Gender, immigration status, and predictors for counselling seeking in infertility patients*

Shrinkhala Dawadi BA & Sc.1, Phyllis Zelkowitz EdD2 3

1Department of Psychiatry, Jewish General Hospital, Montreal, QC, Canada
2Department of Psychiatry, McGill University, Montreal, QC, Canada
3Department of Psychiatry, Jewish General Hospital, Montreal, QC, Canada

Summary Men and immigrants are two sociodemographic groups that traditionally underutilize mental health care services. Canadian data that examines the factors associated with psychological helpseeking amongst a diverse sample of fertility patients could provide valuable insight towards improving the accessibility of mental health care services for fertility patients.

1. Relevance
Infertility is widely acknowledged to be a stressful experience, and providing fertility patients with information about accessing psychological services could help alleviate distress.

2. Aims & Objectives
Firstly, we aimed to determine if gender and immigration status are associated with patient desire for information about how to access psychological services, then to examine if healthcare providers (HCP) are disseminating information about psychological services, and lastly, to ascertain if the provision of such information is associated with the utilization of counselling services.

3. Methods
Our team conducted a needs assessment survey of 659 fertility patients from clinics in Toronto and Montreal. We then conducted a binomial logistic regression to examine if seeking counselling was associated with perceived stress, depressive symptomatology, duration of treatment, and having received information from a HCP about accessing counselling. We ran separate regression models for patients by immigration status and gender.

4. Results
A majority of participants did not receive information about accessing psychological support services, but would have liked to. Stress was significantly associated with seeking counselling for Canadian-born women ($\beta_{cw}=1.09$, df =1, p = 0.018, odds ratio = 2.98), but not for the other patient groups. Receiving information from a healthcare provider was the only factor significantly associated with counselling seeking for Canadian born-men ($\beta_{cm}=2.12$, df =1, p = 0.001, odds ratio = 8.29), immigrant men ($\beta_{im}=2.01$, df =1, p = 0.005, odds ratio = 7.44), and immigrant women ($\beta_{cm}=1.47$, df =1, p = 0.001, odds ratio = 4.37).

5. Conclusions
Fertility patients have an unmet need for the provision of information about psychological services. We recommend that healthcare providers talk to all their patients about accessing mental health care services, as this could increase counselling uptake.

6. Contact details
Shrinkhala Dawadi, shrinkhala.dawadi@mail.mcgill.ca
Dr. Phyllis Zelkowitz, phyllis.zelkowitz@mail.mcgill.ca