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Llywodraeth Cymru
Welsh Government

Perinatal Community of Practice Event - Cultural Awareness

MARCH 14TH 2023



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"BMHS response to the increased demand for culturally competent bereavement service delivery for ethnic minorities including the support available for baby loss, miscarriages and anticipatory grief."

ALFRED OYEKOYA



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"At the root of this dilemma is the way we view mental health. Whether an illness affects your heart, your leg or your brain, it's still an illness, and there should be no distraction."

Michelle
Obama





**BLACK, ASIAN AND MINORITY ETHNIC
MENTAL HEALTH SUPPORT**

*Inspiring A Mentally
Healthy Community...*

Our Vision

To inspire and support the well being
and enterprise development of
Black, Asian and Minority Ethnic
Community members



Our Mission

- Advocacy for Health Equality ★
- Education to Break down Barriers ★
- Project delivery to our service users ★

What We Do

Advocacy



We advocate for health equality, encouraging the Government to ensure the regulatory framework reflects the diverse population; consequently, addressing the structural discrimination inherent in the system!

Education



We provide training as part of our effort in normalising Mental Health conversations and making Mental Health Topics more relevant and accessible for everyone.

Project Delivery



Our Multilingual Team provides direct support to our service users through several projects including signposting and culturally relevant support.





Perinatal bereavement is the process that parents go through immediately after the loss of an infant through miscarriage, stillbirth, neonatal loss, or elective termination for fetal anomalies, or in the first month after birth.

Perinatal grief is of a different nature to other grief, it represents the grief that parents experience after the death of a baby during pregnancy, birth or the first month after their birth, which includes miscarriage, ectopic pregnancy, termination, stillbirth and neo-natal deaths.

Each year in Wales perinatal grief may be experienced by several families. The death of a baby is a very stressful event, and the bereaved parents may experience acute emotional distress.

Their initial response to the death of their baby may include emotional numbness, confusion, disbelief and shock which may be a mechanism for them to cope with the overwhelming impact of the death of their baby in the short term.





Bereavement Survey

The aim of the project is to make bereavement support accessible to people from diverse communities. There is an increased demand for culturally competent service delivery, and we intend to build on our success in providing culturally relevant mental health support over the years by improving service access and integration with a strong focus on preventive activity through anticipatory grief recognition and support for families, friends, and caregivers.

We understand that looking back may evoke some emotions. However, your responses to this questionnaire will help us design and provide suitable bereavement support services to you and others in similar situations.

To ensure that this survey is treated with the strictest confidence, we have made it anonymous by not requiring your name or address. If you have any questions or comments, please contact us at admin@bamementalhealth.org

Table 2: Birthweight by ethnicity (a), Wales, 2020					
	White	Black, Asian and Minority Ethnic			
Live births	18,823	2,217			
Percentage of live births (b)	89.5	10.5			
Singleton live births	18,418	2,185			
<i>Singleton Birthweight (c)</i>					
Below 2.5kg (%)	6.1	6.2			
Between 2.5kg and 4kg (%)	81.4	86.3			
Over 4kg (%)	12.5	7.5			
Singleton mean birthweight (kg)	3.4	3.3			
Singleton median birthweight (kg)	3.4	3.4			
Source: Maternity Indicators data set					
(a) Ethnicity status was recorded on 21,040 births out of 28,781 live births (73%)					
(b) The percentages are of the total records less records with a 'not stated' ethnicity: 7,741 in 2020.					
(c) The percentages are of the total singleton records less records with a 'not stated' birthweight: 71 in 2020.					

Professor Sinead Brophy, Director of the Centre for Population Health, said:

“Maternal and paternal depression are both risk factors for depression in children, so it is imperative to understand the prevalence of maternal and paternal mental illness among children and its implications for child health and educational outcomes for prevention and early intervention.”

	Antenatal records (d)	Deliveries (d) (e) (f)	Live births	Still births (g)	Total births (h)	Live births (i)	Still births (g)	Total births (i)	Live births	Still births (g)	Total births
W11000023 Betsi Cadwaladr	5,528	5,682	5,723	25	5,752	6,173	33	6,206	6,355	36	6,391
W11000024 Powys Teaching	213	215	216	0	216	1,018	1	1,019	1,034	4	1,038
W11000025 Hywel Dda	2,840	2,959	2,991	9	3,000	3,195	7	3,202	3,229	15	3,244
W11000031 Swansea Bay	3,009	3,378	3,411	23	3,434	3,314	8	3,322	3,527	16	3,543
W11000030 Cwm Taf Morgannwg	4,281	4,558	4,590	24	4,614	4,245	18	4,263	4,499	20	4,519
W11000028 Aneurin Bevan	5,217	5,248	5,305	14	5,319	5,764	17	5,781	6,121	25	6,146
W11000029 Cardiff and Vale	5,264	5,281	5,336	16	5,356	4,944	17	4,961	4,939	22	4,961
W92000004 Wales	26,352	27,321	27,572	111	27,691	28,781	104	28,884	29,704	138	29,842

Source: Maternity Indicators data set (MI ds), National Community Child Health Database (NCCHD), Office for National Statistics (ONS)

(a) Deliveries / births in Welsh hospitals

(b) Births to Welsh residents

(c) At the time of publication, the latest available ONS births data was 2019.

(d) This relates to deliveries in 2020; the initial assessment may have taken place in 2019.

(e) Includes delivery of live and still births.



SURVEY

1

There is an increased demand for culturally competent service delivery, consequently, we intend to build on our success of providing culturally relevant mental health support over the years and to improve service access and integration with a strong focus on preventive activity through the recognition of anticipatory grief and support for families, friends, and carers, ensuring everyone has equitable access to high quality bereavement care and support when they need it.



SURVEY

2

We are aware that some groups of people and communities find accessing support difficult from existing services and consequently we are ensuring that families are aware of the support available to them, including financial / benefits advice, practical support as well as emotional support is an essential part of helping families in these circumstances.



SURVEY

3

We acknowledged that every person's bereavement experience is different, we know from our helpline that for some people, unresolved grief issues can lead to serious mental health difficulties and is a risk factor for suicide. Consequently, we complement existing great work provided by NHS by helping bereaved people to understand these feelings and learning how to cope with them on a day-to-day basis leveraging on our multilingual capacity in the team.

Our Perinatal Bereavement Care offers counselling support face to face and online to adults affected by the loss of a baby at any time during pregnancy or the months after birth, irrespective of the cause. This could include bereavement as a result of miscarriage, ectopic pregnancy, stillbirth, termination, neonatally or for any reason during infancy.





Our workflow management system embeds a reliable referral system that is web based and it helps to manage referrals regardless of how they are received.

It is accessed entirely through a web browser from our website, it provides secure access to personal information, making it easy for us to manage referrals at any time. This will deliver time and cost efficiencies to everyone.

The weblink can be given to the individuals directly or filed on behalf of the families on electronic devices too.

<https://www.bamementalhealth.org/referral>





Any Questions?

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