WESTERN AUSTRALIA

Parliamentary Debates

(HANSARD)

THIRTY-FOURTH PARLIAMENT
FOURTH SESSION
1996

LEGISLATIVE ASSEMBLY

Tuesday, 22 October 1996

Legislative Assembly

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THE SPEAKER (Mr Clarko) took the Chair at 2.00 pm, and read prayers.

VISITORS AND GUESTS - BANGLADESH DELEGATION

THE SPEAKER (Mr Clarko): Today we have in the Speaker's Gallery a delegation from Bangladesh. It includes His Excellency, Major General Choudhury, the High Commissioner for Bangladesh, and Al-Haj Rashed Mosharaf, State Minister, Ministry of Lands and other officials. We warmly welcome them here today.

[Applause.]

STATEMENT - SPEAKER

Television Cameras

THE SPEAKER (Mr Clarko): I remind members that, as I advised them on Thursday, television cameras will be here today to take file footage.

PETITION - ALINTAGAS, REBATES

DR GALLOP (Victoria Park - Leader of the Opposition) [2.04 pm]: I present the following petition:

> To the Honourable the Speaker and Members of the Legislative Assembly of the Parliament of Western Australia in Parliament assembled.
>
> We, the undersigned call on AlintaGas to establish a scheme of rebates or discounts for senior citizens, pensioners and other low income earners.
>
> AlintaGas is alone among the public utilities in not providing some form of assistance for low income earners and the elderly and we call on it to display social responsibility in conducting its business affairs.
>
> Your petitioners humbly pray that you will give this matter earnest consideration and your petitioners, as in duty bound, will ever pray.

The petition bears 96 signatures, and I certify that it conforms to the Standing Orders of the Legislative Assembly.

The SPEAKER: I direct that the petition be brought to the Table of the House.

[See petition No 171.]

A similar petition was presented by Mrs Hallahan (nine signatures).

[See petition No 175.]

PETITION - BUNBURY COASTAL ENHANCEMENT PROJECT

MR OSBORNE (Bunbury) [2.05 pm]: I present the following petition -

> To the Honourable the Speaker and Members of the Legislative Assembly of the Parliament of Western Australia in Parliament assembled.
>
> We, the undersigned strongly object to:
>
> (1) The cancellation of part of Ocean Frontage 1905, 'A" Class Reserve 9997, from Parks and Recreation to proposed High Density Housing Complex, overlooking the Back Beach, east of Ocean Drive between Wellington and Scott Streets.
>
> (2) The resuming of 17.57 percent (1/6th. approx) of the area of the Recreation Ground, to extend Upper Esplanade northwards as proposed in the Bunbury Coastal Enhancement Project.
>
> Your petitioners therefore humbly pray that you will give this matter your earnest consideration and your petitioners, as in duty bound, will ever pray.

The petition bears 560 signatures and I certify that it conforms to the Standing Orders of the Legislative Assembly.

The SPEAKER: I direct that the petition be brought to the Table of the House.

[See petition No 172.]

PETITION - BREAST CANCER RESEARCH FUNDING

MRS van de KLASHORST (Swan Hills) [2.06 pm]: I present the following petition -

> To the Honourable the Speaker and Members of the Legislative Assembly of the Parliament of Western Australia in Parliament assembled.
>
> We the undersigned note:
>
> Breast Cancer: An Australian Epidemic.
>
> Breast cancer is the most serious malignancy affecting women. It is one of the most commonly diagnosed cancers in Australian women today.
>
> Breast cancer is one of the leading causes of death of women ages 35 to 60.
>
> There is an average of 683 new cases of breast cancer annually in Western Australia. One in four women with breast cancer dies within the first 5 years; 40% die within 10 years of contacting the disease.
>
> The incidence of breast cancer among Australian women is rising each year at the rate of 3.3%. In 1960, 1 woman in 20 could expect to be diagnosed with breast cancer in a lifetime; today 1 in 13 faces that threat.
>
> We do not know what causes breast cancer, how to cure it or what to do to prevent it. For two decades, under funded research has focused on detection and treatment, rather than cause and prevention; and current methods of detection, physical examination and mammography, are imperfect at best. Funds for research are of an urgent need.
>
> Depending on the quality, mammography fails to detect as much as 20% of all breast cancer, and recent studies show that it may fail to detect as much as 40% of breast cancers in women under the age of fifty.
>
> **All women in Australia are at risk of contracting breast cancer**
>
> We therefore call upon the Legislative Assembly to ensure that the Western Australia State Government to increase its contribution to Breast Cancer Research from $0 to $2 million per year for ten years to fight against this disease. There are so many families already suffering from the effects of breast cancer, it is imperative that the issue of research into the causes, prevention and cure be addressed with urgency.
>
> Your petitioners therefore humbly pray that you will give this matter earnest consideration.

The petition bears 133 signatures and I certify that it conforms to the Standing Orders of the Legislative Assembly.

The SPEAKER: I direct that the petition be brought to the Table of the House.

[See petition No 173.]

PETITION - MOTOR VEHICLES, ANNUAL COMPULSORY CHECKS PROPOSAL

MRS HALLAHAN (Armadale) [2.07 pm]: I present the following petition -

> To the Honourable Speaker and Members of the Legislative Assembly of the Parliament of Western Australia in Parliament assembled.
>
> We, the undersigned urge the Government not to adopt the proposed annual compulsory vehicle checks. We note that the Office of Road Safety has stated that such checks would be unlikely to reduce the number of car crashes on our roads. We believe the vehicle checks will place yet another financial burden on families who can ill afford the additional costs that would be involved.
>
> Your petitioners therefore humbly pray that you will give this matter earnest consideration and your petitioners as in duty bound, will ever pray.

The petition bears nine signatures and I certify that it conforms to the standing orders of the Legislative Assembly.

The SPEAKER: I direct that the petition be brought to the Table of the House.

[See petition No 174.]

MINISTERIAL STATEMENT - MINISTER FOR HOUSING

"Move" Campaign; Homeswest Campaign

MR KIERATH (Riverton - Minister for Housing) [2.11 pm]: There is no doubt that the housing industry slowdown has been a cause of great concern to industry members and to me as housing Minister. It is a national problem. Home buyers have been looking at display centres but remain cautious about committing themselves to purchasing a home. However, now is an ideal time to buy, with interest rates at comparatively low levels and industry talk of further reductions. Land and house prices are also extremely competitive. To help generate more interest and commitment to buying, the building industry has launched a promotional campaign called "Move" to highlight just how good a time it is to buy. Combined with this, Homeswest has launched a major campaign of incentives designed to target interested but hesitant home buyers.

Several members interjected.

The SPEAKER: Order!

Mr KIERATH: The campaign relaunches the very successful -

Several members interjected.

The SPEAKER: Order!

Mr KIERATH: I believe it will tip the balance towards buying and building for many families. It will be hard to resist, when they stand to benefit by thousands of dollars if they buy land and build now as opposed to a wait and see attitude. The campaign's underlying message is that there is no better time than now to buy land and build. It offers prospective buyers who commit themselves to build within two months from the date of purchasing their block from a nominated land release an assistance package of $5 500. Part of the package is a cash payment of $3 000, which can be used to help finance a loan. Homeswest will also provide perimeter fencing valued up to $1 800 and a $700 voucher for landscaping. This scheme combined with other promotional incentives from builders will give land and house package buyers in Western Australia some very good deals. The original "Now" campaign ran for four months at the end of last year and was extremely successful. In a stagnant market Homeswest land sales jumped from nine sales per week to an average of 30 per week. A total of 472 lots were sold, worth more than $20m, which generated another $25m in construction work. This scheme helped many families to achieve their dream of home ownership. There is every expectation that the campaign will at least match the success of last year. It is a substantial initiative that not only will help more Western Australians fulfil their home ownership dreams but also will have a significant flow on effect in the economy with the creation of an additional 1 500 jobs.

[Questions without notice taken.]

MATTER OF PUBLIC INTEREST - MENTAL HEALTH BILL

THE SPEAKER (Mr Clarko): Today I received within the prescribed time a letter from the Leader of the Opposition in the following terms -

> Pursuant to Standing Order 82A I propose that the following matter of public interest be submitted to the House for discussion today.
>
> > That this House calls on the Leader of the House to accord top priority in the Government's legislative program to the Mental Health Bill 1996 and to give an undertaking that there will be full and proper debate on this Bill before Parliament rises for the state election.

The matter appears to be in order. If sufficient members agree to this motion, I will allow it.

[At least five members rose in their places.]

The SPEAKER: The matter shall proceed on the usual basis, with half an hour allocated to members on my left, half an hour to members on my right, and five minutes in total to the Independent members, should they seek the call.

DR GALLOP (Victoria Park - Leader of the Opposition) [2.45 pm]: I move the motion.

An issue of major importance for the State of Western Australia, but particularly for those with mental illness and their families, is the fate of the Mental Health Bill 1996. A major problem has been revealed in Western Australia's mental health services in recent years. One aspect of that problem has been the failure of Governments over the years to update and upgrade the legislative framework within which mental health services are conducted. We thought we were getting close to solving that problem, but it now seems that the political games being played by the Government

will mean that, yet again, the mentally ill and their families in Western Australia will have to take lower priority in the scheme of things.

Before I move on to the history of this issue, it is important that we remind ourselves of the extent to which mental illness is a problem in our community. In any single year, 8 per cent of the population, or nearly one in 10 citizens of our nation, experience symptoms of stress and mental disorder that are so severe that they need to seek professional help. In the first instance, that professional help is usually from general practitioners or other primary health care professionals. Mental illness in our community is a major issue. It has a huge impact on the victims and their families, and it has a broader impact on our society and the way that it functions.

A number of years ago, I asked some general practitioners, "What is the most frequent issue that is raised with you as a general practitioner when people come to see you?" They thought about it and said, "Stress, and the early signs that people are under real pressure in their personal and family lives and that is starting to impact on their general health and their ability to function in the community." It was the view of those general practitioners that that was becoming the basic source of the work that they were doing as clinicians in the community.

Mental illness was placed on the Australian agenda in the early 1990s when the then Human Rights Commissioner, Brian Burdekin, indicated in his report that our treatment of the mentally ill was shameful and a major reallocation of priorities was required if their rights and interests were to be protected properly. The debate that was begun by Brian Burdekin came to Western Australia most obviously in March 1994, when the Schizophrenia Foundation put out a report entitled "Care of the Seriously Mentally Ill in Australia", written by Mr John Hoult. That report condemned the performance of the Western Australian mental health system. Both the Burdekin and the Holt reports made it clear that this State was deficient in every area of mental health - that is, the hospital beds available, and community support either for housing or rehabilitation. We were also severely deficient in child and adolescent facilities throughout the suburbs of Perth as well as in non-metropolitan areas. The report card for Western Australia could be described only as appalling. That is when the situation started to deteriorate: We had the Burdekin report and the Hoult report, therefore the alarm bells should have started to ring within government circles. However, the then Minister for Health, Hon Peter Foss, questioned the credibility of the people who were criticising the situation in Western Australia.

In July 1994 the then Minister for Health called Brian Burdekin a show pony and rejected his comments regarding deficiencies in Western Australia, which were causing deaths. The Australian Medical Association supported Brian Burdekin's argument. Later, in October 1994, the then Minister for Health again rejected the criticism of our mental health services by the Burdekin report and the Psychiatric Nurses Association. Therefore, in 1994 when we could have started to turn the corner to develop a system, the then Minister and his Government said there was nothing wrong, and questioned the credibility of those who were severely criticising what was happening in this State.

The time lost in 1994 began to catch up on the Government. By early 1995 the Government was forced to admit that a major problem existed. It established a ministerial task force to examine the issue. Throughout 1995 the ministerial task force conducted its inquiry into the state of our mental health services. That inquiry was supported by the Opposition because we would have taken very seriously any recommendations of the broadly based inquiry. We witnessed a year of delay, during which the then Minister turned on those who had criticised him. He attacked the messengers rather than listen to the messengers. In 1995 we witnessed a further year of delay through the work of the ministerial task force.

In early 1996 the task force report was handed down. That report and the Government's response making a commitment to a mental health plan for the State, has set an agenda for mental health services which the Opposition was willing to support in a bipartisan spirit despite queries about different aspects of it.

I turn now to the three major findings of the ministerial task force: The first was the need for a substantially greater level of resources to be allocated to mental health. We have seen some increases in resources to mental health in this year's Budget. The second finding related to the need for an identifiable, stable mental health structure within our health system. We cannot say that that objective has been achieve; nor, indeed, can we say that there has been any identifiable progress towards it. I recently had my colleagues in another place ask questions of that Minister about what was happening in mental health services in relation to the recommendations for structural change. The member who asked the question was told to put the question on notice. Chaos still exists in the Health Department, and that is reflected as well within the structure of the mental health service system.

The third finding of the ministerial task force refers to a need for modern mental health legislation giving appropriate protection to the rights of the patients. The report reads -

> Western Australia's Mental Health Act 1962 is outdated and long overdue for replacement. Successive State governments have instituted reviews of the legislation and drafting of new Bills but as yet no new legislation

> has come into force. The Task force believes that modern, forward thinking legislation is required to underpin the development of a new, consumer focused mental health service system, ensuring greater protection of patients' rights and increasing options for care closer to home for people throughout Western Australia.

Therefore, one of the three major recommendations of the ministerial task force was to bring about new mental health services legislation. Indeed, the second of the specific recommendations could not have been clearer: It states that the State Government should give urgent priority to the enactment of the Mental Health Bill. The meaning of the word "urgent" is to require immediate action or attention. The task force was insistent upon the need to upgrade our mental health legislation because if we are to reform our mental health system or change the way it operates to give it a more consumer and community-based focus and to establish the rights and interests of patients and the mentally ill, we must change the 1962 Act because that Act is based upon outdated thinking of another era.

When the Australian Labor Party considered the issue at its conference last year it gave the legislation top priority. That is, we must get the legislation through Parliament so that we can feed off the legislation with the administrative, budget and priority changes that we want to make. Therefore, the clear recommendation among those involved in the industry is that the legislation must be changed. Only yesterday, at the beginning of mental health week, the reasons were further outlined by the special guest, leading mental health consumer advocate Janet Meagher, who said that the Western Australian 1962 Mental Health Act needed to be upgraded as it did not give automatic right of review for patients detained in psychiatric hospitals nor did it ban controversial therapy such as deep sleep and insulin coma.

Mr Prince: Were you there?

Dr GALLOP: I am reading from *The West Australian*.

Mr Prince: I was there. I was about to apologise for not acknowledging you. She said other things, but not that.

Dr GALLOP: It is implied by this article in the newspaper that she did. However, the major point is that the legislation is a priority and it should be given priority status by the Government. It is an indictment of the Government that the Mental Health Bill has not been given legislative priority; it is not at the top of the Notice Paper for debate during mental health week. It is a disgrace. It is an indictment of the Government and it certainly indicates a total lack of commitment to the mentally ill. Of course, over the past few years the Government has broken its promises to the mentally ill and their families.

I remind members of what has been said: In June 1994 the Premier, in the second reading budget debate, spoke about the Mental Health Bill and said that it would be introduced. In September 1994 the then Minister answered a question by saying that the introduction of a new Mental Health Bill was a priority. In December 1994 the then Minister stated that the Government anticipated that the Bill would be introduced in the autumn session. In March 1995 the then Minister for Health, the member for Riverton, said that new legislation could be introduced in Parliament that year. In March 1995, the Governor's speech said that a new Mental Health Bill would be introduced. In May 1995 it was stated in the upper House that we would have a new Mental Health Bill in the 1995 session. In November 1995 the then Minister for Health said it would be introduced in the current session of Parliament. In March 1996 the next Minister for Health, the member for Albany, said he would introduce the Bill in the spring session and he agreed to undertake to bring it to a speedy conclusion. Promise after promise was made. A promise from the first Minister was not kept; a promise from the second Minister was not kept; and a promise from the third Minister was not kept. The present Minister has introduced the Bill, but he has not brought it to a speedy conclusion for debate in this Parliament. The Mental Health Bill should be debated in the Parliament this week following the important gun legislation that members debated responsibly and well last week.

Those in our community who have waited a long time for this legislation have been dealt a body blow by this Government. They are shocked at the legislative priorities that have been set by the Government for this week. It is matter of shame for all members in this Parliament when we know what has been going on in the mental health system and when we know that the rights of mentally ill people are not protected in this State. Why do those matters take second place?

Mr Prince: Why didn't you do something about it when you were in government?

Dr GALLOP: Why is it that when I raise this issue, the Minister for Health interjects with a very political and smart alec comment? The Opposition knows the line the Government is taking on this issue. The Government is clearing the decks so it can go to an election this year. It knows that it cannot have the Mental Health Bill on the agenda. It is large and important legislation. Many members on this side of the House who are interested in it want to debate it properly in this Chamber because it deals with one of the most important issues that faces human beings; that is, if they become mentally ill and must be detained. That is a crucial issue for the rights and dignity of people, and this

Government is not putting it on the top of its priorities. What is more, it is telling the media that it might rush the legislation through the Parliament next week without a proper debate. What a cynical comment this Government is making to the community to try to save its bacon from the appalling lack of priorities that it is showing! There is plenty of time to debate this Bill in the remainder of this year. Plenty of time is available for us as a Parliament to deal with this issue properly.

The Opposition has consulted health consumer groups in the community. They indicate to us that they think the legislation is good. However, they believe important points are related to this legislation for which the Bill could be strengthened. The Opposition wants to debate all of those issues when the legislation is before Parliament.

The Opposition will not put up with this nonsense from the Government. We know what the Government has been doing with this legislation. It is putting it on the backburner to clear the decks for an election. I want an honest answer from the Minister on why this legislation is not on the table this week. Is it because the Government wants all parliamentary business off the agenda to clear the way for an election?

Once again the interests and rights of the mentally ill and their families are accorded second place by the Government. The Government has a chance to remedy this situation and to give top priority to this issue. However, it is obvious to those of us on this side of the House that it lacks the commitment to do this. The Government should urgently reconsider its view.

[M|S|N:McGINTY|D:M]**MR McGINTY** (Fremantle - Deputy Leader of the Opposition) [3.04 pm]: For over 50 years Western Australia has had what I believe to be a great tradition founded in very sound principle. That is, we have our election, whether it be every three years or every four years, in the first quarter of the year, immediately after the Christmas break. Effectively, Western Australia has had an arrangement that has been a de facto fixed term Parliament. That has given the Parliament a measure of stability which is lacking elsewhere. It has also taken away from people who want to criticise the political and parliamentary process one of the bases on which they often criticise politicians and parliamentarians; that is, excessive opportunism. Nothing strikes deeper into the public consciousness than someone seizing an opportunistic moment to achieve a political outcome when that process involves putting to one side a very important principle.

We have a choice that involves doing something that is universally acclaimed and universally demanded: We can debate and pass a new Mental Health Act. The existing legislation has been roundly criticised. The Government's proposal not to have it through the Parliament this year has also been roundly condemned. We have the choice between doing that which is the principled, correct thing to do, and which would earn praise from the general community, or doing something the Premier proposes; that is, rush off opportunistically and have an early election, with only one objective in mind - to advantage the Liberal Party electorally.

Mr Cowan: What about the National Party? Are we going to discuss it?

Mr McGINTY: The National Party is fairly irrelevant in the process. It has its six little malapportioned seats in the bush and that is it. The real issue is the electoral advantage of the Liberal Party. This debate is about whether the Premier will show sufficient leadership to ensure that legislation, which is in the interests of the State, which has been worked through over a long period, and which is called for to replace outmoded and unprincipled legislation, should be passed by this Parliament. I thought that in principle that decision was crystal clear. That is, on the agenda for debate in the Parliament this week should be the Mental Health Bill so we can get into a real legislative program.

Quite frankly, the legislation the Government proposes to debate this week is relatively unimportant when compared with the firearms legislation we dealt with last week and with what in my belief we should be debating this week and next week - the mental health legislation. I do not think anyone on the government side of the House would seriously contend that anything on the Notice Paper this week that involves substantive debate is more important than the mental health legislation.

Mr C.J. Barnett: Home invasion is pretty important to people.

Mr McGINTY: It is nowhere near as important as this new Mental Health Act. It involves fundamental principles.

Mr C.J. Barnett: What about firearms?

Mr McGINTY: Members debated the firearms legislation last week.

Mr C.J. Barnett: We haven't finished it. Your commitment fell away.

Mr McGINTY: It requires a little tick on the end of it. That is neither here nor there. In principle it is crystal clear what the time of this Parliament should be spent debating - not the Government's legislative program, but the Mental Health Bill.

As the Leader of the Opposition rightly stated, the Government got a serve for proposing to delay this legislation. For those government members who did not bother to read this morning's *The West Australian*, I will put it on the record. An article under the heading "Mental Health Overhaul 'slow'" reads -

> The State Government's delay in mental health legislation is disgusting and appalling . . .

That is not someone from the Labor Party saying that. It is not someone from this side of the House trying to engage in a political debate on this issue.

Mr C.J. Barnett: Was that today's newspaper?

Mr McGINTY: Yes, it is on page 25 of this morning's *The West Australian*.

Mr C.J. Barnett: Was there an article in yesterday's paper, too?

Mr McGINTY: The Minister should remember today's newspaper. The first page is about literacy, for which the Minister is responsible - or should I say illiteracy? The description of the delay to the legislation as disgusting and appalling was from Australia's leading mental health consumer advocate, Janet Meagher. The article continues -

> Speaking in Perth at the launch of mental health week, -

What a great irony that is. Here is a Government, setting aside a week for that topic, when it will not give any priority to mental health legislation; it will not bring it on for debate in the Parliament. That is an indication of how it wants the glitzy week, but does not want to do anything of substance. To continue -

> - Mrs Meagher said she had been shocked by how easy it was for the Government to put aside such key human rights issues.
>
> She said it was hard to comprehend how WA would delay further a crucial legislative overhaul after being strongly criticised by former Federal human rights commissioner Brian Burdekin three years ago.
>
> "I am just totally amazed," she said.

The article continues in that vein. The Government is given the choice of political opportunism or principled action. What do we expect this Government to do? We expect it to go for political opportunism and grasp at any straw, and to put completely to one side the principles involved. Some very important legislation could be debated between now and Christmas. The Opposition has already referred to the firearms legislation, which was debated in a most constructive way last week. I pay tribute to the role played by opposition members for the Minister for Police, and the way in which opposition members approached a number of difficult areas that arose following the conference of Police Ministers. They tried to do that for which the public is crying out; that is, they did not grab the opportunistic moment, but looked constructively and critically at ways in which to enact new laws for the betterment of the population as a whole. By putting this legislation off the agenda, the Government will deny what the public is calling for; that is, something constructive in areas in which these laws are required.

Another issue that should be on the agenda is amendments to the Criminal Injuries Compensation Act to enable the backlog of claims to be dealt with from people who have been injured or brutalised as a result of criminal attacks. Again, that legislation is afforded no priority. The National Environment Protection Council (Western Australia) Bill is a very important step forward in looking after the environment. All these matters are thrown on the backburner. They are accorded no priority, but the most glaring example is the Mental Health Bill. It should be the main focus of attention in the days and weeks ahead of us, to ensure it is passed before members do battle in the coming election.

Very little has been done by this Government in the course of the year. I recently wracked my brains trying to think what the Government had done this year. It sacked four incompetent Ministers last Christmas, but since then it has been in damage control mode. It has been dampening everything down and not doing anything because an election is in the offing. It wants a quiet, unspectacular and noncontroversial year. The only government initiative this year that came to mind was the abortive bid for the 2006 Commonwealth Games, for which this Government could not even produce a conforming tender. That was the only thing the Government attempted that had any flourish, freshness or innovation about it, and it even failed to deliver on that. Why will the Government not spend time debating these important issues affecting mental health and the rights of mental patients in this State?

Between 1994 and 1996 the people in this State and this Parliament received repeated promises from a string of Health Ministers about the progress of this legislation. The Minister for Health has let down the people to whom he has made promises to introduce this legislation into the Parliament and have it passed this year. If this Parliament rises before the legislation is passed, the Minister for Health will stand condemned because he has made promises and given undertakings, and he will not have delivered on them. I will give an indication of how bad the Minister

for Health is. I had a telephone call in my office yesterday from a person who was quite distraught. He had spoken to someone in the office of the Minister for Health who suggested that he should ring Mr McGinty and the Labor Party who might be delaying the Bill. I assured that person that the Opposition supports this legislation. Neither the Minister for Health nor his staff should mislead people in that way. I told that person that not only do I support the Bill, but also I believe it should be given first priority and be debated this week and passed by the Parliament. The Labor Party is committed to debating the issues and providing principled legislation that throws out the window the archaic Mental Health Act, which is an absolute disgrace to this State. It has been roundly criticised on human rights and other grounds. Every mental health advocate in this country will condemn the existing legislation and support the new legislation. It may not go far enough, but it is a significant step forward. Why the Minister has not been able to persuade the Government to afford this Bill the priority it deserves quite frankly escapes me. It is perhaps the clearest case of the Government having completely the wrong priorities.

MR C.J. BARNETT (Cottesloe - Leader of the House) [3.15 pm]: The Minister for Health will make the main response from the Government, but I wish to raise briefly a couple of issues. The first issue is one of procedure and trust between a Government and an Opposition within the Parliament. This Government, unlike previous Governments, has set in place a procedure whereby I, as Leader of the House, advise the leader of the House for the Opposition of the Government's intended legislative program for the following week. I advised the Opposition by correspondence dated 18 October 1996 - which I will table, if necessary - of the Government's intended legislative program for this week. Each Friday before a sitting week such a letter is forwarded to the Opposition, even though the legislative program has not at that stage been considered by Cabinet. I extend that courtesy so that the Opposition has the opportunity to comment on the program. If opposition spokesmen will be absent, I am, and have been, willing to amend the program. I then advise Cabinet of the program and, if no objections are raised, that is the program.

The leader of opposition business for the House has broken trust and faith with the Government, because he chose to go to the media on Sunday with this correspondence and to use it to score political points on the issue of mental health. The new Leader of the Opposition may talk about standards and a different image for the Labor Party. Certainly, his predecessor never broke trust and faith when he was advised of the legislative program. I do not feel inclined to advise the Opposition in future of the Government's intended legislative program if it will be used in that way. I will now take the program to Cabinet and once my colleagues have agreed with me, I will advise opposition members. I will take away the privilege of advising the Opposition before Cabinet is advised. The Opposition chose to use this issue for short term political gain. How can a Government deal in confidence with an Opposition that breaks that trust?

Mr Marlborough interjected.

The SPEAKER: Order!

Mr C.J. BARNETT: My colleagues in Cabinet may feel some annoyance that I go to the trouble of extending the courtesy to the Opposition by informing it of the Government's intended program before the matter even goes to Cabinet. That will not happen in future unless I have confidence in members opposite.

Mr McGinty interjected.

The SPEAKER: Order! The Deputy Leader of the Opposition.

Mr C.J. BARNETT: Why should I advise the Opposition ahead of Cabinet when advice is given in confidence, and trust is broken and used for short term political gain? So much for the standards of the new Leader of the Opposition.

Dr Watson interjected.

The SPEAKER: Order! The member for Kenwick should not interject when she is not in her seat.

Mr C.J. BARNETT: I make it clear that the Minister for Health approached me last week, and has approached me on several occasions, making the case for this legislation to proceed. He wants it to proceed. A number of Bills are before this Parliament currently. Last week the first priority for the Opposition was the firearms legislation, which was debated for 14 hours and still has not been finished. It must again be debated today.

Mr McGinty interjected.

Mr C.J. BARNETT: We had 14 hours of debate; we have not concluded.

Mr McGinty: You moved not to finish the firearms legislation on Thursday when it could have been finished. Blame yourself and no-one else; it was a most constructive debate.

The SPEAKER: Order! I again call to order the Deputy Leader of the Opposition.

Mr C.J. BARNETT: After approximately 14 hours of debate, the Firearms Amendment Bill, the first priority for the Opposition last week, has not yet been passed in this House. It will be further debated today.

Mr McGinty: You are a petulant, useless character. You should debate the real issue; you are hopeless.

The SPEAKER: Order! I have repeatedly called to order the Deputy Leader of the Opposition. Many of the points he made were quite appropriate. However, he should not take over the whole arrangement. I do not formally call him to order, but I ask him to cooperate so that we can hear the member on his feet.

Mr C.J. BARNETT: With his choice of words, the Deputy Leader of the Opposition reminds me of my wife!

Mr McGinty: She is a very astute individual.

Mr C.J. BARNETT: The fact remains that we have not dealt with the firearms Bill. We must also deal with budget Bills and a number of other pieces of legislation. I will take it in good faith that the Opposition is keen to deal with this legislation and therefore bring it on for debate right now.

Dr Gallop: You are pathetic.

Mr C.J. BARNETT: Do members opposite want to debate it or not? The Leader of the Opposition went to the media on Monday for a headline and used a matter of public interest to raise the issue. The Minister for Health has also been wanting to debate this Bill, so we will debate it right now.

The legislative timetable is government business. Many people in the community are rightly concerned and interested in mental health. We will not accord it a priority that guarantees it will be passed before the election; we will not decide whether it has first, second or third priority. However, we will give it priority if the Opposition will cooperate. I can assure members that there is nothing the Minister for Health would like more than to see this legislation passed. Let us see whether the Opposition is serious about debating it and is prepared to facilitate its speedy passage through this House. I cannot speak for the upper House -

Mr McGinty: Let us deal with the subject, not these glitzy things.

Mr C.J. BARNETT: Who has created the stunt? The Opposition broke trust and confidence by going to the media and then coming in here with an MPI. It has the chance to double its money and debate the Bill now. I will go one step further and accept the motion with two amendments. The Opposition will not set the priority for government business; that is the Government's role. However, it will accord the mental health legislation high priority.

Amendment to Motion

Mr C.J. BARNETT: I move -

To delete the word "top" with a view to substituting "high" and to delete all words after "debate".

I do not know whether the budget Bill will precede it, and I remind members that we still have the third reading stage of the Firearms Amendment Bill to debate. Nonetheless, we will give the mental health legislation high priority.

Mr McGinty: Why did it take an MPI to get you to do the right thing? The Minister for Health could not persuade you to do it.

Mr C.J. BARNETT: Not through lack of effort on his part. The leader of the House for the Opposition received correspondence from me outlining the legislative program. If this were such an urgent issue, why did he not contact me and urge that the Mental Health Bill be scheduled? I received no response to my letter to the Opposition.

Dr Watson: We did; I spoke about it in the guillotine debate last week.

Mr C.J. BARNETT: I acted in good faith; members opposite should do the same.

MR PRINCE (Albany - Minister for Health) [4.25 pm]: I am obliged to the Leader of the House for acknowledging that I have tried to have this legislation brought on this week.

Mr Marlborough interjected

The SPEAKER: Order, member for Peel!

Mr PRINCE: It is an appropriate week for it to be debated. I take issue with some of the remarks made by members opposite. The first was from the member for Victoria Park, who I think is Leader of the Opposition at the moment.

Dr Gallop: Don't be silly.

Mr PRINCE: The Leader of the Opposition referred to the ministerial task force on mental health. In response to its recommendations, the Government's first priority has been to substantially increase resources. This financial year the Government will spend $126m on mental health services. As announced in the Budget this year, an extra $40m has been committed over three years to ensure that the recommendations of the task force and the state mental health plan are implemented. Those resources will be used for a number of areas and are being used even now to improve community based care, to assist with earlier intervention, to prevent mental illness and to help with life skills, employment, housing and education for the mentally ill.

We are recruiting more staff, particularly in country areas. We are expanding facilities and services especially for young people in regional areas. The number of psychiatrists employed in this State has increased to 114 from fewer than 100, although it has not yet reached the 195 we need. The number of training positions has increased this year from nine to 20 and this calendar year 13 psychiatrists have been recruited from overseas and interstate.

