

Queensland



Parliamentary Debates
[Hansard]

Legislative Assembly

WEDNESDAY, 28 NOVEMBER 1962

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Mr. **SPEAKER** (Hon. D. E. Nicholson, Murrumba) took the chair at 11 a.m.

QUESTIONS

CONTROL OF PARKING METERS IN TOWNSVILLE

Mr. **COBURN** (Burdekin), for Mr. **AIKENS** (Townsville South), asked the Minister for Education and Migration—

“(1) How many members of the Police Force are employed and/or paid by the Townsville City Council for the purpose of parking meter control and what is the amount involved?”

“(2) What other payments are made or equipment supplied by the Townsville City Council to the Police Department for this service?”

“(3) In view of the adverse criticism of the Police Department and the Government by the public as a result of parking meter control by the police on behalf of the Council, does he not consider that it would be desirable to have the council provide its own parking meter control so that the people would not be misled on the matter, as is frequently the case under the present system?”

Hon. J. C. A. PIZZEY (Isis) replied—

“(1) There are no members of the Police Force employed and/or paid by the Townsville City Council for the purpose of parking meter control. However, the Council reimburses the Police Department for the wages, allowances, and associated costs of the men engaged, in accordance with the formula related to actual costs as follows:—For every meter in the traffic area up to the first 500 meters—£6 per annum. For every meter in the traffic area after the first 500 meters up to 1,000 meters—£5 15s. per annum. For every meter in the traffic area after the first 1,000 meters up to 1,500 meters—£5 10s. per annum. For every meter in the traffic area after the first 1,500 meters—£5 per annum. Between the hours of 9 a.m. and 5 p.m. each day, Monday to Friday, and from 9 a.m. to 12 mid-day on Saturday, there are two members of the Police Force continuously employed on parking meter control duty in Townsville. This involves all or part of the working time of more than two personnel. Claims for reimbursement of the cost of their services are made quarterly, and provision is made to meet any variation in costs brought about by changes in salaries and allowances payable under the Police Award by making an adjustment, also based on a prescribed formula, in the charge for the succeeding quarter.”

“(2) No other payments are made to the Police Department by the Council in respect of this work, but the Council provides the motor cycles used in carrying out the patrols, and meets the running, servicing and maintenance costs of the machines.”

“(3) The matter is under consideration.”

INVESTIGATION INTO SANITARY CONTRACTS, TOowoomba CITY COUNCIL

Mr. **LLOYD** (Kedron), for Mr. **DUGGAN** (Toowoomba West—Leader of the Opposition), asked the Premier—

“In view of the appeal by the Mayor of Toowoomba for the holding of an open inquiry into certain aspects of the administration of the Toowoomba City Council and the fact that there is widespread interest in the matter and imputations have been freely made of carelessness or impropriety involving possibly innocent persons, will he reconsider the matter and order the holding of an open inquiry?”

Hon. G. F. R. NICKLIN (Landsborough) replied—

“I am advised that acting in accordance with a resolution of the Toowoomba City Council, the Town Clerk requested the Auditor-General to investigate matters relating to sanitary contracts entered into by the Council. The Auditor-General referred the matter to the Director of Local Government who, in the exercise of the powers vested in him by virtue of Section (4) of ‘The Local Government Acts, 1936 to 1961’, appointed Frank Audley Warham, Esq., A.A.S.A., Senior Inspector of Accounts, Department of the Auditor-General to carry out the investigation. Section 4 (3) (i) to (v) of the Local Government Acts was designed to meet the requirements of this particular type of investigation. In the light of what I have said, it can be accepted that Mr. Warham is clothed with ample powers to enable him to fully investigate all aspects of the matter. I am not aware of any imputations made of carelessness or impropriety involving innocent people.”

APPOINTMENT OF WATER OFFICERS, MAREEBA-DIMBULAH AREA

Mr. **LLOYD** (Kedron), for Mr. **DUGGAN** (Toowoomba West—Leader of the Opposition), asked the Minister for Public Lands and Irrigation—

“(1) Is it a fact the Department of Irrigation and Water Supply recently filled two positions of Water Officers in the Mareeba-Dimbulah area?”

“(2) Were at least three applications received from local residents with the necessary qualifications?”

"(3) Why was it considered necessary to engage an applicant from Victoria and how much extra by way of fares and carriage of furniture, etc., did this appointment entail over and above that incurred through the normal appointment of a local man?"

"(4) Is such an appointment consistent with the avowed policy of this Government to relieve the acute unemployment position in this State?"

Hon. G. F. R. NICKLIN (Landsborough—Premier), for **Hon. A. R. FLETCHER** (Cunningham), replied—

"(1) Yes."

"(2) No. Of the local applicants only one, who was appointed, was experienced in the operation and maintenance of irrigation channel systems in an irrigation area, which is the most important of the required qualifications."

"(3) All applications were reviewed by a Committee upon which there were representatives of the Public Service Commissioner and the Irrigation Commission, and the appointment was made on the recommendation of the Public Service Commissioner. The Victorian applicant was selected for the remaining appointment because—(a) he had eight (8) years satisfactory service in the operation and maintenance of channel systems in irrigation areas, the last twelve months of which he carried out the duties of a Head Bailiff supervising several water bailiffs (equivalent to Water Officer in Queensland); (b) none of the rejected applicants had any experience in this work. Expenses incurred in taking up his appointment at Mareeba amounted to £208."

"(4) The appointment is consistent with the Government practice of appointing to positions in the Public Service persons possessing the requisite qualifications, and whose experience would appear to indicate they would be the most efficient of the applicants."

DECLARATION OF STATE FORESTS, ATHERTON DISTRICT

Mr. ARMSTRONG (Mulgrave) asked the Minister for Agriculture and Forestry—

"In view of the recommendation of the Land Classification Committee on the use of rain forests in the Forestry District of Atherton, will he indicate when he will declare State forests in accordance with the recommendation in that district?"

Hon. E. EVANS (Mirani—Minister for Development, Mines, Main Roads and Electricity), for **Hon. O. O. MADSEN** (Warwick), replied—

"This is a matter which is under consideration by the Minister for Agriculture and Forestry and I will bring this question to his notice on his return."

PAPER

The following paper was laid on the table—

Orders in Council under the Supreme Court Act of 1921.

FACTORIES AND SHOPS ACTS

PROPOSED DISALLOWANCE OF ORDER IN COUNCIL

Mr. HOUSTON (Bulimba) (11:12 a.m.): I move—

"That the Order in Council dated November 8, 1962, covering the Factories and Shops Act of 1960 Rules for the safe use of portable and semi-portable electrical equipment, laid on the table of the House on November 16, 1962, be disallowed."

At the outset I should like to say on behalf of the Opposition that we are conscious of the fact that this regulation was brought in for the purpose of improving safety in industry. With that we are in perfect agreement but our belief is that it has not been carefully considered in its design so that, in fact, it is rather ambiguous and the tests that are required to be put into effect will not ensure the safety that we believe the Government desires.

As the time available is very short, I intend to go straight on to the regulations and attempt to show just where they fall down.

First of all, in Clause 5, there appear in the last line the words, "... tested at intervals not exceeding four months by a Certified Electrician."

A "certified electrician", according to the Government's own Act, which is an Act to consolidate and amend the law relating to the execution of electrical works and the competency of electrical workers, to provide for the licensing for electrical contractors, and for other purposes, is defined as follows:—

"Electrician"—A person qualified for an (a) or (b) type certificate as an electrical fitter and also as an electrical mechanic."

Therefore, the only people qualified to carry out these tests are not contractors or electrical fitters or mechanics, but persons who hold both certificates. We believe that that is not the intention of the Government and that it should either amend the whole construction of the clause and state that the only persons competent to carry out tests are those who hold the position of electrical inspector under some authority or, as I should like the Government to do, consider qualifying it, if it wants the tests carried out by other than certified inspectors, to say that they will be carried out by those who hold either an electrical fitter's or an electrical mechanic's certificate, as the case may be, instead of demanding the highest qualifications of both.

We also query the period of four months. Apprenticeship Regulation No. 60 under the Apprentices and Minors Act, gazetted on 12 September, 1957, provides—

"Portable Electric Equipment.

"All employers of apprentices who require them to use portable electric equipment during their training shall ensure that all such electric equipment is maintained in a safe and serviceable condition.

"Such equipment shall be inspected at least monthly by a competent electrician to ensure that same is in proper working order and is in a safe condition, and at least once in every twelve months a visual inspection of such equipment shall be made followed by an insulation resistance test."

Under that regulation we demand that electrical gear that is to be used by an apprentice he tested once every month, with a major inspection once every 12 months, yet the regulation under consideration sets out that the inspection is required only once every four months. Which time is to apply on the job? Surely the period of time between inspections is not to be lengthened only because it is equipment that is used by an adult. The lives of apprentices, tradesmen, or any other persons are equally valuable. Therefore, both regulations should contain exactly the same precautions. We believe that four months is far too long a period between inspections of electrical equipment in use. In fact, the Electricity Supply Department of the Brisbane City Council tests its equipment not once every four months, not once every month, but every week. The highest testing authority in the State tests equipment every week in its test laboratory. For practical reasons perhaps it would not be possible to test equipment every week in general industry, but at least the regulation under consideration should conform with the earlier regulation under the Apprentices and Minors Act.

In the few minutes at my disposal I do not intend to go into the technicalities of the various tests. Suffice it to say that it is impossible to carry out the required tests unless certain testing equipment is used. A megger, which would be the minimum testing equipment required, would cost at least £80. From what I have been told, not 10 per cent. of electricians would own a megger. It is no use saying they can carry out a bell test or a test with the sets sent out from Japan quite recently, because they operate at only $1\frac{1}{2}$ volts. Anyone who knows anything about continuity and safe testing would know that you can get a safe reading when testing with $1\frac{1}{2}$ volts, but when the same equipment is tested with 500 volts the equipment can be proved not to be safe. After all, we are dealing with high voltage in this equipment and when tested with 500 volts it may well break down. Unless you use a 500-volt test you are only misleading the person handling the equipment if you tell him that it is safe.

The continuity test is to determine that the earthing is correct. You submit the equipment to an ammeter test, or some other method of testing, to show the actual resistance to earth. Again you are only fooling yourself if you think it is a safe test unless high current has been used. The recommended current is no less than 25 amps. The only equipment to use is the proper earth-testing unit. The Brisbane City Council carries out preliminary tests with a megger. If there is a possibility of leakage or any idea that the equipment may not be safe, an electronic test that they have developed is carried out using 500 volts and 25 amps.

They are just a few of the reasons why the Opposition considers that this regulation should be disallowed at this stage. It is not with the idea of not having the regulation but that, after having had a look at it in detail, we find that there are so many things wrong with it. In the interests of safety we suggest that the previous regulation under the Apprentices and Minors Act should apply. My time has nearly expired so I will now let my colleagues carry on with the debate.

Mr. SHERRINGTON (Salisbury) (11.21 a.m.): In seconding the motion for the disallowance of the Order in Council, I wish to make it perfectly clear that I do so purely on the grounds that the rules have been hastily and badly conceived. There are several anomalies in them and we would have welcomed an amendment to the Act to provide an opportunity for a full-scale debate on many features connected with the safe use of portable equipment in shops and factories. As the hon. member for Bulimba has said, on the surface, the regulations provide merely for megger testing of all equipment. Although megger testing is partly effective, it is not entirely satisfactory, because it is found that a frayed earth-wire on an appliance will show a good test on the megger although it may be holding by only two strands. If a fault developed in the equipment the two strands would act as a fuse and would blow. The portable equipment would then be entirely devoid of earthing. In spite of allowing for isolated transformers and earth-monitoring devices, I think that one of the most effective and simple means of protection for people using portable equipment, particularly in earthed situations, such as on a concrete floor, is the provision of rubber mats to insulate them from contact with earth. For very many years the Brisbane City Council has adopted this safety measure and rubber mats are provided where there is a danger of persons using electrical equipment making contact with earth. Furthermore, although the isolating transformer is no doubt efficient to a certain degree, we think that the only real safety device is the use of motor generators. That is why we think the rules do not go far enough. We believe there is great scope for several improvements. The earthing rules provide that the continuity shall be tested at

only two-yearly intervals. In the metropolitan area we have what is known as a multiple earth neutral system, where every installation is earthed to the neutral, and this, in turn, is earthed by several 20-foot spikes driven in on the main distribution system in certain areas. To some degree this is very effective, but there are also cases where earth spikes are used on installations because the M.E.N. system does not operate. In those cases we think that the continuity to earth test should be carried out at shorter periods than two years. It is well-known that even with the M.E.N. system, in continued dry weather the earth system loses its effectiveness. For that reason, we think the two-year testing, particularly for earthing, is not desirable. We believe tests should be carried out more frequently. With more frequent checks we could ensure that the earthing system of any portable appliance was adequate at any stage.

There are several other features that we think need attention. Other hon. members on this side will deal with the dangers of electrical equipment in use, particularly in outside industry such as the building trade. We believe that there should have been scope for a wider debate so that members of the Opposition could bring to the notice of Parliament many defects in the rules.

(Time expired.)

Mr. NEWTON (Belmont) (11.25 a.m.): I rise to support the remarks of the other two hon. members from this side of the Chamber. In the short time available to me I will endeavour to deal with improvements we think should be considered by the Minister, particularly on Clause 4. We think that, while the register shall be available at any time for examination by the inspector, the clause should have been extended to give the inspector the same rights as are now given to duly authorised representatives of unions in the inspection provisions relating to safety of machines and other matters, including the inspection of wages books. Those representatives of unions have greatly assisted the Department of Labour and Industry, which is responsible for looking after these matters. We think the clause should have been extended at least to give the duly accredited union official the right to demand inspection of some form of certificate that the inspection on these machines has been carried out.

I agree wholeheartedly with the hon. member for Bulimba on Clauses 5 and 8. It is strange to me that such a regulation should be made by the Minister for Labour and Industry without first of all considering Apprenticeship Regulation No. 60, which, in the first place, was introduced after consultation among the Group Apprenticeship Committee, employers, and trade-union officials. It was agreed to there, passed on to the executive of the apprenticeship committee and agreed to and then introduced by Order in Council to amend the Apprenticeship and Minors Act to cover these aspects. In both cases it is quite clearly pointed out that they

felt that the machines, leads, and other things should be inspected monthly and should be pulled down for overhaul at least every 12 months.

Another safety matter that concerns me very much relates to the use of extension leads for power-driven portable tools used in on-site construction in the building and metal and allied trades. The present practice of having a property pole erected on the site, with a switchboard attached and a number of leads going to the building over roadways being formed, through water and, in some cases, over machinery in operation, is a very dangerous hazard.

Mr. SPEAKER: Order! This is not a general discussion on safety regulations. The hon. member must confine his remarks to the particular rules covered by the motion.

Mr. NEWTON: I am dealing with the subject of leads. The regulation provides also for inspection.

Mr. SPEAKER: The hon. member may deal with the inspection of them but not their erection.

Mr. NEWTON: The regulation does not go far enough. It is a well-known fact that the earth wire in such leads is very easily damaged where trucks are running over them and where other equipment is being used on the construction site. If the Minister is really concerned about protecting employees using these tools with leads attached, another provision should be added calling on employers to see that such leads are hooked up or put under a covered way to avoid any heavy objects passing over them or interfering with them. It is a well-known fact that an earth wire in those leads will test as efficient on a megger even if it is holding by only two threads; but when a fault to earth occurs in this situation, the strands, because they are unable to carry the discharge to earth, act as a fuse and consequently blow, thereby leaving the appliance without any effective earthing. Any person using it would be placed in serious danger. I say this because, in the building industry and the metal industry, there have been quite a number of deaths from this cause. While the regulation brought down by the Minister does something to meet the situation, it does not go far enough. Even if it only came up to the regulation that was inserted in the Apprenticeship and Minors Act, it would be doing something to give effect to what I should think is the full intention of the Minister.

Mr. LLOYD (Kedron) (11.30 a.m.): I support the case presented by the hon. member for Bulimba, and I should like to request the Minister to give full consideration to the many things that have been referred to by him and other hon. members on this side, particularly the regulation covering apprentices and the inadequate description in the Order in Council of testing gear.

I believe that in these days of modern development and the increasing use of electrical appliances, it is essential that there should be every safeguard for the protection of people using them. I therefore ask the Minister to withdraw the Order in Council for further consideration.

Hon. A. T. DEWAR (Wavell—Acting Minister for Labour and Industry) (11.31 a.m.), in reply: I must say at the outset that I am extremely disappointed at what has happened. I went through this rule painstakingly to see whether there were any flaws in it, and I came today prepared to answer a number of points that I thought Opposition members may have made, but the case that has been put up is so puerile that it is almost impossible to find anything to answer. I cannot introduce, as I should very much like to, any extraneous matter, but I want to say that when in office the Labour Party had a record of safety in industry that was an abomination. It was a stench in the nostrils of decent people.

The hon. member for Salisbury said that we would like a full-scale debate on this question. I remind the House that the Labour Party boycotted completely the first safety convention held in this State two or three years ago. It was called a Morris publicity stunt. That is the attitude to safety in industry of the political organisation that allegedly represents the workers. Now it has the audacity to suggest disallowance of this Order in Council.

The very weak case put up hardly requires 15 minutes for a reply. The definition "Certified electrician" is purely for the purpose of this rule, which prescribes that such a person must have an appropriate certificate under the Electrical Workers and Contractors Act. The main points of the hon. members for Bulimba and Kedron concerned apprentices. What is the history of the apprenticeship regulations? This Government had been in power for only one month when it introduced a safety regulation to protect the workers of the State, which was something that was sadly lacking under the administration of Labour Governments. On 14 September, 1957, Apprenticeship Regulation No. 60 was introduced relating to portable electric equipment. It calls for inspection once a month and visual inspection at least every 12 months, with an insulation resistance test.

This regulation under the Apprenticeship Act is not sufficiently stringent. It refers to all employers of apprentices who are required to use this equipment, but an employer can get round that by saying that he does not require apprentices to use it. Under that regulation all such equipment has to be kept in a safe and serviceable condition, but inspection need only be visual. This safety rule was promulgated after 12 months of serious consideration by people highly

qualified in the electrical field, by representatives of employers and employees, trade-union officials—

Mr. Houston: That is not true.

Mr. DEWAR: The hon. member says that that is not true. That means that Mr. Williams and Mr. Peebles are not trade-union officials. They are the men who, together with senior officers of the Department of Machinery and the State Electricity Commission, promulgated these rules. The rule that has been referred to goes much further than the Apprenticeship Regulations promulgated by this Government. It requires inspections and tests at periods not exceeding four months, and Clause 7 lays down the very stringent tests that have to be carried out. No tests are laid down in Regulation 60 issued under the Apprentices and Minors Act.

We realised that there was some conflict between the two regulations and that the Apprentices and Minors Act took priority over other Acts. Under Section 36 of the Factories and Shops Act, this safety rule takes precedence over all other Acts laying down safety conditions. I have already discussed this matter with the Minister for Education, and action will be taken to see that the rule covering apprentices is brought up to the standard of this rule, instead of the other way about, as suggested by the Opposition.

The safety rule now being promulgated goes much further than the rule covering apprentices and the rule relating to sanding machines used in the building trades, which was taken out of the Apprentices and Minors Act. On the one hand we have a rule that simply calls for an inspection, which may be visual, and lays down no conditions; on the other we have a rule that lays down all the steps that are to be taken at certain times, and there is a further safeguard in that it is to be independently interpreted.

Let us see what the occupier of any factory or shop or place is required to do. The rule says that he shall cause all portable and semi-portable electrical equipment to be inspected at intervals not exceeding four months. Clause 8, which lays down a period of 24 months, was commented upon by the hon. member for Salisbury. The inspection may be at a shorter period, as decided by the inspector. Under Clause 19, the inspector may seize and, at his discretion, destroy anything to do with the equipment where the owner has not carried out any of the instructions laid down under the Act.

The case put forward by hon. members opposite is quite ridiculous. I had hoped that they would mention binding the Crown, and various other aspects. However, reference to that would be ridiculous, too, in view of their record of not binding the Crown and not associating it with any rule laid down for private industry. Rules relating to scaffolding brought down by this Government have been applied to the Crown. In fact, in every instance where the safety of

workers is involved the Government has taken action by Cabinet decision. It was decided as early as 1958 to bind various departments of the Crown to ensure that Crown employees had the same protection as workers in private industry.

What is the record of the Australian Labour Party in power? I have here a letter from a Mr. John Egerton. Who is he? I think it is well known that he is a very prominent member of the Australian Labour Party and of the Q.C.E. What is the Q.C.E.? It is the governing body of the Labour Party. What did he say on 25 March, 1958, only six or eight months after this Government took office? He wrote to the Acting Minister for Labour and Industry, Mr. Pizzey, and said—

"Dear Sir,

"Your files will reveal that my union, and other unions, have been trying for years to have the standard of our Machinery and Scaffolding Act raised."

