

# Jordan

## WHO Special Initiative for Mental Health Situational Assessment

### I. CONTEXT

The Hashemite Kingdom of Jordan (Jordan) is located in the Middle East, northwest of Saudi Arabia and south of Syria, between Palestine and Israel to the west and Iraq to the east. Jordan has been an independent state since 1946.<sup>4</sup> The country has a constitutional monarchy and is made up of 12 governorates with the nation's capital is located in Amman.<sup>4</sup> The country is semi-arid and nearly landlocked. The primary industries are tourism, information technology, clothing, fertilizer, potash, phosphate mining, pharmaceuticals, petroleum refining, cement, inorganic chemicals, light manufacturing. The labor force is primarily concentrated in services (78%), and also industry (20%) and agriculture (2%).<sup>4</sup>

Due to its political and economic stability and relative proximity to countries in conflict, Jordan has a long history of receiving refugees. Jordan currently hosts more than 2 million Palestine refugees<sup>12</sup> registered with UNRWA, more than 1.3 million Syrian refugees,<sup>13</sup> as well as 67,000 Iraqi refugees<sup>14</sup> registered with UNHCR. These figures qualify Jordan as the second largest refugee host country at global level.<sup>15</sup>

The health system in Jordan is vulnerable and continues to face increasing demand associated with demographic and epidemiological issues. Nevertheless the country is one of the top five medical tourism providers in the world.<sup>16</sup>

According to World Bank Data Jordan ranks 14 of 21 in the Middle East and North African Region for life expectancy and 12 of 21 for infant mortality.<sup>5</sup> Maternal mortality is at 29,817. Antenatal care coverage is at 98%.<sup>6</sup> Nearly a quarter of ever-married women ages 15-49 in Jordan report being a victim of intimate partner violence (IPV).<sup>6</sup>

The most common substances used in Jordan are hashish, prescription sedatives and stimulants, opium, heroin. Hashish is commonly used among youth and adolescents. Jordan has a low HIV seroprevalence.<sup>10</sup>

Jordan has several strengths and challenges to consider in its mental health care system. There is a strong psychiatry program in the country, with resources focused on the tertiary services operating through bio-medical approaches. Mental health leaders are aware of the challenges the country faces and what the key next steps are to addressing these challenges. The Ministry of Health (MOH) supports de-institutionalization – mhGAP is integrated in primary health centers (PHC) and there are mental health units in general hospitals as well as community mental health centers. Mental health care is free or very low cost for both Jordanians and non-Jordanians. There is increasing civil society activism around mental health and mental disorders and interest in the international community to support Jordan in mental health reform.

There remain several challenges to improving mental health care in Jordan. Mental health governance needs to be restructured and enabled to steer the system and there is limited inter-sectoral coordination. There is limited budget for mental health. Medication availability for mental disorders is low at PHCs. Additionally, Jordan faces

**Table 1: Demographics**

Demographic information	
Population	9,531,712 <sup>1</sup>
Under 14 years	34.5% <sup>1</sup>
Over 65 years	3.60% <sup>1</sup>
Rural population	9.0% <sup>2</sup>
Literacy	98.2% <sup>3</sup>
Languages	Arabic (official) <sup>4</sup>
Ethnicities	Arab (98%) <sup>4</sup>
Religions	Muslim (97.2%) <sup>4</sup>
GDP per capita	4,129.75 USD <sup>5</sup>
Electricity	100% of homes <sup>3</sup>
Sanitation	98% of homes <sup>3</sup>
Water	98% of homes <sup>3</sup>
Education	95.9% complete primary school <sup>6</sup>
Health information	
Life expectancy	74.3 years at birth <sup>7</sup>
Infant mortality	17 deaths per 1,000 live births <sup>7</sup>
Maternal mortality	29.8 deaths per 100,000 live births <sup>7</sup>
Leading causes of death	Ischemic heart disease (17%), Stroke (9%) <sup>8</sup>
Healthcare Access and Quality Index	70 (65-75) <sup>9</sup>
HIV seroprevalence	0.02% <sup>10</sup>
Health Expenditure	
Total	8% of GDP
Per Capita	USD 341 <sup>11</sup>

a shortage of mental health human resources and sub specialties and general lack of mental health data systems. A human resource plan for mental health has not been developed yet.

