

Maternal Mental Health and Grief in the Black Community

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Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D., served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2024



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Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

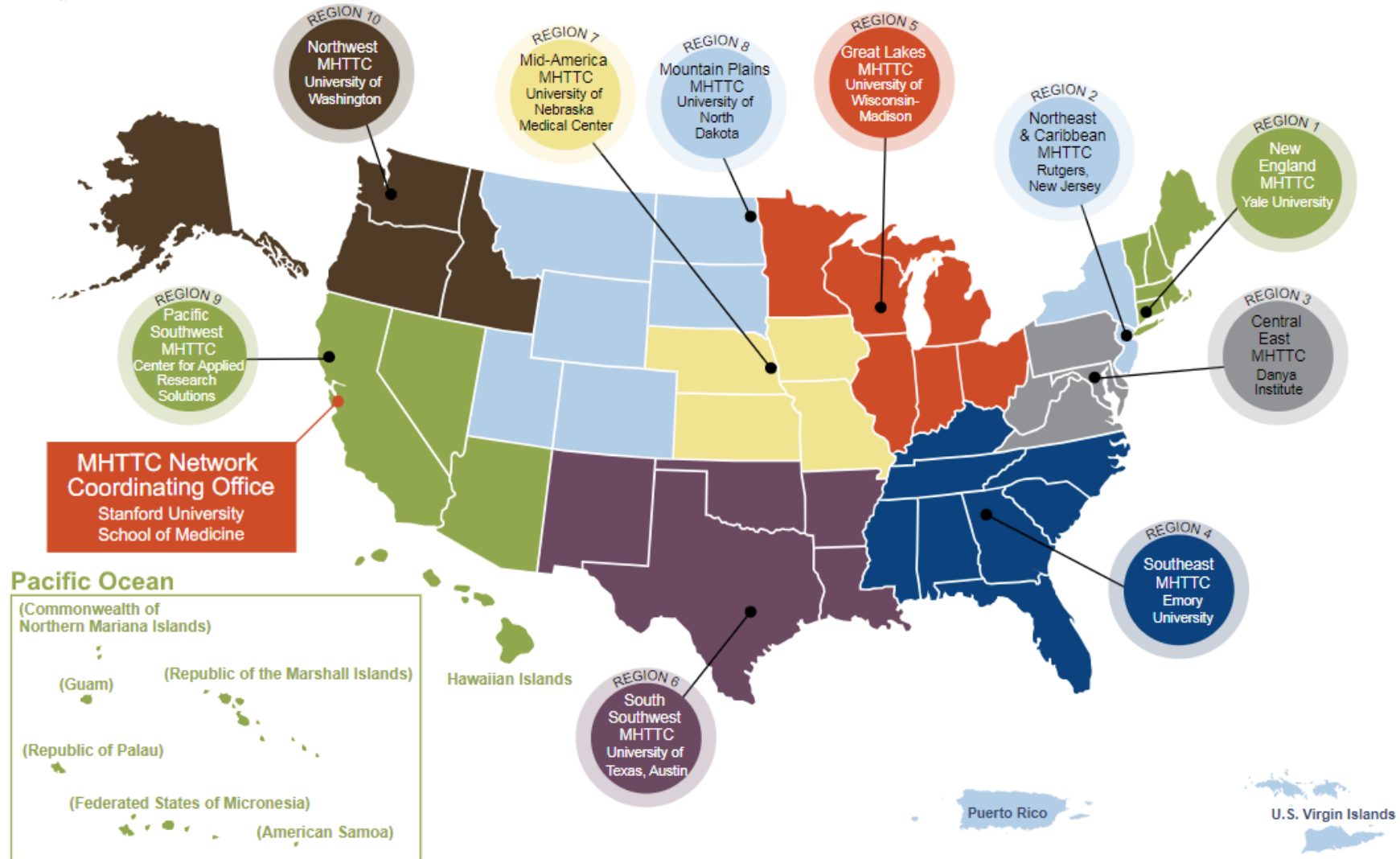


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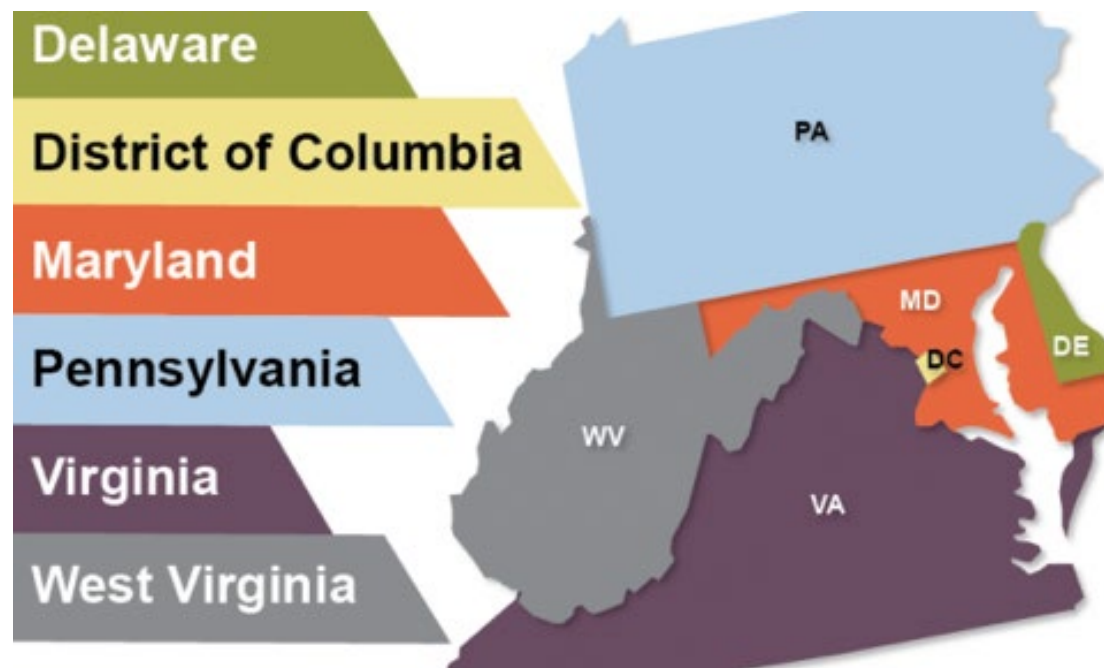
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Central East Region 3



