Psychosocial Impact on Refugee Children's Mental Health: Exploring SDG 3 in Rosemary McCarney's *Where Will I Live?*

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Abstract
The humanitarian crisis has been a significant menace to the world for the past few decades. Each crisis has repercussions, and civilians become victims of horrendous crises like wars and other catastrophes. Each crisis invariably leaves an impact on the lives of vulnerable populations like refugees and migrants, especially in the lives of refugee children. Refugee children are exposed to wars, violence, poverty and hunger at a tender age, which invariably takes a toll on their mental health. The United Nations has formed Sustainable Development Goals to cater to vulnerable people's needs. SDG 3: Good Health and Well-being focuses on providing mental health support to affected people. The paper examines the psychosocial factors that affect the mental health of refugee children through the work *Where Will I Live*? by Rosemary McCarney. The work *Where Will I Live*? is a non-fiction that captures the horrific experiences of refugee children in refugee camps. The work divulges the stories of refugee children who seemed to be robbed of a better future due to conflicts. The study introspects the traumatic stress theory that prevails in the lives of refugee children, which curbs the progress of SDG 3. The paper further focuses on providing mental health care for refugee children through Narrative Exposure Therapy. Narrative Exposure Therapy is a treatment to cure prolonged traumatic disorders. The paper aims to offer solutions for the mental health crisis that prevails in refugee children and also to contribute to SDG 3: Good Health and Well-Being.

Keywords: mental health crisis, SDG 3: good health and well-being, refugee children, narrative exposure therapy

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Introduction

Wars have been causing economic distress across the globe. It leads to economic, social and psychosocial decline in the lives of vulnerable populations. Especially children are paying the price for an unprecedented crisis. Wars imperil the mental health of refugee children, whereas economic and social demolition seems to be comparatively less intense. Poverty, hunger, loss of loved ones, pre-migration and post-migration are the other social determinants of mental health (External Stressors). Most of the refugee population is combating mental health issues and psychological disorders. Especially refugee children, are mostly diagnosed with anxiety issues due to multiple traumas. War traumas and war exhaustion weaken the mental health and well-being of refugee children.

Children who are exposed to traumatic events like bombardments and shellings might lose their ability to cope with stress. Stress responses towards traumatic events can be categorised into two types such as acute stress and chronic stress. Acute stress occurs when a threat or stressful event activates adrenal glands to release fight/flight hormones; it lasts only for a momentary period. Whereas chronic stress occurs when an individual undergoes prolonged stress that often incites constant fears and anxiety. Failure to control emotions and cope with chronic stress leads to psychological disorders such as Depression, Major Depressive Disorder (MDD), Post-Traumatic Stress Disorder (PTSD), Attention Deficit/ hyperactivity Disorder (ADHD) and other anxiety disorders.

The stressful events and horrible visuals affect the brain development of refugee children. It impairs the cognitive ability of refugee children. It leads to behavioural changes that invariably hinder learning ability in education. Refugee students with less cognitive ability and emotional stability are struggling to adapt to learning activities due to war trauma.

Literature Review

Kribakaran et al. (2023) emphasised the trauma caused by migrations. The research focused on migrant families from Haiti, Mexico and Central America. It further delved into neurobiological factors and mechanisms that are involved in trauma caused by tedious migrations. The research has suggested possible policies and recommendations to provide holistic mental health care for migrant families besides highlighted the importance of KIDNET (Narrative Exposure Therapy for Children and Adolescents) and the Neurocognitive theory of traumatic memory for war-affected refugee children. The research discussed the NET intervention strategies and effective treatment for children who are diagnosed with PTSD.

Kangaslampi et al. (2015) focused on immigrant children who were diagnosed with PTSD due to wars. The research has compared the efficiency of Cognitive Behavioral Therapy (CBT) and Narrative Exposure Therapy. The research has taken a quantitative approach to rest the case that NET seems to be more effective than CBT as it gives resilience for war-affected immigrant children. The study was conducted with immigrant children from 9- 17. Hart (2009) discussed child refugees' trauma. Multiple experiences like migrations and post-migrations affect the education of several refugees. The research has taken an interactionist and systematic approach to comprehend the hardships of refugee children.

