

WHO-AIMS

WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN Jordan



World Health
Organization



MINISTRY OF HEALTH
JORDAN

**WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN JORDAN**

*A report of the assessment of the mental health system in Jordan using the
World Health Organization - Assessment Instrument for
Mental Health Systems (WHO-AIMS)*

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This study was initiated by Dr. Nabhan Abu Sleih, Head of Mental Health Specialty at the Ministry of Health. It was coordinated and technically supported by Dr. Anita Marini, WHO Jordan Emergency Public Health Officer for Mental Health. Technical support was provided by WHO Mental Health Evidence and Research Team in Geneva, Dr Jodi Morris.

The preparation of this study would not have been possible without the collaboration of the Ministry of Health and the National Steering Committee for Mental Health established 2008 by the Ministry of Health, representing the main mental health stakeholders in Jordan (i.e. the Ministry of Health, the Royal Medical Services, the Ministry of Social Development, the Ministry of Education, the Ministry of Higher Education, the Universities, the Professional Associations, the Private Sector, NGOs and others). We are grateful for the support to Ms Amy Marie Daniels. The study was funded by WHO.

The World Health Organization Assessment Instrument for Mental health Systems (WHO-AIMS) has been conceptualized and developed by the Mental Health Evidence and Research team (MER) of the Department of Mental Health and Substance Abuse (MSD), World Health Organization (WHO), Geneva, in collaboration with colleagues inside and outside of the WHO.

Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of the instrument at the following website.

http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems 2.2 (WHO AIMS 2.2) was used to collect information on the mental health system in Jordan. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable Jordan to develop information-based mental health plans with clear baseline information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

In Jordan, there is no mental health legislation. However, four articles pertaining to mental health are included in the country's General Health Act.

Until recently, there was no Mental Health Policy in Jordan. A plan for service development was drafted in 1988 and included the following three areas: 1) the establishment of psychiatric outpatient clinics throughout the country, 2) mental health and psychiatry training for doctors, nurses and mental health workers and 3) the extension of mental health care to prisons. At present, the first and third areas have not been fully implemented and some efforts were dedicated to the second area only over the last two years.

In 2008 a National Steering Committee for Mental Health was established to develop a national policy and two-year action plan. Both documents will be launched in January 2011.

The standards of mental health services may be evaluated through several means, including human rights monitoring. In Jordan, the National Centre for Human Rights and a few other non-governmental organizations (NGOs) carry out programs related to the monitoring of human rights in a number of contexts. Nonetheless, human rights standards have only been assessed in some mental health facilities and only a small fraction of mental health workers receive human rights training. No mental health facilities in Jordan receive regular annual human rights inspections and no mental health staff working in inpatient facilities have received any training on the human rights protection of patients in the last two years.

Within the Ministry of Health, the main authorities are the Head of Mental Health Specialty and the Director of the National Centre for Mental Health: the largest governmental psychiatric hospital, which includes the National Center for Addiction and outpatient clinics. Although mental health services are organized in terms of service areas, the structure is very centralized.

In addition to mental health services provided under the Ministry of Health, universities and the private sector, there are also military services (Royal Medical Services). These services, previously accessible only to military employees, now serve approximately 40% of the population.

There are 64 mental health outpatient facilities in Jordan, which provide services to an estimated 305 users per 100,000 population. There are 8.27 beds per 100,000 population in Jordan's mental hospitals, which serve 45 patients per 100,000 population and have an occupancy rate of 97%. The most commonly assigned diagnosis at both outpatient facilities and mental hospitals is schizophrenia.

There is a lack of mental health training for primary health care workers and interactions between the primary care and mental health systems are rare. In 2010 Jordan was selected as one of the six countries for the pilot implementation of the Mental Health Gap Action Program (mhGAP), a WHO global program which aims to reduce the mental health treatment gap between what is needed and what is available, integrating the mental health component into primary health care (PHC). While there are a large number of international NGOs and UN agencies providing psychosocial services, there are only a few local organizations providing these services and training for mental health staff on psychosocial interventions is rarely provided.

Exact numbers of human resources for mental health are unknown for both the public and private sectors. However, estimates based on existing data reveal that the numbers of mental health professionals per capita are relatively low; there are an estimated 1.09 psychiatrists, 0.54 other medical doctors (not specialized in psychiatry), 3.95 nurses (both associated and registered nurses, not specialized in mental health), 0.27 psychologists, 0.3 social workers, and 0.09 occupational therapists per 100,000 population. Additionally, human resources are unevenly distributed, as a large proportion of mental health professionals work in mental hospitals near the capital city, where only 36% of the population live.

There are no mental health family associations in Jordan. The first user association (Our Step) has just been established. In addition, public education and awareness campaigns are rare. There are no coordinating bodies overseeing any mental health awareness campaigns and there is a lack of collaboration between the mental health and other relevant sectors.

Epidemiological studies for both clinical and community samples are not frequently conducted, although there have been 25 studies on mental health topics in Jordan published and indexed in PubMed in the last 5 years.

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WHO-AIMS COUNTRY REPORT FOR JORDAN

Introduction

The Hashemite Kingdom of Jordan is located in the center of the Middle East with an approximate geographical area of 89,000 square kilometers and a population of 5.6 million (2006 Census), currently estimated at 6 million. According to World Bank 2009 criteria, Jordan is categorized as a lower-middle income country. Thirty-seven percent of the population is under 15 years of age, while 5% is above the age of 60. The country's official language is Arabic and the main ethnic group is "Arab". More than 95% of the population is Muslim and less than 5% is Christian. Approximately 78% of the population resides in urban areas (World Bank, 2010). Life and healthy life expectancy at birth is 71.6 and 60 years for males and 74.4 and 64 years for females, respectively. Approximately 5.1% and 13.7% of males and females, respectively, are illiterate.

In 2006, the health budget was calculated at 6.1% of Jordan's gross domestic product (GDP). Today, the total health expenditure is 9.8% of the GDP. The per capita total expenditure on health is \$178.5 USD. The per capita government expenditure on mental health is unknown.

Multiple main health care providers compose the health system in Jordan and individuals



may seek care with any number of them. It is estimated that approximately 60% of the general population is served by public facilities administrated by the Ministry of Health, that the Royal Medical Services serve around 40% of the general population; 50% of the population access the private sector; and, 5% are served by the University sector and over 1.6 million Palestinian refugees receive primary health care by the United Nations Relief and Works Agency (UNRWA).

Source: <http://www.memnav.com/w/maps/jordan/>

There are an estimated 197 hospital beds per 100,000 population across facilities administered by the Ministry of Health, Royal Medical Services, University Hospitals and private hospitals. The total number of human resources at all facilities is unknown.

However there are an estimated 24.5 physicians and 33.6 nurses per 10,000 population employed by the public sector.

Data on primary care facilities are available for the public sector only. For primary care services administered by the Ministry of Health, there are 370 primary health centers, 58 comprehensive health centers and 243 peripheral health centers. There are 131 physician-based secondary (i.e. specialized) health care clinics and 677 physician-based primary health care clinics.

Despite the decentralization policy of the Ministry of Health, health resources remain centralized. According to the 2006 census, 70% of physicians are based in the Governorate of Amman, while only 36% of the population resides in the capital.

In Jordan, the majority of the financial resources for mental health are directed towards mental hospitals (>90%). For the past two years, there have been increasing efforts to shift attention and resources to the community. Despite impressive achievements, overall mental health resources remain scarce and centralized.

This study was initiated by Dr. Nabhan Abu Sleih, Head of Mental Health Specialty at the Ministry of Health. It was coordinated and technically supported by Dr. Anita Marini, WHO Jordan Emergency Public Health Officer for Mental Health. Technical support was provided by WHO Mental Health Evidence and Research Team in Geneva, Dr Jodi Morris.

