



Ministry of Health



World Health
Organization

National Mental Health and Substance Use Action Plan 2018 - 2021



His Majesty King Abdullah II

Contents

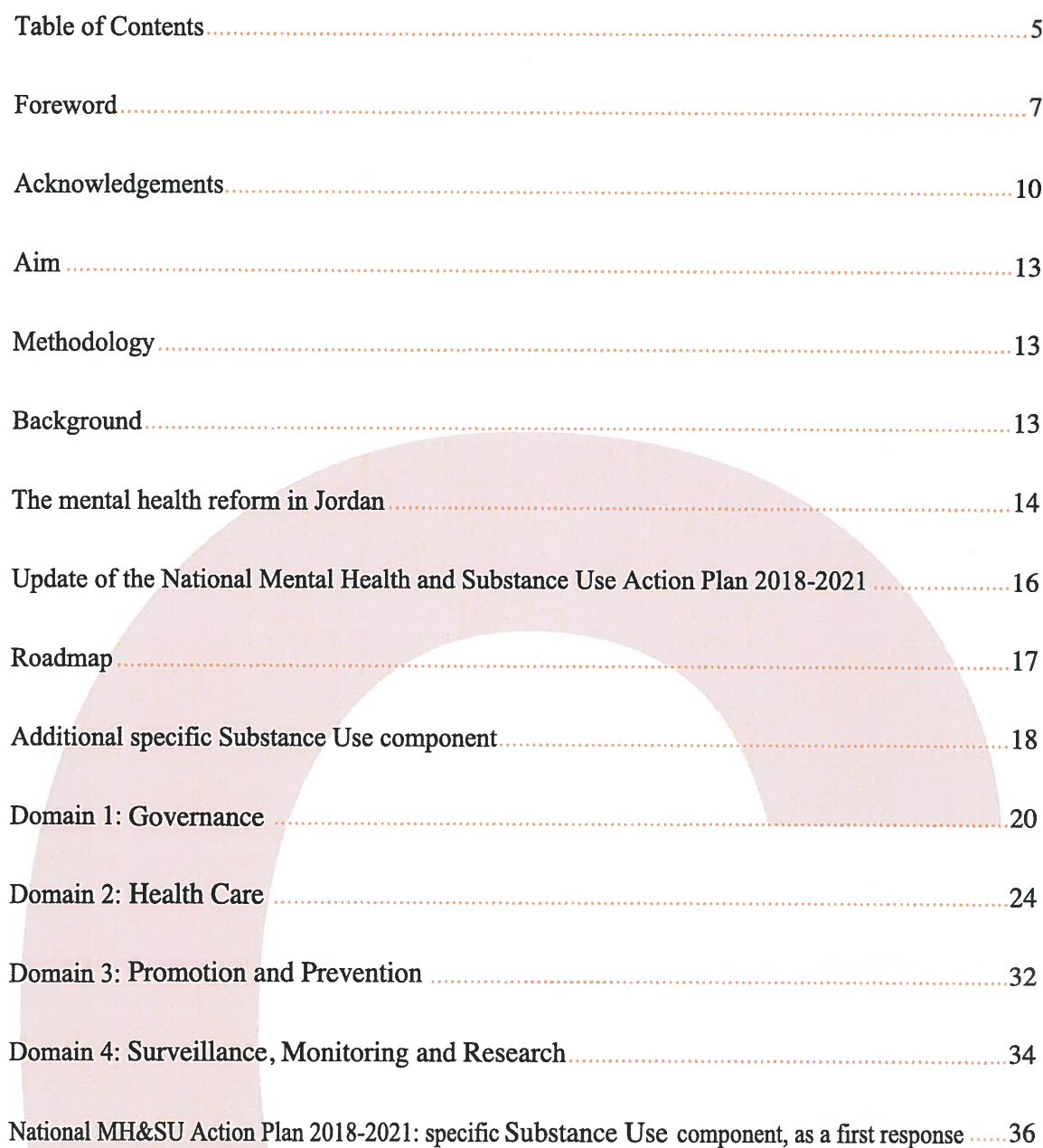


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Foreword



The global burden of mental and substance use disorders is large and continues to grow. Health systems throughout the world are struggling to respond adequately to the needs of people with mental health problems. Worldwide, 1 in 4 people are affected by a mental disorder at some points in their lives, 3 out of 4 people with severe mental disorders receive no treatment and that people with mental

health and substance use disorders are exposed to a wide range of human rights violations. This situation calls for collaborative efforts to come up with strategies and interventions to mitigate the toll of these disorders.

The Action Plan here within, translates our commitment towards improving the conditions for these vulnerable people, recognizing that this will enhance development outcomes and contribute to the progress of Jordan. In particular, this Plan aims at strengthening effective leadership and governance for mental health and substance use, provide comprehensive integrated mental health services in community-based settings, implement strategies for promotion and prevention in mental health and strengthen information systems, evidence and research for mental health and substance use.

Nonetheless, any action plan will fall short of achieving its goals unless it invests in the human potential and necessary workforce that play essential role in reinforcing the mental health services for those who most need it.

We envision making Jordan a country where mental health is valued, promoted and protected, whilst affected persons are able to reach their potential and fully exercise their rights as humans through accessing high quality and culturally appropriate mental health services. I am confident that we can all work together to take significant and necessary steps toward this end.

HRH Princess Muna-Al Hussein
WHO Patron for Nursing and Midwifery in the EMR

Foreword



Mental, neurological and substance use (MNS) disorders represent a large public health burden, accounting for 14% of the global burden of disease. They are closely related to physical health conditions, including HIV/AIDS, maternal and child health, and non-communicable diseases. MNS disorders are associated with immense suffering, stigma and discrimination, violations of human rights, poor health outcomes, poor adherence to treatments for health conditions, and significant disruptions in daily functioning, affecting multiple areas of life including social, personal, vocational and educational areas.

Despite their adverse effects on health and overall wellbeing, major gaps still exist worldwide in the resources dedicated to mental health. Therefore, despite the availability of cost-effective treatments, the majority of people who suffer from MNS disorders do not receive care.

The occurrence of humanitarian emergencies arising from armed conflicts further exacerbates mental health and psychosocial problems. Over the past 5 years, the Eastern Mediterranean Region has witnessed an increasing number of complex emergencies involving conflict, violence, insecurity and displacement. The emergencies in neighbouring countries have placed a strain on Jordanian national infrastructure, resources and services, including health and mental health care services. However, the situation has also provided an opportunity to strengthen the mental health system and services in Jordan, given the increasing need and demand for mental health services by the local as well as refugee populations.

Since 2008, joint efforts have been dedicated by the Ministry of Health and the World Health Organization (WHO) in Jordan to strengthen and reform the national mental health system in order to make effective services available and accessible to the people, through the integration of mental health into primary health care and reorientation of secondary and tertiary care systems. Jordan was among the first countries in the world to implement the comprehensive Mental Health Gap Action Program (mhGAP), which was launched by WHO in 2008 to reduce the treatment gap for mental disorders.

We look forward to building on this experience and on the results achieved so far, and we commit to shift from an institutional to community-based care model of services that is individual-centered, recovery-oriented mental health system in Jordan which ensures the protection of human rights of persons with mental health and substance use problems and their families on one hand and delivers quality services on the other.

This National Action Plan for Mental Health and Substance Use embodies the full commitment and determination of the Ministry of Health to move forward in strengthening integrated, community-based mental health services in the Kingdom. The Plan, developed by the National Technical Committee for Mental Health, reflects the point of view of the main stakeholders in Jordan, service users and their family members.

