



Ministry of Health

National Mental Health and Substance Use Action Plan 2022-2026

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Jordan



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December 2021

The Ministry of Health gratefully thanks the World Health Organization Country Office in Jordan for supporting the review and development of the "National Mental Health and Substance Use Action Plan 2022-2026" of the Hashemite Kingdom of Jordan.



Ministry of Health

National Mental Health and Substance Use Action Plan 2022-2026

The Hashemite Kingdom of Jordan



His Majesty King Abdullah II

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» Foreword

Mental, neurological and substance use disorders (MNS) 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.

Since 2008, joint efforts have been dedicated by the Ministry of Health and the World Health Organization in Jordan to strengthen and reform the national mental health system in order to make effective services available and accessible to the people, through integration of mental health into primary health care and reorientation of secondary and tertiary care systems. Due to recent remarkable achievements of Jordan in mental health since launching the National Mental Health and Substance Use Action Plan (2018-2021) under HRH Princess Muna Al Hussein's Patronage, Jordan was selected to be included in the WHO Director General's Special Initiative for Mental Health (2019-2023).

This Mental Health and Substance Use Action Plan 2022-2026 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, noting that mental health is an integral and cross-cutting component in public health emergency preparedness ,response and recovery as well as an integral part of universal health coverage. 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 family members. The Ministry of Health is committed to work towards implementing the strategic interventions of this Plan in collaboration with all stakeholders.

Inspired by the vision of His Majesty King Abdullah II for the development of Jordan and abiding by His Majesty's directives that all concerned parties should work on improving standard of living and quality of services, the Ministry of Health and the National Technical Committee for Mental Health and Substance Use vow to implement this National Plan.

Minister of Health
H.E Professor Feras Ibrahim Hawari

» Acknowledgements

The National Mental Health and Substance Use Action Plan 2022-2026 of the Hashemite Kingdom of Jordan was developed by the National Technical Committee for mental health established in 2011 by the Ministry of Health (MOH). The World Health Organization (WHO) Jordan Country Office provided technical support to the National Technical Committee in the review and development of the National Action Plan.

This Action Plan was informed by the evaluation of the implementation of the preceding plan, the National Mental Health and Substance Use Action Plan 2018-2021. The evaluation was jointly conducted by MOH and WHO Jordan to ensure evidence-informed decision-making by national stakeholders in the development of the current 2022-2026 National Action Plan.

This Plan is guided by the Global Mental Health Action Plan (MHAP) 2013-2030, the Regional framework to scale up action on mental health (2015), and the Regional framework for action to strengthen the public health response to substance use (2019). It is also guided by the vision of the WHO Director General's Special Initiative for Mental Health (2019-2023) which Jordan was selected to be part of, given recent achievements in the mental health sector in Jordan. The WHO Special Initiative for Mental Health aims to advance mental health policies and human rights and improve access to quality mental health services. These goals are perceived to be complementary to the vision of the MOH for the mental health sector in Jordan.

The Ministry of Health, expresses their full gratitude to Her Royal Highness Princess Muna Al-Hussein, President of The Jordanian Nursing Council and WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region, for championing mental health in the Kingdom and playing a fundamental role in advocating for integrated and scaled up mental health services across the kingdom. The Ministry thanks all members of the National Technical Committee for mental health for their continued efforts in realizing the national vision for mental health reforms through this Plan. The Ministry gratefully thanks the WHO for providing technical support in the review and development of this Action Plan, and for their commitment to a long-standing strategic partnership with the Ministry in the area of mental health and beyond. The MOH extends special thanks to Dr. Jamela Al-Raiby, WHO Representative to Jordan, Dr. Maria Cristina Profili, former WHO Representative to Jordan, Professor Benedetto Saraceno, WHO Consultant and former director of WHO Mental Health Program at WHO Headquarters, and the wider WHO Jordan Country Office team. The Ministry also gratefully recognizes the valuable support of Dr Ahmed Al Mandhari, WHO Regional Director for the Eastern Mediterranean, Dr. Khalid Saeed, Regional Advisor for Mental Health and Substance Abuse at WHO EMRO, Dr. Dévora Kestel, Director of the Mental Health and Substance Use Department at WHO Headquarters in Geneva, Dr. Alison Schafer, Program Manager for the WHO Special Initiative at WHO Headquarters, Ms Ana Maria Tijerino, Consultant to the WHO Special Initiative for Mental Health, and the wider team of the WHO Special Initiative for Mental Health.

Special thanks to MOH Assistant Secretary General for Primary Health Center Dr Ghazi Sharkas for his valuable support throughout the development process.

The Ministry of Health extends thanks to members of Jordan's Mental Health and Psychosocial Support (MHPSS) Working Group for their contributions, and to service users and families who continue to be the source of inspiration for comprehensive and well-integrated services.