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Data was collected in 2010 and is based on the years 2009-2010.

Domain 1: Policy & Legislative Framework

Policy and Legislative Framework

Until recently, there was no Mental Health Policy in Jordan. In 2008 a National Steering Committee for Mental Health was established to develop a Policy and an Action Plan to initiate and support mental health reform in Jordan. The Policy and Action Plan will be launched in January 2011.

Chapter Four Mental Health and Addiction

Article 13

In any general hospital, a ward can be allocated for those who suffer from mental illness or substance abuse, as long as one psychiatrist or more is hired in that hospital, and is assisted by as many resident physicians or other staff as needed for that purpose.

Article 14

- A) People who are suffering from mental illness or any substance abuse can be admitted to hospitals or specialized wards voluntarily or involuntarily, involuntary admission can be allowed in the following cases:
1. If the patient or the substance abuser's case calls for a treatment that can't be provided in any place other than the hospital or specialized ward.
 2. If the patient or the substance abuser is harmful for self or others, physically or emotionally.
 3. If a court order was issued for involuntarily admission, the court order should be based on medical purposes.
- B) For the involuntarily admission mentioned in (1) (2) (3) from article 14 (A), the following conditions should be provided:
1. A formal application should be submitted to the hospital's director.
 2. A psychiatrist report should be made that confirms the application submitted to the hospital's director.
 3. An approval for the admission should be obtained from the hospital's director, or his deputy.

Article 15

If the admission was involuntarily, the Minister can decide whether to refer the patient to a specialized committee of mental health, to confirm the reasons that led to that involuntarily admission, and based on that, the Minister can delegate the committee to decide whether the patient should be discharged, or the admission should be discontinued, except for the case mentioned in point (3) from Article 14 (A).

Article 16

If the patient was treated or was stabilized and can then be discharged from the hospital, the physician – along with the hospital's director approval - can write the discharge order, and notify the discharge date to the family. The court should be notified if the admission was made by a court order.

There is no mental health legislation. However, four articles (art. 13, 14, 15, 16) about mental health and substance abuse are included in the General Health Act. While specific mental health legislation does not presently exist in Jordan, there are a number of laws that may pertain to individuals living with mental illness in the following areas: access to mental health care including access to the least restrictive care (as part of the health law), voluntary and involuntary treatment and law enforcement and other judicial system issues for people with mental illness.

In 1988, a mental health plan for service development was drafted with a focus on the following three areas:

- 1) Establishment of psychiatric outpatient clinics throughout the country
- 2) Mental health and psychiatry training for doctors, nurses and mental health workers
- 3) Extension of mental health care to prisons

From 1988 up to now, the plan allowed/supported the establishment of 37 Ministry of Health outpatient clinics in the Kingdom and mental health care started to be integrated into the prisons. Nowadays there are also 7 outpatient clinics in the Royal Medical Services, 8 at the universities and 12 in the private sector. The care provided in the 64 outpatient clinics is mainly biological (psychotropic medicines). Insufficient efforts were dedicated to integrating mental health services within primary care. Other components of the 1988 mental health plan not listed above include mental health promotion, advocacy and human resource expansion, which were implemented limitedly. Specific goals and associated timeframes were mentioned. There is no national emergency preparedness plan for mental health.

Jordan has a rational list (not an essential list) of medicines that includes the following: antipsychotics, anxiolytics, antidepressants, mood stabilizers and antiepileptic drugs.

Financing of mental health services

Lack of accountability, designated personnel or procedures preclude estimation of the percentage of the total health budget that is for mental health. Furthermore, the mental health budget is incorporated within the budget of the Ministry of Health which does not dedicate a fixed amount for mental health services. The estimated annual budget for the Ministry of Health is approximately JD350 million (\$495 million USD) or 6.1% of Jordan's gross domestic product. Most of the resources dedicated to mental health are geared towards mental hospitals, although the exact proportion of all mental health expenditures that are for mental hospitals is unknown.

According to Jordanian law, all insured Jordanians with mental disorders are granted free or almost free access to essential psychotropic medications. More than 80% of Jordanians are insured. Those paying out-of-pocket are uninsured Jordanians and non-Jordanians. Uninsured Jordanians are still partially covered by the Government and can buy medicines at 120% of the Ministry of Health procurement, which is still quite affordable and much lower than medicines provided at private pharmacies (at least 1/3 of the price of medicines in the private pharmacies). The cost of antipsychotic medications (approximately \$0.12 USD per day using the cheapest available antipsychotic drug) is less than 2% of the minimum daily wage, and the cost of antidepressant medications (\$0.21 USD per day using the cheapest available antidepressant drug) is less than 4% of the minimum daily wage. Non-Jordanians are not covered by the Government and they buy medicines at the highest price (1 tablet of antidepressant 0.80USD). Social insurance schemes do not apply in Jordan.

It is important to note that conditions for displaced Iraqis and Palestinian refugees are different. Although several agreements between the Jordanian Ministry of Health and International Agencies allow free access to mental health services for these populations, medication is not free. Unfortunately, these agreements are fragmented and the issue of access to medication for displaced populations is not adequately addressed. In addition, information related to these agreements does not always reach the service providers or beneficiaries. As a consequence, the cost of receiving public mental health services for displaced Iraqis and Palestinians is likely similar to uninsured Jordanians or sometimes to Non Jordanians. For Palestinians living in refugee camps, costs for health services are covered by UNRWA.

Human rights policies

At present, there is no national - or regional - level body that oversees the human rights of individuals living with mental illness in Jordan.

Domain 2: Mental Health Services

Organization of Mental Health Services

There is no main mental health authority in the country. The Head of Mental Health Specialty and the Director of the National Center for Mental Health in the Ministry of Health are the main authorities. Although mental health services are organized in terms of service areas, the structure is very centralized. A majority (three of four) of the mental hospitals are organizationally integrated with mental health outpatient facilities, meaning only that each hospital has its own outpatient clinic. There is only one day care center for mental health in Jordan and it is private, and there are no community-based psychiatric inpatient units or community residential facilities.

As previously described in the introduction, health services in Jordan are provided by the government, military, private and other sectors (i.e. universities). The main providers of mental health services are the Ministry of Health and the Royal Medical Services, although it should also be noted that approximately one half of all Jordanians receive some care through private providers. It is quite common that a Jordanian citizen asks more than one health provider for the same care.

Currently, it is estimated that the Royal Medical Services facilities serve about 40% of the population as health services are now available for civilians as well as military personnel. Individuals can be referred to Royal Medical Services facilities by the both private sector and Ministry of Health care providers. However, nowadays civilians with Ministry of Health Insurance can no longer access free mental health services from Royal Medical Services.

The Royal Medical Services dedicate a larger budget for mental health than the Ministry of Health; they have strong support from His Majesty the King and good opportunities for training mental health professionals. For example, most of the psychiatrists, psychologists and nurses at the Royal Medical Services receive international training. In the 1980s, the Royal Medical Services had a psychiatric inpatient unit within the general hospital. However it was later removed and a small psychiatric hospital with 43 beds was built instead.

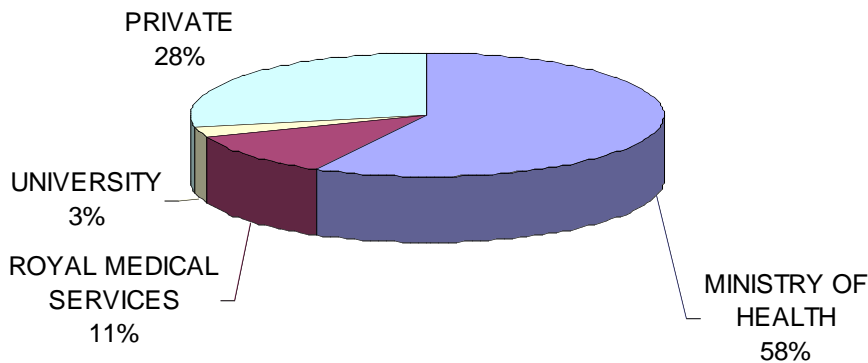
There are differences in the quality of care provided by public as compared with private mental health facilities, especially in the average waiting time for an initial non-emergency psychiatric outpatient appointment and in the average number of beds per nurse in psychiatric inpatient facilities.