Inspired by the vision that all concerned parties should work on improving the standard of living and quality of services, the Ministry of Health and the National Technical Committee for Mental Health and Substance Use both vow to implement this National Action Plan.

H.E. Prof Mahmoud Al-Sheyyab
Minister of Health

Foreword



It has become evident that mental and substance use disorders globally is a neglected priority public health area and that the emotional, social and economic related burden is enormous, and affects not only individuals which are excluded from the society, but their families and communities as well. Therefore, the inclusion of mental health and substance abuse in the Sustainable Development Agenda (2030) is likely to have a positive impact on communities and countries where millions of people will receive much needed help.

In 2008, under the Royal Patronage and support of HRH Princess Muna-Al Hussein, WHO partnered with Jordan's Ministry of Health and the Jordanian Nursing Council, to support the reform of the mental health system, based on evidence and best practices.

The reform engaged multiple service providers, policy makers, key stakeholders and beneficiary groups. It led to notable achievements for mental health and psychosocial support, building momentum for further change, as well as succeeding in streamlining the humanitarian response with longer term goals for system and service development. One of the major achievements was the development of the first National Mental Health Policy (2011-2021) and Action Plan (2011-2012) for Mental Health that were launched in 2011 under the patronage of HRH Princess Muna-Al Hussein.

The participatory process that led to the development of the National Mental Health and Substance Use Action Plan (2018-2021) included a national assessment of mental health services, series of consultation meetings with the National Mental Health Technical Committee, and workshops with all key stakeholders and partners. The Action Plan is in line with the Global Action Plan for Mental Health 2013-2020, and the Regional Framework for scaling up mental health care in the Eastern Mediterranean Region.

The Action Plan identified five strategic areas: 1) Governance, 2) Health Care, 3) Promotion and Prevention, 4) Surveillance, Monitoring and Research, 5) Specific Substance Use Disorders component as a first response. The major emphasis is given to the need to shift approach and resources from the large psychiatric hospitals to community-based services that are integrated into primary health care services. WHO is committed to provide continuous support to the MoH and other stakeholders in their endeavors to implement the Plan with the aim to give dignity and respect to the most vulnerable and integrate them into their own communities and society.

Dr Maria Cristina Profili
WHO Representative to Jordan

Acknowledgements

The National Mental Health and Substance Use Action Plan 2018-2021 of the Hashemite Kingdom of Jordan was prepared by the National Technical Committee for Mental Health, established in 2011 at the Ministry of Health (MoH) with the support of the World Health Organization (WHO)-Jordan Office.

The National Technical Committee was technically advised by Dr Anita Marini, International Mental Health and Psychosocial Support (MHPSS) Consultant, WHO Jordan.

The Plan was informed by previous assessment of the status of the mental health reform in Jordan, conducted jointly by MoH and WHO Jordan between March and June 2016. The WHO team consisted of Prof. Benedetto Saraceno, Dr Khalid Saeed, Dr Ambrogio Manenti, Dr Anita Marini and Ms Zein Ayoub. An additional National Workshop was held on 9 November 2017 to inform the Substance Use component of the Action Plan.

The Ministry of Health, WHO and the National Technical Committee express their full gratitude to Her Royal Highness Princess Muna Al-Hussein, President of The Jordanian Nursing Council, Patron and commissioner for Nursing and Midwifery in the Eastern Mediterranean Region, who has been providing constant support in bringing mental health to the top of the Jordanian public health agenda. HRH has taken the lead in supporting the key mental health achievements in Jordan and HRH is continuing her Patronage to the mental health program, including the forthcoming launch of the National Mental Health and Substance Use Action Plan (2018-2021).

The Ministry of Health gratefully thanks Dr Maria Cristina Profili, WHO Representative to Jordan, who has supported the policy review and the plan development, H.E. the late Dr Mahmoud M Fikri, former WHO EMRO Regional Director, and H.E. Dr Jaouad Mahjour acting WHO EMRO Regional Director, for the support they provided to the entire process.

Special thanks to the service users and their families, who have contributed to inspiring the Plan.

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Aim

The National Mental Health & Substance Use Action Plan 2018-2021 aims to expedite the implementation of the Jordanian National Policy for Mental Health 2011-2021 and to introduce a specific Substance Use component in order to address the perceived need and demand.

Methodology

The area of Mental Health and Substance Abuse is gaining more traction globally, as demonstrated by a number of important events: the joint WHO and World Bank event held in April 2016 “Out of the Shadows: Making Mental Health a Global Development Priority”, the UN General Assembly Special Sessions (UNGASS) on global drug problems in April 2016, and the inclusion of Dementia in the World Innovation Summit for Health (WISH) in Qatar. Furthermore, the theme of the 2017 World Health Day was Depression “Let's talk”, which provided a platform for raising the profile of mental health.

In order to build on the global, regional and national momentum, a consultation process for updating the National Mental Health & Substance Use Action Plan 2018-2021 was carried out from March 2016 to January 2018 adopting a participatory approach led by MoH, with the support and the technical guidance of WHO Jordan.

The phases of the consultation process were the following:

1. Assessment of the status of the mental health reform in Jordan between March and June 2016, which informed the development of a Roadmap for mental health action in Jordan.
2. National Stakeholders Meeting on 1st June 2016 “Strengthening the Mental Health System in Jordan” with the aim of collecting feedback on the Roadmap.
3. Development of the National Mental Health Action Plan draft, informed by the Roadmap and the assessment of the status of mental health reform in Jordan.
4. National Workshop on 15-16 February 2017 with the aim of collecting feedback from the relevant National Stakeholders on the National Mental Health Action Plan draft.
5. Development of the second draft of the National Mental Health Action Plan, integrating the feedback collected from the National Stakeholders (May 2017).
6. MoH decision to add a Substance Use component and to therefore develop a National Mental Health and Substance Use Action Plan.
7. National Workshop on 9 November 2017 “Situational Analysis Workshop on Substance Use in Jordan” to inform the additional Substance Use component of the Action Plan and individual meetings with relevant Stakeholders (November 2017).
8. Development of the Substance Use component draft (December 2017)
9. Review of the Substance Use component draft by the relevant Stakeholders and development of the final draft of the National Mental Health and Substance Use Action Plan 2018-2021 (January 2018).

The National Mental Health and Substance Use Action Plan is in line with the Global Action Plan for Mental Health 2013-2020, and the Regional Framework for scaling up mental health care in the Eastern Mediterranean Region endorsed at the 62nd Session of the Eastern Mediterranean Regional Committee in 2015 (World Health Organization EM/RC62/R.5 resolution “Scaling up mental health care: a framework for action”), which reflects the United Nations Sustainable Development Goals (SDGs).

Background

Mental health and psychosocial care in Jordan is provided by a number of service providers, which include the government, the military, the private sector, universities and non-governmental organizations (NGOs), delivering inpatient and outpatient services at various levels. These stakeholders operate separate finance and service delivery systems, with none having sole policy-

making or budget-holding responsibility¹. The main mental health service providers have typically been the MoH and Royal Medical Services (RMS), as well as the private sector. However, due to the refugee influx over the last decade, in particular the current wave of Syrian refugees, a larger presence of NGOs providing mental health services has been observed and noted in interviews with MHPSS service providers. There is also an increased number of local community-based organizations (CBOs) providing mainly psychosocial care services.

