Factors promoting the Mental well-being of children in Refugee Camps in Low and middle-income countries.

Systematic Review

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ABSTRACT

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Main title: Factors promoting the mental health of children in refugee camps in Low and middle-income countries.

Subtitle: Systematic review

Background: refugee children are children who have lost their homes, families, neighborhoods, and lifestyle routines and have moved to another country. They are at risk of mental health problems due to the traumatic experiences and stressors. 9 in 10 refugee children live in refugee camps in low and middle-income countries which have limited access to resources, services, and better living conditions. Four themes were identified as factors promoting children’s mental health in refugee camps. Positive relationships, education, access to health care services, and community support

Methods: 274 articles were identified for this studying using the same search strings on all 5 selected databases (PsyINFO, Psychology database, Scopus, Pubmed, Sociological Abstract) 108 duplicates were removed, and the abstract and title screen was done for 166 articles. only 25 articles went through the full-text screening using specific inclusion and exclusion criteria. 7 articles were finally included in this study.

Results.: Results indicated that children feel happy, safe, and secure, and expressed positive behaviors when they are surrounded by quality family and peer relationships when they can have access to educational opportunities, and when they have a supportive and engaging community that provide them resources and recreational activities.

Keywords:
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1. Background

2. Refugee Children

Refugee children are children who have lost their homes, sometimes families, neighborhoods, routines, cultural identity, traditional way of doing things, education, friends, social networks, parental support, protection, and shelter and have an adverse significant effect on their daily functioning and livelihoods because they have not been psychologically prepared for the quick move out of their country (Bemak et al., 2003). This raises great concerns about the mental or psychological well-being of children in recent times as the number of children as refugees continue to plummet (Afifi RA et al., 2011; Tang et al., 2019).

Refugee children who have been displaced into refugee camps have commonly been exposed to violence due to conflicts, political differences, religious and cultural orientations from their countries of origin (Reed, 2011; Rasmussen et al., 2011). These children who have been forcibly displaced are at risk of long-term mental problems (Kaplan, 2009). They are exposed to multiple traumatic events affecting their emotional stability and psychological development (Ajduković & Ajduković, 1993) at a crucial time of their life (Reed, 2012). They sometimes have witnessed the dead or brutal killing of their parents, a family member, a friend, or even a close community member. Refugee children have reported experiences of traumatic past and stressors (Rasmussen et al., 2011) haven been witnesses of violence, pre-migration traumas such as separation from parents and family members, torture, lack of social support, sexual abuse, child trafficking, health, and shelter (Schweitzer et al., 2011).

Refugees are usually perceived as a burden to most host countries because of the pressure they put on the resources of the country and even more so on poor and developing countries (OECD, 2017). It is even more difficult for refugees living in Low and Middle-income countries where there is limited economic growth and development, limited access to resources which makes coping difficult with direct or indirect cost induced on then (OECD, 2017).

The 1951 convention relating to the status of refugees defines a refugee as a specific person or group of persons who are unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, belonging or having membership of a particular social group or political opinion (UNHCR, 1951). The process by which someone is recognized to be a refugee is determined by the state of that country
or by a recognized UN body like UNHCR in accordance to the laws of that state or by international laws (IOM, 2011). Yearly, conflicts, natural disasters, hunger, culture, political oppression, and tensions, continue to force thousands of children and families out of their homes and country in search of survival, peace, and security (UNHCR, 2022). In mid-2022, over 103 million people were forcibly displaced, 37 million of them were children below the age of 18 years and 74% of these children are hosted in low and middle-income countries (LMiC) (UNHCR, 2022) and by the end of 2021 about 1.5 million children were born as refugees.

Refugee Camps in Low and middle income-counties (LMiC)

Refugee camps in LMiC are often characterized by poor conditions of living, overcrowding, unstable and insecure living environments (Stevens et al., 2023), poor hygiene and sanitation, and poor infrastructure (UNHCR, 2019) and most often their needs are not met (Stevens et al., 2023), in most studies found in low and middle income countries, children displaced as a result of violence and conflict are usually referred to as refugee children living in these camps while children in similar contexts in other developed countries maybe referred to as asylum seekers (UNDP, 2009, UNHCR, 2008).

According to the United Nations high commission for refugees (UNHCR), a refugee camp is a temporal facility built to provide immediate protection and assistance to people forced to flee their homes due to prosecution or violence (UNHCR, 2012), however most refugee camps become a permanent home for most refugees. Usually, a refugee camp is built to accommodate thousands of people fleeing from their country of origin in search of safety and shelter.

The most significant proportion of refugee camps are in LMiC (UNHCR, 2022). LMiC are characterized by high levels of poverty, frequent wars, and conflicts, poor standards of living poor healthcare facilities, unemployment, and lack of social services which increase the risk of mental health problems (V. Patel, 2007) and the rise in the number of refugees continue to increase the need for humanitarian assistance and equally increase the pressure on the state for more support and resources.

9 in 10 refugees live in refugee camps Low and middle income country and only 1 in 10 live in high-income countries (The World Bank, 2018). Statistics shows that more than 80% of the world’s population are in the LMiC (Saxena et al., 2006). LMiC are distributed all over the world. They include all of Africa, eastern Europe, the middle east, greater parts of Asian countries, and South American countries (V. Patel, 2007). More than 74% of refugees live in LMiC
Mental well-being/Psychological Well-being

Mental health is the state of mental well-being that enhance individuals at all levels of life manage and cope with stress, realizing their abilities, learn, work and contribute to society (WHO, 2022). Mental health is important at every stage in life from childhood to adulthood. According to the centre for disease control CDC (2023), mental health includes emotional wellness, psychological and social-wellbeing and these aspects can determine how an individual handle stress, make decisions and how they relate to the environment. The global risk of mental health problems is likely to generate due to biological factors, chemical imbalances in the brain of an individual, risk associated with economic regressions, disease outbreaks, humanitarian emergencies, forced displacement and issues of climate change.

