HOUSE OF ASSEMBLY

Wednesday 18 February 2009

The SPEAKER (Hon. J.J. Snelling) took the chair at 11:00 and read prayers.

NATURAL RESOURCES COMMITTEE: ANNUAL REPORT

Mr RAU (Enfield) (11:02): I move:

That the 24th report of the committee, entitled Annual Report 2007-08, be noted.

In moving this motion I would like to say a few words in general about the activities of the committee. During this 12 month period the committee has undertaken a number of different investigations and visits. In particular, its time has been occupied with consideration of matters concerning the Murray River system.

Members of the committee have travelled to as far away as the Queensland headwaters of the river in the area around Cubbie Station. We have gone through places such as Burke and Shepparton, in fact, all through the upper reaches of the Murray-Darling Basin and the Murrumbidgee Basin as well, around Griffith.

I think every member of the committee has been very impressed by the fact that people across the entire Murray-Darling Basin are experiencing difficulties. They are not necessarily exactly the same difficulties that we have in South Australia, but the cause of them is the same: a shortage of water. Communities up and down the river have been affected by that.

The committee is now in the process of preparing a series of reports on the River Murray Basin, which will probably be a three part trilogy on the river. I am sure members cannot wait for the first instalment, which we hope to be able to produce to the parliament on Thursday when we next return. It will have a very interesting title, as the committee does spend some time thinking up ways of engaging with the community by providing interesting and exciting titles.

The other thing that the committee has been involved in during these last 12 months is consideration of the Upper South-East Drainage Scheme. That has proven to be a very difficult question for members of the committee and, I think, for the communities involved, because there are so many competing points of view and competing interests. Again, we have produced a report in relation to that, which I think is item 8 on the list. That particular report, which is entitled 'To drain or not to drain' (we left off 'That is the question'), really does sum up the whole issue very well, and that is something we will no doubt come to in due course.

During the last 12 months, the committee has had a great many meetings. Those meetings are detailed in the committee report, so I will not bother members with the statistics about how many meetings we had. We met with a great many individuals, and we gave a lot of active consideration to matters relating to natural resource management boards. The committee has, in fact, recommended in the case of several of those boards that their initial recommendations be reviewed. I am pleased to say that, in every case where that recommendation was made, the boards reviewed their decisions and the levies they had imposed were reduced, largely in accordance with the recommendations of the committee. So, it does seem to me that the committee's work is of some value both to the NRM boards and to the communities they represent.

Again, this is pretty well set out in the report, but I want to thank each and every member of the committee for their tremendous support and cooperation in the activities of the committee over the last 12 months. I have not been in this place for as long as many other members of the parliament, but I have to say that the level of cooperation and bipartisanship displayed by members of this committee is something with which I am very pleased to be associated. I sincerely thank each and every member of the committee for their tremendous goodwill and support for the work of the committee. Everyone on the committee has been an industrious, supportive and collegiate member of the committee, and that is something of which I am very proud indeed.

I thank the staff of the committee, Knut and Patrick, both of whom have done terrific work for the committee. We are not an easy committee to deal with because our travel schedules have involved them in matching up a great many members of parliament from both chambers, finding times when it is convenient for all of them to travel (as we know, members of parliament are busy people), and Knut and Patrick have been very patient in finding times when all of us can travel. As

a committee, we all think it is important that we do not just turn up in ones and twos but that we turn up en masse, otherwise it is not really worth doing.

A particular example of that involved the arrangements we made to visit the Lower Lakes earlier this year, when we invited people from the upper basin to come down (and they did, in fact, come down at their own expense) to have a look at the lower basin and to meet with people down there. We were very pleased to be involved in that process. Again, the staff did a fantastic job, with all the logistical difficulties involved in that. We could not possibly do the work we do without the great support we have from the staff.

The staff have also been very helpful regarding the preparation of our reports, although I have to say that each and every member of the committee reads those draft reports very carefully. Those reports are very much a product of the work of every member of the committee. Some of the reports have been very thoroughly reviewed by members of the committee and, again, I thank the members of the committee for that.

The last thing I want to say is that the Hon. Sandra Kanck was a member of the committee from the beginning of this parliament up until the time of her recent retirement, and I place on the public record my appreciation of her contribution to the committee. It was not always the case that the Hon. Sandra Kanck agreed with each and every other member of the committee. However, I have to say that there were times when the Hon. Sandra Kanck introduced matters to the committee of which certainly I was not really aware. Upon proper investigation, we found that she had raised very important issues, which turned out to be of great interest to other members of the committee, and for that I sincerely thank her.

I think I can say on behalf of other members of the committee that we all wish the Hon. Sandra Kanck well in whatever she does—I will not call it her retirement because I do not expect Sandra is the sort of person who will retire in the sense of sitting at home watching *Days of Our Lives*. I am sure that she will manifest herself in some other place in some other form in the years to come. I wish her well in what she does.

To some extent, I would like to echo the remarks the Premier made yesterday when the Hon. David Winderlich was appointed to the upper house. He said that he has not always agreed with the Hon. Sandra Kanck, but he has always had respect for the fact that she has sincerely held the views that she has held and she has been a vigorous campaigner for the matters she felt deeply about. I think there is little more you can say of a member of parliament in a testimonial than that: that is a great credit to anybody, whether or not you agree with them.

Finally, I would like to welcome the Hon. David Winderlich onto the committee. I understand that he was appointed by the other place yesterday. He will attend his first meeting of the committee tomorrow, and it should prove to be an interesting taste for him of what lies ahead. We will be hearing from Mr Ferguson from the CFS, Mr Brooks from Mitcham council and possibly from Mr Mutton from the Native Vegetation Council. For those members who do not understand the code in which I have been speaking, if you combine those elements with the Hon. Graham Gunn, it promises to be a very interesting meeting.

Mr Pengilly interjecting:

Mr RAU: I would welcome other members who have an interest—particularly in the issues relating to fire prevention—to come along to that meeting because, as members would know, the Hon. Graham Gunn has been passionate about this throughout his entire career, and he knows what he is talking about. The member for Giles, I am sure, has strong views about this, and I know that there are other members on the other side of the chamber who know a great deal about this issue and have a very deep concern about it. I would welcome those members, too, because, as members know, our meetings are open to the public, and we welcome people taking an interest.

As I have said, I greatly appreciate all the cooperation, support, work and good humour that has been offered to this committee by all of its members throughout the last 12 months. We would not have been able to do the work we have done without the support of all of the members of the committee, and that has been given unflinchingly throughout the 12 month period.

The same can be said for the tremendous work of the staff, who have been a great support to the committee. I look forward to a further period of 12 months up to the 2010 election where the committee can continue the very good work that it has been doing. I commend the report to the parliament.

The Hon. G.M. GUNN (Stuart) (11:13): I support the comments made by the member for Enfield, the chair of the Natural Resources Management Committee. I agree with him: it has been an interesting and challenging 12 months. I think a number of public servants have not enjoyed their appearances before the committee, but it is a very important safety valve for the community. When these people have their own agendas and are slightly naughty, and are not actually sticking to the facts, they are given a lesson. They remind me of naughty schoolchildren: having been caught with their hand in the till, they then tried to worm their way out of it, but they got spanked a second time. So, it has been a lesson, and I think that lesson should go through the bureaucracy.

An honourable member interjecting:

The Hon. G.M. GUNN: Well, we are looking forward to tomorrow. Parliamentary committees are there for the sole purpose of ensuring that the taxpayers and citizens of this state are treated fairly—nothing less, nothing more. That is what anyone would expect. In my limited experience in this august place, I have found from time to time that they need a little counselling. When I sit in my office at Port Augusta, I sometimes think that there is some sort of a contest between certain elements of the bureaucracy and myself and, as the day goes on, my fuse gets a little shorter. I am then forced to go in front of a television camera and have a bit of a talk about it. I reluctantly do that, of course—and I think I am about to do it again shortly. Nevertheless, in my view the parliamentary committee has acted in the best interests of this place.

The River Murray trips have been most educational and were of great interest to the committee. One thing that came out of them was the fact that the story depends on which side of the river you are on: you get a completely different story in Victoria from the one you get if you are in New South Wales or Queensland. However, at the end of the day, those of us here in South Australia have a responsibility to ensure that our citizens are properly treated. I do not believe we have had a fair cut of the cake, and I sincerely hope that is going to change.

Our inquiries in relation to drainage in the South-East have been another interesting exercise, where the story also depends on where people are located. People hold their views passionately, and it has been an interesting exercise and an education for the committee. There have been other issues, such as dealing with native vegetation and the difficulties experienced by councils. I firmly hold the view that in a lot of these areas it is the elected members of councils who should have the final say because the community can get rid of elected officials but not appointed officials. I believe there is a very strong need to ensure that parliamentary committees continue to have oversight in many of these areas.

It has also been interesting having discussions with some of the regional committees in terms of their attitudes and accountability. In some cases, their consultation processes have left quite a bit to be desired, and they seemed to take umbrage when they were questioned by members of the committee. At the end of the day, we have a responsibility to see that the money they raise is properly invested and, unless we ask the questions, we cannot be assured of that before we agree to these things. I think the committee has done a good job, and it has been interesting, but there is a lot more work to be done in the future.

Like the member for Enfield, I wish the Hon. Sandra Kanck the best for the future. I know she sometimes found my views interesting, and that was challenging. She often did not realise I was actually teasing her a bit; nevertheless, we come from different backgrounds. I have a firm belief in the rights of people in rural and regional areas of this state. I want to see agriculture, the pastoral industry, and the tourism and the mining industries allowed to continue to develop and prosper because they bring great benefits not only to their own localities but also to the people of South Australia. I am very unhappy when unnecessary bureaucracy and red tape get in their way, or when there is excessive regulation which is expensive and time consuming.

I am looking forward to the next 12 months on the committee; it has been one of the best I have sat on. I think the people involved in administering the forestry industry in South Australia have probably learnt a lesson, and I would think that the message they were sent has probably permeated throughout the Public Service; if it has not, then one or two more of them have a lesson to learn. I hope we do not have to resort to the action I was forced to take on a select committee when I sent the Serjeant-at-Arms to the minister's office. I can tell you that that was an interesting experience, and it was interesting for the bureaucrats. I must also say that I did not endear myself to that minister or that premier; nevertheless, I believed I was doing what was right.

An honourable member: One of theirs or one of ours?

The Hon. G.M. GUNN: It was one of my own! I got a 20 past six phone call in the morning from someone who was about one metre off the ground who was very unhappy with me. All I said was, 'You appointed the fool of a minister, not me.' That was my comment and I put the phone down. I realised at that stage that my opportunity for promotion was fairly limited. Nevertheless, I have slept well at night and I have done what I believed to be in the best interests of the people of this state. It was a case of the parliament exercising its authority over the bureaucracy and the executive—and there should be more of it. I support the motion.

The Hon. S.W. KEY (Ashford) (11:20): I would like to support the report that has been given by the chair and by the member for Stuart regarding the Natural Resources Committee. I was hoping that the Natural Resources Committee would be half as good as the Environment, Resources and Development Committee that I was on when I first joined parliament, which was chaired by the member for Schubert. It was a brilliant committee, and I learnt a lot on that committee. I was hoping that if it was half as good as the ERD Committee had been, then it would be a good omen.

Because of the disparate backgrounds of people on that committee, it has been interesting to see how well we have got on, and with the very important and high level debate that has taken place on many issues. I did look around at the meeting and felt a little sad that this great committee was going to be changed. I am sure the new member, David Winderlich, will fit in very well. We have had the benefit of Graham Gunn, member for Stuart, Lea Stevens, member for Little Para, and the Hon. Caroline Schaefer, from the other place, all of whom, as I understand it, are not going to be in the next parliament. I might not be, either, if I am not re-elected, but they have indicated that it is not their intention to be in the next parliament. So from my point of view I am really making sure that we have the benefit of the wisdom of these people because we will not be serving with them in the future.

I have been very surprised that on most occasions I have agreed with the member for Stuart and the Hon. Caroline Schaefer, and their experience as people from country regions, and also being agricultural producers, has added a very positive element for those of us who are, basically, city slickers.

We have also been accompanied on many of our different trips, particularly to the Murray-Darling Basin, by the member for Torrens. She has added in a very positive way to our committee, and I know she has a real interest in the committee. It has been fantastic that the member for Torrens and the member for Norwood have accompanied the committee on some of the different field trips that we have done, and that has been a positive addition.

When we have visited specific regions in South Australia the local members have been of great assistance to us, and particularly the member for Finniss, in making sure that we see the issues from his perspective. They have assisted in making the connections with different local people, who obviously as a local member you get to know, and can perhaps explain some of the local politics that go with having those field trips. So, thank you to those members who have also assisted our committee.

Something that I never ever thought would happen was that Sandra Kanck, the member for Stuart and I appeared on *Stateline* together. Because our committee is very much into titles for our reports, I was a little concerned that we were called 'the good, the bad and the ugly', and I am not sure who fitted into what category—other than I knew that I was 'the good'.

The issue was the real concern that people have raised regarding the fact that there are so many koalas on Kangaroo Island. I think that everyone who lives there could probably have eight each as pets. In fact, as I understand it, the koalas on Kangaroo Island outnumber the humans living on Kangaroo Island. Of course, there are many other issues, including the amount of food that is available for the koalas.

I do not particularly hate koalas, but I think this is an issue that no government (Liberal or Labor) would be brave enough to tackle. However, I have to say that the good, the bad and the ugly from the Natural Resources Committee are very determined to ensure that some proper research and arguments are put forward regarding what is a very big problem, as we see it. We understand that various environment ministers have not been able to make recommendations for those koalas either to be shifted or disposed of.

I remember when the Hon. Dorothy Kotz was the minister for the environment that she was famous for euthanasing pelicans. I do not want to become famous, along with the member for Stuart and Sandra Kanck, for euthanasing koalas, but it is certainly an issue that does need to be

dealt with. I know our *Stateline* appearance caused quite a bit of unrest in the nation. I understand that a number of Japanese environmentalists were making comments about our views about koalas.

The Hon. R.B. Such: What about their whaling?

The Hon. S.W. KEY: Yes, the point that has been raised about whaling certainly comes to mind. Suffice to say, it is an interesting committee. I think we have looked at some quite difficult references, but we have managed to work together to ensure that we make some recommendations that, hopefully, the respective ministers and departments will find useful.

Finally, I have to say to the member for Schubert that although the ERD Committee does remain my favourite committee, the Natural Resources Committee is getting very close. Assuming we are around in the next parliament, maybe the member for Schubert and I will have to see whether we can get onto a parliamentary committee together again, because we certainly had a good time.

Mr VENNING (Schubert) (11:28): I note the 24th report of the Natural Resources Committee, which is its annual report. I commend the presiding officer (the member for Enfield), the member for Stuart and the member for Ashford for their input to the house this morning. I note the comments of the member for Ashford and I would agree. I probably did my best seven years in this place when I chaired that committee. We met every week and I think we did a lot of good work. When we look back, we often get those old ones out and go through them. It was a committee that worked well.

I got on well with all the committee members. Certainly the member for Ashford was a favourite and so was the late Terry Roberts—he gave me very good advice. When the chips were down, when they were really down, he was so honest and straight, and I always rely on that, particularly when you are playing cross-politics. As the member for Stuart just said, we had a little bit of a problem with one of our own ministers.

I understand the committee is required to consider any levy proposed in the NRM plan where the rise of the levy exceeds CPI. The annual report states that, for 2008-09, the relevant CPI figure was only 1.4 per cent, so it is anticipated that a number of rises above CPI increases will be received. To me this is of great concern at a time when many are doing it tough because of the drought and difficult economic times. I am disappointed that the various NRM boards are considering raising the NRM land and water based levies above the level of this CPI.

I was extremely concerned to read in the report about the South Australian Murray-Darling Basin NRM board levy proposal for 2008-09 being a 62.6 per cent division 1 increase, which is absolutely ridiculous. I am pleased that some common sense prevailed and the committee decided that it could not support the increase, particularly as the increase could not be justified by the board, and that the recommendation to the minister was for the rise for this board to be in line with CPI—which was agreed to. No doubt, the member for Stuart strongly represented us on this matter, and I have confidence that the Chairman and the member for Ashford did, as well. It was good sensible advocacy.

I am pleased that the committee decided not to support the levy proposed by the Northern and Yorke NRM board for 2008-09, with the committee stating that consultation needed to be improved and, in particular, consultation about the water component of the levy was unsatisfactory. This resulted in the committee recommending that the division 2 levy (the water component) be removed; and the amendment was subsequently agreed to by the minister. That is good committee work—and that is what it is all about. Ministers appreciate committees that work like this.

I think this report indicates that there are severe problems with the funding of NRM, particularly in relation to the levy. It seems that some boards want to increase the levy astronomically. I am grateful that this committee has prevented this from happening. I think it illustrates that the funding models need to be looked at in detail and that any increases in levy must be fully explained to the community and be justified. People must see their money going into work on the ground, not into a burgeoning government system.

I say again—as I have said many times in this house over many years—how disappointed I am to see that this has happened, that this is the final result of a board and committee structure that used to look after our land management. One of my early ideas was that we should consolidate these into single bodies—which has been done—because we did not control the

bureaucracy and costs that went with this. Now we have a massive burgeoning bureaucracy. I was told this could result and I said we should watch it: well, it has happened.

I say to the committee: thank you very much for being there and for being the only safety valve we have in order to curb the burgeoning excesses that the bureaucracy puts in place. I hope that in the next 12 months, while the member for Stuart in his last year and the member for Ashford are members of this committee, we can set in place guidelines for these boards for the future, saying 'Whatever you do, you just can't come to a committee and say, "We want a 60 per cent increase in the levy." You have to cut your cloth to fit your budget.'

Government has created this excess bureaucracy. It is now up to us to trim it down and get back to what we do: we are looking for service and jobs on the ground and at the task at hand. It is not about building bureaucracies. We all can be accused of it at times; we all have been part of it. I thank the chairman (member for Enfield) and the other members of the committee. I appreciate the words of the member for Ashford because she gets very involved in the process, particularly in relation to the environment. She has been passionate about the environment for many years. I look forward to serving again on a committee with her. I am sure, as a result of her remarks this morning, a bottle of red would be appropriate.

Mr PENGILLY (Finniss) (11:33): I want to make a contribution to this debate. I have watched with great interest the work of the committee. I think it does a sterling job, with a very capable chairman. The committee members work well together—as do members of the Public Works Committee. Some of the issues with which the Natural Resources Committee deals are close to my areas of interest and within my electorate. I have had occasion a couple of times to go with them (as indicated by the member for Ashford), most noticeably to Deep Creek—and we know about the debacle that came out of that—and also to Kangaroo Island some 12 to 18 months ago.

The committee is very much a watchdog, which acts in the best interests of all members of parliament and the people of South Australia. It is a job which needs to be done properly and which needs a great deal of attention to be given to it. I know that the exposure it brought to the Foggy Farm debacle at Deep Creek, and the subsequent recalling of the witnesses and the dressing-down they received on the second floor one morning—which I witnessed—probably put a few things into context and straightened out a few people fairly quickly. It is fairly interesting to note that some of those people who were witnesses on the day are no longer in the jobs they were in; they have been moved on quite rapidly, and I think that is a good thing.

Likewise, it also follows the affairs of the levies that are imposed by the natural resource management boards around the state under the act, and I think that is a critical area for it to watch and to watch very closely. I know that it assesses each of those levies with a great deal of scrutiny. I go back to a position I held formerly in another life when I was chairman of the Animal and Plant Board. I was involved in the initial meetings and whatnot.

I think it was the Hon. John Hill who called a meeting at the Tollgate at which we were told that basically the levies that would be collected by councils (if they agreed) would, in essence, be no more than what was required at the time to fund the animal and plant board, as well as the other small contribution. There were boards that decided that it was a licence to print money. Indeed, I think that some of them still think that it is a licence to print money. I know that the community will watch with a great deal of interest what does happen there and pull them into gear. Recently, I wrote to the councils in my electorate asking them what they were doing by way of their rate setting this year.

Given the world's financial situation, I asked whether they were considering lowering their rates and a host of other questions, because, at the end of the day, we must recognise people's ability to pay. I believe that there are those within the bureaucracy—whether that be at council level, natural resource boards, or whatever—who really have no idea of what the man in the street, the man in the paddock or the people in the paddock have by way of funds to pay these multiples of levies, rates and everything else. I am very pleased that the committee does take that job very seriously, and I am aware that it will continue to do that.

I have sat in on some rather animated and interesting discussions with my colleagues the members for Stuart and Enfield about things, and they leave me in no doubt that they will continue to do that. Currently, I am involved with the progress of the Kangaroo Island Natural Resource Management Board's draft plan for the island. There have been plans, plans and more plans. It has taken several trees to produce each copy of this document, it has been pointed out. I do have some major concerns over the water policy that is included in that plan, and I intend to speak and

write to the Chairman of the Natural Resources Committee, as well as providing a copy to other members, on where this plan is going.

I do not think that the KI board really understands the implications. I have no great problem with many aspects of what its policy is in other areas. Much of it is really not outcome based; it is a lot of words without really stipulating what the outcomes will be. The Natural Resources Committee of the parliament needs to pick up on this issue of the water policy. It is a policy that has been framed without any substantial science whatsoever. It is a plan that will prove disastrous for the economics of Kangaroo Island—not only the economics but also the environment and everything else, which it should be trying to get into context.

I attended a public meeting on Monday night at Parndana at which approximately 140 farmers were present, as well as a couple of officers from the Department of Water, Land and Biodiversity Conservation. Those officers freely admitted that they had been sent to the island. They knew what they were talking about with respect to water in the Adelaide Hills and the Fleurieu, but they had absolutely no idea of the issues relating to the water policy, the geography and the climate of Kangaroo Island. They had been sent there; they had no choice but to go. Mr Graham Allison, who is a water expert, was on the board but resigned in disgust; he chose not to go on. He spent many decades in the CSIRO, and he gave a 15 minute outline and just tore the board's plan to shreds, quite frankly—tore the plan to shreds.

I know that the committee will be most interested in this, and I invite it to tour Kangaroo Island and talk to the people whom this will affect. I do not think it is good enough. I will also be communicating with the minister directly on this. It is my view that this water policy and plan for Kangaroo Island should be removed forthwith. The presiding member has said on a couple of occasions that the minister will not accept a plan without a water policy in it. I know well enough that the minister (and any minister in their right mind) would not accept something that is a dog of a plan—which this is, quite frankly. So I will be seeking that the minister have this removed.

Indeed, at the conclusion of this meeting on Monday night, the chairman of the meeting, who is from Agriculture KI, asked for a show of hands on who thought the policy should be removed. Two people abstained, one was opposed and, without hesitation, everyone else in the room asked that the policy be removed. They have no problem with a water policy whatsoever. The problem is that it has been drafted by people who do not know what they are talking about. They have clutched at a few figures. There has been no scientific data and analysis. This thing should be pulled out. It does not matter if it takes two, three or four years; we have been doing pretty well until now without a plan.

This is something the Natural Resources Committee of parliament will be very interested in in the next 12 months. This thing should be removed. They should go back to basics and put in the science, investigation and research and come back in one year, two years or three years. It does not matter how long it takes. People on Kangaroo Island value and look after their water. What applies on the Fleurieu Peninsula does not apply there, what applies in the Mallee does not apply on the Fleurieu and so on. It is all different. This nonsensical 25 per cent rule that may fit well in some cases does not fit into the western end of Kangaroo Island. It is not needed—as, indeed, prescription is not needed, either, but we are only talking about prescription around the Middle River dam, not for the rest of the island.

There are some very irate people on Kangaroo Island—great numbers of them, let me tell members—who are counting on me as their local member of parliament to stand in this place and report on the nonsense that has taken place with this water policy. I have spoken to the minister and will speak to him again. He is very receptive to listening to local members, and I applaud him for that.

I commend the work of the committee, and I look forward to having much more interchange with its members, appearing before them if necessary and also accompanying them on a tour. It has done koalas, as the member for Ashford said; and it has done Deep Creek. We still have no answers to Deep Creek, I might add. Nothing has happened, still. No-one seems to be listening and, meanwhile, the creek does not flow, despite the best efforts of the committee.

The Hon. R.B. SUCH (Fisher) (11:43): I commend the work of the Natural Resources Committee, but I will make what I think are some key points. There is often a lot of criticism about the NRM boards in the community. I think many of them are doing good things. One of the problems is that every time governments change their structure they have to reformulate. They need a different type of staff profile in many cases, and you bring in additional responsibilities. It

effectively means that those boards will take some time to get reorganised, restructured and refocused and then deliver what all of us want to see, that is, some work on the ground.

So I make the point that, I think in fairness to the NRM boards, they have been refocused, reformulated and changed from the days of the old catchment boards. It takes them quite a while to get back on their feet, get focused and get on with doing on-ground work, which is what I want to see.

I believe that one of the great roles of the Natural Resources Committee is to scrutinise those NRM boards but, in a sense, what those boards are dealing with in the context of overall taxpayer/ratepayer funding is peanuts. However, the principle that we scrutinise those agencies and put them through the hoop is important. The unfortunate thing is that we do not do the same thing for the departments and agencies that spend hundreds of millions of dollars and, in some cases, billions. We never put them through the hoop in the same way that we put the NRM boards through the hoop, and I think that we should. It is not the role of the Natural Resources Committee to do that: it is the role of other committees—the Economic and Finance Committee, and so on.

I look forward to the day when parliament has a major say in decisions that are made by the bureaucracy, in terms of increasing levies or taxes, or whatever you want to call them, because at the moment we do not, and I think that we should.

Dr McFETRIDGE (Morphett) (11:45): I rise in support of this motion. I would like to draw the attention of the committee to the AW (Alinytjara Wilurara) NRM board that is involved with the APY lands. I understand that this board has not been able to carry out some of its activities because a memorandum of understanding needs to be drawn up between the board and the APY executive. It is my understanding that that is happening, and the delay has occurred because of a backlog in the Crown Solicitor's Office.

The need to properly manage what is some of the most beautiful country in South Australia is something that I would strongly encourage the committee to take a personal look at. If members of the committee have not been there they should go and have a look at some of this country. Mount Woodroffe, the highest point in South Australia, is situated there. As I said, it is some of the most beautiful country in South Australia: it really is the Albert Namatjira colours. The potential for managing that area with a land or an NRM type management is huge, not only to put in place careful management but also to foster an economy based on ecotourism. There is a huge potential.

The AW NRM board is keen to get on with its work. It is keen to work with the APY executive and the communities. As the shadow minister for Aboriginal affairs and a member of the Aboriginal Lands Parliamentary Standing Committee, I would be very keen to see the committee liaise with the lands committee and also with the APY and visit the lands and have a look at what is going on there, and to make sure that the AW NRM board is able to do what it wants to do and also what the APY communities would like it to do.

Motion carried.

PUBLIC WORKS COMMITTEE: GP PLUS HEALTH CARE CENTRE—ELIZABETH

Ms CICCARELLO (Norwood) (11:48): I move:

That the 311th report of the committee, entitled GP Plus Health Care Centre—Elizabeth, be noted.

GP Plus health care centres are intended to build on the strengths of general practice by working in partnership with other providers, including Aboriginal community controlled services, other agencies, local government and the non-government sector. The centres provide a way to deliver primary health care services to people as close to their home as possible. There will be about 10 centres in the Adelaide metropolitan area with about one centre per 100,000 people.

The model being proposed for Elizabeth will provide comprehensive accessible primary health care services based on a patient and family centred approach. It will provide a broad range of services that encompass health promotion, disease prevention, community development, early intervention, diagnostics and outpatient services providing integrated and coordinated support for GPs serving the community.

The capital cost of this project is $8 million and it comprises the long-term lease of a purpose-built facility from Colonial First State Property Management and capital expenditure for the fit-out and equipping of the facility. The centre will be made up of clinical services across the continuum of care: GP services, diagnostic services, dental services (including treatment and student training), screening-type services (including Breast Screen SA), facilities that provide

ambulatory care, early intervention support and health information and promotion for families and children, clinic group services with a focus on the needs of people with chronic diseases and drop-in services tailored to the priority needs of young people.

GP Plus Health Care Centres are expected to achieve: increased equity of access to health services, decreased numbers of patients requiring referral to hospital, increased availability of minor injury services, delivery of services closer to home, increased use of self-management programs, increased early detection of health status risk factors, early intervention in the management of risk factors affecting the health of an individual, and improved management of chronic conditions. The main catchment areas will be the Salisbury and Playford local government areas.

Information provided through the Central Northern Adelaide Health Service's Social Health Atlas has identified these areas as having Adelaide's highest projected population growth, a higher proportion of families with children under 15 years headed by a sole parent, a higher unemployment rate, a relatively higher proportion of health care cardholders and pensioners, a younger age structure, a higher proportion of dwellings with no motor vehicles, a much higher proportion of rented dwellings publicly rented from SA Housing, a relatively high number of substantiated cases of child abuse neglect, a higher incidence of premature and avoidable mortality than other communities, and a significant concentration of culturally distinct groups with distinct health needs.

Potential sites available in the Elizabeth area were investigated by the Land Management Corporation to ascertain whether there is an alternative viable land parcel in which a facility could be located. However, no suitable alternative location within Elizabeth City Centre environs has been identified.

Discussions have taken place over a number of years with Colonial First State Property Management (the owners of the Elizabeth Shopping Centre) regarding the development of a primary health care centre at Elizabeth on this site. Colonial First State Property Management presented a proposal to design and construct a GP Plus Health Care Centre—Elizabeth on land owned by them at the Elizabeth City Centre. The proposal provided for a lease option back to the government over a number of initial terms: 10, 15 and 20 years. A full financial analysis of these options concluded that the best outcome will be achieved by entering into a 20 year lease arrangement.

The initial annual rental is $1.97 million per annum, with an annual CPI increase. An additional facilities management fee of $370,000 per annum, with an increase of CPI plus 1 per cent, has been negotiated. This covers repairs and maintenance, and an annual maintenance replacement program will be negotiated for delivery by the owner.

The project is expected to be completed by July 2010. Upon completion, the GP Plus Health Care Centre—Elizabeth is expected to assist in the early identification of risk factors affecting the immediate and long-term health of individuals and the management of patients with chronic and complex conditions through the provision of care coordination, and it will assist with linking the acute and primary health care providers to provide a more balanced health system and services to individuals. The centre will also respond to specific health needs affecting the local population, particularly those most in need, including Aboriginal and Torres Strait Islander people.

The centre will also provide a community resource for self management and other health and well-being activities and increase teaching, training and educational opportunities for health professionals. Based upon the evidence it has considered, and pursuant to section 12C of the Parliamentary Committees Act 1991, the Public Works Committee reports to parliament that it recommends the proposed public work.

The Hon. P.L. WHITE (Taylor) (11:54): I am pleased to support this motion. I commend the government, the health department and agency staff who have worked on this proposal and the board of directors of the relevant health service for their foresight in this primary care initiative, which I believe will make a big difference, certainly to my electorate. Parts of Elizabeth are in my electorate and this GP Plus clinic will be located at the Elizabeth Shopping Centre—a very central location.

As the member for Norwood advised, the Social Health Atlas studies show that there is a great need for these sort of services. The government has given a clear commitment to primary health care services through its policies. The 10 such centres that will be established—and the Elizabeth centre is a large $8 million centre—will bring these primary services closer to people and

their homes and provide a very patient focused and family centred approach to health care. It will be completed by July 2010 and it will make a big difference to my constituents.

Social Health Atlas of South Australia showed that the Elizabeth region, when compared to other areas in the metropolitan population, had the highest population growth projections; the highest proportion of families with children under 15, headed by a sole parent; a younger age structure; a higher unemployment rate; a relatively high proportion of health care cardholders and pensioners; a high proportion of dwellings where there is no motor vehicle at hand; a higher proportion of Housing Trust dwellings; and a higher incidence of premature and avoidable mortality than other communities. On all criteria, you would have to say that this is a well-placed GP Plus clinic.

The services that will be provided include adult and paediatric outpatient clinics; minor types of surgery; GP services; diagnostic services (minor radiology and those sorts of things); dental services; screening services like BreastScreen SA; ambulatory care; early intervention care; and health information clinics and group services. This centre will bring a range of different health services together for better patient care generally.

I am thrilled that this is going ahead. Before the current state and federal Labor governments took office, we did not have this concept focus in our health policy. I think it is a very good step forward that will make a huge difference to my constituency. I commend the project to the house.

Mr PISONI (Unley) (11:57): Obviously, the opposition is aware of the struggle that the government is having with the health system here in South Australia at the moment. The member for Bragg (Deputy Leader of the Opposition) has been diligent in keeping an eye on what is happening and developing alternative policies for health in the lead-up to the next election.

What we saw in this submission to the Public Works Committee was, in fact, another example of more spin than substance. Sure, it is a grand new facility for the area which is much needed, but it is basically a private facility. This is quite extraordinary coming from a government that led an election campaign boasting that it was against privatisation. Of course, in recent comments from the Prime Minister in his 8,000 word essay in *The Monthly*—

Mr Pengilly: The rantings of Rudd.

Mr PISONI: The rantings of Rudd, as the member for Finniss has appropriately named it. Of course, we have also heard the rantings of the Premier about the private sector and private enterprise. It is extraordinary that, having control of the Treasury benches, the government has decided that the best way to deliver this necessary service is through the private sector.

In the committee hearing, I asked some questions of the public servants who presented this submission. Basically, they said that it was a great business plan and that they have never seen such a good facility and plan as this. However, when I asked for details such as whether they would be bulk billing, that answer was not forthcoming. They could not answer that question.

There is a lot of manufacturing in that area and statistics will tell you that, in Salisbury and Elizabeth (where I grew up), a high number of people use WorkCover's facilities and the health and medical requirements that are provided for by those facilities. When I asked them whether they would be providing services for WorkCover, again, the answer was, 'I don't know whether WorkCover services will be offered at this facility.' So, there we have a situation where it was a great business plan but they did not have any answers to some simple questions.