Driver and Beltran (1998) dealt with long term exposure of trauma faced by refugee children and how it impacts their occupational performance. The research has identified that refugee

trauma affects their academic performance and occupational performance as well. The research further discussed the vital role of occupational therapies to meet the needs of the children. Arash et al. (2021) emphasised how various experiences like displacements and resettlements play a vital role in shaping the mechanism of resilience. Children who are diagnosed with PTSD have multiple layers of trauma depending upon their situations. The study was conducted with Syrian and Arab immigrant families.

Effect of External Stressors on Mental Health

There are a wide range of stressors that endanger brain development and cause psychological disorders in refugee children. External stressors and social factors become the root cause of chronic and acute stress. Stressors like homelessness, emotional bereavement and survivor's guilt curb the ability to regulate emotions. External stressors of refugee children can be seen in Rosemary McCarney's book *Where Will I Live?* Rosemary McCarney was born on 5th October in 1953. She is an award-winning humanitarian business leader, established author and renowned public speaker. She has donned several hats in various disciplines, including becoming Canada's first executive director and the U.S. Law Institute.

McCarney has served as a board member of numerous organisations. She has been receiving commendations for being a dynamic advocate for human rights and human rights defenders. Her laurels escalated when she became the permanent UN Ambassador of Canada in 2005, and she also became the CEO of Plan Canada International, which is alleged to be one of the largest charities in Canada. She has gained multiple accolades for her partnership with International Economic Development, the World Bank, foreign governments, and various UN bodies.

McCarney has left a remarkable imprint in the field of writing. Her writings have amassed international recognition. Her series of children's books deals with social justice and the prevailing refugee crisis. Her other works include *Every Day Is a Malala Day* (2013), *The Way to School* (2015), *Because I am a Girl* (2014), *Dear Malala We Stand with You* (2014), *Being Me* (2016), *Where Will I Live?* (2017) and *Tilt Your Head Roise Your Red* (2015).

The book *Where Will I Live?* was published in 2017. This book is a paragon of refugee war fatigue. It is a picture book with an amalgamation of visual and verbal narratives. It consists of long, heart-wrenching images and painful sentences of refugee children. This book exemplifies every life of refugee children in war zones and what it is like to be a refugee child. They are stripped of permanent residence, basic needs, they lose their loved ones, living without food and shelter. They often feel stranded in the middle of the road due to harsh events.

McCarney vividly reveals the intricate complexities of refugee children in this work. It begins with the sentence "Sometimes scary things happen to good people" (McCarney, 2017). This book carries a picture of a parent carrying a child in his arms as they walk from war zones. Others in the picture were carrying luggage on their back with despair and disbelief. McCarney has exhibited a picture that depicts the uncertainty of a refugee's life. There are sentences in the book where a child says "When a soldier's fight or danger comes, families must pack their things and search for a place to live" (McCarney, 2017). This clearly expresses how the war threat affects them psychologically.

Refugee children are too young to understand the word threat, but wars made them live with it. They are way more immature to utter heavy words like "But Where I Live? Will it be down the road, Past this fence, across the sea?" (McCarney, 2017). It can be vindicated that the refugee children's lives are enamoured with unanswered questions. All these stressors not only give them war fatigue but also complete detachment. The exhaustion of wars can be seen in every weary eye of children in this book; it can be seen in a picture where a small boy tightly clutches the hands of his parents while processing horrific events that are happening around him. The boy appeared scared and terror filled his eyes due to neurochemical changes in his brain. Though many adults surrounded the boy, he seemed to be smothered by acute stress with fight/flight hormones.

The book contains myriads of distressful images and external stressors that weaken the well-being of refugee children. Each question that the children raised did not reflect their innocence but wore-out voices due to intense trauma. In a world where everyone is battling for good health and economic status, there are hundreds of children who are forced to live as refugees, relinquishing the life they always dreamed of.

