

**RESEARCH PAPER****Psychological Well-Being Assessment of Afghan Refugees in Pakistan****<sup>1</sup>Atta Ur Rehman\*, <sup>2</sup>Rubeena Zakar and <sup>3</sup>Ume Hani**

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**\*Corresponding Author:** atturrehman1987@yahoo.com**ABSTRACT**

Refugees have a basic right to good health care, and countries of destination have a responsibility to offer medical care. Timely diagnosis and rehabilitation by counselling were recommended for improved mental health outcomes. This survey on Psychological Well-Being of Afghan refugees in Pakistan remains pertinent to the need for global mental health care for refugees. This study is the initial attempt to assess the predictors of psychological well-being among Afghan Refugees in Pakistan. The research is designed as a quantitative cross sectional survey. Multi-stage technique of sampling is used to assemble information with a sample size of 1185. Low psychological well-being is reported by 43% of the Afghan refugees by World health organization wellbeing V. The establishment of mental health screening units at border entry points and in refugee hosting regions seems essential for early diagnosis and effective referral system.

**KEYWORDS** Medical Care, Psychological Well-Being, Refugees, Screening Units**Introduction**

Human migration is as ancient as human existence in the world itself (Forster & Matsumura, 2005). Individuals have migrated for a variety of reasons, such as conflict, poverty, unemployment, violence, climate change, demographic variations, and human rights (Geist & McManus, 2012; Lee, 1966). Pakistan welcomed the world's largest number of Afghan refugees over the past four decades, despite socio-economic challenges. United Nations Refugee Agency and international donors granted financial assistance to government of Pakistan for Afghan refugees (Hilali, 2002; Rashid, 2019). The United Nations Refugee Agency confirmed approximately 1.44 million registered refugees in Pakistan in 2021. All of the provinces in the country and the nation's capital were host to refugees. Afghan refugees constituted 58.1% of the population in Khyber Pakhtunkhwa, 11.7% in Punjab, 4.6% in Sindh, 2.4% in Islamabad, and 0.4% in other locations. In terms of gender, 46% of individuals were women and 54% were men. Age wise they were categorized as children (Boys 22%, Girls 21%), Adults (Women 23 %, Men 28%) and Elderly (Men 3%, Women 2%) (UNHCR, 2021).

Stress is a major element in migrating, whether it is forced, planned, or intentional, as it involves cutting all ties with loved ones, friends, cultures, and social contacts in order to settle in a new environment. Human beings' ability to participate in the community depends on their mental health. The World Health Organization defines mental health as a state in which a person realizes his own abilities to cope with the normal stresses of life to work fruitfully for a better contribution to the community (Organization, 2001). Health care providers used the term well-being to narrate mental

health. Psychological well-being refers to inter- and intra-individual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. Sustainable psychological well-being is a combination of good feelings and painful emotions (e.g. failure, grief, disappointments), as these adverse feelings are part of normal life and induce tolerance and experience, how to manage such adverse situations in life. However, if negative emotions persist for long time, impair mental ability to function appropriately and may affect mental health. Self-esteem and having a positive body image are vital components of well-being (Almshosh, Bahloul, Barkil-Oteo, Hassan, & Kirmayer, 2019; Ryff & Singer, 1996).

Research on young Afghans affected by the war have revealed changes in mental health on social interactions. There were symptoms of post-traumatic stress, major depressive disorder, anxiety of unemployment and fear of food insecurity. Internationally, depression is the leading contributor to disability-adjusted life years. Refugee's mental disorders limit their capacity to completely integrate into community and create a barrier to their ability to acquire new skills (Lindert, Carta, Schäfer, & Mollica, 2016; Roberts & Browne, 2011). Last decade investigation revealed that there were 0.22 psychological problems for every 1,000 people among Afghan refugees in Pakistan (Malik et al., 2019).

Refugees have a basic right to good health care, and countries of destination have a responsibility to offer medical care. Refugees need to be in good physical and mental health to protect themselves and the accommodating inhabitants. Mentally disturbed individuals were destructive for the community due to involvement in self-harming behaviour and criminal activities (Corner, Gill, & Mason, 2016). Timely diagnosis and rehabilitation by counselling were recommended for improved mental health outcomes. This survey on Psychological Well-Being of Afghan refugees in Pakistan remains pertinent to the need for global mental health care for refugees Pakistan (Rehman, Zakar, Zakar, Hani, & Fischer, 2021). This Psychological Well-Being assessment is representative of the existing situation and recommended actions to improve the mental health of Afghan Refugees in Pakistan.