Central East (HHS Region 3)

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Maternal Mental Health and Grief in the Black Community

Presenter: Delane Casiano, MD
President, Global Health Psychiatry, LLC

Moderator: Anelle Primm, MD, MPH
Black Psychiatrists of America, Council of Elders

August 15, 2024

Today's Webinar

- With August 30 being National Grief Awareness Day, this month is a good time to consider the disproportionately high rates of infant and maternal mortality and other premature death in the Black community.
- These disparities are connected to elevated levels of grief and loss in families.
- Maternal mental health, a related concern, is a critical issue in the U.S. and the Black community is no exception.
- We thank the SAMHSA CE-MHTTC for its partnership on the BPA Health Equity Webinar series.
- Content has both Central East region and national relevance.
- Our featured speaker is Delane Casiano, MD.

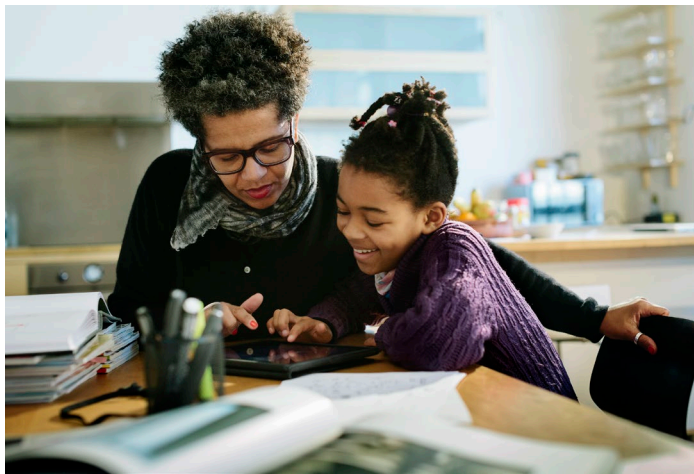


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Maternal Mental Health & Grief in the Black Community

Honoring Black Mothers



Black Motherhood and Grief

- Black Maternal Bereavement
 - Distinctive sense of grief and loss of Black mothers
 - Refers to the intense experience of maternal suffering from the loss of a child or complications during pregnancy and childbirth
 - Also reflects social, emotional, and psychological losses within Black communities

What is Infant Mortality?

