

Legislative Council

Tuesday, the 25th September, 1962

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The PRESIDENT (The Hon. L. C. Diver) took the Chair at 4.30 p.m., and read prayers.

QUESTIONS ON NOTICE

LEGISLATIVE COUNCIL

Cost

1. The Hon. R. F. HUTCHISON asked the Minister for Mines:

To enable an approximation to be known of the total cost of the Legislative Council, will the Minister provide, with as much detail as is practicable, the following information for the year ended the 30th June, 1962:—

- (a) salaries of Ministers;
- (b) travelling expenses of Ministers;
- (c) salaries of President and Chairman of Committees;
- (d) salaries of members;
- (e) allowances of all members;
- (f) cost of all printing as applying to Legislative Council;
- (g) cost of *Hansard* reporting staff salaries and other expenditures;
- (h) salaries of officers of Legislative Council;
- (i) cost of Legislative Council elections; and
- (j) all other incidental costs which are a charge against Legislative Council's votes?

The Hon. A. F. GRIFFITH replied:

The information sought by the honourable member under the headings (a) to (j) is contained in the Public Accounts to be presented to Parliament this Thursday, the 27th September, and in the Statutes which make statutory provision with respect to salaries and allowances to members.

TRADING BANKS: NEW CHARGES

Position of Rural and Industries Bank

2. The Hon. N. E. BAXTER (for The Hon. A. R. Jones) asked the Minister for Local Government:

(1) In view of the public indignation at the seemingly outrageous new arrangements and charges proposed by trading banks, will the Minister inform the House what the Government's intentions are in respect to the Rural and Industries Bank?

(2) Will the Government instruct the Rural and Industries Bank to remain outside the new arrangements or, if it has not the authority, will it advise the commissioners that it is against the proposals?

The Hon. L. A. LOGAN replied:

- (1) and (2) Service charges of banks are considered a domestic matter. Recent announcements indicate that whilst additional charges may be made, some existing fees will be eliminated. The Rural and Industries Bank should, it is considered, conform to general practice.

HEALTH ACT AMENDMENT BILL

Report

Report of Committee adopted.

JUDGES' SALARIES AND PENSIONS ACT AMENDMENT BILL

Second Reading

Debate resumed, from the 20th September, on the following motion by The Hon. A. F. Griffith (Minister for Justice):—

That the Bill be now read a second time.

THE HON. E. M. HEENAN (North-East) [4.39 p.m.]: When introducing the Bill the Minister stated that its purpose was to grant increases in the salaries of judges, thus bringing them more into line with the average salaries paid to judges in other States of Australia. From the figures the Minister quoted, which can be read in *Hansard*, I think we can agree that the salaries proposed will effect this purpose.

However, I take the opportunity to mention that I for one do not subscribe to the generally-accepted proposition that judges in the more populous States of Australia should receive higher salaries than those in the other States.

On this point I would mention that the Chief Justices of New South Wales and Victoria each draw a salary of £7,250, whereas we now propose to increase the salary of our Chief Justice from £5,200 to £6,400. He will, therefore, be still well below the salary of his brother Chief Justices in New South Wales and Victoria.

I suppose the argument could be put forward that those States have far greater populations than our own; but they are wealthier States and can afford to pay higher salaries; and there, I think, the argument would end. I think our Chief Justice and our judges would compare favourably in all respects, with their fellow judges in the other States; and, as I said, I cannot subscribe to the idea that these various salaries should apply in the different States.

To my mind, it is a pity that some tribunal could not be set up to effect such a goal and thus avoid the necessity of the various Parliaments, from time to time, following one another and trying to average things out. For instance, I do not think members of Parliament in Western Australia would subscribe to the idea that because our State is much smaller in population than Victoria and New South Wales, and perhaps Queensland, our duties are any the less onerous or responsible and that we should be paid less than is paid to our opposite numbers in those States. Those are just a few comments which the Bill gives me an opportunity of making.

I would like to add this on the subject of judges' salaries: We should never lose sight of the fact that judges do not belong to any department of the Government; they know no political party and no distinctions of any kind; and their decisions are based not on any passing considerations of expediency but on truth and the law as they understand it.

Judges need not be assured of living in pretentious luxury, but I think we owe it to them that they be at least afforded the comfort and security which accrue to successful citizens holding highly responsible positions in our society. Our society, especially these days, depends for its continuance on rule by law, and the impartiality, justice, and wisdom with which our laws are applied; and I think we must always bear in mind the grave necessity of ensuring that the men who go on to the judiciary are of the highest calibre that can be obtained, and that their financial emoluments be on a generous scale.

These people cannot earn anything outside their office and they cannot engage in a lot of things that the average member of the community can. Therefore,

they are in a unique position which must possess many satisfactions but which, at the same time, must contain many aspects which the average person would not regard with satisfaction. I have much pleasure in supporting the Bill.

THE HON. C. H. SIMPSON (Midland) [4.47 p.m.]: I am in general agreement with the remarks passed by Mr. Heenan, who speaks with knowledge as a member of the legal profession and with a full appreciation of the value of the service rendered by judges. I think we can all agree that in this State at least we have been well served by those who have occupied these high positions on the judicial bench.

According to the Minister's introductory speech, judges' salaries were last fixed in 1959 when we set a new scale, as it were, for the remuneration of the Chief Justice, the Senior Puisne Judge, and the other judges. This would automatically affect the pension rates of judges retiring at the end of their service; and, in the event of their decease, of the widows as well. These are automatically attended to in any adjustments made to judges' salaries.

It has occurred to me that, having regard for the high dignity of this office, it might be possible—and I suggest this to the Government—to have an appraisal made of salaries due to the members of this tribunal which would not be subject to review so often, but which might, in effect, be tied to a general scale to be determined. This, I think, would tend to preserve the dignity and importance of the office.

It is only right that this question should be brought before Parliament from time to time as necessary; but, on the other hand, seeing the conditions which create this set of circumstances are beyond the power of judges to determine and are, to a certain extent, tied up with the question of economics generally, I suggest that some method, other than that of bringing the matter to the light of day by public debate, might receive the consideration of the Government. In the determination of salaries for personnel of the Government service, there are tribunals which, from time to time, decide these matters without any reference to Parliament; and I am suggesting, as a matter for consideration, that this is something which might be so arranged that the need for publicity in the Press might, in the interests of dignity—because of the august personages who occupy such positions—be avoided.

THE HON. H. K. WATSON (Metropolitan) [4.51 p.m.]: I support the Bill. I think the adjustment of the salaries of the judiciary which is proposed by this Bill is fair and reasonable having regard to the importance and the independence in their positions, which is expected of the judiciary. The judiciary is one of the three great branches of State. We have the Legislature, the executive, and the judiciary.

Mr. Simpson has suggested it would be well if some plan were adopted whereby the salaries of judges were not subjected to periodic reviews. I feel that a more practical suggestion would be that the salaries of judges should not be subject to income tax. The proposal in the Bill is that judges in this State shall be paid a remuneration somewhere between the remuneration received by judges in Tasmania on the one hand and those in New South Wales and Victoria on the other hand.

The Hon. A. F. Griffith: It has not been arrived at exactly like that.

The Hon. H. K. WATSON: No. I have seen it expressed somewhere that the salary of the Chief Justice has been increased by £1,100 per year. That is hardly the correct perspective in which to look at the matter because, in effect, it means that although his salary has been increased by £1,100 per year, the amount of income tax has been increased by £600 per year. The take-home increase, if one may use that expression, is merely £500 per year. That illustration shows the terrific impact which income tax has on the salaried man. It becomes almost impossible, except at terrific cost, to remunerate the salaried man—particularly if he holds high office—with a net income which will adequately remunerate him for the duties which he is called upon to discharge.

The Hon. J. D. Teahan: Would not that apply to all—even the wages man?

The Hon. H. K. WATSON: Yes; but it stands out very startlingly here. The State pays out £1,100, but of that amount £600 goes into the Federal Treasury by way of income tax.

THE HON. A. F. GRIFFITH (Suburban—Minister for Justice) [4.55 p.m.]: There are one or two brief comments which I would like to make in reply to the speeches. The Bill has received the support of the members who have addressed themselves to it. Mr. Heenan raised the point that judges of the bigger States should not, in fact, receive higher salaries than those in the smaller States. This is a matter which can only be dealt with, if it is dealt with at some time on an all-States basis, when all the States confer and arrangements are made to fix the salaries of judges. I do know that that is what the Chief Justices of the various States of Australia would like to see done. Whether that is a practical arrangement at the present time, I am not in a position to say.

However, a recommendation was placed before Cabinet. Somebody has to accept responsibility for fixing not only the salaries of judges, but also those of other high officers, and in this case the responsibility was considered to be that of the Government. It is not correct to say that the salaries were fixed after taking into

consideration the salaries paid in Tasmania and those paid in Victoria. I did not approach the matter in that way. I approached the matter on the basis of what was the average salary paid to judges in all the States; and it was worked out that the figure was a little less than the sum of £6,400, which was subsequently agreed to and is the figure contained in this Bill.

The amount is a little more than the average, the reason being that the same problem could arise next year if some basic amount, in the first place for the Chief Justice, was not fixed. The present determinations will have the effect of carrying the situation over for at least some time to come, bearing in mind that the last review of judges' salaries was in 1959.

Salaries now to be paid to judges will, on the average, be very close to those paid in South Australia and they will be almost identical with those paid in Queensland; but they will still be less, of course, than the salaries paid in the two principal States of Victoria and New South Wales. I recommend that the same increase should be applied, proportionately, to the puisne judges, with the customary allowance of the small amount of £150 per year being paid to the Senior Puisne Judge.

Whether or not salaries of judges should be subject to a review is a matter about which I cannot say any more at this particular time.

Commenting upon the point of view put forward by Mr. Watson with regard to income tax, I can only say that it was ever thus. When anybody receives an increase in salary the Taxation Department steps in for its share by way of income tax. We in this country are by no manner of means as badly off as some countries are in respect of taxation. Some countries may be better off than we are; but it would, I believe, set a difficult pattern to provide for the salaries of one particular section of the community—in this case a very valuable section; namely, the judiciary—and for those salaries to be exempt from taxation. That is a matter for the Commonwealth Government and not for this State.

I cannot subscribe to the point of view put forward by Mr. Watson, because it is entirely beyond our control. This is an attempt to bring the salaries of judges in this State to a point where they are more commensurate with the duties that they perform.

Question put and passed.

Bill read a second time.

In Committee, etc.

Bill passed through Committee without debate, reported without amendment, and the report adopted.

MENTAL HEALTH BILL

Second Reading

Debate resumed, from the 19th September, on the following motion by The Hon. L. A. Logan (Minister for Local Government):

That the Bill be now read a second time.

THE HON. R. F. HUTCHISON (Suburban) [5.3 p.m.]: I rise to support the Bill, and I do so because I think it is most necessary that we have legislation on our statute book better than that which is now in existence. During my speech in support of the Bill I shall offer certain criticism and put forward some suggestions for improvements to the legislation; and the material for these suggestions has been gained from observations I have made through a study of this subject over the last year or so. I have visited many countries and every State in Australia except Queensland. During my speech, I shall relate some of my experiences and the thoughts I have on the subject.

Also I want to foreshadow certain amendments which I would like the Minister to consider; and if, when he replies, he could make some comments on these suggested amendments and satisfy me about them it may not be necessary for me to move them or spend time on their preparation.

The first amendment I would like to mention is in reference to clause 29, page 16, line 15, where it refers to the fact that a justice shall not make an order as is mentioned in subclause (1) of the clause until a period of 14 days has elapsed. I shall not go into the full ramifications of the clause, but I think a period of two days would be sufficient, because with a mental case anything can happen in 14 days. A patient could become fully recovered, and so it may not be necessary for him to be sent to a mental home; or he might become worse, and in such a case it does not do to delay admittance for too long when any observation is required.

I now wish to refer to page 20, clause 36. I am advised that when a person is on remand he is ineligible for social service sickness benefits.

The Hon. L. A. Logan: Which clause is this?

