

## Background:

There is a high prevalence of psychological and emotional distress within women's health pathways which severely impacts wellbeing, mental health, social, relationships and occupational functioning.

For example:

- Studies have shown up to 86% with endometriosis suffer with depression
- 25% women with menopausal symptoms experience depression, anxiety and cognitive difficulties

Psychology within Women's Healthcare in Wales is absent, however the NHS Wales Women's Health Plan calls for improvements in psychological care.

## Aims and Objectives:

- Pilot an innovative model of healthcare to improve psychological distress within Women's Health.
- Support the priorities of the NHS Wales Women's Health Plan by strengthening access to psychological support.
- Increase understanding of the extent and nature of mental health difficulties within this patient group.
- Assess efficacy of psychological approaches in Women's Health.
- Assess acceptability of a digital delivery model to reduce health inequalities.
- Demonstrate value-based outcomes.
- Shape recommendations for an appropriate service model and workforce for future planning.

## Approach:

- A collaborative initiative between Hywel Dda UHB Clinical Health Psychology and three GP Clusters secured two-year funding to design, implement, and evaluate a novel psychology pathway.
- Referrals were accepted across all tiers of care, including self-referrals, for individuals experiencing psychological difficulties related to any gynaecological condition or menopause-related symptoms.
- Tailored individual and group interventions for menopause and pelvic pain were developed and delivered.

## Patient Experience:

- Extensive positive feedback was received throughout the pilot.
- 100% of respondents** to the Family and Friends Test (FFT) said they would recommend the service.
- Written feedback highlighted the value of accessible, compassionate, and specialist psychological care tailored to women's health needs.
- This reflects strong patient satisfaction and supports the case for sustained investment in holistic, psychologically informed care pathways.

## Outcomes and Impact:

- A total of **163 referrals** were accepted across a broad spectrum of gynaecological and menopause-related conditions. Age range from **20 to 74 years** (fig. 1). The highest referral volumes were for **Menopause, Pelvic Pain, and Endometriosis**, highlighting significant unmet psychological need in these cohorts. Figure 2 illustrates the distribution of referrals, reinforcing the demand for integrated psychological support in women's health.
- The service successfully engaged individuals with complex presentations, demonstrating its relevance and reach across diverse clinical pathways.

Mental health difficulties were significant at assessment (fig 3):

- 53%** met clinical thresholds for **depression**.
- 81%** met clinical thresholds for **anxiety**.

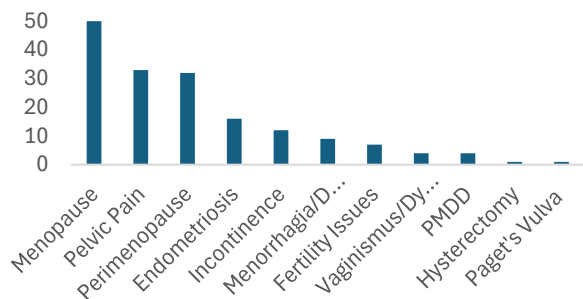


Figure 2: Distribution of Referrals

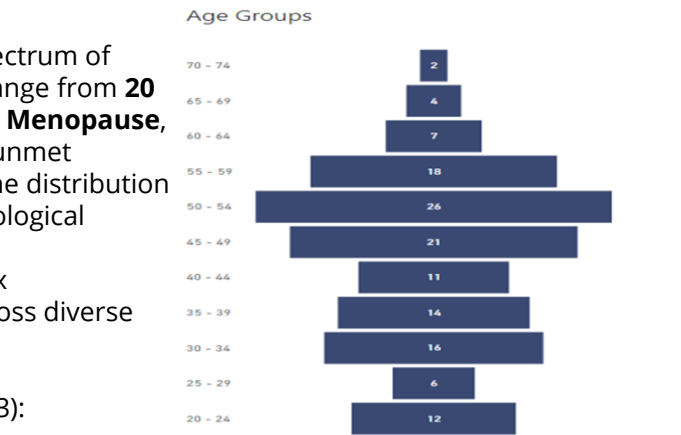


Figure 1: Age range of referrals

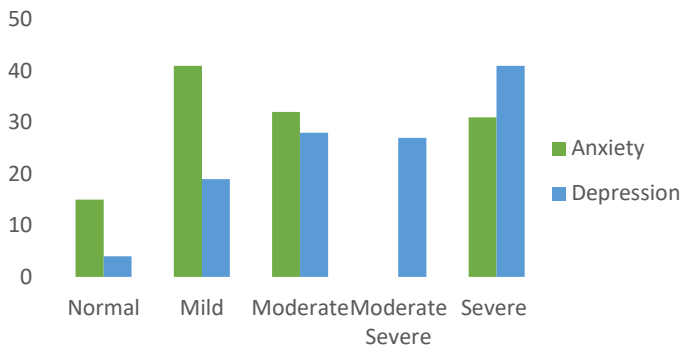


Figure 3: Severity Categories of Anxiety and Depression at Initial Assessment

**Clinical Outcomes: PROMS**

Psychological interventions delivered through the pilot led to clinically significant improvements in mental health (fig. 4), with significant changes in measurements of **depression** and **anxiety**. Positive changes in **pain management, perceived health status** and **quality of life** were all obtained. These outcomes demonstrate the effectiveness of integrated psychological care in addressing complex needs within women's health.

Psychometric Test	Pre-intervention	Post-intervention	Level of Change	Percentage Improvement
PHQ-9 - Depression	13.88	7.97	-5.91	42.6%
GAD-7 - Anxiety	12.39	7.48	-4.91	39.6%
EQ VAS - Self-rating of Overall Health	51.73	66.17	+14.44	27.9%
PSEQ - Pain Self-management	30.11	41.20	+11.09	36.8%
EQ-5D-L - Quality of Life	11.75	9.72	- 2.03	17.3%

Figure 4: Measured Impact - Pre vs Post

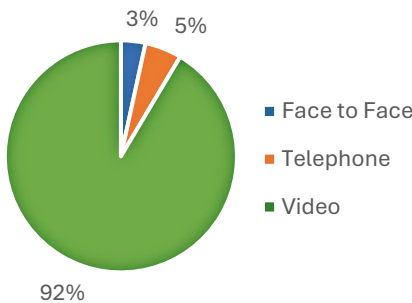


Figure 5: Appointment Modality: Digital Model Enhancing Accessibility and Reducing Health Inequalities

### Value Based Healthcare

Resource-releasing benefits were achieved by easing pressures in gynaecology, pain, mental health, and unscheduled care services. Notably, three women who had frequently attended A&E did not return following engagement with the service demonstrating positive behaviour change in managing pelvic pain exacerbations.

When I was feeling at my lowest the guidance and support I had from [staff name] helped change my life around. I now feel I have a purpose [...]. Highly recommend this service.

Patient

## Key Conclusions:

- The Women's Health Psychology Service pilot demonstrated **clinical effectiveness** in improving mental health, pain management, and overall quality of life.
- The service delivered **resource-releasing benefits** across gynaecology, mental health, pain services, and A&E.
- With **92% of psychological input delivered via video platform**, the pilot showcased a strong digital model that enhances accessibility and helps reduce health inequalities.
- The pathway offers an **efficient, scalable solution** to address unmet needs in women's health by integrating holistic psychological care into existing services.

## Next Steps:

- The next step is to seek **investment from HDUHB** to sustain and expand the service locally, supported by a formal business case.
- Plans are underway to **share data, outcomes, and learning** to support the **spread of the model across Wales**, enabling other Health Boards to develop similar psychologically informed pathways in women's health.