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Refugee Mental Health: A New Indicator For States to Achieve the Sustainable Development Goals

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Acronymes

APA: American Psychiatric Association

CBSA: Canada Border Services Agency

CSD: Commission on Sustainable Development

DSM: Diagnostic and Statistical Manual of Mental Disorders

EMM2.0: The Essentials of Migration Management

GAD: Generalized Anxiety Disorder

GCM: The UN Global Compact for Safe, Orderly, and Regular Migration (GCM),

GEHM: The Global Evidence Review on Health and Migration

HRW: Human Rights Watch

HTQ: Harvard Trauma Questionnaire

IAEG-SDGs: Inter-Agency and Expert Group on the SDG Indicators

IOM: International Organization for Migration

KPIs: Key Performance Indicators

MDGs: Millennium Development Goals

MHE: Mental Health Europe

MOI: Means of Implementation and the Global Partnership for Achieving Sustainable Development

NCDs: Non-communicable diseases

NGO: Non-profit organization

ODA: Official development aid

OWG: Open Working Group

PTSD: Post traumatic stress disorder

RHS-15: Refugee Health Screen-15

SDGs: Sustainable Development Goals

TEHA: The European House - Ambrosetti

UASC: Unaccompanied or separated children

UN: United Nations

UN DESA: United Nations Department of Economic and Social Affairs

UNDG: United Nations Development Group

UNDP: United Nations Development Programme

UNEP United Nations Environmental Programme

UNFCCC: United Nations Framework Convention on Climate Change

UNHCR: United Nations High Commissioner for Refugees

UNRWA: United Nations Relief and Works Agency

WFMH: World Federation for Mental Health

WHO: The World Health Organization

WPR: The World Population Review

Introduction

Mental health is a universal human right. October 10th, 2023 marks 31 years of World Mental Health Day. First created on October 10, 1992, by the World Federation for Mental Health (WFMH), their goal is to create global best practices for recovery-focused therapies, mental disorder prevention, advocacy, and mental health awareness. Every year there is a theme for the day with associated key messages. The theme for 2023 is “Mental Health is a Universal Human Right.” This statement is something I have stood wholeheartedly behind and was exposed to in-depth during an internship with an Italian non-profit organization (NGO) called Nove Onlus. Nove Onlus is a non-profit association founded by development cooperation experts in 2012. Based in Rome, Nove Onlus works specifically with refugees from Afghanistan, having a partner office in Kabul. From their website, Nove deals with socio-economic, sustainable, and generative development. To this end, it carries out professional training projects, stimulates and initiates employment opportunities, and supports micro-entrepreneurship and basic education. Nove Onlus is committed to humanitarian emergencies and works mainly with women, children, and disabled people. In 2021, during the Taliban takeover, Nove Onlus helped facilitate the evacuation of hundreds of people.

The duties of my internship fell under administrative support for a brand new project Nove Onlus runs. “Safe Space: Safe Spaces for Afghan Refugees” promotes the inclusion of people in poverty, migrants, and refugees. Under the guidance of a skilled Afghan facilitator, the participatong refugees can freely express their wants and feelings on this reliable and secure forum. By using a non-clinical approach, Safe Spaces helped 32 Afghan refugees integrate socially into their host communities, which in turn improved their mental health. Using group healing methods, the activity, which ran from April to August 2022, offered a secure environment for introspection and self-reflection and enhanced participants' well-being by encouraging self-care (Nove Onlus, 2023). By the end of my internship and doing final reports we understood that Safe Space could not substitute therapeutic sessions a licensed professional can provide, however, it served as a bridge for the refugees involved to understand the trauma they had experienced before and after their migration journey from the Taliban takeover, and

that they can be provided necessary treatment as it is their human right. The research for this thesis was motivated by this internship experience, and I hope to see the continued efforts of Nove Onlus flourish in the fight against the refugee mental health crisis.

This thesis takes a broad approach to investigating the relationship between global sustainable development, mental health among refugees, and the role played by nations in resolving this intricate problem. In the context of the Sustainable Development Goals (SDGs), this study aims to clarify the crucial role that refugee mental health should play in gauging states' adherence to these global objectives. This study aims to highlight this intersection and promote the inclusion of refugee mental health as an official SDG framework indicator, while also bringing attention to the urgent mental health needs of refugees.

In the pages that follow, we will take a critical look at the mental health challenges refugees face, exploring the prevalence of mental health conditions during pre and post-migration along with a discussion on countries' limiting policies that hinder access to adequate mental health care. Next, we will examine the creation and background of the SDGs, emphasizing how they relate to the mental health of refugees within the context of particular goals like Goal 3: Good Health and Well-Being, Goal 10: Reduced Inequalities, and Goal 17: Partnerships For The Goals. Additionally, this thesis will examine data from official sources such as the United Nations High Commissioner for Refugees (UNHCR), and The World Health Organization (WHO) to study statistics on mental health among refugees and other global health programs. The results of this data analysis will highlight time lags, data gaps, and the need for new ideas and enhanced statistical power to track SDG accomplishment. In the end, it will serve as the foundation for a proposal to establish a new indicator under the SDGs, aiming to guarantee a more inclusive and holistic approach to sustainable development, embracing the mental health of the most vulnerable people on the planet.

In essence, this research serves as an urgent call to action. Not only is the mental health of refugees a humanitarian issue, but it also serves as an indication of how committed governments are to accomplishing the global goal of sustainable development. Inadequate government support for mental health initiatives and States' failure to collaborate in addressing the refugee mental health crisis result in immeasurable losses in human potential and unnecessary suffering. It is imperative to address this issue

comprehensively and holistically within the SDGs framework, recognizing that the well-being of refugees is an integral part of our collective commitment to a better, more equitable world.

Background and Context

With the unprecedented global refugee crisis and the increasing recognition of mental health as a critical aspect of well-being, states must begin to commit more efforts to addressing this crisis. This section will cover three aspects of important background information: the overview of the global refugee crisis and its impact, the mental health challenges faced by refugees and the significance of mental health in refugee populations, and lastly an overview of the Sustainable Development Goals (SDGs) and the role of the SDGs in addressing global issues, including mental health.
To start with the overview of the refugee crisis, according to the UNHCR 1951 Convention Relating to the Status of Refugees, a refugee is "someone who is 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, membership of a particular social group, or political opinion," (UNHCR, 1951). Asylum seekers have yet to be granted refugee status or are waiting to be given this status. Generally speaking, these individuals will fall under the scope of this research as well as internally displaced persons, but for technicalities, the term refugee will be used. The convention also specified the legal duties of governments to safeguard displaced people as well as their rights. Since then, 145 governments have ratified it, requiring them to abide by its refugee treatment regulations. Since the 1967 Protocol was established, refugees from all over the world are now protected by this instrument, which was initially only applicable to those escaping persecution in Europe. The UNHCR continues to protect and assist displaced individuals worldwide as it oversees today's global refugee efforts. Since the Russian invasion of Ukraine in February 2021 and the Taliban takeover of Afghanistan in August 2020, there has been an upsurge in the number of refugees worldwide. As early as April 2022, the United Nations (UN) referred to the Ukrainian refugee crisis as "the fastest and largest displacement of people in Europe since World War II" (United Nations, 2022). As of June 2023, an estimated 36 million refugees are

registered under the UNHCR (UNHCR, 2023). 5.9 million refugees come from Ukraine, 6.1 million refugees come from Afghanistan, and 6.5 million come from Syria. Previously the world had seen an upsurge of refugees due to the conflicts in Syria in 2014, making a total of 21 million refugees (UNHCR, 2023). The World Population Review (WPR) presents the top 10 countries hosting the highest number of international refugees from mid-2021 data, listed below:

1. Turkey - 3,696,831
2. Jordan - 3,027,729
3. Uganda - 1,475,311
4. Pakistan - 1,438,523
5. Lebanon - 1,338,197
6. Germany - 1,235,160
7. Sudan - 1,068,339
8. Bangladesh - 889,775
9. Iran - 800,025
10. Ethiopia - 782,896 (World Population Review, 2021).

From this list, we can see that it is more common for refugees to flee some of the world's least-developed countries and relocate to neighboring countries with fewer resources and less ability to provide aid. The WPR notes that "Uganda and Sudan are two of the leading refugee host nations in the world, but also two of the UN's least-developed countries according to the Human Development Index (HDI). Sudan is also one of the world's leading generators of refugees. Wealthier, developed states typically have greater capacity to aid, accept, and incorporate refugees, but often also display less motivation to do so" (World Population Review, 2023). This is demonstrated by the WPR's top 10 origin countries of international refugees also from mid-2021 data, listen below:

1. Syria - 6,761,560
2. Venezuela - 3,944,279
3. Palestine* - 3,372,780
4. Afghanistan - 2,610,067
5. South Sudan - 2,277,919
6. Myanmar - 1,127,588

7. Democratic Republic of Congo - 864,510
8. Sudan - 805,874
9. Somalia - 790,022
10. Central African Republic - 713,262

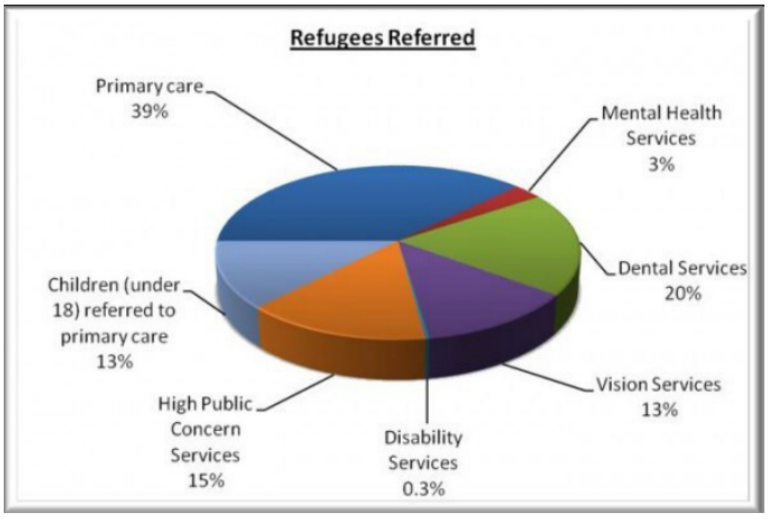
*Palestine is not a fully recognized member of the United Nations and is excluded from some totals (World Population Review, 2021). Palestinian refugees are registered by the United Nations Relief and Works Agency (UNRWA). Once again due to the conflicts in Ukraine and Afghanistan, the list above would change to the top 3 countries becoming Syria, Ukraine, and Afganistan respectively.

There are many different causes of refugee migration, according to the World Health Organization (WHO), the most common include "armed conflict, violence, human rights violations, natural and human-generated disasters, and, increasingly, the consequences of climate change," (WHO, 2023). We see the causes of armed conflict and war highlighted in countries like Syria, South Sudan, Afghanistan, Myanmar, Syria, and Ukraine. Climate change and drought leading to other issues like food insecurity are seen in the Democratic Republic of the Congo. Many nations deal with more than one problem at a time. For example, Somalia and Sudan experience both civil unrest and drought, while Afghanistan faces armed conflict, droughts, and natural disasters (World Population Review, 2023). Concern Worldwide is an international humanitarian organization based in Ireland that acts in emergency response and program development worldwide to address issues like poverty and oppression. Concern Worldwide notes the impact of the refugee crisis is a capacity issue. It is not the fault of the refugees that they must flee their homes nor the actual decision to do so. Concern Worldwide states, "In fact, the biggest problem of the refugee crisis is usually the needs of refugees themselves. Providing the bare necessities to nearly 30 million refugees and ensuring the protection of their rights is, to say the least, a challenge. Further complicating this is that many refugees are hosted in countries that are also prone to conflict, violence, and insecurity, making supplies and support that much harder to get to the right people," (Concern Worldwide, 2022). This reiterates one of the main challenges of the research question this thesis will discuss, which is that governments need to provide more access to services for refugees, specifically mental health resources and treatments. We will

now discuss what are the specific mental health challenges refugees face and their significance within the refugee population.

Many refugees go through dangerous and demoralizing journeys to their host countries. These journeys' outcomes include mental health challenges like anxiety, depression, and post-traumatic stress disorder (PTSD). These will be the three specific mental health disorders refugees experience that will be examined in this research. Other challenges include the lack of mental health services provided or the general accessibility of these services. It is important to note that this is a non-clinical analysis and examination of these disorders. Chapter 1 will provide the medical definition of these disorders and how they are applied within the refugee community. However, we can start with information from a factsheet created by the American Psychiatric Association (APA) titled "Mental Health Facts on Refugees, Asylum-seekers, & Survivors of Forced Displacement." This factsheet refers to data collected from refugee populations within the United States of America, "about one out of three asylum seekers and refugees experience high rates of depression, anxiety, and post-traumatic stress disorders (PTSD). However, systematic reviews show that prevalence estimates of mental health disorders for this population vary widely from 20% to 80% specifically. 4 to 40% for anxiety, 5 to 44% for depression, 9 to 36% in PTSD." (APA, 2018). This factsheet also briefly begins the conversation of the barriers refugees face in receiving mental health care, shown in Figure 1 below we will see only 3% of refugees in the United States are referred to mental health care.

Figure 1



(APA, 2018)

The factsheet furthers this comment with, “Common structural barriers to care are lack of education about the mental health system and resources, health insurance issues, transportation, language proficiency, or provider refusal to see refugees. Refugees may have barriers to seeking care, but health systems may also have barriers to referring people for services, as only about 3% of refugees are referred to mental health services following screening,” (APA, 2018). In summary, from the refugee's point of view, obstacles include the possibility of insufficient awareness of mental healthcare available, which could make it difficult for them to successfully navigate and obtain mental healthcare. Refugees seeking mental health care may face major obstacles due to limited or nonexistent health insurance coverage. Having trouble finding dependable transportation can make it difficult for refugees to get to appointments, particularly if mental health providers are far from where they live. Insufficient language skills in the destination country can impede efficient communication between refugees and medical professionals, creating obstacles for refugees to disclose mental health issues and for medical professionals to provide culturally sensitive care. The difficulties in mental health care might be worsened by healthcare providers refusing to see refugees due to discrimination and bias. And then from the perspective of the healthcare systems, underestimation of mental health concerns may result from inadequate training provided to healthcare providers in cultural sensitivity and trauma-informed care. It's possible that screening procedures aren't thorough enough to detect the wide spectrum of mental health issues that refugees face. Resources that health systems may not have enough of include translators, mental health specialists, and culturally appropriate materials. These restrictions may make offering sufficient mental health exams and referrals more difficult. All of this will be further examined in Chapter 1.

Three different aspects of a refugee's journey contribute to them experiencing the mental health challenges stated above, simply put, there are pre-migration, migration, and post-migration. Classified under the WHO, pre-migration challenges faced by refugees include the lack of livelihoods, development, and education opportunities, as well as exposure to armed conflict, violence, poverty, or persecution, (WHO, 2021). One article written in 2021 by authors Kelso Cratsley, Mohamad Adam Brooks, and Tim K. Mackey titled “Refugee Mental Health, Global Health Policy, and the Syrian

Crisis" for the Frontiers in Public Health review provides more context of what is involved during the pre-migration stage. The authors cite, "The premigration—or pre-departure—phase typically involves a range of social and economic hardships, such as lost educational and occupational opportunities, as well as varying degrees of traumatic experience, including violence and torture," (Cratsley et al., 2021). In this stage, the actual decision is made to leave one's home country. At this point, the individuals are not yet at refugee status but for the terminology, "refugee" will be used throughout. The pre-departure stage is also where the grounds for mental health conditions come into play, "the data available on pre-migration tend to come from research on the long-term effects of trauma. For example, meta-analyses have found that the experience of torture and other forms of severe trauma, especially cumulative exposure, is predictive of higher rates of PTSD and depression in refugees," (Cratsley et al., 2021). The mere exposure to violence for many refugees creates the roots for mental health conditions like depression and PTSD. Other factors include the complicated decision to leave one's home. It is not an easy decision to make to uproot all you know even in dangerous times. This can lead to more psychosocial aspects of mental health problems.

The next stage is the migration stage. A refugee has decided to leave their home and is now in transit to a host destination. The WHO lists this as, "the exposure to challenging and life-threatening conditions including violence and detention and lack of access to services to cover their basic needs," (WHO, 2021). This is the most physically dangerous stage of migration for refugees. This is further explained in the above-mentioned article that, "the migration phase encompasses the period of active travel, when individuals are between their place of origin and another location. This period of migration brings additional challenges, such as general fear and uncertainty as well as the harsh, often dangerous conditions of cross-border travel," (Cratsley et al., 2021). The world has seen too many reports about refugees who do not make it to their destinations during the migration stage. In 2023 alone, the International Organization for Migration (IOM) reported that between January and March, over 400 migrants lost their lives trying to cross the Central Mediterranean, making it the deadliest first quarter on record since 2017, (IOM, 2023). This is also seen on land at the border of the United States of America and Mexico. The IOM also reported in 2023 that this is the world's

deadliest land route for migrants, accounting for at least 686 deaths and disappearances in the previous year, (IOM, 2023). This is an undeniable tragic reality many refugees face and those who reach their host destination continue to deal with the effects of the migration stage manifested into anxiety, depression, and/or PTSD.

The final stage is post-migration. The WHO includes in this stage, “barriers to accessing health care and other services to meet their basic needs as well as poor living conditions, separation from family members and support networks, possible uncertainty regarding work permits and legal status (asylum application), and in some cases immigration detention,” (WHO, 2021). Included in the post-migration stage is resettlement and integration which the WHO extends as, “poor living or working conditions, unemployment, assimilation difficulties, challenges to cultural, religious, and gender identities, challenges with obtaining entitlements, changing policies in host countries, racism, and exclusion, the tension between host population and migrants and refugees, social isolation and possible deportation,” (WHO, 2021). In the post-migration stage, there are many more social stressors that refugees face that cause more anxiety and depression. From the Frontiers article, these social stressors include, “financial hardship and socio-economic status, unstable housing, social isolation and loneliness, bigotry and discrimination, residency status, length of the asylum process, and cultural and linguistic barriers to integration,” (Cratsley et al., 2021). It is important to understand that the entire process a refugee faces will be complex, demanding, and traumatizing at all stages of migration. The significance of refugee mental health is highlighted in the medical article titled “The Mental Health Crisis in Refugee Populations,” written by Jihane Naous, MD for the Society of Teachers of Family Medicine. Doctor Naous states, “Nondiagnosed or nontreated mental health disorders in a considerable number of refugees is likely to increase the pressure on mental health services, have significant implications on the mental health of the refugees’ children, and might have negative consequences on the well-being of the host country,” (Naous, 2023). An added struggle that refugees will face in the post-migration phase is the general lack of mental health services provided at their destination country. This issue includes the lack of actual doctors who can treat or provide therapy to refugees, a lack of training for trauma-informed care, and a lack of policy to have mental health as part of what refugees receive once they arrive in their host countries. This will be further

discussed in chapters 2 and 3 to analyze the problem as well as provide recommendations and solutions.

This thesis seeks to provide an analysis of the refugee mental health crisis under the lens of the SDGs and the State's commitment to adhering to the SDGs. The final part of the background information is understanding what the framework of the SDGs is and how it addresses global issues, specifically mental health. An in-depth historical analysis of the creation of the SDGs will be provided in Chapter 2. To start, the United Nations held several sessions before the year 2000 to discuss a wide range of economic and environmental issues as well as the general sustainability of the world's ecosystem. By the year 2000, the United Nations had looked back and thoroughly reviewed its earlier efforts, realizing how important it was to have a clear plan in place to promote sustainability on a worldwide level, (United Nations, 2015). The Millennium Development Goals (MDGs) were developed at this point. These goals were set to be achieved by 2015, and the eight goals proved to have set concrete standards for the implementation of core values worldwide, and act as the focus for all United Nations initiatives during that time.

The eight MDGs included ending extreme poverty and hunger, achieving universal primary education, advancing gender equality and women's empowerment, lowering child mortality rates, improving maternal health, battling HIV/AIDS, malaria, and other infectious diseases, ensuring environmental sustainability, and fostering international development partnerships. However, by 2015, a review of the past indicated that the MDGs had not been fully achieved, which meant the global development agenda needed to be extended, reexamined, and updated, (United Nations, 2015). As a result, the 17 SDGs were introduced, many of which embodied the goals and values of their MDG predecessors. According to the United Nations Development Programme (UNDP), "the 17 goals are integrated—they recognize that action in one area will affect outcomes in others, and that development must balance social, economic and environmental sustainability," (UNDP, 2015). The integration and interconnectedness of the SDGs will prove important for this thesis as we will examine only three of the goals. The three goals that directly deal with mental health, refugees, and government partnership, Goal 3: Good Health and Well-Being, Goal 10: Reduced Inequalities, and Goal 17: Partnerships for the Goals.

