



Traumatized youth in Jordan - needs, barriers and existing mental health and psycho- social services

May 2023

Contents

1. Background.....	4
2. Objective	4
3. Scope of work	4
4. A contextual background on Jordan.....	4
5. Legal framework	6
6. Literature review.....	7
6.1. Financial barriers in the Jordanian context	9
6.2. The social aspect and Stigma	12
6.3. Awareness, education, and screening	13
6.4. Limited accessibility in high-security camps.....	13
6.5. Supportive political and societal response.....	13
6.6. Organizational open-door policies.....	13
6.7. Effects on the Jordanian healthcare infrastructure	14
6.8. Community awareness	14
6.9. Disclosure and Providing Information.....	15
7. Mapping of Services	17
7.1. Public Sector: Role of the Ministry of Health	17
7.2. Civil Society Organizations:	18
7.2.1. Role of the World Health Organization	18
7.2.2. The International Medical Corps	19
7.2.3. Care International.....	21
7.2.4. Mercy Corps	22
7.2.5. "We Are" Initiative	23
7.2.6. Our Step Association.....	24
7.2.7. Circle of Hope	25
7.2.8. Center for Victims of Torture - CVT Jordan	25
7.2.9. The Royal Health Awareness Society (RHAS).....	26
7.2.10. European Union Delegation to Jordan	26
7.2.11. Médecins Sans Frontières- Doctors Without Borders.....	27
7.2.12. United Mission for Development and Relief UMR	27
7.2.14. Collateral Repair Project - CRP.....	28
7.3. Hotlines for suicide and dangerous cases	29

7.3.1.	The 110th Family and Child Line of the Jordan River Foundation.....	29
7.3.2.	911.....	30
7.4.	Online sites	30
8.	Findings	31
.9	Results.....	35
.10	Recommendations	37
11.	References.....	39
12.	Annexes.....	40

1. Background

Under the new Danish Arab Partnership Programme which was launched on July 1, 2022, IFH and DIGNITY are currently planning a continued partnership built on the previous phases, but with an increasing focus on supporting youth (The age group between 16-35)¹. The partnership agreement is furthermore focusing on spreading MHPSS knowledge and service provision through capacity building among the private and public health sector in Jordan and the MENA region, increased outreach, strengthening of referral networks and, south-south trainings.

To include traumatized youth in its programming, IFH and DIGNITY need to get a better understanding of the situation of traumatized youth based in Jordan, their needs and help seeking behaviors.

2. Objective

The purpose of the desk study is to provide IFH and DIGNITY with knowledge on traumatized youth based in Jordan, including gaps, needs and help seeking behaviors that can inform decisions on how IFH in the future can work with traumatized youth by, inter alia, reviewing and summarizing published literature and reports on youth and trauma, MHPSS needs among youth, causes for trauma, trauma exposure and post-traumatic stress symptoms, and existing provisions of MHPSS services by local and international stakeholders

Furthermore, the desk study provides IFH and DIGNITY with recommendations for how to intervene in terms of advocacy, communication, MHPSS projects.

Lastly, this study will be the most recent study regarding youth and MHPSS and therefore it will be shared amongst the MHPSS WG in Jordan and establish collaborations in this field.

3. Scope of work

The desk study focused on traumatized youth (both nationals and members of the refugee and migrant communities) in urban, rural and camp settings in Jordan and develop a set of standard information for each youth group on causes for trauma, trauma exposure and post-traumatic stress systems, help seeking behaviors, provision of MHPSS services by local and international stakeholders, as well as, outreach and referral systems.

4. A contextual background on Jordan

The mental health of youth in Jordan is an important topic that needs to be addressed. The youth in the focus discussion groups pointed out that official statements indicated that many young people in Jordan suffer from mental health challenges, such as anxiety, depression,

¹ The League of Arab States define “youth” as the individuals in the age group 16-35 years old. The Modern Dictionary - Elias Antour Elias and Edward Elias, 9th Edition, Modern Press, Cairo 1972

stress and other mental health issues. Similarly, the participating youth in the focus discussion groups emphasized that there are several factors that may affect the mental health of youth in Jordan, including poverty, unemployment, political, social and cultural conflicts.

Many organizations in Jordan are working to provide mental health care for youth, including counseling, treatment, and social and psychological support². The Jordanian government also encourages talking about mental health and providing necessary services for youth who suffer from mental health problems³. Additionally, many non-governmental organizations provide support and resources for youth who need mental health and social care⁴.

However, the health care system is barely able to meet the high demand for professional services. This applies both to state-run health centres and community-based organisations.⁵

Psychological health services in Jordan are provided by the Ministry of Health through the National Center for Mental Health, Psychological Health clinics spread within primary healthcare centers totaling 52, in addition to 55 clinics in the private sector, and psychological clinics affiliated with organizations and associations operating in the field of healthcare.⁶ These services are available to Jordanian and Syrian youth; civil society organizations can refer cases to these clinics.⁷

According to the annual report issued by the Ministry of Health in 2021⁸, the number of patients who visited psychological clinics affiliated with organizations and associations working in the field of healthcare was 96,224, including 16,907 Jordanians (6,060 males and 10,847 females). Additionally, 5,913 non-Jordanians visited these clinics (3,014 males and 2,899 females). The report also mentioned that 73,404 refugees visited these clinics (31,247 male and 42,157 female) according to the United Nations High Commissioner for Refugees. Meanwhile, the number of visits to the psychological clinics affiliated with the National Center

² Guide to Psychological Services in Jordan, Renad Algorani, 2020.

³ <https://petra.gov.jo/Include/InnerPage.jsp?ID=154992&lang=ar&name=news>, 11th October 2022.

⁴ Guide to Psychological Services in Jordan, Renad Algorani, 2020.

⁵ <https://www.almamlakatv.com/news/94928-200-%D8%A3%D9%84%D9%81-%D9%85%D8%B1%D8%A7%D8%AC%D8%B9-%D9%84%D8%B9%D9%8A%D8%A7%D8%AF%D8%A9-%D8%A7%D9%84%D8%B7%D8%A8-%D8%A7%D9%84%D9%86%D9%81%D8%B3%D9%8A-%D8%A7%D9%84%D8%AA%D8%A7%D8%A8%D8%B9%D8%A9-%D9%84%D9%88%D8%B2%D8%A7%D8%B1%D8%A9-%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%AE%D9%84%D8%A7%D9%84-%D8%A7%D9%84%D8%B9%D8%A7%D9%85-%D8%A7%D9%84%D9%85%D8%A7%D8%B6%D9%8A>, May 2022.

⁶ <https://www.ammonnews.net/article/711987>, 10th Oct 2022.

⁷ There are symbolic fees for those holding the Jordanian national identification number. As for Syrians who have refugee commission insurance, they do not pay a service fee. However, individuals of other nationalities are required to cover the full service costs

⁸ The annual report issued by the Ministry of Health in 2021, https://www.moh.gov.om/ar/web/statistics/annual-reports/-/asset_publisher/aQdmelpTn5pS/content/-2-14?inheritRedirect=false&redirect=https%3A%2F%2Fwww.moh.gov.om%2Far%2Fweb%2Fstatistics%2Fannual-reports%3Fp_p_id%3D101_INSTANCE_aQdmelpTn5pS%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-2%26p_p_col_count%3D1

for Mental Health in Jordan for 2021, according to official statements, reached 200,000, while only 9 patients visited the specialized psychological clinics in primary healthcare centers.⁹

A total of 73,404 Syrian refugees benefited from the services of psychological health clinics in the year 2021. Despite facing psychological issues, many refugees did not seek treatment, despite the challenges they are experiencing. Refugees need services to overcome the traumas and experiences they went through during the wars, and to cope with the continuation of poor living conditions. To overcome the effects of the difficulties they faced during the journey of seeking asylum and leaving behind their belongings and homes in their home country.¹⁰

5. Legal framework¹¹

The Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights guarantee the right to physical and mental health. However, the World Health Organization's definitions of health go beyond the absence of organic diseases and encompass a state of physical, mental, and social well-being and the quality of life experienced by individuals¹².

With the 2030 Agenda and its own national strategies, the Jordanian Government is committed to improving mental health and psychosocial support services in communities that have taken in Syrian displaced persons¹³. These strategies include the Jordan Response Plan to the Syria Crisis (2020), the National Mental Health Policy (2011) and the National Mental Health and Substance Use Action Plan (2018-2026).¹⁴

The World Health Organization states that 75% of countries in the world have specialized legislation for mental health¹⁵. Hence, the importance of having special legislation for mental

⁹ The annual report issued by the Ministry of Health in 2021, https://www.moh.gov.om/ar/web/statistics/annual-reports/-/asset_publisher/aQdmelpTn5pS/content/-2-14?inheritRedirect=false&redirect=https%3A%2F%2Fwww.moh.gov.om%2F%2Fweb%2Fstatistics%2Fannual-reports%3Fp_p_id%3D101_INSTANCE_aQdmelpTn5pS%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-2%26p_p_col_count%3D1

¹⁰ The annual report issued by the Ministry of Health in 2021, https://www.moh.gov.om/ar/web/statistics/annual-reports/-/asset_publisher/aQdmelpTn5pS/content/-2-14?inheritRedirect=false&redirect=https%3A%2F%2Fwww.moh.gov.om%2F%2Fweb%2Fstatistics%2Fannual-reports%3Fp_p_id%3D101_INSTANCE_aQdmelpTn5pS%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-2%26p_p_col_count%3D1

¹¹ <https://www.who.int/ar/news-room/fact-sheets/detail/mental-health-strengthening-our-response>, April 15, 2023

¹² <https://www.who.int/ar/news-room/fact-sheets/detail/mental-health-strengthening-our-response>, April 15, 2023

¹³ <https://2030monitor.annd.org/data/report/arabic/21.pdf>, UNDEF, 2017

¹⁴ <https://www.giz.de/en/worldwide/59341.html>, 10 May 2023

¹⁵ <https://alghad.com/Section-208/uncategorized/200-%D8%A3%D9%84%D9%81-%D9%85%D8%B1%D8%A7%D8%AC%D8%B9%D8%A9->

illnesses in Jordan emerges, in order to ensure dealing with mental illnesses, providing services and treatment in the best way possible, and making it a priority for everyone. This includes providing budgets for mental health programs in Jordan, in order to update, develop, and expand strategic plans for mental health, as well as adding therapeutic and preventive programs. The absence of specific legislation for dealing with mental illnesses poses a challenge in providing services, therapeutic and preventive programs¹⁶. In Jordan and many other countries around the world, the budget prioritizes physical health over mental and social well-being.¹⁷

The National Center for Human Rights recommended in a 2011¹⁸ report the necessity of considering mental health an essential part of healthcare services, increasing the number of mental health centers to cover all regions of the Kingdom of Jordan, as well as accelerating the establishment of a mental rehabilitation center.

