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Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Committee Secretary

I am writing to you in relation to your Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills. I am an Academic at the University of Canberra and also a registered Nurse Practitioner in the field of mental health (ACT Nurses and Midwives Board). I would like to provide some feedback to you in relation to the potentially serious impact of the proposed changes upon consumers of the mental health services, and also upon Nurse Practitioners working in the field of mental health.

As you would know, the involvement of consumers and carers involvement in their treatment and care has become an expectation of the Australian Commonwealth government and an important component of mental health policy in all States and Territories (e.g. Australian Capital Territory (ACT) Health, 2007; Australian Health Ministers, 1992, 1998, 2003; Caldwell & Jorm, 2001; Commonwealth Department of Health and Family Services, 1997; Commonwealth of Australia, 1997a, 1997b, 2005, 2009; Goodwin & Happell, 2008; Mental Health and Drugs Division, Department of Human Services (Victoria), 2009; Queensland Health, 2006). Research suggests that such participation is beneficial in terms of increasing compliance with and the effectiveness of treatment programmes, facilitating consumer satisfaction, and promoting best practice (e.g. Beech & Norman, 1995; Christensen, 1993; Favod, 1993; Peplau, 1988; Valimaki & Leion-Kilpi, 1998).

The active participation of mental health consumers in their care and treatment will not be facilitated by a formalised, prescribed, medical approach. There are two main reasons for this. Firstly, the medical model of treatment and care, characterised by diagnoses, symptom reduction, rapid stabilisation, and interventions focused on deficiencies and incapacities,

stands in contrast to consumer-centred models, which focus on optimism, and the consumer's strengths and quality of life (Carpenter, 2002; Swarbick, 2006; Doherty & Doherty, 2005). Secondly, the evidence suggests that approaches alternative to the medical model of treatment generate more effective outcomes for mental health consumers (Kinderman, Sellwood, & Tai, 2008; Swarbick, 2006).

Nurse Practitioners work closely with consumers, carers, and all members of the multidisciplinary team, including medical officers, to develop flexible, individualised modes of care and treatment (e.g. Hase, Gardner, Carryer & Gardner, 2008). In short, the Nurse Practitioner works collaboratively, not paternalistically. The major focus of the Nurse Practitioner is the caring relationship, which includes engagement with all stakeholders, collaborative problem solving and decision-making, and the promotion of interpersonal competencies, growth and health (c.f. Forchuk & Dorsay, 1995; Hamilton, Manias, Maude, Marjoribanks & Cook, 2004; Peden, 1998; Peplau, 1952, 1962, 1988, 1992; Stuart & Laraia, 2001). For this reason, Nurse Practitioners in the field of mental health who work as autonomous experts, rather than clinicians confined by frameworks defined by the medical model, are in an excellent position to facilitate the core principles of consumer-centred models of care currently required by the Commonwealth, thereby generating the most effective and satisfying mental health care and treatment to all stakeholders, but most particularly mental health consumers.

I ask that you consider this information closely in your Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.

Yours faithfully

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