## II. METHODS

The Rapid Assessment used a modified version of the Program for Improvement Mental Health Care (PRIME) situational analysis tool<sup>17</sup> to assess the strength of Jordan's mental health system. The assessment was carried out from January to March 2020. We expanded the tool to include multi-sector entry points for mental health promotion and services, a focus on vulnerable populations, and stratification of relevant sociodemographic and health indicators across the life-course. The PRIME tool assesses six thematic areas: 1) socioeconomic and health context, 2) mental health policies and plans, 3) mental disorder prevalence and treatment coverage, 4) mental health services, 5) cultural issues and non-health sector/community-based services, and 6) monitoring and evaluation/health information systems. The complete situational analysis tool for Jordan is available for review in **Appendix 1**.

### Desk Review

The majority of data on socioeconomic status, population health, policies/plans, and the mental health-related readiness of health and other sectors came from secondary sources, including a detailed review of available mental health policies and plans and other government documentation, the World Bank, Demographic and Health Surveys, published peer-reviewed and grey literature, the Global Health Observatory. We also accessed the MOH Health Management Information System to assess treatment coverage, staffing complements, and facility numbers. Finally, national-level estimates of the prevalence and rate of priority mental health conditions, stratified across the life course, were derived from the 2017 Global Burden Disease Study (GBD).<sup>18</sup>

### Key Informant Interviews

We used qualitative data to inform our description of the strength of the mental health system. Interviews followed structured guides. Participants were sampled purposively. We aimed to sample at least one participant from each group: people with lived experience, advocates for mental health, clinicians and implementers of mental health programs, and mental health system policymakers. The final sample included one religious leader, one advocate, three ministry specialists, two program implementers, one policymaker, and two people with lived experience.

### Facility Checklists

We also conducted visits to health facilities to document key indicators related to readiness to provide mental health services. We used an adapted version of the WHO Service Availability and Readiness Assessment (SARA) instrument.<sup>19</sup> Facilities were sampled purposively. We aimed to sample at least one facility from each group: specialist mental hospitals, psychiatric units within general hospitals, and primary care clinics. The final sample included one specialist mental hospital, two psychiatric units in general hospitals, one community mental health center, one mental health outpatient clinic, and one primary care clinic.

### Analysis

It was not possible to calculate treatment coverage in Jordan as estimates of numbers of patients treated for mental health conditions were not available. We used simple, deductive thematic coding to align interview content with the sections of the situational analysis tool, outlined below. We also abstracted and summarized data from each facility checklist.

## III. RESULTS

### Mental Health Policies and Plans

#### *Political Support*

Mental health is mentioned in the three main health policies for the country, the Ministry of Health National Strategic Health Plan (2018-2022), the Health Sector Reform (2018-2022), and the National Strategy for Health

Sector in Jordan (2016-2020). Additionally, Jordan has an endorsed National Mental Health and Substance Use Action Plan (2018-2021), which was launched under the patronage of Her Royal Highness Princess Muna al Hussein in April 2018.<sup>20</sup>

*Mental health involves the various sectors (not only Ministry of Health), therefore, all relevant sectors need to be involved; ministries of education and social development need to have more input, involvement is not effective if any, coordination among sectors is inadequate - Leader of Mental Health and Psychosocial Services*

## **Mental Health Policy and Mental Health Plan**

Jordan is currently operating under the National Mental Health Policy of 2011. This policy was reviewed in 2016, and considered relevant and reflective of the current context and mental health priorities in Jordan.

The policy informed the development of the National Mental Health and Substance Use Action Plan (2018-2021). A formal monitoring report of the Action Plan is expected in 2020, to review progress in implementation, define corrective actions, and inform the designing of the next Action Plan.

## **Key Components of the Policy and Plan**

### Integration of mental health at Primary Health Care level

The policy supports the integration of mental health into PHC aligned with the WHO technical package mhGAP for the purpose of early detection and diagnosis, basic psychosocial interventions, pharmacological treatment, referral, and follow-up of mental health patients. The policy states that mental health services are to be provided in PHC settings by trained family doctors, general practitioners, and nurses.

The Action Plan<sup>21</sup> includes a strategic intervention on the integration of mental health and substance use into primary health care through mhGAP.). It recommends implementing mhGAP in 80 primary health care centers. Additionally, the plan recommends integrating mhGAP training in pre-service training (medical and nursing curricula).

### Strengthening mental health at secondary health care level

The policy supports the establishment of mental health acute admission units in general hospitals, as well as outpatient clinics and community mental health centers. Such services should be made available in all the governorates.

The Action Plan aims to establish three (3) additional inpatient units in MOH general hospitals and 9 community mental health centers, as well as outpatient clinics nationwide.

### Re-orienting the tertiary health care level

The policy advocates for reorienting care and establishment of acute inpatient wards in general hospitals. New admissions to tertiary care facilities will be gradually stopped and individual discharge plan for each patient will suggest alternative services including family care. Similarly, the Action Plan (strategic action plan 2.4) suggests the redistribution of resources (beds and specialists) from tertiary care facilities to acute inpatient wards in general hospitals.