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Participants in the National Action Plan Consultation Workshops:

- Director of the MOH Directorate for Disabilities and Mental Health
- Assistant to the Secretary General for Technical Affairs (former Head of the National Center for Mental Health)
- National Center for Mental Health Representative
- National Center for Rehabilitation of Addicts Representative
- Mental Health Inpatient Unit Representative/Ma'an Hospital
- Family Doctor Representative working in MOH Health Care Center in Abu Nsair
- National Center for Human Rights Representative
- Jordan Food and Drugs Administration Representative
- Jordan Royal Medical Services Representative
- National Women's Health Care Center Representative
- Ministry of Education Representative
- Mental Health and Psychosocial Support Working Group Co-Chair/IMC
- Our Step Service Users' Association Representative
- Jordanian Psychological Association Representative
- Royal Health Awareness Society
- Jordanian Nursing Council

» List of Abbreviations

4Ws	Who is doing What Where and When
CBO	Community Based Organization
CMHC	Community Mental Health Clinic
CRPD	Convention on the Rights of Persons with Disabilities
CST	Caregiver Skills Training
HCD	Higher Council for the Rights of Persons with Disabilities
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDP	Internally Displaced Person
IMC	International Medical Corps
JCPA	Jordanian Clinical Psychologists Association
JFDA	Jordan Food and Drug Administration
JIERS	Jordan Integrated Electronic Reporting System
JNC	Jordanian Nursing Council
JPA	Jordan Psychological Association
MDT	Multi-Disciplinary Team (psychiatrist, psychologist, nurse, social worker)
MH&SU	Mental Health and Substance Use
MHAP	Mental Health Action Plan
mhGAP	mental health Gap Action Program
mhGAP-IG	mental health Gap Action Program Intervention Guide
MHPSS	Mental Health and Psychosocial Support
MOE	Ministry of Education
MOH	Ministry of Health
NCD	Non-communicable diseases
NCMH	National Center for Mental Health
NCRA	National Center for the Rehabilitation of Addicts
NGO	Non-Governmental Organization
NTC	National Technical Committee
PFA	Psychological First Aid
PHC	Primary Health Care
PM+	Problem Management Plus
RMS	Royal Medical Services
SDGs	Sustainable Development Goals
SMH	School Mental Health
SOP	Standard Operating Procedure
TB	Tuberculosis
TORs	Terms of Reference
TOT	Training of Trainers
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WHO	World Health Organization
WHO EMRO	World Health Organization Eastern Mediterranean Regional Office

» Introduction

In Jordan, mental health care is provided by a number of service providers across multiple sectors, including the government, the Royal Medical Services, universities, the private sector, and the nonprofit sector including national and international non-governmental organizations (NGOs) and UNRWA. These providers deliver inpatient and outpatient services at various levels of care through separate finance and service delivery systems. While the Ministry of Health (MOH) and the Royal Medical Services (RMS) are the main providers of mental health care in the public sector, the influx of refugees witnessed over the past decade has expanded the role of NGOs in providing mental health and psychosocial support (MHPSS) services.

Within the Jordanian public mental health services, the Ministry of Health operates 3 inpatient facilities under the umbrella of the National Center for Mental Health (NCMH), including the NCMH hospital itself, the National Center for the Rehabilitation of Addicts (NCRA), and Al-Karama Hospital. These institutions hold approximately 402 beds in total. The RMS operates a standalone acute 38-bed inpatient

unit, and a forensic facility with a 140-bed capacity has been recently established. A number of psychiatric inpatient units have been established at general hospitals within MOH (Ma'an Governmental Hospital, New Zarqa Governmental Hospital) and universities (King Abdullah Hospital, Jordan University Hospital). The MOH also operates 4 Community Mental Health Centers (CMHCs) that deliver outpatient mental health services following biopsychosocial approaches to treatment and support (Al-Istishariyya, Al-Hashmi, Princess Basma, Al-Karak). In addition, there is a network of NCMH psychiatrists that cover a total of 52 MOH psychiatric outpatient clinics at health centers, prisons, shelters, and other facilities nationwide. Furthermore, national and international NGOs deliver mental health services at different levels. At the primary care level, there are several primary and comprehensive health centers that provide integrated mental health care using WHO's Mental Health GAP Action Programme as envisioned in MHAP and regional frameworks utilizing the suite of mhGAP guidelines and tools.



Jordan has **over 200 doctors, 220 nurses, and 130 pharmacists per 100,000 population**



There are an estimated **92 psychiatrists** practicing in the country, just **under one per 100,000** population, and **13 psychiatric nurses** (0.13 per 100,000)



Approximately **42 psychiatrists work in the public system** (22 within MOH, 13 within RMS, 7 within universities), while **49 psychiatrists work in the private sector**

Although accurate estimates of numbers of neurologists, psychologists, and mental health social workers are unavailable, additional mental health human resources include an estimated 93 psychiatric residents and 1,140 NGO-based workers providing mental health and psychosocial support services *

