

JORDAN

The vision of the Joint Programme (JP): All children and adolescents achieve the highest possible standard of mental health and psychosocial well-being and development.

CONTEXT AND BACKGROUND

Jordan hosts large refugee populations alongside vulnerable host communities, placing sustained pressure on public services for children and adolescents. Despite these challenges, there are strong opportunities to strengthen systems that support young people’s wellbeing. The JP’s work focuses on supporting national and regional efforts to integrate MHPSS into schools, primary health care and community services, helping to expand sustainable support for children and adolescents.

GLOBAL INDICATORS

Total population (000s)	11.3
Total child and adolescent population (000s)	4,257
Suicide rates (per 100,000 population)	1.98
Stand-alone or integrated policy or plan for child and/or adolescent mental health	No
Stand-alone or integrated strategy/policy/plan for suicide prevention	Yes
Mental health workers in child and adolescent mental health services	-
Integration of mental health into primary care is considered functional (self-rated 5 points checklist score; ≥ 4 = functional integration)	2

Sources: *WHO Mental Health Atlas 2020*; *WHO Global Health Estimates, 2024*

JOINT PROGRAMME REACH INDICATORS (UP TO 2025)

Total individuals directly reached through the Joint Programme	299
Total individuals trained in child and adolescent mental health, psychosocial support and/or development	299
Total individuals predicted to reach through trained professionals, annually (<i>indirect reach</i>)	150,024
Total individuals reached through multisectoral care, and prevention/promotion services	0
Total individuals with access to multisectoral care services (<i>indirect reach</i>)	0
Number of non-state actors and partners engaged	4
Number of ministries and government entities engaged	

KEY ACTIVITIES AND ACHIEVEMENTS ENABLING IMPACT



Multisectoral leadership and coordination

- Jordan** strengthened mental health governance by training 33 Ministry of Health officials in mental health leadership and convening three meetings of the National Technical Committee (NTC) under the National Mental Health and Substance Use Action Plan (2022–2026). These efforts enhanced multi-sectoral coordination and increased attention to child and adolescent mental health. Strong **MoH** ownership and engagement were noted, positioning the **NTC** as a key platform for advancing policy, improving service integration, and sustaining national mental health priorities.



Multisectoral service delivery and care systems

- Jordan** improved access to quality mental health care through extensive training initiatives. **MhGAP** sessions, Thinking Healthy Program, and Care for Child Development ToT trained 162 health professionals, including GPs, nurses, midwives, and social workers, across **Amman** and **Aqaba**.
- These programs **enhanced** primary health care workers’ ability to identify and manage mental health conditions, benefiting an estimated **220,000 individuals** through PHC services.
- Despite progress, **challenges** remain in recording and reporting cases at PHC level, requiring systemic improvements.



Promotion and prevention in mental health

- Jordan** advanced school-based **mental health initiatives** through multiple trainings for counselors, nurses, and GPs in Amman and Aqaba, reaching 63 professionals and indirectly benefiting an estimated 32,200 students.
- Activities** included workshops on signs, symptoms, stigma, and confidentiality, as well as rights to treatment. These sessions provided peer support for counselors and **highlighted systemic challenges** requiring future action.
- Adults with lived experience were engaged, reinforcing inclusive approaches to mental health promotion and strengthening supportive environments in schools.



Data, evidence, and research systems

- Jordan** strengthened data systems and evidence generation through two refresher **trainings for 50 health care workers** on the Jordan Integrated Electronic Reporting System (**JIERS**), aiming to improve mental health case reporting. However, reporting remains under-prioritized at **PHC level**, requiring stronger **MoH** leadership. Additionally, **UNICEF** and **WHO** jointly published guidance on integrating **MHPSS** into primary health care, widely shared within the national **MHPSS** Working Group. These efforts support data-driven planning and reinforce evidence-based mental health policy development.

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KEY STAKEHOLDERS AND PARTNERS

Core partners include UNICEF, WHO, and Jordan’s Ministry of Health, alongside Royal Health Awareness Society, Our Step, International Medical Corps, and Burnet Institute. Collaboration extended to school counselors, NGOs, and health professionals. Engagement with national technical committees and MHPSS working groups ensured alignment with the National Mental Health and Substance Use Action Plan.

SNAPSHOTS FROM THE FIELD



Image 1: Ministry of Health and partners discussing achievements and next steps for mental health and psychosocial support for children and adolescents.

Image 2: WHO and UNICEF teams meeting to reflect on progress and plan next steps for child and adolescent mental health in Jordan.

Image 3: A National Technical Committee meeting bringing together different sectors to coordinate efforts on child and adolescent mental health.

FUTURE OUTLOOK AND PRIORITIES MOVING FORWARD



Multisectoral leadership and coordination

- Advocate for child and adolescent mental health within the National Technical Committee on MHPSS and ensure representation across education, social development, and youth sectors.
- Finalize and implement the revised National Mental Health Action Plan (2027–2030) with clear CAMH priorities and sustainable financing.



Multisectoral service delivery and care systems

- Facilitate cross-sector collaboration to develop coordinated health, education, and social sector programming.
- Scale up mhGAP, Thinking Healthy, and school-based mental health programs to improve access to quality CAMH services nationwide.
- Strengthen referral pathways between primary, secondary, and specialized services for children and adolescents, ensuring timely and coordinated care.



Promotion and prevention in mental health

- Integration of mental health into primary care, including implementation of mhGAP recommendations, development of tools, online training, rural workforce support, and ongoing monitoring and evaluation.
- Link to and support related programming in Jordan on suicide prevention, parenting support, and substance use.
- Develop awareness campaigns on substance use and suicide prevention targeting children, adolescents, families, and educators, incorporating community and school engagement, caregiver involvement, and input from persons with lived experience to reinforce inclusive and supportive environments for children and adolescents.



Data, evidence, and research systems

- Strengthen the use of health information systems for CAMH data at the primary care level, addressing training gaps, infrastructure needs, and stigma-related barriers, while improving routine data collection and reporting to support planning and supervision.
- Use collected data to inform improvements in child and adolescent mental health services and guide future programming