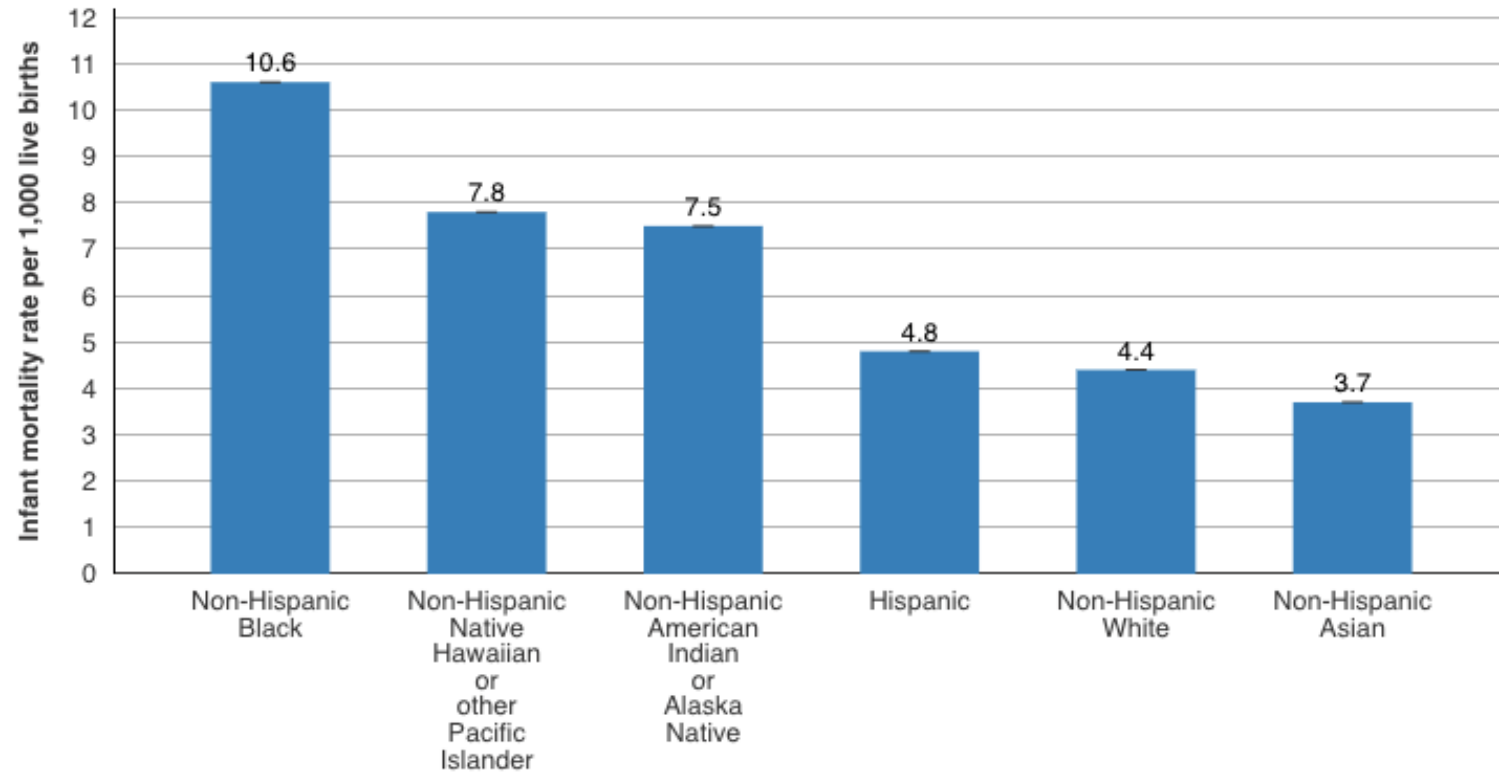
- CDC Definition: death of an infant before his or her first birthday.
 - Infant mortality rate = number of infant deaths for every 1,000 live births
 - In 2021, the infant mortality rate in the United States was 5.4 deaths per 1,000 live births
 - In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society

Causes of Infant Mortality

- In 2021, approximately 20,000 infants died in the U.S.
- Top 5 leading causes
 - Birth defects
 - Preterm Birth and low birth weight
 - Sudden Infant Death Syndrome (SIDS)
 - Injuries
 - Maternal pregnancy complications

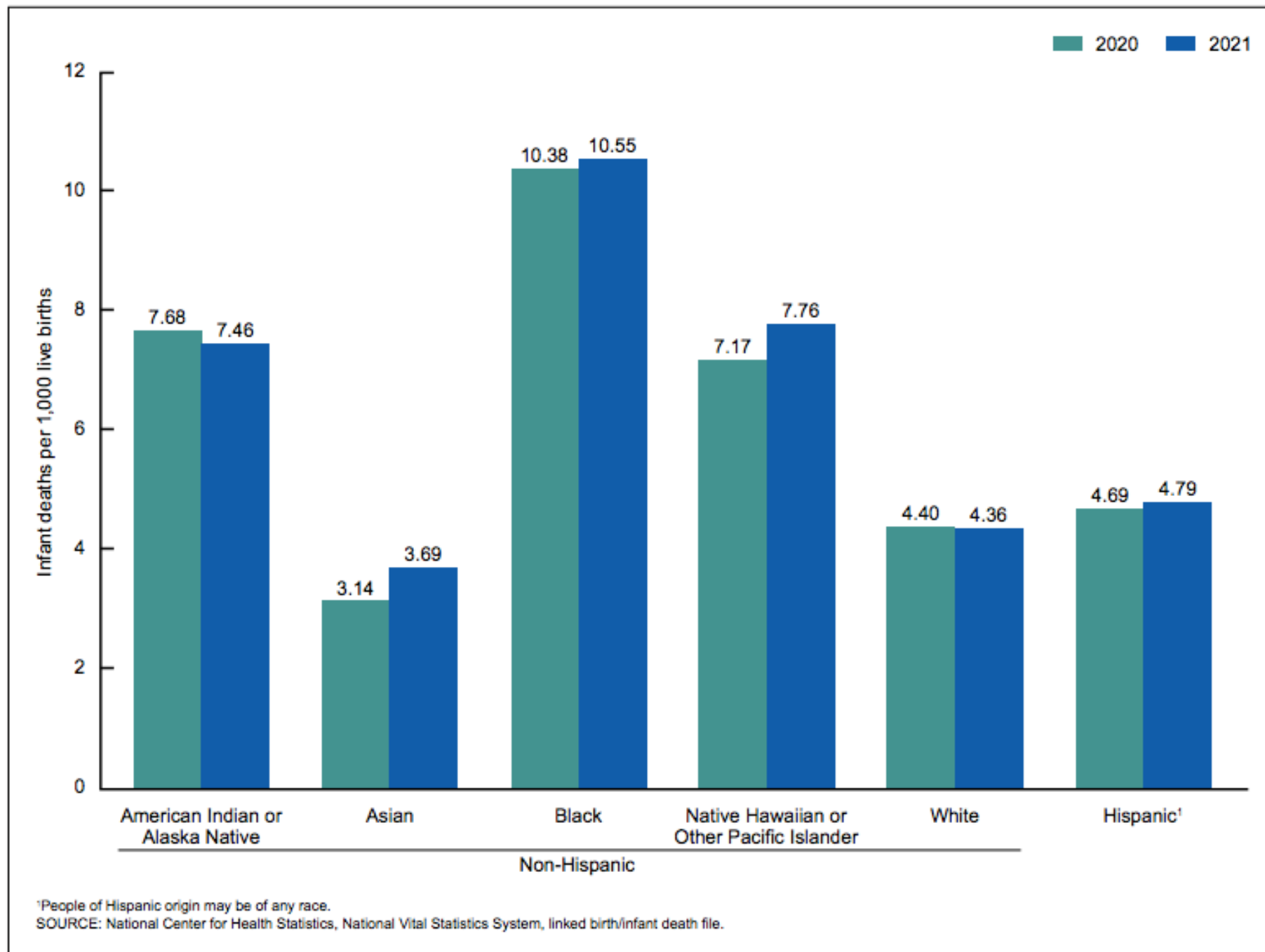
Centers for Disease Control and Prevention. (n.d.). [Infant mortality. Centers for Disease Control and Prevention.](#)