5.1 The increase in suicides

Neglecting mental health not only deprives individuals of their right to health but also their right to life, guaranteed to them in the constitution and international agreements signed by Jordan. This is evidenced by the way the judiciary deals with suicide cases, where files of suicide cases are closed by the prosecutor if the person who attempted suicide confesses that they are both the perpetrator and the victim, without considering their mental state or following up with a psychiatrist. This may lead to an increase in suicide cases.¹⁹

6. Literature review

Global studies indicate that the number of psychiatric patients is likely to increase in the coming years worldwide²⁰. The head of the Association of Psychiatrists at the Doctors

<https://www.alghad.com/Section-208/uncategorized/200-%D8%A3%D9%84%D9%81-%D9%85%D8%B1%D8%A7%D8%AC%D8%B9%D8%A9-%D9%84%D8%B9%D9%8A%D8%A7%D8%AF%D8%A7%D8%AA-%D8%A7%D9%84%D8%B7%D8%A8-%D8%A7%D9%84%D9%86%D9%81%D8%B3%D9%8A-%D9%81%D9%8A-2021-1124386>, 31 Dec 2022.

¹⁶ <https://www.alghad.com/Section-208/uncategorized/200-%D8%A3%D9%84%D9%81-%D9%85%D8%B1%D8%A7%D8%AC%D8%B9%D8%A9-%D9%84%D8%B9%D9%8A%D8%A7%D8%AF%D8%A7%D8%AA-%D8%A7%D9%84%D8%B7%D8%A8-%D8%A7%D9%84%D9%86%D9%81%D8%B3%D9%8A-%D9%81%D9%8A-2021-1124386>, 31 Dec 2022.

¹⁷ <https://www.7iber.com/society/mental-health-in-jordan-after-suicide-attempts/>, Feb 2016.

¹⁸ The National Center for Human Rights report , 2011,

2011 <https://www.nchr.org.jo/ar/%D8%AA%D9%82%D8%A7%D8%B1%D9%8A%D8%B1-%D8%B3%D9%86%D9%88%D9%8A%D8%A9/?page=2>

¹⁹ <https://www.independentarabia.com/node/325736/%D8%B3%D9%8A%D8%A7%D8%B3%D8%A9/%D8%AA%D9%82%D8%A7%D8%B1%D9%8A%D8%B1/%D9%81%D9%8A-%D8%A7%D9%84%D8%A3%D8%B1%D8%AF%D9%86-%D8%A7%D9%84%D8%AD%D8%A8%D8%B3-%D8%A3%D9%88-%D8%A7%D9%84%D8%BA%D8%B1%D8%A7%D9%85%D8%A9-%D8%B9%D9%82%D9%88%D8%A8%D8%A9-%D8%A7%D9%84%D8%A5%D9%82%D8%AF%D8%A7%D9%85-%D8%B9%D9%84%D9%89-%D8%A7%D9%84%D8%A7%D9%86%D8%AA%D8%AD%D8%A7%D8%B1>, April 2022.

²⁰ <https://www.alghad.com/Section-208/uncategorized/2481-%D9%85%D9%82%D9%8A%D9%85%D8%A7-%D9%8823071-%D9%85%D8%B1%D8%A7%D8%AC%D8%B9%D8%A7-%D9%84%D9%80-%D8%A7%D9%84%D8%A3%D8%B1%D8%AF%D9%86-%D8%A7%D9%84%D8%AD%D8%A8%D8%B3-%D8%A3%D9%88-%D8%A7%D9%84%D8%BA%D8%B1%D8%A7%D9%85%D8%A9-%D8%B9%D9%82%D9%88%D8%A8%D8%A9-%D8%A7%D9%84%D8%A5%D9%82%D8%AF%D8%A7%D9%85-%D8%B9%D9%84%D9%89-%D8%A7%D9%84%D8%A7%D9%86%D8%AA%D8%AD%D8%A7%D8%B1>, April 2022.

²⁰ <https://www.alghad.com/Section-208/uncategorized/2481-%D9%85%D9%82%D9%8A%D9%85%D8%A7-%D9%8823071-%D9%85%D8%B1%D8%A7%D8%AC%D8%B9%D8%A7-%D9%84%D9%80-%D8%A7%D9%84%D8%A3%D8%B1%D8%AF%D9%86-%D8%A7%D9%84%D8%AD%D8%A8%D8%B3-%D8%A3%D9%88-%D8%A7%D9%84%D8%BA%D8%B1%D8%A7%D9%85%D8%A9-%D8%B9%D9%82%D9%88%D8%A8%D8%A9-%D8%A7%D9%84%D8%A5%D9%82%D8%AF%D8%A7%D9%85-%D8%B9%D9%84%D9%89-%D8%A7%D9%84%D8%A7%D9%86%D8%AA%D8%AD%D8%A7%D8%B1>, April 2022.

Syndicate, Dr. Nael Al-Adwan,²¹ believes that 2.5 million Jordanians are at risk of mental disorder during their lifetime. According to Al-Adwan, the shortage of qualified psychological treatment staff, poor quality of psychological services, difficulty in accessing them, and non-specialists encroaching on the field of psychiatric medicine and psychological services under the pretext of inherited religious and social beliefs all play a major role in the likelihood of an increase in the number of psychiatric patients.²²

Based on the previous studies, there is evidence to suggest that mental health issues are prevalent among Jordanian youth. Abu Ghaida and Khalaf (2014)²³ found a high prevalence of depression, anxiety, and stress among Jordanian male youth. This indicates that mental health problems are a significant concern among this population. Alhaidar, Al-Qutob, and Al-Zoubi (2019)²⁴ focused on secondary school students and reported a prevalence of depression among this group. The study highlighted the importance of considering sociodemographic factors in understanding mental health in this context. Bani-Salameh, Yassin, and Yousef (2017)²⁵ examined anxiety and depression symptoms among diabetic patients in Jordan. The study shed light on the mental health challenges faced by this specific population, emphasizing the need for holistic care that addresses both physical and mental well-being. Ghandour, Khoury, and Zeinoun (2009)²⁶ explored disordered eating attitudes and behaviors among adolescents in Beirut, Lebanon, which offers insights into the broader Middle Eastern context, including Jordan. Although not specific to Jordanian youth, this study indicates the presence of mental health issues related to body image and eating disorders that may also affect Jordanian youth. Jaber, Tayem, and Qatawneh (2017)²⁷ investigated the association between physical activity, mental health, and quality of life among university students in Jordan. The findings highlighted the importance of physical activity in promoting mental well-being and quality of life among this particular group. Khader, Batieha, and Ajlouni (2009)²⁸ explored the relationship between underweight and the risk of depression among Jordanian adolescents.

[%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%A7%D9%84%D9%86%D9%81%D8%B3%D9%8A%D8%A9-1283852](#), Dec 2022.

²¹ <https://jornews.com/post/45079>. Aug 2022.

²² <https://alghad.com/2481-%D9%85%D9%82%D9%8A%D9%85%D8%A7-%D9%8823071-%D9%85%D8%B1%D8%A7%D8%AC%D8%B9%D8%A7-%D9%84%D9%80%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%A7%D9%84%D9%86%D9%81%D8%B3%D9%8A%D8%A9/>

²³ Abu Ghaida, H. J., & Khalaf, I. A. (2014). Prevalence of depression, anxiety, and stress among young male adults in Jordan. *American Journal of Applied Psychology*, 3(3), 67-70.

²⁴ Alhaidar, F. A., Al-Qutob, R., & Al-Zoubi, M. (2019). The prevalence of depression and its association with sociodemographic factors among secondary school students in Jordan. *Journal of Public Health*, 27(2), 189-194.

²⁵ Bani-Salameh, H., Yassin, Y., & Yousef, M. (2017). Prevalence and determinants of anxiety and depression symptoms among diabetic patients in Jordan. *International Journal of Mental Health Systems*, 11(1), 1-10.

²⁶ Ghandour, L. A., Khoury, B., & Zeinoun, P. (2009). Disordered eating attitudes and behaviors among adolescents in Beirut: Investigating gender and socio-economic status. *Social Psychiatry and Psychiatric Epidemiology*, 44(10), 803-811.

²⁷ Jaber, R., Tayem, A. A., & Qatawneh, A. (2017). The association between physical activity, mental health, and quality of life among university students in Jordan. *Journal of Physical Activity and Health*, 14(8), 613-618.

²⁸ Khader, Y., Batieha, A., & Ajlouni, K. (2009). Underweight and the risk of depression in Jordanian adolescents aged 12-17 years. *European Child & Adolescent Psychiatry*, 18(6), 351-357.

The study indicated a potential link between physical health and mental well-being in this population. Regarding psychological disorders among youth in Jordan, the most prevalent disorders are "depression, anxiety, and fear", while the least prevalent disorders among youth, which are the most difficult to overcome and treat, are "schizophrenia, other mental illnesses, and bipolar disorders."²⁹

Overall, these studies collectively suggest that mental health issues are a significant concern among Jordanian youth. Depression, anxiety, stress, eating disorders, and the association between physical activity and mental health should be considered when planning project activities and interventions also. As for Syrian youth, we find that cases of depression are remarkably prevalent, especially among those residing in camps within closed communities. The findings emphasize the need for targeted interventions, and support systems to address the mental health needs of Jordanian and Syrian youth effectively.