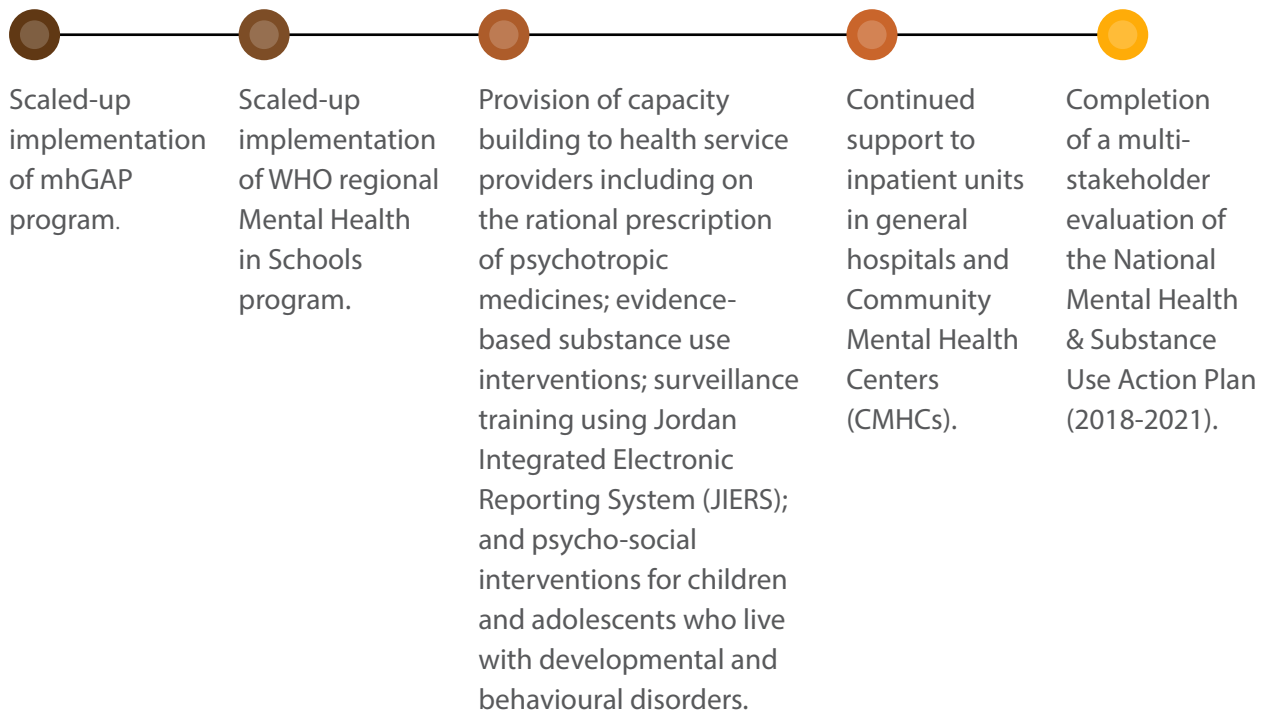
*source: Jordan situational assessment – WHO Special Initiative for Mental Health (2019)

» Mental health reform in Jordan

The launch of the first National Mental Health Policy (2011-2021) of the Hashemite Kingdom of Jordan marked a milestone in mental health reform, noting the government’s growing commitment to improving mental healthcare in the country. A 2-year Mental Health Plan (2011-2012) was concurrently developed for policy implementation. In 2016, the National Mental Health and Substance Use Action Plan (2018-2021) was developed based on an assessment of the status of mental health reform in Jordan, conducted jointly by the MOH and WHO Jordan. The 2018-2021 Action Plan aimed to expedite implementation

of the National Policy, and to introduce an urgently needed Substance Use component to address need and demand. Over the 3-year period of the 2018-2021 Action Plan, several achievements were made in key areas of the action plan, through the leadership of the MOH and collaborative partnerships with multisectoral stakeholders, including service users. Notably, the Mental Health Unit within the MOH has been upgraded to the Directorate of Disabilities and Mental Health to strengthen governance for mental health and support scaling up of community based mental health services.

Considerable progress was made during the 2018-2021 Plan’s 3-year period, including:



Nevertheless, some outstanding challenges continue to hinder a full implementation of identified priority interventions. These challenges are primarily related to the current national structure of mental health governance, the need to strengthen mental health service provision at primary and secondary health care levels, and the reallocation of resources to ensure efficiency and maximal return on investment, across all layers of the mental health system reflecting the mental health needs of the population, including accessibility to services at community and primary levels of health care.

Based on progress in the mental health sector and the need for further reform, Jordan has been selected for implementation of the WHO Director-General's Special Initiative for Mental Health (2019-2023) – an initiative launched in response to identified needs to accelerate and expand access to mental health care services globally. The WHO Special Initiative for Mental Health aims to implement two strategic actions, namely advancing policies, advocacy and human rights, and scaling-up quality interventions and services – ultimately achieving universal health coverage for mental health, leaving no one behind.

» Methodology

A multi-stakeholder consultation process was followed to develop The National Mental Health and Substance Use Action Plan 2022-2026. The 2022-2026 Action Plan was informed by a comprehensive evaluation of the preceding plan, which was followed by participatory consultations and feedback processes with national stakeholders. This process was led by MOH with the support and technical guidance of WHO Jordan.

The phases of consultation for The National Mental Health and Substance Use Action Plan 2022-2026 and subsequent processes were as follows:

Phase 1: Evaluation of the Implementation of the National Mental Health and Substance Use Action Plan (2018-2021) for Jordan

The evaluation was conducted in the period between November 2019 and March 2020. The aim of the evaluation was to assess the progress achieved towards the indicators of the 2018-2021 Action Plan, as well as the related barriers and facilitators to its implementation. The evaluation utilized

several approaches including a desk review, stakeholder mapping, questionnaire-based data collection, and stakeholder interviews. The report on the evaluation served as an evidence-based decision-making tool for the MOH and the National Technical Committee (NTC) in the development of the current Action Plan. It also served as a foundation for the WHO Special Initiative for Mental Health Country Design Document for Jordan, the logical framework by which the Special Initiative will support country goals of mental health reforms and increased access to quality mental healthcare at the country level.

Phase 2: First Round of Consultation Workshops

The first round of consultations among the National Technical Committee for mental health consisted of three workshops held between April and May 2021. The workshops convened MOH leadership and members of the NTC with the goal of updating the National Action Plan. Each consultation workshop focused on specific domains of the Action

Plan and included a presentation of the evaluation results for that domain, followed by discussions about strategic interventions, activities, indicators, and targets.