The creation of the 17 goals included the development of the targets and indicators that are measured and monitored for the achievement of these goals. The process by which an indicator is developed is an important aspect of this research as the goal will be to introduce refugee mental health as a potential new indicator under the SDG framework. This process and proposal will be discussed in Chapter 3. Regarding the role of the SDGs in addressing global issues, and specifically the refugee mental health crisis, they provide a foundation for states to follow. At each level of the SDGs, the goal, target, and indicators, there is a natural direction to follow. The UNDP sums up the role of the SDGs as, “a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity,” (UNDP, 2015). As mentioned before the goals are all intertwined and can be addressed altogether. For the mental health crisis among refugees, the SDGs also seek to provide grounds for eradicating some of the root causes and other contributing factors of this crisis. This thesis seeks to highlight these actions and findings and take them further for another call to action. The next sections of this introduction will go over the research question and objectives of this thesis and provide the structure moving forward.

Research Question and Objectives

To better understand the intricate connection between refugee mental health, the Sustainable Development Goals, and the role of states in addressing this issue, this thesis will explore valuable perspectives and informed recommendations to the ongoing discourse surrounding refugee mental health within the context of global sustainable development efforts. The primary research question that directs this investigation is:

"How can the mental health of refugees be effectively measured and integrated as a new indicator for states to progress towards achieving the Sustainable Development Goals?"

The overarching objectives of this research are as follows:

- To provide an in-depth understanding of the mental health challenges faced by refugees, both before and after migration, and the impact of these challenges on individual well-being.

- To explore the grounds for integrating mental health as a new indicator within the Sustainable Development Goals framework, with a particular focus on goals related to health, well-being, and reduced inequalities.
- To investigate the existing challenges and opportunities in measuring and monitoring refugee mental health, particularly within the context of sustainable development.

Rationale and Significance

In addition to being a humanitarian issue, the mental health of refugees is an important indicator of how committed a state is to fulfilling the global goals for sustainable development. In addition to being a matter of compassion, supporting the mental health of refugees is essential to advancing social justice, economic development, and resilient communities.

A wide range of stakeholders, including advocates, international organizations, scholars, policymakers, and healthcare professionals, will find value in this thesis. By shedding light on the relationship between refugee mental health and sustainable development, it hopes to provide information that will help with resource allocation, policy decisions, and focused treatments. The implications of this research extend to the broader sustainable development agenda, as the mental health of refugees is inextricably linked to the well-being and prosperity of societies at large.

Methodology

This research will employ a qualitative approach to investigate the integration of the mental health of refugees as an indicator for states to progress toward achieving the Sustainable Development Goals (SDGs). Data for this study will be primarily derived from existing sources, such as reports, policy documents, academic literature, and related documents. The United Nations and other partner organizations such as The UNDP, the WHO, and the UNHCR provide many of the reports and documents that are used in this research approach. Document analysis will be the main method for data collection, involving a comprehensive review of these sources. Thematic analysis will

then be utilized to identify recurring themes, patterns, and narratives present within the collected documents. The qualitative data, extracted from the existing sources, will be subject to thorough analysis, allowing for the synthesis of insights related to the integration of mental health into the SDGs and the associated challenges and opportunities. Ethical considerations regarding data usage and citation will be upheld throughout this analysis. This methodology focuses on synthesizing and interpreting data from pre-existing sources to provide a holistic understanding of the research question without direct primary data collection.

The remainder of this thesis is organized as follows:

- Chapter 1 provides a comprehensive review on the mental health challenges faced by refugees from pre-migration to post-migration. This includes focusing on three mental health disorders: anxiety, depression, and PTSD as well as the strengths and weaknesses of the accessibility of mental health services provided.
- Chapter 2 provides a historical analysis of the creation of the SDGs from sustainable development to sustainable development goals. While going over the overall framework of the SDGs and how mental health is integrated into the goals.
- Chapter 3 examines how an indicator is created and measured under the SDG framework. Then applying this process under refugee mental health, focusing on measurement and monitoring efforts. Finally, propose a new indicator under the SDG framework
- The conclusion offers a summary of key findings, implications, and future directions in the field of refugee mental health and sustainable development.

In conclusion, the well-being of refugees is not just a moral requirement but also a standard for states' commitment to sustainable development, as this thesis sets out. This project aims to give the insights and knowledge necessary to promote inclusive, equitable, and resilient societies for both host communities and refugees by methodically examining the relationship between refugee mental health and the Sustainable Development Goals.

Chapter I - Refugee Mental Health Challenges

The IOM Council published a briefing titled “Advancing the unfinished agenda of migrant health for the benefit of all” at the 106th Session on November 22, 2015. This states that “with more than one billion migrants across the globe, in a world that is increasingly interconnected – yet still characterized by profound disparities – the link between migration, human mobility, and health is an evolving domain of critical importance, bridging aspects of public health and health security, human rights and equity, and human and societal development,” (IOM, 2015). Because migration patterns are dynamic, public health initiatives must be flexible enough to address the many health requirements of migrants, including mental and physical health needs. The relationship between migration and health is made even more significant by human rights and equity. Migrants or refugees frequently encounter particular difficulties, such as discrimination, difficulties getting access to healthcare, and infringement of their fundamental human rights. In addition to being a matter of ethical duty, acknowledging and resolving these issues is crucial to promoting social justice and fair health outcomes globally.

This chapter will provide a further analysis of the current refugee mental health crisis. This chapter is set up in three sections: Migration Health, Mental Health Disorders, and Access to Mental Health Services. The first section will examine each stage of migration. In the pre-departure stage, the driving factors that contribute to the decision to leave one’s home country, whether through regular or irregular means of migration will be seen through macro and micro-level drivers. The migration stage will depend on the travel conditions and modes of travel refugees experience. The post-migration stage will show more socioeconomic factors that contribute to their health.The impact that each of these stages has on mental health will be examined before going into section two. After seeing the general impact we can discuss the health outcomes from each stage. The second section will give an in-depth analysis of specific mental illnesses prevalent among refugees, including depression, anxiety, post-traumatic stress disorder (PTSD), and their clinical manifestations. As well as explore more of the underlying causes and risk factors associated with these disorders within the refugee population. The final section will explore the barriers that refugees face in accessing mental health

services in host countries, including cultural, linguistic, and structural barriers. And a discussion of limiting policies and their impact on mental health care provisions, including budget constraints and legal restrictions. At the heart of this issue is the recognition that the migration journey refugees face is not merely a consequence of individual choices but often a reflection of systemic failures, global inequalities, and the absence of viable alternatives. Understanding migration as a social determinant of health necessitates a comprehensive approach that addresses the root causes of migration, acknowledges the systemic barriers that refugees face, and advocates for policies that prioritize the health and well-being of this vulnerable population.

1.1 Migration health during migration stages

Refugees face perilous conditions at all stages of migration. It is also important to note that there are different definitions of migration, namely regular and irregular migration. The IOM created a handbook titled The Essentials of Migration Management (EMM2.0) in 2022 to highlight resources and information for governments and stakeholders on migration management. This handbook describes each of the migration stages and provides definitions and context for other aspects of this discussion. First, let's define regular and irregular migration according to the Handbook. The IOM defines safe, orderly, and regular migration as the "Movement of persons in keeping both with the laws and regulations governing exit from, entry and return to and stay in States and with States' international law obligations, in a manner in which the human dignity and well-being of migrants are upheld, their rights are respected, protected and fulfilled and the risks associated with the movement of people are acknowledged and mitigated," (Internation Organization for Migration, 2022). This process is usually encouraged for all types of migrants and refugees. This process can take months or even years to facilitate and is usually grouped within the pre-departure phase. It is stated in this handbook regarding the pre-departure phase that, "even before international migration takes place, those intending to emigrate need to make plans and obtain documents and access other resources needed to migrate. In other cases, particularly in the context of displacement, the pre-departure phase is compressed by events outside of the emigrants' control," (IOM, 2022). Parts of this definition can be seen in the request

for proper visas or work permits and the cost to convert or obtain those. Seeking education opportunities following procedures to enroll in institutions and following migration policies of States. Access to healthcare, vaccinations, and necessary medications is a crucial aspect of pre-departure preparations, as refugees may encounter health risks and challenges during their journey. These will be important in the impacts migration has on refugees in the scope of this research.

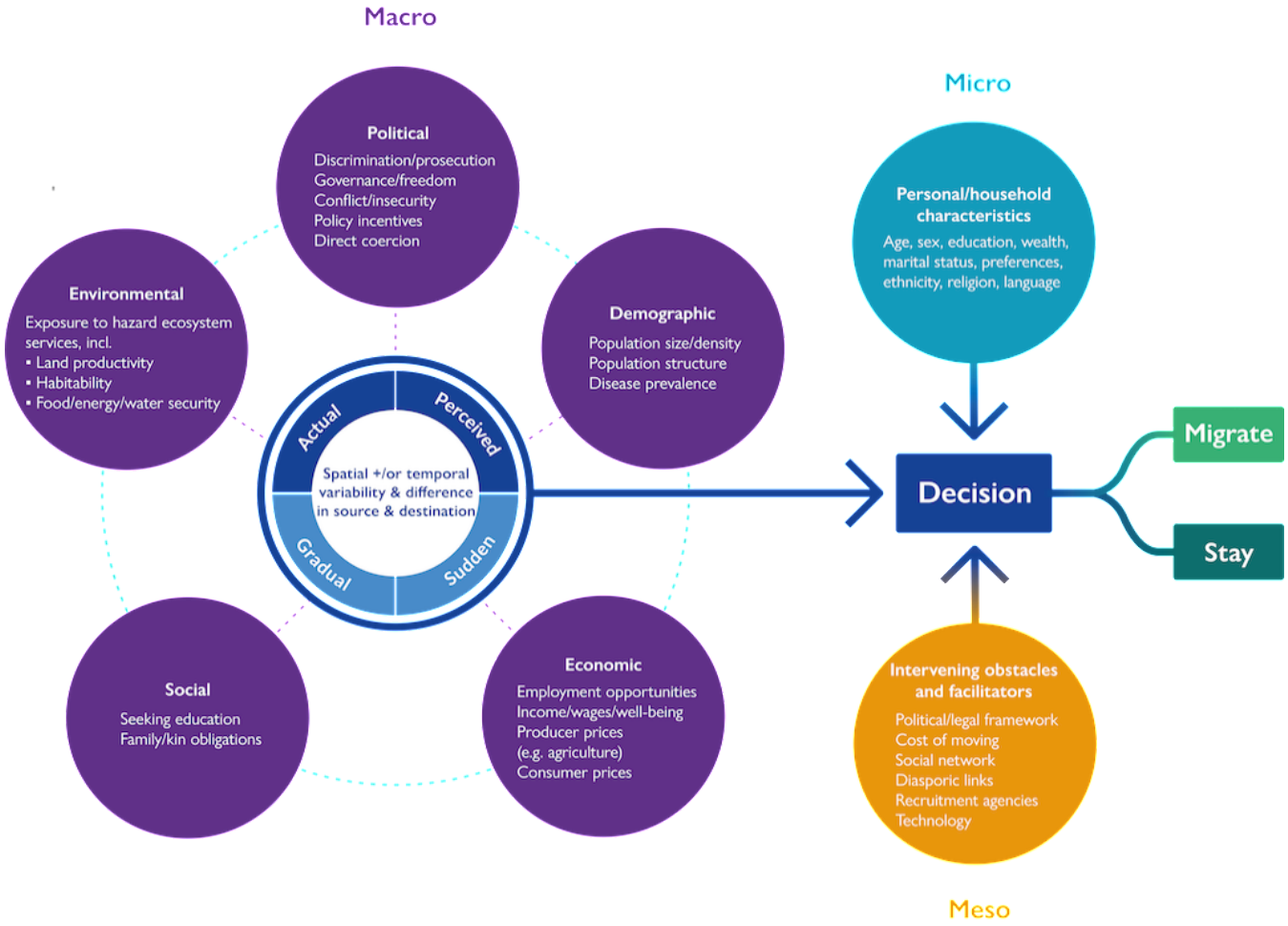
Irregular migration is defined as, the “movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit or destination,” (IOM, 2022). The possibility of irregular migration "does not absolve States from the obligation to protect their rights," as stated in a note found in IOM's Key Terms on Migration (IOM, 2019). Similarly, certain groups of migrants such as refugees, are described in the paper as using irregular routes but still needing protection. It can occasionally be challenging to discern between these two types of migration. Some cross borders in a wholly irregular manner, without being monitored by immigration or government officials, and sometimes even with forged documents. Some individuals travel with valid passports and visas, but once they're within the country, they purposefully or unintentionally overstay their visa and/or remain, work, or engage in other activities without permission. We will see these factors contribute to the mental health challenges refugees face in their migration journey. In this thesis, irregular migration will be seen as the main type of migration refugees face. This type of migration we will see is the common denominator in the causes and experiences refugees endure that lead to mental health challenges.

1.1.1 The pre-migration stage

There are many different determinants that lead to the decision to leave one’s country of origin. Push and pull factors are a simple way to discuss the decision-making process. The European Commission defines push and pull factors as, “factors which initiate and influence the decision to migrate, either by attracting them to another country (pull factors) or by impelling or stimulating emigration (push factors),” (European Commission, 2023). Examples of push factors for refugees include war, armed conflict, unstable political environments, famine, and drought. Examples of pull factors include

political stability, natural resources, economic, educational, and job opportunities. A mix of push and pull factors will influence the migration journey. In the handbook EMM2.0, IOM provides a chart explaining some of the drivers or push and pull factors in the process of migration shown below in Figure 2:

Figure 2



(International Organization for Migration, 2022)

From this figure, the IOM handbook for migration highlights the contributing factors that refugees experience that cause them to have to migrate. At the macro level, there are political, demographic, economic, social, and environmental factors. The handbook quotes that, "these provide the broad context in which people move from one location to another," (IOM, 2022). We will not go in-depth on each of the drivers as we want to focus mainly on the drivers that contribute the most to refugee mental health. These drivers are political, economic, and environmental. Not all of these contexts are necessarily traumatic but contribute to the overall well-being of a refugee and can

impact this to various degrees. The International Migration Institute funded working papers for Drivers of Migration. Paper 163 Drivers of Migration: A Synthesis of Knowledge written by Mathias Czaika and Constantin Reinprecht provides data on examples of each of these macro-level drivers which will be examined along with Figure 2.

The first macro-level driver is political. Figure 2 lists discrimination/prosecution, governance/freedom, conflict/insecurity, policy incentives, and direct coercion as specific inquiries of political drivers of migration. Researchers also categorize this as a human-made crisis as listed by Czaika and Reinprecht, "safety and security concerns might initially decrease migration, as it is unsafe to prepare for migration and individuals might anticipate and hope for an improved security situation, but might increase migration propensity once insecurity or violence levels exceed a certain, personally bearable threshold. This is in line with studies that find that insecurity is not a driver of migration desires per se but individuals migrate due to the experience of direct violence," (Czaika & Reinprecht, 2020). For many refugees still in the pre-migration stage, political factors are usually going to be the main driving force.

The second driver is economic which includes employment opportunities, income/wages/well-being, and producer and consumer prices. Czaika and Reinprecht discuss this idea in terms of rural and urban living by saying, "Historically, economic downturns in rural areas have led to internal migration to urban areas while national economic downturns have resulted in international migration from Europe to the United States," (Czaika & Reinprecht, 2020). In times of conflict, it is more difficult for people to go about their daily lives as it is possible that the new lifestyle under this conflict affects one's ability to work. Refugees who are seeking to leave or are forced to leave seek out better work opportunities. However, the handbook states, "It should be noted that the poorest of the poor seldom have the resources needed to migrate internationally; poor people from the least developed countries are more likely to move internally or to neighboring countries that provide better economic opportunities, if at all," (IOM, 2022). The economic driver can be seen in both a positive and negative light.

The third driver is environmental which includes, exposure to hazardous ecosystem services, land productivity, habitability, and food, energy, and water security. The handbook goes on to explain that, "Environmental changes, particularly in the context

of climate change, can have profound consequences on land, people, and migration," (IOM, 2022). Recently the world has seen a rise in the number of climate refugees and climate change's long-term effects are closer now than ever. The Handbook provides four main ways that environmental factors in general and climate change in particular influence patterns of migration:

- "Recurrent and persistent droughts that undermine livelihoods, especially in rural communities that rely on rain-fed agriculture. These combine with desertification, land degradation, and habitat/ecosystem loss that also affect livelihoods.
- Rising sea levels and coastal erosion that over time make vast areas of land uninhabitable or undermine livelihoods such as agriculture.
- Acute disasters linked to natural hazards (only some of which are climate-related) that appear more frequently and more intensely, such as earthquakes, floods, fires, tornadoes, tsunamis, and cyclones.
- Conflicts over scarce resources, most of which are within countries and can lead to political instability; communal, ethnic, and religious divisions; and mass displacement of people," (IOM, 2022).

Czaika and Reinprecht further these pathways of migration by mentioning, "Studies rather emphasize the indirect effect of climate change on migration through its impact on economic factors, such as incomes, livelihood opportunities, and food security," (Czaika & Reinprecht, 2020). This shows us that not just one driver is the sole reason a refugee may have to migrate. So many determinants will be intertwined with one another as will the health outcomes from the pre-migration stage. For example, political instability can increase economic hardships, while environmental degradation can lead to resource conflicts and political instability. Additionally, the decision to migrate is deeply personal and can be influenced by a combination of these factors, family considerations, and individual aspirations.

We can examine the case of refugees in Afghanistan to show how these drivers manifest. The UNHCR provides an overview of the Afgan refugee crisis and its migration factors. Each of the three drivers discussed is greatly interconnected in the case of Afghanistan. The UNHCR states, "Afghans have suffered more than 40 years of conflict, natural disasters, chronic poverty, food insecurity, COVID-19 pandemic and

most recently a changeover in government authorities," (UNHCR, 2023). The instability and violence in Afghanistan worsened because of the circumstances leading up to the Taliban's occupation of Kabul in August 2021. On top of this as Afghanistan moves into its third year of drought-like conditions and its second year of economic downturn, 80% of households there have seen a decrease in income and periodic natural disasters including earthquakes and droughts. (UNHCR, 2023). Today Afghanistan is one of the top three origin countries for refugees. The pre-departure stage of migration, whether driven by political, economic, or environmental factors, is influenced by a complex interplay of circumstances and motivations.

To summarize, the pre-departure stage of refugee migration is a critical phase in the complex journey that refugees undertake when forced to flee their home countries due to persecution, conflict, or other life-threatening circumstances. This stage involves several key aspects and considerations that also lay out the groundwork for the impact on mental health. The pre-departure stage often begins with the difficult decision to leave one's home. The IOM Council furthers this from their briefing, "The forces of globalization, despair, aspirations, and other powerful drivers continue to act as push and pull factors that keep people on the move, even when individual vulnerability and the health costs of migration are shockingly high, and health and social systems remain unprepared to respond to emerging needs," (IOM, 2015). Refugees face many types of challenges and threats, such as violence, persecution, or lack of basic necessities, along with other push and pull factors like environmental disasters or economic opportunities that compel them to leave their homes in search of safety. Ensuring the safety of refugees during this phase is crucial. Many face significant risks, such as human trafficking, exploitation, or violence, as they prepare to depart. Vulnerable groups, including women, children, and the elderly, are especially at risk.

Some refugees may obtain valid travel documents like passports and visas to leave their home country. In contrast, others may resort to using forged or irregular documents due to the urgency of their situation. Ensuring all travel documents are in order is crucial to avoid legal complications during the journey. Refugees often have limited financial resources and may need to gather funds for their journey. This can involve selling assets, borrowing money, or receiving support from family members or humanitarian organizations.

The mode of transportation chosen by refugees varies widely. Some may travel on foot, by car, train, or plane. While others may pay smugglers to facilitate their journey, which can be difficult and expensive. Selecting a safe and viable route is essential. Refugees must weigh the risks and benefits of various pathways, considering factors such as border crossings, security, and the availability of humanitarian assistance. Refugees should be aware of international and national laws governing migration and asylum. Understanding their rights and obligations and potential legal protections is important for their safety and well-being.