Debate adjourned.

MENTAL HEALTH BILL

Adjourned debate on second reading.

(Continued from 5 February 2009. Page 1461.)

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (12:00): I continue my remarks, when I was advising the house about the importance of a submission by Mrs Helen Beck of Streaky Bay in respect of her son's plight and history with the Glenside Hospital. It continues:

> In our experiences of assisting our son, we have come to appreciate the provision of medical care which we recognise as an essential component in the goal of seeking good mental health. Furthermore, now, drawing on our family's personal experience and knowledge, we unequivocably proclaim that the presence of wide open spaces of natural environment is equally important.

This view that we personally arrived at, is supported in a wide range of relevant literature; for example:

1. Campbell, Chandler, Gordon (2002) refer to the 'value' of rural areas and open space to those suffering mental ill-health;

2. Morris, N. (2003) lists a wide range of health benefits to be gained from interacting with the natural environment—social, economic, physical and general enhancement of the quality of life;

3. A study centred on Callum Park Hospital (2008) points to the 'healing role' and 'therapeutic calm' of open areas.

Many other reports in a similar vein, based on studies and practical action can inform administrators and policy-makers with regard to client wellbeing.

My personal observation, as a frequent visitor to Glenside Campus during the recent week that I have spent in Adelaide, indicates that the use of wide open spaces does not necessarily involve organised games—although it can be so. Self-fulfilling 'use' can be taking a long walk, a short walk, running, sitting alone or with others, watching the creatures of nature that abound in this area: a bird hanging upside down seeking nectar in a tree flower; a galah 'beaking out' a monkey nut from a fallen pine cone, strident powerful magpies flying down to the oval to peck in the grass. Staff and local residents speak enthusiastically of koalas seen in the over-arching trees and black cockatoos pausing in their flight across the suburbs to rest in the tall pine trees.

The Glenside Campus oval is the place where the local community enjoys sport—cricket, football, bike riding and running. Last Saturday, a family brought a large kite and ran about in the middle of the oval guiding and chasing it with glee. It was a joy to all watching—clients and visitors alike; 'hands on' interaction with the environment, direct and indirect.

This evening before tea my son was part of a group of clients who played a game of cricket in the wide shadows of the gum trees near the R and R—a happy scene in a beautiful and unique setting. Minutes later, we watched bees darting around a bee hive hollow high in a tall white-trunked gum.

Rehabilitation programmes. Essential to rehabilitation (preparation for moving into the wider community) is interaction with the outside natural environment. Rehabilitation is the heart of any self-respecting mental health promotion plan. It should be available for all who need it. Glenside Hospital grounds are the best place for promoting rehabilitation programmes. The peace of the setting would be shattered if the proposed development occurs.

The current arrangement of the buildings, spread out over the grounds in various locations, adds to the open-ness of the setting. Clients are able to find their 'own space'. It is preferable that they have an opportunity of moving away from overlooking windows.

It is obvious that there is need to upgrade the site with the several old unused buildings, dilapidated extensions and add-ons to buildings. Once such improvements are made, the site could be elegantly enhanced by the means of sympathetic and sensitive landscaping to be in keeping with the heritage buildings.

There is no need to destroy the site and irreparably alter its modus operandi. Its many attributes can form the basis for timely programmes of intervention, therapeutic care and rehabilitation—

- its central location
- the presence of trained, skilled, experienced staff, who are knowledgeable of particular clients
- the local neighbourhood has longtime acceptance of mental health patients; (eg) in shops and streets
- wide open spaces of natural environment.

Need for services

It makes sense to build on this firm basis of unique attributes in such ways as:

- Developing on Glenside campus a centre of excellence
- Establishment of research programs and
- Training centre

as recommended by the Legislative Select Committee's Interim Report (September 2008).

There is increasing need of mental health services in SA as evidenced by:

- The continuing of the drought that engenders stress;
- The economic downturn also provoking stress;
- Depression is widespread (recognised by World Health Organisation (WHO) as the number one sickness);
- The unacceptable rate of suicide;
- The increasing rate of drug and alcohol abuse that influences the lives of those afflicted by mental health issues;
- Stress in everyday life being compounded by any of the above, and by constant media presentation of stressful situations—war, disease, suffering, climate change, the plight of the River Murray.

It follows that special programs directly responding to such needs could be set up on the already-available Glenside campus with its central location.

A specialised unit to deal with depression

Programmes dealing with the first presentations of psychosis

Accelerated research in schizophrenia (SA could be the scene of the breakthrough discovery!)

Rehabilitation programmes designed in accordance with individuals' needs, allowing TIME for recovery. The illness can be all pervasive, requiring sometimes years of rehabilitative support, as with the USA programme, PACE.

Provision of long term care and permanent care for those particular people in the community who require ongoing refuge and protection—in the true meaning of the term 'asylum'.

Setting up of organisations to assist people with mental illness, similar to those established to assist people with special needs (eg Alzheimer's, autism).

Special programmes of training developed in response to community needs

(eg) addressing the situation of homelessness (frequently linked to mental ill-health)

(eg) training of Police in de-escalating threats of violence in order to avoid killings

The setting up and/or improvement of such on-campus programs in this centralised location is the preferable way to meet the community's needs.

Needs of clients

Of major concern is the situation of clients who are currently

in hospital

in care

in the community

- That the length of time in hospital is now usually only 3 weeks. Experienced mental health professionals recommend that it should be at least a minimum of 6 weeks.

In a psychotic episode, trauma to the brain is experienced. Compare the time allowed for recovery following the trauma of brain injury in a car accident; (viz) as long as it takes.

Time and structural clinical support are essential to promote the wellbeing of mental health clients. Reducing hospital time can lead to the closing down of programmes and present the illusion that hospitalisation is not required. The true situation is thus distorted.

Considering the central importance of rehabilitation programmes, it is of great concern to note that the current number of clients receiving this service on the Glenside campus has been reduced from 129—to mid 60s—

under the proposal that has been outlined by the minister. She continues:

The current clients are receiving treatment and care from trained and experienced professionals. But such a model is not due to be continued under the redevelopment plans, when rehabilitation will be administered by well-meaning ngo's, unqualified and inexperienced. Thus the opportunity for achieving maximum benefit for clients will be compromised.

While such programmes, administered by ngo's are being established in the community (eg Elpida, and at Lyell McEwin Hospital) there is alarm being expressed by experienced professionals and by families of clients (who are the ones who generally have to 'pick up the pieces') that in reality, there is a serious lack of effective community supports.

For example:

In the community rehabilitation centres

- residency is available for only 6 months;
- prospective clients are required to have a fixed address to return to;
- if not, what is the alternative?
- then what?

In private accommodation and supported accommodation

- clients can attend regular appointments at community offices of mental health services, if able to;
- less able clients can be visited by the MAC team for medication and maybe some occupational therapy support on a weekly or fortnightly basis;
- generally they are left on their own to cope, for long periods of time

Their life in the general community is further complicated by:

- clients' lack of insight (ie acceptance that they have a mental illness)
- non-compliance with the taking of medication
- inability to care for self or possessions
- poor judgement in dealing with the demands of everyday life
- leading to social ineptitude and isolation
- difficulty in keeping to schedules, including keeping of appointments

It follows that it makes good sense to retain the specialist service provision of the Glenside Rehabilitation, to enable mental health clients

- to spend periods of time there for respite and rejuvenation
- with qualified staff monitoring their functioning
- with schedules and activities being set in place
- with variations in length of stay time
- linked to individual needs of the kind of degree of intervention required

The current situation with regard to gaining access to Glenside rehabilitation programs (open or closed) is daunting:

- there are very long waiting lists;
- it is subject to approval being granted by a special committee;
- unless the client has a strong advocate it is almost impossible.

Mainstreaming or maindumping? The idea of 'mainstreaming', admirable in intent, is aimed at allowing all people, whatever their individual attributes or needs, to be incorporated into the wider community. However, when applied to situations of the less able, it cannot 'just happen' without a network of adequate community supports, including the security of accommodation, being available.

To reduce the structure of support to such people, under the guise of promoting greater freedom (to quote the current jargon) in the 'least restrictive environment' is virtually to abrogate responsibilities of promoting human rights.

My own experiences as a parent and teacher indicate that the presence of structure is essential in providing a framework for development and learning of life skills. The process of deinstitutionalisation of mental health clients, also well-meaning in intent, has led to much suffering, because of the reduction and loss of structural supports. Countries such as Britain and the USA, who adopted a process of deinstitutionalisation, have acknowledged pitfalls in the process and are now moving to restore supportive frameworks.

Mainstreaming without effective community supports means gaol for many people. They move from one institution to another, where there are no mental health services. Most alarming of all, a spectre of great trepidation for the future is apparent: for the chronically and seriously ill, who have given indication of their inability to cope successfully with life in the general community (through frequent hospital admissions) there is no provision for permanent (or even long-term) care within any psychiatric service. This presents no comfort for consumers and their families. Rather, it draws attention to the fear of the escape route of suicide, so often chosen.

The situation of mental health clients in aged care and some special units: a group of families who are most concerned about the provision of programs at Glenside campus are those who have family members currently in aged care and some special care units. It is planned that during the demolition and building phases of the redevelopment, these clients and others in adjacent buildings receiving specialised care are to remain in their current wards. This could predictably be a time of great stress to such clients, with wrecking machinery destroying buildings and trees being felled all around them; that is, they would be living amidst the destruction of their familiar home landscape.

This would entail constant dust, the continual very loud noise of heavy machinery and demolition of buildings, followed by the upheaval of new building activity. Peace and serenity, which has been the constant attribute of the campus and so necessary in the lives of these clients, would thus be dramatically shattered.

For one group of these clients there is an additional burden; it is planned that they will be moved into temporary accommodation of one of the (now closed) wards. The period of demolition and rebuilding activity is predicted to take up to four years.

The question of what the future of all of these clients will be is of extreme concern to their families. Some of these people have spent much of their lives (20, 30, 40 years) on the Glenside campus and as yet there are no firm plans for their future accommodation.

Regarding the situation of secure beds: the provision of adequate numbers of secure beds is paramount in times of severe mental illness when danger to self and others is an issue. Secure care is needed for some clients in order to enable stabilisation to occur and to allow for administration of medication.

There is concern amongst families about what will happen to the services of the Brentwood and closed Banfield departments housed in the comparatively new purpose-built building, which is apparently due for demolition.

From our experience of suffering the nightmare situation of our mentally ill family member absconding from an open department into the streets, we learnt the hard way that there are not necessarily enough secure beds available on the campus, if and when the missing person is returned. Our family member did return briefly but was soon 'off again' and this time for a considerable period, without money or plastic or spare clothes.

Such a situation is of particular import to country-based clients, who in Adelaide are generally in unfamiliar territory and far away from their homes and families. It follows that availability of secure beds for remote and rural clients is a basic necessity. For the smooth running and well-being of the whole campus there needs to be provision made for rooms with the propensity to be adapted as required.

It is not a joking matter and as any parent would know, an abscondment is indeed the stuff of horror nightmares—but I did find the temerity to suggest to the Consultant Psychologist that perhaps we should provide our family member with a camp bed and a leg rope on admission!

If the patient does not stay around the campus long enough to be treated, what is the point in admitting him/her in the first place? Thus it is with great misgiving that we hear that what secure beds there are will be part of the mix put into the 'squashed-up' situation of the new hospital building. What a hotbed of activity with all types of clients being treated together—acute patients, recovering patients, and also those receiving treatment for conditions relating to issues of drug and alcohol abuse.

What about the proven need of open outdoor space being required for and beneficial to all mental health clients? My family and I emphasise again that there is peace and a tranquil atmosphere under and around the many great trees, beside the much-loved oval and in the open spaces. If a redevelopment is to occur, it needs to incorporate these already present attributes.

Perceptions about the Glenside site. Glenside Hospital is viewed in different ways. For some it represents

- a relic of the past
- a symbol of stigma
- representative of a deep dread
- reminiscent of difficult episodes in life
- a part of the old methods of mental health services

However, the reality is generally otherwise for consumers and families who have benefitted from care, treatment and guidance, and for local neighbours of the area who are supportive and appreciative of having within their ambit, the open spaces, oval and trees. The accepting attitudes of the neighbours for mental health clients who visit the local shops and streets can be witnessed daily.

Many changes in mental health delivery have occurred over the years, with advances being made in mental care, new understanding of health needs and changes in psychological procedures. We of the consumer carer families continually live in hope that we are on the verge of great advancement.

Most South Australians, and particularly those with direct involvement in mental health services, realize that there is need of improvement, and that with regard to the Glenside campus, there is need for an upgrade of facilities. An apt admonition springs to mind: 'Don't throw the baby out with the bath water.'

From the basis of our family's knowledge and experience and hope for the future, we with other consumer-carer-families maintain that the welfare and observed needs of South Australia's mental health clients should be at the centre of all plans. This group in our community is the most marginalised and vulnerable. Thus, with the aim of promoting good mental health in South Australia, we maintain that:

- the Glenside campus should not be rezoned
- that it should be retained in its entirety for the direct purpose of mental health

  including the heritage buildings

  including the oval and trees
- that the site should be upgraded
- that the idea of filling the site with unneeded and unwanted development—shops, offices, parking, housing, etc., is detrimental to the idea of promoting rehabilitation programs on the site
- that the retention of open spaces is of vital importance in this urban area
- that the planned comparatively small hospital building relegated to a corner of the site, is an unsuitable mesh of activity with a 'squashed-up everyone' kind of situation. It can be seen as a token gesture in a move to take over land
- that the redevelopment master plan, as it is, goes directly against the will of the majority of people, as seen in

results of surveys (...in a survey conducted by Burnside Council, overwhelming majority against plans; 93% against loss of open space, especially the oval)

consultations—witness the anger of participants at Burnside Ballroom meetings, Oct. 2007

the expressions of concern amongst current consumers about their future

recommendations of the Upper House, Sept. 2008 [report]

views expressed by Royal Australian and New Zealand College of Psychiatrists

- that the pool of amassed skills available on the campus must be kept and enhanced
- that it be promoted and developed as a hub of excellent mental health service for the whole State of South Australia.

As programmes are closing down and the number of patients treated on campus is being lessened, it is important to point out that this is not an indication of the site not being needed. Treatment is occurring on other sites, such as Tobin, Flinders, Morrier and Elpida as outlined above, but the Glenside campus with its resources, particularly that of open natural environment space cannot be viewed as just another suburban regional service.

As a rural resident, where there are virtually no mental health services, my family and I are particularly concerned about the need to not encroach on the availability of land for mental health services promotion.

The Glenside site is important for all of South Australia.

Yours sincerely,

Helen Beck

I have received hundreds of letters from consumers expressing many of Mrs Beck's sentiments. Mrs Beck has comprehensively outlined a number of concerns. She herself is the parent of a long-term resident patient, a client of the Glenside Hospital. She is an experienced schoolteacher who has eloquently and comprehensively covered the concerns of consumers and ordinary members of the public, and I thank her for that. I thank her for being brave enough to speak out on behalf of South Australians, as a rural South Australian and as the mother of a consumer of a much-needed service at the Glenside site.

When the government—via the minister or the former minister—comes into this parliament and tells us that it is going to provide a whole new regime which will involve a comprehensive program of support for those in the community who need our mental health services, and then goes on to brag about its proposals in this world-class redevelopment at Glenside Hospital, I say that is a complete nonsense. Not only does the public tell the minister that, but there is a very clear message to the government from hundreds of people who have turned up at public meetings, from thousands of people who have signed petitions (not just for this parliament but for local government), and from the many people who gave submissions to the select committee on the inquiry into the government's Glenside Hospital redevelopment and its program purporting to be world class. You do not have to take my word for it: those submissions are very clear.

The professionals who have come to the select committee, and others who have sent in submissions to minister Holloway's rezoning public meetings and to the former minister Gago's public meetings on local issues, have given the government a resounding message that it has got it wrong. Whatever donkey in the department who might be advising the government on what should be happening in relation to providing the services which will be much needed when we pass this bill—

The Hon. J.D. LOMAX-SMITH: I have a point of order. I do not think it is appropriate for the deputy leader to call members of staff donkeys. They are public servants who work to the best of their ability on our behalf and, should she ever become minister, on her behalf, and—

The DEPUTY SPEAKER: Order!

The Hon. J.D. LOMAX-SMITH: I think it is extremely disrespectful.

The DEPUTY SPEAKER: That is sufficient. Standing orders relate to the language for members of parliament, and that is a word that would be unparliamentary in terms of members of parliament. I believe I cannot make a ruling on that, but I invite the deputy leader to reconsider her wording.

Ms CHAPMAN: Thank you, Madam Deputy Speaker. If I have caused any personal offence to those who work in the Public Service, I apologise, but I want to make it absolutely clear that what I am about to present to this parliament is in direct contradiction of myriad professional people who will rebut overwhelmingly the government's action.

The government has repeatedly said, 'We have listened to the advice of the Cappo report'—which, incidentally, does not mention building a new supermarket in Glenside—'and we have listened to the expert advice that we have had from the department.' I say to this parliament that it is wrong, and it is about time the government and, in particular, the minister—who is an intelligent member of this chamber—went to their cabinet and said, 'We've got it wrong. We've made a mistake. This is not a world-class redevelopment.'

We have read the report and we have read this information. The government says that someone in the department is advising that it will be able to afford to do this—it needs to flog off half the property to be able to pay for this service. Of course people in departments come to ministers and say, 'This is how we can save money; this is how we can fund this new project.' This government should not assume that they are the first—and they certainly will not be the last—people from departments coming to it and saying that they have found the answer, the way to move forward. That is part of their job, to find inefficiencies and define for the minister opportunities for improvement. However, sometimes they get it wrong.

The importance of a minister's leadership when they go into cabinets is that they have to make decisions about the future of their portfolio—in this case, for the health and wellbeing of people who suffer mental health issues in this state. Ministers can receive that advice, but they must act in a leadership manner. They have a responsibility to the people of South Australia, in particular, to those who are vulnerable and who may need those services now and in the future.

This minister is not the first who has had to debate this decision. I go back to the last administration, when I remember public statements being made about the department telling former minister Brown, when he was minister for health, that he should sell Glenside Hospital. Even in the 1990s, at a time when this state was haemorrhaging with debt and when government was desperate to find money to get us out of the quagmire, he said no; he said, 'This property will not be sold.' I can go back to other ministers. I remember former minister Cornwall, who decided to look into the question of selling Glenside. He said no; he decided he would sell Hillcrest instead. However, the point is that they have to make the decision; they have to go to cabinet and say, 'This is what we have to have.'

Well, we are down to the bare bones. This is the last free-standing institution for mental health in this state, and it is the only place available for a third of the population of this state, namely, country South Australians. So the current minister has even more of a responsibility, and if her predecessor, the Hon. Gail Gago in another place, who announced this redevelopment and who put it through the cabinet in the first place, has made the wrong decision it is up to this minister to expose it, to say, 'We've got it wrong', and fix it. That is her responsibility, not just to accept some cheap option being presented by the department and dressed up as a model of care that is world class. It is utterly ridiculous, and the minister should reject it.

Let me give you just a taste of what other experts have said. I will start with Mr Jonathon Phillips, a former director of mental health in this state and an experienced psychiatrist who practised in South Australia but who now resides interstate. In correspondence to one of the members of this house he said:

> Glenside is an extraordinary tract of land. Glenside currently houses an old-fashioned hospital principally located within heritage buildings. The original concept of Glenside was based on the belief in 'moral therapy', a 19th century but benevolent view of mental health. Essentially, persons with mental illness were to be treated with dignity. Glenside was constructed on the 'Kirkbride' hospital model and was state of the art at the time.
>
> Glenside in its original form met all principles of 'moral therapy'. Essentially, the patient had decent housing, healthy food, a quiet environment and, most of all, the patient was offered security and safety. Notwithstanding the huge developments in mental health care, few would accept that our current public patients are guaranteed security and safety.
>
> Glenside is an irreplaceable asset. South Australia is desperately short of inner city land appropriate for health purposes, notwithstanding the site over the railway yards set aside for the Marjorie Jackson facility.
>
> South Australia will lose its most outstanding health asset if Glenside becomes a multi-purpose campus, or worse still should it be sold.
>
> The best use for Glenside would be as a health campus. Obviously psychiatric services should continue to be provided on the site.
>
> However the size of the site might allow for more general health services additionally.
>
> In stating the above, psychiatric services must always be seen as a critical part of the larger health sector, and not an entity separated from the rest.

In my mind, health services at Glenside should be as broad-based and include safe and satisfactory long-term accommodation.

Whilst I understand that the South Australian Film Corporation would be a high profile tenant, the heritage buildings could provide excellent accommodation for mental health clients in keeping with the common ground model as advocated by Ms R. Haggerty, a former thinker in residence.

To use the Glenside site for other purposes (eg, a retail precinct) would truly be 'selling off the farm'.

That is what an experienced administrator, a former head of mental health in South Australia and an experienced psychiatrist had to say.

Let us go to another former director of mental health in this state, who has now been appointed as the Public Advocate, Dr John Brayley. He is an experienced clinician and public administrator in this state, which was clearly recognised by this government as it has now appointed him as the Public Advocate. This position is appointed by a minister, is accountable to the parliament and has funding from the parliament to be an advocate inclusive of the mental health population.

As Public Advocate, he submitted to the select committee of the Legislative Council inquiry into the Glenside proposal a very lengthy submission in which he outlined the importance of retaining the hospital. It is a very long submission, and I am not going to quote all of it. However, the select committee accepted much of what he had to say regarding the importance of retaining and redeveloping the site for mental health services. These are fundamental issues, not just for the community but also for the mental health population, who has needed this service in the past, needs it now and will need it in the future. He comprehensively rejected the 42 per cent of land sell-off of this property for any other purpose.

On the question of the model of care, he also has a view—hardly surprising, as he is an experienced administrator and clinician. He sets out the very important argument of ensuring that we develop the site for future expansion of more mental health services, particularly given the decision to collocate drug and alcohol services on the same property, and I wholeheartedly endorse that. He is comprehensive in his position.

He also confirms the importance of research, which has also been endorsed by the select committee in their interim report of September last year. At this point, I mention that he also wholly commends the community visitors scheme. This scheme operates in other states, and the opposition has foreshadowed an amendment to incorporate it into the legislation and not just have it tacked on as a possible rehabilitation. In his submission on community visitors schemes which, he points out, operate in both the disability and mental health sectors in other states (he has visited the institutions in which they operate), he states:

Services are visited, sometimes without notice, so that visitors can identify abuse or neglect, advocate for the best possible assessment and treatment, assess the standard of facilities and their care for people, and ensure that there are maximum opportunities for recreation, occupation, education, training and rehabilitation. A Community Visitors Program was recommended in Paving the Way, the review of South Australian mental health legislation and there are provisions for these visions in the new mental health bill—

which, of course, we are already considering. He goes on to state:

The new facility should be open to trained Community Visitors.

Here is another expert who is very well trained and highly experienced in both clinical and administration. He says, 'You have got it wrong.' He says to the select committee, 'The government's program is wrong. There are bits of it that are good but in relation to the model of care and the sell-off of land it is wrong.' Remember that he is the public advocate for the disabled and mentally unwell in the community. He ought to know.

He also knows, like Dr Phillips whom I mentioned earlier, about the pressures of working in and running a department. He does not look at it from just a clinical perspective, he comes with the experience of knowing what is like to work in a department with the never ending demands of trying to deal with shrinking budgets, even when receiving increased amounts every year to cope with workforce increases. He knows what it is like.

Others who have put in submissions and who have made public statements include the Australian Psychological Society (SA Branch). Associate Professor Jacques Metzer is the chair of that society. He put in a submission again confirming the importance of ensuring that the plan gets it right. He gave a very comprehensive statement on the therapeutic value of environmental factors which is not only supportive of not selling off land but ensures it is redeveloped in a manner so that

it is maintained. He talks about patient welfare, the community interests and the professional psychology issues. It is a very commendable submission.

Again it has been accepted by the select committee. He outlines its importance. It is also very important to note his conclusions. Having looked at a number of processes which are flawed in the redevelopment proposal, he goes on to say:

> The Society also believes that sound principles of mental health care and the central role of Psychology and Psychiatry in that care are considered by the Government to be of lesser priority than are relatively more peripheral issues. This may be an instance of attempting to implement a diminution of sound (and not so sound) principles, in favour of more commercial and other considerations under the label of community involvement and removing stigma in mental health.

He could not have made it clearer. The government is flogging off land for commercial benefit to the detriment of psychological wellbeing of mental health patients in this state. It is absolutely clear. Take heed, minister, please, and understand the importance of your going back into cabinet and getting rid of this ridiculous idea. Incidentally, on the question of consultation, in his submission he says:

> Unfortunately, the Society sees little evidence of the Government paying heed to the legitimate concerns of significant stakeholders and significant professions.

In other words, you have not even come to us and asked us about this. We are here to help. We are in the same boat as you in that we are looking after the people in this state, so why cut us out of the equation altogether?

It is very interesting that, when I re-read the Cappo report (which is a document on which the government placed great weight in support of its redevelopment), I also noted that there was no consultation with the private sector. I find that unbelievable. Monsignor Cappo recommends in his report that there needs to be cooperation with the private sector for the future development of mental health in the state, but in preparing his report as a comprehensive synopsis for the government to make decisions on, he does not even consult with them.

I find it unbelievable that the very people who provide 60 per cent of mental health services in this state in their consulting rooms or private hospitals are completely ignored. Good on him for at least saying that it is important that we consult them, but it is unbelievable that the government would not give him the remit, resources or instruction to consult with them. Anyway, they have made it clear here that, even though they have been cut out of the loop, the government has it wrong, it can be done in a better way and they ought to heed it.

I want to move to the submission presented by the Royal Australian & New Zealand College of Psychiatrists. This is a very comprehensive submission and members will be pleased to know that I will not read it all. Oral evidence was given to the select committee by this group. These people are the most highly trained experts in relation to mental health. That does not mean that they are the only ones, because a number of other highly trained experts provide for other aspects of mental health wellbeing in this state.

Clearly, they have undertaken 12 to 15 years of study and training in order to understand the most acute and most serious cases and they are given the highest responsibility for the most acute. They have a vested interest in this matter, especially in relation to a bill where we are talking about those who, potentially, will cause harm to themselves or others and are unwilling to have treatment. That is exactly what we are talking about here today: how we will manage those people.

Psychiatrists have an important role, and the government's answer is to present Glenside Hospital in all its detail in the minister's explanation about how it will help. Well, the Royal Australian & New Zealand College of Psychiatrists has a different view. Far from being world class and state of the art—I suggest that it is total window-dressing and a facade of what has been presented on websites and in announcements about the provision of acute mental health services and programs by the government—they say that the government has got it wrong. They say that the information that has been provided to date about the model of care and the programs that the government intends to provide is completely wrong. They say that it produces a model of care which is the direct reverse of what Monsignor Cappo quite rightly advocates as an important outcome for mental health patients.

How could it be the complete reverse? I will refer to some of their comments. A letter signed by Mr Marco Giardini, chair of the royal college in South Australia, states:

The Glenside Hospital site is an important and extremely valuable resource for all South Australians. It is a resource that should not be squandered for short-term gain without real consideration of the state's current and future mental health needs. The college stands in a unique position to comment on the proposal. We believe it is imperative that our views—together with those of other health care providers and health care consumers—inform any future development.

They plead for consultation and they say that the government has got it wrong. They say that the government should go back to the drawing board and start again and not flog off this valuable asset.

I have paraphrased, of course, a very lengthy submission, but obviously it provides some very important historical context. I want to refer to one aspect of this submission which resulted in the select committee's recommending just what they say, that is, to go back to the drawing board and start again. 'If you want to come up with a world-class model, you will need to do that process completely, otherwise you will not achieve the outcome as stated and which we all seek to achieve.' In respect of the sale of a number of precincts, page 17 of the report states:

…it is our view that before any sale of land proceeds, the exact model of hospital building(s) is designed to general satisfaction. Indeed, the college needs to know that each collocated service will be properly resourced, have sufficient infrastructure including rooms and car parking, separate access as required and the integration has been properly researched before development proceeds.

That forms part of the basis of the finding of the select committee not to proceed. I need to go back to the submission, so I ask the indulgence of the house while I find its reference to the model. I will not refer to the whole submission but, obviously, it has made significant inquiry which it has provided for the government to review. It has looked at other redevelopment proposals overseas, including the Queen Street project in Ontario, Canada, and the Southfields Village in south-west London in the United Kingdom. The submission goes on to name other best practice models that this government is claiming are to be implemented with its proposal, and it talks about the options for collocation of services on a single site. It talks about a move-off site, a campus model or an integrated model. The submission further states:

Both of the overseas examples opted for the integrated model, noting that the campus model 'fails to provide the best possible treatment environment and meet Trust and community objectives'.

So, it is utterly rejected in other instances overseas. In relation to the Springfield Village proposal under its campus model, the submission states:

Mental health care uses will be integrated into the site within two distinct clusters: at the centre of the plan on either side of the Central Square; and a more peripheral site to the south...The central cluster will be integrated with the residential, commercial and community uses, contributing to a vibrant urban village centre.

Sounds familiar! In terms of security being raised as a major problem, it further states:

The government continues to claim that it has followed international best practice in the overall plan of the site, putting forward arguments raised by overseas sites in an integrated model. The clear evidence is that the hospital site is not an integrated model but rather the campus model—which does not have the support of overseas best practice. The committee has raised issues of security. There are few resources which provide data on security issues raised by collocation of certain services. The college hopes that security is a prime consideration in the future development and that research would inform how services can be collocated safely. This may mean multiple buildings, multiple entrances and different access roads.

It goes on to make further submissions about the security for patients and the workforce under the government's model. They say, 'We have looked at this and we can agree on the importance of a certain model. We have looked at the overseas aspects as well, but what the government has come up with is actually the wrong one.' One would think that, when the Royal College of Psychiatrists came up with this and later presented it in May last year to the select committee (taking into account the government had the full report), at the very least the government would go back and say, 'Well, did we get this wrong?

The select committee is suggesting that we start again; that, in fact, whatever advice we have been given from the department and all the reports and things that have been done—these pictures on the website, this program where we will sell off 42 per cent for private housing (a little bit for public housing), a new supermarket and retail and the new building that we will be putting in the south-east corner of the site after we have taken up the rest of it for the film corporation—we have actually come up with the wrong model.'

It is actually not world's best practice. I despaired when the government announced its other $1.7 billion cost, or whatever it is now going to be, to move our premier tertiary hospital from one end of North Terrace to the other—and they tell us that this is going to be world's best practice,

the great model, the cutting edge! I hate to think, when we start to dig into that, what money is going to be squandered if it is the wrong model and not world's best practice. I am not being filled with confidence, because the Royal Adelaide Hospital itself at the moment (not just at the Glenside campus but also at the North Terrace campus) provides mental health services. It is of direct relevance to the resources that we are going to have for this bill.

What if they got that wrong? What if, in fact, when we dig into that when the government is required to disclose the documents, which it has consistently refused to do to date, they got that model wrong? We are going to start all over again! The Hillingdon proposal, a hospital in England which is touted as a basis for new rooms in that hospital, which is going to have psychiatric patients as well, is a model that is nearly 20 years old. I start to despair for what we are getting from that.

Having had the direct evidence from the experts, you would think that they would go back and say, 'We may have got it wrong.' Instead, they are going to bulldoze this through, and evidence of that of course is they are still cleaning up at Glenside and still preparing to bring in the film corporation as a head tenant in the heritage buildings. This is the property the Premier's department has bought for $2.5 million, smack bang in the middle of the site. He is going ahead with that. We do not have enough money to actually build the hospital for another two years.

The Treasurer is running around saying, 'I will save $26 million if I delay the new hospital for two years', but there is plenty of money to throw around and build the film corporation a new home in the middle of the site and for the Premier to spend another $2.5 million for his department to own part of the site. There is plenty of money for that, yet they have the gall to proceed with this development. This is the basis for one of the major resources the minister will have to deal with the extra burden of public need we will have as a result of introducing these amendments, and she says, 'We are going to proceed nonetheless. Nothing is going to stop us.' Let me tell the house a reminder of that.

Recently, I was at minister Holloway's planning meeting at which a panel was appointed, which is required as a matter of law for any changed rezoning of the site, in this case, to give permission to the government to be able to sell on part of its site for retail and commercial purposes and private housing instead of hospital services. It has to do a rezoning and it has to have a new plan, and it has to consult publicly to do that. So we had many people over three hours come before a panel three weeks ago to put their submissions. One after another they came forward to say, 'This is where we think this is wrong'—except, of course, those representing the family that is about to get a preferential deal to buy a piece of the land to build a new supermarket. That was the exception. However, the rest of them came forward.

I say that because, irrespective of all of these experts before the select committee, the government is pressing ahead. There is not even a shadow of decency to say, 'We are not going to build the hospital for another two years so we will go back and look at that and we will rethink what we have done. We will not sell off anything until we have had a good look at that.' No; they are saying they have to press ahead with the rezoning so they can flog off this land for supermarkets, retail accommodation and private housing.

I want to come to the third area of experts at that meeting. These are the silent workforce, and I call them that because they are employed by the government. These are the mental health nurses who work at this site. Many of them have worked for 19 and 20 years. As you would expect, they stay for a long time because they are dedicated, and people who go into such a profession do not do so if they are not dedicated. Obviously, they do not do it for the pay: they do it because this is very hard, cutting edge work. They are dealing with the sickest people in our state with mental health problems, often coupled with behaviours that makes it even harder for them to manage and assist not only in the care of these people but also in their rehabilitation.

One of these mental health nurses bravely stood up at the public meeting and described the government's redevelopment as genocide by stealth. They are harsh words. I have heard just about everything in courtrooms, but this is a mental health nurse standing up and saying that at a public meeting; a person who is a long-term employee on that hospital site who deals with mental health patients. He said, 'We have seen the plans of what is to be done, and we are concerned about the collocation of drug and alcohol patients with mental health patients unless there is a very, very, very high level of security and the planning is done in a manner that will ensure their protection.' He said that this is like putting the most dangerous with the most vulnerable.