One consultation workshop was also held with the members of the MHPSS Working Group. The Working Group was presented with the results of the evaluation, and initial feedback was solicited regarding development of the 2022-2026 Action Plan.

Phase 3: Development of the First Draft of the National Action Plan

The first draft of the National Action Plan was developed in June 2021 based on outcomes of the first round of consultation workshops. The draft framework included the four domains of Governance, Health Care, Promotion & Prevention, and Surveillance, Monitoring & Research. Based on feedback from national stakeholders, the stand-alone Substance Use Disorders Component of the 2018-2021 Action Plan was removed and replaced with strategic actions that integrated mental health and substance use throughout the four core domains of the Action Plan.

Phase 4: Second Round of Consultation Workshops

The draft framework of the 2022-2026 Action Plan was presented in the final NTC workshop, along with suggested complementary areas of action for the WHO Special Initiative for Mental Health. This workshop aimed to illicit feedback on the suggested activities, indicators, and targets of the 2022-2026 Action Plan. The workshop also aimed to identify synergistic areas of action for the WHO Special Initiative for Mental Health in Jordan.

A second consultation workshop was also held with the MHPSS Working Group whereby the

draft framework was presented, and feedback was gathered.

Phase 5: Feedback on the Second Draft of the National Action Plan

The second draft of the 2022-2026 Action Plan was prepared based on outcomes of the second round of consultations, and it was disseminated widely for feedback from national and international stakeholders, including senior staff at WHO EMRO and Headquarters.

Phase 6: Final National Mental Health & Substance Use Action Plan 2022-2026

The final National Action Plan was prepared with technical support from WHO Jordan. The final Plan was costed and a timeline for activities finalized.

Phase 7: Endorsement of the Plan

The final Action Plan was endorsed by His Excellency the Minister of Health in December 2021. The plan will be formally launched in the beginning of 2022 with the attendance of key national and international stakeholders. The MOH has committed to supporting the implementation of the National Mental Health and Substance Use Action Plan 2022-2026 as a step towards further progress in the mental health sector in Jordan.

The National Mental Health and Substance Use Action Plan 2022-2026 is in line with the Global Action Plan for Mental Health 2013-2030 and the Regional Framework to scale up action on mental health in the Eastern Mediterranean Region, which reflects the United Nations Sustainable Development Goals (SDGs) and was endorsed at the 62nd Session of the Eastern Mediterranean Regional Committee in 2015.

» National Mental Health and Substance Use Action Plan (2022-2026)

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline				
					1	2	3	4	5
GOVERNANCE :1 DOMAIN									
1.1: Updating national mental health policy in line with international standards and human rights instruments, and improving the implementation of existing legislation for mental health	<p>1. Review of National Policy for Mental Health (2011) assessing gaps and areas in need for update.</p> <p>2. Update mental health policy, in line with international standards and best practices with multi stakeholder involvement.</p> <p>3. Develop mental health legislation in line with the provisions of international covenants and best practices.</p> <p>4. Develop evidence-based policy briefs to be presented to national stakeholders (policymakers) to provide policy options and address barriers to implementation based on the conducted review.</p> <p>5. Conduct workshops on the newly endorsed disabilities law “Law No. 20 of year 2017 on the Rights of Persons with Disabilities” (in collaboration with Higher Council for Rights of Persons with Disabilities and National Center for Human Rights) highlighting the inclusion of persons with psychosocial disabilities and promoting the uptake of legislation, targeting health care and public sector workers.</p>	<ul style="list-style-type: none"> • Updated national mental health policy • Developed mental Health legislation • No. of workshops conducted on legislation for mental health (Law no. 20 yr. 2017) 	<ul style="list-style-type: none"> • 1 updated and endorsed national mental health policy • 2 workshops conducted • 1 policy brief per year developed and presented 	50,000 JOD	X	X	X	X	X

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline					
					1	2	3	4	5	
GOVERNANCE :1 DOMAIN										
1.2: Strengthening the mandate and governance capacity of MOH Directorate for Disabilities and Mental Health	<p>1. Development of Terms of Reference (TORs) and workplan for the directorate, centered around governance for mental health and management of mental health human resources (e.g., distribution, training needs) ensuring gender-balanced human resources.</p> <p>2. Training of managerial staff of Directorate (director and department heads) on public mental health leadership, management and resourcing (notably financial and human resource allocation).</p> <p>3. Revise National Technical Committee (NTC) for mental health membership, ensuring representation of all relevant stakeholders including essential representation of service users, DPOs and tertiary care through the National Center for Mental Health.</p> <p>4. Reactivation of NTC for mental health through 3 yearly meetings with specific agenda and workplan based on operationalization of national action plan; and ensuring their active role in reviewing and advising ongoing and prospective MH&SU projects.</p> <p>5. Establishment of sub-committees within the NTC [at least for Domain 2 (health services) and Domain 3 (promotion & prevention)], meeting 3 times per year with specified agenda and led by sub-committee chairs.</p> <p>6. Conduct a mid-term review of the implementation of national action plan and development of report for presentation to MOH and NTC.</p> <p>7. Dissemination of mid-term review report and associated gaps and recommendations to national stakeholders.</p>	<ul style="list-style-type: none"> • TORs developed for Directorate • Workplan developed for Directorate • No. of managerial Directorate staff trained on public mental health leadership and management • NTC membership revised in official letter from MOH • No. of NTC meetings per year • Midterm review of action plan implementation conducted • No. of workshops disseminating mid-term review report 	<ul style="list-style-type: none"> • 1 TOR developed • 3 managerial directorate staff attending at least 1 specialized training • 1 official letter issued with revised NTC membership • 3 NTC meetings per year • 2 sub-committees established • 1 midterm review report on action plan implementation • At least 1 workshop for the dissemination of mid-term review report implementation • At least 1 workshop for the dissemination of mid-term review report 	70,000 JOD	X	X	X	X	X	