## **Legislation**

There is no dedicated mental health legislation in Jordan, however mental health provisions are included in two laws: the Public Health Law (No. 47, chapter 4, 2008),<sup>22</sup> and the Law on the Rights of Persons with Disabilities Act (No. 20, 2017).<sup>23</sup> Within the Public Health Law, No 47, there are provisions for managing patients who require treatment against their will. As for the Law on the Rights of Persons with Disabilities Act, its provisions cover persons with mental health conditions, since mental illness is included in the definition of disability. Based on Article 24 of the Law, mental health care is provided for free for all citizens.

### Implementation Status<sup>24</sup>

While the Action Plan is being implemented, progress has been slow on some key areas. The MOH Disability and Mental Health Directorate has limited policy making authority and does not hold a budget. While mental health is being integrated at primary healthcare level, secondary facilities is not progressing at the same pace, with the establishment of community mental health centers mainly rely on INGOs. Multi-disciplinary bio-

**Table 2: Components of National Mental Health Policies and Plans**

	Policy	Plan
Components	Maternal	
	Child/ adolescent	
	HIV	
	Alcohol/ substance use	
	Epilepsy	
	Dementia	
	Promotion/ prevention	--
	Suicide	n/s
Equity	Gender	
	Age/life course	
	Rural/urban	
	Socio-economic status	
	Vulnerable populations	
<div> <span style="display:inline-block; width:10px; height:10px; background-color:lightgreen; border:1px solid black;"></span> Addressed           <span style="display:inline-block; width:10px; height:10px; background-color:yellow; border:1px solid black;"></span> Partially addressed         </div> <div> <span style="display:inline-block; width:10px; height:10px; background-color:red; border:1px solid black;"></span> Not addressed           <span style="display:inline-block; width:10px; height:10px; background-color:lightgrey; border:1px solid black;"></span> n/s Not specified           <span style="display:inline-block; width:10px; height:10px; background-color:lightgrey; border:1px solid black;"></span> -- Not assessed         </div>		

psychosocial models of care have not been implemented. Integration of mhGAP into pre-service curricula of medical and nursing students has not yet come to fruition. Additionally, resources are still concentrated at the tertiary level. Prevention and promotion activities has yet to be institutionalized in the public sector. Whereas a substance use strategy is in its final stages of development, the human resource plan for mental health has yet to be prepared.

## Prevalence and Treatment Coverage of Priority Mental Disorders

GBD 2017 estimates a population prevalence of 0.2% for schizophrenia, 0.8% for bipolar disorder, 2.4% for major depressive disorder (MDD), 0.3% for epilepsy, 0.7% for alcohol use disorders, 1.7% for drug use disorders. Suicide accounts for 0.8% of all deaths. Jordan has a similar prevalence to North Africa and Middle East countries for each disorder except MDD, which has a 2.5% prevalence in Jordan and 3.0% in the region. The prevalence of alcohol use disorders is much lower in Jordan (0.6%) than globally (1.4%).

Jordan has a lower estimated suicide rate than the North Africa/Middle East regional average (4.58 deaths per 100,000 population) and the global average (10.39 deaths per 100,000 population). All other disorder prevalence's in Jordan are similar to global estimates.

Within Jordan, young adults have a higher prevalence of drug abuse, alcohol abuse, bipolar disorder, and MDD.

## Mental Health Services

### Governance

Jordan's mental health system parallels the general health system and consists of the public sector (including the Ministry of Health (MOH), Royal Medical Services (RMS), Jordan University Hospital, and King Abdullah University Hospital); the private sector; and the charitable sector (including national and international non-governmental organizations (NGOs mainly coordinated by UNHCR) as well as UNRWA. These operate independently, with separate mechanisms for service delivery and financing. Within the MOH, responsibility for mental health

sits with the Disability and Mental Health Directorate, which is situated under the MOH's Assistant to Secretary General for Primary Health Care. The Directorate lacks policy-making authority, and there is no dedicated budget under this Directorate. Additionally, a multi-sectorial National Technical Committee was established to advice