That is what Mr. John Egerton thought of former Labour Governments, which refused over the years that they were in power to do anything to raise the standard of safety by improving the inspection of machinery and scaffolding. They were not interested in the safety and welfare of workers. That prominent union official, who is associated with the political organisation to which hon. members opposite belong, had to admit that, despite the fact that he had kept up pressure for years, Labour Governments in power, which allegedly represented the workers of the State, were not prepared to do anything about it.

Such is not the record of this Government. This Government's record in all fields of industrial life is exemplary, and in the field of public safety and safety in industry it stands to the everlasting indictment of the Labour Party that they should even dare to suggest the disallowance of any rule of safety on any ground, particularly when they know full well the colossal amount of work and investigation that painstakingly went into the preparation and promulgation of this rule. In view of their disgusting record in government and their lack of interest in the workers of this State, it is an indictment of them even to suggest that this rule does not go far enough. It does all that needs to be done to ensure the safety of the workers. Whilst this Government is in power and we have men imbued with the spirit of the officers of this department to administer these rules, the safety of workers in this State is in good hands.

The Government has been prepared to apply to itself and its employees in all departments the stringent conditions relating to scaffolding and other inspections. That was done by Cabinet decision in 1958.

There is very little case to answer. I have dealt with the main points that have been raised and I repeat that where the matter lies at the moment, it is in safe hands.

Question—That the motion (Mr. Houston) be agreed to—put; and the House divided—

AYES, 20

Mr. Bennett	Mr. Lloyd
" Bromley	" Marsden
" Burrows	" Melloy
" Davies	" Newton
" Dean	" O'Donnell
" Donald	" Thackeray
" Graham	" Wallace
" Gunn	
" Hanlon	<i>Tellers:</i>
" Houston	Mr. Sherrington
" Inch	" Tucker

NOES, 34

Mr. Anderson	Mr. Knox
" Armstrong	" Lonergan
" Beardmore	" Low
" Bjelke-Petersen	" Munro
" Camm	" Nicklin
" Campbell	Dr. Noble
Dr. Delamothe	Mr. Pibleam
Mr. Dewar	" Pizzey
" Evans	" Richter
" Ewan	" Row
" Gaven	" Sullivan
" Hart	" Taylor
" Herbert	" Wharton
" Hiley	" Windsor
" Hodges	
" Hooper	<i>Tellers:</i>
" Houghton	Mr. Carey
" Hughes	" Tooth

PAIRS

Mr. Duggan	Mr. Fletcher
" Byrne	" Chalk
" Dufficy	" Gilmore
" Mann	" Hewitt
" Baxter	" Ramsden

Resolved in the negative.

SUCCESSION AND PROBATE DUTIES ACTS AMENDMENT BILL

INITIATION

Hon. T. A. HILEY (Chatsworth—Treasurer and Minister for Housing): I move—

"That the House will, at its present sitting, resolve itself into a Committee of the Whole to consider of the desirableness of introducing a Bill to amend the Succession and Probate Duties Acts, 1892 to 1961, in certain particulars."

Motion agreed to.

IRRIGATION AREAS (LAND SETTLEMENT) BILL

INITIATION

Hon. T. A. HILEY (Chatsworth—Treasurer and Minister for Housing): I move—

"That the House will, at its present sitting, resolve itself into a Committee of the Whole to consider of the desirableness of introducing a Bill to consolidate and amend the law relating to the alienation, leasing, and occupation of Crown land in irrigation areas."

Motion agreed to.

TRAFFIC ACTS AMENDMENT BILL

INITIATION

Hon. A. T. DEWAR (Wavell—Acting Minister for Labour and Industry): I move—

“That the House will, at its present sitting, resolve itself into a Committee of the Whole to consider of the desirableness of introducing a Bill to amend the Traffic Acts, 1949 to 1961, in certain particulars.”

Motion agreed to.

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES BILL

THIRD READING

Bill, on motion of Mr. Munro, read a third time.

MENTAL HEALTH BILL

INITIATION IN COMMITTEE—RESUMPTION OF DEBATE

(The Chairman of Committees, Mr. Taylor, Clayfield, in the chair)

Debate resumed from 21 November (see p. 1799) on Dr. Noble's motion—

“That it is desirable that a Bill be introduced to make new provision with respect to the treatment and care of mentally ill persons and with respect to their property and affairs; and for purposes connected with these matters.”

Mr. LLOYD (Kedron) (11.51 a.m.): From the Minister's introductory speech it would appear that he is tackling a very grave problem in attempting to bring the people of Queensland, and the Parliament of this State, to a greater realisation of the fact that, through the use of modern treatment and drugs, we can have a greater degree of integration of the mentally ill in our hospital system.

We can trace the history of the treatment of the mentally ill back over the years. In 1938, as the Minister said, there was some realisation on the part of the then Government of the unfortunate stigma attaching to people who were patients in a mental hospital. In those days, we called it the Goodna Asylum. The terminology of the Bill sought to overcome this problem to some extent. The war, perhaps more than anything else, aided the progress and advancement of medical science in the treatment of illness, and particularly mental disorders. Naturally, during the war, with so many people in the Forces, many suffered from war neurosis and other mental disorders. Many physical injuries caused mental disorders, and the treatment during that period has had its effect in the post-war years. We now have a great advantage in the treatment of this sort of illness compared with years gone by.

I think I can safely say that we on this side of the Chamber agree that experiments should be carried out. I would call this legislation more or less experimental, because it envisages the integration of mentally-ill people in our ordinary hospital systems.

Towards the end of the war, with the return to civilian life of men and women from the Forces, the lack of accommodation brought about by the shortage of funds and the dearth of building operations during the war faced every State Government. They were also confronted with the unfortunate policy of the Commonwealth Government in forcing upon them more or less a type of assistance which depended upon the expenditure by the State from its own revenue. The building programme for hospitals suitable for the treatment of the mentally ill depended upon the amount of finance available from our own resources, and whatever money was available for hospital construction was used to build the usual type of hospital. We were thus able to construct the Princess Alexandra Hospital at South Brisbane. Because the then Queensland Government had a greater appreciation of the problem than some of the other State Governments, it followed a policy of building special hospitals and provided a tuberculosis hospital. We accepted the Commonwealth Government's offer and, as a result of the construction of that hospital, tuberculosis has, to a great extent, been overcome. It is now possible for this Government to use a great deal of the accommodation at that hospital for the purposes set out in this legislation.

When I say that the Government has been fortunate, I mean fortunate in that so much more accommodation is available to it for the purposes outlined in the Bill than was available, say, five or six years ago. The facilities we had available to us were “unhappy,” and I use that term deliberately. Treatment within Wards 14 and 16 suffered through lack of suitable accommodation for the mentally ill. Treatment required at the Brisbane Mental Hospital, Goodna, was such that it was very difficult for us to secure skilled nursing staff and there were certain incidents. There are still some; I understand the position has not been completely rectified.

Mr. Herbert: There is a world-wide shortage.

Mr. LLOYD: Yes, particularly with treatment of the mentally ill. The stigma still remains. It is very difficult to secure adequate skilled nursing staff to cater for the needs of mental patients. The increased accommodation now available, with advances made in science and in the use of drugs, will no doubt provide greater opportunity for this type of treatment for mental disorders to be put in hand rather quickly, and it is to be hoped that the unfortunate stigma that has attached to treatment of the mentally ill

in the past will be removed. The Minister has said that one of the purposes of the Bill is to remove, as far as possible, what he called the custodial stigma. We may call the hospital Lowson House or another ward but, even though there is this integration, there will always be some stigma attached to it. I think it would be almost impossible to remove it completely.

However, by placing emphasis on psychiatric treatment, and possibly through the realisation by the medical profession of its value, it will be necessary for many of these patients to stay in the hospitals of the State for only a short time. Isolation will still have to be provided for the more extreme cases of mental illness.

The provision for admissions to hospital appears to cover all possible types of admission. Apparently there are three categories. One is the informal type, possibly a patient being diagnosed as suffering from a minor illness and referred to the hospital for in-patient treatment. Then there are the regulated admissions and admissions by hospital order. They cover normal circumstances, to which we cannot offer any objection.

There were one or two matters mentioned in the Minister's introduction that we could query. One in particular was the taking away from the Public Curator of the mandatory power to control the administration of the estates of patient-inmates of mental hospitals or mental wards within hospitals. I can perhaps visualise the Minister's reply to this. Now that the system is being changed and that one Act will cover all sections of mental illness, many cases will be brought within the ambit of the legislation that would not be severe enough to be brought within the mandatory powers—I could understand that—but it is one point we will examine very carefully when the Bill is presented.

We will also have a good look at the provision as it affects the other cases, of patients who are to be admitted and remain in the mental wards of the hospitals or the psychiatric wards for any length of time. We know that the Public Curator has handled carefully the affairs of all who have been patients in mental hospitals, and I think that it is very necessary that the estates of these people be adequately protected during such times. We will examine the Bill when it is printed to see if that position is to be affected.

After three months, a patient is to be discharged voluntarily if he absents himself from hospital. I notice that if the patient is dangerous, a warrant can be issued to have him detained and returned to a hospital for treatment. It then becomes a matter of the definition of "dangerous" and what is the full intention of the legislation on this particular aspect. In conjunction with this new type of treatment for mental illnesses must be considered the necessary protection of the public. Although many people could not be described as dangerous because of mental illness, it could be essential that they

receive treatment. I shall be interested to see if the Minister deals with that in his reply.

I have no doubt that the Minister is acting sincerely, but it may be possible for the State to gain a great amount of revenue from the treatment of many aged people or people with minor mental illnesses. These people may previously, either voluntarily or compulsorily, have been patients of mental hospitals. The Commonwealth-State relationship in this matter is rather peculiar. Whereas previously no assistance was received by the State from the Commonwealth for the treatment of people with mental illnesses, in all probability the State will now receive some direct payment by way of hospital benefits from the Commonwealth Government. It is a question of whether the Commonwealth Government will declare psychiatric wards to be in fact mental hospitals. This matter has apparently not been fully appreciated by the Commonwealth Government over the years, and legislation such as this may force upon it a fuller appreciation of what is required.

The treatment of tuberculosis was considered in the State-Commonwealth relationship in 1948-1949. Because of a subsidy from the Commonwealth Government, it was possible for Queensland to be one of the few States that embarked immediately on the construction of hospitals for the treatment of this disease. We were far ahead of the other States, which are only now catching up. Since 1955, I think, there has been a subsidy from the Commonwealth Government of £2 for each £1 spent on the erection of buildings and purchasing of equipment for mental hospitals. Because of differing policies between Government and Government, one Government stating, "We intend to have mental illnesses treated in our hospitals," it was not possible to receive the full amount of subsidy available from the Commonwealth Government. I believe that only approximately 50 per cent. of the money available to the State Government had earlier this year been received because that money could be spent only on buildings and equipment. With a building programme for our major hospitals like the one outlined by the Minister, we should have the full subsidy, and there should be a greater realisation by the Commonwealth Government of the need for direct benefits for beds occupied in mental hospitals.

I realise that this matter has been exercising the minds of State Ministers for Health for many years, and it is rather strange that in the past some Commonwealth Governments have not appreciated fully the health needs of the people. Apparently the Commonwealth Government has not yet a true appreciation of the need for treatment that will be of benefit to people who are mentally ill. If by more humanitarian treatment of mental sickness we can allow people to take their place in the community again

after a short time, we shall be doing something useful. This is one of the worst problems in our present society and it must be tackled. Perhaps this legislation will provide a foundation on which we can build for the future and achieve a greater percentage of cures than we have in the past. The need for action has been impressed on this Government, and probably on other Governments, by the development of improved practices in the treatment of mental disorders and the fact that a cure can now be effected in a shorter time.

Other hon. members on this side of the Chamber who are interested in the subject have some interesting comments to make, so I shall give them the opportunity of speaking.

Mr. HERBERT (Sherwood) (12.7 p.m.): I compliment the Minister on the introduction of this legislation. To be fair, perhaps I should say that the big changes involved in it are not peculiar to Queensland but are part of a world-wide pattern. However, it is to Queensland's credit that the Government has moved quickly to introduce legislation in line with modern thinking on the problem of mental illness. This is undoubtedly due to the impressions gained by the Minister during his trip overseas last year and the very great interest he has shown in the development of all sections of our psychiatric services. It has been high-lighted by the establishment of clinics and associated services to help parents with problem children.

This new approach to mental health is very long overdue. When I first became the member for Sherwood, the Brisbane Mental Hospital at Goodna was within the boundaries of my electorate and it was not a happy place to visit. Over the last three terms of Parliament, one in Opposition and two in Government, I have witnessed a remarkable transformation in that hospital. It was in the electorate of the hon. member for Ipswich East for some years prior to that, and I think he will agree with what I say about the changes that have taken place. The high walls with barbed-wire tops are coming down; standards of staff-training have been improved. But above all there has been an awakening of public interest. I might mention that one of the heads of the carpentry section at the Brisbane Mental Hospital left recently. The very first job he did when he joined the staff as a boy was to build a high fence round the female quarters. The very last job he did before he left was to take it down.

Mr. Newton: There have been many advances in medicine in this field.

Mr. HERBERT: I am not denying that. Politics do not play any part in our consideration of mental health. As a matter of fact, the hon. member for Ipswich East and I have a common interest in the Brisbane Mental Hospital. Although it is in my territory geographically, many members of the staff live in Mr. Donald's electorate,

and we meet on common ground at the hospital with the idea of doing the very best job we can for the patients and staff.

Three years ago I convened a meeting to form the Mental Health Federation of Queensland. For some time I had been disturbed at the arrangement for welfare work at the hospital. There was no co-ordinating influence directing the activities of the various charity bodies that did voluntary work in the hospital. These organisations had contributed a great deal over the years, but some of the effort was wasted because of the lack of co-ordination. Dr. Boyce, the medical superintendent, and his staff, did a very good job in attempting to achieve co-ordination. However, they had many other duties and the position became rather difficult for them. As I said, a meeting of representatives of all the organisations doing any work in the hospital was held at Parliament House, and it was agreed to form a body to be known as the Mental Health Federation of Queensland. I acted as president for the first term, although I had intimated to the members that I thought it was undesirable for a member of Parliament, from either side of the House, to remain in the chair. That is still my belief because at some time it might be necessary for the Mental Health Federation to have strong words with the Government of the day, and a member of Parliament in the chair of the organisation might make a political issue out of something that should have no politics in it. However, we were very fortunate to have Dr. Beryl Hinckley accept the presidency at the first annual meeting. She has held the position with distinction and is ably assisted by Mrs. Marjorie Wilson, who is a very efficient secretary. This body not only co-ordinates the activities of the various bodies working within the hospital, but also raises money in its own right. Last year it provided television sets for many wards that were without that amenity, and this year it is concentrating on fund-raising to provide an after-care centre. The Minister has already undertaken to give very serious consideration to assistance in this direction, and this excellent body will help him to give that aid.

Proceeds from the Poinciana Festival, which is to be held in the hospital grounds on Saturday, 1 December, will go towards this fund. The festival will be opened at 11 a.m. by Dame Annabelle Rankin, in the presence of the Minister, and will continue for the remainder of the day.

I should like to invite members of this Committee to go to the mental hospital next Saturday to see just what is being done there for the patients, a large number of whom will be attending the fete. They attended last year and it would have been impossible for an outside observer to distinguish between patients and visitors. I think the manner in which it was organised was a remarkable tribute to the staff of the

hospital. Naturally, some patients could not be allowed to attend a function of that nature, but a large number did attend and they will attend again this year. The work they have done will contribute in no small measure towards the success of the fete. A great deal of the material on sale will have been made by them and it will be an excellent opportunity for people outside the mental hospital system to see just how Goodna operates. I strongly suggest to all those with any free time on Saturday to take their families up to Goodna to see how the Poinciana Festival is conducted.

To give some idea of the amount of effort constituent bodies of the federation put into the hospital, I might mention that last year the Goodna sub-branch of the R.S.S.A.I.L.A. spent over £1,000 on welfare work in the hospital for ex-service patients. This sub-branch is supported in its wonderful work by sub-branches from all over Queensland. It is wonderful work, Mr. Hooper. I know you have been present at some of these functions and they are ex-service men's functions of the very first order. You could not distinguish between the functions they hold and any ex-service men's re-union in any other part of Queensland. From a therapeutic viewpoint it must have an excellent effect on patients. There are two types of ex-service patient at Goodna in the Wacol Pavilion for patients whose mental condition is directly establishable to a war cause and is accepted as such by the Repatriation Department. They, of course, are looked after by Commonwealth authorities but there are also ex-service soldiers' wards. Dr. Boyce has organised all his ex-service patients together in soldier wards and the R.S.L. has accepted some responsibility for providing amenities for them. It is working out very well and, of course, the R.S.L. is only one body. However, it spent more than £1,000 last year and I should imagine that that amount will increase over the years as the sub-branches become more aware of this work and give added support.

The work the R.S.L. is doing at Goodna is certainly deserving of every commendation. Other bodies, particularly church groups, are conducting similar work. The Minister introduced a system of chaplains into the hospital; he built residences for them, and even built chapels. It was an innovation that, quite frankly, surprised the churches. I do not think they expected the support they got. The three chapels are Anglican, Roman Catholic, and Council of Churches. They are doing a wonderful job in the hospital because a number of people in that sort of mental condition find considerable help in religion. Now they have not only the chaplains but also a place of worship of their choice.

All this is indicative of the changed public attitude to mental illness. People and organisations who had no previous contact

with mental illness are now freely visiting the hospital and offering help to the patients. This legislation will help a great deal towards fostering public interest.

The replacement of the name of "mental hospital" by "special hospital" is not in itself noteworthy, but it is indicative of the general change that is taking place. The asylums of the last century were dreadful places both for the inmates and their custodians. Vestiges of those unenlightened days remained with us until the last decade.

Fortunately, with the passing of this legislation, the last cobweb will be swept away. Patients other than those under the charge of the Comptroller-General of Prisons can be admitted without formality, or compulsorily detained in any hospital, private hospitals caring for all forms of illness or for mental illness in particular, public hospitals, or special hospitals. No private hospital can be compelled to accept a patient. The transfer of patients from one hospital to another can take place by mutual arrangement or on the order of the Director. Thus the care of the mentally ill will be provided by the hospitals of the community which already provide for the care of any illness, and the functions of the "special hospital" can be defined by the Minister and used expressly for that purpose.

Early preventive treatment of mental illness is of paramount importance. Many mentally-ill patients are not given treatment early enough. The reasons are many and varied. Either the doctor does not wish to refer patients with relatively few symptoms, or he does not recognise them, or he is afraid of hurting the patient's feelings if he does refer him to a psychiatrist. Indeed, the psychiatrist may not yet be able to recognise or deal with mental illness at a very early stage because he has not seen enough patients with early symptoms, but in time he will become more skilled in this direction.

Of course, there is a lamentable lack of trained psychiatrists, not only in Australia or Queensland, but throughout the world. Far too many of them find private practice so lucrative that it is a difficult task to encourage them to work in Government institutions. We have many dedicated men in our institutions who could make better money outside. I am not for one moment suggesting that we should try to compete with the tremendous amount of money that is available for psychiatrists in outside practice, but there is a very wide field here for further trained specialists.

If there is to be advance in early diagnosis we shall have to know more about the points of normal behaviour in order to recognise variation from it. Previously the need for certification made many doctors hesitate over such a serious step. The provision of intermediate services now gives the doctor more scope for the care of cases, particularly those that he at present considers as borderline. He does not have to

make the decision now of either getting a man certified or letting him go home. The patient can obtain intermediate treatment and have specialist consideration of his case.

Even subnormality should not be excluded from this treatment. A subnormal develops many bad behaviour habits and physical disabilities which are capable of some degree of remedy if he is admitted early for training, either at a centre or a hospital. The wonderful work done by the Bowen Hills Sub-normal Children's Centre and the Wacol Farm Colony is indicative of the trends in this field. Originally, all sub-normal children in the care of the State were kept at Sandy Gallop with very little prospect of improvement. In fact in the early days when we did not know any better, children were confined in Sandy Gallop who, had they been given treatment earlier in their lives, possibly could have had some worth-while existence outside. The new hospital for babies at Chermiside may be the saving of many youngsters who previously would have had to stay home with very little prospect of any training.

The liability of the subject comes very much to the fore in this legislation. It is necessary to pay due attention to the liability of any subject. Even the mentally-disordered subject should have his protection. The balance between liability and constraint has been struck differently at different times.

Some people may think that to say "mentally sub-normal" instead of "idiot," "mentally ill" instead of "mad," and "psychiatric" or "special hospital" instead of "lunatic asylum" is merely an example of the modern tendency to use mealy-mouthed euphemisms such as "toilet," "powder-room," and words like that. But that is quite wrong. The new terminology marks a complete change of attitude. It is more accurate and more forthright. An asylum is a place of refuge or custody, not a place of treatment or care. The modern terms define the situation much more clearly. The modern conception is that mental illness and sub-normality are no different from physical illness and physical injury, or mal-development in any aspect which is relative to the provision of remedial services.