Ryff (Ryff et al., 2004) explains 6 aspects of psychological wellbeing as; self-acceptance, environmental mastery, positive relationship, personal growth, purpose in life and autonomy. Other aspect includes positive emotions and happiness (Carruthers and Hood, 2004). The absence of any of these aspects could lead to some mental health problems or exposed them to the risk of psychological problems especially for developing children (Reed, 2012).

Refugee children are the most vulnerable group of children in the face of any crisis, and they are at risk of mental health problems (Bronstein & Montgomery, 2011). They experience a range of traumatic events in their lives from pre-migration to post migration events such as been separated from their parents as unaccompanied children, witnessing the brutal dead of a parents, family member or even their friends. Most of these experience by these children leads to long term psychological problems such as post-traumatic stress disorders (PSTD), fear, anxiety, depression, withdrawal from social interactions and serious emotional distress. (Acosta & Chica, 2018).

In addition, psychological well-being may also include resilient which could refer to the ability to cope in a giving difficult situation, been able to manage or regulate disturbing emotions by oneself (Tang et al., 2019). Been a refugee is a huge challenges however, some research has proven that some children have demonstrated significant levels of resilience in the mist of their situation (Ajduković & Ajduković, 1993) ((Bronstein & Montgomery, 2011) (Scharpf et al., 2021) especially with the right environmental support (Braun-Lewensohn, 2012)
Children in refugee camps need of extra support to enhance their daily functioning such as food, shelter, security, love and support from their parents or care givers, education, access to health services, nutrition and a supportive environmental or community support. Research shows that children with supportive family and healthy community life will serve as strong bases for child resilience and hence psychological well-being (Braun-Lewensohn, 2012). There are many indicators that can enhance psychological well-being and promote mental health in children however, this study will examine crucial aspects such as positive relationship of refugee children and their parents of caregivers and from friendships, education of refugee children, access to mental health services and community support.

2.1.1 Positive Relationships and Family Support of Refugee Children
Losing a parent, a caregiver or a relative could pose some distressing moment for anyone more so for children who usually, look up to their parents for primary support and care (Bronfenbrenner & Morris, 1994). Many children in refugee camps have experienced significant loss, including the death of family members or the separation from loved ones. The grieving process, coupled with the ongoing challenges they face, can contribute to emotional distress and affect their mental health. Children who lose their parents to conflict are exposed to greater psychological problems (Derluyn & Broekaert, 2008; El-Khani et al., 2018; Scharpf et al., 2021). While this could be one primary factor affecting the mental well-being of children research shows that children with supportive family environment promotes resilience in children. Positive parents relationship with children enable children in refugee camps to be able to cope and adjust within the environments they find themselves (Braun-Lewensohn, 2012; El-Khani et al., 2018; Measham et al., 2014). Children with either or both parents are able to receive affections, social support, feel protected and cared for by their own parents will demonstrate high levels of emotional stability and strength (Zwi et al., 2018). Additionally making and maintaining friends within a refugee camp is an important aspect of socialization for refugee children (Demir & Weitekamp, 2007) and improves social and emotional well-being for children in refugee camps (Demir et al., 2013). Despite the difficulties they endure, children in refugee camps often display remarkable resilience. Building on their strengths and having an appropriate support system can enhance their ability to cope with the challenges they face.
### 2.1.2 Education

Access to education in LMiC is on a decrease (Annababette, 2015) however, there are still limiting factors. Statistics proves that the educational attainment level of children in refugee camps are low and only 68% of children can attend primary education compared to 91% globally (UNHCR, 2021) and access to informal learning programs (UNICEF, 2022). Education can provide a wide range of opportunities and support for children in refugee camps. It can affect their lives emotionally, cognitively, socially, and physically. (Greene et al., 2021; Stevens et al., 2023). Education is a tool that can foster agency and child resilience in children in refugee camps (Msengi et al., 2020; UNICEF, 2022) however children in refugee camps have very limited access to educational opportunities (Zeus, 2011). Access to education for children in refugee camps fosters essential relationships with peers, reduce stigmatization, isolation, withdrawal, and enhance their mental well-being (Reilly, 2010; Schlecht et al., 2017; Msengi et al., 2020).

Education is recognized globally as a basic human right goal. The UN sustainable development goal advocates and ensures equal access to all levels of education and vocational training for all vulnerable persons including persons with disabilities, indigenous peoples and children in vulnerable situations (UN SDG, 2015) which includes children in humanitarian settings. Despite the daily hassles of refugee education is a key element that ensures the mental health a safety of children in refugee camps and builds resilience (Msengi, 2013). According to Dryden-Peterson and Gils, 2011 education takes away desperation, deviant behaviors, hopelessness, criminal activities which a common result for most refugee children. Education helps to increase youth productivity, fight ignorance, and improve mental state and general well-being (Crea & McFarland 2015).