The children in the book asked questions like "Will I be able to sleep in the same place every night? Will my new bed be just for me? Or will I have to share?" (McCarney, 2017). McCarney has inserted an image in which children looked through fences with tears, fears and hunger. Not only do distressful events affect the brain's cognitive and emotional ability, but socio-economic factors like hunger and lack of sleep also cause neurochemical changes in the brain. The refugee children who are pictured in the book belong to an age where they should intake healthy food and grow up in a peaceful environment, but they were forced to live in limbo. The children said "They have to ride, walk, hoping to find a peaceful place" (McCarney, 2017).

There are also gut-wrenching images in the book in which children were sleeping under the stairs and in the middle of the road. They were shivering in the cold, carrying empty cans to fetch water, walking miles to find shelter and crossing the sea. The children are exposed to harsh conditions that intensify the external stressors. Each child seemed to be frozen in terror, appearing distressed. They seemed to be at the gateway of developing neurotic disorders due to chronic stress. It can be seen when they ask questions like "Will I live under a carpet or stairs, in a tent or in a city of tents?" (McCarney, 2017).

McCarney concluded the book with a melancholic statement given by refugee children, saying "I hope someone smiles and says welcome home; I hope that someone is you" (McCarney, 2017). The lives of refugee children are filled with complex emotions. They have been carrying emotional baggage in their hearts. Stressors like running on a harsh road, sleeping in a poor sanitation environment, and praying for a safe place smother their mental health. These stressors and acute stress responses result in psychological and neurological disorders as they grow up. Their emotional and cognitive ability seems to be dormant due to their traumatic experiences.

Anterior Cingulate Cortex in the Brain Region

According to neuroscience, even distressful images and dreadful war pictures of victims can affect a normal functioning human brain. People who are not victims of wars or those who have never been on the battlefield can experience a certain level of pain and sadness as the actual war victim has experienced. Pictures of shellings, gunfire and bloodshed can induce

distress in a normally functioning brain because of the presence of the anterior cingulate cortex. ACC is known as the empathy region of the brain, which allows an individual to empathise with others' pain. When individuals see stressful events and sufferings of another person, they tend to develop empathy towards them because ACC gets activated and enhances an ability to feel others' pain.

The human brain is way more sensitive to negative stimuli and the environment. A single grim picture of war can evoke strong emotions in the brain. Even when grim pictures can induce emotional hormones in ACC, it is hard to imagine the actual pain and stress that refugee children are going through in warfare. It invariably impacts their mental health and brain stimulus.

McCarney's picture book *Where Will I Live?* is an emotional tribute to refugee children in warfare. The author has taken the pictures from the United Nations High Commission for refugees in the book to address the crisis. Every child in the book looked weary and depressed due to negative stimuli and the environment. Each picture in this book has a profound message. Every child in the picture conveys a powerful message to readers. This book serves as a wake-up call to respond to refugees' prayers and hopes. This picture book has the ability to activate the ACC of readers to empathise and to have a contextual understanding of war traumas.

Repercussions of Acute Stress in Neurodevelopment of Refugee Children

Refugee children across the globe are living under chronic stress. Children at a very young age are enduring more extreme emotional stress than they are capable of. War trauma is not just a common psychological illness; prolonged stress in refugee children poses a threat to neurological disorders. Chronic stress affects the Hippocampus, Amygdala and Prefrontal Cortex. It leads to cognitive impairment, emotional instability and other disorders like PTSD and MDD (Major Depressive Disorder). Horrible events like bloodshed, airstrikes and bomb blasts affect the neurodevelopment of refugee children, resulting in significant cognitive and behavioural changes.

The amygdala is highly responsible for releasing fight/flight hormones, which is also known as hyperarousal, resulting in anxiety disorders. The hippocampus is widely known as a learning centre of the brain region that controls learning ability, and the Prefrontal cortex plays a key role in personality behaviours, complex thinking and cognition. Excess production of stress hormones from the amygdala during traumatic events can affect the hippocampus and prefrontal cortex. Poor functioning of the hippocampus and prefrontal cortex leads to cognitive impairment, poor decision making and other psychological illnesses.