Although a large portion of the Bill is devoted to the formalities concerned with the compulsory powers of detention, the importance of admission without formality cannot be over-emphasised. The Bill limits the use of compulsory powers of detention. Only if it appears necessary for the patient's welfare, or for the protection of others, may these powers be used, and only then if the patient is unwilling to receive medical care.

Before the widespread use of psychiatric services outside mental hospitals, the figures of admissions to mental hospitals were much higher than they should have been. In Great Britain, according to Sir Bruce Fraser, Permanent Secretary of the Ministry

of Health, in 1961 the number of out-patient attendances a year in England and Wales had risen since 1955 by 77 per cent., and is now over 1,250,000 a year. However, since 1955, in the same population, the number of hospital beds occupied by mentally-ill patients has dropped by about 7½ per cent., but the number of cases treated in a year has risen by nearly 40 per cent. I think hon. members will agree that they are striking figures. They do not mean that it has suddenly become possible to discharge from hospitals patients who have been detained, or have been mentally ill, for many years. But if the trends continue it is quite clear that, as the older patients die, far fewer beds will be required for mental illness simply because mental illness will much more rarely be a chronic condition and the average length of stay in hospital will steadily decrease. This opens up the possibility of scrapping, without replacement, some of our mental hospitals, and dealing with mental illness in fewer beds that are better situated and more actively served. That would be a wonderful stage to reach and I think we are quickly reaching it.

This legislation will be warmly welcomed by the thousands of relatives of people at present in our mental hospitals, and by many thousands more who have relatives or friends suffering from some degree of mental disorder. It provides a great step forward in this State's medical services.

Mr. MELLOY (Nudgee) (12.24 p.m.): I have a few words to say to hon. members on this very important Bill. I believe this is an aspect of medicine that has caused greater trouble in the home and more unhappiness than any other defect in medical history. It has imposed tremendous hardships on parents who have found their young ones in a state of mental health which necessitates their being committed to mental hospitals, or makes it necessary for them to receive mental treatment. I think that in a way the Government can be commended for realising the seriousness of the problem.

I believe that the policy of any Government, when dealing with the mentally ill, should be to try as much as possible to keep people out of mental hospitals rather than to follow the past practice of committing people to hospital when such an illness was discovered.

I think the attitude of parents in the past has influenced the Government in its dealings with the mentally ill. With relatives it has been a case of "Out of sight, out of mind", and often, though not always, they have been only too keen to have these unfortunate people admitted to mental hospitals. Not realising that the illness was a mental one, they have regarded it as an unmentionable disease and have attempted to hide the fact that they had someone in the family who was mentally affected. So the tendency has been to remove them from the sight of the world by committing them to a mental institution.

It is very fortunate that that attitude to mental illness is now changing. In the old days, once these unfortunates were committed to hospital they very quickly became institutionalised and, irrespective of their original state of mental deficiency, soon after admission, because of their environment, very little difference was evident between the degrees of mental deficiency of those who were patients.

Of course, the staff problem has always had a great effect on the progress of mentally-deficient patients or those suffering from mental illness. The trouble has been that there has been no direct contact between the patient and the doctor. With the huge number of patients the doctor has had to deal with, it has not been possible for him to make any comparative assessment of a patient's progress between the times he has seen him and the doctor really at no time has known his patient. Remedying that situation is one of the answers to the treatment of the mentally ill.

At the present time the staffing position, even in the hospitals in Queensland, is still far from desirable. On the latest figures, the number of patients in Goodna was 1,866 while the number of mental officers there was 15. In Ipswich the position is even worse—614 patients and only one medical officer apart from the superintendent.

Mr. Herbert: There is very little they can do for the patients at Ipswich. They can do more for those at Goodna.

Mr. MELLOY: That may be true. In that case I should think we have to decide what we are going to do with the patients at Ipswich. I suppose they are regarded as incurable, and the most that can be done for them is to make their remaining years as comfortable as possible.

The medical staff at Goodna, numbering only 15 apart from the superintendent and his assistant, is far from adequate. I know it is a tremendous task to attract young medical men into the field of psychiatry, but we must do something about encouraging them to take it up.

I was at Callan Park on Monday and I spoke to the superintendent. They have 1,700 patients and there are 36 on the medical staff. Although that is not the most desirable number, it goes a long way towards it. Eighteen months ago at Callan Park there were only eight, but that number has now increased to 36.

On the point of giving encouragement to medical men to take up psychiatry, I was talking to a young Englishman at the North Ryde institution, which I also visited on Monday. He was very enthusiastic about it. He has been in Australia for only about five years and in practice for 4½. He told me that formerly he did not have any particular liking for psychiatry but he was rather fed up with private practice and

accepted a position at North Ryde. He said that he had been there for only four months but that no-one could talk him out of it now. He said that he felt that that institution was a particularly good one. It must not be considered that the North Ryde institution presents a picture of other mental institutions in New South Wales, but if we had a similar place here and could get our young doctors into it, they would be impressed with the surroundings and environment just as was this young Englishman. As he suggested, when they have been there for six months they will become obsessed with the necessity for young men to take up this work and, having been indoctrinated at such a place, they would have no hesitation in accepting positions in other mental institutions.

Dr. Noble: The Chermide Hospital will do that in Queensland.

Mr. MELLOY: I realise that.

Dr. Noble: It will be even better, because it will be within the General Hospital.

Mr. MELLOY: Yes. I understand that there will be about 200 patients at Chermide. There are 500 at North Ryde. I was told that they are all there voluntarily. There is integration of the sexes. I do not know whether that is desirable, but apparently they consider it is. I think that there have been two pregnancies in four years, so apparently integration is not carried to extreme lengths. There were cars in the grounds at North Ryde and I asked the Superintendent if all of them belonged to the staff. He said, "No. As a matter of fact, about half a dozen belong to patients." There seemed to be a very good set-up there.

I should now like to deal with visiting hours for relatives at our institutions. I understand that it is desirable that they be open for visiting by relatives at any time. Apparently this has had a very good effect in the institutions in New South Wales, the feeling being that the knowledge that relatives are likely to arrive at any time tends to keep the staff on their toes and provides a greater measure of contentment for patients and relatives. When relatives know that they can visit patients at any time, I think that they are inclined to accept more responsibility than they are when they can visit on only three days a week, as applies at Goodna now.

I also wish to deal with the method of admission to mental hospitals without certification. Under the present set-up, a person who is certified for admission to a mental hospital carries a stigma that remains with him throughout his life. People who wish to do so can always throw up at him that at sometime or other he was certified and admitted to a mental institution. I think the introduction of a system encouraging voluntary admission of those over 21 and admission with the consent of relatives of

those under 21 is a step in the right direction, although I know that it does not altogether provide for admission without certification. I do not know what percentage of patients in mental hospitals in Queensland are voluntary patients, but I understand that in England the proportion is as high as 85 per cent. Is that correct?

Dr. Noble: Eighty-five per cent. in their ordinary general hospitals, but not in their psychopathic hospitals. They have two types of hospital.

Mr. MELLOY: I see. During a visit to the Brisbane Mental Hospital at Goodna last year, we noticed about eight young girls there who were delinquents, or, as I think the Minister prefers to call them, mentally-ill children. Several members of the party spoke to the girls, who did not appear to be mental but more the delinquent type. The Superintendent was with us at the time, and he spoke to the girls and they spoke to him quite normally. However, I understand that after spending a period in the admission centre they are moved to wards in which there are older and more seriously affected patients. I do not know whether that practice is still followed. If it is, I think it is most undesirable.

Dr. Noble: A new institution has just been finished near the Ipswich Mental Hospital. It will be opened very soon.

Mr. MELLOY: Will they be admitted there?

Dr. Noble: Yes.

Mr. MELLOY: Will they be segregated there?

Dr. Noble: No. They are psychopathic girls. In England they send them to psychopathic hospitals.

Mr. Herbert: They are certified as psychopathic. They are not allowed in there without certification.

Dr. Noble: In England they are certified as psychopathic and sent to psychopathic hospitals.

Mr. MELLOY: I think that is very desirable, because the effect of their environment on young girls could be disastrous. They would not have reached the incurable stage or anywhere near it.

In some instances persons are charged with offences but, because of their mental condition, the trial is not proceeded with and they are admitted to mental institutions for treatment. I have in mind a particular case in which a young man was arrested on a charge of arson and it was found that he was of unsound mind. His case did not proceed to trial and he was admitted to Goodna. He was there for about two years before his trial came on, and he was responding very well to treatment. However, he was tried and acquitted on the ground that he was of unsound mind at the time he committed the crime and was detained at

Boggo Road at the Queen's pleasure. While he was at Boggo Road, I am informed, he did not receive the same treatment as he had been getting at Goodna and his mother was very concerned at that fact. If that is so, I think there should be some means of dealing with such a case. He had reached a stage where his condition was not such that it was necessary to re-commit him to Goodna, but he was in need of further treatment. His mother was concerned that he should be discharged while still needing further treatment that she was not able to provide, and she thought she might have to have him re-committed to Goodna. If he had had the necessary treatment at Boggo Road, he would perhaps have reached the stage where he would not have been a great concern to her. I suggest that the Minister might be able in his reply to advise me of what happens to such patients in those circumstances.

I understand that the Bill deals with the control of the affairs of patients who are committed to mental institutions. That is a matter that needs very serious consideration by the Government. There are occasions when patients are supporting relatives before they are committed and I think it is desirable that those relatives, whether they be parents or children, or whoever they may be, should have some measure of control over the finances of the patient. We have to ensure that there is no loose legislation that would enable anyone other than relatives to control a patient's affairs, or that would enable unscrupulous relatives to gain access to the assets of anyone who is committed to a mental institution. I am sure the Minister's comments on that matter will be appreciated, and no doubt we will gain further information when we see the Bill.

This State has moved very quickly in instituting reforms in matters pertaining to mental illnesses. Judging by the remarks of the Minister in introducing the Bill, the new policy of the Government appears to me to be a virtual steal from the policy adopted by the New South Wales Government under its Mental Act.

Dr. Noble: No. It is based on the English Act, as is also the New South Wales Act.

Mr. MELLOY: It all depends how far the Minister came down the line before he picked it up. I think New South Wales has moved very quickly and very efficiently in the last few years in its treatment of mental illness, and, in spite of that, I believe it is still behind Victoria.

Before I close, there is one other matter I should like to mention. I am told that in New South Wales members of the staff pay regular visits to Victoria for brush-up courses. I think that is a very desirable state of affairs, not only with mental institutions but with all hospital institutions. It appears that five or six members of the staff, from all sections of the administration, pay visits of a week's duration to Victoria for brush-up courses. I think that policy

should be instituted in this State. It is a matter that the Minister should have a look at. I do not propose to deal with the Bill itself at this stage because we have not very much information about it. I reserve further comment until the second-reading stage.

Mr. SHERRINGTON (Salisbury) (12.45 p.m.): I had not intended to speak at this stage of the Bill, but having listened to the comments of previous speakers I feel now that I should like to deal briefly with the subject of mental illness. Most hon. members realise that the advances made in the technical field for the treatment of the mentally ill have made it progressively easier for care to be taken of them. I think the Minister indicated that the use of tranquilisers and certain types of therapy have made the task of caring for them considerably lighter in that it is now possible, to a certain degree, to allow what is known as an "open" hospital. The change in concept of treatment over the years has been rapid and progressive. It is the obligation of Governments, irrespective of political colour, to keep pace with advances in the scientific field by making comparable advances in the appropriate legislation.

I was very interested in the Minister's introduction of the Bill, particularly his reference to the provision that will allow for informal admission. Only recently I had the case of a young lad brought under my notice. No doubt the Minister knows to whom I am referring. This lad suffered a certain degree of mental deficiency. On the application of his mother he was admitted to Brisbane Mental Hospital as a voluntary patient. He received certain treatment but then, owing to the fact that he had attained the age of 18 years, he was discharged. Unfortunately, possibly because of the previous legislation, that lad could receive no further treatment unless he was capable of making a voluntary application for admission or was admitted on certification. I have discussed this matter with the Minister following a lengthy talk with the lad's mother. To all intents and purposes it is possible that over a period of years treatment can help him, but it is increasingly difficult for the mother to manage him because he is attaining maturity. He has the psychology that he can go out and take his place in the world. He fails to understand why he cannot obtain a position when other children are going out to work. An occupational therapy test showed that it is not possible for the lad to engage in work. This presents a problem for the mother, because most parents approach certification with a degree of concern. As the hon. member for Nudgee said, one of the difficulties in the way of treating these people over the years has been the stigma that unfortunately has attached to people who have been certified at some stage of their life. In this instance the mother is loth to have the lad certified and the child is incapable of making application for voluntary admission. A very distressing situation has arisen. When introducing the Bill the

Minister made a comment about informal admissions and I was wondering whether such a case could be informally admitted. If that is not possible it might be well for the Minister to investigate the possibility of an amendment to provide that training may be made available in such cases, or admission to mental institutions may be effected to obviate certification once a patient becomes 18 years of age. Progress has been made in this field because of the better methods of treatment of these patients.

I said at the outset that I would be brief. I rose to speak about the problem of certification. As the Minister suggests, I should like to examine the Bill in greater detail, because there is provision in it for certain protection by the Public Curator for the assets of people who become mentally ill. I know something has been done about it. However, there may be need for an extension of that protection. I have a particular case in mind. When a person becomes mentally ill and the Public Curator is administering the estate, I understand that, when a property is involved, the Public Curator has no power to negotiate if an offer is made for the purchase of the property by a private person. In other words, when the Public Curator has satisfied himself and has obtained the permission of the court to dispose of certain property, he must offer it at public auction. He cannot negotiate with a person who is prepared to make quite a substantial offer for it. Because the law provides that it must be submitted at public auction, a person who desires to purchase it could obtain it at a considerably lower figure than he might otherwise be prepared to offer. That is one feature of the control by the Public Curator that could be examined in the light of giving him wider powers. In order to completely safeguard the interests of the person concerned, our law provides that the decision does not lie in the hands of the Public Curator but rather that he must present to the court a case of sufficient strength to enable the court to decide whether it is in the best interests of that person that the property should be disposed of. That is particularly so where he has dependants who could be placed in necessitous circumstances because the mainstay of the family is in a mental institution.

I ask the Minister to examine the suggestion with a view to enabling the Public Curator, once he has authority from the court to dispose of the assets, to make the best possible deal by negotiation. In many instances that could be done. Often, when property is put up at public auction, it does not realise as much as it would have by private negotiation.

Dr. Noble: He will be able to do it by private negotiation.

Mr. SHERRINGTON: Under the Bill?

Dr. Noble: Yes.

Mr. SHERRINGTON: I am glad to hear that. We have every confidence in the capacity and the ability of the Public

Curator to look after the interests of these people. I am very pleased to hear that the Bill will contain provision so that the Public Curator will be able to obtain the best possible advantage for such a person or his dependants when disposing of his assets.

I have covered the main points I wished to deal with. I look forward with interest to receiving the Bill.

Along with other hon. members I can appreciate the Minister's statement, when introducing the Bill, that the thinking must be framed so that a person with a mental disorder will be viewed in the same light as one with a physical disability. For far too long our ideas of a person with a mental disorder have been completely wrong. It is to be regretted that the attitude of the public has not progressively changed with the times. Anybody who has made a study of mental institutions and the mentally ill will realise that these unfortunate people are merely suffering from a disability. No stigma should attach to them. Once the average person realises that we must view them merely as having the equivalent of a physical disability, it will be all to the good for the treatment of the mentally handicapped.

Mr. DONALD (Ipswich East) (2.15 p.m.): Dr. Stoller reported in or about 1955 that on examination of, and comparison between, the standards of treatment and housing of mental patients in the various States, and of the development plans for the future, it was readily seen that Queensland had achieved much, and that it would retain its favourable position for some years to come.

Free hospitalisation of mental patients is, of course, peculiar to Queensland, and stands to the credit of the State Government. If other States are now ahead of us in the treatment of the mentally ill, it is because we have not progressed as rapidly as they have. The hon. member for Nudgee gave the impression that what he had seen at Callan Park and North Ryde was an improvement on what he had been able to see at Goodna. I honestly believe that in every State we could, and should, be doing a lot more for the mentally ill. Federal and State Treasurers should be budgeting for much greater expenditure on mental hospitals and their maintenance. State Health Ministers should realise that comparison between the various States of the Commonwealth is not good enough, and that the subject should be considered on a national basis. If society as a whole regarded the mentally afflicted with real understanding instead of the usual abhorrence, and appreciated the fact that mental nurses are members of one of the most skilled professions, who have undergone extensive training in psychiatric nursing and are not merely custodians of lunatics, it would be much better for all concerned.

Mental nursing is, in the main, essentially unpleasant, and the exacting demands made on mental nurses, together with the ever-increasing skill required of the profession by the rapid advances of science, warrant a higher appreciation of the work that they are doing for the community generally, as well as those under their care.

I have the highest respect for the work being done by the staffs of the Brisbane Mental Hospital and the Ipswich Mental Hospital. I have known Dr. Stafford, Dr. Boyce, and Matron Sinclair for many years and they, together with Dr. Barratt and Dr. Anthony of Sandy Gallop, are, I feel, men dedicated to their work. I think that the same can also be said for the great majority of nurses, both male and female. Anyone visiting a mental institution must realise very early in his visit that the people who have the care of these unfortunate folk are doing a wonderful job on behalf of the community against tremendous odds.

Last Friday week, I think it was, I had the privilege of attending a graduation ceremony at Goodna, at which approximately 20 nurses, both male and female, were presented with certificates by the hon. member for Sherwood, Mr. John Herbert. Keen disappointment was expressed by almost everyone assembled in the hall at Goodna that no representative of the Department of Health and Home Affairs was present. Unfortunately this has happened not only once, but on many occasions. The impression is left on these men and women and their relatives that the department is not very interested in their welfare or the presentation of their certificates. I am not going to say that that is in fact the case, but I give the warning that that is the impression given, and one cannot blame these people for thinking that way. These functions are the result of representations made to the department by the Hospital Employees' Union, and without doubt are great morale builders.

I have been reliably informed that patients who abscond from the open wards at the Brisbane Mental Hospital at Goodna are recorded as being on leave and are subsequently discharged. If this is correct—I have no reason to doubt it—I think hon. members will agree that it is a very dangerous practice, a practice that could cover up diagnostic errors that I am told would not be made if psychiatrists were not enforcing the present Government's policy.

I have newspaper clippings here relating to a murder that may not have, and probably would not have, happened had it not been for the policy of the Government. The particular inmate escaped from the Brisbane Mental Hospital late in November 1960, and he could have been picked up by interested authorities at any time in the city of Brisbane. In fact, he had been seen on numerous occasions by people who knew that he had been an inmate of the Brisbane Mental Hospital but did not know that he was not genuinely discharged, even though

his appearance gave a clear indication that he should not have been on leave. I have been advised, also, that the policy pursued by the present Government at the Brisbane Mental Hospital is that the appearance and mental condition of patients are not necessarily of any importance. The patient escaped at about 4.30 p.m. on 27 November, 1960, whilst allotted to the Brisbane Mental Hospital engine-room. His file shows that he was discharged on 27 February, 1961, but it is claimed that this is only a book entry. On 27 July, 1962, he was charged with having wilfully murdered a man who was sharing a cell with him at the city watchhouse. They both had been arrested for drunkenness.

Another example of the looseness of granting parole or leave is the case of a man who had been in and out of mental hospitals several times and whose troubles were mentioned in the newspapers. Like so many others, he was discharged prematurely. I have the newspaper cuttings here, but I will not read them because I do not want to take up the time of the Committee unnecessarily. They do not contain my statements, but they are taken from the newspapers of this city and substantiate what I have been told.

Another case that occurred some little time ago has been brought to my notice. On this occasion three women were forced to lock themselves in a public convenience at the Gailles railway station to avoid advances being made to them by a parolled patient from an open ward, and they had to remain there until someone came to their rescue.

I have an acquaintance who claims that his brother, who is an inmate of the mental hospital at Goodna, is an example of the ease with which patients who are not ready for leave may be given leave. Members of the man's family are very concerned, because on several occasions when on leave he has drunk freely, become very intoxicated, hired a taxi and brought his friends to his brother's home, and the brother has had to meet the cost of hiring a taxi from Brisbane to Ipswich.

Some Goodna residents are becoming very concerned about the drinking habits of patients on leave. It is claimed in some quarters that alcoholics are given free board and lodging, plus the privilege of visiting the local hotel or other hotels, as they wish.

I have also been informed by responsible people who are in a position to know—they are associated with mental hospitals, and have been for a number of years—that there will almost certainly be scores of assaults, thefts, and possibly more serious crimes committed before the present policies are rejected by public expression, and that they will not all be committed by patients on premature leave, parole, or discharge. Some will be committed by people before they are given adequate treatment and

because of the reluctance of psychiatrists to certify people, and many examples of this are available.

The Hospital Employees' Union has also been concerned for some time about the payment of some sort of a gratuity for working patients. I am prepared to admit that this could be a very delicate subject if not handled very carefully and in conjunction with the trade-union movement because there are variations of thought on it, even in the Trades Hall. But they are gradually reaching unanimity on the principle that ought to be followed. Incidentally, Dr. Boyce made a couple of attempts to get departmental approval for making regular payments to workers, but was refused each time.