### 2.1.3 Access to Mental Health Services

Research conducted by (Lai et al., 2021) 10% of children develop extreme symptoms of PTSD in a week after been exposed to traumatic situations and a third of the population show moderate symptoms even after decades (Lai et al., 2021). Refugee children are in greater need of mental health support services. The displacement experiences during pre and post migration has significant impact on their social, emotional, and physical well-being. They need urgent psychosocial services (UNHCR, 2017). In many ways, refugee camps LMiC have very limited access
to mental health services and often rely or receiving support from families, friends and communities as counselors who lack the skills and professional experiences to serve to provide the support for their emotional and psychological problems (Ajduković & Ajduković, 1993; Braun-Lewensohn, 2012; Lai et al., 2021; Zwi et al., 2018). Even though most refugee camps provide local means of support for child’s mental health most international organizations like the United nation bodies, nongovernmental organizations and government have been intervening in providing child protection services in the form of child friendly spaces to build child self-esteem, self-efficacy, resilience, child networks to improve child livelihoods and equally partner with community volunteers and parents to provide training and support for children (UNHCR, 2017). Other therapeutic and clinical interventions are also provided in refugee camps though in small proportion, this has proven to be impactful procedure to help children in need of mental health support in collaboration with parents and caregivers (IMC, 2020; Cowling & Anderson, 2023; N. Patel et al., 2014)

2.1.4 Community Support
Community support can contribute massively to improve mental health and psychological well-being of children in refugee camps in many different ways. They are primary source of hope for children and families. Through community-based protection (CBP) (community social networks; usually made up of refugees, humanitarian workers) networks they facilitate in providing refugees with shelter, food, security, protection, and safety they need (UNHCR, 2017)

Children in refugee camps will normally orientate themselves towards community members who they identify similar cultural identity like speaking the same language, having similar beliefs, and values, and from similar religious background (Hassan et al., 2016; Schwartz et al., 2010). These helps builds their trust and help them in the adjustment and integration process as well as support them in their destring moments (Kohrt et al., 2018; Yoon et al., 2022) in refugee camps.

Community groups within refugee camps is usually made of members from different backgrounds, like teachers, nurses, famers, parents, etc. coming together as refugees helps to promote social cohesion and unity (Acosta & Chica, 2018). They can stand in solidarity to respond to their most pressing needs of refugee children and their families.
3 Bronfenbrenner Bioecological Model

In Bronfenbrenner’s ecological model (Bronfenbrenner & Morris, 1998) the acronym PPCT stands for Person-Process-Context-Time. The PPCT framework highlights the dynamic and reciprocal relationships between the person, their processes, the context, and time. It emphasizes that human development is influenced by multiple factors and that understanding these interactions is crucial for understanding the complexity of human development in the bioecological model. It represents the four interacting components that influence human development within the model. Here’s a brief explanation of each component:

Person: The "person" refers to the individual who is the focus of analysis within the bioecological model. This includes the person's characteristics, such as their genetic makeup, temperament, and cognitive abilities. The person's unique attributes and characteristics interact with other components of the model to shape their development.

Process: The "process" refers to the interactions between the person and their immediate environment. These interactions can involve various relationships, such as interactions with parents, peers, teachers, and other significant individuals. Processes can include things like social interactions, communication, guidance, and support that occur within these relationships.

Context: The "context" refers to the immediate settings in which the person and their processes are embedded. This can include the family, school, community, and cultural contexts in which the person operates. Each context has its own set of norms, values, and resources that can influence a person's development.

Time: The "time" component recognizes that development occurs over time and emphasizes the importance of considering the historical and temporal aspects of a person's life. It recognizes that individuals experience different contexts and processes as they grow and develop, and these experiences can shape their development in unique ways.

Looking at the context of children in refugee camps the PPCT enable us to understand the environmental factors that create an impact on refugee children. This model will be examined below un systems called the bioecological model (Bronfenbrenner & Morris, 2006). This is why this theory is applied in this study, due to the socio-ecological framework of refugee children in refugee camps.
The Bronfenbrenner bioecological model looks at development of a child as an interaction between the child and their external environments which includes the child, the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem. Bronfenbrenner & Morris, 2006).

The bioecological model takes into consideration the personal traits and qualities, that is the sex of the child, the age, personality traits, the intelligent coefficient of the child. Every child is born with their own abilities and traits this explains why some children can build more positive internalizing behaviors or show resilience in the face of a crisis more than other children who may rely on extra support.

The microsystem indicates the child’s immediate or primary environments such as their parents, family members, peers, classmates, and teachers. These are people the child can interact with them daily and their interaction has a direct significant effect on the child’s development. Positive parental and peer relationship will produce positive developmental outcomes for these children. When children in refugee camps have a positive relationship such as been present, receiving care, and love from their parents or caregivers, there are likelihood of less mental health problems (Scharpf et al., 2021). The mesosystems according to Bronfenbrenner are the different outcomes in the child’s development because of activities in the microsystem.

The exosystem within refugee camps looks at the community the child finds themselves, parental mental health (Sangalang et al., 2017) welfare and social services (Sijbrandij et al., 2017). These factors stands as factor that can enhance children’s well-being and mental health.

The Macrosystem. This looks at the different policies, cultural environment and the geopolitical situation around the child that can hinder or promote the psychological well-being of the developing child. Children in refugee camps in LMiC countries are exposed to a lot of risk and uncomfortable environmental conditions which creates a barrier to their normal functioning and daily routines. While the activities within the macrosystem does not directly affects their development, they may contribute positively or negatively affects the child’s life like policies protecting the rights and livelihoods of refugee children, conflicts.

4 Rationale of the study
The focus of this systematic review study is to identify factors that enhance the psychological or mental health of refugee children in refugee camps in low- and middle-income countries.
There are lots of research conducted on children in refugee camps, looking at the impact of wars on their mental health and other aspects of their well-being however, there are very limited articles and research done on factors that facilitate their mental well-being. In addition, the research was unable to identify systematic reviews on factors that promotes the mental well-being of children in refugee camps. This could be because of the fact that mental health is a developing concept, and more research is still to be done especially in regards to children.