Infant mortality rates by race and ethnicity, 2021



Centers for Disease Control and Prevention. (n.d.). [Infant mortality. Centers for Disease Control and Prevention.](#)

Figure 2. Infant mortality rate, by maternal race and Hispanic origin: United States, 2020 and 2021



Leading Causes of Infant Mortality

Infant deaths and mortality rates for the top 5 leading causes of death for African Americans, 2020 (Rates per 100,000 live births)

Cause of Death (By rank)	# Non-Hispanic Black Deaths	Non-Hispanic Black Death Rate	# Non-Hispanic White Deaths	Non-Hispanic White Death Rate	Non-Hispanic Black / Non-Hispanic White Ratio
(1) Low birthweight	1,136	214.4	1,040	56.4	3.8
(2) Congenital malformations	705	133.1	1,976	107.2	1.2
(3) Sudden infant death syndrome (SIDS)	472	89.1	563	30.5	2.9
(4) Accidents (unintentional injuries)	375	70.8	547	29.7	2.3
(5) Maternal Complications	337	63.6	370	20.1	3.2

Source: CDC 2022. Infant Mortality Statistics from the 2020 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table 2.

Black Infant Mortality

- Causes are associated with social determinants of health
 - Racial discrimination
 - Low income
 - Low education
 - Poor residential environments
 - Lack of medical insurance
 - Treatment at low quality hospitals

A Review of Racial Disparities in Infant Mortality in the US

Caleb J. Jang, Henry C. Lee | Published in Children 1 | February 2022

Social Determinant	Disparities
Social and community context	<ul style="list-style-type: none">• Black individuals are more inclined to experience preterm birth as a result of emotional experiences of racism.• In a survey of 3452 American Indian adults ages 18 or older, a quarter of participants reported that they have experienced discrimination when visiting a doctor
Healthcare access and quality	<ul style="list-style-type: none">• As of 2019, nearly 20% of the Hispanic population and 11% of the Black population in the United States were uninsured.• When analyzing differences in morbidity and mortality rates in Black, Hispanic, and White very preterm infants among hospitals in New York City, researchers found that Black and Hispanic very preterm infants were born in the highest morbidity and mortality tertile of hospitals.• Antenatal corticosteroids are administered to Black patients at a lower rate despite them being at a greater risk for delivering preterm births.
Education	<ul style="list-style-type: none">• Hispanic, American Indian, and Black infants are at the greatest risk for mortality, with these populations having the highest percentages for adults who did not have a high school diploma.• Mothers who were not able to attain a high school education (less than 12 years of education) experiences a greater risk of infant mortality by 2.4 times
Economic Stability	<ul style="list-style-type: none">• High-income Black households share similar rates of unemployment, educational attainment, poverty, and single-headed households with low-income White households.
Neighborhood and built Environment	<ul style="list-style-type: none">• Neighborhoods that are predominantly Black are characterized as having higher allergen counts as well as pollution levels of almost 1.54 times higher than the overall population.

Historical Perspective

- Black mothers have faced higher rates of infant mortality and morbidity compared to their white counterparts in the United States since slavery
 - Disparity between Black and white infant deaths is even greater now
 - In 1850, Black enslaved infants died at a rate 1.6 times than that of white infants (340 vs 217 deaths per 1000 live births)
 - In 2021, Black infants died at a rate of 2.4 times higher than white Americans (10.6 vs 4.4 deaths per 1000 live births)

Mortality and Leading Causes of Death

Youth Ages 1-4:

Mortality Rate = Number of deaths: 4,156

Deaths per 100,000 population: 28.0

Leading causes of deaths among children ages 1-4 years:

- Accidents (unintentional injuries)
- Congenital malformations, deformations and chromosomal abnormalities
- Assault (homicide)

Youth Ages 5-9 years

Mortality Rate = Number of deaths: 6,239

Deaths per 100,000 population: 15.3

Leading causes of deaths among children ages 5-9 years:

- Accidents (unintentional injuries)
- Cancer
- Congenital malformations, deformations and chromosomal abnormalities