In both New South Wales and Victoria working patients are paid regularly at a rate varying in accordance with the type of work done. In New South Wales the highest rate was 25s. a week, but the royal commission into Callan Park two years ago expressed the opinion that the rate should be raised substantially. I have been informed that they expect the rates to be at least doubled. In the opinion of many, even that would not be high enough. The lowest rate, they claim, should be at least equivalent to the invalid pension with margins for more skilled work.

For the time being, however, the rate is not of great importance. I believe the important point is first to have the principle of payment established, though all the time taking into consideration whether or not paid staff would be relegated to the unemployment pool by inmate labour. Naturally, we of the trade-union movement do not want to see that and it can be argued that, no matter what a patient does, the job could be performed by a paid member of the staff. We do not agree with that to its ultimate, for one very good reason.

Nurses know that many patients become institutionalised—their mental state is such that they could never take their place in society—but their physical condition is good, and while they remain in the hospital and are subject to the care and discipline of the nursing staff they are good, solid hospital citizens. These patients need work. Without it they would soon fade away, and in the process create a great deal of bother finding an outlet for their energies. These are the patients we should like to see rewarded for their services, and believe me, there are hundreds of them; they save the Government thousands and thousands of pounds annually.

At present at the Ipswich Mental Hospital, certain working patients receive 2s. a week, but if, as happened recently, such a patient acquires money elsewhere his payment is stopped. One particular patient, on parole, went to the trotting meeting and won nearly £20, which his charge nurse put into his trust account for him. When the administration became aware of the fact, they stopped the weekly 2s. The comment here is that it is "lousy, absolutely lousy".

Another point with these workers is that the nursing staff, recognising that they deserve a better deal than they get, frequently take their favoured workers to the city to pictures, exhibitions, circuses, anything that is on that they know the patients will enjoy, at their own expense. This is apart from supplying them at their own expense, throughout the week, with good tobacco, ice creams, soft drinks, and so forth. I should like the Minister's views on this important subject.

At present we are receiving reports from Goodna that some charge nurses are complaining about the food that is supplied to the inmates. During the last two years, the Goodna hospital has produced a record crop of potatoes and supplied them to hospitals and homes from Roma to Wondai, to the border, and even to Parliament House. In fact, for the year ending 30 June, 1962, vegetable gardeners at Goodna produced vegetables which netted the department over £18,000, and, at a guess, I would say two-thirds of that amount was profit. The most common complaint I have received—and it is the most consistent—is the one about meat dishes. I know—we all know—that meat is expensive, but that is no excuse for allowing a hard-working patient a quota of 1½ sausages as his meat quota for a meal, or serving a stew, mostly flour and water and vegetables, in which it is difficult to find even one small scrap of meat for each patient in the ward.

These things occur regularly in one form or another, and the local administrative reply to complaints is that a charge nurse need only to contact the kitchen and additional food will be supplied. However, there is no point in asking for another bucket of flour and water and the oft-supplied substitution is a Windsor sausage.

The position at Sandy Gallop also leaves much to be desired. There is another very shocking complaint that has been related to me on a number of occasions by people in the Goodna hospital. I am told that very long delays occur every time a piece of machinery breaks down and a new part is required to repair it. Lawnmowers can be out of action for months—I should say "have been" out of action for months. As many as half of the whole hospital stock of lawnmowers have been unserviceable and lying around the fitters' shop at the one time awaiting repairs and replacement parts. At this moment one tractor and one rotary hoe are awaiting replacement parts. They have been unserviceable for more than a month. This information was given to me some weeks ago so it is now possible, although not probable, that the lawnmowers and other agricultural tools have been put in order. Let us hope they have.

These people have been told that a new tractor is on order, but it is required as a third machine because two could not cope with the work. So it can be imagined how frustrating it is to the vegetable gardeners to be trying to manage with one tractor when three are required, particularly when

the rotary hoe is out of action. It is rather maddening to attendants, who know how much profit they are making out of vegetables for the department, to realise how little the Minister cares about whether or not their little bit of equipment is kept in good order. They want to know, and have asked before, why on earth the store cannot hold a stock of the more common parts for mowers and so forth so that repairs can be effected immediately; and, in the case of the heavy equipment, why cannot the managing secretary when he wants a part for a Fordson tractor ring up the agents and buy the needed part? At present he has to requisition for it through the State Stores, which on its own, with direct dealing with the State Stores, would be slow. But when half a dozen clerks of varying grades have to vet the order first, and each has to write a letter about it in his own good time, the delay becomes painful and quite unnecessary. The State Stores, in cases of this kind, would have to buy the part from the Queensland agents anyway. Direct dealing with the agents would save the department many man-hours in clerks' time and have the machinery functioning again with a minimum of delay.

We have heard that the department is busy transferring large numbers of elderly people from the mental hospitals to either senile annexes or Eventide Homes. There is talk about the wonderful physical and mental improvement that takes place in these patients, yet on oath in the Industrial Commission Dr. Stafford stated—

"We have transferred somewhere in the nature of 760 people, and I think that I could count up in the vicinity of 70 or 50 and say quite definitely that they have made a considerable improvement."

That evidence was given on 9 August, 1960, in a case in which additional leave was sought for Eventide members of the Hospital Employees' Union. It was, and is, interesting. Even then, with only 760 transferred, fewer than 10 per cent. of them showed an improvement according to Dr. Stafford, and no-one would know better than he. Nowadays transfers are made of patients who were rejected as unsuitable two years ago, and most emphatically the qualitative state of most transfers these days is shockingly below that standard demanded a few years ago. The bottom has literally been scraped out of the barrel several times over.

It has been found necessary to house some 40 male inmates of Sandgate in a locked wooden-walled enclosure, locally known as the compound. Admittedly it is not a maximum security ward, but it indicates the type coming from Goodna. Incidentally, from this compound there are regular abscondments. At this moment one old man has been missing for over a week and nobody seems to care. Heaven only knows if he has relatives who might care whether he is being looked after properly. Another old alcoholic gets out fairly regularly, and has been picked up

several times as far away as Brisbane. No-one would recognise any difference between the class of patient in many of these wards and those we have frequently seen at Goodna. Conversely, some of the patients from Goodna will never do any harm at Sandgate or in annexes because they will not live long enough. We have just had a case of a man who worked at the Goodna farm for 30 years, who would have lasted there happily until he died. He believed he owned the place, it is true, but he was a good patient, a hard and knowledgeable farm worker, and, most important, a happy worker who treated the farm as his own. The Minister, in his barrel scrapings, had to find someone eligible for a pension which was vulnerable, so this old fellow—and I will not name him—was sent to Sandgate. He won't live too long there.

In an Ipswich case a man was rejected by the medical officers as unsuitable year after year, but this year, to fill an annexe bed that was vacant, he just had to be passed and included in the quota. It was then found that to receive a pension he had to be naturalised—mad and all as he was—and the Minister got it after he was naturalised.

I have here a list of figures of patients admitted. I will not take the trouble to read it month by month or year by year. Up to 1961, 564 cases were admitted, and in that year 52 patients returned from leave, and 11 were returned by the police. Up to 1962, 569 had been admitted and for the year 86 returned from leave, and 10 were returned by the police. These are the only figures available; they show the admissions, returnees from leave at the end of their leave, those either not fit for discharge or returned by relatives before the completion of their leave because they were unmanageable, and those returned by the police. These figures do not show a breakdown of admissions into those admitted for the first time and those re-admitted. Nevertheless, they are interesting.

Although the Minister talks about reducing the number of patients at Goodna to 700, the number of admissions are actually increasing in all sections, at least in the male division. This is happening despite the fact that more and more patients are being treated at general hospitals, more and more old certifiable seniles are being admitted directly to church and State homes, and psychiatrists are more reluctant than ever to certify anyone.

The staff at Goodna is interested in finding out whether or not male Ward 14 at Goodna is being established as a maximum security ward. It would be ideal for it in the sense that it has only about 30 single rooms, no dormitory, and a relatively small yard which two or three men could supervise fairly safely. However, male Ward 2 at Ipswich, currently holding about 118

criminally insane, has some sort of reclassification of patients going on, whilst M.14 at Goodna has its fence being tinkered with and added to. The staff would like to know if M.14 is being converted to a maximum security ward, whether some, or any patients are to come from Ipswich M.2, or whether the Minister for Health and Home Affairs and the Minister for Justice have an idea of unloading more of the Boggo Road boys on them. The members of the staff do not care very much one way or the other, but they want to know. They claim they ought to be consulted on the practical requirements.

The resident female nurses at Goodna have a strong demand for some comfort in their quarters. It is true that the Minister for Health spent several thousand pounds repainting a couple of the homes and putting in new laundries for the girls, but nothing was spent to make them more comfortable. I have here a letter written to the Under Secretary requesting a conference on this subject which sets out the items required. Incidentally, I have been informed that no date has yet been set for this conference. I am told that the requests are being investigated rather slowly, after which the Under Secretary will probably meet the deputation. I hope the conference has been held by now, because the letter to the Under Secretary of the Department of Health and Home Affairs was written in August. It says—

“By direction I beg to seek a conference between yourself and the Executive Officers of the Union to discuss the provision of the following amenities for Nurses Quarters at all Institutions—

“New Bedsteads; Arm Chairs; Curtains; T.V. sets for lounges; Better type of bedside mats; Shower curtains; Built-in furniture; New mattresses (rubber or innerspring); Radiators for Dining Rooms and Lounges; New canvas blinds in place of old for verandas; Government mess; Bath mats.”

I sincerely hope that the union has been able to get what it sought in that letter written some months ago to the Under Secretary.

In introducing the Bill the Minister stressed that there was room for a new approach to the mentally ill. I think every hon. member will readily agree with that. He went on to say that the same basic attitude to treatment would be continued. That means that the department will continue and, I should think, improve on the methods that have proved entirely satisfactory in the past.

(Time expired.)

Hon. H. W. NOBLE (Yeronga—Minister for Health and Home Affairs) (2.41 p.m.), in reply: I think most hon. members who have joined in the debate have treated the Bill in the way that it should be treated—as a completely

non-political measure. I am sure every hon. member would desire that the legislation dealing with the administration of mental health in this State should be the best that could be made available to the people and that all would be sincere in endeavouring to do the best possible for those suffering from mental illness. Unfortunately, the last speaker departed from this more or less non-political approach. He appeared to have a brief from the Hospital Employees' Union, the union concerned with the nurses employed at mental hospitals in Queensland. His speech was more along the lines of stressing their ideas of the need to improve their working conditions. He was quite in order in introducing that note into the debate, but many of the things he said were not quite true, and I will reply to them as I proceed.

The Deputy Leader of the Opposition agreed with me that the Bill is a very detailed one. He said that the second-reading stage would be a better time to debate its provisions, after hon. members have had the opportunity to read it and study its contents. However, from my introductory speech, he said that he thought it was an experimental type of measure. I say that it has got well past the stage of being experimental. The English Mental Health Act was passed a year or two ago and I would say, from my experience during the trip I took recently, that England leads the world in the treatment of mental illness.

Another hon. member suggested that we were, in a way, stealing the provisions of the Bill from New South Wales. Most English-speaking countries, especially in the British Commonwealth, in their approach to legislation on mental health will use very largely the bases laid down in the English Mental Health Act. It is a very good law and the Bill follows it in large measure though it has various departures to suit our own conditions, just as no doubt the New South Wales Act departs from it to suit conditions in that State.

The hon. member asked about security hospitals and the hon. member for Ipswich East said that the Hospital Employees' Union wondered whether the Brisbane Mental Hospital would be turned into a security ward. I assure him that it will not. We envisage under the Bill setting up security hospitals within the prison system whereby those in prison who are in need of psychiatric attention, as well as those who have been found not guilty on the ground of mental illness, will be specially treated and looked after within the prison service. The policy that has been adhered to in the State over many years has always seemed strange to me and not altogether the best policy, whereby those mentally-ill persons were taken to the Ipswich Mental Hospital and treated in the ward there. Halliday, in the Brisbane prison, has to have special guards accompany him everywhere he goes because he is so untrustworthy and there is

always the possibility of his attempting to do harm to others, yet in the Ipswich Mental Hospital he was treated in the same way as other mental patients in the ward. Because we do have such prisoners within a ward, and because so much attention has to be given to security within a ward where there are no arms or anything like that to maintain security as in a prison, many prisoners suffering from mental illness have not been given so much of the necessary treatment as perhaps they might otherwise have had. At the new security hospital within the prison service security will be maintained by that service, and the psychiatric and general medical services will be able to go in and give full attention to those prisoners.

It has been mentioned that the number of people in mental institutions has been reduced. I think that that is a good move. I was surprised to hear the hon. member for Ipswich East say that there was not much improvement in the condition of aged people transferred to senile annexes. That is quite different from my experience. I saw these people when there were 2,500 patients at the Brisbane Mental Hospital. They were sitting around in confined spaces with a hopeless look in their eyes. Nothing was being done for them, and they were receiving no treatment. They were merely sitting there ending their lives in that hopeless way.

Mr. Donald: I merely quoted the evidence of Dr. Stafford.

Dr. NOBLE: The hon. member twisted his words a little, as I shall explain.

The effect of putting these old people in annexes is now something worth seeing. Their eyes are again bright and the improvement in their health has been marked. Dr. Stafford did say that 78 out of 100-odd old people in one senile annexe at Eventide had shown very definite improvement, and that all had shown some improvement. I think the hon. member has twisted a little that evidence of Dr. Stafford. No doubt he did not do it himself, as I have a lot of time for his sincerity. Probably he put another construction on those words on behalf of certain other people.

He mentioned that probably the opening of these senile annexes has been of financial advantage to the State. I am very proud of that. Having opened them, we find that we can get additional money from the Commonwealth Government. I do not think that any hon. member would disagree with obtaining everything that can be obtained for the State. Whereas previously the State received nothing for the treatment of these people in mental hospitals, the opening of the senile annexes has meant additional income of approximately £500,000.

Mr. Donald: Are you paying the nurses the rates paid at mental hospitals?

Dr. NOBLE: They are on award rates. I do not know exactly what they are.

The income from those beds is about £500,000 a year. So much has our income and revenue been increased that it has been possible to maintain free hospitalisation in public beds. Without this added income, there is no way in the world in which that treatment could have been kept free. I make no apology for having taken this action, and I think that hon. members opposite will agree that this additional finance has been very helpful.

The Deputy Leader of the Opposition referred to the automatic discharge of patients in certain cases, except where warrants were issued. It was also mentioned, though not with quite the same meaning, by the hon. member for Ipswich East, when he referred to a patient who hit someone in a cell at the watchhouse, resulting in a death. That person had once been a patient at the Brisbane Mental Hospital. The automatic discharge provision is to meet the situation of patients going absent without leave, and it is in accordance with the English Act. The hospital authorities are the ones who decide whether a patient shall be detained or discharged. If they think that a patient is fit to be discharged, they do not go out of their way to bring him back to the hospital even if they know where he is.

The patient referred to by the hon. member for Ipswich East, who is again a patient in the Brisbane Mental Hospital, was an alcoholic. On the night in question a fight took place in the cell and he hit the other man, as any alcoholic person could have done, and the other man fell. I think he had a blockage in the throat as a result of mucus in the lungs and died. As I said, the patient has now been returned to the Brisbane Mental Hospital.

The provisions in the Bill for automatic discharge are different from those contained in the English Act. Where doctors believe that a patient may be dangerous to the public, they issue a warrant and the provisions for automatic discharge after three months will not operate.

Mr. Walsh: I suppose psychiatrists will say that the Townsville murderer should get some consideration, too.

Dr. NOBLE: I will lose much of my faith in them if that happens.

Mr. Lloyd: The provisions of the Bill will apply to all cases and will not distinguish between different degrees of mental illness? People who have only a minor mental illness and who have been admitted voluntarily will be discharged automatically after three months' absence, and people who have been hospitalised because they have been certified will also be discharged without being observed?

Dr. NOBLE: If in the opinion of the doctor a patient may be a danger to himself or to the public outside a mental hospital, he will have the power to issue an order and retain the patient in the hospital.

Mr. Lloyd: They will be defined as dangerous?

Dr. NOBLE: If they are dangerous to themselves and to the public generally.

The hon. member for Sherwood spoke of the Poinciana Festival, which is to be held at the Brisbane Mental Hospital next Saturday. Like the hon. member, I hope that it will be a great success.

Mr. Donald: Why have they put it on at the same time as the test match?

Dr. NOBLE: Perhaps the people who run the Federation are not interested in cricket. The hon. member can probably go there before the test match starts.

The Federation also is working towards the establishment of a hostel for patients as an intermediate stage between the hospital and their homes. I more or less suggested this to the Federation, and the Government will subsidise its efforts in this field. I believe that a hostel run by the Federation would have a more personal touch about it and would be of benefit to patients as an intermediate stage in their discharge.

The hon. member for Nudgee said that there was a staff of 36 psychiatrists at Callan Park. I know that they had very few at the time of the Callan Park inquiry about 18 months or two years ago, and things were pretty grim in New South Wales then. If there are 36 psychiatrists on the staff at Callan Park, I do not think that they spend all their time there. I am sure that they also run clinics and perform other psychiatric work in Sydney. Callan Park and the hospitals at Gladesville and Ryde are all in more or less the one area, and I think that those 36 doctors would work in all the hospitals. I congratulate them on getting 36 psychiatrists. We endeavour at all times to get sufficient psychiatrists to serve in our mental health services.

At the present time Goodna has an establishment for 18 psychiatrists and that, I am assured, would be quite ample to meet the requirements. We have 12 on the staff at present; we would have more if we could get them. There is a certain reluctance among young medical men to go into the field of psychiatry. No doubt, the coming of the Chermiside Hospital, which as far as I know will be a new approach to this problem in Australia, and the setting up of the new psychiatric ward as part of the General Hospital itself, may encourage more students to look towards psychiatry as a career. I hope they do.

As we will have so many of our patients going into Chermiside and as the home psychiatric service will be inaugurated and the full-time and part-time staff will take part in the field, we will have a greater number of psychiatrists per capita attending to our patients than we would otherwise have. It is very difficult to get part-time psychiatrists to go to the Brisbane Mental

Hospital, whereas we will not have any trouble getting them to go to Chermiside with more of the patients there.

The hon. member mentioned that he thought Victoria was well advanced in the field of psychiatry. They do have a very good psychiatric service in Victoria but it is not a service that I consider to be the best in the interests of the people of any State.

Mr. Walsh: Not according to the Tait case, I would say.

Dr. NOBLE: No. Of course, the Director of Psychiatry in Victoria is a very capable man I have been to Health Conference after Health Conference where he has sat behind his Minister, and when the matter of mental health has come up and I have propounded the idea of integrated services, having noticed that the Director appeared to be upset, I have suggested to his Minister that he be allowed to speak, and he had always been opposed to integration of the psychiatric patients into general medicine. As a result, in Victoria at present they have confined all their mental hospital efforts within the scope of mental hospitals and have not gone into the field of general medicine. It is only in the last 12 months that the Director in Victoria has had a change of heart and he too is now advocating, as far as possible, integration of psychiatry into general medicine. However, it will be very difficult to do this in Victoria because they have built their hospitals within the bounds of the mental hospital areas.

Mr. Lloyd: Could you not construct places with the grant from the Commonwealth and integrate them later?

Dr. NOBLE: No. As a matter of fact, the Commonwealth are now being very helpful in this. They realise that that has been our policy and they now agree that the policy of integration is a world-wide trend and should be followed, but they will not pay maintenance where they contribute towards capital cost. It is far better in the medical service to get a continuing revenue coming in than a capital payment.

So far as the security hospital is concerned—that is, the prison service—I took it up with the Commonwealth quite recently and they promised to be very sympathetic about providing £1 for £2 towards the building of these hospitals. This should go a long way towards making these hospitals available within the prison service. They have also been very helpful at places like Chermiside. In the out-patients section, or in any part where the patients are not living in the ward, the Commonwealth pay £1 for every £2 paid by the State. We consider it is far more advantageous for us not to insist on a contribution towards the capital cost of building Chermiside because, by doing so, we would have lost the maintenance contribution in hospital wards. It is far better to get a continuing revenue coming in than the capital assistance.

The hon. member for Ipswich East spoke about the gardens at the Brisbane Mental Hospital. Perhaps he would not know that there are 22 full-time gardeners there who are on the staff of the Department of Health and Home Affairs. They grow quite a lot of produce up there. I believe that the value of the farm production last year was something like £15,000. I have not heard of the difficulties about the rotary hoe and the tractor. Those things do not always come as far as the Minister. I see Mr. Bull, the Superintendent of Institutional Gardens, quite often. I am quite sure if the matter had not been rectified he would soon tell me about it when he comes into the office.