The Hon. R. F. HUTCHISON: Clause 36 on page 20. I am mentioning these amendments to the Minister because it may save us some time later on. As I said, when a person is on remand he is ineligible for social service sickness benefits, and this normally causes little hardship if the period is a short one; but if a person is remanded to a hospital for a decision

on his mental state, and he is there for 28 days, which is the time mentioned in the Bill, hardship could be caused to his wife and family. I want to know whether it would be possible for sickness benefits to be paid for the period of his admission, and for the clause to be altered accordingly. There is one other slight amendment in regard to that clause, but it is only a matter of a change of words.

The next clause to which I wish to refer is clause 42 on page 22, where I notice that a section of the 1961 Act has been omitted. I am sorry that some reference has not been made to this section, because I think it was a worth-while provision.

I also want to move an amendment in line 9 on page 32 where I want to add the words "and next of kin or guardian and his legal practitioner." Those are the main amendments I want to mention, although I want to make some comments about the use of certain words.

As I said earlier, I have made a wide survey in regard to this subject—the approach to mental health—in the Australian States and New Zealand. The subject of mental health is one which is exercising the minds of leaders in various countries throughout the world, and especially in Australia at the moment because we have lagged behind in this important field, although we are now moving towards a more modern approach in regard to the treatment and care of mentally handicapped and mentally ill people.

With the exception of South Australia, I think we have lagged behind more than all the other States; and I believe it is up to the Government, with the passing of this legislation, to take every opportunity to see that we do not anchor this State to past mistakes and old patterns of appointments and usages which hamper progressive thought and approach to the problems of mental health and its real needs. It is in regard to that important point that I wish to speak at the moment.

I regret firstly that the Government has not seen fit to follow Victoria's lead and set up a Western Australian mental hygiene authority. Under Dr. Cunningham Dax, who is the director, Victoria now leads Australia in this field, and it is amazing what has been done there.

The Hon. G. C. MacKinnon: They have had a Liberal Government longer than we have.

The Hon. R. F. HUTCHISON: This Government has been in office for quite a long time in this State, certainly long enough for it to take some steps in the direction I have mentioned. However, as I said, I regret that the Government has not seen fit to follow Victoria's lead; but this State has a great

opportunity at the moment to adopt standards on its own initiative without following any particular State, and to adopt the best practices and use the best procedures that can be obtained.

Few people in the State realise that we have a unique opportunity to develop our mental health and mental deficiency services; because this State has lagged so sadly behind with its building programme and its mental health units that it is now in the fortunate position of being free from committing itself to adopt types of institutions that are proving a failure in other States and overseas. That is why it is of vital importance for the State, in regard to problems of mental health, to obtain the fullest information possible, and to make a thorough investigation of the position before the mental health services department commits itself to a building programme.

This State has found it necessary to produce leaders and world experts for town planning; but in my opinion it is more important for a similar policy to be carried out in regard to mental health. There is nothing more important to our community. The mental health services have a great number of people with administrative and psychiatric ability who could carry through proposals once the over-all design was established. It will be tragic indeed if this State commits itself to a building programme which could involve an expenditure of millions of pounds without having due regard to the new trends in treatment and the needs of this State in that regard.

Overseas and in the other States of Australia the mental health services find themselves considerably hampered with the necessity to use old and out-of-date buildings; and I pay full tribute to some of the officers in the other States for the job they are doing when they are compelled, because of the larger population and the amount of money involved, to use the out-of-date buildings which they have. This is the poorest legacy that has been handed down to this generation; and I doubt whether in the long run any money is saved by endeavouring to renovate many of these old buildings that we have, particularly with the cost of modern installations and equipment, and also the cost of labour.

When I was in Victoria two months ago I took a trip to Ballarat and visited the geriatric centre there, and I cite that as an example of what could be done here. There are both old and new types of buildings at the centre, and although they have done wonders with the old buildings they will always lack the attraction of the new units, which are built of lighter materials; and it gives one quite an uplift when one enters them to see the modern toilet facilities, sitting-rooms, and dining-rooms with bright laminex and steel

tables, and the soft furnishings which seem to have transformed the whole outlook. This is not possible with the older types of buildings.

Unlike the old gaol-like buildings, these new places will probably not last a century, but they will do more to rehabilitate people, or at least give them a happier environment in which to live; and the cost of about £65,000 per unit will allow for a future sinking fund allowance.

I hope no attempt will be made to preserve or alter the old part of the Claremont Mental Hospital. It could well be written off and wiped from memory in this State. Certainly Claremont should not be preserved. It is a most depressing place, and I would even go so far as to say that the renovations now being made to the toilet blocks are a wasteful expenditure, because I do not think anything can be done about the old part of the Claremont institution.

The new buildings I saw at Ballarat did not take the same time to build as the older structures would have done, because they were built of more modern materials. They have a skillion roof style, and they include a female section, a male section, and a large community room where both sexes can enjoy community activities and music together. The happiness and progressiveness of that institution will amaze a visitor.

I understand that Victoria and Tasmania are the only States which have fully used up the Commonwealth grant; therefore the failure of the other States to do likewise reflects on them. So sadly is Australia lacking in the proper care of mental health, that the Commonwealth should be asked to make a capital grant of £30,000,000 to enable the States to bring Australia up to standard in hospitals and services. I hope members will not catch their breath at that suggestion, because it is a commonsense one.

The expenditure of this £30,000,000 would be an investment to benefit humanity. It would return a handsome dividend in money saved, by preventing the loss of man-hours of work through stress and strain in the community, and would result in shorter terms being spent in hospitals, better facilities for early treatment, saving of broken homes, and, above all, preservation of family life. As a consequence the people concerned would be able to return to the community earlier than at present, because they would respond more to the humane and happier circumstances of treatment.

In Western Australia the clinical and administrative arrangements are out of date, and from some remarks which I at times have heard there seems to be parochialism among our hospitals. Patients become impersonal to staff, and they are not treated as ordinary people; and after-care intentions are sadly abortive.

The appointment of a director should be made from outside this State. I understand that several applications were received for that post. What is needed is a psychiatrist trained in sociology and divorced from departmental strictures, so that with the opportunities offering and with the implications which are at stake, Western Australia could well become an example in progressive modern development in mental health services. I am sure that given this chance, Western Australia will be able to find someone who can bring about this situation.

For this purpose I would suggest the appointment of an independent selection committee, consisting of informed people, who would not be subject to prevailing local influences. As chairman of this committee I would suggest a man like Professor Saint. He is quite an independent person, and a most suitable one to lead a committee of this kind.

Now I want to outline the pattern which I discussed with Dr Moynagh after I returned from abroad; and I look upon him as a man of vision and progressive thought. I do this to explain my trend of thought. To separate the mental defectives from the mentally ill, we should develop an independent service for the mental defectives.

In the treatment of the mentally ill we should construct mental health communities which would consist of an outpatient clinic with a day hospital, and community hostels. The forward thought in this scheme would be the ending of the feeling of despair that affects patients when they are transferred from one hospital to another. From personal contact I have had with patients I realise what despair a patient feels when he is examined, then placed in the Heathcote institution for a few days, and then sent to the Claremont Mental Hospital. The last-mentioned institution is looked upon by many people—whether justifiably or not—as the end of the road.

In a mental health community all patients would be under the same continuing medical and staff care, and would, therefore, be freer from stresses within themselves. They would be better understood by both the medical and nursing staffs. This is a most important aspect—to have people who understand the patients as they go along. In these hospitals the patients would be of considerable help to each other, and those who were less afflicted might help the ones more seriously afflicted. By this means a little bit of human understanding would be brought into play; and human understanding is needed in every phase of human life, whether or not it concerns the mentally ill.

The relatives and friends of the patients would then be saved the misunderstanding and heartaches to which they are now subjected; because it is surprising how

many people do not know the difference between a mentally ill patient and a mentally defective person. When—as is now the case—the two classes of patients are mixed, and relatives visit them, very often an episode occurs to a mentally ill patient which is not understood by the relatives of a mentally defective person. I shall later on give my definition of these two classes of patients.

When the public becomes more informed of the modern approach to the problem of mental illness this misfortune will be placed in its proper perspective, and the public fear and aversion, through ignorance, now displayed all too often will be broken down; and mentally ill patients will be more ready to seek medical advice earlier than they did in the past, before a complete breakdown occurs. One of the outstanding features at the present time is the reluctance of people to seek medical advice at an early stage of mental illness; they wait until their condition has deteriorated so much that it takes long treatment to bring them back to the road of happiness.

A clearer explanation of the definitions—of “mental defective” and “mental illness”—for those who do not fully understand this complex problem can be given by pointing out that the mentally ill person retains his full intelligence, while the mental defective is of limited intelligence, but not mentally ill. I have done a great deal of work in this field, and I realise that day by day one becomes more conscious of the mistakes which are made by committing the mentally ill and the mentally defective to the same institution.

The new Act will reduce to an absolute minimum the certification of people as being insane, and it will do so by using the normal laws. For instance, children are no longer to be certified as, under past legislation, babies were certified. In future the powers under the Child Welfare Act are to be used as referrals, and I support this wholeheartedly.

So far as mental defectives are concerned, the position is that where mental health services deal with them at the Claremont Mental Hospital, some are sent to the Nathaniel Harper Homes and some to Whitby Falls. They form only a portion of the total number of mental defectives in this State, and only consist of those who are admitted to the Claremont institution. That is the reason for social groups being formed in this State, such as the Slow Learners' Group and the mentally incurable committee. These look after the greater proportion of the afflicted children. I commend the work which is being carried on by them.

Nulsen Haven came into being because the parent of a mentally defective child refused to commit the child to the Claremont institution. The mother of that child was on the verge of a breakdown, and the

father had to look for an institution in which to place the child. He saw the position at the Claremont institution where the infants were looked after by male nurses under very poor conditions. They were housed in a large ward. The parents were so horrified that they would not commit the child. This feeling is not found in other States of the Commonwealth, because the mentally afflicted children there are well looked after and housed under excellent conditions.

In the Melbourne children's home I noticed that a great deal of attention was given to these matters. A rumpus room is provided for the children, and they are given pedal cars to assist them to use their limbs. The boys there are dressed in grey trousers, but their woollen jumpers, although of the same pattern, are in different colours. This is done to avoid the drabness which usually belonged to the old type of mental institutions. They are all dressed nicely, and they are treated as individuals.

In Western Australia the Education Department provides training for all defectives from six to 18 years of age, and I commend those responsible for this training. For those beyond the age of 18 years there is no provision for training, except that offered by the Slow Learners' Group; but this training is in a limited form. I am aware that this group is carrying a burden which is beyond its strength. Likewise the committee of Nulsen Haven, which is a short-stay home for low-grade defectives, is also suffering under the same disability. This institution is a godsend to parents of afflicted children, and it is carried on almost entirely by voluntary effort. The Government will need to co-ordinate and assist more fully these gallant bands of social-minded people who are carrying an unfair burden—one much heavier than is generally known. We should realise that the parents of a mentally-ill child generally have other children to look after, and something should be done to lighten their burden. Perhaps when a new mental health scheme is adopted in Western Australia something practical in this connection will be done.

It would be better to keep all defectives under the Education Department for training rather than confuse them with the mentally-ill children. The main reason is that if training is left to the Education Department there is not the stigma attached to these children, and people take it for granted they are being trained by the Education Department. In time they will be integrated in a very real way. I sincerely commend the teachers in this field of education because I have been among them and I know what they do.

This is a big sociological question that touches the very heart of the home. As I have maintained in this House before, it

is the fulcrum from which the good of society springs, because it must be remembered, that happy homes create a happy society. Consequently it pays dividends to take cognisance of these troubles and see what we can do about them.

The training programme of the mentally-handicapped must be continued into their adulthood. It cannot be cut off at a certain age. That is the difference between these children and, shall we say, those receiving ordinary school education through the Education Department, because the mentally defective children do not mature mentally. Even when they are adults they still need training in order that they might become useful citizens and subscribe to the wealth of the community in a way we do not realise is possible.

There is another matter I wish to raise at this stage. I do not know whether this situation is to be altered under this Bill, but one of the saddest facets of our community life today is that geriatric patients have to be certified on committal to Claremont merely because they have no-one to look after them. I want the Minister to listen to this point because it is a dreadful thing that a person should have to be certified insane because she requires a bed and care, and is not able to look after herself. This is an indictment of our society; and I believe that no-one over the age of 65 should be certified. They should not have to suffer that final indignity, no matter what their condition.