The pre-departure stage is a tumultuous and stressful period for refugees, marked by uncertainty and fear. Based on the article titled "Health Aspects of the Pre-Departure Phase of Migration," written by Brian D. Gushulak and Douglas W. MacPherson in Plos Medicine, there are surrounding circumstances in the pre-departure stage that impact mental health. These include psychological trauma with exposure to violence, conflict, persecution, or human rights abuses in the home country, (Gushulak & MacPherson, 2011). The fear of such experiences and the anticipation of what lies ahead during the journey can cause extreme stress and anxiety. Humanitarian organizations, governments, and local communities often play a critical role in providing assistance and protection to refugees as they prepare to leave their home countries in search of safety and a better future.

1.1.2 The migration stage

Next is the migration phase which is usually the most physically and mentally challenging stage where most of the traumatic experiences and causes of anxiety, depression, and PTSD among refugees take place. The migration phase involves the actual journey from their home country to their destination, which may involve crossing borders, traveling long distances, and facing numerous challenges along the way. This phase can have a significant impact on the mental health of refugees due to a range of stressors and hardships they encounter during their journey. The IOM Council briefing states, "Today more than ever, migration is a social determinant of health. The global toll in human life paid by irregular migrants that cross seas, deserts and dangerous border areas to escape wars, poverty, and land degradation is dire," (IOM, 2015). The

human cost imposed by refugees traveling through dangerous environments is a clear example of the catastrophic effects of global inequalities. These refugees travel dangerously, risking their lives to escape the devastation caused by conflict, widespread poverty, and land degradation in their home countries. Refugees are more vulnerable due to the unstable conditions they live in, where they frequently lack access to basic essentials like food, water, and healthcare. Moreover, refugees suffer a significant mental health cost. Psychological and long-term mental health concerns can result from the trauma, uncertainty, and constant anxiety that come with escaping conflict or experiencing difficulties in life. The lack of social support systems and the ongoing fear of violence worsen the mental health issues that refugees deal with, highlighting the larger influence of migration as a factor influencing mental health.

Continuing the use of the Handbook created by the IOM it describes the migration stage or transit phase in terms of refugees or those forced to leave as, “they may have been internally displaced immediately after the conflict, natural hazard or other situation that forced them to leave their homes. Sometimes, people are displaced internally multiple times. Sometimes, people move from one country to another before they have the opportunity to move to their final destination,” (IOM, 2022). The migration stage can last days, months, or even years. More often than not some refugees can get stuck in the transition phase as they might run out of economic resources to get them to their final destination. Or it’s possible that more conflict can arise in their transit country, (IOM, 2022). Migration health during the transit stage is at the highest risk. Long travels to the country of destination may include physical harm, sexual exploitation or abuse, or potentially fatal situations like spending extended periods of time hidden in a truck, crammed into a small boat, or beneath moving trains. Additionally, it can entail being stopped in transit and held in unsanitary facilities for several months or even years, especially in the case of undocumented migrants. Many of the people who travel on these dangerous routes die before they reach their destination (IOM, 2022). The uncertainty and dangers of the journey add to the emotional and psychological burden on refugees, impacting their overall well-being.

We can examine this in the case of the United States and Mexico border. In 2022, the IOM documented 686 deaths and disappearances of migrants at this border. This number actually could be higher but the lack of reporting from officials causes doubt.

(IOM, 2023). Below is Figure 3 which is from the same IOM report on the US-Mexico border showing the number of migrant deaths in the Americas by sub-region.

Figure 3

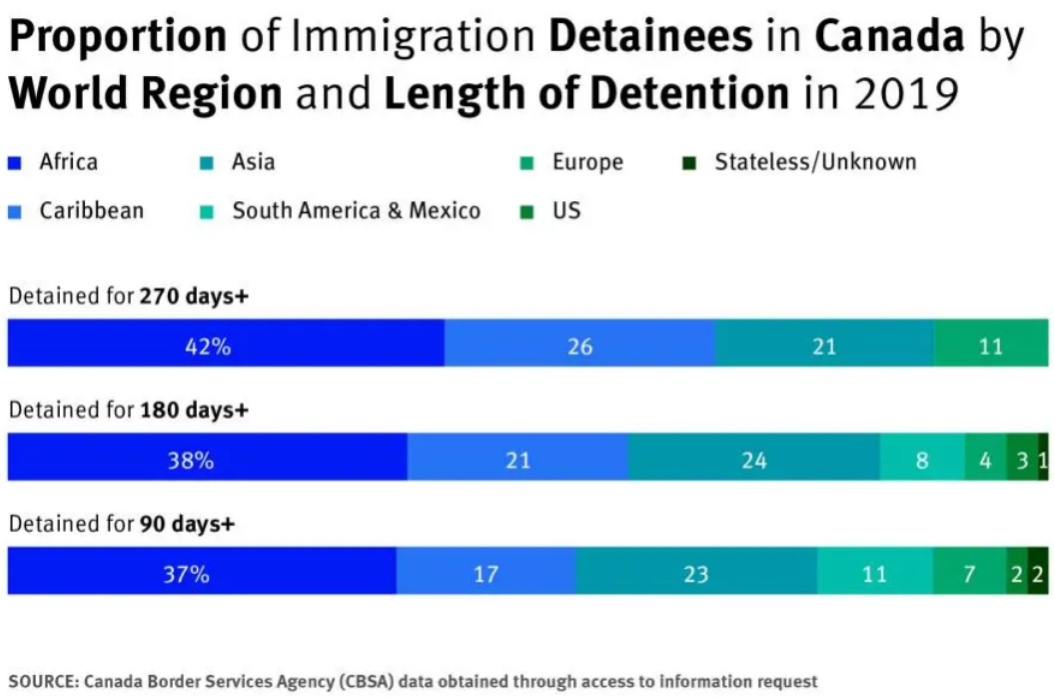
(IOM, 2023)

The IOM notes that the rise in deaths along Caribbean migrant routes which is 350 in 2022 compared to 245 in 2021 and fewer than 170 in all previous years, was among the most alarming trends. The majority of the migrants who died in the Caribbean were from the Dominican Republic, Haiti, and Cuba (IOM, 2022). There are so many different journeys refugees face when in the migration stage. Some are more physically demanding while others are more psychologically draining.

Another part of the migration journey for many refugees includes refugee camps or even detention centers. According to the commentary article "The Mental Health Crisis in Refugee Populations" by Jihane Naous, MD for Family Medicine, "Not long ago, immigration detention was one of the border control practices that profoundly affected the mental health of the children and their families and has raised concerns for lasting psychological problems," (Naous, 2023). We have seen this countless times in detention centers along the US-Mexico border as well as in Canada. The procedure of holding people in detention while decisions are made regarding their immigration status has given rise to serious concerns about the welfare of those who are affected by this policy.

The circumstances in Canadian immigration detention facilities and the long-term psychological effects on detainees, including families and children, have been investigated by Human Rights Watch (HRW) in their 2021 report, “Immigration Detention in Canada and its Impact on Mental Health.” This is an extensive report covering many different aspects of these detention centers for all different types of individuals with different legal statuses. Figure 4 below shows the proportion of immigration detainees in Canada by world region and length of detention from 2019. We can see that the majority of individuals detained for three months or more, six months or more, and nine months or more in 2019 were citizens of African nations.

Figure 4



(HRW, 2021)

The report claims that “Detainees who are from communities of color, particularly detainees who are Black, appear to be incarcerated for longer periods and they are often detained in provincial jails rather than immigration holding centers,” (HRW, 2021). This policy of detention centers disproportionately affects minority groups. In the case of refugees who actively apply for refugee status also experience prejudice and emotional harm in these centers. The report quotes refugee advocates, “A Toronto-based service provider and refugee rights advocate noted that detention is especially re-traumatizing

for people fleeing abuse, violence, and torture," (HRW, 2021). For refugees arriving in Canada, Canada Border Services Agency (CBSA) agents are typically the first Canadian authority they come into contact with. Many of these early exchanges are hostile, unpleasant, and sometimes brutal, according to two refugee advocates. Many CBSA agents put pressure on refugees to leave Canada and return to their home countries: "They threaten many people who have no clue about their rights," says a refugee rights advocate who has dealt with hundreds of refugees. Two Montreal-based attorneys and another refugee rights activist confirmed this (HRW, 2021). Intense anxiety and uncertainty can be induced by hostile interactions at this stage, which diminishes the refugees' motivation for safety. Any stage of the migration process can result in trauma and distress, which may create long-term mental health issues and make it more difficult for refugees to integrate fully into their new communities and lead stable, satisfying lives.

The cumulative impact of these stressors can result in a range of mental health issues for refugees, including anxiety, depression, PTSD, and other trauma-related conditions. These mental health challenges can persist and affect refugees as they try to rebuild their lives in their host country.

1.1.3 The post-migration stage

The final stage is the post-migration stage, where many more psychosocial mental health challenges occur as the resettlement and integration phases are included here. The post-migration phase is the period that follows a refugee's arrival in their host country or destination. During this phase, refugees face new challenges and opportunities as they begin to rebuild their lives in unfamiliar surroundings. The post-migration phase can also have a profound impact on the mental health of refugees, and the following factors play a significant role: cultural adjustment, uncertainty and legal status, economic challenges, social isolation, discrimination, and access to healthcare and mental health services (this last factor has its own section in this chapter). The IOM Handbook talks of some of these factors in the description of the post-migration stage. The first is uncertainty and legal status, " those moving through regular channels will generally be inspected at a border control point/crossing point. A

visa may be required unless the need for one has been waived. Having a visa is not necessarily sufficient, however: border authorities usually have the right to reject visa holders at border control points if they believe the visa was obtained fraudulently, if there are reasons of national security or public health, or if there was a change in circumstance after it was issued," (IOM, 2022). The handbook further shows that many of these factors are once again intertwined. Especially from a socioeconomic viewpoint that can have an impact on all of these standards. Socioeconomic issues that affect health and that refugees may not have experienced in their native country include exclusion, discrimination, exploitation, hurdles based on language and culture, and restrictions on receiving health care, (IOM, 2022). An article titled The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review, written by Michaela Hynie, PhD for the Sage Journals describes more impacts post-migration factors have on mental health, "the nature of the refugee migration experience, national and regional policies of deterrence and migration, and public attitudes towards refugees result in a greater likelihood of negative social conditions post-migration," (Hynie, 2017). Hynie also highlights more social determinants of mental health including income, employment, housing, language barriers, social support, and isolation and discrimination. Hynie states, "the risks for developing mental disorders and poorer mental health are greater for members of groups with less access to power, material resources and policy making as a result of broader social, political, and economic factors that sustain inequalities," (Hynie, 2017). It may be difficult for refugees in host nations to speak up for their rights and take part in decisions that affect their daily life. Feelings of inequality and mental health issues can be made worse by the lack of political power and representation. Refugees' access to necessary material resources is frequently disrupted by the displacement process. The state of the economy, access to education, and the quality of medical care can all have a big influence on mental health outcomes. Refugee communities experience mental health disparities due to pressures such as uncertainty about their status and struggle to provide for basic necessities and economic stability. The laws and social norms of the host nations have a significant impact on how refugees perceive their mental health. A hostile social environment can be created by discriminatory practices, xenophobia, and exclusionary policies, which will worsen feelings of alienation and loneliness, "A large qualitative

study with Colombian refugees in Ecuador found that regular experiences of discrimination and exclusion were associated with high levels of stress, anxiety, and depression. A longitudinal study with refugee youth in Australia found that experiences of discrimination were one of the main predictors of non-completion of secondary school," (Hynie, 2017). A supportive environment for mental health requires inclusive policies that recognize and cater to the special needs of refugees. Mental health disparities are a result of social inequality in both the host country and among refugee communities. Stigma, discrimination, and restricted access to social services can make refugee problems worse. Mental health issues can be increased by cultural variables, such as language barriers and cultural disarray. It can be difficult for refugees to adjust to a new cultural environment, which can result in identity crises and feelings of loneliness, "social isolation is a particularly salient determinant of mental health among older adults in the general population, especially among women, and for older refugees, who are particularly at risk for poor mental health," (Hynie, 2017). Inadequate cultural sensitivity in medical care and support systems in the host nation can impede the efficacy of mental health interventions.

During this period of transition, feelings of loss, displacement, and cultural alienation increase vulnerability, which raises the possibility of mental health issues. The lengthy resettlement process contributes another level of complexity to the psychological health of immigrants. Long-term ambiguity regarding one's social integration, work opportunities, and legal status can lead to chronic stress, which worsens mental health. The complex combination of aspirations for a better future and the day-to-day difficulties of adjusting to a new social structure can lead to a number of mental health issues, including PTSD, anxiety, and depression.

Addressing the mental health needs of refugees during the post-migration phase is crucial. Providing culturally sensitive mental health services, facilitating social integration, and supporting economic empowerment are essential components of helping refugees recover from past traumas and build resilience in their new communities. The recognition and understanding of these challenges are vital for assisting refugees as they navigate this transformative phase of their lives.

1.2 Mental Health Disorders and Conditions

Physical or psychological trauma, such as the loss of a loved one, the inability to go about everyday life, torture, or the denial of basic needs, is a clear source of suffering for all refugees. These debilitating conditions are common among refugees due to the traumatic experiences, uncertainties, and disruptions they encounter during their journeys and displacement. The mental health outcomes in refugee groups are significantly correlated with the trauma they suffered during all stages of migration which was discussed in the last section. We can see from this article, "Diverse and Complex Challenges to Migrant and Refugee Mental Health: Reflections of the M8 Alliance Expert Group on Migrant Health" published on May 18, 2020, by Danny Sheath, Antoine Flahault, Joachim Seybold, and Luciano Saso for the International Journal for Environmental Research and Public Health that there is a continuous process of migration and the effects of it will vary on the mental health of refugees. The article states, "From experiences of violence at displacement from their home countries and during the initial flight to mistrust towards the destination society and other refugees, these all have the potential to cause physical and psychological health problems," (Sheath, et al., 2020). These mental health outcomes are manifested in many different mental health disorders or conditions and the main three that will be examined are anxiety, depression, and PTSD. Anxiety and depression typically coexist with each other when discussing mental health so these will be grouped together in the next subsection. This chapter delves into the multifaceted nature of these disorders, their underlying causes, and the profound consequences they have on the well-being and resilience of refugees. It also explores the strengths and weaknesses of the various approaches, interventions, and support systems available to address and alleviate anxiety, depression, and PTSD, ultimately aiming to improve the mental health and quality of life for refugees. The above-mentioned article highlights a driving focus of this research stating, "whilst the mental health implications of violence within place of origin and throughout the initial fleeing have been well studied, what remains poorly understood is the psychological factors in the often lengthier processes of arrival in host countries and eventual settlement or return to home countries," (Sheath, et al., 2020). Much of the missing data or research stems from a poor designation of disaggregated data to include refugee mental health as part of the integration process.

Before discussing further specific mental health disorders, it is important to have a general understanding of what mental health is and how it is defined in the international community. A person's emotional, psychological, and social well-being are referred to as their mental health. The WHO defines mental health as, “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community,” (WHO, 2023). This definition is used universally and is applied to all individuals worldwide. This includes a variety of facets of life, including their thoughts, feelings, behaviors, relationships, and capacity to manage stress and hardships. Positive mental health is essential to overall health because it enables people to reach their full potential, manage everyday stressors, work efficiently, and meaningfully contribute to their communities. Mental health has become recognized as an integral part of people's general well-being and health. It can be said that there is no health without mental health first. According to the article “Toward a new definition of mental health” written by Silvana Galderisi, Andreas Heinz, Marianne Kastrup, Julian Beezhold, and Norman Sartorius, for World Psychiatry, they identify three components of mental health: emotional well-being, psychological well-being and social well-being. These are described as,

> “Emotional well-being includes happiness, interest in life, and satisfaction; psychological well-being includes liking most parts of one's own personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life; social well-being refers to positive functioning and involves having something to contribute to society (social contribution), feeling part of a community (social integration), believing that society is becoming a better place for all people (social actualization), and that the way society works makes sense to them (social coherence)” (Galderisi, et al., 2015).

We can summarize this more with emotional well-being as the capacity to recognize, control, and correctly express one's emotions while keeping a positive mindset. Psychological well-being includes cognitive elements of feeling in control of one’s life,

having a purpose, and achieving a person's progress and fulfillment. Social well-being is the state of one's interpersonal connections and capacity for meaningful and encouraging interaction with others. A feeling of community and social ties are essential for mental wellness. We can also add resilience which is the ability to handle stress, overcome adversity, and adjust to changes. This is seen as associated a lot with refugee communities.

The WHO is a leading organization for researching and implementing mental health initiatives, especially those involving the refugee community. In 2021 the WHO launched its first series of reports for evidence-based review on migration and mental health. The Global Evidence Review on Health and Migration (GEHM), is a standard product based on evidence that addresses policy inquiries about public health priorities associated with migration. By compiling the best available data globally, the GEHM series also fills in knowledge gaps and suggests policy considerations on the health status and health policies associated with refugees and migrants, (WHO, 2022). The fifth report of this series was published in 2023 titled “Mental health of refugees and migrants: risk and protective factors and access to care.” This report provides essential definitions of mental health terms provided in Box 1 below.

Box 1

Overview of mental health terms

Mental disorder. A syndrome characterized by a clinically significant disturbance in cognition, emotional regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioral function. Such disturbances are usually associated with distress or impairment in personal, family, social, educational, or occupational function or with other important areas of function.

Mental health. A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, work well, and contribute to their communities. Mental health is an integral component of health and well-being: it is more than the absence of mental disorder.

Mental health condition. A broad term covering mental disorders and psychosocial disabilities, as well as other mental states associated with significant distress, impaired functioning, or risk of self-harm.

Psychosocial disability. A disability that arises when someone with longterm mental impairment interacts with various barriers (e.g. discrimination, stigma, and exclusion) that may hinder their full and effective participation in society on an equitable basis.

(WHO, 2023)

A person with a mental illness may experience disturbances in their normal psychological functioning, which can cause suffering or impairment in a variety of areas of life, including relationships, family, social interactions, education, and employment. These conditions represent a deviation from typical mental health and prevent people from leading happy and fruitful lives. On the other hand, mental health emphasizes overall well-being and goes beyond the simple absence of illnesses. It highlights positive psychological traits like adaptation, resilience, and purpose while acknowledging the wide range of complex situations people deal with when it comes to mental health. A spectrum of psychological experiences that differ in intensity, duration, and effect are included in mental health problems, highlighting the many challenges people encounter. Psychosocial impairment, on the other hand, emphasizes the interaction between outside obstacles and mental health. It emphasizes the necessity of addressing societal barriers as well as individual limitations to ensure fair participation and prevent social exclusion of people with mental health issues.

The European House - Ambrosetti (TEHA) is a professional Think Tank Consulting firm, founded in 1965 based in Milan, Italy. Every year TEHA works with over 1,500 clients worldwide on different projects of different calibers. Within the last six years, TEHA has focused heavily on mental health initiatives leading to the creation of "Headway-a new roadmap in Mental Health" in 2017. The goal of this is to establish a multidisciplinary platform for strategic reflection, analysis, dialogue, and comparison between various European experiences in the management of individuals affected by mental health disorders. The initiative has a European orientation and is activated in accordance and continuity with the plans, programs, and activities of the WHO, international institutions, and organizations, (TEHA, 2017). The 2022 Headway report

is titled "Headway - Mental Health Index 2.0." A large focus of this report was the continued efforts started in 2017 by sharing information and skills related to the prevention, diagnosis, treatment, and identification of solutions that lessen the prevalence of mental disorders in the health sector as well as in the workplace, educational setting, and general public (TEHA, 2022). TEHA provides another definition of mental health in addition to that of the WHO. It was important for TEHA to expand on this definition to include a larger scope of aspects for their own report. It provides an added concept of what mental health is and how it will be applied in this paper and to the refugee population. TEHA referenced this new definition from a paper drafted by the Committee on Ethical Issues of the European Psychiatric Association, "Mental Health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express, and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of Mental Health which contribute, to varying degrees, to the state of internal equilibrium," (TEHA, 2022). Good mental health is crucial for individuals, communities, and societies at large due to its profound impact on various aspects of life, including physical health, relationships, productivity, and overall quality of life. For refugees, addressing mental health needs is particularly critical due to their unique experiences, challenges, and vulnerabilities associated with displacement, trauma, and resettlement. From the GEHM 2023 report, the research conducted, alongside countless other studies, emphasized further that refugees are at a higher risk of developing mental disorders. This is due in large part to the migration stages discussed above, in addition to other general stressors. The report states, "particularly vulnerable groups include refugees and victims of trafficking who have experienced conflict, potentially traumatic events and major losses. WHO estimates that one in five people (22.1%) in conflict-affected areas may experience depression, anxiety, and PTSD," (WHO, 2023). Another tool we used for this research is the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association. This is a widely used classification system for mental health illnesses. Standardized criteria for the categorization, diagnosis, and treatment of different mental

health conditions are provided by the DSM. The DSM-5, which was released in 2013, is the most recent edition published but was revised in 2022. It is an important tool for academics, physicians, and mental health professionals to regularly communicate about mental health diseases, (APA, 2022). In the following subsections, the DSM will define the examined mental health disorders refugees experience alongside the WHO.