## Literature Review

Kaltenbach *et al.*, (2017) conducted research on how to effectively identify psychological health issues in refugees in Germany by using Refugee health screener. A significant percentage of refugees had mental illnesses at the time of arrival. This refugee health screener-15 was self-completed by a sampling of 86 refugees from multiple regions, who were indicative of the individuals who had registered in Germany at the beginning of the calendar year 2015–2016. Subsequently, a randomly selected 56 subset was subjected to a semi-structured diagnostic interview. The refugee health screener 15 revealed existing psychological problems in 52 % of the migrant population. It identified clinically significant mental disorders of depression, anxiousness, post-traumatic stress disorder or somatoform disorder issues were prevalent. The 13-item variant that was less extensive performed alike well. This research demonstrated that the refugee health screener was indeed a time-efficient and reliable tool that can identify prevalent psychological issues in a variety of refugees, which was in line with other studies on refugees residing in the USA (Kaltenbach, Härdtner, Hermenau, Schauer, & Elbert, 2017).

Slewa-Younan *et al.*, (2017) conducted a study pertaining to the psychological health and support searching behavior of relocated Afghan refugees in Australia. The aims of the study were; to evaluate the mental health status with related help seeking

behavior of Afghan refugees in Adelaide, Australia. The sample size was 150 Afghan refugees with 74 male respondents. The sampling techniques used to study were snow ball sampling and convenience sampling. The anxiety levels and depression were measured by using Hopkins symptoms check list. The Afghan War Experience Scale was used to evaluate the level of exposure to traumatic events. The results of the study revealed that 14.7% of participants had symptoms of depression. Clinically significant PTSD symptoms were observed in 44% of respondents. General practitioners were contacted mostly for help seeking. Only 4.6% respondents contacted specialist mental health services for help. The results provide proof for high rates of PTSD symptomatology with low recognition of need of mental care among Afghan refugees (Slewa-Younan et al., 2017).

Stempel *et al.*, (2017) piloted an investigation on the before and after migration factors mediating the distress and discrimination being faced by Afghan refugees in North California in United States of America. This cross-sectional survey explored the influence of apparent discrimination on the psychological wellness of Afghan refugees. The study also tested the misery directing impacts of pre-movement unpleasant encounters and post-resettlement problems. The sample size was 259 Afghans Refugees. Statistical analysis involved the use of regression techniques to test the effect of discrimination on distress. The findings of the survey indicated that discrimination was a major stress contributor for Afghan refugees, which may aggravate stresses related other post-migration resettlement factors (Stempel et al., 2016).

A review investigation on health-sickness transformation of the first generation of refugees from Afghanistan in the USA was piloted by Shabaik *et al.*, in 2016. Afghan refugees often migrated to the host countries with a significant health burden of mental health problems, infections and chronic diseases. The aim of this investigation was to thoroughly review existing literature that highlight those aspects of the health-sickness transition condition that refugees experience during migration. Twenty-six investigations were reviewed. The data sources were analyzed under the framework of the emerging middle range theory of transitions. Three components that include the individual, society and community level factors were analyzed. Qualitative data indicated role of gender, family issues, and aging as factors in health-sickness transition state whereas quantitative data described high lipid profile, the incidence of cancer and increase possibility of psychological complications as determinants of health-sickness transition condition. The suggested measures to improve health among Afghan refugees include more focus on health promotion, and chronic health problems. This systematic review was a preliminary work with a need to investigate further about the effect of sociocultural factors on health in Afghan refugees (Shabaik & Lee).

Alemi *et al.*, in 2015 carried out an investigation to identify the mental distress indicators among Afghan refugees in California, USA. The objective of this research was to explore factors contributing to mental distress with identifiable symptoms of psychological suffering among Afghan refugees. Contributor's inclusion criteria was restricted to adult Afghan refugees living in San Diego County. The sample size was 135 participants. The data were collected by convenience and snowball sampling techniques. Prevalidated questionnaire of the Afghan symptom checklist was completed by 56 female and 74 male respondents with age range of 18 to 85 years. Afghan symptom checklist scores were considerably greater among widow refugees. Weak positive correlation was observed between age and psychological distress. The outcome of this investigation highlighted the social determining factors of mental distress among Afghan refugees in USA and proposed further assessment for better mental health outcomes (Alemi, James, Siddiq, & Montgomery, 2015).

