MENTAL HEALTH ATLAS 2020

Member State Profile

[Jordan]

Total population (UN official estimate):¹
Total mental health expenditure per person (reported currency):

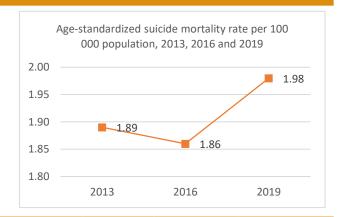
10 101 697 Income Group:³
- WHO Region:

Upper-middle EMRO

Burden of mental disorders (WHO official estimates)

Disability-adjusted life years (per 100 000 population):²
Age-standardized suicide mortality rate (per 100 000 population):⁴

1 897.7 1.98



Mental health research and reporting

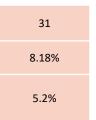
Availability / status of mental health reporting:

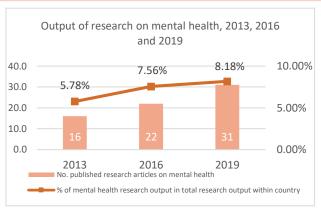
Mental health data compiled only for general health statistics in the last two years

Number of published research articles on mental health⁵

Percentage of mental health research output in total research output within country

Percentage of mental health research output of the country in total mental health research output in the region





| MENTAL HEALTH SYSTEM GOVE | RNANCE | | | | | | |
|--|---|--|---|----------------|--|--|--|
| Mental health policy / plan | | Mental health legislation | | | | | |
| Stand-alone policy or plan for mental health: | Yes | Stand-alone law for mental health: | | No | | | |
| (Year of policy / plan): | 2018 | (Year of law): | | - | | | |
| Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁶ | 5 | Law is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁷ | | Not applicable | | | |
| Human resources are estimated and allocated for implementation of the mental health policy/plan | No | authority or independent body | irregular inspecti | | | | |
| Financial resources are estimated and allocated for implementation of the mental health policy/plan | No | health legislation with | health services and irregularly responds to complaints of human rights violations | | | | |
| The mental health policy / plan contains specified indicators or targets against which its implementation can be monitored | Indicators were available and used in the last two years in some components of current mental health policies | | | | | | |
| Child and/or adolescent mental health policy/plan | | | | | | | |
| Stand-alone or integrated policy or plan for child mental health | No | Stand-alone or integrated policy or plan for adolescent mental health | | No | | | |
| (Year of child mental health policy / plan): | - | (Year of adolescent mental health policy / plan): | | - | | | |
| Suicide prevention strategy/policy/plan | | | | | | | |
| Stand-alone or integrated strategy/policy/plan for suicide prevention | Yes | (Year of strategy/policy/plan) | | 2018 | | | |

RESOURCES FOR MENTAL HEALTH Mental health financing The government's total expenditure on mental health as % of total government health expenditure The government's total expenditure on mental hospitals as % of total government mental health mental hea

expenditure

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Insurance for mental health

How the majority of persons with mental health conditions pay for mental health services

Persons pay nothing at the point of service use (fully insured)

How the majority of persons with mental health conditions pay for psychotropic medicines

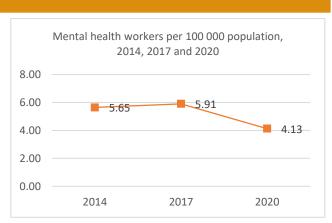
Persons pay nothing at the point of service use (fully insured)

The care and treatment of persons with mental health conditions (psychosis, bipolar disorder, depression) is included in national health insurance or reimbursement schemes in your country

Yes

Mental health workforce

| | Total Number (gov. and non gov.) | No. per 100 000 population |
|--|----------------------------------|----------------------------|
| Psychiatrists | 105 | 1.04 |
| Mental health nurses | 300 | 2.97 |
| Psychologists | 11 | 0.11 |
| Social workers | - | - |
| Other specialized mental health workers (e.g. Occupational Therapists) | 1 | 0.01 |
| Total mental health professionals | 417 | 4.13 |