1.2.1 Anxiety and Depression

Depression among refugees is a complex and multifaceted issue influenced by a variety of factors related to their displacement, forced migration, and resettlement experiences. Refugees often face numerous challenges that can contribute to high levels of stress and mental health issues, including depression. Anxiety is another prevalent mental health issue among refugees, and it often coexists with depression. The experiences that refugees go through, including displacement, uncertainty, and adapting to new environments, can significantly contribute to heightened anxiety levels. Anxiety is defined as, " the anticipation of a future concern and is more associated with muscle tension and avoidance behavior. Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Fear is an emotional response to an immediate threat and is more associated with a fight or flight reaction – either staying to fight or leaving to escape danger," (APA, 2022). This is in general what we can associate anxiety to be. It is a typical stress response and is one of the most common mental disorders people have. However, an actual diagnosis can be Generalized Anxiety Disorder (GAD). GAD is what we can see manifest within refugee populations. GAD involves, "persistent and excessive worry that interferes with daily activities. This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension, or problems sleeping," (APA, 2022). While depression can be diagnosed as major depressive disorder and is seen as, "a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss on interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home," (APA, 2023). From the WHO we know that excessive

and severe fear and worry are common among people with anxiety disorders. Physical tension and other behavioral and cognitive signs usually accompany these feelings. A complex interplay of biological, psychological, and social elements leads to depression. Individuals who have experienced abuse, significant losses, or other unfavorable circumstances are more susceptible to depression. It is characterized by a persistently depressed mood, a loss of enjoyment, or an inability to engage in activities, (WHO, 2023). We have now established the definitions of these two mental health disorders generally and within the context of refugees, so we can now look at more data points that have been presented in research studies.

We can first start by referring back to the Frontiers in Public Health article, "Refugee Mental Health, Global Health Policy, and the Syrian Crisis," that, "NGOs working in Syria have also described high rates of depression and anxiety, and case studies of displaced Syrians with mental health conditions have started to appear, from both within Syria and other countries," (Cratsley et al., 2021). Another point this article makes is the effects a detention center had on one study conducted, "one study of Syrian refugees in a camp within the Attica region of Greece found high rates of depression, with female gender, having children, and longer stays in detention associated with increased risk," (Cratsley et al., 2021). We saw earlier in this research the potential effects detention centers in Canada have on mental health. This proves true not just in Canada but clearly in other parts of the world.

From the WHO report on risk and protective factors of refugee mental health, countless studies were conducted to assess various experiences and manifestations of anxiety and depression among refugee populations. Global research on the mental health of populations of refugees has revealed significant patterns that provide insight into the complex dynamics of depression across age groups and demographic variables. A global review revealed that the prevalence of depression in refugee children aged 10–12 were greater than those in children aged 7–9, (WHO, 2023). This shows that during the transition from early to pre-adolescence, the prevalence of depression tends to increase as refugee children manage the difficulties associated with migration and integration. An analysis of first-generation immigrants in Canada in adulthood found a clear age-related pattern. Comparing younger adults in this group to older adults, the former showed greater rates of depression and anxiety, (WHO, 2023). This emphasizes the

significance of identifying the distinct stressors encountered by various age groups within the migrant and refugee communities. Moreover, the data suggests that there is a gender disparity in the prevalence of anxiety and depression among refugees. Research indicates that women and girls are more likely than boys and men to experience anxiety and depression, (WHO, 2023). This finding is consistent with data from the general population. This emphasizes the necessity of gender-sensitive mental health support networks that recognize the intersectionality of the experiences of female refugees and cater to their particular set of difficulties. Regarding language competency, one particular study that looked at refugees in Australia found a strong correlation between language skills and mental health outcomes. Lower English proficiency among refugees in Australia was linked to depression and anxiety and significantly impacted their capacity to form social networks, (WHO, 2023). The ability of refugees to form social networks was found to be significantly impacted by lower English proficiency, which in turn was found to be correlated with higher levels of anxiety and depression. This highlights how important language accessibility and integration assistance are in reducing mental health issues among populations of refugees. And finally, reviews in the field of maternal mental health regularly point to a similar risk factor: a reduced ability to communicate in the local language among women who are migrants and refugees. Minimized proficiency in the local language was repeatedly found to be a risk factor for depression following pregnancy in reviews of perinatal refugee and migrant mothers, (WHO, 2023). Lower language competence in particular is found to be a substantial risk factor for postnatal depression, emphasizing the importance of providing pregnant and new mothers in these areas with support networks that are both culturally sensitive and linguistically accessible. These data-driven findings highlight how complex anxiety and depression are among refugees. Now, we may use these same ideas and approaches to address PTSD in refugees.

1.2.2 Post Traumatic Stress Disorder

PTSD is more likely to develop in refugees due to the high frequency of trauma in their history. A person may experience intrusive memories, avoidance behaviors, negative mood and cognitive changes, elevated alertness, and other symptoms after being

exposed to war, violence, persecution, or other traumatic events. Stressors encountered before and after migration might cause PTSD in refugees, thus it's important to take into account the complex nature of trauma in their experiences. PTSD is defined by the APA as, “a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances. An individual may experience this as emotionally or physically harmful or life-threatening and may affect mental, physical, social, and/or spiritual well-being,” (APA, 2022). PTSD is one of the most common disorders people see within refugee populations. Fortunately, at times it’s possible that many refugees do not develop PTSD, however, it does not diminish that their experiences can still have some negative impact on their lives. PTSD is also one of the most researched or surveyed disorders among refugee populations. We can see some of these studies below from the WHO report on risk and protective factors of refugee mental health. An examination of the mental health of unaccompanied or separated children (UASC) from Eritrea living in an Ethiopian refugee camp revealed some striking results about the signs of PTSD. In particular, teenagers between the ages of 15 and 17 showed more severe symptoms of PTSD than their younger peers, (WHO, 2023). The possibility that older children will assume greater responsibility and the fact that teenagers have experienced more adverse experiences than younger children could be the cause of this discrepancy and the reason why PTSD symptoms are more severe in this age group. Extending to adult populations of refugees, a pattern regarding gender disparities in PTSD frequently surfaced. It has been discovered that women are more prone than men to get PTSD after experiencing the same traumatic circumstances, (WHO, 2023). According to an analysis of refugee women who had experienced traumatic experiences in the past, higher levels of PTSD severity were linked to a lower level of language competency in the host nation (WHO, 2023). Many determinants of mental health outcomes vary across the different disaggregations of the data, mainly age and gender as shown from these reports.

When looking at the larger contextual factors that affect PTSD among refugees, safety, basic needs, and employment issues turned out to be important ones. It has been determined that having inadequate access to clothing, food, water, shelter, and sanitary facilities increases the risk of developing PTSD, (WHO, 2023). These results emphasize how crucial it is for humanitarian organizations to provide necessities and establish safe

spaces to reduce the likelihood that displaced people may develop PTSD. An international analysis that included populations of refugees revealed a link between mental health and work rights. Higher levels of PTSD have been linked to a lack of employment rights and limited work possibilities, (WHO, 2023) This demonstrates the wider influence of socioeconomic variables on mental health consequences and highlights how crucial it is to provide possibilities for refugees to find fulfilling jobs as a safeguard against PTSD.

To conclude this section, we have explored the complicated landscape of mental illnesses, analyzing their definitions, symptoms, and significant effects on populations of refugees. Mental disorders, which are defined by disruptions in thinking, feeling, or action, are more than just clinical diagnoses; they affect all aspects of a person's life, including relationships with others, family dynamics, social interactions, goals in life, school, and work. These data-driven findings from many global evaluations highlight the complex dynamics of mental health issues, taking into account factors like age, gender, linguistic ability, and stressors in the environment. For refugees, due to the uncertainty of their situation, difficulties adjusting to a new culture, and language barriers, they frequently suffer from anxiety disorders. Depression is a serious condition that affects motivation, mood, and general well-being. It is made worse by the difficulties associated with relocation and the loss of one's home and community. For people who have experienced trauma in the past, PTSD is a major concern that affects their everyday life and makes it difficult for them to adjust to new situations. Furthermore, the structural obstacles that restrict refugees' access to mental health care have been brought to light in this chapter. These obstacles, which range from prejudice and language barriers to unstable economies and limited resources, increase the difficulties experienced by those who are desperately in need of mental health care. We will now discuss this limited access to health care but also show there are some current strengths to what is already in place to address the refugee mental health crisis.

1.3 Access to Mental Health Care

Examining the intricate environment of healthcare accessibility requires addressing the obvious problem of limited access, which is particularly relevant in light of the refugee

mental health crisis. The examination of the difficulties encountered by refugees in obtaining necessary healthcare services reveals that inequalities persist, presenting significant constraints to the welfare of those contending with the aftermath of forced migration. But in the face of these major challenges, it is just as important to highlight the current advantages in the healthcare system that are intended to address the mental health problem among refugees. Understanding this problem's complexity allows us to see how constraints and progress interact in an elaborate manner, which helps us develop a holistic view of the situation of refugee healthcare today. To start this discussion we can refer back to the IOM handbook on migration and see one aspect of the limited services and its potential effects on refugee mental health. Due to socioeconomic inequality in their new countries, a large number of refugees may experience health risks linked to the accessibility, acceptability, availability, and quality of services. After leaving their home countries, refugees may not have access to social protections in transit or even in their final destination nations. This might result in limited, subpar, or nonexistent health care (IOM, handbook, 2022). Understanding the current state of mental health care relevant to refugees provides the background information needed for us to present the overall solution to our research question. There are several frameworks in place right now that have begun the work needed to address this crisis, many of which stem from organizations like the UN and the UNHCR. These extend to the Sustainable Development Framework that is going to be the guiding structure used to propose our new monitored indicator.

1.3.1 Strengths in Mental Health Care for Refugees

We will examine first the current relevant frameworks in place that address refugee mental health (excluding the SDG framework as Chapter 2 is completely dedicated to its analysis). These are the WHO Mental Health Action Plan for 2013-2030, the UN Global Compact for Safe, Orderly, and Regular Migration (GCM), the UN Global Compact on Refugees, and finally WHO Promoting the Health of Refugees and Migrants: Draft Global Action Plan, 2019-2023.
WHO Mental Health Action Plan for 2013-2030 is a 17-year action plan, which was approved by the World Health Assembly in 2013. It takes a rights-based approach and

lays out several goals and targets to improve and promote universal health coverage, giving priority to enhancements in information systems, promotion and prevention, service integration, and health governance. Their most recent publication in 2021 the "Comprehensive Mental Health Action Plan 2013-2030," has the following objectives: "1. to strengthen effective leadership and governance for mental health; 2. to provide comprehensive, integrated, and responsive mental health and social care services in community-based settings; 3. to implement strategies for promotion and prevention in mental health; 4. to strengthen information systems, evidence and research for mental health," (WHO, 2021). The first objective entails creating political commitment, promoting mental health at the international, national, and local levels, and fighting for more funding and focus on mental health issues. It highlights how important effective leadership is in advancing initiatives and reforms related to mental health. The second objective emphasizes how critical it is to build and expand community-based, culturally aware, and integrated mental health services within the framework of the current healthcare systems. It seeks to advance a person-centered approach to care and increase access to mental health services. The third objective, which is the action plan's primary component, prevention, focuses on strengthening protective factors and lowering risk factors for mental illnesses. This entails putting in place initiatives to promote mental health, building resilience, and addressing societal factors that have an impact on mental health. The fourth objective acknowledges the significance of thorough data collecting, research, and evidence-based approaches, to shape mental health policies and services. It demands more financing for research, better mental health information systems, and the sharing of information to support sensible mental health practices. This Action Plan follows a similar approach to monitoring these objectives through targets like the SDG Framework we will see in the next chapter. Some of the relevant targets from this Action Plan include:

- Global Target 1.1 80% of countries will have developed or updated their policy or plan for mental health in line with international and regional human rights instruments, by 2030.
- Global Target 2.1 Service coverage for mental health conditions will have increased at least by half, by 2030.

- Global Target 3.1 80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programs, by 2030.
- Global Target 4.1 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems, by 2030. (WHO, 2021).

The focus on community-based mental health and social care services is one of the main advantages of the action plan. The action plan acknowledges the unique needs of refugees and promotes the creation of services that are both incorporated into the communities where they live and attentive to cultural differences. This strategy fosters an atmosphere where mental health treatments are more accessible and sensitive to the unique issues faced by refugees by bridging the gap between the healthcare system and the different backgrounds of displaced individuals. In addition, the action plan's emphasis on advocacy and leadership is essential for securing funding and political support. It urges governments and international organizations to prioritize mental health within their agendas, especially those connected to refugees, by promoting mental health at the national and international levels.

UN Member States ratified the historic GCM on December 10, 2018. The compact serves as a comprehensive framework that upholds the values of human rights, non-discrimination, and the welfare of migrants while addressing the many opportunities and challenges connected to international migration. This is the first-ever intergovernmental agreement covering every aspect of international migration that has been negotiated under UN leadership and, “It is a non-binding document that respects states’ sovereign right to determine who enters and stays in their territory and demonstrates a commitment to international cooperation on migration,” (United Nations, 2018). The GCM aims to, “support international cooperation on the governance of international migration; provide a comprehensive menu of options for States from which they can select policy options to address some of the most pressing issues around international migration; and give states the space and flexibility to pursue implementation based on their own migration realities and capacities,” (IOM, 2018). With these aims in mind, the GCM is also based on 23 objectives that prioritize international collaboration, nondiscrimination, gender-responsive practices, and the protection of migrant workers' human rights. It motivates nations to cooperate to tackle

the underlying factors that lead to migration, support consistent movement routes, and improve migration governance as a whole, (United Nations, 2018). The 15th objective is to “provide access to basic services for migrants.” Along with this initiative we have the Global Compact on Refugees. Also, a non-binding agreement, itaims to improve the international response to the refugee crises while addressing the issues raised by large-scale refugee migrations. It was ratified around the same time as the GCM, December 17, 2018.

There are four key objectives to this Compact, “Ease the pressure on host countries, enhance refugee self-reliance, expand access to third-country solutions, and support conditions in countries of origin for return in safety and dignity,” (United Nations, 2018). From these objectives, the Compact also delves into the areas in need of support, and in Area 2.3 they mention health. More specifically, “in line with national health care laws, policies and plans, and in support of host countries, States and relevant stakeholders will contribute resources and expertise to expand and enhance the quality of national health systems to facilitate access by refugees and host communities,” (United Nations, 2018). We can refer back to again the Frontiers article from Cratsley and others in their presentation of the current healthcare policies in place for refugee mental health. They remark, “Though not binding conventions, rather a closely related pair of cooperative frameworks…these linked Compacts are grounded in the original 1951 Convention Relating to the Status of Refugees and its 1967 Protocol, which require member states to guarantee refugees equal access to services. They are also consistent with the UNHCR's more recent call for countries to fully integrate refugees into their national health systems,” (Cratsley et al., 2021). The significance of inclusion and equitable access to healthcare services is emphasized by these Compacts. By implementing these suggestions, the Compacts recognize that the problems encountered by refugees and migrants are dynamic and emphasize the need for all-encompassing, cooperative solutions that go beyond simple legal requirements. These Compacts also come at a time when the SDG framework is introducing a new indicator specifically related to migration. This will be further discussed in the next chapter but leads into the final mechanism in place addressing the refugee mental health crisis. This is WHO Promoting the Health of Refugees and Migrants: Draft Global Action Plan, 2019-2023.

This draft is closely aligned with promoting and enforcing the SDG framework when it comes to mental health and refugees. There are six priorities that this Plan is set to follow: 1. Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions, 2. Promote continuity and quality of essential health care, while developing, reinforcing, and implementing occupational health and safety measures, 3. Advocate the mainstreaming of refugee and migrant health into global, regional, and country agendas, 4. Enhance capacity to tackle the social determinants of health and accelerate progress towards SDG, 5. Strengthen health monitoring and health information systems, 6. Support measures to improve evidence-based health communication and to counter misperceptions about migrant and refugee health, (WHO, 2019). Together, these goals show a thorough and rights-based approach to the health of refugees and migrants, addressing immediate issues while also promoting long-term improvements in healthcare quality, access, and socioeconomic determinants that affect general well-being. Collaboration across international borders, lobbying, and a dedication to inclusive health policy are necessary for these programs to succeed.

1.3.2 Weaknesses in Mental Health Care for Refugees

It is now necessary to examine the current flaws that prevent refugees from receiving basic services. In addition to the difficulties caused by their forced migration, refugees frequently face substantial obstacles that make it difficult for them to receive quality healthcare. Many variables come together to produce an unstable situation where refugees may have limited, poor, or sometimes nonexistent healthcare alternatives, ranging from socioeconomic disparities in host nations to structural limits within healthcare systems. All of these make it more difficult for refugees to get the critical treatment they need. By thoroughly examining these shortcomings, we hope to highlight the pressing need for focused initiatives and international cooperation to solve the severe disparities in refugees' access to healthcare. Cratsley makes one final analysis regarding the negative consequences of limited access, “The broader challenge is that there has been insufficient progress toward actually meeting the WHO's goals in global mental health. While on the national level, most of the countries impacted by the

refugee crisis have policy and legislation covering mental health services, there are enduring problems with insufficient funding and implementation, as evidenced by the WHO's own dedicated reporting mechanism and its commissioned reports on refugee health and mental health," (Cratsley, et al., 2020). Inadequate advancements in mental health worldwide have consequences that go beyond the current crisis; they impact refugees' long-term welfare and assimilation into host communities. Untreated mental health issues can make it more difficult for refugees to start over, make a meaningful contribution to their communities, and develop resilience in the face of hardship. This sets the stage for going deeper into the multifaceted challenges faced in accessing mental health care.

Going back to the article, "Diverse and Complex Challenges to Migrant and Refugee Mental Health: Reflections of the M8 Alliance Expert Group on Migrant Health," highlight a section for access to mental health care and begins with five dimensions of access to health care as seen in Table 1 below.

Table 1 The Five Dimensions of Access

Approachability	Acceptability	Availability	Affordability	Appropriateness
Poor access to information on rights, services available and costs of services. There is limited knowledge among irregular migrants about the health system in general.	Irregular migrants report limited cultural competence by providers	In some countries, free care is limited to certain facilities, often far from where people live. Difficult to get appointments, hence it is not only the presence but also the capacity of a	Several EU countries offer free emergency care, and testing; others offer comprehensive health coverage. However, some offer no cover.	This is judged on how well the services provided match the need of the population. Further, adequacy relates to the quality of these services.

		facility.		

(Sheath, et al., 2020)

In analyzing this table the article notes a reality from the perspective of States in that, “there is a growing trend of states limiting access to health care for migrants, despite their own commitments to provide ‘health for all.’ Migrants should be explicitly included in Universal Health Coverage commitments to challenge the mainstream views of a health system defined by geopolitical boundaries, rather than people’s needs regardless of their official status,” (Sheath, et al., 2020). There have been several other studies done that prove these limiting factors of access. We can see from a 2016 position paper on mental health and migration ‘The need for mental health and psychosocial support for migrants and refugees in Europe’ from Mental Health Europe (MHE), “The failure of Member States to provide mental health support to migrants and refugees is a barrier to social inclusion and will likely end up being costlier than providing earlier and preventative mental healthcare and support,” (MHE, 2016). MHE also provides some data points that highlight the inadequacy of healthcare staff and other barriers we have highlighted above. These include, “Professionals who are in contact with migrants and refugees such as police officers, judicial
and ministry officials and health and social services have been reported by Doctors Without Borders to be ill-equipped to deal with traumatized individuals,” (MHE, 2016). Training initiatives should focus on building cultural competence, enhancing understanding of trauma-informed care, and fostering sensitivity to the unique challenges faced by displaced individuals. We also see a language barrier, “Without the ability to communicate or to understand information from health care professionals, migrants and refugees receive poorer care and their access to mental health support will be hindered,” (MHE, 2016). For migrants and refugees, these language discrepancies may cause misunderstandings and misinterpretations, which could eventually lead to less-than-ideal healthcare experiences. Important health information, such as diagnosis, treatment plans, and preventive measures, may not reach refugees effectively if there are unclear communication routes. Their capacity to actively engage in healthcare decisions may be compromised as a result, which may lessen their sense of agency and increase their vulnerability. Furthermore, the barrier to communication is not limited to spoken

exchanges; it also includes written documents like consent forms or educational pamphlets. The problem is made more difficult by low literacy in the language of the host nation and also the lack of interpreters within the healthcare system, which limits access to crucial health information and preventive measures. Finally from MHE, "Some European States have claimed they are not funded to provide care to migrants and refugees which in turn leads to treatment gaps. We know from some of our members on the ground that NGOs and volunteers are left to try to fill these treatment gaps in whatever way they can," (MHE, 2016). Although this local response shows the commitment and tenacity of civil society, it is naturally restricted by limited resources and unable to deal with the structural problems that require government intervention. From the WHO report on risk and protective factors of refugee mental health, we can see more studies conducted on the limited accessibility of mental health. One review that included Syrian refugees in Iraq, Jordan, Lebanon, and Turkey highlights an alarming fact: while a significant number of them indicated that they required psychological treatments and assistance, only 15% of them were able to receive these vital services, mainly as a result of a lack of resources, (WHO, 2023). Another study of a large number of refugees in rural Australia requires mental health assistance. The availability of mental health care is still limited, despite the high demand, (WHO, 2023). We can even examine a more specific subgroup of refugees in another study of UASC suffering from PTSD. Here there is a lack of specialized trauma-focused care for them. Similarly, there is a noticeable lack of survivor-centered services available to refugees who have experienced sexual abuse or torture (WHO, 2023), which highlights the need for tailored and effective methods to address their particular mental health issues.