He despairs, and he pleaded with the panel to re-look at this matter and not zone for this situation where two very high-need groups in the community will be squashed together in one

facility in one corner of what is left of the Glenside Hospital. Members should remember that what is left today of the Glenside Hospital is 20 per cent of the total area that it used to have. If another 42 per cent is to be sold off, then I say that that mental health nurse needs to be heeded in the advice he gave to that public meeting.

James Hundertmark is an experienced psychiatrist and a clinical head and administrator (I think he is currently the head of the Margaret Tobin Centre at the Flinders Medical Centre, a new facility). The concept of having divisions within our general hospital structure was initiated by former minister Dean Brown and was kept up by minister Stevens (which I applaud) and she, before they split off mental health services, I think proudly maintained a commitment to build that centre.

Mr Hundertmark (who has been a chair of the Royal College of Psychiatrists) is now the head of that centre. This is a man we should be very pleased to have in South Australia. He has had a lifetime commitment to public mental health. At that meeting, he pleaded for there to be a rethink about what is to be done with respect to mental health services. He urged the government to re-look at the model and ensure that the services will be provided in a secure manner for the patients and the workforce, both permanent and visiting, and the relatives of the members of that workforce who come and go from the property. I seek leave to continue my remarks later.

Leave granted; debate adjourned.

[Sitting suspended from 13:00 to 14:00]

PAPERS

The following papers were laid on the table:

By the Speaker—

Annual Reports of Local Councils
City of Marion—Report 2007-08
Wattle Range Council—Report 2007-08

By the Minister for Health (Hon. J.D. Hill)—

Bordertown Memorial Hospital Inc—Report 2007-08
Food Act 2001—Agreement for Exercise of Functions under Section 96(2)—Report and Memorandum of Understanding between the Minister for Health and Local Government Association of SA
Lower North Health Service Inc—Report 2007-08
Millicent and District Hospital and Health Services Inc—Report 2007-08
Mount Gambier and Districts Health Service—Report 2007-08
Penola War Memorial Hospital Inc—Report 2007-08
Port Augusta Hospital and Regional Health Services Inc—Report 2007-08
Port Pirie Regional Health Service Inc—Report 2007-08
Renmark Paringa District Hospital Inc—Report 2007-08
Riverland Regional Health Service Inc—Report 2007-08
Waikerie Health Services Inc—Report 2007-08

By the Minister for Environment and Conservation (Hon. J.W. Weatherill)—

Natural Resources Committee Reports—Response by the Minister for Environment and Conservation—
Eyre Peninsula Natural Resources Management Board
Natural Resources Management Board Levies 2008-09

By the Minister for the River Murray (Hon. K.A. Maywald)—

Murray-Darling Basin Commission—Report 2007-08

MARJORIE JACKSON-NELSON HOSPITAL

The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:01): I seek leave to make a ministerial statement.

Leave granted.

The Hon. M.D. RANN: In June 2007, I announced that this government would build a new hospital for all South Australians to be opened in 2016. This new $1.7 billion central facility will provide state-of-the-art infrastructure for patients and staff and will launch medical care in this state into the 21st century. It will contain single-bed patient rooms with ensuites which provide the best environment to avoid the scourge of modern day health facilities known as hospital-borne infections.

It will be bigger than the current Royal Adelaide Hospital with an expanded capacity in its emergency department and intensive care units. It will have more operating theatres, and theatres that are larger in order to accommodate the most modern equipment for a 21st century hospital. This new central hospital will be Australia's leading hospital, providing all South Australians with the very best facilities and health care. It will be the best and most modern hospital in Australia. It will be the best equipped hospital in Australia.

At the time of the announcement, I also revealed that the hospital would bear the name of Marjorie Jackson-Nelson, a beloved former governor of South Australia. Marjorie Jackson-Nelson is an Australian legend and a revered Olympian. She had won two Olympic gold medals, seven Commonwealth Games gold medals and became the first Australian woman to win an Olympic gold medal in athletics. She set 13 world records and, in doing so, she massively boosted the profile and success of women's athletics in Australia.

Last year, in Beijing, she was bestowed with the International Olympic Committee's highest honour, the Olympic Order, in recognition of a lifetime of maintaining the Olympic ideal internationally in all that she does and has done, but this was not the only reason we chose to name the hospital after her.

Marjorie Jackson-Nelson has been massively involved in fundraising for medical research for the past 32 years. Her commitment began when, as a young wife and mother, she supported her husband, former Olympic cyclist Peter Nelson, in his long battle against leukaemia. Following his death in 1977, and inspired by her husband's struggle, she formed the Peter Nelson Leukaemia Research Fellowship to raise much-needed funds for cancer research.

She was determined to make a real and lasting difference in the fight against this disease that affects so many lives. For more than three decades she has been committed, selfless and tireless in her support for the work of researchers in finding a cure for cancer. She has led a small group of volunteers which has raised $5 million and which last year appointed its ninth researcher at the Hanson Centre for Cancer Research.

Marjorie Jackson-Nelson was appointed governor of South Australia by former premier John Olsen. It was a terrific choice. She was sworn in at the time of Rob Kerin's premiership, and she served in the vice-regal position with distinction for six years. She has received Australia's highest honour, the Companion of the Order of Australia, and during our nation's bicentenary celebrations she was named as one of only 20 living members of the 200 greatest Australians. She has also been inducted into the International Women's Hall of Fame in New York.

Naming South Australia's new central hospital in her honour was a much-deserved accolade for a woman of such integrity—

Mr Hamilton-Smith interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: How dare the Leader of the Opposition—

Mr Hamilton-Smith interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: —try to belittle Marjorie Jackson-Nelson. You are not fit to do so.

Mr Hamilton-Smith interjecting:

The SPEAKER: Order! The Leader of the Opposition will come to order.

Members interjecting:

The SPEAKER: Order! The house will come to order!

The Hon. M.D. RANN: Naming South Australia's new central hospital in her honour was a much-deserved accolade for a woman of such integrity and grace who has contributed so much to public life in South Australia over so many decades.

However, the subsequent reaction to this decision was decidedly mixed. It has ranged from strong support to some entirely negative commentary that has been deeply disappointing and more than a little puzzling. As I understand, there was no similar vitriol when the Playford government named the major new hospital in our northern suburbs after a politician, the health minister Lyell McEwin.

Just imagine if we adopted the same approach here now. I cannot recall hearing snide remarks from the Leader of the Opposition when the Roma Mitchell Performing Arts Centre, the Roma Mitchell Building or the Mitchell Oration were named after another wonderful and much-respected governor, Dame Roma Mitchell.

No-one argues with the public's right to criticise government. There are no qualms about the merits of publicly debating the choice of the new hospital's name. That is democracy in action, but some of the attacks have been deeply personal, aimed at Marjorie and her contribution, rather than simply at our choice of her name for the new hospital.

Members interjecting:

The SPEAKER: Order! The house will come to order.

The Hon. M.D. RANN: You can feel their shame.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: Some of the attacks have been deeply personal, aimed directly at Marjorie and her contribution, rather than simply at our choice of her name for the new hospital.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: Some of it was, of course, political and totally partisan.

Members interjecting:

The SPEAKER: Order! The Premier will be heard without interruption.

The Hon. M.D. RANN: Some of it, of course, was political and totally partisan. Some of it was personal, as well as poisonous, shameful, as well as shallow, by people who will be long forgotten while Marjorie Jackson-Nelson's reputation remains untarnished. I will not lend undeserved credibility to that commentary by repeating it here today.

The SPEAKER: Point of order. The Premier will take his seat.

Mr HAMILTON-SMITH: Mr Speaker, standing orders are very clear on the purpose of ministerial statements. The Premier is using a ministerial statement not only to debate but to make false accusations without the ability of anyone to respond, and I ask you to consider what he has been saying and ask whether it is appropriately within the ambit of a ministerial statement or whether it is debate and false accusation.

The SPEAKER: There is no prohibition from entering debate in a ministerial statement. The ministerial statement is given with the leave of the house, and in the standing orders there is no prohibition on the minister giving the statement from entering into debate. The Premier.

The Hon. M.D. RANN: I will not lend undeserved credibility to that commentary by repeating some of it here today. Some of it has been truly shameful. But I remind members of the contribution made by the member for Bragg, the opposition spokesperson for health, who said on 12 June 2007, 'You know my husband died of cancer. I didn't expect the government to ring me and say, "We'll name this the Vickie Chapman Memorial Hospital."' How shameful. Given these

regrettable personal attacks, it is understandable that Mrs Jackson-Nelson has asked me that the hospital project proceed without the dedication in her name to avoid, in her own words—

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: —'controversy continuing about a project that can only benefit South Australia'.

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The SPEAKER: The member for Unley and the Deputy Leader of the Opposition!

The Hon. M.D. RANN: I will read that again.

Mr Pisoni interjecting:

The SPEAKER: Order, the member for Unley is warned!

The Hon. M.D. RANN: How dare the Leader of the Opposition accuse Marjorie Jackson-Nelson of a backflip. You are shameful!

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: Given these regrettable—

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: Given these regrettable personal attacks, it is understandable that Mrs Jackson-Nelson has asked me that the hospital project proceed without the dedication in her name to avoid, in her words—and I will quote directly—'controversy continuing about a project that can only benefit South Australia'. She has also respectfully declined the opportunity to have her contribution to South Australia honoured in some other way. This is very disappointing, but, of course, we respect and understand her wishes. She remains—

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: She remains one of our nation's greatest athletes, one of our most inspirational volunteers, one of our state's most respected governors, and one of Australia's most beloved citizens. I am sure that the vast majority of South Australians will share my disappointment that the comments of a small but vocal minority have contributed to stopping this dedication to a woman who has given so much to our community over the course of her life.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: As a result, I can now advise that the new hospital will retain the name the Royal Adelaide Hospital. Work is already underway on the new site—

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: —and construction of the new hospital will start next year.

Members interjecting:

The Hon. M.D. RANN: They think it's funny. They think it's funny that so much hurt has been done to this great Australian. The new hospital, with the same name, will open in seven years' time. More important than anything, South Australians will have access to a new hospital that provides more beds, increased capacity, and significantly improved infection control. So, to whom will we dedicate this hospital? The hospital will be dedicated to those millions of patients who will benefit from it.

Members interjecting:

The SPEAKER: Order!

LEGISLATIVE REVIEW COMMITTEE

Mrs GERAGHTY (Torrens) (14:40): I bring up the 12th report of the committee.

Report received.

Mrs GERAGHTY: I bring up the 13th report of the committee.

Report received and read.

VISITORS

The SPEAKER: I advise members of the presence in the gallery today of students from Concordia College (guests of the member for Unley) and the Hon. John Aquilina, the Leader of the House in New South Wales (guest of the Speaker).

QUESTION TIME

MARJORIE JACKSON-NELSON HOSPITAL

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:16): My question is to the Premier. Did he explain to Marjorie Jackson-Nelson, before he invited her to put her name to his central hospital, that the project was likely to be controversial?

Members interjecting:

The SPEAKER: Order!

Mr HAMILTON-SMITH: Did he forewarn her that it could be very controversial and damaging, and is today's decision a result of Labor Party polling showing that no-one wants the hospital and people would prefer that the RAH be rebuilt?

The SPEAKER: Order! The Leader of the Opposition is out of order. The Premier.

The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:17): I am not going to speak until there is silence, so you can spend all afternoon, if you like.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: The cabinet asked Marjorie Jackson-Nelson—

An honourable member interjecting:

The SPEAKER: Order! The Premier has the call.

The Hon. M.D. RANN: The cabinet asked Marjorie Jackson-Nelson, following a lifetime of service to her country and state and our community, whether she would honour the new hospital by allowing her name to be attached to it. She thought about it and agreed. No-one could have anticipated the vitriol and shameful abuse of members of the Liberal Party against this great Australian.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: That is absolutely untrue. Mrs Jackson-Nelson came to see me in my office on Friday to ask that her name be taken off the project because it is such a great project and it should not be surrounded by this continuing controversy. I think it is incredibly sad. Last night I went through some of the things that were said. How dare people, whose contributions are so miniscule compared to hers, try to bring her down with these awful, shameful comments. We did not hear members opposite do it when the Roma Mitchell Building was named—

Ms Chapman interjecting:

The SPEAKER: The Deputy Leader of the Opposition!

The Hon. M.D. RANN: —or the Roma Mitchell Performing Arts Centre. No-one from the Labor Party came out and attacked the naming of the Lyell McEwin Hospital. I cannot remember that. Can you remember that? The Lyell McEwin Hospital, named after a politician. Rather than naming it after John Hill, whose idea was the hospital, we chose a great Australian, a governor of this state appointed by the Liberal Party, and you could not abide it.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: The members of the Liberal Party decided—

Mr Pengilly interjecting:

The SPEAKER: Order, the member for Finniss!

The Hon. M.D. RANN: —to try to shamefully attack her, rather than our decision. That is what we are objecting to today. The fact is that those people, in the most vitriolic and shameful way, decided not to attack the government, or not to attack a hospital that the people out there would much prefer to your $1.5 billion stadium, but you actually chose the low road of attacking a great Australian, whose contribution to this state and our country is massive compared to your miniscule contributions.

MARJORIE JACKSON-NELSON HOSPITAL

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:20): As a supplementary question, prior to today's decision regarding the naming of his central hospital, did the Premier or his department carry out any market research or polling on the name of the Marjorie Jackson-Nelson Hospital, and what questions were asked in that polling or research?

Members interjecting:

The SPEAKER: Order! Before the Premier answers, that is not a supplementary question: it is a question in its own right, but the Premier is free to answer.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:21): An absolute disgrace. You are now trying to say that Marjorie Jackson-Nelson's decision is based on polling rather than reading the words of members of the Liberal Party. That is what happened. You decided, with some of your mates down the road—and, basically, I decided not to read it into the *Hansard* today, because it is so offensive—absolutely offensive. You chose not to attack the government: you chose to attack Marjorie Jackson-Nelson. You are a disgrace!

Members interjecting:

The SPEAKER: Order!

ECONOMIC STIMULUS PACKAGE

The Hon. L. STEVENS (Little Para) (14:23): Can the Premier inform the house how South Australia will benefit from the economic stimulus package passed by the commonwealth government last week?

The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:23): The commonwealth government's $42 billion nation-building and jobs plan announced this month in response to the worsening global economic climate will bring significant benefits to South Australia. The package contains both a $12.2 billion household stimulus package of tax bonuses and other payments to households as well as a $28.8 billion program of investment in schools, housing, energy efficiency, community infrastructure, road and rail funding and a range of business assistance measures.

I, along with all other first ministers, endorsed this package at COAG on 5 February this year, because I recognised the urgency of acting now to prevent an economic deterioration in Australia and South Australia. I believe that here in South Australia we are better placed than other

states to weather the gathering economic storm. That optimism is shared by Access Economics in its most recent Business Outlook report which notes that:

> South Australia's share of Australia's economy is likely to climb more notably and more sustainably in the next few years than it has done at any time since the 1960s.

However, no economy is immune from this crisis and this package is required to protect jobs for South Australians in these very difficult economic times.

The Prime Minister has asked the state government to roll out the components of the stimulus package that relate to schools, housing, and road and rail infrastructure, and we are moving quickly to do this. Yesterday, I held a summit for hundreds of school principals and governing council chairs, as well as representatives from school and teacher associations and the non-government education sector to inform them about this package. On Monday, I met with representatives from business, particularly those in the building and construction industry. My message to both groups was clear: we do not have time to waste; we must capitalise on this opportunity and generate as much economic activity in this state as we can, as a result of the stimulus package.

The commonwealth government time frames are clear: we need to have 690 primary school buildings under construction by the end of this year and completed by 2011. The building of high school science labs and language labs must begin by July this year. We need to build 1,500 social houses within three years. Upgrades to schools and housing begin this year, as does work on black spots, road maintenance and boom gates in regional areas. This will require a massive mobilisation of resources and a partnership between the state government, schools, industry and local government.

We have put in place a dedicated team to manage the rollout of the stimulus package under Coordinator-General Rod Hook. We are committed to working with industry and schools to reduce any needless red tape and to implement these projects as quickly as we can. We are examining a range of options to streamline planning processes so that these projects can proceed as quickly as possible. This will provide us with even better education facilities to complement our own Education Works building program, the biggest school rebuilding program in this state in more than three decades. All regions will benefit from this; new school buildings will be built from Wudinna to Winkie.

This package will also provide us with new and upgraded housing stock and better transport infrastructure. This investment comes at a time of unprecedented state government spending on infrastructure. Spending on infrastructure projects now, I am told, is six times higher than it was under the previous government. We will not be reducing our own infrastructure spending as a result of this package and we will be proceeding with the new $1.7 billion hospital, as well as the massive rebuild of our existing public hospitals; the $1.3 billion desalination plant at Port Stanvac and a raft of other water projects; the $400 million investment in Techport to develop facilities and capabilities to ensure we are Australia's shipbuilding hub; the extension of the tramline to West Lakes, Port Adelaide and Semaphore, with work to begin early this year; and the resleepering and electrification of our metropolitan rail network.

We remain absolutely committed to our own infrastructure program. We have also made commitments to the Prime Minister and to local businesses and schools that the additional measures funded from the stimulus package will be implemented as quickly as possible. This will stimulate the economy and create local jobs for our tradespeople and contractors and with associated services. It will also complement our own education expenditure and generate even better education outcomes for our children.

GOVERNMENT ADVERTISING

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:28): Has the Premier told any media outlets, verbally, in writing or through his staff, that future levels of government funded—

The Hon. M.J. Atkinson interjecting:

The SPEAKER: Order!

The Hon. M.J. Atkinson interjecting:

The SPEAKER: The Attorney can correct the Leader of the Opposition later.

Mr HAMILTON-SMITH: I will start again. Has the Premier told any media outlets, verbally, in writing or through his staff, that future levels of government funded advertising expenditure will be dependent on coverage for the government of political issues? Yesterday, in answer to a question on taxpayer funded political advertising by the government, the Premier told the house that he would review the level of expenditure to News Ltd publication *The Advertiser.* He said:

> I should say that I am aware that the Adelaide *Advertiser* has been campaigning on this issue to cut expenditure on advertising and, as far as I am aware, we are a major advertiser in that newspaper. Obviously, all of those things would have to be reviewed...

The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:30): I am delighted to answer this question. We are reviewing government expenditure. We are reviewing government expenditure on advertising. One thing I will guarantee is this: we are being told by some elements of the media that we should cut our advertising budget, so we will review that, but what I will do is ensure that any review of government advertising is based on the effectiveness of that advertising for the people of this state.

Members interjecting:

The SPEAKER: Order!

TRADE PROMOTION

Mr PICCOLO (Light) (14:30): My question is to the Minister for Industry and Trade. Will the minister inform the house what the state government is doing to promote trade in Asia and South America?

The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Industry and Trade, Minister for Federal/State Relations) (14:31): Since coming to office, the government has had a significant focus on trade, particularly trade with our Asian partners. We have made some adjustments to our offices. Previously, we had expensive offices in Hong Kong and other parts of Asia. In coming to office, we realigned these resources.

We no longer have an office in Hong Kong. We have an outstanding officer who now works in the Austrade office but who represents the interests of South Australia, that is her position. We have a fee-for-service arrangement with Austrade. That is a better way to go. In our view, more cost-effective, but, importantly, our resource, but someone who is plugged in and part of the broader Austrade network. We have done the same process in India for some time, although I think we are now having to make some further arrangements due to office space issues.

I can announce to the house today that we are taking this model further and that, after detailed analysis by the Department of Industry and Trade, we are now looking at putting a resource into the Australian Trade Commission in Vietnam. We will have our own person in Vietnam. We believe that the opportunity available to this state, indeed, this country from two-way trade with Vietnam is outstanding. Can I say, sir, from your point of view, you were very much part of our thinking following your delegation to Vietnam in recent years in providing us with some advice as to what the opportunities are.

Of course, we are greatly served by our Lieutenant-Governor, who is an outstanding Australian of Vietnamese origin and someone who has also accompanied you, sir, I understand, and who gives us an opportunity to further our linkages in Vietnam. The Minister for Recreation, Sport and Racing has recently been to Vietnam, as has the Minister for Health apparently. The minister for trade will get there at some point.

I can also say that, since coming to office, the federal government—and I have had this discussion with the foreign minister, Stephen Smith—has orientated Australian foreign and trade policy towards South America, very much a region of the world that we in Australia have not paid as much attention to as we should have in recent years. As Stephen Smith said to me, having the Department of Foreign Affairs and Trade put far more effort into the opportunities that are available, particularly with countries such as Brazil, Mexico, and, believe it or not, even Bolivia—I am told there has been a significant improvement in the political conditions in Bolivia. That part of the region is of great opportunity and, more importantly for our state, it is our opportunity and relationship with Chile. We have seen growing linkages between Chile and South Australia, heavily—

An honourable member interjecting:

The Hon. K.O. FOLEY: Well, I was going to mention the wine industry. Whilst the wine industry has a product that is competitive in some price points with ours, clearly, there is significant mutual benefit in developing our industries, both in Chile and Australia. A lot of Australians are working in Chile in the wine industry; a lot of our technology is going into Chile and vice versa with respect to expertise coming here.

Mr Venning interjecting:

The Hon. K.O. FOLEY: Well, it is. It is global trade; it is globalisation. We must trade as a nation; and we must accept that, if we want to sell our product to them, we will get product in return from other countries. The other huge opportunity, obviously, is mining. The BHP Billiton company, of course, has the giant Escondida project—which I know the Premier has been to and the minister for primary industries and I have been to—as well as the Spence copper mine. Chile is the world's largest producer of copper.

The BHP Billiton company has been bringing large numbers of Chilean expertise over here to Roxby Downs and Olympic Dam and vice versa: a large number of BHP Billiton people have been heading over to Chile. But it is more than just BHP Billiton. I have had a number of discussions now with the Chilean ambassador here. I have met with the Minister for Mining, the Premier has met previously with the former minister for mining and a number of South Australian companies are now travelling to Chile on a regular basis and trade is coming back here. The Chilean government, indeed, has accepted an offer—I think through foreign affairs; through the federal government, at least—by the Australian government of some 500 university scholarships to Chilean students to study in Australia.

Our universities have been over to Chile trying to get our share of those scholarships back to our universities and learning and TAFE colleges here in South Australia. With that long preamble, I can say that, when I was in Chile, I asked my department of trade, in conjunction with Austrade, to do some scoping work to see whether or not we should have a resource in Chile. I am very pleased with the advice that has come back, namely, that we should have our own dedicated state resource in Santiago. We are in the process now of signing an agreement with the Australian Trade Commission to have a dedicated South Australian resource in Santiago to service the South Australian business interests, be they in the mining, technical or electronics sectors, as well as manufacturing, agriculture, primary industries, food, wine or whatever.

We will have our first representative in South America. That again shows that, properly targeted, having an effectively priced resource into these markets (but importantly working with the Australian Trade Commission as part of brand Australia) is a sensible thing to do. I would encourage members on both sides of the house that, if they are on any future study missions and they wish to visit Chile, they should look at using our resource in Santiago. The message to all our business interests in South Australia—and we are promoting this widely—is that this is a resource we are putting into Chile (as we are putting into Vietnam) for the purpose of assisting business, and I would encourage business to use those resources.

ROYAL ADELAIDE HOSPITAL

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:38): My question is to the Treasurer. Will the total cost of the Marjorie Jackson-Nelson Hospital or the new central hospital—

The Hon. M.D. Rann: Didn't you hear the announcement?

The SPEAKER: Order!

Mr HAMILTON-SMITH: —the Royal Adelaide Hospital, renewed or rebuilt—

The SPEAKER: Order!

Mr HAMILTON-SMITH: —whatever it is going to be—

The SPEAKER: Get on with the question.

Mr HAMILTON-SMITH: —be treated as debt in his budget? Today the Treasurer told ABC Radio that projects built under a public-private partnership are listed as government debt in the same manner, he said, as a government-funded project. He said 'there is no difference to the debt level under a PPP', but the Auditor-General's Report 2008 states:

Depending on the terms of the contracts, PPPs may, under current accounting standards, be excluded from state balance sheets.

The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Industry and Trade, Minister for Federal/State Relations) (14:40): I have said to the shadow treasurer often that he should get properly briefed on these matters before he makes a fool of himself. The quote from the Auditor-General is that projects may be considered off balance sheet. The accounting standard, and the amount of risk transfer one has to undertake to get these projects off balance sheet, is quite extraordinary.

A public-private partnership is nothing more mysterious than the private sector providing the funding and maintaining an asset whilst the government takes an effective long-term lease. As I said from the very beginning of this process, regardless of whether or not this is a PPP, it will be considered on balance sheet.

Ms Chapman interjecting:

The SPEAKER: The Deputy Leader of the Opposition is warned.

The Hon. K.O. FOLEY: Sorry?

Ms Chapman interjecting:

The Hon. K.O. FOLEY: Not applicable, actually; N/A is not applicable, because we have not allocated any money towards it. Whether we borrow $1.7 billion ourselves to build the hospital through a design and construct project, that is $1.7 billion of debt in real numbers as it appears on our balance sheet. Off she goes to be really proud of her dragging down of the former government.

The SPEAKER: Order!

An honourable member: Pick on a woman; that's what you do.

The Hon. K.O. FOLEY: Sorry; pick on a woman? What have you guys been doing to Marjorie Jackson-Nelson for the past twelve months? Give me a break!

The SPEAKER: Order!

The Hon. K.O. FOLEY: You have disgracefully politicised a great South Australian woman—

The SPEAKER: Order!

The Hon. K.O. FOLEY: —yet you have the audacity to accuse me of picking on a woman.

The SPEAKER: Order!

The Hon. K.O. FOLEY: Back to lesson 101 in public finances for the man who would be treasurer, the Leader of the Opposition, or as he prefers to be called 'the alternate premier', so I guess 'alternate treasurer'.

Mr HAMILTON-SMITH: Point of order, Mr Speaker. Without any interjection or encouragement, we have personal attacks across the chamber with no opportunity to respond. It is clearly debate. I ask that you call the minister into line.

The SPEAKER: I have called the Treasurer to order, and he is in order.

The Hon. K.O. FOLEY: I apologise, sir; I was out of order and I did not realise the leader was so sensitive. The hospital is on balance sheet. When rating agencies—

Mr Hamilton-Smith interjecting:

The SPEAKER: Order! The Leader of the Opposition will come to order.

Mr Hamilton-Smith interjecting:

The SPEAKER: Order!

The Hon. K.O. FOLEY: Is he picking a fight with me? Trust me, you win. I know what you were trained in—you win! I'm not fighting him. I might be from Port Adelaide but we learnt one thing early in our lives in Port Adelaide—

An honourable member: We don't fight the big boys.

The Hon. K.O. FOLEY: We don't fight the big boys; yes, you are dead right. You win, Marty; but I think it is a bit undignified that you are trying to pick a physical stoush with me in the house.

The Royal Adelaide Hospital, whether it is publicly or privately financed, will be an on balance sheet transaction. The PPP schools will be an on balance sheet transaction. These projects are considered by rating agencies to be on balance sheet. When these processes of PPPs first started, there was a real drive, and a motivation quite often, to do a PPP deal because you could get it off balance sheet and, in an odd way, you could think that you were hiding your debt levels. That is not good motivation. You should never introduce or entertain an idea of a PPP if you think you can get it off balance sheet and hide your debt. That was old thinking. I have said right from the outset that whilst we are in government our PPPs will be on balance sheet, and there is no difference whether that is privately or publicly funded.

ORGANISED CRIME

Mr RAU (Enfield) (14:44): My question is to the Attorney-General. He is looking splendid today, too, isn't he? Can the Attorney-General inform—

Members interjecting:

Mr RAU: This is an important question.

The SPEAKER: Order!

Mr Pisoni interjecting:

The SPEAKER: Order, the member for Unley!

Mr RAU: He is turned out beautifully today; you should be more polite to him. Can the Attorney-General inform the house whether he has noticed any attempts by organised crime to register a political party in South Australia?

The Hon. M.J. ATKINSON (Croydon—Attorney-General, Minister for Justice, Minister for Multicultural Affairs, Minister for Veterans' Affairs) (14:44): I have noticed such an attempt. The FREE Australia Party (Freedom, Rights, Environment, Educate) has been formed to oppose the Rann government's serious and organised crime law. *Yorke Peninsula Country Times* journalist Nick Perry reports that the FREE party was recruiting members at the Paskeville Hotel. It was on page 9 of the *Yorke Peninsula Country Times* on 10 February.

The member for Goyder rolls his eyes, as well he might at the mention of the Paskeville Hotel. But the journalist, Nick Perry, omitted one important item of context. Almost one year ago to the day, Jesse Penhall was making a delivery in his ute at Paskeville when he was allegedly ambushed by a group of Gypsy Jokers and shot 15 times.

Their cowardly ambush did not kill him. Jessie Penhall staggered near death into the Paskeville Hotel. A fortnight later, Mr Penhall was under 24-hour police guard in the Royal Adelaide Hospital. According to police, the litter of scaredy-cats who did the shooting fled the scene and are in hiding to this very day.

Jesse Penhall's identity and location must be cloaked lest this gutless, chicken-hearted organisation manages to get him alone again and takes him on as a group armed with shotguns. The FREE party has not made any attempt to deny that it is a front for alleged members of the outlaw motorcycle gangs in general and the Gypsy Jokers in particular. The FREE party is nothing more than a smokescreen. It is made up of members of outlaw motorcycle gangs and their alleged criminal associates.

Members interjecting:

The Hon. M.J. ATKINSON: Orally, preferably. The FREE party's recruiting at the Paskeville Hotel in a tiny town on the Yorke Peninsula on the day that it did is nothing more than the Gypsy Jokers celebrating the first anniversary of its infamous cowardice. I would have thought that the *Yorke Peninsula Country Times* would have had the journalistic acumen to give the story the proper context, but the story did not even allude to it.

When the FREE Australia Party was being established, I was contacted by a constituent well known to me, who proudly declared an association with outlaw motorcycle gangs. He lectured me about the FREE Australia Party by email. I was told at the time that the party was made up of people who had traditional Labor values and whose policies would benefit the state. The constituent described those wanting to join the FREE Australia Party as 'well-meaning and honest people'.

Since that time, the constituent has seen the inside of the FREE Australia Party and, even with his long association with the Gypsy Jokers, he does not like what he sees. In correspondence that arrived after his original support for the party, the constituent described how he believes that members of the party have made threats to his personal safety. He goes on to say:

> The Free Australia Party is now actually run by thugs, who quietly suggest how the party should be managed, but all members are aware that the push is watching for troublemakers. No votes are taken at meetings—

I think he is referring to general meetings—

> ...the thugs attend every executive committee meeting and vote on matters when they are not members of that committee...I am also concerned for the wellbeing of any member of the Free Australia Party who may fall foul of those supervising...

This constituent makes clear that, in his view, the FREE Australia Party is a shopfront for the criminals that this parliament has pledged to bring down.

ROYAL ADELAIDE HOSPITAL

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:50): My question is again to the Treasurer. Will the debt measure provided in the budget for the new central hospital include only the capital cost of the project build and, if so, how does the government intend to include in the budget financing costs linked to the separate private contract for the operation of administrative and maintenance services for the hospital?

The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Industry and Trade, Minister for Federal/State Relations) (14:50): Oh boy, I really wish the leader would come and get a briefing on this thing. If it is a public-private partnership, the operating expenses will be accounted for in the operating account of government (OpEx). The debt will not appear as a debt as such, as I have said, but as an on balance sheet transaction for the purposes of the Auditor-General and for the purposes of the rating agencies. When they consider our net financial liabilities to revenue ratio, we will treat that as an on-budget amount. It is basic 101 public financing.

ROYAL ADELAIDE HOSPITAL

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:51): I am pleased to see the Treasurer is so good at his economics—

The SPEAKER: Order!

Mr HAMILTON-SMITH: I have a supplementary question. What is the latest estimate, then, in 2009 dollars, of the total cost of building the Marjorie Jackson-Nelson Hospital?

The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Industry and Trade, Minister for Federal/State Relations) (14:51): It is $1.7 billion. Nothing has changed. We have done a scope on the project. The advice that we have been given is that, when you allow for contingency and for what we consider to be the appropriate scope of the project, we come at a figure of $1.7 billion. That has not gone to market yet: it will not go to market for some time, and the final figure will not be known until we get our accounts in. But, we are not in the business, in Treasury, of underestimating or allowing agencies, such as health, to come up with a figure without putting it through a serious amount of rigour. We have had external advice—

Members interjecting:

The SPEAKER: Order!

The Hon. K.O. FOLEY: We have put the costing of that hospital to rigour.

An honourable member interjecting:

The Hon. P.F. Conlon: The Bakewell Bridge? You always have to go one too far, don't you, and tell a porky.

The Hon. K.O. FOLEY: That came in under budget, didn't it?

The Hon. P.F. Conlon: Yes.

The Hon. K.O. FOLEY: There you go.

The Hon. M.D. Rann: He never went out and attacked Bakewell.

The Hon. K.O. FOLEY: Yes. Who was it—Bob Bakewell? With a bit of luck the hospital will come in less than $1.7 billion. But, then again, only time will tell.

Mr Griffiths: Fingers crossed on that.

The Hon. K.O. FOLEY: Fingers crossed on it! I know a lot more about the rigour that I, the Minister for Health and our agencies have put into the value of the Royal Adelaide Hospital than the rigour they have put into their $1 billion football stadium, where they have got some consultant to give them a figure, but it is secret—they won't show it to anybody. It is a bit like the rigour of your shadow transport minister, the member for Unley, who says, 'We're going to put the railway station underground'—the billion dollars or more that is going to cost!

