

Jordan

WHO Special Initiative for Mental Health Situational Assessment

Overview

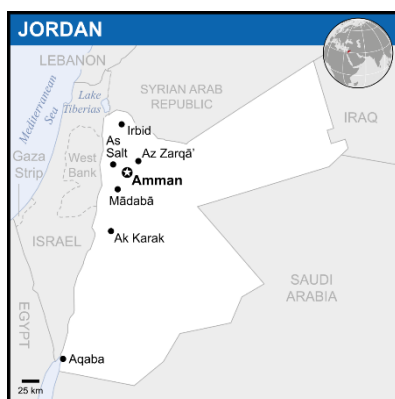
Strengths

- 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



Source: Wikipedia. Jan 13, 2020.

- 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

Public spending on mental health (\$/capita): n/s

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

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.

Elements included in policy/plan		Policy	Plan
Components	Primary health care (PHC) integration		
	Decentralization		--
	Hospital integration		--
	Maternal		
	Child/adolescent		
	HIV		
	Alcohol/substance use		
	Epilepsy		
	Dementia		
	Promotion/prevention		--
Equity	Suicide		n/s
	Gender		
	Age/life course		
	Rural/urban		
	Socio-economic status		
	Vulnerable populations		

■ Present ■ Absent ■ Partially included
■ n/s No data -- Not assessed

Prevalence and Coverage

	Prevalence	Total	Gender ratio		Treatment coverage
Major depressive disorder	2.4%	243,484	2.7% females	2.1% males	n/s
Bipolar disorder	0.8%	81,211	0.8% females	0.8% males	n/s
Schizophrenia	0.2%	18,236	0.2% females	0.2% males	n/s
** Alcohol use disorders	0.7%	67,804	0.5% females	0.8% males	n/s
Drug use disorders	1.7%	169,698	0.7% females	2.5% males	n/s
Epilepsy	0.3%	34,364	0.3% females	0.4% males	n/s
Suicide deaths	2.6*±	255.2±	1.0 females	4.5 males*	--

*rate per 100k; **GBD 2017 ± Ministry of Internal report

Services

Human resources

	#	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
Psychiatric nurse	n/s	n/s
MH social worker	n/s	n/s

Health care facilities

	Total Facilities	Facilities/100,000
Inpatient		
Mental hospital	5	0.05
General hospital psychiatric unit	3	0.03
Forensic Hospital	1	0
Outpatient		
Hospital mental health	30*	0.3
Community-based/non-hospital mental health	83**	0.83

*RMS not included; **RMS Not included

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

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	World Mental Health Day, "Our Step", "Zippy's Friend."

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