

# Transforming mental health promotion and prevention in Jordan, through integrated community-based approaches

## Specific Area of Focus

Mental health promotion and prevention through school-based programmes, self-help interventions, and primary health care integration

## Background and Context

### *Context/Implementation Setting:*

Jordan is a politically stable country in the Middle East that hosts one of the world's largest refugee populations. As of 2024, Jordan shelters over 2 million Palestine refugees, more than 1.3 million Syrians, and tens of thousands of Iraqis<sup>1</sup>. While Jordan's stability has facilitated the development of a sophisticated healthcare infrastructure, including leadership in medical tourism and maternal and child health indicators, the system remains under strain due to population growth, epidemiological transitions, and regional crises.

Mental health services in Jordan have historically focused on tertiary care and psychiatric institutions, with limited community-based interventions and preventive services. Budget allocation for mental health was fragmented, and primary health care settings were under-utilised for mental health promotion. Public stigma, a lack of mental health literacy, and minimal integration into schools and communities further constrained early intervention efforts<sup>2</sup>.

### *Rationale for Intervention:*

In 2019, Jordan was selected as one of six early adopter countries for the WHO Special Initiative for Mental Health (SIMH). A joint WHO–Ministry of Health situational assessment found that while the country demonstrated strong institutional stability, several limitations affected the reach and integration of mental health promotion and prevention<sup>3</sup>.

At the time, community-level mental health services tended to focus on reactive care, with fewer opportunities for structured promotion, early detection, or psychosocial support. Only 14% of public health centres offered any form of mental health service, and less than 1% of the national health budget was allocated to mental health<sup>4</sup>.

1 United Nations High Commissioner for Refugees. (2025). Global trends report 2024. <https://www.unhcr.org/sites/default/files/2025-06/global-trends-report-2024.pdf>

2. World Health Organization, Regional Office for the Eastern Mediterranean. (2025). Why the guidance on the integration of mental health in primary health care was developed. <https://www.emro.who.int/ar/mnh/publications/why-the-guidance-on-the-integration-of-mental-health-in-primary-health-care-was-developed.html> (emro.who.int)

3. World Health Organization. (2020). WHO Special Initiative for Mental Health: Country report – Jordan. [https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report---jordan---2020\\_414542ae-ce5d-4f1d-bf40-fe1b1cbf8003.pdf](https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report---jordan---2020_414542ae-ce5d-4f1d-bf40-fe1b1cbf8003.pdf)

Psychosocial support was primarily delivered through hospitals or by NGOs focused on refugee populations; and referrals to the national system were not consistently established. In addition, mental health was largely absent from school programmes and primary health care protocols<sup>5</sup>.

Given the above context, Jordan healthcare workers were under-recognising early symptoms of mental health problems, especially among children, adolescents, and new mothers, which commonly led to delayed help-seeking. Coordination across sectors was informal, and many frontline providers lacked dedicated training or supervision to address promotion and prevention needs<sup>6</sup>. These factors made it more difficult to respond early to distress, increased reliance on tertiary care, and contributed to gaps in service coverage across both refugee and host communities.

The SIMH programme design sought to address these foundational challenges by embedding promotion and prevention approaches across education, primary health care, and community platforms, while also building the capacity of frontline workers (across sectors) to recognise and respond to mental health needs early and effectively<sup>7</sup>.

### *Key Implementation Actions and Processes:*

Jordan's promotion and prevention efforts were anchored in three core interventions:

1. The Doing What Matters in Times of Stress (DWM) self-help programme<sup>8</sup>
2. Mental Health in Schools Package<sup>9</sup>
3. Integration of mental health into primary health care through mhGAP<sup>10</sup>.

These were not implemented in isolation. Each was developed through participatory co-design, localised piloting, and cross-sector coordination to ensure cultural relevance and systems alignment<sup>11</sup>.