I am now going to voice my strongest criticism of the Minister in relation to the plight of the children at Claremont. I have spoken of this matter before and I maintain right here and now that the situation could be altered within a month if the Government desired it. I visited the hospital only a few days ago and discovered that the little girls are still with the old mentally-afflicted women. This is wrong in every sense. It would be bad enough if they were placed with normal well-balanced people, but it is an indignity and a cruelty both to the women and to the children that the latter should be placed with unbalanced and sick women.

I made similar complaints when the Labor Government was in office, and it moved the boys out of the awful place in which they were—one of those great long grey concrete places which are bitterly cold—and accommodated them in the old tuberculosis section where they have better conditions. However there still remains a horror in relation to the boys. The adolescent boys have been placed in with the grown male patients, and this should be stopped.

Those are the two matters about which I am going to call out loudly and long. I do not care whether it is necessary for me to ask a question in this House every

day. Something must be done, because it is a horror. I have spoken about the matter before and nothing has been done. Before the Hawke Government went out of office I had a promise from our leader that these matters would be attended to within a year and that these children would be moved from Claremont into proper and happier conditions. I know Mr. Hawke would have honoured his word, but he did not have the opportunity to carry it out. This Government has been in office for four years and we are consequently another four years behind in these matters. I am going to insist on it. I will call "shame" on any Government that allows this position to exist.

I am sure that if we asked any medical man in this State, and he gave an honest answer, he would say he was horrified about the situation. Some people to whom I have spoken on the matter have said it was good to put the children in with the older women because of the mothering instinct; but I say, being a woman, that the mothering instinct among the aged people at Claremont could not be stretched to the required extent.

I have been very active since I returned from my trip and have taken on a big job voluntarily; and I have carried it out to the best of my ability. However, I am very concerned about the resignations—and threatened resignations—by the trained staff. I have not been asked to say anything about this and do not want anyone to gain the wrong impression. I have made a survey of the shortage of trained personnel in Australia, and it is a very serious matter and not to be taken lightly. Everywhere I went I found that dearth of trained personnel was hampering progress in the field of mental health. Every effort should be made to keep these people here because they are good in their respective fields of service.

Some inquiry should be made by the Minister to ascertain what is going wrong, if he does not already know. There must be something amiss in the department because usually resignations by public officers are not an everyday occurrence. There must be some underlying reason for their occurring now in this field. The Minister will know of the resignations to which I am referring; and I have heard that many more are threatened. I want to know whether something cannot be done to overcome this most grievous wrong in Western Australia, because it will be a grievous wrong if we lose our trained men, as we will not easily replace them.

There is another matter I wish to discuss—and I am submitting all these points now because we are discussing the Mental Health Bill and I feel my suggestions will give food for thought to those who, perhaps, do not know much about this subject. I have made a few notes as to how I believe adolescent girls could be helped

with employment, such help being of a distinct advantage to the community. We are very short of trained women in Western Australia—in fact in all States. I have a copy of an article which appeared in *The West Australian* on the 1st December, 1961. It was written by Athol Thomas and is headed "‘Grave’ Shortage of Social Workers," and portion of it reads as follows:—

W.A. is gravely short of social workers. Professor E. K. Saint, dean of the medical school, says that the State is under-established by 24.

That article was published in 1961, but the position is probably worse now. Another portion of the article reads—

Once the popular concept of a social worker was of a do-gooder who handed out bread, tea and sympathy and not much else.

Now his value is recognised by the State and by community and voluntary agencies in fields ranging from specialised approaches to juvenile delinquency to helping the physically handicapped.

This is also very true of the mental health field. I have a suggestion which I believe could overcome this shortage of social workers—and I have mentioned it before—and which would also be of a tremendous help to adolescent girls. They should be given some social service training as soon as they leave school. This would open up a new field of employment, and the girls could be given some semi-official status.

We all know how difficult it has been for girls to find employment this year. I have been approached by a lot of girls to see if I could help them to find work. We all know also, as I have just said, that we are woefully short of help in the social service field. Therefore, if some system of training were adopted, two problems would be solved at the same time.

I spoke to one officer about this matter and he said, "I don't know about that. It is the middle-aged women we want because they have the understanding which is necessary in this field, and that understanding only comes with experience." I said, "Where are you going to get them from?" The average middle-aged woman these days has no real understanding of how to look for this kind of employment, because she has had no experience or training.

Nothing but good would be the result if my suggestion were put into operation; and I sincerely hope that someone will realise it and do something about it. If this were done, the girls would become better wives and mothers because they would have an understanding of social problems which otherwise they would lack. Then when they reached middle-age and felt the desire to take up some outside work, they

would have the training and understanding which is necessary in the field of mental health.

It must be remembered that not all girls have a desire to become fully-trained nurses, which requires the passing of quite a lot of examinations; but if some training of a semi-official nature were available to them they would take it up and would become a great adjunct to the State. This type of help is always required. It must be remembered that the medical profession is advocating that people should be cared for at home, but this is very rarely possible because the help is not available. Then, of course, there are the handicapped children and adults who want more help than they receive.

The PRESIDENT (The Hon. L. C. Diver): Order! I would direct the honourable member's attention to the fact that she must connect her speech to the contents of the Bill under discussion.

The Hon. R. F. HUTCHISON: I thought that was just what I was doing because these are the things we need in the mental health service here. I am trying to suggest ways and means whereby this State could have a service of which it could be proud. It is a real necessity. In Melbourne there is also a shortage of semi-skilled workers to help the doctors in the institutions for the mentally handicapped.

The thoughts expressed in the article from which I have just quoted are worthy of consideration, which is why I brought it with me and quoted from it.

This Bill will be the means of implementing some sort of co-ordinating service. I do not know, however, whether it is too much to ask that we have a second look at it in order that we might do something similar to what is done in Victoria. We should have this matter divorced from the stresses and strains of a department. We have the opportunity to set an example to the world in this field. I am convinced that those in the medical profession have no idea of what would be possible if we had the proper training and facilities in this field of mental health. It is a very complex problem.

To impress upon members what I am trying to get at, I am going to read a letter received by Mr. Norton after the Bill had been passed by the Lower House. It indicates the thoughts of horror that at least one person has about this question. This is what we are up against. We must dispel these thoughts when implementing our mental health services. That is what the Minister wants to get away from, I am sure. This letter is addressed to Mr. Norton and is dated the 15th September, 1962, at Bunbury—

I was very sorry indeed to read in today's *West Australian* that you agreed to withdraw your most vital

amendment providing for the liberty of patients of mental hospitals to write to next of kin or legal practitioners without these letters being opened by the superintendent.

The excuse that the letters sometimes upset relatives of the patient is all the more reason to insist that these same letters go direct to the person intended.

How can there be any hope at all for these poor forgotten, brutally treated inmates if they have no-one—no-one at all to whom they can plead to hear their case. If there is the slightest hint of anything amiss regarding treatment in any shape or form, the superintendent would immediately delete it from the letter and the poor, fearful patient would be still further punished, either directly or by the withdrawal of any privileges.

If you have ever read the Royal Commissioner's report into the treatment of inmates at the Callan Park Mental Home in Sydney you will see that the things I mentioned are not fancy or exaggerated. These things have happened and there is every reason to believe they are still current. Many years ago in this State there was an inquiry into the treatment of mental patients following a disclosure of ill-treatment by a journalist of the *Sunday Times*. It was proved that patients were garrotted, beaten or bashed by attendants.

If the Superintendent has nothing to hide, why can't members of interested parties and relatives interview the patients without the presence of staff members.

I know the excuse—"It can't be done," "it would not be possible," "it is against regulations" and so forth *ad nauseum*, but it all boils down to the fact that they (the authorities) are afraid—that is all; nothing more.

I do so very much hope and pray you will do your utmost to ensure that all patients so desiring may write to whosoever they wish without these letters being opened by the "authorities." Thanking you from the bottom of my heart for your kind interest on behalf of these unfortunates.

I have read that letter, not with the idea that these things are happening, but to show the fear that is in the minds of the public; and it comes down to this: that it is a fear we have to get over; a stigma we have to lift; and it is being lifted by these Bills; and when we are in Committee there is one word in the Bill before the House that I shall move to have deleted, and that is the word "detention." I do not

know whether it has any deeper meaning than appears on the surface. The Minister can tell me if it has.

We are up against the problem of removing the fears and misunderstandings of people because mental hospitals have altered from what they were even a few years ago. I think that in the early days the doctors who did not make good anywhere else were put in charge of mental hospitals; and what was being done grew until it exploded, as happens in society.

The whole question has now been brought to mind; and I have nothing but admiration of the highest order for the medical men and the others who are trying to bring this question into perspective. If the war has taught us nothing else, it has taught us that we lack in the humanities; and we lack very much in the humanities for the want of understanding of this very problem that is always with us. Many people go through life and do not worry about the other fellow until the problem touches them. Then it is such a shock that they do worry. That is why I have asked the Minister to give consideration to the question of the division of mental defectives and the mentally ill.

If a mentally defective person becomes mentally ill, he can be sent to a place that looks after such people, whether it is Claremont or some other place. But if we have the two divisions I think it will do a lot for this State. I do not know if what I am suggesting is current thought anywhere else, but I think some consideration is being given to the matter in different countries. With those remarks I support the Bill, with the reservations I have made.

THE HON. G. BENNETTS (South-East) [5.50 p.m.]: I support the Bill because I am in favour of any step taken for the betterment of the Claremont Mental Hospital. I do not know how many members have visited that hospital, but I visited it a few years ago; and only two months ago I was in contact with an ex-nurse from there, and she told me of certain treatments that were given to the children, and it was not altogether pleasant hearing. That girl left the hospital two years ago, so she was telling me of what happened at that time.

About 10 years ago I went to the Claremont hospital to see a very highly educated man from Kalgoolie who had been sent there. This man could speak on any subject at all and could quote any figures in respect of the goldmining industry. He was only mentally deficient at certain times. When I went with one of my sons to the hospital to see him we were admitted by an orderly, and there was another chap in the room where my friend was; and I would say this other man was one of the worst types. The man I had gone to see

could have been taken out of the hospital provided he found people who would care for him in their home.

Whilst my son and I were talking to him our lives were in danger; because another warder came in and said, "Who put you chaps in here?" I said, "We were admitted by a warder." The second warder went to the first one and told him that we should not have been allowed in the room where the patients were but should have been taken to the reception room. The matter of segregation is important, and it is required in that institution.

Before we left the hospital I went to the officer in charge—a doctor—and asked him if there was any chance of the man whom I had visited being released from the hospital. The doctor said, "Yes; there are only certain periods when he is affected. If you can guarantee that he has relatives of a strict nature, such as a wife or a brother, who will take him home and care for him, he could recover." Of course I could not guarantee that; and I would not guarantee anything if I knew it was not correct.

This man was well known on the goldfields. After his mother died—he thought a lot of her—he was left in the care of a brother who was an alcoholic, and of course he had a few drinks, and his drinking seemed to turn his mind, with the result that he was sent to Claremont. That occurred about 10 years ago. I do not know how he has been since because I have not been to see him, as I got such a horror of the place when I did go there. After talking to the inmates, I did not know whether I was the one who should have been there and they should have been out. So I have been too scared to go back again.

One of my wife's greatest friends—she went to college with my wife—was a nurse in that institution for a long time; and we have to be thankful for the officers in charge of that place and for their staff, because it is hard to get nurses and other people to work in these institutions and look after the inmates. I would say that the matter of having the patients looked after is one of the biggest problems we have in the State. If any people are due for a margin above their present wages it is those who are required to work in mental institutions.

I suppose Dr. Hislop could tell the House more about this aspect of the question, but I imagine that over the last few years more people would be receiving mental treatment than previously, so that the problem associated with looking after them has grown greater each year. I know of several mental cases recently that have come about as a result of delinquency in the families.

The Hon. F. R. H. Lavery: Does the delinquency start with the parents or with the children?

The Hon. G. BENNETTS: With the children; and perhaps with the parents, too. Today there are certain outside influences which attract children and cause them to do different things; and then there is the worry and the strain on the parents. The mental strain continues and the people concerned fall by the wayside as a result. I know of three people living near me who are worried as a result of mental strain.