A significant change in the Health Department, which goes to the second point the Leader of the Opposition referred to in the task force recommendations, has been the establishment of the mental health division within the Health Department. That is probably the biggest single structural change that was required. That division has wasted no time in implementing many initiatives; for example, working with mental health service providers and a number of community groups; developing strategies for enhancing consumer and carer participation in service planning and delivery; broadening services for young people, particularly in the Child and Adolescent Centre of Excellence in Mental Health, which was established for developing suicide prevention strategies for Aboriginal youth; and working with Homeswest.

As I did yesterday, I congratulate Homeswest for the work it has undertaken in the past several years. I had a very small hand in it as Minister for Housing and observed the officers in Homeswest who worked on this matter. They have found purpose-built housing for 120 people with psychiatric disabilities.

Mr Shave: I started that process in 1993.

Mr PRINCE: I am informed by the member for Melville that he started it in 1993. The mental health division is working with the non-government sector to assist in the development of the Western Australian Association of Mental Health, for example, as a peak body. A research centre has been established at Graylands Hospital, which will be officially opened later this week.

Many other initiatives have been implemented, such as a 30-bed child and adolescent facility at Murdoch. More beds are now available for elderly people with mental health problems; more Aboriginal health workers are in the field and more are on the way; a legal advocacy program is available for mental health consumers; mental health services for non-English speaking people have significantly improved; and a service aimed at early detection of episode psychosis is being developed. It is not yet in operation but it will be very soon. Best practice models are being developed for the whole of the State.

Those are only a few of the initiatives commenced this year by this Government. They result from not only additional resources but also structural changes, which were two of the major recommendations of the task force.

The 1962 Mental Health Act has been roundly condemned for many years. The Act is out of date and overdue for replacement. For 10 years during the term of the Labor Government, not only did it do nothing about passing a new Bill, although everyone knew it was required, but also in 1984-85 it abolished the Mental Health Department as such and amalgamated it with the Health Department, since which time it has gone further downhill. When we came into government we recognised the problem. I accept it took time to do that. However, I give credit to the former Minister for Health, the member for Riverton, Hon Graham Kierath, who established the Mental Health Task Force early last year, and chaired it until December when it completed its work, save for the very important task of writing the report. That was carried out under the able chairmanship of Hon Derrick Tomlinson, who was vice-chair of the task force for the whole of its life. That report took a while to compile because it is a watershed document, extremely important, and it represents the synthesis and the summation of hard work by many people who had a lot to give and a lot of commitment to mental health services and their improvement. It is a blueprint for the future.

I commend also the previous Minister for the work he did that resulted in the development of the mental health plan. In April this year I was able to release the task force's report and the state mental health plan at the old Fremantle asylum. It was acknowledged by all people who have an interest in the area as being a first class document to develop new planning and policies for the better delivery of mental health; so much so that we have managed to recruit the President of the Royal Australian and New Zealand College of Psychiatry, Professor George Lipton, from Victoria to head the mental health services division of the Health Department. He is a very eminent man. He is a leading child psychiatrist and has been involved in government and private practice for many years. He is senior in his profession. I met him yesterday. He is prepared to up stakes and move from one side of the country to the other.

Why? Because he believes this Government has got it right. We have the plan, we have put the resources in place and we have the commitment to improve the mental health services in this State. That is why he has come.

We have put in place, first, the task force; second, the plan; third, the resources; and, fourth, the change in structure. The new services are coming on stream as we speak. We are employing and recruiting more trained people and are getting involved in training more people. The legislation is extremely important. I am not trying to downplay it. However, it must be seen in the perspective of the totality of the work that is being done in the areas of resources and structural change.

The legislation has been difficult. I commend people from the task force, the Health Department, and from the parliamentary draftsman's office, who have worked hard on it. As I said when I introduced the legislation into the Parliament early in September - some six weeks ago - people have worked on this for seven days a week for months. The result is excellent legislation before Parliament. The Mental Health Bill runs to 215 clauses. It is a complete code. It is not an amending Bill; it is a new piece of legislation.

The title of the Mental Health (Consequential Provisions) Bill speaks for itself. The Criminal Law (Mentally Impaired Defendants) Bill is a smallish piece of legislation dealing with amendments to the Criminal Code and is of vital importance in dealing with people with mental illness who come into contact with the criminal law. We have had to work through significant difficulties in developing the legislation to a form where it will work into the future. That has taken lot of time and consultation within government and without government with myriad groups of people.

The Bill before the Parliament is the distillation of all their wisdom. The legislation should be debated as soon as that can be done. The commitment that I gave from the time I became Minister was that it would be introduced into this Parliament in the spring session. The Leader of the Opposition, when he was deputy leader and spokesman on Health, and I had a number of discussions. He asked questions in this House about whether it could be introduced before the end of June. I told him that I would do that if it could be done. It could not be done because the drafting process was such that it was not ready. However, when it was ready, I brought it into this place. There has been no delay, particularly when one considers the importance of the legislation and its far-reaching effects, and the fact that it is such a complete change from the past. The Bill now before the Parliament is excellent.

The Leader of the Opposition referred to amendments; there are none on the Notice Paper. He referred also to consumer groups that want to see changes. The only changes that I am aware have been sought are those by one consumer who has an interest in the administration of drugs and the tracking of drugs. He wants one part of the Bill amended. It is a technical matter relating to a certain section of the Bill. I have no knowledge of any other substantive changes that have been requested by any other consumer group.

On the basis of three minutes a speaker on each clause in Committee, with 215 clauses in the main Bill and several clauses in each of the two minor Bills, it would take in the vicinity of 12 to 14 hours to debate this legislation. In that sense it is major legislation. It is entirely in the hands of the Government as to what priority it gives to legislation, when it will come before the House, and when it will be dealt with.

There are other matters to be dealt with by the House this week. One of them, which I will handle, representing the Attorney General, deals with home invasion and changes to the definition of burglary of a home and the penalties. The public has for some time has been calling for changes to the law in that area. That legislation has been in the Parliament for some time and should be debated. I am not surprised to see that has a higher priority this week than the mental health legislation, notwithstanding that I want to see the mental health legislation debated as soon as it can be dealt with. I support the amendment and therefore the amended motion before the House.

Amendment (words to be deleted) put and a division taken with the following result -

Ayes (28)

Mr Ainsworth	Mr Lewis	Mr Shave
Mr C.J. Barnett	Mr Marshall	Mr W. Smith
Mr Blaikie	Mr McNee	Mr Trenorden
Mr Board	Mr Minson	Mr Tubby
Dr Constable	Mr Nicholls	Dr Turnbull
Mr Court	Mr Omodei	Mrs van de Klashorst
Mr Cowan	Mr Osborne	Mr Wiese
Mrs Edwardes	Mrs Parker	Mr Bloffwitch *(Teller)*
Dr Hames	Mr Pendal	
Mr Johnson	Mr Prince	

Noes (19)

Ms Anwyl	Mr Grill	Mr Ripper
Mr M. Barnett	Mrs Hallahan	Mrs Roberts
Mr Brown	Mrs Henderson	Mr Thomas
Mr Catania	Mr Kobelke	Dr Watson
Mr Cunningham	Mr Leahy	Ms Warnock *(Teller)*
Dr Edwards	Mr Marlborough	
Dr Gallop	Mr McGinty	

Pairs

Mr House	Mr Riebeling
Mr Day	Mr Graham
Mr Kierath	Mr D.L. Smith
Mr Bradshaw	Mr Bridge

Amendment thus passed.

Amendment (words to be substituted) put and passed.

Motion, as Amended

Motion, as amended, put and passed.

BILLS (2) - INTRODUCTION AND FIRST READING

1. The Western Australian Products Promotion Bill.

   Bill introduced, on motion by Mr Catania, and read a first time.

2. Martial Arts Control Bill.

   Bill introduced, on motion by Mr W. Smith, and read a first time.

MOTION - ORDER OF THE DAY No 9, MENTAL HEALTH BILL, BE NOW TAKEN

MR C.J. BARNETT (Cottesloe - Leader of the House) [3.44 pm]: I move -

That Order of the Day No 9 be now taken.

MR RIPPER (Belmont) [3.45 pm]: The Opposition welcomes this motion because it represents a significant and substantial victory for the priorities for which the Opposition has been arguing in the community. The people in the community who have been urging this Government to give top priority to new mental health legislation will be very appreciative of the action taken by the Opposition in this Parliament today which has caused the Leader of the House to have a change of heart. The Opposition will debate the Bill with enthusiasm. It is pleased the Leader of the House accepted the merits of the argument it has put to the community. The Leader of the House argued that members of the Opposition, particularly I, as leader of opposition business, have not behaved properly.

Mr Trenorden: Why are you speaking?

Mr RIPPER: My behaviour has been attacked in this House and I will take a minute to respond to that attack and then I will sit down and we will go straight into the debate. I hope the member for Avon will not delay me further.

It has never been my understanding that the advice which the Leader of the House provides the Opposition on Friday is confidential or that it has not been approved by Cabinet. I understand that Cabinet discussions might cause the program to be altered and occasionally I receive a letter on a Monday afternoon telling me that the program has or has not been altered. The advice is implicitly in the Notice Paper. The Notice Paper for Thursday, 17 October showed the Mental Health Bill as Order of the Day No 17; the Mental Health (Consequential Provisions) Bill as No 18; and the Criminal Law (Mentally Impaired Defendants) Bill as No 19. My interpretation of the advice given by the Leader of the House is that it confirms what is on the Notice Paper, the official advice available to all members of Parliament. There is no way that this Bill would have been dealt with given its position at No 17 on the Notice Paper. The Opposition accepts this motion and it will embrace the debate with enthusiasm. It rejects any suggestion that it has displayed bad faith in this matter. What it has done is reveal the bad faith which the Government, until this moment, has been displaying in the community.

Question put and passed.

MENTAL HEALTH BILL

Second Reading

Resumed from 5 September.

MR THOMAS (Cockburn) [3.48 pm]: I am very pleased to have the opportunity to speak on this Bill today, unanticipated as that opportunity is.

Mr Blaikie: Particularly after you read this morning's *The West Australian*!

Mr THOMAS: I have not read this morning's *The West Australian*. This is probably one of the most important pieces of legislation which will be dealt with by this House this session. On the first occasion I sat in this House in 1986 the then member for Subiaco, Dr Carmen Lawrence, when she moved the Address-in-Reply to the Governor's speech on behalf of the then Government on opening day, spoke about the need for improved legislation to deal with the mentally ill. She said that the legislation under which they were treated was antiquated and, in many respects, community attitudes to the mentally ill were outdated. The people who heard that speech were impressed and it was one of the best speeches I have heard in this Parliament. The general feeling was then, and still is, that there should be an overhaul of the mental health legislation and that a new Act should be put in place.

That has been the accepted view on both sides of politics for many years. Despite that, legislation has not been introduced, although drafts have been circulated. I congratulate the Minister for introducing this Bill. As I indicated to him earlier this year, it would have been preferable had it been introduced in June and circulated among interest groups. Many people in the community have an interest in mental health legislation. It is not political in a party political sense in that different parties are unlikely to have consistent differences in relation to questions arising in the legislation. Nonetheless, it is a controversial matter on which people have varying opinions and those opinions are strongly held. The people concerned want those opinions presented to members of Parliament and the opportunity to view the legislation.

In many respects this legislation is similar to the adoption legislation: It is important that people who are involved in the issue and who feel very passionately about it have the opportunity to study it. Year after year members were lobbied by various adoption interest groups for appropriate legislation to be introduced. That move did not fit in with the priorities of the Government or the Opposition for a long time. When it was finally introduced, the people involved were very pleased to have the opportunity to comment on it while it was in the public arena between parliamentary sessions. It is a shame that that did not happen with this legislation, because people with views on this issue are often passionate about it.

The aspect of this legislation that interests me particularly is the rights of the mentally ill. Under the current legislation, which most people agree is out of date, the mentally ill have virtually no rights. A person suspected by a police officer of committing a crime has far more rights than a person committed by a psychiatrist. Frequently the views of the patient and the person making the committal differ, but there is no right of appeal. A person arrested for a criminal offence must be brought before a justice within a short time and he or she has the right to apply for bail, to have legal representation, and ultimately to be tried and released if found not guilty. If they are found to have been wrongfully arrested, they can take action against the people who wrongfully arrested them. Under the current legislation, people suspected of committing a criminal offence have many rights, but a person deemed to be mentally ill has virtually no rights - certainly compared to the person who falls within the scope of the criminal law.

For that reason I am particularly pleased with part 5 of the legislation, in which certain treatments are prohibited and procedures are established for other forms of treatment performed on involuntary patients, such as controversial or invasive therapies or those that people might not wish to have performed on them. As the term suggests, an involuntary patient has not voluntarily committed himself or herself. If involuntary patients are to be subjected to treatment, important ethical questions arise. We have debated that issue in relation to the rights of the terminally ill; that is, in respect of the extent to which a person has the right to decline medical treatment. To what extent should a person who is committed to a hospital because he or she is thought to be mentally ill have the right to decline medical treatment? Some forms of treatment are invasive and controversial and there are differing opinions as to whether they are effective. Electrotherapy involves electrodes being strapped to the patient's head and electric shocks being administered. Some people feel that is a form of torture and that it has no beneficial effects, but others see it differently.

I have personal knowledge of a person close to me who has been committed on a number of occasions suffering from schizophrenia. She has had drugs administered to her involuntarily. Should that happen? Obviously the person is committed involuntarily because something is wrong with her. Under these provisions that should not happen because we are establishing a board of appeal and legal rights. A whole range of rights is conferred upon the mentally ill by this legislation, and that is probably its best feature.

Drugs prescribed for schizophrenia have side effects. After some time, people treated with those drugs lose control of themselves. They dribble and suffer other quite unfortunate symptoms. One can understand a person, particularly a young person, refusing that treatment - they would rather wrestle with the illness. The ethical question arises whether that person's judgment is sound. Quite obviously, in some respects it is not, otherwise they would not be an involuntary patient.

As lawmakers we are establishing the rights of the mentally ill and the responsibilities and obligations of the people treating them. As a result, a number of treatments will be able to be performed only with the informed consent of the patient. That is, psychiatrists and others must agree that the person concerned is capable of giving informed consent. Psycho-surgery, where surgical procedures are performed on a person's brain, can be carried out only with the approval of the Mental Health Review Board. That board, which is established by this legislation, will be one of the most important bodies in the State in the medical area. In particular, it will be very important in reviewing and protecting rights. Under this legislation, for the first time, people will be able to appeal if they do not agree with the assessment of the people having them committed for treatment.

In the case of an involuntary patient, other forms of treatment can be performed only with the consent of the Mental Health Review Board and in an emergency. Electroconvulsive therapy is a controversial form of treatment that can be performed only in an emergency with the patient's informed consent or, if there is no informed consent, with the agreement of two psychiatrists and after informing the Mental Health Review Board.

The rights of patients are very clearly established by this legislation, and that has been a long time coming. I refer to an organisation with which I have been involved and, although it is not referred to in this legislation, which will require this legislation to enable it to work properly; that is, the Mental Health Legal Service. I have been serving as a member of the committee of management of that organisation for some time and was invited to serve on it because of my interest in this field. It consists of a lawyer and a manager operating out of a small office located in Wellington Street. Its role is to represent people who are mentally ill.

It may well be that people who are committed are taken in by the police - that is very often the case - and then taken to a mental hospital. Various legal procedures are required to be undertaken and those people are then committed. Under the legislation, these people have very clear rights that must be explained to them; for example, they can contest the committal if they wish to. Those rights will come to nought if they do not have the capacity to be represented. The Mental Health Legal Service has been created with precisely that role in mind. It will consist of one person - perhaps in the future it will consist of more, or work might be contracted out to solicitors - who will gain some expertise in the field; someone who has knowledge of this legislation and knows what are the rights of the mentally ill.

As we found in many other areas, there is no point in having rights on paper, if people do not know they exist or if they do not have the wherewithal to enforce them. Very often, people who have been committed involuntarily to a mental hospital will be confused. They will have impaired judgment; and, firstly, may not know what is best for them - obviously someone thinks that is the case because that is why there is a recommendation that they should be committed - secondly, may not have the judgment to make the best decisions about the way in which their rights should be exercised; and, thirdly and more to the point, may not be their best advocates. People who are severely disturbed - for example, by schizophrenia - may know something that is quite correct; but, in putting forward the argument, they are not necessarily likely to be the best advocates for their cause. Given the size of the State's Health budget, a small and relatively cheap mental health legal service is a very important step. Without the existence of such an organisation, a whole range of people who fall within the scope of the mental health legislation may not be able to exercise the rights conferred under the legislation.

Part 7 sets out those rights and provides that people, who arrive at a hospital in a situation of involuntary committal, must be given an explanation of their rights and entitlements, both orally and in writing. In Committee I look forward to having detailed debates with the Minister about precisely how it is envisaged this clause will be administered. Whether it be by this legislation, by regulation or by a code of practice in a procedures manual of the Health Department, or whichever organisation will administer that part of the legislation, there should be an automatic referral to an organisation such as the Mental Health Legal Service.

Very often, the persons concerned may not know they have rights of appeal, and they should have the opportunity to discuss their situation with people who are aware of those rights. That raises very important ethical problems. This whole area is fraught with these sorts of problems: To what extent should others automatically be informed when a person is involuntarily committed to a mental hospital? To what extent is that an invasion of privacy? The people concerned may not wish to have others informed of the fact that they have been committed.

[Leave granted for the member's time to be extended.]

Mr THOMAS: Some of these issues are similar to those raised during the debate on the legislation concerning the terminally ill; for example, the extent to which a person is entitled to privacy and not to have the treatment or circumstances interfered with by others, well-meaning or otherwise; the extent to which they are entitled to be treated in the manner in which they wish. In those sorts of situations, by definition, people who have been committed to a mental hospital have been deemed not to be capable of exercising their judgment, in some respect at least. That may prevent them from applying what is described by the law as an informed judgment; that is, a judgment that is sound and capable of knowing all of the various options that are before them.

I am very pleased to see provision is also made in the legislation for community treatment orders. I do not think there has been legislative recognition of this matter in the past. It is awful, in a way, how often the analogy between the criminal justice system and the mental health system arises. It is a most unfortunate association, but there are some similarities, to the extent that people are detained involuntarily and provision must be made for administering that detention.

Within the criminal justice system, community service orders act as a halfway house between people being fined, or something of that nature, and their being incarcerated. Under a community service order, people are required to work in the community as a condition of their not receiving a gaol sentence. Those offenders may be sentenced to a specified number of hours under a community service order, and most people believe that is a good thing. It is much better if people who commit crimes are working in the community, rather than being locked up in gaol. A community treatment order is an analogous situation in the mental health system. Under the legislation, under a community treatment order, people may undergo some form of treatment in lieu of being subjected to a committal to a psychiatric hospital - a mental hospital. In circumstances where it can work, that is an excellent idea.

I have been disturbed by the impact of some of the more recent trends in mental health and psychiatric services. During the past 20 years there has been a welcome repugnance of the notion that people should be committed against their will to mental hospitals. All people accept that is unavoidable in some circumstances and it should happen for the benefit of the patient and the good of the community. Obviously committal should happen as infrequently as possible. The trend to treat people within the community, outside mental hospitals, has been accepted. In my experience, parallel with that, a reduction has occurred in the number of beds available in psychiatric hospitals to the extent that people who should be in hospital because they are not well enough to be in the community cannot be admitted, simply because not enough beds are available. Most of this situation probably occurred during the time the Labor Party was in power, so I accept some responsibility for this. Planning for the provision of psychiatric services rested too little on psychiatric hospitals, and too much of an assumption was made that treatment in the community would be adequate.

Most people in mental hospitals are not involuntary patients; they are there for treatment of their own volition. I am aware of people who have turned up to Fremantle Hospital in a state so disturbed that their families were not able to look after them. They have said that they needed to be admitted, but they have been told that no beds are available and they have had to be taken home to their families.

Dr Turnbull: Don't forget that this has been a worldwide trend in the past 15 to 20 years. I think we are now beginning to reap the seeds of that, unfortunately.

Mr THOMAS: I agree totally with the member for Collie that we are reaping the seeds that were sown some time ago. That is seen most dramatically on the streets of the United States, where very little hospitalisation is available for the mentally ill, and that which is available is available only at enormous cost. All sorts of people who are obviously disturbed can be seen walking the streets of cities in the United States.

Dr Turnbull: In order to try to deal with the consequences of that, we must have a very strong integrated support service if we do not have institutions.

Mr THOMAS: We are going the right way with this Bill. Legislative provision is made for a community treatment order. It will have legal status. People who hitherto have been involuntarily committed or who may have been considered for an involuntary committal will instead be able to be given a community treatment order, and there will be a legal obligation to undertake that. If they do not turn up to see their psychiatrist or they do not take their medication, for example, they will be followed up and treated. These people will not be left just wandering, as often happens at the moment. We are talking about people who are in a disturbed state, who will not necessarily make the best judgments for themselves or the community and who may decide not to undertake the treatment that is prescribed for them.

This legislation is an improvement also in the sense that an appeals board will be in place. If people object to taking medication, which frequently is one of the complaints - often they do not like the medication because of the way it makes them feel or because of perceived side effects or fears of long term side effects - they can appeal to the review

board. Ultimately a decision will be made that, it is hoped, will fully consider their rights. Community treatment orders will not be capriciously imposed on those people by a psychiatrist. The process will have regard to patients' rights, but it will be a form of treatment that has legal sanction.

Dr Turnbull: Often the people who try to impose that are the community and the family. That is one of the reasons the appeals board is good: We will be able to see the point of view of everybody involved.

Mr THOMAS: I agree totally with the member for Collie. It is most desirable in that respect.

A final aspect of the panoply of forces that will be used in the field of mental health is the psychiatric emergency team. That reform was established by, I think, Keith Wilson when he was Minister for Health during the Labor Government. It is a small group of psychiatrists who are available 24 hours a day. Frequently people who experience a crisis due to mental illness do so at times other than between 9.00 am and 5.00 pm on weekdays. Often it is difficult to persuade people in those circumstances that they should accompany someone to hospital. Often they do not feel as though there is anything wrong with them, and if they do acknowledge that, often they do not think they will be any better off by going to hospital and it is difficult to persuade them to go to a hospital.

As someone who has taken a person to hospital in those circumstances, I assure members that few things are more pointless and frustrating than turning up at the casualty ward of Fremantle Hospital with someone who is mentally ill and in a crisis situation when no psychiatrist is available. The psychiatrists do not hang around there waiting for the telephone to ring or for people to turn up, and the staff there are unable to cope with the situation. It is a most unfortunate situation to be in. The psychiatric emergency teams, subject to being adequately resourced, are an excellent idea. Psychiatrists and psychiatric nurses are available to visit people in their homes and make an assessment. If they feel that it is necessary for the people to go to hospital, they will accompany them to hospital and, if necessary, the psychiatrist will arrange for them to be committed involuntarily. It is a service that one would be most unfortunate to ever require; however, if the need exists, it is important that the service is able to be provided.

From complaints I have received from constituents, I understand that the service is under-resourced. On the one hand, obviously if three people ring at once and only one or two teams are available, somebody will be kept waiting and it will be said that the service is not adequately resourced. On the other hand, the team may have waited for a long time, doing other things, and no-one has rung. It is difficult to set the required level of staffing.

Dr Turnbull: I am pleased you recognise the very serious situation: Sometimes they just cannot respond.

Mr THOMAS: That is right. I have not had an unhappy experience with the PET involving its resources; therefore, I have no problems with it. However, some constituents of mine have said that they telephoned the PET and all they were offered was telephone counselling and there was no prospect of anyone getting to see them within 24 hours. That is inadequate. The number of calls logged must be monitored so that an objective assessment can be made of the calls that are made on those resources. It is important that the area is adequately resourced.

I am pleased this legislation has been brought on today. In June I arranged a deputation to the Minister of people who asked him to have the legislation brought in before the winter break. That did not happen. Nonetheless, we are pleased to see the legislation introduced. Indications are that it will be dealt with in this Parliament. I hope we will see an improvement in the services that are available to the mentally ill.

DR WATSON (Kenwick) [4.18 pm]: Members on both sides of the House welcome the opportunity to debate this legislation prior to any election. It is important legislation because it goes to the heart of protecting the human rights of people with mental illness. For the sake of the debate, it is relevant to describe some of the provisions that have been made and accepted by signatories to the United Nations protocols. There are internationally recognised standards for the protection of those rights. The principles of those go to the heart of the fundamental freedoms and basic rights of humans that should be protected when people are diagnosed with a mental illness and while they receive mental health care. In particular, the inherent dignity of individuals must be protected and respected. Another very important principle that has been the subject of much community interest and debate is relevant to minors and their protection. It states -

> Special care should be given within the purposes of the Principles and within the context of domestic law relating to the protection of minors to protect the rights of minors, including, if necessary, the appointment of a personal representative other than a family member.

As far as I can see, that aspect is not addressed within the legislation. It is critically important to the issues of children and psychiatric illness. These matters have been raised through the closure of the Hillview facility and the obvious lack of appropriate services for people under the age of 18 years who need hospitalisation, particularly those who need to be hospitalised under an involuntary order when they must share facilities with adults. The other issues relate to community care for minors, and this matter will be raised in Committee.

Although it is not explicit in the principle of rights, it is important that we extend that protection to the children of people with mental illness. It is important to acknowledge that these children, besides the fact that they may experience prejudice and bigotry at school or in groups of guides and scouts, may also be the subject of neglect or abuse within their own families. I would like this debate to be extended to consider the rights of children with mental illness and those whose parents have a mental illness. By way of illustration, I will briefly tell the House about a family in my electorate. The mother had custody of three small children. She had a history of hospitalisation for mental illness. She came from another State and had no community support in Western Australia. She moved into a new Homeswest development in the electorate and her behaviour over one critical weekend became quite florid. It was obvious to her next door neighbour that the children had not been fed on the Saturday or the Sunday, and her behaviour was sexually provocative and very taunting of people in the neighbourhood. They came to see me and it was apparent that there were no effective, adequate, resourced community based services for her care and protection in order to prevent her from doing harm to herself or her children. The perception in the neighbourhood was that she could be harmful to others. This raised the issue of lack of resources. Family and Children's Services could not intervene. Only the police could have taken action, and it was deemed that she was not at the stage at which she could be considered for involuntary admission. Homeswest was brought into the matter on the following Monday, when neighbours demanded that the woman be relocated. Had it not been for some neighbourhood women, I am not sure how that mother would have been cared for during the weekend and the ensuing weeks. That incident occurred six months ago. Such incidents are still happening in the community. It was recently brought to my attention that another woman had been in strikingly similar circumstances. She lived in the Armadale region and her three children were at risk because of her behaviour. It was left to a woman in the neighbourhood to protect her and advocate on her behalf.

Very often general practitioners feel quite helpless about how to best care for and provide services for the mentally ill. The woman in the second case to which I have referred was admitted only because she made a desperate suicide bid with her children on a railway station. It was averted by the observance of people waiting for a train. They are the circumstances in which people find themselves, not so much because of lack of human rights but more because of lack of access to appropriately resourced services and, in turn, lack of outreach.

I return again to outlining some of the rights agreed to by signatories to the convention. The determination of mental illness must be in accordance with internationally accepted medical standards; that is, diagnosis and treatment must never be made on the basis of political, economic or social status, or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status. Some members may recall that when studying sociology, anthropology or cross-cultural psychology these issues were raised. Ethnographers, sociologists and psychologists have carried out studies that indicate that what counts as mental illness in one culture may well be praised in another culture with the relevant person being seen as having access to the gods and spirits. A person may be accepted and dealt with in entirely different ways in difficult cultures. At the time those analyses were made, concern was expressed that sometimes women were deemed to be mentally ill when they might well have some underlying social or economic set of circumstances as a result of which their behaviour was not always appropriate. However, they were certainly not mentally ill. On the other hand, their behaviour may have been inappropriate and they would have been diagnosed as having some sort of illness. Those cultural, social and psychological circumstances can determine what is mental illness.

Another principle looks at the role of community and culture. This is very important for people who live in the country, whether or not they are Aborigines but particularly for Aboriginal people. Principle 7 establishes that every patient shall have the right to be treated and cared for as far as possible in the community in which he or she lives. Principle 11 goes to the heart of consent to treatment and this will be an issue debated quite vigorously through the Committee stage of the legislation. Essentially, no person shall be given any sort of treatment without his or her informed consent.

My colleague the member for Cockburn outlined the sorts of circumstances that might cause people to be taken into involuntary admission. I am sure that those of us who are justices of the peace have all had the experience of being visited by members of a psychiatric emergency team who have deemed that somebody's behaviour is such that he needs to be admitted against his will. He is so ill or is refusing or unable to recognise that he needs treatment. Unfortunately at the moment the police must be concerned with taking such people into hospital. That concerns me enormously. Last year an inpatient of Graylands Hospital telephoned me for assistance and left messages on my telephone answering machine. One day he appeared in Parliament. I spoke to him and his psychiatrist. The only way we could deal with that situation from here was to ask the police to take him. I found it distressing and undignified. He felt threatened and was very angry. I am sure that the police do not like to be in that situation.

Mr Prince: When a person is an involuntary patient an element of custody is involved and it becomes a police matter.

Dr WATSON: It is very difficult. The police handled the situation very well. We were able to deal with it, but it is most distressing, particularly for parents in the community who might have a child with florid symptoms of a schizophrenic episode. The only way for them to deal with it, after all the threats and perhaps violence, is to get the police to take their child to Graylands Hospital. The parents feel guilty at the time and continue to bear the pain for a long time. Many of the clauses in this Bill address some of those issues by providing facilities for involuntary treatment in the community. It may be that a number of people will be able to be cared for in what seems to be a kinder and gentler way without that intervention.

Mr Prince: Particularly if we get to them earlier.

Dr WATSON: We will not get to them earlier without human and financial resources.

Mr Prince: I said that in my second reading speech.

Dr WATSON: We must have the kind of network systems that will provide support for people with potential mental health problems.

Mr Prince: The resources are there.

Dr WATSON: Another important principle is not addressed directly. We do not need any reminding that sterilisation should never be carried out as a treatment for mental illness. This was an issue when I was a student nurse in the late 1950s. I nursed many people with psychiatric illnesses in ward 9 of the Royal Perth Hospital. The overflow from those patients, depending on whether they were men or women, went to wards 10 or 11. That treatment predated what was to be a very modern mental health Bill in 1962. It was usual for people to have electroconvulsive therapy, which they dreaded. It was common for people to have insulin treatment, which has come in and gone out of favour. I have not practised psychiatric nursing but I read now and then of insulin therapy, which sends people into a hypoglycaemic coma. Another treatment which was not common but was one for which I remember preparing patients was lobotomy. People had frontal lobotomy and sometimes temporal lobotomy. People could face the rest of their lives in a mental hospital or, as it was unkindly known, a lunatic asylum. I spent some time teaching general nursing to student nurses at the Bethlem Maudsley Hospital in London, which is one of the oldest recognised and still existing lunatic asylums.

[Leave granted for the member's time to be extended.]

Dr WATSON: Despite the fact that it is such an old institution it pioneered modern treatment for people with mental illness, including at the time when I was there in 1972 deinstitutionalisation and support through a system of National Health Service networks for people who were deinstitutionalised. We have seen that taken to dreadful extremes. Many people left those hospitals without adequate community support. They live in boarding houses in dreadful conditions, sometimes with kinder minders than others. Often boarding houses are for men only. It seems we have gone overboard with economic rationalism and trying to save costs to the hospital system. The same kind of accommodation support is needed for people with psychiatric disabilities as is afforded to people with developmental and physical disabilities. You may remember, Mr Deputy Speaker, that I took the Disability Services Commission to the Equal Opportunity and Human Rights Commission last year. I believe that in its accommodation support funding it was discriminating against people with psychiatric disabilities. I am informed that the Health Department is attending to those and related issues but it has not near enough the budget that it needs. It is not simply a matter of bricks and mortar but of human resources and informed caring people who can provide the necessary support.