The DWM programme provided scalable psychological tools for emotional regulation and stress management. A needs assessment conducted by the Our Step Association and local NGOs in 2022 identified high levels of stress among frontline workers, refugees, and youth.

Based on this, WHO's DWM was adapted into Arabic with simplified group facilitation guides and visual materials. The programme was launched during World Mental Health Day in 2022, and over 5,000 individuals, including refugees, frontline workers, and host community members, accessed the programme between late 2022 and mid-2023.



Jordan. 2025. ©WHO

4. Kemp, C. G., et al. (2022). Baseline situational analysis in Bangladesh, Jordan, Paraguay, the Philippines, Ukraine, and Zimbabwe for the WHO Special Initiative for Mental Health: Universal Health Coverage for Mental Health. PLOS ONE, 17(3), e0265570. <https://doi.org/10.1371/journal.pone.0265570>

5. Ministry of Health of the Hashemite Kingdom of Jordan. (2021). National mental health and substance use action plan 2022–2026. [https://moh.gov.jo/ebv4.0/root\\_storage/en/eb\\_list\\_page/national\\_mhsu\\_action\\_plan\\_2022-2026\\_%28english%29\\_%282%29-0.pdf](https://moh.gov.jo/ebv4.0/root_storage/en/eb_list_page/national_mhsu_action_plan_2022-2026_%28english%29_%282%29-0.pdf)

6. UNICEF. (2023). Jordan: Integration of mental health and psychosocial support in primary health care. <https://www.unicef.org/mena/reports/jordan-integration-mental-health-and-psychosocial-support-primary-health-care>

7. World Health Organization, Regional Office for the Eastern Mediterranean. (2018). Integration of mental health into primary health care. Eastern Mediterranean Health Journal, 24(2), 221–222. <https://www.emro.who.int/emhj-volume-24-2018/volume-24-issue-2/integration-of-mental-health-into-primary-health-care.html>

8. World Health Organization. (2020). Doing what matters in times of stress: An illustrated guide. <https://www.who.int/publications/i/item/9789240003927>

9. World Health Organization. (2021). Mental health in schools: A manual. <https://applications.emro.who.int/docs/9789290225652-eng.pdf>

10. World Health Organization. (2023). Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders (3rd ed.) <https://www.who.int/publications/i/item/9789240084278>

The 5,000+ individuals mainly accessed the DWM programme through group sessions facilitated by trained community and NGO partners. Sessions were delivered in person at community centres, and health facilities, using the Arabic adaptation of the DWM group guide and visual materials. In addition, handouts were distributed in more settings during different occasions to support individual practice and wider reach. Local facilitators, including peer supporters, were trained in a cascade model, and implementation emphasised interactive learning, storytelling, and peer exchange to ensure retention and uptake.



*Jordan. 2025. ©WHO*

The Mental Health in Schools Package was piloted in over 40 schools in collaboration with the Ministry of Education (MOE) and the Royal Health Awareness Society (RHAS). Selection of schools prioritised underserved areas and those hosting large numbers of refugee students. Initial sensitisation workshops were conducted with school principals and teachers, followed by modular training sessions and onsite coaching. The initiative aimed to strengthen mental health literacy among educators, improve early identification of emotional difficulties in children and adolescents, and establish referral mechanisms to health services.

Piloting was accompanied by regular feedback loops with RHAS and MOE, which helped adjust training content, simplify reporting tools, and build school-based support teams. RHAS has since integrated the programme into its national school health framework, supporting sustainable rollout and widespread adoption.

At the primary health care (PHC) level, Jordan embedded mental health promotion and prevention into healthcare delivery - training over 1,100 healthcare workers in 278 facilities under the mhGAP framework. This included modules on child and adolescent mental health and substance use prevention. Implementation began with targeted training-of-trainers for PHC supervisors and focal points - from all governorates - who were then supported to deliver local mhGAP trainings and monthly supervision. Clinical decision tools and referral algorithms were adapted with input from frontline doctors and nurses. mhGAP was also incorporated into the curricula of all family medicine residency programmes, ensuring future health workers are equipped to promote mental wellbeing and intervene early. The availability of services increased substantially, with 41% of PHC centres now offering mental health care (up from 14% in 2022).

