

Providing a nurse led referral pathway for an SRH in-reach clinic is acceptable, feasible and beneficial for PICU patients.

Comparison of self-esteem and depression among fertile and infertile women

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Aims. This study aimed to explore the effect of infertility on self-esteem and depression, and to identify the sociodemographic and infertility characteristics associated with self-esteem and depression among infertile women in Ekiti State, Nigeria.

Method. Self-esteem and depression were assessed in 100 infertile women and 100 women seeking family planning (controls) using the Rosenberg Self-Esteem Scale (RSES) and Patient Health Questionnaire (PHQ-9), respectively. PHQ-9 score ≥ 10 was defined as major depressive disorder (MDD). Continuous variables were presented as mean $\pm$ standard deviation and categorical variables as frequency (percentage). Cases and controls were compared using Student's *t* test. χ^2 or Fisher's exact (when cell size < 5) tests were performed to compare proportions. Simple and multiple linear regression analyses were used to examine the association between the sociodemographic, infertility characteristics and RSES or PHQ-9 scores among infertile women

Result. Infertile women had significantly lower RSES score (19.4 ± 4.5 vs. 20.7 ± 4.4 , $p = 0.038$) and higher PHQ-9 score (5.1 ± 4.1 vs 3.8 ± 3.5 , $p = 0.023$) compared to controls. Seventeen infertile women (17%) and 8 women in the control group (8%) had MDD (PHQ-9 score ≥ 10) and were referred for further evaluation. Among infertile women, marital status, being remarried, duration of infertility, and RSES score were associated with PHQ-9 score on simple linear regression. Similar association was not seen in the controls. On multiple linear regression analysis, RSES score had a negative association with PHQ-9 score ($\beta = -0.32$, $p < 0.001$) among infertile women. Older age [OR (95% CI): 1.13 (1.01–1.25); $p = 0.030$], ≤ 6 years formal education [OR (95% CI): 4.76 (1.13–20.00); $p = 0.033$], being remarried [OR (95% CI): 10.87 (1.86–63.64); $p = 0.008$], longer duration of infertility [OR (95% CI): 1.11 (1.01–1.22); $p = 0.040$] and RSES score [OR (95% CI): 0.79 (0.67–0.92); $p = 0.003$] were significantly associated with MDD. On multiple logistic regression analysis, only the association between RSES score and MDD remained statistically significant ($p = 0.004$)

Conclusion. Infertile women have lower self-esteem and higher depression scores in comparison to women seeking family planning. Mental health screening and management should be an integral part of care administered to infertile women

A natural language processing approach to modelling treatment alliance in psychotherapy transcripts

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Aims. Patient-therapist alliance is a critical factor in psychotherapy treatment outcomes. This pilot will identify language

concepts in psychotherapy transcripts correlating with the valence of treatment alliance using natural language processing tools. Specifically, high-order linguistic features will be extracted through exploratory analysis of texts and interpreted for their power to discriminate alliance rated by patients.

Method. Adult patients and therapists in outpatient clinic at various stages of relationship building and treatment goals consented to participate in the cross-sectional study approved by the Institutional Board Review. Psychotherapy sessions were recorded using wireless microphones and transcribed by two research assistants. After the recording, each patient completed Working Alliance Inventory– Short Form, to generate clinical scores of alliance. We used the Linguistic Inquiry Word Count (LIWC) tool to map words to psycholinguistic categories, and generated novel linguistic parameters describing the individual language for each speaker role. Canonical-correlational analysis and descriptive statistics were used to analyze the two datasets.

Result. Patients ($N = 12$, 83% female, mean age = 40) were primarily diagnosed with personality disorders (67%) working on real-life interpersonal issues (median treatment duration 18.5 weeks, 50% psychodynamic, 32% cognitive-behavioral, 16% supportive modality). In this heterogeneous sample, patients who used the “achieve” (e.g. trying, better, success, failure) and “swear” psycholinguistic categories of words rated the treatment alliance lower ($r = -0.70$, $p = 0.01$; $r = -0.65$, $p = 0.02$). Patients rated alliance lower with therapists, who used more “I” pronoun ($r = -0.58$, $p < 0.05$) and higher with therapists using more “risk” (difficult, safe, crisis) and “power” (important, strong, inferior, passive) categories ($r = 0.66$, $p = 0.02$, $r = 0.58$, $p < 0.05$), which commonly appeared in psychoeducation and conceptual framing of problems. Interestingly, there was no correlation with “affiliation” category ($p = 0.9$). Linear regression modeling from “achieve,” “swear” variables and “I,” “risk” variables with duration of treatment as covariate predicted the patient's rating of alliance (Adjusted $R^2 = 0.66$, $p = 0.03$).

Conclusion. Our data collection and sub-sample analysis are ongoing. Preliminary results are showing speaker-specific language patterns in cognitive-emotional domain, e.g. self-expressivity, and in clinician's therapy style, covarying with the patient's perceived closeness in the heterogeneous treatment dyads. Novel application of natural language processing to characterize alliance using the data-driven approach is an unbiased method that can provide feedback to clinicians and patients. This characterization can also potentially provide insights into the mechanisms underlying the therapeutic process and help develop psycholinguistic markers for this critical clinical phenomena.

Remotely connected: patient and clinician video care experiences in secondary mental health services during COVID-19, including future preferences

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