As a direct result of the spread of these challenges among the Jordanian youth, especially depression and schizophrenia, cases of suicide and attempted suicide have seen a terrifying increase, following the failure of the state and its institutions to confront the phenomenon of the spread of psychological disorders.³⁰

6.1. Financial barriers in the Jordanian context

6.1.1 The impact of the economic situation on the services provided to Syrian youth

Al-Soleiti, Abu Adi and Nashwan³¹ indicated that financial challenges were identified as the most significant barrier to refugee services in Jordan. Clinicians reported service restrictions due to funding and lack of personnel and supplies. Medication shortages were a particular bottleneck, leading to prescriptions for less-preferred medication options or unavailability of psychotropics altogether. In addition to organizational financial limitations, the financial hardship of refugee patients was also a significant limiting factor to accessing care. Clinicians

²⁹ <https://www.alaraby.co.uk/%D8%A7%D9%84%D8%A3%D8%B1%D8%AF%D9%86-%D8%A7%D9%84%D8%A3%D9%85%D8%B1%D8%A7%D8%B6-%D8%A7%D9%84%D9%86%D9%81%D8%B3%D9%8A%D8%A9-%D8%AA%D8%AA%D8%BA%D8%B0%D9%89-%D8%B9%D9%84%D9%89-%D8%A7%D9%84%D8%B4%D8%A8%D8%A7%D8%A8>

³⁰ <https://ammannet.net/%D8%B5%D9%88%D8%B1-%D9%88-%D9%88%D8%AB%D9%91%D9%82/%D8%A3%D8%AE%D8%A8%D8%A7%D8%B1/%D8%A7%D9%86%D8%AA%D9%82%D8%A7%D8%AF%D8%A7%D8%AA-%D9%84%D9%85%D8%B9%D8%A7%D9%82%D8%A8%D8%A9-%D9%85%D9%86-%D9%8A%D8%AD%D8%A7%D9%88%D9%84-%D8%A7%D9%84%D8%A7%D9%86%D8%AA%D8%AD%D8%A7%D8%B1-%D9%88%D9%85%D8%B7%D8%A7%D9%84%D8%A8-%D8%A8%D8%AF%D8%B1%D8%A7%D8%B3%D8%AA%D9%87%D8%A7-%D8%A5%D8%AC%D8%AA%D9%85%D8%A7%D8%B9%D9%8A%D8%A7-%D8%A3%D9%88%D9%84%D8%A7.April 2022.>

³¹ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

reported that participation in treatment was often interrupted due to refugee patients having difficulty accessing, and thus prioritizing, basic needs. An additional distinct financial challenge for refugees residing outside of camps was cost and availability of transportation to treatment centers.³²

6.1.2 The impact of the economic situation on the services provided to Jordanian youth

Hmoud , Alkhasawneh , Shaw , and El-Bassel, 2013³³ showed in the study to assess level of depression and factors associated with depression among female and male Jordanian youth used data from a cross-sectional survey conducted among a national sample of 14–25-year-old youth attending educational institutions in Jordan (N = 8,129). On average, respondents reported frequently experiencing feelings of sadness (66 %), loss of joy (49 %) and loss of hope in living (43 %). Regression models demonstrated that higher levels of depressive symptoms were observed among females and among youth exposed to violence. Better parent–child relationships were associated with lower depression scores. Among males, depressive symptoms were associated with poor economic status, low assertiveness, and a higher likelihood of alcohol use and smoking.³⁴

Factors affecting the well-being of Jordanian youth reflect expectations rooted in a traditional society. Jordanian youth rated as most important in life family (95.8%), religion (93.5%) and work (69.2%) (Figure 1.18). However, poor economic prospects and inadequate income prevent their smooth transition into work, marriage and family (Brown et al., 2014), the greatest barrier being low employment. This last affects the experiences, frustrations and aspirations of youth and serves as a major impediment to taking interest in active citizenship and endorsing its values.³⁵

According to official sources, the underlying factors contributing to the prevalence of psychological disorders in Jordan are primarily peripheral and not unique to the country; rather, they are common issues present in societies worldwide. However, many studies and research,³⁶ conducted by psychiatric experts in Jordan, such as researcher Mohammed Al-

³² Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

³³ Depressive Symptoms Among Jordanian Youth: Results of a National Survey, Leyla Ismayilova, Olimat Hmoud , Esra Alkhasawneh , Stacey Shaw , Nabila El-Bassel, 2013.

³⁴ Depressive Symptoms Among Jordanian Youth: Results of a National Survey, Leyla Ismayilova, Olimat Hmoud , Esra Alkhasawneh , Stacey Shaw , Nabila El-Bassel, 2013.

³⁵ Youth Well-Being Policy Review Of Jordan, OECD 2018

³⁶ <https://assabeel.net/news/2015/10/28/%d8%a7%d9%84%d8%ad%d8%a8%d8%a7%d8%b4%d9%86%d8%a9-%d8%a7%d9%84%d9%81%d9%82%d8%b1-%d9%88%d8%a7%d9%84%d8%a8%d8%b7%d8%a7%d9%84%d8%a9-%d9%88%d8%a7%d9%84%d9%81%d9%88%d8%a7%d8%b1%d9%82-%d8%a7%d9%84%d8%b7%d8%a8%d9%82%d9%8a%d8%a9-%d9%88%d8%a7%d9%84%d8%ad%d8%b1%d9%88%d8%a8-%d9%85%d8%b3%d8%a8%d8%a8%d8%a7%d8%aa-%d9%84%d9%84%d8%a3%d9%85%d8%b1%d8%a7%d8%b6-%d8%a7%d9%84%d9%86%d9%81%d8%b3%d9%8a%d8%a9-%d9%81%d9%8a-%d8%a7%d9%84%d8%a3%d8%b1%d8%af%d9%86>, Oct 2015.

Habashneh, indicate that the high poverty rates in society and the production of lines of unemployed youth are the factors that feed the incidence of psychological disorders in Jordan, especially among the youth.³⁷

And because the gap between social classes in Jordan continues to widen due to the concentration of wealth in the hands of a very small group of society and the insanely high cost of daily living, the phenomenon of the spread of psychological disorders is susceptible to expansion and escalation.³⁸

6.2. Organizational foresight and sustainability of projects and services

Numerous organizational issues were identified that impacted treatment, leading to adverse outcomes, clinician burnout, and poor project sustainability. Lack of organizational foresight and sustainability of projects and services was felt to pose challenges to long-term change. Disruptions in continuity or ability to access care were some of the reported consequences.³⁹

Interviewees reported that organizational focus on pre-conceived target metrics limited clinician effectiveness. These metrics often prioritized high patient volume over quality of services, and were inflexible regarding number of sessions or the patient's condition or severity. Some respondents noted programs' problematic reliance on these metrics to ensure continued financial support. All surveyed professionals commented on the inefficiency of communication and coordination between organizations, exemplified by no system for sharing records between organizations, or for screening, reporting, and documenting services. This led to suboptimal outcomes, service delays, duplication of services, unreliable referral processes, and lack of accountability. Some commented that UNHCR had begun to create a system for documentation and coordination, but it was not yet operational. Surveyed professionals uniformly advocated for better reporting, oversight, and follow up mechanisms. The above organizational processes promoted burnout among clinicians, compounded by reducing time or availability of resilience-building practices. Surveyed professionals uniformly recommended increased attention and organizational commitment to policies and practices responsive to the needs and input of both patients and clinicians.⁴⁰

³⁷ <https://legacy.alghad.com/%D8%AF%D8%B1%D8%A7%D8%B3%D8%A9-%D9%86%D8%B5%D9%81-%D8%B4%D8%A8%D8%A7%D8%A8-%D8%A7%D9%84%D9%85%D8%B3%D8%AA%D9%82%D8%A8%D9%84-%D9%81%D9%8A-%D8%A7%D9%84%D8%A3%D8%B1%D8%AF%D9%86-%D9%85%D9%86-%D8%A8%D9%8A/>, July 2015

³⁸ <https://legacy.alghad.com/%D8%AF%D8%B1%D8%A7%D8%B3%D8%A9-%D9%86%D8%B5%D9%81-%D8%B4%D8%A8%D8%A7%D8%A8-%D8%A7%D9%84%D9%85%D8%B3%D8%AA%D9%82%D8%A8%D9%84-%D9%81%D9%8A-%D8%A7%D9%84%D8%A3%D8%B1%D8%AF%D9%86-%D9%85%D9%86-%D8%A8%D9%8A/>, July 2015

³⁹ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

⁴⁰ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

6.3. The social aspect and Stigma

Soleiti, 2021⁴¹ reported that stigma remains a major barrier to mental health treatment for refugees in Jordan, presenting as the stigmatization of individuals by society, and at times, the patient's own stigma toward mental health treatment.⁴² Self-stigma was described as most problematic at the beginning of the therapeutic process and lessening with sessions and time. Comparatively, social stigma was considered to be a continuing problem, and respondents described various strategies designed to help overcome it, including educational campaigns, normalization and increased visibility of services, physically co-locating mental health services with other medical services, and avoiding stigmatizing language in naming. Hiring refugees as peer support professionals, community liaisons, or as mental health clinicians, was described as a particularly effective approach to reducing stigma and improving access. This strategy aligns with prior research findings and recommendations for using local strengths and resources to develop grassroots approaches for population health.⁴³

General self-efficacy and the presence of close peer relationships were found to be statistically significant correlates of depression. For every unit increase in general self-efficacy, the odds of depression decreased by 65%. The odds of depression for youth who reported having close peer relationships were 88% less than the odds of depression for youth who did not report having close peer relationships. Close peer relationships were also found to be a statistically significant correlate of experiencing comorbid depression and PTSD. For youth who reported having close peer relationships, the odds of co morbidity were 98% less than the odds for youth without close peer relationships.⁴⁴

In Jordan, a national cross-sectional study in 2012⁴⁵ showed that 66% of the Jordanian youth population frequently experienced feelings of sadness, 49% felt loss of joy and 43% felt loss of hope in living. Mental health problems among students are also linked with many sociodemographic factors, such as poorness, living alone, living with parents, and perceived social support.

The share of Jordanian youth with negative feelings is comparatively low. In 2015, 42.7% of Jordanian youth reported having experienced worry, sadness, stress or anger in the past 24 hours. On average, more young women and urban youth experience negative feelings than

⁴¹ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

⁴² Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

⁴³ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

⁴⁴ Prevalence and Correlates of Depression, Posttraumatic Stress Disorder, and Suicidality in Jordanian Youth in Institutional Care, Robin E. Gearing, 2015.

⁴⁵ Effectiveness of Community Based Mental Health Education Programs on Mental Health Issues Awareness Level Among Students in Jordan, Ala Abojaradeh and others, 2018.

male or rural youth. Although fewer young Jordanians experience negative feelings than their regional peers, the rate should not be underestimated, and youth's mental health should be put on the policy agenda.⁴⁶

6.4. Awareness, education, and screening

A study from 2021⁴⁷ showed that poor awareness of available mental health services was common and particularly notable for refugees residing outside camps and in rural areas. Absence of screening and misdiagnosis of psychiatric symptoms in primary settings was also identified as problematic, with reported repeating patterns of worsened case severity after delayed mental health care. Respondents uniformly commented on the importance of implementing screening protocols and improving education for non-mental-health professionals to better recognize mental health symptoms and refer patients when necessary. Notably, some participants were not familiar with the concept of screening, but were in favor of it once an explanation was provided.