Most research done on the mental health of refugees was focused on adults, mothers; their traumas and distress and how this affects their health and daily life functioning. Also, most research done around psychological well-being of children are focused on refugee camps developed countries which provides better facilities and support programs for children in refugee camps.

This research focuses on 4 main themes (positive relationship and family support, education, access to mental health services and community support) as promotive factors of mental health for children in refugee camps. Based on theoretical frameworks and models (Bronfenbrenner bioecological model, Guralnick’s early developmental and risk factor model, Dunst and Trivette’s resource-based approach model of development) these themes play vital roles in development of children. they emphasis on the interactions of children and their proximal environment and how this shapes their experiences and developmental outcomes. Having positive relationship, environment and access to education and resources helps to secure as child’s welfare and promotes positive development. The above-mentioned themes have been used in other fields and research to explain other factors or constructs in human development or in society as a whole not necessary in children and more so not for children in refugee camps.

5  AIM
The aim of the study is to investigate the factors that promotes the mental well-being of children in refugee camps in low and middle-income countries with 4 main themes in perspective.

6  Research Question
What are the factors in previous research, that has promoted mental health or the psychological well-being of children in refugee camps?


2. Methods

2.1 Design

This study employed the use of a systematic literature review protocol to answer the research questions for the study. The research was a comprehensive and methodical review of identified existing literature. A systematic literature review is meant to provide a clear and step by step means of gathering, synthesizing and appraisals of findings from other studies on a particular topic or questions using scientific methods (khan et al., 2011). The selected articles must be replicable using the same protocol and assessment procedure ( Jesson et al., 2011). This study used the PEO (population, exposure and outcomes) framework to structure the findings of this research.

Table 1. PEO framework for systematic review

<table>
<thead>
<tr>
<th>PEO Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Children in Refugee camps In LMiC</td>
</tr>
<tr>
<td>Exposure</td>
</tr>
<tr>
<td>Promotive Factors and Refugee Camps</td>
</tr>
<tr>
<td>Outcome</td>
</tr>
<tr>
<td>Psychological well-being, Mental Well-being</td>
</tr>
</tbody>
</table>

2.2 Search Strategy

This systematic literature review was conducted using 6 databases namely, PsyInfo, Psychological database, CINAHL, Scopus, PubMed, and Sociological Abstract. This is because most of these databases provide more information and articles on psychological work, social work, health, and education. Key terms were identified together with supervisor and the librarian to facilitate the search. Advanced searches and Boolean operators (“AND”, “OR”) were used to improve searches on database. The search terms used were promoti* OR protecti* OR improve* OR enhance* AND psycho* well-being OR mental Health AND child* AND refugee camp. Asterisks on some words were used to capture or provide results to other similar words.

The researcher did not primarily include low- and middle-income countries (LMiC) in the search strings due to limited existing data focused in this geographical locations and also because the researcher wanted a wide range of information and articles from the search.
Table 2: Inclusion and exclusion criteria

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants</strong></td>
<td>- Internally displaced children</td>
</tr>
<tr>
<td></td>
<td>- Immigrant children in asylum homes</td>
</tr>
<tr>
<td></td>
<td>Refugee children after resettlement</td>
</tr>
<tr>
<td><strong>Exposure</strong></td>
<td>- Refugee camps in LMiC</td>
</tr>
<tr>
<td></td>
<td>- Promotive factors for children in RC</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>- Mental health OR</td>
</tr>
<tr>
<td></td>
<td>- Psychological well-being</td>
</tr>
<tr>
<td></td>
<td>- Resilience</td>
</tr>
<tr>
<td><strong>Publication Type</strong></td>
<td>- Peered reviewed articles, book chapters, field project reports.</td>
</tr>
<tr>
<td></td>
<td>- Titles, authors, journals, citations</td>
</tr>
<tr>
<td></td>
<td>- research materials must be in English language.</td>
</tr>
<tr>
<td></td>
<td>- dated between 2000 - 2023</td>
</tr>
</tbody>
</table>

2.3 Selection process

Five databases were used to select articles for the study which resulted in 274 searches. Results were exported to Rayan where duplicates were identified. The search was conducted using specific search terms in four databases guided by the PEO framework. The selection process for articles included in a systematic review was stringent, based on predefined inclusion and exclusion criteria developed using the PEO framework. Only peer-reviewed empirical studies published in English that involved promotive factors to the psychological well-being of children in refugee camps.

The target population was children in Refugee camps between the ages of 5 – 18 years. Selected articles where articles focus on refugee camps in low- and middle-income countries. Articles out of this scope were excluded from further screening. 80 articles focused on refugees in low- and middle-income countries, however, the target population and aim were not in line with
these studies. 25 articles talked about psychological well-being however, it did not provide information on any aspect that could facilitate the psychological well-being of children but rather on the causes. Some of the excluded articles had wrong designs, population, and language barriers. Selection was based on articles which had any aspect that served as a promotive or protective factor of promoting the psychological well-being of refugee children in LMiC.

**PRISMA Flow Diagram Documenting Article Selection.**

2.3.1 **Title and Abstract Screening**

Page et al., 2020
The process of screening titles and abstracts was carried out using a checklist of inclusion criteria. Out of 166 articles, 141 were excluded from the study after reviewing their titles abstracts, outcomes because they did not measure any aspect of factors promoting mental health of children nor within the geographical scope.

3.3.2 Full-text Screening
full-text screening was conducted based on the predetermined exclusion criteria to select and include articles. 25 articles went through the full-text screen and only 7 met the selection criteria.