What we need is home treatment and better care of the people concerned. We should keep them out of hospitals and pay more attention to the welfare of their children so that the children will not be delinquents. In my opinion 50 per cent. of child delinquency is caused through the indulgence of alcohol by the parents and their consequent neglect of the children; and once the children get into trouble the worry falls back on to the parents and they fall by the wayside and have to seek assistance from a mental institution.

As Mrs. Hutchison has said, we should take steps, beginning with the parents, to deal with the children. The nurse from the Claremont hospital, to whom I have already referred, left the institution because of the ill-treatment meted out to the children. I do not know whether it is necessary to chastise children in such an institution, just as it is necessary in a home, or whether the best thing to do is to use kindness.

In this connection, I think that some provision for inspections could be made. I do not know what the Minister can tell me in regard to this matter; and I do not know whether any inspections are made or information obtained in the manner described in the letter read by Mrs. Hutchison.

I would say that if a patient had a growl about, or a grudge against, an institution and wrote about it to someone outside, the letter would not be sent. Therefore once a patient is in a mental hospital, unless he can contact somebody outside, as my friend to whom I have referred contacted me, he would not be able to have information sent out. Many people who go to mental institutions do not see the patients and therefore would not know what was happening. So I am in favour of anything that can be done for the betterment of the Claremont Mental Hospital.

I would like to see the Minister go to the extent of getting some Commonwealth money, as Mrs. Hutchison suggested. There is no doubt this is a Commonwealth matter; it is not altogether a State problem. The State cannot afford to spend the amount of money that is required on these homes. The problem is Commonwealth-wide, and the Commonwealth, in my opinion, should foot the biggest part of the bill; and there should be proper segregation—the children should be kept

apart from the adults, because I cannot see that the adults would be any good to the children. I support the Bill.

Sitting suspended from 6 to 7.30 p.m.

THE HON. J. G. HISLOP (Metropolitan) [7.30 p.m.]: This measure is of considerable interest. But after having listened to the speeches which have gone before, the impression appears to be that the Bill covers the whole of mental treatment within the State. To my way of thinking, however, it does not do so. I would have hoped that this measure would be a complete cover of all mental treatment; but from what I can gather, after having read the Bill a number of times, it simply covers the actual hospital treatment of a mentally ill person.

I should have also thought, when a complete review was taking place of the treatment of mental disorders, that something of that nature would be attempted. If one looks at the Victorian Act one finds that a Bill was introduced for mental hygiene; and it ran into a considerably bigger measure than does the Bill before us. The Victorian legislation also covers a good deal more ground. Apart from this there is a separate Bill for mental deficiency.

I would like to make it clear that some of the matters that have been spoken about previously in regard to mental hygiene could quite well come within the ambit of the Education Department, if these individuals are capable of being given any form of education at all. A mentally deficient would only come under this measure if he reached a stage at which he was regarded as being beyond the normal process of education as we know it in relation to these people—and I refer to slow learning and other similar groups of people.

There are quite a number of features of the Bill which are of interest. When introducing the measure in another place, the Minister said 17 changes had been made which would be for the betterment of the patient. I have no doubt that is true. A great number of changes have taken place in regard to the treatment of these patients, and all of them can be applauded.

To me, however, the Bill does not seem to go far enough. It looks as if someone has had the idea of modernising the treatment of the mental patient in hospitals, but has been afraid to open the door. There is still a great deal of the old closed door system of mental hospital treatment in this Bill. It has been altered considerably by the method of entry, and by the method of exit. There have been changes on the ground that some of the stigma of a stay in a mental hospital would be lessened if the means of introduction to the hospital were more in the

nature of an introduction to a general hospital. Clauses have been inserted into the Bill which certainly protect the patient when it comes to the length of stay or detention in a hospital.

The Bill also attempts, as far as I can understand it, to grade patients according to their methods of admission and according to their state of mental illness. I have already heard that some people feel there is to be a distinct difference between certain of these grades; particularly those grades that are of a criminal nature, the suggestion being that they should be segregated.

A great number of words have been taken out of the old measure, and this goes a long way towards carrying out the intentions of the framers of the Bill. I did not take out the list of words suggested by the Minister in his introductory speech in another place, because I did not want to repeat what has been said previously; and members will soon learn what has been done. But such words as "lunacy" and "insane" are no longer part of the measure. So we come down to believing that an individual has a mental illness, which is a very great step in the progress of the modern treatment of these patients.

Despite whether we like it or not, we will still have the people who will be permanently incarcerated in places like the Claremont Mental Hospital; and for many years to come we will always regard "lunacy" as a word in the English language. But the Bill is a step forward, and it must be commended.

To me, however, the Claremont hospital still has the great disability of being a closed institution. The whole of the treatment of these patients will be carried out by a permanent staff employed and paid by the Government. That seems to be a tendency which is creeping into some of our hospitals, and one which I cannot applaud; because I believe that the man who is to rub shoulders with patients and similar people for his living sometimes has a calmer and better approach to the patient; although I must admit that within the department and among the departmental staff there are men who have a very highly-to-be-praised approach to the sick individual.

But it does not give the men who are practising outside any opportunity of going into this area of hospital treatment. In the past I have seen cases admitted to Heathcote, where a qualified physician would have been of considerable help to the psychiatrist looking after the patient. I admit that on the staff there is a very capable and highly qualified physician, namely, Dr. Gerald Moss, who has given up the field of general consultant in medical practice, and who took on this work some years ago.

But I doubt very much whether he is able to do all the medical work that is required within this institution. I also know that one of the staff, who is qualified as a member of the Royal Australasian College of Physicians, would still feel that the outside visiting staff could contribute something to the work of at least Heathcote and, maybe, to some of the aspects of Claremont.

There has been a move to have beds and wards set aside at the Royal Perth Hospital to which cases of this type may be admitted; but unless there are proper precautions it will not be wise to have such patients detained for any lengthy period within a general hospital. I remember one case a number of years ago whom I had to transfer from the Royal Perth Hospital to Heathcote. Looking back on the story now I realise that had we been able to work together in harmony—I, the physician, and the psychiatrist who was looking after the patient—we might quite well have saved that man's life.

I feel that the next step in this field of mental health is to open the door to the outside practising psychiatrist, and to arrange for visiting staff, as I mentioned, in the same way as we have visiting staff at the ordinary general hospital, such as the Royal Perth Hospital, the Fremantle Hospital, etc. If that were done it would greatly add to the work that this Bill seeks to do in lessening in the minds of the public the stigma attached to mental illness.

I am rather unhappy that this has not been made more definite. I am not unaware that the move is taking place without legal methods. But I think it would be of great advantage if it were made more obvious at this juncture that Heathcote was in keeping with a reception home where the more amenable patient is sent for short-term treatment.

There are certain aspects of this Bill that must be considered very carefully. If we take a general look at the measure, and particularly at the definitions, we will find that "psychiatrist" means a medical practitioner registered, in the prescribed manner, as a psychiatrist under this Act. This matter has already been taken up with the Minister, and I trust it is an oversight that it continues to remain in the Bill. If we consider the miscellaneous portions of the measure we will find that regulations are to be made that will permit of the definition of a psychiatrist being made by those in charge of the measure. Having looked at page 49 where it says, "The Governor may make such regulations as he thinks fit for the carrying out and giving effect to this Act," the Bill goes on, on page 50, as follows:—

(b) for the registration, and the cancellation of the registration, of medical practitioners as psychiatrists, for the purposes of this Act;

That is a very drastic provision. This Bill, by some means or other, can override the Medical Board and can inflict punishment on a specialist psychiatrist by cancelling, for the purposes of this measure, his right to practise as a psychiatrist. Surely that cannot be allowed! The Medical Board of this country registers medical practitioners and keeps a register of specialists; and all in the profession to whom I have spoken are very wrathful about this provision in the Bill, because if there is any question of punishment or of registration, it should be one for the Medical Board.

The Medical Board is there for the control of the profession in relation to its actions so far as the public is concerned. Therefore, no department or director of a mental health organisation should have the right to deny an already practising specialist the right to practise, as is proposed under this Bill.

The Hon. F. R. H. Lavery: Are you referring to paragraph (b) on page 50?

The Hon. J. G. HISLOP: Yes.

The Hon. R. F. Hutchison: Doesn't that support my claim for a mental authority?

The Hon. J. G. HISLOP: In this country we have established the practice of registering those in the medical profession, and specialists; and we have provisions in the Medical Act which will allow a complaint against a practitioner to be made to the Medical Board, and the Medical Board has the power to act. We do not want to establish a department which considers it has the authority to take away a man's right to practise as a specialist or psychiatrist, while under the Medical Board he has every right to practise. I think that must be an oversight in view of what has already been discussed with the Minister.

One of the definitions which has already been mentioned by Mrs. Hutchison, is that of "mental disorder". It reads as follows:—

"mental disorder" means any mental illness, arrested or incomplete development of mind, psychopathic disorder, or any other disorder or disability of mind, however acquired; and includes alcohol and drug addiction and mental infirmity due to old age or physical disease.

The Hon. R. F. Hutchison: Where is that?

The Hon. J. G. HISLOP: On page 4 at the top. I think we must try to distinguish here between old age and mental disorder. Growing old is something none of us can do anything about. We just have to take it. I think some new thought must develop in this regard. I should say that those in charge of the mental health organisation of our State should be able to operate under a separate provision altogether with regard to old and senile people.

These people have done nothing wrong—they have simply grown old. They have committed the sin of living too long. At Claremont I have seen rows and rows of these people who were unable to look after themselves. They have been lying in beds; and I wonder whether we have any justification for saying that they must be confined in what was and still is a lunatic asylum.

I would plead for them to be regarded in a totally different light. I personally would have liked to see this Bill drawn up in association with people well outside the department, and even outside the members of my own profession who are on the Mental Health Council, to obtain some idea of the man in the street's view of what the treatment of these people should be. I think, then, we would have obtained a more human idea than by continuing as we are.

In my opinion, it is just as bad to keep these old people in the institutions provided for under this measure as it is to have young persons domiciled with the aged of both sexes where they learn things that they should not learn. If one reads the Bill further one will see that these senile people could easily be classed as incapable persons, and these incapable persons could have the whole of their affairs taken over by the Public Trustee.

I have been in practice for a long time, and I have seen cases where the families have been prepared to spend money which they should not have spent, so that they could look after their own affairs as a family. They would have their mother or father cared for in a private hospital rather than in one of these other places, as they feared they might lose control of their property. If one looks through this Bill one will find that the Public Trustee would take over most of these people's affairs.

The Hon. L. A. Logan: I am going to introduce amendments there.

The Hon. J. G. HISLOP: A trustee company will also be allowed to take them over; and a manager can be appointed. A natural person can apply to the court, but what chance has this natural person got?

The Hon. L. A. Logan: I am looking at that with a view to amending it.

The Hon. J. G. HISLOP: Where an application is made under this section, a natural person, as the manager of the estate of an incapable person, has to satisfy the court that there is some sufficient reason why a natural person should be appointed in preference to the Public Trustee.

The Hon. L. A. Logan: I think that should be the other way around.

The Hon. J. G. HISLOP: It should be inverted completely. I know of a family that has recently got into considerable

difficulty owing to the fact that they did not know what would be the position in regard to their property if their parent had been admitted as a patient under the existing Act. When the Public Trustee gets hold of a property he only wants to bring in 5 per cent. He does not take the risk of getting 8 per cent. It is a bad principle and one that wants really looking into before the measure is passed.

The Hon. L. A. Logan: We are going to try to amend that.

The Hon. J. G. HISLOP: This Bill has been lying around for about a year. A Bill was introduced in 1961; and since that time the measure has grown by about 30 pages, and already we have half a page of amendments. In addition we now know from the Minister who apparently has a humane approach to the matter that there are still more amendments. I do not think this measure should be passed in a hurry. We should look it over to ensure protection of the individual.

On page 6 of the Bill we find that the director is responsible to the Minister for the medical care and welfare of every person. I think that everybody in this place must be grateful for the fact that when this position was advertised, it was stated that the director would have direct access to the Minister. In the past that was not so. There was a Minister who lost his position in this House because he objected to the permanent head having a say in regard to all correspondence, etc. Therefore, I was glad to know that this director, who will have a man-sized job, will have a direct approach to his Minister.