The hon. member also mentioned the diet. What the hon. member said rather surprised me. That is one thing I am always particularly keen about. I suppose that my medical training has influenced me to the extent that I always ensure that people are adequately fed. From what I am told they are adequately fed. Out of 21 meals in the week, 17 are meat meals. The average consumption of meat per patient is 8½ oz. a day. That is pure meat—no bone, no fat. Personally, I never eat that amount of meat. Very few people here would eat that amount daily. Here is a typical menu for Monday—

Breakfast—Sausage and vegetables, cerevite, bread and butter, tea.

Dinner—Meat pies, cabbage and potatoes, banana custard, tea.

Tea—Frankfurts and vegetables, tomato gravy, fresh fruit, bread and butter, tea.

Reading through all the menus, to my mind it seems to be quite a good diet. But if the Hospital Employees' Union are complaining that the diet is not up to standard I will have another look at the matter. I will go and see for myself and I will take the hon. member along with me.

Motion (Dr. Noble) agreed to.

Resolution reported.

FIRST READING

Bill presented and, on motion of Dr. Noble, read a first time.

HEALTH ACTS AMENDMENT BILL

INITIATION IN COMMITTEE

(Mr. Gaven, South Coast, in the chair.)

Hon. H. W. NOBLE (Yeronga—Minister for Health and Home Affairs) (3.5 p.m.): I move—

“That it is desirable that a Bill be introduced to amend the Health Acts, 1937 to 1960, in certain particulars.”

The Bill deals with three subjects: firstly, a minor amendment to Division XI of the Act, which is related to private hospitals, secondly, the introduction of an amendment to control

convalescent homes, and lastly, an amendment relating to the prohibition of drugs which may exhibit harmful side effects after they come on the market.

Division XI of the Act provides for the granting of licences for private hospitals by the Minister. In actual practice the Director-General of Health and Medical Services approves or disapproves of such licences, and the amendment provides for this practice. We are giving the power to the Director-General to do it instead of the Minister.

Mr. Lloyd: The Minister did it previously?

Dr. NOBLE: He never saw it. We are making the present practice legal.

Hon. members will recall that, on 19 September, in reply to a question by the Deputy Leader of the Opposition, I advised the House that I had had a survey of convalescent homes made and a draft Bill was being prepared to enable regulations to be made regarding staffing, records, equipment, and registered beds for patient accommodation.

The Act as it now stands makes no provision for the control of convalescent homes. To establish a convalescent home at present, the intending proprietor must satisfy the local authorities that the proposed building meets the requirements of the city ordinances. In Brisbane, convalescent homes are registered as boarding houses. In addition, the Commonwealth Health Department imposes limited requirements which must be met before the Commonwealth benefits are paid. The only requirement in regard to staff is that imposed by the Commonwealth Health Department, which asks that a minimum of one trained nurse be on the staff. In addition, records must be kept in order that hospital benefits are paid.

The Bill provides for the control of convalescent homes by the Director-General, who will have power to grant, or refuse, a licence for the establishment and keeping of such a home.

Under the measure, a convalescent home differs from a private hospital mainly in the type of patient admitted. The convalescent home will provide care and supervision for the infirm and the aged, as well as those patients suffering from a chronic illness or who are in the convalescent stage. The private hospital provides treatment for the more acutely ill.

The Bill will not prevent any present proprietor of a convalescent home from continuing to conduct such a home provided the conditions required are fulfilled. If a holder of a licence to conduct a home is not a registered medical practitioner or a registered nurse he will be required to appoint such a person to take charge.

The Bill provides for power to be conferred upon the Director-General to make regulations for the construction, control, supervision, and management of convalescent homes. These will include regulations regarding the number of qualified nursing staff and the rostering for duty of this staff, as well

as regulations regarding the accommodation to be provided for patients and staff and means of escape from fire.

Mr. Lloyd: Would that mean that if the owner of an old home wished to convert it into a convalescent home he would have to make application to the department before construction work started?

Dr. NOBLE: Yes. He would have to make application to the department and we would have a look at it.

This will ensure that qualified nursing staff is on duty at all times and that accommodation for patients is up to standard.

As to the provision relating to the prohibition of the sale of drugs, hon. members will recall the publicity that has recently been given to the side effects of the drugs thalidomide and phenacetin. At a recent meeting, the National Health and Medical Research Council recommended that there be power to prohibit the sale of drugs as it is imperative to get a drug off the market quickly if it exhibits dangerous side effects, as did thalidomide. Section 110 of the Act provides for the prohibition of the sale of drugs, but this prohibition does not apply to drugs supplied by prescription of a medical practitioner as Subsection 3 of Section 110 contains a saving clause for drugs supplied on prescription.

The necessary power to get a drug off the market quickly when necessary can be given by omitting Subsection 3 of Section 110 of the Act, which contains the saving clause already referred to, and by amending Subsection 1 of Section 152 (Paragraph XVII) so that regulations which not only control and restrict the sale of drugs but also prohibit their sale may be promulgated.

Mr. LLOYD (Kedron) (3.11 p.m.): I suppose no-one could be happier than I to have legislation introduced along the lines outlined by the Minister. The matter has been one of really vital public concern in the past few years. I raised it with the Minister 18 months to two years ago and I am very happy that the Bill is being introduced to bring these privately-owned convalescent homes under the direct control of the Department of Health and Home Affairs.

It was quite obvious that many people in the community were converting old homes into convalescent homes, not through any charitable instinct, but purely and simply because the Commonwealth Department of Health was prepared to pay them in the neighbourhood of £7 a week for each aged and infirm inmate. Nursing care, control, supervision, and staff were almost non-existent. In one case recently the owner of the home disappeared and eight old people were left to their own resources. Eventually the home was sold and they had to move out. That is only one instance of the unfortunate circumstances that can arise when people try to make money out of the infirmity or age of others. Worse than that

is the serious fire hazard. Many old people in convalescent homes are not capable of looking after themselves. Though not mentally ill, they are physically handicapped and cannot move about quickly. We had the unfortunate occurrence not so long ago of an outbreak of fire; there was no provision for escape and the natural thing happened and several old people lost their lives. With the introduction of the Bill many of those troubles will be overcome.

I think it was in 1958 that the Commonwealth Government began subsidising homes for old people. I did not really understand it at the time. I thought the idea was confined to church organisations or charitable institutions building new cottages for old people and I thought that the subsidy was to be for the construction of those buildings and for assistance in their maintenance while being operated by charitable institutions. It came as quite a surprise to me to learn that people who would make a profit out of running the homes were able to share in the Commonwealth benefit. Unfortunate circumstances arose and several lives were lost. Control by the department will ensure adequate supervision in the future.

I was interested to hear the Minister say that construction work will have to be approved by him before being carried out.

Dr. Noble: It will have to be approved by the Director-General.

Mr. LLOYD: Of course. Before any person or organisation operating for profit can convert an old home into a convalescent home for the aged or infirm, the approval of the Director-General of Health and Medical Services will have to be sought of the type of construction, the work to be done, and the amenities and general facilities to be provided. That is a very necessary feature of the legislation.

Dr. Noble: Probably some of the existing places will have to be altered to comply with the requirements.

Mr. LLOYD: Yes. They will have to comply before they are registered.

Dr. Noble: They will be inspected.

Mr. LLOYD: Yes, that will be necessary. It will probably be found that many of them are at present far below the standard required in type of construction and amenities for patients and staff. Registration of the homes operating now is essential.

I was interested to learn from the report of the chief officer of the Metropolitan Fire Brigade Board that the Commonwealth Department of Health has at last realised that many of these homes that were being subsidised were unfitted to receive that assistance, and that department is now considering withdrawing the subsidies that were originally granted. Six months ago, when this matter had arisen for the second

time, I contacted the Federal member for Petrie and asked him to make inquiries into it from Commonwealth sources. I understand that he did so, and possibly the stiffer attitude of the Commonwealth Department of Health is partly due to his efforts.

Anything that may have happened was, I believe, not so much the responsibility of the State as of that Commonwealth department, as the State had no control over supervision. As the Commonwealth Department of Health paid the subsidies to these private homes, surely it was essential for it to insist on adequate safeguards for patients and staff, and the provision of buildings structurally fitted for the purpose.

Dr. Noble: I think that the local authority has a responsibility, too.

Mr. LLOYD: Yes, it has, but, as the Commonwealth Department of Health bears the cost of the subsidies, it has the greatest responsibility. Certainly local authorities have some responsibility, and I do not think that they have realised the dangerous position in which these people were placed. Prior to the introduction of the scheme in 1958 no-one was interested in providing convalescent homes for the aged and infirm. The situation changed when subsidies, which made it a profitable operation, were granted by the Commonwealth Government. The only local-authority provision was for registration as a boarding house. Although belated, this measure is necessary.

Two other provisions were mentioned by the Minister. I do not think that there can be any argument over transferring power to register a private hospital from the Minister to the Director-General of Health and Medical Services. That is merely a technicality, as no doubt registration of these private hospitals in the past has always been done on the instruction, and under the supervision, of the Director-General.

The next question concerns dangerous drugs. This raises questions of the rather horrible effects of certain drugs on the human body. No doubt whatever legislation is passed on this matter will be very necessary and will provide adequate safeguards for the people.

There is one question that I should like to ask the Minister. If phenacetin is regarded as a dangerous drug, no doubt the sale of certain powders containing phenacetin will be affected. If drugs are dangerous and harmful to human beings they should be included in the prohibition, but the Minister did not make that point clear when introducing the measure. Perhaps he will elaborate on it when he replies.

The other matter that I wish to raise is very important and is possibly related to the division in the administration of matters affecting public health in Australia. We have three separate administrations—Commonwealth, State, and local authority—each of

which is responsible for some aspects of safeguarding the health of the community. The Commonwealth department has worked entirely separately from the State department and local-authority organisations. There is fairly strict supervision of the activities of local authorities by the State department, but there is also some collaboration. However, there is very little co-operation between the State and Commonwealth departments. This division in administration is a handicap in dealing with certain matters affecting the health of the community, and I think that a good illustration of this is provided by the private convalescent homes.

The Commonwealth Department of Health decided to subsidise private convalescent homes, which in effect made them institutions of profit, although they did provide a service to the community by housing aged and infirm people under reasonable conditions if the proper supervision was available. But there was no collaboration between the Commonwealth department, the State department, and the local authorities in drawing up rules and making laws to protect the people who would be living in the convalescent homes. In most cases homes run by church organisations are properly staffed and have adequate safeguards, and they are assisted financially by the State Government in the payment of subsidies. However, conditions in some of the private convalescent homes are far from satisfactory.

According to the report of the Director-General of Health and Medical Services, the incidence of infective hepatitis has become very serious in the last 12 months. It appears to occur mainly among young people, as its incidence is not so great in children under school age or in the adult population. The Director-General says in his report that the increase has become apparent not because hepatitis has recently become a notifiable disease but because conditions are favourable to it. The school health service is doing excellent work with its limited staff. It endeavours to visit all the schools in the State in each period of 12 months, and in the 1961 calendar year 883 schools were visited and 99,000 children were inspected. It discovered 328 cases of infective hepatitis.

Dr. Noble: That is not in the Bill.

Mr. LLOYD: With the tolerance of the Temporary Chairman, I am mentioning this because I think it is of great importance. It will not take me more than a couple of minutes to deal with it. As I said, there were 328 cases of infective hepatitis in 99,000 children, and it seems to be significant that no mention is made of any work being done in a follow-up programme. In many instances, hygiene at State schools is bad in regard to drinking water, toilets, and grounds. They are subject only to cleaning by a casual cleaner. If the school health services are finding this high incidence of infective hepatitis, it devolves upon both the local authority and the Government to deal with the

matter. The majority of these cases, 50 per cent. or more, have been found in the metropolitan area. There should be a request to the State Health Department for regular inspections of schools within the area to ensure adequate safeguards to the health of the children attending them. Such inspections would tend to reduce the spread of this rather dread disease, which seems to be becoming more and more widespread. It is not so much the local authority's responsibility; it calls for some degree of co-operation with the Department of Education.

If there is something wrong, the Department of Education should undertake certain building works to bring these schools up to the standard of hygiene required. I mention that because I think it is rather important when reports are coming in indicating that the incidence of this disease among school children in Brisbane at the present time is very high and is increasing. The reason seems to be poor hygiene, which can be improved only by a programme of active work undertaken by the Department of Education and the local authority.

Mr. MELLOY (Nudgee) (3.27 p.m.): There are three very important principles in this Bill, which I am sure will relieve the minds of many sections of the public, especially those relying on private hospitals. The first of these principles is the proposal by the Minister that when any private hospital is conducted by a person who is not a registered medical practitioner he shall be required to appoint such an officer to control it.

Dr. Noble: A registered practitioner or a registered nurse.

Mr. MELLOY: I stand corrected. In either case, I think it is a very important provision because many of these establishments do not make such provision and they are, I should say, rather hazardous institutions from the point of view of the general public. Any provision that will result in better medical control of these institutions must be supported by all sections in this Committee and by the community generally.

Another important point deals with the construction of, or additions to, premises used as private hospitals and the necessity for making application to the Director-General for Health for approval. The third one relates to the maintenance of sufficient staff to provide a roster of supervision throughout the 24 hours.

Those are three very important provisions, but I think they will make it necessary for the Minister to revise his attitude towards Eventide Homes, and will put an extra burden on senile annexes. These requirements will make it increasingly more difficult financially for the people conducting these homes to continue to conduct them. They will also increase the cost to the inmates. The fact that proprietors will have to maintain skilled staff consisting of a registered

nursing sister and enough nursing staff to supervise the institution throughout the 24 hours of the day seven days a week will impose heavy additional costs on them. It must ultimately be reflected in increased charges for the inmates. That is the way it will throw these people back on the hands of the Minister. I do not know whether the charges will be increased beyond the limits of the age pensioner, but certainly there will be certain increases in the costs of establishing and maintaining these buildings. The charges will be passed on to the inmates. I fear that people will think twice about putting their relatives into private nursing homes or convalescent homes; instead, they will seek the assistance of the Government through the senile annexes. If they are not eligible for admission to a senile annexe, perhaps they will be eligible for admission to an Eventide Home. That is why I say that the Minister will need to have another look at his attitude towards Eventide Homes. The demand for them is likely to be greater following the imposition of these additional requirements. I do not use the word "imposition" harshly because I think they are desirable requirements, as was demonstrated by the fire at New Farm, which I think provided the necessary stimulus for the introduction of the legislation. Fire-precautionary measures will have to be re-considered. In the reconstruction of old homes there will be a need for very close supervision by a responsible person, and it will need to have the approval of the Director-General of Health. I think that everyone will agree with the three proposals. The only point is the alteration in the financial set-up.

On the introduction of this Bill, Mr. Gaven, am I allowed to discuss any other matter that comes under the Health Act?

The TEMPORARY CHAIRMAN (Mr. Gaven): Yes.

Mr. MELLOY: That brings me to an old hobby-horse of mine, namely, the delivery of meat and bread in the metropolitan area.

The TEMPORARY CHAIRMAN (Mr. Gaven): Order! That was not a matter outlined by the Minister.

Mr. MELLOY: In that case I will not proceed along those lines. I will not strain your indulgence by referring to bread and meat delivered to convalescent homes.

Hon. H. W. NOBLE (Yeronga—Minister for Health and Home Affairs) (3.34 p.m.), in reply: I am very pleased that the Bill has been received so well by the Committee. Some convalescent homes have served a very useful purpose. On a previous occasion, when the Deputy Leader of the Opposition spoke on this matter, I commented that I thought he would agree that they had served a very useful purpose. On that occasion the hon. member agreed. Brisbane City Council officials have been going round

recently inspecting the homes. Already certain reports have been received in my department. They did not regard one or two buildings as suitable, but in most cases both the Brisbane City Council and the Fire Brigade agreed that the buildings would be all right with a few additions and alterations. We will be very reasonable about this. We will ensure that all precautions are taken including the necessary safeguards against fire. At the same time, we are not likely to close down any of the convalescent homes unless they are absolutely unsuitable for the purpose for which they are used.

There is some Commonwealth supervision of these homes, and I have no doubt that there will be close co-operation between the Commonwealth authorities and ourselves. Any convalescent home licensed by us will no doubt receive Commonwealth approval for the payment of subsidy for patients in the home. I do not think that the charges will necessarily be increased, because the present charges are high enough to provide for looking after the patients, even with the improvements required. I believe there will still be a sufficient margin to encourage people to provide convalescent homes in the community. As the hon. member pointed out, they serve a very useful purpose.

Mr. Melloy interjected.

Dr. NOBLE: That was more or less the fault of the person running it. She was probably not a very good manager.

The hon. member for Kedron asked about whether phenacetin would come within the scope of the legislation concerning prohibited drugs. I would say that, in itself, it is quite a good drug. However, if my officers tell me that phenacetin should be put in that category we shall require it to be done. In those circumstances, I suppose Tablets containing only aspirin and caffeine would come on the market, and I think they would probably give as much relief as Tablets containing phenacetin as well.

Mr. Lloyd: You are legislating to give power to declare that certain drugs shall be available only by prescription?

Dr. NOBLE: No. We have power to do that at present. We are taking power to prohibit a drug from being sold at all.

The hon. member also referred to hepatitis. It is a matter of deep concern to the department that there has been an increase of hepatitis in the community. It is caused by lack of hygiene. I do not think that a doctor in attendance at a school every day would make any difference. However, if a school appears to be showing a greater prevalence of the disease than others it would be advisable for a medical officer, and health inspectors from the local authority, to inspect it. We would then advise the Department of Education what these people thought, and what hygiene precautions should

be taken. I will look into that matter, and if such a prevalence exists in one school we will no doubt do that. It is a very good idea.

Motion (Dr. Noble) agreed to.

Resolution reported.

FIRST READING

Bill presented and, on motion of Dr. Noble, read a first time.

WORKERS' COMPENSATION ACTS AMENDMENT BILL

INITIATION IN COMMITTEE

(Mr. Gaven, South Coast, in the chair.)

Hon. T. A. HILEY (Chatsworth—Treasurer and Minister for Housing) (3.40 p.m.): I move—

“That it is desirable that a Bill be introduced to amend the Workers' Compensation Acts, 1916 to 1961, in certain particulars.”

The Bill I now present to the House amends the Workers' Compensation Act by providing the increased financial benefits that I announced in the Financial Statement; but, as I will later explain, the Bill goes much further than that. It is one of the most important and far-reaching Bills it has ever been my pleasure to present to the Assembly.

We last revised benefits by an amendment to the Act in March, 1959. The basic wage was then £13 a week. It has now increased by a little under 10 per cent., to £14 4s. a week.

Our general approach, then, is to increase those benefits, last revised in 1959, by a broad average of a further 10 per cent. The result will be—

(1) Compensation for fatal injuries to an employee in the course of his employment will be increased from £3,000 to £3,300;

(2) In cases of total disability arising from injury in the course of employment, the permanently incapacitated worker will receive an increase of £300, bringing the weekly compensation benefit to a total of £3,600.

(3) An amended table of injuries as provided under the Bill will result in a general increase of approximately 10 per cent. in all categories in the table. In case of the loss of two joints of a forefinger the increase is from £300 to £440, and in the case of the loss of two joints of the middle or ring or little finger the increase is from £200 to £240. The more liberal increases in these two categories is to cure anomalies in comparable benefits.

But we have gone further than this in liberalising benefits. We have reviewed all benefits, some of which have not been reviewed since 1945. In each case we have taken the escalation in the basic wage since

the date of last revision and escalated the benefit by the increase in the basic wage. As a result, the increase in some cases is as high as 120 per cent. The only cases where we have not increased benefits totally are those where benefits are payable under Section 14B, that is, to mining-disease cases. If we were able to make total increases here, the net effect would be that social-service entitlements would be affected and our increased payments would result only in a like reduction of social-service entitlement.

As an example of this more generous treatment, the maximum allowance in fatal cases for medical and burial expenses is increased from £100 to £220 and the maximum allowance of £100 for medical treatment and for hospital treatment of an injured worker is increased to £125 in each case.

At the other end of the scale, the minimum payment to a partial dependant of a worker whose death results from an injury is increased from £250 to £550 and the minimum payment to a person totally dependent on such a deceased worker, after set-off of previous payments, is increased from £300 to £660.

There is one increase in benefits I should specifically mention. I might add that all hon. gentlemen by now will have received a terse summary of the amendments showing the old scale of benefit and the new because there are just too many of them to include them all in this presentation. One I should like to mention specifically is that, in the case of weekly disability payments to injured workers, we are lifting the weekly allowance for a dependent wife from £2 10s. to £3 3s. and for each dependent child from 15s. a week to 19s. a week.

Moreover, we have extended the allowance made for dependent children. At present this allowance is paid only in respect of dependent children under the age of 16 years. We have decided to recognise children of or over the age of 16 years but under 21 years in receipt of full-time education at a school, college, university, or similar institution, if those children are totally or mainly dependent upon the earnings of the deceased worker.

The receipt of a State or Commonwealth scholarship will not be held to terminate dependency. Other scholarships, which offer a more generous living allowance, will be considered on their merits.