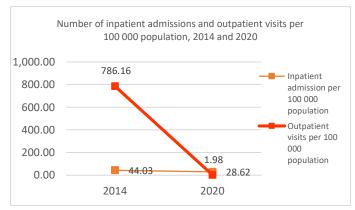


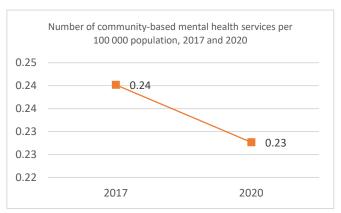
Mental health workers in child and/or adolescent mental health services: Total mental health workers in Child and/or adolescent psychiatrists - - child and adolescent mental - - health services

| MENTAL HEALTH SERVICE AVAIL | | | re for mental health, |
|---|-------------------------------|---|-----------------------------|
| neurological and substance use disorders) | | | , |
| Integration of mental health into primary health | care | | |
| Integration of mental health into primary care is considered functional (self-rated 5 points checklist score; ≥ 4 = functional integration) ⁸ | | | 2 |
| Outpatient care (total facilities) | | Outpatient care (visits per 100 000 popula | tion) |
| Mental health outpatient facilities attached to a hospital | 52 | Number of visits made by service users in the la year in mental health outpatient facilities attached to a hospital | 1.98 |
| "Community-based / non-hospital" mental health outpatient facility | 23 | Number of visits made by service users in the la year in "Community-based / non-hospital" men health outpatient facility | tal - |
| Other outpatient facility (e.g. Mental health day care or treatment facility) | - | Number of visits made by service users in the la year in other outpatient facility (e.g. Mental health day care or treatment facility) | - |
| Total number of outpatient facilities specifically for children and adolescents | 6 | Number of visits made by service users in the la year in outpatient facility specifically for childre and adolescents | |
| Inpatient care (total facilities) | | Inpatient care (beds/admissions per 100 (| 00 population) |
| Mental hospitals | 3 | Mental hospital beds / annual admissions | 3.55 / 28.47 |
| Psychiatric units in general hospitals | 1 | General hospital psychiatric unit beds / annual admissions | 0.15 / 0.15 |
| Community residential facilities | - | Community residential beds / annual admission | s -/- |
| Inpatient facilities specifically for children and | - | Child and adolescent specific inpatient beds / | -/- |
| adolescents Mental hospitals | | annual admissions ' Mental hospitals (length of stay) | |
| Total number of admissions | | Inpatients staying less than 1 year 127 | |
| Admissions that are involuntary | _ | Inpatients staying 1-5 years | 121 |
| y | | pat.onto otayning ± o years | 65 |
| Follow-up of people with mental health condition | | | 65 183 |
| Follow-up of people with mental health condition discharged from hospital in the last year (discharged persons seen within a month) | - | Inpatients staying more than 5 years Percentage of inpatients staying less than 1 years in the total number of inpatients | 183 |
| discharged from hospital in the last year (discharged | - 'ow-up for physica | Inpatients staying more than 5 years Percentage of inpatients staying less than 1 yea in the total number of inpatients | 183 |
| discharged from hospital in the last year (discharged persons seen within a month) | - low-up for physica | Inpatients staying more than 5 years Percentage of inpatients staying less than 1 yea in the total number of inpatients | 183 33.9% |
| discharged from hospital in the last year (discharged persons seen within a month) Inpatients receiving timely diagnosis, treatment and fol | - low-up for physica 23 | Inpatients staying more than 5 years Percentage of inpatients staying less than 1 yea in the total number of inpatients | 183 33.9% |
| discharged from hospital in the last year (discharged persons seen within a month) Inpatients receiving timely diagnosis, treatment and fol Community based mental health services Total number of community based mental health | | Inpatients staying more than 5 years Percentage of inpatients staying less than 1 years in the total number of inpatients I health conditions(e.g. cancer, diabetes or TB) Number of community-based mental health | 183 33.9% 25% or less |

