where policies and procedures have changed; however, this has not translated into practice or culture. Poor experiences of service provision included, when a staff member went on leave and was not replaced or services closing on public holidays leaving people without support during this time as well as difficulty accessing services in general.

*“I’ve just become so despondent and frustrated with the system that I’ve stepped outside it. Every now and then if I do need to see a psychologist or something like that, and if I can afford to pay for it, I’ve been fortunate enough that I can, I’ll go and see a psychologist to work through whatever I need to do. But I’ve basically stepped out of the system and self-manage.”*

People spoke about their experiences of seclusion and restraint, which has caused trauma and provided examples of human rights violations. People talked about policies and procedures being in place, however these are not being followed, and also noted that it comes back to culture and leadership within the service that makes the difference, in either a positive or negative manner.

People talked about the changes the NDIS has brought to the area since its introduction in 2013. While the NDIS has been difficult, once you become an NDIS participant it can be a positive life changing element of life. The NDIS has also changed the way services operate, leaving significant concern for what services people can access, particularly if you are not an NDIS participant and people’s concern within the community about “being dropped through the gaps with the NDIS”.

*“I think that if we want to keep people out of hospital, which is where people really want to be, then we’ve got to make sure that the community mental health support is supported and functions well, and that includes those Tier 2 people who don’t qualify for the NDIS.”*

When asked about people experiences about having a say in the way services are designed and run, people gave examples of a system that is not set up as a system that values the diversity of lived experience and that there are not enough diverse opportunities for people to provide input into policies and service design.

*“There are all these people that, at all levels of the whole experience of people with lived experience that just never get to speak”*

When talking about positive changes that need to happen people spoke about further education and awareness for support workers in recovery orientated and trauma informed practice, more support for families and carers, increased peer support in areas outside of the hospital, such as housing, and the strong need for individual advocacy work.

Thank you to everyone who spoke to us in Newcastle. The level of insight and in-depth information provided to us during these consultation is essential for our policy and systemic advocacy work.