



APS Psychologist

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Forensic Psychologist

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Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600  
The Community Affairs References Committee,

27 July 2011

**Submission to:**

**Inquiry: Commonwealth Funding and Administration of Mental Health Services**

I am a practising forensic psychologist and I am also an academic and researcher. Personally I am not against the two tier better health access arrangements. However, I believe Psychologists who think they are deserving of a higher Medicare rebate need to demonstrate that they are more effective than other types of psychologists specialising in areas such as forensic, counselling, educational and development or for that matter generalist psychologists who do not belong to a particular college. It is also important to note each individual psychologist regardless of their area of specialisation needs to prove that they personally have the skills to practice at that higher level. While psychologists may have particular interests and expertise there is no guarantee that any one or all of them are sufficiently skilled simply because they have studied. They need to demonstrate they have the years of practice, expertise and measurable outcomes?

It also should be noted that there is no empirical evidence to demonstrate that clinical psychologists are more effective or more skilled than forensic or counselling

psychologists or general psychologists in providing services to individuals with mental health problems. Additionally, educational and developmental psychologists need to, and indeed have a comprehensive understanding of the development of childhood and adolescent psychopathology.

I have worked in the health field for many years, initially as a nurse caring for and supervising patients with psychiatric illness. I then studied psychology and became interested in individuals who had difficulties with the Criminal Justice System due to mental health concerns. There is probably no more challenging field than the area of forensic mental health. Work in such a field requires advanced skills and understanding in the areas of mental health, psychopathology and particularly risk assessment. Due to family and work commitments I chose to pursue a PhD path and I have undertaken numerous training workshops in the field of psychopathology related assessment and treatment. During my career I have advanced my skills in the clinical field through attendance at professional development seminars and specialised workshops and conferences. I have managed to co-ordinate the development of a masters' degree in forensic mental health. Additionally, due to my expertise in risk assessment involving mental health issues I am often called upon to provide expert evidence and to teach psychometric testing to students. There are many general psychologists and psychologists in colleges other than the clinical college who have also travelled a similar path to mine. We regard ourselves as competent in the field of psychopathology and hence we find it an insult when some members of the clinical college suggest that psychologists who are not members of the clinical college, often by choice and interest, are less advanced or skilled. This kind of contention is utter nonsense and is not supported by any empirical evidence.

Other countries such as the UK recognise the need for different areas of specialisation among psychologists however the different specialties are all treated equally in terms of rebate and access.

As mentioned, while I am not against a two tier Medicare rebate system those who argue that they are entitled to a higher rebate level need to demonstrate beyond reasonable doubt that they are more effective than other types of psychologists. This is yet to be empirically demonstrated. Until this can be demonstrated there is no justification for a two tier Medicare rebate system. In regards to access to treatment sessions there is no justification for limiting the access of non clinical members. For instance, individuals with forensic mental health issues being treated by forensic psychologists, or adolescents with severe school related anxiety problems being treated by educational and developmental psychologists may in fact have better health outcomes if they are provided with an adequate number of treatment sessions.

Yours sincerely,

Dr Gavan Palk PhD. B.A. G.Dip. Coun. M. Phil (Forensic Psych). MAPS  
Forensic Psychologist & Chair of the Queensland College of Forensic Psychologists  
of the Australian Psychological Society

### **Qualifications**

I am Barrister-at-Law, Forensic Psychologist and Lecturer. I currently lecture and undertake research in the injury prevention and forensic psychology at the Queensland University of Technology and Bond University. I provide professional supervision to intern psychologists. I also have a part time forensic psychology practice and provide expert reports for the Courts, Child Safety and Correctives services. I specialise in the treatment of sexual offenders. In addition, I provide legal services in the fields of family, criminal, and administrative law.

Prior to joining the University I was a Regional Director with Queensland Corrective Services and I have a wide variety of experience in managing offender related issues, prosecuting matters related to corrective services, investigating abuses within the prison system and developing rehabilitation and educational programs. I am admitted as a Legal Practitioner in the Supreme Court of Queensland, a member of the Australian Psychological Society (APS), Chair of the APS College of Forensic Psychologists for Queensland, Membership Secretary of the APS National College of Forensic Psychologists and a member of the Ethics Working group of the Alcohol and other Drugs Council of Australia.

I have publications in international journals in the field of forensic psychology, sex offender and alcohol research and I have completed a PhD in alcohol-related violence. My research interests include: alcohol and drug misuse; psychophysiology and aggression; sex offenders; drink driving recidivism; cost effectiveness of rehabilitation programs; applied traffic law, the law and indigenous issues and the neural basis of deviant sexual arousal. A paper I published on this latter topic (Palk, G. & O'Gorman, J. Habituation of deviant sexual arousal in sex offenders: The role of

cognitive processes. *International Journal of Forensic Psychology*, 2004, 1(2): 58-70) was the first of its kind and the only one to date that has investigated the role of habituation and neural processes in deviant sexual arousal. A more recent publication examined denial in sex offenders: Freeman, J., Palk, G., & Davey, J. (2010). Sex offenders in denial: a study into a group of forensic psychologists' attitudes regarding the corresponding impact upon risk assessment calculations and parole eligibility. *Journal of Forensic Psychiatry and Psychology*, 21(1), 39-51

### **Professional Memberships**

Member of Australian Psychologists Society (APS).

Fully registered with the National Psychology Board of Australia.

Member of the APS College of Forensic Psychologists.

Chair of the Queensland College of APS Forensic Psychologists of the APS.

Membership Secretary of the National APS College of Forensic Psychologists.

Member of the Queensland Bar Association.

Member of the Ethics Working Committee of the Alcohol and other Drugs Council of Australia (ADCA).