Mortality and Leading Causes of Death (cont.d)

Youth Ages 10-14 years

Mortality Rate = Number of deaths: 6,239

Deaths per 100,000 population: 15.3

Leading causes of deaths among children ages 10-14 years:

- Accidents (unintentional injuries)
- Intentional self-harm (suicide)
- Cancer

Youth Ages 15-19:

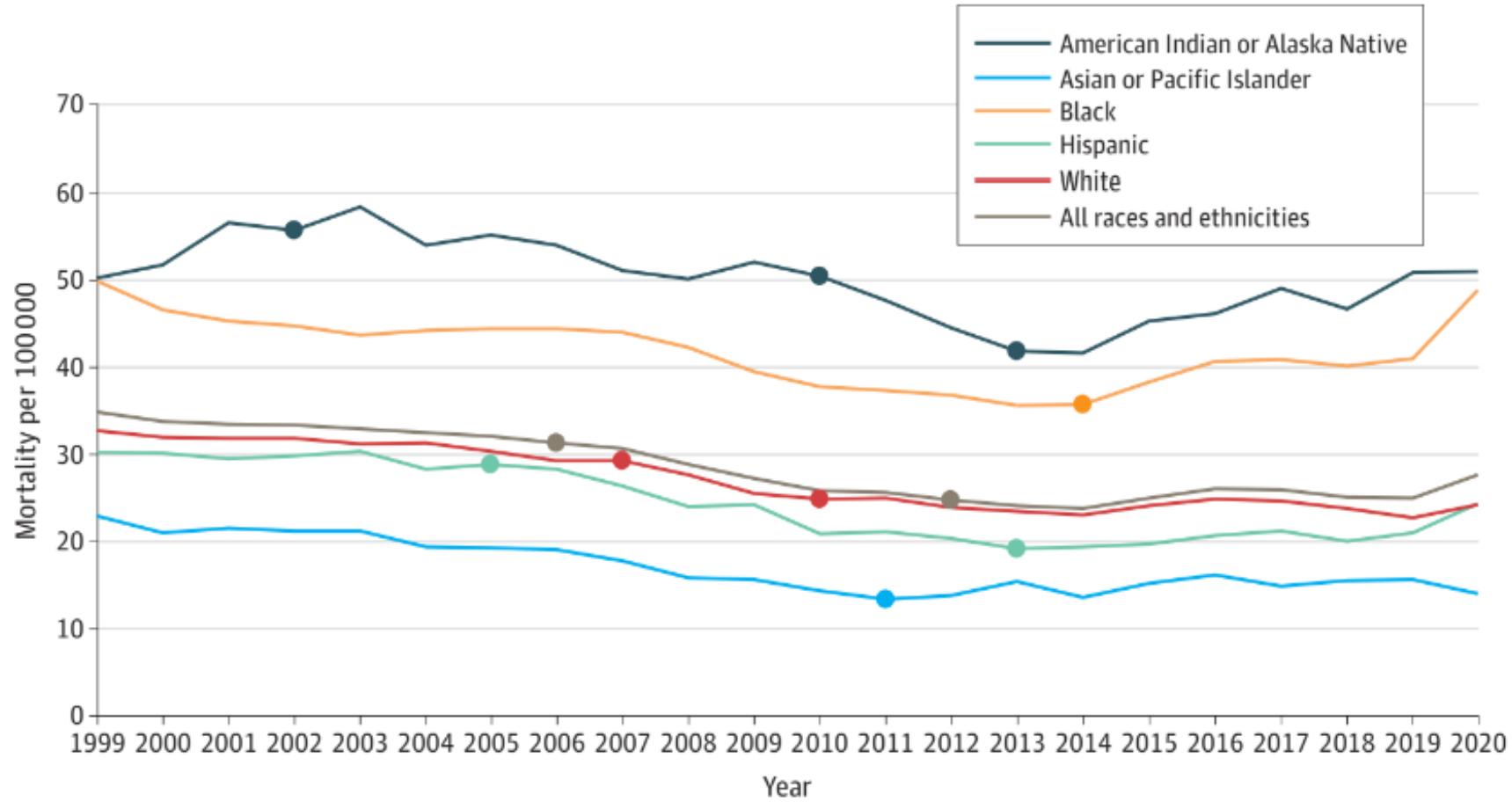
Mortality Rate = Number of deaths for adolescents ages 15–19 years: 12,745

Deaths per 100,000 population for adolescents ages 15–19 years: 58.9

Leading causes of deaths among adolescents ages 15–19 years:

