

GRAYLANDS HOSPITAL AND FRANKLAND CENTRE

Motion

HON SALLY TALBOT (South West) [10.21 am] — without notice: I move —

That this house calls on the state government as a matter of urgency to explain why the proper checks and balances have not been in place to ensure that the admission, examination and treatment of patients at Graylands Hospital and the Frankland Centre is carried out in accordance with the law.

Often when the opposition moves a motion criticising the government about something, the government will simply refute the facts that the opposition has laid out for consideration. In the case of this motion, the sad and indeed frightening thing is that the government cannot refute the facts because the facts are that the proper checks and balances are clearly not in place at Graylands Hospital. I should explain for honourable members who are not clear that the Frankland Centre is part of the Graylands Hospital complex but they operate as two separate facilities. The proper checks and balances have not been in place to ensure that patients are admitted, examined and treated in accordance with the law. We have seen that graphically illustrated in this state on two occasions in the past six months. I will go through the circumstances of both those incidents in a moment.

Members will notice that the motion calls on the government to provide an explanation. We must hear the minister's explanation about the two critical incidents I am about to refer to. We must hear her explanation of how the system has been changed to prevent these truly shocking things from ever happening again. Sadly, despite repeated questioning in this place and repeated discussion on the part of the opposition, we are yet to hear the minister offer an explanation. In an extraordinary turn of events last week, when the opposition took the very unusual step of moving a motion to suspend standing orders to bring before the house a debate about one of these incidents, we did not even hear from the minister an explanation for why we should not suspend standing orders. It was a quite extraordinary situation. That illustrates that every time things get difficult in relation to these two incidents—I will go further and say in relation to the management of the mental health system in general—the government throws up a smokescreen of obfuscation, legalities and technicalities in acts and regulations to hide the proper explanation of what is happening that the community is due. This is the minister's big chance to explain to us in 15 minutes what the government is doing to restore legal order to the mental health system.

Both of these incidents will be familiar to honourable members, I am sure. The first is the doctor who was found not to be authorised to carry out the functions of a psychiatrist under the Mental Health Act. I chose my words carefully when I worded this motion and in the questions I asked. The critical point is that no-one on this side of the house is making any criticism about the competence of the doctor, or of any doctor, who has been practising in this state. None of us is saying that. What we are calling into question is the competence of the minister to understand the functions of the act and to make sure that the act is obeyed. I have chosen my words very carefully. I noticed that by way of interjection during last week's debate all sorts of allegations were made that I was trying to impugn the doctor's reputation. Nowhere in any of my questions or contributions to this debate have I used anything other than the words that the government itself has used.

I go back to the minister's statement to this place on 19 June when she said —

Allegations have been raised that the doctor has been operating in contravention of the Mental Health Act 1996.

She went on to say that a change in the Mental Health Act —

... acted to exclude this doctor from being authorised to carry out the functions of a psychiatrist under the Mental Health Act.

I have been very careful to use only those words. This is about the competence of the minister, not about the doctor. As a result of a State Administrative Tribunal hearing, we found out that a doctor, who I understand has operated in very senior roles in Graylands Hospital, including possibly even the role of acting clinical director, is not qualified under the law to operate as a psychiatrist. Honourable members are all very familiar with the minister's explanation. It is there in *Hansard* of 19 June for everyone to read. Presumably, members are familiar with the points we raised in the debate last week during the motion to suspend standing orders. However, there is another point I want to raise with the minister, and we really do need a very clear explanation about this part. In the minister's statement is a direct quote from a letter. I note that in *Hansard* it has been incorporated as an indirect quote. The minister's statement says the following —

... he was advised by the Australian Health Practitioner Regulation Agency in 2011 —

In the statement, this is actually in quotes —

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljanna Ravlich; Hon Peter Collier

... you may maintain to perform the functions of a Psychiatrist on the Register of Psychiatrists, maintained for the purpose of s.17 of the *Mental Health Act 1996* at Graylands Hospital.

I simply asked the minister to table a copy of that letter, which she did. That is indeed a direct quote. The clause that is referred to is clause 111, which repealed section 17 of the Mental Health Act on 18 October 2010 when the Health Practitioner Regulation National Law (WA) Bill was passed. That is when the Australian Health Practitioner Regulation Agency was created. Let us be very clear about this. Before the amendment on 18 October 2010, the bill read “Section 17: Register of Psychiatrists”. The critical definition is that before 1 October 2010 the Mental Health Act read —

“psychiatrist” means a medical practitioner whose name is contained in the register of psychiatrists prepared and maintained under section 70 by the Medical Board.

That has all been in the Health Practitioner Regulation National Law (WA) Act 2010 since October 2010. AHPRA wrote a letter to the doctor on the basis that the definition of “psychiatrist” had changed on 1 October 2010 from the definition I just read to “psychiatrist” meaning a person whose name is contained in the register of specialist psychiatrists kept by the Medical Board of Western Australia under the Health Practitioner Regulation National Law (WA), section 223. Dry old stuff, ay? But this is not just about some arcane point on legislation. The AHPRA letter refers to the old legislation that has just been repealed. I put it to the minister that this problem is much, much greater than the problem she acknowledged in her speech. It is a very fuzzy reproduction, but I can see that the letter from the Australian Health Practitioner Regulation Agency is dated 11 August 2011. Indeed, it refers to section 17. I believe that a grave error is being made there and I ask her for her comments on the nature of the error and what she can do to rectify it.

The second extremely worrying incident that the minister has to account for is the taking of Mr Tristan Dimer to Graylands Hospital in December 2012. Let me just go through some of these events. This is how it appears to me and I am sure the minister will correct me if I have it wrong. On 14 December an involuntary patient disappeared from Graylands Hospital. On 16 December, two days later, the police found a person who they thought was the involuntary patient who had disappeared. An involuntary patient disappeared; that is not supposed to happen. On 16 December the police picked up a man who they believed was an involuntary patient. The police took him back to Graylands. The staff at Graylands admitted him as the person who had escaped two days before and in an event that has been described by the shadow Attorney General as “nothing short of unlawful assault”, Mr Dimer had the drug clozapine administered to him. Clozapine, for people who do not know—I am not a medical doctor, so I have done technical reading to get the background on this—is administered to schizophrenics who have not responded to other chemical treatments for schizophrenia. It is a very, very potent drug. It is a very, very dangerous drug. Almost 20 per cent of patients who are put on clozapine are taken off it because of the adverse side effects. More importantly, patients have to maintain a careful blood level of the drug because if it goes up and down, terrible things can happen; it affects the patient’s coronary system and white blood count.