Tahira Jibeen (2019) did an investigation on subjective wellbeing of Afghan refugees in Lahore. The aim of this survey was to observe the stress relationship through perceived control on the well-being of Afghans in Pakistan. The sample size was 137 married Afghan male refugees of age group of 25 to 50 year living in Lahore. Globally recognized tools were utilized in the survey. According to the findings of regression inferential analyses, perceived control might decrease the negative psychological effects of traumatic situations and improve positive effect (psychological). The findings may have significance for creating psychosocial treatment interventions aimed at improving the refugees' capacity to take charge of their life by fostering a stronger sense of autonomy and subjective well-being(Jibeen, 2019).

Brick *et al.*, (2014) did a quantitative prospective investigation on Afghan adolescent's trauma experiences, psychological health, and resilience. Prospective research study was conducted to examine trauma histories and psychological health problems in sex-balanced, chosen at random 313 Afghan teenagers aged 11 to 16 who lived in Kabul (Afghanistan) and Peshawar (Pakistan). Prevalidated instruments utilized in the survey include the Traumatic Event Checklist, Child Revised Impact of Events Scale, Checklist of Risk and Protective Events, and Depression Episodes. Fifty-two percent of respondents who participated in the CRIES trajectory indicated minimal or maybe no distress, fifteen percent showed increasing distress, and twelve percent encountered persistently high distress. Thirty percent of the participants had no trauma experience. Multivariable logistic regressions was utilized to analyze posttraumatic chronic distress that was more in women than men. This research sheds light on Afghan teenager's numerous adverse experiences as a child(Panter-Brick, Grimon, Kalin, & Eggerman, 2015).

Kassam *et al.*,(2006) did a qualitative brief reconnaissance fieldwork survey on the mental wellbeing of Afghan refugees living in Pakistan. Numerous Afghan refugees had gone through indescribable suffering as a result of conflict and its after effects. This qualitative fieldwork aimed to discover more about the various elements that collectively influence psychological state in a settlement for refugees in Karachi, Pakistan. The author discussed approaches that refugees inside this settlement used to communicate their discomfort, the etiology of their stress, as well as some coping strategies. The research findings led to valuable suggestions for improving the psychological well-being of refugees in Pakistan(Kassam & Nanji, 2006).

## **Material and Methods**

### **Sampling**

The research was designed as a quantitative cross sectional survey. Sample size of 1185 was computed by using known populace formula (Israel, 1992; UNHCR, 2017).Multi-stage technique of sampling was used to assemble information. District wise cluster of refugees were chosen from Khyber Pakhtunkhwa and Punjab in the initial stage. Systematic random sampling was used in subsequent stage of sampling to complete dataset. The conditions for inclusion were the availability of the Afghan refugee identification card and the desire to participate in the investigation. Refugees were excluded during survey on the basis of inability to interpret informed consent and questionnaires.

### **Data collection Tools and Analysis Plan**

The survey applied pre-validated worldwide used data collection tools in Afghan refugees. The instruments were available in national language with recognized validity.

The WHO-5 Wellbeing scale is a concise, self-reporting indicator of existing psychological health. It is cost-free and accessible to be used without permission by the World Health Organization. Afghan refugee’s mental well-being was also evaluated through World Health Organization Wellbeing index 5. The questionnaire consists of five items, with a maximum rating of five (whole time) and a minimum value of zero (meaning never) on a six scale point. The survey's questions focused on happiness and good spirits, calmness and relaxation, energy and feeling active, feeling fresh and relaxed whenever I awoke, and having a complete day with things that interest me. The latest 14 days' worth of responses to these questions were recorded. Factors inducing psychological well-being were modified from the Syrian investigation (Doocy, Lyles, Akhu-Zaheya, Burton, & Burnham, 2016).The tools were statistically analyzed by SPSS version 23.Descriptive summary statistics involved the computation of percentages and frequencies of data. Chi square distribution and multivariate regression were applied to test the degree of association between the variables at 0.05 level of significance.

**Results and Discussion**

**Univariate and Bivariate Data Analysis**

The final results of the wellbeing index 5 was divided into two categories(moderate to high  $\geq 50$ , low  $< 50$ ).The majority of Afghan refugees in Pakistan (57.0%) reported having moderate to high psychological wellbeing, whereas only 43.0% of participants admitted experiencing low psychological well-being scores as presented in figure 1.