Jordan's public mental health system relies strongly on the biomedical model of care, with few resources dedicated to recovery-oriented and bio-psychosocial care². Resources are mainly concentrated in the psychiatric hospitals and hospital-based care, which still dominate service delivery. The MoH maintains 3 psychiatric hospitals under the umbrella of the National Center for Mental Health (NCMH), one of which is a facility for substance use. In total, these institutions hold approximately 455 psychiatric beds. A psychiatric unit under the RMS also holds 34 beds³. Furthermore, the 3 established inpatient units at general hospitals (King Abdullah Hospital, Jordan University Hospital and Ma'an Governmental Hospital) have a total of 37 beds: 10, 12 and 15 beds respectively. There is also a network of psychiatrists under the NCMH, covering a total of 49 hospital outpatient clinics, health centers and prisons, in all governorates at an average of 1-2 days per week.

Mental health reform in Jordan⁴

Recent years have seen growing commitment to improving mental health care in Jordan. In 2008, the Jordanian Ministry of Health, with the support of the WHO office in Jordan and in partnership with the Jordanian Nursing Council, initiated mental health reform to scale up the mental health system and services to meet the needs of Jordanians and refugee populations. The program engaged multiple service providers, policy makers, key stakeholders and beneficiary groups. It led to notable achievements for mental health and psychosocial support, building momentum for further change, as well as streamlining the humanitarian response with longer term goals for service development.

Some highlights of the reform achievements include:

1. Launch of the first **National Mental Health Policy** (2011-2021), developed over two years by a broad and comprehensive multi-stakeholder Steering Committee. A 2-year National Mental Health Plan (2011-2012) was developed to begin implementing the Policy.
2. Establishment of a **Mental Health Unit (MHU)** for central governance within the PHC Directorate at MoH.
3. Establishment of a permanent **National Committee** to advise the MHU and support its governing function. Chaired by MoH Secretary General, its members include the MoH, Ministry of Social Development (MoSD), Ministry of Education (MoE), RMS, universities, professional associations, and service users.

¹ WHO proMIND: Mental health in development, Jordan 2013.

² WHO proMIND: Mental health in development, Jordan 2013.

³ WHO proMIND: Mental health in development, Jordan 2013.

⁴ Report WHO Jordan "Mission to assess the status of the mental health situation in Jordan and to inform policy revision", 2016, unpublished.

4. Coordination with the non-governmental sector that provides mental health and psychosocial services to citizens and refugees. WHO assumed the role of co-chair for the **Mental Health and Psychosocial Support Coordination Group** in 2008. This included leading the annual 4Ws mapping for the sub-sector.
5. Establishment of **3 inpatient units at general hospitals**; 2 within University hospitals including Jordan University of Science and Technology (JUST)-affiliated King Abdullah Hospital and Jordan University Hospital, as well as the first unit in a public general hospital within Ma'an Governmental Hospital.
6. Establishment of an **inpatient model unit** at the NCMH, for the management of acute cases, specifying a short duration of stay and the latest restrictive treatment.
7. Formation of **3 community mental health centers with multidisciplinary teams** according to the bio-psychosocial and recovery models, providing medical treatment, psychological interventions, social and family interventions, community-based rehabilitation, psycho-education, home visits, and awareness activities in the community. On average, approximately 5500 beneficiaries of the Jordanian, Iraqi and Syrian nationalities access these centers each month, including about 150 children and adolescents.⁵
8. Provision of regular **capacity building, training and supervision** to a diverse range of staff including multi-disciplinary teams (MDTs), other mental health staff, general health workers and social care staff within the public, military, university and NGO sectors.
9. Selection of Jordan as one of the first countries to implement the **mental health Gap Action Program (mhGAP)** for integrating mental health care in Primary Health Care (PHC). Multiple stakeholder meetings and workshops were conducted to introduce the program, eventually leading to the training of 180 PHC workers (General Practitioners (GPs), family doctors, nurses and midwives) at 45 centers in 9 governorates. mhGAP activities included trainings, refreshers, a training of trainers and a training for supervisors. A supervision mechanism was also established in July 2013, whereby MoH, WHO, International Medical Corps (IMC) and King Abdullah Hospital agreed to conduct monthly supervision visits for each mhGAP-trained center (including monitoring and data collection).
10. Establishment of the first **National Users Association "Our Step"** in October 2010 representing service users and family members. This was a joint effort by the WHO, MoH and MoSD. The association was registered under the Ministry of Social Development. A permanent premise was secured for Our Step Association in collaboration with Greater Amman Municipality.
11. Pilot implementation of the **WHO Quality Rights Project** at 5 mental and general health facilities in Jordan, aiming to assess and improve the quality of care and human rights standards at mental and social care facilities.

⁵ WHO Jordan Donor Report to BPRM- 2013

The reform process has been faced with several challenges: resistance against the bio-psychosocial and community-based approach; stigma among policy makers, professionals and the community; insufficient recruitment and retention of staff for the established mental health services; gaps in financial resources; high turnover of the Ministers of Health and the regional crisis affecting Jordan which has had an impact on the direction and priorities of the program.

Update of the National Mental Health and Substance Use Action Plan 2018-2021

In light of the limited comprehensive mental health services in the country, mental health and psychosocial support remain a highlighted need and area of intervention, for both Jordanians and refugees. From March to June 2016, a WHO Jordan mission supported the MoH in assessing the status of the mental health reform in order to inform Policy revision and Plan update.

Policy

The National Policy launched in 2011 was reviewed and is still regarded as relevant and reflective of the current vision, context and priorities in Jordan, despite the changing circumstances due to the Syrian refugee crisis, as well as the progress of implementing the National Action Plan 2011-2012 (which targeted 9 out of the 12 areas of action identified in the Policy).

In fact, the National Policy envisions the provision of quality community-based MH services that are equitable, cost-effective and accessible to all people in Jordan, and are implemented within the general health system at all levels of care. Services are envisioned to reflect the comprehensive bio-psychosocial approach through multidisciplinary interventions, with emphasis on human rights, participatory approach and cultural relevance.

Plan

The aforementioned assessment highlighted the urgent need to update the National Action Plan (which expired in 2012, and was not fully implemented). Based on the assessment findings, a Road Map was developed through a participatory approach with broad consensus gained by the national stakeholders, informing the process of updating the Plan. The Road Map recommends continuing stakeholder efforts in strengthening governance for mental health and substance use, establishing community-based mental health and substance use services focusing on the primary and secondary levels of care, promoting human rights standards, and empowering service users and families as active partners in the reform process. The Road Map was developed based on the Global Action Plan for Mental Health 2013-2020 and the Regional Framework endorsed at the 62nd Session of the Eastern Mediterranean Regional Committee in 2015⁶.

⁶ Report WHO Jordan "Mission to assess the status of the mental health situation in Jordan and to inform policy revision", 2016, unpublished.