Looking at a treatment gap also generally leads to the gap of disaggregated data needed to even propose more policy change for States. Where most of this data starts is in the intake forms that refugees should fill out or be interviewed with when they enter their destination countries. Again, the commentary article "The Mental Health Crisis in Refugee Populations" by Jihane Naous, MD for Family Medicine mentions there is a consequence of early diagnoses and screening for mental health conditions among refugees. "These diagnoses are interrelated to unfavorable conditions that can go undetected and untreated if not appropriately screened…as the focus during the first

health care and social visits are considered priority problems, it might take several visits before a primary care physician and their team can address mental health problems and ongoing stressors," (Naous, 2023). We know that not only is there a lack of training in trauma-informed care in the healthcare force, but there is a lack of awareness of this as well. Typically these health screens only look at physical health. If there is no intake on mental health there is going to be a huge loss for achieving all of one's well-being. This lack of awareness is also contributed by the general absence of nationwide healthcare strategies which, "complicates the management of the future spillover of mental health issues. It might impose a higher burden on the health system in terms of cost and exhaustion of resources and on the economy in terms of nonproductivity," (Naous, 2023). The barriers that refugees face when trying to obtain mental health services are numerous and widespread. Despite national laws and regulations, there is still a lack of progress in achieving the global goals for mental health. The WHO's reporting systems serve as a reminder of the ongoing implementation problems and limited funds. Language-related hurdles to communication make it more difficult to provide adequate mental health care, which increases the vulnerabilities of refugees. Moreover, when there are gaps in treatment, volunteers and NGOs step in to fill these vital positions. Reviews that evaluate the availability of mental health services make clear how inadequate they are. They identify gaps in services tailored to the particular needs of refugees, make it difficult for them to access treatment because of a lack of funding, and do not provide specialized services for certain subgroups, like survivors of sexual violence or torture. In summary, resolving these shortcomings necessitates a coordinated effort to close the gap between the intended and actual effects of policy, as well as adequate funding, thorough implementation, and the creation of trauma-informed and culturally competent mental health services that take into account the various needs of refugees.

Part of this solution we will see guided under the Sustainable Development Framework. In the next chapter, we will examine the history of sustainable development until the creation of the Sustainable Development Goals. This framework along with the presented information on the refugee mental health crisis takes us one step closer to answering our research question.

Chapter 2 - Sustainable Development Goals and Refugee Mental Health

We have now seen the challenges refugees face regarding mental health. These challenges provide a problem set for the international community to seek to solve. One way for the refugee mental health crisis to be addressed is through the framework of the SDGs. Although the SDGs are a non-binding mechanism that states must be committed to, they provide a strong framework that states can easily follow or be inspired to want to achieve. The goals that the SDGs have set and their targets and indicators already lay the groundwork for how they can be achieved. It is up to the states to take matters into their own hands and create policies for change and achievement of sustainable development.

Sustainable development is a fairly new concept that has been evolving over the last 50 years. It has provided a basis for governments to set goals and strategies for resolving world issues and a general lens that we can use to view the world as individuals. Jeffrey Sachs, a leading scholar and economist in sustainable development, provides the groundwork for sustainable development in his book, *The Age of Sustainable Development*. Sustainable Development is an intellectual endeavor that seeks to understand the interplay of three complex systems: the global economy, the global society, and the physical environment of the Earth (Sachs, 2015). To understand how the SDGs came about we will look at a brief history of sustainable development up to the creation of the SDGs. Included in this history are conferences and summits hosted by the UN that took place between 1972 and 2012, each of which started from the basis of the protection of the environment but as sustainable development began to be more defined that focus evolved into the interconnected challenges of sustainable life, economy, and the environment.

This chapter is divided into two sections, the first is the history of the SDGs and their framework, offering a fundamental understanding of the them. Starting with the historical timeline of sustainable development to the SDGs, then going over the objectives and aims of the 17 goals, and then the exploration of specific SDGs relating to health, well-being, and reducing inequalities and government partnership, emphasizing Goals 3, 10, and 17. The second section is about mental health within the SDGs. This expands on this basis by explaining why mental health is included in the

scope of the SDGs. It draws attention to how important mental health is to the larger objectives of sustainable development. The chapter goes on to assess how the SDGs, keeping in mind the connections between mental health and other indicators, can be crucial in enhancing the mental health of refugees.

2.1 The History of The Sustainable Development Goals and Their Framework

Looking at the history of sustainable development is important for this research as it will provide the grounds for understanding how mental health eventually became a small part of the sustainable development agenda. The evolution of sustainable development has come a long way and is still developing today. For many years the term sustainability had only been associated with ecosystems and the physical environment. The government in Stockholm presented the difficulty of ensuring sustainability amid economic progress and growth for the first time to the international community. Also, noted by scholars and economists from the Club of Rome that the Earth's limited resources would be impacted by ongoing economic development under the current economic patterns, resulting in the downfall of the future.

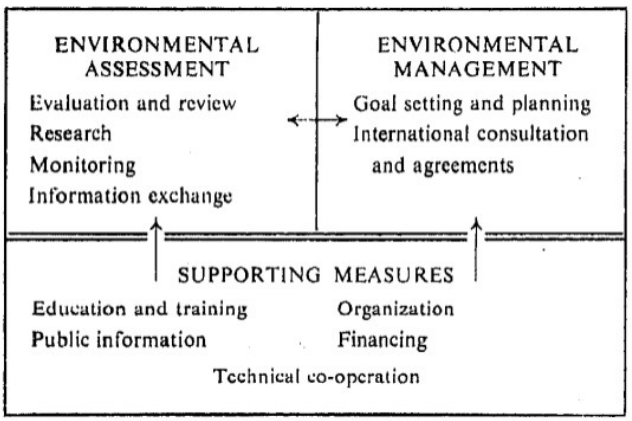
The first world environmental conference was the United Nations Conference on the Human Environment, held from June 5-16, 1972, in Stockholm, Sweden. The purpose of this conference was "to serve as a practical means to encourage, and to provide guidelines … to protect and improve the human environment and to remedy and prevent its impairment" (United Nations, 1972). The Stockholm Declaration was finalized at the end of this conference, citing 26 principles with environmental concerns at the forefront and initiating the conversation between developed and developing nations about the relationship between global economic development, air, water, ocean pollution, and human well-being.

Along with the Principles, the Action Plan had three main categories that produced 109 recommendations:

a. The Global Environmental Assessment Programme (watch plan),
b. Environmental Management Activities,
c. International Measures to Support Assessment and Management Activities at the National and International Levels

The framework of the Action Plan is illustrated in Figure 5 below.

Figure 5



(United Nations, 1972)

The framework demonstrates the beginning views on how the international community and governments should be assessing sustainable development and will be examined today on how to monitor and measure sustainable development in the SDG framework. Ultimately, the Stockholm Declaration primarily promotes broad environmental policy goals and objectives, excluding legally binding language. However, after Stockholm, international environmental law-making and awareness of environmental challenges worldwide drastically increased, leading to the incorporation of economic and development elements into environmental decision-making.

A significant result of the Stockholm Conference was the creation of the United Nations Environmental Programme (UNEP) to monitor environmental conditions, use science to guide policy decisions and organize solutions to global environmental problems (United Nations, 1972). This conference was a milestone for environmental and sustainability advancement but still needed to improve in implementing the Action Plan, keeping the conversation going on the environment and development.

The essential follow-up conference to Stockholm was the United Nations Conference on Environment and Development held from June 3-14, 1992, in Rio de Janeiro, Brazil, better known as the Earth Summit. It was held on the 20th anniversary of the Stockholm Conference and coordinated a significant effort to concentrate on the effects of human socio-economic activities on the environment. This effort brought together political leaders, diplomats, scientists, members of the media, and NGOs. It brought attention to the interdependence and mutual evolution of various social, economic, and

environmental aspects and the necessity of action in other sectors for success in one area to be sustained over time.

The main goal of the Earth Summit was to define a comprehensive agenda and a fresh strategy for global action on environmental and development challenges that would help direct international cooperation and development policy in the twenty-first century (United Nations, 1992). Sustaining human life was the utmost goal, and no matter where one person stood in the world, be it individual, local, state, national, or international, the work could be done. The conference acknowledged the need for fresh perspectives on how we produce and consume, live and work, and make decisions to integrate and balance economic, social, and environmental components. This ground-breaking idea ignited a heated discussion about guaranteeing sustainable development inside and between governments and their populations (United Nations, 1992). Even though the Earth Summit and Stockholm are twenty years apart, they represent milestones in environmental international law and sustainability. The Earth Summit concluded with several major declarations, conventions, and Commissions listed below:

- Rio Declaration on Environment and Development
- Agenda 21
- United Nations Framework Convention on Climate Change (UNFCCC)
- Commission on Sustainable Development (CSD)

The Rio Declaration set forth 27 principles highlighting that human beings were at the center of sustainable development and were to be ensured a healthy life and that States should now enact environmental legislation to ensure this prosperity. While Agenda 21 is a non-binding action plan, it sets forth radical obligations to local, national, and global governments to address how people interact with and impact the environment (United Nations, 1992). To address "dangerous human interference with the climate system," the UNFCCC developed an international environmental convention that included stabilizing greenhouse gas concentrations in the atmosphere (United Nations, 1992). The Kyoto Protocol and the Paris Agreement work upon the framework of the UNFCCC. Finally, the UN General Assembly established the Commission on Sustainable Development in December 1992 to ensure an effective follow-up of the Earth Summit. The CSD, a functional commission of the UN Economic and Social

Council, was highly participative in structure and outlook. It involved various official stakeholders and partners using innovative procedures in its formal proceedings. The CSD became the High-level Political Forum on Sustainable Development (HLPF) in 2013, further monitoring the commitment and progress towards the SDGs, which will be discussed later in this chapter.

Jeffrey Sachs highlights another critical achievement of the Earth Summit. Gro Harlem Brundtland introduced the concept of generational rights and the intergenerational impact of sustainable development in the late 1980s. Brundtland was the United Nations Commission on Environment and Development chairwoman in 1987. The Commission's report defined sustainable development as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (Brundtland, 1987). From this, Sachs notes that sustainable development's "intergenerational" perspective was widely embraced, particularly at the Earth Summit. The Rio Declaration included as one of its guiding principles that ‘development today must not threaten the needs of present and future generations.’ However, over time, the definition of sustainable development changed to take a more pragmatic approach, putting less emphasis on the requirements of future generations and more focus on an integrated strategy that links economic development, social inclusion, and environmental sustainability (Sachs, 2015). This approach thus sets up the world stage for the MDGs and, later, the SDGs

The Millennium Summit was conducted in New York City on September 6-8, 2000. This allowed the United Nations to focus on new strategies for sustainable development in preparation for 21st-century issues and advancements. The Millennium Summit 2000 was preceded by a two-year global awareness effort in 1998. The campaign aimed to increase government and civil society collaborations and reinforce the international community's commitment to creating a world where no one is left behind. It also served to emphasize the idea that "we must put people at the center of everything we do," which was stated by the Secretary-General in his Millennium Report (United Nations, 2000). Under the Office of the Secretary-General, the United Nations system, comprising the World Bank, the International Monetary Fund, and the Development Assistance Committee of the Organization for Economic Co-operation and Development, agreed on 8 goals with 21 targets and 48 quantitative indicators. (United

Nations, 2003). To this end, the Summit concluded with the adoption of the Millennium Declaration with the official Millennium Development Goals deriving directly from this declaration. Below is Table 2 with the 8 goals stated in the Millennium Declaration:

Table 2

Millennium Develop Goals
Eradicate extreme poverty and hunger
Achieve universal primary education
Promote gender equality and empower women.
Reduce child mortality rates
Improve maternal health
Combat HIV/AIDS, malaria, and other diseases
Ensure environmental sustainability
Develop a global partnership for development.

(United Nations, 2000).

An official handbook titled *Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts, and Sources* was created by the United Nations in 2003. The handbook guides the definitions, ideas, and data for each indicator presented under the MDGs. A second handbook was created for the SDGs titled *Indicators and a Monitoring Framework for the Sustainable Development Goals.* The process by which these indicators were created is vital for this paper and will be discussed further in Chapter 3 when understanding how to incorporate refugee mental health into the current SDG indicator framework.

The goals were set to be achieved by 2015 to track the improvement of data from 1990; in 2010, the MDG Report showed that many nations, including some of the poorest, had made progress, proving that the struggle against poverty can be overcome by establishing ambitious, shared goals. Nevertheless, there were gaps in many sectors due to unfulfilled commitments, insufficient funding, a lack of focus and responsibility, and

a lack of commitment to sustainable development. Global food, economic, and financial crises worsened some of these gaps.

Between the time of the MDGs' creation, the international community celebrated the 10th anniversary of the Earth Summit in 2002. This was known as the World Summit on Sustainable Development, held in Johansaberg, South Africa, from August 26-September 4. This Summit concluded with adopting a Political Declaration and Implementation Plan outlining a series of actions to create a development that respects the environment. Hundreds of governments attended this Summit, and tens of thousands of other NGOs and representatives all continued to commit to sustainable development and begin multilateral collaborations moving forward. The Declaration reaffirms the integration of the three pillars of sustainable development: economic growth, social inclusion, and environmental protection. The Implementation Plan encouraged more partnerships between private and public sectors based on the legal frameworks set in place by the governments.

The Millennium Development Goals Summit in 2010 was organized as another review summit for the MDGs. This was a short summit held from September 20-22 in New York. The conclusion of this summit was the adoption of a Global Plan of Action titled “Keeping the Promise: United to Achieve the Millennium Development Goals.” This plan intended to expedite the achievement of the MDGs as it was clear from the review that the achievement of the goals by 2015 was going to fall short. At the summit, other announcements regarding programs aimed at battling hunger, poverty, and illness were also made. At a special UN event held at the Summit that launched the "Global Strategy for Women's and Children's Health," several heads of state and government from both developed and developing nations, backed by the private sector, foundations, international organizations, civil society, and research organizations, pledged more than $40 billion in aid through 2015, (United Nations, 2010). This was part of a major effort to intensify progress made in the area of women's and children's health. Two years later on the 20th anniversary of the Earth Summit the UN convened once more.

The United Nations Conference on Sustainable Development, Rio+20, was held on June 20-22, 2012, in Rio de Janeiro. States came together to reflect on the last forty years of sustainable development work and treaties. The conference had three goals: to reaffirm political commitment to sustainable development, evaluate compliance with prior

pledges and implementation gaps, and address new and emerging concerns. As we know, all the previously mentioned conferences and summits set out similar objectives. In the 40-year history of sustainable development, the conversation remains the same. One of the main concerns from 1972 was whether or not it was possible to mix economic growth, social inclusion, and environmental sustainability without posing a threat to those of us in the 21st century. This proved accurate, and it continuously intensified until this point at Rio+20. The world has seen an increasing population, growing carbon emissions, and a significant biodiversity loss since 1972. The leaders also had to accept another challenging decision. The major environmental deals indicated as historic breakthroughs at the Earth Summit 1992 had not succeeded, at least not yet, but by the time of the Rio+20 Summit, they again had yet to fulfill their promises.

The leaders in attendance of Rio+20 took the reins of these dilemmas. They went forward with this conference to provide an opportunity to break away from the status quo, take action to combat the destruction of the environment, eliminate poverty, and create a bridge to the future. In the outcome document of Rio+20, "The Future We Want," the first declaration was that they must relentlessly persist (United Nations, 2012):

> We, the Head of State and Government and high-level representatives, having met at Rio de Janeiro, Brazil, from 20 to 22 June 2012, with the full participation of civil society, renew our commitment to sustainable development and to ensuring the promotion of an economically, socially and environmentally sustainable future for our planet and for present and future generations.

With this commitment in mind, Rio+20 reflected on the success of the MDGs in eradicating poverty; even though it is still one of the world's most critical challenges, the MDGs provided a sound framework that states could follow. There needed to be a new approach to the development goals that could continue the fight for sustainable development when the deadline to achieve the MDGs expired, leading to the creation of the Sustainable Development Goals.

First introduced at Rio+20, the SDGs immediately went into development. At the end of Rio+20, the Post-2015 Development Agenda began. This Agenda was a process the United Nations oversaw from 2012 to 2015 to establish the post-Millennium Development Goals global development framework, which became the SDGs. To define the precise goals of the SDGs, the UN General Assembly's Open Working Group (OWG) on the SDGs, which has 30 members, was established in January 2013. Rio+20 declared that the SDGs should be few in number, aspirational, and simple to express, although it did not elaborate on any specific targets. The objectives should be consistent with and integrated into the UN development agenda beyond 2015 and equally address all three aspects of sustainable development (United Nations, 2013). While the OWG prepares to present the SDGs, several other groups and reports are being made to asses how the SDGs should be approached, created, and implemented all while following the needs of the Post-2015 Agenda.

The first assessment came from the United Nations System Task Team and their outcome document "Realizing the Future We Want for All." This task force was spearheaded by the then Secretary-General Ban Ki-moon. More than 60 UN agencies and international organizations are represented on the Task Team which is jointly chaired by the Department of Economic and Social Affairs and the UNDP, assisting the process by offering thoughtful analysis and significant suggestions. The outcome document titled "Realizing the Future We Want for All" published in March 2012, highlights several criteria for taking into account when forming the global development agenda and offers a bold vision for transformative change toward inclusive, people-centered, and sustainable development. It reaches these conclusions by carefully analyzing the advantages and disadvantages of the MDGs and by evaluating several urgent development issues that must be addressed in a global agenda for sustainable development, (United Nations, 2012). Below in Table 3 is a summary of this outcome document showing the strengths and weaknesses of the MDGs based on conceptualization, format, and implementation made by the UN System Task Team.

Table 3: Strengths and weaknesses of the MDG agenda

Strengths	Weaknesses
Key conceptualization and characteristics of the MDG framework	

The integrated framework influenced policies by giving priority and operational meaning to various dimensions of human development; Simple, transparent and easy-tocommunicate framework; It provided the basis for converging advocacy, thereby helping to strengthen the global partnership for development and directing global and national resources towards poverty reduction and human development; It recognized the special needs of Africa and LDCs, LLDCs and SIDS and strengthened international commitments to address those needs	Lack of consultations at its conception to build ownership led to the perception of a donor-centric agenda; Excluded some important issues embodied in the Millennium Declaration; Inadequate incorporation of other important issues, such as environmental sustainability, productive employment and decent work, inequality; Limited consideration of the enablers of development; Failure to account for differences in initial conditions.
Format of the MDG framework	
Clear definition of goals, targets, and indicators helped improve policy monitoring and accountability; Supported the development of countries' statistical capacity and the use of robust data in support of development policies; Improved statistical system coordination at national and international levels	Imprecise quantitative targets were set for some dimensions, such as for reducing the number of slum-dwellers and several targets related to MDG-8; Failure to account for population dynamics; Perception of a top-down exercise (from the international to the national statistical systems); Lack of clarity on how to tailor global targets to national realities and regional dynamics, among others; Lack of attention to disaggregated monitor progress among vulnerable groups, qualitative aspects, and interdependencies across the MDGs.
MDG implementation	
MDG framework promoted concrete actions to address human development shortfalls and the goals and targets were made explicit in national development policies;	MDGs influenced the setting of rather rigid national policy agendas, following international benchmarks, rather than local conditions and often ignoring the complexities of the development process;

Provided a common framework and an improved coordination opportunity for development actors; Facilitated various forms of intra-regional cooperation; Some countries tailored the MDG framework to reflect their own realities, including adding relevant goals, targets and indicators and using disaggregated data across regions and vulnerable groups.	Policies and programs did not consider the synergies between achieving the different goals and targets; The way in which "on-track" and "off-track" progress was measured failed to adequately account for considerable progress made by countries with low initial levels of human development (especially in Africa); In the global debate, the MDGs led to overemphasizing financial resource gaps to the detriment of attention for institutional building and structural transformations.

