Overview

### Strengths
- Strong psychiatry program
- Awareness of challenges and next steps
- Increasing civil society activism
- MOH supports de-institutionalization (mhGAP integrated in PHCs, MH units in general hospitals)
- Interests of the international community in supporting the mental health reform
- Mental health care is **free** or very low cost

### Challenges
- Mental health governance needs to be restructured and enabled to steer the system
- Limited budget for mental health
- Medication availability at primary health care
- Lack of mental health data
- Lack of Human Resource Plan, shortage of human resources and sub specialty
- Limited inter-sectorial coordination

Context

- Population of 9,531,712 highly concentrated in urban areas (91%)
- Nearly 100% literacy and nearly 100% of households have improved sanitation, clean water, and electricity
- Life expectancy: 74.3; infant mortality rate: 17 per 1000 live births; maternal mortality ratio: 46 per 100,000 live births
- Leading causes of death are ischemic heart disease and stroke
- Low HIV prevalence (0.02%)
- 1 in 4 women report being victims of intimate partner violence
- Most commonly abused substances include hashish, prescription sedatives and stimulants, opium, and heroin
- Service users report histories of discrimination and stigma, inability to pay for medication or transport, and family shame
- Jordan has a refugee population of nearly 1.2 million, with more than 600 thousand registered with UNHCR

Policies and Plans

**Policy**
- Name: National Mental Health Policy
- Years: 2011, reviewed in 2016
- Progress: MOH Disabilities and Mental Health Directorate has no budget holding and limited policy making authority

**Plan**
- Name: National Mental Health and Substance Use Action Plan
- Years: 2018 – 2021
- Progress: n/s

**Elements included in policy/plan**

<table>
<thead>
<tr>
<th>Policy Plan</th>
<th>Primary health care (PHC) integration</th>
<th>Decentralization</th>
<th>Hospital integration</th>
<th>Maternal</th>
<th>Child/adolescent</th>
<th>HIV</th>
<th>Alcohol/substance use</th>
<th>Epilepsy</th>
<th>Dementia</th>
<th>Promotion/prevention</th>
<th>Suicide</th>
<th>Gender</th>
<th>Age/life course</th>
<th>Rural/urban</th>
<th>Socio-economic status</th>
<th>Vulnerable populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
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</tr>
</tbody>
</table>

**Key Informant:**
Critical unmet needs include (1) psychosocial services and investment community services (2) Special unit for substance use/abuse, and (3) structured follow up programs for follow up [of] persons with psychosis

Legislation
None specific to mental health. Mental health provisions within (1) Public Health Law and (2) Law on the Rights of Persons with Disabilities Act.
# Prevalence and Coverage

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
<th>Total</th>
<th>Gender ratio</th>
<th>Treatment coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depressive disorder</td>
<td>2.4%</td>
<td>243,484</td>
<td>2.7% females</td>
<td>2.1% males</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>0.8%</td>
<td>81,211</td>
<td>0.8% females</td>
<td>0.8% males</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.2%</td>
<td>18,236</td>
<td>0.2% females</td>
<td>0.2% males</td>
</tr>
<tr>
<td>Alcohol use disorders</td>
<td>0.7%</td>
<td>67,804</td>
<td>0.5% females</td>
<td>0.8% males</td>
</tr>
<tr>
<td>Drug use disorders</td>
<td>1.7%</td>
<td>169,698</td>
<td>0.7% females</td>
<td>2.5% males</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>0.3%</td>
<td>34,364</td>
<td>0.3% females</td>
<td>0.4% males</td>
</tr>
<tr>
<td>Suicide deaths</td>
<td>2.6%</td>
<td>255.2</td>
<td>1.0 females</td>
<td>4.5 males*</td>
</tr>
</tbody>
</table>

*rate per 100k; **GBD 2017, s. Ministry of Internal report

## Services

### Human resources

<table>
<thead>
<tr>
<th>Role</th>
<th>Generalist</th>
<th># Rate per 100,000</th>
<th>Specialist</th>
<th># Rate per 100,000</th>
<th># Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedist</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
</tr>
<tr>
<td>Neurologist</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
</tr>
<tr>
<td>Psychologist</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
</tr>
<tr>
<td>Social worker</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
<td>n/s</td>
</tr>
</tbody>
</table>

### Health care facilities

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Total Facilities</th>
<th>Facilities/100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental hospital</td>
<td>5</td>
<td>0.05</td>
</tr>
<tr>
<td>General hospital</td>
<td>3</td>
<td>0.03</td>
</tr>
<tr>
<td>Psychiatric unit</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Forensic hospital</td>
<td>20</td>
<td>0.20</td>
</tr>
<tr>
<td>Hospital mental health</td>
<td>30*</td>
<td>0.3</td>
</tr>
<tr>
<td>Community-based/ non-hospital mental health</td>
<td>83**</td>
<td>0.83</td>
</tr>
</tbody>
</table>

*RMS not included; **RMS Not included

### MH training

Continuing education mandated by High Health Council bylaws requires a total of 100 hours / 5 years in an institution accredited by the Jordanian Medical Association. Training facilities include: Jordan University Hospital; King Abdullah University Hospital; National Center for Mental Health; Royal Medical Service mental health inpatient unit; and Al Rashid Hospital (private).

### PHC integration

100 PHCs received mhGAP training, 64 implementing mhGAP. However, uptake is unclear

### Psychosocial interventions

n/s

### Medication summary

Standard medications are available at specialized facilities. Two medications (antidepressant and antipsychotic) are prescribed at PHC.

### MH promotion


## Community and Other Sectors

### Community

Physical and mental illness is sought through religious healing.

### Education

Some targeted education within refugee services. Efforts are ongoing to scale up the School Mental Health Package.

### Social welfare

35 NGOs deliver MHPSS services, programs, and activities and are coordinated through the MHPSS Working Group.

### Justice system

Mental health and psychosocial services need to be scaled up. Within the juvenile criminal justice system, there are proposed actions that emphasize the integration of psychosocial interventions at various stages.

## Monitoring and Evaluation

National health information system: Yes – Health management information systems exists and gathers basic demographic data.

Mental health indicators in HMIS: No – However, the existing Interactive Electronic Information System (IERS) operating at PHC level will integrate a mental health module in the next biennium

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Key Informant:

I tell my neighbor that I have a MH problem. Since they knew who I am before I told them, they saw that I am like the rest of them, there is nothing strange about me. Now they talk about mental health problems with ease.

- Service user