The Hon. P.F. Conlon: They needed to have an accountant in Frome.

The Hon. K.O. FOLEY: Yes; as my colleague the Minister for Infrastructure says, just like the rigour you put into the mathematics of the electorate of Frome. That is the sort of rigour that you are noted for. You could not get off to New York quick enough. 'We won! I'm out of here. An embarrassment for Mike Rann, an embarrassment for Labor.' How did he look? And this guy is having a go at me about whether or not we are putting enough rigour into our accounting. Honestly, this is not a good day for you—not a good day.

TOUR DOWN UNDER

Mr GRIFFITHS (Goyder) (14:54): How does the Treasurer reconcile the conflicting versions of payments made to the Tour Down Under rider, Lance Armstrong, and did the government make the appropriate taxation arrangements? On Friday 26 September last year, the Treasurer told ABC Radio:

> Lance Armstrong is getting no money from the government for his race here in South Australia at all. He will be here promoting cancer research, and the taxpayer is not being asked to provide financial support to Mr Armstrong at all.

On 18 January this year, *The New York Times* reported a contrasting version from Mr Armstrong himself. The report stated:

> Armstrong did not specify the amount of his fee but said that contrary to what had been reported here last week, he was not donating the fee to his foundation but treating it as income, the same way he has his other speaking and appearance fees since retirement.

Members interjecting:

The SPEAKER: Order!

The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Industry and Trade, Minister for Federal/State Relations) (14:55): I probably should have let the Minister for Tourism answer that because it was under her responsibility.

Members interjecting:

The SPEAKER: Order!

The Hon. K.O. FOLEY: I said something on 26 September last year. What month are we in now? Give me a break.

Members interjecting:

The SPEAKER: Order! The Leader of the Opposition and the member for MacKillop will come to order.

The Hon. K.O. FOLEY: Only the Liberal Party would criticise Lance Armstrong coming to Adelaide. As the Leader of the Opposition would recall—

An honourable member interjecting:

The Hon. K.O. FOLEY: Sorry?

An honourable member interjecting:

The Hon. K.O. FOLEY: As the Leader of the Opposition would recall, when we were in New York together—

An honourable member: The odd couple!

The Hon. K.O. FOLEY: The odd couple; that is true. On the back page of the most widely read newspaper in America, *US Today*, there was a whole page (just about) of South Australia and what Lance Armstrong was doing.

Members interjecting:

The SPEAKER: Order!

The Hon. K.O. FOLEY: That in itself would have been advertising which would have cost hundreds of thousands of dollars, I would assume.

Mr Williams interjecting:

The SPEAKER: The member for MacKillop.

The Hon. K.O. FOLEY: I remember that the *Los Angeles Times* had a lot of information. It was on CNN, in *The Washington Post* and everywhere else. At the time of that comment that I would have made on radio, if one looked at the interview I think it was a day or two after the deal had been announced. If I was not fully across the details at that point then I apologise.

SPORTING INFRASTRUCTURE

Mr GOLDSWORTHY (Kavel) (14:57): My question is to the minister—

Mr Williams interjecting:

The SPEAKER: The member for MacKillop!

Mr GOLDSWORTHY: My question is to the Minister for Recreation, Sport and Racing. What action has the Rann government taken on a 2007 report which identified major gaps in South Australia's sporting infrastructure? The Office for Recreation and Sport—

An honourable member interjecting:

The SPEAKER: Order!

Mr GOLDSWORTHY: —prepared a report for the minister to identify gaps in sporting facilities. The report identified major deficiencies with athletics, baseball, bowls and hockey.

The Hon. M.J. WRIGHT (Lee—Minister for Police, Minister for Emergency Services, Minister for Recreation, Sport and Racing) (14:58): This report followed a facilities audit when we first came to government, or not that long after.

Members interjecting:

The Hon. M.J. WRIGHT: I am speaking about the facilities audit.

Members interjecting:

The SPEAKER: Order!

The Hon. M.J. WRIGHT: This piece of work that has been undertaken has ranked something like 45 different pieces of infrastructure, either high, medium or low, or 1, 2, 3. We have obviously had a look at the priorities that have been identified. The member asked specifically: what have we done? I probably will not have a full list, but these projects have either been completed or announced by the government: the Eagle Mountain Bike Park, the new state aquatic facility at Marion, the redevelopment work at Adelaide Oval, the new criterium cycling track at Victoria Park, the purchase of a new video screen—

Mr Williams interjecting:

The SPEAKER: The member for MacKillop is warned.

The Hon. M.J. WRIGHT: —for Hindmarsh Stadium, and we have also put some money into AAMI Stadium. What we have not done and what we are not going to do is to build the new sports facility that the Leader of the Opposition talks about, because we think we have better priorities than that.

PUBLIC HOUSING

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:59): My question is to the Treasurer. Why is the Treasurer approving the sale of 8,000 publicly owned houses while the federal government plans to build 1,500 publicly owned houses in South Australia? The

government's announcement to sell off 8,000 publicly owned houses contrasts with the Premier's media release of 16 February, which states:

> About 1,500 new social houses will be built in South Australia, to be funded by the federal government.

The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Industry and Trade, Minister for Federal/State Relations) (15:00): What an odd question. If the Housing Trust is selling a house, that means the house has been built. The whole stimulus package is about building 1,500 new houses. One does not correlate with the other.

Members interjecting:

The SPEAKER: Order!

The Hon. P.F. Conlon: A package they opposed.

The Hon. K.O. FOLEY: Yes, that's right: a package they opposed. They wanted to deny every kid in this state a new school, gymnasium, library or science laboratory, and they did not want 1,500 social housing houses. The stimulus package is about jobs and construction of new housing. The decision by the federal government was that, if we are going to build houses, we will make them available for the needy, for those who need low-cost housing.

Ms Chapman interjecting:

The SPEAKER: The deputy leader!

The Hon. J.M. Rankine interjecting:

The Hon. K.O. FOLEY: Exactly. What do you think you did when you were in government?

Members interjecting:

The SPEAKER: Order!

The Hon. K.O. FOLEY: John Howard ripped away public housing as the responsibility of federal government. He took away billions of dollars towards social housing, which forced the government into a process—and it happened under your government when you were last in office—of rotating our stock and selling our stock to finance the construction of other new builds. The deputy leader would not know too much about housing stocks or Housing Trust homes, because there would not be too many in Burnside.

Members interjecting:

The SPEAKER: Order!

The Hon. I.F. Evans interjecting:

The Hon. K.O. FOLEY: Good idea. We will build them at Glenside. Would you like them at Glenside?

The Hon. P.F. Conlon: Why didn't we think of it? That's right, we did.

The Hon. K.O. FOLEY: Thank you. The former leader of the opposition is a bit like Peter Costello. I reckon he is starting to get himself a little bit keen on the top job. One thing Iain Evans can do is: he can count. The comparison between the sales program of the Housing Trust and Kevin Rudd's stimulus package—there is no connection. It was a dumb question.

PARK RANGERS

Ms BREUER (Giles) (15:02): Can the Minister for Environment and Conservation update the house on the government's progress on its 2006 election commitment to appoint 20 new park rangers, many of whom may be in my electorate?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management) (15:03): I thank the honourable member for her question and for her commitment to our state's parks and reserves. It is true, we did make a commitment at the 2006 election to provide an additional 20 new park rangers. Since 2006, the government has employed 14 park rangers across the state. I am glad to announce that, as of next week, a further four new park rangers will

be put on the government payroll. So, we are truly on track to achieve that 20 by 2010. The four new rangers will be—

An honourable member interjecting:

The Hon. J.W. WEATHERILL: You should be grateful for this, rather than interjecting. The four new park rangers will be located at Keswick, Cleland Conservation Park and Victor Harbor. The rangers will be part of a team that helps protect our 338 parks and reserves from feral animals and weeds, that helps us manage fire, restore native vegetation and assist park visitors. The appointments will place the rangers alongside existing field rangers and specialised staff so they can get the training they need to learn about land management and biodiversity first-hand from experienced staff.

The rangers will work closely with community groups, including volunteers and Friends of Parks groups to foster that whole-of-community approach that we have for caring for our parks and reserves. Our parks and reserves generate an estimated $8 million in revenue annually, attracting about six million visitors. The additional staff and funding will help our parks continue to prosper.

This investment is another step in preserving our state's environmental heritage. Since 2002, the state government has an enviable record. I must pay tribute to my two predecessors who are largely responsible for this remarkable record: the member for Kaurna and also, of course, the minister in another place, the Hon. Gail Gago.

Since 2002 the government has created 17 new parks—count them, 17—adding land to the existing 18 parks, and work is progressing on landscape scale biodiversity corridors that will help our naturally beautiful native flora and fauna adapt to the impacts of climate change. The additional rangers being appointed by the government will play a key role in ensuring our state's unique biodiversity can be enjoyed by future generations.

HAMPSTEAD REHABILITATION CENTRE

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:05): My question is to the Minister for Health. When will the Hampstead Rehabilitation Centre be sold and where will the patients be relocated? On 29 June 2007, in answer to a question I asked the minister, he stated that the government had no intention of closing down the centre and had not looked into doing so. Now the opposition is informed that tenants on the property have received notice that they will have to vacate the facility to facilitate the sale of the property.

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:06): I thank the deputy leader for the question. As is typical of her, she gets a bit of information, she puts it through the Mixmaster of her fabulous logic and comes out with something which is completely wrong. None of the patients from Hampstead will be moved. We do have some land there which is covered with broken down buildings with broken windows. The best they could be used for is in horror scenes in films made in South Australia. I think there is one that the Premier appeared in but I am not sure what that film was.

An honourable member: It was silent film!

The Hon. J.D. HILL: It was a silent film. We obviously do not need those resources and we are looking at vacating that land because we no longer need it, but the Hampstead rehabilitation facility will not be affected by that.

UNPAID TRIAL AND PROBATIONARY WORK

The Hon. S.W. KEY (Ashford) (15:07): Will the Minister for Industrial Relations inform the house how the government is protecting people who undertake trial or probationary work?

The Hon. P. CAICA (Colton—Minister for Industrial Relations, Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Youth, Minister for Volunteers) (15:07): I thank the honourable member for her question and acknowledge her lifelong commitment to the protection of workers' rights. This government is committed to protecting workers who undertake trial or probationary work.

Under South Australian legislation every employee must be paid the correct wages for the work they undertake. Unfortunately, there are certain groups—for example, young workers and people from non-English-speaking backgrounds—who are particularly vulnerable to exploitation through the use of unpaid trial or probationary work. There is generally no such thing as an unpaid

trial or probation period, as I am sure all members are aware, because you would have had constituents visit your electorate office. You would also be aware that SafeWork SA is the agency responsible for ensuring that workers in South Australia enjoy a safe, fair and productive working life.

The investigation of any reported incidents of exploitation through the use of unpaid trial or probationary work is, therefore, part of SafeWork SA's responsibility. SafeWork SA assisted more than 100 people in December last year after an investigation uncovered significant unpaid trial work in a suburban Adelaide business. SafeWork SA helped to recover more than $11,000 in entitlements for these people who did almost 800 hours of so-called trial work.

To further strengthen the community's awareness of this issue, late last year SafeWork SA distributed information on trial work to organisations that assist vulnerable workers. This information was provided to students at our schools, universities and TAFE colleges because, when searching for employment, especially towards the holiday periods, students are often entering the workforce for the first time and are generally less aware of their rights. Unions and employer groups also played a key role in helping distribute this information by providing information sheets to hundreds of their members.

It is also the case that SafeWork SA has commenced a series of unannounced audits for unpaid trial or probationary work across a range of employment sectors, including supermarkets, car detailers, hairdressing and beauty salons, cafes and restaurants, and service stations. Trial work and probationary work is often confused with work experience, which is usually organised through an educational institution Unless the work experience is part of a structured and improved training program, or organised through a school, TAFE or university, employees must be paid the correct wages for any work they do. Where an employee is legitimately engaged for a trial or probationary period, this period should be determined prior to the commencement of employment and the employee must be paid for all the hours worked.

Unpaid trial work is unlawful under South Australian industrial law. This government is keen to ensure that all employers are aware of their responsibilities in this regard and that all employees know that SafeWork SA is here to support any workers who have been exploited, to help them recover the wages they have rightfully earned and to assist in prosecuting those employers who have done the wrong thing.

PAEDOPHILE TASK FORCE

Mrs REDMOND (Heysen) (15:10): My question is to the Minister for Police. How many staff are in the paedophile task force? How many are currently on stress leave and what is the staff turnover rate of the task force?

The Hon. M.J. WRIGHT (Lee—Minister for Police, Minister for Emergency Services, Minister for Recreation, Sport and Racing) (15:10): I will need to check those numbers and bring the figures back for the member.

NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION

Mr KENYON (Newland) (15:11): My question is to the Minister for Health. What has been the reaction to the National Health and Hospitals Reform Commission's interim report?

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:11): On Monday the National Health and Hospitals Reform Commission released its interim report. The report makes 116 reform recommendations which touch on all health services. The recommendations that have gained the most attention, however, have been the denticare proposal—not a very nice phrase I have to say: it's a bit hard to get your mouth around—and the need to concentrate on primary health care. We welcome the recommendation to increase the effort directed towards primary health care and, obviously, we are keen to work collaboratively with the federal government on this issue.

The current federal government does share our view that increasing primary health care is essential to managing the future growth of demand for acute hospital services. We have already established the GP Plus health care network in South Australia, with centres operating at Aldinga and Woodville, and major centres on their way at Elizabeth and Marion. The federal government has already indicated it will build three GP super clinics—and we will help fund at least two of them in South Australia—which are similar to our GP Plus health care centres. Of course, we would welcome an acceleration or expansion of this program. We understand that, for a federation to

work well, it is important that different levels of government have clearly defined roles and functions. It is also important that the different levels of government work cooperatively.

The recommendation in the interim report of the National Health and Hospitals Reform Commission that the commonwealth take responsibility for all primary health care, I believe, merits further consideration. The commonwealth, through Medicare payments to general practitioners, already chiefly has responsibility for primary health care. Implementing this recommendation would help to clarify a situation that, by and large, already exists. Greater clarity of roles and functions—and, consequently, clearer lines of responsibility between the different levels of government—is very important to good service delivery.

The state government is also keen for the federal government to examine the recommendations to establish a denticare style arrangement based on the Medicare model. There are far too many Australians on public dental waiting lists. The situation has not been helped by the blockage of the commonwealth dental health program by the federal opposition and the minor parties in the Senate. Their position in relation to that, in my view, is shameful. This government has reduced the waiting time for restorative dental care from 49 months when we came to office in mid-2002 to 19 months by providing additional funds ($56 million) for public dental services, and, with greater cooperation with the commonwealth, we could reduce waiting times further.

The state government is keen to work collaboratively with the federal government, but we will not shy away from our responsibilities to South Australians. I have made this clear to Dr Christine Bennett, Chair of the National Health and Hospitals Reform Commission, whom I met yesterday. Funding and administering hospitals is difficult but is not something on which this government will give up. We are prepared to make the hard decisions necessary to prepare our health system to cope with the projected future growth in demand created by an ageing population. The opposition, sadly, is not.

The deputy leader's reaction to the commission's interim report was that it did not go far enough because it failed to recommend a total commonwealth takeover of all health responsibilities. This demonstrates clearly that the opposition has given up on health care in South Australia. *The Australian* reported:

> Ms Chapman said the Prime Minister Kevin Rudd had picked up the 'easy parts', left the states with the 'hard parts'.

In a media release put out by her on Monday, the deputy said:

> We still have to fund and administer the most difficult parts of the health care system: hospitals.

Unlike the opposition, this Labor government is not afraid to tackle the difficult situations and make tough decisions. We want decisions that affect the health outcomes of South Australians made here and not by bureaucrats in Canberra. It is ironic that the Liberal opposition, which has attacked my decision to put the headquarters for country health in Port Augusta—'We don't want', they said (incorrectly, of course) 'Mount Gambier hospital run from Port Augusta'—yet supports every hospital in South Australia from Wudinna to Whyalla and Murray Bridge to Mount Gambier being run out of Canberra. I look forward to telling country South Australians about this new Liberal policy.

PAEDOPHILE TASK FORCE

Mrs REDMOND (Heysen) (15:16): I was so pleased with the last response that I have another question for the Minister for Police. How many bullying and harassment claims have been lodged by staff in the Paedophile Task Force in the last 12 months?

The Hon. M.J. WRIGHT (Lee—Minister for Police, Minister for Emergency Services, Minister for Recreation, Sport and Racing) (15:16): To the best of my knowledge, this issue has not been raised with me but, obviously, I will raise it with the Commissioner. As I said in my previous answer, I will get the level of detail the honourable member is seeking—

Members interjecting:

The SPEAKER: Order!

The Hon. M.J. WRIGHT: As I said, I do not recall the Paedophile Task Force being raised with me by the Commissioner, so I do not know of a problem that exists there. The honourable member may know something that I do not know, but, obviously, I will check the detail.

The SPEAKER: The member for Hartley.

Ms Chapman interjecting:

HEATWAVE

Ms PORTOLESI (Hartley) (15:16): Thank you, Vickie. My question is to the Minister for Families and Communities.

An honourable member: Good luck!

Ms PORTOLESI: Yes, Joe's going to need it! Will the minister advise the house of the governments' actions to assist the most vulnerable members of our community during the recent heatwave?

The Hon. J.M. RANKINE (Wright—Minister for Families and Communities, Minister for Northern Suburbs, Minister for Housing, Minister for Ageing, Minister for Disability) (15:17): An enormous effort went into supporting people in our community who we thought were most at risk during those terrible days—

Members interjecting:

The SPEAKER: Order!

The Hon. J.M. RANKINE: —when the temperature was consistently over 40°. It was a concerted effort by our public sector agencies in partnership with our state's non-government organisations. They just simply went into action. With no fuss our agencies implemented their extreme weather policies on Wednesday the 28th, ensuring that their most vulnerable clients were cool and cared for. Domiciliary Care, for example, was making unscheduled visits to clients it thought may be at risk and phoning others. Over one weekend, for example, 1,500 visits were made and 1,100 phone calls were made; 400 of those phone calls were for those people who did not have a scheduled visit and they followed up anyone who had cancelled a visit.

Extreme weather policies were also in place with providers that supply Home and Community Care services and disability services, as well as the owners of supported residential facilities; and these organisations were contacted to verify they had enacted their extreme weather policies. I can advise the house that 139 disability providers were contacted. Disability SA's Service Coordination contacted over 4,000 people and followed up with visits where necessary. Also, 70 coolers and fans were purchased, repairs were made to air conditioners and, in one instance, a refrigerator was bought and taxi vouchers were provided for people.

While these agencies were providing extra oversight of their clients, our concern was also for those who might not be receiving specific services but who in these extraordinary circumstances also needed reassurance. In partnership with the Red Cross Telecross service, 1,500 South Australians over 80 years of age were phoned, their wellbeing checked and follow-up calls were offered—many accepted. Also, 662 people caring for others were contacted, and more than 3,000 people aged over 70 were also contacted. Again, many requested follow-up calls until the heatwave subsided.

There were instances where people required assistance, and this was provided promptly. I visited the Red Cross teleservice on three occasions; I was even recruited to make some calls, and I can tell the house that those receiving them really appreciated the care that was being afforded them. The Red Cross volunteers and staff were as efficient as they were magnificent. The call went out to the Public Service to assist Red Cross and, again, their generosity and commitment came to the fore with many volunteering. The RDNS also did a magnificent job. When I called in there on Sunday afternoon, their workers were just turning up to help out, and they worked flat out throughout the heatwave ensuring their clients were also safe.

Homeless people around the city and throughout the state were provided with extra services as day centres agreed to open for longer hours and handed out bottled water, hats and sunscreen, as well as offering a place with fans, fridges, showers and food. Further, the Street to Home Service increased outreach visits into the Parklands, encouraging people into cooler shelter.

I thank the business community for providing homeless services with bottled water and other amenities to help meet the extra demand and the city council for allowing people in need to use the Franklin Street bus shelter. The homeless services were also provided with taxi vouchers and bus tickets by the Department for Families and Communities to help people access their appointments for housing, health and income security. I understand that some were even transported to the North Adelaide aquatic centre and taken to the movies to keep them out of the heat.

The heatwave provided challenges that this state has never seen before, and I am confident we will learn a great deal from our efforts. However, I put on record my appreciation of the efforts put in by so many people: our public servants, going above and beyond the call of duty in caring for those they were aware of; most particularly, those in my agencies—the Office for Ageing, Housing SA, Families SA, Domiciliary Care, Disability SA—and I extend particular thanks to Lynda Forrest who facilitated much of our coordinated effort.

Thank you to those in our non-government organisations who, every day, provide such great services to people in need and who, in these special circumstances, displayed their professionalism and compassion. Most especially, I extend a big thank you to all those volunteers who did such a magnificent job.

PORT AUGUSTA AIRPORT, BABY INQUIRY

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:23): I seek leave to make a ministerial statement.

Leave granted.

The Hon. J.D. HILL: Yesterday in the house, I was asked by the member for Stuart about an investigation by the Government Investigations Unit regarding what appears to be a very inappropriate transfer of a baby to Port Augusta Hospital. I advised the house that I would provide further information. I can now advise the house that the Government Investigations Unit has started its investigation. As part of this investigation, the unit has interviewed staff at Port Augusta Hospital and staff at the Women's and Children's Hospital.

This investigation is ongoing. The two staff members concerned were suspended immediately from duty when management of the Women's and Children's Hospital became aware of the incident. They are still on suspension.

I also want to clarify something I said to the house yesterday: after treatment at the hospital, the baby was to be transferred for ongoing treatment at Port Augusta Hospital, not released back to the parents as I had assumed.

COPPER COAST DISTRICT COUNCIL

The Hon. J.M. RANKINE (Wright—Minister for Families and Communities, Minister for Northern Suburbs, Minister for Housing, Minister for Ageing, Minister for Disability) (15:23): I table a copy of a ministerial statement relating to the District Council of the Copper Coast made earlier today in another place by my colleague the Hon. Gail Gago.

GRIEVANCE DEBATE

WIRRINA MARINA

Mr PENGILLY (Finniss) (15:24): I return to the subject of Wirrina, which I spoke about two weeks ago. I would like to separate the issues: the golf course at Wirrina is one entity, the marina is an entity, as is the resort. The resort has now been taken over by Vista under the management of Mr Geoff Dibble. The staff at the resort are getting paid, although they are owed considerable money by others involved. It is a tangled web of intrigue. Recently on Channel 7, a story was aired about the people who run the golf course who are not getting paid and, once again, that is an issue that needs attention.

The ownership of this, to the best of my understanding, is that Sunset Cove used to operate under a gentleman called Mr Warren Turner. I understand that Mr Turner's side of it is in receivership or administration. Two gentlemen named Greg and Adam Huxley are the principals of ICA.

These are both New South Wales companies. I think these people need to be questioned seriously about what they are doing and the fact that their staff are not being paid and that no superannuation is being paid across the board. I would like more particularly to turn my attention to the issue of the Wirrina marina which is a part of the complex but is still under the control of ICA and, somehow or other, this Mr Warren Turner from Sunset Cove who have got their sticky fingers in it.

This is a disgraceful thing that is taking place down there, and it is my view that the government should seriously look at, if possible, taking over the head lease on the marina and

putting that marina up for sale or calling for expressions of interest to get it running properly in the best interests of the state.

What is happening at the moment is simply not good enough. The marina is totally separate now from the resort, and I want to stress that. The resort is being operated by Vista. Mr Steve Marshall is keeping an eye on the marina. I finally got him paid the other day, but he has not received all his pay or his superannuation. I think the only way to get this marina operating properly is for it to be revisited and to have a total makeover, and that can only take place under new ownership.

ICA, to all intents and purposes, does not know what it is doing. I think this thing needs thorough investigation, perhaps even by the fraud squad or people in the federal sphere, to ascertain just what Mr Greg Huxley and Mr Adam Huxley have been up to, what their current position is and what part is being played by Mr Warren Turner from Sunset Cove. As I said, it is a mess.

The marina berth owners are not all paying their dues because, quite frankly, they are not getting anything for their money. Where is this money disappearing to? As I understand it, the dues that are paid disappear into ICA. The staff do not even get paid. There is no work being undertaken on the marina as promised. The facilities that were going to be built have not been built. They cannot get fuel because the company that supplied it, Adelaide Fuel, removed the ability to pay by card. We need the Wirrina marina to be operating properly.

The resort appears to be starting to operate properly now. That is terrific news for the Western Fleurieu: Yankalilla, Normanville and that area. The golf course is another story. I do not know what is going to happen there, but we just have to get the marina operating properly. I will write to minister Conlon and strongly urge him to resume that head lease if that is at all possible, and put the Wirrina marina up for sale. It is the only way that we are going to get any sense out of it. I think dealing with these others is like dealing with a nest full of snakes—poisonous snakes at that. I have had dealings with people in the past whom you cannot trust.

Mr Venning: Vipers.

Mr PENGILLY: 'Vipers', the member for Schubert says. Well, I reckon they're rattle snakes; they're not vipers. These people should be exposed. The sham that has been run as an operation by ICA and Sunset Cove in the past should be exposed. The whole thing should be tipped upside down and sorted out. I pay tribute to Vista which is doing its best with the resort in difficult circumstances. Once again, it is trying up there, but the rest of it is a nonsense.

Time expired.

POINT LOWLY

Ms BREUER (Giles) (15:28): When I was elected to this place, I did not think that I would be placed in a position where I would actually be speaking against the state Labor government, but I think it is important that I put on record a motion that was passed unanimously on Monday 16 February at the Whyalla council meeting. I believe it is time for this government to listen to what the people of Whyalla are saying emphatically. The resolution passed on Monday night at the council meeting states:

In view of feedback to council as a result of engagement with the local community regarding the development of a deep-sea port at Point Lowly, the Whyalla City Council calls upon state government to:

- Immediately review current site selection process to encompass a regional approach and seriously consider alternative port proposals
- Initiate a new site (or sites) selection process for the establishment of a deep-sea port (or ports) to meet the long-term needs of all current and proposed future developments of the mining industry in the region
- Ensure that the new selection/decision-making process involves regional communities from the start and that the process embodies genuine triple bottom-line and planning (environmental, economic and social)
- Form a new committee/working party which includes representation from state government, regional councils, regional economic development boards, the private sector, local indigenous groups, and local and state-based environmental groups which have the task of implementing the IAP2 (International Association for Public Participation Australasia) engagement process to establish criteria for port infrastructure and site selection

This motion was carried unanimously by the Whyalla City Council. It is time for the government to listen to what we and the people of Whyalla are emphatically saying: we do not want a jetty on the Point Lowly peninsula at Port Bonython, as it is known in Adelaide circles.

Along with the Deputy Mayor of Whyalla, Eddie Hughes, I have been accused by various circles of steering this campaign, but I can emphatically say that this is not the case. We have been echoing what the people of Whyalla are saying. It is important to note today the presence of the mayor and the deputy mayor in this place, who have come down to speak to one of the ministers because this issue is so important to the people of Whyalla.

Last August, the motions put before the Whyalla council were laid on the table because they wanted to have an extensive consultation process with the community. There were a number of public meetings. A questionnaire was sent out to every resident in Whyalla, and there were over 300 replies, which is quite an outstanding response for Whyalla—the best ever; more than any previous response that has been received. Focus groups were called; there was consultation with various groups, including Aboriginal groups; newspapers were monitored, and there were a lot of letters to newspapers; and there was consultation with business people. They were all saying the same: 'We don't want this particular site to be used.'

Of course, everyone knows about the cuttlefish, which are quite unique to our area. With the marine park boundaries, it will be interesting to know what will happen there. Cuttlefish are important to us, but, also, it is probably more an amenity issue for us in Whyalla. We are also very aware of the issue of red dust from ore processing and transport. So, it is important for the government to look at options elsewhere.

Currently, a group of people in Whyalla consisting of scientists, engineers, residents and environmentalists are looking at other options. I think there needs to be greater consultation with them. One option was explored, but I believe it was just a paper chase option; it was not a real exploration of what was possible.

This is not just a Whyalla issue; it is an Eyre Peninsula issue, and I am glad the member for Flinders is here. Port Lincoln people have come out this week and said emphatically that they do not want iron ore loaded out from Port Lincoln. Why not? Because we know what sort of a mess it makes. A greenfield site needs to be looked at—

Mr Venning: And the other side of the gulf.

Ms BREUER: And the other side of the gulf, as member for Schubert has said; it is an issue for them also. We need a greenfield site which will not interfere with local communities, where it will not have a major effect on our environment. The mining industry certainly has needs, and I think that any of us in that area support mining industry and what is happening; it is important for our future, but there has to be better consultation with local people. We need to find a location that will not bother communities and that is financially viable. If they are relying on the fact that the state government owns the Point Lowly peninsula, and it is all dependent on finance, then I do not think this project should proceed in the current climate.

Today on the radio Bob Duffin, chair of Western Plains Resources, said there was no doubt that there are some elements in Whyalla who are absolutely opposed to this project, and he finds it curious because Whyalla owes its existence to iron ore. Well, we do, and we are very aware of the consequences of mining iron ore. For him to say that, I think, is a bit sad. There is a fundamental lack of understanding of what is behind us in our opposition to this. I again urge the state government to reconsider this project.

Time expired.

LAND TAX

The Hon. G.M. GUNN (Stuart) (15:34): I want to raise the issue of land tax and the effect it is having on businesses in my constituency. I will give a couple of examples. A business operator in Port Augusta, who runs businesses which employ a lot of people, received one assessment last year in which he was asked to pay $1,357; his next account was $8,508. On another assessment he paid $1,826; his next account was $11,060; that is, he is paying nearly $20,000 or an increase of nearly $17,000. The question is: for what? For his ability to run his businesses?

This sort of disincentive, particularly where people are providing rental accommodation—I thought the federal government wanted people to provide rental accommodation. With all the hassles that go with providing rental accommodation, for people to then get slugged with these

sorts of taxes is a disincentive. We then have the case at Morgan with the person who runs a facility that looks after houseboats. His land tax has gone up about $6,000. For what? Providing a service? He is a small operator.

To put it mildly, both of these proprietors have lost their sense of humour. They can see absolutely no reason why they should have the Treasurer dipping his hand in the hip pocket when they are getting nothing in return. They are providing employment, they are providing a service and they are getting slugged in the process of doing so. What is going to happen next year? What is it going to be like next year if this is kept up? People will be taxed out of business. I am calling on the Treasurer for a fairer system and a reasonable system where people are not unduly slugged.

The next matter I want to raise briefly, and I have not had a chance for a while, is that I have been calling for some time for some sensible changes to the Native Vegetation Act. I put before this house some amendments which would empower local government to—

The Hon. R.J. McEwen interjecting:

The Hon. G.M. GUNN: No. The honourable member wants to read his standing orders so that he understands them.

The Hon. R.J. McEwen interjecting:

The Hon. G.M. GUNN: I know the rules.

The Hon. R.J. McEwen interjecting:

The DEPUTY SPEAKER: Order! The minister will cease interjecting.

The Hon. G.M. GUNN: I have put before this chamber sensible proposals which would have enhanced the ability of local government and elected officials to make sensible decisions so that people could protect themselves. There are the difficulties that the people of Victoria have faced, and are still facing, with 77 bulldozers still operating so that people can protect themselves, landholders and land managers.

All I am saying to this chamber is that I sincerely hope that common sense prevails and those intransigent bureaucrats, who have had their way for too long, are pushed aside, because, as sure as we are in this building, some of these huge sections of native vegetation are going to catch on fire. I sincerely hope they do not come out of those national parks and conservation parks on a 10 or 15 kilometre front, because with a north wind I would hate to think where they could end up.

The government has been warned and the ministers have been warned that there is an urgent need to act, and if they do not then they will have to accept the responsibility. Some of us have tried very hard to apply common sense, and I therefore call upon the minister to react accordingly.

Recently I read with great concern an article in a British newspaper, where a member of the House of Commons had their office raided by the police. That person was taken into custody and his home and other offices were raided. The House of Commons was entered by the police without the authority of the presiding officer. Permission was granted by the Serjeant-at-Arms. The Clerk of the parliament was not consulted. It was an outrageous course of action, and something which every parliament in the Westminster system should be aware of. The comments by the senior police officer were outrageous, and the political storm which has erupted since then, of course, will be carried on right through to the next election.

Members of this house should guard their privileges and their rights diligently because this place is the last opportunity for many people to get any form of justice. They should not allow any bureaucrat any authority to impede, threaten, intimidate or in any way interfere with our rights. I hope the house will have more to say on that.

Time expired.

OLIVE OIL INDUSTRY

Mr PICCOLO (Light) (15:39): Members of the house would be aware that the Australian olive oil industry is currently lobbying government to impose safeguards against the importation of olive oil that is contaminated with lower quality refined products, such as vegetable oil and canola.

Given that currently around 80 per cent of the olive oil consumed in Australia is imported, it is of further concern that a considerable proportion of this contaminated product is also mislabelled.

Indeed, the Australian Olive Association cites laboratory evidence that up to 50 per cent of imported olive oil is incorrectly labelled as extra virgin olive oil.

More alarming still, an independent Australian Oils Research Institute investigation recently revealed that six out of nine imported oils labelled as extra virgin did not comply with the Codex Alimentarius and International Olive Oil Council standards requiring purity and a free acidity content of not more than 0.8 grams per 100 grams.

The remaining three oils tested not only failed to satisfy international standards, but were further characterised under the more stringent German specifications as an inferior product. Despite that fact, contaminated olive oil continues to be mislabelled and sold at a premium price to unsuspecting Australian consumers. This is an equally sensitive issue for the local olive industry, with growers arguing that a lack of import surveillance and inadequate penalties for false and misleading labelling has made Australia a lucrative destination for these low-grade oils and blends.