2.4 Quality assessment
21 articles went through the quality assessment process. 6 articles were eligible for they study. The quality assessment tool used was the critical appraisal skill program (CASP) checklist 14.10.10. Ten items were created by the researcher with the guide of the assessment tool. And each article was to answer yes or no to the item in order to meet the quality assessment. Scoring was attached to each of the items, either yes or no. yes scoring 2 and no scoring 1. The sum was calculated and a score between 15 – 20 was considered good quality and a score less than 14 was considered poor quality.

2.5 Data extraction
The extraction protocol was created to extract relevant data from all included articles. The protocol contained 5 sections: general article information, background, methodology, participants, promotive factors, outcomes ethical considerations discussions and conclusion. Data extracted were qualitative in nature.

2.6 Data Analysis.
The data extraction protocol was used to analyze and report important information from the seven selected articles. A comprehensive rescreening process was conducted to identify and extract relevant data essential for addressing the research topic. By identifying, extracting and analyzing the factors that promotes the mental health of children in refugee camps under the following themes: positive relationships, education, access to mental health services and community support.
2.7 Ethical considerations

Articles included were all peer reviewed and highlighted issues of ethical concerns in their studies. It was carried out in accordance to the APA (American Psychological Association, 2002) ethical principles. Since this systematic review focused on the mental well-being of children and adolescent, it required paying attention to multiple ethical issues such as parental consent, child assent, culture and tradition in some text, emotional and other social factors.

All articles selected illustrated aspect of ethics in their studies. Parental or caregivers concern was taking to involve children into the study and child assent was equally taken into perspective for unaccompanied refugee children. In some Palestinian refugee camps verbal consent was obtained or more preferrable because in their culture verbal consent is more acceptable than written informed concern (Koita et al., 2010).

Children freely join the study and were not coerced to join the study at any point in time. Their identity was kept secure and avoided risk of their identities been exposed.
3. Results and Interpretations

Six articles met the inclusion criteria for this study. These articles measured one or more aspect of the factors that promotes the mental health of children in low- and middle-income countries and this was grouped under 4 main themes which this study was based on; positive relationship and family support, education, access to mental health services and community support.

Serial numbers (SN) were assigned to each of the articles to make referencing easy. Four of the articles where of high quality (1, 2, 3, 4) and two articles where of medium quality based on the extraction protocol. The result will be presented in a qualitative manner due to the fact that all included study used qualitative methods for data collection. results will be reported under the following titles, selected articles, characteristics of selected articles, results on positive relationship and family support, education, mental health services and community support.
### 7.1 Selected articles

<table>
<thead>
<tr>
<th>S/N</th>
<th>Author</th>
<th>Title</th>
<th>Aim</th>
<th>Country (LMiC)</th>
<th>Refugee camp(s)(LMiC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Veronese et al., 2018)</td>
<td>Narrating hope and resistance: a critical analysis of sources of agency among Palestinian children living under military violence</td>
<td>The aim of this research was to analyse sources of agency, psychological adjustment to trauma as protective factors against political violence of children living in three different camps in Palestine</td>
<td>Palestine</td>
<td>Dheisheh refugee camp Aida refugee camp Jabalia refugee camp</td>
</tr>
<tr>
<td>2</td>
<td>(Borja Jr. et al., 2019a)</td>
<td>Child-centered cross-sectional mental health and psychosocial support interventions in Rohingya response: a field report by save the children</td>
<td>The aim of this article is to contribute to new learning for child-centered cross-sectorial MHPSS programming to the field of humanitarian response with over all goal of strengthening children’s coping mechanism and resilience while ensuring that severely affected children receive appropriate support</td>
<td>Bangladesh</td>
<td>Cox’s Baza refugee camp</td>
</tr>
<tr>
<td>3</td>
<td>(Scharpf et al., 2021)</td>
<td>A socio-ecological analysis of risk, protective and promotive factors of the mental health of Burundian refugee children living in refugee camps</td>
<td>This study aims to investigate risk, protective and promotive factors for the mental health of Burundian refugee children and adolescent currently living in refugee camps</td>
<td>Tanzania</td>
<td>Tanzanian refugee camp inhabiting refugees from Burundi</td>
</tr>
<tr>
<td>4</td>
<td>(Veronese et al., 2020)</td>
<td>Spatial agency as a source of resistance and resilience amongst Palestinian children living in Dheisheh refugee camp, Palestine</td>
<td>This research aims to explore the spatial agency that Palestinian children draw on to counteract psychological suffering and harmful consequences of ongoing exposure to trauma</td>
<td>Bangladesh</td>
<td>Dheisheh refugee camp</td>
</tr>
<tr>
<td>5</td>
<td>(Bates et al., 2013)</td>
<td>Sudanese refugee youth: resilience among undefended children</td>
<td>This book chapter aims at describing the perspectives of youth themselves, the risk they face during their flight from Sudan and life in the refugee camp as well as the personal environmental characteristics that protected them from developing a wide range of problem outcomes.</td>
<td>Kenya</td>
<td>Kakuma refugee camp</td>
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“we must cooperate with one another against the enemy”: Agency and activism in school aged children as protective factors against ongoing war trauma and political violence in the Gaza strip

The aim of this exploratory qualitative study was to identify and discuss factors that contribute to reinforcing the ability of children living in refugee camps on the Gaza strip to adjust to their traumatic life context as well as risk factors they perceive in their daily lives which was characterized by loss and depression.

Palestine
4 refugee camps in Gaza

Educational, psychological and protection outcomes of children and youth focused programming with Somali refugees in Dollo Ado Ethiopia

The aim is to report on the implementation and the outcome of child and youth friendly spaces in Ethiopia’s refugee camp.