Mr Dimer was taken into the hospital and administered this drug. He had an allergic reaction to it. I am not sure what that means. I am not sure whether that means he reacted to the amount of the drug he was given or whether it was in some sense a genuine allergic reaction, but he was taken to hospital. Guess what happened next. The reports state that staff realised they had the wrong man when Mr Dimer did not know where his room was. I am not sure about that; it does not sound right to me. I am not sure whether they can fill someone full of a drug such as clozapine and then say, “Go back to your room now.” However, they say that Mr Dimer did not know where his room was. I think that the right patient walked back in and that is how they realised they had the wrong person; the patient who left Graylands as an involuntary patient on 14 December walked back in on that same day. They realised they had the wrong person not because they did any sort of checks, but because all of a sudden two people were there, both of whom they thought were the involuntary patient. The right patient came back on 16 December.

Mr Dimer has subsequently been taken to Graylands on two more occasions. He had never been in Graylands before, but following that initial wrongful admission and the treatment of being filled with this dangerous drug, which, as I said, the shadow Attorney General calls “nothing short of unlawful assault”, Mr Dimer has been in there two more times—once as an involuntary patient as a result of a court order from Midland District Court. Yesterday I asked the minister detailed questions about this. This is the minister who at the time described what had happened to Mr Dimer as shocking and appalling. Yesterday when I asked about why he was sent back to Graylands as an involuntary patient, the minister had the temerity to stand in this place and respond with, “You’ll have to ask the Minister for Police”. She would not give me that information. She would not give that information to the house. Is it any wonder that I am constantly contacted by people who have been admitted to Graylands as voluntary and involuntary patients and who say, “This has happened to me, but please do not use my name because I don’t want to go back in there,” because they are terrified. There is case after case after case.

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljanna Ravlich; Hon Peter Collier

The minister must hear them, too. They will not come forward and make known their identities because they are terrified. Yesterday when I stood in this place and tried to get more information on Mr Dimer, I was told that I would have to ask another minister.

The minister has also referred to the fact that on 24 June, last Monday, Mr Dimer was due to have a guardianship application heard in the State Administrative Tribunal. We found this out because I asked the minister when she would decide on compensation. Right back in December she said that she would look at compensation for this man. I am not sure how compensation would work because Tristan is living on the streets with his mother, who is a blind, untreated diabetic; she is extremely sick. These people have now disappeared; the minister has lost these people. They are either hiding or something has happened to them. The minister told me —

The decision regarding compensation will be made by me once I have had an opportunity to review the SSO advice, and only after the outcome of the SAT hearing on 24 June 2013.

Yesterday I asked the minister who had applied for guardianship and she said she would not tell me. I saw the actual answer that the department or somebody drafted for her said, “I will not tell you because I am prevented by the act”, but the minister learned last week that parliamentary privilege overrides acts of Parliament, so she handwrote the change on the answer to state, “I will not tell you. I can tell you, but I will not tell you.” All I asked was: who brought this application for guardianship and why have they brought it? Mr Dimer did not have a psychiatric history until he was locked up by this government and given a dangerous drug in a dose that should never have been administered.

Hon Ljiljanna Ravlich: Unlawfully assaulted he was.

Hon SALLY TALBOT: “Nothing short of unlawful assault”, Hon Ljiljanna Ravlich, is the quote I have been using. In answer to my question yesterday, the minister would give me no information. I can tell members that there was no SAT hearing last Monday. Do members know why? It is because they have lost him. They could not find him to serve the papers on him. This man, along with a lot of other mental health patients in this state, is too terrified to come forward and talk about his story. It occurred to me that the one voice that we have not heard in all this is Mr Dimer’s voice, so let me put that right. I am quoting from an article in *The Sunday Times* by Jan Mayman. We have direct quotes from Mr Dimer. Do not smile, minister!

Hon Helen Morton: Do not claim that to be accurate because there’s a lot of inaccuracy in that.

Hon SALLY TALBOT: There is nothing funny about this. It depends who the minister believes and that is one of her problems.

The PRESIDENT: Order! I think the member will take a point of order, but I was going to say something.

Withdrawal of Remark

Hon NICK GOIRAN: Unless my memory is failing me, I recall that last week there was some discussion about people implying the behaviour of other members. I ask the honourable member to withdraw her comment indicating that someone on this side might have smiled, because it is totally unnecessary for her to do it.

Hon Sally Talbot: She did smile.

Hon Adele Farina: Yes, she did. We all saw it.

Hon NICK GOIRAN: Mr President, if I can just finish my point of order.

The PRESIDENT: Order! One person on their feet at a time.

Hon NICK GOIRAN: The problem with the member making that comment is that it seems to imply something. I am not about to start a practice here of commenting on the standard of dress or the appearance of members opposite and I do not think the members opposite should either. I ask the member to withdraw the comment.

The PRESIDENT: Order, members! It is improper to infer the motives of another member by alluding to some action or facial expression or something. The interjection I picked up during that short exchange was a questioning of the accuracy that the member on her feet referred to, not anything to do with the facial impression implying some sort of attitude towards what was being said. The member on her feet needs to be careful in implying the motives of other members when making comments. If you wish to withdraw that comment, I invite you to do so.

Hon SALLY TALBOT: Yes, I withdraw, and from now on I think it is safer to look at you, Mr President, because it is too upsetting to look at the other side.

Debate Resumed

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljana Ravlich; Hon Peter Collier

Hon SALLY TALBOT: I said I was going to put Mr Dimer's voice on the record —
Several members interjected.

The PRESIDENT: Order! And if I do smile, please do not infer anything!

Hon SALLY TALBOT: Your smile is quite different, Mr President.

I said I was going to put Mr Dimer's voice on the record, and that is what I am now going to do.
Several members interjected.

The PRESIDENT: Order, members! Hon Sally Talbot has the call.

Hon SALLY TALBOT: The article states —

Mr Dimer said he was "half asleep" when police grabbed him at 3am on December 16 last year and took him to Graylands Hospital under the belief he was an escaped inpatient.