Roadmap

Global Action Plan Domains	Strategic Interventions
Governance	<p>Operational Mental Health DIRECTORATE, with specified ToRs and appropriate resources, guided and supported by the National Technical Committee:</p> <ul style="list-style-type: none"> • Development of a national Human Resource development plan. • Integration of MHPSS in the national emergency preparedness/ response plans. • Intersectoral collaboration mechanism.
Health Care <ul style="list-style-type: none"> • Move from institutional to community-oriented integrated model of care. • Move from Biomedical to bio- psychosocial care. 	<p>Tertiary care: redistributing resources.</p> <p>Secondary care: strengthening such care through: Setting up outpatient clinics at 12 general hospitals (at least 1 in each governorate). Inpatient services at 5 general hospitals (MoH strategy by 2017).</p> <p>Primary care: Strengthen the capacity of PHC personnel using mhGAP materials; build a peer supervision system (developing Family Doctors as peer supervisors).</p> <p>Ensure availability of essential psychotropic medicines at each level of care.</p> <p>Strengthen the capacity of the mental health services for providing a multi-layered MHPSS response for populations affected by Syrian crisis.</p>
Promotion and Prevention	<p>Develop suicide prevention program, focusing on orientation of media, gate-keeper training and information system for suicidal behaviors.</p> <p>Implement school mental health regional package (Life Skills Education and early recognition and management of child and adolescent disorders).</p> <p>Implement parent skills training for children (as part of child and adolescent care).</p> <p>Implement iSupport online program for caregivers of persons with dementia.</p> <p>Initiate targeted mental health literacy program to reduce stigma and discrimination.</p>
Surveillance, Monitoring and Research	<p>Regular monitoring of the quality of services being provided, using Quality Right package.</p> <p>Regular monitoring of the mental health system using available tools (i.e. ATLAS).</p> <p>Incorporate limited categories of mental disorders in national information systems</p>

Report WHO Jordan “Mission to assess the status of the mental health situation in Jordan and to inform policy revision”, 2016, unpublished.

Additional specific Substance Use Disorders component

An additional specific component on Substance Use Disorders (SUDs) was developed and integrated later (November 2017) in the updated Action Plan 2018-2021.

Under the umbrella of SUDs problems, the priorities identified by MoH are mainly drugs and nicotine addiction. Nicotine addiction is already addressed within the National Multisectoral Tobacco Control Strategy (2016).

Substance Use (SU) related problems have been perceived by the communities, the relevant authorities and stakeholders and the media (especially partially-documented research studies⁷) as an escalating public health and social concern, especially after the continuous conflicts affecting the Middle East region.

A rapid situational analysis was conducted jointly by MoH and WHO Jordan to inform a first health response and include it in the Plan (National Mental Health & Substance Use Action Plan 2018-2021). This first SU health response will be further expanded in the National Substance Use Strategy, which is currently under development. A National Antidrug Committee, established within the framework of the Narcotics and Psychotropic Substances Law no. 23 (16 August 2016), articles 32 and 33, has been tasked with several tasks and responsibilities, including the development of the National Substance Use Strategy. The above-mentioned Committee is inter-ministerial and inter-sectoral and it encompasses the main stakeholders in Jordan.

The exact extent of SU problems in Jordan is not known as epidemiological data are not available⁸. Cannabis, Alcohol and Captagon are reportedly the most frequent used substances, while heroin (especially smoked heroin) dependence is perceived to be on the rise.

Local studies show that patterns of suspected prescription and non-prescription drug abuse/misuse have slightly changed over time, with new drugs emerging, such as ophthalmic drops containing antimuscarinic drugs (e.g. Bozkurt, et al. 2015; cyclopentolate, tropicamid - 13.4% and the anti-epileptic Lyrica (pregabalin) - 6.5%); and previous ones disappearing from the list (such as misoprostol)⁹. These findings are confirmed by the clinicians working in SU services. Although a number of studies were conducted and published¹⁰ in the last decade, research in this field remains scarce and insufficient.

Several efforts were invested in the SU field by MoH since early 1990 and jointly with United Nations Office on Drugs and Crime (UNODC) since September 2001¹¹. The resources dedicated to SU problems in the Jordanian National Mental Health System are still neither sufficient nor adequate to meet the need and demands.

There is neither a Policy nor a Strategy targeting SU problems. A number of drafts were produced (in 2004 by a joint MoH and UNODC project; in 2009 by a National inter-ministerial and inter-sectoral Committee); however, it is not clear whether they were published and implemented.

The most recent law on SU was issued in 2016, demonstrating progress in the conceptualization of the related field.

Identification and management of SU problems through screening and brief interventions are not integrated in the Primary Health Care System yet.

At the secondary level of care, in the public sector there are two main services: a Residential Treatment Center established in 1994 by the Jordanian Antinarcotic Department (Police) and a National Centre for Rehabilitation of Addicts under MoH established in 2000 (which currently includes a female section).

⁷ Report WHO Jordan "Situational Analysis on Substance Use in Jordan", unpublished, 2017.

⁸ WHO Atlas of Substance Use Disorders. Country Profile: Jordan. 2010.

⁹ Mayyada Wazaify, Ebtessam Abood, Linda Tahaineh & Abba Albsoul- Younes (2016): Jordanian community pharmacists' experience regarding prescription and nonprescription drug abuse and misuse in Jordan – An update, *Journal of Substance Use*.

¹⁰ Report WHO Jordan "Situational Analysis on Substance Use in Jordan", unpublished, 2017.

¹¹ Report of the final evaluation of the UNODC Projects, "Strengthening the treatment and rehabilitation services for drug abusers in Egypt and Jordan", 2004.

In the private sector, a psychiatric hospital “Al Rashid” provides treatment for people affected by substance use problems. It is the only service in Jordan offering opioid substitution treatment for detoxification; the patients accessing the service are mainly coming from the Gulf.

Pharmacotherapy used for treatment of withdrawal symptoms (both alcohol and opioid) is reported to be mainly composed of benzodiazepines, new antipsychotics and antidepressants.

Rehabilitation services are limited in the public, private and non-profit sectors.

Protected employment programs are not available while there are several initiatives on promotion and prevention of SU problems.

In literature review, the former SU Strategies (2004 and 2009) and the recommendations produced by the Stakeholders during the rapid situational analysis exercise conducted jointly by MoH and WHO Jordan (November 2017) informed the first basic health and social response integrated in the National Mental Health and Substance Use Action Plan 2018-2021; the next step will be to expand and detail this first basic health and social response within the National Substance Use Strategy, whose development process is currently underway by the National Antidrug Committee.

Domain 1: GOVERNANCE

Coordination of the Strategic Intervention 1.1: Mental Health and Substance Use Unit/Directorate				
Supervision: MoH, National Technical Committee (NTC)				
Strategic Intervention 1.1	Indicators	Target group	Timeframe: year	
			1	2
Strengthening the mandate and capacity of MoH Mental Health and Substance Use (MH&SU) Unit, guided and technically supported by the permanent NTC	<ul style="list-style-type: none"> - MH&SU DIRECTORATE in place and operational - Specified ToRs and job descriptions developed - Budget and staff allocated - Report about the implementation of the National Mental Health and Substance Use Action Plan (National MH&SU Action Plan) - No. of lists distributed about the available community-based resources - No. of NTC's meetings per year - No. of trainings conducted for MHPSS focal points 	<ul style="list-style-type: none"> - MH&SU Unit at MoH - Focal points in governorates 	X	
Estimated cost:	JOD 104,000 / Annually	Available budget:	JOD 49,000	
Potential additional funds/support:				
ACTIVITIES:				
1. The NTC calls for a meeting with Minister of Health to discuss the objective and obtain the formal decision by the Minister				
2. Administrative steps to implement the transition from MH&SU Unit to MH&SU Directorate				
3. Development of ToRs for the Directorate and for the multidisciplinary team assigned to it				
4. Assignment of a dedicated budget (based also on the National MH&SU Action Plan)				
5. Selection and employment of the Directorate's staff, starting with at least 5 employees: Director, multidisciplinary technical officers (i.e. psychiatrist, psychologist, social worker, mental health nurse) and admin officer				
6. Quarterly meeting of the NTC with a specified agenda, at the MoH				
7. Establishment of specific technical task forces, as needed				
8. Development of a semi-annual report on the implementation of the National MH&SU Action Plan to the Minister and the NTC				
9. Development, printing and dissemination of a list of the available community-based resources (out of the 4Ws exercise)				
10. Training the identified MHPSS focal points on public mental health				

