

Legislative Council

Wednesday, 9 September 1981

The PRESIDENT (the Hon. Clive Griffiths) took the Chair at 4.30 p.m., and read prayers.

TRAFFIC: PEDESTRIAN CROSSING

Stirling: Petition

THE HON. P. H. WELLS (North Metropolitan) [4.32 p.m.]: I wish to present a petition from parents and friends of children attending the Birralee Primary School and seeking the provision of a pedestrian overpass over the proposed freeway, to provide easy and safe access to the school, between Croxton Place and Dunster Way, Stirling, or at a suitable location. I move—

That the petition be received and read.

Question put and passed.

THE HON. P. H. WELLS (North Metropolitan) [4.33 p.m.]: The petition contains 15 signatures and bears the Clerk's certificate that it is in conformity with the Standing Orders of the House. It reads as follows—

TO: The Honourable, The President and Members of the LEGISLATIVE COUNCIL at the Parliament of Western Australia in Parliament assembled.

We, the undersigned parents and friends of children who are attending, or will be attending, Birralee Primary School in future years, and concerned residents of the area, do herewith pray that Her Majesty's Government of Western Australia shall give consideration to the provision of a pedestrian over-pass, over the proposed free-way, to provide easy and safe access to the school between Croxton Place and Dunster Way, Stirling, or at a suitable location.

With the closure of Hertha Road and Odin Road, children from Stirling and Osborne Park will have to be taken to school by car. With an overpass for pedestrians, the children could be set down and picked up in Croxton Place.

Your Petitioners therefore humbly pray that your Honourable House will give this matter earnest consideration and your Petitioners as in duty bound will ever pray.

I move—

That the petition be ordered to lie upon the Table of the House.

Question put and passed.

The petition was tabled (see paper No. 366).

EDUCATION: FUNDING

Petition

THE HON. P. H. WELLS (North Metropolitan) [4.34 p.m.]: I wish to present a petition concerning the funding of Government schools. I move—

That the petition be received and read.

Question put and passed.

THE HON. P. H. WELLS (North Metropolitan) [4.35 p.m.]: The petition contains 22 signatures and bears the Clerk's certificate that it is in conformity with the Standing Orders of the House. It reads as follows—

TO: The Honourable the President and Honourable Members of the Legislative Council of the Parliament of Western Australia in the Parliament assembled.

The petition of the undersigned citizens of Western Australia respectfully sheweth that:

The Government of Western Australia should provide sufficient funds for the Government schools as is required to maintain the highest standards of education to all children on an equal basis.

Your petitioners therefore humbly pray that you will give this matter your earnest consideration.

And your petitioners, as in duty bound, will ever pray.

I move—

That the petition be ordered to lie upon the Table of the House.

Question put and passed.

The petition was tabled (see paper No. 367).

QUESTIONS

Questions were taken at this stage.

LEAVE OF ABSENCE

On motion by the Hon. F. E. McKenzie, leave of absence for eight consecutive sittings of the House granted to the Hon. Peter Dowding on the ground of private business overseas.

BILLS (2): INTRODUCTION AND FIRST READING

1. Domicile Bill.
2. Adoption of Children Amendment Bill.

Bills introduced, on motions by the Hon. I. G. Medcalf (Attorney General), and read a first time.

ANIMAL RESOURCES AUTHORITY BILL

Receipt and First Reading

Bill received from the Assembly; and, on motion by the Hon. D. J. Wordsworth (Minister for Lands), read a first time.

Second Reading

THE HON. D. J. WORDSWORTH
(South—Minister for Lands) [5.04 p.m.]: I move—

That the Bill be now read a second time.

The principal object of this Bill is to establish and incorporate an authority to supply high quality, disease-free laboratory animals for teaching, research and diagnostic purposes. A facility strictly dedicated to the breeding of laboratory animals will produce animals of consistently higher quality than has been possible under existing arrangements. Economies of scale are expected to result in improved cost efficiencies.

Until now, animals required for medical and research purposes have been produced by a number of different medical and educational organisations in various locations. Generally speaking, the standard of the product has not been high.

The need to develop a central facility to produce laboratory animals has been evident for several years, but the delay has been caused because of the difficulty in securing the necessary Commonwealth and State capital funds.

Construction of a building, known as the Animal Resources Centre, was completed recently on the Murdoch University site at a cost of \$2.338 million shared by the State Government, 50 per cent; the University of Western Australia, 32½ per cent; Murdoch University, 12½ per cent; and the Western Australian Institute of Technology, 5 per cent.

It is expected the centre will operate at a loss until approximately the end of next year. After that, the authority will be required to conduct its affairs so as to ensure that its revenues are sufficient to meet its costs. Until the authority has established its production capability to that stage, the operating losses will be shared in the same proportions as applied to the capital cost sharing already mentioned.

The prospect of utilising a central facility has been taken into account in the planning of animal

breeding facilities within this State over the last several years. For example, expenditure on the animal breeding laboratory conducted by the State Health Laboratory Services of the Public Health Department, has been kept to a bare minimum in anticipation of the Animal Resources Centre meeting its future needs.

The Royal Perth Hospital has avoided expenditure, estimated at \$400 000, which would otherwise have been committed to providing animal breeding facilities.

The University of Western Australia has laboured under adverse conditions to produce animals, and the new resources centre will overcome these difficulties.

The Murdoch University made no separate provision for animal breeding when the veterinary school was established.

The Western Australian Institute of Technology also has avoided capital expenditure for a separate building, and has subscribed to the joint venture.

The most appropriate mechanism to meet the requirements of these various organisations is to establish the animal resources authority as a body corporate, as provided for in part II of the Bill.

It is intended that the authority be composed of eight members, representing the organisations utilising the animals produced by the authority. Four persons are to be nominated by the Minister and they are proposed to be—

- a representative of the State Health Laboratory Services;
- a representative of the Public Health Department administration;
- a representative of the department of Hospital and Allied Services; and
- a representative of the teaching hospitals.

The other four members are to be nominated by the University of Western Australia, two nominees; the Murdoch University, one nominee; and the Western Australian Institute of Technology, one nominee.

The functions and powers of the proposed authority, as set out in part III of the Bill, are well defined. The basic purpose of the authority is to breed and rear laboratory animals for teaching, research and diagnostic purposes. The Bill provides for the authority to have such powers as are reasonably necessary or expedient for the purpose of enabling it to carry out its functions.

Part IV of the Bill deals with financial provisions. The most important aspect is that which requires the authority to generate sufficient

revenues to meet its costs, including proper provision for the depreciation of assets.

The Bill also provides power for the authority to borrow money, upon the guarantee of the Treasurer, for the purpose of carrying out its functions. This would, of course, be subject to prior written approval of the Treasurer on such terms and conditions as he may approve.

This Bill reflects the requirements of the various educational and government medical institutions, as developed by the project committee comprising representatives of these bodies.

The Animal Resources Centre will ensure that this State produces laboratory animals of a high quality at an acceptable cost.

I commend the Bill to the House.

Debate adjourned, on motion by the Hon. H. W. Olney.

MENTAL HEALTH BILL

Second Reading

Debate resumed from 8 September.

THE HON. R. HETHERINGTON (East Metropolitan) [5.09 p.m.]: The Opposition opposes this Bill. It does not oppose the Bill because it considers the present Mental Health Act is satisfactory or desirable, or should be left as it is; it opposes the Bill because the improvements contained in it are marginal. Insufficient protection is given to the civil, legal and medical rights of patients in psychiatric institutions. Further, we believe that instead of many of the safeguards eventually—if we are to believe what the Minister in another place has said—being prescribed by regulation, they should be specifically and carefully written into the legislation itself.

In many ways, it is a pity the department is called Mental Health Services rather than simply the "Department of Mental Health" because the thinking of the department seems to be restricted to the narrow range of the services it provides. As far as I can see, this Bill has been designed by the officers of the department for the convenience of the officers of the department. It tends to be unduly paternalistic, and asks us to rely on the good sense of the officers of the department.

When I say this, I am not attacking the bona fides or the good intentions or even the abilities of those officers; I have a great deal of respect for them. There is nothing personal in my attack on the Bill. I simply think that we should never attempt to write legislation to cater for particular people at a particular time; we must write

legislation which will last for some time and, in cases such as this, legislation which we can read, which we know the meaning of and in which we can see the necessary safeguards.

My main objection to the Bill can be summed up in two sections: A section of clause 3, and clause 99. I intend to refer to both of those clauses as I proceed. The remainder of the Bill, of course, is the "mish-mash" in the middle.

Clause 3 contains the definition of "mental illness" which is quite unsatisfactory, because it is circular. The definition reads as follows—

"mental illness" means a psychiatric or other illness or condition that substantially impairs mental health, but does not include a handicap whereby a person is an intellectually handicapped person;

I presume one has mental health if one does not have a mental illness. The definition means anything anyone wants it to mean, and it is meant to be that way. It is meant to mean what the psychiatrists of the Mental Health Services believe is right at any time. It makes the whole thing subjective and, in my opinion, is entirely unsatisfactory. It is meaningless to say that "mental illness" means an absence of mental health without then defining "mental health". So, the definition is a non-definition. For those reasons, if for no other, the Bill should be taken back and rethought. The whole thinking within the Bill reflects this unsatisfactory attitude to definition.

Let me say in passing that I am glad to see there is an attempt to separate "intellectually handicapped" from "mental illness"; the Bill recognises they are two separate things and this must be regarded as progress.

However, I draw the Minister's attention to the wording of the definition of "intellectually handicapped person". I mention this to the Minister now so that he may think about it between now and the Committee stage, because he might want to move an amendment to the Bill so that his definitions are written in English.

The definition reads as follows—

"intellectually handicapped person" means a person who has a general intellectual functioning which is significantly below average and concurrently has deficits in his adaptive behaviour, such conditions having become manifest during the developmental period;

Had the definition read "is deficient in his adaptive behaviour" it might have been acceptable. At the moment, it sounds as though

the person has a deficit, much as the Government probably will have when it brings down its next Budget; in other words, the word "deficit" relates to finances. What a "deficit in adaptive behaviour" is I do not know. I hope the Minister can explain it to me but, probably, he will be unable to. It would be wiser for the Minister to get in touch with the Minister in another place and arrange for a minor amendment to be moved during the Committee stage.