He denied ever telling police he had the same name as the missing patient. "Why would I do that?" he said.

Mr Dimer said when he arrived at Graylands he took the drugs meant for the missing patient because he didn't believe he had any choice.

"They told me I had to take them," he said. "I was too scared to refuse."

His next memory was waking up in the emergency unit at Sir Charles Gairdner Hospital.

"I was pretty frightened," he said. "I didn't know what was happening to me. There were tubes all over me. I think I was there a couple of days."

Mr Dimer said he was discharged from hospital with no help to get home.

"I went across the road and stayed in Kings Park for a while to rest, then I caught a bus to Morley," he said. "I felt pretty sick. I'm still a bit sick now."

That, of course, was after the first detention when he was administered the drugs. He has subsequently been detained on two more occasions. Let me continue with Mr Dimer's own words, as stated in the article —

Mr Dimer said he agreed to go to Kalgoorlie because he believed he had no other choice. "I thought that was the only way I could get out of Graylands," he said. "I was locked up there for weeks."

I am sorry; that is wrong. That is the second time he was locked up, from 4 January to 29 January—over three weeks. It continues —

Now reunited with his mother, Trini Munmurrie, after paying his own train fare back from Kalgoorlie and searching for her around the streets of Perth for weeks, Mr Dimer finds it hard to believe he might be given compensation.

"I'd like an Eagles jumper," he said. "They cost \$100, but I can't afford one."

He said he would like a caravan, too, because "then I would have somewhere to live with my mum".

Just in case honourable members are feeling that we have a hopeless case here, I am happy to tell them that their faith in human nature need not be completely in the pits, because I understand that Mr Dimer has had several donations of Eagles jumpers, and I only hope that he can be found so that they can be given to him.

I stress again, by way of concluding my remarks, that we are not talking about the competence of individual doctors or staff at Graylands or at the Frankland Centre. I am not even talking about the competence of individual police officers. I do not think that bad people are out there trying to do bad things to people. But I go back to the terms of the motion. If we were in a Third World country where the rule of law does not prevail and where regulations either do not exist or cannot be enforced, we would be horrified about this sort of thing happening, but these terrible events are taking place in our own hospitals, on our own streets, to people who are Australian citizens, and it is up to the government to put it right.

HON HELEN MORTON (East Metropolitan — Minister for Mental Health) [10.43 am]: I thank the house for the opportunity to speak on these very important issues. I will begin by saying that never before has mental health been so focused on and so scrutinised as it is today. This is something that I greatly appreciate and that I called for when I first became Minister for Mental Health. The Mental Health Review Board of Western Australia, which is headed by a lawyer, provides oversight. The Council of Official Visitors provides support and advocacy for involuntary patients, and it is headed by a lawyer. The Department of Health is much more focused on its responsibilities around mental health than ever before. Of course, we have a Chief Psychiatrist and the Mental Health Law Centre, which does representative work on behalf of people with a mental illness. We

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljana Ravlich; Hon Peter Collier

have the Mental Health Commission, which is involved in commissioning and contracting work, and the management of contracts. Recently we had the Stokes review. We have provided enormous amounts of support to make sure that we encourage people with a mental illness to become allies in change around the culture of mental health issues in Western Australia and increase the voice of consumers around mental illness. There are a raft of other areas in which we provide a much greater focus on and a much greater service towards scrutinising mental health at the moment. I think that is really great. Collectively and individually, all these people and agencies have been scrutinising, questioning and challenging legal matters related to the Mental Health Act and its administration, and I welcome that.

I am really pleased that Hon Sally Talbot made it very clear that this is nothing to do with issues around less-than-perfect practice and it is nothing to do with anything about clinical competencies or anything of that nature, because I wanted to reiterate that myself. So what was Hon Sally Talbot referring to? Basically, she was referring to some elements of legislative change that were not picked up at the time that the health practitioner legislation changed.

In 2010, the Australian Health Practitioner Regulation Agency did not pick up the issues around the overseas-trained psychiatrists, but I am happy to say that that was undertaken last year. The agency did not pick up that this particular doctor, who is a senior medical officer at the hospital—he is not an overseas-trained doctor—had previously been given approval to administer the Mental Health Act. That approval had come from both the Western Australian Board of the Medical Board of Australia and subsequently the Australian Health Practitioner Regulation Agency. That is the only authority in Australia that provides a register of psychiatrists. As late as 2011, as Hon Sally Talbot indicated, that agency wrote to that doctor and said that he could continue to maintain his practice under the Mental Health Act, and that continued to happen. This person was not an overseas-trained doctor anyway, so that did not need to be picked up in the overseas-trained doctor area, but it could have been; if necessary, we could have put in an additional section at the time that the legislation was changed. Nevertheless, it was not, because it was firmly believed that he had already got the authority and the approval from the Australian Health Practitioner Regulation Agency to continue to do the work that he was doing.

What happened, unfortunately, was that this issue was raised with me in December last year by the Council of Official Visitors. I went to the director general and said, “Can you please assure me that all the people who are working at Graylands as psychiatrists have that level of authorisation properly checked?” I did not ask for it in writing; it was at one of our regular meetings. He came back and said that that was so. Again, I did not pursue that any further at that stage. However, the Council of Official Visitors did pursue it and wrote a letter—I cannot remember now whether it wrote directly to the Chief Psychiatrist or to me. In that process, it was decided to get some State Solicitor’s advice about the advice that had come from the Australian Health Practitioner Regulation Agency. From the moment we got that advice, it was concerning. The advice was that the Australian Health Practitioner Regulation Agency did not have the authorisation to make that commitment to that doctor, and that came on 15 January. From the very moment that we got the State Solicitor’s advice, that doctor ceased to practise under the Mental Health Act.

That left us with a difficulty that we needed to resolve, because there was a period when, according to the State Solicitor’s advice, this doctor may have been providing involuntary treatment orders and other forms of administrations under the Mental Health Act. The issue was taken to the State Administrative Tribunal on behalf of a patient as a pilot case, I am told. Of course, the mental health lawyer provided the patient with representation. As Hon Sally Talbot quite rightly indicated, on 7 June SAT absolutely and categorically found in the favour of the patient—the doctor did not have the authority. A number of things have been put in place since then to resolve this issue. I will talk about those in a few minutes. I will also talk about Mr Dimer after I finalise this issue, so that Hon Sally Talbot understands that action has been taken place. Such action was not initiated by the opposition. Further, it was not initiated only by the SAT determination; people started to deal with it after it was brought to their attention by the Council of Official Visitors.