A complementary intervention, the Thinking Healthy Programme<sup>12</sup>, was piloted in 10 of Jordan's comprehensive health centres to address maternal mental health. This provided structured, low-intensity psychosocial support for women during and after pregnancy, supporting both prevention and early treatment for mothers and their infants. The selection of centres was based on mhGAP coverage and maternal health indicators. Staff from antenatal units were trained jointly with mental health professionals to enable integrated care pathways. Routine service user outcome monitoring has also been implemented using the 9th version of the Patient Health Questionnaire (PHQ-9)<sup>13</sup>.

Community awareness campaigns further reinforced all these efforts through stigma-reduction activities such as graffiti murals, public booths, and outreach led by people with lived experience (PWLE). The latter included PWLE co-led community awareness sessions in schools and youth centers. PWLE participated in mural-painting events, "mental health days" in health facilities, and some social events where they shared their own recovery stories and distributed materials.

These activities motivated others to speak openly and seek help. Planning and implementation of these campaigns involved community-based organisations, youth leaders, and faith actors. Messages were pre-tested for clarity and stigma sensitivity, and implementation was tracked via simple feedback forms and attendance data.

Feedback and community discussions showed that many participants felt more comfortable talking about mental health, and some NGOs observed more people reaching out for psychosocial support. One NGO also mentioned they were considering including DWM in their upcoming work plan. These campaigns appear to have increased mental health literacy and normalise help-seeking across diverse communities.



Jordan. 2025. ©WHO

11. World Health Organization. (2025). WHO Special Initiative for Mental Health: Jordan. <https://www.who.int/initiatives/who-special-initiative-for-mental-health/jordan>

12. World Health Organization. (2015). Thinking healthy: A manual for psychosocial management of perinatal depression. <https://www.who.int/publications/i/item/WHO-MSD-MER-15.1>

# Outputs, short-term results, and long-term impacts

## Initial outputs:

- DWM programme implemented nationwide, with over 5,000 participants reached
- Mental Health in Schools programme piloted in 40+ schools, adopted by RHAS
- Over 1,120 PHC workers trained in mhGAP across 278 centres (covering 41% of PHC facilities)
- The Thinking Healthy Programme piloted in 10 mhGAP-supported centres
- Community campaigns and peer-led outreach implemented in multiple regions
- mhGAP integrated into all family medicine residency programmes



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## Short-term results:

- 1,264,870 more people in Jordan now have access to mental health care through expanded PHC and community services
- Over 66 mental health clinics established nationwide by 2024, representing a 27% increase since 2022
- Increased reach of maternal mental health support through Thinking Healthy pilot sites
- Enhanced capacity of PHC workers, educators, and community agents to detect and respond to mental health needs
- Widespread access to low-intensity self-help tools (e.g. DWM) in Arabic, contributing to greater psychological self-management in refugee and host populations<sup>14</sup>
- Public-facing awareness and stigma reduction initiatives, such as graffiti murals and peer-led campaigns, improving help-seeking and literacy among target communities

## Long-term impacts:

- Promotion and prevention activities integrated into key national structures: RHAS's school health programme and PHC training curriculum
- Expansion of PHC-based mental health services sustained through increased coverage and investment in workforce capacity
- High-level endorsement of mental health priorities through the 2024 launch of Jordan's Mental Health Investment Case, which is expected to guide future financing, support expansion of PHC mental health services, and strengthen the sustainability of promotion and prevention activities
- Strengthened collaboration across sectors (health, education, civil society), with ongoing coordination under the National Mental Health and Substance Use Action Plan (2022–2026) and the National Mental Health Technical Committee

13. Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (1999). The PHQ-9. In *Prime-MD Today: Patient Health Questionnaire*.