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline				
GOVERNANCE :1 DOMAIN					1	2	3	4	5
1.3: Enhancing management of mental health and psychosocial human resources (surveillance, recruitment, retention, redistribution) within Directorate and across MOH governance structures through the NTC	<p>1. Creating electronic registry (disaggregated by gender) of all mhGAP-trained primary care staff, including training received (date, organization), supervision received, duty station, contact details, and current status.</p> <p>2. Creating electronic registry (disaggregated by gender) of mhGAP supervisors.</p> <p>3. Creating electronic registry (disaggregated by gender) of nursing staff trained/ licensed in mental health and psychiatry (through JNC).</p> <p>4. Creating electronic registry (disaggregated by gender) of psychosocial staff e.g. licensed clinical psychologists, mental health counselors, social workers, occupational therapists (through JPA, JCPA and licensing bodies).</p> <p>5. Creating electronic registry (disaggregated by gender) of mental health and psychosocial staff in MOH Community Mental Health Centers, Inpatient Units, and tertiary care facilities (NCMH), identifying gaps in staffing.</p> <p>6. Advocating for hiring for open positions and increasing coverage of staff in mental health facilities at all levels.</p>	<ul style="list-style-type: none"> • Registry of mhGAP-trained primary care providers created • Registry of mhGAP supervisors created • Registry of mental health nursing staff created (JNC) • Registry of licensed clinical psychologists and counselors created • Registry of staff in tertiary and secondary care facilities within MOH 	<ul style="list-style-type: none"> • 1 registry created for mhGAP-trained primary care providers • 1 registry created for mhGAP supervisors • 1 registry created for mental health nursing staff (JNC) • 1 registry of licensed clinical psychologists and counselors created • 1 registry of staff in MOH tertiary and secondary care facilities 	30,000 JOD	X	X	X	X	X

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline				
GOVERNANCE :1 DOMAIN					1	2	3	4	5
<p>1.4: Strengthening inter-sectoral cooperation for mental health governance, with strengthening the role of MOH Directorate for Disabilities and Mental Health as an overarching coordination and governance body</p>	<p>1. Holding 3 meetings per year of the NTC with revised membership structure (as mentioned in activity 1.2).</p> <p>2. Monthly meeting of MHPSS coordination group co-chaired by MOH.</p> <p>3. Attendance of MOH representative (e.g. Head of Directorate for Disabilities and Mental Health) in monthly MHPSS meetings, ensuring central role of MOH Directorate in coordinating externally funded projects through coordination with stakeholders, linking them to the appropriate mechanisms of implementation, and facilitating the functions of all relevant facilities and sites.</p> <p>4. Updating the 4Ws exercise (Who is doing What Where and When) on a yearly basis.</p> <p>5. Compiling list of MHPSS group projects that include collaboration with governmental institutions, specifically MOH Directorate for Disabilities and Mental Health – regularly updated through MHPSS coordination group meetings and 4Ws exercise.</p> <p>6. Joint planning and presentations of MOH and MHPSS group workplans.</p> <p>7. Promote integration of mental health and substance use components across all platforms and programs, including the upcoming NCD, Mother, adolescent and child health and TB, Hepatitis and HIV/AIDS programs.</p>	<ul style="list-style-type: none"> • No. of NTC meetings per year • No. of MHPSS coordination group meetings per year • % of annual MHPSS group meetings attended by MOH representative • Updated report on 4Ws mapping exercise • No. of presentations provided in MHPSS group meetings on joint projects with MOH • Relevant MH&SU interventions integrated in NCD, Mother, adolescent and child health and TB, Hepatitis and HIV/ AIDS programs 	<ul style="list-style-type: none"> • 3 NTC meetings per year • Average of 10 MHPSS group meetings per year • MOH representative attendance of at least 50% of MHPSS group meetings per year • 1 updated 4Ws mapping report per year • 1 presentation per year to MHPSS group on MOH Directorate TORs, workplan and joint projects 	50,000 JOD	X	X	X	X	X