(United Nations, 2012)

The implementation of the MDGs showed a range of successes and challenges. On the one hand, the MDG framework successfully connected the ambitions of the world with concrete national development initiatives, inspiring targeted national initiatives. Significant intra-regional interactions were made possible, which expedited coordination across a wide range of stakeholders, including governments and international organizations. Moreover, certain nations skillfully customized the MDGs to correspond with their distinct situations, modifying objectives, benchmarks, and metrics to tackle geographical discrepancies and assist marginalized communities. However, fundamental problems emerged; nations unintentionally adopted strict policy objectives based on global standards, and the framework may have obscured regional intricacies and demands. The MDGs also lacked a synergistic approach, frequently underplaying the connections between various development targets and goals. Sometimes real advances were underrepresented in the criteria used to measure progress, particularly in the case of less developed nations. Additionally, the global conversation surrounding the MDGs has a tendency to overemphasize the lack of financial resources, drawing focus away from important facets like institutional development and structural changes.

Yet, it is crucial to realize the innovative character of the MDGs, signifying a turning point for the UN and the global community. The MDGs were the first of its kind as there was no precedent. The MDGs shifted their focus from an environmental-centric

perspective to human development as the foundation of sustainable progress. Even though the outcome was imperfect, it helped shape later initiatives such as the SDGs. The MDGs' unique feature—which the SDGs built upon—was the mutually beneficial interaction between aspirational objectives and concrete, deadline-driven targets. Even though a weakness of this was an uneven tracking structure, the report states, "it established a clear association between overall, inspirational goals and concrete and time-bound targets which could be monitored by statistically robust indicators. This has not only helped keep the focus on results but also contributed to the strengthening of statistical systems and use of quality data to improve policy design and monitoring by national governments," (United Nations, 2012). This alignment sparked a focus on measurable results and accelerated the development of statistical infrastructures, utilizing high-quality data for careful policy design and monitoring. Monitoring systems developed as the SDGs took over, with organizations such as the United Nations Department of Economic and Social Affairs (UN DESA) leading the charge to create new indicators. An in-depth discussion of this development will be provided in Chapter 3, which will also highlight the SDG framework's inclusion of mental health among refugees as a prominent indicator.

The report concludes with several recommendations for the Post-2015 Agenda, to promote equitable economic development, social advancement, and environmental sustainability, it calls for an integrated policy strategy. Two recommendations that stand out for this research are stated in the report,

> "To avoid one important weakness of the MDG agenda, more prominence would need to be given to the goal of promoting substantive equality between and within countries, as part of the post-2015 global development agenda, including better use of data disaggregation. To that end, greater attention should be given to: i) data disaggregation to monitor progress among vulnerable groups; ii) to qualitative dimensions; and iii) to interdependencies across the goals. Goals and targets for the global partnership should be more precisely defined to improve accountability. The post-2015 framework should avoid interpreting the global partnership for

development as a partnership of developed versus developing countries and donors versus recipients." (United Nations, 2012)

These recommendations will be essential in the analysis of data on refugee mental health as we will see there is a lack of this data. The data that is available will help set the stage for the proposal of refugee mental health as an indicator for the SDG framework.

The second group of individuals to evaluate the MDGs in preparation for the SDGs is the UN Secretary-General's High-Level Panel of Eminent Persons established in July 2012. The Panel brings together leaders from civil society, the commercial sector, academics, and municipal and federal governments, and is co-chaired by the presidents of Indonesia, Liberia, and the United Kingdom. The Panel's report titled, "A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development," published in 2013, highlighted that to complete the work that the MDGs began, new objectives and targets must be based on respect for all human rights as was seen after Rio+20. Hunger, poverty, access to clean water, healthcare, and education should all receive a practical priority, but to effectively promote sustainable development, ideas must go beyond the MDGs. The research notes that the poorest and most excluded individuals were not given enough attention, which is one of the MDGs' shortcomings. The significance of building strong governance and institutions that ensure the rule of law, freedom of speech, and transparent and accountable government was not mentioned, nor was the necessity of inclusive growth to create jobs (United Nations, 2013). The three pillars of sustainable development, economic growth, social inclusion, and environmental protection, were lastly addressed in the report as another major shortcoming of the MDGs as these driving forces were not properly enforced.

To conclude the report, the Panel calls for five shifts in the creation of the new Post-2015 goals stated below:

- Leave No One Behind - After 2015 we should move from reducing to ending extreme poverty, in all its forms. We should ensure that no person – regardless of ethnicity, gender, geography, disability, race, or other status – is denied basic economic opportunities and human rights.

- Put Sustainable Development at the Core - We have to integrate the social, economic, and environmental dimensions of sustainability. We must act now to slow the alarming pace of climate change and environmental degradation, which pose unprecedented threats to humanity.
- Transform Economies for Jobs and Inclusive Growth - A profound economic transformation can end extreme poverty and improve livelihoods, by harnessing innovation, technology, and the potential of business. More diversified economies, with equal opportunities for all, can drive social inclusion, especially for young people, and foster sustainable consumption and production patterns.
- Build Peace and Effective, Open, and Accountable Institutions for All - Freedom from conflict and violence is the most fundamental human entitlement and the essential foundation for building peaceful and prosperous societies. At the same time, people the world over expect their governments to be honest, accountable, and responsive to their needs. We are calling for a fundamental shift – to recognize peace and good governance as a core element of well-being, not an optional extra.
- Forge a New Global Partnership - A new spirit of solidarity, cooperation, and mutual accountability must underpin the post-2015 agenda. This new partnership should be based on a common understanding of our shared humanity, based on mutual respect and mutual benefit. It should be centered on people, including those affected by poverty and exclusion, women, youth, the aged, disabled persons, and indigenous peoples. It should include civil society organizations, multilateral institutions, local and national governments, the scientific and academic community, businesses, and private philanthropy (United Nations, 2013).

To summarize, the first shift promotes the idea of "Leave No One Behind." The goal is now to eradicate extreme poverty in all of its forms, rather than just lessening it. This vision entails a deep commitment to guaranteeing that every person has unhindered access to core human rights and basic economic opportunities, regardless of their

ethnicity, gender, location, disability, or any other defining factor. The second shift calls for placing sustainable development at the center of all efforts. This change highlights how urgent it is to combat climate change and environmental degradation because it acknowledges the connection of sustainability's social, economic, and environmental dimensions. Threats like these compromise the basic foundation of human existence, so humanity needs to respond quickly to lessen them. The third shift advocates for significant reorganization of the economy to promote inclusive growth and jobs. Through leveraging innovation, technology, and business potential, economies can be reformed to eliminate extreme poverty and improve living standards for all. To encourage social participation and sustainable patterns of consumption and production, the focus is on diversification and equal opportunities, especially for the youth. The significance of fostering peace and creating institutions that are open, transparent, and accountable for everyone is emphasized by the fourth shift. Acknowledging that being free from conflict and violence is a basic human right, this change highlights how important it is to have an accountable and open government. It is argued that maintaining peace and having effective government are essential components of creating thriving, peaceful communities rather than it being optional. The creation of a New Global Partnership is supported by the fifth and final shift. This collaboration, which is based on accountability, solidarity, and cooperation, aims to create a common understanding of our humanity. It puts people first, including those who are impacted by marginalization and poverty. This broad coalition includes businesses, private charities, national and municipal governments, corporations, academic and scientific communities, and civil society organizations. This new international cooperation aims to build a mutually respectful and beneficial attitude to achieve a future that is equitable and sustainable for all.

These five shifts proved to be vital in the coming development of the SDGs and other international instruments for the protection of the people of the world. Leave No One Behind became the second core principle in the United Nations Sustainable Development Group and was highlighted previously in Chapter 1 from the Global Compact on Refugees. This will be further analyzed in the next section.

With these evaluations presented and recognized, the UN OWG released its final document, which included 17 recommendations, in July 2014. In addition to the open

working group discussions, a public consultation of a scale never seen in UN history provided input for the 2030 Agenda for Sustainable Development. It is the outcome of a transparent, inclusive, and three-year process that includes the voices of all participants. Beginning in 2012, the UN system facilitated 88 national consultations with the public on the future they desired; eleven topic consultations on a broad range of sustainable development-related problems; six implementation dialogues; and door-to-door surveys. Additionally, the UN asked respondents to an online My World survey to rank the topics they thought should be prioritized in the goals, (United Nations, 2012). These global consultations manifested as the outcome document "A Million Voices: The World We Want." The group's representatives came from 70 different nations. After member-state negotiations, the final wording of the declaration, preamble, and goals and targets was agreed upon in August 2015. The presentation of the 17 goals was adopted at the UN Summit on Sustainable Development from September 25-27, 2015 in New York. The official plan is called "Transforming Our World: The 2030 Agenda for Sustainable Development by 2030" and aims to identify innovative approaches to enhance the quality of life for people worldwide, end poverty, encourage prosperity and well-being for all, safeguard the environment, and combat climate change, (United Nations, 2015). Listed below in Table 4 are all of the 17 sustainable development goals as presented in "Transforming Our World."

Table 4

Sustainable Development Goals
Goal 1. End poverty in all its forms everywhere
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
Goal 3. Ensure healthy lives and promote well-being for all at all ages
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Goal 5. Achieve gender equality and empower all women and girls

Goal 6. Ensure availability and sustainable management of water and sanitation for all
Goal 7 Ensure access to affordable, reliable, sustainable, and modern energy for all
Goal 8. Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all
Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation
Goal 10. Reduce inequality within and among countries
Goal 11. Make cities and human settlements inclusive, safe, resilient, and sustainable
Goal 12. Ensure sustainable consumption and production patterns
Goal 13. Take urgent action to combat climate change and its impacts*
Goal 14. Conserve and sustainably use the oceans, seas, and marine resources for sustainable development
Goal 15. Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development
* Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.

(United Nations, 2015).

These 17 Goals are the current framework that states should be following and using to track and monitor progress towards sustainable development. The Agenda provides grounds for states to review and follow up on the goals. As stated in the Agenda, "operating at the national, regional and global levels, [the follow-up and review framework] will promote accountability to our citizens, support effective international cooperation in achieving this Agenda and foster exchanges of best practices and mutual learning. It will mobilize support to overcome shared challenges and identify new and emerging issues. As this is a universal Agenda, mutual trust and understanding among all nations will be important," (United Nations, 2015). The SDGs have always been seen as a call to action and a universal framework for all people to be able to work towards. Even at all levels of government, everyone has a role to play in the achievement of the SDGs. The goals went into effect January 1st, 2016. In "Transforming Our World" the goals are presented with each target but no indicators, it wasn't until March 2017 at the 48th session of the United Nations Statistical Commission that the Inter-Agency and Expert Group on the SDG Indicators (IAEG-SDGs) created the global indicator framework for the SDGs, (United Nations, 2017). This will be further discussed in Chapter 3.

To close out this section we will look at the Means of Implementation and the Global Partnership for Achieving Sustainable Development (MOI). From the UN Issues Brief, "The implementation of the post‑2015 development agenda will require States and other relevant actors, acting individually and collectively, to adopt policies and mobilize resources to advance equitable, human rights‑based, sustainable development," (United Nations, 2015). The MOI refers to the resources, mechanisms, and tools necessary to achieve the SDGs. It includes trade-related issues, technological transfer, capacity building, and financial resources. The MOI understands that attaining sustainable development calls for more than simply goal-setting; it also calls for the provision of resources and practical measures to make these objectives a reality. Highlighting again the key elements of the MOI we have financial resources, technology transfer, building capacity, and trade. The SDGs cannot be implemented without sufficient and reliable financial resources. This entails bringing in foreign direct investment, mobilizing local resources, and giving developing nations official development aid (ODA). The brief notes, "Public policies and sources of revenue are critical both to address market

failures and to raise resources for financing long‐term investments…In the least developed countries, ODA represents about half of all external financing available to close their savings gap," (United Nations, 2015). Sustainable development depends on both the availability of and the transfer of environmentally friendly technologies. This entails promoting the transfer of technology and information between industrialized and developing nations, "technology's potential to address concerns over growing resource scarcity and worsening environmental degradation has begun to be drawn on, but there is still enormous unrealized potential," (United Nations, 2015). A crucial component is strengthening developing nations' ability to carry out and oversee sustainable development programs. This entails strengthening establishments, educating staff, and encouraging the advancement of human resources, "it is inextricably linked to funding, the science-policy-society interface, and monitoring and assessment. The UN‐coordinated capacity building work at the national level is in part focused on mainstreaming human rights and environmental sustainability in UN country programming processes," (United Nations, 2015). It is thought that an open, predictable, rules-based, and non-discriminatory trading system is essential to sustainable development. The MOI emphasizes trade policies that cater to the interests of developing nations, "Trade growth has decelerated since the global economic and financial crisis, but merchandise trade in developing countries continued to grow faster than the world average," (United Nations, 2015). To summarize, the SDGs offer an all-encompassing strategy to tackle worldwide issues like poverty, inequality, and climate change. The MOI provides platforms for collaboration to address these concerns successfully. Significant financial investment is needed to accomplish the SDGs, and the MOI places a strong emphasis on resource mobilization, especially for developing countries that might not have access to these resources. Sustainable development requires innovation and technology transfer and the MOI promotes knowledge sharing and environmentally friendly technologies to close the technical gap between industrialized and poor countries. Enhancing national capabilities is crucial, particularly for developing countries, and the MOI concentrates on improving organizational, human, and institutional capacity to guarantee the effective management and implementation of sustainable development initiatives. The MOI's focus on a fair and open trading system promotes economic expansion, makes it easier for developing

countries to join the global economy, and helps to reduce poverty and promote sustainable development generally. It emphasizes how crucial it is for all parties involved—including governments, corporations, civil society, and international organizations—to coordinate. Promoting sustainable development is everyone's duty, and the global partnership plan promotes collaboration by utilizing a variety of resources and expertise. The prioritization of inclusive decision-making guarantees that the viewpoints of all parties involved, especially those from underprivileged communities, are taken into account. This method aids in the creation of policies and programs that are fair and sensitive to the many demands of the community. Strong monitoring and reporting protocols are emphasized by the MOI to guarantee accountability and openness in the SDG implementation, enabling modifications and advancement in response to successes and obstacles. We will now go further in the SDGs by examining how mental health is inherently a part of the SDG framework.

2.2 Mental Health Within the Sustainable Development Goals

Mental health must be addressed within the context of the SDGs because mental health is strongly tied to many aspects of human well-being and general societal advancement. The SDGs include mental health, which makes it possible to create a comprehensive and all-encompassing plan to address mental health-related challenges internationally. This inclusion highlights the intrinsic value of mental health while also highlighting its close relationship to other aspects of sustainable development.

One of the primary arguments in favor of including mental health in the SDGs is the substantial impact it has on both individual and societal resilience. Moreover, taking into account the unique situation of mental health among refugees emphasizes how urgent it is to include mental health in the SDGs. We have seen that refugees frequently experience trauma, loss, and displacement, all of which can have a detrimental effect on their mental health. Understanding how the SDGs' various indicators relate to mental health can help policymakers create a more complex and successful strategy to enhance refugees' mental health. For example, by promoting social stability and unity, programs targeted at helping refugees with their mental health can advance not only SDG 3 but also SDGs 10 and 17. Additionally, the SDGs offer a framework for cooperation on

mental health programs for refugees across governments, NGOs, and other international organizations. This collaborative approach is necessary since mental health is a social issue that calls for coordinated efforts across all sectors, in addition to being a health issue. For this thesis, we will only look at some of the targets and indicators of three of the SDGs. The three goals selected that are most relevant to the refugee mental health crisis are Goals 3, 10, and 17. Tables 5, 6, and 7 will show the relevant targets and indicators of these SDGs that are related to refugees, mental health, and development. Goal 3 is Good Health and Well-Being to ensure healthy lives and promote well-being for all at all ages. The 2030 Agenda and sustainable development depend on good health. This goal seeks to provide equitable access to healthcare services for all men and women, as well as universal health coverage. While keeping in mind new issues like non-communicable diseases (NCDs), it concentrates on issues like wider economic and social inequality, urbanization, climate change, and the ongoing burden of HIV and other infectious diseases, (United Nations, 2015). The fulfillment of good health and well-being on a worldwide scale requires major attention in light of the COVID-19 pandemic. There can be a significantly larger study done on the SDGs, refugees, and mental health from the impacts of the COVID-19 pandemic. Based on the 2022 Sustainable Development Goals Report, "the pandemic has severely disrupted essential health services, triggered an increase in the prevalence of anxiety and depression, lowered global life expectancy, derailed progress towards ending HIV, tuberculosis and malaria, and halted two decades of work towards making health coverage universal," (United Nations, 2022). Target 3.4 is emphasized through the dual strategy of prevention and treatment. Implementing efforts to lower the risk of developing NCDs includes limiting alcohol and cigarette use, encouraging physical exercise, and promoting healthy meals. The goal of treatment is to enhance healthcare systems so that individuals with NCDs can receive prompt and efficient medical interventions. The target acknowledges the significance of mental health in addition to physical health. Reducing the stigma attached to mental health problems, expanding access to mental health treatments, and creating supportive environments that enhance mental health outcomes are all part of promoting mental well-being under Goal 3.

Table 5

Target 3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
Indicator 3.4.2	Suicide mortality rate

(United Nations, 2015)

As mentioned before we know that the SDGs and the Global Compact on Refugees have related efforts. The UNHCR published the 2021 document titled, “The Sustainable Development Goals and the Global Compact on Refugees: Working together to ensure that refugees and host communities are not left behind.” The document is set up as a chart showing each of the SDGs and the aligned contribution made by the Global Compact. For Goal 3 Goal 3,“The Global Compact on Refugees seeks to mobilize resources and expertise to expand and enhance the quality of national health systems to facilitate access by refugees and host communities...Depending on the context, this could include resources and expertise to build and equip health facilitates or strengthen services, including through capacity development and training opportunities for refugees and members of host communities who are or could be engaged as health care workers,” (UNHCR, 2021). The Global Compact on Refugees recognizes the value of specialized knowledge and skills and advances the larger objective of guaranteeing that all people, including refugees and host communities, have access to high-quality health services by integrating mental health care into national health systems.

Goal 10 is Reduced Inequalities or the full title is reduce inequality within and among countries. Listed below is the relevant target for Goal 10. This goal recognizes the need to address various forms of inequality, both within and among nations, to foster inclusive and sustainable development. This Goal highlights the fact that “inequality threatens long-term social and economic development, harms poverty reduction, and destroys people’s sense of fulfillment and self-worth,” (United Nations, 2015). The goal of SDG 10 is to empower marginalized and vulnerable people and to encourage their social, economic, and political inclusion. It recognizes the function of migration and the need to promote orderly, regular, and safe migration. National and international policy

coordination is necessary to achieve SDG 10. Target 10.7 highlights the necessity of all-encompassing, integrated policies that deal with the underlying causes of inequality and encourage a more fair allocation of opportunities and resources, (United Nations, 2015). It emphasizes how crucial it is to guarantee that everyone, regardless of socioeconomic background, has equal access to essential services including healthcare, social services, and education. Since migration is a global phenomenon, this target emphasizes how important it is for nations to work together to solve migration-related issues. It encourages nations to work together to create and carry out laws that support lawful, orderly migration. This entails exchanging best practices, arranging for the management of migration flows, and dealing with the underlying reasons for forced migration. The target emphasizes responsibility in migration while highlighting how crucial it is to protect migrants' rights and welfare.

Table 6

Target 10.7	Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
Indicator 10.7.2	Number of countries with migration policies that facilitate orderly, safe, regular and responsible migration and mobility of people
Indicator 10.7.3	Number of people who died or disappeared in the process of migration towards an international destination
Indicator 10.7.4	Proportion of the population who are refugees, by country of origin

(United Nations, 2015)

Regarding the Global Compact on Refugees and SDG 10, “the Compact provides for a range of ‘Arrangements for burden and responsibility sharing’ to be deployed to address

identified ‘Areas in need of support’; central amongst these is greater financial support to developing countries hosting large numbers of refugees from both public and private sources, as well as specific mechanism such as the Global Refugee Forum and situation-specific Support Platforms, (UNHCR, 2021). The Compact recognizes that substantial financial resources are needed to address the needs of refugees. The fact that these resources could originate from both the public and private sectors emphasizes how crucial a multi-stakeholder strategy is. The Compact also recognizes the significance of enabling refugee mobility. This could entail removing obstacles to mobility, facilitating legal migration routes, and relaxing restrictions in order to give refugees access to opportunities that improve their well-being.