I would much rather the Bill were withdrawn so that a more thorough, better thought out, and generally more satisfactory Bill could be introduced here. It might be asked why the Opposition is opposing the Bill. I certainly hope the Minister does not use that form of argument but, just in case he does, I shall answer the question before it is asked. We oppose the Bill, because if we do not do so and it is passed, the Government will say, "Look at the marvellous improvements we have introduced into the Mental Health Act" and rest on its laurels for another two, four, or 10 years. We do not want it to do that. We want the Government to have a fresh look at the legislation immediately so that a new Bill may be drafted. Therefore, we oppose the Bill, despite the fact that it contains marginal improvements on the present Act.

Here is the nub of the deficiencies: We are talking about something which is ill-defined, and I shall refer to some lack of definitions later when dealing with various clauses.

I refer now to clause 99(2)(f) which reads as follows—

Without limiting the generality of subsection (1), regulations may be made for, or in respect of—

- (f) the circumstances under which any specified treatment or class of treatment may be given or administered under this Act and the authority or consents to be obtained before the giving or administering of any specified treatment or class of treatment.

That is something which is extremely important. The whole issue is being examined at the moment by the Saint committee. I always like to give credit where it is due; therefore, I congratulate the Government on appointing such an eminent authority as Professor Saint to head a body to inquire into psychiatric treatment. That is highly desirable, but it would be even more desirable if this Government waited until it received the committee's report before introducing the Bill.

In that way, the Government could examine the recommendations of the committee and consider

them fully before drafting legislation. Instead of saying, "Professor Saint will report and we will give the report to the department which will draw up regulations as it thinks fit" the Government should have waited until it received the report before introducing the Bill. We do not want the department to draw up regulations of this nature, particularly in view of the fact that some of the main criticisms of our psychiatric hospitals—the criticisms are not always well-judged, but they are there—are that they use treatments which some people consider to be improper and which some people think patients can be forced into taking. Certainly it seems to be the case that can be done under this Bill.

I refer here particularly to psychosurgery and electroconvulsive treatment or shock treatment. I shall dilate slightly upon this before I return to the rest of the Bill. One of the problems—I shall refer to this again later when I am talking about admissions—is that psychiatry is a comparatively new branch of medicine and it must be remembered that fashions come and go. I do not intend to denigrate psychiatry, but its relative newness must be borne in mind.

I can remember not so very long ago when the "in" thing to do to mentally ill patients was lobotomies.

The Hon. R. J. L. Williams: The pre-frontal lobotomy.

The Hon. R. HETHERINGTON: I have seen lists of various "otomies" that can be performed. It is a much more refined process now, but the pre-frontal lobotomy which was performed was a highly undesirable treatment and it has done a great deal of damage to a number of people. I have no doubt it was carried out with the best will in the world and I do not doubt also that some patients were talked or pressured into having it.

Of course, electroconvulsive treatment is another matter which worries people a great deal. Recently I visited Swanbourne Hospital and discussed ECT with doctors and nurses there. Certainly their views were quite different from views expressed by other people. They gave me some explanations as to the end result of electroconvulsive therapy and they seemed to make sense. I was told ECT produces chemical changes in nerve endings in the brain which make the chemical composition of the nerve endings more like that in a normal brain. However, even if that is true—I found them very persuasive—I do not think I would particularly want to have it done. We should ensure safeguards exist in order that people do not undergo treatment they do not want. Such safeguards should not be contained in

regulations and we do not want them to be left in the hands of even the most eminent, decent, and well-meaning psychiatrists.

I have great respect for many psychiatrists I have met. I do not criticise them as being Machiavellian beings, trying to bend minds, as some people do. Most psychiatrists try to adjust people.

The other matter we must remember when talking about psychiatry is that there are various schools of psychiatry and they still have not sorted themselves out. There are the behaviourists on the one hand and the Freudians on the other.

The Hon. D. J. Wordsworth: Do you think the Bill should sort them out?

The Hon. R. HETHERINGTON: No, I do not; but the Bill should make provision that before a person is admitted involuntarily into a psychiatric hospital, he be examined by two psychiatrists. I am presently giving some of the background for saying that.

I realise, of course, one cannot say a person should be examined by a behaviourist and a Freudian, because those descriptions are no longer applicable and they are far too crude. Therefore, I do not say that; but greater safeguards should exist and I suggest it is not adequate that a person be examined by only one psychiatrist before being admitted involuntarily into a psychiatric hospital.

The Hon. D. J. Wordsworth: You are quite happy with two, are you?

The Hon. R. HETHERINGTON: One has to draw the line somewhere. In my opinion, the line should not be drawn at one, but at two. If the Minister decided a person should be examined by three or four psychiatrists before being admitted involuntarily, I would be quite happy to accept the amendment. My point is that greater safeguards than appear in the Bill at the moment should exist.

This is a serious and important matter and I am sure the Minister appreciates that. The Minister for Health has talked to the very able and pleasant people in his department and I have talked to them also. I understand the Minister is persuaded by their decency and bona fides and too easily has been led to accept the genuineness of the people who are making recommendations to him, without standing out from the situation and looking at the possibilities of difficulties arising and the need for greater safeguards. It is one thing to trust a person, but it is another thing to say that another person might be there at some other time or that the person trusted might be making mistakes, therefore, perhaps a second opinion should be obtained.

This is what we tend to do and this is what we do when we allow for appeals. We do this in a whole range of matters when we want to ensure people's rights are protected. Indeed, we tend sometimes to set up protection which is too great, but I would argue it is better to have too much protection than too little. I am aware that psychosurgery has not been used in this State for some years and it does not seem to be the intention of anyone to whom I spoke to use it in the foreseeable future. People do not seem to think it is necessary to use psychosurgery any longer; but that does not mean it will not become fashionable again, nor does it mean we should not bear in mind that, as fashions change, we might need a new set of safeguards.

Certainly as far as electroconvulsive surgery is concerned, if justice is being done in the psychiatric hospitals in this State in regard to this matter, it also should be seen to be done in the safeguards which are written into the legislation. Until the Government is prepared to do this, I am not prepared to support this legislation, even though there is no doubt it will be passed.

I suggest for the consideration of members of the House that perhaps we should look at the matter more closely. I know the Minister for Health is an honourable man, but I think he is wrong this time and we should consider whether the matter should be referred to a Select Committee. If the second reading of this Bill is passed, it is my intention to move that we do just that, in order that members may look at the Bill, examine its ramifications, hear evidence, and satisfy themselves that all is or is not well.

Of course, if we were to do this, it might have the same effect as the Select Committee into homosexuality which was conducted some years ago. Such a committee may confirm our ideas and thus satisfy us, or it might make us think we should have different kinds of safeguards from those suggested here.

This is an important matter and members of this House who really take seriously the notion that this House is a Chamber of Review and do not just mouth the clichés, should consider whether they should cross the floor when, if the second reading is passed—of course, I will oppose it—I move that the Bill be referred to a Select Committee. Indeed, if the Minister indicated in his reply that he was happy for that to happen, I would even support the second reading of the Bill in order that the matter may be considered by a Select Committee and we could get on with the job of dealing with the whole business.

I should like to see the safeguards written into the text of the Bill, but I am not sure as to which safeguards should be inserted. I can pluck some off the top of my head—it is easy to do that—but, until Professor Saint has reported, I cannot say with any certainty the exact safeguards which should be contained in the Bill. I hope the Saint committee's report will be made public and I will be very interested to read it fully.

This is the basic reason I oppose the Bill. I do not intend to weary the House by proceeding through it in detail step by step. I had hoped my friend and colleague, the Hon. Peter Dowding, would be leading for the Opposition on this Bill, and I regret he is not, because I know he would do it so much better than I; but even were I as fully conversant with the legislation as he is, I would not go into great detail, because I simply want to put forward certain basic arguments about the Bill in the hope members opposite will come to the conclusion that it should be reconsidered and either returned to the Government so that it can think again, or, if they are not prepared to go that far—being Government supporters I would not be surprised by that—they might be prepared to send it to a Select Committee so that we can consider the whole range of the ramifications of mental health in this State.

In an aside, I might say "mental health" and "mental illness" are not terms I care for very much. They are better than such terms as "madness", "lunacy", and the descriptions which were used in the past to indicate mental disorder; but they still are not entirely adequate and, had I a better term, I would suggest it. It is something to which we might give consideration in due course, but we have to be very careful that we do not equate mental health with physical health. Of course, sometimes the symptoms of a physical illness look like the symptoms of mental illness and this is something we have to look at carefully.

I am told that before a person is received into a psychiatric hospital he is examined not only by a psychiatrist, but also by a physician. However, although it has been indicated this is carried out in a routine manner, a provision of this nature should be contained in the Bill.

There have been times when something that looked as if it were within the realm of a psychiatrist has been proven to be within the realm of a surgeon—I do not mean a psychosurgeon—or the realm of a physician who has established a physical cause for the apparent mental symptoms which, when treated, has cleared up the mental symptoms. When we talk about a physical illness—I think we do this rather too easily—we talk as if there is some disease or

malfunction of the body which can be cured. Of course, what we tend to say, and what we say too easily, is that the disease or malfunction can be cured by medicine or drugs.

Certainly I deplore the rate at which many doctors have given out antibiotics in the past. I have suffered from this, as far as my children are concerned, by conditions caused by the misuse of antibiotics by medical practitioners—not in this State, but I have no doubt it has happened in this State. I am worried about this. But if one thinks of physical illness being a malfunction of the body that may be treated either by surgery or drugs, it is too easy to think of mental illness—if we are going to use that term—as something that is like a physical illness that can be treated by drugs or surgery.

I am glad to say—and the Minister can tell me this—surgery does not seem to be on these days. I am pleased about that because psychosurgery is something that does not appeal to me at all. I think that when we start cutting up people's brains we are moving onto very dangerous ground. I know, of course, that brain damage can produce all sorts of results.

While I am on this particular issue, perhaps I could go back to the definition of "mentally handicapped" of which the Minister in another place is aware because he has said so. I think we should think about it very carefully because in the Bill the definition of an intellectually handicapped person is a person who has a general intellectual functioning which is significantly below average. Again, if somebody tells me that the sitting days of a House of Parliament are significantly below average, I would ask, "The average of what?" Somebody could give me figures and we could work out the average. If somebody tells me that the rainfall for August was significantly above average, we all know what that means. It means that we have recorded the rainfall for August over the past 50 or 80 years. We have taken an average and the rainfall is above that.