I turn now to what has taken place. I have asked the Chief Psychiatrist to ensure that all psychiatrists across Western Australia have the appropriate authorisation, which has been occurring. The medical notes of the particular doctor concerned at Graylands Hospital have been reviewed and any authorisations provided by that doctor have been checked. That action was not only undertaken by a senior medical records officer, but also overseen by an independent consultant psychiatrist. They looked at the medical records of the doctor’s patients who were administered treatment by that doctor under the Mental Health Act. I am assured by the clinical psychiatrist that all psychiatrists at Graylands Hospital are appropriately registered with the Australian Health Practitioner Regulation Agency. I reiterate that there is no suggestion that any of the treatments or clinical care provided by the practitioner were remiss. That is not the case. The issue is about the doctor’s legal authorisation to provide that support. In the meantime, other psychiatrists have taken responsibility for the patients who were in the hospital at the time. The patients who were involuntary—the Mental Health Act mainly

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljanna Ravlich; Hon Peter Collier

applies to involuntary treatment orders—have been reviewed by an alternative consultant psychiatrist. A number of those went through a treatment program, became voluntary patients and have subsequently been discharged from hospital. The two who remained as involuntary patients at the time are under the care of another psychiatrist.

There is no doubt that the situation we found ourselves in was a difficult situation to handle. The authorisation given to the doctor and checked by people from the Australian Health Practitioner Regulation Agency turned out to be incorrect. As I have said, it is the only authority in Australia that is able to register psychiatrists, and it told us that the doctor in question had the authorisation to continue to operate as a psychiatrist.

I will say a few things about Mr Dimer. I caution Hon Sally Talbot to not believe everything she reads in *The Sunday Times*. A lot of the information in *The Sunday Times* article was incorrect—it was not factual, nor was it based on information from Mr Dimer's medical records or anything of that nature. Hon Sally Talbot must be very careful. She has no background information about Mr Dimer's mental health, his cognitive ability and other issues. I do not intend to provide any confidential patient information unless there is a particular reason for doing so, and I do not see one now. Another assumption Hon Sally Talbot made that was factually wrong was that somehow or other two people were in Graylands Hospital at the same time and that that triggered the situation of Mr Dimer being misidentified when he was taken to the hospital. That is factually wrong—they were never in the hospital at the same time. I am not questioning that he came back to Graylands on the second occasion when the original patient was there. However, Mr Dimer had already been transferred to Sir Charles Gairdner Hospital before the other patient went to the hospital. The member should debunk her fanciful idea right from the start.

The issue with Mr Dimer is that when he was at Sir Charles Gairdner Hospital he was not an involuntary patient. He received treatment at Sir Charles Gairdner Hospital, but then wanted to leave—he did not want to be there. He refused the assistance and support of the social worker who had lined up for him accommodation and other support services. He did not want them. He was unable to be retained because there were no grounds on which to treat him involuntarily at Sir Charles Gairdner Hospital—so he left. He is reasonably well known to health systems within the metropolitan area. He has had multiple admissions to Royal Perth Hospital and Sir Charles Gairdner Hospital. He is well known for his admissions and discharges and the way he seeks the level of support he gets from emergency departments. Mr Dimer has had blood tests taken since that occasion. Ongoing support has been provided to him by the Statewide Specialist Aboriginal Mental Health Service. Mr Dimer makes his own decisions about when he does or does not want to interact. He has made numerous appointments—some have been kept, others have not. Mr Dimer's lifestyle involves moving around the metropolitan area and not engaging. We cannot force him to engage unless he has an involuntary order treatment against him. There have been times when he has received involuntary treatment. At the moment we are not able to require him to receive involuntary care.

HON ADELE FARINA (South West) [10.58 am]: It beggars belief that in 2013 an involuntary patient can simply walk out of a mental health facility without permission and that a general practitioner can practise as a psychiatrist without having appropriate registration and detain a person against his or her will and administer treatment, including serious mind-altering drugs with potentially fatal side effects. It beggars belief that in 2012 a person wrongly identified by staff as a missing patient of eight months can be admitted to Graylands, detained and administered drugs. The community is horrified to learn that this has happened in Western Australia in 2013 and that appropriate checks and balances were not in place to prevent it from happening.

The community is horrified that a person's rights can be trampled on so very easily in this state, and that people with mental health problems, vulnerable people, are treated so very poorly by the mental health system. The community is outraged that the minister is putting the rights and the protection of the doctors involved and of the system ahead of the rights and the protection of people with mental health problems—people whom the minister has an obligation to protect. The community rightly wants answers, wants an explanation on how this can happen and wants to be reassured that checks and balances are in place to prevent this from happening in the future. The rights of people with mental health problems have been infringed in a way that is abhorrent in our society and in a way that most in our society believe should not be possible.

At the time the Dimer matter became public, the minister said that she would await the clinical review and that people must be held accountable for this dreadful error to ensure it never happens again. At the time, Ms Colvin, head of the Council of Official Visitors, emphasised the seriousness of the incident and called for an investigation and urgent action to address what she and the council had previously identified as serious deficiencies with processes—a concern backed by Professor Bryant Stokes following his review of the mental health services in this state.

To this day, the Parliament and the people of Western Australia are none the wiser on how this incident and other similar incidents could have happened, on the outcome of the investigation or on which measures have

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljana Ravlich; Hon Peter Collier

been put in place to ensure that it never happens again, despite six months having passed since the incident. The investigation report has not been tabled in Parliament nor made public, despite this being a matter of significant public concern and significant public interest. We have also learnt that a general practitioner was permitted to treat and detain people at Graylands Hospital for six years contrary to the law. Under the Mental Health Act, only a psychiatrist with qualifications recognised by the Royal Australian and New Zealand College of Psychiatry or a person with specialist registration by the Australian Health Practitioner Regulation Agency can admit a person against their will.