Mental health outpatient facilities

There are a total of 64 outpatient mental health facilities in the country; 37 (58%) are Ministry of Health facilities, 7 (11%) are Royal Medical Services facilities, 2 (3%) are

University facilities and 18 (28%) are private (Graph 2.1). Only 3 (5%) outpatient facilities are for children and adolescents only. These include two outpatient clinics at the Royal Medical Services and one at Jordan University.

GRAPH 2.1 - DISTRIBUTION OF MENTAL HEALTH OUTPATIENT FACILITIES IN JORDAN



Data on individuals treated and client demographics for mental health outpatient facilities were accessible for Ministry of Health facilities only. An estimated 305 individuals per 100,000 population are served by the outpatient mental health facilities in Jordan. Thirty-nine percent of all users served by outpatient facilities are female, and the estimated proportion of individuals served that are children and adolescents is unknown.

Regarding the distribution of mental health diagnosis in outpatient facilities, 52% of individuals treated at the Ministry of Health outpatient facilities are diagnosed with schizophrenia and related disorders and 36% are diagnosed with mood disorders. The remaining 12% are diagnosed with substance use disorders, neurotic, stress-related or somatoform disorders, disorders of adult personality or behavior, and other conditions (includes epilepsy, mental retardation, etc.). The distribution of diagnoses estimates were derived from clinician-assigned diagnoses recorded on client records. The average number of contacts per beneficiary of outpatient mental health services is 1.45.

At the University, Royal Medical Services and Private Sector outpatient clinics, it is estimated that 10-20% of clients are diagnosed with Schizophrenia, Schizotypal and Delusional Disorders; 50% of clients are diagnosed with Mood (affective) Disorders; and 20-25% of clients are diagnosed with Anxiety Disorders.

Follow-up and outreach care for individuals with mental illness in the community is provided in four (6%) of the country's outpatient mental health facilities, which are administered either by the Ministry of Health (three outpatient clinics) or by the University of Science and Technology in Irbid (one outpatient clinic), and all of them are supported by the WHO. Multidisciplinary teams were established by WHO in 2008 in the

aforementioned outpatient clinics which have become then community mental health centers, through the implementation of the bio-psychosocial approach and the case management system, the provision of home visits and regular mental health care outside the mental health facilities. The multidisciplinary teams, established and initially financially supported by WHO, have been lately employed by the Ministry of Health and thus integrated in the public health system.

In terms of available treatment interventions, few users (1-20%) received any psychosocial interventions over the past year. Eighty-four percent (n=54) of mental health outpatient facilities have at least one psychotropic medication of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, tranquilizer, and antiepileptic medicines) available in their facility or a nearby pharmacy but not all year round.

Day treatment facilities

There is only one day treatment facility in the country, which is private and run by a local NGO. The facility treats 0.89 individuals per 100,000 population. Of all users treated 8% are female and none are children or adolescents. The average duration spent by users in this facility is 200 days per year.

Mental hospitals

In Jordan, all psychiatric beds are located in the four mental hospitals; two of the hospitals are operated by the Ministry of Health (National Center for Mental Health and Karama), one is a Royal Medical Services hospital, and one is a private hospital (Al Rashid). There are no psychiatric wards or beds in University facilities. There are a total of 8.27 beds per 100,000 population and no beds are designated specifically for children and adolescents. The National Center for Mental Health (NCMH) has 220 beds, al Karama Hospital has 125 beds, the Royal Medical Services Hospital has 43 beds, and Al Rashid Hospital in the private sector has 75 beds. An estimated 39% of the patients treated at the two Ministry of Health hospitals are female.

At the two Ministry of Health facilities, the most commonly assigned diagnoses at hospital admission are schizophrenia and related disorders (49%) and mood disorders (35%). The remaining patients are diagnosed with disorders of personality or adult behavior (6%), or other disorders including epilepsy, organic mental disorders, mental retardation or child onset developmental disorders (9%).

The estimated number of patients currently in Ministry of Health mental hospitals is 45 per 100,000 population, and the average length of stay is 47 days. Approximately 42% of patients spend less than one year, 1% of patients spend 1-4 years, 1% of patients spend 5-10 years, and 56% of patients spend more than 10 years in the hospital. Three of the four mental hospitals have at least one psychotropic medication of each therapeutic class available at their facility (anti-psychotic, antidepressant, mood stabilizer, tranquilizer, and antiepileptic medicines) all year long. Few patients (1-20%) received any psychosocial interventions in the mental hospitals over the past year.

There has been a small (2%) increase in the number of psychiatric beds in Jordan in the past five years (from 453 to 463). Consequently, the number of hospital admissions has increased, and the total occupancy rate across all four mental hospitals is 97%.

Forensic and other residential facilities

There are a total of 78 beds for individuals with mental disorders in forensic inpatient units located in the main government mental hospital or 1.39 beds per 100,000 population. Thirty-six percent of forensic patients spend less than one year, 32% spend 1-4 years, 13% of patients spend 5-10 years, and 19% of spend more than 10 years in the mental hospitals.

There are three additional residential facilities (100 beds total) specifically for individuals with substance abuse (including alcohol) problems in Jordan. The main facility is the National Centre for Addiction and belongs to the NCMH (Ministry of Health). There is also a private hospital and a facility under the Ministry of Interior, Security Department. There are also three residential facilities (417 beds total) administered by the Ministry of Social Development for individuals ages 12 to 40 years with mental disabilities (mainly mental retardation). However few other facilities for children with mental and physical disabilities and older adults exist. As they are operated outside of the Ministry of Health and are private and charity organizations, data on these facilities are presently unavailable.

Human rights and equity

There are no data on rates of involuntary admissions to Jordan's mental hospitals, as the law does not allow differentiation of voluntary and involuntary admission. Between 6 - 10% of patients in the Ministry of Health hospitals were physically restrained or secluded at least once in the last year.

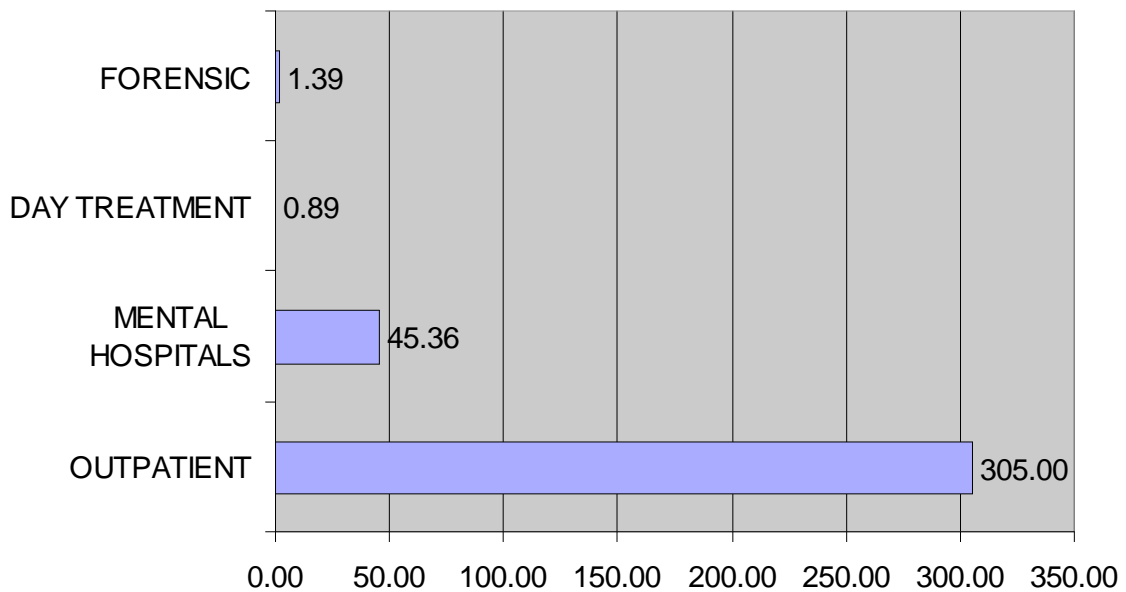
One hundred percent of the psychiatric beds in Jordan are located in or near the largest city. In comparison to their relative population size, it is estimated that rural users are roughly equally represented in the use of outpatient mental health services.