But what is the intellectual functioning which is significantly below average? As one person at Pyrtton said to me, "We are having troubles these days because if you get a Downes syndrome child who is generally regarded as intellectually handicapped one may find the child is aged 7 and is doing work that is normally done by seven-year-olds in ordinary schools". Where are they? I am not sure where they are, but that is something of interest.

The thing is that, even casting out the "deficits", such conditions have become manifest during the development period. I gather the

developmental period is the time from conception to when a person stops developing, which seems to vary, but let us say about 18 years or the teens. Of course, there are people who through accidents have brain damage and have the same kind of intellectual regression—if we can call it this—which is exhibited by people who are regarded as intellectually handicapped because of something that has developed during their developmental period. So perhaps we have not yet separated quite sufficiently the intellectually handicapped person from what we call the mentally ill person. It is a problem.

I am not making a frontal attack on the Government about this because the Minister has admitted the deficiency. I think he is having a look at this matter. I just mention it in passing as one of the problems which face us in Bills like this.

While I am on definitions—and this was something that was brought up in another place so I will mention it only briefly now to give the Minister some chance of bringing it up yet again when we are in the Committee stage; I do not want him to deal with this in his reply—“relative” means a spouse, child, stepchild, etc. This was amended in another place to make it fuller and better, but it still raises the problem—and we have many at present—of what do we do with *de factos*—common law spouses? When we spoke of them as common law spouses—a common law husband or wife—perhaps it was easier. Perhaps the Bill could have included that definition. A common law spouse may be a spouse within the meaning of this definition, but is a *de facto* wife or a *de facto* husband a spouse within the meaning of this definition? If they are not, I think they should be, because, after all, *de facto* spouses are quite often the people who know best and are most concerned with the partner of the *de facto* relationship.

The Hon. D. J. Wordsworth: One of the problems is identification.

The Hon. R. HETHERINGTON: I know it is very difficult. As a matter of fact, I would suggest here is something for the Attorney to consider. It has crossed my mind, and I have often thought of doing something about it and bringing down a private member's Bill, but I have not got around to it yet. We could introduce a small piece of legislation to allow people to register a next-of-kin. This would mean that a person could, I suggest, pay a small fee and register another person who is not related to him as his next-of-kin. That would give a relationship. That person could then go to a hospital where his friend is the

registered next-of-kin. It would give such people an entrée which they have not got at present.

I just mention this for the consideration of the Government because it is something worth thinking about. It would be of use, of course, to homosexual couples whose relationship is not illegal as long as they are not caught practising any homosexual acts. It would also serve the purpose of allowing heterosexual couples, who are not in fact married but are behaving as if they were, to register each other as next-of-kin. They could cancel the registration if they broke up. There are problems there. This is why it is something that I want the Attorney as well as his department to look at, to see if it is possible. I am sure that the Attorney will in fact do that because he usually looks into all bona fide suggestions that are made to him, even if he does not always agree with them in the end.

The other major problems are the ones I have already mentioned, so I will mention them only briefly. Too often in this Bill a person can be committed involuntarily on the say-so of only one psychiatrist. If a magistrate or a person in a court decides that the defendant is a bit peculiar he can get the opinion of one psychiatrist and then commit the person to an institution. I would rather see the Bill amended, as I have already stated, so that wherever it says “a psychiatrist” it is changed to “two psychiatrists”.

I certainly do not think people should be able to be involuntarily incarcerated on the say-so of two general practitioners and a justice of the peace. I would suggest also that nobody should be allowed to stay involuntarily or compulsorily in a psychiatric hospital unless after a period of time, perhaps a week, he appears before a stipendiary magistrate with the right of legal representation so that the magistrate can listen to the evidence and decide if the committal is a proper one. I think these kinds of safeguards should be in the Bill.

I am concerned also about clause 28(1)(b). I will read the whole clause—

(1) A person shall not, under section 30(2), be admitted to or detained in an approved hospital as a non-voluntary patient...

Why do we not say “involuntary” or “compulsory” patient? Is not that what we mean? The clause continues—

...unless a request has been made under section 48 or an order has been made under section 49, 50 (3), or 51 and in the opinion of a psychiatrist—

(a) he is suffering from a mental illness;

(b) that mental illness is of a nature or degree which warrants detention for treatment—

- (i) in the interests of his welfare; or
- (ii) for the protection of other persons; and

(c) he does not, by reason of his mental illness, appreciate that he needs treatment for it.

(2) A person shall not under subsection (2) of section 30 be admitted to an approved hospital as a voluntary patient unless a request has been made under section 46 or 47 and, in the opinion of a psychiatrist—

- (a) he is suffering from a mental illness; and
- (b) that mental illness is of a nature or degree which warrants treatment in the interests of his welfare.

What does that mean? What does "in the interests of his welfare" mean? What kind of welfare do the framers of this legislation have in mind? That, of course, is irrelevant. Just what kind of welfare do the people who interpret the Act have in mind? Welfare can vary very much in the mind of the person using the term. I might be behaving in a way that I think is quite happy and conducive to my welfare. Another person may think it is not conducive to my welfare. Perhaps I have some strange and eccentric peculiarities and through all of this I have become an atheist and they believe I should be a Christian, or I might be a Christian and they believe I should be an atheist, or I become one of the Orange people and they believe I should be a Christian, and so it goes on. How do we define welfare, and in whose view is it?

I mention also "for the protection of other persons". What kind of protection have we got in mind? I think we could well do something similar to that done to the Act in Ontario, which was amended in November 1978, to specify the grounds that a physician had to use to have a person committed. It is as follows—

Where a physician examines a person and has reasonable cause to believe that the person—

- (a) has threatened or attempted or is threatening or attempting to cause bodily harm to himself;
- (b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him; or
- (c) has shown or is showing a lack of competence to care for himself

and if in addition the physician is of the opinion that the person is apparently suffering from a mental disorder of a nature or quality that is likely to result in—

- (d) serious bodily harm to the person;
- (e) serious bodily harm to another person; or
- (f) imminent and serious physical impairment of the person

the physician may make application in the prescribed form for a psychiatric assessment of the person.

That may not be perfect, but I think we should do something like that with this Bill, not have, "warrants detention for treatment in the interests of his welfare". It is peculiar; it is woolly; it is subjective and allows people to interpret it as they will.

Of course, that is one of the things that liberals say—and I mean small "l" philosophical liberals. I hope there is some positive argument about this because John Stuart Mill said the only reason we should restrain a person is to prevent harm to others. There is the question of what is "harm"? Is it mental harm, physical harm, psychic harm or emotional harm? We can run the whole gamut and could find a person who is moping and apparently despondent writing the world's greatest novel, but is not behaving in accordance with people's idea of welfare. If this means he can be committed to a mental institution it is wrong, and this is what we are protecting people from.

Does it mean the protection of other people from physical harm? What does it mean? The Bill does not say. It is a Bill that leaves discretion in the hands of everybody in charge and certainly not in the hands of the patient, and not in the hands of the person going to be incarcerated. I use that term advisedly because that is what it means to many people. I have spoken to many people who have been in mental hospitals and some of them find it to be a horrible experience, and they consider they have been incarcerated. I have visited many psychiatric hospitals and it seems everyone is treated kindly. I have seen the comfort that the patients have. Sometimes I think it is the same comfort as one would experience in gaol. That account is a personal view and is purely a subjective reaction.

Even a voluntary patient has pressures and this provision should not be in the Bill. Clause 29(2) says that a person who is a voluntary patient shall not remain in an approved hospital if, in the opinion of the superintendent or the director as the case may be, he refuses to accept the treatment prescribed for him in the hospital.

There is a whole range of treatment and perhaps the patient requires a particular kind of treatment; but if he refuses electroconvulsive treatment because he has been frightened by people into believing it is undesirable, then he can be thrown out of the hospital and this may be undesirable. I am not suggesting that will happen—and I know the Minister will know that I am not suggesting it—but the people in our psychiatric hospitals are not always happy.

The Hon. N. E. Baxter: The patient is discharged and not thrown out.

The Hon. R. HETHERINGTON: The patient is thrown out as far as he is concerned if he is discharged involuntarily. He is not physically thrown out but as far as he is concerned he is thrown out. That is what I mean; I do not mean he is physically thrown out or that the people concerned are a lot of ghouls who will bring force into some form of treatment and discharge him if he does not accept it. I do not think that would happen; however I do not think that should be written into the Bill without adequate safeguards and therefore I am not happy about it.

Another thing I am not happy about—and I have said this before, but I will remind the Minister of what I said—is that two medical practitioners who know nothing about psychiatric illness can have a person committed. A justice of the peace can have a person committed following an examination of the patient by one psychiatrist. There was an argument in another place that within 72 hours of admission a patient should be examined by two outside psychiatrists rather than psychiatrists who are connected with the institution. I am not throwing any accusations—as the Minister knows—against the people in our psychiatric hospitals, but it does make sure that the hospitals are not taking people in because they are not busy or that they are not keeping people out because they are too full. It is one of those external safeguards which is highly desirable to be written into the Bill. We have not only to ensure justice is done, we must also ensure justice is seen to be done. So we need checks and balances and we need these external safeguards written into the Bill so that people know what their rights are.

Certainly any person who has been compulsorily committed should have the right to have legal representation before a stipendiary magistrate and not a justice of the peace. The justice might deal with the first one before he is forced to stay there against his will.

I have taken rather longer than I intended to take on this subject. I have dealt with this Bill as

is appropriate at the second reading stage; that is, mainly with the general principles of the Bill. If we come to the Committee stage—I hope we do not because I hope we will be looking at this in a Select Committee—I will deal with the Bill more fully if that is necessary. In the meantime, more in sorrow than in anger, I am hoping the Government will take note of what I have said and I am hoping the Government will realise the matters I have raised are important and that it has not gone far enough.

On behalf of the Opposition I oppose the Bill.

THE HON. G. C. MACKINNON (South-West) [5.52 p.m.]: For quite different reasons from the Hon. R. Hetherington I am not madly enthusiastic about the Bill. It is not my intention to oppose it but I would have been happier had the Bill been of a different type rather than just writing into the existing Act a few of the things we now see. There should have been a new total look at mental health and the Act should have been rewritten entirely. It should have been rewritten in a vein more in line with the definition of the World Health Organisation—a global, well being health where the difference between physical and mental health is not as clearly marked. In the few years since I have been out of the health services there has been an appreciation of the fact that the whole emphasis of mental health has changed from being almost 100 per cent conducted by the department to being now probably not even 50 per cent conducted by the department. In other words, the emphasis on mental health as a departmental activity has changed rapidly and the private hospital component is now a very large component indeed.