**Table 3: Prevalence and Treatment Coverage of Selected Mental Disorders**

		Prevalence <sup>1</sup> (UI)	Total <sup>1</sup> (UI)	Treated
Schizophrenia	Overall	0.2% (0.2%-0.2%)	18,236 (15,804-20,982)	n/s
	Female	0.2% (0.2%-0.2%)	8,181 (7,044-9,403)	n/s
	Male	0.2% (0.2%-0.2%)	10,056 (8,625-11,657)	n/s
	Young adults (20-29)	0.2% (0.2%-0.3%)	3,943 (2,907-5,177)	n/s
	Older age (70+)	0.2% (0.1%-0.2%)	377 (330-429)	n/s
Bipolar Disorder	Overall	0.8% (0.7%-1.0%)	81,211 (69,130-96,395)	n/s
	Female	0.8% (0.7%-1.0%)	39,118 (33,075-46,779)	n/s
	Male	0.8% (0.7%-0.9%)	42,092 (35,480-50,280)	n/s
	Young adults (20-29)	1.2% (0.9%-1.5%)	21,987 (17,064-27,863)	n/s
	Older age (70+)	0.6% (0.5%-0.7%)	1,492 (1,242-1,778)	n/s
MDD	Overall	2.4% (2.1%-2.7%)	243,484 (216,359-272,697)	n/s
	Female	2.7% (2.5%-3.1%)	133,009 (117,040-150,657)	n/s
	Male	2.1% (1.9%-2.3%)	110,475 (98,605-124,842)	n/s
	Young adults (20-29)	2.9% (2.2%-3.8%)	55,064 (42,031-71,456)	n/s
	Older age (70+)	3.1% (2.6%-3.7%)	7,537 (6,376-9,083)	n/s
Epilepsy	Overall	0.3% (0.1%-0.6%)	34,364 (9,732-57,256)	n/s
	Female	0.3% (0.1%-0.6%)	15,732 (4,488-26,244)	n/s
	Male	0.4% (0.1%-0.6%)	18,632 (5,244-31,172)	n/s
	Young adults (20-29)	0.3% (0.1%-0.5%)	5,752 (1,598-10,112)	n/s
	Older age (70+)	0.5% (0.1%-0.8%)	1,127 (326-1,899)	n/s
Alcohol abuse	Overall	0.7% (0.6%-0.8%)	67,804 (57,908-79,274)	n/s
	Female	0.5% (0.5%-0.6%)	25,557 (21,739-29,736)	n/s
	Male	0.8% (0.7%-0.9%)	42,247 (36,002-49,783)	n/s
	Young adults (20-29)	1.3% (1.0%-1.7%)	24,893 (18,358-32,969)	n/s
	Older age (70+)	0.3% (0.2%-N/A%)	648 (519-820)	n/s
Drug abuse	Overall	1.7% (1.4%-2.0%)	169,698 (142,928-200,307)	n/s
	Female	0.7% (0.6%-0.9%)	34,752 (28,762-42,191)	n/s
	Male	2.5% (2.1%-3.0%)	134,947 (112,784-160,153)	n/s
	Young adults (20-29)	3.8% (3.0%-4.7%)	71,682 (57,286-88,257)	n/s
	Older age (70+)	0.6% (0.4%-0.7%)	1,366 (1,071-1,675)	n/s
Suicide Deaths	Overall	2.9 <sup>2</sup> (2.4-3.3)	304 (256-355)	n/s
	Female	1.0 <sup>2</sup> (0.8-1.2)	49 (40-59)	n/s
	Male	4.5 <sup>2</sup> (3.7-5.3)	255 (209-303)	n/s
	Young adults (20-29)	4.7 <sup>2</sup> (3.5-6.1)	90 (67-119)	n/s
	Older age (70+)	9.2 <sup>2</sup> (5.9-8.4)	17 (14-21)	n/s

<sup>1</sup>Estimates from GBD 2017; <sup>2</sup>Rate of suicide deaths per 100,000 population  
UI: Uncertainty interval.



the Directorate. Meanwhile, the National Center for Mental Health (NCMH) is situated within the Health Directorates, under the Assistant to Secretary General for Technical Affairs and Health Directorates.

## **Mental Health Service Organization**

### Primary Health Care level

Jordan's MOH operates a network of 383 primary health care (PHC) clinics, 111 comprehensive PHCs, 181 secondary PHCs, and 506 maternal/child health clinics.<sup>25</sup> Currently, 93 PHCs have integrated mental health in the services offered to beneficiaries, through mhGAP; however, only 6 out of the 93 PHCs have a pharmacy, with only one anti-psychotic and 1 anti-depressant available. Additionally, UNRWA integrated mhGAP in its network of 22 PHCs serving Palestine refugees, and other NGOs provide mental health services in their clinics.