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline					
					1	2	3	4	5	
GOVERNANCE :1 DOMAIN										
1.5: Integration of MHPSS in national emergency preparedness and response plans	<p>1. Review of national emergency preparedness and response plan and identifying the gaps as needed.</p> <p>2. Inclusion of MHPSS component in national emergency preparedness and response plans.</p>	<ul style="list-style-type: none"> • Inclusion of MHPSS component in national emergency preparedness and response plan 	<ul style="list-style-type: none"> • MHPSS integrated in national emergency preparedness and response plans 	10,000 JOD	X	X	X	X	X	
1.6: Supporting the implementation of the Health Response component of the National Strategy to Combat Narcotics and Psychotropic Substances	<p>1. Advocacy for the endorsement of the national strategy at the Prime Ministry.</p> <p>2. Regular attendance of MOH representative at the National AntiDrug Committee, established under article 31 of the Narcotics and Psychotropics Substances Law no. 23 of year 2016.</p> <p>3. Briefing by MOH representative to the NTC on the progress in implementation of the strategy for coordination purposes.</p>	<ul style="list-style-type: none"> • # of Antidrug Committee meetings attended by MOH representative • # of briefings to NTC on national strategy and Health Response component 		20,000 JOD	X	X	X	X	X	
HEALTH CARE :2 DOMAIN										
2.1: Enhancing retention and efficient redistribution of gender-balanced mental health workforce	<p>1. Conducting regular follow-up on mhGAP-trained primary care providers through remote check-ins conducted by Directorate staff (e.g. every 4 months) and field visits (randomly selected centers by region), using mhGAP registry (Domain 1).</p> <p>2. Official requests issued from Directorate to ensure retained staffing of mhGAP centers with mhGAP-trained staff and replacement of any relocated staff.</p> <p>3. Redistribution of mental health and psychosocial staff from tertiary facilities (NCMH) to inpatient units in general hospitals (Ma'an and Zarqa) and Community Mental Health Centers.</p>	<ul style="list-style-type: none"> • # of follow-ups/registry updates with mhGAP trainees per year • # of mental health and psychosocial staff redistributed (by profession and new duty station) 	<ul style="list-style-type: none"> • 3 mhGAP registry follow-ups per year • 1 multidisciplinary team of (psychiatrist + nurse + psychosocial staff) per inpatient unit and CMHC 	50,000 JOD	X	X	X	X	X	

HEALTH CARE :2 DOMAIN					1	2	3	4	5
2.2: PRIMARY CARE: Strengthening the integration of MH&SU within Primary Health Care [Tools/packages: mhGAP-IG including SU and Child and Adolescent modules]	<p>1. Conducting mhGAP Training of Trainers and Supervisors (TOT) to local/Arabic-speaking trainers.</p> <p>2. Conducting an assessment of competencies to form a core team of mhGAP trainers adopted by the Directorate for mhGAP activities.</p> <p>3. Competency based mhGAP-IG v2.0 training to PHC workers (with special focus on Family Physicians), including Substance Use and Child and Adolescent modules.</p> <p>4. mhGAP refresher trainings to previously trained PHC workers (with special focus on Family Physicians).</p> <p>5. Ensuring linkage between mhGAP training and training on surveillance and reporting (JIERS) and training on Jordan-specific essential psychotropic medicines.</p> <p>6. Monthly systematic supervision of newly trained PHC workers following mhGAP training.</p> <p>7. Regular update of mhGAP registry following any training or supervision activity.</p> <p>8. Meeting with head of Family Medicine Specialty for the integration of mhGAP-IG package within university curricula.</p> <p>9. Adaptation and implementation of the WHO Thinking Healthy Program (or similar packages for perinatal depression) targeting professionals working in child and maternal health.</p> <p>10. Conducting TOT for the Caregiver Skills Training (CST) package.</p> <p>11. Adaptation, piloting, and implementation of CST package targeting mothers, caregivers, and families of children with developmental delays and disorders.</p> <p>12. Capacity building to Family Protection Department on mental health and substance use topics.</p> <p>13. Conducting training on Psychological First Aid (PFA), including PFA-C for children.</p>	<ul style="list-style-type: none"> • # of trainers trained on mhGAP • Registry of local/Arabic-speaking mhGAP trainers available to Directorate • # of PHC workers trained on mhGAP • # of PHC workers receiving supervision on mhGAP • # of PHC centers implementing mhGAP • # of patients received mhGAP services • # of professionals trained on THP or similar packages • # of trainers trained on CST • CST package adapted to local context • # of caregivers reached through CST • # of Family Protection Department training activities • # of professionals trained on PFA 	<ul style="list-style-type: none"> • 1 registry of trainers available to Directorate • All CST package materials adapted to local context • At least 48 caregivers reached in pilot implementation 	200,000 JOD	X	X	X	X	X

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline				
HEALTH CARE :2 DOMAIN					1	2	3	4	5
2.3: SECONDARY CARE level: [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]	<p>1. Advocacy for adequate multidisciplinary staffing of all existing secondary care facilities (4 CMHCs and 2 inpatient units).</p> <p>2. Redistribution of specialists from the National Center for Mental Health to secondary care facilities.</p> <p>3. Official opening of the newly established inpatient unit in Zarqa General Hospital.</p> <p>4. Capacity building (including supervision) to multidisciplinary teams in secondary care facilities on evidence-based interventions (according to bio-psychosocial, recovery and human rights models), including on substance use.</p> <p>5. Adapt MDT training package (secondary care) to Arabic language.</p> <p>6. Establishing a regular supervision mechanism for all multidisciplinary teams.</p> <p>7. Development of Standard Operating Procedures (SOPs) for CMHCs and inpatient units, with mechanisms that ensure implementation with clear roles and responsibilities.</p> <p>8. Strengthening case management and linkage with primary and tertiary care through referral and back-referral guidelines.</p> <p>9. Establishing at least one additional Community Mental Health Center (CMHC) and one additional inpatient unit in a general hospital ensuring equitable distribution of services across the Kingdom.</p>	<ul style="list-style-type: none"> • # of Community Mental Health Centers (CMHCs) • # of inpatient mental health units in general hospitals • # of specialists redistributed from NCMH to secondary care facilities • # of trained multidisciplinary teams for CMHCs and inpatient units • MDT training package adapted to Arabic. • # of multidisciplinary teams receiving supervision • SOPs developed for CMHCs and inpatient units, including procedures for referrals and recovery-based case management 		150,000 JOD	X	X	X	X	X