Coordination of the Strategic Intervention 1.2: Mental Health and Substance Use Unit/Directorate				
Supervision: Task force from NTC				
Partners: RMS, Universities, MoSD, UNRWA, JNC, National Center for Women Health				
Strategic Intervention 1.2	Indicators	Target group	Timeframe: year	
			1	2 3 4
Developing a national Human Resources Plan for the recruitment, redistribution and retention of mental health and psychosocial human resources based on a specific assessment exercise and analysis, included in the present Plan (mainly Domain 2)	<ul style="list-style-type: none"> - National Human Resources Plan developed in coordination with the overall national human resource plan for health - Database developed and reflected in the national human resources register/observatory for health - Plan has been cleared for recruitment - No. of staff recruited 	<ul style="list-style-type: none"> - MoH - MoE - MoSD - RMS - Universities - MHPSS stakeholders 	X	
Budget:	JOD 7,000	Available resources:	Potential additional funds/support:	
ACTIVITIES:				
1. Establishment of a task force for the development of the national human resources plan (MoH, Civil Service Bureau and NTC)				
2. Development of the National Human Resources Plan for MH&SU and of the ToRs of different professional categories to set up multidisciplinary teams				
3. Conceptualization of the assessment, analysis and plan, which will include quantity, profiles, current policies and procedures, obstacles and solutions				
4. Collection of data about the capacity and resources from the different sectors involved (development of a database)				
5. Introduction of the Plan in coordination with the relevant Departments within the MoH and with the NTC, setting specification for the needed manpower (Psychologists, Social Workers, Occupational Therapists, Nurses, Counsellors, Psychiatrists, and Substance use specialists)				

Coordination of the Strategic Intervention 1.3: Mental Health and Substance Use Unit/ Directorate						
Supervision: NTC (taskforce)						
Partners: Chairs of the MHPSS coordination group						
Strategic Intervention 1.3	Indicators	Target group	Timeframe: year			
			1	2	3	4
Strengthening the Inter-sectoral collaboration mechanism	<ul style="list-style-type: none"> - Four meetings of the NTC every year - Regular meetings of the MHPSS coordination group with national representatives at the MHPSS coordination group (including from the Ministries) - Mutual attendance of NTC and the MHPSS coordination group - Joint inter-sectoral projects (between MoH and other sectors) developed 	Sectors involved in MHPSS (MoSD, MoE, MoL, MOPIC, Universities, UNRWA, private sector, no profit sector/NGOs)	X	X	X	X
Estimated cost:	no cost	Available budget:	Potential additional funds/support:			
ACTIVITIES:						
1. Carrying out meeting of the NTC with a specific agenda every 3 months						
2. Invitation of additional national representatives across all sectors at the MHPSS coordination group						
3. Monthly meeting of the MHPSS coordination group						
4. Development of joint projects with the other sectors, including the non-profit sector						
5. Ensuring coordination and cooperation between the National Technical Committee and the MHPSS coordination group						

Coordination of the Strategic Intervention 1.4: Mental Health and Substance Use Unit/Directorate				
Supervision: NTC (dedicated task force)				
Partners: Chairs of the MHPSS coordination group				
Strategic Intervention 1.4	Indicators	Target group	Timeframe: year	
			1	2
				3
				4
Integration of MHPSS in the national emergency preparedness and response plan	Mental health and psychosocial support provision is integrated in the national emergency preparedness plans	Institutions responsible for the National Emergency Preparedness Plans		X
Estimated cost:	Available budget:	Potential additional funds/support:		
	JOD 500	MHPSS coordination group		
ACTIVITIES:				
1. Establishing a dedicated task force out of the NTC, including the chair of the MHPSS coordination group, MoH, RMS, MoSD, WHO Jordan, JNC and the National Center for women's health				
2. Identification and meetings with the national Institutions responsible for National emergency preparedness plan (including Civil Defence, MoH, RMS, Government)				
3. Review of the National emergency preparedness plan, identifying the gaps				
4. Inclusion of MHPSS component in the national emergency preparedness plans				
5. Orientation of the relevant institutions on the MHPSS IASC Guidelines (workshop)				

Domain 2: HEALTH CARE

Coordination of the Strategic Intervention 2.1: Mental Health and Substance Use Unit/Directorate				
Supervision: NTC (dedicated task force)				
Partners: MHPSS coordination group; NGOs				
Strategic Intervention 2.1	Indicators	Target group	Timeframe: year	
			1	2
			3	4
Implementing the National Human Resources Plan	<ul style="list-style-type: none"> - No. of multidisciplinary teams established or restored - No. staff employed - No. staff redistributed - No. staff trained - No. staff supervised 	Multidisciplinary psychosocial staff – (psychologist, social worker, occupational therapist), nurse, psychiatrist and substance use specialist - for inpatient units and outpatient community based services	X	X
Estimated cost:	Available budget:	Potential additional funds/support:		
for staffing each inpatient and outpatient units combined/ annual	JOD 190,000			
ACTIVITIES:				
1. Establishment of a dedicated task force (selected from within NTC)				
2. Meeting with the Minister of Health and the relevant Departments for the approval of the Human Resource Plan				
3. Operational steps to select the staff, based on the Human Resource Plan recommendations				
4. Recruitment of the identified staff				
5. Assessment of the newly employed staff competencies in order to design specialized training program on the biopsychosocial model, multidisciplinary work, PFA and Human Rights				
6. Training and supervision of the newly employed staff, technically supervised by WHO Jordan				

Coordination of the Strategic Intervention 2.2: Mental Health and Substance Use Unit/Directorate						
Supervision: NTC (dedicated task force)						
Partners: Universities+ NGOs+ UNRWA						
Strategic Intervention 2.2	Indicators	Target group	Timeframe: year			
			1	2	3	4
PRIMARY CARE: Strengthening the integration of MH&SU within Primary Health Care <u>Tools/ packages:</u> -mhGAP-IG including SU modules; -Psychological First Aid (PFA)	- No. of PHC workers trained to deliver mhGAP-IG interventions (including non-pharmacological interventions) + PFA - No. of PHC facilities implementing mhGAP-IG, including Substance Use modules - No. of mhGAP PHC centers regularly supervised - No. of Universities/Faculties integrating mhGAP-IG package in their curricula, including addiction modules	80 PHC centers (for adults and children)	X	X	X	X
Estimated cost: JOD 100,000		Available budget:		Potential additional funds/support:		
ACTIVITIES:						
1. Development of an Action Plan by the MH&SU Directorate to implement the trainings, including specific joint initiatives across sectors						
2. ToT mhGAP + PFA for 20 trainees: 10 psychiatrists/ family doctors + 10 psychosocial staff across sectors (year 1)						
3. mhGAP-IG + PFA trainings: 10 PHC centers (4 trainees from each center), delivered by: 1 newly trained mhGAP trainer + 1 expert mhGAP trainer; EACH YEAR (a total of 40 PHC centers in 4 years)						
4. ToT mhGAP + PFA specifically for children and adolescents modules: 12 trainees (6 paediatricians/ family doctors + 6 midwives) across sectors (year 1)						
5. mhGAP-IG + PFA trainings for children and adolescents: 10 PHCs centers (4 trainees from each center: 2 family doctors + 2 midwives). EACH YEAR starting from year 2 (a total of 40 PHC centers in 4 years)						
6. Monthly systematic supervision of the newly trained PHC workers and of the previously trained PHC workers, by Supervisors' mobile teams (to be established including mhGAP trainers + NGOs mental health specialists/mhGAP experts)						
7. Two Refresher trainings for the already trained PHC workers						
8. Integration of the mhGAP-IG package within the curricula of the Nursing Faculty at Karak University						