Adding to industry concerns, the Australian Competition and Consumer Commission has conceded that the management of breaches in relation to extra virgin olive oil versus virgin olive oil versus extra light is not clear, as there is no national standard that would apply to both Australian and imported olive oils.

The olive industry has responded to the problems raised here by calling for the establishment of specific guidelines in the Australia New Zealand Food Standards Code, which would enable the enforcement of olive oil standards under state food acts and at the border by the Australian Quarantine and Inspection Service.

While previous governments have proven reluctant to bear the costs associated with the creation and enforcement of quality standards in the Food Standards Code, the Australian Olive Association insists that government must now work with industry to ensure the routine testing of products, the monitoring of compliance standards and the introduction of tougher laws to deal with offenders.

In the interim, participating Australian growers have adopted measures designed to ensure the authenticity and quality of locally produced olive oil with the introduction of the Australian Extra Virgin brand. This comprehensive code of practice enshrines traceability, a food safety program, a compliance program, a complaints response system, quality and labelling guidelines and an environmental program. The code also incorporates chemical and taste testing.

This initiative is particularly important, as the domestic olive oil industry makes a significant contribution to regional economic development (like my electorate) with olive oil exports valued at over $15 million a year. Driven by increasing consumer demand for locally grown high-grade Australian produce, it is expected that annual olive oil production levels will, indeed, double within just five years.

In support of this growing industry, I understand that the Premier has already written to the ACCC to seek assistance in cracking down on false and misleading labelling, while the federal Minister for Agriculture, Tony Bourke, is also working towards ensuring that olive oil consumers get what they are paying for.

From my perspective, incorrectly labelled and contaminated olive oil products not only undermine consumer confidence but also unfairly compete with genuine extra virgin olive oil manufactured in my electorate and throughout Australia. I therefore commend the Premier and the federal Minister for Agriculture for their support of local industry, and I will await with interest any resolutions on this important matter. It is a case of not all oils are oils.

PUBLIC TRANSPORT

Mr VENNING (Schubert) (15:43): I want to put on the record my support for Mrs Marjorie Jackson-Nelson, the lady. Today's announcement by the Rann Labor government that her name will be removed from the government's new hospital project is no slur on her. I respect her greatly, and I am sorry that her name was used to try to promote a controversial Rann Labor government project. The people of South Australia want the RAH upgraded where it is, and this project is a dud.

I have spoken ad nauseam in this place about the lack of public transport available in the Barossa region, but today I want to focus on an aspect of the Barossa's transport that I have not previously raised in depth: the high cost that residents of the Barossa region incur to use the existing transport.

Currently, to catch the bus from Angaston via Lyndoch to Gawler costs $12.10 for a full fare and $6.05 for a concession fare. From Angaston via Lyndoch to Adelaide the cost is $19.80 for a full fare and $9.90 for a concession fare. People living in the Barossa have to pay, on average, an additional $4.60 per one-way trip to access government services or a Metro ticketing service. It is approximately $100 per week more for people in the Barossa to use so-called public transport than it is for those who reside in, say, Mount Barker.

The exorbitant cost of transport in the Barossa region causes a catch 22 situation with regard to proving patronage for public transport in the Barossa Valley. At the moment, the cost of public transport is prohibitive so not many people use the services making it nearly impossible to improve patronage. The region is, therefore, doubly disadvantaged with no government services, such as Services SA, etc., located in the region and the highest passenger transport cost in the state, due to the lack of underwritten transport services.

Surely the government must provide some sort of subsidy for the current bus services and implement a system such as a bus/train combo ticket to make commuting to the city or metropolitan areas more affordable. The bus services that exist in the Barossa are too expensive for many and this causes many people to be transport disadvantaged. There are those who cannot drive due to age, illness or because they do not own a car. How do they get around? The Barossa, as we know, has a high proportion of aged people. As Peter Goers puts it, it is one of God's waiting rooms, or more respectfully, a retirement community.

Thankfully, the Barossa has a fantastic community passenger network coordinated by Mrs Ellie Milne and run by a small army of volunteer drivers. The scheme provides over 14,000 passenger trips a year for transport-disadvantaged residents of the region. The service provision is currently funded by client contributions. Luckily, everyone in the Barossa is very community minded so client contributions make up about $78,000 per year.

During the past year the volunteer drivers donated 12,000 hours to the community and provided 14,164 passenger trips. The state government has stopped all additional funding for community passenger network services. It provides ongoing funding for the coordination of the scheme but no additional funding is provided. Unfortunately, the state Rann Labor government will not fund the Dial-a-Ride service, similar to that which exists in Gawler and Mount Barker. For example, in Mount Barker, a ride costs $2.50 but in the Barossa it is $5 concession or $10 full fare, as no state government support is provided to subsidise the cost.

The current growing demand for the Barossa regional community transport scheme reflects a real need and demand for a sustainable, affordable transport provision for the Barossa region. The Barossa region is a major contributor to both state and federal GDP with very little return by way of a service provision. The region is transport disadvantaged and, currently, there are no state government policies in place to try to address the situation. If it were not for the fantastic community passenger network scheme, many residents of the Barossa and surrounding regions would not be at to get around at all.

I think it is about time that the state Rann Labor government started contributing to transport in the Barossa, just as the dedicated volunteers who drive over 14,000 passengers a year do. As the member for Light would know (and he is in the chamber), if people can get to Gawler and get on the train they can get a Metro ticket—but how do they get there? It costs a lot more to get to Gawler than it does to get from Gawler to Adelaide. I do not know why it does not at least provide a bus to pick up the people at the Gawler station.

The Hon. R.J. McEwen: Why didn't you?

Mr VENNING: We had a train running, remember? Why do the railways not provide a bus to pick up people from the Gawler Railway Station and take them to a town in the Barossa and call it part of a Metro ticket? Why does it not do that? That would solve a lot of problems that we are going on about. These people do not have an option; it is expensive—and the member for Light will know fully what I am talking about. I hope that the Minister for Transport will pick this up, look at it and address it. There is a big demand for this. All I can do is congratulate all the volunteers and say thank you to them. They provide a fantastic service and we appreciate it.

CENTENARY OF BALLOON FLIGHT

Ms BEDFORD (Florey) (15:48): Today is the centenary of a significant event in the struggle for votes for women in Britain. One hundred years ago today a daring young woman

floated across the London sky in a basket attached to a dirigible-shaped balloon, emblazoned with the words 'Votes for Women', alone, save for the pilot.

The audacious event was planned to coincide with the ceremonial royal opening of parliament. Although blown off the planned course, the balloon was followed by a motorcade of suffragettes who stopped along the way to explain the demonstration to the crowds watching and a hundredweight of leaflets about suffrage was successfully dispersed on to the ground below.

The heroine of the balloon flight was a South Australian born woman, Muriel Lilah Matters, who had left this country in 1905 to further her dramatic and musical career in London. Almost as soon as she arrived, her strong sense of social justice and equity saw her become part of the suffrage movement. Initially a willing worker for the Pankhursts' WSPU, Muriel followed Charlotte Despard, the Pethick Lawrences and others to become part of the Women's Freedom League when violence became part of the former group's efforts to attract attention to the importance and logic of the struggle to give women the right to vote and the rights that men had, especially the right to have a say in how their country was run. My research tells me this epic struggle began in 1866 and by 18 February 1909 still had over 20 years to run before success.

Muriel arrived in London in the years leading to a flashpoint in the public showings for support for votes for women. She played a vital role in organising the spread of information that would see 500,000 people rallying in Hyde Park on Saturday 21 June 1908 to hear 80 women speakers—four on each of the 20 speaking daises set up around the park—and pass a motion taken to the government of the day, which they duly ignored, and no doubt hoped the women would all go away. As yet, it has not been possible to confirm Muriel was one of the speakers that day, but I am sure she was there using her remarkable oratory skills, perhaps sharing the platform with another remarkable Australian, Nellie Martel.

They were some of the many Australian women who crossed the ocean to assist their British sisters. Muriel proudly told newspaper reporters she had already voted twice in South Australian elections, as in 1894 this state was the first place in the world to grant dual suffrage. As the British campaign unfolded, stopped only by the approach of World War I, civil disobedience became a feature of activities for 'The Cause' and many suffragettes were gaoled. Some involved in hunger strikes were force fed in unspeakable circumstances. One such woman was Arabella Scott, and I have had the pleasure of contact with her niece, Frances Wheelhouse, a prolific authoress and resident of New South Wales. She tells me her aunt often spoke of Muriel.

In February 1909, Muriel was newly released from a term of imprisonment in Holloway Gaol, following her involvement in the successful Grille Incident, the centenary of which this house noted on 28 October 2008. Because of that success, she was entrusted to carry out a unique aerial demonstration, the first use of an aircraft for political lobbying and publicity. I refer to John Harding's 'Flying's Strangest Moments' as follows:

> Early that morning [Muriel] joined a Mr Henry Spencer and his yellow torpedo-shaped 80-foot long balloon at the Welsh Harp, Hendon...They started at 1.30pm, with the intention of arriving at Westminster just as the procession was passing...After a half an hour's delay in starting the engine, [Muriel] and Spencer set off towards Cricklewood.
>
> In fact, the wind prevented the balloon from following the royal procession's golden coach carrying the king and queen and air currents took her up to 3,400 feet, so that she was unable to use her megaphone to address the parliamentarians. She did, however, scatter the 56 pounds of handbills she had taken with her.
>
> The balloon was eventually carried by the wind to Coulsdon in Surrey via Wormwood Scrubs [where it set down]...The *Daily Mirror's* headline sniffed: 'Suffragette Airship Plot Fails'...but on landing Muriel told a *Mirror* reporter, 'It was like nothing on earth! It was quite wonderful. We could see Westminster but of course the people in the streets couldn't see us. We were throwing down bills all the time, yellow, green and white (the colours of the Women's Freedom League)—they floated down to the people below like beautifully coloured birds.

Today we have had the pleasure of having some of Muriel's family in parliament for lunch again, as well as a number of people who have been really intrinsic in helping us track Muriel's life.

We are particularly interested in finding out about her theatrical career before she left Adelaide. This, of course, was how she honed her skills at oratory. When she arrived in London, she used those skills to gather people around her in what became perhaps the first stunts of their time—and we know a stunt master here in South Australia who has copied (we think) Muriel quite accurately. She, at least, had larger crowds, we are sure of that.

Muriel's passage from South Australia (where she gained all her social justice beliefs) took her off to England where she used her theatrical and elocutionary skills to gather crowds. She

became an organiser for the Women's Freedom League in Wales and she took a horsedrawn cart around the countryside, where she would pull up, stand on the back of the wagon, gather a crowd and speak about the importance of the vote. We know she spent a lot of time working in the slums of England teaching with Sylvia Pankhurst, using the skills she learnt from Maria Montessori in Spain. She worked very hard to outlaw sweatshops and did a lot for women's rights.

NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:54): I seek leave to make a personal explanation.

The DEPUTY SPEAKER: Do you claim to have been misrepresented?

Ms CHAPMAN: Correct.

Leave granted.

Ms CHAPMAN: Today in question time, the Minister for Health quoted me in respect of a press release during a time when he was answering a question from one of the government members on the alleged benefits of the National Health and Hospitals Reform Commission report earlier this week.

Although the *Hansard* is not yet available, my notes indicate that he quoted these lines—I think in full—from my media release:

> Prime Minister Rudd gets to pick up the easy parts, leave us the hard parts and totally ignores the crisis areas.

He also quoted this sentence:

> We are happy for that to remain the arrangement as long as we are provided with adequate funding and support in other areas, such as ageing.

As I say, I am not certain whether the whole of those two sentences were referred to, but I say to the house that I have been misrepresented in that, subsequent to those quotes, the minister then claimed to the house that, in some way, this suggests that the opposition supports the transfer of the health jurisdiction to the federal arena. I utterly and totally refute that. Indeed, I say to the house and to you, Madam Deputy Speaker, that, on those occasions when the former minister for health said publicly that the system was stuffed and confirmed that she would support it going to Canberra, and when the Treasurer of this government has done this—

The DEPUTY SPEAKER: Order! I believe that the honourable member is beginning to stray from her personal explanation. I draw her back to the matter.

Ms CHAPMAN: Thank you. I simply assert that on occasions when this has been claimed it has been refuted that the opposition in any way supports the transfer of powers. I, who have been misrepresented here, make absolutely clear to the house that in no way do I think that a Canberra bureaucrat will be any better equipped to handle issues of health than a state bureaucrat. I utterly refute the assertion that there is some quantum leap from this statement to suggest that the opposition supports the transfer of the jurisdiction of health from state administration and state government responsibility to federal government responsibility.

MENTAL HEALTH BILL

Adjourned debate on second reading (resumed on motion).

(Continued from page 1573.)

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:57): So, Dr James Hundertmark's contribution, both at the public meeting to which I have referred and otherwise as a former chair of the Royal College of Psychiatry and now remaining committed to public mental health, makes the point very clearly that there should be no sale and that it is very important that we keep the open space for patients. He also makes the point that, from his observation of the plan, the model of care, this 'all in together in the corner of the site' is far too small. We have mothers with infants in with rural and remote, drug and alcohol and the very acutely sick—all in one area. He says that the current oval which continues to be used by patients and clients of the hospital should remain available for them.

In fact, he even came up with what I thought quite a novel idea, that is, that if the Chapley family, who are to be given first option on land which covers this oval, want to be really generous to South Australia they could buy the property, donate it back and have it named the Chapley Oval

Reserve. He says, 'Rebuild the hospital as contemplated by the government', that is, actually do that. And I have publicly and in this forum commended the government for taking the initiative to do it, although I am highly critical of it now delaying it and building a film headquarters instead of getting on with the job.

He applauds that that needs to be done, but he says, 'They've got the wrong model, the wrong size and in the wrong place and it will not achieve what is important for the patients.' The government should go back to the drawing board as recommended by the select committee and slowly use up the space, not only for open space areas but also for all the other demands that are necessary for mental health. With all that, we still have the government, ostensibly on the advice of its department, supporting a flawed model, which is utterly dangerous, according to some of these people who have put in their submissions.

We have an announcement by the government to defer the rebuild of the hospital by two years, so we have plenty of opportunity, we suggest, to do this properly. Mr Derek Wright is the current Director, Mental Health Operations. I have been to a lot of meetings with him and a number of them have been with relatives of people who are in the hospital. He knows, as I and others present have told him, that I have had in that hospital both relatives and clients from my former professional life.

That institution, along with the people who work in it, has been a life-saving institution for many of those people—mothers who have been suicidal with postnatal depression, people who have suffered great hardship who are in a major depressed state, and those who have been diagnosed with schizophrenia, to name a few. I do not think there would be a person in this parliament who has not been touched in some way by a constituent, family member, friend or some other associate or colleague in their former working life who has not been touched by mental illness.

I think it is important to appreciate the significance of the feeling which is expressed by people like Mrs Beck in her letter, which I have read to the parliament, and many others who speak with passion at these meetings about their fear of the government's intention to relocate their loved relative.

Various assurances have been given by Mr Wright at these meetings about a number of different areas but I want to touch on a select few. He asserts that they are going to introduce a model of care which is state of the art, the best in the world, etc.—and I have heard that many times—and that they are working on the process of building that up and consulting with people. I do not necessarily agree with what he says on that for the reasons I have already outlined in this debate.

The next thing he said was that they were going to work with the relatives to make sure that they are comfortable with the changes and that they will help relocate their loved ones to other facilities. I ask repeatedly: will he and/or the minister commit to ensuring that people will not be relocated, either around the campus in some kind of musical beds arrangement or off the campus, without the support and consent of their relatives and carers?

These relatives and carers get a big plug in this legislation. The importance of their being involved and consulted is highlighted in this bill. They have information about the person who is in their care and they should be consulted about whether their relative gets dumped into some other community or facility which, as good as it might be, may actually cause trauma to that patient. I am told repeatedly at those meetings that that assurance will not be given.

The department asserts that it will make the decision on the professional advice that it gets about the relocation of these people. However, we have seen the memorandum of the patients who are going to be relocated from various wards in this hospital, pending the removal of administration from the main heritage building to accommodate the film corporation. People will be removed from certain facilities to accommodate the sell-off of land to the Chapley family, and the aged people will be transferred from an area which is going to be sold off for private housing, so they know the truth. The truth is that there will not be consultation about that. They will transfer them around.

The next question I asked was: will you agree, at least, not to move these aged people to some other facility during their lifetime? Will you allow them to stay in a dedicated facility on site? For example, the day centre (the former nurses' home) on Fullarton Road is not dedicated for a supermarket or anything else; instead, it is to be bulldozed and made open space. But no; that is not acceptable to the department either.

We have recently heard the government's announcement that it will build an extra facility next to Cramond House at the Queen Elizabeth Hospital. That is great; but I think the government needs to understand how traumatic this will be for the patients and how the relatives of those patients are concerned about their relocation. This is something that has been raised repeatedly. I urge the government to rethink this project, to understand that it has it wrong. Do not listen to the department, namely, Derek Wright, who keeps coming along and saying that he has the world's best model when, clearly, he does not.

How many times have people come in from England or New Zealand to tell us what is world-class, best practice, the greatest model? There have been plenty of them. We had that, I remember, from Dr David Panter in the department over country health, and what a disaster that was! He has now been put in charge of the Marj/Royal Adelaide Hospital rebuild, so I hate to think where we are going with that.

Now we have Mr Wright telling the minister and the former minister what we should be doing on mental health. Well, he has got it wrong, and the minister has to have the courage to acknowledge that it is wrong and actually listen to what these other people are saying and understand how dangerous the situation is.

While we are on the topic of listening to advice, please consider the decision and recommendation of the select committee to double the acute bed accommodation for rural and remote people. As I said, a third of South Australia's population lives in regional South Australia. The only acute facility those people have is at the Glenside Hospital. I was in the Riverland the other day. There are, on average, 10 people a week, who are sedated and sometimes have something put down their throat to keep them alive, and who are transported to Adelaide to be admitted to the Glenside Hospital to take up one of these 23 beds. That is just in the Riverland.

As Mrs Beck said about what is happening out there in the country, this is a very distressing situation. The government has said, 'We will upgrade four of our major hospitals in the country, and we will make them a facility which, under this new bill, will actually enable them to be a facility declared under the act to enable them to retain patients for up to seven days.' That is great, fantastic, but, having heard that announcement, the next thing we hear is that the facility that is going to be upgraded at Berri, for $42 million, I think it is, has now been put off for another two years.

When I was at the Berri hospital the other day, they brought in somebody who they were holding all day. I think two police officers were required, and two or three nursing personnel in the hospital were tied up in the hospital waiting for an ambulance to be available to bring that person to Glenside.

The time and resources that are taken up when we do not have a facility in the country is a real concern, and I say to the government: good on you for saying that you are going to do something about this, but it is deplorable that again you have put this off for another two years when you know how serious the situation is. And, in the knowledge of all that, they do nothing to increase the 23 beds for rural and remote people here at the hospital, which they could do right now.

While they are working out how they are going to get workforce into these areas at Port Lincoln, Whyalla, Berri and Mount Gambier, right now they could be providing those extra beds and services at Glenside Hospital. There are plenty of empty wards and empty areas; they have emptied a lot of them out and put them into the general hospitals. There is plenty of space, and the select committee says, 'I understand this is a very real problem out there and you need to double the 23 beds to 46 beds.'

It is a very serious matter and, again, the select committee are right in alerting the government to the seriousness of the situation that the interim arrangements which they have elected to adjourn themselves is not going to resolve it either now or possibly in a number of years. It could be another three or four years after that before the enhancements are made to these four regional hospitals to qualify them for declaration as an approved facility for the purposes of holding a detained person under an order or under a community treatment order. I say to the minister that this is another matter which needs her attention.

Yesterday I raised in the house the issue of four deaths—that have been identified in a circular that has gone around the Glenside Hospital—during the heatwave, at a time when each of them had a clozapine medication for schizophrenia. I appreciate that the minister—if I can paraphrase her—has advised the house that she is looking into the matter. That is great. She says

that there are three. It is a bit concerning that we have a memo from the hospital saying there are four and the minister has been told there are three. That is a bit of concern to me, but, nevertheless, no doubt we will get a full report on this. It has gone to a particular subcommittee to deal with potential adverse effects of medications, and that is great.

But, I say again that this is under the watch of this government. They are the clients and patients of the Glenside Hospital, which is under the Central Northern Adelaide Health Service, and these matters must go to the Coroner. In circumstances where there are three or four—however many it is—it deserves more than just a referral to a committee on the possible administration of medication.

The Hon. J.D. Lomax-Smith interjecting:

The DEPUTY SPEAKER: Order! The minister can make a personal explanation when the member has finished.

Ms CHAPMAN: I am happy to do it now.

MENTAL HEALTH PATIENTS, HEATWAVE DEATHS

The Hon. J.D. LOMAX-SMITH (Adelaide—Minister for Education, Minister for Mental Health and Substance Abuse, Minister for Tourism, Minister for the City of Adelaide) (16:11): I seek leave to make a personal explanation.

The DEPUTY SPEAKER: The deputy leader indicates that she is happy for the minister to do so. The convention is to wait until somebody has spoken. However, in the circumstances, the minister seeks leave to make a personal explanation on the grounds that she claims to have been misrepresented.

Leave granted.

The Hon. J.D. LOMAX-SMITH: The member is misrepresenting the case. It is quite well known that the unexpected deaths that occurred during the recent heatwave were referred to the Coroner. We know that that has occurred, so to suggest that we had not proceeded in that manner is incorrect and misleading. Everybody knows—it was in the newspaper and it was public knowledge—that unusual deaths during that period were referred to the Coroner. In addition, I think it is somewhat misleading for the public. I know that the deputy leader likes the dramatic turn of phrase; a bit like 'national inquiry' headlines, 'Baby abducted by'—

The DEPUTY SPEAKER: Order!

Ms CHAPMAN: On a point of order, it is clearly beyond explanation.

The DEPUTY SPEAKER: The minister is entering into debate.

Members interjecting:

The DEPUTY SPEAKER: Order! The minister is entering into debate. The minister can state only the facts in response to the issue of claiming to be personally misrepresented.

The Hon. J.D. LOMAX-SMITH: Where there are patients who are taking a multitude of drugs and there is an adverse impact by whatever means for whatever reason, it is quite proper that that matter should be investigated. But, to mislead the relatives and friends of those individuals is, I think, reprehensible, because—

The DEPUTY SPEAKER: Order!

The Hon. J.D. LOMAX-SMITH: —there may well be an unavoidable incident, and I think it can be very distressing for relatives.

The DEPUTY SPEAKER: The minister is straying, and she can use other opportunities for providing that additional information. The deputy leader.

MENTAL HEALTH BILL

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (16:12): I will continue my remarks. I thank the minister, though, for confirming, which she did not do yesterday in parliament, that those deaths were referred to the Coroner. Whilst a number of deaths (I think over 60 during the heatwave) have been the subject of questions to the Attorney-General in relation to an inquiry into those deaths and about resources available to the Coroner to undertake it, there has been no confirmation to the house that the people who were residents/clients/patients of the Glenside

Hospital were in that category. If the minister tells me that that has been referred to the Coroner, I think it is a good thing. I am simply saying that, yesterday, the minister advised the house that there is another inquiry in relation to medication and, if they have gone to the Coroner, I will look forward to reading his or her report.

The other matter I wish to briefly refer to is the question of children, because they are in a category that has been brought under the umbrella of this legislation. Some, who have put submissions to us, have been concerned about that. It is a matter on which we are still consulting. A number of concerns were raised in a previous contribution I made to the house indicating that we would be foreshadowing a number of amendments—and that may still be the case—but I will not be dealing with that today.

I want to refer to one other matter in relation to the government's statements in support of this bill and the services provided, that there will be some provision in the redevelopment of Glenside and that there has been some other allocation of funding under this government for housing for people who have a mental health condition.

I briefly refer to an article by Margaret Springgay, the executive director of the Mental Illness Fellowship of Australia, published in this month's *Sheltashortz* magazine, which is a publication of Shelter SA, an advocacy group in South Australia. She outlines a very significant matter, that is, the mental health housing crisis that exists across Australia. It is not unique to South Australia, however I think it is still important that it be heeded. Margaret Springgay highlights the importance of the fact that there are many people in the community, and she uses the example of:

> ...a 51 year old man who has suffered with schizophrenia for more than half his life. He weighs only 52 kilos because of his increasing delusional episodes and reluctance to eat properly, despite the help of his sister and 81 year old mother, who have cared for him for years. He desperately needs supported community accommodation, but the only hostels available are a few overcrowded houses where up to five people share one room. There is no privacy, and the environment is dismal...

I raise this because it is an excellent article and it is one which the government should heed. The crux of her message is that there is no suitable supported accommodation for persons such as described in this article, and there are many of them.

I am sure that the minister receives a number of letters—I certainly do—from people who are relatives, friends, support people and carers of those in the community who desperately need supported community accommodation.

What we have seen is the government's decision in my own area of Norwood to sell off, I think, three boarding house facilities, and this puts even greater pressure on those in the community who are clearly unable to obtain or secure private rental or purchase accommodation and are at the mercy of any government that will provide some support for them, because there is no-one else.

They have often broken a lot of bridges with their own family, and their friendship networks have broken down—if they had any to start with. These are the people who slip through the net. I think that Margaret Springgay sets out very well the importance of the government understanding this problem. It is a very serious problem and it needs to be addressed.

The government has announced—it is referred to in the minister's second reading explanation—that it is going to provide some supported accommodation in the proposed redevelopment at Glenside. That is commendable, that is great, but it is a drop in the ocean compared to what has already been closed down. What is important is to extend, not just replace.

It is very important that this supported accommodation be built. I recall it being a major plank of an announcement by former prime minister Howard and former minister Christopher Pyne, with hundreds of millions of dollars being offered for social housing for people with disability and mental health issues. It concerns me that, apparently, there is money out there but that there has been no remedy of this situation and the plight of these people has largely been ignored.

So, I again plead with the government, when it looks to selling off the north-east corner of what is left of the Glenside Hospital site for private housing, that it revoke that decision and say as Monsignor Cappo says: 'We will keep that for dedicated housing for those who need step-down services, including much needed support accommodation.'

I do not know how many people have to say this. There are already these articles out there, and they keep landing on my desk and, I am sure, the minister's. This is a plight that we must not ignore if we are to give any credibility to the concept of providing a service which includes

acute and community services and the things that need to go with that, including the safety and security of having their own shelter.

I move to the three amendments that I will foreshadow, which have been tabled. I will just indicate the ambit of those amendments and, by way of explanation, a number of other amendments with which we are still in consultation and which we will consider presenting between houses. There are important aspects of this bill which are well overdue, and it is not the opposition's intention to oppose its passage through this house. We have waited years for it. I am not critical of the government in this sense, because I actually think that extensive consultation was needed—and it has been—and the government has heeded some changes along the way.

I foreshadow that I will be moving amendments to, first, introduce a community visitors scheme into the bill for the purpose of it being part of the act and not an option under regulations. Secondly, that there be a provision for supervision of authorised health professionals. It is the proposal of the government to extend the category of persons who have the power to determine—particularly category one—both treatment orders and, on my reading of it, detention orders. So, it is the opposition's view that there should be direct supervision of a medical practitioner. Thirdly, to introduce a code of practice for authorised health professionals. That would be under the agreement and responsibility of the minister, as is often the case with codes of practice, to prepare and provide that. So, I just foreshadow that those are the three amendments that I propose to move in this chamber.

First, if those amendments have a fate of death and do not get through this chamber, I indicate that they will be introduced in another chamber. Secondly, additional matters will be raised which we will ask the government to give some thought to between the houses. One of those matters is about changing the fine regimes (the fines to be imposed), the maximum financial penalties in the bill. In almost every bill I deal with in this house—which is either updating, modernising or rewriting of legislation—there is a massive increase in fines, but this one seems to have missed it. There has not been an increase in financial penalties since 1993. It is proposed that, where $20,000 applies, it should be increased to $50,000 and, where $10,000 applies, it should be increased to $25,000.

I would ask the government to think about that. I think that the expansion of people who are potentially the subject of either a community treatment order or a detention order, the expansion of the categories of people who can provide, authorise or issue them and the change of definition of 'mental health' are all very significant factors in this issue. Therefore, it is important that we make sure that we add adequate protections. For as much as fines are ever some kind of instrument of discipline in these matters, or some kind of effective means of actually making people do the right thing, they should certainly attract a higher penalty and be reviewed on the basis of arguments put in other legislation.

The second matter that we will raise deals with treatment and care plans, which is a new proposed regime in the act which we support, but they should also be provided—and this is an amendment to the to the reviews undertaken by the Guardianship Board. It is recommended in the Bidmeade report. It is disappointing that it has not shown up in this draft, but we will be moving an amendment in another place on that.

Also, regarding the offence of assisting an absconded patient, this will introduce a new offence for harbouring and/or knowingly failing to report a detained person who has absconded from a treatment centre. It is similar to the existing clause 96 and is a key recommendation of the coroner. There are other similarities in the Criminal Law Consolidation Act, but I do not think I need to go into that, because I will not be moving the amendment here.

The final one is for the setting of a review date. I simply say, as I am sure others will say in another place when this amendment is moved—and I ask the government to consider the matter between the houses—that, in view of the fact that we are significantly expanding the definitions to include potential categories of patients, we need to look at whether we have a review of this legislation, because some of the legislation is controversial, particularly in the area of transfers. I am sure the minister has received significant submissions put by the Law Society and others and, although the opposition has determined that it will not be moving an amendment in relation to transfers, at least in this house, there are a number of worrying aspects that still remain.

We would be given some assurance if the government were to agree to a review after, say, four years, because that may help to provide some compensation for those who are (and remain) fearful that there is an opportunity to abuse the privilege of what is going to be given under this

legislation in dealing with interstate transfers of patients who come within this category. I just foreshadow those.

I will refer in more detail to those aspects that I have identified when I move my amendments. I indicate to the house that amendments have been tabled. For the sake of those who will be following this debate, I indicate that the community visitors scheme relates to amendment Nos 1, 4, 5, 6, 7 and 9 of the document titled 41(1); the supervision of authorised health professionals relates to amendment Nos 2 and 3; and the code of practice to amendment No. 8.

The Hon. L. STEVENS (Little Para) (16:27): I am pleased to support the legislation before us which is a critical part of the tranche of reforms to mental health policy and services since the election of the Rann government in 2002. At that time, mental health reform in South Australia had completely stalled, although that is probably generous because it had barely begun. It was systemic failure on a grand scale. In a report by Peter Brennan, commissioned by the previous Liberal government in 2000, he stated:

> To be absolutely certain that the need for change is completely appreciated, the key findings of our study based on South Australian data, are given below:
>
> - The number of acute institutional beds is above the national average.
> - Overall expenditure on mental health is above the national average
> - Expenditure on stand-alone psychiatric facilities is 80 per cent above the national average.
> - Expenditure on acute facilities in general hospitals is one-third less than the national average.
> - The most striking variance is in the level of expenditure on non-government organisations, particularly with respect to supported accommodation and community-based care.

We had fallen a long way behind the rest of Australia because those opposite sat on their hands for eight years. The Rann government has begun a multi-million dollar reform initiative in mental health which includes new facilities, new services and, in particular, a huge injection of funds into community-based care in the city and the country, but more work needs to be done; we still have a way to go.

Legislative review has also been considered, obviously because that sets the legal framework for whatever we do. When I was minister for health in 2004, I commissioned the work done by Ian Bidmeade and his committee in the report 'Paving the Way'. I pay tribute to Ian Bidmeade who was an obvious choice for the job. Far more than just a legal consultant and solicitor, he has had an outstanding career as an expert in public health law and mental health law, he has been a president of the Guardianship Board, worked on the original proposals for a health complaints regime for former minister Martyn Evans and, because of his public health expertise, wrote and contributed to many national and public health reports. I thank him and his committee for their work.

While it is estimated that one in five of the population will suffer a mental illness at some stage in their lives, the bill before us applies to the 3 per cent of the population who are seriously affected and suffer major mental illness. It provides a framework for providing care and treatment, while protecting the rights of the small minority of people who are unwilling to accept treatment, even though they may be placing their own safety and the safety of others in jeopardy. The bill is comprehensive in its scope and governed by a set of principles that clearly set the platform of a reformed approach to mental health policy and practice.

I know that these principles have been stated by the minister, but I just want to revisit them, because it is important to understand each one of them and realise just how far mental health and mental health policy and practice slipped behind what each one of us would expect as our right in any other sort of health care. The principles emphasise best therapeutic outcomes for patients in the least restrictive way and their recovery and participation in community life. Services should be provided according to comprehensive treatment plans developed in consultation with patients, including children, and their family, or other carers or supporters. Services should take into account the different developmental stages of children and young people and the aged—what a most basic thing to have to state.

They should also take into account different cultural backgrounds. There should be regular medical check-ups and records of every patient's mental and physical health. For so long, when people in the past—and possibly now (I hope not)—were in a mental health institution, their

physical needs were suddenly not considered to be as important as their mental health needs. This is something which we would not accept in other hospitals.

Children and young people should be cared for separately. The rights, welfare and safety of the children and other dependants of patients should always be considered and protected as far as possible. Medication should not be used as a punishment or for the convenience of others. Mechanical restraints should only be used as a last resort. Patients, their family and carers should receive clear information about all aspects of their illness and care in a way that they can understand.

I think that, if people actually read and think carefully about the fact that these principles have now been placed in an act of parliament, it serves to indicate why mental health treatment has been considered to be a human rights issue in this country and in other countries around the world.

I am really pleased that the government has put those principles clearly in the act for all to see. There can be no mistaking the intent of the act and its requirement that all those who are charged with the delivery of mental health services must act according to those principles. In his report, 'Paving the Way', Ian Bidmeade gave some interesting information on the history of the current mental health legislative framework. He looked at what we ended up with in terms of the last time the act was reviewed and a new act brought in—that was in 1993. Even though there had been some important improvements, he said:

> The approach taken is minimalist when compared with the statements and objectives included in the model mental health legislation which most states have adopted more fully.