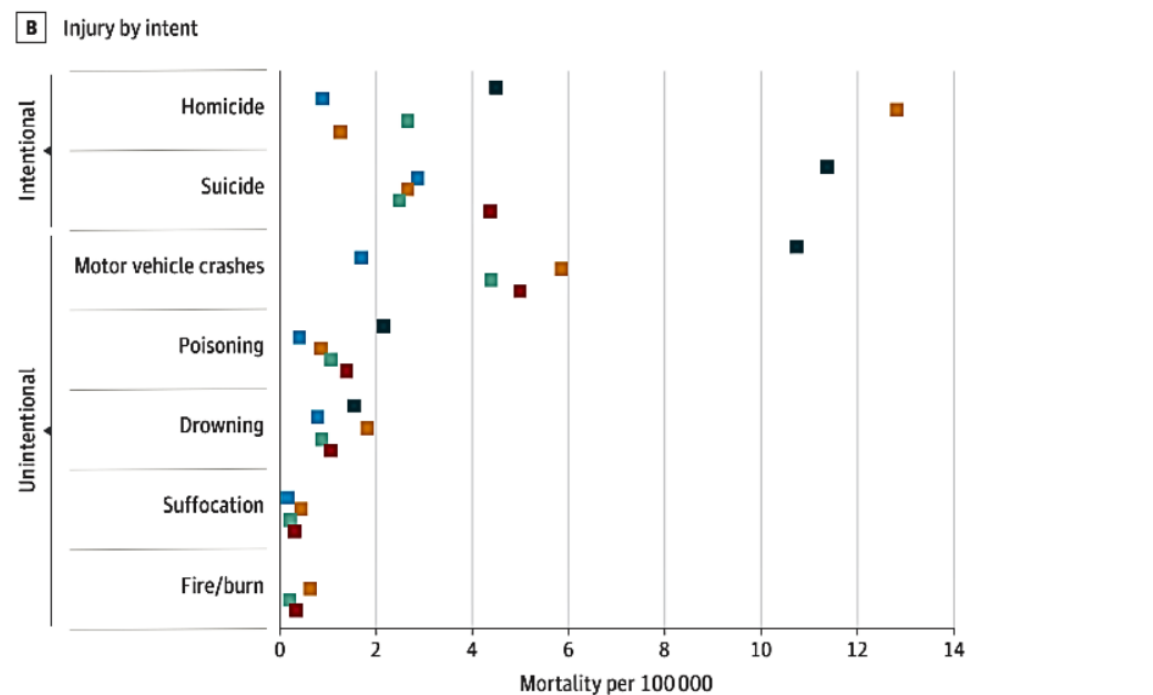
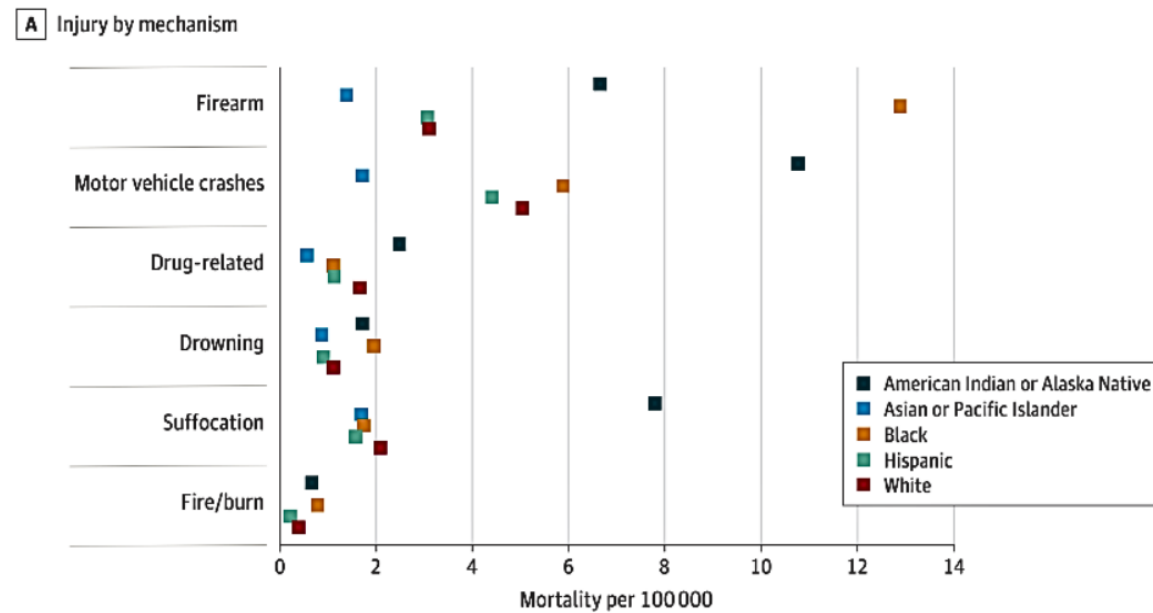
- Accidents (unintentional injuries)
- Homicide
- Suicide