6.5. Limited accessibility in high-security camps

A small number of high-security camps have been implemented by the Jordanian government due to fears of security threats. Currently, approximately 20,000 Syrian refugees are housed in high-security camp settings (New York Post, 2018; PBS News, 2020). Mobility both for NGOs and refugees is highly restricted in these settings, greatly limiting access to all mental health services.⁴⁸

6.6. Supportive political and societal response

Soleiti, 2021⁴⁹ showed that clinicians repeatedly commended the effectiveness of the Jordanian government, backed by popular support, in responding to the refugee crisis, specifically for its facilitation and cooperation with NGOs to administer refugee services. Interviewees also described Jordanian societal perceptions of refugees as neighbors, rather than intruders, highlighting the shared historic, cultural, and religious values of the region. Nearly all clinicians reported that historic ties between Jordan and Syria, particularly in culture and language, promoted integration of refugees in mental health programs, and Jordanian society as a whole.

6.7. Organizational open-door policies

⁴⁶ Youth Well-being Policy Review of Jordan, OECD 2018.

⁴⁷ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

⁴⁸ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

⁴⁹ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

Offering services to all refugees was highlighted as an effective strategy in Jordan. Many interviewees reported that organizational policies offering services to refugees regardless of circumstances, legal status, or socioeconomic level, allowed them to practice in accordance with their personal and professional ethics. Furthermore, responses indicated lack of documentation was uncommon, and when it did occur, did not pose a barrier to provision of services.⁵⁰

6.8. Effects on the Jordanian healthcare infrastructure

This newly developing system of mental health services for refugees was reported to have regionally advanced the field of mental health and brought new economic and educational opportunities for Jordanian students and professionals. Many described personally learning new skills and finding more career advancement opportunities. This new system has also increased the breadth and availability of services offered to Jordanian citizens, as many NGOs have an external or internal mandate to concurrently provide services to Jordanians.⁵¹

6.9. Community awareness

More than 25% of Jordan's population, mostly youth, still require appropriate psychological treatment due to various mental illnesses. This is not only due to the country's limited ability to provide treatment and psychiatrists capable of addressing this high percentage, but also due to the social stigma that follows the family of the person suffering from a mental illness, preventing many from seeking treatment.⁵²

Reducing or even addressing the increase of the mental illnesses in Jordan, especially among young people, seems to be difficult considering the ongoing problem of the shortage of specialized psychiatrists in Jordan. There is a severe shortage of clinical psychologists and psychological counselors, especially in the public sector, despite the fact that there are many psychological disorders that can be treated with cognitive-behavioral therapy, which is currently considered an essential component of psychiatric treatment. This therapy is available in the private sector and civil society organizations.

The absence of community awareness has also greatly contributed to the production of more accurate statistics on the number of cases among Jordanians, specifically young people, due to the absence of the role of the media in highlighting the importance of mental health in

⁵⁰ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

⁵¹ Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021

⁵² <https://www.alaraby.co.uk/%D8%A7%D9%84%D8%A3%D8%B1%D8%AF%D9%86-%D8%A7%D9%84%D8%A3%D9%85%D8%B1%D8%A7%D8%B6-%D8%A7%D9%84%D9%86%D9%81%D8%B3%D9%8A%D8%A9-%D8%AA%D8%AA%D8%BA%D8%B0%D9%89-%D8%B9%D9%84%D9%89-%D8%A7%D9%84%D8%B4%D8%A8%D8%A7%D8%A8>

Jordan and clarifying the truth behind rumors and mythical stories about therapy sessions, such as electroconvulsive therapy, and considering the patient as insane and practicing rituals of persecution and humiliation by psychiatrists. However, this societal view is beginning to dissolve and shrink with the ongoing increase in the number of cases of mental illnesses, making the Jordanian community more accepting of the idea of psychological treatment.

6.10. Disclosure and Providing Information

Dr. Ahmed Bouaouina, through the evaluation that was carried out in ten governorates and targeted 6,000 citizens and refugees, reflected the existence of what is called "psychological flexibility" among refugees, meaning that they were fully prepared to provide information and disclose their desire to receive psychological support. It turned out that refugees outside the camps do not receive sufficient support, and the biggest challenge for them and Jordanian citizens was the fear of stigma. According to Bouaouina, specialists also faced difficulty in providing support to women more than men and children, as women showed fear and hesitation in disclosure and communication. In addition, the results showed that the host society "Jordan" often tended to seek social and psychological support by communicating with the family and practicing spiritual rituals.

6.11. The impact of COVID-19 on mental health

Liang and others⁵³ assessed the mental health of youth in China following the outbreak of COVID-19 and to identify factors influencing their mental well-being. The researchers conducted a cross-sectional study approximately two weeks after the emergence of COVID-19 in China, with a total of 584 young participants. The study utilized various questionnaires, including the General Health Questionnaire (GHQ-12), the PTSD Checklist-Civilian Version (PCL-C), and the Negative Coping Styles Scale. The results of the study revealed that about 40.4% of the sampled youth were prone to psychological problems, and approximately 14.4% of the participants displayed symptoms of post-traumatic stress disorder (PTSD). Univariate logistic regression analysis indicated that mental health in youth was significantly associated with lower educational levels, being employed in enterprises, experiencing PTSD symptoms, and using negative coping styles. The study's findings emphasize the significant impact of infectious diseases, like COVID-19, on youth mental health. The researchers recommended that local governments implement effective psychological interventions tailored to youth groups. Moreover, they highlighted the importance of considering educational levels and occupations when devising mental health interventions.

Samji and others⁵⁴ reviewed existing evidence of the global impact of the COVID-19 pandemic on the mental health of children and adolescents under the age of 19. The researchers

⁵³ The Effect of COVID-19 on Youth Mental Health, Leilei Liang and others, **91**, pages 841–852 (2020).

⁵⁴ Mental health impacts of the COVID-19 pandemic on children and youth – a systematic review, Hasina Samji and others, <https://doi.org/10.1111/camh.12501>, 2021.

conducted a comprehensive search of peer-reviewed and preprint research published in English from January 1, 2020, to February 22, 2021. The review included 116 articles presenting data on a total of 127,923 children and adolescents, with an additional 50,984 proxy reports (e.g., parents, healthcare practitioners) and over 3,000 chart reviews. The findings revealed several significant mental health impacts on children and adolescents during the pandemic. The results indicated a high prevalence of COVID-19-related fear among young people, along with increased depressive and anxious symptoms compared to pre-pandemic estimates. Certain subgroups were found to be more vulnerable to negative mental health outcomes, including older adolescents, girls, and children and adolescents with neurodiversities such as Autism, Attention deficit Hyperactivity Disorder (ADHD), Dyslexia, etc. and/or chronic physical conditions. Moreover, the study highlighted the mental health deterioration experienced by many children and adolescents due to pandemic control measures, such as home confinement, suspension of regular school and extracurricular activities, and physical distancing mandates. However, the research also identified some factors associated with better mental health outcomes in young individuals. These included engaging in physical exercise, having access to entertainment, maintaining positive familial relationships, and receiving social support. The study's conclusions emphasized the urgent need for practitioners and policymakers to pay close attention to the mental health of children and adolescents, especially those in higher-risk subgroups. Collaborative efforts are essential to mitigate the short- and long-term mental health effects of the pandemic on this vulnerable population.

Nearchou and others⁵⁵ provided a systematic review of the psychological impact of the COVID-19 pandemic on youth mental health. The researchers conducted a mixed methods integrated review, searching eight databases for empirical studies focusing on young people aged 18 years old or younger. The selection process followed the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines. The study included 12 eligible studies, with a total of 12,262 participants. The findings of the systematic review revealed that the COVID-19 pandemic had a significant impact on youth mental health, particularly leading to increased levels of depression and anxiety in adolescent cohorts. The pandemic caused widespread disruption in the lives of children and adolescents globally due to school closures and other measures implemented to control the spread of the virus. The researchers noted that all the included studies were of low or moderate methodological quality. The impact of the pandemic on young people's lives highlighted the need for robust research evidence to inform policy decisions. Therefore, the study emphasized the importance of improving the methodological quality of future research in this area. In conclusion, the COVID-19 pandemic has had a considerable impact on youth mental health, with depression and anxiety being prominent issues among adolescents. As the pandemic caused disruptions in various aspects

⁵⁵ Exploring the Impact of COVID-19 on Mental Health Outcomes in Children and Adolescents: A Systematic Review, Finiki Nearchou and others, *Public Health* 2020, 17(22), 8479; <https://doi.org/10.3390/ijerph17228479>

of young people's lives, there is a need for high-quality research to better understand and address the psychological consequences and inform effective policy measures.

7. Mapping of Services

7.3. Public Sector: Role of the Ministry of Health

Jordan has been identified as a country in need of intense support for strengthening the mental health system. It was chosen as the first country to implement WHO's mental health action programme (mhGAP) from among six countries across the globe.

In 2008, WHO partnered with Jordan's Ministry of Health and the Jordanian Nursing Council, under the Royal Patronage and support of HRH Princess Muna Al Hussein, on a reform of the mental health system, based on evidence and best practices. The first national mental health policy and action plan was developed by a National Steering Committee representing a large number of stakeholders. In the organization of mental health services, the focus has been shifted from purely hospital care to community-based services, using the bio-psychosocial model of health that encompasses a multidisciplinary approach among different healthcare team members to address biological, psychological and social influences upon one's functioning.

Integrating mental health into primary health care is one of the main components of the reform, through the implementation of mhGAP. More specifically, the program aims at scaling up services for mental, neurological and substance use disorders while offering treatment options for depression, schizophrenia, epilepsy and other main mental conditions in primary health care facilities, thereby meeting the needs of most of the population even where resources are scarce. The implementation of the mhGAP has started with training and rigorous supervision to health care practitioners in Amman, Irbid and Zarqa. At the secondary level of care, three outpatient community mental health centres have been established in the same areas to ensure availability, accessibility, and quality service provision where people work and live. In addition, acute inpatient model units within general hospitals in the Ministry of Health and at university facilities have been established instead of being limited to psychiatric hospitals.

According to a statement by the Director of Health Insurance Administration at the Ministry of Health, Nael Al-Adwan, 200,000 people visited the Ministry of Health's psychiatric clinic in 2021, discussing the government's intention to "develop mental health services."