Brain development in children is immature compared to that of adults. Adults are more capable of coping with stress and regulating emotions because their brain functions are way more effective and different from children's. Adults are less likely to develop neurotic disorders compared to vulnerable children. Children's brains are sensitive; even minor distress can have a massive impact on brain development because they are in the initial stage of brain development. Children at a young age will be in the process of attaining complete brain development; thus, they require critical care until they reach a certain age.

Impact of War Trauma on Education

Trauma-affected refugee children at school may suffer from cognitive difficulties. They might find it challenging to learn and recall what they have learnt. Since refugee children are facing stressors and trauma exposure at a young age, the amygdala makes them either stay hypervigilant or inactive in the classroom. Refugee students often lack concentration and lose interest in learning due to impaired hippocampus (learning centre). They often seem zoned out or bored and might refuse to participate in classroom activities. They tend to seclude themselves from others when it comes to socialising. Impairment of the hippocampus will make them perform poorly in academics. Refugee students tend to act up, throw tantrums, show aggression or disobey the rules because they lose the ability to regulate emotions. They prefer to live in isolation as they navigate their traumatic experiences. They will find it hard to adapt to a new environment. Inclusive education requires trauma-informed teaching for refugee students. In order to acquire formal education and to excel in academics, there must be proper emotional regulation and less production of stress hormones. The performance of the prefrontal cortex, hippocampus and amygdala should be remodified for proper emotional regulation. Students' performance and learning ability will be enhanced only if mental health support is provided.

Narrative Exposure Therapy (NET) for Refugee Children

Narrative Exposure Therapy is a psychological treatment, also known as psychotherapy, to treat people who have endured traumatic experiences in their lives. The therapy came into existence in early 2000. Psychotraumatologists like Frank Neuner, Maggie Schauer and Thomas Elbert introduced this therapy through their work *Narrative Exposure Therapy: A Short-Term Treatment for Traumatic Stress Disorders*. This therapeutic intervention was identified to treat people who are battling with chronic stress and PTSD; it was mainly introduced as a treatment for war-affected refugees. NET is one of the effective therapeutic interventions for treating emotional dysregulation.

NET allows individuals to reconstruct and deconstruct their traumatic memories into coherent narratives. The process of NET requires people to separate the problem from themselves. Problems must be viewed as objective, not as subjective; this process is known as externalisation, externalising the traumatic events from current life. In NET, the trauma-affected refugees will be asked to detach themselves from their traumatic experiences; they are asked to be the observer of their traumatic memories rather than considering themselves as a central part of those memories. The significant part of the NET is to narrate the traumatic events in a coherent order without losing connection to the here and now (Present), when they reframe their memory, they will shift from being a victim to survivor. People are made to believe that their traumatic memories are just the outcome of negative stimuli; they are allowed to realise that it is only a situation that constitutes a problem but not the one who experiences it.

Narration plays a vital role in the healing process; it is considered to be one of the best ways to heal the affliction. Narration is alleged to be a healthy outlet for trauma-affected people. Refugee children will always look for someone who loves to listen to their stories. They tend to long for people to share their traumatic experiences instead of burying them within themselves. It gives them emotional relief and helps them heal in the way they desire.

NET focuses on narrating the traumatic memories in a coherent order and reframing as well. They are asked to relive those traumatic experiences and to observe the event in a contextual fact (Cold Memory) rather than in an emotional point of view (Hot memory). Dual representation theory aims to connect hot and cold memories contextually. People are encouraged to narrate the story not from an emotional point of view but in a contextual way; when they focus on contextual facts, hot memories will lose their impact on traumatic incidents.

Reliving those memories will reactivate emotional responses towards traumatic events. Repeated exposure to traumatic memories reduces emotional response to negative experiences. When narrating and reframing the incidents contextually, they will add new perspectives and emotions to their fragmented memories. Constant exposure to adverse experiences will reduce the response to fear and lead to healthy emotional regulation. The process of retrieving hot memories from traumatic events and focusing on cold memories will help reduce the stress hormones released by the amygdala. NET will alleviate the emotional imbalance that was caused by war traumas. It will eventually repair the functioning of the hippocampus, amygdala and prefrontal cortex. It will help trauma-affected refugees to gain cognitive and emotional stability and prevent them from developing other psychological disorders.