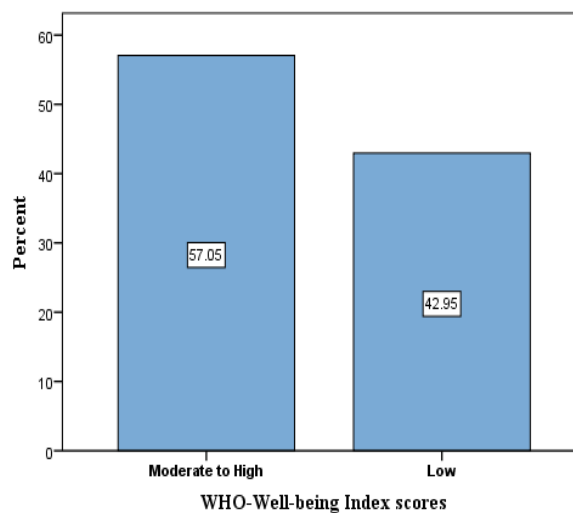


Figure 1: Psychological Well-Being Scores among Afghan Refugees in Pakistan

District wise Psychological well-being was moderate to high in majority of the participants in Haripur district, Mardan district, Peshawar district and Mianwali district where as in Nowshera district most of the population reported low psychological well-being. Well-being percentage scores in districts under study was presented in table 1.

**Table 1**  
**District wise Psychological Well-Being Scores among Afghan Refugees**

WHO well-being Index V	District wise distribution (%)					Total
	Haripur	Mardan	Nowshera	Peshawar	Mianwali	
Moderate to High	17.4	3.5	8.1	22.7	5.3	57.0

Low	16.0	2.9	12.1	10.5	1.5	43.0
Total	33.4	6.4	20.2	33.2	6.8	100.0

### Chi-Square Distribution

In bivariate analysis chi-square test was performed to see the association between the outcome (psychological well-being) and independent variables.

### Sociodemographic Features and Psychological Wellbeing

Sex, family system, resettlement area, residence, type of residence and employment position was significantly associated with Psychological wellbeing in chi square test. All other independent variables (age, marital position, mother linguistic, and host nation no of years spend, educational level, family income (monthly), and self-rated socioeconomic status) were nonsignificant with psychological well-being in the chi-square distribution. Sociodemographic features and psychological wellbeing outcomes were presented in table 2.

**Table 2**  
**Association between Sociodemographics and Psychological Well-Being**

Socio demographic	WHO Psychological Well-being Index Scores		P value	Features	WHO Psychological Well-being Index Scores		P value
	Moderate to high %	Low %			Moderate to high %	Low %	
Age		Number of years in the host country					
18-31	31.1	27.5	0.53	<9	7.7	10.8	0.15
32-46	23.7	23.8		9-19	34.2	31.6	
47-61	37.7	41.3		>19	58.1	57.6	
>61	7.5	7.5					
Sex		Residence					
Male	46.0	59.3	0.00*	Urban	42.2	32.0	0.00*
Female	54.0	40.7		Rural	57.8	68.0	
Educational level		Marital position					
Uneducated	36.7	35.6	0.81	Married	57.4	52.7	0.24
<10 yr.	54.1	55.2		Unmarried	28.3	30.6	
10-14 yr.	8.1	8.6		Widowed	14.3	16.7	
16 yr. & >	1.0	0.6					
Employment status		Type of Residence					
Employment	52.2	40.5	0.00*	Own	6.7	5.1	0.01*
Unemployment	47.8	59.5		Donor	79.7	75.2	
				Rented	13.6	19.6	
Resettlement Area		Family System					
Haripur KPK	30.5	37.3	0.00*	Joint	77.1	71.7	0.02*
Mardan KPK	6.2	6.5		Nuclear	22.9	28.3	
Nowshera KPK	14.2	28.1		Self-evaluated socioeconomic class			
Peshawar KPK	39.8	24.6		High	2.1	3.5	0.30
Mianwali Punjab	9.3	3.5	Average	23.2	22.8		
			Low	74.7	73.7		
Family income (in rupees*)		Mother linguistic					
<25,001	69.2	70.3	0.41	Dari speak	40.1	37.7	0.71
25,001-50,001	20.0	20.8		Pastho	49.7	51.7	
50,002-75,001	8.1	5.7		Other	10.2	10.6	
>75,002	2.7	3.1					

### Predictors of Psychological Wellbeing

Naswar abusers, existing health condition, chronic well-being illness, in predictors were significantly associated with psychological well-being in the chi-square

test. All other variables of predictors were non-significant with psychological wellbeing as presented in table 3.