Every effort by Hon Sally Talbot to get the answers that the community wants have been met with a solid wall of resistance by the Minister for Mental Health, who has refused to answer questions and release information critical to restore public confidence in the mental health system in this state. In answer to questions, the minister has incorrectly sought to hide behind a confidentiality clause in the Mental Health Act, clause 3 of schedule 2A of the Mental Health Act, and State Solicitor's Office advice. When challenged, the minister has attempted first to refute or qualify her earlier statements but then, I suspect knowing that those earlier statements would not withstand scrutiny, the minister conceded that it was simply her decision not to provide answers and information sought and that she was not prevented by law from answering the questions. The minister has no regard for the public's right to know, no regard for the scrutiny role of this place to hold government to account and no regard for the Westminster system of government, which places an obligation on the minister to be accountable and to truthfully answer questions put to her in this place.

In a ministerial statement to the house about the GP who has been unlawfully acting as a psychiatrist, the minister said that the doctor's application in 2010 for special registration as a psychiatrist under the Health Practitioner Regulation National Law (WA) 2010 had been refused—a clear indication, if one was needed beyond the act itself, that he should not have been practising as a psychiatrist. The minister then went on to say that he was subsequently advised by the Australian Health Practitioner Regulation Agency in 2011 that he may maintain performing the functions of a psychiatrist on the register of psychiatrists maintained for the purposes of section 17 of the Mental Health Act 1996 at Graylands Hospital. These are the minister's exact words from her statement. As soon as the minister first read this explanation, which no doubt was prepared for her, alarm bells should have started ringing, as they did for me. Before the minister made the statement in Parliament, she should have ascertained the veracity of the statement. I would like to just read exactly what that statement says. Actually, I am not going to have time to read it. Members are going to need to read it themselves.

A simple check of the Mental Health Act would have established that section 17 was deleted in 2010. In view of this, I fail to understand how the Chief Psychiatrist could have written to the Australian Health Practitioner Regulation Agency saying that the doctor was authorised to perform the functions of a psychiatrist on the register of psychiatrists maintained for the purpose of section 17 of the Mental Health Act. I do not understand how he could have done that. The minister should have noted that the letter refers to the "Medical Health Act" and that there is no such act—never has been.

Hon Helen Morton: The letter is the letter written by the authority. I didn't write the letter. I can't help that.

Hon ADELE FARINA: I note that the minister tabled it in this place as justification to say that it was appropriate for that doctor to continue to act as a psychiatrist.

Hon Helen Morton: I was asked to table it.

Hon ADELE FARINA: No; the minister needs to re-read her statement to this place.

Hon Helen Morton: I was asked to table the letter and I tabled it.

The PRESIDENT: Order!

Hon ADELE FARINA: The minister told this place that, according to this letter, he was authorised to act as a psychiatrist.

The PRESIDENT: Order! Debate is one thing but almost a slanging match across the chamber is another.

Hon ADELE FARINA: Further, under the national health law approved by this Parliament, the Australian Health Practitioner Regulation Agency does not have the authority to determine that the doctor may perform the functions of a psychiatrist on the register of psychiatrists maintained for the purposes of section 17 of the "Medical Health Act"—an act that does not exist. The minister, as the government minister responsible for the Health Practitioner Regulation National Law (WA) Bill in this place, knew or ought to have known that section 17 of the Mental Health Act had been deleted by the national law act. The minister should not have made the statement she made to this house and should not have misled the house in this way.

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljana Ravlich; Hon Peter Collier

These are very serious incidents that have shaken public confidence in our mental health system. The minister's refusal to be open, accountable and transparent has compounded the loss of public confidence in our mental health system and in the minister herself. The minister's failure to check the veracity of statements before she makes them in this Parliament has called into question her competency as a minister of the Crown. It is time for the minister to disclose everything she knows, and not just the partial bit-by-bit information that she drops when it suits her and then at times say, "Well, I can't reveal information." She needs to tell us everything that she knows. She needs to apologise to this house for treating it with complete disregard and she needs to put the interests and the personal safety and rights of the people with mental health problems and the broader community first. The minister needs to explain why checks and balances have not been put in place to ensure that the admission, examination and treatment of mental health patients are carried out in accordance with the law. The minister has failed to fulfil her responsibilities as the minister and has been shown to be incompetent. She has failed people with mental health problems and the community, and she should resign.

Point of Order

Hon SIMON O'BRIEN: Mr President, my point of order is one I am loath to raise, as it is normally the prerogative of the President to take note of when a speech is being read. I respect that.

Hon Sue Ellery: Are you going to play that game? Excellent!

Hon SIMON O'BRIEN: However, we have just heard a series of quite serious allegations directed at a minister of the Crown about misleading the house and a range of other serious accusations as part of a prepared statement. The reason of course, Mr President, that we have that standing order—I appreciate it is your prerogative to take note of these things—is to ensure that when a member addresses the house, particularly if they are making serious allegations, it is their words and not words authored by someone outside this house. I am not suggesting that Hon Adele Farina does not write her own material, but we have that standing order for very good reason, and it is only because of the serious nature of the many allegations that were just made that I find myself raising this particular matter for your consideration.

The PRESIDENT: Standing order 36 refers to the reading of speeches. As the member indicated, the purpose of that standing order is very clear: it must be the member's words that are spoken rather than someone else's words being brought into this chamber. If any member throughout that presentation had asked the member on her feet to identify the document to which she was referring, I would have thought that a very reasonable request. I do not know whether it was a read speech or there were copious notes, but it is not up to me to request that the document be identified; it is up to any other member in the chamber if they wish to make that request.

Hon ADELE FARINA: I will respond to the matters raised by Hon Simon O'Brien. I read from copious notes because I felt I needed to be very considered and measured in what I said. I have provided a copy of those notes to Hansard, as is the normal course of events. I invite any member in this place to look at those notes. They were written by my hand and were not written by anybody else. I do not come into this place and speak the words of somebody else. If somebody else wants to do that, they can. I come in here and speak my own words. The notes are written in my handwriting and I am happy to undergo any sort of test that Hon Simon O'Brien would think appropriate to verify that the notes are written by my hand.

The PRESIDENT: I suggest to the member that in light of what she just said, she might wish to table those notes.

Hon Adele Farina: I do not have them to table. I just provided them to Hansard.