*Services at MOH are organized that the persons are limited to use of services close to where they live or work, so persons are hesitant to use these services for fear of being "identified" in their community, like finding the neighbor, or a person he knows - Leader of Mental Health Advocacy Organization/Mental Health advocate*

### Secondary level health care

Secondary care is provided by acute inpatient units, community mental health centers (CMHCs), and outpatient clinics. Three acute inpatient units have been established in general hospitals as follows: MOH Ma'an Governmental Hospital in the south (15 beds), Jordan University Hospital in Amman (12 beds), and King Abdullah University Hospital in the north (12 beds). However, Ma'an and King Abdullah only have a ward for males and females, respectively. Additionally, an acute inpatient unit has been established in MOH Zarqa Governmental Hospital, but no human resource has been allocated yet. It should be highlighted that the acute inpatient units are only partially operating according to bio-psycho-social models of care, also due to the lack of psychologists and other providers.

Four MOH CMHCs have been established as follows: Al-Hashmi CMHC in Amman and Princess Basma CMHC in the north are delivering services by a team of psychiatrists or psychiatric residents, nurses, counsellors or psychologists addressing the bio-psycho-social needs of service users. Al-Istisharia CMHC in Amman and Karak CMHC in the south are currently functioning only as outpatient clinics focusing on bio-medical model of care. Moreover, in collaboration with MOH, the INGO International Medical Corps (IMC) runs 12 CMHCs in urban areas implementing a case management model emphasizing biopsychosocial models of care.

Forty-eight (48) MOH psychiatric outpatient clinics are operating nationwide (25 attached to hospitals and 23 nonattached to hospitals), with an additional 5 clinics run by King Abdullah and Jordan University Hospitals (attached to hospitals), whereas RMS runs 16 clinics per week. The private sector has 44 outpatient clinics (not attached to hospitals), mainly concentrated in Amman.

*Critical unmet needs include psychosocial services and investment community services, special unit for substance use/abuse, and structured follow up programs for follow up for persons with psychosis - Head of Psychiatry, Royal Medical Services*

### Tertiary level health care

The MOH NCMH operates three mental hospitals, including the NCMH itself (205 beds), Al-Karama Hospital (150 beds), and the National Center for the Rehabilitation of Addicts (47 beds). A forensic facility has been built (140 beds), and is currently awaiting allocation of human resources. Furthermore, the RMS operates a highly

**Table 4: Healthcare facilities for Mental Health**

		Total Facilities	Facilities/ 100,000	Total Beds	Beds/ 100,000
Inpatient	Mental hospital	5	0.05	560	5.6
	General hospital psychiatric unit	3	0.03	39	0.39
	Forensic Hospital	1	0	140	0
	Child/adolescent facility	0	0.00	0	0
	Hospital mental health		0.3	n/a	n/a
Outpatient		30*			
	Community-based /non-hospital mental health	83**	0.83	n/s	n/a
	Alcohol/drug/other facility	2	0.02	47***	n/a
	Child/adolescent	****	n/s	n/a	n/a
	Other facilities	0	0	n/a	n/a

\*RMS not included; \*\*RMS Not included; \*\*\*Dedicated bed for this service is unknown at AlRashid Hospital; \*\*\*\* RMS and the 2 University Hospitals run clinics 1-3 days/week.

specialized standalone acute inpatient unit (38 beds), whereas the private sector has one private psychiatric hospital (Al Rasheed Hospital, 120 beds).

*We need to establish CMHCs, served with interdisciplinary teams, to strengthen secondary level of care with opening more units in general hospitals, we also need to establish rehabilitative services for the patients to support their integration into the community - Head of Mental Health Office within MOH*

Six facilities were visited during the assessment process. These are described below.

**Table 5: Facility Checklist Results**

Description	Psychi.	RNs	Psych. Nurses	Psychol.	MH Beds	Psych. Meds	Psych. Interventions
Major mental hospital. Focus on medication management. MoH. Urban.	17	144	4	7	205	Comprehensive, available <sup>±</sup>	None
Women's psychiatric unit in general hospital. Focus on medication; few psychosocial services. Few patients. MoH. Urban.	3	9	2	1	12	Comprehensive, available <sup>±</sup>	Uncertified: supportive counselling, CBT, family support
Psychiatric unit in medical center. Inpatient service. Army. Urban.	13	29	1	4	38	Comprehensive, available <sup>±</sup>	PST, supportive counselling, CBT, MET, family support
Outpatient clinic. Few referrals to psychologist. MoH. Urban.	2	7	0	1	0	Comprehensive, available <sup>±</sup>	PST
Outpatient clinic. Serving refugees. NGO. Urban.	1*	1	0	1	0	Comprehensive, available <sup>±</sup>	Case management, PST, BAT, supportive counselling, CBT, IPT
Primary care clinic. Mental health integrated through mhGAP and family medicine physician. MoH. Rural.	0	6	0	0	0	None	Psychoeducation

\* Psychiatrist works 3 days in the clinic and supervises PHC clinics the other 2 days/ week

<sup>±</sup> Meets or exceeds criteria defined by World Health Organization Model List of Essential Medicines, 2019

Abbreviations. MoH: Ministry of Health. NGO: Non-governmental organization. PT: Part-time. BAT: behavioral activation therapy. CBT: cognitive behavioral therapy. PST: problem solving therapy. MET: motivation enhancement therapy. IPT: interpersonal therapy.