Figure 1. All-Cause Mortality Rates in Youth Aged 1-19 Years, 1999-2020



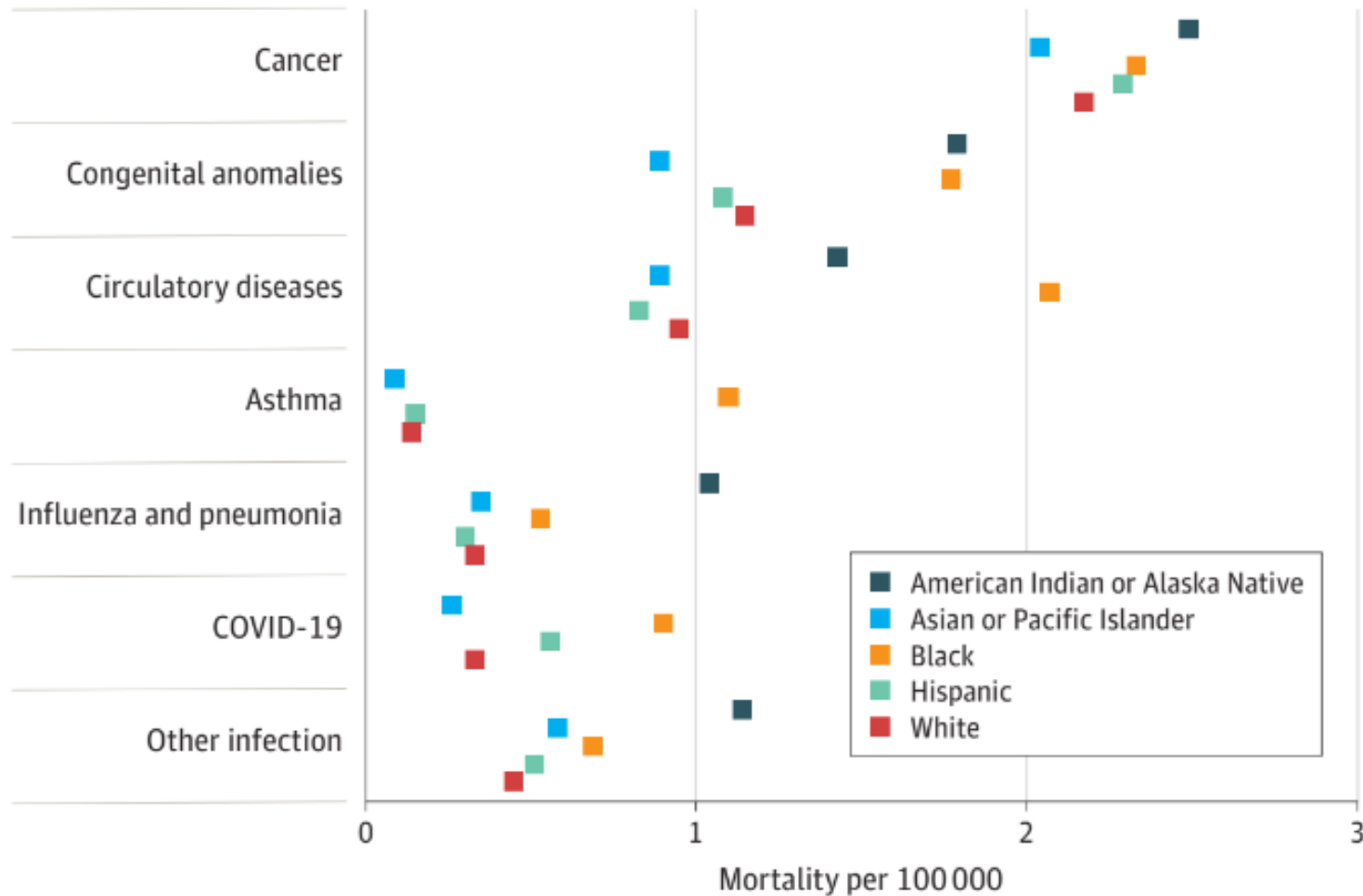
Dots represent jointpoint years when the slope changed.

Figure 3. Injury Deaths per 100 000 Youth Aged 1-19 Years Classified by Mechanism and Intent



Data were censored for American Indian or Alaska Native and Asian and Pacific Islander groups in some categories because of small numbers.

Figure 4. Disease Deaths per 100 000 Youth Aged 1-19 Years



Time period represented is 2016 to 2020, except for COVID-19 (2020-2021). Data were censored for American Indian or Alaska Native youth in some categories because of small numbers.

Cultural Factors

- Societal expectations may influence how Black maternal grief is expressed and processed within the community
- Stigma or taboos surrounding discussions of loss and grief, can impact how individuals seek support and cope with their emotions

“Strong Black Mother”