Distinguished Visitor — Hon Clive Griffiths

The PRESIDENT: I put the question that the motion be agreed to. I give the call on the order of balance to the Attorney General. Before he begins, I acknowledge that seated in the President's gallery today is Hon Clive Griffiths, a long-serving member of this chamber and indeed the longest serving President of this chamber. Welcome.

HON MICHAEL MISCHIN (North Metropolitan — Attorney General) [11.12 am]: I noted with interest the commencement of Hon Sally Talbot's remarks on this motion, which seem to amount to this: every time the opposition attacks the government on something, the government obfuscates and hides behind such inconvenient things as the facts, the law, the regulations and the rules. Basically, it comes down to a complaint that the opposition objects to the fact that the facts and the law might get in the way of a good story. An example of the sort of complaints we consistently get from the opposition is evidenced by the last half an hour or so of submissions on this motion. We have had assertions that the minister has not answered questions, which is patently false. She has answered the questions that have been asked; and where she has declined to provide certain pieces of information, it has been soundly based on principle and with reference to the law of the land. It may be convenient for the opposition to ignore the law of the land and the principles that underlie it in order to

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljanna Ravlich; Hon Peter Collier

score cheap political points and put across its views and make the sort of near-hysterical submissions that we have recently just heard —

Hon Sue Ellery: As opposed to the pompous ones we hear from you.

Hon MICHAEL MISCHIN: I am sorry if a factual and legally-based submission is inconvenient to the member, but that is the tradition upon which I rely.

Hon Sue Ellery interjected.

The PRESIDENT: Order, members!

Hon MICHAEL MISCHIN: I refer to the question of the identity of the doctor as an example of how the opposition likes to ignore things by trying to sensationalise an event and use it as a segue to an argument that is not based on principle. Last week there was an attempt to suspend standing orders to achieve a very precise end. The motion put was supposedly of such import to the public interest that it needed the extraordinary step of disrupting and suspending the scheduled proceedings of this place in order to be debated at length. It reads —

That this house calls on the Minister for Mental Health to make public the name of the Graylands Hospital doctor who has made unauthorised decisions under the Mental Health Act.

There was nothing in that motion about defects, problems or potential issues relating to mental health generally; it simply asked to reveal the name of a particular doctor. This came about from a recent decision by the State Administrative Tribunal in the case of RD, the applicant, and the Mental Health Review Board, as the first respondent, and the Minister for Health incorporated as the board of Graylands Hospital, as the second respondent. The citation number is [2013] WASAT 80. Throughout that decision, because it dealt with a matter under the Mental Health Act, the identity of the doctor concerned was concealed and referred to as “Doctor S”. One would think that there must be a reason Judge Parry, deputy president of the tribunal, did not reveal the identity of the doctor. In schedule 2A of the Mental Health Act 1996, clause 3(1) states —

A person is not to publish by any means —

Schedule 2A deals with a variety of things concerned with proceedings under the State Administrative Tribunal —

...

that might identify —

- (e) a person who is a party to the proceeding; or
- (f) a person who is related to, or associated with, a party to the proceeding or is, alleged to be, in any other way concerned in the matter to which the proceeding relates; or
- (g) a witness in the proceeding.

There are certain exceptions to that by way of legitimate reporting of proceedings, but there is a blanket prohibition on identifying certain parties and people associated with parties. This is why, in the absence of any other order that might have been made by the deputy president in that case, there was no publication of the identity of that doctor. Yet this opposition has sought that information from the Minister for Mental Health. Incidentally, before members opposite express surprise at such legal technicality, that provision was introduced into the Mental Health Act by act 55 of 2004, and the amendment was passed in the course of a Labor government. As I recall, the relevant minister at the time, the Attorney General—if he was the one moving that amendment because of consequential amendments to the State Administrative Tribunal Act—was Hon Jim McGinty, who also happened to be the Minister for Health, under whose control mental health fell at the time. It was deliberately decided by the then Labor government to impose that restriction as a matter of principle. One can debate the reasons, but I suspect it is to do with confidentiality and the like of patient records. Yet this opposition sought to disregard all that and act under parliamentary privilege to address this matter.

Point of Order

Hon SALLY TALBOT: The Attorney General needs some direction from you about which motion is up for debate this morning.

The PRESIDENT: Member, I have been following the debate very closely. The central issue to this debate concerns a particular medical practitioner at Graylands Hospital. It is relevant that the Attorney General refers to issues in law that restrict the publication or the identity of that person. In that case, I do not think there is a point of order.

Debate Resumed

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljana Ravlich; Hon Peter Collier

In fact it was a major plank of the argument raised by Hon Sally Talbot in support of the motion on the minister's duties in her portfolio. Things got even worse when the Leader of the Opposition in this place started to explain why it was so important that we suspend standing orders to deal with that particular issue. She said —

... the only way to ensure that those people who may be affected by this mistake have all their legal rights available to them is to make sure that the advocates are able to step in and identify potential clients of that person.

People at large and the public cannot, as a matter of law, find out this information from those who are acting for RD in those proceedings.

Point of Order

Hon SALLY TALBOT: I have the greatest respect for your decisions, Mr President, and I am absolutely certain your ruling just now was correct to the point that Hon Michael Mischin had reached. But he is now going on to talk about the substance of last week's motion. The motion being debated now has nothing to do with naming the doctor. The Attorney General is simply repeating the arguments he used last week, albeit by interjection, so he clearly regrets the fact that he did not seek the call last week. The motion today refers specifically to checks and balances in place to ensure that practitioners operate in accordance with the law, and the member is not addressing those points. In addition, the member is canvassing matters that the Minister for Mental Health herself has already conceded to the opposition. She has already conceded that the opposition is correct when it says that she is not, despite her advice to the house last night, prevented by an act or acts of Parliament from making particular disclosures, because parliamentary privilege supersedes those acts. There are two respects in which I put it to you, Mr President, that the member needs to be referred back to the motion being debated this morning.

The PRESIDENT: The member has raised an issue in relation to another debate in this house a few days ago. There are standing orders that rightly prevent members alluding to that debate's outcome and result. In this case I think there is inevitably some overlap of subject involved in both the motion moved a few days ago and the current one before the house. In that respect we cannot draw boundaries very clinically. The Attorney General is exploring issues that I think do have some overlap, but I look forward to his conclusion, if you like, and his drawing to the specific elements of this motion in his comments.