## Human Resources

Jordan has over 200 doctors, 220 nurses, and 130 pharmacists per 100,000 population. There are an estimated 87 psychiatrists practicing in the country, or just under one per 100,000 population, and 13 psychiatric nurses (0.13 per 100,000). The psychiatrists are distributed as follows: 42 psychiatrists in the public system (MOH: 22, RMS: 13, King Abdullah University Hospital, Jordan University Hospital and other universities: 7) 49 psychiatrist in the private sector (Private clinics: 44, Al Rasheed Hospital: 5) Estimates of numbers of neurologists, psychologists, and mental health social workers are unavailable. Additional mental health human resources include an estimated 93 psychiatric residents<sup>27</sup> and 1,140 NGO-based workers providing mental health and psychosocial support services.<sup>28</sup> Training facilities for psychiatric residents include the MOH NCMH; the RMS mental health inpatient unit, the Jordan University Hospital, King Abdullah University Hospital, and Al Rashid Hospital (private sector).

Nurses and general practitioners receive pre-service training in mental health taught by psychiatrists and mental health nurses. Family doctors receive a three-month rotation in psychiatry.

**Table 6: Human Resources for Mental Health**

		#	Rate per 100,000
Generalist	Doctor	20,160	202
	Nurse	22,540	226
	Pharmacist	13,554	136
Specialist	Neurologist	n/s	n/s
	Psychiatrist	87	0.87
	Psychologist	n/s	n/s
	MH social worker	n/s	n/s

Training on mhGAP has been conducted on a large scale. In 2018, WHO built the capacity in 33 MOH PHCs and implemented refresher trainings in 22 PHCs, for a total of 75 trained non-specialists. WHO plans to further scale-up mhGAP in the next biennium. Additionally, IMC trained 144 non-specialized professionals in 93 MOH PHC centers. IMC, also sponsor supervision of staff in each PHC which is conducted once every 3 months. Five psychiatrists were trained as mhGAP supervisors.

### **Psychiatric Medications**

Essential antipsychotic, antidepressant, anxiolytic, mood-stabilizing, and antiepileptic medications are readily available at specialist mental health facilities in Jordan. At basic PHC facilities run by general practitioners or family doctors, only 1 anti-psychotic (risperidone) and 1 anti-depressant (fluoxetine) are available, while comprehensive PHCs that include mental health specialists have, at least, all essential psychotropics in specialized units.

### **Health Information System**

Jordan's health information system does not track numbers of people screened or treated for mental disorder. However, the existing Interactive Electronic Information System (IERS) operating at PHC level will integrate a mental health module in the next biennium

## **Community**

### **Sociocultural Factors**

Religious explanatory models and stigma impact many people's health-seeking behaviors. Many people seek out healing for physical and mental illness from religious healers. Mental illness is often seen as "God's fate or will", and thus leads to many people not seeking mental health services.<sup>26</sup>

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*I am educated, and I avoid telling people because I lose their trust. If a patient has a mother or a family member with mental illness, they cannot be accepted for marriage by any family, no one will accept them to marry their daughter or their son. – Service User*

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### **Non-Health Sector Activities**

**Education:** There is no formal screening for mental disorders in the Ministry of Education, however school-based counselors screen students to identify general counseling needs, which may include social or emotional issues. Counselors receive in-service training on various mental health conditions.<sup>27</sup>

**Justice:** The Ministry of Social Development (MOSD) has a program that monitors and follows up on children and adolescents in the criminal justice system with the goal of reintegration. Also, has family protection units for families experiencing violence and has services for victims of human trafficking, which offers psychosocial and protective services.<sup>28</sup>

**Social Welfare:** MOSD has programs to support citizens in need of services, including financial support, health insurance, and subsidized housing.<sup>29–31</sup>

**Child Welfare:** MOSD has programs geared to target children's welfare including connecting children with mothers at the correctional facilities, foster homes when the need arises, subsidized housing, permits for children to visit their parents in correctional facilities, and financial aid.