No mental health outpatient facilities employ a specific strategy to ensure that linguistic minorities can access mental health services in a language in which they are fluent. However, in comparison to their relative population size, it is estimated that ethnic and religious minority users are roughly equally represented in the use of outpatient and inpatient mental health services.

Summary charts

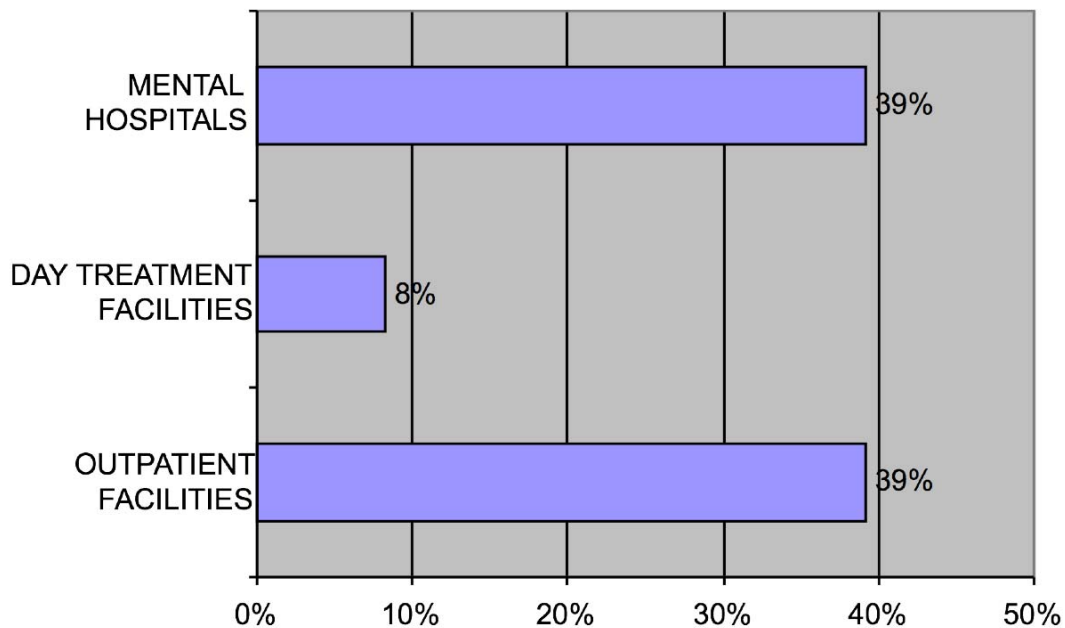
The following charts illustrate key differences in patients treated, client gender, diagnoses assigned and availability of psychotropic medicines across all mental health facilities in Jordan.

GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100.000 population)



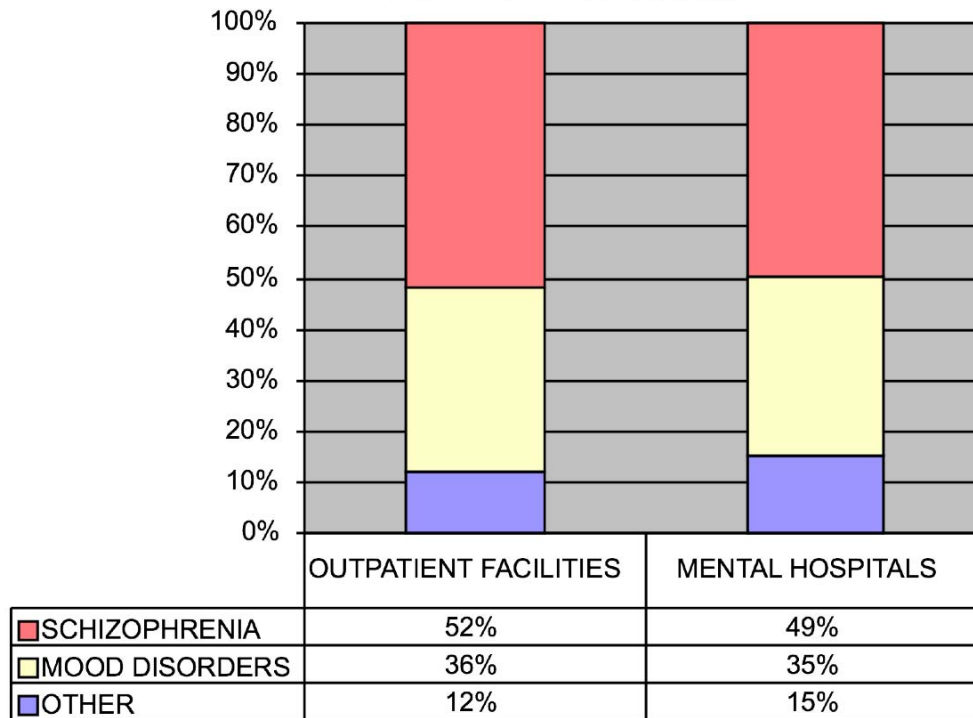
As illustrated above, the majority of users are treated in outpatient facilities, followed by mental hospitals. There is only one day treatment facility in Jordan. It is important to note that there are no distinct forensic facilities in Jordan, but there are beds within mental hospitals that are designated for forensic patients.

GRAPH 2.3 - PERCENTAGES OF FEMALE USERS TREATED IN MENTAL HEALTH FACILITIES



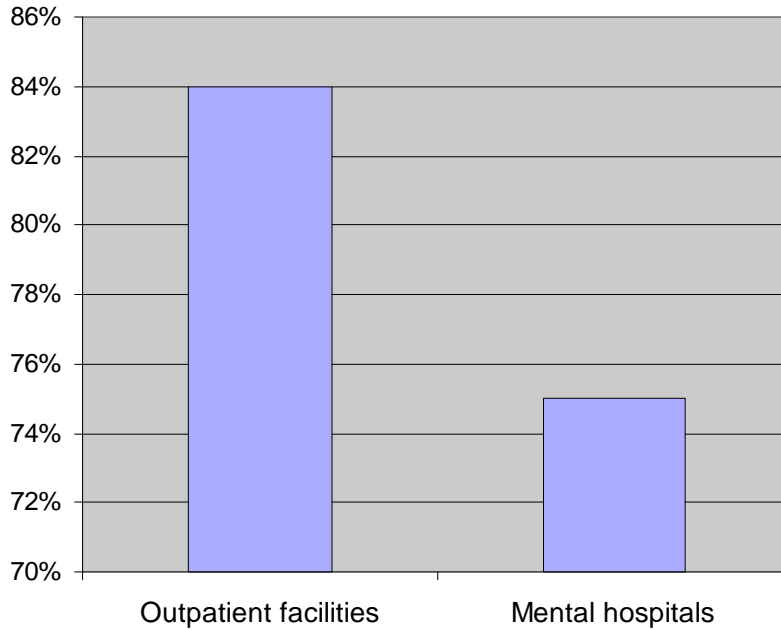
Female users comprise 39% of all patients treated at mental health outpatient facilities in Jordan. The same proportion (39%) of patients treated in mental hospitals is female. Only 8% of clients in the day treatment facility are female.