He said, "52 psychiatric clinics are affiliated with the Ministry of Health and spread across the Kingdom," and 55 private sector psychiatric clinics, most of which are based in Amman.

There are 135 registered psychiatrists in the Jordanian Psychiatric Association, in addition to 40 specialists in psychiatric diseases in the Ministry of Health, according to the head of the Jordanian Psychiatric Association in the Doctors Syndicate. He noted that "5% of those who

suffer from severe psychological disorders and confirmed that there is no obligation to treat the psychiatric patient according to the Public Health Law.

The "budget for mental illnesses falls within the Ministry of Health's general budget," explaining that "psychiatric illnesses may consume 2-3% of the budget in 2022," where there is no specific and fixed budget deducted from the Ministry of Health's budget for mental health," according to the Director of Health Insurance Administration at the Ministry of Health, who added: "The workforce in mental health is small compared to advanced countries."

Psychiatric medicine advisor Waleed Sarhan saw that "the concept of psychiatric medicine is to bring about a change in thinking, feeling, and behavior." He noted that "the cost of a psychiatric doctor's examination in the private sector is not within the reach of every citizen," pointing out that "no one has used the private psychiatric insurance due to the loss of confidentiality.

Regarding treatment prices, a single session in private clinics costs patients and their families between 50 to 70 Jordanian dinars, in addition to the fact that the cost of some medications can exceed 450 Jordanian dinars per month. As for Syrians who have refugee commission insurance, it enables them to access free services from the government healthcare sector. However, this insurance does not cover the private sector.

Insurance companies distance themselves from covering mental illnesses and consider them to be unnecessary luxuries, while the Ministry of Health reveals that only 5% of Jordanians can afford treatment due to the high cost. Meanwhile, more than 80% of patients lose the opportunity to receive even the minimum level of treatment.

All of this happens while the Jordanian Ministry of Health asserts that it provides treatment for mentally ill patients in the kingdom. However, the World Health Organization reveals that the kingdom's ability to provide treatment does not exceed 2% of total healthcare expenses.

The matter does not stop there. The scarcity of specialized clinics for treating mental illnesses has witnessed and continues to witness a huge increase in the number of patients, making achieving ideal treatment almost impossible. Due to the scarcity of clinics, private clinics are limited to the capital, Amman.

7.4. Civil Society Organizations:

7.4.1. Role of the World Health Organization⁵⁶

The World Health Organization (WHO) has given great importance to mental health programs, including psychosocial support programs, with the goal of disseminating and applying this

⁵⁶ <https://www.enabbaladi.net/archives/286321>

culture in resource-poor countries where the majority of the population is exposed to disasters and wars, according to the WHO.

In this context, relevant bodies have sought to adopt a global definition and specific programs that can be a standard applied by those individuals and organizations concerned with providing psychosocial support, specifying the target groups of each program.

The global definition of psychosocial support and its programs and target groups is based on several references, including "Guidelines on Mental Health and Psychosocial Support in Emergency Settings" by the Inter-Agency Standing Committee (IASC) and "Psychosocial Support Guidelines" issued by the International Federation of Red Cross and Red Crescent Societies.

It is defined as "a set of activities, responses, and interventions that meet the psychological and social needs of the individual, family, and community and promote well-being."

It is named psychosocial because it targets the individual and his/her different aspects of well-being, including the social aspect.

The group that primarily needs psychosocial support are individuals who have experienced unusual circumstances, such as wars, disasters, or personal crises, noting that the situation differs depending on the level of impact and the individual's or group's need for service.

The most vulnerable groups in society are considered to be in greater need of psychosocial support at different levels, such as children, adolescents, people with disabilities, single women who support their families, survivors of torture and sexual violence, and individuals who have previously been diagnosed with mental disorders.

According to the WHO, the target groups of its mental health program include those exposed to severe stressors, such as refugees, internally displaced persons, migrants, victims of disasters, terrorism, war, or genocide.

Locally, the numbers show the existence of 1,253 psychosocial activities organized during the past year, and support was provided through 35 international and local organizations. 38% of these activities aimed to strengthen the family community, which is the first environment for the individual, and 75% of the services provided were either specialized or non-specialized, including 19% psychological services provided by trained specialists.⁵⁷

7.4.2. Institute for Family Health - King Hussein Foundation

⁵⁷ Mental Health & Psychosocial Support Working Group Report, Interventions Mapping Exercise, October 2017

The Institute for Family Health (IFH) is a regional model providing comprehensive family healthcare services and training for professionals and caretakers in the fields of family healthcare, child protection, and rehabilitation for survivors of gender-based violence and torture. With highly-specialized staff, the IFH provides integrated healthcare including medical and reproductive health services, psychological, social and legal counseling, and services for children with disabilities. IFH also leads national gender-based violence initiatives, conducts human rights awareness programs, and implements capacity building for community-based organizations and other national and international organizations.

IFH operates multidisciplinary women's health and counseling center, a child development unit, and Jordan's first specialized rehabilitation center for trauma victims serving local community members and refugees from neighboring areas of conflict.

Currently, IFH provides its comprehensive family healthcare services to Jordanians and refugees from different nationalities through its work in 26 locations in the refugee camps and host communities in eight governorates across Jordan.

In partnership with several UN agencies and other international partners, IFH has been providing medical, psychosocial, child protection, and rehabilitation services since 2003 for displaced Iraqis and Syrians, as well as refugees of other nationalities residing in Jordan.

IFH also conducts regional training programs on specialized psychosocial interventions, clinical treatment for survivors of rape, gender-based violence, and child protection to teams from Syria, Iraq, Abu Dhabi, Gaza/West Bank, Lebanon, Libya, Tunisia, and Egypt.

In response to the emerging need to address mental health issues, IFH established Jordan's first Trauma Center in 2008 with a support from DIGNITY to provide specialized rehabilitation services to individuals suffering from psychological disorders, survivors of gender-based violence and torture, and other war-related trauma.

In 2013, IFH became a member of the International Rehabilitation Council for Torture Victims. IFH is an internationally recognized national and regional centre providing prevention and rehabilitation services for survivors of domestic violence, sexual violence and other kinds of gender-based violence. IFH case managers conduct case management following SOPs and maintain interagency case management principles and procedures that focus on confidentiality and privacy to ensure the efficacy of the survivor-centered approach. IFH provides social and psychological individual counselling services, couple therapy, group therapy, and support-group sessions for SGBV cases by specialized teams that follow multidisciplinary services.

In addition to the response activities, IFH conducts prevention activities and women empowerment activities for marginalized groups at heightened risk of SGBV, in addition to conducting awareness sessions on gender equality, safety messages, early diagnosis for disabilities, etc. IFH conducts trainings for CBOs and national stakeholders on SRH, SGBV and

PSS related topics; marital counselling, building human personality to face SGBV, life skills etc. The IFH continues to develop its community healthcare hubs into centers of excellence for a broad range of family health issues. The centers provide accessible services to marginalized groups, particularly women, youth, and persons with disabilities (PWDs), with a thrust towards male engagement in all interventions.

7.4.3. The International Medical Corps

The International Medical Corps provides its services in this field to a large number of individuals who receive psychological support. There are 15 psychological medical clinics under the organization in various provinces of the Kingdom, while there are two clinics in the Za'atari and Azraq refugee camps. Medical examinations have shown that refugees within the camps receive greater psychological support than those distributed in other areas of the Kingdom, and they are in dire need of this support, care, and follow-up, as it has a positive impact on their psychological stability, especially children.

With a total amount of \$14 million in 2018, the support provided is distributed to the training phase of support providers, in addition to providing the necessary equipment for monitoring, as well as providing logistical support for volunteers of doctors and specialists to contribute to facing challenges and supporting local authorities, whether centralized or decentralized.

The figures revealed that the International Medical Corps carried out around 18,000 home visits for examination and treatment, in addition to 540,000 sessions for managing cases, and 17,000 cases were visited in the field of child protection interventions, in addition to providing support for women's reproductive health care. It also confirmed the importance of such cooperation, which is part of global support for Jordan as a host country for refugees, who constitute about 20% of the total population.

The International Medical Corps was established in 1984 by volunteer doctors and nurses as a non-political, voluntary organization whose mission is to improve the quality of life through health interventions and related activities that build local capacities in deprived communities worldwide. Since its inception, the International Medical Corps has provided \$1.4 billion in aid to millions of people in 70 countries around the world.

7.4.4. Care International

As part of the CARE's response under the Syria Regional Response Plan (3RP), CARE International in Jordan is providing Psycho Social Support (PSS) to refugee and Jordanian women, girls, boys, and men in urban areas and Azraq camp, covering the second and the third layers of IASC's intervention pyramid; community and family supports and focused, non-specialized supports. The main purpose of the PSS program is to protect them from

psychosocial distress, improve their emotional and social well-being, and strengthen their coping mechanisms and resilience.⁵⁸

With more than twenty-one Jordanian staff as of August 2021, according to CARE, the program has benefitted over 44,627 women, 17,936 girls, 19,265 boys, and 33,049 men including 94,421 refugees and 20,456 Jordanians to date. There are eight safe spaces at CARE's community centers in urban areas (Amman, Mafraq, Zarqa, and Irbid) and Azraq camp.

How did it happen?⁵⁹

- Support the staff: CARE has 21 Jordanian staff on the program who run 8 eight safe spaces at CARE's community centers across cities (Amman, Mafraq, Zarqa, and Irbid) and Azraq camp. Those staff change lives.
- Connect people to each other. The project set up peer support groups so refugees and host community members could build networks and communities. That's one of the activities value most.
- Build bridges beyond direct activities. Members in the group check up on each other outside of CARE. Some women use Whatsapp to stay in contact and ask how each other are doing. Some groups of men arrange visits to each other's houses to provide support.
- Work with refugees and host communities. The project works with 94,000 refugees and 20,000 Jordanians to make sure that the most vulnerable people in a community get help, no matter where they come from.

7.4.5. Mercy Corps

Mercy Corps believes that young people can be 'leaders of today' if they are given the necessary support and opportunities to thrive. 'Nubader: Ambassadors of Nature' project was undertaken by Mercy Corps Jordan with the goal of enhancing the well-being and resilience of Jordanian youth and better prepare them for an uncertain future.⁶⁰

"Nubader: Ambassadors of Nature" was implemented to support youth in Ajloun in partnership with The Ministries of Youth and Environment and Eibeen Ebileen Sports Club in Ajloun and was made possible thanks to funding provided by the United States Government. The Ambassadors of Nature was targeting at-risk Jordanian and Syrian youth through nature

⁵⁸ <https://reliefweb.int/report/jordan/jordan-impact-assessment-care-s-psychosocial-support-program-december-2021>

⁵⁹ <https://www.care-international.org/stories/providing-psychosocial-support-jordanians>

⁶⁰ <https://jordan.mercycorps.org/blog/ambassadors-nature-empowering-adolescents-thrive>

based engagement and consisted of 24 structured outdoor and indoor sessions. Initial sessions introduce meditation, breathing and other self-regulatory work.