I do not think sufficient cognizance has been given to this in the Bill; in fact it is little more than a rehash of the old Act. It is a pity because the progress made has been marked. There is not the difference between physical and mental health that many people would give one to believe and it is difficult for many hospitals to distinguish between these major health disabilities. I refer to sections of hospitals in which elderly citizens are looked after.

We all know—and it is beginning to become more apparent to me—that the older one gets the less sharp one becomes mentally as well as physically. I am sure we have all been in the sad situation of seeing elderly relatives suffer from physical ailments—rheumatism, etc.—and become vague and totally forgetful, and sometimes they have serious mental problems. Who looks after those patients? Should it be people who are skilled in mental health or the people skilled in physical health? Quite frequently

we have the problem that people of advanced years behave in an aberrant fashion.

The Hon. Lyla Elliott: There is an article in this morning's paper about a lack of certain vitamins causing mental illness.

The Hon. G. C. MacKINNON: That is right. At lunchtime today I was talking about life in a prison camp. I believe that the lack of food made some prisoners turn their faces to the wall and die. From my point of view that was madness in the extreme. The people concerned came from poor economic backgrounds and the lack of food had a marked effect on them.

There is concern in the field of private psychiatrists that this Bill is merely patching up. If any proof of that is needed one has only to look at the notice paper of the Legislative Assembly to find that after lengthy discussion 3½ pages of amendments to the Bill were produced.

The Hon. R. Hetherington: There were 51 amendments on the notice paper.

The Hon. G. C. MacKINNON: As my friend the Hon. R. Hetherington tells us, there were 51 amendments, and there was good reason for them because the original Bill had many errors of omission and commission.

I do not want to go over those matters now. I would like to talk in terms of the problems brought forward and to counter the argument that some people use.

There has been appointed, as we know, the Saint committee which will bring forward ideas which I am sure, knowing Eric Saint quite well, will require legislative action. Professor Saint is a highly intelligent and forward-thinking man.

One of the areas in which I would like to take issue with Mr Hetherington is the matter of involuntary treatment. We ought to appreciate from the beginning that you, Sir, and I and everyone else in this community, have the right to be treated as much as we have the right to choose our treatment. I want to impress on all honourable members that this is a fundamental point and it is regarded very seriously by the State.

I give as an example a family with very rigid religious beliefs which preclude a particular method of treatment. A child might suffer from a certain trauma and the religious beliefs of the parents could take away the right of the doctor to treat the patient. What does one do? Does a doctor stand by and allow the child to die? Of course he does not. The State makes the child a ward and treats him. If the patient is mentally competent, of a sound mind and of the age of

consent and still refuses treatment then that is fair enough, but for that to happen to a child of five or six years is unthinkable, and the State must take action and give to the child the right to treatment.

Sitting suspended from 6.01 to 7.30 p.m.

The Hon. G. C. MacKINNON: Before the evening meal break, I was talking about two inalienable rights of people. One is the right to treatment, and the other is the right to choose the treatment. In my view, the most important is the right to treatment—the right to be treated. This has been questioned more and more of recent years.

Perhaps the first people to mount a major attack on the right of a patient to a particular sort of treatment were the scientologists. I had some rather bitter experiences with those people when the Parliament agreed to an Act I brought before it which led to the banning of the practise of scientology in this State. That Act was similar to an Act in Victoria introduced by my good friend and co-Minister for Health, Ren de Garis—

The Hon. R. J. L. Williams: South Australia.

The Hon. G. C. MacKINNON: Yes, South Australia. A number of inquiries in other parts of the world followed the original inquiry held in Victoria. The Victorian inquiry brought down some pretty damning indictments against scientologists.

Strangely enough, the major concern of the scientologists was convulsive therapy. They made a great fuss about what they called their E-meter—an electrogalvanometer which they claimed could tell exactly what sort of personality one had and could almost determine one's IQ. However, the scientologists were bitterly opposed to electroconvulsive therapy.

I do not know the rights and wrongs of that particular form of therapy. I know a number of psychiatrists believe it worth using in some circumstances. I know some psychiatrists believe it has been overused. I suppose the time will come when electroconvulsive therapy reaches the stage that leeches have reached in ordinary health care. I do not know.

It is sufficient to say that far and away the majority of people involved in the treatment of patients in mental hospitals are concerned and genuine human beings who are not given to torture, incarceration, and all these things one hears bandied about. The only comment to which I took exception in the speech of the Hon. Bob Hetherington was his use of the word "incarceration". I do not think it covers the sort of care given to mental health patients.

The Hon. R. Hetherington: I pointed out it was the subjective view of some people.

The Hon. G. C. MacKINNON: In my experience in the field of health, virtually everything is subjective. I noted the use of the word by the Hon. Mr Hetherington. If I happen to have an attack of kidney stone, I know that, subjectively, it is extremely painful. Other people would give me an objective view of the pain of the 12 kidney stones I have suffered; and I am perfectly right in adopting their view of the pain. In virtually every health field, one has to make a subjective judgment; so what is odd about that?

That leads me to the definition about which Mr Hetherington made a great deal of play. A very learned gentleman who has made a great deal of fuss about this is Professor Thomas Szasz.

The Hon. R. Hetherington: He is very well known.

The Hon. G. C. MacKINNON: In his writings, I am told, he has difficulty in defining "mental illness" in an embracing social or legal manner. One can define "mental illness" for the purpose of medical practitioners and their textbooks; but the difficulty of defining it in a social or legal manner is great. Hence the definition about which Mr Hetherington made some fuss. I would regard that as reasonable.

The Hon. R. Hetherington: It is circular. It just does not get anywhere.

The Hon. G. C. MacKINNON: In the definition from Ontario, which the Hon. Mr Hetherington was prepared to accept—

The Hon. R. Hetherington: It is better.

The Hon. G. C. MacKINNON: —the word "reasonable" was used. I have heard hours of argument in this Chamber on the use of the word "reasonable". Mr Olney would have no objection to the word "reasonable" because he understands its legal connotations. However, many members of the Parliament have great difficulty with that word. Anyhow, listening to the Hon. Mr Hetherington with regard to the Ontario definition, it struck me—

The Hon. R. G. Pike: He understands it, because he is a reasonable man.

The Hon. G. C. MacKINNON: Mention was made of "bodily harm", but there was no mention of the mental anguish which could be caused to people, and which could be as damaging as bodily harm. A person suffering from a mental disorder can cause a great deal of mental anguish to those around him. Therefore, it is quite reasonable in all the circumstances that it should be referred to as "welfare"—in the interests of his welfare. We are

not talking about welfare from the point of view of a social worker, or welfare from the point of view of a Christian minister. We are talking about welfare from the point of view of the psychiatrist who examines the patient. It is "welfare" in that context. I do not think there is any difficulty in accepting words like that in clause 28.

The Hon. Mr Hetherington spoke further about using psychiatrists as though they were as plentiful as policemen on the beat, or members of Parliament in this Chamber. Simply, they are not. I do not know the situation now; perhaps the Minister can tell us when he replies. However, during my term of more than six years, we never had fewer than six vacancies for psychiatrists.

The Hon. R. J. L. Williams: Probably more now.

The Hon. G. C. MacKINNON: I recall when the Hon. Mr Williams brought in a recommendation for the establishment of the Alcohol and Drug Authority, he wanted a number of psychiatrists. As it is a long time ago now, he may not recall this; but I pointed out to him that, look where he might, he would have no chance whatever of obtaining anything like the number of psychiatrists he was seeking. I am sure he never did obtain them.

Psychiatrists are just not available. They are rare creatures like Queen's Counsel. They are hard to come by. In fact, they are more difficult to find than Queen's Counsel, because they are not created. They are senior degree people.

The Hon. J. M. Brown: It is the manner of selection.

The Hon. G. C. MacKINNON: So one cannot say, "We will have him looked at by two psychiatrists, and treated by another two". They are simply not available.

One of the problems is to put a person into a situation in which he can be cared for properly. This is the No. 1 right of people. I was talking to a doctor recently, and he said he had been caught up in the handling of an involuntary patient. Because of the pressure of minority groups, which are putting so much pressure on the human rights angle and the right of choice, he said he would run a mile before becoming involved in that sort of thing again. He had to sign all the papers, see the police, contact a justice of the peace, and all the rest of it. It was only his innate decency and humanity that led him to go on, because the person needed to be committed for his own protection and for his own good.

Another medico told me of a patient who had not been committed and who had not been certified in any sense of the word, and the doctor

could not do anything about it because he was given a letter written by the patient, who was supposedly sane, discharging the doctor from all responsibility. The doctor said legally there was nothing he could do about it.

That sort of thing has happened, not so much because of the way the Act is worded, but because of the way it has come to be administered carefully. This is not the fault of the Government or of the department. It is the fault of members of minority groups, all following along as though suckled by a milch cow, the milch cow being that group of cranks called "scientologists" who started the trend.

Members will realise I am being careful in talking about those people, because I said something like that some years ago, and I was served with a summons in the corridor outside the Chamber, right in the middle of Parliament House.

The Hon. H. W. Gayfer: Did you get a wreath from them?

The Hon. G. C. MacKINNON: I received a writ and a wreath. In fact, I found my wreath in the cupboard the other day.

The Hon. H. W. Gayfer: I still have mine.

The Hon. G. C. MacKINNON: I wonder about these people, because the wreath was delivered to my mother who, at the time, was about 79 years of age and starting to become a bit forgetful. When the package was delivered to her house addressed to me, she opened it and found a wreath. One can imagine the shock she was caused. I have spoken about that in the House previously. It was many years ago.

The attitude of rights is creeping in and becoming so all-pervasive that it is beginning to affect the administration of the Act. People might say that that is a good thing; it is making people more careful. I believe it would have been difficult to make the people looking after mental health patients in this State any more careful than they were.

I noticed in one of the papers sent around by the Citizens Committee for Human Rights (Inc.), whoever they are—

The Hon. D. J. Wordsworth: Read it at the bottom.