Refugee children often succumb to war traumas because their brains are sensitive to negative stimuli. They all belong to an age where their behaviours and habits are more manipulative and vulnerable. Though they are gullible to negative stimuli, they are capable enough to rebuild themselves. In the initial stage of their childhood, they have higher cognition and learning skills. They are highly capable of learning new things and of reforming themselves. Their brain can repair emotional dysregulation due to the high functioning of neuroplasticity. Pharmacological or non-pharmacological intervention for trauma should be given in early childhood since they will be in their postnatal period of brain development and will have a higher capability towards repairing mechanisms.

SDG 3: Good Health and Well-being

The United Nations has formed SDG 3: Good Health and Well-Being to provide mental health care systems for all age groups. Each member country is expected to cater to afflicted people's needs and alleviate psychological disorders. Especially when it comes to the refugee mental health crisis, host countries are expected to integrate proper mental health care systems in all fields. According to WHO, only 49 countries, which means 25% of WHO member states, have integrated primary health care systems. According to a report by the Mental Health Atlas, it is estimated that 88% of member states have framed strategies to achieve mental health. Implementation of the mental health care system in all fields is inevitable in order to create a safe and healthy environment for trauma-affected refugees. Especially proper mental health care systems should be integrated into the education system. Mental health of refugee students plays a critical role in attaining holistic education and shaping bright future.

Psychosocial Education System for Refugees

Education is indispensable in everyone's life, and a healthy learning environment is critical to the education system. The education system must invariably cater to the needs of students not only based on equality but entirely on equity. War-affected refugee students require great

psychosocial support in educational settings. Refugee students who are suffering from neurotic disorders due to wars must be treated with psychological support. Regardless of several therapies that have been introduced, the education curriculum must potentially provide resilience and mental health support for war-affected refugee students.

Refugee students must be made to believe that they are also one among other non-refugee students, and they must be treated equally, though they are struggling with psychological disorders. In an attempt to recover students from trauma, they should not feel marginalised. Providing special trauma-informed education in separate places and separating them from other non-refugee students will worsen their mental health and might cause them to feel cornered. Teachers must recover them from trauma in a heterogeneous classroom setting. The teacher shall ask students to draw by asking How is your mental state right now? Teachers can identify trauma-affected students through their distressful drawings compared to drawings of other students in a healthy mental state.

Weekly, thrice, students must have mental health and well-being sessions handled by professional clinical psychologists as a part of their curriculum. In those sessions, both refugee and non-refugee students must be made to watch animated videos that deal with stories of war survivors and stories of resilience. Inclusive textbooks and syllabi must be framed in context with war traumas and resilience under the guidance of a professional psychiatrist and must be prescribed for all ranges of students.

Industrial visits must be integrated into the curriculum, and both categories of students must be taken to mental health care clinics to witness how therapy can heal afflicted people. They must be allowed to interact with war survivors and to carry out projects based on resilience. All these factors will help them to detach themselves from their trauma, and they will begin to normalise the traumas. They will begin to understand that they are not the only ones who have gone through wars and become victims; it is happening across the globe.

Conclusion

The mental health and well-being of refugees are as pivotal as materialistic needs. Refugee children in war zones are struggling with neurotic disorders, which impact their brain development, cognition and education. Children are considered the beacon of hope across the globe, and early childhood plays a vital role in brain development. A healthy and safe environment must be created for war-affected refugees to cope with external stressors. Proper mental health systems and inclusive opportunities in health care access leads to formative growth in the lives of refugee children.

Psychosocial support for refugees will make them self-sufficient both psychologically and economically. Chronic stress and external stressors alter the brain structure of refugee children, which has long-term effects on their mental health. These stressors threaten the entire development of children and also affect living standards. Therapeutic intervention in both health sectors and education will hinder the diagnosis of psychological disorders like ADHD, MDD, depression, mood and anxiety disorders.

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