Coordination of the Strategic Intervention 2.3: Mental Health and Substance Use Unit/Directorate				
Supervision: NTC (dedicated task force)				
Partners: RMS+ Universities+ UNRWA+ NGOs+ Private Sector				
Strategic Intervention 2.3	Indicators	Target group	Timeframe: year	
			1	2
			3	4
<p>SECONDARY CARE level:</p> <ul style="list-style-type: none"> - Development of existing outpatient clinics in community based mental health centers (CMHCs) - Development of MH inpatient services within general hospitals - Implementation of the multidisciplinary biopsychosocial model 	<ul style="list-style-type: none"> - No. of general hospitals which have inpatient MH units - No. of general hospitals which have CMHCs - No. of CMHCs outside the general hospitals - No. of psychiatrists trained - No. of multidisciplinary teams supervised 	<p>3 inpatient units at general hospitals</p> <p>9 CMHCs:</p> <ul style="list-style-type: none"> - 3 in the above general hospitals - 3 in other general hospitals - 3 former CMHCs re-established 	X	X
			X	X
			X	X
			X	X
Estimated cost:				
JOD 1,900,000				
Available budget:				
Potential additional funds/support:				
ACTIVITIES:				
1. Identification of the 3 general hospitals for MH inpatient units, rehabilitation and equipment ensuring quality standards (including safety)				
2. Identification of the 6 general hospital for outpatient clinics – CMHCs (in addition to the Hospital where there are already existing or planned inpatient units), rehabilitation and equipment, ensuring quality standards (including safety)				
3. Establishment of multidisciplinary teams for MH Outpatient and Inpatient services (based on the National Human Resources Plan)				
4. Re-establish the 3 former pilot multidisciplinary teams and CMHCs (Sports City clinic, Hashmi clinic, Princess Basma clinic)				
5. Specialized training to all psychiatrists, including SU evidence-based interventions				
6. Establishing a regular supervision mechanism for all multidisciplinary teams, MH and SU (through Universities, expert NGOs and peer supervision)				
7. Strengthening the back-referral system and guidelines between specialized services (including SU services) and primary care				
8. Ensuring free access to IDPs and refugees				
Note: Suggested Hospitals: Princess Basma Hospital, Al Basheer Hospital, Mafrag or Zarqa				

Coordination of the Strategic Intervention 2.4: Mental Health and Substance Use Unit/Directorate					
Partners: NCMH; RMS; MoSD; Ministry of Labour; NGOs with expertise in rehabilitation of the patients, National Centre for Human Rights and Higher Council for the Affairs of People with Disabilities					
Supervision: NTC (dedicated task force)					
Strategic Intervention 2.4	Indicators	Target group	Timeframe: year		
			1	2	
			3	4	
TERTIARY CARE: Redistributing resources/ downsizing long-stay mental hospitals (National Center for Mental Health NCMH, Al Karama)	- No. of beds relocated from NCMH to inpatient units at general hospitals - No. of beds relocated from Al Karama Psychiatric hospitals to inpatient units at general hospitals - No. of specialists redistributed from psychiatric hospitals to inpatient units at general hospitals	- NCMH (15 beds relocated at general hospitals each year) - Al Karama Psychiatric Hospital (5 beds relocated to general hospitals each year)	X	X	X
Estimated cost:	Available budget:	Potential additional funds/support:			
	No cost				
ACTIVITIES:					
1. Identification of the patients (1.5 each year) at NCMH and (5 each year) at Al Karama hospital to be discharged					
2. Identification of community-based services					
3. Development of an individualized plan to discharge the patients and integrate them back in the community					
4. Psychoeducation to the related families/care givers					
5. Establishing connection/referral between outpatient clinics and inpatient clinics at general hospitals					
6. After discharge of the identified patients, relocation of the related beds to the inpatient units at general hospitals					
7. Relocating/redistributing psychiatrists, nurses, psychosocial staff from Psychiatric Hospitals to the newly established community based services (outpatient clinics and inpatient units at general hospitals)					
8. Improving the quality of care and the human rights protection, through the implementation of the WHO Quality Right toolkit (through the team already established and trained in 2013)					

Coordination of the Strategic Intervention 2.5: Mental Health and Substance Use Unit/Directorate						
Supervision: NTC (dedicated task force)						
Partners: MoE; MoSD; RMS; UNRWA; Italian hospital in Karak; IMC; UNICEF, qualified NGOs						
Strategic Intervention 2.5	Indicators	Target group	Timeframe: year			
			1	2	3	4
CHILDREN AND ADOLESCENT CARE: developing outpatient community based services for children and adolescents MH	<ul style="list-style-type: none"> - Trained multidisciplinary teams in Amman and Karak - No. of trained trainers - No. of PHC workers trained on mhGAP-IG and Parent Skills Package (PST) - No. of PHC centers implementing mhGAP-IG for children and adolescents and Parent Skills Package - No. of trained MoE, Family Department and Juvenile Police professionals - No. of children visited in Karak and Amman 	<ul style="list-style-type: none"> - Specialized outpatient clinic in Amman - PHC centers in Amman and Karak - Italian Hospital in Karak - Family Protection Dept and Juvenile Police 	X	X	X	
Estimated cost:		Available budget:		Potential additional funds/support:		
		JOD 155,000				
ACTIVITIES:						
1. Implementation of the community based pilot project in Karak targeting children with autism and developmental disorders (ongoing), with the technical supervision by the Bambin Gesù paediatrician hospital.						
2. Establishment of an outpatient clinic for children and adolescent mental health in Amman						
3. Recruitment of a multidisciplinary team for the newly established outpatient clinic						
4. Training and supervision of the multidisciplinary team by international trainers/RMS specialists/NGOs with qualified expertise						
5. One ToT on mhGAP – IG children and adolescents modules + WHO Parent Skills package, for 20 trainees (child psychiatrists, paediatricians, family doctors, midwives)						
6. One mhGAP – IG + WHO Parent Skills training, each year, targeting PHC centers in Amman and Karak						
7. Monthly systematic supervision of the newly trained PHC workers in Amman and Karak (by the trainers, across sectors)						
8. Developing a list of community based resources for children and adolescents and distributing it at PHC centers						
9. Designing and delivering n. 2 training (in 3 years) for MoE professionals, Family Department professionals, Juvenile Police (in Amman and Karak)						
10. Establishing a referral pathway (MoE, MoSD, RMS, Family Protection Department, Juvenile Police)						
11. Ensuring free access to IDPs and refugees children						

Coordination of the Strategic Intervention 2.6: Mental Health and Substance Use Unit/Directorate						
Supervision: NTC (dedicated task force) Partners: PHC Directorate; UNRWA						
Strategic Intervention 2.6	Indicators	Target group	Timeframe: year			
			1	2	3	4
Ensure availability of essential psychotropic medicines (identified within mhGAP – IG version 2.0) at each level of care, including the Substance Use care (detoxification and opioid substitution treatment)	<ul style="list-style-type: none"> -WHO recommended list of essential medicines adopted -No. of PHC centers with regular availability of essential psychotropic medicines -No. of community mental health centers, No. of outpatient clinics, No. of inpatient units with regular availability of essential psychotropic medicines -No. of substance use services with regular availability of related pharmacological treatments 	- PHC centers and secondary level services (inpatient units and outpatient clinics), including Substance Use services		X		X
Estimated cost:	Available budget:	Potential additional funds/support:				
	JOD 3,000					
ACTIVITIES:						
1. Setting up a task force to identify/estimate the need for essential psychotropic medications at different tiers of health system in the country						
2. Adoption of the WHO recommended list of essential medicines						
3. Strengthening existent mechanisms for request, distribution, storage and management of stocks to guarantee consistent supply to centres.						
4. Provide continuously psychotropic medicines at all levels of care.						