**Table 3**  
**Association between Predictors of Psychological Well-being**

WHO Psychological Well-being Index Scores							
Predictors	Moderate to high	Low	P value	Predictors	Moderate to high	Low	P value
	%	%			%	%	
Smokers			Socioeconomic help				
Frequent	35.1	37.3	0.66	Always	73.6	75.8	0.57
Occasional	13.0	13.4		Occasional	20.9	19.8	
Non users	51.9	49.3		Never	5.5	4.4	
Naswar abusers			Clean water available				
Frequent	33.4	24.0	0.00*	Always	58.2	53.8	0.25
Occasional	14.1	11.6		Occasional	34.8	37.6	
Non users	52.5	64.4		Never	7.0	8.6	
Cultural friendly			Sanitation available				
Always	75.3	74.5	0.74	Always	58.6	55.2	0.06
Occasional	22.6	22.8		Occasional	36.8	36.9	
Never	2.1	2.8		Never	4.6	7.9	
language barriers			Education access				
Always	16.4	15.9	0.30	Always	57.2	57.2	0.24
Occasional	31.2	27.5		Occasional	33.6	36.1	
Never	52.4	56.6		Never	9.2	6.7	
Faced discernment			Health information access				
Always	15.1	17.3	0.50	Always	6.7	7.3	0.17
Occasional	30.2	30.8		Occasional	32.0	36.7	
Never	54.7	51.9		Never	61.3	56.0	
Socially included			Healthcare access				
Always	57.1	56.6	0.27	Always	50.3	48.3	0.27
Occasional	22.2	25.5		Occasional	49.7	51.7	
Never	20.7	17.9					
Existing health condition			Chronic well-being illness				
Healthy	60.9	32.8	0.00*	Sure	28.6	50.7	0.00*
Not Healthy	39.1	67.2		None	71.4	49.3	
Last visited Health facility			Health care cost non-affordability				
In one month	27.4	29.3	0.69	Always	51.3	53.5	0.66
In one year	33.1	33.4		Occasional	39.5	36.9	
> 1 year	39.5	37.3		Never	9.2	9.6	

### Logistic Regression Analysis

A technique to identify the cause-result relationship between independent variables and a binary outcome variable is called logistic regression analysis. The analysis' findings were presented as an odds ratio, because logistic regression determines the likelihood of moderate to high psychological well-being over the possibility of low psychological well-being. The odds of low psychological well-being were significantly more in male gender. Area wise odds of low psychological well-being were higher in Nowshera followed by Haripur, Mardan and Peshawar. Donor supported households and house owners had lower likelihoods of low psychological well-being in comparison to rented inhabitant Afghan refugees. Frequent and occasional users of naswar had lower chances of experiencing poor mental wellbeing in comparison to those who did not use naswar. Healthy Afghan refugees had lower likelihoods of low psychological well-being in comparison to not healthy. The outcomes of binary logistic regression were presented in table 4.

**Table 4**  
**Outcome of the binary logistic regression analysis between Sociodemographics, predictors and Psychological well-being**

Sociodemographic characteristics	Low Psychological well-being (WHO well-being Index)			
	COR	95%CI	AOR	95%CI
Sex				
Male	1.744	1.352-2.250	1.712	1.357-2.161
Female	Reference	Reference	Reference	Reference
Resettlement area				
Haripur KPK	3.561	2.011-6.307	3.228	1.845-5.650
Mardan KPK	3.103	1.522-6.327	2.750	1.373-5.507
Nowshera KPK	5.064	2.724-9.414	5.214	2.907-9.351
Peshawar KPK	1.470	0.721-3.000	1.626	0.924-2.862
Mianwali Punjab	Reference	Reference	Reference	Reference
Type of Residence				
Owner	0.772	0.422- 1.413	0.654	0.479-0.893
Donor supported	0.532	0.368-0.771	0.532	0.304-0.930
Rent	Reference	Reference	Reference	Reference
Predictors				
Substance abuse(Naswar)				
Frequent	0.537	0.401 - 0.720	0.584	0.448-0.763
Seldom	0.694	0.472 - 1.020	0.672	0.470-0.961
Non-users	Reference	Reference	Reference	Reference
Current Health Status				
Healthy	0.313	0.214-0.458	0.313	0.246-0.398
Not Healthy	Reference	Reference	Reference	Reference

COR= Crude Odds ratio, AOR = Adjusted Odds ratio, CI = Confidence interval

## Discussion

World Health Organization wellbeing V considered as the most commonly used survey questionnaire to assess psychological health in the last 25 years (Topp, Østergaard, Søndergaard, & Bech, 2015b). Most participants of this study (57.0%) claimed to be in a moderate to high level of mental well-being, while only 43.0% acknowledged being in a low level of mental well-being. Syrian refugee's majority (61.8%) in Sweden and refugees in Germany also reported moderate to high psychological well-being using the World Health Organization wellbeing V (Alexander, Mathilde, & Øivind, 2021; Maier, Konaszewski, Skalski, Büssing, & Surzykiewicz, 2022).

