

MATRIX Study

Commissioners



One in five women will experience psychological or emotional difficulties during pregnancy and the first year after birth. These include anxiety, depression, and stress-related conditions. Research has shown that only about half of women with perinatal mental health problems are identified by health services and even fewer receive treatment.

The MATRIX study was carried out to try and find out the reasons for this. The MATRIX study also led to the development of recommendations for health services to prevent women falling through the gaps.



THE STUDY FINDINGS

FACTORS THAT HELP WOMEN GET CARE AND TREATMENT		FACTORS THAT PREVENT WOMEN GET CARE AND TREATMENT
<ul style="list-style-type: none"> Supportive family and friends Recognising something is "wrong" 	Women	<ul style="list-style-type: none"> Social isolation Fear of judgement Additional personal difficulties Not understanding the roles of health professionals Knowledge about mental health during pregnancy and after birth
<ul style="list-style-type: none"> Kind, caring, trustworthy, empathetic health professional who has confidence and knowledge around mental health difficulties during pregnancy and after birth 	Health professionals	<ul style="list-style-type: none"> Being dismissive or normalising women's symptoms Appearing too busy Delivering care in a "tick-box" way
<ul style="list-style-type: none"> Open and honest communication Shared decision making Trusting relationship and rapport 	Relationship between women and health professionals	<ul style="list-style-type: none"> Language barriers
<ul style="list-style-type: none"> Continuity of carer Culturally sensitive, flexible, individualised care that is appropriate to women's needs Co-location of services Services working together High quality provision of training 	NHS Service Managers	<ul style="list-style-type: none"> Inadequate workforce to meet women's needs Incompatible IT systems across services No practical support to encourage women to attend A lack of information about services
—	NHS Commissioners	<ul style="list-style-type: none"> Lack of appropriate and timely services Lack of funding
—	Politics	<ul style="list-style-type: none"> Women's immigration status Cost of healthcare
—	Society	<ul style="list-style-type: none"> Stigma Cultural factors Maternal norms

HOW THE RESEARCH WAS CARRIED OUT

We pulled together the findings from existing research in four phases:

- 1 We reviewed all the evidence from research studies to understand what makes it difficult to assess, care for and treat perinatal mental health problems in health and social care services.
- 2 We reviewed evidence on all the factors that prevent women being able to get the care and treatment they need.
- 3 We worked with a group of women, health professionals (such as GPs, midwives), and health service managers to use the findings from phases 1 and 2 to develop frameworks that give a clear overview of factors that help or prevent women getting care and treatment. These frameworks show 39 factors that help women access services, and 70 factors that prevent access.
- 4 We looked at the quality of the evidence, and the relevance to the NHS to develop recommendations for practice and policy.

RECOMMENDATIONS FOR COMMISSIONERS*

According to [Moreton et al. \(2021\)](#) to provide services that meet the needs of the population, commissioners need:

- **Good information and knowledge of population and their healthcare needs.** Therefore, training on perinatal mental health should be mandatory for at least one commissioner in each PCN, ICS or Health Board
- **Access to reviews or summaries of high quality evidence,** such as the MATRIX website
- **Engagement with people with lived experience, for example** co-production of perinatal mental health services with people with lived experience

MATRIX recommends that commissioners work with health professionals, service managers, third party organisations and those with lived experience to develop clear and concise care pathways.

Commissioners need to provide adequate funding to perinatal mental health services to ensure:

- An adequate workforce can be hired to meet women's needs
- Provision of continuity of carer across the care pathway
- Provision of care that meets women's needs - is flexible, easy to access, ideal delivered at home and face-to-face and provides childcare



FUNDED BY



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