The current legislation was introduced in 1993 and it made headway. But it is now 2009 and it is pleasing that at last we are addressing the matters. They should have been addressed earlier, however, better late than never. I will not go into particular aspects of the bill. I will take part in what I can in relation to the committee stage, but I would like to make a couple of further points. Mental health reform has been really evident in my own electorate of Little Para, and I have spoken about this locally. First, a new acute mental health facility, which was opened a few months ago, is attached to the Lyell McEwin Health Service. We also have one of the three community recovery centres, which I was pleased to open in June, I think, last year.

We also have a tremendous increase in community-based services that are in place to help those recovering from mental illness. That is really something about which I am proud and the government is proud. We have actually been able to start this program that has been so long coming. Certainly, when I leave parliament, I will always continue my interest in mental illness and the plight of the mentally ill to ensure that these reforms and these service changes continue, because, as I said, much work is still to be done. We are making good progress—progress that should have started a long time ago, but we are making good progress.

From the time that I have taken an interest in mental health issues I would like to pay tribute to some of the people who have provided great leadership in this area in South Australia. I would like to pay tribute to Margaret Tobin who was tragically killed when she was the director of mental health services when I was the minister. Of course, she was appointed previous to that, in the dying days of the previous Liberal government.

It was a tragic loss because she came into the position following the Brennan report and really did know her stuff in terms of how things had to change here in South Australia. She gave that leadership and she had started to get things moving. Her loss was a tragic setback for some of the things that she had already put in place. However, that has now been taken up again and moved forward. I pay tribute to her because she was an outstanding advocate and worker for mental health services.

Many people have worked very hard in this area, including many public servants, doctors and clinicians. I pay tribute to consumer advocates. The late Trevor Parry worked with Ian Bidmeade on this report. He was tireless in his efforts, and there have been many others, and it is now part of mental health understanding and policy that consumers will no longer be pushed back and ignored, that they must be part of every aspect of dealing with their own illness but also in contributing to improvements in policy and practice.

I pay tribute to the carers and families of people with a mental illness. We need to listen to them as they are the people who experience this on a daily basis. I am pleased to see the emphasis in the legislation on this. I acknowledge the efforts of Rotary in terms of its championing

of mental health and for destigmatising it in the community. I do not think many of us realise just how prevalent mental illness is. It is not something to be ashamed of; it is something to deal with. An organisation like Rotary needs to be congratulated for that work.

Other very important and good workers come from non-government organisations. Some organisations, such as Uniting Care Wesley and the new ones that have now come on board because of the new money that the government has put into community-based services, are doing a very good job in terms of grassroots support (primary health care) to try to get on top of illnesses, to keep recovery on track and to keep people out of the acute system.

I compliment Jeff Kennett. I have not admired everything about Jeff Kennett but I do admire his efforts as former premier of Victoria in driving mental health reform in Victoria, putting that state right ahead of the pack, and his ongoing work and leadership through *beyondblue*. It is really important to have somebody of his stature, personality and presence to be able to drive through this very important issue.

Finally, I want to talk about the media and the role of the media in terms of mental health reform and dealing with the complex issues that affect people with a mental illness. I think that some sections of our media have a disgraceful record of vilifying and demonising people with a mental illness and generating unwarranted fear in the community about the mentally ill and perpetuating the mentality of 'lock them up and throw away the key'.

Some sections of the media have the propensity to take the easy way out by taking a knee-jerk reaction rather than applying a proper and considered approach. I appreciate what the minister stated in her second reading explanation about the issues of mental illness and violence:

> It would be remiss of me not to point out that most people with a mental illness are not violent and that patients with psychosis are not generally violent once they have been treated and can be safely managed in the community.

That is the key. Nobody is saying that community safety is not important but, when incidents occur and an entire group of people are vilified and set back in their recovery, it is shameful.

I hope that this legislative framework, in conjunction with the new services and the new approaches that are occurring in mental health in this state, will mean that we will be able to provide the treatment in a timely way for those who need it, that we will be able to focus on recovery, that we will be able to see the majority of people living in the community in a supported way and that the media will take a more mature and less hysterical approach to these issues. I congratulate the minister on bringing the bill into the house, and I look forward to the committee stage.

Dr McFETRIDGE (Morphett) (16:46): I rise in support of this legislation. I note that the opposition has some concerns with parts of it, which the shadow minister has very eloquently addressed. Mental health will become a bigger and bigger issue for all of us in this place and also for all members of the community.

My late father had been a military policeman in the Royal Marines during the war and then a fireman, but his first job here in South Australia in 1954 was as a warder in the criminally insane ward at the then Parkside Mental Hospital. My father used to tell me stories about the way that the criminally insane were treated with straitjackets, confinements and the fairly brutal therapies that were considered normal in those days. They thought they were doing the right thing, but were often doing more harm than good, particularly with the isolation in the high stone walls at Parkside.

Since that period, there has been an amazing transition to what we see now: the mentally ill being assessed and, in many cases, put out into the community. The member for Little Para has said a lot about the issues, and I have great respect for the member for Little Para; she was a terrific health minister. I disagree with her on some things. I do not think that the former Liberal government sat on its hands: I think we were hamstrung by a lack of finances. More could have been done, but more could be done by every politician in this place, nationally, and perhaps around the world.

Mental health is becoming a bigger and bigger problem. Unfortunately, much of it is as a result of the abuse of illicit drugs, and I think that the use of highly toxic marijuana and other drugs will cause more and more problems. The violent results of mental illness are becoming more frequently reported and the anecdotal evidence is that that is a serious concern.

My nephew is an ambo and one of the first things that he had to do as part of his ambulance training was to go to the police academy and have self-defence training because of the

need to protect himself from mental health patients. Quite frequently, I speak to police officers and ambulance officers and they tell me some of the horrendous stories of having to cope with people who have no idea what they are doing.

There is a need to recognise the issue as a real illness. As the member for Little Para said, people like Jeff Kennett, who was a leading politician in Australia, has championed the cause of depression through *beyondblue*. There are former members of parliament both interstate and in this state who have suffered severely as a result of the pressures of this job and the pressures of life. Mental illness will affect everybody in some way; if not personally it can be through family or friends. You would be surprised if you start asking people about who they know has been diagnosed with a recognised mental illness. It is a serious worry for us all. The cost to the community in both time and resources and for human and financial input will get worse and worse. It is important that we address it now, and address it in ways that will be sustainable.

I have some real issues with community placement of mental health patients, because I have seen some terrible examples of where they have not been given the support they require. I have not been able to find it, but there was a report in the Messenger newspapers a number of years ago. I am fairly certain that the headline was: 'Glenelg—Glenside's new annex'. At Glenelg we have a lot of supported residential facilities and a lot of boarding houses.

A lot of people were being placed in the community and put on medical regimes and medication, and they were not being medicated or supervised to the extent that they required. As a result, they themselves suffered even more intensely from their mental illness, and those around them were suffering as a result of this illness not being treated and not being managed the way it should be and needs to be. It was no fault, in most cases, of the people themselves, because they were mentally ill. In many cases, they did not recognise the situation they were in.

In fact, my wife was not physically abused but, certainly, verbally abused by a man in Glenelg. She just happened to walk near him, and next thing he was really abusing her. It was quite a shocking experience for her. I have heard the same story many times in and around the Bay. There are still a number of supported residential facilities in and around Glenelg. Until recently, Melanie Clark ran one in Byron Street, where a number of people were seriously ill. We worked out that Melanie was doing it for about $5 an hour; it was incredible. She is an absolute angel. These people were really ill, and she and her staff were looking after them exceptionally well.

There are other cases. Some of the chemists at Glenelg have reported to me that in some boarding houses some people were not being medicated. There are fights over money and there are fights over cigarettes and medications, so these people were suffering. If we are going to continue with placement of mentally ill people—and I think that the policy is one that could work if it is supported—we need to make sure the money will go there. But, I emphasise that it will be extremely expensive to do that.

The other episode in Glenelg relates to a case where people were making money from these poor people. A couple of guys, who thought they were being enterprising, were buying houses and turning them into what were called 'multiple use dwellings'. They changed every room. I think the member for Bright also had the same issues in her electorate; she is familiar with these gentlemen. They were turning every room in the house into a bedroom, other than the bathroom, toilet and kitchen, and sometimes they were doubling up within the rooms, and charging these people big money to stay in these places. They were not being managed or supervised and, unfortunately, some terrible issues arose.

There was one near St Leonards Primary School, about which I did media in order to force these people and the council to take the appropriate action, where people were behaving in a way that we would consider to be outrageous. But, once again, this is an illness, and they did not really comprehend the enormous effect of their actions on the rest of the community.

We need to make sure that we recognise that mental illness is serious. It is treatable in most cases, or manageable; or, if it is not, then people who need to be confined for their own safety and the community's safety need to be put in facilities that are modern and suitable for them; not the old stone walls and broken glass topped walls of Parkside, but modern facilities. I am inclined to believe that Glenside is still that facility. The basics are there now, and there is still an opportunity to use that facility and improve it without spending money on building newer facilities.

The staff who work in these places have my utmost admiration, because they need to deal with incredibly difficult cases who, because of their mental illness, are becoming physically abusive

and violent. So, we need to take our hats off to these people and make sure that we are not only providing them with our support in this place but also with the infrastructure and financial support to do the job that they want to do. You have to be a very special person to work in this area. It is amazing to speak to people about the difficulties that exist for both the patients and their carers and doctors.

This house needs to take care of the issue of mental illness as a result of drug abuse. Wherever we can test for drugs, whether it is at the Big Day Out with sniffer dogs, through drug driver testing or increased vigilance and resourcing of police to reduce drug use, that will go a long way to helping reduce, I hope, the abuse of drugs and, therefore, the ongoing mental illnesses that result from the overuse of drugs.

The bill seeks to make provision for the treatment, care and rehabilitation of persons with a serious mental illness with the goal of bringing about their recovery. That is something that nobody in this place would disagree with. I hope that this bill actually does that. Certainly, while the opposition supports the bill, we do have some concerns about it. I hope the government considers our concerns and does not look at them from a pure political ideology or other political agendas.

The money is going to be hard to find, but the cost of not spending that money could be far greater than spending it. Making sure that we resource mental illness in South Australia is paramount. As the member for Little Para said, Margaret Tobin was a champion of the mentally ill. She did a wonderful job and to have a facility named after her is something that I strongly support. We need to remember people like her because, in many cases, they did a lot with incredibly little resources.

The bill wants to go a long way and let us hope that it does. We see a lot of legislation in this place containing lots of words and pages but, unfortunately, the end result is not very much. This bill is incredibly important for all South Australians.

Ms FOX (Bright) (16:58): About one in five Australians will experience mental illness at some stage in their lives. The most common mental illnesses are anxiety disorders, which affect one in 10 adults. Anxiety and depression are very closely linked, and this nation as a whole has spent the last 20 or 30 years grappling with ways of dealing with depression.

When I say 'dealing with' I do not just mean seeking medical and therapeutic treatment for the disorder, I also refer to the sociocultural struggle of admitting that anxiety and depression are illnesses, that we can admit to them and that there should be no stigma attached to those who suffer from them. I understand that some five per cent of Australians experience anxiety which is so debilitating that it impacts on every part of their lives.

Almost one in 100 Australians will experience schizophrenia during their lifetime, and three in 100 Australians will experience a psychotic illness, such as schizophrenia, bipolar disorder and, increasingly, drug-induced psychosis. I know that every single person in this house knows of someone in their immediate or wider circle who suffers from such an illness, and we all know how terrible the burden of schizophrenia can be on those who suffer from it, and their families who live with it as well.

Mental illness is the third highest incidence of disease in Australia, followed closely by cancer and cardiovascular disease, and it is the fourth most common reason to seek help from a GP. I rise to speak on this bill today because I, like many others, have had experience, not only as an MP but as a private individual, with people dealing with depression.

I would like to say, as one of the younger members of the house, that I went to university in the late 1980s and early 1990s when perhaps the results of using marijuana were not as widely understood as they are now. I am sorry to say that a number of people with whom I went to university ended up having to be cared for in institutions because of mental unwellness due to drug use. It is an absolutely tragic thing to see. It is a horrible thing to see a young person—a contemporary of one's own—destroying their life in one night because of drug use.

On a fairly recent visit to Glenside Hospital, I spoke with a nurse who worked there. She told me that there are now something like four times as many admissions to the hospital related to drug use as there used to be 15 years ago. That is a message that we absolutely need to get out to people: that drug use can make you very, very mentally ill. Somehow a lot of young people do not seem to realise that.

Like many in this house, my heart goes out to those who suffer from mental illnesses. This is not something that is easy to admit or easy to talk about but, as times change and we become

better at acknowledging the incidence of mental illness in our community, it is timely that this bill is before us. I would like to congratulate the minister and her predecessors who have worked so hard to try to make it an act which is more inclusive, more supportive and more equitable.

A number of constituents in the community have approached me, deeply distressed about their children who are mentally unwell. One of the points that has been reiterated to me is that these children—often physically very well people in their 40s or 50s—are known by their parents to be at risk. Parents know their own children. They know when their children are not taking their medication. They know when things are about to turn critical. In the past, the criteria for orders for treatment of persons with mental illness have been about imminent risk but, by broadening the criteria as set out in clauses 10, 16, 21, 25 and 29 of this bill, we allow earlier intervention, and I am very pleased that this should be the case.

I am also pleased that we will see the continued role of the Guardianship Board in reviews and appeals, because I have understood, once again, through speaking to constituents about these matters that this scheme to provide legal representation for people to appeal against an order is strongly supported. I commend this bill to the house, and I would like to congratulate the minister again on her work.

Mr PISONI (Unley) (17:02): I just wanted to use this opportunity to talk about the government's approach to mental health facilities, particularly those in and around my electorate of Unley and the Glenside development. I must say that it was very disturbing to hear the Deputy Premier say today that they want to build 1,500 Housing Trust houses on the Glenside site. I think the overwhelming issue that was raised with me as I doorknocked the main avenue at Frewville on Saturday was the development of the Glenside subdivision and, in particular, the sell-off of land and the developments proposed for the Glenside site.

People could not understand why the development of a new mental health institution required the selling of government assets to fund it. Recently, we saw a $173 million development at the Flinders Medical Centre. I think it was a new emergency wing. When that came through the Public Works Committee, I asked the officers who were there if any land was being sold off to fund this addition. It was interesting that I got a very strange look. They said, 'Of course not. Of course we're not selling any land to fund this. This is coming out of the health budget.' However, when it comes to mental health, the justification for selling off the land is to pay for the new hospital.

It is interesting that we continually hear the Premier boasting about how we are going on a capital spending binge here in South Australia. Not like the other states, he says—'We haven't deferred any of our capital expenditure.' However, there are a number of capital expenditure items that have been announced as being delayed by this government, and the new hospital at Glenside is one of them. However, it has not delayed the sell-off of land, nor has it delayed the Film Corporation moving in. My understanding is that the budget to build the hospital was around about $100 million and the government did not have that kind of money.

I think the delay of two to three years was going to save about $26 million, but the government found $45 million to move the Film Corporation into those beautiful buildings in the main centre of the Glenside campus. It found that $45 million. I do not know if it was under the couch, but it certainly gives an indication of the priority that this government has for health and other services, when a delay of a $100 million hospital is announced but half that amount of money ($45 million) has been spent to move the Film Corporation from a facility at Findon, where it is operating at the moment, to Glenside.

What adds insult to injury for the Glenside patients is that, at the moment, the government is spending $5.5 million to, if you like, give it a lick of paint, do a bit of carpentry work, oil the hinges and wax the window slides, maybe even clean the windows in some of the older buildings, and, because it wants to put the Film Corporation in, is moving the patients out of the building into temporary accommodation. That was supposed to last only three years, but we are now told, at Public Works, that it may very well be used for up to seven years. The way the government has treated those patients at Glenside is an absolute disgrace.

Another concern that has been raised with me in my electorate is the fact that we are losing open space. There is an argument we hear from the those who do not understand the Parklands and who do not understand the importance of open space and, particularly, the importance of significant trees in the inner suburbs. They say, 'No-one uses it, so let's flog it off.' I put to them that everybody who drives past that open space at Glenside enjoys it, as does

everybody who walks past it, and everybody who has birds and other wildlife visit their homes because of those significant trees.

I do not know, in this day and age, how a government that claims to have green credentials is happy to go in and bulldoze over 100 significant trees for developers. It is a pity and a shame. The inner suburbs are a very desirable place to live. People pay a premium to live in the inner suburbs, particularly in Unley, and in the member for Bragg's electorate. Obviously, that premium is counted in the cost of real estate but it is also counted in the fact that we have very little open space.

Not only do we have little open public space but we are also seeing an encroachment upon our private open space. Not only are we losing flora and fauna from our public open spaces, as they are diminishing, but we are also losing that from our private open spaces, as we see the influx of urban consolidation in the inner suburbs. The former minister for mental health said that a sell-off of the land at Glenside was 'part of the plan' to contain the urban growth boundary. That is in *Hansard*. Do not just take my word for it, it is there.

It is also disturbing that the government plans to increase the population of South Australia up to two million. It is a little hard to get the exact figure from the government, but I know it has been quoted that as high as 80 per cent of that growth is to come from infill. That is another reason why it is so important to retain this open space. Of course, I doorknocked Main Avenue in Frewville. I must say to those who doorknock regularly that it takes a couple of hours to doorknock the average street of about 70-odd homes, but it took me four hours on Saturday because everyone was so concerned that they wanted to talk. They wanted to talk about this problem of the Glenside sell-off, the impact that it will have on their standard of living and also, of course, the traffic in the street.

Already Main Avenue at Frewville is used extensively as a shortcut from Portrush Road through Conyngham Street onto Glen Osmond Road. It is a very narrow street. As a matter of fact, if cars are parked on either side of the road and you are driving a large car, you will struggle to drive between those two vehicles. I think not a week goes by when a side mirror is not collected by those less experienced in parking in that street; that is, those who do not realise that, if you park there, you need to tuck in your side mirror or risk losing it. If you look at the entry points for the housing developments on the Glenside site, you will see that they rely heavily on Conyngham Street, Main Avenue and Flemington Street. Of course, Flemington Street is not a through street, so that will put more pressure on Main Avenue.

I am not exaggerating when I say that, when I was in Main Avenue, I saw a car travelling in either direction at least every 20 to 30 seconds. The amount of traffic using that street on a Saturday afternoon was extraordinary. I will be very interested to see a traffic report from the department or someone within government that has analysed the impact that the residential development and the commercial development will have on nearby residents.

In the electorate of Unley, we are fighting hard to retain our public open space. We are fighting hard to retain our private open space. We can see that the priorities of this government are all about urban consolidation. We can see that in its population plan. It is about facilities for the Film Corporation, rather than facilities for mental health patients. Mental health patients can wait, but the Film Corporation cannot.

That is the thing which I find difficult to understand. I am still trying to find in the Cappo report where accelerating the shift of the Film Corporation into the Glenside campus and delaying the hospital will benefit mental health patients. Perhaps the minister might like to highlight that in the report with yellow, orange or green highlighter—I do not mind, whatever colour—and I will then eat my words and say that I was wrong, that in actual fact it was recommended by David Cappo that the new building be delayed and the Film Corporation be moved in forthwith. There is also the concern about the deal with the supermarket owners.

I want to give an example of where it is not right for the government to say that valuation is suitable. In my electorate of Unley, the chemist shop on the corner of Mitchell Street and King William Road was valued at $1.8 million. I think that the real estate agents were saying that, when it went to auction, it would get $1.8 million. According to the government that would be the value of that building—$1.8 million. But the surprising thing about it was that there were several very interested buyers, and on the day the hammer came down at $2.8 million—not $1.8 million, $2.8 million. A responsible government would want to ensure the best possible return for taxpayers.

The example I have given the house, comparing a valuation with an auction knock-down price, illustrates just why we feel it is not right that a single purchaser can be offered a government property at valuation, because until that property goes on the open market the true value cannot be determined. The example I gave earlier shows that the value is increased if there is more than one interested buyer, and I know for a fact that at least half a dozen people would like access to an open bid or an open tender for that property.

Then, of course, for some reason the government seems to think it is qualified to determine where shopping centres should be. I think I heard the minister or one of her representatives at some stage mention that another plan for the Glenside redevelopment was a supermarket because the area needs supermarkets. I can tell members that the electorates of Unley and Bragg are very well serviced by supermarkets. We have the Norwood Shopping Centre (both strip shopping and the shopping centre itself), we have the Burnside Shopping Centre, we have the Unley Shopping Centre and we have the Arkaba and Mitcham shopping centres. Of course, if it is a pleasant day, within 30 minutes you can walk to the mall from the Glenside campus.

As the local member, I have not been satisfied with the justification for sell-off of the land. I think it is outrageous that any other health user has their facilities paid for out of the budget but mental health patients can have their facilities only if they give something up, and that is the open space which they use and which they value. I know for a fact that many of the users of that facility claim that using those grounds is part of their rehabilitation. It is one of the things they enjoy doing during their rehabilitation process. It gets them ready to go home and to recover from the trauma they have experienced.

I think this whole Glenside debacle reflects badly on the way the government manages mental health and those with special needs. Late last year we had enormous difficulty with a Housing Trust owned property that was half tenanted to the Aboriginal arm of the Housing Trust. We had a couple of Housing Trust tenants in there. Then we had a number of tenants who were recovering from mental health issues. They were recovering from drug and alcohol abuse, and, according to the department and the minister's office, they were supposed to be under care for about 18 hours a day. However, according to the residents who live in that street, they were lucky to see someone there for 10 minutes once a day. It was an absolute hell for the residents.

One of the residents witnessed a sexual assault in their front yard. Residents were afraid to open their doors because they knew it would be one of the temporary tenants in that building either asking for money or wanting to abuse them. A mother of a young child, whose husband often spent days interstate for business, came home one evening and pulled into her driveway only to see two men fighting on her front porch, so she backed out of the driveway and went back to her mother's house. It was no way for people to live in the neighbourhood.

How did the government deal with that? I give Jay Weatherill, who was the minister at the time, credit for coming to my electorate office and meeting the 30-odd people who were in that situation and listening to them. But the only solution they could come up with was to sell that block and move out the tenants. They could not manage it, so they sold the block. I think we have a situation where people in this community are desperate for help they are not getting, and the government does not know how to deliver that help; consequently, it has thrown its hands up in the air and it is selling the assets that were there to provide that help. What happened in Fashoda Street is an example of that, as is what is happening at Glenside.

Mrs PENFOLD (Flinders) (17:22): The treatment of those diagnosed with mental illness has changed dramatically over the past few decades. Mental health is now talked about openly and some sufferers willingly admit to their problems and their need for treatment; however, many do not. It is very hard for families to have children born with a mental disability and just as hard to see those who develop one later in life from disease or accident. The medical understanding and treatment of mental illness is better than at any other time in our history and should continue to improve as we all become more aware of the complex issues that cause mental illness.

This is a positive change that is to be commended. As a society, we need to accept that mental health is an important component of the total health of each of us and, therefore, of our communities. It may be things as simple as a child being frightened when left alone in a strange place, bullying, the aftermath of the recent fires, or something as severe as a person who is unable to function in everyday life who is delusional but unaware that their reality is not the reality of those around them.

The major disaster of the Victorian bushfires has brought mental health to the forefront of the public consciousness. The distress of the fires will continue for many years and, in some cases, for a lifetime for these people. We, on the Eyre Peninsula, are still seeing the effects of the Tulka and Wangary fires, with the recent Port Lincoln and Victorian fires having reopened the mental wounds.

I am constantly angered and dismayed at this government's neglect of those who reside outside the metropolitan boundaries of Adelaide, particularly the neglect of children who do not come under the adult mental health system but a separate system that has no resident workers that I am aware of in my whole electorate. We need mental health facilities and professionals, possibly even more than city folk because of the added stresses of isolation, distance and the lack of many things such as the mobile phone and computer services that city people can take for granted.

I am concerned about the government's fanciful and ill-considered plans for mental health inpatient services now provided by Glenside. I sincerely hope that any suggestion to move the hospital to a proposed location near Mobilong Prison has been well and truly killed and buried. The support of family and friends is a significant aid in the treatment of mental illness. It beggars belief that the government would move residential treatment to a site that is impossible to get to for most South Australians. Therefore, the mooted redevelopment of the Glenside site is of paramount importance to all South Australians.

The recommendations from the Select Committee on the Proposed Sale and Redevelopment of the Glenside Hospital Site emphasise the lack of understanding this government has for its responsibility to govern for all South Australians. I trust the minister and her colleagues will take note of the considered and common-sense recommendations.

The state government's cuts to rural and regional country hospitals brings an urgency to the treatment of country mental health patients. In October 2007, the then minister for mental health and substance abuse said that psychiatrists and general practitioners would be able to order the detention of mental health patients under proposed new mental health laws so that country hospitals could provide secure care for up to seven days. However, the minister failed to explain that it is regional hospitals rather than country hospitals that will have this type of facility. Some people will have to travel 400 kilometres or more to access this type of treatment, and the reality is that treatment for some will remain the impossibility that it is now.

Some accommodation at Glenside could be purpose-built for people who are currently in the penal system as an outcome of mental health issues that cannot be (and have not been) addressed. The government's 'rack 'em, pack 'em and stack 'em' policy may give the minister a warm glow, but it does nothing for the long-term treatment of criminals with mental health issues in this state. All but a few will eventually return to society. Sound mental health treatment will ensure that a large proportion do not reoffend.

I was contacted by the distressed family of a young local person who was imprisoned at the Port Lincoln Prison until he could be assessed by appropriate mental health professionals who had to come from Adelaide. The delivery of mental health services is concentrated in the Adelaide metropolitan region, effectively ignoring rural and regional South Australia—about one-third of the state's population—leading to odd decisions such as the deployment of a person at Port Lincoln as half-time arts officer for Eyre Peninsula and half-time mental health project officer for Southern Eyre Peninsula, presumably covering half of Eyre Peninsula and probably without any funding or consideration for cost in time and money of covering this huge area.

This woman's background training and experience has enabled her to make positive inroads into what is a very curious combination of duties that are, in some ways, complementary. While we need more mental health workers in regional South Australia, I acknowledge that it is impossible for sufficient health professionals and specialists in the various mental health fields to be living and working in selected sites in rural and regional South Australia. Hence, Glenside provides a central site for the efficient and effective delivery of services.

A central site such as Glenside is an issue of social justice so that patients and their family and friends from across the state can have reasonable access, for example, for a person flying or driving to visit a patient. The support of family and friends is a vital aspect of treatment and recovery. It would be beneficial if some accommodation for country families were available on site, similar to Greenhill Lodge for cancer patients, and I understand that there is room for this at Glenside.

South Australia should aim for world's best practice that would be recognised nationally and internationally. Paying patients from other states and overseas may choose such a place for treatment. For instance, the Western Australian footballer Ben Cousins went to the United States of America for treatment for his drug problem. The diagnosis and treatment of all facets of health has advanced infinitely in recent years. We do not know what the future holds, and this is especially true for the treatment of mental health.

A drug culture has developed in our society with more and more evidence of the long-term irreversible effect of drugs such as cannabis which were previously thought to have no detrimental mental health effects. All illicit drugs are detrimental to the mental health of a person, but the effects on young people and the shocking deterioration in behaviour and honesty experienced by their families is distressing to listen to. Violence towards family members necessitating police being called in is very common and a great concern.

I heard of a woman in her 20s who would not go to a social event until she had popped a pill. These people all need mental health treatment. When we get to the stage where we admit this freely and openly, we will have made considerable advances in the 'health' part of mental health, but we are nowhere near that stage yet. Families are seeking help from their local member of parliament because they do not know where else they can go to try to get help for their children.

Our mental health workers and facilities for treatment must be easily accessible and available to all sectors of our state. Alcoholism is now recognised as a mental as well as physical disease, but it is not so long ago that the town drunk was believed to be unredeemable and was treated as just a blot on the landscape. Great advances in the treatment of alcoholics were made in this state when a doctor who was an alcoholic successfully turned to abstinence. He used his experience and knowledge to turn around medical treatment. Many of these people had formerly been incarcerated in mental institutions because they were considered hopeless.

The society we live in today is vastly different to any period in history. However, through modern media we are bombarded every day with scenes of violence and death, flood, fire and famine, and the notion that the world is in crisis through climate change and that we may possibly face being wiped off the planet. This triggers mental problems in some people that we are presently unable to cope with, particularly those who have been through similar traumas.

It is ironic that, at the same time as the government is building a monument to itself in the new Mike Rann hospital, it is reducing mental services to a point that will take the state backwards for decades. This is happening at a time when mental health is being recognised more and more as a component of physical health. Postnatal depression is a case in point. New mothers used to be told to snap out of it. It is now realised that a woman in that condition cannot just snap out of it.

School counsellors are needed. We also need people in our remote locations, where substance abuse and petrol sniffing can be treated at an early stage. Mental health is recognised as an illness, and it is also recognised that it affects children as well as adults. We need trained contact persons at the coalface so that illnesses can be treated early, thus preventing an escalation into more destructive and socially unacceptable actions and behaviours. We also need to secure central facilities with accommodation for families, for those who need it.

I will now quote Dr Fleming from Tumby Bay. An article from the *Port Lincoln Times* in August last year illustrates the problems that we are seeing on Eyre Peninsula. It states:

Tumby Bay GP Graham Fleming said the 'backbone' of psychiatric care in rural areas is being increasingly undertaken by GPs. Dr Fleming said a lack of psychiatric care for children and adults on Eyre Peninsula is a worrying concern. '50 per cent of mental illnesses begins in children,'...'We are never ever going to have enough child and adult psychiatrists, there's no training,'...'We need a system whereby the kids that have got the problems can be identified early. Now we're just waiting for them to fall off the tree.'

Dr Fleming said most rural areas are understaffed, and Eyre Peninsula is no different. He said the state government's mental health system is in disarray, and prisons are now the 'new mental health hospitals'.

Dr Fleming said the federal government has 'handed out a lot of money' to allow GPs to learn basic mental health skills, however, there is no one to come here and deliver the skills.

'It is a matter of delivering training to GPs to be skilled enough to work in a mental health area,'...'Most of the mental health load is managed by GPs and that's going to keep happening. The mental health system in our state is in a state of collapse.'

Dr Fleming said that what is desperately needed is a team of mental health workers, bridging the gap between GPs, psychiatrists and patients. 'The issue is that we have a very good hard-working team in Port Lincoln, but they are just overwhelmed,'...'The workers who are in the area are working flat out, and doing fantastic jobs. My

criticism is against the system, who can't support the people here.' He said the division has supplied two counsellors to Lower Eyre that is filling the basic needs for the counselling side.

However, Dr Fleming said there is a high rotation of mental health workers on Eyre Peninsula because the workload forces some to eventually take stress leave. 'The reason they leave is because they get swamped and overwhelmed,' he said. 'Their workloads are astronomical.'

This was followed by a letter to the editor the following week. It states:

After reading Dr Fleming's article in the *Times* on August 14, I felt compelled to respond.

I am in full support with what Dr Fleming is saying.

As a person who has 'been there done that', I feel for the GPs on Eyre Peninsula and the mental health services, with the increasing amount of people becoming mentally unwell, and the lack of availability to access psychiatrists and psychologists.

I am a community member, not attached to any organisation but am constantly called upon to assist people in mental health crisis in my own time.

We don't only need social workers, mental health nurses, psychiatrists, psychologists, we need female psychologists to deal with the traumas people experience as children and for children who experience trauma, before they enter the adult mental health system (some people feel more comfortable speaking to a female than a male, and we should have a choice).

I know from my own experience, most of my traumas happened in childhood and young adolescence, but I was never diagnosed until middle age as having mental health issues. I was able to recover thanks to Dr Elaine Skinner who was a resident psychiatrist years ago, but we no longer have that privilege.

I agree that the mental health services are understaffed and overloaded, which is the reason the retention rate of professional staff is difficult.

I feel we should not be sending our people to Adelaide for psychiatric care. They are isolated from their families, friends and any support networks the people have, which I believe adds to the person's stress.

I also believe everybody has a right to quality of care, in particular, when they need to see a psychiatrist their appointments should not be cut short due to the number of clients the psychiatrist needs to see in the short time they are here as visiting psychiatrists.

If one in five adults do get mental illness then there must be about 4,400 on the Eyre Peninsula who have had, who have or who will have a mental illness. I hope this bill will help those people and their loved ones, as well as those who live near the cities.

Mr HANNA (Mitchell) (17:36): I have some remarks to make about the government's significant reform of the mental health sector. This legislation has been through a fairly long process of development. I am pleased to say that many of the initial concerns that I had, very grave concerns about the initial proposals, have been answered by the changes that have been made to the bill. The legislation which the minister has now brought into the House of Assembly is certainly not as dangerous as the first draft.

I want to make a couple of general remarks about the mental health area before turning directly to the bill. It is an issue that comes up again and again in my electorate of the south-western suburbs of Adelaide, the Marion and Reynella districts. Not a month would go by, probably, without some fairly significant mental illness issue being presented. Very often it comes in the form of a family member who finds that their child, or perhaps another relative, has not been able to get adequate care.

In many cases the family member concerned is in the community, and may have spent some time in psychiatric care. In many cases, whether the person lives at home or by themselves, they do not receive sufficient visitation from nurses or psychiatrists or mental health workers, and very often problems arise when the person concerned stops taking their medication because they feel fine or because they forgot and then severe problems, even violent episodes or psychotic episodes, can be easily triggered.

I have dealt with a number of families in particular where I have worked with the parents to try to obtain adequate care for their sons. I can think of at least half a dozen families in my local area where this problem has arisen. One issue, of course, is that some of the conditions that we are speaking about are triggered or accentuated by illicit drugs. That is probably a question for another day, but I must mention it in the course of this discussion, because the proliferation of new chemical drugs in particular seem to have a particularly adverse effect on those susceptible to psychosis and, in particular, they seem to create the conditions for extremely violent outbursts.