This survey showed that 43% of the Afghan refugees had positive WHO wellbeing V screening results. This is an indication that refugees in the host nations and also in Pakistan had mental health problems, that was also supported by worldwide reported literature (Leiler, Bjärtå, Ekdahl, & Wasteson, 2019; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014; Walther, Fuchs, Schupp, & von Scheve, 2020). However, it is important to keep in mind when assessing the positive screening findings in 43% of the Afghan refugees that the WHO wellbeing V is simply a screening test and a complete consultation from psychiatrist is essential for any psychiatric disorder diagnosis and labelling (Schütte, Chastang, Parent-Thirion, Vermeylen, & Niedhammer, 2014; Topp, Østergaard, Søndergaard, & Bech, 2015a).

The binary logistic model's significant demographics and psychological well-being predictors were discussed in relation with published evidence. Psychological wellbeing scores were lower in Afghan refugee population in Khyber Pakhtunkhwa (Haripur 52% and Nowshera 40%) than the host population data available in that area (Haripur 72% and Nowshera 66.2%) (Alam & Amin, 2021). The notion that refugees experience more mental health problems than the host community was supported by



earlier findings (Porter & Haslam, 2005; Straiton, Reneflot, & Diaz, 2017). Area wise low psychological well-being were higher in Nowshera followed by Haripur, Mardan, Peshawar and Mianwali. Gender wise male Afghan refugees were significantly more likely to have low psychological well-being than female refugees that was dissimilar to common global inquiries documenting refugee women prevalence to mental ailments (Hameed, Sadiq, & Din, 2018; Tahir, Due, Ward, & Ziersch, 2022) and Afghan national psychological assessment (Kovess-Masfety, Keyes, Karam, Sabawoon, & Sarwari, 2021). Peace and security in Pakistan might be the reason for psychological wellbeing's according to the female Afghan refugees in Pakistan, who were interviewed by Al Jazeera, they were hesitant to go back to Afghanistan because they feared violence and lacked the bravery to lose their kids to a never-ending war (Qayyum, 2019).

The appropriate housing is a prerequisite for refugees to live a healthy lifestyle and there seems to be emerging evidence that housing inequalities and poor psychological health are directly related (Mason, Baker, Blakely, & Bentley, 2013). Donor supported households and house owners had lower likelihoods of low psychological well-being in comparison to rented inhabitant Afghan refugees. Published literature also recognized a relationship among home ownership and better mental health status (Bentley, Baker, Mason, Subramanian, & Kavanagh, 2011; Mason et al., 2013). Naswar also termed as smokeless tobacco is a culturally acceptable, less expensive, and easily accessible legal type of a psychoactive drug consumed by both genders in South Asia for psychological alertness (Nawaz, Khan, & Bukhari, 2017). Frequent and occasional users of naswar had lower likelihoods of low psychological well-being in comparison to those who did not use smokeless tobacco (naswar) in this survey however global reports indicated that substance abusers had more psychological disorders (Pham et al., 2020; Primack, Land, Fan, Kim, & Rosen, 2013). Persons with long-term illnesses were more likely to develop psychological disorders than healthy individuals (Moore et al., 2019). Healthy Afghan refugees had lesser chances of poor psychological well-being in comparison to sick people. Sick persons more positive screening in WHO wellbeing V is consistent with worldwide conception of mental health disorders association with long-term ailment as reported in literature (Jablensky et al., 1994; Mercer, Gunn, Bower, Wyke, & Guthrie, 2012).

## **Conclusion**

This study is the initial attempt to assess the predictors of psychological well-being among Afghan Refugees in Pakistan. Low psychological well-being was reported by 43% of the Afghan refugees by World health organization wellbeing V. The results of this study were consistent with earlier research globally with some significant differences.

## **Recommendations**

The establishment of mental health screening units at border entry points and in refugee hosting regions seems essential for early diagnosis and effective referral system

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