A number of other rights and procedures need to be attended to. In my view and the view of many members of the Opposition, the legislation has taken too long to get here. I wish that we had been able to do this during our term in government. For the first time, good community consultation has occurred in the committee chaired by Moira Rayner, in one of her capacities as a Law Reform Commissioner. At least that got the debate going and the issue is on the agenda. That is the best I can say about the attempts that were made when we were in government. I am very sorry this was not done then.

The efforts of people such as Brian Burdekin must be commended and applauded, because they have forced both the Federal and the State Governments not only to address the issues, but also to promote community awareness and education campaigns that address the bigotry and prejudice that is so often associated with mental illness. They have also provided an avenue of empowerment of individuals and community groups. For instance, only a week or so ago I received the latest newsletter from the WA Association for Mental Health. I have attended a number of its meetings and open days in the recent past.

Mr Prince: Where were you yesterday?

Dr WATSON: I was not invited. I did not know about yesterday's meeting.

Mr Prince: The association ran it.

Dr WATSON: I was not invited, and I was not able to go in any case. The association has established three priority areas for the expenditure of $1m allocated to the non-government sector. They are important, and are, firstly, support for consumers and carers; secondly, accommodation services that I alluded to previously; and, thirdly, community support services. I have no doubt that the difference to mental health and mental illness will be made in the community. The award winning journalism by Marnie McKimmie has also helped understanding in Western Australia. For two consecutive years Marnie has been recognised for her part in this debate with Equal Opportunity Commission awards.

My colleague, the member for Cockburn, described the effort to assist people and to empower them in their bid to have a recognised legal service for people with mental health. As far as particular diseases are concerned, depression is too common in our community. It has its roots in multiple places. We tend to think about depression as leading to suicide which, unfortunately, it too often does. However, one person in five in Western Australia suffers a depressive illness at some time in their life. The misery that inflicts, the costs in missed work, in being unable to care for oneself or one's family because one just does not care, because the world is too black and bleak are something that all members have probably had a taste of and some of us would have been ill with. Schizophrenia is becoming increasingly well understood in the community. I pay tribute to my ex-colleague Bob Hetherington for the effort that he has made in establishing Lorikeet House and supporting the schizophrenia fellowship and foundation. People who have been prepared to say that they have a schizophrenic illness or a schizophrenic child should be commended. Anne Deveson's book empowered many people, who felt as though the prejudice and bigotry in the community was too daunting, to say what they wanted to say. I do not pretend to understand most of those illnesses; however, bipolar affective disorder is a crippling disease. Of course, this disease, along with schizophrenia, has devastating consequences on family and relationships.

Mr Prince: Obsessive compulsive disorder is nearly as bad.

Dr WATSON: The Minister has reminded me of a woman I nursed at the end of the 1960s - I am reminiscing again. I think I understand the disease a bit better now. That woman had been gang raped. That had led to her disorder of obsession with hand washing, hair washing and cleanliness. We were as disempowered as she in trying to provide any comfort for her. She had a lobotomy because she was raped. I would like to think that in this day and age the services for rape victims would recognise and perhaps prevent that kind of obsessive compulsion that she felt. Eating disorders among young people are gruesome and can lead to early death. I have been concerned particularly about young women. However, I understand there is also cause for concern about young men who increasingly are concerned about their body shape. Until we address advertising and what is represented as an ideal image we will never grasp this nettle. I do not know whether substance abuse is a mental illness or has its roots in mental illness. However, I do know that once someone is dependent they are very ill. Just the other day I spoke to a young woman and her mother. If that young woman does not end up in prison, she will certainly end up in hospital. She must wait until June next year to get on a methadone program. She is supporting a habit of somewhere between $200 and $1 000 a day. The Minister can imagine how ill she is.

Mr Prince: Not a day.

Dr WATSON: Yes. This is a terrible problem. I have to tread very carefully. My anger is directed towards a Government that has not provided resources, so that a waiting list exists of 150 young people who need access to the methadone program. That is all I will say now; however, I will raise the issue later.

The other issue that I do not quite know how to address is whether mental health services should be mainstream or separate. We debated that issue in this place about three years ago. The advocacy was all for mainstreaming. I am not sure that we did not address that too soon. I am not advocating big mental hospitals and mental institutions; however, we sure as hell need specialist services, specialised resources that are earmarked for mental health, and specialist networks linked in the community.

I am sorry that time has not allowed me to address the needs and underlying causes of mental illness in the Aboriginal community; however, I may get that opportunity later on, because that is a huge, unaddressed area.

MS ANWYL (Kalgoorlie) [4.49 pm]: I support the legislation, which is unanimously agreed to be long overdue. Rather than engage in debate about which political party's fault it is that the legislation was not here sooner, I applaud the fact that it is now before the House and it is due to the efforts of my party this afternoon that the legislation has come on today rather than at some stage in the future, and possibly after the next election. I am very grateful for that. One of the more common types of inquiry I have received since being elected seven months ago relates to mental health issues. At a later stage in my speech I shall refer to some of the initiatives being implemented in my electorate. It appears that a number of community groups, not the least of which involve people with, or previously suffering

from, some form of mental illness, will benefit from this legislation. I will confine my comments to the Mental Health Bill, although I will refer to the Criminal Law (Mentally Impaired Defendants) Bill at a later stage.

At least four reviews in this area culminated in the recent review commissioned by this Government. Mental health is an area of complex law and very few changes have been made to the 1962 legislation. Interestingly, as far as I can discern, by and large this legislation has been welcomed by all interest groups involved. Certainly, I have yet to receive any negative comment from those to whom I circulated the Bill.

Mr Prince: I have not received any negative comments. I have received two sets of comments dealing with technical issues.

Ms ANWYL: I am glad that the Minister's response has also been so positive. I have been approached by professionals in this field. Yesterday was the first day of Mental Health Week, a function for which was organised by the mental health service in Kalgoorlie-Boulder. At the function I was approached by one of the senior administrators of Kalgoorlie Regional Hospital who explained that when he was a student in the 1970s, they did not study the legal implications of mental health laws because some amendments were expected to be made to the Act at the time. That illustrates how long these changes have been in the system.

It was with some concern that I noticed early last week some announcements were made in the media about the Victorian hospital system, one of which was for the closure of the Royal Park Psychiatric Hospital. That institution is of some significance to me in this debate, having once been a Victorian. The issue of such closure needs to be placed squarely on the agenda in the lead-up to the next election. Although the Western Australian Premier repeatedly stated in the lead-up to the 1993 election campaign that he was not Jeff Kennett, a number of features of this Government's legislative reforms echo those of the Kennett Government. This announcement about the Victorian hospital relates to our debate on the future and privatisation of hospitals in this State. It is vital to the proper working of the new legislative regime that adequate staff are provided as part of the psychiatric resources to the people of Western Australia. The comment relates to the dedicated staff of the Royal Park Psychiatric Hospital who may not be picked up elsewhere in the system once they lose their jobs.

I noted recently in my electorate a response to some comments I made about the laundry and catering staff of the Kalgoorlie Regional Hospital. The response was prepared for the then acting general manager of the Kalgoorlie Regional Hospital answering some questions asked by the media. I was effectively reprimanded for talking about the sacking of staff. I am caught unawares in this debate, of course. However, the wording was to the effect that Ms Anwyl should know better than to talk about sackings because the staff may be redeployed in the Public Service or may receive a redundancy. That does not mean that they may not be sacked; they may be provided with work in the Public Service or, as most awards provide, they may be provided with some remuneration for the premature termination of their jobs.

Mr Prince: I make the obvious point: The services they are providing still need to be provided. The work still needs to be done to provide the catering and laundering. It can be those people who do so if they transfer to the private sector, if that is the result of the exercise.

Ms ANWYL: It is a pretty big if, is it not? Is the Minister saying that whatever happens, the private contractor will be dictated to and told he must redeploy the current workers?

Mr Prince: Where it has happened before, they have offered jobs to the people who were formerly in the hospital. Some of them have taken the jobs, and some have not.

Ms ANWYL: The Minister is offering the laundering and catering to private contractors.

Mr Prince: In many cases, contractors have offered to employ those people currently employed by the public sector. Some have taken the jobs, and some have not.

Ms ANWYL: It does not follow as a matter of course that that will occur.

Mr Prince: It is a matter of choice.

Ms ANWYL: It is a matter of choice for the contractor, not the worker. Is the Minister seriously suggesting that in most cases the contractors will redeploy the staff discarded by the administration of the hospital?

Mr Prince: It has happened on many occasions so far. The Hospital Laundry and Linen Service is a classic example.

Ms ANWYL: Does the Minister have statistical evidence of that happening in country hospitals?

Mr Prince: Not at my fingertips.

Ms ANWYL: Is the Minister able to obtain some?

Mr Prince: I could find them. The process is relatively in its infancy at the moment. I may be able to provide them.

Mr Bloffwitch: It has not happened in the country; it has not happened in Geraldton. Although it occurs in metropolitan hospitals, it has not occurred in country hospitals. It will happen only if that is the way management decides to go.

Ms ANWYL: It is about to happen in Kalgoorlie. When I asked the Minister whether he was able to provide statistics about country hospitals, he indicated that he may be able to do so, yet the member for Geraldton said no privatisation had occurred. Who is right?

Mr Prince: In Geraldton, no; in Kalgoorlie, yes. I will see whether information is in the system which I can provide to you. Bringing it back to mental health, the service is provided regardless of whether it is by a publicly employed person or a privately employed person.

Ms ANWYL: The whole debate is whether the service is provided as well by the private service.

Mr Prince: It must be of at least the same quality, if not better, for the same or better price.

Ms ANWYL: That debate is raging in this State. We should not continue to talk about catering and laundry.

The reality is that in Victoria a large psychiatric hospital is closing, and I hope that post-election, assuming that the coalition wins again, which is quite possible of course, we will not have the same sort of hidden agenda.

Mr Cunningham: Pardon?

Mr Prince: You should not castigate the member for being pragmatic.

Ms ANWYL: I said it was possible. The Minister is a lawyer and he knows that everything is possible. I hope that we will not have the same hidden agenda as was discovered in Victoria.

Mr Prince: There is nothing hidden.

Ms ANWYL: There was something hidden in the last Victorian election, and I hope we will not see the same occur in this State.

Mr Prince: We are the only State in Australia building schools; we have three projects -

Ms ANWYL: That is not right. The Victorian Government targeted its marginal electorates with capital works programs in the 12-month lead-up to the election in that State.

However, let us return to mental health. Another grim scenario facing some large users of the mental health system is the recent federal Budget cut which will affect people receiving psychotherapy more than 50 times a year. I would be happy to show the Minister an article from *The Age* which sets out the various strategies that can be undertaken by psychiatrists to put pressure on the Federal Government to ensure that those rebates for psychotherapy continue because of the extremely close link between hospitalisation and psychotherapy. This Government may need to take that on board, given that there may be severe repercussions with increased rates of hospitalisation and so forth. None of us would wish that to occur, but the reality is that the Federal Government does not appear to be moving on those cuts, so I am led to believe that psychotherapy is available to some people on an almost daily basis where there are extreme cases.

Mr Prince: I understand that the policy of the former Federal Government has led to a move of psychiatrists from the public sector into the private sector, which has created one of the difficulties in obtaining psychiatrists for public hospitals recently. I would like to see a move back the other way, because there is a shortage of psychiatrists for hospitals Australia wide.

Ms ANWYL: This is Mental Health Week. The theme of Mental Health Week is that mental health is a global issue in that about one in five people can expect to receive some sort of psychiatric diagnosis in their lifetime. One of the aims of making the point that it can happen to anyone is to remove much of the stigma that surrounds the concept of mental illness. A valuable point that was made to me by a psychiatric nurse in the Goldfields Mental Health Service was that a number of us have issues which, while they may not fall within the definition of "mental illness", are, nevertheless, mental health issues, such as coping with grief, stress management, anger management, pain management, and all sorts of emotional disorders, including the inability to communicate with other people and depression.

Bearing in mind that mental health is a global issue, it is also important to note that it is estimated that up to one-third of the problems that are experienced by people who are suffering from a mental illness are related not to the illness itself but to the treatment that they receive from the community. A publication by the Association of Relatives and

Friends of the Mentally Ill pointed to the secondary problems that are experienced not only by those with the illness but also by their families, friends and carers. Those emotions can include shame, guilt, anger and frustration.

In my electorate, we are fortunate to have had for some time the Goldfields Mental Health Service, which currently employs seven people, the largest number of people employed there for some time. There are also specifically trained nursing staff at the Kalgoorlie Regional Hospital. The Golden Mile Youth Hostel provides some limited supported accommodation for men aged between 15 and 25. There is no such accommodation for women, nor for men who fall outside that age group, although some accommodation is provided for children. There is a very big hole in supported accommodation in that area.

Mr Prince: Is there a need for a similar facility for women?

Ms ANWYL: There is a need for emergency accommodation for women that is not tailored towards domestic violence.

Mr Prince: There is a refuge or something similar?

Ms ANWYL: Yes. There are all sorts of issues that I do not have time to debate with the Minister now. Other agencies involved are Beza Garnbirringu, the Aboriginal Medical Service, which has a mental health worker and is keenly pursuing some further funding. I thought that, pursuant to the health strategy, gap funding would be available for the Aboriginal community. Centrecare employs a number of counsellors, many of whom provide some support. A worker has recently been employed to support family, friends and carers, which is a fantastic innovation. A valuable role is being played by the Goldfields Mental Health Action Group, which is both a support and a lobby group which has been formed for some time now and draws members from a wide source, including professionals and the families and friends of those who have suffered in the past or currently do suffer from a mental illness. There is certainly a long way to go in the goldfields with regard to mental health.

There was, of course, a rather embarrassing glitch for the Government when it said in the budget papers that a 24 hour crisis service existed in the goldfields. That was not the case when those papers were printed. I am encouraged to note that the Perth emergency team is now available by telephone through a more streamlined procedure and that there is some limited on-call availability of the mental health team. However, one of the great problems faced by the mental health team is that it must service Leonora, Laverton, Coolgardie, Norseman and Kambalda, and given that it has seven employees, one of whom is an administrative worker, it is stretching fairly limited resources.

The ACTING SPEAKER (Mr Johnson): Order! The member for Marangaroo has been in the House long enough to know that he should not walk in front of the member on her feet.

Mr Cunningham: I apologise. It was a mental lapse.

The ACTING SPEAKER: I accept the apology.

Ms ANWYL: While there have been some moves in that area, the principal problem faced by the team is the lack of a permanent psychiatric presence or psychiatrist -

Mr Prince: You are aware of the nationwide shortage?

Ms ANWYL: Yes. I was about to say that I appreciate that the problem is not unique to my electorate, and I am sure the Minister will address that problem in his response.

Mr Prince: I think we have managed to engage 23 additional psychiatrists this year, and we have 20 more positions for training. We are addressing the problem as best we can.

Ms ANWYL: The member for Kenwick fairly adequately summed up a number of the human rights issues and priorities that are embodied in the Mental Health Bill, but the primary objective must be to provide a legislative framework for human rights. That will require some balance between the rights of the mentally ill and the rights of their families and the community at large. Part 1 of the Bill is a fairly able attempt to balance some of those rights in clauses 4, 5 and 6, or at least an attempt to set out what are some rather difficult aims. One of the most important parts of the Bill is part 3, which deals with involuntary patients. Clause 26 sets out a definition and provides for referral to a psychiatrist from a general practitioner. I applaud clause 31, which requires a personal examination in order for that general practitioner to form an opinion. Clause 34 sets out the transport order provisions, which I expect will alleviate some of the pressures that the police face currently. Of all the duties performed by policemen and women, none can be more difficult than the transportation of involuntary patients who, in many cases, are very firmly committed to doing whatever they can to ensure they are not admitted to a psychiatric hospital.

Clause 43 provides for the initial order to be made for 28 days. I made some notes during a recent briefing. Unfortunately, I left them in Kalgoorlie. However, during that briefing I noted the significant number of people who

had been admitted to care each year in the metropolitan region. Most patients admitted from the country must be assessed in the city, and one of the major concerns presented to me by nursing staff at the regional hospital is that they often deal with people who require an escort to Perth. Usually police are not available at the time of the flight and, notwithstanding the use of medication, that situation can cause some concern for people in remote areas.

The Mental Health Review Board is an extremely welcome provision in part 6. In part 7, the provision for teleconferencing is a very good innovation for country people in particular. Given that the option of a community treatment order may be applied to people living in the country, I see it as very beneficial to provide teleconferencing to gain a second opinion without the need to travel to Perth, which would involve all the stigma associated with a readmission for that purpose.

My first experience with mental health care occurred when I was 16 years of age in year 12 when one of my closest friends was involuntarily admitted to a psychiatric hospital. I visited her on a number of occasions, and I was often mistaken for the ill person. I am not quite sure why, but I had difficulty leaving the hospital a couple of times, and I would often receive inquiries from concerned parents of other people. That was my first taste of mental illness. During the next three or four years a number of close friends, and a close member of my family, were hospitalised involuntarily. Therefore, I came to be a rather frequent visitor to a number of psychiatric hospitals in and around Melbourne, particularly the Royal Park Hospital, which is about to be closed - because that was the closest to where I lived. A few people I knew ended up being involuntarily admitted to that institution. During my regular visits I was constantly asked by patients at that hospital to do all sorts of things. Although I recognised that some patients were fairly manipulative, I was constantly dismayed by the types of complaints and concerns expressed to me, bearing in mind I was a teenager and did not have any authority. Probably the most difficult sight one can be confronted with is either a loved one or close friend so drugged that he or she is unable to communicate. I acknowledge that in many cases sedation is very necessary. Nevertheless it was very difficult to be confronted with someone in that state and, as the effects of the medication wore off, to have to engage in rational conversation with someone who has been involuntarily admitted as to why it is necessary to undergo the awful side effects of drugs such as Largactil or Melleril.

It is with some passion that I am pleased to note the establishment of the Mental Health Review Board, because one of the most difficult experiences that family and friends go through, in the first place, is to initiate or assist with involuntary admission. By far the most passionate representations made to me over the past few months have been from those who have been involuntarily admitted. I have been urged to read a wide range of literature, but I must admit I have not read much of it. However, some people have the view that the sorts of drugs used are an infringement of human rights and civil liberties. Having witnessed the effects of those drugs on people, I have some sympathy with that view. It is a very difficult moral issue that confronts people. I do not seek to denigrate those involved in the mental health arena or professions and I do not suggest they act inappropriately, but these are difficult moral issues to deal with. Therefore, it is very necessary to have a watchdog. The teleconferencing facilities and the provision for the Mental Health Review Board to be advised automatically of involuntary admissions is a huge step forward in this State.

In the long term, I hope that in my electorate the option of a community treatment order can be fully utilised. For that option to be taken up, we must have a greater support network than currently exists. I have already raised the issue of supported accommodation. I hope that in the long term Kalgoorlie Regional Hospital may be able to have a more secure and adequately resourced unit for people suffering from mental illness.

I began by referring to Mental Health Week and mental health being a global issue. In the mental health debate people tend to overlook the fact that mental illness is only one illness, and as with any other illness one can recover completely or have a relapse from time to time. The other issues impacting on the whole mental health debate include suicide, and the facilities currently available to deal with such an event. Staff in Kalgoorlie have referred to the extreme difficulties they face when people attempt suicide and are hospitalised: There is no way to monitor patients, and frequently they leave their beds and go elsewhere to attempt to take their lives again. Such people are often hospitalised in Perth for that reason. That is an example of how infrastructure can be important, because once the inevitable occurs and people are taken to Graylands from Kalgoorlie, it can cause extreme problems for family and friends who wish to visit.

I note also that adolescent mental health seems to be of some concern in my electorate. Of course, a number of clinical psychologists are employed by the Education Department specifically to deal with problems arising at schools. However, the constant complaint is that the facilities are inadequate for specialists to service children. We rely on visiting staff from the Princess Margaret Hospital for Children to provide that service, and that creates a large problem.

DR GALLOP (Victoria Park - Leader of the Opposition) [5.20 pm]: Few opportunities are available for us as legislators to deal with what I regard as fundamental issues. Occasionally we deal with questions related to life and

death. We dealt with some of those in the Medical Care of the Dying Bill, which we discussed earlier this year. On this occasion we are dealing with an issue of fundamental importance because it goes to the heart of what it is to be human. On one hand we have a view that the rights and interests of people to be free and participate in the community with other citizens is to be highly regarded and should be one of the fundamental principles that govern the way in which we organise our society. On the other hand there are times when people need treatment because of circumstances which, even today, are not fully understood. Those circumstances relate to the onset of very serious mental illness. Tonight we are dealing with legislation that goes to the heart of the way we understand human nature. We must balance the rights of people to freedom and the social obligations to protect people when they need protection.

Mr Prince: And the community.

Dr GALLOP: Yes; although it has been established fairly clearly that mentally ill people are less inclined to commit violence and cause problems in our community than are "mentally stable people". How do we deal with this balance between the rights of people for freedom and their need to be treated in certain situations? The way we deal with that dilemma and contradiction is by providing a treatment regime which is as unrestrictive as possible and which embodies the rights and interests of people.

This legislation takes us away from that contradiction. It provides an answer to the question that is much more satisfactory than the current Mental Health Act.

The Opposition supports this legislation for four reasons: First, our current Act is inadequate in important respects. It does not allow people automatic right of review if they are detained in our psychiatric hospitals. As we have noted recently, it does not ban certain controversial therapies. The current legislation does not provide for many of the concerns and developments of recent times; that is, human rights and human interest should be a fundamental part of the legislation.

Secondly, this Bill establishes a much clearer and a much more rights-based conception of admission to hospital. The current processes that lead a person to be admitted to a mental hospital have their strengths, but they also have their weaknesses. This legislation will ensure that that process is much more clearly stated and at the same time recognise the rights of people in a much better way than is provided for in the Act.

Thirdly, and very importantly, this legislation establishes community treatment orders. In other words, the treatment of involuntary patients in the community can now become part and parcel of our mental health system. This is a very important reform and will provide the basis by which the mental health plan for Western Australia can have a legislative prop, based on many of the recommendations of the mental health task force. It is most important that when we establish a community based concept of treatment we have a legislative basis to it. The community treatment orders provide that. Interestingly, in Western Australia approximately 200 people are detained and about 1 188 are in aftercare at any one time.

These community treatment orders provide a framework in the legislation for aftercare. Some of the people who are detained in our mental health institutions will be able to be provided with a form of treatment in the community which is more appropriate to their needs and which allows them more freedom.

Fourthly, and most importantly, the Bill will allow Western Australia to catch up with the other States by establishing a Mental Health Review Board before which patients' situations can be reviewed and complaints of their treatment heard. This is a very important reform.

The Opposition supports the Bill. It will overcome very weak legislation and provide a clearer process for admitting people to hospitals while providing a much clearer definition of human rights. It will establish community treatment orders, which are basic if we are to carry out the mental health plan accepted by all sides of politics. It will also establish a review board, which has become part and parcel of mental health services in all States.

For those reasons the Opposition has continually said over the past 12 months that this legislation should be passed so that the people in our community who experience the tragedy of mental illness are given a fairer go, and have their rights respected in a more profound way. The process that deals with them should be clearer and be capable of being understood by them and their families.

The Mental Health Act of 1962 has been seen as outdated for a long time. It has been in a state of disrepair for about the past 20 years and during the 1980s various drafts were developed, but did not go through the Parliament for a variety of reasons. In that process a good deal of intellectual work was done, but when the important issue was raised; that is, whether we would get this legislation through the Parliament, on all occasions throughout the 1980s and into this term of government it seemed as though mental health was given second priority.

We now acknowledge that we must raise the Bill's priority. We view it as being more important as a result of two major reports. The first was the Burdekin report, written from the perspective of Human Rights Commissioner Brian Burdekin. He asked a simple question in that report: "Were the rights of people with mental illness properly promoted and protected in our community?" His answer was, "No, they were not." He said that in a range of settings and in the laws that govern mental illness in our States, in the resources allocated to mental health, in the services provided and in the way we deliver many services to mental health the rights of people were not properly promoted and protected. He said that we needed to overhaul the whole system of mental health. Brian Burdekin not only wrote his report, but also campaigned in the community for mental health.

We can safely say that because of his vigorous campaigning on mental health issues, mental health arrived onto the political agenda. Before Brian Burdekin, mental health was not treated as seriously as it deserved. We should therefore thank Burdekin for the role he played in raising the status of mental health. I remember seeing him perform in the Hillview campaign a couple of years ago. He said that the type of service that was offered at Hillview, and the context in which it was offered - that is, a therapeutic setting with the kids going to Kent Street Senior High School - meant that it was not a hospital but a residential service. Unfortunately, the Minister at the time did not agree with him. In fact, the Minister at the time, Hon Peter Foss, called Brian Burdekin a show pony. That tells us all where Hon Peter Foss comes from on mental health issues.

The second major record which raised the status of debate in Western Australia was the Hoult report - "Care of the seriously mentally ill in Australia: A rating of State and regional programs - 1994". It was promoted and funded by the Schizophrenia Australia Foundation. That report came out in early 1994 and immediately caused tremendous debate in the Western Australian health community. It was at that point that I became the shadow Minister for Health in Western Australia. This report became the basis upon which we could hammer home to the Government the fact that we were behind the times in providing mental health services. The report rated WA as second from the bottom: WA rated three out of 10 for hospital services; four out of 20 for community facilities; zero out of 10 for rehabilitation efforts; and one out of 10 for accommodation. When this report came out, the Government said that it indicated an Eastern States mentality which always criticised facilities furthest away. The Hoult report, the Burdekin report and human rights campaigners on one side and clinicians on the other joined with the mentally ill and their families to start up this campaign.

The year 1994 will go down in Western Australian history as the year of crisis and inaction. If ever a Minister should have been sacked from his portfolio for his performance on mental health services, it was Hon Peter Foss. He was shifted out of the portfolio but stayed in the Ministry. In 1994, real strains and stresses were apparent in the system, most obviously in the shortage of psychiatrists. Some mental health services were not able to deliver services to patients in those regions because no psychiatrists were available. The Government's response was to attack the messenger rather than listen to the message. Hon Peter Foss' great statement at the time was to describe Brian Burdekin as a show pony.

Reform went off the boil. That was the great opportunity. We had the Burdekin report and the Hoult report and there was a head of steam on the issue. The Government should have taken up the issue, fast-tracked the legislation and got it into the Parliament, and we could have had it through in 1994. Instead, it slashed the Budget, delayed the reforms and criticised the critics. The coalition Government must be held accountable for the failure of 1994, because it was that failure that set back the program of reform in Western Australia. Since then we have been struggling to get the system back on the rails. While 1994 was a year of crisis and inaction, 1995 was a year of reflection.

The new Minister, the member for Riverton, created the ministerial task force which produced a report about 12 months later. The task force said three important things about our health system. It said that the mental health task force believed there were three key issues that must be addressed and resolved in order to form a proper foundation for the Western Australian mental health system. It said that, first, a substantially greater level of resources had to be allocated to mental health. It pointed out that while an estimated 3 per cent of the population at any one time experienced a significant mental disorder that would benefit from treatment by specialised mental health services, services were provided to less than half of the group; therefore, only half of those who required specialised services were getting the services they need.

Secondly, the report said there was a need for an identifiable, stable mental health structure within the WA health system. All we had seen in mental health in Western Australia was change and a lack of authority. The coalition Government established in 1993-94 the purchaser provider model which replaced Labor's model of regional administration. In 1995-96 the Government got rid of the purchaser provider model based on the purchasing authorities, and re-established a more centralised system of purchasing health services. In all of that turmoil, on top of which there was a shortage of money going into the system and many senior health professionals leaving the system, there was complete chaos where the services were delivered. In 1995 *The West Australian*, the Opposition

and the *Sunday Times* took up issues related to the lack of treatment of individuals which could only lead us to conclude that the strategy of the Government, the inaction of 1994, had jeopardised the welfare of Western Australians.

The third issue that the task force regarded as crucial was the need for modern mental health legislation to give appropriate protection to the rights of patients. It said that that should be an urgent consideration. Because of the lost time in 1994 - we cannot emphasise that point enough - the intellectual work of the previous Government was not taken up by the Minister. When things are allowed to slip in politics, it gets very hard to recover the ground. The budget cuts, the administrative changes, and the loss of senior health professionals made the crisis in the system harder to fix and it is still hard to fix. The system went from one which experienced problems to one which was suffering structural crisis. That is the characterisation that I put on the system.

However, let us move on to the argument about legislation. The task force said that the focus should be placed on a new, consumer focused mental health service ensuring greater protection of patients' rights and increasing options for care closer to home for people throughout Western Australia. It introduced three key concepts to the system: Rights, consumers and community. They are a good starting point for any discussion on mental health issues. The report stated that the introduction and passage of the Mental Health Bill should be given "urgent priority". The Government had many things on its plate. For reasons the Minister can explain to us, it has taken this long for this issue to be placed before Parliament. I remind the Minister that all through this period the Opposition said that it would facilitate the passage of this Bill. We made offers to the Minister to speed it up.

I refer to my health services newsletter of May 1996 in which I noted that I had written to the Minister offering a bipartisan agreement that would see the mental health legislation passed by the end of the year. The Opposition has a very good record in seeking to deal with this issue in a bipartisan way and wanting to make changes to the legislation introduced into the Parliament. During 1995 the Labor Party's platform on mental health was completely transformed. Its policy statement on mental health is very good and clearly outlines what the Labor Party believes should be done to the mental health services. At the core of its statement, which was passed by the Labor Party Conference, was the following -

> Labor will -
>
> 128 Support and expedite the passage of an updated Mental Health Act.
>
> 129 Incorporate in the Mental Health Act the rights contained in the Australian Health Ministers' Mental health statement of rights and responsibilities (1991) and in the United Nations Resolution on the Protection of rights of people with a mental illness.

The Labor Party was right out there; it was in front of the game in how it saw this issue, which included the importance of incorporating rights into the legislation and making the passage of the legislation a fundamental priority for the Parliament.

Mr Prince: It is a pity you didn't do it earlier.

Mr McGinty: The Minister should stop using that poor excuse. The Government has been in power for four years. This legislation is more important than you -

The ACTING SPEAKER (Mr Johnson): Order!

Dr GALLOP: I have made a very good case that the problems we have today relate to the year of crisis and inaction when Hon Peter Foss was the Minister.

Mr Cowan interjected.

Dr GALLOP: The Leader of the National Party was a member of the party which was campaigning to get rid of Hon Peter Foss from the Health portfolio.

Mr Cowan: No, I was not.

Dr GALLOP: The Leader of the National Party was. All the National Party members around the State were lobbying the Government to get rid of Hon Peter Foss from that portfolio. If there was ever a reason that he should have been replaced as Minister for Health, it was his performance in mental health.

The year 1995 was a year of reflection and the task force report was released early in 1996. I put it to the Government that the mental health issue can be divided into a number of different issues - legislation, funding, administrative, clinical and priority setting. No doubt legislation is the most fundamental issue. It is crucial that this legislation pass through this Parliament this year. If the other reforms outlined in the mental health strategy are to

mean anything, they need this legislative framework. That is the context in which the Opposition believes this legislation is the primary issue. It must be dealt with first and when the funding issues, priority setting, clinical issues and administrative changes are made, they can slot into place.

The Labor Party certainly has pleasure in supporting this Bill. Although the principles in it could be more clearly outlined - I will raise that issue with the Minister during the debate - it follows the two statements I referred to from the ALP platform. I am pleased the Government, like the ALP, has taken on board those two fundamental statements: Firstly, the United Nations principles for the protection of persons with mental illness and, secondly, the national mental health statement of rights and responsibilities. They are magnificent statements and should be read by all members of Parliament.

Mr Cowan: When were they published?