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline				
					1	2	3	4	5
HEALTH CARE :2 DOMAIN					1	2	3	4	5
2.4: TERTIARY CARE: Redistributing resources/ Reorganizing long-stay mental hospitals (National Center for Mental Health NCMH, Al Karama)	<p>1. Capacity building (including supervision) to multidisciplinary teams in tertiary care facilities on evidence-based mental health interventions (according to bio-psychosocial, recovery and human rights models).</p> <p>2. Capacity building (including supervision) to multidisciplinary teams in inpatient Substance Use facilities (NCRA) on detection, evidence-based interventions, including pharmacological and psychosocial interventions (including but not limited to rehabilitation and reintegration).</p> <p>3. Rehabilitation of the NCMH to reclaim the environment and improve alignment with human rights standards, facilitating the reduction of number of beds (e.g. changing layout through creation of separated private rooms vs. open-floor plans).</p> <p>4. Identification of patients at NCMH and Al-Karama hospital for discharge and community re-integration.</p> <p>5. Dissemination of resources on available community-based services (developed in Domain 3) to management, healthcare providers, and patients and their families.</p> <p>6. Involvement of service users (e.g. through Our Step) in supporting deinstitutionalization.</p> <p>7. Development/update of Standard Operating Procedures (SOPs) for NCMH, with mechanisms that ensure implementation with clear roles and responsibilities, including a component on strengthening case management and linkage with primary/ secondary care through referral and back-referral guidelines and trainings, including gender-sensitive cases.</p>	<ul style="list-style-type: none"> • # beds reduced from NCMH facilities • SOPs developed/ updated for NCMH facilities • Referral/ back-referral guidelines developed. • # of trainings on referral guidelines conducted 	<ul style="list-style-type: none"> • 10 beds reduced from NCMH facilities • Two SOPs developed (inpatients and outpatients) 	250,000 JOD		x			

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline					
					1	2	3	4	5	
HEALTH CARE :2 DOMAIN										
2.5: Enhance availability and regulation of essential psychotropic medicines (identified within mhGAP – IG version 2.0) at each level of care, including Substance Use care (detoxification and opioid substitution treatment)	<ol style="list-style-type: none"> 1. Conduct a comprehensive assessment of the availability of essential psychotropic medicines at primary, secondary, and tertiary levels of care including substance use facilities. 2. Strengthen existent mechanisms for request, distribution, storage and management of stocks to guarantee consistent supply to centers. 3. Integrate a special session in mhGAP training on Jordan-specific essential psychotropic medicines, including prescription rights and mechanisms of requesting supply. 4. Follow-up with mhGAP-trained centers to ensure supply of related medicines through official requests as needed, based on mhGAP registry (Domain 1) and conducted assessment of medicine availability. 5. Ensure continuous supply of medicines for treatment of mental disorders and substance use at all levels of care, including delivery of psychotropic medicines to eligible patients in case of disruptions due to emergencies. 6. Develop guidance on existing regulations for health care providers working with narcotic and psychoactive substances. 7. Training of JFDA focal points in governorates on inspection of narcotic and psychoactive substances according to regulatory guidelines. 	<ul style="list-style-type: none"> • Assessment conducted on availability of psychotropic medicines at all levels of care • Availability of essential psychotropic medicines at each level of care within registry of Directorate of Procurement and Supply (MOH) • # of JFDA focal points trained 	<ul style="list-style-type: none"> • 1 assessment conducted • All essential psychotropic medicines available in registry 	30,000 JOD	X	X	X	X	X	
2.6: Strengthening the capacity of MH&SU services for providing community-based support and care for refugees and IDPs	<ol style="list-style-type: none"> 1. Advocacy to ensure maintenance and/or expansion of policies on refugee and IDP access to care, as needed. 2. Agreement to provide free access to services within MOH facilities for refugees and IDPs. 	<ul style="list-style-type: none"> • Formal agreement to provide free mental health care to refugees and IDPs within MOH facilities 	<ul style="list-style-type: none"> • Approved agreement to provide free mental health care to refugees and IDPs within MOH facilities 	10,000 JOD	X	X	X	X	X	