**Refugee services:** An MHPSS Working Group coordinates several NGOs delivering services to refugees and vulnerable Jordanians, mainly in the governorates where the majority of Syrians reside. The Working Group focuses on offering psychosocial and mental health interventions at different levels of the Inter-Agency Standing Committee (IASC) pyramid.<sup>32</sup> The Working Group is a subsector of both the protection and health sectors, and focuses on specialized services, comprehensive interventions, preventive strategies, and efficient referrals.<sup>33</sup>

### **Advocacy**

Civil society is increasingly more engaged in the rights of persons with mental health conditions. Our Step is the most relevant advocacy group, a service users organization focusing its interventions in giving users a voice in policy making, raising awareness, providing peer support and counseling, and in supporting the integration of users in the community. Other advocacy groups include "I am a human right for rights for PWD"<sup>34,35</sup>

### ***Awareness-raising, Promotion, and Prevention***

Awareness-raising, promotion, and prevention are not yet institutionalized in the public sector. These activities continue to rely on INGOs and NGOs organizing activities mainly in occasion of the World Mental Health Day (10 October). Local community initiatives include a number of innovative activities using Apps, and social media campaigns. Hareb (translates into fight) is a social media campaign which has been conducting a number of awareness raising sessions, using various media such as radio, TV and online platforms in addition to visiting schools and communities aiming to exchange knowledge and spread awareness.<sup>32</sup>

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*Need to use traditional media, social media, use of mobile phone messages, whatever modes we can afford. Awareness need to target the youth and families, send positive messages that highlight the strengths of individuals, families and the communities - Key political leader*

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Global Shapers, Amman Hub, run by a group of Jordanians launched "Nafsyeh" (Psyche) or Mental Health", a series of informative videos by a local psychiatric resident that seek to raise awareness on mental health in Jordan. Featured in Arabic with English subtitles, the videos have been widely commended by online users, with episodes gathering over 23,000 views in less than a month.<sup>36</sup> Yet another initiative "Life in my days" the Jordan chapter, a social change platform that seeks to raise awareness on mental health issues was initiated by founder and a team of medical students from University of Jordan, who since were joined by volunteers from other universities in Jordan. campaign "Let's talk" is yet another platform that aims at establishing safe space to initiate conversations, share stories and offer support to persons encountering life challenges including persons who experience mental health issues.<sup>37</sup>

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*My family took me first to sheiks, many sheiks, religious or traditional healers. They would read verses from Quran, they told me I am "possessed or touched" by Jinn... The psychosocial intervention is what helped me, "I had people talk to me and listen to me, they asked me to write my journal and that really helped. – Service user*

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Yet, a local organization is helping young children improve their well-being through storytelling, aiming to develop mental health awareness from an early age. Existing in 30 countries worldwide, Zippy's Friends program was established in Jordanian schools and kindergartens in 2016 under the title "Labeeb's Friends", in partnership with Umnyat, a local organization.<sup>38</sup>

Additionally, the Royal Health Awareness Society runs the Healthy Schools National Accreditation Program, aimed at creating health promoting environments within Jordanian schools that reflect positively on a student's physical and social growth.<sup>39</sup>

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*Mental health is now given more attention by the health planners but also by the public. It seems that people ask more questions, they are more ready to address mental health issues and concerns - Implementor of innovative MH program*

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## **IV. CONCLUSION**

Jordan is a middle eastern country whose political stability contributes to its status as a leading recipient of refugees. In this complex context, Jordan leverages several strengths for population mental health service delivery: a strong program of psychiatric care, a MOH that supports deinstitutionalization, and movement to increase access to mental health care in PHC, including training of PHC providers in mhGAP.

Expanding access to mental health care will require changes in several domains. Current governance structures for the MOH Disabilities and Mental Health Directorate limit its influence over human resource management as well as the management of secondary and tertiary mental health services—all of which must be engaged for mental health reform. Though Jordan's psychiatric services are strong, human resources for mental health are insufficient for the population, making quality care secondary levels and PHC all the more important. Strengthening mental health services at secondary healthcare level, through the establishment of inpatient units in general hospitals and community mental health centers is a noted aim. In these contexts, implementation of the bio-psychosocial models of care will be important, starting from the already rehabilitated inpatient unit in the MOH Zarqa Governmental Hospital, MOH Karak and Istisharia CMHCs.



Efforts to strengthen mental health services at PHC level through the integration of mhGAP have begun and will be extended in the coming years, accompanied by enhancements in the health information systems that integrate a mental health module. Non-health sectors increasingly support mental health interventions in Jordan, and domestic as well as international NGO contribute to advocacy efforts. There is, however, room for greater mental health capacity development in these sectors. Finally, stigma and discrimination associated with mental health conditions continue to shape disclosure and willingness to utilize mental health care. Attention to these issues and the human rights of people with mental health conditions must be an integral part of expanding access to care.