Debate Resumed

Hon MICHAEL MISCHIN: I will complete my quote of Hon Sue Ellery —

There are a bunch of alternatives to fix the problem. It might be that the minister provides the name to the Mental Health Law Centre (WA) as opposed to Parliament.

There is an open invitation on the part of the Leader of the Opposition to breach the law and for the minister to go off and do something she is prohibited from doing by law.

Hon Sue Ellery: What is parliamentary privilege?

Hon MICHAEL MISCHIN: Hon Sue Ellery said "provides the name to the Mental Health Law Centre". Plainly, what was being sought was to achieve by one end, under parliamentary privilege, something that was unprincipled and forbidden by law in the ordinary course of events and that is one of the supposed technicalities the minister is hiding behind. The reality is that the opposition can say as much as it likes. It may be that Hon Sally Talbot relies for her so-called facts on reports in the newspaper—reports of conversations with people who may have issues with their cognitive abilities and the like, who may require some treatment and which are reported second and third-hand for the purposes of a newspaper article. It may be that Hon Adele Farina can live under the illusion that somehow involuntary patients are kept in cells 24 hours a day and have somehow escaped from custody. If she knew anything about the system involved —

Withdrawal of Remark

Hon ADELE FARINA: I made no statement about mental health patients being kept in cells and I ask the member to retract the statement he just made alleging that I have in fact said those words.

The PRESIDENT: I did not hear the member refer to that situation in those words. This point of order is a similar situation to a member on their feet implying that somebody might smile and therefore have a certain attitude to an issue. I think the member raises a valid argument. A member cannot impugn another member who has made some comments about some conclusion they have drawn. I invite Hon Michael Mischin to withdraw those comments in the way he phrased them.

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljanna Ravlich; Hon Peter Collier

Hon MICHAEL MISCHIN: Thank you, Mr President, I do so. Perhaps I have let rhetoric get the advantage of me.

Debate Resumed

Hon MICHAEL MISCHIN: However, plainly Hon Adele Farina has very little understanding of the way involuntary patients are dealt with in institutions. They are not necessarily confined. They can go on leave and they wander in and out from time to time, and the idea that she is amazed that they might not return is just astonishing. There also seems to be an assumption that people are being tracked through the community all the time, which is not the case either. The reality is that the minister has handled her very, very difficult portfolio in an exemplary way. None of the complaints have been made out. The opposition, by way of its nature, and I can understand the political imperatives of it, chooses to ignore any of the answers that are given, chooses to rely on strange constructs of what a minister's responsibilities are and assumes that confidential and sensitive information ought to be just bandied about in this place in order to suit its purposes. I would have thought that the minister acted in a very principled way in this regard.

HON LJILJANNA RAVLICH (North Metropolitan) [11.27 am]: The first thing is, I support the motion. In relation to what the Attorney General has just referred to as "strange constructs", the Minister for Mental Health is fairly and squarely accountable for what happens in her portfolio. We operate under a Westminster system of government and as such, those principles of accountability and individual responsibility apply. They applied to us when we were in government and they apply to this government. This notion that in some way the minister can distance herself from what goes on in her portfolio and that she cannot be held responsible for anything that goes on is just absolute sheer rubbish.

This motion moved by Hon Sally Talbot refers to the proper checks and balances that were not put in place to ensure that admissions, examinations and treatment of patients at Graylands Hospital and the Frankland Centre are carried out in accordance with the law. Knowing what happens in the mental health sector, I think Western Australians should be concerned and they have every right to be. This situation is a case in point, but there would be many, many other cases—they just have not come to the media's attention. It is not as though we do not have processes within the health system. Clearly the Department of Health has admission, referral, discharge and transfer practices that apply to all hospitals and they also apply to mental health facilities. When we look at what those policies say should happen and what actually does happen, as in the case with Mr Dimer, we see that they are worlds apart. Those policies are not worth the paper they are written on—that is what it boils down to. There is a current readmission, discharge and transfer policy for WA health services. That is already on the public record and all service providers should adhere to that policy. There is also a policy that relates to clinical risk assessment and management of patients, including mental health patients.

If we look closely at what happened in the Dimer case, we see that it is very, very sad. I spoke not long ago in this house about adverse events; I cannot think of a worse adverse event than this. Somebody picks up the wrong man and brings him into a mental health facility, where he has tubes attached to him and is administered drugs—poison—and, at the end of the day, it becomes an international media story, while the Minister for Mental Health says, "What's the problem?" I think there is a very, very serious problem here indeed.

There appears on page 38 of the Stokes report a mental health risk process flow diagram for 2012. This is what should have happened to Mr Dimer but did not happen. First of all, if he had wanted to, he would have presented; but of course, he did not want to. He had been given a move-on notice and after he had been given the move-on notice he was picked up. The first step in the health risk process flow diagram is that he should have presented to a health provider and then, within the health service—in this case, Graylands Hospital—he should have gone through the brief risk assessment process to assess his state of mind and whether he was suicidal or at any risk. If he was assessed to be at positive risk, he should then have been assessed by a mental health clinician—that is, a nurse, allied health professional, psychiatric registrar or psychiatrist. There are a couple of things already wrong here because, first of all, Mr Dimer did not present at Graylands; he was presented by someone else. How hideous is that? The minister says that this is okay, but this is so far from being okay that it is simply not funny. He did not present; he was presented. I hope the minister is listening because one of the things I want to know is: was Mr Dimer actually treated by the unregistered psychiatrist? He may well have been one of the 200-odd people who were. If he had been assessed by a mental health clinician, a management plan should then have been put in place, followed by a care plan and so on and so forth. Clearly, that did not happen. This system is very, very broken.

I will now put a number of questions on the public record. First, how is it that the first man, as an involuntary patient, walked out? Second, has there been an investigation into what happened and why Graylands staff did not recognise that Mr Dimer was not the right man? Third, was Mr Dimer treated by Dr S—the doctor who was not a qualified psychiatrist? Fourth, what reports have been received to date on this matter by the Minister for

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljana Ravlich; Hon Peter Collier

Mental Health, and from whom? Fifth, where is Mr Dimer's compensation for his unlawful assault? Sixth, how much compensation will Mr Dimer be paid for that unlawful assault? Seventh, how many other people has this happened to or is this an isolated case? Eighth, how many other people have been picked up since 2008, for example, and how many other people have not presented but rather been presented to mental health institutions without authority?