Ethiopia
Dollo Ado refugee camp

<p>| 7.1.1 Characteristics of selected articles |
|---|---|---|---|---|
| S/N | Author | Title | Identified promotive factor/ Measurements | Number of Participants | Ages | Study design |
| 1 | (Veronese et al., 2018) | Narrating hope and resistance: a critical analysis of sources of agency among Palestinian children living under military violence | • Social Relationships (family, Peers) • Education • Nutrition | 122 children | 6-15 years | Qualitative study (individual self characterization) |
| 2 | (Borja Jr. et al., 2019a) | Child-centered cross-sectional mental health and psychosocial support interventions in Rohingya response: a field report by save the children | • Education • Positive relationship with caregivers • Community support • Nutrition | N/A | Under 18 | Field reports (save the children) |
| 3 | (Scharpf et al., 2021) | A socio-ecological analysis of risk, protective and promotive factors of the mental | • Quality of relationship with peers | 217 children | 7-15 years | Qualitative study (interviews) |</p>
<table>
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<th>No.</th>
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<th>Sample Size</th>
<th>Age Range</th>
<th>Study Methodology</th>
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<td>4</td>
<td>(Veronese et al., 2020)</td>
<td>Spatial agency as a source of resistance and resilience amongst Palestinian children living in Dheisheh refugee camp, Palestine</td>
<td>- Maternal social support network&lt;br&gt;- School as a source of happiness and personal growth&lt;br&gt;- Community space as place where children have fun and play and active role.&lt;br&gt;- Family support as internal spaces to feel protected and safe</td>
<td>29 children</td>
<td>7-13 years</td>
<td>Qualitative study (interviews)</td>
</tr>
<tr>
<td>5</td>
<td>(Bates et al., 2013)</td>
<td>Sudanese refugee youth: resilience among undefended children</td>
<td>- Positive relationships&lt;br&gt;- Community and cultural support&lt;br&gt;- Individual characteristics</td>
<td>119 children</td>
<td>12-18 years</td>
<td>Interviews and focus group discussions</td>
</tr>
<tr>
<td>6</td>
<td>(Veronese et al., 2017)</td>
<td>“we must cooperate with one another against the enemy”: Agency and activism in school aged children as protective factors against ongoing war trauma and political violence in the Gaza strip</td>
<td>- Living environment&lt;br&gt;- Personal satisfaction&lt;br&gt;- Relationship with peers and family</td>
<td>200</td>
<td>6-11 years</td>
<td>Experiential study (observational, child participation in activities)</td>
</tr>
<tr>
<td>7</td>
<td>(Metzler et al., 2021)</td>
<td>Educational, psychological and protection outcomes of children and youth focused programming with Somali refugees in Dollo Ado Ethiopia</td>
<td>Child and Youth learning centers&lt;br&gt;- Educational outcomes&lt;br&gt;- Psychosocial outcomes</td>
<td>693</td>
<td>6-11 years &amp; 12-17 yrs</td>
<td>Mixed method</td>
</tr>
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</table>
7.1.2 Positive relationship and family support.
Results extracted from the articles were based on qualitative studies conducted from all 5 articles. For more in-depth feedback from children, their verbal perspective was shared about their experiences been exposed to violent environments and their current situation in a refugee came made them feel.

5 articles highlighted the aspect of positive relationship and family support (SN 1, 2, 3, 4, 5).

SN 1 measured personal growth in terms of play, education, spirituality, national identity, hope and future, positive and negative emotions, and other social domains as key sources of subjective psychological well-being. For example, 13 years boy from Aida refugee camp loves to go out with his friends and play. Play makes him feel happy and strong. Hence the dimension of play helps perceive sense of competence and control in the face of danger and the ongoing violence they experience daily.

SN1 children perceived supportive relationship as a crucial element of their well-being. 28% mentioned family as a strong support system and 38% mentioned peer relationship. 12 years old from Dheisheh refugee camp describe family as supportive and protective, picturing their home as a place “full of energy “.

Another said “I love my friends and I worry about them. I love my best friend; my friend makes me happy” Mohammade 11 years old.

SN 2 evaluated that child mental health and psychological well-being is depended on a myriad of factors including biological, environment (social, physical, economic, political), experiences as well as the availability and access to supportive services. In their project a team of family tracing and reunification (FTR) workers, help to reunite children with families and the results indicated that there was a significant sense of safety and security for the children.

SN3 results from this article indicated that child friendship quality was significantly negative to related PTSD symptoms for children in refugee camps.

SN 4 Palestinian children expressed constant tension, fears and sorrows and on the other hand they see their homes and family as a safe space of intimacy and love and protection. one child reported that “ I am always very afraid when they come to our community and I go to my mothers room and stay with her”, another 8 years old reported “ I feel safe at home and I love
my family, I do not feel afraid at home because my parents are with me and they stay around me “

SN 5 Identified relationships as a promotive and protective factor and resilience. Peer relationship was acknowledged as a primary source of support. Some youths accounted that they fled with their siblings and some with out parents. However, they heavily depended on their peer groups for emotional and instrumental support. One of the youths said “what helped me the most were my friends.”

SN 6 this article identified 3 levels of social domains as promotive and protective factors of agency in children which were relations with peers, family and other significant adults and community support.

Besan, 11-year-old boy said “I love to study, and I love going to school. I feel happy with my friends and teachers. They make me feel good when I am afraid.

7.1.3 Education
Results extracted from the articles were based on qualitative studies conducted in all 4 articles. Results reported was obtained from Focus group discussions conducted with participants in different refugee camps. Results on a education as a promotive factor was extracted from SN 1, 2, 4 and 7.