The paragraph on page 6 gives one some peace of mind; but very often difficulties do creep in. The director may, from time to time, delegate his powers. In other words, while he is present, he is able to appoint a deputy. However, if he becomes sick or goes away on leave, he cannot appoint a deputy; the Minister does. Surely in an organisation of this size the director needs a permanent deputy. That is the trouble which occurred with Dr. Moynagh; that is what went wrong in his case. Dr. Moynagh wanted to do something and the department wanted to do something else. Therefore, we lost Dr. Moynagh. Whether he was good or bad, we lost him.

Under this Bill I am quite certain a deputy should be appointed to carry on the work when the director is absent. The director will be out of the building some night and someone will have to take charge. In various portions of these hospitals a superintendent will be in charge, but he may require advice. In the case of illness or absence, or for any other reason, the Minister may appoint some other officer to act as director. Surely for the peace of mind of the Minister it would be better to appoint a deputy director.

The Hon. L. A. Logan: He does that under subclause (3) if the director goes away or is sick.

The PRESIDENT (The Hon. L. C. Diver): Order!

The Hon. J. G. HISLOP: If the director goes away he will never know who will fill his position during his absence. I am of the opinion that some of the administration under this Bill wants looking into. I would prefer to see the appointment of a deputy director because, as things are, this could lead to a considerable amount of trouble. I do not intend to read all of the clauses in this Bill, but the following is a small one which has come to my attention:—

There shall be a Board of Visitors for every approved hospital declared under Division 1 of Part III; but one board may be appointed for two or more hospitals and a person may be a member of two or more boards.

We are getting ourselves into difficulty here if we are going to have an approved hospital under this measure. We already have an approved hospital under the Commonwealth measure that deals with health services.

At the moment there is only one Commonwealth-approved hospital in this city and that is St. John of God Hospital which has a ward called St. Peter's. That ward takes a number of these cases, and a number of psychiatrists admit their patients there. That is an approved hospital according to the Commonwealth Act. It would appear that such hospitals are approved because they have a dispensary which is an integral part of the hospital.

Apparently the Mount Hospital cannot be approved because although it has a dispensary there must be some business arrangement between the hospital and the pharmaceutical chemist who runs the dispensary. If the dispensary is not an integral part of the hospital it cannot be approved. If we have one hospital approved under the Commonwealth Act and another hospital approved under this Act, we could find ourselves in a lot of bother.

If we say there shall be a board of visitors for every approved hospital, are we going to have for the ward at St. John's a board of visitors which is going to consist of one legal practitioner, two medical practitioners and two women? The board of visitors will call on the St. Peter's ward and inquire about all the sorts of things which it is allowed to inquire into regarding the welfare of the patients.

The Hon. L. A. Logan: This Bill deals with those hospitals approved by the Minister for patients treated under this Act.

The Hon. J. G. HISLOP: This Bill is limited entirely to the Government's organisations?

The Hon. L. A. Logan: I should say so; but they cannot override the Commonwealth.

The Hon. J. G. HISLOP: The medical man at the approved hospital could be regarded as the superintendent, and the superintendent is the man in charge of a patient, not of the hospital. On page 11 of the Bill it says that any person may, either on his own behalf or on behalf of any body corporate or unincorporate, apply to the Minister for a private hospital or any building or part of a private hospital to be approved under this division. It says "private hospital." Further on it says—

Where the permit holder is a psychiatrist, he is, for the purposes of this Act, the superintendent of the hospital conducted by him; and, where he is not a psychiatrist, the psychiatrist under whose superintendence a patient is treated is, as regards that patient, the superintendent, for the purposes of this Act.

The Hon. L. A. Logan: Does it not allow for some patients to go into a two-class hospital?

The Hon. J. G. HISLOP: The hospital has to be an approved hospital, and such a hospital will have a board of visitors. If the patients are being treated by private psychiatrists, the board of visitors will be visiting and inquiring into the work of private psychiatrists.

This Bill is not as easy as it sounds. I am not opposed to any increase in medical services, but I do want to see that the provisions in this Bill work.

The Hon. R. F. Hutchison: Does it mean that psychiatrists will have to be subsidised by the Government?

The Hon. J. G. HISLOP: No. The Bill says that the Governor may, out of moneys appropriated by Parliament, make grants and give annual subsidies towards the cost of a private hospital approved under this division.

The Hon. L. A. Logan: The duties of the board are listed in clause 18.

The Hon. J. G. HISLOP: But they visit approved hospitals. The Minister will find that the board of visitors can discharge a patient from an approved hospital.

The Hon. L. A. Logan: One of the difficulties has been that once a patient was in the hospital one could never get him out.

The Hon. J. G. HISLOP: If one is in a private hospital paying five guineas a day one does not stay any longer than one can help. The period of 72 hours is another aspect which requires examination.

On page 15 of the Bill it says that a patient may be admitted to an approved hospital upon the production of a referral, in the prescribed form, by a medical practitioner. It goes on to say that every person referred under this section may be

received into an approved hospital for observation for a period not exceeding 72 hours, and during that period he shall be examined by the superintendent or another psychiatrist. I have heard complaints from psychiatrists that not a few patients have been discharged before they should have been discharged. I am wondering whether 72 hours is long enough.

Under the Victorian Act a person shall be received as a patient for observation and shall without delay be examined by the superintendent. Such patient shall be admitted into the receiving house for one month unless he is discharged to a mental hospital. Under the Victorian Act a superintendent can discharge a patient if he thinks the patient is not in need of mental treatment. On the other hand, a patient can be retained for a period up to one month.

The Bill now before us says that a person may be received into an approved hospital for a period not exceeding 72 hours and shall be examined by the superintendent or another psychiatrist; and if after examination the superintendent is of the opinion that the referred person needs to be treated in an approved hospital, he shall admit him as a patient, otherwise the person shall leave the hospital. The superintendent or other psychiatrist—not the superintendent only—shall, whether or not admitting a referred person as a patient, endorse his opinion on the referral and enter it in the prescribed register. But he can discharge a person.

I repeat that I am wondering whether the period of 72 hours is sufficient. When a medical practitioner has referred a person to a hospital, he must have had some reason for doing so. It is obvious that 72 hours is, on occasions, too short a period in which to make up one's mind that a patient is in need of medical treatment. I think a longer period is required.

On page 16 of the Bill the time problem comes up once more. I do not like sub-clause (2) of clause 29 which says—

The justice shall not make such an order as is mentioned in subsection (1) of this section, unless it appears from the referral of a medical practitioner, in the prescribed form, that he has, during the space of fourteen days immediately prior to the application, personally examined the person.

If I had examined a patient, I do not think I would be justified in referring him to a hospital a fortnight later for treatment of a disorder. The delay of 14 days is far too long. The period should be much less than that. Application for admission is made when a medical practitioner is satisfied that a person is suffering from mental disorder. The justice may refer the patient to an approved hospital provided a doctor has seen the patient within the previous 14 days. That is too long a period altogether.

The Hon. L. A. Logan: It all depends on the circumstances.

The Hon. J. G. HISLOP: At the present time there is no set period laid down in the Act. I would have thought that one week was ample. Seven days is quite long enough. The condition of a patient, if he is suffering from an acute nervous disorder, could alter very considerably in 14 days. A patient may by then have reached the stage where he could be treated without referral.

The Hon. H. K. Watson: Is that equally applicable to clause 28 (1) on page 15?

The Hon. J. G. HISLOP: The same period of time—14 days—exists between the time a patient is examined and the time he is admitted to hospital. That is far too long.

The Hon. L. A. Logan: Remember that you are dealing not only with the metropolitan area but also with the State.

The Hon. J. G. HISLOP: We cannot govern the whole State by a simple paragraph.

The Hon. L. A. Logan: And you cannot reduce it to too low a minimum, either.

The Hon. J. G. HISLOP: I think I have said enough on that point. It seems extraordinary to me that every person conveyed to an approved hospital may be received into the hospital for observation for a period not exceeding 72 hours, and that during that period he shall be examined by a superintendent or another psychiatrist. If a person is admitted to hospital, he should be examined in much less than 72 hours. In the case of one of my own patients, I would want him to be seen in a matter of hours, not days. If the superintendent regards a patient as being abnormal he admits that patient into the hospital.

I think that one of the good things in this Bill is the permission which will be given to transfer a patient to a State institution. That provision has been in the Medical Act in Victoria for some considerable time, and I think it is wise that we should introduce the same principle here.

One of the contentious matters Mrs. Hutchison spoke about was in regard to letters written by patients. I see that one of the privileges of a member of Parliament of the State will be to receive unopened the literature of a patient in an approved hospital. I notice from the notice paper that it is proposed to include a legal practitioner, and I wondered whether we might take it further and give these patients the opportunity to write to their own doctor who referred them to the hospital. The patient should be able to write to his own doctor because he certainly would be able to understand the letter that was written.

The Hon. R. F. Hutchison: Don't you think that a legal practitioner—

The PRESIDENT (The Hon. L. C. Diver): Order!

The Hon. J. G. HISLOP: I cannot imagine why a medical practitioner should not be included as well as a legal practitioner. I would also ask the Minister to have a very careful look at that portion of the Bill which controls the property of an individual. I realise that when it comes to the question of the trustees—

The Hon. L. A. Logan: Is this on clause 67 or 68?

The Hon. J. G. HISLOP: It is on clause 64 and onwards where it says—

Where, on the application of the Public Trustee, a corporate trustee or a natural person, it is proved to the satisfaction of the Court that a person is incapable, by reason of mental disorder, of managing his affairs, the Court may appoint . . .

I believe there is no reason why, if a family has already been looking after a person who needs control in a hospital of this character, or an aged parent, and the committee has been appointed legally, that committee should not continue to operate. However, I am sure that there are people who will maintain their aged people at great expense in order to protect their property, and in order that they will not be involved in having to fight their way through the courts to obtain control of the family property.

The Hon. G. Bennetts: Some of them would not worry about it if the people had nothing.

The Hon. J. G. HISLOP: If members look at page 47 they will see the following provision:—

Notwithstanding any other provision of this Act, a medical practitioner may, where he thinks it expedient or desirable so to do, refer a person as, in his opinion, suffering from nervous disorder; and a referral so made is a valid referral for the purposes of this Act.

That is what exists at the moment, but not on the certificate of one man, when we refer a patient to Heathcote, which is really a reception home and in my opinion should be more closely allied with the general hospitals than with the mental hospitals. I, and others, dislike the idea that one medical practitioner can refer a patient to a mental hospital. Where a patient goes of his own free will and is treated by a psychiatrist that relationship is a matter between the patient and the doctor.

Although there is a clause in this Bill which says that no action shall lie against a person carrying out anything in this Act in an honest manner—I am not using the correct words—I am not very happy that

an offended person can take action against the doctor who is game enough to commit him. Not very long ago I received a letter from a person who apparently had some complaint to make about an action I was supposed to have taken 20 years ago. I wrote back and said I had no recollection of it; and that is only an instance of what could happen with a patient who would take action against the doctor who on his own referred that person to a mental hospital.

It does not matter what a mental hospital is called, it would still be a hospital for the treatment of the mentally diseased, and the person concerned would have a mental disorder. That patient will quite often—although fortunately not very often in this country—have a resentment against having been referred to such a hospital and could take action against the doctor. Although an action need not lie, the doctor has to appear; and it could be a very costly business.

In Victoria they have a very large mental health association and a number of hospitals; and, as Mrs. Hutchison said, they have an outside authority under the mental health authority, but they do not allow a person to be committed on the certificate of one doctor. I refer to section 49 on page 114 of the Mental Hygiene Act where it states—

Any person who is in the opinion of two medical practitioners suffering from any mental ailment which renders it desirable that he should be placed under observation may be received into a receiving house upon production of a request under the hand of some person in the form or to the effect of the nineteenth schedule.

I think that is decidedly safer than asking one person to sign the certificate.

This is a most important measure, probably the most important that I have spoken to in this House for 20 years. I think it is one that should be looked at from the point of view, firstly, as to whether it protects the patient, and, secondly, whether it protects the medical man who is referring the patient. I think this is a case where justice must not only be done, but must appear to be done, to both parties. In part I have been critical about the Bill, but purely for the purpose of trying to assist with some modification of the various items to make the Bill what it is purported to be.

It is a step forward, but let us go a further step forward. The final step forward will be when the doors are open and the general practitioner in the medical profession is allowed as a consultant into the receiving home portion of the mental health hospitals. I support the Bill.