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MENTAL HEALTH PROMOTION AND PREVENTION Existence of at least two functioning programmes Nο (self-rated 3 points checklist score; ≥ 2 = functioning programme)¹⁰ Category of mental health promotion & cope of Programme Functionality of **Programme examples** revention programme orogramme management Suicide prevention programme Mental Health Awareness /Anti-WMHD National Jointly managed Yes stigma Early Child Development School based mental health School mental health package prevention and promotion Parental / Maternal mental health promotion and prevention Work-related mental health prevention and promotion Mental health and psychosocial component of disaster preparedness, disaster risk reduction

Endnotes

⁷ Law compliance with human rights instruments self-rated 5 points checklist items: 1) Law promotes transition towards community-based mental health services (including mental health integrated into general hospitals and primary care); 2) Law promotes the rights of people with mental health conditions and psychosocial disabilities to exercise their legal capacity; 3) Law promotes alternatives to coercive practice; 4) Law provides for procedures to enable people with mental health conditions and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body; 5) Law provides for regular inspections of human rights conditions in mental health facilities by an independent body (79% of responding countries). (5 = fully in line)

⁸ Integration of mental health in primary care self-rated 5 points checklist items: 1) guidelines for mental health integration into primary health care are available and adopted at the national level; 2) pharmacological interventions for mental health conditions are available and provided at the primary care level; 3) psychosocial interventions for mental health conditions are available and provided at the primary care level; 4) health workers at primary care level receive training on the management of mental health conditions; 5) mental health specialists are involved in the training and supervision of primary care professionals. (≥ 4 = functional integration)

⁹ **Community-based mental health services** are defined as services that are provided in the community, outside a hospital setting. Data for this indicator include countries' reported number of community-based outpatient facilities (e.g. community mental health centres), other outpatient services (e.g. day treatment facilities) and mental health community residential facilities for adults.

¹ UN. 2019. World Population Prospects, https://population.un.org/wpp/

² GBD, 2019. Global Health Estimates. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys. Value represent DALY rate per 100,000 and for mental disorders only.

³ World Bank, 2019. Country classification. https://datahelpdesk.worldbank.org/knowledgebase/topics/19280-country-classification

⁴ WHO, 2019. Global Health Observatory. http://www.who.int/gho/en/. Suicide mortality rates are computed using standard categories, definitions and methods are reported to facilitate comparisons over time and between countries and may not be the same as official national estimates.

⁵ **Output of research on mental health:** The annual published research output in peer-reviewed and indexed journals is used as a proxy for the amount (and quality) of mental health research that is being conducted or is related to a given country.

⁶ Policy/plan compliance with human rights instruments self-rated 5 points checklist items: 1) Policy/plan promotes transition towards mental health services based in the community (including mental health care integrated into general hospitals and primary care); 2) Policy/plan pays explicit attention to respect of the rights of people with mental health conditions and psychosocial disabilities as well as at-risk populations; 3) Policy/plan promotes a full range of services and supports to enable people to live independently and be included in the community (including rehabilitation services, social services, educational, vocational and employment opportunities, housing services and supports, etc.); 4) Policy/plan promotes a recovery approach to mental health care, which emphasizes support for individuals to achieve their aspirations and goals, with mental health service users driving the development of their treatment and recovery plans; 5) Policy/plan promotes the participation of persons with mental health conditions and psychosocial disabilities in decision-making processes about issues affecting them (e.g. policies, laws, service reform, service delivery). (5 = fully in line)

¹⁰ Functional mental health promotion and prevention programmes self-rated 3 points checklist items: 1) Dedicated financial & human resources; 2) A defined plan of implementation; and 3) Documented evidence of progress and/or impact. (≥ 2 = functioning programme)