Dr GALLOP: The national mental health statement came out in 1991 when the then federal Labor Government and all the State Governments got together, and the UN charter goes back to earlier times.

Mr Cowan: You embraced those principles and, typical of the ALP at the time, did nothing.

Dr GALLOP: The Leader of the National Party is very stroppy. I said I support the legislation and I am pleased that the Government and the ALP can slot together nicely and the Leader of the National Party, bitter and twisted, comes out with a negative statement. I do not think he is entering into the spirit of this debate.

Mr Cowan: I am having a bit of fun with you.

Dr GALLOP: I will outline those principles. The first is that no treatment, except emergency life saving treatment, should be given to any person without his or her consent and consent should not be merely by acquiescence, but informed and voluntary. The whole concept of the rights of the individual is embraced in that. Secondly, where a person is unable to consent to treatment because of his or her psychiatric condition, treatment without consent should be such as to cause no harm and to provide the patient with a positive outcome. Of course, that is difficult to do and to interpret in the difficult cases which face clinicians, but we should establish it as a clear principle to guide people. Thirdly, all patients who are subjected to civil detention or restrictions on freedom of movement or choice should have accessible and regular reviews of their psychiatric condition in the circumstances under which treatment is invited to ensure compliance with the above principles.

The principles outlined in the UN Charter and the national Health Ministers' statement are, firstly, no treatment without consent; secondly, if people are unable to consent, the treatment should cause them no harm; and, thirdly, there should be regular reviews of a person's psychiatric condition to ensure that involuntary treatment is provided properly. Why has the Minister not outlined those principles in the Bill? It may have been more appropriate to state the principles and then say that they govern the way in which the clauses are to be interpreted and understood. The procedure the Government has adopted is to treat specific rights and to outline them, but not to give them a generalised context. That is not necessarily a major failing of the legislation, but it is an issue members could constructively discuss in the course of the passage of this Bill. If we provide that generalised statement, it may be that when the Bill comes to be interpreted in particular cases by the clinicians, the patients and their families and, ultimately, the courts of law, we will be in a better position to know whether the rights of people have been protected.

It brings me to some of the clauses in the Bill that deal with the administrative functions. Clause 7 outlines the functions of the Minister for Health, who has responsibility for this Bill. The good thing about this clause is that the rights of consumers are explicitly recognised in the way in which the Minister should carry out his or her duties. It is an important reform and I will illustrate it by referring to clause 7(d), which states that the function of the Minister is -

> to promote the development of voluntary and self-help groups and other community agencies for assisting persons who have mental illnesses and their families;

Members who have had anything to do with people suffering from mental illness will know that the voluntary and self-help sectors are crucial to overcoming the difficulties confronting those people who provide services throughout the community. Only recently the member for Perth and I attended a meeting of one of those groups at which people who had suffered mental illness spoke about the process by which they regained control of their lives and were able to participate in the community. It was a very enriching experience to listen to them. To include in the Bill that the Minister has a responsibility to promote the voluntary and self-help groups is a good innovation. It shows that we are starting to get up to date in our thinking on these issues. Clause 7(f) is even more important because it states that the function of the Minister is -

to ensure that the special needs and views of groups within the community are sought by consultation with particular reference to -

(i) persons who have or have had mental illnesses;

(ii) groups and agencies referred to in paragraph (d); and

(iii) ethnic groups;

Therefore, the responsibility of the Minister to consult is built into the legislation. It is an important reform and, I repeat, it reflects the way we are starting to get up to date in our treatment of the mentally ill.

I wish to raise a number of issues with the Minister. First, should we include the United Nations principles of human rights as a general statement at the beginning of the Bill? Secondly, has the focus of ministerial responsibility changed to the extent that the Minister is no longer responsible for what happens in the system? Although the Opposition supports the clinically driven distinction between the Minister for Health and the position referred to as the "chief psychiatrist", does the Minister still have the overview of the system? Does he still have responsibility for what happens in the system and will he accept ultimate responsibility for that? It is not clear where we draw the line between the chief psychiatrist and the Minister.

The Minister will know that in these areas - as with the police, the prison service and to some extent in education and certainly in health - we make a distinction between the operational areas and the ministerial areas. However, it is most important that the concept of ministerial responsibility be protected in our system of government so that Ministers cannot hide from responsibility when things go wrong. In some instances the chief psychiatrist may be required to carry the can. It is not clear whether the Minister is absolving himself of responsibility in relation to the requirement to overview the system; it is not reflected in the functions.

Mr Prince: It is in the clause dealing with some functions - obviously not all - and it refers to functions and not responsibilities. A function has a concomitant responsibility but it is not the totality of the responsibilities.

Dr GALLOP: It is important that the Minister makes it clear in his response that ministerial responsibility applies. If that is covered in the debate and if the issue ever becomes one for future reference, we will have that on the record. It is important and I am sure the Minister accepts the principle. That part of the Bill contains some very good reforms and the Opposition supports them.

The Director of Psychiatric Services in the current system will become the chief psychiatrist. That position is given responsibility for the welfare of involuntary patients and the power to investigate complaints about their care. Currently, the Director of Psychiatric Services cares for all patients in approved hospitals. Of course, the duty of care now applies to involuntary patients in a very clear way, so voluntary patients have now been mainstreamed. I ask the Minister to comment on that. It appears that voluntary patients in our mental health system are like other patients - they have the same rights and the staff and clinicians who treat them have the same responsibilities. Those who are involuntarily detained are in a different category. That mainstreaming is an important statement and reform and the Opposition accepts it. We are trying to remove some of the stigma attached to those people who are mentally ill and who need care and treatment but who voluntarily submit themselves to that care, just as a person who breaks a leg or hand or has a condition that needs treatment presents themselves to a hospital for care.

Clause 13 refers to the power of the chief psychiatrist to inspect. That power is very important. A wide range of services, both public and private, can be subject to his or her investigation. Of course, as well, the chief psychiatrist has the power to review decisions of psychiatrists in respect of the treatment of involuntary patients. The appointment of an officer to that position becomes a key issue for the mental health system. We should consider the way in which we appoint a person to that position. On all accounts, the decision made recently - and I take it that the new appointment will be the chief psychiatrist -

Mr Prince: Yes.

Dr GALLOP: Dr Lipton is a very good appointee. However, given the responsibilities of the office, we should include in the legislation a clear statement of the appointment process. I know that health consumer groups and clinicians have an interest in that issue. Perhaps we should reflect upon that process, just as we have reflected upon the appointment process for the Ombudsman, the Chief Electoral Officer and some other very important parliamentary positions. The Commission on Government referred to the Ombudsman and the way in which he or she might be appointed. The Opposition will not move any amendments, but that is an issue we could reflect upon.

Mr Cowan interjected.

Dr GALLOP: "Ugly Pills" is back in the Chamber. I hope he will not contribute the negativity that he did previously. He certainly has a look of mischief about him.

Mr Cowan: I just remind you that you did nothing.

Dr GALLOP: The politicisation of the debate in that way is not doing any good at all.

Mr Cowan: So it was not politicised in the MPI today?

Dr GALLOP: I have taken a real interest in this issue and I take great pride, both personally and on behalf of the Opposition, that we have been able to achieve this debate today. It would never have been on the Notice Paper without our efforts. We shamed the Government into action and I am very pleased we did so. That is perhaps one of our greatest achievements in this Parliament during the time we have been in opposition.

Mr Cowan: You have always believed you had fairies at the bottom of the garden and you are proving it time and again. You have no influence whatsoever.

Dr GALLOP: I would like the Deputy Premier to repeat his general views on the role of academics in our society and the fact that they do not engage in productive labour. I would like it on the record so that I can send it to my colleagues at the universities before the next election.

Mr Cowan: I am quite willing to repeat what I have said: I am not willing to repeat what you have just said.

Dr GALLOP: That is what the Deputy Premier says repeatedly. In university parlance, he is a philistine.

Mr Cowan: I said that you are typically academic: You do your research, identify the problem and offer the solution, but you do not know how to go about achieving the solution.

Dr GALLOP: The old arch philistine! He is in good form today.

Let us consider the details of this Bill. Another important area of the legislation deals with authorised medical practitioners. We all know that the shortage of psychiatrists in Western Australia is a major problem. Under this legislation, the chief psychiatrist will now be able to designate medical practitioners for the purposes of proposed section 77, which deals with the examination of patients subject to a community treatment order. As I understand the legislation - the Minister can correct me if I am wrong - the supervising psychiatrist can request such an examination by the designated medical practitioners and those practitioners can make initial referrals.

Mr Prince: That is right.

Dr GALLOP: That is very important. The Leader of National Party should take this issue on board and think about it, because there is a desperate shortage of psychiatrists and mental health services in non-metropolitan Western Australia. This authorised medical practitioner process is one way in which we can improve access to care. If used judiciously, this could become a very important method of improving the quality and extent of care for people living in non-metropolitan areas.

Those initial clauses of the Bill, dealing with the role of the Minister, the chief psychiatrist and his or her ability to designate medical practitioners as authorised medical practitioners, contain very important reforms. They indicate the extent to which the legislation is taking us into a new era where we respect the rights of consumers and we have the concept of community care at the forefront of our thinking.

That leads me to the major clause of the Bill, which sets out the criteria for a person to become an involuntary patient.

[Leave granted for speech to be continued.]

Debate thus adjourned.

[Continued on next page.]

Sitting suspended from 6.00 to 7.30 pm

VISITORS AND GUESTS

Hon Kim Beazley Senior

THE SPEAKER (Mr Clarko): I would like to acknowledge the presence in the gallery of Hon Kim Beazley Senior.

[Applause.]

MENTAL HEALTH BILL

Second Reading

Debate resumed from an earlier stage of the sitting.

DR GALLOP (Victoria Park - Leader of the Opposition) [7.32 pm]: Before the dinner suspension I was discussing one of the major clauses in this Bill which sets out the criteria upon which a person is to become an involuntary patient. As I said in my initial remarks, this decision, which impacts very much on the future prospects of people - that is, a decision to have them detained in one of the approved hospitals - must rate as one of the most important powers given to publicly instituted authorities, and it is essential that it be used properly.

Under this legislation each of four conditions must be met if people are to be detained on an involuntary basis: Firstly, the person must have a mental illness; secondly, treatment for that illness can be provided in an authorised hospital on a community treatment order or a continuing care order and is required to protect the health or safety of the patient or another person, or to prevent self-inflicted harm or to prevent the person doing serious damage to property; thirdly, the person has refused or, because of the nature of the illness, is unable to consent to treatment; and, fourthly, the treatment cannot be adequately provided in less restrictive circumstances.

I refer, in particular, to the fourth criterion. That is an important reform in this legislation. It provides a framework around which those who are given authority in this area can seek out the least restrictive option of broadening the range of treatment for people with mental illness, who cannot look after themselves and who present themselves for care. Some concerns have been expressed to the Opposition about the adequacy of the guidelines or boundaries around the definition of those two important phrases; that is, "self-inflicted harm" on the one hand and "serious damage to property" on the other.

I am sure the Minister will appreciate those sorts of definitions need to be applied in only extreme circumstances. It is most important that the powers given to others to detain these people are not used inappropriately. What self-harm is to one person may just be a normal human activity to another. What is serious damage to property to one person, may simply be an average outburst to another. In the real world, where from time to time people find themselves in a hostile relationship with others, it is important that we try to keep cool and ensure these criteria for involuntary detention do not become the basis upon which some people, who are regarded as different in some way or who behave in some extraordinary way but who in many senses do not do any harm to others, get caught up in the net. The concern has been raised with us that the boundaries around those terms are not as clearly defined as they should be. I am sure that issue can be clarified in the Minister's response and in Committee.

Generally speaking this part of the Bill also establishes very important rights for people when we are talking about involuntary detention, and from the point of view of human rights they add value to the situation in Western Australia. The second reading speech states -

> If a person is referred to a psychiatrist at an authorised hospital, the person may be received and detained at the hospital for up to 24 hours and must be seen within that time by a psychiatrist.

That is a very important right that is established by law. It continues -

> If a person is seen by a psychiatrist in the community that psychiatrist may order the person's receival and detention in an authorised hospital for a period not exceeding 72 hours.

Again, the rights of the individual are well and truly incorporated in the legislation. It continues -

> The psychiatrist who examines the person at the authorised hospital may order the admission of the person for a period not exceeding 28 days, order that the person be observed for a further period not exceeding 72 hours from the time of arrival, or make no order, in which case the person may leave. Although a person may be detained at an authorised hospital, a person is not admitted involuntarily to an authorised hospital until a psychiatric examination establishes that the clause 26 criteria have been satisfied and the appropriate order is made.

They are important checks and balances. As I said, in this legislation we must balance the rights of people on one side and the needs of people on the other. The legislation provides a framework within which we can protect the rights of people while at the same time recognising that circumstances may arise under which these people need care and that care may be in an involuntary setting.

I will now go to another very important part of the legislation; that is, division 3, which talks about treatment of involuntary patients in the community. It deals with the circumstances under which community treatment orders can be used. Community treatment orders provide for treatment of involuntary patients in the community and it requires

a treatment plan to be developed and a mechanism to establish the monitoring of those people who are on the community treatment orders. This is a very important part of the legislation. It means when mentally ill people present themselves to the system, they have options and choices. The most important thing to note about those options and choices is outlined very clearly in clause 65 of the Bill, which states -

> A psychiatrist is not to make an order that a person be, or continue to be, detained as an involuntary patient without having considered whether the objects of this Act would be better achieved by making a community treatment order in respect of the person.

In other words, the principle of least restrictive treatment -

Mr Prince: It is a positive onus.

Dr GALLOP: That is right. The principle is placed as an onus on the clinician when that person considers what is the right treatment of the patient. That is very important and will establish a much better framework for clinicians about making choices about the needs of people, and certainly from the point of view of the patients and their families.

I will now refer to that part of the Bill that deals with the treatment of patients. I will raise one issue with the Minister: For the first time in Western Australia, notwithstanding that it is probably 25 or 30 years down the track, we have now banned by regulation deep sleep therapy. From time to time we see a bit of deep sleep therapy going on in this Chamber.

Mr Cowan: Especially when you are on your feet.

Dr GALLOP: Insulin coma therapy and subcoma therapy have also been banned. I will not go into the details of those forms of therapy that were used in former times. Not only are they not considered appropriate, but it is felt that they should be banned outright. Other treatments require the informed consent of the patient, and psychosurgery requires the approval of the Mental Health Review Board. Other therapy can be administered without a patient's consent, but only in an emergency or when the patient is an involuntary patient.

I move from that to electroconvulsive therapy - the subject of many letters to members of Parliament. In response to such letters I have always pointed out that the Health Department has a protocol on the use of electroconvulsive therapy. That protocol is now incorporated in the legislation. It can be used only with a patient's informed consent, except in an emergency or if the person is an involuntary patient, in which case the agreement of two psychiatrists is needed. How often is electroconvulsive therapy used in Western Australia's system? Is the Minister satisfied that allowing our system to apply the treatment in cases of emergency does not open up any possibility for the misuse of that treatment?

It is worth our while to talk a little about electroconvulsive therapy in debate on this Bill because it is used in our system. The evidence I have available is that it can be quite effective as a form of treatment; however, the protocols must be applied vigorously and they must be continually monitored to ensure there is no abuse of that form of therapy. Is the Minister satisfied that the checks and balances in the Bill are sufficient? Representations have been made to the Opposition that that part of the Bill should be strengthened. However, given that the protocols that currently exist, which are not legislated for but are applied, seem to work, I am reasonably confident that the Minister's solution to that issue is adequate.

I refer now to the creation of the Mental Health Review Board. This is an important part of the legislation. Western Australia is catching up with the other States in this area. It will have an independent review body that will be able to review the admission of all involuntary patients as soon as practicable, but not later than eight weeks after admission to involuntary status, and, if still involuntary, six months thereafter. The legislation contains a process of continually reviewing the status of people who are involuntary patients in our system. That process is important. It will make many mentally ill people and their families feel much more confident that their rights will be considered seriously. Of course, people may appeal to the board at any time.

The Mental Health Review Board is to be constituted by a lawyer, a psychiatrist, a community member, and, in cases of psychosurgery, a neurosurgeon. The one question that has been raised with the Opposition is whether there should be a more explicit recognition of the rights of the consumers of mental health services to play a role in that review board. I agree with the provision of the position for one person who is neither a medical practitioner nor a legal practitioner and that the power to appoint should go to the Minister. However, the view has been put to the Opposition by correspondence and also by representations that the legislation could be more explicit and it could make a statement about the importance of having a consumer representative - perhaps even a former mental patient - on that board.

The legislation will establish a statutory protection of patients, and specific rights, rather than generalised rights, are mentioned. I raised this issue with the Minister when I introduced my comments; that is, whether the United Nations principles and the principles of the Ministers responsible for mental health that were established in 1991 should be included in the Bill as a general statement of guiding principles for the way the legislation is to be interpreted. The Government has chosen a different course. It is not a course with which I necessarily disagree. It has decided to consider what the rights of mental health patients are, and then to say what they are in the specific context in which they are to be applied, rather than to give a general statement. Perhaps the Minister will respond to the claim that the Bill would be assisted by a more general statement.

Mr Prince: A general statement may be of some assistance descriptively, but that is about all.

Dr GALLOP: I am thinking about its interpretation.

Mr Prince: Reference is made at the beginning of the second reading speech to the United Nations declaration.

Dr GALLOP: Yes. Of course, according to modern judicial interpretation, second reading speeches are a part of the process by which judges understand Acts of Parliament.

The specific rights that are mentioned in the legislation are that those who are admitted to authorised hospitals must be given an explanation of their rights and entitlements orally and in writing. Patients have rights to an interview with a psychiatrist and, subject to exceptions on particular occasions, have the right to retain personal possessions, receive and send correspondence, and have access to the telephone and visitors of their choosing. What does the Minister mean by "in particular cases"? The answer might be that sometimes in a real life situation in a mental hospital things can get out of hand and it may be in the interests of the patients to have those restrictions placed on them. Even if the legislation at this level allows that qualification, the Minister may consider indicating to the Parliament whether regulations or protocols within the system would put a little more meat around that general right so that all staff in mental hospitals, be they clinical or administrative staff, understand clearly that the basic right should be respected, even though in particular cases there may be exceptions. The nature of those exceptions should be outlined. I am not sure whether that should be done in the legislation.

I could raise many other issues on this legislation; however, my time is running out. Members will have the opportunity to go through some of those issues during Committee. I reaffirm the Opposition's support for the legislation. I indicated to the Minister some of the issues that opposition members think are important as a result of representations that were made to them. However, the time has come when we should progress this matter into law in Western Australia. If we do that, those people who are mentally ill and their families will feel much better about their position. They will know that the Legislature of Western Australia has protected their rights and has also understood the complexities of the situation more realistically. It will also send out the clear message to those who are administrating mental health services in Western Australia that treatment, in the least restrictive way possible, should be the primary concern when considering individual cases.

What we are dealing with today is just one plank of the reform that is needed in the mental health system. The other planks are the administration changes and the setting up of the clinical directorates, which is recommended by the mental health task force. Many issues must still be worked out; for example, whether the clinical directorates will include staff in mental hospitals or whether there will be an overlap between staff in the community and staff in the hospitals. Important issues must be dealt with in the creation of these clinical directorates. Similarly, important questions about the balance of service delivery throughout the metropolitan and non-metropolitan areas must be dealt with. Important issues of resources must be dealt with if we are to guarantee that the rights and interests of all mentally ill people in Western Australia are given the respect they deserve. This is one plank of the reform program. The Opposition considers it to be a most important plank of the reform program. Once the legislative framework is in place respecting the rights of the mentally ill, and indicating that community treatment should be provided if it is possible and can be done in a proper way with treatment plans and monitoring, people can get on with the business of doing it in the secure knowledge that the law is backing them up. Many people in the community currently do not have those options available when faced with the mentally ill.

I conclude by noting again that the failure of the Government to take any action in 1994 has set back the cause of mental health reform in Western Australia. The momentum was there to move ahead with this legislation when this Government came to power. It delayed the matter in that crucial period in 1994 and, instead of taking up the campaign, it criticised the messengers and did not listen to the message. That was a tragedy because this issue could have been dealt with two years ago, and the new Minister for Health would have been in a better position to develop his budget strategy in the knowledge that he had the legislative framework in which to properly apply that strategy.

MR C.J. BARNETT (Cottesloe - Leader of the House) [7.51 pm]: A number of members have already spoken on the Mental Health Bill, and I understand others will follow. In order to progress the Firearms Amendment Bill, which

is a priority and has bipartisan support, I propose that we adjourn debate on this Bill until later, and complete the third reading of the Firearms Amendment Bill so that it can proceed to the upper House this evening.

Debate adjourned to a later stage of the sitting, on motion by Mr C.J. Barnett (Leader of the House).

[Continued on page 6969.]

FIREARMS AMENDMENT BILL

Report

Report of Committee adopted.

Third Reading

Leave granted to proceed forthwith to the third reading.

MR WIESE (Wagin - Minister for Police) [7.52 pm]: I move -

That the Bill be now read a third time.

MR McGINTY (Fremantle - Deputy Leader of the Opposition) [7.53 pm]: The debate that took place last week in this Parliament on the firearms legislation had a number of extremely good features. A measure of accommodation and graciousness was shown by the Minister for Police, which unfortunately we have seen no evidence of in today's proceedings in relation to the Mental Health Bill. The firearms legislation is a difficult and complex Bill but we all appreciated there was a common position on both sides of the House and general support for nationally uniform gun laws that would implement the agreement arrived at by the Police Ministers. The whole matter was approached by the Minister on behalf of the Government in a most accommodating way. A number of amendments were agreed to and further consideration of points raised by the Opposition was foreshadowed by the Minister. That was a pleasant change from, and a contrast to, the way in which this Government normally handles business in this House. Regardless of the points raised by the Opposition, the Government uses its numbers to crush through its own position. The actions of the Minister for Police were in stark contrast to the petulance shown by the Leader of the House earlier today. In a smart alec move he decided to try to catch the Opposition short by bringing on debate on the Mental Health Bill, as he should have done in a regular way.

Mr C.J. Barnett: I question your motives. If you are so committed to the Mental Health Bill, will you agree to forgo part of the private members' time tomorrow night so that we can continue debate on the Mental Health Bill - if that is the Opposition's first priority?

Mr McGINTY: It is clearly the priority the Government should have given it.

Mr C.J. Barnett: Your commitment does not run that deep, does it?

Mr McGINTY: The Opposition will sit and debate the legislation. The smart alec move by the Leader of the House in trying to catch people short earlier is matched only by his trying to bring on this legislation with six minutes' notice. He can play all the games he likes, but he has failed twice today in his attempt to catch the Opposition short.

Mr C.J. Barnett: You have had four days' notice.

The SPEAKER: Order! The point has been clearly made. I urge the interjector to stop the interjections, and I urge the Deputy Leader of the Opposition to proceed with debate on the Bill before the House.

Mr McGINTY: Twice today the Leader of the House has failed.

The SPEAKER: Order!

Mr McGINTY: The Leader of the House has brought discredit on the Government by the way he has conducted himself in this House today. He should have put the Mental Health Bill on for debate this week as part of the routine business of government. He should not have surprised the Minister for Health, and possibly caught him with his pants down because he had been told no debate would take place on that Bill today. The Leader of the House may have intended to catch the Opposition short, but that will not occur. The Opposition is prepared for the debate on the Firearms Amendment Bill, as it has indicated already that it was prepared for debate on the Mental Health Bill. The Leader of the House will not succeed in catching out the Opposition.

The SPEAKER: Order! I encourage the Deputy Leader of the Opposition to speak on the matter before the House.

Mr McGINTY: You, Mr Speaker, can encourage me.

The SPEAKER: Order! I could speak more firmly but I prefer to encourage him.

Mr McGINTY: The actions of the Leader of the House today bring discredit on him and reveal a significant flaw in his character - one of great petulance.

The SPEAKER: Order! I direct the Deputy Leader of the Opposition to speak on the matter before the House. If he does not do so, in light of the fact that he did not take notice of my encouraging him, it may be necessary to take further action.

Mr McGINTY: A most constructive debate was held on the Firearms Amendment Bill and I have already complimented the Minister for Police on the way in which it was handled. I also found it extremely useful that a consolidated Bill was presented to the House annotating the various amendments as they were made. This should be embraced as regular practice in this place, particularly when we are dealing with complex legislation of some length. On that occasion it facilitated understanding of the issues involved in the debate. I urge the Government, when dealing with significant amendments to legislation, to adopt this practice of presenting consolidated legislation which will enable the debate to proceed in an informed fashion. The firearms legislation was unique in the way it proceeded but it was also important in my view that members had available to them both a cooperative Minister and documentation which facilitated the debate. It is a pity that is not more commonplace in this Parliament and I urge the Government to adopt that approach in future.

As I said in the second reading debate, three principles guided the Labor Party's approach to this very important piece of legislation. The first was that we sought to fully implement the national agreement designed to achieve for the first time in Australian history a measure of uniformity in our gun laws in the States and Territories in Australia. During the debate, in a number of respects we were critical of the legislation that was before the Parliament because it did not seek to implement fully the agreement that had been arrived at nationally. In particular, the provision for nominees of primary producers to be given category C or semiautomatic licences to fire those firearms went well beyond what had been agreed nationally. A number of other changes also sought to ensure the legislation was consistent with the national agreement. I was extremely heartened during the Committee stage of that legislation to hear the Minister undertake to give further consideration to the amendments that we moved as well as the supporting arguments. I hope that, when this legislation goes forward to the upper House, the Minister will - I have no reason to think he will not - honour the undertaking that he gave to the House and we will see presented to the upper House further amendments which will strengthen the firearms laws to bring them into greater accord and uniformity with the national agreement signed by the Police Ministers from each of the States and Territories of Australia.

I again compliment the Minister for that very important approach which sought to achieve national uniformity. While in a number of important respects this legislation falls short of implementing what was agreed to nationally, it nonetheless goes forward with the support of the Labor Party in the knowledge that further amendments will be considered during the upper House debate.

The second principle that we referred to during the second reading debate was that, apart from achieving national uniformity, it is very important that, when legislation passes through the Parliament and is implemented, there is a reduction in the number of guns circulating in the community. The point was made that there is a direct correlation between the number of guns in the community and the number of people who die as a result of gunshot wounds and the number of victims of firearm crimes, whether they be armed robberies or other crimes. All members of this House are painfully aware that the number of young people who commit suicide with firearms is directly proportional to the availability of those firearms. If the firearm were not available, often the person would not commit suicide. The objective must be to reduce the number of firearms in circulation.

It was heartening to hear the Minister say that over half of the more than 40 000 semiautomatic weapons are expected to be removed from use in the community. I hoped it would be a far higher number than that because, to the extent that a justification can be made for the continued use of semiautomatics, it does not warrant 10 000 or 20 000 of those weapons remaining in circulation in Western Australia. Nevertheless, the reduction of some 20 000 or 25 000 semiautomatic weapons will be a significant step forward.

While semiautomatic weapons are those on which the debate has focused and which were used in the Port Arthur tragedy, another important issue is the general availability of weapons that will remain legal. There is a great deal of scope here for the Government to encourage people who have a .22 in the bottom of the cupboard or a gun that has outlived its usefulness or is not used to be surrendered perhaps via a compensation scheme to reduce the number of those weapons also. While semiautomatic weapons are of the more sensational variety and are conducive to the more sensational forms of criminal behaviour, the potency of a single shot firearm remains. In the general course of events, those weapons will be used for improper purposes in the future. Therefore, work has to be done to make sure that those weapons, used particularly in an urban setting more so than in a rural setting, are taken out of circulation because if we stop short of reducing the number of guns generally, we will set the scene for not necessarily a repeat of the Port Arthur tragedy but a repeat of the misuse of firearms which will result in personal injury and the loss of life. That must remain a high priority for anyone concerned with this debate.

The final of the three principles that guided the Labor Party during the debate was the rights of sporting shooters and gun owners. Beyond the implementation of the national agreement, it was the view of this side of the House that the legislation should not otherwise adversely impact on the legitimate rights of gun owners. We moved unsuccessfully a number of amendments which were designed to accommodate the legitimate interests and rights of gun owners, particularly in relation to their right to possess a firearm. We expressed some concern - I hope the Minister will take this into account in his further deliberations on this matter - that where an appeal was to be made to the new firearms tribunal or to a stipendiary magistrate, there will not be any attempt to deny legal representation to the firearms owner. Given that the tribunal is to be headed by a judicial officer - namely, a magistrate - and that there will be a judicial or quasi-judicial approach to the determination of appeals, we thought it appropriate not to deny gun owners the right to have someone, particularly a legally qualified person, to represent their interests. That will involve significant changes to the legislation and significant tests which must be satisfied as a precondition to the granting of a firearm licence. In those circumstances, gun owners should be given the right to legal representation when they exercise their right of appeal against a decision which might deny them a licence.

We also pointed out to the Minister that the basis upon which a gun owner could appeal against a refusal to grant a firearm licence was extremely limited. The legislation seeks to limit the right of appeal to the tribunal from a decision in which the Commissioner of Police had taken into account irrelevant considerations.

In the area of administrative review of judicial decisions there is a raft of bases on which appeals would be allowable. They would include the existence of an error of law; that the decision-maker was possessed with a perception of bias against the applicant; or that an improper purpose was involved in the decision-making. None of these constitutes a ground of appeal. One should extend the right of appeal to at least all of the broad subject matters which constitute the basis upon which an administrative decision can normally be reviewed by a tribunal or a court. In other words, all those issues in administrative law would make up the basis upon which a decision can be challenged.

This legislation seeks to not only deny a person legal representation, but also limit the basis upon which the right of appeal exists. In that context it is important to note that, under the existing firearms legislation, there is, as a matter of merit, a general right of appeal from any decision made by the Commissioner of Police. This Bill excludes legal representation and dramatically narrows existing rights. The existing rights of gun owners to appeal against decisions that adversely affect their interests have been taken from them. I hope, after the course of the debate in the other place, this State will end up with a Firearms Act which is fairer to the legitimate interests of firearms owners, the community which wants a significant reduction in the number of firearms in circulation, and those people who have been given an undertaking by the Government that this legislation will implement the national standards. In each of those three respects, the legislation could go significantly further than currently is the case.

During the debate on this Bill the Opposition did not seek to focus on every nitpicking amendment possible, but rather concentrated on what I identified to be a total of seven areas in which the legislation was deficient. There were literally dozens of minor amendments which would have improved the legislation, but given the context in which the legislation came forward - a general outpouring of support from the community for a bipartisan approach and the commitment to a bipartisan approach by the Labor Opposition at both a national and state level - it was thought appropriate to focus on those seven areas, rather than bog down the legislation with debate on fairly minor technical points.

Accordingly, it is the Opposition's view that the legislation should be significantly revamped and strengthened in accordance with three principles. That has not been done and equally the Opposition did not want to be party to unduly delaying the progress of this Bill through this House. As it was, the requirement to sit on Thursday night last week enabled a more comprehensive debate than would otherwise have been the case. We now have significantly enhanced legislation, particularly in view of the qualifications placed on it by the Minister during the course of the debate. If one looks at the legislation which has been enacted in other parts of Australia, in particular that in New South Wales, on which the Opposition relied in the debate, one will be aware that, as a result of the cooperative approach adopted by the Minister, Western Australia's legislation will not be subject to the criticisms which could have been made if the Opposition's amendments had not been adopted in Committee.

The Opposition supports this Bill. The debate has been constructive; it is unfortunate that is a rarity in this place. The result of that process is constructive legislation which will be good for the community. I look forward to monitoring the progress of this Bill through the Legislative Council and to seeing the end product that emerges from the considerations in that place. I will be watching to see whether the Minister keeps his word; that is, that further amendments will be made along the lines discussed in Committee. In support of the third reading of this Bill, I commend it to the House.