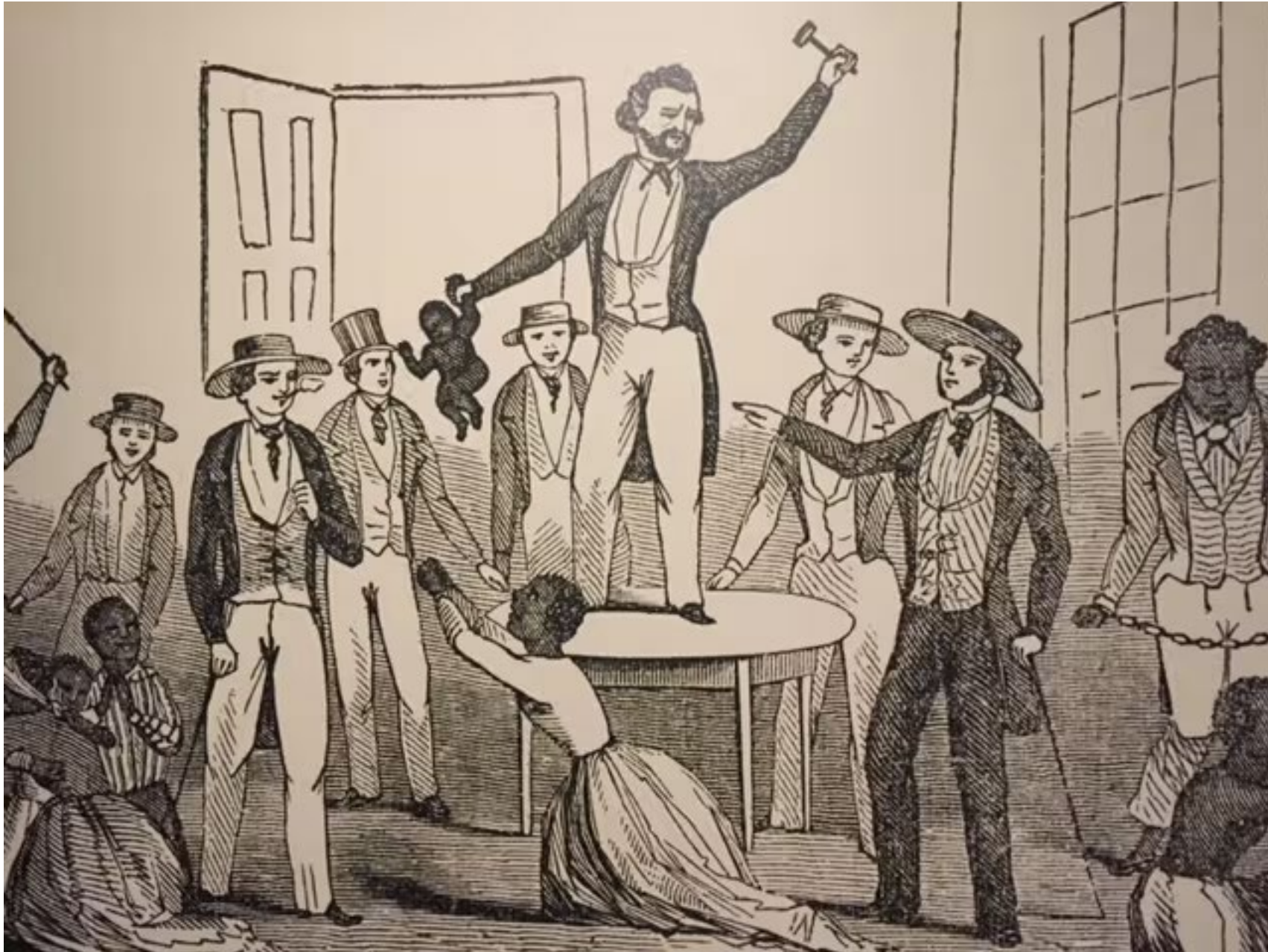
- Perceptions of mourning Black mothers often associate “grievance” with “grief”
 - “Grievance” is centered around the portrayal of Black mothers moving others towards judicial action
 - Based on popular images of Black mothers who have lost sons
 - The interaction between “grievance” and archetypes of Black motherhood produces the acceptable representation of Black maternal residence

“Strong Black Mother” (cont.d)

- Perceptions mourning Black mothers often associate “grievance” with “grief”
 - “Grief” may refer to the nonverbal and difficult-to-understand experience underlying more visible and “productive” judicial action
 - Exploring archetypes of Black motherhood can provide insight into which images of mourning Black mothers are more acceptable in society

Historical Perspective

- Archetypes
 - Begin with enslaved Black mothers who had no legal “rights” over their children
 - Denied or distorted the attachment between mother and child
 - Transformed into “angry matriarchs” during the 1950’s
 - Grievance as a political tool which allowed for societal acceptance of “Strong Black Mothers” and “Icons” of mourning Black mothers







Mamie Till Mobley grieves at her son's funeral (AP Photo/Chicago Sun-Times, Sept 6, 1955)



Video

7 Black mothers mourning the loss of their children discuss their shared bond



Complexity of Black Maternal Grief

- Black maternal grief is a multifaceted issue that
 - Intersects with race, healthcare disparities, and cultural factors
 - Highlights the need for compassionate and equitable approaches to support grieving mothers and address systemic inequities

Social Injustice

- The grief experienced by Black mothers is not only a personal and familial loss but is also embedded within a broader context of racial discrimination and systemic neglect
- The trauma of losing a child or facing complications during pregnancy is often compounded by feelings of injustice, anger, and frustration at a healthcare system that may fail to adequately address their needs

Systemic Factors

- Addressing Black maternal grief requires comprehensive efforts to address systemic factors.
 - Reduce healthcare disparities
 - Improve access to culturally competent care
 - Combat racial bias in medical settings
 - Provide support systems that acknowledge and validate the unique experiences of Black mothers



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- **Conclusions**

- **Social injustices and systemic discrimination as well as racial inequalities in healthcare exacerbate the negative impacts of grief of Black mothers**
- **Awareness and acknowledgment of these factors are essential to supporting Black mothers and promote healing and empowerment within Black communities**



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Reference

Figure 1: All-Cause Mortality Rates in Youth Aged 1-19 Years, 1999-2020

Figure 3: Injury Deaths per 100 000 Youth Aged 1-19 Years Classified by Mechanism and Intent

Figure 4: Disease Deaths per 100 000 Youth Aged 1-19 Years

Wolf, E., Rivara, F., Orr, C., Sen, A., Chapman, D., & Woolf, S. (2024). Racial and Ethnic Disparities in All-Cause and Cause-Specific Mortality Among US Youth. *JAMA*, 331(20), 1732-1740.

Questions



Appreciation



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