I am also pleased to be able to announce to the Chamber a new approach to the problem of compensation rights arising from the recurrence of an industrial injury. Until recently, it has always been the accepted interpretation of the law that, in case of recurrency of an injury, compensation was payable only on the scale of benefits prevailing at the date of the original injury. Where the original injury subsides but recurs at a later date, the administrative practice

over a generation was to tie the limits to the scale ruling at the date of the original injury. It was always considered that this practice was strongly founded in case law. Whilst this interpretation has never been applied in its entirety—for, in the case of incapacity, *ex gratia* payments of weekly compensation have been made at current rates—the interpretation was strictly applied in cases of death claims and claims for medical and hospital expenses. In a recent judgment, the President of the Industrial Court decided that, in the case of temporary incapacity or death, the benefit payable is on current scales and not those at the date of original injury. If I may say so, having read that judgment, I find the reasoning in it both logical and compelling. The judgment having been given, it now becomes the law until Parliament sees fit to alter it. The judgment has no reference to claims for permanent disability or claims for medical or hospital expenses, as these issues were not before the court. We have decided to apply the principle of the judgment in its entirety, and it will apply to permanent disability claims and to medical and hospital expenses. I am advised that no amendment of the Act is required to implement this decision. The more liberal approach to this problem will apply forthwith.

Mr. Donald: There have been cases in which men have had their fingers pinched. Efforts have been made to save the fingers, but ultimately they have had to be taken off. In the meantime, there have been increases in the amount for the loss of a finger, but these people have received only the amount prevailing when they had their accidents, not when they actually lost their fingers.

Mr. HILEY: I suspect that this will meet that type of case. It applies the principle that, where there is a recurrence, the scale to be applied will be that applicable at the date of recurrence. If it is a consequence of the original injury, my understanding is that this will ensure that the latter scale applies.

Mr. Donald: It is the same injury.

Mr. HILEY: I know, but it is a recurrence of it.

Mr. Hanlon: I think the hon. member for Ipswich East is referring to a deterioration of an injury.

Mr. HILEY: I shall have that point looked at.

Mr. Donald: If you do that, you will remove an injustice that has operated for years.

Mr. HILEY: I agree. I think the President of the Industrial Court was correct in his observations. I think that it should have wider application. Instead of confining it to specific cases referred to him, I think that it should have general application and, to

repeat words that I have already used, I found the President's reasoning in that judgment both logical and compelling.

If I came to the Chamber with these amendments alone, I believe the Government could be justly proud of its record. I am, however, pleased to submit to the Chamber another two important and far-reaching reforms.

The first relates to industrial deafness. Prior to 1 January, 1945, workers' compensation in this State was payable in respect of an industrial accident. From 1 January, 1945, it became payable in respect of an industrial injury, and industrial deafness comes within the definition of an industrial injury. Indeed, if there is any doubt in this matter it is clearly removed. The Bill expressly declares it to be an injury for the purposes of the Acts.

Under the Workers' Compensation Act, a claim has to be filed within six months of the date upon which the injury occurred or the right to compensation accrued. There is a discretion in the administration to waive this time limit for reasonable causes. Industrial deafness is an injury that is gradual in its onset, and there is no way medically by which deafness or the degrees of deafness can be assessed retrospectively. If a man is tested today, it is possible to tell how deaf he is at the time of the test; but no-one can tell how deaf he was, say, five or ten years ago.

Thus, as the law now stands, industrial deafness arising from causes before 1 January, 1945, is not admissible for claim purposes. Where it arises from causes after 1 January, 1945, it is admissible. But with the difficulty of proving when the onset of the disease occurred, it must be apparent to the Committee that it could be impossible for a claimant to prove that industrial deafness, as an injury, occurred within six months' period preceding the date of his claim.

In New South Wales, industrial deafness is recognised as an injury contracted by a gradual process, and any such injury, for the purpose of determining a worker's right to compensation, is deemed to have happened at the time when such worker makes his claim for compensation. The Boilermakers' Society seeks a similar law in this State.

Whilst it is clear that any employee who has engaged in boiler-making or other noisy work only since 1 January, 1945, and who now suffers industrial deafness has a much easier task in proving a claim than one who has served both before and after 1 January, 1945, in either case the incidence of the six months' statutory bar could well prove a bar to a claim.

I firmly believe that it was wrong in principle for Parliament to confer a right in 1945 but confer it in such a way as to make its legal enforcement a difficult task for an employee. Now, it might be argued that the State Government Insurance Office

adopts a broad and beneficent attitude to the time limit—as indeed it does. But surely that is not a completely satisfying answer to the problem. If an employee has a right, he should have it as a clear right, not on the basis that the State Government Insurance Office overlooks something and says, “We will give it to you as an act of grace.”

I have concluded that the principle of legally recognising industrial deafness as an injury contracted by a gradual process is sound, and there is much to commend the New South Wales approach of holding that the injury is deemed to have happened at the time when the worker makes his claim for compensation.

I must readily concede that there are some problems to be faced. Industrial deafness seldom, if ever, gives rise to lack of working opportunity. Nevertheless, this does not disentitle a worker to his claim for compensation for a lump-sum disability payment. The scale of benefit under the Bill in relation to loss of hearing is—

	£
Loss of hearing	1,600
Complete deafness of one ear	715

There is pro rata abatement of this scale for partial disability.

There is the evident danger that claims can, and will, arise amongst employees approaching retiring age for a lump-sum payment that could well alleviate pension or other social-service payments. Again, there must be a high degree of industrial deafness with varying percentage losses in hearing in employees in boiler-making and other trades. I had feared, then, that an amendment might well open the flood-gates to claims. Inquiries in New South Wales, following the amendment there, showed no such flood of claims. I find this inexplicable, but I can only report the facts to the Committee.

However, for all the disabilities, I still feel that the law has already accepted the principle of recognising industrial deafness. This being so, the artificial impediment of a six months' time limit should not abrogate that principle. Naturally, the amendment will cover those who had some degree of industrial deafness before 1945. That is unavoidable, but I would rather be too generous than too restrictive in the approach.

Mr. Newton: It could apply to machinists.

Mr. HILEY: Jack-hammer operators, ramset gun operators—quite a number of people.

The Government has decided to amend the law so that industrial deafness as an injury is deemed to have happened at the time when the worker makes his claim for compensation, and the Bill provides accordingly. I should inform the Committee that rights of claim will apply only to existing workers. They will not apply to retired personnel. This was the approach in New South Wales.

I come now to what I regard as the most important reform of all. The Bill proposes to change the present voluntary cover for common law and common law practice and to substitute a compulsory cover.

At the present time it is compulsory for all employers to cover their employees with a workers' compensation policy. It is possible for an employer to take out a common law and common law practice cover by paying an additional premium of 3½ per cent. This latter policy covers the employer against action for damages by an employee who had suffered injury from a negligent act of the employer or a fellow employee.

The Trades and Labour Council has requested that common law and common law practice cover be made compulsory for all employers. The approach by that council followed an accident in which an employee was killed, the cause of the accident which gave rise to the death being some negligence on the part of the employer. The employer was a small contractor who did not have a common law cover. A suit by the widow for damages that she clearly would have been entitled to collect would have been abortive because of the financial position of the employer, and the action was not pursued.

The taking of common law cover is compulsory on all employers in New South Wales. The minimum cover which must be taken is £20,000 for each employee, and licensed insurers are entitled to add up to a maximum of 17½ per cent. to the ordinary premium to provide this cover. I understand that most employers take a cover of £50,000 per employee, for which they are charged an additional premium of 25 per cent.

Again, in Victoria, common law cover is compulsory with an added premium of 10 per cent. The liability is unlimited.

Whilst we have no exact statistics of the position in this State, enquiries satisfy me that over 60 per cent. of all employees here now have the protection of common law and common law practice cover as their employers have taken out a voluntary cover.

In prospecting this reform to make it compulsory, I should inform the Committee that I found the General Manager of the State Government Insurance Office quite unattracted by the prospect of such an amendment. At present he can pick and choose his risk. He frequently rejects applications which he senses are poor risks, and in other cases he will accept a risk only after the employer has made substantial improvements in working conditions to improve the safety factor. The General Manager fears that if he loses power to choose his risk, his claims ratio could climb alarmingly.

An examination of the experience to date enables no conclusive deductions to be drawn. The last year for which a substantial

valuation of claims is possible suggests a claims ratio of some 170 per cent. of premiums in common law policies, and that looks like bad underwriting. However, it should be borne in mind that the law very rightly forbids the claimant from simultaneously collecting both common law benefit and workers' compensation. Although workers compensation is frequently advanced to a worker pending the trial of his action at common law, should he succeed in his claim he must refund the workers' compensation that he has drawn.

Mr. Sherrington: Is it mandatory that these compulsory common law policies shall be taken out with the State Government Insurance Office?

Mr. HILEY: Yes.

Mr. Houston: That is the only office to handle it?

Mr. HILEY: Yes.

Mr. Houston: What would your premiums be now on the average policy?

Mr. HILEY: That depends on the classification.

Mr. Houston: Average figures?

Mr. HILEY: There is no such thing. There are so many different classifications. I forget how many there are but there are hundreds of them—page upon page of them. They range from trifling amounts for a person in secure employment to large amounts for a person in dangerous employment. If you are a powder-monkey in a mine you pay real money. For a deep sea diver it is a fantastic rate because the risk is so high.

Mr. Houston: The 25 per cent.—that is still on these rates?

Mr. HILEY: The hon. member has not heard our rate yet. Our rate at the moment is 3½ per cent. on the premiums, which are lower than the average premiums charged in other States.

It follows that, had there been no common law award, a considerable proportion of the amount which was paid as common law claims would unquestionably have been drawn as workers' compensation benefit. No precise measure of this is available, but a quick assessment by those close to the problem supports the view that, in the average, workers' compensation would have paid in any case about one-third of what was finally paid as a common law claim. If that should be so, then the claims percentage on the present selective basis, whilst excessive, would not be badly excessive.

There is no doubt in my mind that, for two reasons, the extension of the cover to all employers is likely to result in a higher claims percentage. Firstly, it will bring into calculation the employer who already has a bad accident ratio, which the office

will not presently take; and, secondly, there is little doubt that more claims would flow when it was commonly realised that insurance cover was present.

Weighing it all up, I believe it probable that it will be necessary to command additional premium income, but I see no reason why a trial could not be given to the existing rates of premium, which are so extremely reasonable.

Socially, there is a strong case for compulsion of cover in this field. If the principle of compulsory workers' compensation cover is sound as a social measure—and I believe it is—the next step of compulsory common law cover is equally sound.

I am pleased to inform the Committee that the Government has accepted my recommendation and, as from 1 July next, common law cover will be compulsory, liability will be unlimited, and the premium will be at the present rate, that is, 3½ per cent. of the workers' compensation premium. It follows from what I have said that this premium rate will require review if our experience runs against us. Considering the 25-per cent. loading in New South Wales for a £50,000 cover and the 10-per cent. loading in Victoria, the plain fact is that our loading of 3½ per cent. is dirt cheap for the benefit conferred.

There are some ancillary points that deserve brief mention. The common law cover will not in any way cover the liability at present covered by covers taken out under the Motor Vehicles Insurance Act. An employer who provides vehicles for use by his employees will still cover the risk arising out of the use of those vehicles by a policy under the Motor Vehicles Insurance Act.

Mr. Bromley: That will be compulsory, too?

Mr. HILEY: It already is. It has been for the last 10 years.

Mr. Bromley interjected.

Mr. HILEY: I think the hon. member is referring to the vehicle—if they "prang" a vehicle.

Mr. Bromley: I thought it might have been the driver.

Mr. HILEY: If the hon. member studies the compulsory third party insurance law he will find there is complete and obligatory cover to protect any person who is injured as a result of the driving of a registered motor vehicle.

Mr. Houston: What about a husband and wife both working for the same firm?

Mr. HILEY: We are aware of that weakness, and it is engaging our consideration.

When hon. members study the Bill they will find that we have had to deal with the problem of the person who is deemed to be

an employer. This applies particularly in the case of certain share-farmers, tributors on mining claims, and certain classes of contractors. Obviously, common law action in such cases would lie against the real employer, not the deemed employer, and steps have been taken to ensure that the claim is charged against the person who is deemed to be the employer even if, in fact, he is not the actual employer. In this way the benefit of the insurance is retained not only for the straight wages man, but for the wages man who is employed in turn by the share-farmer, tributor, or contractor.

Mr. Sherrington: Since the amendment to the Industrial Conciliation and Arbitration Act that allowed for the issue of shares in a company, to employees, could it be that the small contractors, with four persons to the firm, would have any protection?

Mr. HILEY: The company is the employer, and the company must take out cover for its employees.

With the provision of compulsory common law cover, we have followed the practice laid down in the Motor Vehicles Insurance Act in the trial of claims. Cases will be heard and determined by a judge without a jury. The minute a jury knew that there was compulsory cover, it would give terrific damages. Exactly the same provision applies with compulsory insurance under the Motor Vehicles Insurance Act. All such cases are heard and determined by a judge without a jury. The same principle and practice will apply with the compulsory cover, under the common law, for workers' compensation.

Mr. Newton: What happens with the premium if there are no accidents in an industry? Is it lower the following year?

Mr. HILEY: This will be run as a common fund. It goes into an account. You get good years and bad years. There is just no way of doing as the hon. member suggests. There are bound to be some peaks and some valleys.

Mr. Newton: It is something like the Nominal Defendant Fund.

Mr. HILEY: Yes, it will average out.

There is one other point that I should mention. We have experienced a deal of difficulty in coping with the problem of workers' compensation in relation to share-farmers and wages men employed by share-farmers. In New South Wales it has been so hard to find the correct solution that they solved the problem with the surgeon's knife, with the result that share-farmers are completely excluded. We have refused to take that view because we think that with many share-farmers it is simply a method of hiring labour and we are not prepared to exclude that type of share-farmer from the benefits. One point of some contention is the case of the share-farmer providing substantial

plant under the share-farming agreement—especially agreements in relation to grain-growing, peanut-growing, and cotton-growing. Here, it is obvious that part of the cash profits of the share-farming agreement are really in the nature of plant hire, and in this class of agreement the share-farmer generally obtains a substantial part of the proceeds because he supplies the plant. I have seen cases where the share-farmer got as much as 85 per cent. of the crop proceeds because he supplied everything except the land.

Mr. Burrows: You will get many more instances of share-farming under the Land Bill.

Mr. HILEY: That is not before us now. If the hon. member saves his comments for tomorrow he will have ample scope.

Nevertheless, under existing law the plant-hire element in earnings is included in the earning figure on which premiums are assessed. That has caused a lot of discontent in all places. We have thus decided to exclude from the operations of the Act any share-farmer who provides and uses farm machinery driven or drawn by mechanical power where that share-farmer receives not less than two-thirds of the proceeds of the agreement. If he does not provide farm machinery driven or drawn by mechanical power or if he receives less than two-thirds of the proceeds of the agreement, we reckon that the labour content is the dominating factor and he should be insured. If he supplies mechanical power and if he receives two-thirds or more of the proceeds of the agreement, then we say he is a contractor rather than an employee.

Mr. Bromley: Who is going to check up on all these share-farmers?

Mr. HILEY: We have to check up on them all now. Under this we will have to check up on fewer of them.

Such a share-farmer and his wages-men will no longer be covered by the policy taken out by the owner of the farm. The share-farmer will become an independent contractor. He will be able to take out a voluntary policy to cover himself. He will be compelled by law to take out a policy covering his wages-men.

Mr. Burrows: Is there any provision whereby the share-farmer is not allowed in his agreement to contract himself out of that right? For instance, the farmer in agreement with the share-farmer might insert a clause to provide that the share-farmer must pay all premiums.

Mr. HILEY: That has already been dealt with. Where that is paid, it must be borne in proportion to the profits. We laid down that principle three years ago. The cost of the workers' compensation premium must be borne in accordance with the way in which the profits of the venture are distributed.

Mr. Bromley: If the share-farmer is covered by this compulsory cover, would he be entitled to take out coverage on himself, like a business man's coverage?

Mr. HILEY: If he is covered, he is covered—he does not need it; he has it—but if he is exempt because he is treated as a contractor, he has to take out a policy for any labour that he employs and he is eligible to take out a voluntary cover for himself if he wishes to. In other words, he is a business man; he takes out a business man's cover if he wants to.

From this summary, the Committee will observe that the Bill proposes to do much more than adjust the arithmetic of benefit to reflect changes in wage levels and in money values. The Bill goes on to provide a number of extensions and reforms which make it the most important measure dealing with workers' compensation since the original legislation was brought down in 1916.

However, on the arithmetic of it, I have prepared the following table which provides a useful yardstick of comparison over the various dates upon which alterations have been made:—

WORKERS' COMPENSATION MAXIMUM BENEFITS

Date of Increase	Queensland Basic Wage Rate	Maximum Death Benefit (excluding dependent children)	Number of Weeks' Wages at Basic Wage Rate	Maximum Incapacity Benefit	Number of Weeks' Wages at Basic Wage Rate
1st January, 1945	£ 4 17 0	£ 750	155	£ 1,000	206
9th April, 1951	7 19 0	1,500	189	1,750	220
10th May, 1954	11 5 0	2,500	222	2,800	249
25th March, 1959	13 0 0	3,000	231	3,300	254
Increase proposed by the Bill	14 4 0	3,300	232	3,600	254

It will be seen from that table that there has been a steady and sustained improvement in the level of benefits expressed in terms of the basic wage. But if these increases are important, they are not so interesting or important as the other reforms to which I have referred.

There is no field in which the Government's reforms have been so many or so courageous. We have pioneered the Chest Board, under which many sufferers from miner's phthisis who had been refused compensation for years now receive benefits. Heartened by that experience, we followed with the Cardiac Board, and already it has trebled the percentage of successful references compared with those who succeeded before industrial magistrates.

We have adjusted premium rates upwards or downwards as dictated by claims experience and, as a further inducement, we have introduced the principle of merit bonuses to encourage industrial safety.

As already reported, we have accepted the principle laid down by the Industrial Court, not only in regard to death claims (following the recurrence of an old injury) but to claims for personal disability and to medical and hospital expenses.

All these things have impressed us as fair, and all have extended the benefit of the Act and given a fuller expression to its social purpose. But, like most fields of human interest and activity, our perceptions not only tend to be progressive but, in addition, they are better so.

As we see it today, the reform to provide compulsory common law cover to both the living and the dependants of the dead is a real forward step. The Workers' Compensation Fund has moved into a condition

of considerable financial health. Last year there was an underwriting surplus of £647,740. The year before the surplus was £341,341. Dealing with capacity to meet the proposed increases, I am advised that the cost will be well within the present level of annual surplus.

Apart from the annual surplus to which I have referred, the fund has to its credit sums totalling £7,905,526 at 30 June last. These moneys have been invested, and last year the fund was augmented by no less than £556,233, being income from investments.

Mr. Lloyd: It would be difficult to assess the fund liability.

Mr. HILEY: No, I do not think so. Full provision is made for outstanding claims and, if there are annual premiums, they are related to the annual hazards.

These reserves have a dual benefit. They provide a real safety factor in case there should be a major industrial calamity; until needed for that rare purpose, the interest derived from their investment is a solid addition to the annual result.

These helpful factors have been aided by a drop in the number of claims. Against a rise in the overall level of employment, the number of claims has fallen. Improved safety measures, plus better machines and improved working conditions, are the basic ingredients.

Mr. Bromley: There is also now a greater awareness among employees of the need for safety.

Mr. HILEY: That could be so.

The Government's view is that workers' compensation is a vast co-operative insurance conducted on behalf of employers generally. Particularly good results are rewarded with a general and incentive bonus; further benefits are shared with the injured workers. Extended monetary limits, easing of barriers against entitlement, and now the carrying of extensive benefits against common law and common law practice are all practical examples of how the scheme can be expanded within the existing resources of the fund.

Never was the fund in better condition; never have its benefits been relatively higher; never has its scope been so widely expanded. In this, as in all other directions touching the welfare of the people and the standards of modern good employment, the Government is proving to be a Government of enlightened and humanitarian outlook. Its practical concern for safety in industry, its evident steps to remove procedural barriers to claims, the speeding up of decisions and the constant widening of both the scope of benefit as well as its measure all go much further than any mouthing of words or the posturing of politicians. Here is a field where the only real test is in performance. On that test the Government holds its head proudly as the Government that has done more for workers' compensation than any other Government since it was first introduced.

Mr. LLOYD (Kedron) (4.21 p.m.): It would be rather an understatement on my part, or on the part of the Opposition, to say that we accept the Bill. We would accept legislation such as this from any Government, regardless of its political colour. However, we hardly expected the Treasurer, in introducing the legislation, to make such extravagant political claims on behalf of the present Government. He has made certain improvements to the Act; we admit that. But the Act has been improved progressively by every State Government, whether Labour or anti-Labour, over many years, and in looking through earlier legislation we find that the most important benefit given to the workers of Queensland under the Workers' Compensation Act was given in 1951. The escalation clause was introduced at that time, and the only limitation placed on weekly compensation payments to a worker was that they must not exceed the amount that he was receiving when he was in employment. That limitation was imposed because a man with a number of children might be able to claim more in compensation than he was actually receiving at work. As I said, I think that was the best workers' compensation legislation introduced by any Government.