The program also included workshops where youth and adolescents received psychosocial support as well as basic technical and physical skills training in order to enhance their psychological well-being and provide them with the tools they need to cope with stressors in their surrounding environment. A caregivers program was running in parallel to the youth programming to promote healthy communication, and equip caregivers with the skills they needed to take on more active roles in their youth's lives.

During the program, a special emphasis was placed on empowering adolescent females. The participating girls were engaged in outdoor physical activities such as hiking, rock climbing, and camping through which they learned how to manage stress, build personal resilience and confidence. As a final step, the girls got the chance to design and lead six outdoor sessions for their caregivers which helped cultivate trust and strengthen intra-family relationships.

7.4.6. "We Are" Initiative

"We are" is a youth initiative that aims to achieve the third goal of the Sustainable Development Goals - health and well-being - with a focus on mental health. The initiative seeks to achieve three main goals:

- 1- Raising awareness among youth of their rights to mental health.
- 2- Facilitating access to mental health service providers in Jordan.
- 3- Raising awareness among youth of mental health and the extent of its impact on daily life and activities.

The most important outputs of this initiative are:

Psychological Services Guide: aimed at clarifying the places where psychological treatment can be obtained in Jordan, whether free or paid, or online or through visits.

Stories: aim to show the suffering of individuals with mental disorders, and through them, we seek to raise awareness of mental disorders and reduce the stigma attached to this group.

Psychological support sessions: Several psychological support sessions were held during the COVID-19 pandemic, in addition to several courses aimed at raising awareness of how to maintain mental health through positive practices.

Videos: Several videos have been published aimed at raising awareness among individuals of their rights to mental health based on international treaties and conventions.

Summer camp for mental health: The summer camp for youth mental health was held in Aqaba Governorate, and the camp aims to develop emotional and social intelligence skills, in addition to learning ways to promote mental health and self-care practices.

Mental Health Seminar for Youth: A seminar entitled "Mental Health for Youth in Jordan" was held, aimed at understanding their mental health needs and self-care, in addition to opening the door to discussion in order to present ideas aimed at developing a program concerned with mental health among youth in Jordan. This is done by presenting ideas, discussing them, and giving participants the opportunity to share their opinions and questions through the Zoom application

7.4.7. Our Step Association

is considered the first health care organization in the Arab world dedicated to providing services to people with intellectual disabilities. It was established in the city of Al-Rusayfah in 2010 by people with these disabilities themselves, with the support of the Ministry of Health and the World Health Organization. The association aims to advocate for the rights of psychiatric patients, support them, and empower them.⁶¹

Individuals with mental disorders are classified as having disabilities, based on the inclusive definition of disability as stemming from environmental and behavioral barriers that prevent a person from accessing the set of rights and freedoms guaranteed by the human rights system of the United Nations.

The association's reference on this basis is the International Convention on the Rights of Persons with Disabilities, which Jordan has ratified. The association seeks, through its various activities, to change stereotypes and raise awareness in society about issues and rights of people with intellectual disabilities, leading to a society where this group exercises its full rights away from all forms of abuse, discrimination, and social stigma.

It also aims to push towards the development of policies and legislation that ensure the promotion of the rights of people with this type of disability, and to develop the regional plan for mental health in cooperation with the World Health Organization. The association has also contributed to the development of the National Strategic Plan for Mental Health 2011-2012, through its participation in the National Technical Committee for Mental Health in the Ministry of Health. Additionally, it effectively participates in consultation groups for draft shadow reports (civil society reports) on the implementation of the Convention on the Rights of Persons with Disabilities in Jordan.

The association organizes awareness-raising workshops to build the capacity of people with intellectual disabilities. It also holds training courses for them in areas such as computers,

⁶¹ <https://ourstep.org.jo/>

English language, sewing, and handicrafts, and showcases their products at charitable bazaars organized for them in schools, universities, and hospitals.

7.4.8. Circle of Hope⁶²

Anti-stigma campaign against mental illness: The Amal group for mental health awareness is conducting a media campaign to raise awareness about combating the stigma associated with mental health. This achieved through a series of videos providing information on mental health, as well as debunking myths surrounding mental health. Volunteers assisted in filming the videos and creating the content.

As part of the third goal of sustainable development - good health and well-being - the Amal initiative aims to hold a dialogue workshop with young people to understand their mental health needs and self-care, as well as to open up a discussion to present ideas aimed at developing a mental health program for youth in Jordan. This will be done by presenting ideas and discussing them, giving participants the opportunity to express their opinions and ask questions via the Zoom application.

The Amal team prepared a specialized monthly magazine on mental health, which focuses on publishing articles, news, research, and studies related to mental health, with the aim of raising awareness among members of society. Volunteers assisted in preparing the magazine by writing, editing, and designing its content.

7.4.9. Center for Victims of Torture - CVT Jordan⁶³

CVT Jordan was established in Amman, Jordan, in 2008 to help highly traumatized Iraqi refugees suffering from the effects of torture and war. The work expanded to care for Syrian refugees who started arriving in Jordan when the conflict began there. And expansion continued over the years. Today, CVT Jordan extends rehabilitative care to refugees from multiple additional countries, including Eritrea, Somalia, South Sudan, Sudan and Yemen.

Torture and war affect all aspects of a person's life and go beyond the individual to the family and the community. As part of the holistic healing approach, CVT Jordan provides mental health, physical therapy and social referrals and case management. Our healing services are provided by professional, local, clinical staff.

Psychotherapeutic services help survivors reduce very high levels of distress and improve their ability to function effectively within their families and communities. Physical therapy helps survivors decrease the pain and disability of torture, increase body awareness and self-

⁶² <https://www.nahno.org/ngo/Circle-of-hope-69879>

⁶³ <https://www.cvt.org/jordan>

regulation, and regain function in daily living by learning techniques to self-manage their conditions over time. Social services provided by social workers ensure refugees' needs are being met.

Follow-up assessments are conducted at regular intervals to monitor and track progress. Improvement is both statistically significant and meaningful with reductions in depression, anxiety, posttraumatic stress, somatic, and behavioral symptoms, and an increase in the number of supportive relationships. After receiving care from CVT, survivors consistently report increased hope, better coping skills and improved relationships.

CVT Jordan also builds local mental health and physical therapy resources by developing specialized trauma treatment skills for mental health and physical therapy staff. Our intensive training is focused on trauma treatment, with staff learning alongside experienced trauma psychotherapists and physical therapists. The counselors, physical therapists and social workers provide culturally appropriate care and continue to act as mental health, physical therapy and social services providers, advocates and educators long after our work in Jordan is completed.

CVT also provides training for the staff of other organizations, including health and social service providers, university students and others to increase their understanding of the effects of torture and war trauma and the benefits of mental health and physical therapy within a multidisciplinary approach.

7.4.10. The Royal Health Awareness Society (RHAS)

RHAS recently launched activities concerned with mental health, under the theme: "Mental Health Care is a Right for All, Let's make it a Reality,". They provided physical activities which aimed to showcase importance of sports on improving psychological health, in addition to drawing murals to support people suffering from mental illnesses and reduce related discrimination.

The RHAS launched, in cooperation with the World Health Organization (WHO), a school mental health program, which trains school staff on the skills of detecting mental illness problems among students, teachers and the local community.

The RHAS, an initiative of Her Majesty Queen Rania Al Abdullah, aims to increase health awareness and empower the local community to adopt positive healthy behaviors.

7.4.11. European Union Delegation to Jordan

Public health workers at the Ministry of Health clinics attended a four-day training on mental health gap intervention to improve the diagnosis and management of common mental

illnesses, including depression, psychosis, and behavioral and psychological disorders in children and adolescents, as well as assessing self-harm and suicide.

As part of the Care program, funded by the European Union in Jordan and managed by AECID, 320 public health workers in Mafraq, Ajloun, and Tafileh were equipped with knowledge on how to detect and evaluate patients who may show signs of mental health disorders to improve the provision of healthcare services.⁶⁴

7.4.12. Médecins Sans Frontières- Doctors Without Borders

Médecins Sans Frontières, sometimes rendered in English as Doctors Without Borders, is an international humanitarian medical non-governmental organization of French origin best known for its projects in conflict zones and countries affected by endemic diseases. It was founded in 1971 in Paris by a group of journalists and doctors. It provides many psychological services, including:

- Psychological support in emergencies: whether it is a natural disaster such as an earthquake, or a human disaster related to conflict and displacement.
- Psychological Support: psychologists conduct individual or group therapy sessions, often by people who have been trained in counselling techniques or by psychologists and psychiatrists.
- The psychological impact of coexistence: People with life-threatening diseases, such as HIV or tuberculosis, for example some chronic illnesses followed by depression.
- Psychiatric illness: Psychotherapy is usually combined with general medical care

7.4.13. United Mission for Development and Relief UMR

The psychological support project was launched in 2015, and it targets the refugee community in addition to members of the local community, and provides services in several main forms, namely:

- Psychological awareness sessions.
- individual and group psychotherapy sessions.
- and referrals.

UMR addresses vulnerabilities causes and delivers timely, appropriate, and effective basic needs services, helps build resilient and healthy communities, with a particular emphasis

⁶⁴ <https://south.euneighbours.eu/ar/news/alathad-alawrwby-yhsn-tqdyim-khdmat-alsht-alnfsyt-fy-alardn/>, April 15, 2023.

on supporting women to engage in sustainable livelihoods and fosters and contributes to the sustainable development goals 2030 through close partnerships and coordination with GoJ and I/NGOs and communities.

UMR integrates their global partners' services to provide comprehensive relief and development aid to underserved communities around the world. UMR accomplishes this humanitarian mission by blending advocacy, youth mobilization, disaster response, aid delivery and empowerment through education. UMR-Jordan office is a representative office for UMR-USA, the office was set up after Syria war 2011. Over the years, UMR-Jordan Office built up strong relationships with partners, donors and stakeholders such as local communities, Jordan government focal points.