MR CATANIA (Balcatta) [8.16 pm]: I join with the Deputy Leader of the Opposition in congratulating the Minister for Police on introducing this Bill which is difficult to handle. Obviously, it has been a controversial piece of legislation both within this House and in the community. The Opposition joins the Government in supporting

uniform legislation in Australia with respect to the control of firearms. Like the Deputy Leader of the Opposition, I acknowledge the cooperation given to the Opposition by the Minister for Police on various amendments it moved. It was hoped that some of the other amendments it suggested would have been adopted by the Minister.

I will reiterate the three areas of concern I have with this Bill. Hopefully, the Minister will consider them in time for the debate in the other place. I said in Committee that the amendments I proposed were good housekeeping. They were significant because they protected the rights of people who would be subject to scrutiny when they applied for firearms licences. If my amendments had been accepted, they would have made the Bill stronger and stopped any criticism by people who oppose it.

My first concern is in the area of disclosure of certain information by doctors. In Committee I suggested that the Minister should look closely at clause 26 which seeks to insert proposed section 23B because it provides for a doctor to disclose a certain medical, physical or emotional condition of one of his patients to the Commissioner of Police and that disclosure could be mischievous or malicious. The amendment I proposed was to insert in proposed section 23B(1) the words "in good faith" after the words "nothing prevents the medical practitioner". The amendment would ensure that the medical practitioner who made the declaration to the Commissioner of Police did so in good faith. It would avert the malicious intent that may arise from time to time in the minds of some medical practitioners. I urge the Minister to revisit this area. The proposed amendment will strengthen, not weaken, proposed section 23B of the legislation and protect the rights of the medical practitioner as well as the person about whom the disclosures will be made.

The other area of concern raised during Committee was the 30-day cooling off period. I agree with that cooling off period. However, those intimately involved with the selling of firearms assure me that the legislation would be stronger in protecting people involved in educating the prospective licensees if permits were granted in a manner similar to the granting of a driver's licence permit. The investigation of the character and fitness of the person to hold a licence should be carried out prior to the permit being issued. If the permit were issued before a character assessment were made, the training provider could be placed in some danger by not knowing whether the applicant was fit to hold a permit. The character checks should be conducted by the police immediately. The checks which are part of the current process should be undertaken by the police before the permits are given.

People involved with the retailing of firearms say that training applicants before a permit is granted could endanger the lives of the trainers. Firearms used in Western Australian practice ranges before a person has obtained a licence have taken the lives of those working in the training establishments. During Committee I said we should put the accent on the people, rather than the firearm; that is, we should ensure that people pass the character and fitness test before they are even considered for a permit. Emphasis should be given to the concerns of the people entrusted with the training - namely, the businesses, schools, ranges and the sporting shooters - so that the investigation into the applicant's suitability is conducted prior to the granting of a permit.

The third area requiring emphasis indicates a weakness in the Bill; that is, law abiding citizens who hand in their firearms to the police should be rewarded for being prompt in their action by allowing them a concession so they need not go through, and bear the cost of, the new process set in place by this legislation. People should be encouraged to surrender a firearm through an attached reward, apart from the monetary reward for the firearm purchase. A reward for that action would encourage others to hand in illegal firearms. Therefore, a concession should be made by which people need not go through the process and pay a huge amount of money. The Bill is weak in not rewarding those law abiding citizens. I encourage the Minister to insert such an amendment in the legislation in as many places as possible. As members will know, most citizens with a firearm are law abiding, and an objection raised has been that this process has focused on law abiding citizens who generally do not offend any law. It was claimed that it seemed as though they were receiving the blame for the tragedies which occurred around Australia involving firearm use.

Within the legislation - I could suggest various places, but it is something the Minister could consider - some of the processes for obtaining a licence should not apply to law abiding citizens who surrender their firearms voluntarily. Every law abiding citizen in Western Australia and Australia as a whole would like to see the number of firearms in the community reduced. Certainly, that object could be achieved much more successfully if some encouragement were provided for firearm surrender.The amnesties put in place over many years in Western Australia have been successful in encouraging people to surrender firearms, especially illegal ones. On these occasions police were inundated with firearms. The process with the new legislation should reflect the experience of past amnesties, which were successful in ensuring that many illegal and unwanted firearms were surrendered to the police.

I urge the Minister to consider that concessions be inserted into the legislation. After all, the concession will demonstrate not weakness, but the seriousness of the Act in encouraging people to surrender unwanted or illegal firearms.

In those three areas, the Act is somewhat weak. I urge the Minister to encourage his colleagues in the other place to agree with the three amendments and recommendations that I suggested during Committee, which will ensure that there is no malicious intent by medical practitioners; that we have a system of issuing permits for applicants for firearm licences and that character checks are made prior to the issue of a permit; and that there is some encouragement for law abiding citizens to surrender firearms.

The Opposition supports the Bill. We acknowledge the cooperation of the Minister in allowing a number of the amendments that we suggested. The amendments to which he has agreed, and a number of others that he has given an undertaking to examine, will strengthen the legislation and will, therefore, attract less criticism outside this House and the cooperation of those people who may be affected by the introduction of this legislation. I urge the Minister to reconsider the three areas in which I displayed an interest during Committee, and I hope those amendments will be forthcoming in the other place.

DR WATSON (Kenwick) [8.32 pm]: I add my congratulations to the Minister on the process that was instituted in the House with the dissemination of what was acknowledged as the Blue Bill. That is a very good procedure when many major amendments are to be made to existing legislation. I also congratulate the Minister on the generous way in which he embraced national uniformity. I realise that debates in the party room are sometimes the hardest debates of all, and I followed the development of policy and the Minister's position closely because I was tremendously committed to gun law reform and to national uniformity. The Minister has come a long way, and that will be to the benefit of all Western Australians. We will reap those benefits in the next five to 10 years.

The major goal of the national uniform gun legislation is to reduce the number of firearms in Australia, and although I recognise that there is a big hole into which unlicensed firearms fall and will continue to fall, the implementation of a system of education and public awareness and the proclamation of this legislation will go a long way towards providing an impetus for people to hand in their unlicensed as well as their licensed firearms. The number of firearms is directly related to the number of deaths by suicide and by homicide, and a small proportion by accident.

Mr Minson: That is not strictly true, is it? It is certainly not true worldwide. The Swiss example is quite interesting.

Dr WATSON: I can provide the Minister with original research papers.

I congratulate the Coalition for Gun Control, of which I am a member. It led the community debate in a very responsible way and emphasised the public health and other objectives of reducing the number of guns. Terry Slevin, the chairperson, and a number of medical practitioners and allied health professionals have been very active and generous in their time in talking to a range of people about the necessity of this legislation.

I remain concerned about two or three issues. One issue relates to children. It is appropriate that this legislation provide licences only for people over the age of 18 years, but children on a farm may be able to use firearms under the supervision of an adult. Nothing will convince me that that is appropriate. I remain concerned that primary producers will be de facto licence providers in many ways, and also that too many issues will be addressed in regulations which should be addressed in the Act.

A further area of concern is the unresolved problem of how the system can tag people who have a mental illness. I respect the fact that medical practitioners are bound by confidentiality, but I am concerned that people with a mental illness may be able to access firearms that they or their family or friends own. It is not the florid lunacy of mental illness that concerns me as much as those people who are depressed. On a regular basis, about 80 per cent of deaths by firearm are suicides. If we can reduce the number of firearms and attend to storage issues by somehow locking into medical practitioners who can provide the informed consent of the person who is sitting before them and depressed, particularly in rural areas, or in circumstances where it is known that person has access to a firearm, we will go a long way in assisting the anti-suicide strategies that are being developed and implemented nationwide.

I spoke this evening to the annual general meeting of the Women's Multicultural Refuge Services, and they were interested to know whether our amendments on domestic violence had been accepted by the Minister. I understand that those amendments will be debated as a government Bill in the Council, and again I congratulate the Minister for making an honest attempt to examine the relevance and importance of those amendments that we put on the Notice Paper; namely, that where a person is convicted of assaults, of violence, or of offences against the Act, or where a person is issued with a restraining order, the court must make a declaration about that to the Commissioner of Police or the officer in charge of a police station and firearm licences be not given or withheld. Those amendments will provide a lot of protection for women who are living in a violent relationship or have just separated from a violent relationship, where the man has ready access to a firearm.

During the second reading debate I spoke of the phone-in with which I was involved. One-third of the women who called said that their partners owned firearms. Most of them were licensed. All of the women lived in fear of the use of those firearms because they were regularly threatened by them. That situation appalled me. I was appalled also

that many of the men had three, four or, in two instances, 10 firearms, and those women live in the metropolitan area. I still do not see the need for people in homes in the metropolitan area to have an armoury or an arsenal. The combination of a number of homes possessing firearms and a high incidence of domestic violence is lethal, and all too often results in spousal murder. If accepted in the Council, our proposed amendments will go a long way toward preventing what should be preventable spousal murder.

There has been overwhelming community support for the Bill. It is interesting also that, prior to the Port Arthur disaster, the Health Department surveyed Western Australians regarding their views on firearms control and ways and means to develop a common policy between the Health Department and the Police Department. They proposed a public health strategy, and those proposals were effectively taken up by the Coalition for Gun Control during this debate. The components of a public health strategy are similar to those where we might seek to reduce and control tobacco and alcohol consumption, and immunisation, for instance. The first leg of a public health strategy would involve public and community education. For example, efforts which illustrate the health hazards associated with tobacco products have led to steadily declining rates of smoking, although we are aware of pockets of problems and that a number of issues will need to be targeted more directly. The same kind of process of television advertising, community debate, going into schools and taking up issues in the media, would be applicable to gun control and awareness of gun ownership, the risks in keeping firearms in a house, and the knowledge that firearms escalate problems of violence.

The second leg would deal with firearms licensing. That has been taken up in the legislation, particularly in relation to the prohibition of certain weapons and requirements for a licence where we have agreed, through this debate, that both the fitness of the applicant and the kind of weapon would be subjects of such registration and licensing. The important component of firearm ownership is safe storage and, of course, training. I understand that the sporting shooters will be engaged to develop training packages for people who are to become firearm licensees. Overall, a number of strategies could be implemented to reduce the number of firearms, besides simply this legislation. They relate to ongoing amnesties and buyback practices. I was pleased that the Minister stated that any guns presented under either an amnesty or a buyback process, would be destroyed. People need to be certain that that is the case.

A database for monitoring and surveillance of all those processes, and of the legislation, would be the other component of a public health strategy. It is critically important that we promote the public health aspects. After all, guns kill and injure. We spend a great deal of time in this House talking about the reduction of injuries and deaths caused by motor vehicle accidents; and we talk about a range of other strategies. It seems to be an appropriate one in this instance. Again, I congratulate the Minister for Police and the House on what I consider has been a very responsible and responsive debate.

MR BROWN (Morley) [8.47 pm]: Since the debate began, the majority of members on both sides have taken a very responsible position. During the second reading debate I referred to the number of thoughtful letters and comments I received from gun owners, and from people who were very keen to see the implementation of the agreement that emanated from the Police Ministers' conference. Although the passage of this Bill will not resolve all the issues that have been in the public forum for a long time, a vast majority of people will accept the Bill. That includes some of my constituents who own weapons which must be confiscated. It will be a grudging acceptance, but it will be accepted and should be capable of implementation.

During earlier debate I also said that it will take some time to ascertain the effectiveness of this legislation, both in Western Australia and in other States. Perhaps in five years or so we will be able to determine the degree of reduction in fatalities arising from acts of vengeance or other incidents. I certainly think it will be some time before we see that. Despite some of the public comment about homicides and calls from time to time to reintroduce capital punishment, an Institute of Criminology report on my desk this morning, at which I briefly glanced, suggested that for the past 50 years, murder rates in Australia have not increased appreciably. I am not talking about numbers, but about percentages. Over the past 10 to 15 years, in some years the number has been very high and in some years it has been much lower. There is no appreciable trend in numbers increasing at a greater rate than the population.

I have found somewhat disappointing the speed of the gun buyback arrangement. One of my constituents who works in a government service and who is conscious of the legislative requirement, like a number of other people, thought he would do the right thing and a month or so ago duly declared and handed in his firearm prohibited under this Bill. As a result of some difficulties in the family, his personal circumstances are such that he could have done with payment immediately he handed in his gun. Having inquired about that, it seems there is some delay and people are being told that they can hand in their firearms but it will be six or so weeks before payment is made.

Although I can understand the administrative hiccups that always go with the implementation of new legislation and the various negotiations that have had to take place between the Commonwealth and the State in establishing the buyback arrangement, that delay is somewhat disappointing. Surely an incentive to get the highest compliance at the earliest date would be prompt compensation for firearms handed in voluntarily. I appreciate that obviously there are

resource implications and implications I had not thought of in that regard. It is not always the best incentive to ask someone to hand over equipment worth up to $1 000 and then tell them that they will receive a cheque in six or so weeks. If it could be arranged, it would be better for the people who are prepared to act in advance of this legislation going through both Houses to be compensated as promptly as possible. I would like the Minister to examine that matter.

The member for Kenwick referred to the ability of members of the medical profession to disclose information about individuals who may be suffering from mental illness or depression which could cause those people to be predisposed to harming themselves or others. I ask the Minister to examine other legislation that is passed through this Parliament under which members of the medical profession are more than happy to provide opinions to third parties. Under the workers' compensation system insurers have the ability to refer individuals to specialists. They can examine a person and provide a report to a third party on the capacity or otherwise of that individual. I understand that similar arrangements operate with third party motor vehicle insurance and in a range of other areas. Legislative penalties apply if people do not comply with a request that they undergo a medical examination.

I am not suggesting that penalties of that nature should apply in this legislation. However, those pieces of legislation make something of a mockery of the argument that a relationship between a doctor and a client is sacrosanct and cannot be interfered with by others. That has not been the practice for a considerable time.

I also support the views of the member for Kenwick on the proposed domestic violence amendments. Unfortunately domestic violence is a fact of life. Earlier today I attended the annual general meeting of a non-government organisation involved in providing community services. I spoke to a number of people there who provide domestic violence counselling. I was keen to know from them whether there was any lessening of the problem and whether the demand for their service was declining and what waiting lists, if any, existed. Unfortunately they confirmed what I suppose I already knew; that is, that despite a number of counselling services being available and an increasing number of refuges being provided, women are still being abused and need the shelter of those refuges. That indicates to me that although there is a greater understanding that that behaviour is no longer acceptable and the level of domestic violence should be abating, unfortunately it does not appear to be the case. Therefore, it is important for the Minister to give that matter some detailed consideration. We all know that domestic violence is disturbing enough for everyone in the family, especially the woman. It also has a profound effect on children if they are involved. The added complication of having firearms in the house at times like that is an unnecessary risk and one for which the legislation should make provision.

Finally, I agree with the member for Kenwick on the use of regulations. Unfortunately we have seen a practice in the Parliament by the Government of putting a number of contentious issues in the regulations of various Bills. We certainly saw it with the Public Sector Management Act, which contains some very flowery provisions just giving general heads of power, but where the important detail, mechanics and real operation of the legislation were put into regulations. Regulation should be used for detail and not in a way that simply seeks to circumvent proper consideration by this Parliament. We all know of the difficulties of getting matters covered by regulations thoroughly examined by this place and the nature of the debate that must take place with a disallowance motion.

Notwithstanding all of that, when members on both sides of the debate come together to look at the Bill, although some people may offer grudging acceptance, those who have exercised a very responsible attitude during all of this, notwithstanding their personal views, will not be displeased with the outcome.

MR KOBELKE (Nollamara) [9.02 pm]: I will make a few brief comments regarding the way in which this legislation has been handled and then go on to comment on some of the matters raised in the Committee stage in which I have an interest, as I did not make a contribution at that stage. I again state my full support for the legislation. We had hoped that it could be amended in some ways, but generally the Minister has not accepted that. I will return to that later. The Minister has handled the Bill very well in this House. In the second reading debate I made some clear criticism of the lack of specific consultation before the legislation came here. However, the Minister must be congratulated for the way in which he has handled the Bill in this House. He has listen to members' arguments. Clearly we would not expect him always to agree but he has listened and considered them and been willing to accommodate some of the views that differed from those put when the Bill was first introduced. That says something about the way in which the Minister has considered seriously the points of view of other people who are not in total agreement with him.

Unfortunately, the way in which the Bill has been handled this week and last week, which is within the control of not the Minister but the Leader of the House, has meant that the Bill has not passed through here in the shortest possible time. Over a week ago the Opposition indicated to the House that it was keen to have the Bill cleared through this House by Thursday afternoon of last week. We suggested that if that were to be the case, less important legislation should not be brought on to fill in the time before we got down to clearly the major piece of legislation before the Parliament last week. However, that is not the way the Leader of the House wanted to deal with it. He proceeded

with other minor legislation and so the Committee stage went reasonably late on Thursday evening, bearing in mind that this Chamber would not normally sit on a Thursday evening. Today it was assumed that we would complete the Bill within two or three hours and it could be passed to the other place so that members there might commence their deliberations. The Leader of the House simply spat the dummy because he brought on another important piece of legislation in an attempt to try to embarrass the Opposition. He did not embarrass the Opposition. It is some embarrassment to the Government that we are still debating this Bill, as we must because it is an important Bill, and it has delayed further its transmission to the other place.

I shall now make a few comments in support of the Bill in order to expedite its passage through this House and the Parliament. One of the Opposition's criticisms of the Bill was that very important classifications of firearms are to be contained in regulations and not in the Bill before the House. I understand that is not a break with what has been in place in Western Australia because regulations have been used for the classification of firearms. However, we are dealing here with legislation which is trying to establish a national standard and, therefore, it would have been appropriate if the provisions for the classification of firearms had been contained in the legislation. It is obviously crucial that we have clear and workable definitions of automatic weapon, semiautomatic weapon and so on. However, these matters will be left in regulations, as they have been in the past in this State. That will mean that we will not necessarily have uniformity across the whole of Australia because, as we all know, regulations do not undergo the same scrutiny in the Parliament as matters contained within a Bill which becomes an Act. Therefore, it is much easier for matters to pass through without proper scrutiny and without the real control of the Parliament over changes which may be made.

The added difficulty is that it is likely to lead very easily to discrepancy between the States. When the whole intent is to make the system more simple and uniformly tough on gun control in Australia, we do not want changes made to the classification of various firearms by a method which can more easily allow discrepancies to slip through Parliament, which could lead to a diversity of classifications and different application of law to the same weapon in different States. That would lead to a difficulty with the management of the whole system and would undo the basic thrust of trying to ensure that legislation across the nation is uniform. The Minister was not willing to accept that and so it has not become part of the legislation. That is certainly regrettable. The Minister was, however, willing to concede to the Opposition's proposal that as a lesser step the Minister be required within 12 months of the commencement of the Act to report back to the Parliament on the implementation of the results of the Australasian Police Ministers' Council meeting. Although that does not go as far as we would like, it is another example of how the Minister has listened to the well-argued points put forward by the Opposition. We hope that we will have a greater degree of scrutiny to try to ensure that uniformity is established and maintained for the classification of different types of weapons in Australia.

In a number of areas where the Opposition sought to amend the legislation, the Minister was at least willing to concede that he would go back and have a closer look at the issues. I hope the Minister will be able to do that in a fairly short time before this Bill completes its passage through the other place, so that he may reconsider and take on board some of the very good arguments put by members in this place. We may see the Minister willing to compromise and give some ground in these areas.

One of the Opposition's requests was to insert provisions to ensure that applicants and holders of gun licences who have criminal convictions for assault, violent offences, offences involving firearms, or restraining or domestic violence orders against them cannot receive a licence or will have their current licence cancelled. That was a specific recommendation in the Australasian Police Ministers' Council meeting, but it is not contained within this Bill. This is one area of serious concern where Western Australia has failed to reach conformity with legislation across Australia. We do not wish to infringe on people's rights. Clearly, there will be difficult cases involving convictions for particular offences where people have changed their ways and are no longer seen to pose a threat because of something they did in the distant past. However, if we want our legislation to be as effective as possible, we must tighten up who is eligible to own a firearm, and these are the matters that we should take up. Agreement on that issue was reached at the Australasian Police Ministers' Council meeting, and I hope legislation in the other States is addressing that. I regret that Western Australia will not join with the other States in that area. I hope the Minister will continue to look hard at that, although I will not hold my breath in the hope that we will get some movement from him following the debate and the strong arguments that we put. It is an area that I hope will be addressed later, if not now.

Mr Cowan: We wish you would hold your breath.

Mr KOBELKE: I thank the Deputy Premier for his profound and in-depth comment. He is obviously feeling bored this evening and needs to engage in light banter. On occasions I can enjoy that with the Deputy Premier; however, I am concentrating on this legislation which is important and requires that members in this place take a real interest

in it and contribute to the debate, so that we can ensure the Bill as it finally will become law in this State will be as close as possible to uniform legislation and will best serve the interests of this State.

The second matter which the Minister for Police advised he would consider more closely was the call by the Opposition to introduce a formal standing requirement for police to check police and health records of applicants for gun licences prior to the licences being issued. This is currently a matter of practice; however, there is no formal requirement that that should occur. That was one of the matters agreed to at the Australasian Police Ministers' Council meeting, as was the requirement that a person with a mental illness be rendered unfit to obtain a firearm licence. This legislation does not fully take up that matter, and that is an area in which the Opposition feels this legislation has failed to conform to the uniform standard, and will fail to provide the strictest possible gun laws in this State. Again, as the Minister has undertaken, I hope he will seriously reconsider whether a compromise is possible.

The third matter that the Minister agreed to consider more closely was a limit on the number of category C weapons - that is, semiautomatic rifles and shotguns - to one rifle and one shotgun per licence holder in each of the particular types of category C weapons. That was part of the Australasian Police Ministers' Council meeting recommendations and it should be one part of the uniform legislation. I sincerely hope the Minister is not just saying that he will look at it, and that he will look at it seriously. I trust the Minister will, because he has shown throughout the debate that he has stuck by his word and treated the debate seriously.

Another area with which the Minister agreed related to safety training becoming a provision of the licence application. The other States in the Commonwealth have established a joint working party. The legislation as it was introduced by the Minister simply indicated that the Minister may provide for training. The Minister accepted a change so that it now becomes a requirement and the Bill says there shall be such training. That is a very important element of this legislation. It is not sufficient to have stringent controls, and penalties to try to enforce compliance for stricter gun laws. We must ensure that people have an understanding of what it is about and they are trained in the use of these weapons for their own and their families' safety, as much as for the safety of anybody else. The best people to carry out that training are those who are already involved in a responsible way with competitive shooting or gun clubs, who respect their weapons and appreciate the need for proper safety and training provisions. I do not know whether the Minister has given a clear undertaking about how those clauses will be implemented in Western Australia. However, with the acceptance by the Minister that such courses must be undertaken as opposed to simply being a good idea that most likely would take place, we hope that those different organisations involved, such as rifle clubs, will be given a clear role to ensure that their expertise is used, so that people who have a licence and are likely to be involved in those various shooting clubs will do the training within the context of that club. I congratulate the Minister on being open and to listening to the points made. Even though they may seem to be minor points they are important, and I hope we will see the details unfold fairly soon on how those training programs will be run and who will be called to operate them, the various accreditations that may apply to them and the standard that will be required.

The final point is an issue on which the Minister was not willing to give any ground. I can understand that the Minister has particular problems within his constituency with the requirements of primary producers. I do not think that has been a major matter that has been contested in debate on this legislation. However, what has been contested is whether primary producers should be able to nominate outside people in such a free and easy way. I learnt to shoot at an early age on an uncle's farm. We are not talking about the type of supervision that should be required of minors or young people who are visiting a farm or country area and may be given the opportunity to be instructed in the use of a gun, but about people who may have only a very distant connection with a farming property, yet that will be used as an important requirement for the granting of a licence. In this area, more than anywhere else, the Minister has let us down. This Bill is an improvement on gun control legislation in this State. However, from my perspective this is the weakest point in the legislation which we should have tightened up. We could have done that without impinging on the needs and rights of primary producers to have access to weapons. We do not need to leave the legislation as wide open as it is to protect that genuine interest. This is a gateway through which many people who do not need to use weapons will gain a licence for their weapons. These people may simply want to have a gun; they do not belong to any shooting club, and they are not using a gun on a regular basis, yet they can use this means of getting a licence. I believe it will be a fairly limp excuse, not a real demonstrated need to own a weapon. We hope to see this legislation through the Parliament fairly quickly, and for that reason I will not use my full time allocation.

Again, I indicate my full support for the Bill. It will certainly be a great day for Australia when all States and Territories conform as closely as possible to uniform firearm legislation, and this Bill is the mechanism by which that goal will be achieved in this State. It is not a matter of enacting uniform legislation which will remain unchanged for ever and a day, as it will be an ongoing issue.

The fact that classifications of weapon will be outlined in regulation is one matter to which I have alluded which leaves open the possibility of easier movement between the States in relation to weapon classifications. As responsibility for this issue rests with the States, we might find that any one State may move to tighten or relax its gun laws. It is a matter of ongoing vigilance. The passage of this legislation will establish an important benchmark. It will be a major move towards strict uniform gun laws across Australia developed for the safety of Australian citizens.

MR WIESE (Wagin - Minister for Police) [9.23 pm]: I thank all members for their comments in relation to the legislation and for their commitment to facilitate the passage of the Bill. I start by dealing with the generalities. First, comment was made about the consolidated Bill making complicated legislation easily understood. Those comments were true and fair. I hope that in the future consolidated preparation of legislation will be used often when complicated matters are before the House as I agree that it made it a lot easier to progress this legislation through the Parliament.

The comments regarding my handling of the Bill in the Chamber are appreciated. I thank members for their comments. In return, I hope we will see a similarly helpful and cooperative attitude adopted by the Opposition to the passage of the legislation through the upper House. It is true that the community believes the legislation needs to be passed as quickly as possible, and the manner of passage of the Bill in this House must be reciprocated in the other place.

The Deputy Leader of the Opposition referred to Labor Party endeavours to remove the provision of nominees for farmers, but the Government does not intend to amend the very practical implementation of the Australasian Police Ministers' Council resolution, which clearly allowed for consideration of the number, and the size of, the properties in the granting of a licence for category C firearms. I have endeavoured to incorporate the provision of the 17 July APMC resolution in the handling of the matter in Western Australia. It is practical and workable and does not move away from the intent of the APMC resolution.

The Deputy Leader of the Opposition also indicated that the Labor Party wanted to achieve a reduction in firearms. He is correct that a reduction in the number of firearms will result from the implementation of the APMC resolutions.

A couple of other parts of the Bill, apart from reducing the number of firearms in the community, will assist with the problem of firearm usage in suicide. The first of these is the requirement for safe storage of weapons. That provision was part of the APMC resolution, and was also part of the original Western Australian Green Bill pre-Port Arthur. This will have a significant effect in reducing immediate access to firearms in the heat of the moment or during an emotional situation which can often lead to the use of a firearm in a suicide or homicide.

The other measure which will also have a significant impact in the suicide and firearms issue is the 28-day cooling off period. That provision was also part of the Western Australian original proposal. It will have significant effects. Likewise, the need to show genuine reason and need for a firearm will have a positive effect in reducing the availability of firearms for use in suicide or in domestic violence situations.

The Labor Party referred to the need to protect genuine sporting shooters through legal representation before the independent tribunal. Legal representation before the tribunal is not appropriate as it would significantly depreciate the intent of the establishment of that tribunal. If a person wants to have legal representation in the appeal process, he or she can make a Court of Petty Sessions-type appeal, as has been the case in the past. That provision is available - it remains unaltered. An appellant should use that avenue if he wants legal representation. Bringing lawyers into that process will not maintain the benefit of an independent tribunal. I urge all shooters and people with an interest in the firearms question to be very careful before pushing in that direction as such change would reduce the impact of a very positive measure in this legislation.

The Deputy Leader of the Opposition commented that the grounds of appeal are too narrow. As I said during earlier debate, I am taking advice on widening the grounds of appeal following discussion in Committee. I do not want to go back to a de novo appeal system as occurred under the previous appeal provision. I am looking at measures which will go some of the way to meet the issues raised. I intend, once the measures are finalised, to discuss them with the Leader of the Opposition and other interested opposition members.

In relation to some of the other issues raised during Committee, I am already preparing some significant amendments to incorporate the four or five amendments moved by the Opposition. Those amendments dealt with matters of which the commissioner needs to take account when granting, revoking or removing a licence. The range of issues involved relate to the domestic violence issue. The concerns raised are already covered in the procedures in the Bill concerning renewals and the granting or revoking of a licence. I believe we will be able to incorporate those into amendments that I will discuss with the Opposition before the legislation is debated in the upper House.

I am also trying to get the matters dealing with the restraining orders incorporated into the amendments, but as I indicated, that may not be as easy. It is the Government's intention that restraining orders will have a significant effect on firearms ownership in domestic violence situations. If I can incorporate them into amendments, it will be done. If I cannot incorporate amendments covering restraining orders and firearms ownership into this legislation, those issues will be dealt with very effectively in the restraining orders Bill when it is before the Parliament.

The powers of the court to remove or suspend licences are already part of the sentencing legislation that has been passed and was awaiting proclamation. That legislation was given the approval of the Governor this morning. As I understand it, those matters will be incorporated into the legislative arrangements of this State very soon. If I am able to deal with them in the amendments to this legislation, I will do so. I have already dealt with the issue of appeals. Widening of the grounds of appeal is already being looked at. I will be discussing those with members of the Opposition as soon as I have them in their final form.

The member for Balcatta talked about two or three issues. He raised the issue of disclosure by doctors, which is part of this Bill. The Labor Party desired to add the words “in good faith” to the relevant clause. That is being looked at, although I will not make a commitment at this stage. I have been absolutely amazed at the intense antagonism of some sections of the firearms lobby towards the medical profession, especially the sporting shooters association. Those people seem to have a very strong dislike and distrust of the medical profession, and a strong belief that those in the medical profession will do anything they can to remove firearms from legitimate firearm owners. The member for Balcatta indicated he believed members of the medical profession would exercise malicious intent in making disclosures to the licensing authorities. That is a dreadful statement; he is expressing a very negative view of the medical profession. I do not believe it is grounded in fact. Members of the Opposition should look very closely at the attitude they are adopting with regard to the ability of doctors to disclose, without risking civil or criminal proceedings, their knowledge of the unsuitability of persons for the licensing or ownership of firearms.

The member for Balcatta raised a couple of other matters, one being the need to reward those who hand in banned firearms by allowing them a free permit to purchase a replacement firearm. As I indicated in Committee, those provisions are already in the legislation. The permit is not free; the fee is about $11. The provision dealing with expedited procedures covers that situation.

The member for Balcatta also indicated that there was a need to address the amnesty and, perhaps, even to add encouragement to people to hand in firearms during the amnesty process. He indicated that when an amnesty is put in place, the police are inundated by unlicensed firearms being handed in. That is not the case, and it has never been. A trickle of firearms comes in, and that helps; however, to say that the police are inundated by unlicensed guns when an amnesty is declared is an absolute nonsense. This is a very slow process. Large numbers of firearms are not handed in, although amnesties raise the awareness of people and they bring in some firearms.

The member for Kenwick congratulated me on the generous adoption of the resolutions of the Australasian Police Ministers' Council and my attitude to the debate that was occurring Australia wide about those resolutions. I accept her comments. It is a pity some members of the Opposition and in the wider community did not support some of the other very sensible and practical proposals, which I put to the APMC conferences and to Mr Howard. One of those issues related to the crimping and modifications of magazines. In that case, a bit of support might have helped to get a very sensible outcome to what I must say was a ridiculous approach taken to that matter. However, that is water under the bridge. I hope at some stage the APMC will adopt some of the other very sensible suggestions I put forward about firearms legislation.