GRAPH 2.4 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS



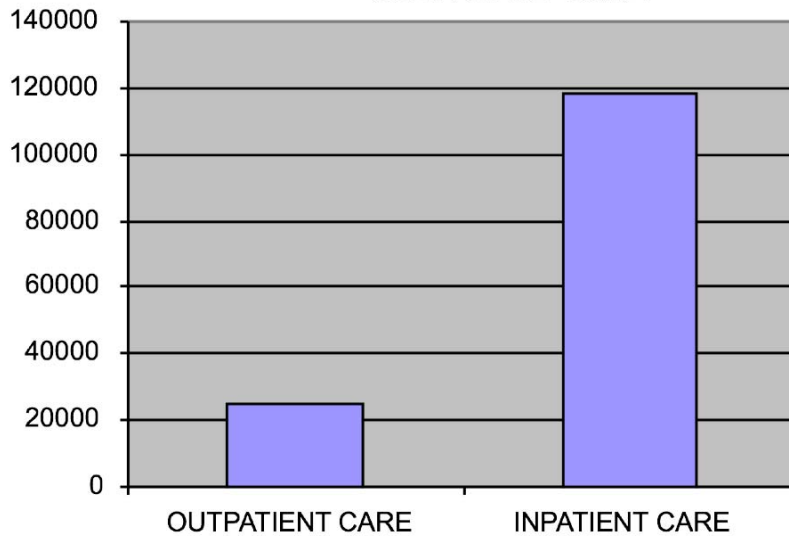
The distribution of diagnoses varies somewhat between individuals treated at mental health outpatient facilities and mental hospitals in Jordan. Schizophrenia, schizotypal and delusional disorder diagnoses are assigned to 52% of all patients treated at outpatient facilities, followed by mood disorders (36%). Interestingly, a smaller proportion of clients served at mental hospitals are assigned a schizophrenia spectrum disorder diagnosis. Data presented here are from Ministry of Health only, specifically from NCMH in Fuheiss only. Al Karama Hospital (Ministry of Health) has only male patients and 100% of them have a schizophrenia spectrum disorder diagnosis.

GRAPH 2.5 - AVAILABILITY OF PSYCHOTROPIC DRUGS IN MENTAL HEALTH FACILITIES



In general, psychotropic drugs are widely available in both mental health outpatient facilities and mental hospitals. However, there are some problems related to the supply continuity of supply of these drugs.

GRAPH 2.6 - INPATIENT CARE VERSU OUTPATIENT CARE



The ratio of the total number of estimated outpatient/day care contacts (n=24,694) to mental hospital patient-days (n=118,622) is an indication of the extent of inpatient care. The ratio in Jordan is 0.21. Care provided in inpatient hospitals compared with outpatient facilities is significantly greater, as measured by patient days and outpatient contacts.

Domain 3: Mental Health in Primary Health Care

The primary health care system in Jordan is well-established and widely distributed but mental health care is not integrated within these services.

Psychotropic medication prescription in primary health care

All primary health care facilities in Jordan are physician-based. Nurses and other primary health care workers (excluding doctors) are not permitted to prescribe psychotropic medications under any circumstance. Primary health care doctors working in the public sector are allowed to prescribe psychotropic medications but with restrictions. For instance, they can prescribe for follow-up treatment but cannot initiate treatment for severe mental health conditions. Almost all (81-100%) primary care clinics have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) available in the facility or in a nearby pharmacy but not all year long. Assessment and treatment protocols for key mental health conditions are not available in any primary health care clinics in Jordan. They will be introduced in 2011 through the implementation of the mhGAP for the following conditions: depression, developmental disorders and other medically unexplained somatic complaints.

Interactions between primary care and the mental health system

An estimated 21-50% of full-time primary health care doctors make on average one referral per month to a mental health professional. However there was no monthly interaction in the form of meetings, review of individual cases, co-ordination of activities or mental health training sessions between primary health care doctors and mental health professionals in the last year. Additionally, there was no interaction between primary care clinics and complimentary/ alternative/ traditional practitioners or the mental health and the non-traditional mental health systems in the last year.

Training in mental health care for primary care staff

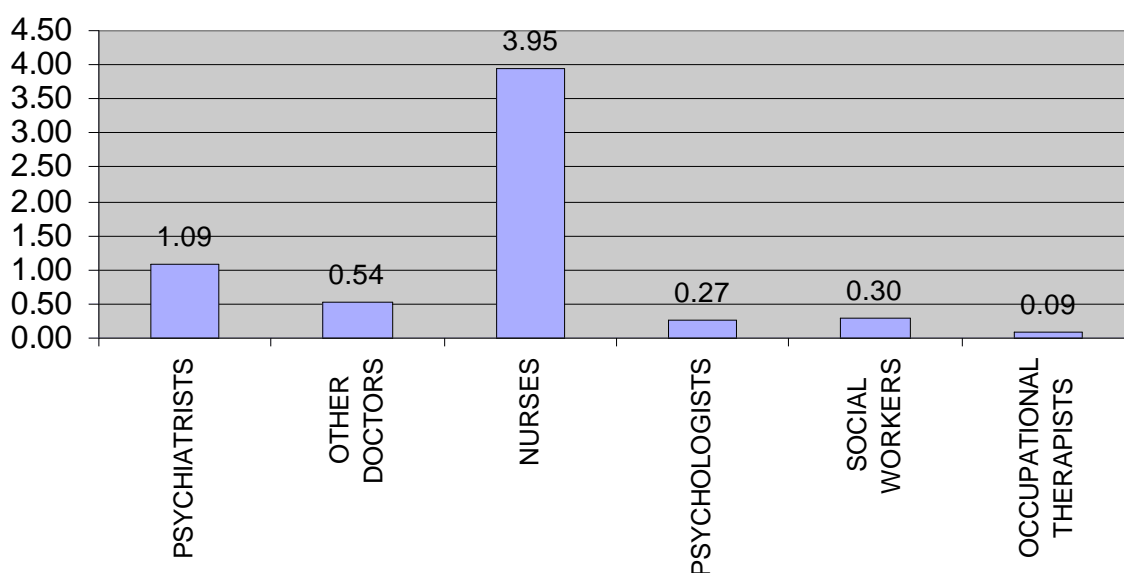
Only 2% of the undergraduate training curriculum of medical doctors and 4% of the training of nurses is devoted to mental health. Two percent of primary health care doctors (Ministry of Health facilities only) and 4.5% of nurses received at least two days of refresher training in mental health in the last year, while the percentage of other primary health care workers receiving refresher training is unknown. There is neither initial training in colleges or vocational schools nor refresher training on psychiatry and mental health-related subjects for non-doctor/non-nurse primary health care workers (including health inspectors) in Jordan.

Domain 4: Human Resources

Number of human resources in mental health care

The estimated total number of human resources working in mental health per 100,000 population is 6.2 (See Graph 4.1 for breakdown). The breakdown according to profession is as follows: 61 psychiatrists, 30 medical doctors (not specialized in psychiatry), 221 nurses, 15 psychologists, 17 social workers and 5 occupational therapists. There are 16 psychiatrists working in Ministry of Health facilities, 12 in Royal Medical Services, 25 in the private sector, and 8 in universities. Total numbers of other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants) are unknown. In addition, there are numerous local and international non-governmental organizations providing psychosocial services in Jordan, although the total number of staff working in these programs is also unknown.

GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH (rate per 100.000 population)

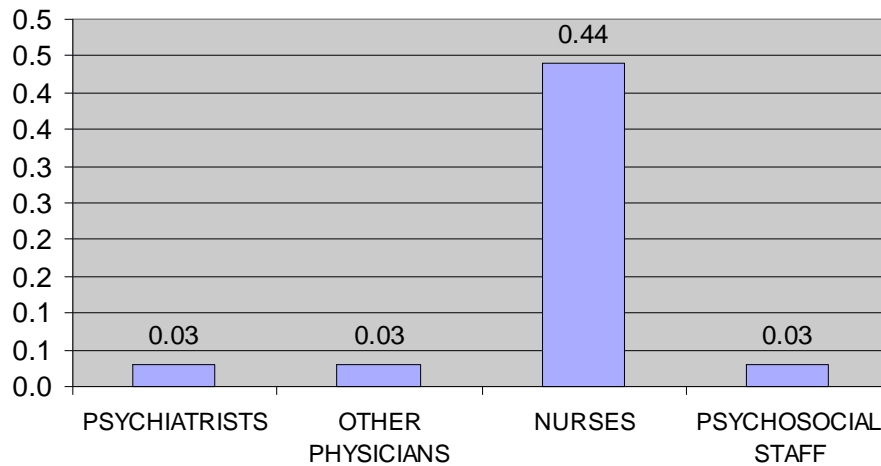


Thirty-six percent (n=22) of psychiatrists work in government administered mental health facilities (does not include University psychiatrists) and 41% (n=25) are working in private facilities. Of the 258 psychologists, social workers, nurses and occupational therapists working in mental health, 77% (n=199) work only for government administered mental health facilities and 22% (n=57) for private facilities.

The distribution of staff across Jordan's mental hospitals is as follows: 14 psychiatrists, 13 other medical doctors, 203 nurses and 13 psychologists. In the country's largest psychiatric hospital, the National Centre for Mental Health in Fuhies, there are 14 psychiatrists, 17 doctors in residency training (four years for psychiatry), 1 general

practitioner, 8 administrators, 3 psychologists, 10 social workers, 2 public health workers, 1 pharmacist, 7 assistant pharmacists, 4 lab workers, 3 dietitians, 4 data analysts, 2 medical record technicians and 2 X-ray technicians.

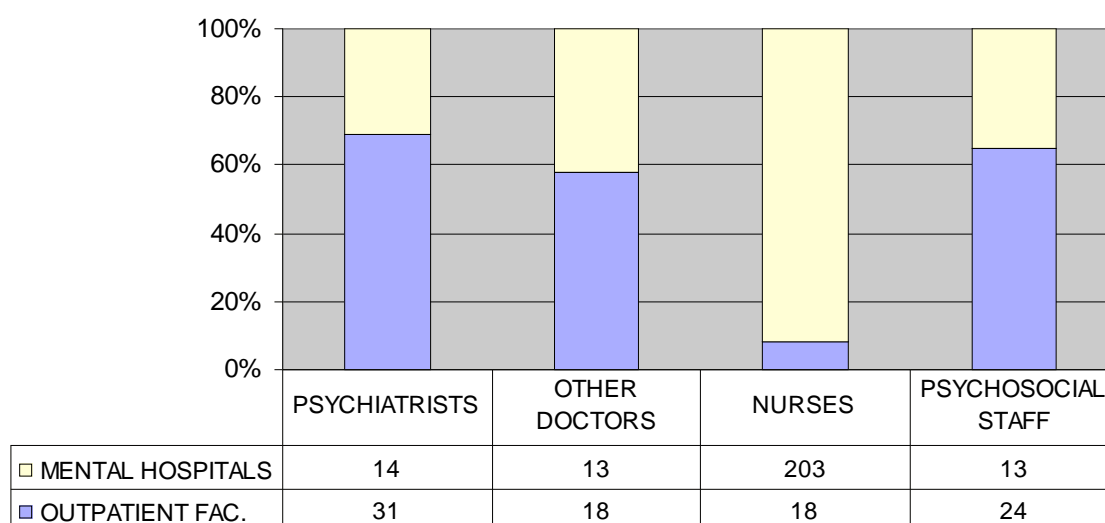
GRAPH 4.2 - AVERAGE NUMBER OF STAFF PER BED



In terms of staffing in Jordan’s mental hospitals (Graph 4.2), the total numbers of mental health professionals per bed are as follows: 0.03 psychiatrists, 0.03 other medical doctors, 0.44 nurses, and 0.03 psychologists.

The distribution of staff across the Ministry of Health and the Royal Medical Services mental health outpatient facilities is as follows: 31 psychiatrists, 18 other medical doctors (not specialized in psychiatry), 18 nurses, and 24 psychologists. The number of nurses working in the outpatient clinics is low compared to the psychiatric hospitals. The outpatient services are very biological and medical oriented so the professional role of the nurses is very limited. The number of other professionals in mental health outpatient facilities in Jordan is unknown. It is also important to note that a number of professionals (especially psychiatrists) divide their time between the outpatient facilities and mental hospitals.

GRAPH 4.3 - STAFF WORKING IN MENTAL HEALTH FACILITIES
(percentage in the graph, number in the table)

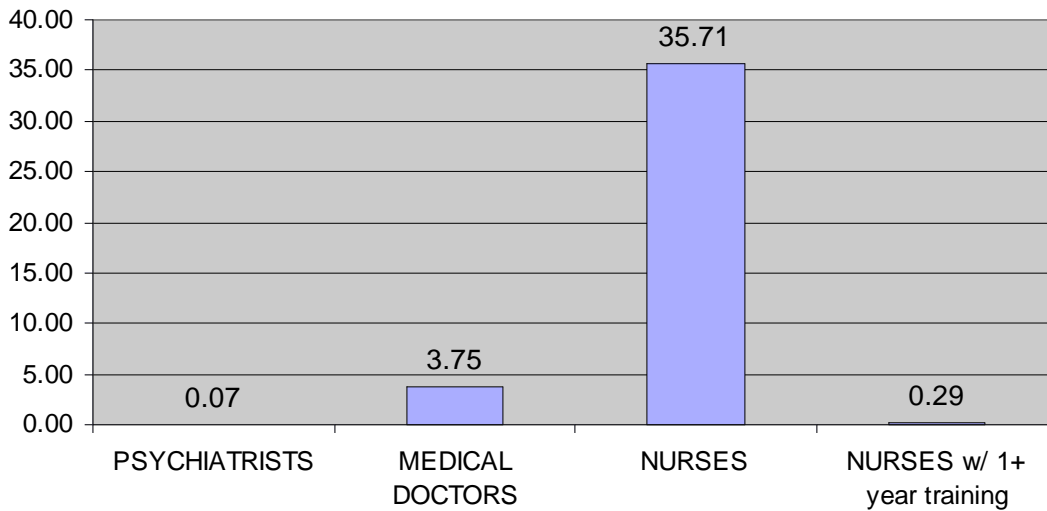


The distribution of human resources between urban and rural areas is relatively proportionate. The density of psychiatrists in or around the largest city is 1.21 times greater than the density of psychiatrists in the entire country. This estimate is based on information from the 45 psychiatrists working in Ministry of Health and Royal Medical Services facilities only. While a majority of psychiatrists are based in the capital city, most also travel to outpatient clinics and other facilities outside Amman a few days a week to provide mental health services. The density of nurses is 1.33 times greater in the largest city than the entire country.