Coordination of the Strategic Intervention 2.7: Mental Health and Substance Use Unit/Directorate				
Supervision: NTC (dedicated task force)				
Partners: MHPSS coordination group				
Strategic Intervention 2.7	Indicators	Target group	Timeframe: year	
			1	2
Strengthening the capacity MH&SU services for providing community based support and care for population affected by the Syrian crisis	<ul style="list-style-type: none"> - No. of entities which provide MH&SU services for IDPs or Refugees - No. of PHC providing MH&SU care to IDPs and Refugees - No. of secondary MH&SU consultations provided for IDPs or Refugees - No. of health care and community workers (across sectors) trained in mhGAP-HIG and PFA - agreement to provide free health care to IDPs, refugees and Jordanians within the MoH - No. of joint projects developed among MoH and MoE, Protection sector, CBOs, NGOs 	<ul style="list-style-type: none"> - CBOs - PHCs centers - Secondary level services - Local NGOs 	X	X
				X
Estimated cost:		Available budget:	Potential additional funds/support:	
		JOD 15,000		
ACTIVITIES:				
1. Strengthening the MHPSS coordination group and the collaboration among its members				
2. Strengthening the coordination with other coordination groups and actors, such as Education and Protection				
3. Development of joint projects among MoH and MoE, Protection Sector, CBOs, NGOs				
4. Five trainings of community workers and health workers on the mhGAP-HIG and PFA				
5. Agreement to provide free access to IDPs, refugees and Jordanians				

Coordination of the Strategic Intervention 2.8: Mental Health and Substance Use Unit/Directorate				
Supervision: NTC (dedicated task force)				
Partners: MHPSS coordination group, PHC Department, NCMH, CBOs, NGOs				
Strategic Intervention 2.8	Indicators	Target group	Timeframe: year	
			1	2 3 4
Strengthening the referral and back referral modalities among CBOs, NGOs, PHC centers, MH&SU secondary care services (inpatient units and outpatient clinics), and tertiary care	- No. of centers and clinics which adopted the interagency referral form	- CBOs - NGOs - PHC centers trained in mhGAP-IG - Secondary care services (inpatient units and outpatient clinics, including Substance Use services) - NCMH - Al Karama Hospital		X X
Estimated cost:	Available budget:	Potential additional funds/support:		
	No cost			
ACTIVITIES:				
1. Preparation of an interagency referral form by NTC, reviewing the draft developed by MHPSS coordination group				
2. Presentation of the final draft of the interagency referral form by the NTC to the MHPSS coordination group				
3. Adopting a common interagency referral form by services at all levels of care and across sectors				

Domain 3: PROMOTION AND PREVENTION

Coordination of the Strategic Intervention 3.1: Mental Health and Substance Use Unit/Directorate						
Supervision: NTC (dedicated task force) and Our Step Association;						
Partners: Our Step Association; RMS; Royal Awareness Society; Universities; NGOs with qualified expertise						
Strategic Intervention 3.1	Indicators	Target group	Timeframe: year			
			1	2	3	4
Increasing MH&SU literacy, reducing stigma and discrimination	<ul style="list-style-type: none"> - No. of awareness activities on MH and related stigma and discrimination - No. of specific initiatives - No. of joint projects with Our Steps association - MoE school health policy including MH and SU 	<ul style="list-style-type: none"> - Civil society - Users association (Our Step and others) - Policy makers - Community leaders - Health professionals - Schools and Universities - Ministry of Awqaf - Council of churches - UNRWA 	X	X	X	X
Estimated cost:	Available budget:		Potential additional funds/support:			
	JOD 12,000					
ACTIVITIES:						
1. Including MH in regular health awareness platforms						
2. Initiating school mental health programme based on the WHO/EMRO package to increase MH&SU literacy and reduce stigma						
3. Developing a well-organized awareness campaign tackling stigma						
4. Supporting Users association (Our Step and others) and developing joint projects between MoH and Users association						
5. Integrating MH&SU within the national school health policy						

Coordination of the Strategic Intervention 3.2: Mental Health and Substance Use Unit/Directorate				
Supervision: NTC (dedicated task force)				
Partners: Child and Maternal Health Directorate; MoE; NGOs; Queen Rania Teacher Academy; RMS; JNC; UNICEF; UNRWA				
Strategic Intervention 3.2	Indicators	Target group	Timeframe: year	
			1	2
			3	4
Implementing evidence based promotion and prevention packages targeting the identified priorities	<ul style="list-style-type: none"> - No. of MoE directorates trained on the school mental health package - No. of mothers and families who received caregivers skills training - No. of professionals trained on the described packages (School mental health package, Caregivers skill training, Thinking healthy package, Suicide prevention, iSupport program for caregivers of persons with dementia - Availability of a suicide prevention program - No. of caregivers targeted by the iSupport program 	<ul style="list-style-type: none"> -42 MoE directorates - 15 Child and Maternal Clinics - CBOs - Media - Emergency rooms - Awqaf Ministry and Council of Churches 	X	X
Estimated cost:	Available budget:	Potential additional funds/support:		
	JOD 45,000			
ACTIVITIES:				
1. Adaptation and implementation of the WHO regional school mental health package (including Life Skills Education and early recognition of child and adolescent disorders) in 42 MoE directorates				
2. Adaptation and implementation of 5 caregivers skills trainings, targeting 15 Child and Maternal Health personnel and relevant CBOs personnel (training them about the package and on how to provide the training to mothers and families)				
3. Adaptation and implementation of 5 trainings on early recognition and management of perinatal depression (Thinking healthy package), targeting 15 Child and Maternal Health personnel and relevant CBOs personnel				
4. Development (or adaptation) of a suicide prevention program				
5. Implementation of iSupport program for caregivers of persons with dementia				

Domain 4: SURVEILLANCE, MONITORING AND RESEARCH

Coordination of the Strategic Intervention 4.1: Mental Health and Substance Use Unit/Directorate and Our Steps Association						
Supervision: NTC (dedicated task force)						
Partners: Our Step Association; RMS; UNRWA; Jordanian Psychologists Association; Universities; private sector; NGOs, the National Center for Human Rights						
Strategic Intervention 4.1	Indicators	Target group	Timeframe: year			
			1	2	3	4
Establishing a quality system for the services provided and regular monitoring of the quality of services being provided	<ul style="list-style-type: none"> - Set of criteria identified - Service users included in the task force - Tools adapted - No. of centers and hospitals that implemented the identified tools - Reporting system established - Study conducted and published 	<ul style="list-style-type: none"> - Psychiatric hospitals - MH&SU Inpatient and outpatient services - PHC centers - Schools 	X	X	X	X
Estimated cost:		Available budget:		Potential additional funds/support:		
JOD 230,000						
ACTIVITIES:						
1. Establishment of a task force Including service users and family members						
2. Identification of a set of criteria (including qualitative ones) to regularly report on						
3. Identification and adaptation of a specific quality tool (i.e. WHO Quality Right tool) + satisfaction tools (users, their families, service providers)						
4. Identification of 30 implementing sites						
5. Establishment of reporting system for the MH&SU patients						
6. Dissemination of the findings						
7. Conducting a study on the quality of MH&SU services						