The member for Kenwick and a couple of the other speakers expressed concern about the matters covered by regulation. As I said during the second reading and Committee debates, regulations are subject to full parliamentary scrutiny. If we as a Parliament do not exercise our powers in relation to that scrutiny, so be it; it is on our heads. Regulations are subject to the same or, in many cases, more intense scrutiny than some other pieces of legislation that go through this Parliament. I make no apologies for putting matters like categories into regulations. They have been there for the past 50 or 60 years, and there has been a flexibility to deal with issues as they arise about firearms that are banned and those that are allowed. Those regulations have served the State well and I hope they continue to do so.

The member also commented that the regulations gave primary producers de facto licensing powers. That simply is not true; it is nonsense. The ability of a primary producer to nominate an alternative person is nowhere near his having de facto licensing powers. The powers stay where they always have been - with the licensing authority, with the Commissioner of Police.

The member for Kenwick talked about access by those who are depressed or in a mental state that indicates they should not have access to firearms. As I indicated many times, those matters are subject to the recommendations that will be brought to the APMC conference by the committee specifically looking at those matters. That report will

come to the APMC meeting in November. I hope we will then be able to deal with them in a sensible and practical way. I look forward to seeing those recommendations.

The attitude of the Australian Medical Association in relation to disclosure of confidential information has sometimes been pretty hard to follow. There seems to be an attitude that it is okay to make disclosures in relation to paedophiles or to suspected child abusers, but not about information that could potentially prevent a person from having access to a firearm when that person is not in a fit mental state to have one of those firearms. That needs to be looked at again. I hope the recommendations will reflect that the AMA, to some degree, has agreed to that course of action.

The member for Morley commented on the lack of speed in the buyback arrangements. The buyback arrangements are not addressed in this legislation. They are administrative procedures that have been put in place. The buyback started Australia wide on only 1 October. Although the Police Service has indicated that in the initial stages there will be about a six week delay in getting cheques back to those who hand in banned firearms, it believes it will be able to get that period down to about three weeks when its system is fully up and running. I hope that is the case.

The member for Morley raised matters relating to the medical profession, the provision of information to third parties, domestic violence, firearms and regulations. I think I have dealt with all of those matters. The member for Nollamara dealt with the classification of firearms and regulations and drew a conclusion that they would not be uniform across Australia. That is nonsense. Classification will be uniform across Australia. Any changes by regulation to the classification of firearms will be subject to full parliamentary scrutiny. The member believes the number of category C firearms for each licence is not addressed in the legislation. I reiterate that the Australasian Police Ministers' Council resolutions of 17 July placed no such restrictions on the number of firearms. In fact, the APMC resolutions could be interpreted far wider than the way that matter will be dealt with in Western Australia. I reject the member's comments on that. Members must make themselves aware of how the resolution that was passed on 17 July dealing with that matter is worded. If they do that, they will see that Western Australia has not gone outside the intent or spirit of the APMC resolutions.

The member for Nollamara made scathing comments about me. He believes that as Minister I am meeting the needs of my constituents through the allowances in the legislation for primary producers. I repeat that I am trying to put in place a workable and sensible arrangement that reflects the intent of the APMC resolutions. That does not open up the question of firearms ownership and licensing. I reject the member's comments. Any licensing of firearms will be subject to the scrutiny of the Commissioner of Police.

I thank members for their contributions to the debate on the Firearms Amendment Bill. I hope members of the Opposition will give the same sort of positive support to this legislation when it goes to the upper House as I have given to the amendments the Opposition proposed in this place. The majority of the matters members opposite raised during Committee will be addressed by the amendments that I will discuss with them prior to the Bill being debated in the upper House.

Question put and passed.

Bill read a third time and transmitted to the Council.

BUILDING AND CONSTRUCTION INDUSTRY TRAINING FUND AND LEVY COLLECTION AMENDMENT BILL

Receipt and First Reading

Bill introduced, on motion by Mr C.J. Barnett (Leader of the House), and read a first time.

HOME BUILDING CONTRACTS AMENDMENT BILL

Returned

Bill returned from the Council with amendments.

MENTAL HEALTH BILL

Second Reading

Resumed from an earlier stage of the sitting.

MR McGINTY (Fremantle - Deputy Leader of the Opposition) [9.46 pm]: I will speak in support of the Bill. It is important to acknowledge that the current Mental Health Act 1962 is deficient legislation in that it offends all the human rights principles that we hold as important. It enshrines in its terms the absolute power of psychiatrists, taking away from people who have the misfortune of suffering from a mental illness rights that elsewhere in the world are regarded as basic. It was said to me today that prisoners in the State's penal institutions had more rights and better

rights than people who had done nothing against society but just had the misfortune of suffering a mental illness. This legislation does something significant to redress that. It will bring Western Australia into the late twentieth century and, I hope, put us on a basis from which we can move into the new millennium.

It is important when considering legislation like this that it proceed on the basis of principle. The appropriate principles that should be the foundation stone for mental health legislation in Western Australia are those that are contained in the International Convention on Civil and Political Rights, and, more specifically and more recently, the United Nations' principles for the protection of persons with mental illness and for the improvement of mental health care - a convention adopted in 1991. The essential principles that should be embodied in the legislation as the principles upon which the Bill is erected and the principles that should govern the exercise of the various powers that are contained in the legislation, are, first, that no treatment, except emergency life saving treatment, should be given to any person without his or her consent, and consent should not be mere acquiescence, but informed and voluntary. It is an important principle to state. It is a principle that will not be honoured in its entirety in every situation. However, it is important to state the principle in those terms because it is an objective which has its origins in the two international conventions to which I referred and which have their origins in the United Nations' establishment of international standards. I am pleased that, broadly speaking, this legislation reflects those.

The second principle underpining this approach is that where a person is unable to consent to treatment because of his or her psychiatric condition, any treatment should be such as to cause no harm and to provide the patient with a positive outcome. The first principle deals with the consent of the patient and the second deals with the situation in which the patient is not in a position to offer consent.

We all have knowledge and experience of these cases, and are all aware of the horror stories ranging from the film *One Flew over the Cuckoo's Nest* to the deep sleep programs instituted in Chelmsford in New South Wales and the medical practices undertaken against those suffering from mental illness. I am pleased that significant steps are taken in this legislation to ensure the second principle of treatment of not causing any harm and providing a positive outcome where consent cannot be obtained, appears to be reflected in this legislation. It appears to be reflected in the banning of certain psychiatric therapies and procedures, including psychosurgery, and placing limitations on the practice of these undesirable therapies or medical procedures.

The third principle is that all patients who are subjected to civil detention or restrictions on freedom of movement or choice should have accessible and regular reviews of their psychiatric condition and the circumstances under which treatment is provided to ensure compliance with the above principles. Again, I am pleased that at least two significant steps are being taken in this Mental Health Bill to achieve that end. One is the establishment of the council of official visitors. I am not sure how far it takes matters beyond the visitor program in the existing legislation. I do not know whether it significantly enhances the powers or the rights of mentally ill patients in any respect. However, most importantly the mental health review tribunal will result in automatic, independent review of every person who is either detained or undergoing treatment of an involuntary nature.

The provisions contained in this legislation will not guarantee adherence to these three principles, which are extremely important. However, significant steps are taken away from barbaric legislation towards a more enlightened time based on the principles contained in the international document to which I have referred. As such, the legislation will have the support of the Labor Party in its progress through the Parliament.

One way or another in various walks of life we have all been touched by the incidence of mental illness. My first experience was as an official with the then hospital employees union. A question arose as to the coverage of workers employed in mental health after care hostels in the 1970s, when these establishments were unregulated and were run for private profit. A small subsidy of $1 a patient a day was paid to the owners of these hostels. They were akin to the poorest class of lodging house, and some sensational cases occurred such as patients being locked in gazebos in Guildford and being mistreated by the unqualified lodging housekeepers. I remember vividly visiting a number of these establishments and the stench of urine reeking through the floorboards, furniture and fittings in those places reminded me of places that were unfit for human habitation.

There was a scandal in the mid-1970s which resulted in government action being taken to institute a greater measure of regulation of these establishments. It is important to reflect on those times because it was a case of out of sight, out of mind. If the Government could pay someone running a lodging house $1 a patient a day to take these people off its hands, that was cheaper than keeping them in a mental hospital or than the State assuming its responsibility for looking after people in this unfortunate situation. It did absolutely the wrong thing by the mentally ill patients, in somewhat the same way as the existing provisions of the legislation do nothing to look after the rights and interests of those suffering from mental illness today.

While reflecting briefly on past experiences, I should also refer to a job I had in the late 1960s. During a university vacation period I worked at the then Swanbourne-Graylands hospital as a nursing attendant. In those days when

mentally ill patients suffered from incontinence they were put in a wheelchair and a cold water hose was applied to their naked bodies. They were hosed down and treated like animals. It is a very vivid memory of the brief period I worked there as a fairly young and impressionable person. It has stayed with me all this time. It reinforced in my mind that this approach was historically adopted to people suffering from mental illness; that is, they do not deserve the resources of the State being applied to them and they should be out of sight, out of mind and be treated in an inhumane way. That is my experience of what happened in the 1960s and 1970s in both the old Claremont mental hospital, and later the Swanbourne-Graylands hospital. That process was stopped but my experience in the mental health after care hostels in the 1970s indicated the complete neglect by the State Government of its responsibility in this area. If one considers the current Mental Health Act and the issues that have arisen under its provisions, it can be seen that the process continues. It is my sincere hope that the passage of this legislation will see the ushering in of a new era in mental health care, whereby the State will accept that these people, who rely on it to support and sustain them and protect their rights and interests, are human beings who will have basic human rights afforded to them which they are currently denied.

In the course of preparation for this debate my attention was drawn to a paper delivered on 23 January 1996 by Dr Suzanne Dobson at the University of Western Australia summer school entitled "Social Justice and Mental Health". In that paper, among many other interesting observations, she notes that in Western Australia two-thirds of psychiatric patients are women. She reports that 65 per cent of psychiatric patients are women, which presents this as an issue of particular interest and concern to women generally, to ensure their rights are adequately protected.

It is interesting that a bias is appearing in the statistics for people who suffer from mental illnesses. However, it is something that affects everyone in the community. Men are far more likely to be in compulsory care and to be involuntary patients than are women, and suicide as an option for people suffering from mental illness is four times more common for men than for women. Although the incidence of mental illness is greater among women, or at least those who become hospitalised, particular issues present themselves for men. However, of particular concern to all of us - this should be something that goes beyond the rhetorical - is the position affecting our young people. Dr Suzanne Dobson says in relation to our young people -

> There has been a very increased age specific pattern over the last twenty years of increased suicide in adolescent and young adult males. There has been a marked drop in young females in suicide deaths, seen particularly with the decline in barbiturate prescribing and an increase in the autonomy of women. Improvements in medical services and technology have also reduced the fatality of non-violent forms of attempted suicide, more likely favoured by females.
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> In 1992 West Australians aged 20 - 24 had the highest rate of suicide of any age group and these have been virtually exclusively male. In this age group it is the highest cause of death of young men. The increasing rate of suicide among working class men has been linked with higher unemployment and its impact on their social roles and this effect has been most marked and evident amongst aun males aged 15 - 24 over the period 1966 - 1990.

What particularly alarmed me about that statement is that in the 20 to 24 year age group suicide is the highest cause of death of young men. That means particular importance is associated with this legislation for our youth. That is why the Opposition has pressed today and over the past few days for this Bill to be dealt with to ensure that the legislation is passed. I am pleased that we have now committed a significant amount of time to it. I hope that will continue for the rest of this week, including through to the Committee stage. I hope we can deal with it whether by means of a legislation committee or a Committee of the Whole in order to ensure that the matter is expeditiously dealt with, because the Labor Party has a similar approach to this legislation as it had with the firearms legislation which was passed with a significant amount of harmony and goodwill. We are aware that this legislation is the product of many years' work. It transcends party political considerations. Notwithstanding a few snide comments by members opposite during the debate today, we should be enacting this legislation because of public interest; it is drastically needed and the existing legislation is a disgrace.

The Leader of the Opposition gave four reasons for the Labor Party's supporting this legislation. The first related to deficiencies in the current legislation; the second to the fact that this legislation establishes a rights based approach to the treatment of people who suffer from mental illness, and in particular their admission to involuntary care; the third to the introduction of community treatment orders for the treatment of involuntary patients in the community and outside of secure establishments for the first time; and the fourth, which I rate as most important, the establishment of the Mental Health Review Board which, for the first time, will mean an independent body will be responsible for the automatic review of all people who undergo involuntary care.

In the rest of the time that is available to me I will deal with the way in which the important components will touch upon the rights of mental patients or patients with a psychiatric condition. Contained in the legislation are a number of provisions which seek to extend to people suffering a mental condition and who then come into contact with

psychiatric services protections for those patients. The first of those relates to involuntary detention. The legislation prescribes that a person can be detained and treated without consent only when a number of conditions have been met. The first is that the person has a mental illness; and the second is that the treatment for that illness can be provided in an authorised hospital on a community treatment order or on a continuing care order in order to protect the health or safety of the patient or another person, or to prevent self-inflicted harm or to prevent the person doing serious damage to property. In relation to self-inflicted harm and serious damage to property, when we come to the Committee stage of this debate, we will comment on the adequacy of the definitions. However, in addition to the existence of mental illness, the legislation contains provisions for a restraint on the capacity of the State, or psychiatrists or a mental hospital to detain and treat a person with a mental illness. The third condition is that the person must have refused or because of the nature of the illness be unable to consent to the treatment; and the fourth is that the treatment cannot be provided adequately in less restrictive circumstances. Those are the provisions governing involuntary detention under the proposed new mental health legislation. They are attempts to limit the previously existing, almost absolute power of psychiatrists and therefore the State to control the lives of people who have the misfortune of suffering a mental illness.

The admission process has three steps to it under this legislation: Firstly, referral through a medical practitioner; secondly, the person is seen at the hospital to determine whether he or she should be received; and, thirdly, the psychiatrist must determine within 72 hours whether to confirm the person's admission as an involuntary patient. That is designed to spell out certain rights and is an attempt to spell out in the legislation the procedures to be followed to protect the rights of patients with a view to affording them greater rights and certainty about the procedures involved. The second stream of attempts in the legislation to offer protection to patients or people who come into contact with psychiatrist services is found in the provisions relating to the chief psychiatrist.

Essentially, the chief psychiatrist has two functions. The first is a watchdog role which includes a number of administrative functions. Secondly, and most importantly from the Opposition's point of view, is the function in relation to patient care. As a matter of overall principle, the office of chief psychiatrist is given the general responsibility for the medical care and welfare of patients. He is able to interview any patient in an authorised hospital and to inspect any records or documents to fulfil the functions of the office. These powers enable the chief psychiatrist to investigate allegations of mismanagement, use or breaches of the Act or other legislation in so far as they affect the medical welfare of a patient. They are described as very sweeping powers and they raise the difficult issue of ministerial responsibility and accountability. I would appreciate the Minister's comments on this issue. From my reading of the legislation I understand the prescription of these as responsibilities or functions of the chief psychiatrist refer to the accountability of the office.

If an officer is given specific responsibility he comes under the Minister unless we adopt an independent model, which is somewhat akin to the Director of Public Prosecutions in legal terms, by seeking to establish a statutory office which is directly responsible to the Parliament. I would not seek to go down that path because to prescribe in a person in the health bureaucracy the responsibility for the medical care and welfare of patients is to make that person responsible to the Minister and that enhances the accountability function. That is my understanding of the legislation and if the Minister envisages a different relationship between the Minister and the office holder, I would appreciate his comments.

It is good to have the powers spelt out so clearly in the legislation. I am sure that Professor George Lipton, who was recently appointed to the position of chief psychiatrist and is a person who meets with the general approval of the people who have an interest in psychiatric practice, is the sort of person who will be able to exercise those considerable powers wisely and in a way which will enhance the accountability of the position.

It has been drawn to my attention that one of the shortcomings in the Bill is that, while it gives enormous powers to that chief psychiatrist, it fails to provide any authority for that person to enforce his or her recommendations to ensure patient care and welfare. One of the criticisms of that Bill is that while such an office should have such wide powers and potential it lacks the authority to carry out its functions. I would appreciate the Minister's comments about that criticism.

I refer now to the council of official visitors. I have already indicated that it is an important mechanism and will enhance the rights of people who have the misfortune of suffering a mental illness. I am not sure whether anything new is contained in the legislation about the official visitors and the requirement that each month, or as directed by the Minister, they visit the hospital in which someone is involuntarily detained.

One of the most important changes which will be made by this legislation is to the Mental Health Review Tribunal. The Bill provides for the tribunal to consider the status of involuntary patients, including those who are subject to community treatment orders and continuing care orders. Their position must be considered six weeks after their admission to either a hospital or those orders to ensure that they are continually monitored and, should they continue to be treated on an involuntary basis, their circumstances must be reviewed every six months.

The legislation provides for any person, including a patient, official visitor or a person who has a genuine concern for the patient to apply to the tribunal for a review of that person's status. In all, these matters represent a significant improvement to the mental health laws of this State. These matters are properly receiving the priority attention of the Parliament, albeit somewhat reluctantly at the beginning of today's sitting. We can only go forward in the hope that this legislation will provide the State with mental health laws which it can be no longer embarrassed by or ashamed of. For that reason, the Opposition supports the legislation and looks forward to the more detailed discussion of some of the provisions in Committee. I hope that before the Parliament rises to proceed to the next state election this Bill has passed through both Houses of Parliament and is well and truly on its way to becoming the law of this State and we will then see the end of the Mental Health Act 1962.

DR EDWARDS (Maylands) [10.17 pm]: I also am very pleased to support this extremely important Bill which has taken a long time to be introduced into this House. I have had a particular interest in this area since I made history by becoming the first medical student to fail a psychiatry exam. As a result of failing that exam one summer I had the opportunity to work in a psychiatric hospital. It was a worthwhile experience and obviously I benefited from it because the following year I won the psychiatry prize which everyone thought must have been a mistake, given my past record. However, I worked as a medical officer in a psychiatric ward and I had the opportunity to see the various types of psychiatry practised.

One of the big problems with mental health is the difficulty in defining it. In Australia there is very little knowledge about the extent of mental health problems. Most of the information and predictions come from Canadian, New Zealand and United States studies. There is a dearth of knowledge about and research into mental health in this country. Unfortunately, poor mental health becomes a risk factor for poor health in other areas.

I recall a few years ago when the tobacco tax was increased that a number of people complained about it because their children had mental health problems. They pointed out that this group of people tended to smoke a lot and the increase in the tobacco tax impacted upon them. I give that as an example that where there is poor mental health there are other health risks and often it leads to poor physical health.

This afternoon I was looking for Western Australian figures on the incidence of mental health problems and I found a good summary titled "Our State of Health". I was horrified when I found that the only mental health issue discussed in that publication was suicide. It reflects the problem of mental health. Suicide has been brought to the attention of members. However, we do not know in detail the effect of chronic and debilitating mental illness. It can have a devastating impact on the lives of those people who are affected.

I refer to schizophrenia and I will quote an article which appeared in the *Medical Journal of Australia* earlier this year. It describes schizophrenia as the most debilitating of all psychiatric illnesses. Most people tend to think of schizophrenia as a disease which debilitates people to the extent that they cannot participate in society. However, over one-third of people who are diagnosed with schizophrenia fully recover and participate in society. In fact, 50 per cent of the people who do not recover go on to have very severe chronic manifestations. Although mental illness affects people from all walks of life and social circumstances, it seems that in extreme cases the victims end up in a downward social drift and sometimes homeless. Over one-third of people who suffer like this also have other problems, such as alcohol or drug abuse. It becomes a significant issue for them and for society. In response, we must give these people and their families maximum support.

Prior to the 1950s, the tendency was to put people suffering mental illness into asylums on the outskirts of towns. Towards the end of the 1950s, new medication was developed and changes occurred in clinical practice and the way people were viewed. We saw the birth of the movement away from institutions and towards hostels. A *Medical Journal of Australia* article questions the success of the move to hostels and boarding houses. It points out that some of the conditions in deinstitutionalised accommodation were quite horrendous. However, it was obvious that the people who had these problems appreciated the much greater degree of freedom.

One of the real issues with schizophrenia is the impact it has on families and carers. If members have had experience of people with a psychotic illness coming to their office, they will know that they are extremely difficult to deal with. One needs professional assistance and advice. I am pleased that as a result of this Bill those services will flow through to the community.

I now pay a great tribute to the psychiatric emergency team. When it was first established I was in general practice and used it on numerous occasions. It is a very valuable service to the community. One can refer people knowing that they will get immediate expert help and as a result they are often kept out of institutions, which is what we all want. I was interested to read recently of a typical day for the psychiatric emergency team. On this day it had over 42 calls from people ringing in on their own behalf, on behalf of a relative or, in many instances, from the police requesting advice. This typical day began just after midnight, when someone rang in after taking an overdose. The next case involved a man who was extremely intoxicated and had no short term memory. I hope that is not

reminiscent of Parliament. Team members would start a sentence and by the end of it the caller could not remember the beginning. Obviously in that case no counselling or talking will be effective because the person has no capacity to get the message. Reference is then made to dealing with people who are extremely depressed in the early hours of the morning. Another case took 7.5 hours to resolve. That is a long time, but it is an example of the commitment of the team members and the way they respond not only to the client but also to relatives and others involved in the situation. At 5.15 pm that day, the police requested an urgent assessment of a woman behaving irrationally in a bank. I have some sympathy with that.

Mr Shave interjected.

Dr EDWARDS: They described it as a woman in a crisis who got into a real temper state. Again, the team was able to intervene and provide assistance.

In recent times, for example in 1995, the police called the psychiatric emergency team 700 times when they felt that a person had a mental problem. There were also 700 occasions when the team called on the police for assistance, particularly to make situations safe. I am very pleased to see this constructive link between the team and the police. I was also pleased to read that police officers are now given training in dealing with people suffering from mental illness and the team has been involved in that training.

The mental health task force gives three reasons for this markedly increased interaction between the police and the psychiatric emergency team. First, the police are more aware of the team as an expert facility they can use; secondly, there is more contact between patients and the police because of the deinstitutionalisation policy; and, thirdly, there is a growing awareness in the community of better ways to handle people who have psychiatric problems. I read an article recently in which the police praised the team and said how much easier it made their task. Having been out with the police in the middle of the night, I have some sympathy with that. I have been in police stations in my area late on weekend nights and heard some of the calls they must deal with. There appear to be some occasions when people use the Police Service as a social work or psychiatric service. I am very impressed with some of the younger police officers I have seen getting involved and the sensitive way in which they deal with these cases. What I saw confirmed what the team described: That its peak period for dealing with people is between 5 pm and 11 pm, but it is also busy in the early hours of the morning.

The national mental health policy was endorsed by all Governments in 1992. This is a very important framework and some of it has been picked up in this legislation. For instance, one of the main objectives of the policy is to increase consumer rights. We have heard much about that today and in the Minister's second reading speech. The policy also seeks to mainstream mental health services so that they are not isolated units out in the sticks but acute services available at the same location as other acute services and that community mental health services are available along with other community health services. An aim of the policy is also to link the services so that people are treated in a holistic way. I see a real need for that when dealing with people in my electorate. The policy also emphasises promotion of mental health and the prevention of mental disorders. I believe all members of Parliament are committed to that concept.

I will now comment on men and mental health, because that area has been neglected. Traditionally the view has been that when we have problems women get depressed and men get angry. Women see a psychiatrist or a psychologist or end up in a mental home. A 1995 report produced by the National Health and Medical Research Council pointed out that that view is wrong; contrary to common belief, males do not have a lower prevalence of mental illness than females. The figures for children indicate the reverse: Boys have twice the rate of mental health problems as girls. In adulthood it becomes more complex. However, schizophrenia and the bipolar effective disorders affect men and women at about the same rate.

Mr Johnson: About 50 per cent of each.

Dr EDWARDS: That is right. I thought the member said 50 per cent of the population.

Mr Johnson: No; it is not that bad yet.

Dr EDWARDS: I think the complexity arises because people present themselves to the system in different ways. Women tend to present more as having anxiety, depression or eating disorders, whereas men often present as having alcohol abuse, drug problems, or antisocial behaviour. Unfortunately, men are six times more likely than women to be affected by mental health problems and alcoholism and are four times more likely to commit suicide. The tragedy is that women, who probably have the least significant problems, are much more likely to use the services. Therefore, anything that can be done to encourage men to use services when they need them will be very useful to us all.

Another paper that I read dealt with the factors influencing male mental health. One of the factors that is obvious but not really considered by society is that many older men in society who have participated in war and have had

horrendous experiences have lived in a social climate where they did not talk about it and put on a brave front or denied that situation. There is no doubt when we talk to older people in the population that war has had a significant and understated impact. I know from having grown up in a small country town that people would, on the one hand, tell a story about certain characters who had performed amazing feats in the war, and, on the other hand, accept that they were rather strange, but would never draw a link between the two events. Men are more likely to be hit with severe depression when they are unemployed. That is probably a sociological construct, but nevertheless the depression is very real. Men are also more likely to be in hazardous occupations, and the stress of that will also create problems.

A serious issue is homelessness. Most of the people who are homeless are men, and one-quarter to one-half of those men have serious mental disorders that are sometimes not detected because they are among a group of people who are not interacting with the services that may assist them. Men also have poorer short term reactions to separation and divorce and are less likely to seek help. There is a range of ways in which mental health impacts on men much more significantly than it does on women; and other factors make the problem even more severe for Aboriginal men.

We have an urgent problem in Western Australia that we must resolve, and I am pleased that we are debating this Bill. The Opposition is pleased to support this Bill because it is an important step in the right direction. An important factor is that we do not have enough psychiatrists in the public sector. A number of years ago, a psychiatrist told me about the difficulty of being a psychiatrist in the public sector and of working in the field, particularly with people with a chronic illness, where one did not get the reward of a miraculous cure but rather it was a long-term slog without achieving a lot of beneficial outcomes. I am pleased that measures are being taken to put more psychiatrists into the public sector, and I wish the Minister well, because that is a difficult issue to resolve.

I will conclude by quoting from a woman who describes herself as a former mental health patient. She said in an article published in *The West Australian* in April of this year that she thought that State Parliament seemed to be preoccupied by frivolous matters that did not have much to do with the daily lives of people on the street. There are many people on the street for whom this Bill represents a lot and who want assistance from Government, from Parliament and from the community in general to help them live with their problems. I commend this Bill to the House and thank the Minister for giving us the opportunity to debate it.

MS WARNOCK (Perth) [10.34 pm]: I want to add some remarks about the Mental Health Bill, which, like the other members on this side of the House, I am very pleased to see in the Parliament today. For some time now I have had a strong personal interest in mental health. I have spoken several times about my concern for mental health, arising out of my experience of the illness of a close friend. I have wanted to see the Mental Health Bill brought into the Parliament for some time, and for much of the time that I have been thinking about it, it has been at the urging of this friend and her family.

I hope the Government, having now brought this Bill into the Parliament, will also ensure that this area of health is adequately funded, because, as other colleagues have remarked, one of the problems has been not only the out of date nature of the mental health legislation in Western Australia but also the inadequate funding and, as my colleague the member for Maylands has just mentioned, the terrible lack of psychiatrists in Western Australia. It has been all too easy, for all of the reasons that we have heard about today, to brush mental health under the carpet. It has always been a difficult area for most people to deal with. Anybody who knows something about it understands why it is difficult, and anybody who does not know very much about it frankly does not want to know very much about it because it is extraordinarily awkward.

Mental illness is a form of illness, like cancer or any other kind of disease that one can get, but the difficulty with mental health is that people who have a mental illness are often either unable to realise that they have an illness or unwilling to admit that they have an illness. This fact has led to the clause that deals with the involuntary treatment of patients, and it is also the reason there has been so much difficulty over the years in dealing publicly with the issue of mental illness. It is extremely difficult for the people who are ill and for those around them to deal with the fact that they have an illness of this kind. They are often unwilling to admit that they have this illness and to submit themselves to treatment for this evident problem. That is probably one of the reasons that it has taken so long for us to get this Bill into the House.

We are all familiar with the criticism of this State's treatment of the mentally ill, a criticism that was made some years ago by Brian Burdekin. It was obvious to me when I opened my electorate office in the centre of the city in 1993 that despite the best efforts of the skilled and compassionate members of the psychiatric emergency team on behalf of the many people with whom they have to deal, there were not enough of them to go around. They did not have enough resources to cover the extraordinary number of people in the community who have a mental illness. I understand that about 1 500 people are under involuntary treatment at any one time. As we know by now, this area

has been deinstitutionalised, to use that complicated phrase, but it does mean what it says. People have now been taken out of institutions and placed into community care, but at the beginning of that period the community care was not very good. There was not enough of it to go around and many people in the community were virtually left to their own devices. That was no good for them and it was very bad for everybody else. As I said, as a new member in an inner city electorate, I found that my office was frequently visited by people who were clearly in need of treatment but were in a state of disarray, wandering around the streets and clearly not under adequate care. I hope that with the increased consciousness of mental illness and the need for mental health care, and, one hopes, the increased resources for this area, this will be less likely to happen in the future.

The policy of deinstitutionalisation has existed in the western world for several years now. In fact, the early days of this policy in America were notorious for large, old, inner city buildings in New York, for example, being virtually filled, as nineteenth century workhouses were once filled, with patients living in so-called hostels, which really amounted to giant dormitories of people who were under no care other than that they were sheltered for the night. Let us hope that the New York situation has improved, as institutionalisation has been better dealt with. I certainly hope that in Perth in 1996 it is better dealt with, because obviously there is no point in taking people out of institutions, where they were frequently taken for long periods or left for the rest of their lives, and putting them into care in the community if the care that is provided is inadequate. It is important to provide adequate financial and human resources in the community. It is not enough to close the old asylums - as they were. I saw enough of those in the past when visiting friends and associates who had various mental illnesses. It is very good to see that those institutions have gone, and are now part of the past, but it is not good enough to just close them. We must provide care in the community which is adequate for people's needs. In areas such as this, that means providing an adequate number of staff to deal with the number of people who have this unfortunate problem.

The member for Maylands quoted figures from some papers she has read about the people who have the problem and the number of calls on the psychiatric emergency unit, which operates out of the area I represent. Mental illness can strike at any time and affects more or less any section of the community. Some mental illnesses are more common among men, and others are more common among women. In any event, it is a sad business for the people who are affected, and it is a desperately sad thing for their families as well.

Mental illness is still very badly misunderstood in the community. As I said earlier, it is an illness just like any other, but the way it reveals itself in the community and to people's nearest and dearest is often by strange behaviour, which can unsettle other people. It is for that reason we have an even greater responsibility to provide adequately for this illness. We have a responsibility for the people in our community who are among the most vulnerable. It is very pleasing today to be involved in the passage of this legislation through Parliament.

Mental illness can elicit a very unsympathetic response from those who have little understanding of it. The extra burden that the mentally ill have as a result of the nature of the illness needs our support. I am pleased that part of the legislation will provide for adequate resourcing of community organisations, of relatives and friends of the mentally ill who make it their business to provide support services, comfort and counsel for people who have this illness, and also the people who are involved in the more complicated long term business of educating the rest of the community about mental illness. As I said, the mentally ill are among the most vulnerable in the community, therefore we have a particular obligation to see that they are properly protected. It is good to see that the Bill deals with the rights of the mentally ill and emphasises those rights based on a series of United Nations regulations. It is pleasing to note those regulations in this Western Australian Bill.

The mentally ill have not been adequately protected in the past because of faults in the legislation, and because of ancient prejudices which have lingered for many centuries, a result of which has been that people have had a bad attitude to mental illness. That is probably another reason that it has been shelved time and time again. However, it is pleasing that this legislation has come before us. It is pleasing also that this legislation is being brought up to date at the end of the twentieth century. It is better late than never.