THE HON. N. E. BAXTER (Central)
[8.22 p.m.]: I wish to say only a few words on the Bill, but like Dr. Hislop I believe it is a very important measure.

I have had a look through the Bill and I think every member should try to examine it as closely as possible. I have listened with great interest to the speech made by Dr. Hislop because I believe there is a lot of meat in what he said.

There are certain provisions in the Bill that I do not like, and I consider a closer look should be given to some of its provisions. I believe the sting in the tail of Dr. Hislop's speech was when he referred to the admission of persons into mental hospitals, and his concluding remarks on the way in which it has been made much easier for medical practitioners to refer people to mental hospitals. I know of a case that occurred this year when an inebriate and drug addict was referred, or, to use the correct words under the old Act, committed, to the Claremont hospital by two doctors in a certain hospital in the State, which I will not name, without the knowledge of the man's wife, because he refused to be given certain injections. Because of that these doctors had him committed to the Claremont asylum.

That man's affairs were put in the hands of the Public Trustee. He was a T.P.I. pensioner, receiving £28 a fortnight, and his wife was given £5 a week on which to live. That was a very nice state of affairs! I had to take the matter up with the various authorities to enable her to get sufficient money to buy herself the clothes she required. She could not do that on a mere pittance of £5 a week; and she also had to buy cigarettes for her husband because he could not get them in any other way. I only trust that that sort of thing will not be permitted when this Bill comes into operation.

In his speech Dr. Hislop mentioned the case where a natural person would come forward to handle the affairs of the patient, but he is mentioned after the Public Trustee, and the Minister has agreed that it should be the other way around. In an early part of the Bill clause 8 states—

Subject to the control of the Minister, the Department shall be administered by the Director, who shall be a psychiatrist appointed by the Governor.

That is all right, but it goes on further, and we find the following:—

The Director has any of the powers conferred on a Superintendent by, or under, this Act and may review, vary or rescind any order or direction made by a Superintendent.

Then in clause 9 it states—

The Governor may appoint a psychiatrist to be the superintendent and a psychiatrist to be the deputy superintendent of any approved hospital...

The Hon. F. R. H. Lavery: Not being a private hospital.

The Hon. N. E. BAXTER: Yes, not being a private hospital. Subclause (2) of that clause states—

A superintendent appointed under this section is responsible to the Director for the admission to, and the physical welfare and medical and psychiatric care and treatment of every patient in, the hospital of which he is the superintendent.

I cannot quite understand this because further on in subclause (4)—

The Hon. F. R. H. Lavery: Of what?

The Hon. N. E. BAXTER: —it states—

If, after his examination, the superintendent or other psychiatrist is of the opinion that the referred person needs to be treated, in an approved hospital, he shall admit him as a patient.

The situation develops that when a person is admitted on referral by the superintendent—and the superintendent may or may not be a psychiatrist—the director will have the power to vary or rescind that direction, or *vice versa*. If the patient were not admitted the director would still be able more or less to order the superintendent to admit the patient.

The Hon. L. A. Logan: Don't you think that is a wise precaution?

The Hon. N. E. BAXTER: I believe there will be conflict with a set-up like that between the director, who is a psychiatrist, and another psychiatrist, or the superintendent who is not a psychiatrist. To me it does not appear to make for very good administration throughout the whole set-up.

The Hon. L. A. Logan: I think it is a wise precaution.

The Hon. N. E. BAXTER: I think it is something which needs to be looked into before we approve of it; because after all we do not want any conflict with new legislation such as this. It may not happen, but on the other hand it could happen and it is something we do not want in the administration of mental health.

Remarks were made by other members regarding the conditions in mental hospitals. I do not set myself up as an authority on these matters, but some years ago I had a look at the Claremont Mental Hospital; and I have also seen the Heathcote Reception Home which is a very good institution. But my impressions of the conditions at the Claremont institution some years ago were not very favourable. I do not think the conditions have improved over the years, according to what I have heard from people who have visited, or who have worked in, that institution.

Clause 19 of the Bill provides that the Government may appropriate moneys to establish hospitals, in-patient units for

children, centres for geriatric patients, day hospitals, out-patient and child guidance clinics, etc.; but we heard nothing from the Minister which would give us any indication of plans proposed by the Government for the establishment of new mental institutions. It is provided in the Act that private hospitals can be established, but they have to be approved by the board. Yet, nothing was said by the Minister regarding the improvement of conditions at the Claremont institution.

It is high time that large-scale action was taken to bring about an improvement; because, as Mrs. Hutchison pointed out, young girls are being placed in the same ward as mature women. I believe the same applies to males, in as much as young boys over a certain age are placed in the same ward as men.

Recently a lady, whose son has been committed to the Claremont hospital, put up a case to me. She told me that she took her son out occasionally, and took him home during weekends. She did not exactly describe what happened to her son, but referred to something which I cannot repeat in this House. She said that a pretty terrible suggestion had been made to the boy while he was in that ward. In his afflicted mental condition the boy did not know what the suggestion meant, and he mentioned it innocently to his mother. That is why a great stride should be taken in setting up new mental institutions, so that patients can be segregated in their age groups, and so that boys upwards of 14 years of age will not be placed in the men's ward.

The Hon. R. Thompson: That happens in Fremantle gaol.

The Hon. N. E. BAXTER: Quite likely, but that only makes the position worse. I hope the Government has plans for the establishment of new institutions to treat mental patients.

The Hon. L. A. Logan: Have you got some money for this purpose?

The Hon. N. E. BAXTER: No; but I would point out that the Government does receive loan funds.

The Hon. L. A. Logan: If money is taken away from one source or another, it can be used for the purpose you suggest.

The Hon. N. E. BAXTER: Surely our hospitals and mental institutions are entitled to some of the loan funds! I know it is not easy to find money to provide a number of necessary things in the community, but it is many years since a great sum of money was spent on a mental institution. I suppose I would be right in saying that the Heathcote institution was the last one on which a large sum of money was spent. It is high time we found a way to raise the money to improve the mental institutions in this State.

The Hon. L. A. Logan: If you are agreeable to go without schools or water supplies you can have the money for these institutions.

The Hon. N. E. BAXTER: We have to fit in the need for new mental institutions somewhere. Perhaps this State would have to do without something in order to meet this need. Surely the needs of the State have to be put in their right order of priority and attended to.

I notice there was a report in the Press relating to investigations into the cost of the Royal Perth Hospital with a view to cutting down on the costs. Perhaps a saving can be made in that direction to be used in the provision of new mental institutions, and perhaps that should have been done a long time ago. I am not blaming any Government for this lack of attention to mental institutions; I know it is hard to find the finance, even though the allocation of loan funds to this State has been increased year after year, just as the expenditure has increased. The Government should allocate the money according to the needs of the State, and if too much has been allocated in one direction then some adjustment has to be made.

The Minister interjected and asked me if I had the money needed for the establishment of new institutions, but I want to remind him that money is found for many of the needs of the State—needs which perhaps are not as urgent as the improvement of mental health services. I do not want to quote the directions in which work can be delayed so that preference can be given to the establishment of mental institutions.

The Hon. L. A. Logan: Name them.

The Hon. N. E. BAXTER: I hope the Government will take cognisance of what I have said, and so work its Budget as to provide the necessary money for the purpose I advocate. I do not want to labour this matter further, because this is mainly a Committee Bill. During the Committee stage amendments can be made to improve the provisions in the Bill. It is a step forward, but it will only be a large step forward if money can be found to provide better institutions and hospitals for the treatment of mental patients.

THE HON. F. R. H. LAVERY (West) [8.37 p.m.]: This measure contains some fine points, as well as some disappointments to people who have waited for some years for this legislation to be introduced into Parliament. I appreciate that the Minister in charge of the Bill in this House is not the Minister holding the portfolio of health.

The Hon. L. A. Logan: I shall do my best to get you the answers.

The Hon. F. R. H. LAVERY: At the outset I want to say that I am critical of one or two aspects of the Bill. I did not intend to speak on this measure tonight, and

I only do so because I hope the Minister will get the answers to some questions that I will put to him for the benefit of the people who are seeking help.

I am very disappointed with the measure which has been brought before us, because I understood that during the last 18 months the Government intended to bring before Parliament a measure covering the establishment of a complete mental health authority. Right up to the introduction of the Bill before us I thought that was the intention of the Government; therefore, I support the request of Mrs. Hutchison for a mental health authority to be formed, as that is the only answer to the problem which faces us in this wide and complex issue.

I compliment Dr. Hislop on the way he tore the Bill to pieces with a view to improving the position. This measure should not have been introduced into Parliament in such an open form. Regarding the property of mental patients—an aspect referred to by Dr. Hislop—the position has reached a stage comparable to the position in Germany under Hitler.

The Public Health Department had an opportunity, while this Bill was being considered, to introduce it in a better form. Much of its contents was the brain child of the previous Director of Mental Health, Dr. Moynagh. His ability as a mental health officer is widely known, but perhaps his ability as an administrator did not match his ability as a mental health officer. During his four years in Western Australia he was instrumental in unlocking many closed gates which had enclosed mental health for many years here. From people who know, and from psychiatrists I have spoken to, the establishment of the day hospital at Graylands has brought comfort to a great number of people.

This Bill is so wide in its coverage that it is difficult to speak to it without bringing in side issues. I wonder why psychologists have been left out completely; because I believe they have an important part to play in respect of mental health. The services of these people who form the newer section of those treating the mentally afflicted are very valuable in helping people who are under mental stress. On the other hand, the psychiatrist deals with the treatment of mental illnesses and the administration of drugs. The new approach to the treatment of mental illness should be to combine the services of the psychologist and the psychiatrist. If a psychiatrist were to be appointed to administer the mental health services of this State he would be eminently suitable.

I was sorry to see the position of the Director of Mental Health advertised in the way it was. The method of advertisement for this position was carried out in a piece-meal manner. The advertisement which appeared in the English newspapers gave very little information about the

conditions of service, or the facilities and accommodation available to the successful applicant and his family. It looks as if the position had been advertised in such a manner as to give it to some person in Western Australia who had to fill it whether or not he was capable. The advertisements calling for applicants which appeared in the Eastern States gave certain times and dates, but in some issues different dates were given.

I am not a suspicious person normally, but I am very suspicious of the intention behind the appointment to this very high position, especially when I think of what happened in regard to Dr. Moynagh. As Dr. Hislop said tonight, Dr. Moynagh is not now in this State, not because he and the Minister could not see eye to eye, but because he and an officer in the department could not see eye to eye when Dr. Moynagh appointed a deputy to act at Claremont in the absence of the superintendent who was going on world study leave. Because the appointment was not acceptable to the Under-Secretary, Dr. Moynagh is not now with us. That is a terrible thing to happen.

I may be wrong but it appears to me from this Bill, that the Minister has become aware of what is going on, which is the reason for the inclusion of the provision that the director is to be responsible to the Minister. It cannot be any other way so far as I am concerned. If it were not so I would not give this Bill my support. I am hoping that when he is appointed, whoever he may be, he will be responsible to the Minister and not to some under-secretary or other departmental head. Dr. Hislop has complained to this House on many occasions on these matters, and again tonight he has stated—and I agree with him—that we have reached the stage where it is not Parliament or the Ministers, but the departments which are running this State.

Again I agree with Dr. Hislop when he says this is the most important Bill which has been introduced during the time he has been in Parliament. It is certainly the most important that has been introduced during the 10 years I have been here.

I would now like to compliment Mrs. Hutchison. I do not know whether members are aware of the fact that she is the Chairman of the Mental Health Committee of the Western Australian Branch of the Australian Labor Party. As such she went on a world tour at her own expense last year during which time she travelled 36,000 miles by air and visited 12 to 13 countries. She went very deeply into the matter in those countries; and I assure members that had she desired to do so, she could have spoken for over two hours tonight on the investigations she made. However, because she was trying to keep

to this Bill—and I suppose that you Mr. President, will request that I keep to the Bill in a moment—she left a lot unsaid.

I hope that the Minister, when he replies, will be able to throw some light on the matters raised by members. I am sure that no one would mind if he took as long as a fortnight, if that time were required for him to obtain the information, because we must make sure that all possible steps are taken to have as good a mental health system in this State as is practicable.