SN 1 indicated that 20% of children highlighted the need for and importance of education. Education contributes to their well-being. 14 years Rand in Aida refugee camp said I want to be come a judge and fight for my rights.

For over a week I could not leave our house to go to school. I felt so sad and lonely. Ahmed 11 years

SN 2 this field report indicted that one in every four Rohingya child aged 4 – 14 years are denied their rights to education. The project implemented by save the children provided child friendly spaces and adolescent friendly spaces for children and adolescent. Basic numeracy and literacy lessons were taught by trained community workers. Results indicated that there was normalcy in social awareness, self management, positive interpersonal skills, and responsible decision making from children.
SN 4 measured school as a source of happiness and personal improvement. Results indicated that children who participated in school viewed school as a place of realizing their aspirations and seek personal improvement. They reported viewing school as a safe place in engaging in activities of playing and socializing. Children reported that while attending school they felt safe, comfortable, found joy and friendships. Reports from 7 year old said “I like this place so much because here I can play, have fun with my friend and I feel good and safer.

12-year-old from the camp said “I love my studies because I want to become a cop and save my country.

SN 7 a functional literacy assessment tool (FLAT) was used to enroll children in refugee camps into the child and youth learning centers (CYLC). Measurement tools were used to assess impact with respect to the educational, psychosocial and protection outcomes for children attending the CYLC. Educational attainment was measured using adapted functional literacy assessment tool. The strength and difficulties questionnaire (SDQ) measured psychological well-being in this study which includes behaviors, emotional and social adjustment for children attending the CYLC for age group 6-11 years and for youths 12-17 years.

The reports for children who participated in the CYLC for measure of psychological well-being indicated positive improvement over time and a reduction in difficulties, increase in prosocial behaviors and gained developmental assets for both age groups.

7.1.4 Access to Mental health services.
No selected articles provided results for access to health care services.

7.1.5 Community support
In article SN 2, community provided spaces for child friendly spaces, and adolescent friendly spaces. Community provided psychosocial support focal point workers who worded closely with children and caregivers in Rohingya refugee camps with specific need and difficulties in coping. Psychosocial focal point conducted community awareness session and detected children with severe distress symptoms and made safe and ethical referrals with local NGO’s which significantly contributed to the mental health of children.

In article SN 3 results indicated that war related traumatic events and community violence was associated with PSTD symptoms. However, social network within communities had significant positive relationship to prosocial behaviors.
Article SN 4 results indicate that community mosques improved on the subjective well-being of refugee children in Dheisheh refugee camps. It provided a space of spiritual resilience.

Community spaces of learning provided public spaces as a symbol of belonging to a collective sense of shared coherence and unity. Results showed that community space provide safe places for children to play and have fun contributing to the general mental well-being and freedom of movement and belonging and green areas to mobilize positive emotions.

Results also indicated that community spaces provided a place of engaging in healing process through collective narrative practices. Some responses from children through a collective conversation were;

“I like this place (cultural center) because we play inside it, instead of playing on the street. It is safer here, here I can meet my friends, and my family is ok with this place” 8 years old girl.

“This place is a beautiful place (cultural center). I love it because I learn here how to express my personality through the dabka. It gives me an opportunity to express myself before the world“ 13 years old.

In article SN 5 community and cultural support was investigated as a protective factor for child resilience. Results indicated that through child participation in cultural dances every Sunday afternoon, community schools, church camp programs for youths protected children from danger and any harm.


In this study out of the 4 main theme investigated 3 themes stood out as primary factors promoting the mental well-being of children in refugee camps; positive relationship which could be family support or friendship, education, access to mental health services and community support. These are fundamental or primary level of support for all children because of the ongoing active interactions children have with their proximal environment. Seven studies were included in the studies highlighting the significant role the above themes have on the mental or psychological wellbeing of children.

8.1 Reflections on Positive Relationships and Family Support of Refugee Children
Family and peers play very significant role in the life, process, and development of every child. They are the very foundation through which every child learns, grow and build grounds for other interactions and create new relations. Children depend on their parents or caregivers for protection, security, and safety. Children turn to feel more attached to their parents due to proximity which makes them always rely on their family for support.

Children in the face of a conflict sometimes witness the dead or brutal killing of a parent or siblings which is the primary cause of PTSD putting them at risked to mental health problems as their hopes and sense of security and safety has been taken away from them. Based on research finding there is a likely hood that children who are staying in refugee camps with their parents are more likely not suffer from mental health problems that children who are unaccompanied to the camps or are giving into foster care.

Parents mental health can also play a significant role in the mental health of children in refugee camps. The quality of child-parents relationship equally depends on the quality of parents well-being. Due to conflict situations parents sometimes suffer from trauma and affects their relationship with their children, their parenting styles and been able to fulfill their responsibilities towards their children. When parents are unable to provide, protect, and provide a nurturing and safe environment for their children it affects relationship between them. This why parents need more empowerment and support to manage their stress and equally protect the mental well-being of their children.

Peer relationships are vital to everyday child functioning. This relationship provides a safe space for mutual understanding, play, expression of feelings and grounds for building self-esteem, hope, and provides room for positive emotions and mental wellness. Children will be easily drawn to other children whom they feel they share similar experiences and interest and will stick around to each other. High quality of friendship for children in refugee camp helps them build resilience (Scharpf et al., 2021)

8.2 Education

Most often during violent conflicts schools are being affected. Sometimes they are burnt, shut-down over a very long period affecting the school activities of children. School is a place where children acquire knowledge, where they gain aspirations, build dreams, build their confidence, and form new relations. It is a key component of subjective well-being (Veronese et al., 2018). Refugee children have been reported to be five times more likely to be out of school when
compared to their non-refugee children, and children of refugees born in their host country often also face barriers in accessing education (Global Education Monitoring Report Team, 2016; Moinolnolki & Han, 2017) A disruption in the school life of children can have significant effect on their mental health and daily routines. From the results, children illustrated that school serve as a place of fun and met up with their friends and long-lasting positive attachments.

