Improving accessing to perinatal mental health care

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Perinatal mental health difficulties affect 1 in 5 women during pregnancy and after birth. They can have a negative impact on women and their families and are estimated to cost the UK up to £8.1billion for every annual cohort of women giving birth (Bauer et al., 2014). The evidence suggests not all women who experience perinatal mental health difficulties access the care they need (Maternal Mental Health Alliance, 2022), so a critical question is how best to ensure women with perinatal mental health difficulties access perinatal mental health care.

In this editorial we consider the findings of a recent evidence synthesis programme, the MATRIx programme (Perinatal **M**ental Health **A**ssessment and **TR**eatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to **I**mplementation) which synthesised evidence from 46 empirical studies, 32 systematic reviews, and stakeholder consultations to identify key barriers and facilitators to women accessing perinatal mental health care (Webb et al., 2021; Webb et al., Submitted[a]). Sixty-six barriers and 39 facilitators were identified across the care pathway. These arose at multiple levels (e.g., individual, organisational, political) and were summarised into two conceptual frameworks that provide pictorial representations of these barriers and facilitators (Webb, et al., Submitted[b])

From this work the MATRIx programme developed evidence-based recommendations for national health service policy, practice, and research. The implementation of these recommendations could have a positive impact on ensuring women with perinatal mental health difficulties access the care they need. Recommendations were developed for women, health professionals, service managers, commissioners, and the government. We outline some of these briefly below before considering possible ways these might be implemented in practice.

Recommendations for health professionals include having high quality training on perinatal mental health, listening to women's concerns, and providing assessment in a woman-centred way. Communication with other health professionals also needs to be clear and open in order to prevent women falling through the gaps between services.

Recommendations for service managers focus on workforce, workplace culture and practice, and service provision. The workforce needs to have an adequate number of staff to meet women's needs, and preferably staff with a positive interest in providing high quality physical and psychological care to women. The evidence synthesis results suggested barriers to care are reduced if health professionals are from a similar background to women, therefore services should aim to recruit a diverse workforce. High quality, accredited training requires appropriate funding and protected time, and should be matched to workforce training needs and competencies (Health Education England, 2018).

Workplace culture and practice needs to facilitate effective multi-disciplinary team working through factors such as co-location, joint working, and knowledge sharing. Clear guidelines on referral pathways and processes are also recommended, as are the use of the same or compatible IT systems across health services. Where this is not possible, a liaison person with access to all systems can provide an important bridge between services.

For service provision, care needs to meet women's needs and be flexible, easy to access, ideally provided face-to-face, and child friendly. Continuity of care across the care pathway is recommended. To ensure care is appropriate, co-production of care and collaboration with service user organisations is advised. Providing translators or interpreters and/or translating written materials into the most commonly spoken local languages can reduce language barriers. Similarly, assessment tools used by services need to be easy to understand and pictorial aids should be provided where appropriate.

Recommendations for [commissioners](#) include having good information and knowledge of the local population, access to high quality data, and engagement with people with lived experience. It is recommended that commissioners work with health professionals, service managers, third party organisations, and those with lived experience to develop clear and appropriate care pathways. This requires adequate funding for perinatal mental health services to ensure that an adequate workforce can be hired to meet women's needs, to provide continuity of care across care pathway, and provide appropriate care.

Recommended changes to workforce provision, healthcare capacity and delivery are reliant on government strategy and funding. Recommendations for policy makers are therefore to review the MATRIx frameworks to ensure comprehensive, strategic, and evidence-based efforts to providing an effective system of perinatal mental health care. More specific recommendations for the UK include: (i) continued policy support related to perinatal mental health care; (ii) the provision of a comprehensively researched and adequate budget provided to the Department of Health and Social Care, Health and Social Care Directorates in the UK, or cultural equivalents, so all healthcare needs for that financial year can be met; (iii) a clear and easy to access funding structure for commissioners and service managers.

Improvement of public health is needed overall through the reduction of health inequalities and stigma for perinatal mental illness. Recommendations here include a fair welfare and economic system that ensures no one is living in poverty or financial hardship, and public perinatal mental health campaigns to raise awareness and reduce stigma.

In summary, the MATRIx project provides multiple recommendations that can be implemented to improve women's access to perinatal mental health care. Many of these recommendations are not surprising and many health professionals, service managers, and policy makers will be familiar with these issues and needed actions. The challenge is how to implement these in circumstances where other constraints need to be considered, such as difficult budgetary and resource constraints. The value of the MATRIx recommendations is that they are solidly grounded in research evidence, and are in line with Maternal Mental Health Alliance's *Make All Care Count Campaign* (2022), so provide a powerful and persuasive argument for changes being properly resourced and implemented. These recommendations can therefore be used by service managers, commissioners, and policy makers to argue for change and the resources needed to underpin these changes.

Finally, providing personalised care for women with perinatal mental health difficulties has the potential to improve outcomes for women and their families but raises challenges and requires proper evaluation (Ayers et al., 2021) to improve outcomes, and refine and inform future service development.

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