The Hon. G. C. MacKINNON: Exactly the same body! Scientologists! These people change their name more frequently than I change my socks. They say the patient should have the opportunity to make complaints to an independent body, without fear of reprisal. What rubbish! They have it now.

We have had a board of visitors, and any patient who writes a letter, anonymously or not, and who addresses that letter or has it addressed for him, can send it sealed or unsealed and have it delivered. Since about 1955, such letters have been delivered. That is as far back as I can recall. That could be done by any patient, voluntary or involuntary.

When I was the Minister, I used to receive such letters quite regularly. I am quite sure Mr Baxter did; and I am quite sure Mr Young still receives them. All such complaints are investigated because they are received by the Minister. They are sent by the Minister to the proper place, and they are investigated.

Under the Act, anyone at all can ask to see the board of visitors, and he would see the board of visitors. The board is made up of perfectly responsible, reliable people, appointed under the Act to see the patients.

What worries me about this Bill is that it has not gone beyond this point because it has all these things written in. I disagree with the view of the Hon. Robert Hetherington that we need to dot every "i" and cross every "t". We must have flexibility so that existing practice can keep pace with new ideas.

One of the dangers of covering everything in legislation by dotting every "i" and crossing every "t" is that flexibility is lost. That is a very great danger. Anyone with lengthy experience with legislation would be aware of that danger, and would have experience of desiring to do things under certain circumstances but being thwarted in that desire by the wording of legislation. I have no doubt we will hear from the Hon. Howard Olney on this problem. I am sure he will refer to the difficulties associated with fixed penalties prescribed in legislation without any discretion offered to a justice.

The Hon. H. W. Olney: In England there is not even a written Constitution.

The Hon. G. C. MacKINNON: That is correct, but people in England have had long experience with these matters and have done very well without a written Constitution. I read Disraeli to learn about the situation, but I found it very difficult. At the time I had a fair amount of time on my hands, and therefore the time I spent on it did not matter.

The Hon. Robert Hetherington mentioned that mental patients receive treatment they do not want. The problem with a number of mental patients simply is that they do not know what they want. When they receive what they need they do not know that they need it. If they

received what they wanted probably they would be worse off. I feel I have enlarged upon this matter quite sufficiently.

Mental patients must be given treatment, and that treatment must be the best that can be provided at the time. Perhaps in 50 years or so it will be proven that the treatment presently given is not ideal. At that time we may have progressed sufficiently with psychiatric treatment to make such statements.

The Hon. N. E. Baxter: We have made a lot of progress during the last 50 years.

The Hon. G. C. MacKINNON: That is true. I am glad the Hon. Norman Baxter, an erstwhile Minister for Health, made that remark. It is my view that in the field of mental health and the understanding of mental illness we still suffer from the olden time ideas of witches, maniacs and the lunatic asylums. It is an attitude fostered by romantic novels of a conniving uncle locking up a rich and beautiful heiress in some dungeon. To use the word of the Hon. Robert Hetherington, she is "incarcerated" against her will. That historic notion, or whatever it may be called, has coloured our thinking today.

We ought to realise that the majority of patients presently in our hospitals and those who have been in them for periods over the last several years have been voluntary patients; they have been capable of walking in or out at their will. They have been asked to leave if they refuse treatment, which I think is appropriate because the treatment is free to the patient but at a high cost to the taxpayer.

Involuntary patients are placed in hospitals very much for their own protection and, not unusually, for the protection of people around them. One must bear in mind the great mental anguish or upset—it can be called whatever one likes—that exists in our society when one refers to mental institutions. Honourable members should understand why I do not like the word "incarceration".

I remember being approached by a member of Parliament who told me about a problem he had with one of his close relatives. I said, "For goodness sake, stop listening to what the scientists tell you, or to the things the Citizens Committee on Human Rights or any other body tells you. You see the superintendent, Mr Blackmore, and visit the institution to see for yourself". At that time Mr Blackmore was the superintendent. The person who approached me said, "I will ring up now and make an appointment". I did not see him until the next day when we had lunch together. I said, "Did you go

down?" and he said, "I not only went down, but put my relative in straight away. What a wonderful hospital it is". His relative was in the hospital for 3½ weeks after which he came out quite happy.

The Hon. D. K. Dans: Which hospital?

The Hon. G. C. MacKINNON: It was the hospital at Claremont, which I think is Graylands Hospital.

The Hon. D. K. Dans: I agree that it is good. I have been to see it three times.

The Hon. G. C. MacKINNON: It is like a hostel. All the critics of this legislation have argued that there should not be a difference in anyone's mind between going to the Royal Perth Hospital for normal medical treatment or going to the Graylands Hospital for psychiatric treatment. There should not be any difference between going to the psychiatric section of the Royal Perth Hospital or to the cardiac section of that hospital. If someone has something wrong with him that needs treatment he gets it treated. Quite frequently I would say it might be better to have treatment for a mental illness and be able to walk away from a hospital a whole person rather than to try to walk away after medical treatment for a leg complaint—the leg may have been cut off. After coming out of a mental hospital a person is more likely to be a complete human being.

The Hon. H. W. Olney: He can't without his head.

The Hon. G. C. MacKINNON: As the Hon. Howard Olney has said, a person cannot function properly without his head. It is some advantage having a learned gentleman in the Chamber.

The Hon. P. G. Pental: How much will he charge you for that?

The Hon. D. K. Dans: Probably \$100.

The Hon. G. C. MacKINNON: Fortunately we are not outside this Chamber—he cannot charge me for that advice.

We should have the attitude that mental treatment is honourable. I have a weakness; I suffer from kidney stones. Other people have a weakness in that they suffer from nervous breakdowns. Both complaints are matters of bad luck. A nervous breakdown can be treated quite easily with a little bit of therapy but for kidney stones one needs an operation. I have not had a nervous breakdown but know what it is like to have kidney stones removed, and can talk with some feeling about such an operation. I do not want another; although I do not want a nervous breakdown, either. However, we should not talk

about incarcerating people or putting them into or taking them out of mental institutions.

I do not have the same objections to this legislation as does the Hon. Bob Hetherington. I object to it on the basis that it does not look far enough ahead in its approach to mental health. I do not want every "i" dotted and every "t" crossed; and certainly I would not like to see mental institutions with big heavy walls around them making them into some form of dungeon and referred to as lunatic asylums as occurred long ago. Fortunately now it is easy for a patient to go into or come out of a mental institution, and some of the problems which occurred years ago I am glad are now not suffered. Why should we have hedges and safeguards that might have been necessary 100 years ago? The situation pertaining years ago has long gone. We are all extremely thankful those days have long gone, and it is our job to make sure they never return. With luck we can do that.

I hope the points I have tried to make have been made well; I have tried my best to do so. We must have hope that when the Saint committee forwards its findings to the Government we will find them extremely interesting and beneficial. When they come in I hope the Minister turns around to say, "Well, that Bill wasn't the wisest thing I ever did, but let us regard it as having been an interim measure and now bring in something which is forward looking and complete based upon the suggestions of Professor Saint". I have great faith in Professor Saint; I feel certain the suggestions he will bring forward will be of great benefit to our community.

I am sure members appreciate that nowadays Mental Health Services does not carry out even the lion's share of psychiatric treatment; the load is spread around. Mental health legislation must take cognizance of the work carried out by general practitioners, the public generally and community hospitals. I would hazard a guess that an appreciable component of mental welfare work is carried out by general practitioners just by the reassurance they give their patients. I am sure any professional person has had occasion to put his customers at rest mentally; to give them calm influence and helpful advice in order that they will feel better with their worries. To a certain extent such professional people are practitioners in the field of mental health.

As I said when I commenced my remarks, I have no intention of opposing this Bill. I wanted to make it clear that my research involved contact only with people not associated directly with the Government. As I have said, I did not think it proper to telephone for advice people with whom I

had been previously associated and who presently advise the Minister. However, I contacted people with appropriate experience in the mental health field. I found they were not happy with the legislation and had the same misgivings about it as I have voiced. With help from those people, including some thoughts of my own, I have put forward views which I felt constrained to put.

I doubt that the legislation will at this stage be altered, and that is fair enough; but I hope my remarks will influence the Minister when he receives the Saint report.

THE HON. N. E. BAXTER (Central) [7.56 p.m.]: I support this legislation, and in doing so refer to the handling of mental patients in Western Australia. The conduct of our mental health facilities is such that it is recognised world wide as leading in the field of mental health. Many visitors to this State, not only from Australia, but also from many parts of the world, have made the statement when they have seen our facilities that the manner in which our mental patients are treated and cared for ranks amongst the highest in the world.

The Hon. Graham MacKinnon made some particularly good points. He dealt with the whole situation of mental health very effectively on a broad basis. He has made quite a close study of the situation. In particular, he referred to the board of visitors and the access mental patients have to that board. One point he did not mention was that the board of visitors must have a legal practitioner as one of its members. Therefore mental patients have the opportunity to approach legal counsel when making representations to the board of visitors.

Quite often it is difficult to find a legal man to participate with the board, although there have been only a few occasions when a legal man has not been appointed eventually. I believe vacancies have occurred only for short periods.

If one reads the Minister's second reading speech and glances through the Bill it may appear to some degree that some of the provisions of the legislation are a bit far reaching. However, I believe the progress we have made over the past 25 years in the field of mental health require that some alterations be made to the legislation to provide certain things which are necessary and some things the public believe ought to be included in legislation to protect patients' rights in particular.

As was said in the Minister's second reading speech, the proposed changes relate to the provision of increased protection of the rights of patients and those who could possibly become

patients. There has been, as the Hon. G. C. MacKinnon said, quite a lot of protection provided in the present Act but what the Government and the department have done in respect of introducing this legislation is to define the provisions of increased protection of the rights of patients in a more specific manner in this Bill than has been provided in the Act in the past. Specific criteria are provided in the Bill to permit non-voluntary admission to approved hospitals and this is a move forward. The Government is under pressure from various groups of people with regard to admission of non-voluntary patients to institutions, and I believe it is time the law was amended specifically to set this out and set at rest the minds of people who have been concerned over the years.

A good move is the separation of the intellectually handicapped from the mentally ill into different entities, something which has been recognised in our Mental Health Services for some time; although there has been nothing in the legislation to this effect.