Dr. Hislop said that this legislation is not what we expected—and I could not agree with him more. We expected a completely new Mental Health Act. As Dr. Hislop said, all this Bill is virtually doing is dealing with taking a patient to hospital, giving him treatment, and discharging him.

I wonder whether Mrs. Hutchison was so wrong tonight when she said that the Commonwealth should be approached in the matter of finance for this type of education—and it is education; the psychologist and the psychiatrist both admit that under the new mental health project and though we will be doing away with closed and locked doors. As a matter of fact I think the new look removes locks, bias, and peep-hole windows, and all that sort of thing. There are no straight-jackets or other horrors of the past.

If the director is appointed from our own State, it will be a matter of "Here I am and this is what I have to work with. What am I going to do about it?" But if a man is appointed from outside with a new look—and again I state that I hope men like Professor Saint will be on the selection committee to appoint this man—I hope he will have the finance made available to him, because, if so, in five years' time we will have no evidence of the old system left in this State.

As a matter of interest, the mental health expenditure for the years 1956-59 was £2,686,000. For the years 1959-62, the expenditure was only £3,486,000. To me those figures indicate that very little extra work has been done, because the extra expenditure would only involve the increased prices for goods and stores and the increase in salaries, etc., The loan expenditure on the institutions—and this is rather remarkable—for the years 1956-59 was £267,000 odd. That was for the mental institutions and homes, prisons, and child welfare institutions, etc. For the years 1959-62, the expenditure was £432,150. That amount would not even buy a high school. The high school at Embleton cost £396,000 and yet for these institutions the only loan money spent in the three years was £423,000.

Is it any wonder that Mrs. Hutchison suggested that we will have to go to the Commonwealth to request more money not only for Western Australia, but for all the

States. In Victoria I believe that under Dr. Cunningham Dax great improvements have been made. However in South Australia the condition of the mental hospitals is something to be ashamed of.

Without going into this Bill clause by clause, I want to make it very clear that so far as I am concerned, in order that my support might be gained for this Bill—and I offer it now—I ask that when the Minister for Health—not the Minister in charge of the Bill in this House—makes the appointment, or when the appointment is made—and I repeat for the third time that men like Professor Saint as well as other medical men should be on the selection committee—the appointee will be given every encouragement.

I believe that the salary is at least £1,000 lower than it should be. In the Public Service List for 1961, the highest paid doctor in connection with mental health was Dr. Moynagh who received £4,238. From my understanding of the advertisements, that figure has not been increased. The next highest paid officers—there are four of them—are on a salary of £3,698. I will not mention their names because they are still in office.

The Minister asked tonight what we were going to do for hospitals, schools, and water supplies, if we wanted more money for mental health; but I think he has the wrong approach. There is a certain percentage of the people in this State who are mentally ill or mentally deficient. As time goes on and the population increases, so will that percentage increase; and these people must be considered as much as those who will attend schools, enter ordinary hospitals, or utilise water supplies.

The first section of the £350,000 hospital which was to have been built at Guildford was to house those boys and girls who are now living under atrocious and immoral conditions at Claremont. I hope that is the first task undertaken by the new doctor when he comes. I hope he will be the world's best; and if I had anything to do with it, I would increase his salary quite a bit. I hope he will get the support of any Government which may be in office in order that he may really open the doors, as it were. As Dr. Hislop said—and I could not agree with him more—surely to goodness when this doctor is appointed, he and those under him will not be allowed to form a little clique—which has been the case before. That is what has been happening, and that is why officers have been leaving this State. Already one very efficient man has resigned; and I know there are others on the point of doing so because conditions here are so bad that they are intending to move to the Eastern States where a golden carpet will be laid down for them.

Debate adjourned, on motion by The Hon. W. F. Willesee.

COMPANIES ACT AMENDMENT BILL

Assembly's Message

Message from the Assembly received and read notifying that it had agreed to the amendment made by the Council.

PUBLIC TRUSTEE ACT AMENDMENT BILL

Second Reading

Debate resumed, from the 19th September, on the following motion by The Hon. L. A. Logan (Minister for Local Government):—

That the Bill be now read a second time.

THE HON. R. F. HUTCHISON (Suburban) [8.58 p.m.]: I rise to support this Bill but with some reservations. I think that if Dr. Hislop speaks to this Bill he will give us a clearer definition of what he has already said. I would also like very careful attention to be paid to the Bill in connection with the estates of handicapped persons.

There is not much more I can say on this Bill in support of it. If others know more than I do I will leave it to them. We have had a long debate on the previous measure and consequently I will delay the House no further.

Debate adjourned, on motion by The Hon. W. F. Willesee.

CRIMINAL CODE AMENDMENT BILL

Second Reading

Debate resumed, from the 19th September, on the following motion by The Hon. L. A. Logan (Minister for Local Government):—

That the Bill be now read a second time.

THE HON. R. F. HUTCHISON (Suburban) [8.59 p.m.]: The amendments contained in this Bill are complementary to the provisions of the Mental Health Bill and come within the scope of the over-all legislation introduced in the interests of handicapped persons. In future the hospital care and treatment of inebriates will be dealt with under the provisions of the Mental Health Bill. I do not think there are any hidden meanings in this Bill, and I will leave it to the Minister to see that the provisions are properly carried out.

I have looked through the Bill, and as far as I can see its provisions are all right. In effect it seeks to transfer the provisions of section 7 of the Inebriates Act of 1912 to the Criminal Code, together with those parts of section 6 concerning the requirements which the court must undertake to ensure proper assessment of the inebriate before his committal. I support the second reading.

THE HON. J. G. HISLOP (Metropolitan [9.1 p.m.]: The Bill is complementary to another one that is before the House. An attempt has been made to define what is an inebriate. If a man is regarded as an inebriate he may be placed for a period not exceeding 12 months in an institution established for the reception of convicted inebriates.

I find it difficult to decide who is an inebriate; and even if a medical man is asked to say whether an individual is one who takes alcohol to excess, there must be a certain amount of reliance on the statement of the man himself. If a man's liver shows signs of being affected, I suppose one might definitely say that he has taken alcohol to excess. But it will be necessary to rely, to some extent, on what the man himself says. If he says, "I do not take much alcohol. This is the only time I have been in this condition," it might be quite difficult to make a decision.

If we look at the main Act, we may have to go back to the question of whether the man can be discharged if it is found that he is not addicted to alcohol to the degree it was thought he was addicted when he was summarily convicted.

This is a difficult matter and it may need a good deal of clearing up. Before the main measure reaches the Committee stage, I will see if there is what I consider a complementary relationship between the control of this person and the person who is mentally ill.

I assure the House it is not easy to say that a person is an inebriate when one sees him for the first time, if the person denies it. It may be that some further provision is necessary before this clause is finally agreed to.

Debate adjourned, on motion by The Hon. W. F. Willesee.

PRISONS ACT AMENDMENT BILL

Second Reading

Debate resumed, from the 19th September, on the following motion by the Hon. L. A. Logan (Minister for Local Government):—

That the Bill be now read a second time.

THE HON. R. F. HUTCHISON (Suburban) [9.4 p.m.]: This is the last of the complementary Bills to the mental health measure. This Bill contains a proposed new section which will permit persons to leave institutions for certain purposes. This is a very worth-while provision, and I think it represents new thinking. I see something very helpful in it. The Bill provides—

64Q. (1) If the officer in charge of the institution reports that it is desirable that any person placed in an institution for the reception of convicted inebriates should be permitted to leave the institution temporarily—

(a) for the purpose of being treated at any hospital; or

(b) for the purpose of visiting a relative believed to be dying; or—

That provision could be extended a little to include somebody seriously ill, because that could be a considerable burden on a mind such as we are contemplating. The Bill continues—

(c) for any other reason which appears to the officer in charge to be sufficient,—

I am very happy to see that paragraph included. To continue—

—the Comptroller General may by writing under his hand make an order that the person may, subject to any conditions set forth in the order, be permitted to leave the institution for the purpose and for the period specified in the order.

I think that is very satisfactory. We have in Karnet a new unit, shall I say, which is going to do a lot, I am sure, to cope with the problem that we have in respect of inebriates.

It always seems to me a strange kind of world that we live in when we take such trouble, socially, to use alcohol, but we make no earlier provision than a place such as Karnet to help people. We do not assist them until they get right down, when it is very difficult to rehabilitate them.

I think our liquor laws and our customs encourage a lot of social drinking. I always think of inebriates with pity rather than blame, because I have seen such human tragedies as a result of drink. I am therefore glad to see anything in our legislation which will alleviate the position and tend to show a more merciful and Christian attitude.

As a matter of fact, when I read this I thought: I wonder whether the day we all hope for will come—the day when we will not have any prisons in our society; when they will be superfluous on account of our good social legislation and conditions; and when help will be more readily available than it is now.

Unless a man is convicted of a very bad crime he should be sent to a reform institution rather than committed to prison. I hope this legislation is the beginning of that kind of thing. I support the Bill.

Debate adjourned, on motion by The Hon. W. F. Willesee.

METROPOLITAN MARKET ACT AMENDMENT BILL

Second Reading

Order of the day read for the resumption of the debate, from the 20th September, on the following motion by The Hon. L. A. Logan (Minister for Local Government):—

That the Bill be now read a second time.

Question put and passed.

Bill read a second time.

In Committee, etc.

Bill passed through Committee without debate, reported without amendment, and the report adopted.

TOWN PLANNING AND DEVELOPMENT ACT AMENDMENT BILL

Second Reading

Debate resumed, from the 20th September, on the following motion by The Hon. L. A. Logan (Minister for Town Planning):—

That the Bill be now read a second time.

THE HON. J. M. THOMSON (South) [9.10 p.m.]: The Bill, which consists of about nine pages, contains five amendments to the principal Act. The first amendment is to the short title. The second one is quite important and extends the Act for a further 12 months. The third amendment is contained in the proposed new section 7 (b). This, no doubt, is a very important amendment inasmuch as it extends the interim development control provisions to those local authorities that resolve to be prepared to introduce a town planning scheme. The next amendment facilitates the revesting of land in the Crown in connection with pedestrian access ways, rights-of-way and certain reserves. Then an amendment to the first schedule brings clause 9 into line with clause 8 of the second schedule dealing with building lines.

The most important amendment in the Bill is the one contained in the proposed new section. It is, of course, essential, and members will no doubt accept it. I suggest to the Minister, however, that he consider agreeing to an amendment to this clause. I draw his attention to subsection (2) of the proposed new section which states—

Upon the approval of the Governor of an interim development order, the local authority in whose district the order applies shall cause to be published in the *Gazette* and three times in a daily newspaper circulating in that district, a notice containing a summary of the order.

I think we should also provide that notice be published in a country newspaper circulating in the district. It may be said that the circulation of a daily newspaper is far greater than that of a country newspaper, but let me assure the Minister that people in the country possibly read the country Press, particularly the public notices, more than they do the daily newspapers. Because it is important to the people concerned in the respective areas, I put forward that suggestion.

The Hon. L. A. Logan: If you delete the word "daily" they could publish it in whatever newspaper they desired.

The Hon. J. M. THOMSON: I will consider that suggestion, but I do not know whether it will fill the bill in regard to what I am seeking. However, I will review it in the Committee stage.

Like Mr. Watson, I am a little apprehensive of the compensation clause. This is the provision that has caused a great deal of concern among people who own land and who can be affected during the term of the development order. I trust that during the debate on the Bill we will have some further assurances on the question of compensation. I agree with the remarks Mr. Watson made on this clause. As I have said, the Bill is most essential, and I therefore support the second reading.

THE HON. H. R. ROBINSON (Suburban) [9.17 p.m.]: I have listened to the speeches made in this House on the Bill which I intend to support. I would like to comment principally on clause 3 which contains the proposed new section 7B. There seems to be some confusion concerning this interim development order. The local authority does not issue the order. My reading of it is that the local authority, after preparing the town planning scheme, requests the Minister to give approval to the interim development order. This is designed to protect the area involved from extensive development during the period when the town planning scheme itself is to be put into operation. If he considers that the scheme is in order, the Minister, with the consent of the Governor, will give his approval.

