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I am a senior clinical psychologist and have been working in public mental health for the last 18 years. One of my main areas of specialty is Peri-natal Mental Health, seeing depressed mother, partners and babies in the post partum period.

As a public institution we usually see quite complex cases. However, I see a number of women each year who have already seen a general psychologist as an ATAPS provider via their GP. These women routinely report that whilst they liked their psychologist, they didn't really help them. This is in part because general psychologists are not trained in the theory and practice of evidenced based treatments for clinically diagnosable conditions e.g. Post Natal Depression. By the time these women get to our team, months have elapsed, their mood has not improved and considerable Commonwealth money has already been spent.

I am therefore alarmed and dismayed to hear of the proposal to reduce the Medicare two tier funding to the base rate for generalist psychologists, and to further reduce the number of sessions available in a calendar year.

Whilst it is important to increase access to appropriate services for this population, the current ATAPS funding sits below the present Better Access funding for Clinical Psychologists. ATAPS funding is very attractive to general psychologists because it is above their current rebate under Better Outcomes. This means that many of these women with moderate to severe depression are more likely to be seen by the least skilled of the psychology profession.

Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

Treatment of the moderate to severe range of Post Natal Depression is the domain of the unique specialised training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals is likely to take longer than the proposed 6 visits.

I urge you to reject these proposals and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances'.