7.4.14. Jesuit Refugee Services. JRS

Adults and parents, refugees, or Jordanians who visit the community center will be able to access a range of different services to enhance their capabilities and resilience, as well as enhance their support for their children. The center offers adults an opportunity to obtain a set of psychological services, including:

- Psychosocial support sessions: The program extends from 34- months for a number of adults between 10-15 people (male or female) who attend the center once a week.
- Individual sessions: The duration and frequency of these sessions are determined by psychologists.
- Referral services. The center also provides referral services to specialized psychotherapy centers.

7.4.15. Collateral Repair Project - CRP

Their trauma relief and educational programs with psychosocial focuses are as follows: ⁶⁵

Art Club: Creative space where participants can build community and express themselves through visual art activities. Open to all levels of artistic ability.

Gender-Based Violence and Women Empowerment: Program to increase understanding of gender-based violence at community, family, and personal levels. GBV is men's only and Women's empowerment is women only. Topics including sex, emotional maturity and expression, human trafficking, violence against women, children, and families, stereotype, human rights, shock, and self-care.

⁶⁵ <https://www.collateralrepairproject.org>

Keystone: Program designed to help maintain and improve the health and wellbeing of men in our community. Participants learn strategies for healthy living and stress relief. Men have an opportunity to exercise and build relationships with other individuals in the community. Before getting to the exercise portion of Keystone, they also participate in a weekly discussion about topics related to self-empowerment and healthy lifestyle.

Diwaniyyeh/Men Group: A sharing circle where men in our community can discuss different topics including problems and emotions they are dealing with on a week-by-week basis. The group is a safe space for them to share how they feel and build community.

Massage: A massage program led by a local masseuse that provides stress-relief for women in our community. Guide to Psychological 26 Services in Jordan 2020

Mind-Body-Medicine: MBM teaches tools to manage and alleviate symptoms of trauma through self-care and self-awareness. The program relays scientifically validated mind-body skills, such as guided imagery and meditation. This program is available to men, women, and teens.

Super Girls: This program helps girls express themselves and engage with the people and world around them. There are two age groups (upper and lower elementary ages) that each meet three times per week. The girls who attend learn how to process emotion and develop healthy coping mechanisms. The girls learn important skills such as self-awareness and speaking out.

Parents Awareness: Program designed to help parents advocate for their children's education and learn how to handle any potential behavioral problems that may occur.

Yoga: The Yoga Mandala Project sent experts to train members of the local community as well as expat volunteers in trauma-sensitive yoga techniques. These trainees now lead the program and classes and pass their knowledge on to others who are then able to lead their own classes or go home and teach the exercises to their families. Yoga is held for women and men.

Zumba: Zumba is an innovative fitness program that combines international music with dance and interval training. Our Zumba class provides a free and fun way to get moving and work on cardio and muscle endurance. Zumba classes meet once per week and are open to women of all ages.

7.5. Hotlines for suicide and dangerous cases

7.5.1. The 110th Family and Child Line of the Jordan River Foundation

The service provides secretly and for 24 hours which includes three main axes: specialized consultation, psychological support and guidance, and referral to institutions that offer specialized services. The counselors communicate with the caller with active listening and unconditional acceptance, whether they are children or adults, in order to provide

psychological and social assistance, counseling and information as needed. However, the callers are encouraged to take advantage of all the different resources and opportunities available to solve their problem and face their conditions. Follow up with callers and service providers to ensure the quality of the services provided.

7.5.2. 911

It is the main landline for emergency in Jordan, but additional hotline for suicidal attempts was launched to receive suicidal reports in order to provide psychological and social support to whom suffer from psychological disorders and social troubles, it also stands on their family conditions to know the reasons that led to suicide attempts. This will provide protection for victims in the future and prevent them from repeating the same incident through the creation of a specialized office affiliated to the Family Protection Department

7.6. Online sites

Shezlong

Shezlong is the first online psychiatric clinic providing an experience to connect with highly experienced psychiatrists, with the utmost confidentiality and privacy, anytime and anywhere. Where users begin to search for the appropriate therapist within 100 doctors and psychotherapists according to the specialty, language, country or the appropriate price, then book the session appointment according to the available dates and choose the method of payment, and the user can choose to speak with the doctor by video or audio only.

Ilajnafsy

Ilajnafsy offers free sessions for depression and PTSD, which are specialized, confidential, and free sessions offered online

Nafsity

It provides counselling for different problems; psychotherapy, addiction medicine, child psychotherapy, youth psychotherapy, psychiatric drugs. Also, you can find on the website consultations and benefit articles.

Bazrameet

The users send their questions and wait for answers from the psychologists or psychiatrists for free.

Almostshar

This site provides free consulting services in many fields, such as psychological, educational, family and medical consultations. The goal is to enable individuals to overcome the difficulties and problems they face by connecting the people who need help with specialists from doctors and professors in various disciplines. You can submit your advice by requesting a consultation from the main page of the site, after that, you specify the type of consultation you want. The site gives you some advice on how to write your questions in the correct format, besides, the site provides the ability to browse previous consultations provided by others.

Doctornafsy

This website provides free consultations with many other sections that the site contains such as articles related to topics of disorders, psychological problems, addiction problems and concepts of quality of life through written consultations only. Then, the doctor who own the website, answer them for free. You can submit your questions through the official website

8. Findings

The research team at the Information and Research Center collaborated with their partners from civil society organizations (Intermediaries Change Center-Ajloun, Shehabia Charity Association-Karak, Liwan Space- Amman) to conduct three discussion groups in Ajloun, Amman, and Karak. The center made sure to invite ten Jordanian and Syrian youth, both males and females, to gather a substantial amount of information to serve the research objective. According to youth in the focus discussion groups, there are several factors that directly affect the mental health of youth in Jordan. These factors include:

- Decline in the role of families in proper upbringing from childhood to adolescence. This upbringing contributes to shaping the personality of young people, enabling them to overcome potential obstacles, distinguish between right and wrong behaviors, and express themselves while communicating with their family members.
- School and university curricula and teaching methods lack materials on mental health, and there is no training for the teaching staff on topics such as how to release negative energy in students.
- Many provinces in the Kingdom, especially in the north and south, lack mental health care centers. Young people lack knowledge of where to seek help when facing psychological problems, and the available mental health services from different sectors are not properly advertised.
- Lack of trust between young people and mental health centers. Young people feel that there is exploitation by the professionals in this sector in terms of pricing of services and lack of privacy. There have been experiences where some young people felt betrayed by doctors who disclosed information discussed during sessions.



In Jordanian society, mental health is often seen as a stigma. If someone seeks help from a psychologist, it is considered shameful. They may go in secret, but it is not openly discussed. For instance, if a university student seeks counseling on campus and it becomes known, we remember how their reputation was tarnished, leading to social isolation. As a result, individuals tend to hide their struggles and avoid seeking psychological treatment unless they feel that their condition poses a harm to themselves or to society. **Respondent from Karak**

I resorted to receiving psychotherapy sessions from an American web platform that has American doctors, as I believe that privacy would be higher in this way. I prefer not to disclose my struggles to people in my immediate surroundings. Additionally, there is a cultural stigma and shame associated with seeking help from a specialist or psychologist in front of society. It is crucial to recognize that mental illness is not abnormal but rather a condition that the body faces, just like any other illness. It is important for individuals to have self-awareness and realize when they need assistance at a certain stage, as well as understand the importance of expressing their emotions. **Respondent from Amman.**

In Fuhais, a psychiatric clinic within the health insurance, there are a large number of patients, this is a public place and people are coming, and someone can see you standing at the door. Something, it was about her insomnia because of the loss of a dear person. **Respondent from Karak**

- The culture of stigma, customs, and traditions still negatively impacts encouraging young people to seek mental health services.
- The local economic situation plays a significant role in frustrating young people, including the lack of job opportunities, the inability of young people to get married, and the desire of young people to emigrate, but migration options are limited. They are expected to be providers for themselves and their families.

Young people are most susceptible to psychological health shocks, especially young students who are unable to find jobs and don't have financial means. They are struggling financially and don't have the right to enjoy their youth. So, if there are job opportunities; the mental health will be better. *Respondent from Karak.*

- Some young people resort to various practices to alleviate the burden of their psychological state, such as spending time with others, listening to music, seeking solitude, engaging in prayer and Quran recitation, watching motivational videos, engaging in art and drawing, driving a car, changing their usual environment, some individuals preferring to eat large amounts of food, sleeping for extended periods, and participating in sports.
- The participants' opinions varied regarding the category of individuals who experience psychological shocks more than others. One opinion states that young people experience more shocks and disruptions due to going through different stages that are unfamiliar or unprepared for, such as transitioning from school to university and from university to the job market. These transitions create psychological pressure in addition to the social and economic conditions in Jordan, which have a significant impact. Young people have different responsibilities at each stage, and others expect them to fulfill specific tasks based on their gender and position in the family. The young male is expected to marry, work, and provide for his family, and all these economic pressures can lead to a person experiencing multiple psychological shocks and disorders. Another opinion suggests that exposure to shocks is not limited to a specific age group; it is a cumulative process that starts in childhood and may manifest later in life.
- There is a role for religious practices in promoting mental balance, and some believe that religious commitment makes a person more balanced compared to others.
- There is a need to activate the role of civil society organizations and provide sufficient support for projects targeting youth and mental health.

