Debate adjourned.

MENTAL HEALTH and RELATED SERVICES BILL (Serial 80)

Bill presented and read a first time.

Mr BURKE (Health, Family and Children's Services): Madam Speaker, I move that the bill be now read a second time.

On 4 December 1997, I introduced the *Mental Health and Related Services Bill* and commended it to the Assembly. In the context of my second-reading speech, I indicated that, before the bill was debated, copies would be distributed to all interested parties by Territory Health Services, which would also undertake public consultation to ensure that the views of Territorians were taken fully into account throughout the development of the legislation. As part of this process, THS distributed 230 copies of the bill to key stakeholders, general practitioners throughout the Territory, and to interested members of the public upon request. The bill was also placed on the Northern Territory government's Internet home page, the mental health bulletin board, the THS electronic mailing system, and the Northern Territory Public Service Intranet. This was in order to provide access to THS staff, all public service employees and, via the Internet, to a broader national and international audience. All THS staff were electronically mailed a copy of my invitation to comment on the bill, together with a copy of the bill.

As part of the consultative process, public and staff forums were held at Darwin, Alice Springs, Tennant Creek, Katherine and Nhulunbuy between 8 and 16 January 1998. A total of 25 written submissions were received in response to the invitation to comment.

I am pleased to announce that this consultation has been a resounding success. Public and staff forums were well attended, and comments and suggestions made during these forums were enlightening, positive, and extremely helpful in further refining this important piece of legislation. Consequently, the legislation reflects the particular needs of Territorians, whether they live in an urban centre or in a remote or rural location, the realities of delivering cost-effective and culturally-appropriate mental health services in a variety of vastly different locations, and the challenges inherent in the provision of mental health services to the Territory's culturally rich, diverse, and cosmopolitan population.

I take this opportunity to thank publicly all of the members of the advisory group for their work, and all members of the community who have taken the time either to lodge a written submission or to attend and actively participate in the public forums. The amendments made in the wake of this consultation have added an increased clarity to the bill, which will further strengthen community support for the direction taken by this government in the proposed legislation.

Over 250 amendments have been made to the bill I introduced last year. Many of these changes have been minor, technical adjustments which merely clarify procedures or terminology. It is for this reason that, with the concurrence of the opposition spokesman on health, it was felt that it would be better to withdraw the bill I introduced in December and to introduce this consolidated bill which incorporated those amendments.

Let me move on to some of the substantial changes made to the bill. The inclusion of a mental disturbance category was generally welcomed and supported. However, some respondents felt that the admission criteria specified in section 15 were far too broad and sought to have included specific criteria which would guide clinicians in their application of these provisions, and ensure that inappropriate admissions under these provisions did not occur. These provisions have now been amended in accordance with these specifications and in consultation with the nation's leading authority on mental health legislation, Professor Neil Rees, Director of the Centre for Health Law, Ethics and Policy at the University of Newcastle and author of *Model Mental Health Legislation*.

The term 'involuntary ambulatory treatment' has been replaced throughout the bill with the term 'community management order'. This amendment was unanimously requested as many people felt that the proposed terminology was unnecessarily cumbersome and difficult to understand. The bill has been amended to include terminology which is easy to understand and believed by many to more accurately reflect the essence of community-based treatment initiatives.

Questions were also raised regarding the disclosure of information provisions (section 91), particularly in relation to the powers bestowed on the minister (section 91(2)(n)), which some respondents felt were far too broad and undefined. In order to address this issue, an additional clause has been inserted, (section 91(3)), which restricts the disclosure of information by the minister unless he is in receipt of a recommendation to do so by one of the following officer bearers: the Secretary for Territory Health Services, the Chief Health Officer, the president of the Mental Health Review Tribunal, the Principal Community Visitor, the Ombudsman,