I can see no basis for the Treasurer's extravagant claims on behalf of the present Government. For some time we have been criticising the Government for not increasing the amounts for other than the first eight items on the table of injury. We were rather disappointed in 1959 that the Government

did not see the unfortunate position that had arisen and increase the other 12 or 15 items on the table. No improvement has been made in those payments for a number of years, and it is only right that they should be improved now.

I thought that the Treasurer was very fair when he referred to his table of figures and compared 1945 with 1962 on the basis of the basic wage, permanent benefit, death benefit, and incapacity benefits payable in those years. The figures indicated that benefits have increased progressively since 1945 as the basic wage has increased.

Mr. Hiley: Under some headings. You did not touch a number of them in 1945.

Mr. LLOYD: Yes, and there were some that the Treasurer did not touch in 1959. As I said, we were rather disappointed about that.

Mr. Hiley: We are altering our own and yours as well.

Mr. LLOYD: Let us be fair about this. The Treasurer did not touch them in 1959 when he had the opportunity to do so. It has gone on for another three years. The Treasurer's Government has been in office for the last five years, and if at any time during that period he had bothered to take notice he would have realised that there was a neglected table and would have taken action instead of waiting five years until a pre-election year. In this, his own table, it will be found that the figures that have been quoted go up progressively as the basic wage increases. There was one period, between 1951 and 1954, when the benefit was perhaps a little bit lower than it could have been, but it was more or less relative to the benefits that are being granted at present. The benefits from 1954 to 1959 were completely relative to those presently in operation.

We have to be very factual about these matters. The proposed improvements have been definitely required for some time. The one dealing with industrial deafness is something that had not been really appreciated since the end of the war until the Commonwealth established a Commonwealth Acoustics Laboratory. Credit should be paid to that laboratory for the research it has undertaken into industrial deafness and for the greater appreciation and realisation by the medical profession that industrial deafness does actually occur and must be recognised.

So do not let the Government take credit for that. It is purely and simply an advance in the realisation that industrial deafness does occur; it has not been previously recognised. It is, in fact, one of the strangest illnesses of all time, if it can be called an illness. Oddly enough, I suffer from industrial deafness myself. It is rather strange and is one of those types of deafness that is not always obvious. For instance, I could hear the Minister speak in his

opening remarks but if there is any overtone of noise at any time the voice completely disappears.

Mr. Hiley: Very frequently other people can only hear when it is against a noisy background.

Mr. LLOYD: That is correct. That is one feature of it that has become recognised as a result of the tests made by the Commonwealth Acoustics Laboratory. It is something that may occur at a particular time in a man's life. It is not a deteriorating thing, but it is cumulative. In other words, if a man were to change his calling and go from one industry to another it may become apparent. He might have been a boilermaker and not be aware of his deafness. If, however, he leaves boiler-making and goes to another industry without that overtone of noise his deafness will become worse and worse until it really becomes obvious.

As I say, credit should go to the tests made in the Commonwealth Acoustics Laboratory and to the fact that the medical profession now realises that any man who has suffered deafness at any time should be given the benefit of the doubt.

The matter relating to common law practice contained in the legislation could be of considerable benefit in the payment of expenses as at the actual date of injury. Admittedly, the Treasurer said in his opening remarks it has been the practice to accept the principle laid down by the Industrial Court not only in regard to death claims but in regard to claims for personal disability or for medical and hospital expenses. I think that principle should also be appreciated.

I believe this legislation is necessary. It maintains the payments at a level relative to the basic wage. It provides a few other benefits that are continually becoming necessary and no doubt will become necessary as industry becomes more mechanised. Naturally as greater improvements are made in methods of production, other problems arise. Miner's phthisis has been mentioned. Although the miner's phthisis sufferer is eligible for workers' compensation, there is the other type of industrial disease which occur mainly in workers in fibrolite factories, such as Wunderlich's and Hardie's. A worker employed in the manufacture of fibro-cement inhales a large amount of razor-sharp dust, which penetrates his lungs. Although he may not suffer any disability while he is working in that factory, years after he has left that job and transferred his occupation to another industry the trouble may become apparent. I have had a few cases of this with men who were employed at Wunderlich's at Gaythorne. After working five or six years in another industry they became completely incapacitated for work. Never having claimed workers' compensation while working at Wunderlich's, even though the medical evidence tends to prove that the inhalation of

the fibro-dust in the atmosphere at the place of their previous employment was responsible for their present condition, they cannot get workers' compensation. All they can do is go onto the invalid pension.

Mr. NEWTON (Belmont) (4.32 p.m.): Before I see the Bill I do not intend to have a great deal to say about the improvements that have been suggested by the Treasurer. It is apparent from his remarks that he feels that this is something great that is being done by the Country-Liberal Party Government. After all, we have to trace the history of this legislation. We can go right back to 1905 and 1915, when the Act came into full operation. At that stage quite a lot was done that made the legislation worth while. Irrespective of what party has been in Government, over a long period of time there have been improvements in the Workers' Compensation Act. No doubt most of them would have been made by A.L.P. Governments. But one of the yardsticks for judging any Government's performance under the Workers' Compensation Act is the amount of compensation that it pays each year. I recall that when my own party was in Government, even before I was in Parliament, of the total amount received by the State Government Insurance Office from employers for workers' compensation cover for their employees, the workers' compensation pay-out was getting very close to 99 per cent. in the year. That would be a big factor to be taken into consideration, particularly with lump-sum payments. It has been pointed out quite clearly by the Treasurer that the weekly rate would increase according to the increase in the basic wage. That is true, but apparently some time elapses before lump-sum payments are further considered. Naturally, when you look at them you find they will have to be increased by a certain percentage to maintain comparison. There is no question about that.

In relation to the common law policy, if we are to be fair, irrespective of whether an A.L.P. Government or the present Government were in power, either one would have had to look into it. No-one can tell me that, with the way things are going at present with the civil laws, we are not all concerned with what can happen to employers in industry. I think the Treasurer should state quite clearly whether it is the intention of the Government to look into this matter and make this cover compulsory for all employers in Queensland to give them some protection should action be taken outside the workers' compensation provisions. The Government must face up to it.

As I have said before in the Chamber, when amendments have been introduced it has been impossible to include everything that we would like. I think the Treasurer and his officers have been doing what the A.L.P. committee members have been doing. We looked at the Victorian Act and the New South Wales Act and compared them with

ours. The A.L.P. cannot be blamed. There are some things in those Acts that are not in the Queensland Act, because each time a Bill is brought down to amend the Workers' Compensation Act it is the practice to take from other Acts portions that the Government thinks are suitable for Queensland. However, it is impossible to get them all in.

When we studied the Acts of Other States we found that there was a provision that workers cannot be dismissed while on compensation. Also, in one Act there is a provision that if an employee cannot return to his normal occupation—he may be able to take some other employment—and there is a difference between the wage rates received in the jobs, it is made up by the Workers Compensation Department. There is another important provision that does not apply in Queensland. At present, employees are covered going to and returning from work. I think it was the Victorian Act which contained a provision that during recess, smoko, or the lunch-hour break, if an employee happens to be outside the employers' premises and meets with an accident there is some cover for him. From my experience in industry, and as a trade-union organiser, that is a very important provision. Each and every one of us would like to see more improvements to the Act than have been introduced today, but I agree that it is not possible to introduce everything at once. However, if there is a change of Government in 1963, we will not let the Act remain as it stands after the present amendments by this Government. That is impossible. The Act must be changed to meet changing circumstances throughout the Commonwealth. In some provisions it would seem we are trying to keep up with the other States, and in others we are trying to keep ahead of them. Someone has to give the lead. I think that all improvements to the Act will benefit employers as well as employees.

When we look at the overall question of workers' compensation since its introduction and the changes that have taken place in industry in mechanisation and safety measures, the employer has been treated fairly favourably. That can be proved by the profits made by some companies. I have no objection to profits being made by companies provided a certain portion is passed on to the employees. That principle should apply to increased payments under the Workers' Compensation Act. Even if it means looking at the premiums paid to meet the requirements, if there has to be an increase there has to be one. From what I can gather, it is quite evident that this has not been necessary in the past six years. A dividend has been paid. Again, it could be said that perhaps the officers of the department have tightened up the administration of workers' compensation.

Mr. Hiley: The number of claims is down.

Mr. NEWTON: That could be so. It is clear in the Act that a malingerer cannot get away with anything. However, if the claims

are down, that is the answer. We certainly do not want to have a general tightening up of the administration that might lead to the rejection of claims that should be allowed. In my experience with the officers of the department, they have been very helpful and co-operative on claims generally, particularly in claims where there is a delay. That is very important because some employees, if they feel there is a hold-up, should be told to apply for sickness benefit or social-service payments from the Commonwealth because of no income for six or eight weeks. If they had taken action, or if they had been advised of the possibility of a hold-up, they would not have been faced with that problem.

Dr. DELAMOTHE (Bowen) (4.42 p.m.): I want to comment particularly on one or two features of the Bill, but, before I do so, I should like to answer some of the carping criticisms of the Deputy Leader of the Opposition. He said the rises in these various payments merely reflected increases in the basic wage from time to time. If hon. members take out pencil and paper and do a little arithmetic, they will find that it has gone beyond that and that the impact the increases made in 1959 and 1962 goes somewhat further than merely reflecting rises in the basic wage.

Mr. Davies: How did they compare with the increases in company profits?

Dr. DELAMOTHE: I do not think workers' compensation has anything whatever to do with company profits.

Mr. Davies: I know that, but how do they compare?

Dr. DELAMOTHE: It is one of the company's expenses to pay workers' compensation premiums; but why the hon. member should make an interjection like that in the debate on a Bill like this I do not know.

The Minister will bear with me if I raise with him again the matter of blindness as it appears in the Act. In passing, I should like to point out what a very great benefit the new provision covering industrial deafness will be. Naturally I come in contact with it many times. Those hon. members who work, or who know people who work, in those occupations that lead over a period of years to loss of hearing will know what a purgatory it is. I am all for the action the Treasurer has taken. But I think always that blindness or severe loss of vision is a very much greater disability than loss of hearing. As the Treasurer pointed out, a person who has lost his hearing can work, but it is very difficult for a person who has lost his vision to find a job that will satisfy him and give him adequate remuneration. There are certain forms of loss of vision that lead to blindness, which I believe come within the same category as industrial deafness. I know that this is something that needs attention

with a view to perhaps making an amendment the next time the Act is dealt with to put blindness in the same category as loss of hearing.

I am sorry that the hon. member for Ipswich East has left the Chamber, as it is interesting to note that this blindness occurs in miners. In those cases it does bring financial disability because sufferers must necessarily go on to the miner's pension. They are not entitled to compensation for this form of blindness and receive only the social services blind pension. Although qualified to receive the miner's pension, that is reduced so that the total of the combined pensions does not exceed the miner's pension. I have been making similar submissions to the Minister for Mines and I hope that he, too, will be able to make good in his Act the deficiency that I am trying to have repaired in the Workers' Compensation Act.

The previous speaker referred to slow payments. I think that this is something to which careful thought should be given. No doubt other hon. members are also being constantly requested to take some action on behalf of workers who have not received compensation payments after long periods off work. The reasons for this are varied, but I think that the whole matter wants looking into as slow payments lead to much hardship. Sometimes it is the fault of the claimant himself for not making a proper report, and sometimes it is the fault of the employer. Sometimes claims are held up at the courthouse or the State Government Insurance Office. Whatever the cause, it has been going on for too long for us to continue to accept it. Ways and means should be found of shortening the period.

Mr. Sherrington: One of the reasons for hold-ups is that the compensation officers will not accept the reports of general practitioners.

Dr. DELAMOTHE: That is so, too. It does lead to arguments. One of my partners had a case recently that was cleared up as soon as I looked into it. It concerned a woman whose claim was held up for a couple of months. She was a slicer at the meat-works in my area and she had injured her hand. On his report form the medical practitioner is required to fill in the cause of the accident. I do not know why the doctor should be asked to give a factual description of it when it can only be second-hand, because he was not on the spot when it occurred. After all, the insurance office has the evidence of the patient who was there when it happened, his witnesses who also were there, and, in many cases, the foreman or employer's representative, who was also on the spot.

Mr. Hiley: Except that sometimes the doctor fills in on the form, "Playing football on Sunday."

Dr. DELAMOTHE: That may be so. In this case, my partner is a braw Scotsman who is a little terse about these things. The woman came to the surgery and said she had a mauled hand. The doctor put down, "Lacerations to the fingers caused by being caught in a conveyor belt." As the woman described it to him, that was a perfectly straight-forward answer. The information she gave on the form that she filled in showed that that was not exactly what had happened. There were some bones on the conveyor belt that had become jammed in it, and it was amongst the bones that her fingers had been caught, not actually in the slats. The claim was held up for about eight to 10 weeks until it was referred to me and the necessary representations cleared it up. That is the sort of thing that leads to unnecessary hold-ups.

Certain union secretaries—I do not say this applies generally, because most union secretaries are very helpful—do not take any part in assisting their members to prepare their part of the claim and follow it up for them. As a matter of fact, the secretary of a northern branch of the Boilermakers' Society wrote to a friend of mine, and I shall read the letter to hon. members because it discloses a point of view that I had not met before.

Mr. Newton: You know that applies the other way, too. The employers do the same. They do not fill them in in time, either.

Dr. DELAMOTHE: Yes, but this rather surprised me because I had not heard of it before. The secretary of this northern branch of the Boilermakers' Society said in a letter to a friend of mine—I will not mention his name—

"In reply to your letter concerning the compensation claim by the widow of Mr. So-and-so, I wish to advise you that it is not the policy of this Society to fight compensation claims."

Mr. Knox: Is that a society affiliated with the A.L.P.?

Dr. DELAMOTHE: It is a branch of the Boilermakers' Society.

The CHAIRMAN: Order! Please do not have a conversation at the back of the Chamber. If hon. members wish to interject, I ask them to do so in a voice loud enough to be heard by the "Hansard" staff.

Dr. DELAMOTHE: Members of that union must be under a very grave disability because their union secretary will not assist them in making applications for compensation. I do not know whether that is general throughout the Boilermakers' Society. Perhaps hon. members opposite might investigate the position. It certainly applies in that union in the North.

Mr. Newton: I should say that 80 per cent. of the sub-branches are doing that now through their State office. That is a sub-branch.

Dr. DELAMOTHE: That would be the general policy in State offices?

Mr. Newton: Yes.

Mr. Sherrington: No.

Dr. DELAMOTHE: Which is correct?

Mr. Newton: I meant that they handle claims on behalf of the members of the union.

The CHAIRMAN: Order!

Dr. DELAMOTHE: I am not talking about arbitration; I am talking about compensation to the workers.

I should say that it is the slowness of payment rather than the lump sum that the injured worker gets that is of the greatest interest to him. Many of them live from week to week. If they are injured and their compensation is not paid quickly, they are in trouble with the butcher, the baker, and the candle-stick maker. Perhaps the local clerk of Petty Sessions could investigate minor claims and pay out over the counter as medical benefits organisations are now doing with small claims. I bring this particular point to the Treasurer's notice in the hope that, if not now, at some future time this necessary amendment will be made.

Mr. HOUSTON (Bulimba) (4.55 p.m.): Quite frankly, I was rather disappointed at the Treasurer's introduction of this legislation. I had hoped that, after so much investigation on matters concerning injuries, compensation, and the like, the Treasurer would have seen fit on this occasion to review the workers' compensation legislation completely. The Treasurer well knows that in workers' compensation legislation there are many weaknesses. The idea of paying fixed amounts of money for certain injuries in many cases neither does justice to the person who is injured nor gives a fair deal to the employer for the amount of premiums paid.

I do not want to digress onto other legislation, but I think it can be said within the scope of this Bill that, in considering injuries, the only difference between workers' compensation and any other compensating payment is that workers' compensation is paid for injuries received at work, or going to or from work, when the employee has not to prove that he was not a contributing factor to his own injuries. That is the only difference between this legislation and any other legislation in the State.

To consider the introductory statements of the Treasurer, first of all he indicated that the various amounts had been increased in a general line with increases in the basic wage. I am not particularly happy about using the basic wage as a guide because I think all hon. members would agree that

from 1945 up to the present time there has been a general upward movement in margins. The skilled worker today gets a higher percentage above the basic wage than he got in 1945. The professional man, of course, gets a much higher margin above the basic wage than he got in 1945. Even in the most unskilled industries very few people today, in fact, get only the basic wage. Therefore, to make a comparison between the relative merits of payments under this Bill and the payments made at other times under the Act, we should work on the changes in the average income of employees affected by the legislation to determine whether or not the increases are just. I have not had an opportunity to consider those matters in detail but I think that is the point that should have been taken into account rather than the increase in the basic wage.

The report of the State Government Insurance Office as it relates to workers' compensation reveals that the proportion of expenditure to premium income was 73.74 per cent., which I think any underwriter would admit is not a bad return from insurance. In fact, it was so good that the Treasurer saw fit, through the insurance office, to set up a system of bonuses to employers. They are quite substantial bonuses to be approved in the following manner:—

"It has been approved that on renewal of their policies employers be allowed a bonus of 15 per centum of the adjusted premiums."

It is also recommended that employers be allowed merit bonuses based on the claims experience of individual employers as follows:—

"Claims under 30 per centum of adjusted premium—A bonus of 10 per centum;

"Claims over 30 per centum, but under 50 per centum of adjusted premium—A bonus of 5 per centum;

"Claims over 50 per centum, but under 70 per centum of adjusted premium—A bonus of 2½ per centum"

It is true that those bonuses will be granted to employers with the idea of encouraging them to carry out further safety measures and to say, "Thank you very much for your efforts so far." At the same time we should consider the injury to the worker to see whether we can increase the amount paid to him. As the hon. member for Bowen has said, industrial blindness should be included as one of the disabilities for which compensation is payable. I know many men who have worked under unsatisfactory lighting conditions in offices, as a result of which they have had to wear glasses many years sooner than they normally would have had to. That impairment of eyesight could well jeopardise their chances of further advancement. I know of one man who would not apply for a senior position because he was suffering from continuous headaches which no doubt were the result of too much reading in his job. I

suggest that is a genuine case for compensation. I realise that by wearing glasses it is possible to restore a person's ability to earn a living, but there is still the inconvenience associated with wearing them. I completely endorse the remarks of the hon. member for Bowen in that direction.

On the point of extra coverage, there is the old hobby-horse of loss of smell and disfigurement. I do not think anyone would deny that if a person is disfigured as a result of injuries received, either at work or going to or coming from work, it could well affect not only his personality but also his prospects of advancement. A person badly disfigured in the face becomes very self-conscious. His work can be affected. Obviously many employers when selecting staff who come in contact with the public would choose only those they considered presentable.

When the legislation is being reviewed is the time to tackle the problem to see whether we can use some of the surplus to pay compensation to those people.

When we consider compensation, we have to consider whether it is paid only to compensate a man for not being able to work in the particular industry in which he was working at the time of his accident, or whether it is to compensate him for all the other things associated with life as a whole. What brought this to my mind was the Treasurer's statement in his introduction of the Bill that the Government is going to make it compulsory for employers to take out common-law policies. We all know that when judgments are given all these other factors are taken into account. When a judge is considering his award he first of all considers whether the injured person contributed to his injury through his own negligence. If he is of the opinion that the injured person did not contribute to his accident and his injury—in other words, he was not negligent in any shape or form—he then assesses the quantum of damages and, in doing so, he takes into account his physical loss, the effect on his personality, and the effect on his welfare as a citizen.

On this further insurance by which the employee will now be covered, these other factors will be taken into account. That brings me to the query that where a man receives a large award from workers' compensation for particular injuries, and then goes to court under the common law principle and receives judgment, it is possible that the judge, when summing up and deciding on the final amount, may award a much smaller amount. Let us say that the workers' compensation is worth £1,600; the judge may give an award for disfigurement, loss of personality, loss of ability to marry, and loss of other things that go with life. If a man has to refund out of the proceeds of his judgment the whole of the workers' compensation he has been paid, it could react unfairly against him. I should like the Treasurer and the Government to consider these factors when determining the amount

to be refunded. I know that at present the Act states that the full amount will be refunded. It may be as well, when cases go to the court under the common law legislation, for the judge to be asked to itemise the points covered by workers' compensation and those that are not. I do not suggest that he should list every little item, but he should be able to say, "In my judgment of £5,000, I am allowing £1,000 for loss of opportunity because of injury to part of the body and so much for medical expenses associated with that, and the rest will be a general quantum of damages due to other factors." I suggest to the Minister that he investigate that matter when reviewing the legislation.