The system itself does not encourage the development of the mental health sector, and it is supposed that civil society institutions should fill this gap. Unfortunately, they do not provide the coverage they should on this matter. It means that I can't find someone to talk about dealing with mental disorders or where a person should seek help. There is no discussion whatsoever on this issue. For example, when attending workshops on violence, it is not mentioned where the perpetrator should turn or what measures will be taken. Based on this, civil society institutions should bear a great responsibility towards this issue. If there is to be improvement in the future, it will be due to collective awareness, nothing more. ***Respondent from Amman***

9. Results

The mental well-being of the youth in Jordan stands at a critical juncture, marked by a prevalence of psychological disorders that have far-reaching consequences on youth. Among the most common disorders encountered among young Jordanians are depression, anxiety, and fear. This emerging landscape has given rise to alarming phenomena, where instances of suicide and attempted suicide have surged, attributing this to the state's and its institutions' inability to effectively grapple with the growing prevalence of psychological disorders. This revelation has brought to light a dire need for holistic strategies and policies that transcend traditional boundaries and respond comprehensively to the multifaceted challenges faced by the Jordanian youth. For young refugees, a distinct set of challenges surfaces. Financial constraints and limited resources hinder their access to essential psychological treatment services. Although young Jordanians are gradually warming to the idea of psychological treatment, the persistent stigma surrounding mental health remains a formidable barrier for refugee youth seeking such services. The following are the most important results:

1. The most prevalent disorders among the youth in Jordan are "depression, anxiety, and fear," while the least prevalent and challenging to overcome and treat are "schizophrenia and bipolar disorder. As for Syrian youth, we find that cases of depression are remarkably prevalent, especially among those residing in camps within closed communities.
2. As a direct result of the spread of these disorders among the Jordanian youth, especially depression, cases of suicide and attempted suicide have seen a terrifying increase, following the failure of the state and its institutions to confront the phenomenon of the spread of psychological disorders.
3. It was noticed that the levels of depression symptoms are higher among young females exposed to violence. On the other hand, for young males, depression symptoms are associated with poor economic conditions and the possibility of alcohol consumption. There is also a relationship between family cohesion and lower levels of depression among young people.
4. The absence of specific legislation for mental health to preserve the right of young people to receive treatment and follow-up while providing a supportive environment for them, and defining the roles and responsibilities of relevant authorities.
5. There is a need to amend some Jordanian laws to consider the psychological aspect of young people and give them the necessary attention they deserve.
6. The phenomenon of the spread of mental disorders among young people is prone to expansion and escalation due to the widening gap between social classes in Jordan and the concentration of wealth in the hands of a very small segment of society. Additionally, the soaring costs of daily living have become overwhelmingly burdensome.
7. Young people experience more shocks and disruptions due to going through different stages that are unfamiliar or unprepared for, such as transitioning from school to university and from university to the job market. These transitions create psychological pressure in addition to the social and economic conditions in Jordan, which have a significant impact. Young people have different responsibilities at each stage, and others expect them to fulfill specific tasks based on their gender and position in the family.

8. There are a number of financial challenges facing young refugees residing outside of camps, such as the cost and availability of transportation to psychological treatment centers.
9. Young Jordanians have become more accepting of the idea of psychological treatment due to the continuous increase in the number of mental health cases among them. However, the stigma remains a major barrier for refugee youth in Jordan to access mental health services.
10. Financial challenges were identified as the most significant barrier to refugee services in Jordan. Clinicians reported service restrictions due to funding and lack of personnel and supplies. Medication shortages were a particular bottleneck, leading to prescriptions for less-preferred medication options or unavailability of psychotropics altogether
11. The shortage of qualified psychological treatment staff, poor quality of psychological services, difficulty in accessing them, and non-specialists encroaching on the field of psychiatric medicine and psychological services under the pretext of inherited religious and social beliefs all play a major role in the likelihood of an increase in the number of young people suffering from psychological conditions
12. There is a clear weakness in the process of coordinating the provision of psychological health services and social support at the national level, which requires the creation of a single umbrella to establish the work of all parties.
13. Poor awareness of available mental health services was common and particularly notable for refugee youth residing outside camps and in rural areas. Absence of screening and misdiagnosis of psychiatric symptoms in primary settings was also identified as problematic, with reported repeating patterns of worsened case severity after delayed mental health care.
14. On average, more young women and urban youth experience negative feelings than male or rural youth.
15. Reducing or even addressing the spread of the mental illnesses in Jordan, especially among young people, seems to be difficult considering the ongoing problem of the shortage of specialized psychiatrists in Jordan.
16. The inefficiency of communication and coordination between organizations, exemplified by no system for sharing records between organizations, or for screening, reporting, and documenting services. This led to suboptimal outcomes, service delays, duplication of services, unreliable referral processes, and lack of accountability.
17. There are challenges in providing mental health services more effectively, including the negative perception of young people with mental disorders, as well as the shortage of human resources and financial allocations.
18. Many provinces in the Kingdom, especially in the north and south, lack mental health care centers. Young people lack knowledge of where to seek help when facing psychological problems, and the available mental health services from different sectors are not properly advertised.
19. Lack of trust between young people and mental health centers. Young people feel that there is exploitation by the professionals in this sector in terms of pricing of services and

lack of privacy. There have been experiences where some young people felt betrayed by doctors who disclosed information discussed during sessions.

10. Recommendations

- The importance of having specific legislation concerning mental health in Jordan is highlighted to ensure the proper handling of mental illnesses, as well as the provision of services and treatment in the best possible manner, prioritizing the needs of the youth. This includes allocating budgets for mental health programs in Jordan that cater to the youth
- It is important for everyone to work on raising awareness about mental health and providing help and support for youth who suffer from mental health problems. The government and local communities should also enhance their efforts to improve social and economic conditions for youth, enabling them to better cope with the psychological challenges they face.
- Increasing financial allocations for providing mental health services and social support in the budgets of ministries and public institutions is essential. There is a need to strengthen the human resources capable of delivering mental health services and to open more mental health clinics to meet the growing demand from the youth.
- Investing in providing mental health and social support services is the best investment in the future in terms of preventing illness before it occurs and in terms of early treatment that reduces the economic, social, and psychological costs on youth
- Jordan has multiple sectors in providing mental healthcare, whether government, such as hospitals of the Ministry of Health, Royal Medical Services, and universities, or private sectors, local and international civil society organizations, and this requires that we have a comprehensive and unified database for all stakeholders in mental health to plan and develop programs that serve the reality of the disease and unify efforts. It is important to have a unified national medical protocol for dealing with mental health cases.
- There is a greater need to provide mental health services and distribute them fairly, in addition to the need for more human resources involved in providing mental health services, and intensifying efforts to monitor the quality of services provided and the suitability and efficiency of their providers.
- Unifying efforts and coming up with a comprehensive national plan to promote the reality of mental health and psychological support contributes to raising the level of therapeutic and preventive mental health programs.
- Raise awareness among young people about mental illnesses, and change the stereotypical image that young people may have towards their peers who suffer from mental health disorders. Advocate for providing all forms of psychological and social support to them, and avoid subjecting them to social exclusion or undermining their self-confidence, as these actions worsen their suffering.
- The necessity of considering mental health an essential part of healthcare services, increasing the number of mental health centers to cover all regions of the Kingdom,

- Increased attention and organizational commitment to policies and practices responsive to the needs and input of both youth and clinicians.
- Hiring refugee youth as peer support professionals, community liaisons, or as mental health clinicians, as a particularly effective approach to reducing stigma and improving access. This strategy aligns with prior research findings and recommendations for using local strengths and resources to develop grassroots approaches for youth health.

11. References

- Abu Ghaida, H. J., & Khalaf, I. A. (2014). Prevalence of depression, anxiety, and stress among young male adults in Jordan. *American Journal of Applied Psychology*, 3(3), 67-70.
- Alhaidar, F. A., Al-Qutob, R., & Al-Zoubi, M. (2019). The prevalence of depression and its association with sociodemographic factors among secondary school students in Jordan. *Journal of Public Health*, 27(2), 189-194.
- Bani-Salameh, H., Yassin, Y., & Yousef, M. (2017). Prevalence and determinants of anxiety and depression symptoms among diabetic patients in Jordan. *International Journal of Mental Health Systems*, 11(1), 1-10.
- Ghandour, L. A., Khoury, B., & Zeinoun, P. (2009). Disordered eating attitudes and behaviors among adolescents in Beirut: Investigating gender and socio-economic status. *Social Psychiatry and Psychiatric Epidemiology*, 44(10), 803-811.
- Jaber, R., Tayem, A. A., & Qatawneh, A. (2017). The association between physical activity, mental health, and quality of life among university students in Jordan. *Journal of Physical Activity and Health*, 14(8), 613-618.
- Khader, Y., Batiha, A., & Ajlouni, K. (2009). Underweight and the risk of depression in Jordanian adolescents aged 12-17 years. *European Child & Adolescent Psychiatry*, 18(6), 351-357.
- The annual report issued by the Ministry of Health in 2021
- The National Center for Human Rights report , 2011,
- Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan, Majd Al-Soleiti and other, 2021
- Depressive Symptoms Among Jordanian Youth: Results of a National Survey, Leyla Ismayilova, Olimat Hmoud , Esra Alkhasawneh , Stacey Shaw , Nabila El-Bassel, 2013.
- Youth Well-Being Policy Review Of Jordan, OECD 2018
- Prevalence and Correlates of Depression, Posttraumatic Stress Disorder, and Suicidality in Jordanian Youth in Institutional Care, Robin E. Gearing, 2015.
- Effectiveness of Community Based Mental Health Education Programs on Mental Health Issues Awareness Level Among Students in Jordan, Ala Abojaradeh and others, 2018.
- Youth Well-being Policy Review of Jordan, OECD 2018.

1. Annexes

Focus Group Tool

- What is the role of the family in providing psychosocial support to young people?
- What is the role of the community in supporting the mental health of young people?
- What is the role of universities, curricula, and courses in preparing students and enhancing their psychological readiness?
- How can universities and educational institutions activate their role in raising awareness about mental health?
- What are the obstacles preventing young people from accessing and receiving mental health services?
- If mental health services were fully available and accessible at all times, would there be a desire and motivation to seek them, or would there be other obstacles?
- What are the situations that, in your opinion, could lead to psychological trauma or the need for psychological assistance?
- What do you do when you need psychological assistance, whether it's an emergency or a less urgent situation?
- Do you know anyone who has experienced psychological trauma in the past, and what were the causes?
- Did you have a role in assisting that person?
- Have you personally experienced psychological trauma? (Any event perceived as harmful or threatening that has a long-term impact on a person's well-being) as a result of a specific experience you have been through?
- In your opinion, what are the typical reactions when exposed to incidents that create an extraordinary psychological burden?
- What can you do to overcome shocking situations? When do you feel the need for help, and where do you seek assistance?
- In your opinion, how can others provide assistance? Who deserves assistance?
- Do you know any organizations or entities that provide psychological assistance, counseling, psychosocial support, referrals to relevant institutions, or raise awareness about the importance of mental health? Whether they are non-governmental organizations, the public sector, or the private sector.
- Are the services free or paid, and are they available permanently or temporarily?
- Are young people more prone to psychological trauma and disorders than others, and why?
- Are refugees more susceptible to psychological trauma and disorders than others, and why?
- Is there a difference between males and females in terms of exposure to psychological trauma and disorders, and why?
- What do you believe can be done or what is required to improve the quality of mental health services in Jordan?
- What can be done to encourage young people to seek psychological assistance, and who should take the initiative (schools, media, civil society organizations, private sector, local community, parents, family)?