One of the really sad things about this case is the reasons that people are picked up by the police and admitted to mental facilities in such cases, as outlined in the Stokes report at page 33. I will read a paragraph from that report that outlines the reasons for admission. It states —

Mental health patients may fit the criterion for physically unwell patients as well as ARDT ...

That is, admissions, readmissions, discharge and transfer policy. Factors that may influence a clinician's decision to admit a patient include social factors and risk of self-harm and harm to others. In Mr Dimer's case, the social factors would have been, first, that he is Aboriginal and, second, that he was living rough. He was at no risk of self-harm and he did not appear to be an unwell patient. If these rules can be interpreted in such a narrow way that people can be picked up around this town simply because they are Aboriginal and living rough, I think it is a disgrace.

I tell the Minister for Mental Health that this is a very, very serious issue and she has responded in her usual way—totally inadequately. She is absolutely not across this issue and is totally ignorant. Frankly, I do not think that is good enough, and I do not believe anyone thinks it is good enough. This matter made international news, yet all the minister wants to do is bury it, just as she wants to bury everything. The fact is that this is hurting people and ruining families. It is sending a very, very bad message about mental health services in Western Australia and, most importantly, it is sending a very bad message about the Minister for Mental Health having so little care or regard for the consequences of this issue.

HON PETER COLLIER (North Metropolitan — Leader of the House) [11.37 pm]: I had not intended to comment on this motion, but I will now, just to clarify a couple of points, particularly with regard to Mr Dimer. Reflections were made on the inability to locate Mr Dimer and his mother, as I understand it, and whether or not that is an issue associated with any failings on the part of the hospital or the Minister for Mental Health. I just want to clarify that.

Hon Sally Talbot: It was in relation to the State Administrative Tribunal hearing.

Hon PETER COLLIER: I understand that, and I understand that Mr Dimer and his mother have had issues that make it very, very difficult. He lives in a transient environment and moves from place to place, and it has been very difficult to locate him. For the public record and to clarify this, it is not for want of trying that the department has been unable to locate Mr Dimer and his family. The Specialist Aboriginal Mental Health Service has been in regular contact with Mr Dimer's mother and sister, who are also homeless, I have to state.

Hon Sally Talbot: The whole family's homeless—that's the whole point!

Hon PETER COLLIER: That is correct, and that in itself creates an issue of locality —

Hon Sally Talbot: That's the very point I was making about contacting the patients who were affected by Dr S—the very point!

Hon PETER COLLIER: Okay; that is not the issue that we are talking about.

Several members interjected.

Hon PETER COLLIER: Mr Dimer was last seen by a social worker on 13 June. He has been actively searched for two to three times weekly to maintain clinical care. The social worker was contacted by SAT 10 days before the hearing—that is, the social worker who is responsible for Mr Dimer. The process server met with the social worker on 21 June to find Mr Dimer, and he was unable to locate him, which, as I said, is not unusual, but certainly in this instance they have made a number of attempts, so this notion that he has fallen through the cracks and that the system has been responsible for a number of these issues is ill-founded. There have been a number of attempts to find Mr Dimer, and they are continuing as we speak.

Hon Helen Morton: Ongoing care and support.

Hon PETER COLLIER: Sorry—and ongoing care and support. The social worker tried again on Monday morning before the hearing in an attempt to be able to continue with the hearing and again Mr Dimer was unable to be located. The social worker is waiting to be notified of the next date and will work with the process server to locate Mr Dimer in time. As I said, every attempt has been made to contact and work with Mr Dimer and his family. The fact that he is homeless does, of course, create some ongoing issues. Unfortunately, the quality of

Hon Dr Sally Talbot; Hon Nick Goiran; President; Hon Helen Morton; Hon Adele Farina; Hon Simon O'Brien;
Hon Michael Mischin; Hon Ljiljanna Ravlich; Hon Peter Collier

life Mr Dimer is leading makes it very difficult to keep track of his and his mother's whereabouts, which has made it difficult in this circumstance. That is the first issue I would like to clarify.

With regard to the issue of the letter that was raised by Hon Adele Farina and Hon Sally Talbot, the Minister for Mental Health did table that letter. That letter was tabled as a result of a response that she made. The letter is to the doctor involved. I will quote one part of it because I know there is some contention about the second component of this.

Hon Sally Talbot: It is the second paragraph.

Hon PETER COLLIER: It is the second last paragraph, actually. It states —

I further advise that you are not to hold yourself out to be a Specialist/Consultant Psychiatrist however you may maintain to perform the functions of a Psychiatrist on the Register of Psychiatrists, maintained for the purpose of s.17 of the *Mental Health Act 1996* at Graylands Hospital.

I understand that it is not the appropriate act but the simple fact of the matter is that that is exactly what the letter states and that is what the minister tabled. She was not misleading Parliament.

Hon Adele Farina: But in her ministerial statement she used that as a justification for the doctor to continue to practise as a psychiatrist and that that was okay.

Hon PETER COLLIER: I understand that but this is the letter the minister was provided with by the Australian Health Practitioners Regulatory Authority. That is the only register of psychiatrists in Australia.

Hon Adele Farina: But there isn't a register anymore because section 17 of the act has been deleted.

Hon Helen Morton: That is irrelevant.

Hon Adele Farina: That is not irrelevant. It actually created the register.

Hon PETER COLLIER: I am sorry, but it is irrelevant to the argument that the minister has made, and has made quite coherently. That is the second thing.

The matter of involuntary care, which was raised by Hon Adele Farina in particular, is a valid point. Involuntary care of mental health patients is quite common throughout mental health institutions.

Hon Adele Farina: But not by people who are not registered to involuntarily detain them.

The PRESIDENT: Order! The Leader of the House has half a minute to finish his comments. I think he had better direct them through the Chair.

Hon PETER COLLIER: I was making every attempt to try to clarify the points raised by members opposite. We are talking about patients who are in the community. In most instances they are in open wards and can have day leave and weekend leave. As I said, this is not unusual and to suggest otherwise is inaccurate. I think the minister has given a very measured and accurate appraisal of the situation. We cannot have a more committed minister to mental health than the current Minister for Mental Health.

Motion lapsed, pursuant to standing orders.