14. Keyan, D., et al. (2025). Stepped-care programme of brief psychological interventions for adults affected by adversity in Jordan: Lessons from a pilot randomised controlled trial. *BMJ Open*, 15(8), e098188. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12382492/>



## Challenges and lessons learned

### Key Challenges:

- **Limited cross-sector coordination at the outset:** Early implementation was slowed by weak coordination between health, education, and community sectors. Standardised referral protocols were lacking, and responsibilities for mental health promotion were unclear across ministries. A technical committee was formalised to improve multisectoral collaboration.
- **Workforce readiness and supervision gaps:** While mhGAP training expanded rapidly, many PHC staff lacked prior exposure to mental health needs. Sustaining quality care proved difficult in the absence of routine supervision and mentoring, especially in remote areas. To mitigate this, mhGAP-trained staff received targeted follow up support from supervisors, which included discussions that help them to refresh their prior training, reinforce key skills, and build confidence. WHO also engaged with health managers to minimise staff rotations across centers, aiming to retain trained staff within the districts where on-the-job supervision is provided.
- **Under-utilisation of adapted self-help tools:** While DWM materials were widely distributed, usage varied due to a lack of structured follow-up, competing community priorities, and limited facilitator availability. This underscored the need to link self-help initiatives with broader service pathways. This approach was not limited to DWM, however. Through the Mental Health Directorate, Jordan's WHO Country Office have begun dedicating a session in all capacity-building and awareness activities on available mental health resources. This helps ensure efficient referrals, particularly for child and adolescent mental health, where gaps are more pronounced and timely response is critical.
- **Persistent stigma among professionals and communities:** Despite public campaigns, many teachers and health workers remained hesitant to engage on mental health topics, fearing reputational risk or lack of institutional support. This delayed rollout in some schools and clinics.
- **Fragmented data for monitoring outcomes:** Existing health information systems lacked integration of mental health indicators, limiting the ability to monitor uptake, impact, and coverage of newly introduced services.

### Lessons Learned:

- **Build early consensus across ministries and sectors:** Co-developing the Mental Health in Schools programme with both RHAS and the Ministry of Education ensured national ownership and smoother institutional integration.
- **Invest in supervision structures from the start:** Training is insufficient without ongoing support. Linking mhGAP-trained providers to regional supervisors and including mental health in their performance reviews helped reinforce the use of new skills.
- **Adapt tools iteratively through feedback:** Both the School Package and DWM were revised based on participant feedback, ensuring cultural and operational relevance. This iterative approach boosted uptake and confidence.

- **Engage people with lived experience as advocates:** Community campaigns were most effective when led by local youth and peers who shared their own experiences of distress, treatment, and recovery. Their presence helped reduce stigma more powerfully than professional messaging alone.
- **Leverage existing service platforms to accelerate scale-up:** Using established programmes like RHAS’s school health network and family medicine training systems enabled efficient rollout without the need to create parallel infrastructure.

Through a bold shift toward integrated, community-driven action, Jordan has transformed mental health promotion and prevention from a fragmented, tertiary-focused model into a coordinated national effort rooted in schools, primary care, and self-help. By embedding mental health into everyday systems and empowering local actors, including educators, PHC providers, and people with lived experience, the country is laying the foundation for a resilient, inclusive mental health ecosystem that reaches both refugee and host communities.

## Further Reading

- [WHO Jordan Country Situational Assessment Report \(2020\)](#)
- [Jordan SIMH Posters, highlighting annual achievements \(2023 2024, 2025\)](#)
- [National Mental Health and Substance Use Action Plan \(2022–2026\)](#)
- [Jordan Mental Health Investment Case and Substance Use Action Plan \(2022-2026\)](#)
- [WHO Mental health in schools training package](#)
- [Doing What Matters in Times of Stress: An Illustrated Guide](#)
- [The Thinking Healthy manual](#)



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