The Bill deals with the abolition of after-care status and this facet has been explained in the Minister's second reading speech, so I do not think there is any need to enlarge on that. One of the big steps forward is the change in the remand provisions and this Bill will shorten the period for remand. I think this is the only move of this kind that has been made in the treatment of mental patients. Remand admissions, of course, have been provided for in the Bill.

Mr Hetherington referred to the change in the discharge procedures for voluntary patients and mentioned throwing them out. As Mr MacKinnon said it is not a case of throwing them out; it is the same procedure that is followed in any hospital. If a patient wants to become discharged and there is no great risk of anything serious happening to the patient, then I think it is necessary that there should be some procedure for the patient to be discharged. The legislation treats mentally ill patients in the same manner as physically ill patients are treated. There can be little or nothing wrong with that.

Mr Hetherington stated a person should be examined by a physician as well as a psychiatrist before being admitted to a mental institution as the patient may be suffering from a physical illness. A psychiatrist is a physician as well as a psychiatrist. He cannot become a psychiatrist unless he has a medical degree; a psychiatrist is a medically trained person with a degree in medicine. He is not like a psychologist who does not require medical qualification. To examine a person from a physical point of view is to examine

him psychiatrically. We would not gain anything by providing for a person to be referred to a physician, because, as the psychiatrist is a physician, we would be doubling up on the process.

Mr Hetherington said also this Bill would leave the patient in the hands of anyone in authority. One could hardly put a patient in the hands of someone without any authority—someone who did not have a degree in medicine or psychiatry, such as an orderly. The patient would have to be in the hands of an authoritative person who knows how to handle him.

I think the Bill is a step forward although, as Mr MacKinnon said, there may be some provisions which go too far. The provisions in a Bill are brought forward after grave consideration and they are examined very closely. If it is found that a Bill like this does not do the job or goes too far, then no harm can be done to anyone before the Bill is amended in the Parliament.

I do not think the provisions are in any way dangerous or risky to patients admitted to mental institutions, whether they be Government or private. I believe it is satisfactory legislation and it is to a great degree a step forward.

I support the Bill.

Debate adjourned, on motion by the Hon. R. J. L. Williams.

ACTS AMENDMENT (MENTAL HEALTH) BILL

Second Reading

Debate resumed from 8 September.

THE HON. R. HETHERINGTON (East Metropolitan) [8.06 p.m.]: If the Bill we have been debating is carried this Bill will follow consequentially. Therefore I do not intend to oppose it, but it seems to me the Government would have done better to wait and see if the first Bill were carried before it proceeded with this one. I presume the reverse will apply, and if the first Bill is not carried the Government will not continue with this one.

The Hon. D. J. Wordsworth: They will be handled as a pair, yes.

Question put and passed.

Bill read a second time.

LITTER AMENDMENT BILL

Second Reading

Debate resumed from 26 August.

THE HON. F. E. MCKENZIE (East Metropolitan) [8.08 p.m.]: The Opposition has no argument against this Bill and supports it. It

contains amendments of a minor nature, dealing with the service of infringement notices and their withdrawal, and also with the extension to other persons of authority to issue notices. As far as the authority for the issuing of infringement notices is concerned, we have no argument with that.

However, I would like to mention a few points in relation to the composition of the Keep Australia Beautiful Council. Whilst we have a Keep Australia Beautiful Council that is composed of people in the packaging, bottling, and similar types of industries, we will find we must rely on the imposition of penalties for the casting of litter rather than dealing with the problem at its origin; that is, the manufacture of various types of containers, and the like.

I believe it would be far better to impose a deposit on some of the containers we have, but that is not likely to happen under the present composition of the Keep Australia Beautiful Council.

Whilst the issuing of infringement notices—the imposition of penalties—is a method of deterring people from littering the roads and the countryside with containers they cast away, I do not think the real answer lies there.

I realise the need to have these penalties whilst we have the types of containers being utilised now. I put forward this argument because I think deposits on containers are essential if the litter problem is to be effectively reduced.

THE HON. I. G. MEDCALF (Metropolitan—Leader of the House) [8.12 p.m.]: I thank the Opposition for its support of this Bill. Mr McKenzie indicated he had no opposition to the Bill but made one or two observations which did not refer to anything in the Bill, and he would surely not expect me to reply specifically to the points he raised.

The Hon. D. K. Dans: Why not? It is usual.

The Hon. I. G. MEDCALF: However, I will say this. There are other people on the committee besides representatives of the canning, bottling, and paper industries. There are a number of public officials on the committee and provision for this is laid down in section 9 of the Act. If there were any advantage to be gained from introducing a deposit for containers in order to create more funds, I daresay consideration would be given to the suggestion. A number of other organisations are represented on the committee and these are the Local Government Association, the Country Shire Councils' Association, the Department of Conservation and the Environment, the Secretary for Local Government, the Director General of Education, and others; so it is not solely an

industrial committee. Strictly speaking, that group would be in the minority.

The Hon. F. E. McKenzie: Would you concede those other people are in the minority?

The Hon. I. G. MEDCALF: I think the honourable member can read the original Act as well as I can. I propose to deal only with the Bill. I am appreciative for the indication of support for the Bill, because when the original legislation was introduced a degree of opposition was expressed by members opposite and it is good to see members of the Opposition have come around to appreciating, by and large, the Government's attempt to bring some control into this area.

The legislation is experimental to try to control the littering of our countryside. I commend the Bill to the House.

Question put and passed.

Bill read a second time.

In Committee, etc.

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

Third Reading

Bill read a third time, on motion by the Hon. I. G. Medcalf (Leader of the House), and passed.

FACTORIES AND SHOPS AMENDMENT BILL

Second Reading

Debate resumed from 26 August.

THE HON. D. K. DANS (South Metropolitan—Leader of the Opposition) [8.17 p.m.]: The Opposition does not oppose this Bill which is to make a number of amendments to the parent Act. Some of the amendments were necessary because of industrial agreements which no longer exist in the Industrial Arbitration Act.

The major points in the Bill are those contained in clauses 5, 10, 13, and 17. Members will be aware that some years ago the Factories and Shops Act was amended to allow for late-night trading on Thursday nights. I would like to pause there for a moment, because while we are not opposing the Bill—and I suppose that means we are supporting it—I have yet to be convinced that late-night shopping has brought any great benefits to the public or to the retail traders in this State. In fact, the retail traders in the City of Fremantle by and large are strongly opposed to late-night trading, and this includes not only the small retailers, but also the large chain stores.

We were told that somehow or other late-night trading would take some pressure off Saturday morning trading. I believe most members in this Chamber will agree—and you, Sir, would know—that trading at the very large shopping complex at Booragoon seems to have increased tremendously on Saturday mornings. Late-night shopping has increased the cost of goods to the consumer. Any member who wishes to check that statement would need only to ask questions of the managers of the principal stores, or the organisations which look after the small independent traders.

As a result of previous amendments to this Act, shops which sold petrol or motorcar accessories were not allowed to remain open until 9.00 p.m. The Government found it necessary to correct that situation, and it did so by an Order-in-Council. So one part of this amending Bill is to write that Order-in-Council into the Act.

I understand that the amendments I am referring to are acceptable to the Western Australian Automobile Chamber of Commerce. However, it seems to me that petrol stations will still not be permitted to remain open until 9.00 p.m. on Thursday evenings. So while K-Mart and other chain stores which sell cut-price motorcar parts and oil can trade away merrily on Thursday nights, service stations, which depend for a large part of their trade on selling tyres and other accessories, are not permitted to open. I do not blame the Government for this—it has been agreed to by the Western Australian Automobile Chamber of Commerce—but it seems to me to be a crazy, mixed-up situation.

Other provisions in the Bill will increase the penalties for people who open outside the prescribed trading hours. Certainly we have no opposition to that proposal. However, I would have liked the matter of media advertising to be given more attention.

I agree with the intention of this Bill—it should not be the responsibility of the media to check the content of advertisements received by it. However, additional penalties should be imposed on those traders who openly flout the law by placing advertisements to the effect that they will be open for trading at such-and-such a time. The same penalties should apply to those traders who flout the law by advertising on roadside signs.

I am fast coming to the conclusion that no-one really knows what the correct hours of trading are. Some hardware stores open until noon on Sundays, and some open all day on Sundays. A corner supermarket near me opens from 7.00 a.m. until 8.00 p.m. on Saturday and Sunday. I might

add that I am not knocking such traders. However, the amendments could have gone a little further; they could have covered all aspects including advertising of all kinds and, in addition, the hours in which trading can take place should be laid down clearly.

It is all very well to say the public want it. The public want many things, and they are entitled to them, but they do not want the burden of the increased prices. I would like to see the result of a survey into the effects of late-night shopping. Members may feel I am supporting both cases here; I have referred to the fact that service stations cannot open and yet I am against late-night trading. Many service station owners are forced to open for long hours to keep their operations viable. Most do so, and they are prepared to take the consequences.

THE HON. G. E. MASTERS (West—Minister for Fisheries and Wildlife) [8.24 p.m.]: I thank the Opposition for its support of the Bill. I appreciate the comments of the Leader of the Opposition. Trouble has arisen over recent years because of the confusion about who can and who cannot open at different times. Certainly there has been a great deal of confusion about the sale of motor vehicle requisites and spare parts.

It was quite obvious that there was a general misunderstanding in regard to service station hours, and so the Government moved, by Order-in-Council, to try to overcome the problem. Of course the service stations are zoned, and when a service station is on roster, it may sell spare parts and other accessories without any trouble.

The Hon. D. K. Dans: All I did was say that it seemed crazy to me.

The Hon. G. E. MASTERS: Service stations which are not on roster cannot open and sell spare parts. It would have been quite unfair to do other than rectify this situation.

The Hon. D. K. Dans: I understand that.

The Hon. G. E. MASTERS: Service station workshops may open for 24 hours a day. If a motorist needs a new fan belt, he may purchase it at a service station workshop, but service stations cannot sell such items over the counter outside trading hours. Some service stations are on call for this sort of thing.

Generally speaking, the intention is that those service stations rostered to open will be the only ones that may sell goods over the counter.

In regard to misleading advertising, at least the provisions in the Bill are an attempt to come to grips with the problem. We are making a start, and we will see how it works. Penalties will be

applied when the provisions of the Bill are breached, and then we should be able to identify the problems so that we prosecute those who should be prosecuted rather than blaming the media for something which is not its fault.