The other main matter I want to refer to is actually not included in the Bill. This has relation to the conditions laid down concerning subdivision. Mr. Watson made reference to the condition of 10 per cent. of the land being set aside as laid down by the Town Planning Board. This condition is not unusual, because it is applicable in other parts of Australia and, in fact, in other parts of the world. It is a condition that is laid down for the benefit of the community at large. When subdividers move in and purchase a certain area of land, they plan its subdivision in order to make money. There is no question about that.

However, once they sell the land at a substantial profit they move out of the area and leave the local authority with the responsibility of providing playing fields, open spaces, etc., in it. I consider it is quite conceivable and logical that the Town Planning Board should set such conditions. For example, in Scarborough, which has a population of between 18,000 and 20,000 people, we are faced with the problem of administering an area which is crying out for recreational facilities, and the local authority does not have the ground available to provide them.

In mentioning this I do not blame private subdividers for the position that exists in that suburb.

In the Wembley Downs area, a good deal of subdivision has been taking place during the boom period over the last five to seven years in land transactions, and subdividers moved in. Some of the land was bought by these people—going back to 1951—at auction sales held by the Perth Road Board, for £4 and up to £9 a block. Is it not reasonable, therefore, that in the area they subdivide they should make provision for open spaces? I consider it is. In his speech, Mr. Watson considered that most of the subdividers would make provision for open spaces.

The Hon. L. A. Logan: They have never done it yet.

The Hon. H. R. ROBINSON: On the contrary, most of them do not even want to provide the internal roads. One subdivider in particular asked me to look at a certain area. He said he was going to make application to subdivide this ground and it should be the responsibility of the local authority to pay for the road because, based on the rates the local authority would receive in the future, it should be its responsibility and not his. He wanted to move in, make his profit, and get out as quickly as possible. I think Mr. Watson's idea that subdividers would provide open spaces is fantastic because I do not believe for one minute that they would.

This land boom period has been noticed not only in Australia but also overseas. The following is an extract from an article by Dr. E. A. Boehm, the economist of New England University:—

The speculative activity in urban land has been a characteristic feature in Australia in 1960 and constituted one of the most significant and dangerous elements of that time.

Mr. Staniforth Rickerton said—

Continued inflow of a large volume of overseas funds into Australia has had an important effect in maintaining the great speculative boom in real estate. In the land investment field there is serious danger. The situation approximates to that existing in the disastrous land boom of the 1880's which left many licking their financial wounds for two decades or more.

These companies that take over land with the intention of subdividing it into small blocks do not do it for the benefit of the community. I certainly have not known of any that have. Mr. Watson quoted the case of the company which was operating south of Mandurah and which made application to subdivide 600 acres into quarter-acre blocks. From what I have been told, it was informed, right from the beginning, that certain conditions would prevail, including the transfer of

certain parts of the foreshore. The company, therefore, knew that to be a condition of the sale of the land; and I would suggest that rather than the gloomy picture painted by Mr. Watson of this company, and of the Town Planning Board being grasping and taking away some of its land, if the company's financial statement was laid on the Table of the House we would find it had made a substantial profit out of the deal. I would point out that this goes on generally in regard to the subdivision of land.

Mr. Watson then referred to the fact that the company had won its case and then suggested that it was considering making application to the Privy Council for leave to appeal, and was going further into the case of the appeal by the Minister and the appropriate department in this State to the High Court. There were three eminent judges on the High Court bench which considered that case and they gave their decision in favour of the town planning set-up in Western Australia.

Mr. Watson went on further to suggest—I do not think he actually called it a land grab—that the 10 per cent. of which he spoke could be increased to 20 per cent. or even as high as 75 per cent. I suggest that that is absolutely absurd. Take for instance the personnel of the Town Planning Board. I do not think for a minute that those responsible men who have been appointed to a high position of authority on that board, or, going further still, the responsible men who comprise the personnel of the town planning development authority, would go to the absurdity of increasing to as high as 20 per cent. or even as high as 75 per cent., the amount of land to be brought under the control of the town planning development authority as Mr. Watson stated.

The Hon. H. K. Watson: Do you remember the time when we had income tax imposed up to 24s. 6d. in the pound?

The Hon. H. R. ROBINSON: I am not talking about income tax; I am talking of town planning at the moment. The Town Planning Board, for instance, comprises the following personnel:—

J. E. Lloyd, F.A.P.I., M.A.P.I.—Chairman. Fellow of the Australian Planning Institute; Member of the Town Planning Institute (London).

V. L. Steffanoni, F.I.S. (Aust.), F.C.I.V., M.A.P.I.—Appointed in 1934. Fellow of the Institute of Surveyors (Aust.); Fellow of the Commonwealth Institute of Valuers; Member of the Australian Planning Institute; Licensed Surveyor; Chief Valuer, Commonwealth Taxation Department; Member of the Swan River Conservation Board; Member of the State Land Purchase Board.

A. E. Clare, C.B.E., F.R.I.B.A., L.F.R.A. I.A., M.A.P.I.—Appointed in 1938. Fellow of the Royal Institute of British Architects; Life Fellow of the Royal Australian Institute of Architects; Member of the Australian Planning Institute; Former Principal Architect; Chairman of the State Housing Commission.

C. L. Harvey, J.P., M.A.P.I.—Appointed in 1948. Justice of the Peace; Affiliate Member of the Australian Planning Institute; Mayor of Cottesloe; Councillor for 28 years; Chairman of the W.A. Egg Board; Chairman of the Zone "B" Committee of the Metropolitan Region Planning Authority; Member of the Local Government Association; Member of the Library Board.

I am quoting these names to give members some idea of the personnel that has been appointed by the Government to administer, and to be the guiding light on, town planning in Western Australia. They are all top men. I do not know of any other personnel who could be as efficient in their planning and thinking as the gentlemen I have listed. The composition of the Metropolitan Region Planning Authority includes Mr. M. E. Hamer as chairman. He has had extensive experience in local government for a period of 24 years. The other members are Mr. J. E. Lloyd, Town Planning Commissioner and Chairman of the Finance Committee; Mr. J. D. Leach, Commissioner of Main Roads; Mr. F. M. Kenworthy, Chief Engineer, Metropolitan Water Supply, Sewerage and Drainage Department; Mr. H. Camm, Surveyor-General; Mr. W. A. Ashton, representing the Chamber of Manufactures, W. A., the Real Estate Institute of W.A., and the Chamber of Commerce; Councillor A. Spencer, representing the Perth City Council. Councillor Spencer has had extensive experience in the Perth City Council town planning committee. Apart from that he is a very successful businessman. Also on the planning authority are Councillor R. R. Piercy representing District Planning Committee "A"; Mayor E. G. Smith representing District Planning Committee "B"; President J. W. Cole representing District Planning Committee "C".

In addition to that the finance committee of the Metropolitan Region Planning Authority has also co-opted Mr. Ken Townsing, the Under-Treasurer. Surely an organisation comprised of the top brains of Western Australia is the authority best able to advise as to what should be done on town planning here!

Reference was made to the question of the 10 per cent. I would point out the reason for this is that the conditions in Western Australia are not as harsh as those in New South Wales, Victoria, or

New Zealand. For instance, in some of the other areas the conditions laid down include sewerage and water reticulation; and in respect of the internal roads the subdivider is also required to provide footpaths. Those conditions were never applied here.

The standard practice of open recreational areas in most parts of Australia is on a basis of 10 acres per 1,000 of population. I do not wish to speak at any great length on this point, but I would assure the House that the 10 per cent. basis is nothing new. There is nothing different in this when we compare it with other parts of Australia or the world. In my opinion it is a condition which is laid down quite justly. It is not wise to allow subdividers to move in, subdivide an area, and get out leaving the responsibility on the ratepayers; because if there are 600 or 1,000 houses set up in the particular area that is to be subdivided, is it right that the same people who have to pay a fairly high price for the ground should, as ratepayers, have to pay for the acquisition of further ground for recreational purposes?

Debate adjourned, on motion by The Hon. R. Thompson.

METROPOLITAN REGION TOWN PLANNING SCHEME ACT AMENDMENT BILL

Second Reading

Debate resumed, from the 20th September, on the following motion by The Hon. L. A. Logan (Minister for Town Planning):—

That the Bill be now read a second time.

THE HON. N. E. BAXTER (Central) [9.34 p. m.]: I intend to support this measure, because I believe it has some necessary and reasonable provisions. It is not a large Bill, and it only deals with several aspects of the regional plan. Clause 4 deals with the amendment to the regional plan, and makes it necessary for amendments to be published in the *Government Gazette* and circulated in a daily newspaper. It even goes further and touches on the discretion of the Minister, and the fact that the person who owns the land should be advised of any amendments.

It is a very fair provision. In respect of my dealings with the Minister and his department on regional matters, and matters connected with regional compensation, I must say I have had every assistance. I have found both the Minister and the department most reasonable. They are doing a very good job in most difficult circumstances; and I commend the Minister and the department for the way they have handled these matters over the past few years.

The particular clause to which I have referred also gives the right of appeal to any person who is aggrieved by an amendment; and I am sure from my experience of the Minister that when the appeal comes before him it will be given every consideration; because he always takes a reasonable view of these matters. I am very much in favour of this provision.

The next provision deals with injurious affection under this scheme for land reserved for public purposes. I think that, too, is a very fair provision because there are people who are inclined, perhaps, to want to make a little too much out of the land they own. They do not take a fair view of the position. They are inclined to wonder why they should have a certain amount of their land reserved for public purposes without being compensated more handsomely than it is worth.

These provisions will ensure that when persons apply for the development of such land, the application for development is a genuine one. Quite often people will make application for development hoping against hope that they will be refused, and that they will then be able to hold the gun at the head of the regional authority. The provisions of the Bill are not very far-reaching, and they will help simplify the administration of town planning. I commend the Minister and his department.

THE HON. H. R. ROBINSON (Suburban) [9.38 p.m.]: In support of this Bill I would like to make some comment on the views expressed by Mr. Wise when he referred to the land required not only for the western switch road, but also for the inner ring road; and when he said that compensation should not be held up; that it should be paid now to the people who own the land in question.

He went on to say it was not fair that people who had worked and strived for 20 years to own a property should be paid compensation in 5 or 20 years' time; that the property should be valued now and compensation paid now. Provision is made in the Bill for the question of valuation to be taken into consideration whenever an acquisition is made. The point, however, is: Where is the money coming from? When I say "money" I mean real money, because I am referring to either resumptions or acquisitions. In an area such as the inner ring road it will run into millions of pounds.

Only half an hour ago in this House we heard members saying that more money should be allocated for mental health purposes, for hospitals, buildings, and so on. The various necessities required by the people are at the moment absorbing all the funds. If some millions of pounds are taken at the present time to acquire properties, surely it will drain the remaining resources of the Government.

In order to give the House some idea of what I mean, and an idea of the types of claims that can come in, I would quote as an example the case of the Cumberland County Council in Sydney in 1951. In that year the Cumberland County Council implemented a town planning scheme and made it known it would consider claims for compensation. There were 20,000 owners of properties who claimed a total compensation of £400,000,000. None of them were paid. It was impossible for the Cumberland County Council to consider the payment of such an astronomical amount.

The Hon. W. F. Willesee: I wish I could do business on that basis.

The Hon. H. R. ROBINSON: While the amount necessary here will not be comparable to that sought in Sydney, it will still be considerable in the areas affected. As it is, the inner ring road will cost in resumptions about one-tenth of the total of the construction of the road. The western switch road itself, which is the western leg of the inner ring road will, I understand, be constructed in four to five years; and notice of acquisition has already gone out in the areas in the western end of the switch road.

Generally in the past 2½ years there has been no formal approach to arbitration in connection with the land acquired, as the authority has been able to settle satisfactorily with all those who have wanted to sell, or who have made some approach to the authority for extension to their properties. The authority has purchased 140 properties and has spent over £500,000 since 1960. I consider that is a pretty fair basis on which to deal, when we take into consideration that all these owners of properties had recourse to the Arbitration Court or to the Public Works Act of 1902 if they were dissatisfied. But the owners were able to settle satisfactorily with the authority without recourse to arbitration.

I cannot agree with Mr. Wise. One of the main points is this: Where is the money going to come from? It seems unrealistic to me to try to acquire land now that will not be required for another 20 years, and pay compensation now; because we are going to drain the resources of Government departments and Government instrumentalities. I support the Bill.

Debate adjourned, on motion by The Hon. R. Thompson.

House adjourned at 9.46 p.m.