Goal 17 is Partnerships for the Goals. The official title is Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development. This goal highlights the value of cooperation at the local, national, and international levels while acknowledging the interrelated and cooperative nature of tackling the most important issues facing the globe. Governments, businesses, civil society, and other stakeholders are encouraged to work together to achieve SDG 17. To mobilize and exchange knowledge, skills, technology, and financial resources, it highlights the necessity of inclusive and productive collaborations, (United Nations, 2015). Progress tracking is a key component of the SDGs. To make sure that the promises made by the international community are fulfilled, target 17.18 places a strong emphasis on the necessity of trustworthy data collection and analysis as well as accountability systems. This target, which recognizes the value of strong data systems, highlights the necessity of building up developing nations' capacities, with an emphasis on the least developed nations and small island developing states in particular. Data that is timely and dependable is essential for tracking the SDGs' progress. This target emphasizes how important it is to guarantee that data that satisfies strict requirements for timeliness and quality is readily available. The target emphasizes the significance of gathering data that is broken down by numerous criteria, such as income, gender, age, race, ethnicity, migratory status, handicap, and geographic location. It acknowledges the diversity among communities.

Table 7

Target 17.18	By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts
Indicator 17.18.1	Statistical capacity indicator for Sustainable Development Goal monitoring
Indicator 17.18.2	Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics
Indicator 17.18.3	Number of countries with a national statistical plan that is fully funded and under implementation, by source of funding

(United Nations, 2015)

The Global Compact on Refugees and SDG 17 aligns in several ways, “The Global Compact seeks to mobilize additional financial and other resources (including capacity-building support) in support of refugee responses from a range of public and private sources, including through private sector investment. It seeks to close the technology gap between developed and developing countries, and to enhance the

collection and use of high-quality, timely and reliable data in refugee responses," (UNHCR, 2021). It highlights the necessity of encouraging the transfer of technological expertise, infrastructure, and resources from developed to developing countries in order to close the technology gap. Acknowledging the need to make well-informed decisions about refugee responses, the compact emphasizes the importance of gathering thorough and precise data. To meet the unique requirements of refugees and host communities, this data can help with program implementation, resource allocation, and policy decisions. The compact seeks to maximize resource allocation by using data to pinpoint trends, gaps, and priority areas. This guarantees that limited resources are allocated to the most critical areas, leading to a more focused and significant response to the refugee crisis.

We have seen now that mental health is not just a part of a single SDG but promoting mental health also makes other SDGs possible. By promoting personal resilience and well-being, mental health issues help create a more inclusive, equitable, and sustainable society. It calls for an all-encompassing strategy that includes community involvement, education, social support, and healthcare. Part of achieving these goals is the monitoring and tracking process made possible by the targets and indicators of each goal. In the final chapter, we will see how an indicator is created in the SDG framework. This will guide us in the creation of our own SDG indicator.

Chapter 3: Measuring and Integrating Refugee Mental Health as an SDG Indicator

In this final chapter, we will discuss the proposed solution to our research question. How can the mental health of refugees be effectively measured and integrated as a new indicator for states to progress towards achieving the Sustainable Development Goals? This paper seeks to answer this question by proposing a new Refugee Mental Health Index. But to do this we must first look at how an indicator is created under the SDG framework and the criteria for establishing a new indicator. The inclusion of mental health in the SDGs requires a strong indicator framework that encompasses the various aspects of recovery, resilience, and well-being among displaced people. This chapter will be broken down into two parts, the first is looking at a simple history of how

indicators were created for the MDGs from the handbook mentioned in Chapter 2 and how they were improved for the SDGs. The second part will be applying the criteria and introducing the Refugee Mental Health Index.

3.1 Creating Indicators

The United Nations Development Group (UNDG) created the handbook titled Indicators for Monitoring the Millennium Development Goals Definitions Rationale Concepts and Sources in 2003. Of the 18 targets in the MDGs, there are 48 indicators. The handbook clarifies that instead of being prescriptive, the indicators are designed to help preparers of country-level reports by taking into consideration the national context and the opinions of different stakeholders, (UNDG, 2003). To ensure that these reports authentically resonate with the distinct socio-cultural, economic, and political dynamics of each country, their design is based on a detailed understanding and respect of the distinctive national context within which they are set. There are five main criteria guiding the selection of indicators under the MDGs, shown in Box 2 from the handbook.

Box 2

Indicators should:

- Provide relevant and robust measures of progress towards the targets of the Millennium Development Goals
- Be clear and straightforward to interpret and provide a basis for international comparison
- Be broadly consistent with other global lists and avoid imposing an unnecessary burden on country teams, Governments, and other partners
- Be based to the greatest extent possible on international standards, recommendations, and best practices
- Be constructed from well-established data sources, be quantifiable, and be consistent to enable measurement over time

(UNDG, 2003)

To summarize and elaborate on these five criteria the first step is that indicators must be carefully crafted. To ensure that the chosen indicators capture the purpose and depth of

the developmental objectives, a thorough grasp of each target's complexities is required. These indicators act as concrete standards by closely correlating with MDG targets, allowing stakeholders to evaluate progress, spot gaps, and adjust plans as needed.
Secondly, interpretability and clarity are crucial. It is important to present indicators in a way that makes them understandable to a wide range of audiences, such as the general public, researchers, and policymakers. They should also be created with a global viewpoint in mind to enable comparisons between various nations and areas. This promotes openness, eases the exchange of knowledge, and creates a group commitment to developing innovations and best practices in the service of common developmental goals.
Thirdly, maintaining coherence with existing international frameworks and registries guarantees coordination of endeavors, reduces duplication, and promotes smooth cooperation among diverse stakeholders. Moreover, governments, or partners mustn't be unnecessarily burdened by the development and application of indicators. This calls for a simplified strategy that puts efficiency first, makes use of already-existing infrastructures, and encourages cooperative collaborations to maximize resource allocation and improve overall efficacy.
Fourthly, by establishing indicators inside globally acknowledged standards, guidelines, and optimal practices, the measuring framework gains legitimacy, accuracy, and precision. To guarantee that indicators accurately reflect current knowledge, methodology, and ethical issues common in the global development community, a thorough assessment and synthesis of the literature, expert consensus, and existing standards is required. Indicators that follow set standards can successfully direct the creation of policies, motivate evidence-based actions, and promote international cooperation to tackle difficult developmental issues.
Finally, reliable data sources that are dependable, extensive, and easily accessible must support indicators. Collaboration with respectable establishments, groups, and agencies skilled in gathering, analyzing, and disseminating data is required for this. The handbook mentions, “A consultation process, generally involving the national statistical office or other national authority, should be initiated in the selection and compilation of country-specific indicators. The consultation should take into account national development priorities, the suggested list of indicators, and the availability of data. The

United Nations country team should work collaboratively to help build ownership and consensus on the selected indicators," (UNDG, 2003). Indicators should also be measurable to enable systematic measurement, monitoring, and assessment of advancement over time. The handbook highlights this point, "just as the indicator list is dynamic and will necessarily evolve in response to changing national situations, so will the metadata change over time as concepts, definitions, and methodologies change," (UNDG, 2003). It is essential to maintain consistency in data collection techniques, measurements, and reporting systems to support longitudinal analyses, spot trends, track trajectories, and methodically evaluate the effects of interventions.

Indicators can successfully inform decision-making processes, direct resource allocation, and create sustainable development outcomes consistent with the MDGs' overarching objectives by maintaining continuity and consistency. The handbook furthers this idea, "the data source for each indicator and the quantitative value of the indicator should be decided by consensus among the key stakeholders, especially the national statistical system. The national statistical system should own the data and related indicators. For any given indicator, a wide range of data sources may be available within the country, and each source should be critically reviewed. Existing data sources and reporting systems should be used where possible, particularly where line ministries have their own statistical systems. International data sources should be consulted for validation and in the absence of national sources," (UNDG, 2003). The formulation of these indicators is inherently collaborative, prioritizing the incorporation of diverse stakeholder perspectives and insights. By fostering a participatory framework that values the contributions of various stakeholders, the indicators aim to capture a comprehensive and multifaceted understanding of the issues at hand, thereby enhancing the relevance, accuracy, and applicability of country-level reports in addressing pertinent challenges and fostering sustainable development.

The handbook also provides metadata sheets for each indicator and demonstrates the following:

- A simple operational definition
- The goal and target it addresses
- The rationale for use of the indicator

- The method of computation
- Sources of data
- References, including relevant international Web sites
- Periodicity of measurement
- Gender and disaggregation issues
- Limitations of the indicator
- National and international agencies involved in the collection, compilation or dissemination of the data (UNDG, 2003).

The utilization of these metadata sheets is essential for facilitating the efficient execution and oversight of the MDG indicators. By giving thorough details about each indicator, they improve comprehension and clarity for a range of stakeholders. They support standardization by guaranteeing consistency in the procedures for gathering and reporting data among various entities and geographical areas. Since metadata includes details about each indicator's sources, methods, and potential limits, it improves the quality of the data. They also make interoperability easier, enabling efficient data interpretation and interchange across various software systems. The sheets are essential for tracking and evaluating MDG progress because they provide information about the usefulness, efficiency, and relevancy of reported data. By giving many sectors and disciplines a shared point of reference for collaboration, they also play a part in fostering cross-disciplinary understanding.

Additionally, by guaranteeing correct reporting and enabling stakeholders to comprehend the data collection process, metadata sheets promote accountability and transparency. They provide advice on the most effective methods for gathering and reporting data, making them useful instruments for enhancing capacity. Finally, they facilitate communication by acting as a bridge between policymakers and technical experts, opening up difficult statistical information to a wider audience. This is all still applicable to the MDG indicators and the SDG indicators.

The IAEG-SDGs, a new expansion of the UNDG, created the global indicator framework for the SDGs, which was approved during the 48th United Nations Statistical Commission session in March 2017. The Statistical Commission will do annual reviews and refinements of the indicator framework with its fifty-first session in

March 2020 and fifty-sixth session in 2025. Member States will also produce indicators at the national and regional levels to supplement the global indicator framework (United Nations, 2017). The indicator framework incorporates annual improvements to the indicators as they happen. In line with the mandate of the group, the IAEG-SDGs suggested 36 important changes to the framework in the form of replacements, revisions, and modifications as part of the 2020 Comprehensive Review, which was accepted by the 51st Statistical Commission in March 2020 (United Nations, 2020). In the newly proposed indicator framework of 2017 and the beginning stages of implementation of the SDGs, another handbook was created in December 2015 titled *Getting Started with the Sustainable Development Goals A Guide for Stakeholders.* We know that in the creation of the SDGs everything needed to be expanded or developed further from the MDGs. In the same manner some of the criteria for creating an indicator changed, but still kept many of the same principles of the original five criteria. Listed below are the new Ten Principles for Selecting Global Monitoring Indicators:

1. Limited in number and globally harmonized
2. Simple, single-variable indicators, with straightforward policy implications
3. Allow for high-frequency monitoring
4. Consensus-based, in line with international standards, and system-based information
5. Constructed from well-established data sources
6. Disaggregated
7. Universal
8. Mainly outcome-focused
9. Science-based and forward-looking
10. A proxy for broader issues or conditions (United Nations, 2015).

We can analyze this the same way as the original five criteria of an indicator under the MDGs. To ensure that the indicators are clear and concentrated on important facets of sustainable development, their number should be limited to a tolerable amount. Cross-national comparisons are made easier and measurement consistency is ensured by global harmonization.

There are obvious policy implications for single-variable, simple indicators. To prevent confusion, indicators should be simple to comprehend and should only focus on one variable. They should also be closely related to policy activities, demonstrating the potential influence of policy changes on the variable being assessed. Frequent monitoring of the chosen indicators is necessary to allow for rapid modifications and interventions. This makes it possible to respond to changes dynamically and guarantees more accurate tracking of progress. The SDG handbook suggests, "SDG monitoring should operate on an annual cycle to align with national planning and budgetary processes, and prioritize indicators that lend themselves to annual production (or bi- or tri-yearly production)," (United Nations, 2015). There should be consensus-based decision-making, in line with international standards and system-based information. Various stakeholders should work together to achieve a consensus during the development phase of the indicators. International standard alignment guarantees cross-border comparability of data. Indicators are efficiently integrated into current data systems thanks to system-based information. To guarantee the authenticity and legitimacy of the data, indicators should be based on trustworthy and well-established data sources. This could contain information from national statistical offices, respectable foreign organizations, and other trustworthy sources. Broken-down disparities should be shown and policies should be adapted to the unique demands and difficulties faced by various groups by segmenting data according to characteristics like gender, age, income, and region. "As noted in Transforming Our World, targets should only be considered achieved if they are met for all relevant groups," (United Nations, 2015). Outcome indicators should be prioritized since they offer a comprehensive view of the impact and accomplishments. This aids in evaluating how well policies and interventions accomplish the goals of sustainable development. Research and scientific data should guide indicators. To inform proactive policy-making, they should also be forward-looking, taking into account new trends and upcoming difficulties. Larger, more complicated problems or circumstances should be represented by indicators. They ought to encapsulate the spirit of more expansive objectives, enabling a more thorough comprehension of advancements and obstacles in the pursuit of sustainable development. Following these guidelines strengthens the selection of global monitoring

indicators for the SDGs and guarantees an efficient and transparent monitoring procedure.

Further classification of indicators can be seen under the tier system. According to the UN IAEG-SDGs Tier Classification for Global SDG Indicators webpage, “to facilitate the implementation of the global indicator framework, all indicators are classified by the IAEG-SDGs into three tiers based on their level of methodological development and the availability of data at the global level,” (United Nations, 2017). The process of tier classification guarantees a methodical and adaptable approach to the SDGs' monitoring. While directing resources and efforts toward areas that need urgent attention or further development, it acknowledges the evolving nature of methodological improvements and data availability. This systematic approach improves the global monitoring system's efficacy, enabling responsible decision-making and encouraging accountability in the goal of sustainable development. Box 3 provides the criteria and definition of each of the three tiers that indicators are categorized by.

Box 3

Tier Classification Criteria/Definitions:

Tier 1: Indicator is conceptually clear, has an internationally established methodology and standards are available, and data are regularly produced by countries for at least 50 percent of countries and of the population in every region where the indicator is relevant.

Tier 2: Indicator is conceptually clear, has an internationally established methodology and standards are available, but data are not regularly produced by countries.

Tier 3: No internationally established methodology or standards are yet available for the indicator, but methodology/standards are being (or will be) developed or tested. (As of the 51st session of the United Nations Statistical Commission, the global indicator framework does not contain any Tier III indicators)

(United Nations, 2017).

Under Tier 1 the indicator must have a clear and well-defined concept, ensuring a common understanding of what is measured. A universally recognized methodology has been established, offering a consistent approach to measurement. There are available

international standards for data collection and reporting, which helps to ensure consistency in measurement procedures. Every region where the indicator is significant should have data produced regularly for at least 50% of the population and countries. The significance of widely available data is emphasized by this criterion.
Similar to Tier 1, Tier 2 requires that the indicator has a concept that is distinct and well-defined. Consistency in the approach is ensured by a defined global methodology for measurement. Measurement practices are standardized in part because of the existence of international standards for data collecting. Unlike Tier 1, countries do not consistently produce data for Tier 2 metrics. This can be the result of difficulties with the reporting or data collection procedures.
Even though Tier 3 indicators are no longer a part of the framework we can still analyze their role. So, although the indicator may still be developing or not be as widely accepted, it must have a clear conceptual description. For Tier 3 indicators, no internationally recognized methodology or standards are provided, in contrast to Tiers 1 and 2. Ongoing work is being done to create or evaluate standards and procedures, nonetheless. Tier 3 indicators are frequently in their infancy, with approaches being investigated and data-gathering techniques being tried.
These tier classifications are a useful tool for setting priorities for projects related to data collection, measurement improvement, and global monitoring. The explicit standards guarantee that the international community has access to comparable and high-quality data to monitor progress toward the SDGs and assist stakeholders in understanding the maturity and dependability of each indicator.
The process of developing indicators is essential to building a solid foundation for efficient measurement and assessment. By carefully creating and perfecting these indicatora, the door to perceptive analysis and well-informed choices is open. The deliberate creation and selection of indicators helps us to monitor progress and make data-driven decisions, while also improving the clarity of goals and objectives. By taking a methodical approach, we not only make sure that our efforts succeed but also cultivate a culture of continuous improvement, laying the groundwork for a future that is more adaptable and robust.

3.2 Creation and Integration of the Refugee Mental Health Index

Before presenting the solution to our research question, let's discuss the real-life process that indicator 10.7.4 undertook. Examining the complex process that led to the creation of this indicator, one of the most recent integrated indicators added to the SDG framework presents insightful information. Through a detailed analysis of the methods, information gathering, and teamwork that went into it, we can comprehend the difficulties and successes that are faced. By drawing comparisons and differences with this precedent, we provide a contextual framework and emphasize the importance of a systematic, all-encompassing approach. As a result, knowing the history of Indicator 10.7.4 turns it from a review to a guide that directs the methodical exposition of our indicator, guaranteeing an informed and influential conversation.

The process by which an indicator is created can be seen by the most recent and relevant additions to the indicator framework under SDG 10 indicator 10.7.4 "the number of refugees by country of origin as a proportion of the national population of that country of origin," (United Nations, 2019). This process is highlighted in the UNHCR Blogs article "Including forced displacement in the SDGs: a new refugee indicator", published in December 2019 by Petra Nahmias and Natalia Krynsky Baal. The article discusses the importance of the new indicator for displaced persons or refugees and offers an understanding of the indicator framework. The article also shows the push-backs and breakthroughs associated with the indicator. We know that the SDGs are meant to encompass inclusivity in applying to all persons in the world but with stark importance shown for more vulnerable or marginalized groups of people. However, when the SDG indicator framework was established and all targets and indicators were proposed and agreed upon, "there was not a single indicator mentioning refugees or displacement. This is of critical importance. An unintended consequence of using an indicator framework as the measurement tool is that what is outside of the framework is not measured or reported on and therefore often interpreted as not relevant/compulsory to the achievement of the overarching goals, (Nahmias and Baal, 2019). This flaw was viewed as having potentially serious ramifications because it unintentionally prevents the measurement and reporting of the unique difficulties and challenges refugee communities encounter. Without specialized indicators, the particular needs, conditions, and advancement of this marginalized group can be overlooked or underestimated in the

evaluation of international development initiatives as a whole. As a result, these problems can be seen as less significant or necessary to achieving the main SDGs. Disaggregated data is always an utmost priority under the SDG framework. This is inherently involved in the entire framework. The article continues, “There was agreement that the indicators should be disaggregated by characteristics such as ‘migratory status’ – including by refugee status. We submitted recommendations on which SDG indicators should be prioritized for disaggregation by forced displacement. Although this contribution was well received and formally included in the report to the Commission in March 2019, it was clear that an indicator relating directly to refugees was still needed,” (Nahmias and Baal, 2019). This initiative was significant since it was dedicated to improving the quality and comprehensiveness of data on forced displacement. The continued requirement for accurate and targeted measurements to capture the nuances of displacement difficulties is reflected in the search for a unique indicator specifically for refugees. This endeavor is in line with the larger commitment to achieve the SDGs with no one left behind. The collaborative project aimed to guarantee that the experiences and advancements of this specific group are suitably acknowledged, quantified, and tackled within the global development agenda by promoting an indicator that is specifically linked to refugees. This emphasizes how monitoring frameworks must continue to develop and be improved to guarantee inclusion and relevance when pursuing the SDGs. At this point there were already over 200 agreed indicators and, “it was therefore essential to have a Tier 1 indicator which would not add to the reporting burden on countries, i.e. that was based upon data which we already collected through UNHCR with good availability and a clear and internationally agreed methodology,” (Nahmias and Baal, 2019). Originally this indicator was proposed to fall under SDG 16: Peace, Justice, and Strong Institutions Target 16.3: promote the rule of law at the national and international levels and ensure equal access to justice for all indicators. It later officially fell under SDG 10 as we know it now in the framework. Nonetheless, this indicator was a huge stepping stone in progress toward more representative data for refugee communities and others in forced displacement. This is important because “The specific inclusion of an indicator relating to refugees allows those advocating for refugee protection to be included in the discourse on sustainable development. For the work on improving data and statistics on

refugees, this is a game-changer; for other displaced groups, this progress will also open doors. Preventing situations that generate forced displacement and finding durable solutions for those already displaced is now part of meeting the SDGs," (Nahmias and Baal, 2019). We have seen throughout this research that so much of the work done in advocating for refugees comes from those working on the ground and in NGOs. They are the ones collecting the data we need to know that there are problems that can be addressed in the SDG framework as well as data gaps that they can also seek to close. On top of this though, "the UNHCR is now a custodian agency for an SDG indicator and can leverage broader efforts on improving reporting on SDG progress related to refugees and asylum seekers, including facilitating access to valid information on how refugees are faring compared to other population groups and identifying gaps in terms of SDG achievements for refugees," (Nahmias and Baal, 2019). It highlights how closely humanitarian operations and sustainable development objectives are linked. The SDGs are now essential to tackling refugee crises since they clearly state that circumstances leading to forced displacement must be avoided and that long-term solutions must be found for those who have already been displaced. This not only fits humanitarian concerns with more general goals of global development, but it also reaffirms the moral obligation to assist displaced communities. These efforts demonstrate an increasing recognition, at the policy and operational levels, of the necessity of developmental interventions for the efficient management and resolution of refugee crises. To put it simply, the SDGs' inclusion of a specific indicator for refugees represents a larger paradigm change toward more all-encompassing, inclusive, and significant answers to global development concerns. The metadata sheet for this indicator can be viewed in Annex 1. But we can highlight here that this sheet has its definition/concepts, data source type, and data collection method, other methodological considerations like rationale, limitations, and method of computation, and finally data availability and disaggregation. This structure will be followed for the proposal of our Refugee Mental Health Index indicator.