The Leader of the Opposition said he does not support late-night shopping. I believe most members of the Government parties do support it. We believe there has been some advantage from it in certain areas.

The Hon. D. K. Dans: Minimal.

The Hon. G. E. MASTERS: That may be so, but the shops may choose whether or not to open. I suppose the Opposition will say that shops have to open in order to compete. Late-night shopping is a service to the public, and a service which the public have taken up quite willingly in some areas, whereas in others it has been something of a failure.

The Hon. D. K. Dans: What about the increases in prices?

The Hon. G. E. MASTERS: I am not at all sure that there have been great increases. Some shops do particularly well from late-night shopping. Of course it means that in many cases shop owners must put in longer hours.

The Hon. D. K. Dans: I think what happens is that they cannot afford not to open.

The Hon. G. E. MASTERS: Many shops do not open.

The Hon. D. K. Dans: It depends where they are.

The Hon. G. E. MASTERS: I would not agree with the Leader of the Opposition when he says it has been a waste of time.

The Hon. D. K. Dans: I was talking about the City of Fremantle.

The Hon. G. E. MASTERS: We believe it has provided a good service generally for those people who wish to make use of it. I commend the Bill to the House.

Question put and passed.

Bill read a second time.

In Committee, etc.

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

Third Reading

Bill read a third time, on motion by the Hon. G. E. Masters (Minister for Fisheries and Wildlife), and passed.

ADJOURNMENT OF THE HOUSE: SPECIAL

THE HON. I. G. MEDCALF (Metropolitan—Leader of the House) [8.30 p.m.]: I move—

That the House at its rising adjourn until Tuesday, 15 September.

Question put and passed.

House adjourned at 8.31 p.m.

QUESTIONS ON NOTICE

HOSPITAL

Roebourne

461. The Hon. PETER DOWDING, to the Minister representing the Minister for Health:

- (1) Is it true that doctors employed at Roebourne District Hospital are being discouraged by the Health Department from staying in the town permanently?
- (2) Can the Minister say whether it is the intention of the department to permanently service Roebourne Hospital with temporary doctors only, so that staff from city hospitals can undertake three months' "work experience" in the north?
- (3) If "Yes" to (1) and (2), would the Minister say whether he considers that this arrangement is in the best interests of the people of Roebourne?
- (4) In view of the call by Roebourne residents in a petition last year for the retention of a resident doctor in the town, will the Minister give an assurance that a permanent resident doctor will be sought for Roebourne, and that doctors visiting for three months' experience will work with the resident?

The Hon. D. J. WORDSWORTH replied:

- (1) No. In fact, one of the doctors who is leaving to further his postgraduate education has made arrangements to return when this is completed. Every encouragement will be given to an officer to stay for terms of duty which allow him to become fully conversant with the problems of the people, their environment, and their special needs. Over the years the post of District Medical Officer at Roebourne has been extremely difficult to fill.
- (2) No. City hospitals have volunteered to make staff available on a secondment basis in order that a continuous service is available. This secondment has to be fitted in to the other appointments within the doctor's 12 months tour of duty and requires considerable effort on the part of the hospitals who participate in this arrangement.

- (3) Whilst a resident permanent appointment is ideal, it has not been possible to achieve this even with interstate and overseas advertisements.

- (4) Yes.

TRANSPORT: AIR

North-west

462. The Hon. P. H. LOCKYER, to the Minister representing the Minister for Transport:

Will the Minister give an undertaking that if TAA is granted entry to more WA airports, the following towns will not be disadvantaged by any less jet flights—

- (a) Carnarvon;
- (b) Geraldton;
- (c) Learmonth;
- (d) Broome;
- (e) Derby;
- (f) Kununurra; and
- (g) Kalgoorlie?

The Hon. D. J. WORDSWORTH replied:

- (a) to (g) In granting a licence for any transport operation in this State, the Commissioner of Transport is particularly concerned in regard to the impact of any such licence on existing services to various areas. In the case of aviation services to distant areas of the State, this criterion is extremely relevant.

EDUCATION: SCHOOL SWIMMING PROGRAMME

Cutbacks

463. The Hon. LYLA ELLIOTT, to the Minister representing the Minister for Education:

- (1) Did the Minister receive a letter from the Royal Life Saving Society of Australia expressing concern about the possibility of a reduction in the Education Department's swimming programmes?
- (2) In view of the importance of these programmes to the safety of the children of this State, will the Minister give an assurance that there will be no such reduction?

The Hon. D. J. WORDSWORTH replied:

- (1) Yes.
- (2) No such assurance can be given at this time however classes for non-swimmers and poor swimmers will be excluded from any possible economies.

HOSPITALS: FEES

Social Workers

464. The Hon. R. HETHERINGTON, to the Minister representing the Minister for Health:

Will the Minister inform me—

- (1) Is it the intention of the Government to charge patients who attend public hospitals to consult with social workers?
- (2) If it is, what fee is to be charged?
- (3) Will the fee be claimable from health insurance benefit funds?

The Hon. D. J. WORDSWORTH replied:

- (1) No.
- (2) and (3) Not applicable.

LOCAL GOVERNMENT

Assistance Fund

465. The Hon. J. M. BROWN, to the Minister representing the Minister for Local Government:

- (1) What was the total amount of contributions paid to local authorities from the local government assistance fund in 1980?
- (2) What date was the amount paid to the local authorities?
- (3) What is the total amount to be paid in 1981?
- (4) On what date will the payment be made?

The Hon. I. G. MEDCALF replied:

- (1) \$1 128 460.
- (2) 27 August 1980.
- (3) and (4) Not known at this time as matters such as the local authorities assistance fund are subject to the wider considerations of Budget formulation.

MEAT

Quality: Control

466. The Hon. LYLA ELLIOTT, to the Minister representing the Minister for Health:

What procedures exist in this State to ensure—

- (a) quality; and
- (b) freedom from disease or adulteration;

of the following meats or meat products on sale to the public—

- (i) beef;
- (ii) mutton and lamb;
- (iii) pork;
- (iv) poultry;
- (v) fish and shellfish;
- (vi) sausages; and
- (vii) pies and hamburgers?

The Hon. D. J. WORDSWORTH replied:

(a) and (b)—

- (i) to (iii) Meat inspection services are provided by State and local health authorities at all metropolitan and country abattoirs.
- (iv) Microbiological monitoring programmes.
- (v) Routine inspection of fish. Microbiological testing and heavy metal examination of fish and shellfish.
- (vi) Routine testing for compliance with the food and drug regulations. Microbiological monitoring and serological testing.
- (vii) Routine testing for compliance with the food and drug regulations. Microbiological monitoring and serological testing.

467. *This question was postponed.*

HOSPITAL

Warburton

468. The Hon. P. H. LOCKYER, to the Minister representing the Minister for Health:

- (1) When does the present term of contract expire for the charge nurse and the nursing sister at Warburton Hospital?
- (2) Are the contracts to be renewed?
- (3) If not, are suitable replacements being appointed?

The Hon. D. J. WORDSWORTH replied:

- (1) 31 August 1981.
- (2) No.
- (3) Yes. An experienced registered general and midwifery certificated sister has been appointed as the Director of Nursing and Health Services, Warburton, and is travelling to Warburton today, 9 September 1981. A replacement sister has been found for the sister who resigned with the previous charge nurse.

ANIMALS

Kangaroos

469. The Hon. J. M. BROWN, to the Minister for Fisheries and Wildlife:

- (1) Following a heavy influx of kangaroos, have licensed kangaroo shooters been operating in the Esperance region?
- (2) What numbers have been killed?
- (3) What happens to the carcasses as a result?
- (4) Are any records kept of the numbers taken?
- (5) Does the department monitor the movement of kangaroos in the Esperance region?
- (6) Is there any cost to the Government or farmer?

The Hon. G. E. MASTERS replied:

- (1) There has been no reported recent heavy influx of kangaroos in the Esperance area. However, a professional kangaroo shooter is operating full time at Mungilup and two other professional shooters from Kalgoorlie operate in the Esperance area when problems arise.
- (2) The Mungilup shooter takes about 700 kangaroos per month, and the other two take between 150 to 200 per month, depending upon requirements of the farmers.
- (3) The carcasses are sold to the pet meat outlets.
- (4) Each shooter submits a monthly return to the Department of Fisheries and Wildlife.
- (5) The wildlife officer stationed in Esperance regularly liaises with the Agriculture Protection Board officer on the abundance of kangaroos.
- (6) The professional shooter bears the full cost of culling kangaroos.

JETTY

Carnarvon

470. The Hon. P. H. LOCKYER, to the Minister representing the Minister for Works:

- (1) Will the Government give an undertaking to maintain the Carnarvon one-mile jetty in its present condition?
- (2) What is the sum proposed by the Public Works Department to be used for maintenance on the jetty in the 1981-82 financial year?

The Hon. G. E. MASTERS replied:

- (1) The Carnarvon jetty will be maintained in its present condition for the time being. The justification for continued maintenance will be reviewed annually.
- (2) \$163 000.

STRATA TITLES ACT

Review

471. The Hon. V. J. FERRY, to the Attorney General:

In view of the increasing use of the strata titles system of property ownership in Western Australia—

- (a) does the Government intend to review the system; and
- (b) if so, is it also intended to either introduce amendments to the present Act, or completely rewrite the Act?

The Hon. I. G. MEDCALF replied:

- (a) The matter of a review of the Strata Titles Act has been referred to the Law Reform Commission. The commission issued a working paper in February 1977 (project No. 56) and expects to complete its final report before the end of this year.
- (b) Any action to be taken will depend upon the recommendations contained in the final report.

EXPORTS

Livestock: Esperance

472. The Hon. J. M. BROWN, to the Minister representing the Minister for Transport:

- (1) What are the livestock numbers exported through the Port of Esperance

over the past five years to the end of June 1981?

- (2) What are the projections of live sheep export from Esperance for the future?
- (3) With a bleak future outlook for exports from that port, is it proposed to maintain sheepyards on the Port of Esperance?

The Hon. D. J. WORDSWORTH replied:

- (1) 1976-77 1977-78 1978-79 1979-80 1980-81
293 542 273 043 476 998 395 392 191 425
- (2) 1981-82 60 000 - 200 000
- (3) Yes, in fact, further capital investment related to the livestock export industry has recently been approved.