I wish to refer quickly to a number of matters in the Bill. I am very interested in the clear definition of mental illness. This is very important because, of course, mental illness at times resembles other complaints people might have. Many behaviours might suggest their being related to mental illness. However, the important part of the definition of mental illness is referred to in clause 4(2) which reads -

> However a person does not have a mental illness by reason only of one or more of the following, that is, that the person -
>
> (a) holds, or refuses to hold, a particular religious, philosophical, or political belief or opinion;
>
> (b) is sexually promiscuous, or has a particular sexual preference;

(c) engages in immoral or indecent conduct . . .

(f) demonstrates anti-social behaviour.

Of course, one can refer to the notorious cases in the past where, because they behaved in a way their family found unsuitable, women have been locked away in mental institutions for the whole of their lives. There have been very prominent cases, some even affecting the British royal family, when someone whose behaviour was regarded as antisocial has been slammed in an asylum, not to be seen for the rest of his or her life. That will not be possible in future under the terms of this Bill, and that is a triumph for a more tolerant attitude in our community. I am very pleased to see such a provision in this Bill.

Clause 26 was referred to in the Minister's second reading speech. It relates to involuntary patients, and clearly outlines who should be such a patient. As I said earlier, the peculiarities of mental illness raise the need for a section dealing with involuntary patients, because many people do not wish to acknowledge that they have a mental illness, or are incapable of acknowledging it. However, it is clear to people around them that they require treatment. The clause defines the situation clearly, and in doing so makes it obvious how we can protect people in that situation.

Another clause refers to police assistance. This is a matter that concerns me particularly. When we had a briefing on the Bill I spoke to the officers in the public health system who had been dealing with the matter for some time. I made the point that a friend of mine has a wife who has had a mental illness for some time, and she is frequently very upset about the fact that she must be dragged off to hospital, because she is often in such a state that she does not realise she is ill. Therefore, she must be dragged off in a very undignified way, and the police are frequently involved. I queried whether it is possible that we will not require police assistance at some time. It was explained that because of the nature of the illness and because the police are the only ones in the community who have the legal right to apprehend people and take them away, the police will be obliged to be involved in future. However, I am pleased to note that there must be some very thoughtful training about how this should be done. It is very important for police to be adequately trained. I have no doubt about their compassion or their adequacy to deal with the situation. I simply say that the people who are not familiar with mental illness and who are young might be shocked by what they must deal with. We are all aware of the unfortunate cases in Victoria in recent years when armed police apprehended mentally ill offenders and, unfortunately, the offenders were shot. We must train people very carefully for the very difficult and unpleasant job of having to cart people away to a hospital when they do not want to go. It is not a nice business in which to be involved, and I am sure the police do not enjoy the job. However, it is very important, because the person who does not want to go nonetheless needs treatment. We must make sure not only that the gross mistakes made in Victoria are not repeated here but also that it is not too unbearable for the people involved. It is most unfortunate when someone has a chronic mental illness that the neighbours should witness that person being taken off by the police. People assume, not unreasonably, that someone is a regular offender. They do not understand that the problem is mental illness.

This Bill also provides that when anyone is detained or at an authorised hospital as an involuntary patient they are to be given an explanation of their rights and entitlements. That is very important. The provision for setting up a Mental Health Review Board is also extremely important. In light of the nature of mental illness and its unfortunate history, it is pleasing to note a very clear outline of the rights of patients and how they are to be explained and adequately protected.

I note also that the Bill introduces community treatment orders to Western Australia. That is a very good idea. It means that one can be an involuntary patient and still be treated in the community. One does not have to be in a hospital, although people I know who have had recurring illnesses have an obvious need to be in hospital. When they realise that they must go there they are pleased to do so because they feel protected and at ease with the people looking after them. Nonetheless, some involuntary patients will be able to be adequately looked after in the community and be given drug treatment to keep them functioning as members of the community. That is an important innovation. For all of those reasons and for many others, like the rest of my colleagues on this side of the House, I am very pleased to support the Bill this evening.

Debate adjourned, on motion by Mr C.J. Barnett (Leader of the House).

MOTION - TIME MANAGEMENT SESSIONAL ORDER (GUILLOTINE)

MR C.J. BARNETT (Cottesloe - Leader of the House) [10.51 pm]: In accordance with the sessional order for time management, I move -

> That the following items of business be completed up to and including the stages specified at 5.30 pm on Thursday, 24 October -
>
> 1. Criminal Code Amendment Bill (No 2) - all remaining stages;

2. Electricity Amendment Bill - all remaining stages;

3. Mining Amendment Bill - all remaining stages; and

4. Reserve (No 18039) Bill - all remaining stages.

We have already done with the firearms legislation. Four Bills remain to be dealt with under the time management sessional order. The Government is very keen that the Criminal Code Amendment Bill be progressed. It is an important piece of legislation. Similarly the electricity and mining amendment Bills have been on the Notice Paper for some time and it is important that they progress. The Government also intends to progress debate on the Budget Bills this week.

MR KOBELKE (Nollamara) [10.53 pm]: It is very clear by now that this guillotine motion will not improve the management of the House. It is simply a device which the Leader of the House feels he must wield in order to assert some authority rather than instigate the efficient passage of legislation and business through this House. Last week the Opposition offered to have the gun legislation through this House by late Thursday afternoon if the Government were willing to give precedence to that important piece of legislation and leave off the other legislation under the guillotine.

Mr C.J. Barnett: How very generous. Don't you realise you are in opposition? You had 14 hours of debate. What an arrogant comment.

Mr KOBELKE: I am suggesting that the business would have proceeded more efficiently if the Leader of the House had been willing to work with the Opposition rather than -

Mr C.J. Barnett: You had five hours on it.

Mr McGinty: One of the more important pieces of legislation to come before the House and you are bitching about important business.

Mr C.J. Barnett: No serious attempt was made to progress it.

Mr Catania: You are an arrogant Minister.

The ACTING SPEAKER (Mr Osborne): The member for Balcatta, order.

Mr McGinty: It is absolutely disgraceful.

The ACTING SPEAKER: Order, Deputy Leader of the Opposition.

Mr KOBELKE: The Leader of the House is illustrating his inability to manage the business of the House. An undertaking was given by the Opposition that we would have the gun legislation through this Chamber by Thursday afternoon last week, giving precedence to that important Bill over the other minor pieces of legislation we dealt with. The Leader of the House was not willing to accept that. He proceeded with the guillotine, the same motion we now have before the House. As a result we sat on Thursday evening, which was unusual. We have also debated that important Bill for some time today.

Clearly a Bill of that importance required that it be debated fully, and that was the case. There was no delay or filibustering. It was dealt with properly and fully and given the consideration it deserved. Again, this week, the guillotine is being brought down to force through legislation rather than managing it in a rational way. The Leader of the House simply wants to spit the dummy to say he will not do things because we are not doing things the way he wants. It is beyond comprehension that we should have had this happen for debate about the priority of legislation as important as the Mental Health Bill. The Government said it could not give it top priority, but would give it high priority. However, the Leader of the House suddenly spat the dummy and said he would give it top priority seconds after he had moved an amendment to say it could not have top priority. That defies rationale.

Mr C.J. Barnett: The Government determines the priority and the passage of government legislation, which it is doing.

Mr KOBELKE: The Minister in his own words has put it more clearly than I could. The Legislative Assembly of the State of Western Australia is the toy of the member for Cottesloe. If he believes that we should jump, we must jump. If he believes we should sit down, we must sit down. When it comes to jumping, the only thing the member for Cottesloe thinks is important is that we must ask him how high we should jump. He may be Minister for Education and have the view of an authoritarian primary school principal of 30 years ago but this is 1996. The people of this State have expectations about democracy which do not sit with his narrow, autocratic view of how things should run. This House will try to assert where it can the right of members to deal with business in a proper and

orderly way, not in accordance with the authoritarian whim of the Leader of the House. This motion is a crutch to support the authoritarian whim of the Leader of the House.

MR McGINTY (Fremantle - Deputy Leader of the Opposition) [10.58 pm]: Dear, oh dear, the poor member for Cottesloe! At long last we are seeing his true colours. He is a little dictatorial, authoritarian person who does not like being challenged. We are seeing a temperamental outburst from someone who does not have the disposition to mix it in the big time. We saw the big dummy spit take place this morning. The Leader of the House has been walking around with a dark cloud over his head all day because he has mucked up things. He has been trying to put one over us and he has failed. Although we have had a good debate on the Mental Health Bill not one member opposite stood to support his Minister.

Mr C.J. Barnett: Did you see how much media attention you got? With the exception of the Leader of the Opposition, who made a credible speech, the Opposition speeches were very poor.

Mr McGINTY: The poor member for Cottesloe. The temperament he is displaying is like that of a little pre-school child throwing a tantrum. He should be taken out the back and the Premier should administer a little bit of corporal punishment to him. He is pathetic. All of this suddenly playing little tricks on people befits a four or five year old, not a grown man.

Mr C.J. Barnett interjected.

Mr McGINTY: We need from the Leader of the House an end to these silly little stunts that he is pulling by saying suddenly and without notice, "We will change everything." He has done it three times today, and it has backfired every time.

Mr C.J. Barnett interjected.

Mr McGINTY: He has demeaned himself, his office and the Parliament with this pathetic behaviour. He did not even have the decency to tell his own Minister for Health what he was doing. If the Leader of the House wants to do it in this way, let it reflect adversely on him because he is demeaning himself and making himself look as pathetic as he is behaving. He really must not do it to himself or the Government, because he is going down in everyone's estimation. He is buckling under to pressure. These temperamental displays say more about his behaviour than they do about the business of the House.

Mr C.J. Barnett interjected.

Mr McGINTY: As a dummy spitter he is better than anyone else in the House, but as the person responsible for running the business of the House, he is a failure. The longer he tries to pull these little stunts the longer we will sit here. All he is doing is dragging himself down. If he would accept a little bit of advice, he should grow up.

MR RIPPER (Belmont) [11.03 pm]: This surprise debate on the guillotine motion, when the Opposition thought that the Mental Health Bill debate would continue until the conclusion of the second reading and then we would move on to the Criminal Code Amendment Bill (No 2), is one more example of the Leader of the House's typical response when he is challenged. The Opposition dared to suggest that there might be a better order or priorities for the legislative program than that suggested by the Government. Our right as an Opposition is to make that suggestion and to put down a matter of public importance debate on an issue like that. The Government has no reason to react in such a petty, vengeful way. There is no reason for the Government to seek to continually act with very little notice throughout the rest of the day's business as a result of our daring to challenge the priorities set by the Government.

Mr C.J. Barnett: You seem to forget that we are following the written instructions that were given on Friday.

Mr RIPPER: I point out to the Leader of the House that the Opposition will continue to challenge the legislative priorities of the Government. We will be doing that with more vigour as it becomes ever clearer that this Parliament does not have long to run. We believe that greatly important pieces of legislation are on the Notice Paper. They must be dealt with before the Premier wakes up one morning and calls an election. I will indicate a few of the priorities with which we say the Government should be proceeding. For example, we will be saying that the Government must bring on for debate the National Environment Protection Council (Western Australia) Bill, which is at number 14 on the Notice Paper, before we go to an election.

I am advised by our shadow Minister for the Environment that long-proposed amendments to the Conservation and Land Management Act provide for the establishment of marine parks and a marine management authority. They were promised in 1993 and were also in the Governor's speech opening Parliament this year. We have not yet seen the Bill because it has not come to this House. We will be asking, "Where is the Bill?" If any Bill should be subject to this iniquitous motion that the Leader of the House moves every week, this should be one to which he indicates he is giving some priority. The Human Tissue and Transplant Amendment Bill is languishing at number 23 on the

Notice Paper and should be dealt with before the election, as should the Criminal Injuries Compensation Amendment Bill languishing at number 26. We have plenty of time for government business. The Leader of the House should be using some of that time to deal with the matters to which I have referred. The Strata Titles Amendment Bill obviously must be passed before the election.

Mr Kierath: Will you help us get it through this week?

Mr RIPPER: The Government must allow the Opposition time to study a Bill as important as that. I am not saying that the Opposition wishes to debate at a moment's notice every Bill that I have mentioned. The Bills must be through before an election is called.

Mr Kierath: I asked whether you would cooperate in getting the Strata Titles Amendment Bill through this week.

Mr RIPPER: When did the Minister make his second reading speech on the Bill?

Mr Kierath: Last Thursday.

Mr RIPPER: Under the conventions the Minister can bring it on this Thursday and we will debate it. The convention is that the Minister gives the members of this Parliament a week in which to study it.

Mr Kierath: You would not be prepared to do it.

Mr RIPPER: We would be prepared to debate it after we have had a week to study it.

Mr Kierath: You would not suspend standing orders?

Mr RIPPER: We do not have to suspend standing orders. The Minister can bring it on at any time he likes. The important legislation must be properly debated by this Parliament, not at five minutes' notice, and must be through this Parliament before the Premier calls an election. We are happy to debate the Strata Titles Amendment Bill, but we know that it is complex. The Minister made a mistake with it last time. We had better give it closer scrutiny this time to ensure we do not have another set of mistakes. We oppose this guillotine motion, as we have on every occasion on which the Leader of the House has moved it. He has been forced into this regular use of the guillotine because of the unfortunate way in which he managed the House in the first year or two of this Government's term in office. We have seen today a very regrettable reversion to the past.

Question put and a division taken with the following result -

Ayes (26)

Mr Ainsworth	Mr Kierath	Mr Shave
Mr C.J. Barnett	Mr Lewis	Mr W. Smith
Mr Blaikie	Mr McNee	Mr Trenorden
Mr Board	Mr Minson	Mr Tubby
Mr Court	Mr Nicholls	Dr Turnbull
Mr Cowan	Mr Omodei	Mrs van de Klashorst
Mrs Edwardes	Mr Osborne	Mr Wiese
Dr Hames	Mrs Parker	Mr Marshall *(Teller)*
Mr Johnson	Mr Prince	

Noes (17)

Ms Anwyl	Mr Grill	Mr McGinty
Mr M. Barnett	Mrs Hallahan	Mr Ripper
Mr Brown	Mrs Henderson	Mrs Roberts
Mr Catania	Mr Kobelke	Dr Watson
Mr Cunningham	Mr Leahy	Ms Warnock *(Teller)*
Dr Edwards	Mr Marlborough	

Pairs

Mr House	Mr Riebeling
Mr Day	Mr Graham
Mr Bloffwitch	Mr D.L. Smith
Mr Bradshaw	Mr Thomas

Question thus passed.

EAST PERTH REDEVELOPMENT AMENDMENT BILL

Returned

Bill returned from the Council without amendment.

CRIMINAL CODE AMENDMENT BILL (No 2)

Second Reading

Resumed from 17 September.

MR CATANIA (Balcatta) [11.12 pm]: I refer to the second reading speech on this Bill by the Minister for Health, in which the Minister immediately makes this empty statement -

> The Government shares the community's concern about the prevalence of home invasion offences and acknowledges the devastating effect which such offences can have on the lives of victims.

The Minister and the coalition Government should not be concerned about the number of home invasions that are occurring in Western Australia; they should be ashamed! The home burglary rate in Western Australia is the highest in Australia. Does the Minister know why that is?

The Minister made a number of motherhood statements in his second reading speech to appease the people of Western Australia who are hourly, daily and nightly invaded in their homes. The second reading speech states -

> Home burglary is a predatory crime which touches the lives of many people. It not only involves the expense of damage to or loss of property and the risk of serious personal injury, but also leaves victims with the sense that the sanctity of their homes has been violated.

What a hypocritical second reading speech. Rostering and overtime in the Police Service have been cut substantially. Does the Minister for Police disagree with me? The Auditor General examined the police communications network in Western Australia only months ago, and found it to be below standard and not able to respond to the number of calls that are made by people crying out for help. The response time to calls is about two hours. That does not compare favourably with the response time of 13 minutes in the city of London with 44 000 police and over 12 million people. The Police Service has stated that it might withdraw its permission for police officers to take home cars and motor cycles. That will reduce by about 120 hours the number of hours each day that police provide free of charge, because they take home cars and motor cycles. The Minister wants to cancel that 120 hours of free time, because it will save the Government $1.5m a year. The Minister will implement this decision knowing full well that we need as many police officers as possible on our streets and in suburbs to decrease Western Australia's burglary rate, so that Western Australia does not continue to have the highest rate of home burglary in Australia.

Victims of crime must wait for up to two years for compensation. The Minister states in the second reading speech -

> The Government shares the community's concern about the prevalence of home invasion offences and acknowledges the devastating effect which such offences can have on the lives of victims.

What a hypocritical statement, when we know what is happening in Western Australia. The Police Service has stated that it will not respond to house alarms unless they have been reported by people who have seen the burglars entering the houses. This Government has promoted, and insurance companies have fostered, the installation of burglar alarms in houses, yet the police state that they will not respond to those alarms. The aged have responded to the call from insurance companies to install alarms in their houses to deter burglars, and now the police will not respond to those alarms. The Government tells the elderly that they should install monitored alarms that cost $1 a day. How many pensioners and seniors can afford $365 a year for a monitored alarm system? The Premier stated that he is concerned, but the Government's actions do not reflect concern about the devastating effect that burglars have on our population generally, or on our seniors particularly. Once darkness falls our seniors are concerned and frightened about leaving the safety of their homes. They become prisoners within their own four walls.

The Minister has stated that the Government will address this serious problem, yet it has refused to install security screens in certain Homeswest properties. Security screens should be a basic and essential element of seniors' houses. The Government has refused also to install security screens for single mothers.

Mr Marshall: A public meeting is being held in Mandurah to tell seniors how to look after themselves.

Mr CATANIA: The member for Murray agrees with me, and 500 people will express their concern about the Government's failure in this area. The member for Murray has been honest enough to admit that the Government to which he belongs is lacking in this area. It is refreshing to hear a member of the Government admit that the Government has not addressed the problem properly. The community is concerned. It is to the Government's great

shame that the concern has not been addressed. The Government endeavours to address this problem by outlining the lawful action and force a person may use to prevent the commission of an offence or to defend his or her home. The Bill also redefines a dwelling.

The legislation is too little too late. After four years in which the Minister has been in government, with this State having the highest rate of burglary in Australia, and in the dying hours of the Government, the Minister tries to address the problem of most concern in our suburbs today. This problem concerns people young and old, particularly the elderly. I sincerely hope that this is the dying moment of this Government because it certainly deserves no accolades for addressing the issue of greatest concern in our community.

The Government intends to amend the Criminal Code to address a topic of great discussion right around Australia; namely, the force which prospective victims may use when their homes are being invaded. The Minister has attempted to address this concern in this Bill. Although the Opposition will agree to the proposed amendments, the Minister has attempted to address this problem in a manner which will give little comfort to the many people who have had their homes burgled and their private possessions robbed and ransacked with the sanctity of their home invaded.

Although the Opposition will agree to the amendments, the Bill does not go far enough. It does not address the dramatic affect of burglaries in Western Australian cities and suburbs. Also, it does not deal with the role of police in deterring the rate of burglaries. Unless police rostering is changed so that more police are present on our streets, police are able to walk the beat, and police numbers enable them to be visible on motorbikes and cars around our suburbs day and night, the incidence of burglary will not reduce. One cannot say to people, "Look, we will try to reduce the number of burglaries by giving you the authority to use force if necessary when you're invaded. We will give you the authority to grab a baseball bat to knock somebody's hand or head off if they try to invade your house." That will not reduce the number of burglaries.

The police, the law enforcers of this State, are the only people who will deter burglaries. The Minister for Health, the Minister responsible for this Bill in this House, and the Minister for Police who sits besides him, should have conferred prior to the introduction of this Bill. The Minister for Police should have had a greater input into the legislation. It is his, and his department's, responsibility to maintain law and order in this State. It is his responsibility to ensure that his department is given not only the legislative backing, but also the resources and proper manpower for the Police Service to address the high incidence of burglary in Western Australia.

With a sparse population of 1.7 million people in Western Australia, we have the highest rate of burglary in Australia. Our rate is higher than that of New South Wales and Victoria which have huge populations and an intense network of crime. The high burglary rate statistic in this State is devastating, and one of which we should all be ashamed.

This amending Bill to the Criminal Code was introduced nearly two months ago and is before the House under the guillotine during the dying moments of this Government and the thirty-fourth Parliament. This measure is meant to address the biggest problem we face with law and order in this State, a problem which gives most concern to every household, every family and every senior citizen in Western Australia. I am sure many members opposite have been contacted by senior citizens who express fear about going out at night; they fear that their homes will be broken into if they leave them unattended. How many time have members heard people say, "My home was broken into and I phoned the police, but they did not come that night, the day after or the day after that. They came the day after that" - that is, if the police came at all?

This problem is the fault not of the police, but of the Government and the resources it directs to the Police Service resulting in insufficient police numbers being on duty at any one time. Due to the overtime provisions, of the 4 600 police officers in Western Australia, with the three police rosters, approximately 350 officers are on duty at any one time in the metropolitan area. That is a staggering statistic, but it is no wonder considering long service, annual and sick leave as well as the rostering system. The number of officers who are on duty at any one time is not enough. The statistics bear that out. To address this problem of home invasion solely by the introduction of legislation that will define what is a dwelling house, the sort of force people can use to defend themselves and their homes, and that will amend the Criminal Code is simply not enough. The Attorney General should have come to some accord with the Minister for Police to ensure the Police Service in this State is properly resourced and organised to handle the dramatic increase in home invasion that has occurred during this Government's time in office.

In this State in the four years from 1992 to 1996 serious crime has increased by 66 per cent. Once people had only flyscreens on the outside of their windows and doors; now they have security bars. People are buying vicious dogs in an attempt to protect their homes because of their fear of home invasion, theft and intruders who bash the victims while they are robbing their homes. This is the extent to which the Government has allowed the criminal element to prey on the lives of our citizens, particularly the senior citizens. This is too little, too late. How this legislation, with an amendment to the Criminal Code, will deal with the problem of home invasion is beyond me. As I said, we

agree with the amendments, but the Government will not achieve its goal of a reduction in the number of burglaries in this State simply by amending the Criminal Code.

The major responsibility for deterring crime in Western Australia is in the hands of the police, and the community has a responsibility to assist them in trying to deter crime. It is a partnership, with the dominant partner being the police. Unless the Police Force is given adequate resources and directed how to function properly through the good management techniques, and unless the police numbers on our streets increase, the number of burglaries in Western Australia will not decline and this State will continue to have the highest burglary rate in Australia.

We cannot possibly deal with this problem in the manner suggested by this legislation. It is only skirting around the edges. The Government is taking only peripheral action to try to appease the electorate, rather than dealing with the problem in a manner that will have the most effect. As I stated, although we agree with a number of amendments, we disagree with the statement that it is the only way to deal with the number of home invasions in this State. It should be only a part of the equation. The Government has introduced this Bill in the hope - it is a false hope - that it will tackle the greatest problem in our suburbs. In supporting the amendments, I express a great deal of concern and criticism that the Government has introduced these amendments at this time, and has done nothing else to address the burglary rate in Western Australia, which is the highest rate in Australia. This Government should be ashamed of itself.

MRS ROBERTS (Glendalough) [11.35 pm]: I support the Bill. I agree with the member for Balcatta that the legislation is long overdue. The problems to which this Bill is responding were in evidence at the last state election in 1993. Home invasion has not suddenly become a problem in 1996, although it has increased quite dramatically over the past four years. These amendments should have been introduced in 1993. That is when the Government should have acted on this matter. It has been very slow to bring these provisions before the Parliament. In my view the people in most electorates have been waiting for these provisions for years.

It is very unfortunate that over the past few years many instances of home invasion could have been avoided had this Government taken earlier action. Perhaps some of the people committing these offences could have been dealt with already through the court system, had these provisions been in place two or three years ago. As the member for Balcatta pointed out, the Bill needs to be complemented by policing. One of the greatest difficulties people have when their home is invaded, irrespective of whether they are there at the time or they are out, is getting police to respond and to deal with the situation. In many instances police are slow to respond. In some cases of home burglaries the police do not attend at all; people are merely required to complete a report at the police station with no effort being made by the police to take fingerprints or any other evidence.

This Government has failed the people of Western Australia in two key areas: One is that it was very slow to introduce this legislation which should have been in place a long time ago; the second is that the Government did not deliver immediately on the 800 police it promised. It should have delivered those extra police in its first year of office. Then it should have looked to see how the police were coping with the situation. Had that been monitored, the Government probably would have found the number of police was still insufficient.

In my view police have a deterrent effect. Many people who approach me about these problems have put forward that view. They suggest having an increased police presence. They want a random appearance of police cars and police officers throughout the suburbs. Irrespective of whether it is on foot, in cars or the mounted police, an increased police presence does have a deterrent effect. An increased number of police officers is needed so that the police can respond to people when they need assistance.

Many people have contacted me about this issue. In one instance, someone was outside a person’s home, threatening to break in, and had been doing so for over an hour. My constituents managed to contact me at home to let me as their local member know that the police were not responding to their call. I followed that up with a telephone call. I understand that it took the police about two hours to arrive at that scene, despite that the person outside the home was threatening to break in and was threatening physical violence towards the occupants. I do not blame the police in these scenarios, and I do not think the community does either. The community sees a hardworking Police Force that is stretched to the limit, that cannot respond to five different situations at once, and that must prioritise each call it receives on the basis of information given over the telephone. That is a difficult task. I doubt that anyone in this place, if they have had any contact with their constituencies, does not appreciate that. We need more police officers to respond to people in times of need when their homes have been invaded.

Because of the Government's lack of response in this area, those more vulnerable people in our community - the elderly and the young, women living alone, and sole parents - live in fear; they are frightened in their own homes. Many instances have been detailed through the media, but they are only the tip of the iceberg. I am made aware regularly of huge numbers of home invasions. Many people I speak to have had their home invaded, not just once

or twice, but six or seven times. Members must assess what kind of community they want people to live in; whether they want a community where people can feel safe in their own homes and in their communities.

Mr Johnson interjected.

Mrs ROBERTS: I am not suggesting that we can turn back the clock and return to the small community that Perth was in the 1950s, before I was born, where people talk about leaving their cars unlocked, not locking their houses, and leaving the windows of their houses open on summer evenings. The situation has gone a long way from those halcyon days. There are severe problems across all our suburbs. The investments people have made in protective security measures over the past three or four years is astronomical, considering the increasing number of people, particularly after they have had their first home invasion, who invest in security systems, security screens and bars on windows. Many acquire dogs, some for protection and some as a method of alarm to wake them or to warn them if someone is invading their home. These are the kinds of measures people have had to take because of the inactivity of the Court Government on these matters.

The escalating home invasion rate has been met with continually escalating insurance costs. Everybody who looks at their premiums, not just from year to year, but each six months, sees constantly rising premiums when they go to reinsure. That is because there is such a poor recovery rate of the goods that are stolen. As this crime goes undetected in, I suggest, a major way because of the lack of police resources that are able to be devoted to catching the culprits, everybody's premium increases. Little cognisance is taken by insurance companies of the fact that some people have made their homes secure through window locks, dead bolts, security screens, bars and dogs, and, for those who can afford it, security systems. The difficulty is probably not so much for the people at the top of the economic scale, those living in wealthier suburbs with significant assets, because they are at least in a position to be able to afford the high insurance premiums, the expensive security systems and things such as security screens. However, many of our constituents cannot afford these measures and do not have the ready cash to pay their insurance premiums. For example, some cannot afford to purchase security screens for their homes.

I have come across instances of pensioners who live in fear. They are unable to leave their front door open, they are unable to leave their bedroom window open on a hot summers night, and they have no air-conditioning or any of the other comforts that more affluent people have. Some of these people are in Homeswest accommodation and some are not. Some are the battlers in the suburbs who have worked very hard for everything in their homes and who cannot afford the massive insurance premiums. They are either not insured or are dramatically underinsured. They cannot afford many of the security measures that those in better financial circumstances are able to afford.

The State must take responsibility for these circumstances. It is one of the primary areas on which we expect a State Government to deliver for our taxes. We expect a good education system, a good public transport system and a good health system that is accessible to everybody. In addition, we expect to be safe in the community in which we live and in our own homes. I have heard some awful examples from people of the kinds of offences that are taking place in our community, and of people who live their lives in complete fear of home invasion and of personal assault.

As I was the opposition spokesperson for seniors until recently, I have received a lot of feedback from seniors who are too afraid to go out at night and are afraid to be seen carrying their handbag to the bus stop in the middle of the day. In my new role as the opposition spokesperson on transport I have heard reports from taxi drivers that many of the elderly they pick up are fearful of their own personal safety and of their possessions being stolen while they are out. In what I hope is an extreme example, a taxi driver reported to me that he picked up an elderly lady from her home. With her she had a suitcase. He expected that he would take her to the airport or train station. However, she needed to go to an appointment in the city. I cannot recall whether that was to a bank or a legal office, but it was essential that she sign some documents in a city office. Packed into that bag were those life possessions that she regarded most dearly. Her home had been invaded a number of times. She was not prepared to lose anything else that she held dear. Along with her valuables, she carried things like photograph albums and mementos that she did not feel she could risk leaving at home unattended. She packed them in a suitcase and took them with her to her appointment in the city. That is the kind of fear with which many elderly people are living, and the Liberal Government has done nothing to address the problem in the past four years. Now, at the end of its term of office it has introduced the Criminal Code Amendment Bill (No 2). I support this Bill because at long last legislation has been introduced that will address some of the problems faced in the community on a daily basis by the vast majority of people. No-one is immune from the danger of home invasion and personal assault.

The member for Balcatta said that the rate of serious crime has increased by 66 per cent over the past four years. However, this is the first legislation from this Government that in any way addresses the problem. I note that the purpose of the Bill is to reflect the gravity of home invasion offences by creating a new offence of home burglary distinct from burglary in any other place, with a more severe penalty. I agree with that wholeheartedly because it is a very personal matter to have one's home invaded, vandalised and intruded upon, and to have one's possessions

stolen. I understand it is a very numbing experience the first time it happens, and I doubt that it gets any better when it happens again and again.

I support the second purpose of the Bill, which is to give effect to the Murray review's recommendation that a higher maximum penalty should apply to the offence of burglary committed in circumstances of aggravation. One of the difficulties people have faced is their inability to retaliate in any way if someone enters their home and attempts to steal their belongings. I sound a note of warning about some of the dangers, of which I am sure we are all aware. Very often the police tell the public through television advertisements and newspapers that they should not fight back because their personal safety is more important than the loss of their belongings. Unfortunately, we shall not know how much protection is provided for the home owner who retaliates until a few cases have gone through the courts.

I support the third purpose of this Bill, which is to address the problem of recidivist home burglars by providing for the imposition of a mandatory minimum sentence where the offence forms part of a pattern of such offending behaviour. Nothing can be more frustrating to the average person than seeing someone getting off with a light penalty the first time, and then offending again and again. Clearly, in those circumstances the penalties have had no deterrent effect. I roundly applaud the provision that recidivist home burglars will receive a mandatory minimum sentence where the offence forms part of a pattern of offending behaviour. It is not fair on the community to allow people who offend again and again to go straight back into the community without serving a mandatory minimum sentence.

I note from the second reading speech that the aim of the present Bill is to deter burglars and to incapacitate those who commit such offences by providing for much tougher penalties. I am not sure by what means such an offender will be incapacitated.

Mr Prince: By being in prison.

Mrs ROBERTS: So that they are not in the community and able to offend?

Mr Prince: Yes.

Mrs ROBERTS: I thank the Minister for that clarification, and indicate my wholehearted support for it. I applaud the Government for introducing this Bill. As I have already suggested, it is very much overdue. It is a shame that this problem was not addressed three or four years ago. It could perhaps have saved many people in the community much grief, and perhaps not so many people would now be living in fear in their own homes.

I believe this package must be matched by a package providing more policing. At present the response time is not good enough. There are insufficient random patrols throughout the suburbs and not enough attention is given to solving home burglaries. I do not recall the figure offhand, but I think the rate is very low. As a consequence, insurance and other costs for householders to protect their valuables have escalated. Those who are least well off in the community are least able to protect the goods in their homes, for which they have worked hard, because they cannot afford some of the security equipment available. The legislation is highly commendable. It is a little late but, it is better late than never.