An honourable member interjecting:

Mr HANNA: No, not this time. One of the problems has been comorbidity. In other words, where there has been drug usage as well as inherent mental illness, I have dealt with situations where psychiatrists have refused to treat someone because they will not leave alcohol or some other drug alone. At the same time, the drug and alcohol worker assigned to that person throws up their hands and says that they can do nothing because the issues are really psychiatric. So, people have been sent from pillar to post trying to seek some effective remedy.

I must say that, even though those individual cases have eventually been resolved one way or another, none of them have really had happy outcomes. Most of the people concerned—and these are young men I am talking about—have ended up in institutions, some in psychiatric care, but others in the more commonly used institution for the mentally ill, and I refer to our prison system.

People talk about the deinstitutionalisation of mental health care since the 1980s. There was the closure of Hillcrest Hospital and there was a policy that people with mental illness could, and should, live in the community with adequate support so they could live what is termed a normal life. In reality, institutionalisation never went away: it is just that the primary place of care for a very significant number of our mentally ill remains our prison system. So, it is a different kind of institution. It is probably not much less expensive to run than a place like Glenside. There is certainly a lot less psychiatric help available to people in places like Yatala or even the Remand Centre, and I suspect that most of the passengers through those institutions end up worse, not better.

The other place where we find a number of mentally ill people, sometimes after they have come out of prison or other institutional care, such as Glenside, is in the Parklands. It is not an institution, but it is certainly a disturbing phenomenon that many of our homeless exhibit mental illness. It is particularly difficult to treat a person when they do not have a fixed place of address. At least in prison, there is some prospect of a psychiatrist ending up dealing with someone, at least superficially. When people do not have a fixed address, it is that much harder to provide psychiatric care and the support services necessary to get them back on track, should they wish to get back on track.

I have taken a very close look at the Stepping Up report that came out a number of years ago. It is a really excellent blueprint for improvement of mental health care services in South Australia. I believe that there is progress taking place, but it is very slow. Part of the problem, of course, is the financial constraint under which we work. We actually need more buildings to offer housing and support services to our mentally ill.

One particular idea that I have been pushing, since I had to deal with those very troubled 18 to 25 year old men who have occasional violent psychotic episodes, is a sort of safe house where a number of such people could live with constant mental health nursing capacity available and perhaps some sort of curfew whereby they could work and socialise during the day and early evening but there would be some requirement for the people who live there to return in the evening to ensure they take their medication and generally to make sure that they are on track.

These sort of ideas are controversial because, as soon as you start talking about that sort of institution, people react to the very notion of an institution. To me, institution is not a dirty word but, if we are going to develop new mental health care facilities, they are not going to be like the institutions of the old days. They are not going to be like the prison hulks that we used to have off Largs Bay. They are not going to be like the insane asylum that used to be situated just off North Terrace—not this one, but a little bit further up the road!

We are going to have facilities which will be more transparent and, I hope, recognise the different grades of mental illness. That was one of the good things about the Stepping Up report, because it recognised that it is not a matter of people being in an institution or out of an institution; it is a matter of offering a range of different kinds of facilities depending on the nature of the mental illness.

I turn to the bill and the general nature of the concerns I have about this type of legislation. I refer to that balance between liberty and enforcing care on people who cannot very well care for themselves. It is very difficult judgment to make. It is almost a matter of life and death. Fortunately, we have a very large number of excellent professionals, in terms of mental health workers, psychiatrists, psychologists and so on, in South Australia but connecting the right people to the right type of care remains the problem. This balance between liberty, on the one hand, and enforced care, sometimes enforced sedation, is a difficult one.

Lest it be thought that I am blowing the civil liberties trumpet and warranting the do-gooder tag that the Premier sometimes throws at people who talk about liberty of our South Australian citizens, I think we should spell out some of the infringements on liberty that are permitted at present. The fact that we still have electric shock therapy or electro-convulsive therapy in South Australia is something that probably most of the community do not even know about. The fact that even surgery like lobotomy could be allowed is a fairly sobering prospect—startling, probably, to many in the community.

The fact that people can be sedated and shipped interstate under our current legislation and under the proposed legislation would probably shock a lot of people in our community if they thought about it. Most people in the community, of course, think 'This can't happen to me. I am perfectly all right.' However, these things do happen to somebody's kin, somebody's friend. We need to be very careful about striking a balance if we are going to allow such gross infringements on people's personal liberty.

To demonstrate that this sort of thing is not far-fetched, there is the notable case of Cornelia Rau, a woman I knew decades ago. Members will recall that she was found speaking in German, I think in Queensland initially, and was considered to be an illegal German immigrant and so she was incarcerated and, at times, stripped and kept in solitary confinement. I think her case demonstrates that, in Australia today, there is ample power for authorities essentially to capture and keep innocent people and not provide them with adequate care.

As I said at the outset, the government has taken on board many of the concerns that I and others have had about the legislation, and that is really pleasing. Later on, we will have to deal with questions of the Guardianship Board and the way that it makes its decisions, because this legislation ties in with that guardianship process whereby orders can be made for people's incarceration and enforced psychiatric treatment. One of the issues that arises from the families I have dealt with where there is a history of mental illness on the part of someone in the family is the issue of patient confidentiality.

It has been extremely frustrating for family members, including parents, to find out that their son has been released from Glenside without their being informed. In this sort of situation, in the past, people have been released from Glenside, apparently quite well, but because they have not been delivered back to their family, they can relapse and come into a situation of great danger. For those who care about people in that situation, it is extremely frustrating if they cannot get the information to be able to connect with their loved one and therefore provide family care for them.

This goes the other way as well, because I have also had contact with women who have been bashed by men who have been placed under psychiatric care and have not been informed of their release. There are a number of situations where it seems that there is a very powerful reason to go behind the normal respect we would have for people with mental illness and to breach confidentiality about some of their circumstances. It is a very difficult balance to strike and I think that this bill, in the end, is probably not a bad solution, but I know that will we continue to have problems.

I will summarise by saying again that the minister has thought through the issues, as far as I can see. The minister has taken on board many of the submissions that have been put to her to refine that balance between liberty and enforced psychiatric care, including medication and rendition to other jurisdictions. There will be problems no matter what. You can always have the legislation that sets the balance, but when it comes to the practical situations, people will make decisions one way or the other which will be debatable. It is significant that the legislation increases the number of people who can make those sort of decisions, for example, ambulance officers.

On the whole, I am happy to support the legislation because I think there is more positive in it than cause for concern. I do believe it is very important that we have a community visitor scheme so that there is some significant level of oversight into our psychiatric institutions. Later, when we deal with the Guardianship Board, I want to make it very clear that people should have the right to legal representation when decisions are being made about their liberty. For now, I am happy to support the second reading of this bill.

Mr VENNING (Schubert) (17:55): This bill seeks to replace the Mental Health Act 1993 and provides the basis for the provision of services to people with serious mental illness who are either unable or unwilling to consent to their own treatment. This bill is very important and needs to be treated and debated as such, and I do appreciate the remarks of those members who have contributed to the debate so far. It is also very complex and detailed, so I will speak only briefly. It is

not a subject about which I have natural knowledge. People who are seriously mentally ill may not always seek or be willing to accept treatment for their illness, even though they may be placing their own safety or that of others in jeopardy.

The major focus of this bill is the use of powers to treat people against their will who have a serious mental illness. I think it is extremely important that the appropriate checks, balances and protections for the correct execution of these powers is legislated in this bill because effectively detaining or treating a person against their will, mentally ill or not, does take away their civil liberties. One area of concern for the people working in the mental health sector is that this bill enables more people to be detained, which some say is questionable and not always a good idea.

I have sought this information from the people who would certainly know. Many believe we should be reducing the number of mental health detainees we have in South Australia, not increasing them. The international trend is to reduce authoritarian or custodial retention, not increase it, so why are we going in the opposite direction? I am not saying that I necessarily disagree with that, but that is what has been said to me by people I trust to know what they are talking about. However, as I said earlier, in some cases release into the community may not always be possible as someone with a severe mental illness may pose a danger to themselves or others.

Many problems will arise if the number of mentally ill people detained increase, the most notable being space—where will we put them all? The state Rann Labor government continues to push ahead with the sale of half of Glenside. Not only will that remove the only safe facility for country people who suffer from mental illness but also it is one of the few facilities for our metropolitan patients who need care. I also note that the recommendations of the select committee into mental health said that the number of rural beds at Glenside should be doubled from 23 to 46. I would be interested to hear what the minister has to say about that.

The recommendations are there. We would agree with those recommendations, and hopefully the minister in her wrap-up will highlight that. The act will increase the number of mentally ill people in care, and the government must ensure that, with the increase in demand, the extra services go with it. The part of the bill that relates to access jurisdiction, which seeks to deal with patients who travel interstate to avoid community treatment orders, I think is a good idea. This may prevent a mentally ill person from harming themselves or someone else, or racing off interstate to avoid treatment. It is a very difficult area.

Mental illness is often a silent problem. One in five people we know will be somewhat affected by this disease. Anxiety and depression are so common. It is a silent illness and so many of us live very close to it. We do live with it. I am lucky to serve in the Barossa Valley, a wonderful place where I can go for my rest and recreation. In fact, I have guests in the gallery tonight who will share with me some of the wonderful things that I enjoy in the Barossa. It is great to have people from the Faith Lutheran School here tonight to share dinner with me. I also pay credit to Jeff Kennett, as did the member for Elizabeth, and the *beyondblue* organisation. I think that we need to give Jeff Kennett praise.

All of us live with some degree of mental health. We all have different degrees of wellness when it comes to our mental capacity. Some people would say that to be in this job for 18 years you need to have some treatment. I have to say that with an excellent electorate like I have, with good family backing and with good Christian ethic we can survive, and that is what it is all about—it is about people coping with their lot. It is a very important area. Glenside has been fantastic as a mental health facility, and I am concerned that large lumps are being sold off. We support the bill; and, hopefully, we will put up two or three amendments.

[Sitting suspended from 18:00 to 19:30]

Mr PEDERICK (Hammond) (19:30): I rise this evening to speak briefly to this bill which seeks to make provision for the treatment, care and rehabilitation of persons with serious mental illness with the goal of bringing about their recovery as far as is possible; to confer powers to make orders for community treatment, or detention and treatment, of such persons where required; to provide protections of the freedom and legal rights of mentally ill persons; to repeal the Mental Health Act 1993; and for other purposes.

The bill was first introduced to the parliament on 4 June 2008. The chief purpose of the Mental Health Act is to manage the process of detention and treatment, voluntary and involuntary. The revision of the Mental Health Act 1993 is intended to implement the recommendations of Ian

Bidmeade's 2005 report entitled 'Paving the way'. This report proposed a number of changes to modernise the legislation and improve responses to people with mental illness.

The recommendations of this report are strongly supported by stakeholder groups and organisations. Many changes have occurred since the draft consultation bill was released in September 2007 and some stakeholders are concerned that the spirit of Ian Bidmeade's report is not fully implemented in this final bill.

The focus of the bill is the use of powers to treat people with serious mental illness against their will and provides for the checks, balances and protections for the transparent and accountable exercise of those powers. This bill is designed to provide a framework for providing the essential care and treatment while protecting the rights of the minority of people who are unwilling to accept treatment, even though they may be placing their own safety and that of others at risk. Key changes to the 1993 act made by this bill are:

- the treatment of juveniles will be the same as adults for some conditions;
- the introduction of audiovisual conferencing for medical examination, and I note this is mostly for rural and regional consumers, and it will be vitally important in a seat like mine which stretches out to the Victorian border, up to Swan Reach on the river and then down towards Clayton in the south;
- level 1 community treatment orders to be invoked by an authorised medical officer, as well as the Guardianship Board;
- to decrease the amount of South Australia Police time in dealing with incidents relating to mental illness by empowering mental health workers and ambulance officers to order the assessment of an individual;
- treatment plans are to be more specific—for example, specifying which treatment is compulsory and which is voluntary;
- the timeframes of treatment orders are to be made at more appropriate times, instead of people having treatment at 12am, for example; and
- a new position is to be created of chief psychiatrist, with monitoring and review powers.

The Liberal Party is supporting the bill, although we will be moving some amendments. We are very concerned that only 23 beds are now allocated for rural and remote beds at Glenside and that the Select Committee into the Proposed Sale and Redevelopment of the Glenside Hospital Site has recommended in its final report that the number of beds be doubled to 46. I think the government really needs to listen to the select committee and to the needs of people in the country.

That is something that did not happen when the government initially brought out its so-called Country Health Care Plan. The government needs to take note that people in the country need as much or, in fact, because of the distances travelled by people, more access to care than people living in the city. People should not be denied decent access to care just because of where they live, especially in the mental health sector.

Today, I headed down to see the opening of the potable pipeline for Narrung and Meningie residents and there is some happiness that that has happened in the area. However, the mental health issues for a lot of those people over the last couple of years have been astounding. I compliment the doctors, the counsellors and the ministers in that area who, as far as I know, have got the area through without one suicide. I commend the volunteers, neighbours, whoever saw someone who looked as though they were at risk.

I recall hearing a story where a neighbour saw a person out in their paddock just wandering around looking lost, and they went over and talked to them and got them through it. This is why we need adequate mental health care for those who live in the bush because too often the Labor government has forgotten about them. A third of the population lives outside Gepps Cross and Glen Osmond, and sometimes I wonder if its voice is heard.

We have certainly had lot of issues in the last couple of years with dry seasons and exceptional circumstances over almost all the state except for the Lower South-East, and people are doing it pretty tough. I do note that there are extra counsellors out in the community, but we have to make sure that people's mental health needs are well looked after.

There are the pressures of drought, and I also note that river communities all the way along the river in South Australia are under a lot of stress. Irrigators at Berri or Renmark are spending hundreds of thousands, if not millions, on buying more water, and irrigators on the Lower Lakes and areas like Langhorne Creek and Narrung have not been able to access water for irrigation for a couple of seasons now. It has been damn tough for them all, and they certainly need the support.

Even though the construction of the proposed prison expansion at Mobilong has been deferred, the government's plan is to replace James Nash House with a facility there. I think the government really needs to have a good look at whether or not that is appropriate and whether or not it can get the staff down there for that facility because there is certainly not room in the current medical facilities around Murray Bridge to cater for an influx of mental health patients, let alone people with extra physical needs.

The government really needs to listen, see what is going on and make it attractive for people to live in rural areas, to stay there and work, study and learn the skills, or make it attractive for people to come out there. I think a rural electorate is a great place to be, to live and work, and a great place to grow up, but I do understand that, if you have lived in the city all your life, it can be like hitting a brick wall. I know what it was like for me when I came to school in Adelaide for one year.

Mr Pengilly interjecting:

Mr PEDERICK: I don't think so! I wondered what the heck I had got into. In conclusion, we need to make sure that the mental health needs of everyone in this state are catered for and not just those of the people of Adelaide. We need to make sure that there are enough beds for rural and remote people and that their health needs, especially in the mental health area, are met in a dignified way. I commend the bill.

Ms BREUER (Giles) (19:40): I think this bill is very important, and I endorse the member for Hammond's comments about living in the country and rural electorates. I certainly would not want to live in the metropolitan area. I find it very difficult after three or four days here and am hanging out to go back to my electorate.

This Mental Health Bill is very important, and we do need changes. Obviously, what we have had until now is not working all that well. As members of parliament we probably see more mental health issues than in any of the other roles that we have enjoyed in our past lives. We tend to be the end of the road, the last resort, for many people, families and friends of people with mental illness and people with mental illness themselves.

People come to see us to try to get help and in most cases we cannot give that help, we do not have the resources or the ability to give that help. Apart from sitting there listening and letting them explode and tell us their issues and problems, we cannot do much to help people, because mental health issues are such a difficult area to deal with. It is not easy. You cannot give them a pill and cure all their woes; there is a lot more to it with mental health issues. I am sure that most of us have had people who have come to us, family or friends, with someone in mind who they know is about to harm themselves or harm someone else. They know this is going to happen but it has been impossible to do anything about those people.

Everybody knows that there is an issue of concern but until they actually do something to themselves, harm themselves or harm someone else, we are pretty much powerless to be able to do very much about that. This is what I am pleased about with this bill, that we will be addressing that issue to some extent. I think that is really important. People get to that point where they are going to do harm to themselves and no-one is able to help them. Perhaps now we will be able to do something along those lines.

I remember in the past on a couple of occasions we have called Crisis Care, an ambulance or the police because we were really concerned about someone. There was one person with an alcohol problem, and there was very little we could do. Nobody could go out and check on him. It was a very sad situation, and short of going out there myself there was not much that I could do for them. I think this legislation will change that situation somewhat and perhaps in the future things might be better. As I said, the system does not seem to be working all that well now. It is working but not as well as it could, or we probably would not be standing here now in this place speaking about it.

On the issue of country hospitals, I have heard a couple of members opposite speak about the fact that they are taking beds away from Glenside, and the issue is: maybe they are, but they

are actually going back into our communities. I would think that the members opposite would be embracing that. We all know how difficult it is, when you need medical treatment, to have to leave your community and come to Adelaide for that treatment. You are leaving behind your family, friends, community resources, the feeling of comfort, your comfort zone, to come away, and particularly for people with mental health issues it must be so much harder.

I am sure we all know of instances where somebody has come to Adelaide for treatment, they have had a quite violent or psychotic incident in their life and they get sent to Adelaide in a hurry, to Glenside (or whatever), they are treated with medication and then perhaps put on a bus (or whatever) and sent back to their community. By the time they get back to their community the cycle has started all over again.

Surely, it is much better to be treating people in our communities with our resources, with the support of family and friends around them. It seems to me a much better solution, and I am very happy that the people in my community will be able to get some local treatment, rather than having to come to Adelaide. So, I welcome that. I think it is a very important part of this legislation that we are looking at.

I want to pay tribute to staff in regional areas who deal with mental health issues. They are a small band, but they do do incredible work against all odds. The fact of the matter is, and I think this is still currently the case, that there is not one resident psychiatrist in country South Australia, rural South Australia, not one resident psychiatrist. Everywhere is visited by psychiatrists but not by any who live locally. You may find that you see a psychiatrist one week and then, three weeks later, you see a completely different one, so it is difficult to bond with them. The service is not terribly satisfactory, and it is very difficult for people.

There are limited numbers of psychologists in our regional areas, although a few of the bigger centres have some who are often connected with the education department. However, there are very few resident psychologists in country regions, mainly because you cannot get them to go out there. They will not leave the leafy suburbs or lose sight of the Adelaide Town Hall. They think their throats have been cut if they have to go past Gepps Cross or the Adelaide Hills, and this is our problem.

We have mental health nurses who work in isolated conditions with very little back-up support or places where they can download and talk to their peers about any issues and problems, but they do an incredible job. Generally, they are trained psychiatric or mental health nurses, although sometimes they are GPs, nursing staff or whatever. It is very difficult for them, so I think they deserve the highest accolade we can give them because they work in far more difficult situations and circumstances than their Adelaide counterparts. I think it is important for us, as country members, to pay tribute to them.

I feel as though I have a lot of experience with mental health issues because I have often said that everyone around me is mad and that I am the only sane person I know—but perhaps that is not the case! I visited Glenside once when the Hon. Lea Stevens was the minister for health. She arranged for some of us to visit and, quite frankly, I was absolutely horrified. I thought it was the most awful place I had ever been. I have been to gaols and visited the Bluebush Unit at Port Augusta Prison, as well as a couple of other places, but I thought Glenside was worse and I did not like it at all.

Again, taking beds out of Glenside suits me fine, and I am very happy about it. I understand that planning has commenced for 30 intermediate care beds to be located in country regions, and I am pleased about that. I think it is really important to get them out there, keep them in our communities and work with them there. As I said, you cannot solve mental health issues with a pill, although certainly medication helps create a better situation for people. So many other things are involved in the treatment of mental health, and I think it is important to make sure that their circumstances and surroundings are as comfortable as possible.

This is parliament, so certainly we need to be political, but I think, with an issue as important as this, we should not be too political. Let us be political about other issues but not about those that concern people's minds and lives. We are dealing with people who are so depressed that they cannot get out of bed in the morning and spend their whole day lying around their house or in bed because they cannot get themselves motivated. I think we all have mental health problems at some stage in our life, but the philosophy in my family is, 'Shake your feathers, get up and get on with it. Toughen up, soldier.' That works very well for some of my family, but for others it does not work well at all. It is not an easy situation.

Let us not be political about this legislation but support and embrace it, as it can only be for the good. It is not working at the moment, so let us get on and make it easier for people. Let us make this work. I support this legislation.

Mr PENGILLY (Finniss) (19:49): I also support the bill, and I look forward to the government's joining in the amendments that will be put forward by the member for Bragg. I hope that the government sees its way to support them, as I think they are in the best interests of the bill, but time will tell.

Mental health is, indeed, a very personal issue for so many people. Over many years, my family has not been exempt from the issues relating to mental health. I will not go into the details, but it has affected our family on a number of occasions. I have seen full well the dramatic effects that poor mental health can have within families.

I also add that my wife, who has been nursing since 1975, has on many occasions come home beside herself with issues dealing with patients, principally at Kangaroo Island Hospital where she has done the majority of the work. She has come home in a fair state of distress over some issues. Interestingly enough, my daughter, who now also works in the public health sector in the country, has her fair share of dramas about which she rings up and talks to her mother, and they share their worries about this. So, it does not escape anyone.

One of my major concerns is that only 23 beds are going to be allocated to our country mental health patients. I really do not think that is good enough. It is almost as though it is okay if you are in the metropolitan area but, if you come from the bush, once the 23 beds are filled, you are in big trouble. It is something that the new member for Frome may well take on board—that this Rann Labor government seems intent on screwing the bush for all it is worth, whatever aspect it is. He may need to take time to consider that.

Mental health is an enormous issue. If I go back to around the year 1975 or 1976, I can remember that we had five, I think it was, mainly young people who suicided on the island in the space of abound 12 months, purely because they could not cope with life as it was, and probably as it still is for many people. That had a dramatic effect on the people of the island. I know that, in my electorate now, there are numerous people who experience degrees of anguish over their mental health. Indeed, just down from my office, there is a facility that cares for a good number of those people. It is extremely sad.

Even those of us in this place at this time cannot escape the fact that, at some stage, we may be impacted by some degree of mental health disruption, and we will just have to cope with it. More to the point, the good people who deal with these issues through the health system will probably have to deal with some of us. We cannot hide from that. That is just life. The increasing pressures of life these days impinge on everyone. It is not the fault of individuals that they suffer from mental health problems, but we earnestly hope that everything possible can be done to bring them back to a sense of normality.

Indeed, amongst our political colleagues around Australia, you only have to look at what happened to Geoff Gallop, the former Western Australian premier who just gave up the job. He chose to get out the premier's job—a job he obviously loved—and get out of politics because of the depression that he was suffering. It was extremely sad. It was very sad for him, his family and for the wider Western Australian community. We do not want to forget about these things.

It is absolutely imperative that, through education and our normal health services, and more particularly in this case, the Mental Health Bill that the government has introduced, we address these issues and continue to strive to achieve improvements in the best interests of all those sufferers across the nation and, indeed, the world. I support the bill and I ask that the minister and the government consider favourably some of the amendments that we have put forward.

The Hon. J.D. LOMAX-SMITH (Adelaide—Minister for Education, Minister for Mental Health and Substance Abuse, Minister for Tourism, Minister for the City of Adelaide) (19:55): I thank the deputy leader and other members for their contribution to the bill. I am pleased that the members are generally supportive of the bill and recognise, as the deputy leader has, that this bill has taken a long while to reach this stage and there has been a massive amount of consultation, with many of the suggestions and concerns of those making representations being taken into account.

This bill was first introduced by the previous minister in June 2008. I made two changes prior to reintroducing the bill. These were to insert a requirement into part 10 of the bill, that any decision to send a person interstate either when they are in detention and treatment order or for assessment must be in the best interests of the person concerned. So clause 6(a)(ii) which deals with the objects was also modified to include protection of the person.

I am pleased that the Deputy Leader of the Opposition agrees with the government position that the District Court is an appropriate recipient of appeals against orders. She also agrees that the bill is explicit in that it recognises that a community treatment order is preferable to a detention and treatment order.

The guiding principles of the bill state that the services should be provided on a voluntary basis as far as possible and otherwise in the least restrictive way and in the least restrictive environment that is consistent with their efficacy and public safety. The criteria for each order also requires that any order under consideration must be the least restrictive means of ensuring appropriate treatment for the person's illness.

Similarly, the deputy leader has stated that the stakeholder group expressed concern that there is no reference to the Health and Community Services Complaints Commissioner in the bill. I think we would agree that it is not actually necessary to do so because all the complaints avenues that a person may have do not need to be listed in the bill. The bill does, however, mention the commissioner, and it is in clause 48, where there is a list of people who have a right to have unrestricted communication with patients. The Health and Community Services Complaints Commissioner and her staff are people included in this provision; so the bill does mention the commissioner.

Whilst there are many areas of agreement between myself and the Deputy Leader of the Opposition, there are a few matters that need to be corrected just for the record. She states that the community visitors scheme is completely omitted from the bill and that it is her understanding that it has never shown up in the bill.

Ms Chapman interjecting:

The Hon. J.D. LOMAX-SMITH: Did I misunderstand? I am sorry.

Ms Chapman interjecting:

The Hon. J.D. LOMAX-SMITH: That is what I wanted to explain. I am sorry; I misunderstood the deputy leader. As she points out, it is mentioned and, therefore, we believe that a scheme of this type should be well thought out and should enable all the services which may benefit from a community visitor to be included before one is included in a bill in this way. The community visitors scheme is relevant to a range of different groups, and this needs to be factored in from the outset. Therefore, I will oppose the amendments concerning a scheme of this type, not because I necessarily disagree in principle but because it requires a more strategic approach to its development.

The bill does, indeed, enable a scheme to be developed in the regulations but this would not occur until all the agencies with an interest and stakeholders have had an opportunity to consider the most appropriate model. After so many years of consultation I think it would be a pity to introduce something at the last minute that had not been part of the overall formal discussion.

The Deputy Leader of the Opposition also stated that she believes that 10,000 people a year in South Australia use mental health services in one way or another. It is worth correcting this information because I believe it is inaccurate. The document *South Australian: Our Health and Health Services 2008*, prepared by the Department of Health, provides verifiable data on mental illness and the use of health services in South Australia. As members will be aware, our State Strategic Plan has, as one of its targets, reducing psychological distress—that is, using the Kessler Psychological Distress 10-item Scale used to measure anxiety and depressive disorders in the general population.

This measure is widely used throughout the community and between 2002-03 and 2006-07 the proportion in our society with high levels of psychological distress actually decreased from 10.6 per cent to 9.5 per cent for people aged over 16 years. At the same time, the number of people admitted to public hospitals for mental health related illness based on the patient's principal diagnosis increased by 3.1 per cent. During the same period, there was an increase in community mental health contacts to about 21.7 per cent.

What the data tells us is that the mental health of people in the state and the mental health system are moving in the direction we want, in that people are more often involved in community mental health contacts than they were previously, and the level of psychological distress has fallen.

Let us return to the 10,000 people mentioned by the deputy opposition leader. I refer to our records from the 2009 edition of the Report on Government Services, which is released annually and which provides a range of data on government services. This was part of the Council of Australian Governments' work looking at the effectiveness of government services. That report for South Australia recognises that, in 2006-07, all up, 4.5 per cent of the population made some use of mental health services. Calculated through these means, looking at the Medicare fees and the number that were involved in clinical mental health services that were state funded, I am informed that this means that 23,700 people in fact—more than double the deputy leader's estimate—received services from the state mental health system. This is a very significant number of people.

The other matter on which I would like to comment is the matter relating to the amount of staff working within the system. Certainly, we do believe that a well-functioning system relates to the staff, the legislative framework and the services available. During the deputy leader's second reading contribution she said:

> ...I would not want it to be accepted that, in the opposition's welcoming of some of the aspirational changes in updating this legislation, a change in the legislative framework in any way reflects some coincident introduction of a world-class mental health system.

I think we all realise that, as I stated in the second reading explanation, a world-class mental health system depends on effective legislation, as well as an effective framework, and that by itself is not sufficient to create a world-class mental health service. It also depends on services and good law working together.

In fact, the South Australian government in its services review in the 2009 report suggests that expenditure on each person in South Australia has risen between 2002-03 and 2006-07 by 35 per cent. During the same period, the national average increase in expenditure was only 25 per cent. Staffing figures for our mental health services have also shown significant improvement and have the highest population ratio for full-time equivalent health professionals directly related to direct care staff working in the mental health service. The ratio for full-time equivalent health professional direct care staff for South Australia in 2006-07 was 116 per 100,000 people, compared with figures for Australia as a whole (which were 20 per cent lower) at only 97 full-time equivalent health professionals for 100,000 individuals. South Australia has the highest mental health staffing ratio in Australia, and that is a very sound base from which to work to improve our system.

One area in which we need to be particularly careful about how we use and describe data is in relation to suicides. I do not wish to labour the point that the deputy opposition leader has made an error, but she did say that, in regional South Australia, there is a death by suicide every four days. I want to make it clear: any death by suicide is one death too many. However, it can be distressing for people in regional areas to believe that there are so many suicides occurring, and therefore I would like to give the accurate figures to the house.

Based on data supplied by the National Coroner's Information System, between 2001 and 2006 there has been an average of 157 suicides per year for metropolitan Adelaide and an average of 38 suicides a year from regional and rural South Australia, making an average of 195 suicides in South Australia each year. Certainly, this is 195 too many, but that absolute number has decreased somewhat in recent years and there has been an overall decline in suicide of 19.1 per cent, with a drop of 17.1 per cent in metro South Australia and a drop of 26.7 per cent in rural South Australia. Just to correct the record, there is not a death from suicide in rural South Australia every four days. If that were the case, there would be approximately 90 a year in rural and regional South Australia. The average over five years is only 38. Members can do the arithmetic themselves, but I think it is fair to get those facts on the record.

I know the deputy opposition leader expressed her displeasure that she does not have the draft regulations yet, along with the bill, and I know this is something she comments on regularly, but, in fact, I am told that it is not appropriate and not normal to have draft regulations tabled at the same time as a bill. In fact, the Office of the Parliamentary Counsel has stated that it would be inappropriate to approach the bill in that way because it prejudices how the bill may leave the parliament when one is not in the knowledge—

Ms Chapman interjecting:

The Hon. J.D. LOMAX-SMITH: —yes—of how the bill will end up being shaped through amendments. Anyone who has looked at the bill and the current act and its regulations would see that the provisions concerning interstate transfers are indeed included in the bill. All the major powers and responsibilities are in the bill and the regulations need to be transparent, and I would welcome the deputy leader's input during the consultation period. I would really welcome her input as to how those regulations might be shaped. I can advise that the Guardianship and Administration Act is under active management and review as part of the Attorney-General's legislative agenda. If the act can be improved and a bill eventuates, the public can provide comments on the proposal to the Attorney-General.

In regard to the Glenside redevelopment, the government will be providing a formal response to the recently tabled select committee inquiry in due course. I can advise the parliament that it is currently anticipated that the limited treatment centre, which the bill provides for, will enable country residents to be admitted and treated in some country hospitals, and they will be opened as soon as practicable following the proclamation of the new act. A number of issues need to be attended to, including the design of these facilities and appropriate staffing (which will include training) and the services being appropriately integrated into primary, secondary and tertiary mental health services so that clinical services and staff are properly supported.

It is anticipated that these new services should be on line by 2011-12. I have to say that the members have been very supportive of the bill. A number of issues have been raised and I have responded to each of these. One issue to which I have given further thought is enabling a person to appeal against a decision that they should be transferred to their home state. I understand the arguments that have been made about this, therefore I will table an amendment which requires the approval of the chief psychiatrist for a transfer to occur and which enables the person to appeal this decision.

Mental health services in South Australia are being rebuilt. The bill complements these changes, and the data I have discussed demonstrates that the system is being turned around and our strategies are being effective. The training of staff and the implementation of the bill is being planned. Stakeholders are supportive of the bill which is designed to enable South Australia to provide an effective, efficient and contemporary mental health service and which recognises and respects the rights of patients and their families.

We must remember that in the main it is families who bear the brunt of mental illness. It is families who recognise that something is amiss with a family member, encourage them to seek help and provide the ongoing support while that person is on the road to recovery. This bill aims to make the system more responsive to both the person with the mental illness and their families who need to be considered as partners with the professionals. The community now knows a lot more about mental illness than it did even 10 years ago. The stigma associated with mental illness is slowly being broken down. One commentator on mental illness recently stated that the greatest abuse of her human rights in a contemporary mental health system comes not from people being detained and treated unnecessarily but from people not being treated.

Mental illness can be a prison which restricts an individual's ability to act autonomously and determine what is best for them. This bill aims to free individuals from this prison by helping them get assistance when they need it.

Bill read a second time.

In committee.

Clauses 1 and 2 passed.

Clause 3.

Ms CHAPMAN: I move:

Page 6, after line 37—After definition of community treatment order insert:

community visitor means—

(a) the person appointed to the position of Principal Community Visitor under Part 8 Division 2; or

(b) a person appointed to a position of Community Visitor under Part 8 Division 2;

Madam Chair, with your permission and the indulgence of the minister, I propose to proceed on the basis that we have three general proposals for reform, the first of which is the proposed

introduction of a community visitor scheme within the legislation, rather than possibly being pursued by regulation, as the minister has pointed out.

Those amendments relate to amendment Nos 1, 4, 5, 6, 7 and 9, so I am happy to present the proposal for this amendment on the basis that, should it fail, each of those will fail. Are you happy to deal with it on that basis, Madam Chair?

The CHAIR: Deputy leader, are you moving amendment No. 1?

Ms CHAPMAN: Yes.

The CHAIR: Are you indicating that, should this fail, you will not proceed with the other amendments?