TRAFFIC

Nullarbor Plain

473. The Hon. P. H. LOCKYER, to the Minister representing the Minister for Tourism:

Can the Minister supply details of any increased traffic on the Nullarbor Plain as a result of a publicity campaign in the Eastern States?

The Hon. G. E. MASTERS replied:

The publicity campaign directed specifically at Eyre Highway traffic was conducted during the period 4—25 May 1981, in Melbourne. The public response to the campaign was excellent.

Traffic data since then compared to the corresponding month in 1980 was—

Passengers	June 1981	+	9.4%
	July 1981	+	20.6%
Vehicles	June 1981	+	3.6%
	July 1981	-	0.2%

The campaign has been most effective particularly as these months typically represent a seasonal trough. It is anticipated that the popular months of August and September will reveal further growth when the figures become available.

474. *This question was postponed.*

MEAT

Inspection

475. The Hon. J. M. BROWN, to the Minister representing the Minister for Health:

- (1) Does the Public Health Department believe there is still a pressing need for dual meat inspection?
- (2) Is the Minister satisfied that WA meat inspection is carried out to the satisfaction of producers, workers, and consumers?
- (3) Can the Minister guarantee that meat substitution does not, or cannot, happen in WA?

The Hon. D. J. WORDSWORTH replied:

- (1) No. The State is quite capable of providing a total meat inspection service if required.
- (2) Yes.
- (3) Normal inspection and sample monitoring procedures should ensure that meat quality is maintained. There is no guarantee however that substitution could not occur by illicit means despite the most stringent precautions.

ROAD

Leinster-Leonora

476. The Hon. P. H. LOCKYER, to the Minister representing the Minister for Transport:

What is the anticipated completion date for the upgrading and sealing of the Leinster to Leonora road?

The Hon. D. J. WORDSWORTH replied:

Completion to the blacktop stage should be achieved in early November 1981 and sealing is planned for completion in 1982-83.

ROADS: FUNDS

Stirling City

477. The Hon. N. E. BAXTER, to the Minister representing the Minister for Transport:

Can the Minister explain why Government road grants to the City of Stirling have been increased for 1981-82 by 82.46165 per cent over the 1980-81 figure, when other local authorities adjacent and otherwise, which do not

have access to millions of dollars in rates, and increasing credits brought forward, will not receive anywhere near the same percentage increase?

The Hon. D. J. WORDSWORTH replied:

Road grants to the Stirling City Council have not increased by 82 per cent above the 1980-81 level.

The Council's base grant increased by 9.08 per cent in line with increases to all other councils in Western Australia.

Council's allocation from the inner metropolitan councils urban road fund increased by 17.1 per cent.

MEAT

Inspection

478. The Hon. J. M. BROWN, to the Minister representing the Minister for Agriculture:

- (1) What was the outcome of the Minister's meeting with the Federal Minister for Primary Industry (Mr Nixon) following the horse and kangaroo meat scandal?
- (2) Is there a recommendation for dual meat inspection to continue?
- (3) Is the Minister satisfied with dual meat inspection that takes place here in Western Australia?
- (4) If "No", why not?

The Hon. D. J. WORDSWORTH replied:

- (1) The Minister for Primary Industry informed other members of Australian Agricultural Council of action which had been taken and was proposed by the Commonwealth, to resolve the present problem and to avoid its recurrence. Mr Nixon made a full statement to the House of Representatives yesterday which covers this detail.

The State Ministers agreed that current legislation covering the operations of slaughtering establishments not licensed to produce meat for the export or domestic market, should be carefully examined. The examination will include the need for a common identification policy for meat destined for the pet meat industry.

- (2) and (3) No.
- (4) In some instances added costs are imposed on the industry.

EDUCATION: HIGH SCHOOL AND PRIMARY SCHOOL

Gingin

479. The Hon. TOM McNEIL, to the Minister representing the Minister for Education:

What is the completion date for the erection of the primary cluster classrooms and the administration block at the Gingin Junior High School?

The Hon. D. J. WORDSWORTH replied:

At the time of accepting tenders, the nominated completion date was 21 December 1981.

VEGETABLES

Onions

480. The Hon. J. M. BROWN, to the Minister representing the Minister for Agriculture:

- (1) What amount of funds standing to the credit of the onion industry trust account, will be applied to research at, or under the supervision of the Medina Vegetable Research Station?
- (2) Will the application of funds be sufficient to be utilised over a period of time, or will they be spent on any particular project?
- (3) If so, will the Minister detail the proposal for the proposed expenditure?

The Hon. D. J. WORDSWORTH replied:

- (1) \$20 356.
- (2) Commencing in 1981-82 and extending for several years the funds will be used on specific vegetable research projects at the Vegetable Research Station, Medina.
- (3) It is proposed to conduct research on the use of different rates and kinds of fertilisers in rotations of vegetable crops including cauliflowers, potatoes, onions, carrots, and lettuce. The objective is to obtain efficient use of fertilisers consistent with high yields.

481. *This question was postponed.*

RAILWAYS

Carrabin Siding

482. The Hon. J. M. BROWN, to the Minister representing the Minister for Transport:

- (1) Now that the State Energy Commission has extended a power supply to Co-operative Bulk Handling facilities at

- Carrabin, what objections, if any, would Westrail have to providing lighting at Carrabin siding, similar to that provided at Burracoppin and Bodallin?
- (2) Has Westrail investigated the cost of providing lighting at Carrabin siding?
 - (3) If "Yes", what is the estimated cost?
 - (4) Is it realised by Westrail that an extremely hazardous situation exists at Carrabin for passengers boarding or alighting from trains at night?
 - (5) What consideration by Westrail has been or will be given to providing lighting at Carrabin siding, especially in view of the withdrawal of labour at railway stations?

The Hon. D. J. WORDSWORTH replied:

- (1) Westrail would not agree to provide lighting at Carrabin because the expenditure involved cannot be justified.
- (2) Yes.
- (3) \$18 500.00.
- (4) Westrail does not agree that a hazard exists. Stewardesses and guards are available to assist passengers to entrain and detrain. Carrabin is no different from many other locations where passengers join trains at unlit sidings.
- (5) Answered by (1).

RAILWAYS: FREIGHT

Small Goods

483. The Hon. F. E. McKENZIE, to the Minister representing the Minister for Transport:

On Monday, 7 September 1981, in *The West Australian*, the Minister for Transport (Mr Rushton) stated, "Westrail had no immediate plans to hand over its small goods freight operations". I ask—

- (1) Since "no immediate" means not at once—
 - (a) what plans have been made;
 - (b) when is it planned to hand over small goods freight to private enterprise;
 - (c) what was the name of the company with whom negotiations have been taking place;

- (d) is it a subsidiary of Mayne Nickless;
- (e) what is the annual revenue received for the three million tonnes of small goods mentioned; and
- (f) what percentage price increase to the public is expected when the handover takes place?

- (2) Apart from bulk traffic, such as ores, minerals, grain, superphosphate, and woodchips, what percentage of Westrail's remaining goods tonnage does this three million tonnes represent?

The Hon. D. J. WORDSWORTH replied:

- (1) (a) to (f) No plans have been made. Westrail is evaluating a number of alternatives concerning the handling of its small goods freight operations in order to reduce its losses with this class of traffic. The possibility of a joint venture with a private company is one option being evaluated. However, no firm conclusions regarding the studies have been arrived at.
- (2) The 3m tonnes quoted in the 7 September edition of *The West Australian* was incorrect. A figure of roundly 325 000 tonnes should have been mentioned. As a proportion of Westrail's paying traffic, excluding bulks, it represents approximately 15 per cent.

RAILWAYS: FREIGHT

Grain

484. The Hon. F. E. McKENZIE, to the Minister representing the Minister for Transport:

In the recent grain freight agreement with Westrail, it was stated that the formula developed would make allowance for adjustments for variations in "Westrail wages, fuel and steel prices". I ask—

- (1) What is the rate nominated as a starting point for—
 - (a) wages;
 - (b) fuel; and
 - (c) steel?
- (2) What is the formula?

- (3) In view of the contract being for three years, what have been the similar actual and percentage rises in the past three financial years for—

- (a) wages;
- (b) fuel; and
- (c) steel?

- (4) What has been the Consumer Price Index increase in that time?

The Hon. D. J. WORDSWORTH replied:

- (1) to (4) The member appears to be under the impression that the grain freight agreement has been completed—this is not the case. However the Minister for Transport is optimistic that the contractual agreement between the grain industry and Westrail will be finalised soon.

The Minister for Transport is not prepared to release the details of the contract which is being negotiated.

TRANSPORT: BUS

MTT: Management

485. The Hon. F. E. McKENZIE, to the Minister representing the Minister for Transport:

- (1) It has been reported in the Press that changes have taken place at top Metropolitan Transport Trust management; it is stated it will have a managing director and five section directors. Since all six directors seem to have occupied similar positions and are now functioning under a new name—

- (a) have their individual salaries been increased;
- (b) if so, what are the individual increases, and individual totals;
- (c) have they individual voting powers similar to a board of directors; and
- (d) who is their senior, upon whom their next promotion or salary rise depends?

- (2) It was also stated that the changes would lead to integration of all areas to maximise Metropolitan Transport Trust revenue—and I also ask the Minister—

- (a) who represents Westrail among the directors; and

- (b) if there is no representative, what is proposed to be done about Westrail representation?

The Hon. D. J. WORDSWORTH replied:

- (1) (a) Increases were awarded to the five directors to bring their salaries into line with similar positions in other Government departments and were in keeping with approved Public Service Board salary levels. The managing director's salary was not increased.

- (b) Individual increases and totals are

	\$	\$
	4 018	31 159
	4 027	30 006
	966	32 753
	5 973	34 280
	7 336	28 843

- (c) No. Managing director excepted.

- (d) The managing director.

- (2) (a) and (b) The Commissioner of Railways is a member of the Metropolitan Transport Trust and therefore further representation on the board is not considered to be necessary.

QUESTION WITHOUT NOTICE

RAILWAYS: FREIGHT

Small Goods

162. The Hon. F. E. McKENZIE, to the Minister for Lands:

Adverting to the Minister's answer to question 483 today, could he advise me of the name of the private company with which a joint venture is being evaluated?

The Hon. D. J. WORDSWORTH replied:

I am not in a position to answer the question. If the member cares to place it on the Notice Paper, the Minister for Transport may consider he is in a position to answer it.