Debate adjourned, on motion by Mr McGinty (Deputy Leader of the Opposition).

House adjourned at 11.58 pm

QUESTIONS ON NOTICE

YOUTH EMPLOYMENT - GOVERNMENT DEPARTMENTS; APPRENTICESHIPS; TRAINEESHIPS; CADETSHIPS

1882. Mr BROWN to the Minister for Mines; Works; Services, Disability Services; Minister assisting the Minister for Justice:

(1) How many -

(a) apprenticeships;
(b) traineeships;
(c) cadetships,

were made available to young people -

(i) under the age of 21 years;
(ii) between 21 and 25 years,

during the 1995-96 financial year, by each department and agency under the Minister's control?

(2) How many young people not employed on apprenticeships, traineeships or cadetships were employed by each agency and department under the Minister's control in the 1995-96 financial year?

(3) How many young people described in (2) were -

(a) under 21 years of age;
(b) between 21 and 25 years of age?

Mr MINSON replied:

In the case of the Department of Minerals and Energy, I am advised -

(1) (a) Nil.
(b) 8 - under the Australian Vocational Certificate Training Agreement

(i) 8.
(ii) Nil.

(c) Nil.

(2) 49.

(3) (a) 1.
(b) 48.

In the case of the Department of Contract and Management Services, I am advised -

(1) (a)-(c) Nil.

(2) 25.

(3) (a) 6.
(b) 19.

(NB: The above answers cover the Western Australian Building Management Authority and the Department of State Services).

In the case of the State Supply Commission, I am advised -

(1) (a)-(c) Nil.

(2) Nil.

(3) (a)-(b) Not applicable.

In the case of the Disability Services Commission, I am advised -

(1) (a) Nil.
(b) (i) Nil.
(ii) 4.
(c) (i)-(ii) Nil.

(2) 108.

(3) (a) 40.
(b) 68.

In the case of the Ministry of Justice -

(1)-(3) Nil. There are no agencies or departments under my control.

YOUTH EMPLOYMENT - GOVERNMENT DEPARTMENTS; APPRENTICESHIPS; TRAINEESHIPS; CADETSHIPS

1887. Mr BROWN to the Minister representing the Minister for Finance:

(1) How many -

(a) apprenticeships;
(b) traineeships;
(c) cadetships,

were made available to young people -

(i) under the age of 21 years;
(ii) between 21 and 25 years,

during the 1995-96 financial year, by each department and agency under the Minister's control?

(2) How many young people not employed on apprenticeships, traineeships or cadetships were employed by each agency and department under the Minister's control in the 1995-96 financial year?

(3) How many young people described in (2) were -

(a) under 21 years of age;
(b) between 21 and 25 years of age?

Mr COURT replied:

The Minister for Finance has provided the following reply -

State Revenue Department:

(1) (a)-(c) Nil.

(2) Eight people under the age of 25 years were engaged during the 1995-96 financial year.

(3) (a) Four.
(b) Four.

Valuer General's Office:

(1) Nil.

(2) Five people under the age of 25 were engaged during the 1995-96 financial year.

(3) (a) Three.
(b) Two.

State Government Insurance Commission:

(1) (a) (i) Nil.
(ii) Nil.

(b) (i) Four.
(ii) Nil.

(c) (i) Nil.
(ii) Nil.

(2) Twenty people under 25 years of age were engaged during the 1995-96 financial year.

(3) (a) Sixteen.
(b) Four.

Government Employees Superannuation Board:

(1) Nil.

(2) Eleven people under the age of 25 years were engaged during the 1995-96 financial year.

(3) (a) Three.
(b) Eight.

YOUTH EMPLOYMENT - GOVERNMENT DEPARTMENTS; APPRENTICESHIPS; TRAINEESHIPS; CADETSHIPS

1888. Mr BROWN to the Minister representing the Minister for Racing and Gaming:

(1) How many -

(a) apprenticeships;
(b) traineeships;
(c) cadetships,

were made available to young people -

(i) under the age of 21 years;
(ii) between 21 and 25 years,

during the 1995-96 financial year, by each department and agency under the Minister's control?

(2) How many young people not employed on apprenticeships, traineeships or cadetships were employed by each agency and department under the Minister's control in the 1995-96 financial year?

(3) How many young people described in (2) were -

(a) under 21 years of age;
(b) between 21 and 25 years of age?

Mr COWAN replied:

The Minister for Racing and Gaming has provided the following reply -

Office of Racing, Gaming and Liquor:

(1) Nil.

(2) Two people under the age of 25 years were engaged during the 1995-96 financial year.

(3) (a) Nil.
(b) Two.

Burswood Park Board:

(1)-(2) Nil.

(3) Not applicable.

Totalisator Agency Board:

(1) Nil.

(2) Twenty-three people under 25 years of age were engaged during the 1995-96 financial year - 16 casual, seven permanent/contract.

(3) (a) 14 casual 2 permanent/contract.
(b) 4 casual 3 permanent/contract.

WA Greyhound Racing Association:

(1) Nil.

(2) 72 people under 25 years of age were engaged during the 1995-96 financial year.

(3) (a) 56.
(b) 16.

Lotteries Commission:

(1) (a) Nil.
(b) (i) Nil.
(ii) One.
(c) Nil.

(2) Six people under the age of 25 years were engaged during the 1995-96 financial year.

(3) (a) Three.
(b) Three.

The Lotteries Commission also took on 10 work experience people under the age of 25.

JUSTICE, MINISTRY OF - DIRECTOR, COMMUNITY SERVICES, JUVENILE JUSTICE, LEVEL 9 POSITION

2277. Mr BROWN to the Minister assisting the Minister for Justice:

(1) Is there a position of Director, Community Services, Juvenile Justice, level 9?

(2) If not, is there a similar sounding position?

(3) If so, what is that position?

(4) Was the position recently advertised in an acting capacity?

(5) If so, who selected the person to fill the acting position?

(6) Was the person selected to fill the acting position asked by any person in the senior management to apply for the position?

(7) Is it true the person selected to fill the position was asked by a senior Ministry of Justice administrator to apply for the position?

(8) If yes, who was the senior administrator?

(9) Did that senior administrator have any role in the selection process?

(10) If so, exactly what role did that administrator have?

(11) In the selection process for the position, were all the ethical and procedural standards of the Public Sector Management Act complied with in fact and in spirit?

Mr MINSON replied:

(1) Yes.

(2) Not applicable.

(3) The position is responsible for the statewide management of community-based services for juvenile offenders.

(4) Yes.

(5)-(11)

Given the prohibition contained in section 105(1)(a) of the Public Sector Management Act, it is neither necessary nor proper for me to provide any further information in response to this question.

PRISONS - NEW, LOCATIONS

2307. Mr BROWN to the Minister assisting the Minister for Justice:

(1) Can the Minister advise where the site of a new prison/s will be located?

(2) Will community consultation take place before a final decision is reached?

(3) If not, why not?

Mr MINSON replied:

(1) No site has been considered as yet.

(2) Yes.

(3) Not applicable.

JUSTICE, MINISTRY OF - EXECUTIVE DIRECTOR, OFFENDER MANAGEMENT

Experience in Privatisation of Prisons Requirement

2312. Mr BROWN to the Minister assisting the Minister for Justice:

(1) For the recent positions of Executive Director, Offender Management, was one of the criteria experience in privatisation of prisons?

(2) Were any of the applicants excluded on the basis of not having experience in privatisation of prisons?

Mr MINSON replied:

(1)-(2) Given the prohibition contained in section 105(1)(a) of the Public Sector Management Act, it is neither necessary nor proper for me to provide any information in response to this question.

JUSTICE, MINISTRY OF - EXECUTIVE DIRECTOR, OFFENDER MANAGEMENT

Payne, Kevin, Appointment

2313. Mr BROWN to the Minister assisting the Minister for Justice:

(1) Can the Minister advise if Mr Kevin Payne will be the next Executive Director, Offender Management Division, Ministry of Justice?

(2) If yes, can the Minister advise on Mr Payne's experience in Offender Management?

(3) Has Mr Payne any previous experience in the privatisation of prisons?

(4) If yes, what are the details of his experience?

Mr MINSON replied:

(1) Yes.

(2)-(4) Given the prohibition contained in section 105(1)(a) of the Public Sector Management Act, it is neither necessary nor proper for me to provide any information in response to this question.

DISABILITY SERVICES COMMISSION - SOCIAL TRAINERS, PAY INCREASE

2335. Dr WATSON to the Minister for Disability Services:

(1) What agreement was reached in order to pay social trainers a 7.5 per cent increase in wages?

(2) Did it include acceptance of a 15 per cent untrained staff ratio?

(3) If so -

(a) would this not compromise standards of care;
(b) is it to speed the outsourcing arrangements?

(4) How many -

(a) social trainers;
(b) care aides;
(c) untrained support staff,

are currently employed by the Disability Services Commission?

(5) What training/preparation does each category receive?

(6) What are the "boundaries" of work responsibility for care aides and untrained support staff?

Mr MINSON replied:

(1) An enterprise agreement between the Disability Services Commission and the CSA/CPSU will pay social trainers 7 per cent over two years, subject to productivity gains.

(2) No. The agreement provides for the employment of trained client assistants.

(3) (a)-(b) Not applicable.

(4) (a) Social Trainers 870 FTE.
(b)-(c) None.

(5) Social Trainers hold TAFE certificate IV (Disability) - 12 months full time course.
Social Trainers are required to attend the following training -

Orientation - 1 day.
Post recruitment training - 4 days.

This is followed up by on the job training by qualified and experienced staff and assessments of skills developed.

'Client Assistants' will also attend -

Orientation - 1 day.
Post recruitment training - 3-4 days.

This will be followed up by on the job training by qualified and experienced staff, with assessments of skills developed.

(6) Care Aides or untrained support staff will not be employed.
'Client Assistants' duties will -

exclude the development of client care programs
have a lesser decision making role
be confined to people with low/medium needs.

HOUSING - COMMONWEALTH FUNDING, CHANGES

2373. Mr PENDAL to the Minister for Housing:

(1) Is it correct that a Housing Ministers' conference planned for 1 November will finalise an arrangement by which the Commonwealth will withdraw $1b in tied grants to the States in return for a subsidy paid directly to all tenants on low incomes?

(2) If so, can the Minister outline why such a scheme is preferable and the way in which it will assist low income earners more than the existing arrangement?

(3) Is the Minister's earlier reported scepticism about the proposal still applicable?

(4) If yes to (3), can the Minister outline his present concerns over the changes in the arrangements?

Mr KIERATH replied:

(1) No.

(2) Not applicable.

(3) Yes.

(4) While the details are still not clear my present concerns are -

there is no commitment by the Commonwealth to home ownership;

WA and Homeswest could be financially disadvantaged;

the proposed reform model tends to reward the failure of Sydney and Melbourne housing markets by providing a greater subsidy for these areas;

the model has no incentive for efficiency;

the responsibility for community housing appears to be off-loaded to the States;

the model does not sufficiently cater for special needs groups such as Aborigines and people with disabilities.

I have instructed Homeswest to make my concerns known to the task force which has been established to review the proposal.

DISABILITY SERVICES COMMISSION - 462 GREAT EASTERN HIGHWAY (NULSEN HAVEN), FUTURE

2386. Dr WATSON to the Minister for Disability Services:

(1) What is the value of -

(a) land;

(b) buildings;

(c) assets,

at 462 Great Eastern Highway (Nulsen Haven premises)?

(2) What are the plans of the Disability Services Commission for this property?

(3) Can the Minister assure the Parliament that the buildings which have heritage status will be conserved and restored?

(4) If not, why not?

(5) Will the Disability Services Commission appoint a caretaker to protect this asset?

Mr MINSON replied:

(1) (a) $330 000.

(b) $460 000.

(c) Nil.

(2) The Disability Services Commission intends to sell this property and use the proceeds to retire debt.

(3) Yes.

(4) Not applicable.

(5) Yes.

STRATA TITLES LEGISLATION - AMENDMENTS

2428. Mr RIPPER to the Minister for Lands:

When will the Government bring proposals to amend strata title legislation to Parliament?

Mr KIERATH replied:

As the member would be aware the Strata Titles Amendment Bill 1996 was second read in the Legislative Assembly on Thursday, 17 October 1996.

QUESTIONS WITHOUT NOTICE

HOSPITALS - MANDURAH

Funding Agreement

593. Dr GALLOP to the Minister for Health:

Before asking my question, I seek your indulgence for one second of parliamentary time, Mr Speaker, to indicate to the Premier that the Opposition passes on all of its best wishes to his father, a former Premier and longstanding member of this House. We wish him a very speedy recovery.

I refer to the announcement yesterday that a financial agreement had been signed between the State Government and BZW Investment Management Australia Ltd for the funding of Mandurah hospital.

(1) How much money is involved in the deal?

(2) How will the money be raised?

(3) If the hospital is to be owned by the Government, why is a private financier involved?

(4) Will the funds also build the 20-bed private component of the development and, if yes,

(a) who will own the private hospital; and

(b) how will the private hospital pay for the use of publicly owned facilities?

(5) Can the Minister guarantee that no subsidy is involved?

Mr PRINCE replied:

I thank the Leader of the Opposition for the question.

(1)-(5) The question skirts around the main issue; that is, when the 32-bed hospital at present in Mandurah was built in 1988-89 a bigger hospital should have been built. That will happen now with the building of a 110-bed public hospital with a 20-bed private wing collocated with it, which is what the people need and require.

Dr Gallop: You have not signed your deal with Health Solutions yet, have you?

Mr PRINCE: The consortium led by Health Solutions (WA) Pty Ltd includes BZW, which is of course an arm of Barclays Bank, as members will know, and Leighton Contractors Pty Limited. The construction contract is with Leighton Contractors Pty Ltd and the financing contract has been signed. The service agreement with Health Solutions (WA) Pty Ltd is the subject of a heads of agreement, and the documents are being prepared now. As I have done with the other collocations in Bunbury and Joondalup, the papers will be tabled in this Parliament as soon as I have the full package.

Dr Gallop: All of them?

Mr PRINCE: Those that should be tabled, yes. The important point to remember is that the hospital is needed not only now, but was needed seven, eight, and nine years ago and was not delivered then. The money was not available when we came into government. We explored all sorts of methods to try to raise the finance. Last year, one method was to put out for tender a package for the private operation of a public hospital, including finance and construction. That was a perfectly open and public approach. A series of propositions were received, all of which were evaluated. The evaluation of options received was completed on a total business case basis and, overall, will deliver an estimated saving of $11m.

That will be a saving not only on the project but also in the transfer of risk to the private sector. The important feature of the overall development process is private financing and risk underwriting by Barclays Bank with BZW Investment Management Australia Ltd. That offers three advantages; namely, the funds are raised from international investors through Barclays Bank at competitive prices; the campus will be built under a fixed price construction contract so the Government's potential exposure to construction cost increases is capped; and the risk of the hospital's not being completed on time is insured through a letter of credit provided to the Government by Barclays Bank. That means the Government has avoided, as much as possible, any risk in either the building not being completed on time or the cost increasing. The result is that the people of Peel will get what has been promised on time and on budget.

The total cost of a bond issue is some $55.5m. That includes commissioning costs, the design and construction contract with Leighton, fixtures, furniture and equipment, a letter of credit, lease payments, cash balances and so on. Upfront costs have been paid and Health Solutions will make a contribution of $2m. The cost of the private wing is $1.8m, and the $2m that will be paid by Health Solutions will therefore offset the cost of the private wing. Unlike the Port Macquarie exercise in New South Wales, the land will be owned by the State and is subject of a lease to Health Solutions. As with Joondalup, quality is absolutely not negotiable. Prices for service will be benchmarked against all other public hospitals in the metropolitan area.

Dr Gallop: You have no deal yet; you have not signed.

Mr PRINCE: The heads of agreement has been signed and the final document is being sorted out. No cross-subsidy exists. However, the people of the Peel region will have a choice between public and private beds. They do not have that choice at the moment, and would not have it except for this agreement.

Mr McGinty: Who will own the private hospital?

Mr PRINCE: The land, and hence the buildings, is owned by the State and will be leased to Health Solutions. Therefore, the buildings are subject of the lease and will be operated by Health Solutions; 110 beds will operate as public hospital beds and 20 beds as private hospital beds. That is a perfect solution.

HOSPITALS - MANDURAH

Papers Tabling

594. Dr GALLOP to the Minister for Health:

Given that the Government is entering into a 20-year agreement for the financing and construction of this hospital, how can the Minister for Health justify not tabling in this Parliament all details associated with that development, so that the people of Western Australia can subject it to independent scrutiny before the state election?

Mr PRINCE replied:

I said previously that the papers will be tabled, in the same way I tabled the papers relating to Joondalup, as soon as I have the totality of the papers to table.

HOSPITALS - HEALTH SERVICES, AUSTRALIAN COUNCIL OF HEALTH CARE STANDARDS ACCREDITATION

595. Mrs van de KLASHORST to the Minister for Health:

Last year I had the opportunity, in representing the Minister for Health, to present to the Swan Health Service an accreditation from the Australian Council of Health Care Standards for its wonderfully high quality work in the community. Will the Minister please advise the House whether this very prestigious accreditation has been awarded to other Western Australian hospitals?

Mr PRINCE replied:

Yes, 31 health services and hospitals around this State have now been accredited, but two received accreditation in the past week or so. The Bentley Health Service was granted full accreditation to May 1998 and the Rockingham-Kwinana Health Services achieved a full three year accreditation to 1999. The accreditation process is not as well understood as it should be. It is a process of nation-wide benchmarking of hospitals and health services and the audit process is extremely rigorous. It is very difficult to meet the standards required by the Australian Council of Health Care Standards; it requires not only a lot of hard work and dedication from all staff at any health care service or hospital, but also strong and competent leadership at the management level.

The Bentley and Rockingham-Kwinana Health Services were inspected recently. I will mention a couple of things with which the surveyors were impressed because I would like this good news to get out. At Bentley the focus and involvement of customers in the development and evaluation of services; its status as the first service to establish a quality improvement committee under the quality improvement legislation, which is very important; and the development of integrated systems to review clinical indicators for medical and mental health were noted. At Rockingham-Kwinana Health Services the following were noted: High staff morale throughout the entire organisation, which speaks well for not only the staff, but also the management; very good structures and processes with well planned communication within the organisation; strong improvement in the past three years; excellent learning processes; and, overall strategy to develop quality services.

In February this year only 36 per cent of hospitals and health services in Australia had achieved accreditation. At that time 31 hospitals and health services in this State had received accreditation, and that included the large hospitals such as Royal Perth Hospital, King Edward Memorial Hospital for Women and Sir Charles Gairdner Hospital as well as the smaller hospitals, such as Albany Regional Hospital, Kalamunda Health Service, Moora District Hospital, Swan District Hospital, Wagin District Hospital and the York District Hospital. It is an extremely good process for accreditation of hospitals and health services and I particularly commend the Bentley Health Service and the Rockingham-Kwinana Health Services on achieving accreditation.

MINISTERS OF THE CROWN - PECUNIARY INTERESTS

Transcom; Minister for Resources Development

596. Mr RIPPER to the Premier:

I again ask the Premier the question which I asked him last Thursday. In his fairly typical style, he ducked and dived when he gave his answer. Given the Premier's statement that the Government's pecuniary interests guidelines require that at Cabinet meetings Ministers with a possible conflict of interest should declare them and leave the meeting, were those guidelines breached when issues relating to Transcom were discussed in Cabinet with the Minister for Resources Development present?

Mr COURT replied:

I told the member last week that I would go back through the Cabinet record. I do not have that information with me, but I will try to get it for him this afternoon.

QUESTIONS WITHOUT NOTICE - ANSWER REQUEST

597. Mr RIPPER to the Premier:

What obligation does the Premier accept to provide information to this House when, in answer to a question without notice, he said he would find out the information, but he does not come to this House with a statement to make during question time and when, several days later, he is again asked the question, he still cannot provide the answer?

Mr COURT replied:

I said I would get the information for the member. If the member directs his question to the Minister for Resources Development he will probably be able to give him the answer.

SCHOOLS - CAREY PARK PRIMARY

Replacement Plans

598. Mr OSBORNE to the Minister for Education:

Many of my constituents have expressed concern about the condition of the Carey Park Primary School, which is located on a small site and has poor quality buildings. The school is over 40 years old, the grounds are subject to flooding in winter and, despite upgrades over the years, the buildings are in a poor condition. Can the Minister advise whether the Government is considering replacing this school?

Mr C.J. BARNETT replied:

I visited Carey Park Primary School in February this year. In fact, it was one of the first schools I visited as Education Minister. The description the member has given of the school is correct: The buildings are over 40 years old; it is a particularly dark and damp environment for students and it is also on a very small site. I indicated in private to the principal that I hoped the school would be replaced. He commented that many of the children did not come from a particularly privileged socioeconomic environment and that a good school would tend to lift them in their educational aspirations. Much work has been quietly undertaken at that school, and I am pleased to inform the member that this morning I authorised the Education Department to include a new school at Carey Park in the 1997-98 Budget. However, a number of things must happen first: Consultation will take place with the local council, because the site is too small and we must find a more suitable site for this growing population.

Several members interjected.

Mr C.J. BARNETT: Unlike members opposite, I do not tell school communities where to build schools.

Several members interjected.

Mr C.J. BARNETT: Members opposite hate it. The Education Department will allocate $3.5m for the construction of a new Carey Park primary school, which will include classrooms, art centres, music rooms and covered assembly areas. It will have the best bells and whistles of any school in this State. Those children deserve it. What needs to happen and what will happen now -

Mr Catania interjected.

The SPEAKER: Order!

Mr C.J. BARNETT: The member for Balcatta is a little slime.

Withdrawal of Remark

Mr RIPPER: Mr Speaker, I am sure I heard the Minister for Education refer to my colleague the member for Balcatta as a little slime. I regard that as highly unparliamentary and I ask that you require him to withdraw that remark.

Several members interjected.

The SPEAKER: Order! I must say that I was not greatly impressed by the interjections from the member for Balcatta either, but I call on the Minister to withdraw those words.

Mr C.J. BARNETT: I both withdraw and apologise; it was certainly unparliamentary.

Questions without Notice Resumed

Mr Thomas interjected.

The SPEAKER: The member for Cockburn will come to order!

Mr C.J. BARNETT: This group of children need a new school and they are getting it. The first and most important step will be for Education Department officers to talk to the school community about the facilities. They will talk to a receptive council about a preferred and larger location. All of that will happen and should happen properly. Construction will commence in 1997-98 and the school will be completed during 1998. Members opposite should be excited about that. Of all the schools I have seen around this State, this is one of the poorest in terms of physical facilities, despite the good efforts of the principal and teachers and the support of the community. Its replacement is long overdue. As with many other situations, this Government is fixing problems.

ADVERTISING - BUSINESS ASSISTANCE; STRATA TITLES LEGISLATION

599. Mr McGINTY to the Premier:

I draw the Premier's attention to the recommendations of the Royal Commission into Commercial Activities of Government and Other Matters and the Commission on Government, and the reports of the Auditors General in both New South Wales and Victoria, each of which has called for the justification and costing of all government advertising in order to stop taxpayer funded party political propaganda.

(1) How does the Premier justify the advertisement which appeared in this morning's *The West Australian* and which responded to the Department of Commerce and Trade's handouts to some of Western Australia's richest people?

(2) How does he justify the fact that the full-page advertisement, also in this morning's *The West Australian*, complete with a photograph of the Minister for Lands - which is almost enough to frighten the horses - contains no information and that it hides the fact that the problem with strata titles legislation was caused by his Government in the first place?

Mr COURT replied:

(1) Details of the expenditure of taxpayers' dollars on advertising must be made available. The advertisement placed by the Department of Commerce and Trade for the Deputy Premier was run some time ago to coincide with the export and industry awards.

(2) I cannot provide the detail in relation to the strata titles advertisement. It is important that there is full accountability for all expenditure. Unlike members opposite when in government, this Government has been prepared to provide all the detail in relation to expenditure in areas such as travel and contracts let.

Several members interjected.

The SPEAKER: Order! The Deputy Leader of the Opposition asked the question.

Mr COURT: A protocol applies to government advertising during an election campaign, as members opposite know, by which one does not have government advertising unless it is for an essential service. We certainly stick by that protocol.

ADVERTISING - EXPENDITURE; ELECTORAL AMENDMENT (POLITICAL FINANCE) ACT

600. Mr McGINTY to the Premier:

How does the Premier justify these expenditures when the Electoral Amendment (Political Finance) Act, which was passed by this Parliament, prohibits them?

Mr COURT replied:

It applies during an election campaign, yes; does the Deputy Leader of the Opposition suggest that there can be no government advertising?

Mr McGinty: That is what your legislation says.

Mr Ripper: The Bill says no advertising during a six month period; that is, when three years and six months have elapsed since the last election.

The SPEAKER: Order!

Mr COURT: Do members opposite suggest that there can be no government advertising outside an election campaign? Come off it - members opposite should get their facts right!

ELECTION PROMISES - LABOR PARTY CANDIDATES

601. Mrs PARKER to the Premier:

Is the Premier aware of recent extravagant promises made by some Labor Party candidates, and what effect will these promises have on the State's financial position?

Mr COURT replied:

A number of promises have been made, particularly in recent weeks. One candidate is over the $500m mark in the value of his promises - not bad going! Last night the candidate gave a commitment that the Atlas tip would be closed and all industry would be removed from the site next year. That will be an extravagant exercise.

Several members interjected.

The SPEAKER: Order!

Mr COURT: The 1989 Labor Party election campaign slogan was "A Future You Can Believe In", yet during the following term of government the state debt blew out by $1.8b. During the four years of this Government, debt has reduced from $13 000 to $10 000 a family. It seems that history is repeating itself. It has taken this Government four years to return the State's debt level to that of the beginning of 1989 when we were told about a future in which we could believe. Members opposite either support or do not support a debt management strategy. The Opposition should publicly indicate how the promises will be funded.

Several members interjected.

Mr COURT: A school will be provided at Carey Park, but that is provided for in the forward estimates. If opposition candidates make these extravagant claims, the Leader of the Opposition should tell the people of Western Australia how they will be funded.

CHAN, FRANCES MARY - REAL ESTATE AGENT, FRAUDULENT ACTIVITIES INQUIRY

602. Mr CATANIA to the Minister for Fair Trading:

On 30 April, six months ago, the Opposition wrote to the Minister about alleged fraudulent activities of the bankrupt real estate agent Frances Mary Chan, a person who has been accused of ripping off a dozen elderly home owners. I ask -

(1) Given Ms Chan's propensity to exploit trusting and vulnerable people, why did the Minister ignore the Opposition's warnings and allow her to keep her licence as a real estate agent and sales person?

(2) Why did the Minister advise the Opposition in May that a parallel inquiry would be launched into the business activities of Ms Chan and into whether these home owners have valid claims against the fidelity guaranteed fund?

(3) Given that some of the victims are aged 83, 84, and 87 years and have lost their life savings, why will the Minister not ensure the ministerial investigators carry out a full and proper inquiry into this very concerning case?

Mrs EDWARDES replied:

(1)-(3) The allegations in this matter are extremely concerning, and I am very sympathetic to the individuals involved. Concerns have been raised not just by the former Leader of the Opposition, but others about a particularly complex matter, which also includes the informal claims on the fidelity guarantee fund. I have asked for an urgent report and have received an interim report. I have asked for further information about exactly that to which the member opposite has just referred. My concern is similar to his. I want to know about the status of the investigation so that we can provide information to those who are involved as quickly as possible.

CHAN, FRANCES MARY - REAL ESTATE AGENT, FRAUDULENT ACTIVITIES INQUIRY

603. Mr CATANIA to the Minister for Fair Trading:

(1) Given that this issue was raised six months ago, how does the Minister justify the fact that ministry staff have contacted neither the lawyers acting for the 12 home owners nor the owners?

(2) How does the Minister justify her failure to respond to this matter, particularly as the lawyers involved advised the ministry investigators in writing that they had a large amount of documentation relating to the misdeeds of Frances Mary Chan?

Mrs EDWARDES replied:

(1)-(2) Those investigations are continuing. I understand the fraud squad is also involved. My office has been in contact with the solicitor representing those people today.

RAILWAYS - PERTH TO MANDURAH RAILWAY LINE

604. Mr BOARD to the Minister representing the Minister for Transport:

The Perth to Mandurah railway line, via Kenwick and Jandakot, has received a large amount of publicity within my area. Is the Minister in a position to give a time frame for the construction of the railway line and the locations of the stations that will service the rapidly expanding south east corridor?

Mr LEWIS replied:

I thank the member for some notice of this question. I have sought advice from the Minister for Transport.

Mr Cowan: This is not the one going via Bayswater a couple of years ago, is it?

Mr LEWIS: Yes. The Government is committed to the construction of the first stage of the Perth to Mandurah railway line - that is, from Kenwick to Jandakot - by 2005 or sooner, depending on the provision of completion dates.

Dr Watson: That is no commitment.

Mr LEWIS: The member was not listening; I said that it will be built by 2005. Already $21.5m has been allocated for the design and construction of a grade-separated interchange at Kenwick and for the purchase of stations at Nicholson Road and Spencer Road in Thornlie. The land at Nicholson Road has already been purchased. Planning is in place for 24 stations on the route, as per the schedule I will table. Planning is ongoing for the location of a station in Rockingham, about which there is a major study that will need consideration and on which the Government will have to take further advice. The location of the stations in Mandurah will be the subject of further advice, and it will also be subject to the town planning process. I table the paper.

[See paper No 641.]

MINERALS AND ENERGY, DEPARTMENT OF - GOLDFIELDS GAS PIPELINE, SAFETY PROBLEMS

605. Mr BROWN to the Minister for Mines:

I refer to the revelation in *The West Australian* that the Department of Minerals and Energy found a range of safety problems on the goldfields gas pipeline earlier this year but failed to take any action against the companies involved.

(1) Is it true that the political imperatives of the Government meant that safety standards were compromised?

(2) Is the Minister concerned that the department failed to direct the construction companies to comply with occupational health and safety requirements in the first place and, subsequently, failed to prosecute the companies, even though the penalties may have been modest?

(3) Was the Minister aware of these safety problems, and what action is he now taking to ensure that this fiasco, which saw one fatality, is not repeated?

Mr MINSON replied:

(1) With regard to whether there has been a dereliction of duty on behalf of the Department of Minerals and Energy and the Government due to political imperatives, the answer is emphatically no.

(2) I will be meeting the Chief Executive Officer of the Department of Minerals and Energy with respect to that article. There are always reasons for departments taking action or choosing not to take action, but I point out that the department has a very good record in this area. I have never interfered in the political sense and hope I never need to. The department is very much focused on the question of safety.

Mr Brown: Will you come back and give a ministerial explanation about why no action was taken? Will you report to this House about this matter, without us having to frame another question?

Mr MINSON: If I believe there has been a dereliction of duty, after I have met the mines department on this matter, I will certainly inform the Parliament, because the Parliament is the appropriate body to be informed about that matter. I have been very impressed with the Department of Minerals and Energy, and if it did not take immediate action, there is a reason for that. The article this morning indicated strongly that the department would be taking action.

(3) I was not aware of the safety problems at the time, but many of the areas in which the Department of Minerals and Energy operates are inherently unsafe. Underground mining, the laying of pipelines where there is a lot of machinery and personnel, and even open-cut mining, which is operating on the edges of technology in the engineering sense with a lot of equipment lying around, are inherently dangerous environments in which to work. I am proud of the safety record; by world standards, we are right at the top. Over the past five years, some terrific gains have been made in safety. Certainly, any accident that causes injury or death is to be regretted, and avoided if it possibly can be. Every accident will be investigated and corrective action will be taken, if necessary.