In most research (Borja Jr. et al., 2019b; Metzler et al., 2021; Veronese et al., 2018, 2020) on education in emergence in low and middle income countries children in humanitarian settings are provided with mostly informal and non formal education in open spaces or learning centers called child friendly spaces (CFS) or adolescent friendly spaces depending on the child’s age group. Providing formal education in refugee camps takes a lot of resources and time. These learning centers provide educational programs, numeracy, and literacy lessons to prepare children in these camps to return to their formal education. These centers are usually provided by local and international organization. Research shows children who participate in this learning programs have demonstrated improved prosocial behaviors, resilience and child agency (Metzler et al., 2021; Veronese et al., 2020). This learning activities have been implemented in most refugee camps in developing countries such as Ethiopia, Somalia, Bangladesh, Cameroon, Uganda, Tanzania etc.).

Therefore, more resources and sponsorship programs should be pull towards supporting the education of children in emergency or in humanitarian context giving the implication education in the overall function of children.

8.3 Community support and access to mental health services

Given the search strings of this study there were limited articles providing information about access to mental health services in refugee camps in low- and middle-income countries. This is because the aspect of mental health is a new and developing concept in LMiC. However, parents and community members play significant role in provided local spaces (Veronese et al., 2020)and resources to facilitated in build safer communities for all (Borja Jr. et al., 2019a). community members which include parents, spiritual leaders, and refugees with different backgrounds are trained by professionals to serve as community focal points, community psychosocial workers to help children and families, detect distress and other disorders that could affect their livelihoods.
Communities serve as an environment for building resilience social cohesion. When community’s unit and share similar interests, it becomes easy to uphold the culture of peace and provide a safe environment where everyone can thrive. When child live in environment free from community violence and bad practices it reassures them that they can trust their environment and they can find ways to cope and move away form their previous traumatic experiences.

Religious bodies like the church, the mosque have proven to be very instrumental in promoting mental and psychological well-being in children. Faith based institution have championed within the humanitarian certain to

8.4 Limitations of the study
This study was focused on identifying factors that promote the mental health of children in refugee camps in LMiC and this was limited to four main themes, positive relationships, education, access to mental health services, and community support. it did not consider other important aspects like nutrition, health services which are factors that can either affect or support one’s mental well-being.

It was difficult to find articles that could provide relevant information about promoting mental health for children in humanitarian settings in LMiC. Most articles were focus on parents, resettled refugee children, and refugee children in developed countries.

Another limitation was the lack of descriptive statistics and analysis for this study which made it difficult to measure impact of the studies on extensive levels.

8.4 Conclusion
Mental health is a very importance aspect of everyday life and functioning and children who have been displaced as a results of violence conflicts and their experiences in pre-migration and during migration into refugee camps in LMiC puts them on high risk of mental or psychological problems. That is why this study aimed at identifying and working on 4 primary themes that could be possible facilitators mental well-being for children in refugee camps.

Results indicated significant positive behaviours in children with then have strong positive relationship and networks with family and friends in refugee camps. There more efforts should be placed in providing accessible conditions for children to create and maintaining friendships.
Furthermore, effort should equally be placed in providing children with quality education empowering communities with the resources needed to enable children feel safe and secure in refugee camps.

Future research should focus on the impact of parental mental health on their parenting styles for children in refugee camps. Parents place significant role in supporting the emotional and physical well-being of their children however parents might not be able to meet up with this responsibility if they themselves are not mentally sound.
9. References


field report by Save the Children. *Intervention (15718883)*, *17*(2), 231–237. c8h.
https://doi.org/10.4103/INTV.1NTV_17_19


Epidemiology and Psychiatric Sciences, 25(2), 129–141.
https://doi.org/10.1017/S2045796016000044


Ivan, R. C (2011). happiness and Productivity at work


Organization for Economic Co-operation and Development (OECD) (2017), assessing the contribution of refugees to the development of their host communities.


Steinbock Daniel, L. “The refugee definition as law issues of interpretation”


## 10. Appendix A

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11. Appendix B

Quality Assessment

1. Was the purpose of the study stated clearly? (Y/N)
2. Was relevant background literature reviewed? (Y/N)
3. Was the study design appropriate for the study question? (Y/N)
4. Were the scope (population, geographical location) clearly defined (Y/N)
5. Were potential biases considered?
6. Were ethics procedures reported? (Y/N)
7. Was the sample size justified? (Y/N)
8. Was there a protocol followed? (Y/N)
9. Were the outcome measures reliable? (Y/N)
10. Were the outcome measures valid? (Y/N)
11. Was the analysis method appropriate? (Y/N)
12. Was the conclusion drawn based on the findings and discussions? (Y/N)

12. Appendix C: Data extraction protocol

Article information

- Author, Year, Title, Journal, Aim, Method, Rationale for study, Country/Region, Ethical considerations.

Participants

- The number of participants, Age.

Methodology

- What was the design of the study? (E.g., RCT, cohort, single case, before and after, case-control, cross-sectional, case study, etc.)
- Description of the study design
- Data collection method (e.g., parent survey, teacher survey, observation, etc.)
- Specify (potential) biases.

Promotive factors
• Methodology,
• Identified themes and measures.
• How was it implemented?
• How was it reported?

Outcomes

• Results
• Psychological impact /mental health impact
• Emotional/ social impact

Conclusion

Limitations of the study