Training professionals in mental health

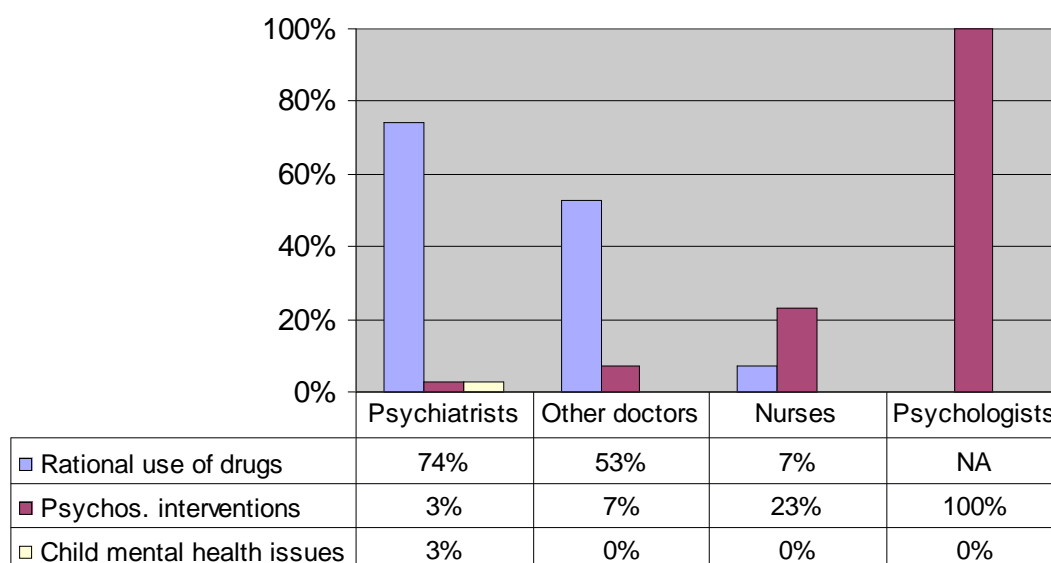
Best estimates of the number of health professionals who graduated last year in academic and educational institutions is as follows: 210 medical doctors, 2000 nurses, 4 psychiatrists and 16 nurses with at least one year's training in mental health. The number of psychologists with at least 1 year training in mental health care who graduated in the last year is unknown. An illustration of the number of professionals who graduated last year in Jordan per 100,000 population is presented in Graph 4.4. Only a few (1-20%) psychiatrists emigrate to other countries within 5 years of the completion of their training.

GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



Among all psychiatrists an estimated 74% (n=45) received at least two days of refresher training on the rational use of psychotropic drugs in the past year (Graph 4.5). The estimates for the proportions of other medical doctors and nurses who received refresher training on the use of psychotropic drugs are 53% and 7%, respectively. In general, percentages of mental health professionals who received at least two days of refresher training on psychosocial interventions in mental health are significantly smaller; an estimated 3% of psychiatrists, 7% of other medical doctors, and 23% of nurses received refresher training in this area in the past year. Conversely, all psychologists, social workers and occupational therapists received some refresher training on psychosocial interventions. Most mental health staff working in or for mental health facilities received no refresher training in the last year on child and adolescent mental health issues; it is estimated that only two psychiatrists (3%) received training on this topic in the past year.

GRAPH 4.5 - PERCENTAGE OF MENTAL HEALTH STAFF WITH TWO DAYS OF REFRESHER TRAINING IN PAST YEAR



Activities of other associations/organizations

A user/consumer association for individuals affected by mental health problems has been established in Jordan in October 2010. It is called “Our Step”. There is no association for family members. There are an estimated 80 registered NGOs in the country that conduct activities related to mental health.

Domain 5: Public Education & Links with Other Sectors

Public education and awareness campaigns on mental health

There are no coordinating bodies overseeing any public education and awareness campaigns on mental health and mental disorders. While several local and international NGOs and agencies and professional associations have participated in public education and awareness campaigns on mental health in the last five years, activities have been very limited and infrequent. Typical populations targeted by public education and awareness campaigns in Jordan include the general population, children and adolescents, women, trauma survivors and other vulnerable or minority groups. Professionals targeted by such campaigns include teachers, social service staff, leaders and politicians and other professional groups linked to the health sector.

Legislative and financial provisions for people with mental disorders

In Jordan there are legislative provisions concerning the legal obligation for employers to hire a certain percentage of employees that are disabled but these are not routinely enforced. Additionally, no mental health facilities provide provisions for employment outside of their facilities. There are no legislative provisions concerning protection from discrimination (i.e. dismissal, lower wages) solely on account of mental disorder, no housing schemes for individuals with mental illness and no protection from discrimination in allocation of housing for individuals with serious mental illness. In general, there is scarce financial support for individuals with mental disorders and support can only be provided if there are clinical records documenting a mental illness. It is estimated that 4% of individuals receiving social welfare benefits due to disability have a mental disorder.

Links with other sectors

In addition to some legislative and financial provisions, there is formal collaboration in mental health with the following health and non-health agencies: primary health care, substance abuse, child protection, education, employment, welfare, criminal justice, elderly and other departments. Formal collaborations between the mental health system and the United Nations also exist.

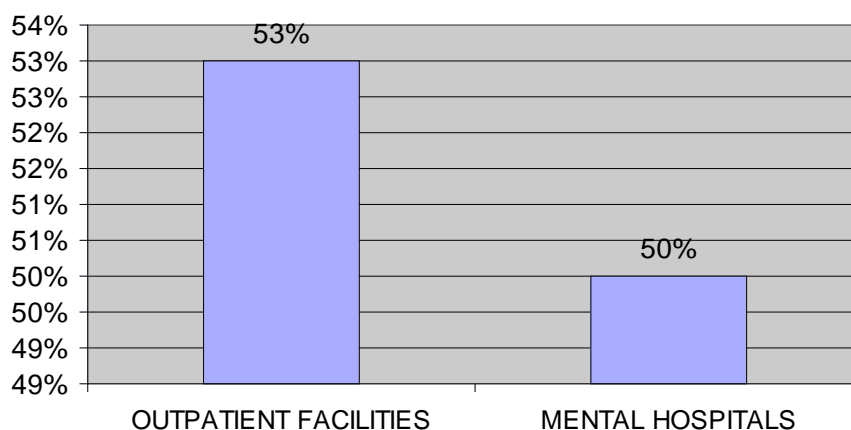
An estimated 50% of primary and secondary schools in Jordan employ full or part-time mental health professionals. Only few (1-20%) primary and secondary schools have school-based activities to promote mental health and prevent mental disorders.

Few (1-20%) police officers participated in educational activities on mental health in the last 5 years and it is unknown how many judges and lawyers participated in educational activities in the last 5 years. The estimated proportion of prisoners with psychosis is 2-5% and less than 2% have mental retardation. All or almost all prisons have at least one prisoner per month in contact with a mental health professional for treatment.

Domain 6: Monitoring & Research

Jordan's Ministry of Health maintains a defined list of individual data items that ought to be collected by all mental health facilities. All mental hospitals routinely collect and compile data on the number of beds, inpatient admissions, days spent in hospital and diagnoses. It is unknown the extent to which mental hospitals routinely monitor the number of involuntary inpatient admissions or number of patients physically restrained or secluded. An estimated 73% of all mental health outpatient facilities routinely collect and compile data on the number of users treated, the number of user contacts and diagnoses. Last year, the government health department received data from 50% of Ministry of Health mental hospitals (n=2) and from 53% of mental health outpatient facilities (n=34). However, only a few reports were produced using the data provided.

GRAPH 6.1 - PERCENTAGES OF MENTAL HEALTH FACILITIES TRANSMITTING DATA TO HEALTH DEPARTMENT



Few (1-20%) of psychiatrists, nurses, psychologists and social workers have been involved in mental health research in the last 5 years as investigators or co-investigators and very little research on mental health topics in Jordan has been published in the last five years. A recent (December 2010) PubMed search for publications with the key words "Jordan" and "mental health", "psychology", "psychiatry" or "psychosocial" in the title and abstract yielded a total of 25 publications in the last five years on mental health topics in Jordan.

Strengths & Weaknesses of the Mental Health System in Jordan

Summary

Use of the WHO-AIMS permits a comprehensive assessment of the mental health system of Jordan and elucidates both the strengths and weaknesses of the present system.