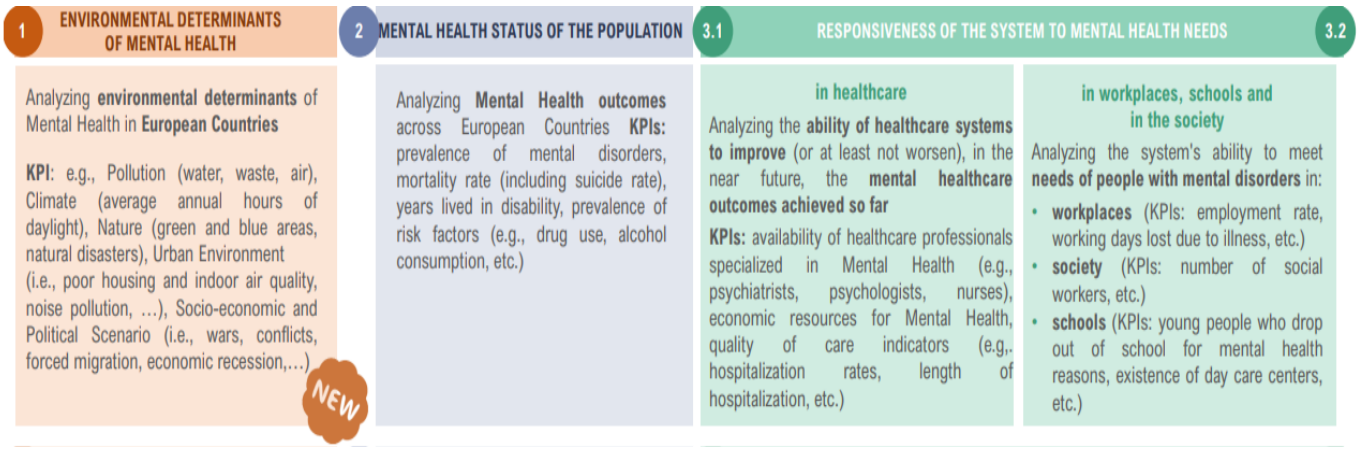
Part of what inspired the proposal of a Refugee Mental Health Index is the fact that a general Mental Health Index exists. We can reference the work of TEHA and their Headway initiative. In this research, I have also discovered some of the data collection methods done by NGOs when surveying refugees either in refugee camps or in their

final destination host countries. Part of the data collection for these indexes comes from health screening tools and processes for refugees. The purpose of this screening procedure is to aid in the early identification of mental health problems so that prompt assistance and intervention can be provided to enhance the well-being of refugees in their new surroundings. These tools often try to cover a range of physical and mental health aspects, including infectious diseases, trauma, and mental health conditions. We have seen in this research that the mental health aspects aren't widely covered due to the lack of awareness and training healthcare professionals have. But we also know that local initiatives and NGOs try to fill this gap. A common screener used across countries is the Refugee Health Screen-15 (RHS-15), developed in 2013 by Michael Hollifield. In the development of the RHS-15, it was clear that such a screening tool hadn't been fully realized. Screening for mental illness was just as important as physical health once researchers and other medical professionals understood that refugees experience such traumatic events and hardships in their migration journeys. In Hollifield's initial research, he acknowledges, "the primary challenge to developing a screening instrument is that "refugees" are heterogeneous groups who collectively experience many distressing psychological and somatic symptoms. Theoretically, a screening instrument should include symptoms that optimally predict common disorders in multiple refugee groups with high efficiency," (Hollifield, 2013). Diverse groups with unique cultural backgrounds, life experiences, and trauma exposure make up the refugee population. People in these groups may experience a broad spectrum of psychological and physical symptoms as a result of this heterogeneity. To properly address the mental health needs of this diverse population, a screening method that is very efficient in reliably identifying prevalent illnesses across numerous refugee groups is required. At the time of this creation, there had been two other instruments made for the identification of mental illnesses in migrants. The Vietnamese Depression Scale is a 15-item measure used to diagnose depression among refugees from Vietnam. A 30-item section of the Harvard Trauma Questionnaire (HTQ) evaluates symptoms as a stand-in for PTSD. Using expert consensus procedures, both instruments were created for use in clinical settings, (Hollifield, 2013). In the end, Hollifield was able to hypothesize that, "the RHQ and the RHS-15 would be reliable and valid to diagnostic proxies for PTSD, anxiety, and depression," (Hollifield, 2013). It can be conducted by self-rating as it has

been translated into several different languages or done through an interview. In Annex 2 we can see how part of the questionnaire looks.

Now we have seen how data collection can look for the creation of an index and can go back to TEHA Headway and see their interpretation of a mental health index. Below in Figure 6, we can see an infographic created by Headway highlighting some of the components of their Index. The goal of the "Headway Mental Health Index 2.0" is to present a multifaceted image of mental health in all of Europe and the UK. The framework's objective is to assess a small set of indicators that are representative of important facets of mental health and were chosen based on the availability and comparability of data from the EU and UK countries, (TEHA, 2022).

Figure 6



(TEHA, 2022)

The "Headway - Mental Health Index 2.0" takes into account 55 Key Performance Indicators (KPIs) of three macro-areas: the population's mental health, the environmental determinants of mental health, and the systems' responsiveness to demands in the education, employment, healthcare, and general society sectors. TEHA explains that " While the macro-area Environmental determinants of Mental Health assesses the impacts of the surroundings on Mental Health, the macro-area state of Mental Health of the population measures the mental health outcomes, whereas the macro-area related to the responsiveness of the Systems takes into consideration the quality of health, welfare, social and educational services provided and of the policies implemented to promote Mental Health wellbeing," (TEHA, 2022). It provides a more

comprehensive and nuanced knowledge of the different elements influencing mental health by taking into account a wide range of KPIs. This index takes a holistic approach. This method acknowledges the interplay between structural, societal, and individual elements that affect mental health. Benchmarking and comparison over time, across different locations or populations, are made possible by the usage of KPIs. This can assist in identifying areas that need attention and improvement, as well as best practices and successful areas. Raising awareness of the complex nature of mental health is aided by a thorough mental health index. It can be an effective instrument for promoting awareness of the value of mental health in all facets of life, stimulating conversation, and advocating for others.

Building upon previous efforts in mental health assessment, which often utilized specific screeners, this indicator integrates a holistic approach, encompassing psychological distress, trauma exposure, and access to mental health services. Recognizing the limitations of previous tools, the Refugee Mental Health Index is poised to offer a more nuanced understanding, leveraging lessons from existing mental health indicators, to guide targeted interventions and policy formulation. This metadata sheet outlines the standardized methodologies, data collection procedures, and reporting mechanisms that will contribute to a comprehensive and systematic assessment of the mental health status of refugees, ultimately facilitating evidence-based strategies to improve their well-being within the broader framework of sustainable development. This metadata sheet provides an overview of the key elements associated with the Refugee Mental Health Index indicator, helping to ensure clarity and consistency in data collection and reporting. As we know there are three possible SDGs that this indicator can fall under. For the final proposal this metadatasheet will apply to SDG 3 Target 3.4.

Metadata Sheet: Refugee Mental Health Index Indicator

Indicator Name: Refugee Mental Health Index

SDG Goal: Goal 3 - Ensure healthy lives and promote well-being for all at all ages.

SDG Target: Target 3.4 - By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-beings.

Definition:

The Refugee Mental Health Index is a composite indicator designed to measure the mental health status and well-being of refugees. It incorporates various dimensions of mental health, including psychological distress, trauma, and access to mental health services.

Components:

Psychological Distress:

- Definition: The level of emotional suffering or discomfort experienced by refugees.
- Measurement: Scores from validated psychological distress scales.

Trauma Exposure:

- Definition: The extent of exposure to traumatic events, such as conflict, displacement, or persecution.
- Measurement: Number and severity of traumatic events experienced.

Access to Mental Health Services:

- Definition: The availability and utilization of mental health services by refugees.
- Measurement: Percentage of refugees with access to mental health services.

Data Collection Method:

The indicator will be measured through a combination of surveys, interviews, and administrative data. Surveys and interviews will collect self-reported data from refugees, while administrative data will be gathered from relevant health and humanitarian agencies.

Data Sources:

National and international health agencies.
Humanitarian organizations that provide mental health support to refugees.

Refugee camps and settlement records.

Frequency of Data Collection:

Data will be collected annually to provide regular updates on the mental health status of refugees and to track progress in achieving the SDG target.

Disaggregation:

Data will be disaggregated by age, gender, ethnicity, and duration of displacement to identify specific vulnerabilities and tailor interventions accordingly.

Data Quality Assurance:

Quality assurance measures will include rigorous training for data collectors, validation of survey instruments, and regular data audits to ensure accuracy and reliability.

Reporting:

Results of the Refugee Mental Health Index will be reported in national and international health reports, as well as specific reports on refugee well-being.

Responsible Agencies:

World Health Organization
International Organization for Migration (IOM)
United Nations High Commissioner for Refugees (UNHCR)

Future Directions

Going forward, it is crucial to focus on creative and targeted ways to deal with the intricate problem of the mental health of refugees. The next part identifies important future directions that offer promise for enhancing mental health therapies for displaced populations, building on the body of knowledge already in existence and insights gained through thematic analysis.

The first step we can examine is holistic and culturally responsive interventions. This includes culture competence from the hosting nations and the heightened awareness of traume-informed care. Interventions that are culturally sensitive go beyond the language barriers; they make sure that mental health services are culturally relevant and encourage participation and acceptance. Holistic therapies take a trauma-informed approach, acknowledging that trauma is common among displaced communities. This includes establishing secure and encouraging spaces that recognize the negative effects of trauma on mental health and include techniques to reduce the likelihood of re-traumatization.

The impact of the COVID-19 pandemic led to the utilization of technology and telehealth medicine. Seen throughout this research is the technology transfer shift. For refugee mental health we can develop mental health platforms that offer online counseling and support. These telehealth services can bridge the geographical or transportation gaps. The integration of technology can also allow for more data collection and analysis.

We know that there needs to be more national and international policy change to see the greater impact of refugee mental health. But for future directions we can also go local and promote peer-led and community-based initiatives. Community-based programs enable local leaders and influential individuals in refugee communities to actively participate in mental health support. This is a very similar notion that I saw during my internship with Nove Onlus and Safe Spaces. Through the provision of relatable guidance and encouragement by persons with similar experiences, peer-led programs cultivate a sense of trust and understanding. Building a bridge between formal mental health services and the community involves using people who are knowledgeable about the complexities of mental health as well as the cultural context. These cultural navigators are essential in de-stigmatizing conversations about mental health issues and making it easier to get the right care. Continuing the local mindset is the enhancement of education and capacity building. Specifically promoting the training of healthcare workers and other educational programs. This entails supporting a long-term, community-led approach to mental health support as well as providing local professionals with the tools they need to recognize and handle mental health issues. Educational initiatives that support refugees' mental health literacy are included in

capacity development. Through the promotion of knowledge about mental health and the resources that are accessible, educational programs enable people to take an active role in their mental health and seek help when necessary.

Conclusion

The main problem at hand is the evident lack of meaningful progress toward accomplishing goals concerning mental health on a worldwide scale. Even though many of the countries impacted by the refugee crisis have national policies and laws addressing mental health care, there is still a recurrent problem with insufficient financing and poor implementation. Globally speaking, the situation goes beyond just creating laws and policies. The main issue is that not enough has been done to convert these intended strategies into real, practical advancements on the ground. The reporting methods established by the World Health Organization highlight one of the key elements of this ongoing dilemma. These systems, which track and assess how mental health treatments are being implemented, regularly highlight inadequacies and gaps in the real implementation of care. Furthermore, studies that were ordered expressly to evaluate the mental health of refugees provide insight into structural problems that obstruct the accessibility of all-encompassing mental health care in areas hit by crises as well the the States that end up hosting refugees from crisis affected nations.
This thesis has examined the vital yet often overlooked issue of refugee mental health, identifying it as a worldwide emergency in need of immediate attention and all-encompassing solutions. By aligning our efforts with the Sustainable Development Goals, we see a framework that recognizes the interdependence of many global issues and emphasizes the necessity of treating mental health as a crucial component of sustainable development.
In Chapter 1 we explored the current mental health crisis among the refugee popultion. It is evident that refugees are at a higher risk of developing mental health disorders from their migration journeys. These disorders manifest as anxiety, depressionm and PTSD. The migration journey is divided into three stages, the pre-migration, migration, and post migration stage. In the pre-migration stage refugees make the decision to leave their home country based on a multitude of push and pull factors. Many of which can be

from political or economic factors, inclduing gonvernment instability, armed conflict, lack of job or education opprotunities and even climate change. The migration stage is the most physically and psycholigvally depanding stage and is where most of the traumatic experiences refugees face take place. This includes the the actual journey to the final destination whether it be by foot, car, or boat. Many refugees lose their lives during the migration stage. In the post-migration stage we can see resettlement and integration efforts. Here there are more socioeconomic challenges refugees experience that can impact their mental health. These include language barriers, lack of education and awareness from both the refugees on the mental health sevices available to them and from the hosting nations healthcare systems. Even if some progress has been made, as we saw with The World Health Organization and the UNHCR Global Compacts on Refugees and Migration, it is clear that more systematic and focused efforts are needed to lessen the negative effects on mental health that displaced communities face.

Chapter 2 gave us the historical grounds of sustainable development starting from the United Nations Conference on the Human Environment of 1972 to the creation of the Sustainable Development Goals in 2015. Pertaining to the scope of this research, considering the wider socio-economic, environmental, and cultural aspects of mental well-being, an inclusive and holistic approach is important, as highlighted by the SDG framework. The SDG framework serves as a call to action for States to commit to the efforts of universal sustainability and the prosperity of life. There are three SDGs that are most relevant for this thesis: Goals 3, 10, and 17, Good Health and Well-Being, Reduced Inequalities, and Partnerships for the Goals. These goals each have at least one target with its indicators that provide the basis for the proposal of a new indicator relating to refugee mental health. An important factor of the SDG framework is that all of the goals are inherently intertwined, the achievement of one goal cannot happen without the achievement of the others. We see this also in the alignment of other UN affiliated intivatives like the Global Compact on Refugees that further enhances the core principle of the SDGs that we leave no one behind.

The importance of presenting these indicators is the focus of Chapter 3. To address our research question we have proposed the Refugee Mental Health Index Indicator as a significant contribution to this discourse, providing a sophisticated and all-inclusive instrument for evaluating and tracking the mental health of populations of refugees.

This unique index takes into account a number of variables, such as the influence of external stressors on mental health and the availability of mental health treatments and community support. Adoption of it might act as a spark for more evidence-based policymaking and focused treatments, resulting in a more proactive and successful response to the mental health crisis among refugees.

Governments, non-governmental organizations, and international organizations must work together moving forward to implement the suggested Refugee Mental Health Index Indicator and incorporate mental health concerns into more comprehensive development programs. We may strive to create a world where refugees not only find protection and shelter but also receive the dignity and assistance required for their mental well-being by accepting a common responsibility and utilizing the SDG framework. By doing this, we support both the achievement of particular SDG targets and the larger goal of a more compassionate, diverse, and sustainable global community.

Annex 1

SDG indicator metadata

1. Data reporter

1.a. Organisation

United Nations High Commissioner for Refugees (UNHCR)

2. Definition, concepts, and classifications

2.a. Definition and concepts

Definition:

The indicator is defined as the total count of population who have been recognized as refugees as a proportion of the total population of their country of origin, expressed per 100,000 population. Refugees refers to persons recognized by the Government and/or UNHCR, those in a refugee-like situation and other persons in need of international protection. Population refers to total resident population in a given country in a given year.

Concepts:

Refugees recognized by the Government and/or UNHCR include:

(a) persons recognized as refugees by Governments having ratified the 1951 United Nations Convention Relating to the Status of Refugees, and/or its 1967 Protocol;

(b) persons recognized as refugees under the 1969 Organization of African Unity (OAU) Convention Governing the Specific Aspects of Refugee Problems in Africa;

(c) those recognized in accordance with the principles enshrined in the Cartagena Declaration;

(d) persons recognized by UNHCR as refugees in accordance with its Statute (otherwise referred to as “mandate” refugees);

(e) those who have been granted a complementary form of protection (i.e. non-Convention);

(f) persons who have been granted temporary protection on a group basis;

Persons in a refugee-like situation refer to those outside their territory of origin who face protection risks similar to those of refugees, but who, for practical or other reasons, have not been formally recognized or issued documentation to that effect.

Other persons in need of international protection are defined as people who are outside their country or territory of origin, typically because they have been forcibly displaced across international borders, who have not been reported under other categories (asylum-seekers, refugees, people in refugee-like situations) but who likely need international protection, including protection against forced return, as well as access to basic services on a temporary or longer-term basis.

2. b. Unit of measure

Number of refugees per 100,000 population in country of origin

3. Data source type and data collection method

3.a. Data sources

Two main sources exist at country level: a) administrative asylum systems; b) direct refugee registration databases. In cases where UNHCR performs refugee registration directly, operations provide data which is available with a highest degree of disaggregation. In cases where refugees go through a Refugee Status Determination (RSD) administrative procedure, data is collected by Governments in the biannual Population Statistics Review exercise facilitated by focal points in UNHCR country offices. Population data are derived from annual estimates produced by the UN Population Division (2022 Revision of World Population Prospects, Total Population, both sexes). Estimates until 2020 and medium fertility variant projection for years thereafter.

3. b. Data collection method

At the international level, data on refugee populations are routinely collected by

UNHCR through the biannual Population Statistic Review (PSR) data collection. Focal points in each UNHCR operation submit data to the Statistics and Demographics Section in the Global Data Service that performs consistency checks. In most cases these focal points obtain data either from the UNHCR registration database (in countries where UNHCR performs registration directly), or from national institutions responsible for data production in the area of asylum and refugee matters (National Statistical Offices, Ministry of Interior, Ministry of Justice, Administrative Tribunals). When a country does not report refugee figures to UNHCR

Annex 2

REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODER-ATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

REFUGEE HEALTH SCREENER (RHS-15)

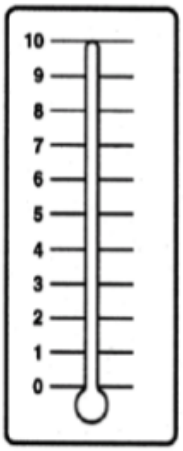
14. Generally over your life, do you feel that you are:

- Able to handle (cope with) anything that comes your way 0
- Able to handle (cope with) most things that come your way 1
- Able to handle (cope with) some things, but not able to cope with other things.....2
- Unable to cope with most things.....3
- Unable to cope with anything 4

15.

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Extreme distress

"I feel as bad as I ever have"

"Things are good"

No distress

ADD TOTAL SCORE OF ITEMS 1-14: ___

SCORING

Screening is POSITIVE

1. **If Items 1-14 is ≥ 12 OR**
2. **Distress Thermometer is ≥ 5**

Self administered: ____
Not self administered:____

CIRCLE ONE: **SCREEN NEGATIVE** **SCREEN POSITIVE REFER FOR SERVICES**

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