Coordination of the Strategic Intervention 4.2. Mental Health and Substance Use Unit/Directorate						
Supervision: NTC (dedicated task force); Technical support by WHO Jordan						
Partners: MoH; RMS; MoSD; MoE; Universities; NGOs; Private Sector						
Strategic Intervention 4.2	Indicators	Target group	Timeframe: year			
			1	2	3	4
Regular monitoring of the MH&SU system using the national Integrated Electronic Reporting System (IERS) and available tools	- AIMS updated - IERS data collected and processed	Services and human resources across sectors			X	X
Estimated cost:	Available budget:		Potential additional funds/support:			
	No cost					
ACTIVITIES:						
1. Regular data collection through IERS						
2. Regular data check (for data integrity)						
3. Annual analysis of the data collected						

National MH&SU Action Plan 2018 - 2021: Specific SUBSTANCE USE DISORDES component, as a first response

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Coordination: Mental Health and Substance Use Unit/Directorate						
Supervision: NTC (dedicated task force)						
Partners: MoSD; MoE; RMS; JNC; CBOs; NGOs; Civil Society						
Domain: National Policies on Substance Use	Indicators	Target group	Timeframe: year			
			1	2	3	4
Development of the National Substance Use Strategy	<ul style="list-style-type: none"> - Needs and resources assessment conducted - No. of meetings attended by MoH - Health Response component developed - National Substance Use Strategy developed 	National Antidrug Committee which encompasses Ministries and all relevant national Agencies	X	X	X	X
Estimated cost:	Available budget:	Potential additional funds/support:				
	No cost					
ACTIVITIES:						
1. An in-depth needs and resources assessment to inform the development of the National Substance Use Strategy						
2. Dissemination of the assessment findings (including a list of all resources available in Jordan for SU problems)						
3. Regular attendance at the National Antidrug Committee, established under the art. 31 of the Narcotics and Psychotropic Substances Law n. 23 of 2016 and chaired by the Attorney General of the State Security Court						
4. Technical contribute by the NTC to the development of the comprehensive National Substance Use Strategy, guided by the inter-ministerial and inter-agencies National Antidrug Committee						
5. Development of a comprehensive Health Response component within the National Substance Use Strategy						

Coordination: Mental Health and Substance Use Unit/Directorate; Supervision: NTC (dedicated task force)				
Partners: MoSD; MoE; RMS; JNC; UNICEF; UNODC; CBOs; NGOs; Civil Society				
Domain: Health Sector responses	Indicators	Target group	Timeframe: year	
			1	2 3 4
<ul style="list-style-type: none"> - Integration of SU care in PHC - Strengthening inpatient and outpatient MH services to include detection, harm reduction, pharmacological and psychosocial treatment, rehabilitation and social reintegration for people with SU problems - Strengthening: MoH National Centre for Rehabilitation of Addicts – NCRA; Addiction Treatment Center – ATC, run by Antinarcotic Dept. - Establishment of self-help groups and associations - Programs targeting vulnerable groups 	<ul style="list-style-type: none"> - No. of PHC centers' staff trained and supervised on delivery of SRBI (Screening, Recognition and Brief Intervention) - No. of MH multidisciplinary teams trained on delivery of SU disorders recognition and management and supervised - No. of pilot OST programmes - No. of pilot additional harm reduction programmes (needle syringe exchange, condoms delivery, testing for Sexual Transmitted Infections and Hepatitis) - Self-help groups or association established - No. of programs targeting adolescents, women, disadvantaged people and people living in camps 	<ul style="list-style-type: none"> - PHC centers - Inpatient and Outpatient services - NCRA - MoSD - NGOs - Community 	X	X X X
Estimated cost:	JOD 250,000	Potential additional funds/support:		
ACTIVITIES:				
1. mhGAP-IG 2.0 SU module and WHO ASSIST package ToTs delivered by regional experts				
2. mhGAP-IG SU module + WHO ASSIST package trainings: 10 PHC centers (4 trainees from each center). EACH YEAR starting from year 2 (for a total of 40 PHC centers in 4 years)				
3. Monthly systematic supervision of the newly trained PHC workers and of the previously trained PHC workers, by Supervisors' mobile teams				
4. Two refresher trainings for the already trained PHC workers				
5. Training (detection, multidisciplinary evidence based interventions, biopsychosocial and recovery model) of 6 specialized multidisciplinary teams to deliver inpatient and outpatient SU care, including pharmacological (i.e. detoxification and OST) and psychosocial interventions (including but not limited to rehabilitation and reintegration) and to supervise PHC staff				
6. Setting up pilot Opioid Substitution Treatment (OST) programs for detoxification, at least at the NCRA and ATC				
7. Setting up pilot Harm Reduction programs, in coordination with HIV/AIDS programme				
8. Strengthening detoxification treatment at general hospitals (MH inpatient units), NCRA and ATC				
9. Setting up rehabilitation services (at NCRA, and in the community) and protected employment programs, in joint collaboration with MoSD and CBOs				
10. Setting up self-help groups and users/family members association				
11. Develop and implement specific programs to target vulnerable groups (adolescents, youth, women, disadvantaged people and people living in camps)				



Ministry of Health

National Mental Health and
Substance Use Action Plan
2018-2021



Jordan

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December 2017

Coordination: Mental Health and Substance Use Unit/Directorate						
Supervision: NTC (dedicated task force)						
Partners: MoSD; MoE; RMS; UNICEF; UNODC						
Domain: Prevention	Indicators	Target group	Timeframe: year			
			1	2	3	4
Strengthening SU prevention through setting up evidence-based prevention programs targeting families, schools, universities and communities	<ul style="list-style-type: none"> - Intersectoral SU Prevention and Promotion Committee established - N. of SU prevention programs implemented - N. of Health Awareness Platform targeting SU 	Vulnerable groups Families Communities Schools Universities Camps CBOs	X	X	X	X
Estimated cost:	Available budget:		Potential additional funds/support:			
	JOD 75,000					
ACTIVITIES:						
1. Establishment of an intersectoral SU Prevention and Promotion Committee to develop joint programs						
2. Setting up joint intersectoral prevention programs targeting the communities						
3. Setting up joint intersectoral prevention programs targeting students at schools and at the Universities						
4. Setting up joint intersectoral prevention programs targeting vulnerable groups (i.e. children and adolescents, disadvantaged youth, women and pregnant women, people living in camps)						
5. Inclusion of SU in already existing Health Awareness Platforms						

Coordination: Mental Health and Substance Use Unit/Directorate				
Supervision: NTC (dedicated task force)				
Partners: MoSD; MoE; RMS; JNC; CBOs; NGOs; Civil Society				
Domain: Monitoring, Surveillance and Research	Indicators	Target group	Timeframe: year	
			1	2 3 4
Strengthening the monitoring and surveillance system	<ul style="list-style-type: none"> - Regulatory system strengthened - SU included in the Health Information System - Indicators identified - Reports produced and disseminated - SU research projects proposals formulated 	National Antidrug Committee which encompasses ministries and all relevant national Agencies	X	X X
Estimated cost:	Available budget:	Potential additional funds/support:		
	JOD 15,000			
ACTIVITIES:				
1. Strengthening the regulatory system to minimize the misuse of prescription medicines				
2. Inclusion of SU within the national Integrated Electronic Reporting System (IERS)				
3. Identification of indicators (based on the Lisbon consensus) to monitor the SU field in Jordan				
4. Data collection based on the indicators identified, reports development and dissemination				
5. Advocacy at the Universities to prioritize SU topics within their research activity				