There is no a national authority for mental health in Jordan that has a governing role, is policy making and budget holding (Domain 1). While no formal mental health policy has ever existed, a plan was drafted in 1988 that prioritized the improvement of community mental health services, mental health service provision in primary care and the advocacy and promotion of mental health. Nonetheless, clear weaknesses of the mental health system include a lack of definitive policy and legislation to protect the rights of individuals living with mental illness and to promote equity in access to care and treatment of such populations.

An inventory of mental health services (Domain 2) in Jordan shows that even though there are many outpatient clinics (for each mental hospital in the country, there are 16 outpatient facilities that serve individuals with mental illness), the mental health system is quite hospital-based and the care provided, both inpatient and outpatient, is mainly biological care (provision of medicine) Also, the number of mental health hospital beds has increased in the last five years, which suggests that efforts to push mental health services into the community have not been wholly successful. Furthermore, over 50% of individuals treated in mental hospitals stay for more than 10 years, suggesting that programs to integrate individuals with severe and persistent mental illness into the community are inadequate. While a majority of individuals treated at mental health facilities are able to access psychotropic medicines on a continuous basis, there is next to no provision of psychosocial interventions for these populations. There is also evidence to suggest that disparities in the quality of care both within government mental health facilities and comparing public with private facilities exist. Lastly, mental health facilities and services and training dedicated specifically for children and adolescents are lacking.

An assessment of mental health in primary care (Domain 3) suggests that there is great potential to improve the integration of mental health services with primary care. The primary care system in Jordan is developed and organized, supporting the efficient integration of mental health interventions in primary care. Nonetheless, there is virtually no interaction between the primary care system and mental health professionals and primary care professionals receive little initial and refresher training on mental health topics.

Data on the number of human resources for mental health in Jordan (Domain 4) indicate that there is a variety of professionals (e.g. psychiatrists, nurses, social workers) providing mental health services in Jordan and that they are distributed throughout mental health inpatient and outpatient facilities, although there is a higher concentration of nurses in inpatient facilities. Furthermore, a very small percentage of trained psychiatrists emigrate to other countries within 5 years of training. While a majority of mental health

professionals receive refresher training on the appropriate use of psychotropic medications, there is very little refresher training on psychosocial interventions or on child and adolescent mental health issues. Lastly, there are a plethora of NGOs providing psychosocial services, initially targeting displaced Iraqis, and more recently, Jordanians. However there is only one user organization recently established and no family organizations for mental health in the country.

Findings from Domain 5 show that Jordan's mental health system collaborates with a number of agencies or institutions to provide public education and awareness campaigns that support a variety of population groups (e.g. children, women) and target a wide range of professionals (e.g. teachers, social service staff). Despite these efforts, formal collaboration in the form of laws, administration or programs with other sectors is lacking. Fortunately, there is a mechanism for individuals to obtain social welfare benefits due to a mental disorder. However less than 5% of individuals who receive such benefits qualify due to their mental illness, suggesting that processes to enhance the enrolment of individuals with severe mental illness in such social service programs could be improved.

Findings from the assessment of mental health monitoring and research (Domain 6) illustrate that all mental hospitals and a larger majority of outpatient mental health facilities in Jordan are collecting and transmitting essential mental health data.

Comparisons with other Eastern Mediterranean countries

The 2009 WHO publication, "Mental health systems in selected low- and middle- income countries: a WHO-AIMS cross-national analysis" provided a summary of the mental health systems of developing countries and made a number of comparisons across income levels and WHO regions (WHO, 2009). The following Eastern Mediterranean (EMRO) countries and territories were included in the report: Afghanistan, Egypt, Iraq, Iran, Morocco, Tunisia, West Bank and the Gaza Strip.

The following are some of the key differences between components of the mental health system in Jordan and those of the other EMRO countries assessed:

- The average estimated number of mental health professionals per 100,000 population in EMRO is slightly less than the total in Jordan (5.1 vs. 6.2).
- Jordan is comparable to other EMRO countries in the percentage of undergraduate training devoted to mental health for doctors and nurses.
- Compared with other EMRO countries, a higher proportion of nurses and a lower proportion of doctors in Jordan receive refresher training in mental health.
- Compared with other EMRO countries, a larger proportion of psychiatrists in Jordan work in public mental health facilities.
- A considerably larger number of nurses per capita graduated in the last year compared with the other EMRO country average.
- The proportion of mental health professionals receiving refresher training across a number of topics in Jordan is comparable to EMRO averages. However there is considerably higher rational use of psychotropic drugs training but less training in child mental health issues in Jordan.

- The ratios of psychiatrists and nurses working in or near the largest city to those working in the entire country are greater for the EMRO region compared with Jordan.
- The percentage of the daily minimum wage needed to purchase antipsychotic medication is less in Jordan compared with the EMRO average and it is the same as the EMRO average for antidepressant medication.

Next Steps in Strengthening the Mental Health System

Based on the domain summaries and a critical assessment of the strengths and weaknesses, the following are possible next steps for the long-term improvement of Jordan's mental health system.

Domain 1

- Establish a national mental health authority with a governing and executive role.
- Develop a national mental health policy (to be launched in January 2011).
- Update previous mental health plan (to be launched in January 2011).
- Create or enhance mental health legislation in the areas of access to least restrictive care, the rights of mental health consumers and their families, guardianship for individuals with mental illness, voluntary and involuntary treatment, law enforcement and other judicial system issues for people with mental illness, mechanisms to oversee involuntary admissions and treatment practices and mechanisms to implement mental health legislation.
- Establish a national review body on human rights and develop a strategy for the ongoing review/inspection of mental health facilities and training of health professionals on the human rights protection of patients.

Domain 2

- Reduce length of stay for mental hospital patients by developing and improving initiatives to integrate individuals with severe and persistent mental illness into the community.
- Enhance the provision of psychosocial interventions, according to the bio-psychosocial model, for patients treated at both outpatient and inpatient mental health facilities.
- Develop secondary level community-based mental health services: both inpatient and outpatient, according to the bio-psychosocial approach.
- Develop and expand curricula and training on mental health of children and adolescents.
- Develop child and adolescent community-based mental health services.

Domain 3

- Increase the training in mental health for primary care staff, through the implementation of the mhGAP.

- Enhance the interaction between the primary care system staff and mental health professionals in the areas of training, co-coordination of activities and referral issues.

Domain 4

- Increase the number of psychosocial staff and the level of cross-training of psychologists and other mental health professions in evidence-based psychosocial interventions.
- Promote the establishment of family organizations and support the just established user association “Our Step”.

Domain 5

- Strengthen the collaboration with other sectors through the development of joint programs and the establishment of formal mechanisms for intersectoral cooperation, especially with social and educational services.

Domain 6

- Improve the mental health information system, the data collection and the monthly reporting.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system of Jordan and includes basic information on the nation's mental health policies and plans, services, integration of mental health in primary care, human resources, public education and links with other sectors and monitoring and research.

There is no national mental health policy in Jordan, although a plan for mental health was established in 1988. There is also no mental health legislation nor is there a formal mechanism for the monitoring of and training on human rights protection.

There are 64 outpatient facilities and 4 mental hospitals. The outpatient facilities provide services to an estimated 305 users per 100,000 population. There are 8.27 beds per 100,000 population in Jordan's mental hospitals serving 45 users per 100,000 population. The most commonly assigned diagnosis across all mental health facilities is schizophrenia, followed by mood disorder diagnoses. The total number of human resources working in or for mental health facilities or private practice per 100,000 population is 6.2. The primary care system in Jordan is organized, although few mental health services in primary care presently exist.

Results of this study suggest that efforts around the development of national mental health policy and plans, improved coordination between the primary care and mental health systems and enhancement of mental health training for all health professions are needed. Findings from this assessment will serve as a baseline for future improvements of Jordan's mental health system.