

# MATRIX Study

Government



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

## 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 POLICY MAKERS

- Continued policy support from NHS England, and NHS related to perinatal mental health care, such as the publication of the **Five Year Forward View** and **Long Term Plan** for NHS England, and **Delivering Effective Services** report for NHS Scotland.
- The provision of a comprehensively researched and adequate budget provided to the Department of Health and Social Care, Health and Social Care Directorates so all healthcare needs for that financial year can be met.
- Where possible, reduction of in-year funding changes in England so local areas know exactly how much they can spend at the start of the **year**.
- A clear and easy to access funding structure for commissioners and service managers, equality of funding distribution and adequate funding provision to ensure service needs are met.
- Health inequalities to be reduced overall with the provision of fair welfare and economic system that ensures that no one is living in poverty or in financial hardship.
- To prevent the penalisation of refugee or immigrant women, we recommend free healthcare for all at the point of access. We further recommend suspension of NHS charging regulations until a full independent review is carried out of their impact on individual and public health, simplification of charging criteria and exemptions and safeguards to protect vulnerable patients and ensure they are not denied the care they need.
- Development of an NHS Public Mental Health Campaign focused on raising awareness of perinatal mental illness and reducing stigma for perinatal mental illness.



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