## V. REFERENCES

1. Department of Statistics, . *Jordan Population and Housing Census 2015*. (2015).
2. World Bank staff estimates based on the United Nations Population Division's World Urbanization Prospects: 2018 Revision.
3. Jordan. <http://uis.unesco.org/en/country/jo> (2016).
4. Middle East :: Jordan — The World Factbook - Central Intelligence Agency. <https://www.cia.gov/library/publications/the-world-factbook/geos/jo.html>.
5. World Bank. World Bank Country and Lending Groups. *The World Bank* <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (2016).
6. Department of Statistics (DOS) and ICF. *Jordan Population and Family and Health Survey 2017-18*. (2019).
7. United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019. <https://population.un.org/wpp/>.
8. Jordan. *Institute for Health Metrics and Evaluation* <http://www.healthdata.org/jordan> (2015).
9. Fullman, N. *et al*. Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016. *The Lancet* **391**, 2236–2271 (2018).
10. Rahhal, A. *Evaluation of HIV/AIDS Activities in Jordan, July 2018*. (2018).
11. Global Health Expenditure Database. <http://apps.who.int/nha/database/Select/Indicators/en>.
12. Where We Work | UNRWA. <https://www.unrwa.org/where-we-work/jordan>.
13. Government of Jordan. *The Jordan Response Plan for the Syria Crisis 2016-2019*. <https://reliefweb.int/report/jordan/jordan-response-plan-syria-crisis-2016-2019> (2017).
14. UNHCR Jordan Factsheet, November 2019 - Jordan | ReliefWeb. <https://reliefweb.int/report/jordan/unhcr-jordan-factsheet-november-2019>.
15. UNHCR Jordan Factsheet, June 2019 - Jordan | ReliefWeb. <https://reliefweb.int/report/jordan/unhcr-jordan-factsheet-june-2019>.
16. Nazer, L. H. & Tuffaha, H. Health Care and Pharmacy Practice in Jordan. *Can J Hosp Pharm* **70**, 150–155 (2017).
17. PRIME's Situational Analysis Tool | Programme For Improving Mental Health Care. <http://www.prime.uct.ac.za/situational-analysis-tool>.
18. Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* **392**, 1736–1788 (2018).
19. WHO | Service availability and readiness assessment (SARA). [https://www.who.int/healthinfo/systems/sara\\_introduction/en/](https://www.who.int/healthinfo/systems/sara_introduction/en/).
20. *National Mental Health Policy*. (2011).
21. *National mental health and substance use action plan 2018-2023*. (2017).
22. *The Public Health Law*. vol. 4 (2008).
23. *The Law on the Rights of Persons with Disabilities Act*. (2017).
24. Saraceno B & Co.,. *Mission to assess the status of the mental health situation in Jordan and to inform policy revision*. (2016).

25. Ministry of Health - Home Page. <https://www.moh.gov.jo/>.
26. Hassan, G, Kirmayer, LJ, MekkiBerrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., & Coutts, A., Song, S. & Ventevogel, P. *Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict*. (2015).
27. Head of Counselling, Ministry of Education.
28. *Situation Analysis of Juvenile Justice*. (2018).
29. *Jordan Poverty Reduction Strategy*. (2013).
30. Jordan. *Medair* <https://www.medair.org/jordan/>.
31. Jordan. *Habitat for Humanity* <http://www.habitat.org/where-we-build/jordan>.
32. Dupire, C. Initiative strives to 'fight back' mental illnesses. *Jordan Times* (2018).
33. Working Group: [Health/Protection] Mental Health and Psychosocial Support Sub Working Group - Jordan. <https://data2.unhcr.org/en/working-group/65?sv=4&geo=36>.
34. Persons with Disabilities Organizations. *Civil Society Organizations in Jordan* <http://www.civilsociety-jo.net/en/organizations/11/persons-with-disabilities-organizations>.
35. Hijiawi B, Elzein Elmousaad H, Marini A, Funk M, Skeen S, Al Ward N, Saeed K. Ayoub Z. *WHO Profile on mental health in development (WHO proMIND)*. (2013).
36. Dupire, C. Mental health taboos tackled by online show. *Jordan Times* (2018).
37. Dupire, C. We need to talk about mental health in Jordan. *Jordan Times* (2018).
38. Dupire, C. Programme promotes children's mental health through storytelling. *Jordan Times* (2018).
39. Healthy Schools National Accreditation.  
[https://rhas.org.jo/Contents/Healthy\\_Schools\\_National\\_Accreditation.aspx#.Xkc9tDJKg2x](https://rhas.org.jo/Contents/Healthy_Schools_National_Accreditation.aspx#.Xkc9tDJKg2x).