One of the major difficulties associated with injuries to workers arises when a worker—particularly in middle-age—is told by his doctor and the compensation people, "In your own interests we should like you to go back to work; by doing so you will assist yourself to restore your health and again become an asset to yourself and your family. He is then taken off compensation and advised to take light work. From my personal experience I know this is one of the gravest problems confronting members of Parliament. We are asked to try to assist these people who are willing to work, but who, because of circumstances outside their control, cannot obtain employment. Some industries are all right because lighter work is available, but more often than not vacancies are not open in them. In many industries where people are injured there is no such thing as light work. These men are thrown out and no-one wants them. Their previous employer does not want them and their prospective employer asks, "Who was your last employer?" The employee then says, "I worked for so-and-so." He is then asked, "Why did you leave?" He replies, "I did not actually leave. I was injured there and I have been told by the workers' compensation office and my doctor that I cannot carry on with that work any longer; but I can do light work." Naturally an employer, while other labour is available on the market, will tell the man he is sorry but he has no employment for him at present.

I believe that, as part of the workers' compensation set-up, we should consider reserving certain jobs within Government departments for these men requiring light work. It would not be hard to co-ordinate the various governmental employing sections, so that when such jobs became available from time to time, men who have very good employment records, who have been very co-operative while on compensation, and who are known to be suitable for light work but cannot get it could be offered them. By doing that we should not only help rehabilitate them more quickly but also demonstrate in a practical way our desire to rehabilitate them. I will content myself with those remarks until we see the Bill.

Mr. KNOX (Nundah) (5.11 p.m.): I congratulate the Treasurer on the Bill. It is really quite an achievement to increase the benefits under the Act within three years. We have not yet reached the stage of having the best workers' compensation story in Australia, but we have improved the situation considerably. Queensland had some of the poorest benefits in Australia. The Treasurer has rectified that by introducing two measures.

We have reached the stage where benefits payable to dependants are considerably better than those in most other States. That is really quite an achievement, because the dependants very often suffer most. I know that every hon. member has from time to time had to attend to workers' compensation matters in his electorate. It is interesting when examining the cases to note the multiplicity of problems that arise. One is often struck by the fact that the dependants of an injured or fatally-injured worker are often in a very serious plight. Sometimes, through other causes, they were in serious difficulties before the worker was injured, but, with the permanent or temporary loss of the breadwinner through injury, their plight is worsened.

One move that made it possible to increase benefits while at the same time reducing premiums, as was done earlier this year in some categories, was the setting up by this Government of a Division of Occupational Safety, which has been very active over the last four years. That division has brought about a decline in accidents in many industries, although not in all. The encouragement given industries to have better safety programmes and the consequent reduction in accidents must lead to a reduction in the number of claims against the increases in the numbers employed. There has been a considerable increase in the number of employees in shops, factories and other places in the State, but there has been a decline in the rate of accidents in many industries. We are fortunate in this because it means that we are in a better position financially with workers' compensation than we might otherwise have been. Very special efforts have been made by the Division of Occupational Safety with the film programmes it has instituted. In the last quarter there have been 115 screenings in industrial places, viewed by over 6,000 people. In technical colleges there were 20 showings of films on industrial safety, and these were seen by 550 pupils. They have been shown in secondary and primary schools, and last night in Parliament House we saw a film on safety in the meat industry.

These films and posters and special job safety programmes, which have been attended by safety officers and staffs of various factories, have resulted in a reduced number of accidents. We have had in this State two major safety-in-industry conferences, which were extremely well attended.

The last one that I attended was in Townsville in April of this year. Several members of the Opposition were also present. I am pleased to be able to say that, because on the previous occasion on which there was a safety conference in Queensland Opposition members declined to attend although all had been invited. It is pleasing to see that they realised their lack of wisdom in not attending the first conference.

Mr. Sherrington: A lot of us have already served on industrial safety committees.

Mr. KNOX: I agree that several hon. members opposite have been fortunate enough to have had practical experience in the implementation of safety programmes, and therefore are specially qualified to assist in passing this legislation. We are always prepared to listen to suggestions from both sides of the Chamber. After consideration, irrespective of their origin, they may or may not be adopted. I am saying that the programme of the Government has been to engage actively in promoting safety in industry, with the result that there has been a decrease in the number of accidents which has, of course, meant that workers' compensation premiums are lighter. This is very closely associated with industrial safety.

The CHAIRMAN: Order! I think that the hon. member has sufficiently developed his reasoning on industrial safety. He might now return to workers' compensation.

Mr. KNOX: Yes, Mr. Taylor. I was merely expanding the remarks of the Treasurer on the reasons for the increased benefits.

I shall now pass to the special benefit in which I am most interested. A dependant with children over the age of 16 and under 21 who are attending school, college, or university, or some such institution, and are totally or mainly dependent on the breadwinner, will be entitled to receive some benefits in respect of those children. I might say that this is the only State in the Commonwealth to recognise that principle. It is possible that other States will follow our lead. I understand that Tasmania is considering it. It is quite a break-through in the provision of benefits, and it is pleasing that this State should be the first to provide payments in respect of children under 21 attending full time a university, college, or school.

Mr. Bromley: That was a suggestion from the trade-union congress.

Mr. KNOX: It was suggested from various quarters, and a very worth-while suggestion it was, too. We are not ashamed of its origin; the important thing is that it is being done in this State. If the hon. member for Norman is correct in his interjection, it must have been suggested in other States but, for various reasons, it has not been introduced. It has not been done in New South Wales, where I believe

consideration has been given to various suggestions made by the Trades and Labour Council of that State.

The only other thing that I wish to mention is that we have been able to increase benefits for minor injuries to the stage where we can justly claim that they are the best in Australia. Because of the multiplicity of cases in which special benefit accrues, it is difficult to strike an average; but it is indeed a very great benefit for people who have minor injuries and who are handicapped in some way to receive financial compensation to assist them either in rehabilitation or in learning a new trade or making the adjustments that are necessary.

I again congratulate the Treasurer on the introduction of the legislation. I believe it gives to employees in Queensland a measure of social justice to which they are entitled.

Mr. SHERRINGTON (Salisbury) (5.21 p.m.): When introducing the Bill, the Treasurer said that the increases in the various amounts shown in the table that he was good enough to circulate to hon. members had been calculated on the basis that they were tied to the movement of the basic wage. He said that some of the benefits had not been reassessed since 1945, I think it was, and that the Government's inquiries had led it to make certain increases to bring the amounts more into conformity with the existing basic wage. Numerous amounts are shown in the table, but from a cursory examination of the table of injuries it appears that the amounts appearing below the lump-sum payment for the loss of sight in one eye have been increased by only 10 per cent. I may have misunderstood the Treasurer's remarks about some of these amounts not being reviewed since 1945. Because of this, I should not like to comment until I have had time to make a complete examination of them. I hope to be able to deal with them in more detail on the second reading of the Bill.

As I said, the Treasurer did say that the amounts had been calculated in accordance with the movement of the basic wage. He also referred to premiums and the concessions that he intends giving to companies where claims do not exceed a certain percentage. He mentioned that the introduction of safety measures had meant fewer and fewer claims, and he said that it was only just that employers should receive some bonus or benefit, or words to that effect. A similar principle might apply to claimants for workers' compensation, also. It might well be said that because employees acquaint themselves fully with safety measures and become conscious of the need for safety in industry, they become safer workers, and the amounts payable in the various fields of compensation should be increased as a bonus to them.

While it has become mandatory for companies to take certain safety measures it is also essential, if those measures are to be

effective, for employees to become safety-conscious. It is a fact that in some industries there are employees who do not take the interest that they should in safety measures. But I feel that if there is an overall lessening of the incidence of industrial accidents it could be traced to the fact that employees have become safety-conscious and if the insurance fund is in such a healthy condition as a result of the fewer number of claims then perhaps we should, in addition to the normal increases in line with the basic wage, apply some of the excess to a percentage increase in the rates.

That brings me to another thought. I think it was in 1959 that the last amendment was made to this Act, and perhaps we could well review some of the lump-sum payments on a yearly basis. At present there is a claim before the court for an increase in the basic wage, and if a considerable increase is granted in this year no adjustment in these lump-sum payments will be made until another amendment is brought before the Chamber, whereas if the review was on an automatic yearly basis the increases would be made when the basic wage was increased. As I have already said, it is approximately three years since the last amendment of this legislation. If there was a yearly review of the financial position of the insurance fund, the number of claims, and the movement in the basic wage in that period, adjustments could possibly be made automatically.

Several members of the Opposition have recently made a particular study of workers' compensation, and one very interesting point I found in the Victorian Act related to the definition of injuries. "Injury" is defined in that Act as follows:—

"'Injury' means any physical or mental injury or disease and includes the aggravation acceleration or recurrence of any pre-existing injury or disease as aforesaid."

In other words, there is a departure in the Victorian Act from the principle applying in Queensland in that it recognises mental injury. When the Minister for Health and Home Affairs was introducing the Mental Health Bill this morning I was interested to hear him claim that we should regard mental sickness as comparable with physical disability and I think it is quite possible that in our compensation laws we have not placed enough importance on mental strain on workers in industry. A person could well have mental breakdowns as a result of his type of employment, and I feel that a close study of the effects of certain industries on individuals would reveal that their employment has, in some way or another, contributed to a mental breakdown. I think that at this stage we might take cognisance of the effects of certain industries on employees and have a look at mental injury as it relates to workers' compensation.

The hon. member for Bowen mentioned in his speech that long delays are sometimes occasioned in claims and the initial payments. I have had quite a deal of

experience of this and it seems to me that, due to the present attitude, there has been some tightening up in the payment of compensation and that is invariably applied where there has been a request for the reopening of a claim. I can see the Treasurer shaking his head, but he is anticipating me. Only two days ago I had to deal with the case of a person who has been in receipt of workers' compensation for a number of years now because of a condition of dermatitis which he claims he contracted while working in the cement industry. The State Government Insurance Office recognised his claim back as far as 1956. Whenever he has suffered outbreaks of dermatitis he has reopened his claim. Until now the office has been prepared to pay compensation. Two general practitioners have certified that his condition was caused by the type of employment he was engaged in. But recently when he had occasion to ask for the reopening of his case the State Government Insurance Office called in a skin specialist, who has disputed the findings of the two general practitioners and consequently that man's claim has been rejected. It would seem that at the present stage the S.G.I.O. is not prepared to accept the written evidence of a general practitioner, particularly in the case of claims that are reopened.

I was disappointed that the Treasurer did not see fit to investigate thoroughly the very unsatisfactory situation that I feel exists when a compensation claim has been rejected. The Act provides that when a claim is rejected the rejected claimant can appeal to an industrial magistrate within 60 days. How long he has to wait before he can have his case heard depends, of course, on when it can be fitted in. I think the need is there for some kind of an appeal board to be set up. Following the rejection of the compensation claim, in all fairness to the person who wants to dispute that rejection, I think it is essential that he get a speedy hearing. There have been suggestions that an appeal board should be set up, possibly comprising a representative of the person making the appeal, a representative of the S.G.I.O., and possibly a medical man. The main point is that if such an appeal board were set up it must act speedily; at least it must hear the appeal within 28 days. Without doubt there are quite a number of disputed claims. The present method is unsatisfactory because, although the period of 60 days is provided, it is then a matter of when the case can be heard by the industrial magistrate. We could well look at the desirability of establishing an appeal board, particularly with a view to having decisions made very speedily.

There was one point on which I could not quite agree with the Treasurer. He claimed that industrial deafness would not handicap a person to any great degree—

Mr. Hiley: I said it frequently does not stop a person from working.

Mr. SHERRINGTON: I admit that. I did not quite catch the phrase the Treasurer used. But I am afraid I cannot agree wholeheartedly with that contention. Industrial deafness may not handicap a person to such an extent that it stops him from working in his own industry, but if he is called upon to leave that industry he is under the physical handicap of having to adapt himself to other types of employment because of his affliction of industrial deafness.

Mr. Hiley: That is why we give him lump-sum compensation.

Mr. SHERRINGTON: I see. That is why I would particularly like to look at that provision to see how adequate the amount is and to see what possible effect it could have if he was called on to move to some other field of employment.

There is another very interesting matter that I thought the Bill would cover, particularly when the Minister said there was to be a sweeping revision of the workers' compensation law. I refer to the question of compensation payable at times outside the normal working hours. The Queensland Act, without quoting it verbatim, provides that an employee is protected whilst at work and while travelling to and from work. It also provides that when he is under the direction of his employer, but absent from his normal place of work, he is entitled to compensation if he should suffer injury under certain conditions. I think it is vitally important to protect him a little further. A study of the Victorian Act shows that, as part of the general conditions and qualifications necessary to entitle a person to compensation, it provides—

“While the worker on any working day on which he has attended at his place of employment . . . is temporarily absent therefrom on that day during any ordinary recess and does not during any such absence voluntarily subject himself to any abnormal risk of injury;”

In other words, the Victorian compensation law has a provision that the worker is protected during the normal recess periods provided he does not during any such absence voluntarily subject himself to any abnormal risk of injury. I think our Act is a little hazy on that point. There is need for more protection for the worker because periods of recess and the lunch hour to all intents and purposes are part of his normal daily employment. If he has to leave the premises for private reasons, and does not expose himself unduly to risk of injury, we should extend compensation cover to him. I make that statement particularly as the Treasurer said that our compensation fund is buoyant. These benefits would cost only a small amount but they would be in the interests of the workers.

I missed one little point that I wanted to mention concerning appeals against compensation decisions. The Act provides that

the costs of such cases may be determined upon the evidence and proceedings before the magistrate concerned. In other words, the magistrate has an absolute prerogative to award costs in either direction. In contested compensation claims, particularly if an appeal board is set up, we could well consider the question of costs, because in the first place the Crown decided to reject the application for compensation. Any costs involved in an appeal could well be borne by the Crown. In many instances the people seeking compensation are to some extent handicapped by the costs of an appeal. I think that here again we could make provision for the costs of any appeal to be borne by the Crown.

I should like to make a close study of the Bill in detail, especially as it affects the amount of benefits. I hope the Minister will pay heed to the several suggestions I have advanced, particularly on lump-sum payments and an annual review. If the Workers' Compensation Act is not amended in the next six years, many claimants will be penalised through any upward movement in the basic wage.

Mr. BURROWS (Port Curtis) (5.41 p.m.): It is always pleasing to see legislation introduced to increase workers' compensation benefits. It is an example of how much can be accomplished by evolution as opposed to revolution. Almost every year the State Government Insurance Office has been able to offer increases, though we must exempt those black three years from 1929 to 1932 when we had an anti-Labour Government in Queensland, I suppose one of the most reactionary Governments we ever had.

The CHAIRMAN: Order! The hon. member will confine his remarks to workers' compensation.

Mr. BURROWS: I am dealing with the increases in workers' compensation benefits that have been granted from time to time.

Mr. Hiley: We have varied them twice in six years. Our predecessors varied them three times in 19 years.

Mr. BURROWS: I will not enter into a controversy on the matter but I know that, even if the present Government varied them three times to a Labour Government's once, every man in the street would realise that whenever the Labour Government amended them it would be to improve them. I can remember one bad amendment introduced by the present Treasurer, and I will mention it later.

Broadly, to summarise the position, the State Government Insurance Office can be held out as a practical example of Socialism at work. It is an institution that has bestowed more social justice on the employees of this State than perhaps any other body or legislation. I am even taking into consideration the Industrial Conciliation and Arbitration Act. Prior to its establishment, the recognition of the workers' right to compensation was only by the grace of very few employers.

One matter of which I must express disapproval—and, as far as I can gather from the Treasurer's introductory remarks, he has not seen fit to remove it—is the right this Government gave the owner of a property to recover from a share-farmer the workers' compensation premium that he pays under the Act.

Mr. Hiley: He has to share the premium with him in the same proportion as that in which they share the proceeds of the farm.

Mr. BURROWS: Share-farming is only a bad form of employing a man. The typical owner takes advantage of a share-farmer, and is not prepared to pay him a recognised wage. Shortly after this Government came to office it amended this Act, and that is about the only blot on the whole history of State Government Insurance Office legislation in this State. These men have no union protection. No union has seen fit to organise them, and they have not formed themselves into a union as waterside workers, meat workers, shearers, and all other workers have. Share-farmers consequently have no protection, and I think that in those circumstances it is cowardly for the Government to deny them social justice and industrial rights. I cannot see how the Treasurer can find any logic to support a differentiation between a man who is share-farming and is required to contribute towards the premium to cover the hazards of his employment, and someone in any other calling who is not required to do so. There is discrimination against the share-farmer, and the only reason that I can see for it is that he belongs to an unorganised section of employees.

Mr. Knox: What proportion of the proceeds of the farm does the average share-farmer get?

Mr. BURROWS: It is generally recognised that he will take 50 per cent. of the proceeds.

Mr. Harrison: What industry are you speaking of now—dairying?

Mr. BURROWS: Yes, you could say dairying. I know of one man in my area who said to another, "You can have that bit of land for half the crop." There is much variation in the apportionment of the proceeds.

Mr. Hiley: Most grain share-farmers would get from 66½ per cent. to 75 per cent. In tobacco-growing it is from 80 per cent. to 85 per cent., and in peanut-growing the percentage is very high.

Mr. BURROWS: I respect the Treasurer's statement as I know that he will be supported by information from his officers, but I have represented a rural area in this Parliament for over 15 years and have lived in country areas virtually all my life and have watched this practice of share-farming.

Mr. Harrison: I have seen a lot of share-farmers get far above the basic wage.

Mr. BURROWS: I remind the hon. member for Logan that he has rarely seen a share-farmer who worked only 40 hours a week. So far as the basic wage is concerned, the man of the house no doubt was paid a sum equivalent to it, or even more than it. If his children sat on the milking stool they would not be able to reach the cow's udder.

The CHAIRMAN: Order! Will the hon. member please come back to the subject under discussion?

Mr. BURROWS: The amount paid to the share-farmer, which is the yardstick on which the premium is based, includes payment for the efforts of not only the man himself but also of his wife and a number of children. That would not occur if they were employed in any other industry. We do not see any other organisation of employers putting pressure on the Government and demanding that employees share in the payment of insurance premiums. Take third-party motor vehicle insurance, for example. We have never heard of a person who is injured being asked to pay a portion of the compulsory third-party insurance premium. I am not going to say this definitely, but it appears to me that, because share-farmers have no friends in the Industrial Court and no organisation, some people regard them as easy victims. As I said earlier, I know many share-farmers and I have been asked to arbitrate in disputes relating to share-farming agreements. I should say that in 80 to 90 per cent. of cases there is no written agreement. The share-farmer has a crop on the land, and in perhaps 95 per cent. of cases it is sold by the owner. Some very unscrupulous practices are indulged in by owners.

Mr. Harrison: Could not that be said of share-farmers in some instances?

Mr. BURROWS: I am not going to say that a man who is forced to take on share-farming is a paragon of virtue, but I will say that I have found more bad employers of share-farmers than I have found bad employers in any other industry. If there is an unfortunate person in the district who is a little bit sub-normal, or something like that, an unscrupulous man will put him on as a share-farmer.

The CHAIRMAN: Order! Will the hon. member please try to relate what he is saying to workers' compensation.

Mr. BURROWS: The point I am trying to develop is that in my opinion the share-farmer should be put on the same basis as any other employee.

Mr. Harrison: He wants to be a share-farmer because he wants to please himself and work the ground as he wishes. Nobody polices his activities.

Mr. BURROWS: The hon. member's interjection reminds me of a quotation from Shakespeare, or one of those wise men—

“And oftentimes excusing of a fault
Doth make the fault the worse for the
excuse.”

The CHAIRMAN: Order!

Mr. BURROWS: I realise that there is an administrative difficulty in regard to the premium, but I do not think it is impossible to overcome it. The yardstick on which premiums are assessed is the amount paid in wages. In the case of a share-farmer, as the Treasurer said, some of that amount will be supplied by the share-farmer himself. I might say that that applies to a certain extent, but not to such a great extent, in any calling. For instance, the carpenter is allowed so much for his tools as part of his wages. I have known many share-farmers whose equity in the farm was greater than that of the freeholder.

Mr. Knox: That would be a safe way.

Mr. BURROWS: It is the only way. This Government is doing its best to increase the number of share-farmers by creating big land-holders—giving the land out to people in big parcels—instead of practising closer settlement. The land should be given to the share-farmer, letting him own the land on which he works instead of having to pay the profits to a freeholder. However, that will come up tomorrow in the debate on another Bill.

If this yardstick of the total profits of the farm is not sufficient, I suggest that, instead of using finance as a yardstick, the Treasurer consider using the period of employment as a form of assessment. Instead of using the return every employer has to make that he employs one, two, three, or whatever the number of employees is, and that he pays them so many hundred pounds, I suggest the Treasurer ask people who have share-farmers to state that they employ so many men for so many weeks or days, and he can assess them on that. After all, there is an anomaly in assessing the employer on the amount of wages paid. To give an example, if I work for a man for a week or 40 hours and get £5 a day from him and somebody else works for another man and gets £10 a day for doing exactly the same work, the only difference is that I work for a less generous employer than the other man. The Treasurer cannot deny—I know some hon. members on the other side will, but the Treasurer cannot—that the generous employer is paying more for the same risk than is the mean and miserable employer. In my opinion nothing is impossible in this matter and I think we could consider assessing premiums on a time basis instead of on the amount of wages paid.

Progress reported.

The House adjourned at 6 p.m.