Women are at greatest risk for mood disorders during childbearing years. The addition of infertility is a significant and stressful life event further impacting psychological well-being during this period. By identifying psychological concerns early in the treatment process, patients can be referred for beneficial interventions rather than allowing psychological conditions to emerge, worsen, or further impact their health. Embedding a behavioral health provider within a medical clinic promotes ease of access with scheduling as well as reduces stigma of seeking behavioral health services. Quality of care is enhanced via collaboration and addressing population health needs.

**OBJECTIVES**

To analyze the prevalence of clinically significant anxiety or depression at the initial infertility clinic visit, to assess whether patients were referred to health psychologist, and the outcome of this referral.

**RESULTS**

Of the 170 patients evaluated, 126 of the patients (74%) scored below 5 on measures indicating minimal to no emotional distress at that time point. 33 patients (19%) endorsed mild symptoms of depression or anxiety and the remaining 11 patients (7%) indicated moderate symptoms. No patient endorsed severe symptoms of either depression or anxiety at this time point. Of the 11 patients indicating moderate symptoms, 7 patients were referred for initial psychological evaluation and 3 elected to schedule and attend the appointment.

**CONCLUSIONS**

Despite the incidence of mood disorders in general population as well as previous estimates of clinically relevant psychological disorders in infertility, a lower than expected amount of patients endorsed clinically relevant mood symptoms at their initial infertility consult. Of those that endorsed clinically significant mood symptoms, relatively few followed through with establishing with health psychology.

**FUTURE PLANS**

This was a pilot study to examine the benefit of early identification and referral for behavioral health needs within infertility population. Future directions will evaluate the benefits of lower threshold for referral and critical re-evaluation time points, such as after failed infertility treatment interventions. Research regarding prevalence of mood disorders, early psychological intervention, and barriers to mental health care is ongoing.