Ms CHAPMAN: I will not proceed with the others I have noted.

The CHAIR: Thank you.

Ms CHAPMAN: Amendments Nos 2 and 3 relate to the supervision of authorised health professionals, so they will be dealt with together as well. Amendment No. 8 relates to the code of practice for authorised health professionals. That is a stand-alone category. For those that are multiple amendments, I will make all my comments on this one.

The opposition moves this amendment (supported by other amendments as identified) which proposes the establishment of a community visitor scheme which was recommended by Mr Bidmeade in his review entitled 'Paving the Way', which has been referred to, and which the government has decided not to include in the legislation. However, as the minister has confirmed, the legislation already contains the power for a community visitor scheme to be developed and introduced by way of regulation.

Whilst it is noted, it is not adequate in our view. Not only has this recommendation been available for consideration by the government (to work out the detail, the appropriate model, etc.) for a number of years now but it has been recommended by a number of stakeholders. I have referred to some of them in the second reading. It is already underway in other jurisdictions—in particular, Victoria and New South Wales. The government has had ample opportunity to consider whether a different model should apply or whether we should have something similar to theirs. This is a very important aspect which has the support of senior stakeholders, including Mr Bidmeade.

The scheme which is being developed is set out in detail in my amendment No. 7. It sets out how the community visitor scheme would be established and operate. It has been drafted to take into account the Victorian/New South Wales scheme, but it is slightly different in that it adopts the approach taken by the SA Health and Community Services Complaints Commissioner as a precedent. That legislation was introduced a few years ago and appointed a commissioner. There is a certain process for the appointment and carrying out of functions in that legislation and, therefore, that has been used as a precedent in respect of the style of the appointment of the community visitors and the reporting functions in order to be consistent with that legislation.

So, we have actually accommodated the fact that the South Australian environment is slightly different from the Victorian environment. We have followed the legislation of the government in the model it has had before so we would say there should be no impediment to the government joining with us to actually establish this model.

In essence, this model is one where there would be appointment to the position of a principal community visitor, who has certain obligations in respect of reporting and, having been appointed by the Governor, there are certain direct obligations to provide full statements in relation to supervision, and to the process of reappointment in the event of their death, bankruptcy, etc.—or what I call the usual factors.

There are the specific functions that they have to conduct visits and inspections to treatment centres, to act as advocates, to refer matters of concern to the relevant people, including the minister, and the chief psychiatrist, to whom I am going to refer in a moment, and, generally, to oversee and coordinate the performance of the community visitors' function, which is done by the principal community visitor.

There are certain access entitlements to treatment centres by these personnel, who are appointed, again, effectively under the supervision of the principal community visitor. The patient or a guardian or medical agent or relative or carer or friend of a patient, or any person who is providing support to the patient, may make a request to see a community visitor.

Then there are various reporting processes. The reporting processes include a report being tabled in the parliament. So it is comprehensive. It is modelled on the SA Health and Community Services Complaints Commissioner to a large degree, which was introduced by the current government, and so, I suggest, it should be welcomed and made available.

What is to be new clause 48 under the bill—Patients' Rights to Communicate with Others outside the Treatment Centre—gives the patient the entitlement to communicate with other people, to receive visitors and to be afforded reasonable privacy. The right to have restricted access for others to come to the centre is highly restrictive.

As the minister has pointed out, there are no restrictions or conditions on those patients who want to communicate by post to these other important people, including the minister, the board, the Public Advocate, the chief psychiatrist, the Health and Community Services Complaints Commissioner, a member of parliament, or a legal practitioner, obviously in certain circumstances, that is, in the practitioner's professional capacity.

Let us just consider those. Firstly, there is the minister. No minister—and, I am sure, not even this minister—is in a position to be able to respond to the individual requests for communications and visits with all of those who may complain. That is just clearly logistically impossible.

The board has some capacity to do that but, again, it is conducting the hearings out in the ABC building. It has a lot to do. The Public Advocate is appointed to be a representative at hearings and also to be able to give advice to governments and so forth. Its job is not to go in and out of institutions at random. There is the chief psychiatrist, and I will come back to him or her in a moment.

We have the Health and Community Services Complaints Commissioner. It is not her job to do this. Her job is to receive and investigate individual complaints. She has some educative responsibilities. This is not one of them.

A member of parliament—this is one of many. All members of parliament who have spoken on this almost without exception have highlighted the significance in their own electorates of the workload that is generated from those who are suffering from mental health problems or who are relatives or carers of someone with mental health problems. The legal practitioner, of course, is only there in a professional capacity.

The other issue is this: a visitor program is one which has this very special entitlement for access to the institutions. It is not to spy on them—there are enough other people to provide regulation, etc.—but the people who are on this list, quite frankly, get a sanitised version of visits. I do not know of any school or health institution that I have been to, in carrying on my responsibility of opposition spokesperson on hospitals and school services, where there has not been a sort of tidying up before I get there.

The CHAIR: Deputy leader, I need to intervene here. While I was very pleased to facilitate matters by looking at the overall picture of the package of amendments, the detailed discussion about a particular amendment and a particular clause, under standing orders, needs to wait until that clause is open. While I am very broadly entertaining debate and argument about your amendment No. 1, as you have indicated the consequences, the detail to which you are going is extending beyond the limits that standing orders allow.

Mr Hanna: We could drag this out all night then.

The CHAIR: I fear this is the case and I want to accommodate the deputy leader and make it as easy as possible. However, perhaps if she can indicate the principles rather than the detail at this stage.

Ms CHAPMAN: Let me say that in clause 48 one of our proposals on the visitor scheme is that we amend clause 48 to add in a community visitor, so that is actually clause 6. I am happy to go through and do 15 minutes on each, but what I was attempting to do was do the whole lot together.

The CHAIR: Deputy leader, I do not want to be difficult. I understand that you have that right and I am being very broad in terms of accommodating your argument in general, but if you could make the argument in general in terms of the test clause and the argument in particular if we reach the other clauses.

Ms CHAPMAN: Then we will have to go through every clause. I thought we had resolved at the beginning to do it all together. I am simply saying that there are seven clauses, and they all relate to the community visitor scheme.

The CHAIR: I understand that.

Ms CHAPMAN: I am happy to talk about the mechanics of why we want it and why we think the rest of the bill does not provide adequately for it, then we will vote on amendment No. 1 and if the parliament says no then I will not be proceeding even to discuss the others.

The CHAIR: I understand that.

Ms CHAPMAN: I am happy to do it clause by clause if you like.

The CHAIR: I just ask you to argue the principle at this stage. The principle of the community visitor scheme is extending beyond what would normally be allowed, but I am doing so because I understand that there is a much slower way of doing it, but at the same time I have to be somewhat careful of what standing orders say.

Ms CHAPMAN: I will go back to amendment No. 1, which proposes that there be a community visitor definition in the bill. One of the reasons we say it is important that that be introduced is, obviously, so that we can set up the scheme for it to be implemented. A principal reason for the need to have a scheme is that the other provisions for the protection of patients who we think need to have this scheme in place is the list in clause 48.

What I was presenting to you, Madam Chair, is that, when these other people come to hospitals—boards, ministers and the like—they get the sort of sanitised preparation. The reason I mention that is purely that we say that it means that you do not necessarily get the true picture. I will give a very simple example of this.

I remember a person coming to me, as a member of parliament, to complain about the cleanliness of a particular health facility. They said to me, 'Look, I was stunned. I was there visiting my child in hospital, and next thing all these people came into the room like the dustbusters and the place was cleaned up like a shiny new pin. I said to them, "What's going on?" And they said, "Well, actually, we're tidying all this up because the minister's about to arrive."'

My point is this: that of course whatever institution is open for inspection or visit is going to present the best position that it can. I am not critical of that. I simply say that an unscheduled, as such, access to the facility, and to the patient in particular, is one which is very important for this scheme and, we say, the implementation of it.

Therefore, we say that, with all the notice and advice it has received, and the recommendations before it, the government should be ready; if it is not, it can get ready, look at our model and positively embrace it so that, even if it opposes it today, we hope that it considers supporting it in another place.

There is one person on the list I have not referred to, that is, the chief psychiatrist. This is a new role and, from some of the material I have looked at, I think that the government may take the view that it has other people there to cover this, including the new supervisory role of the new chief psychiatrist position. Members of the department briefed me on this matter, and I appreciate their answering a number of my queries about this legislation. I was very pleased to meet Dr Margaret Honeyman who also attended and introduced herself as the proposed new chief psychiatrist and who, once this bill goes through, will undertake that position.

Dr Honeyman outlined what she felt was the very important role she would play. I must say that it is quite interesting that someone is told that they will be appointed before the bill is actually passed. However, leaving that aside for the moment, she told me she had come from New Zealand and that she would take up the position when the bill went through. Under part 12, division 2, clauses 83, 84 and 85, she has a certain role to undertake.

From what I read, her role will be largely to advise the minister on policy matters and on areas where she may recommend some improvement. She does not actually provide any report that is tabled in the parliament, but she does do a number of other things, namely, promotes improvement in the organisation and delivery of services; monitors the treatment of voluntary patients and patients to whom detention and treatment orders apply; monitors the administration of the standard of psychiatric care; advises the minister; and performs any other functions requested by the minister.

The chief psychiatrist will have an important role but, as I pointed out to her at the briefing, she does not have any power. I find that quite extraordinary since the bill provides all sorts of powers to the minister to delegate to the chief executive (currently, Mr Derek Wright) and so on. She has an important role, and certain people have to report various undertakings to her, such was when a community treatment order or a detention order is made, and she has to check whether they have done their plan, which is a new initiative in this bill. Presumably, she will receive that, collate it and give advice to the minister from time to time.

However, the chief psychiatrist has no power that I can see. She has less power than a National Parks and Wildlife officer to whom we have given all sorts of powers, including the power to enter property. I remember the bill that gave power to the native vegetation people to enter property, take photographs and do all sorts of things to make sure that people were doing the right thing. They had the power to demand names and addresses, and there were fines for people who disobeyed them and so on. I know one member of parliament who always gives a fairly fiery contribution about public servants who have what he sees as an excess of powers.

I understand that Dr Honeyman is a qualified psychiatrist. I assume for the purposes of this exercise that she is very experienced. However, it seems to me that, on the basis of this, her office will be an overqualified, glorified filing system of reports given to her and answers to questions that may or may not be answered and over which he has no power.

I just point out that, whilst there might be some merit in this appointment—and this is no reflection on her personally, because she might actually be better utilised here in the mental health services in another way—it seems to me that she is going to have a title and an office and there would be a whole lot of things that she is supposed to keep an eye on over which she has no power. It is one thing to set out the provision for the duties, but you also have to arm them with something to do it. If she is going to suddenly have a whole lot of powers in regulations, it seems to me that we should know what they are.

Nevertheless, on the face of it, it seems like her role is a nice thing to have, some of which is probably currently undertaken by the chief executive, Mr Wright, who, as it happens, is also a qualified clinician. Of course, it may be that his position is filled by someone who is not, so it begs the question of what we are actually creating this position for.

From what I read between the lines, it seems to me that this is being presented to us in the parliament to support on the basis that, because we are going to expand the community treatment orders so that you no longer have to wait until you have been in an institution before being directed to take certain medication, etc, over a period of weeks, months or whatever, we are now going to introduce it at this early stage under the early intervention model—and that is great. It may be because we are going to expand the number of people that can actually impose these orders or directions, so it may be a good idea.

However, I will just point out that I do not have any comfort in a person undertaking the role to monitor and provide as an individual advocate for someone who is sitting in an institution, or who is the subject of an order, taking up their case. I think that is what is missing. That is why we say it is so important that the community visitors scheme be invoked and secured in the legislation: so that we are not at the mercy of the minister's determination about whether a certain model is developed adequately and is acceptable and so that we are not at the mercy of a subsequent minister who may decide that, even if we have one, they do not like it and dispose of it. I say that it is so important—so did Mr Bidmeade and so do so many other stakeholders, including carer associations, and the like—and absolutely imperative that this be introduced.

Mr HANNA: I am supporting the amendments to the bill moved by Vickie Chapman. In particular, these amendments deal with the establishment of community visitors. The idea is that the community visitors would be a layer of supervision to ensure that treatment centres for people needing psychiatric treatment are being run properly in every way.

The amendments establish a scheme of community visitors who would regularly visit treatment centres throughout South Australia. They would be able to refer matters of concern to the minister, the chief psychiatrist or any other appropriate person or body. They would act as advocates for patients, and they might do so at the instigation of a guardian, friend or family. They would visit treatment centres at least once a month. They might be visits called on at short notice so that a realistic picture of the activities and the management of the treatment centre can be established. It is important to note that, on such visits, at least one of the community visitors is to be a medical practitioner, a registered psychologist or a former medico or psychologist. So, we are

talking about people with some experience and understanding of mental health care. I believe it is an important layer of protection.

I spoke earlier in relation to the principle underpinning this bill in terms of the balance between a citizen's liberty and, on the other hand, the need for enforced mental health treatment, even medication and incarceration. Because the stakes are so high, I think we need a community visitors scheme. It works in New South Wales and Victoria; there is no reason why it could not work here. There would be some expense but what we would achieve with that expense is an extra level of guarantee that our treatment centres are going to be doing the right thing by patients.

I underline that point about liberties by referring to the notion again that it could be one of our family, one of our friends, at some stage during our lives. Indeed, we really cannot rule out that it could be any one of us in a psychiatric treatment centre in South Australia at some stage in the future. We would want to know that there was someone we could turn to readily, someone who would be inspecting the place on a regular basis, even without notice, to ensure that it is all being run properly.

The honourable member for Bragg has referred to the powers of the community visitor as laid out in these amendments compared with the powers of the chief psychiatrist. I think it is a good thing that we are creating the role of the chief psychiatrist but it is also important to have people who have the time and capacity on the ground to go and visit people in psychiatric treatment centres. I had identical amendments drafted because I think this is an important issue and a really significant omission in the government reform, so I am more than pleased to support the amendments moved by the Liberal opposition on this occasion.

The Hon. J.D. LOMAX-SMITH: I understand the views put forward by both the deputy leader and other members opposite. Certainly, if there were community visitors, of course they would have the powers to enter and visit unannounced. It is the best way to visit schools I always think. Clearly, that opportunity would exist. However, I still have to oppose this amendment. I have tried to compromise and incorporate all the suggestions so that we have the best bill possible.

As the member for Mitchell said, this is an uncosted proposal as well, but, more importantly, it does seem to me that there are other opportunities to link this with other portfolios and it would be better if this proposal were further worked up before it was introduced. In terms of the chief psychiatrist, if I could just mention that point, the position was recommended by the Social Inclusion Unit as a way of replacing the existing position of chief adviser in psychiatry. The chief psychiatrist was to have the authority to monitor and review the performance of mental health services with a focus on promoting continuous improvement.

The powers were quite extensive in that they could continuously monitor, they had the power to set standards and they have various powers under the Health Care Act so that any standards issued by this person under this section would be binding on any hospital that is an incorporated hospital, and binding as a condition of the licence in force in respect of any private hospital, in addition, and they would have the authority to conduct inspection of premises and operations of any hospital that is an incorporated hospital, and be taken to be an inspector under part 10 of the Health Care Act 2008. So, their powers do seem quite considerable to me.

I think it is a serious position which is not, as has been suggested, one without any authority or power. Of course, they would make their advice available to the minister but, notwithstanding what the minister might do, it does appear that they have some considerable authority. For the reasons that I gave earlier in my closing speech and the comments I have made here, I will be opposing not just this amendment but the other amendments that are subsequent to this one.

The committee divided on the amendment:

AYES (12)

Chapman, V.A. (teller)	Evans, I.F.	Goldsworthy, M.R.
Griffiths, S.P.	Hanna, K.	McFetridge, D.
Pederick, A.S.	Penfold, E.M.	Pengilly, M.
Pisoni, D.G.	Redmond, I.M.	Williams, M.R.

NOES (27)

Atkinson, M.J.	Bedford, F.E.	Bignell, L.W.
Breuer, L.R.	Brock, G.G.	Caica, P.
Ciccarello, V.	Conlon, P.F.	Foley, K.O.
Fox, C.C.	Geraghty, R.K.	Hill, J.D.
Kenyon, T.R.	Key, S.W.	Lomax-Smith, J.D. (teller)
Maywald, K.A.	McEwen, R.J.	O'Brien, M.F.
Piccolo, T.	Portolesi, G.	Rankine, J.M.
Rau, J.R.	Simmons, L.A.	Snelling, J.J.
Stevens, L.	White, P.L.	Wright, M.J.

Majority of 15 for the noes.

Amendment thus negatived; clause passed.

Clauses 4 to 9 passed.

Clause 10.

Ms CHAPMAN: I move:

Page 12, line 4 [clause 10(1)]—After 'authorised health professional' insert:

acting under the direct supervision of a medical practitioner

I indicate that amendment No. 3, which deals with clause 21, also seeks to do exactly the same thing to that clause. In essence, if I can briefly summarise the position outlined in this bill, certain persons—medical practitioners, psychiatrists and the like—have powers at present under the Mental Health Act, and it is proposed that a new extended category of persons (to be known as authorised health professionals) will have powers to carry out functions, including the provision of a level 1 community treatment order.

I was interested to discuss with some paramedics on the weekend their view on this, that is, the extension of the role, because paramedics are highly skilled and trained in ambulance service provision. They are usually attached to SA Ambulance Service, although there are some private operators. For emergency care, paramedics are often on the street or at a home on the front line and they are being called in to provide assistance in dealing with the care and sometimes detention of persons suffering from a mental illness.

It is sometimes very complex and difficult to handle and, historically, assessments on whether a person should be detained under the current act have been left to a police officer or medical practitioner. The paramedics say to me that they are often called out now. They have an agreement with the police department—which has been referred to in the second reading contributions, so I will not repeat them—but they are called out and they are very happy to undertake this responsibility to have this extra role to assist in the assessment for the purposes of taking someone into care. I emphasise the term 'taken into care' as I do not think 'taken into custody' is the ideal term.

I have been at some of these scenes and they can be very ugly for the patient, police officers and ambulance personnel. It is also a situation where frequently the person is taken into care with necessary force and, in order to restrain the individual, sometimes they are administered with drugs. We can dress these things up in the nicest possible way and the calmest language, but the truth is they can be very unpleasant situations, particularly for the patient. It is not easy to hold someone down and, without their consent when they are often quite violent and verbally expressive, inject them with a drug to sedate them in order to render them into a state where they are transportable in a manner that is safe for them and others who are in the vehicle.

With the modern arrangements, every effort is made between the medical profession, the paramedics and, where necessary, police for there to be a good deal of cooperation. In addition to that, every effort is made to try to calm, placate or encourage the person who is going to be detained (even on a temporary basis) until they are transported, usually to an emergency department facility.

Under current protocols, psychiatric patients—people who are to be subject to detention in this situation—are often held for hours at the emergency department before they are actually seen

and assessed by a medical practitioner. There is no problem with the assessment. Everybody is happy to do that; paramedics tell me that they are very happy to take on that role.

However, a big dispute seems to be going on in relation to who will take responsibility for these people while they are waiting for a service in an emergency department. The police do not want to do that. Currently, they are often stuck there for hours. They say they have other things to do, other jurisdictions and other responsibilities and they do not really want to have this responsibility.

I should add for the record that one of the reasons that patients are nowadays taken to an emergency department of a general hospital rather than straight to a mental health service—such as Margaret Tobin or Cramond House or other facilities—is that they may have imbibed some drugs, they may have caused injury to themselves, and they may need to have a medical assessment for any life-threatening condition that they may have either subjected themselves to or lapsed into which needs to be treated before their mental or emotional state can be addressed.

That is the practice, and the hard question is: who is going to stay there and look after them? I can tell you that the paramedics do not want to do it. They are actually busy as well, and they say that they need to be out dealing with other services, that they are fully stretched as it is.

In any event, we are going to increase the categories of people who can actually undertake this assessment and impose community orders. We say that this needs to be under the direct supervision of a medical practitioner. In the regional areas of South Australia, we do not see this as a problem because, under the video provisions in this bill, that medium will have the same status as if it were a personal inspection. Therefore, that is not the problem.

The problem is in a situation where a person is going to be placed under an order where they are remote from a facility or from a medical practitioner. To protect the patients in such a case, we think that an authorised health professional should not be someone who is just trained up and in the category; we think that there needs to be direct supervision of a medical practitioner. The principal reason is not because these other people are not trustworthy or in any way less committed to the cause of providing well for these prospective patients or the person who is going to be subject to an order. It is a question of qualification.

We hear much in this chamber about quality standards. I have just read 'A healthy future for all Australians', the interim report from December 2008 from the national inquiry which talks about quality standards also in the mental health area. I think that it is important that we make provision for the direct supervision of medical practitioner.

At the moment we can already make mistakes under the current act. Let me give you an example of this. Some members may be aware or may have seen on television just recently a circumstance where a person in an aged care facility, a male in his eighties, was detained under an order under the current Mental Health Act. There had been an assessment made that this person was psychiatrically unwell to the extent of the current legislation's requirements. It was subsequently found on review that in fact he was not mentally unwell and he was allowed to return to his residence, which in this case was a nursing home.

There are a number of questions to be asked about that, particularly as he was handcuffed on the occasion, removed from the premises, transported to the treatment centre and detained for some days—and he only had one leg. So, there are two issues involved. One is, how is it that someone who is deemed to be sane, as such, and not justify an order which was subsequently determined by the Guardianship Board, could be assessed as being in need of that?

That can happen; quite reasonably. There can be behaviour that would indicate that in some circumstances that could be an assessment that could be borderline, but to actually have handcuffed this person, who is an 80 year old with one leg and is in a wheelchair, raises some serious questions. So, even under the current legislation we can have borderline cases.

In this proposed bill there is an expansion of people who can do the job and there is also a new definition, a much broader definition, which, in theory at least, will capture more, potentially, because we are not only looking at people who are likely to cause harm to themselves or others but those who have a mental health condition that may deteriorate and that could result in that. So, we actually have a much broader group.

I note schedule 1 in the bill, that although there are a whole lot of behaviours that are specifically excluded, including that a person expresses a particular political opinion, religious

opinion, philosophy or sexual preference, or a number of others, these are all deemed to be not evidence to be used for the purposes of a detention or the imposition of an order.

One of those behaviours to be excluded is for a person who engages in antisocial behaviour. That is specifically identified as a behaviour that is not to be used to identify a mental illness merely because of that conduct. We are expanding the definition, we are expanding the people who can do it, and we are expanding the days of detention and the extent of these orders. So, even under the current legislation where you can have on one side of the ledger a cantankerous 80 year old who is difficult to manage causing disruption or disturbance in the aged care home and is generally a pain in the neck, he is caught under the current legislation.

It is very important that we build in some protections here. If we are going to expand all of these levels, and we already have risks in the current legislation, then it is very important that we require that the authorised health professional, when implementing a level 1 order, must be working under the direct supervision of a medical practitioner, and I would urge the government to support this.

The Hon. J.D. LOMAX-SMITH: I oppose the amendment because there are several elements that are not clearly articulated that are important to understand. This is about community treatment orders. One of the things that is so necessary in our community is that there should be early intervention and early treatment. The research in this area definitely makes the point that the sooner major mental illnesses, such as schizophrenia, are diagnosed and treated the better the outcomes for the patient. The criteria for orders aims to enable people to obtain an early assessment and treatment if required. So, this is about improving the treatment for patients.

The issue about who should make an order is an important one. The introduction to the clause, 'acting under the direct supervision of a medical practitioner', negates the opportunity to pick up more people earlier. In fact, it is tempting to listen to some kind of shock jock television program and imagine that they have it right. Sometimes there are other sides to those stories and, without going into personal issues, I think we should stick to the logic of the documentation, rather than something that was on a television program.

In terms of the community treatment orders, having specialised authorised health professionals was one of the recommendations of the Ian Bidmeade report. It was recommended that there should be people, such as psychologists, specially trained nurses and social workers, who could perform this very particular function. As a doctor, I hold the skills and the professional standing of the medical profession very closely to my chest, and you might imagine that I would not want to delegate any of these responsibilities to random professionals.

However, the reality of the situation in South Australia is that one cannot always have doctors on the spot when emergencies occur. The intention was to have perhaps 20 especially experienced and trained people, such as nurse practitioners, psychologists and so on, out in the community who could work on these issues, and they will be particularly well trained. The clause further provides that their determination has to be confirmed by a qualified psychologist within 24 hours.

My view is that we perhaps do too little now, and the requirement is that it should always be the least restrictive means possible to ensure appropriate treatment for a person's illness. The maximum amount of time is 28 days for treatment and seven days for detention and treatment. It is worth recognising that the word is 'authorised', and that part of the title is very significant. They have to be highly experienced, demonstrate competency and be additionally trained in the application of the act to ensure that their practice is professional and legally appropriate.

I do not think that this amendment does justice to those people in the community who we know are missing out. This is a way of getting treatment to more people sooner, and I think it will get genuine general community support. There is a view in the community, and many people are concerned, that those who are at risk find it too difficult to get treatment. So, we oppose this and the consequential subsequent amendment.

Amendment negatived; clause passed.

Clauses 11 to 41 passed.

Clause 42.

Mr HANNA: I have a couple of questions for the minister about the practice of electro-convulsive therapy or electric-shock therapy. I must admit that, until a couple of years ago, I

thought it was a thing of the past, but I spoke to a medical practitioner who assured me that it is still routinely carried out as a matter of psychiatric treatment.

The clause is here, and there are comparable provisions in our current legislation, to make it more difficult. That is to say, there must be a clearly demonstrated need before this sort of therapy can be carried out. The same applies with neurosurgery, as it is called in the legislation—things like lobotomies, and so on.

If the minister has the information available, I want to ask the extent to which this therapy is being carried out; approximately how many people would be regularly treated by electro-shock therapy; and is there any trend of this being used less or more? It is a point of particular concern.

The Hon. J.D. LOMAX-SMITH: In relation to lobotomies, anecdotally we do not believe there is a record of them occurring in living memory, but that is not entirely certain. I would not like to say that is a verified fact. In relation to ECT, the treatment occurs currently throughout many systems across Australia. It is the treatment of last resort, but I understand that, under some circumstances, it is particularly effective. Having said that, we do not appear to have any records of how often it has occurred, and I have no knowledge of whether it is declining or increasing. I am afraid I do not have that information, but the chief psychiatrist would be in a position to collect this data in the future and then we could have that material available.

Mr HANNA: Can I ask the minister to make some investigations in relation to that and get back to me at a later date? Secondly, in relation to lobotomies, or neurosurgery, to use the general term, if this has not been a practice in South Australia for a very long time, why not simply ban it?

The Hon. J.D. LOMAX-SMITH: I am happy to get back to the member with information about ECT. I do not have it to hand. In terms of lobotomies, I do not think that politicians in the middle of the night should make a decision on medical treatments and their occurrence. I think we would put more attention into tail docking in dogs than we would into this matter. I think it would be unwise to just ban a procedure when we do not know how often it occurs—if it is occurring. We do not know if it is required. I think it would be better to get the information. I am very happy to get the information and any data for you, and then you can form a judgment based on those facts.

Ms CHAPMAN: I indicated in my general contribution that, on the question of penalties which relate to this, we have foreshadowed an amendment in another place. Any breach by any health professional who has the power to undertake either ECT or neurosurgery, we think, should face a significant penalty. If fines are a deterrent, we think that they should be commensurate to what could be imposed.

I consulted with the prospective chief psychiatrist, who I indicated earlier was Dr Margaret Honeyman. She advised that ECT was still being used, although she was not aware of the frequency. Anecdotally, I am certainly aware of the continued use of it in the public and private sector for the treatment of patients. There are certainly some in the psychiatry field who take the view that it is an essential although not oft used procedure which is sometimes necessary for the capacity to give any chance of recovery for their patients. I am not in a position to judge that, but it is certainly happening, and it needs to be closely monitored. I support the government's inclusion of the safeguards that are there.

As to neurosurgery, the chief psychiatrist informed me that she was not aware of any neurosurgery (lobotomy is the obvious one we read or hear about and see in films in eras gone by) but she was not aware that that procedure was currently being used anywhere in the world. That was the note I made of her statement in that regard. However, she also explained that there are circumstances, from time to time, where neurosurgery is used as an intervention, for example, in the treatment of epilepsy. I assume that disconnects a piece of the physiology of the human brain to minimise the episodes of epileptic fits. That may or may not be a useful or important act in the armoury of treatments for epilepsy but epilepsy is not a mental health condition.

I agree with the Hon. Ann Bressington in another place who has foreshadowed, at least in the media, that she considers that there should be no provision for neurosurgery for psychiatric conditions unless and until we have validated data from professionals with whom we would take advice, particularly psychiatrists, and those who are able to identify that there is a procedure that could be implemented for the benefit of a patient in the treatment of a mental health disorder.

I am not proposing to enter any amendment on this but I am certainly mindful that this is an issue we have had discussions about with other parties, including the Hon. Ann Bressington, and which I canvassed with the prospective chief psychiatrist when she attended the briefing. I hope

that can be of some additional help. I also look forward to receiving some data on this. I do not think the public health department keeps any record or even inquires as to what happens in the private sector so, unless it turned up as medical complaint to the Health Complaints Commissioner, we would probably never know about it. However, I think it would be useful especially as we are about to introduce a very severe regime for penalty if there is a breach of those rules.

Clause passed.

Clauses 43 to 64 passed.

Clause 65.

The Hon. J.D. LOMAX-SMITH: I move:

Page 40, line 18 [clause 65(1)]—After 'may' insert:

, with the approval of the Chief Psychiatrist,

The amendment to clause 65 seeks to add an extra level of protection for the patient. There has been much discussion about these interstate movements. They occur irregularly and, clearly, it is an emotive issue about whether a patient should be sent back to a family interstate; whether it is good for them or bad for them. Very often, for parents who do not know where their children are, it can be quite concerning if they happen to have travelled interstate. An added level of protection is that it requires the chief psychiatrist to approve an interstate transfer of a patient. It is a very simple clause.

Amendment carried.

The Hon. J.D. LOMAX-SMITH: I move:

Page 41, after line 3—After subclause (5) insert:

(6) A patient must not be transferred to an interstate treatment centre pursuant to a direction under this section until the period allowed for appeal against the direction has expired or, if an appeal has been instituted, until the appeal is finally determined or lapses.

The intent of this is to ensure that patients' rights to appeal against the decision that I discussed previously to transfer them interstate are respected. This provision requires that the patient not be transferred until the time in which an appeal may be lodged has lapsed or an appeal is finally determined. Again another layer of protection for the patient.

Ms CHAPMAN: The opposition welcomes this amendment and we support it.

Mr HANNA: I am very glad to see that the minister has taken some of the community's concerns on board. I think this is an excellent layer of protection to provide. I applaud the minister for her efforts to strike the right balance.

Amendment carried; clause as amended passed.

Clauses 66 to 77 passed.

New clause 77A.

The Hon. J.D. LOMAX-SMITH: I move:

Page 46, after line 34—After clause 77 insert:

77A—Appeals to board against transfer to interstate treatment centre

(1) Any of the following persons who is dissatisfied with a direction under section 65 for the transfer to an interstate treatment centre of a patient may appeal to the board against the direction:

(a) the patient;

(b) the public advocate;

(c) a guardian, medical agent, relative, carer or friend of the patient;

(d) any other person who satisfied the board that he or she has a proper interest in the matter.

(2) An appeal under this section must be instituted within 14 days after the giving of the direction.

(3) The board may, on hearing an appeal against a direction, affirm or revoke the direction.

This is again about the matter of interstate transfers. It is another layer of protection. This is to insert the capacity to make appeals to the board against transfer by other people as well as the

patient. It is to ensure that a patient and other people have a right to appeal against a decision to transfer them interstate. This appeal must be instituted within 14 days after the direction to transfer has been made. Stakeholders have previously expressed support for a provision of this type and we are trying to make them feel comfortable about this movement interstate, which otherwise received some adverse discussion relating again to the fact that, whilst we might think adult children (adults) would be better off going back to their parents, there are circumstances where that might not be the case.

Ms CHAPMAN: Again the opposition welcomes this amendment. This is the important substantive amendment, although obviously the one we have just passed allows for the protection against any removal or transfer until we have had an opportunity to appeal. For this appeal opportunity now to be written into the legislation is very welcome. I think this is absolutely critical and, I hope, will alleviate a number of fears that have been raised quite genuinely about the opportunity for abuse of interstate transfers, particularly to subvert other legislation, for example, where it would avoid the need to proceed with extradition after certain behaviour. Therefore, we very much welcome this amendment.

New clause inserted.

Clauses 78 to 87 passed.

New clause 87A.

Ms CHAPMAN: I move:

Page 50, after line 11—After clause 87 insert:

87A—Code of practice for authorised health professionals

(1) The minister may, by notice in the gazette, approve or endorse a code of practice governing the exercise of powers by authorised health professionals under this act.

(2) The minister may, by subsequent notice in the gazette, vary or revoke a notice under subsection (1).

Again this is a matter relating to authorised health professionals. It is proposed that there be the imposition, I suppose, of a code of practice that is to be developed for authorised health professionals. The amendment is in recognition of the fact that the authorised health professional will be able to deprive patients of their liberty, and therefore a code of practice should be gazetted which legally binds them in their professional conduct.

I understand that the minister has considered this amendment and will support the same, for which I thank her, because I think this will be an instrument of security, particularly given that previous amendments for direct supervision have not been supported. I anticipate the minister's favourable consideration of this amendment.

The Hon. J.D. LOMAX-SMITH: I think this amendment is consistent with the aims of the bill and it would be appropriate for us to agree to it. I commend it to the committee.

New clause inserted.

Remaining clauses (88 to 101), schedules and title passed.

Bill reported with amendments.

Bill read a third time and passed.

At 21:25 the house adjourned until Thursday 19 February 2009 at 10:30.