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline				
PROMOTION & PREVENTION :3 DOMAIN					1	2	3	4	5
<p>3.1: Increasing MH&SU literacy, reducing stigma and discrimination</p>	<p>1. Designing and implementing a well-organized awareness campaign targeting several groups including: the general population, (mental) healthcare providers, military and justice workers, families of patients, mothers, service users and people with mental conditions, school-aged children and their educators, etc. through various platforms and modalities (e.g. website, app, brochures, social media, open days, etc.), including the World Mental Health Day.</p> <p>2. Design and implement awareness initiatives mental health and substance use (including on narcotic and psychoactive substances), targeting health care providers and students in health care disciplines.</p> <p>3. Drafting core messages aimed at different target groups, covering topics such as (but not limited to) signs & symptoms, risky behaviors, stigma, rights to confidentiality and privacy, rights to treatment and medicine prescription.</p> <p>4. Comprehensive mapping of clinical pathways for mental health and substance use services at all levels of care, including social services and community resources.</p> <p>5. Development of a guide to available services for individuals: treatment facilities, mhGAP-trained centers, community-based services, substance-use related services, suicide prevention resources, child and adolescent services, etc. including locations, contact information, working hours, cost of services, service user rights, among other topics.</p> <p>6. Development of a guide targeting healthcare providers, covering topics such as basic principles of psychosocial support for people with mental health and substance use conditions, existing services and referral pathways (within and between ministries) for different target populations, suicide prevention services, self-care and burnout management, among other topics.</p> <p>7. Organizing specific awareness / psychoeducation activities targeting family members of long-term service users in facilities under umbrella of NCMH.</p> <p>8. Ensure inclusion of service users' organization (e.g. Our Step, Tafa'ul) in design and implementation of awareness activities.</p>	<ul style="list-style-type: none"> • Mapping of clinical pathway completed • # of guides developed • # and type of activities implemented under awareness campaign and initiatives • # of individuals reached with awareness and psychoeducation materials • # of people living with mental health conditions reporting feelings of reduced discrimination and stigma • # of service users' organization included in design and implementation of awareness activities 	<ul style="list-style-type: none"> • 1 mapping covering all levels of care • At least 2 guides (general population, healthcare providers) • At least 1 campaign to mark World Mental Health Day 	<p>150,000 JOD</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline				
PROMOTION & PREVENTION :3 DOMAIN					1	2	3	4	5
3.2: Implementing evidence-based promotion and prevention packages targeting the identified priorities	<p>1. Development (or adaptation) of a national suicide prevention program (e.g. suicide reporting mechanism/hotline, coordination with relevant national entities including family protection department, referral to acute intervention or emergency services, follow-up etc.).</p> <p>2. Adapt messages for suicide prevention from mhGAP Self-harm/Suicide module and embed in awareness campaign (3.1).</p> <p>3. Ensure TORs of Directorate for Disabilities and Mental Health include coordination with national entities related to suicide prevention.</p> <p>4. Adaptation and implementation of WHO Caregiver Skills Training (CST) (or similar packages to support child development and/or caregiver wellbeing) targeting MOH and NGO/CBO personnel.</p> <p>5. Adaptation and implementation of the WHO Mental Health in Schools package (or similar packages), including substance-use prevention, targeting MOE schools.</p> <p>6. Support the establishment of substance use self-help groups (to enhance relapse prevention).</p> <p>7. Support service users/family associations (to enhance relapse prevention).</p> <p>8. Engage community health volunteers and workers in disseminating mental health promotion/prevention initiatives in the community.</p>	<ul style="list-style-type: none"> • # of activities implemented under national suicide prevention program. • Suicide prevention included in Directorate TORs. • # of professionals trained on CST or similar packages • # of caregivers reached through CST or similar packages • # of professionals trained on WHO mental health in schools or similar packages • # of schools implementing WHO mental health in schools or similar programs • # of mothers reached through THP or similar packages • # of substance use self-help groups established to enhance relapse prevention • # of service users/family associations supported to enhance relapse prevention • # of prevention/promotion initiatives delivered by community health volunteers 		JOD 200,000	X	X	X	X	X

Strategic Intervention	Activities	Indicators	Targets	Estimated cost	Timeline					
					1	2	3	4	5	
SURVEILLANCE, MONITORING & RESEARCH :4 DOMAIN										
4.1: Establishing a quality system for the services provided and their regular monitoring	<p>1. Establishment of a team(s) for field inspection of hospitals and health facilities led by the National Center for Human Rights, in line with Law no. 20 year 2017), and including service users and family members (e.g Our Step, Tafa'ul).</p> <p>2. Identification of a set of criteria (including qualitative ones) to be adapted into a tool for assessment and reporting on quality of services.</p> <p>3. Conduct assessment visits to hospitals and health facilities.</p> <p>4. Generate and disseminate reports on the findings of the assessment, including recommendations.</p> <p>5. Facilitate implementation of actions to improve service quality and quality-reporting system, based on recommendations.</p>	<ul style="list-style-type: none"> • Inspection team(s) established • Inclusion of service users in inspection team(s) • Set of criteria identified • # of facilities assessed • Reports generated • # of improved quality services reported 	<ul style="list-style-type: none"> • Service users included 	70,000 JOD	X	X	X	X	X	
4.2: Regular monitoring of the MH&SU system using the national Integrated Electronic Reporting System (JIERS) and available tools	<p>1. Complete regional and global mental health/substance use related atlases, as requested.</p> <p>2. Complete field stories and case studies on Jordan experience in mental health program, as requested.</p> <p>3. Ensure update of JIERS mental health module as needed, including substance use components.</p> <p>4. Conduct refresher trainings on JIERS to health providers and Directorate focal points.</p> <p>5. Integrate JIERS training with mhGAP training and supervision (Domain 2).</p> <p>6. Inclusion of JIERS training status in regularly updated mhGAP registry for easy reference (Domain 1).</p> <p>7. Regular JIERS data collection and data check.</p> <p>8. Regular generation and analysis of JIERS reports.</p>	<ul style="list-style-type: none"> • # of professionals trained on JIERS • # of follow-ups per year on JIERS training status (integrated in mhGAP registry) • # of JIERS MH&SU reporting sites • JIERS data collected • # of reports generated on JIERS data 	<ul style="list-style-type: none"> • 2 atlases completed • 2 JIERS reports generated per year 	30,000 JOD	X	X	X	X	X	

