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Jordan's Mental Healthcare System

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Jordan's Mental Healthcare System

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Abstract

Mental illness is a serious health concern often neglected in healthcare schemes in countries around the world. This study surveyed the mental healthcare system in Jordan through interviews with a former student, an academic, a public and private practitioner, a representative of the WHO, and a representative of the Jordanian Ministry of Health (MoH) and a survey among students of the University of Jordan in order to describe the system in Jordan and discover common perspectives toward the system. Results show that the system is in need of increased access to mental healthcare, decreased stigma regarding mental illness, and increased options in treatment. The MoH's current initiative to integrate mental healthcare into primary healthcare is supported, but it is also suggested that significant education initiatives take place to lessen stigma and increase the number of trained professionals in Jordan.

Jordan's Mental Healthcare System

Introduction

Affecting about a quarter of the global population over the course of their lifetime (Hijazi, 2009), mental illness is a serious health concern and is expected to be the second leading cause of death after heart disease by the year 2025 (Maayeh, 2008). However, despite the severity of mental illness and the devastating emotional, social and financial toll it can take on individuals and nations, many countries do not have strong mental healthcare sectors and are not equipped to adequately treat individuals with mental illness. With much of the literature on mental health being conducted in the West and by Western mental healthcare professionals, a lack of cultural sensitivity among existing global resources has also been reported.

As an aspiring member of the above mentioned community of Western mental healthcare professionals, I recognize the importance of cultural sensitivity not only in mental healthcare, but in all intercultural interactions. For any mental healthcare professional with goals similar to my own – that is, to practice clinical psychology internationally, specifically in the field of child psychopathology and with traumatized populations – the following descriptive study of the infrastructure of and public opinion toward mental healthcare in Jordan could be an invaluable resource to practicing in the country and the region with greater cultural sensitivity and, therefore, greater success for patients. A bank of such resources, or guides, for every country could be an even greater resource to mental healthcare professionals working outside of their home country in gaining familiarity with cultural aspects of the local mental healthcare system that might impact their work in the country. Therefore, in the hopes of the future existence of such a database, the expectation of working clinically with international populations in the course of my career, and with the desire to learn more about a non-Western mental healthcare system, I have researched the mental healthcare system of Jordan with the goal of describing existing resources, presenting perceptions toward mental healthcare among the general population,

identifying positive aspects of the system that could be exported to other systems, and suggesting aspects of the system that could be improved.

Suggestions for improvement, compiled from a comprehensive review of the system, could also be of great use to the Jordanian government and mental healthcare leaders. In addition to a broad, quantitative review of the system addressing available resources, education programs, and roles of mental healthcare professionals in Jordan, this study also examines public perception of mental illness, treatment and healthcare professionals. The review of the system will likely reveal obvious items for improvement – such as the low ratio of 1 psychiatrist to every 100,000 members of the general population (Jordan Ministry of Health) – while the public opinion survey may yield more subtle suggestions. For example, if the majority of the public feels that education regarding mental health should begin before high school, perhaps this would be an easy, popular first step for the government to take in improving the system by increasing knowledge of mental illness and lessening stigma.

Far from being a topic of interest only to interloping psychologists, this research is further relevant to Jordan and the Middle East region as, firstly, mental illness strikes everywhere, without discrimination, and, secondly, the Middle East in general, and Jordan specifically, faces a growing population of traumatized individuals through refugees fleeing crises such as the Iraq war, the Israeli-Palestinian conflict, and the violence in Syria. Among the many services these refugees are lacking is adequate mental healthcare, leaving entire generations of various nations to battle not only for their freedom and dignity but for their sanity as well. Such fractured populations could present a huge burden to host nations, or nations rebuilding after the destruction of war, by causing additional costs to the country while not being as productive as healthy citizens. Jordan has faced the crisis of a substantial refugee population for decades and, in light of the many reforms occurring in and around Jordan, it is impossible to know how this population will change in the coming years or how the larger Jordanian

population will be affected by these, increasingly violent, movements. Regardless of whether the refugee population expands or shrinks or whether Jordan avoids the violence engulfing several other Middle Eastern nations, adequate mental healthcare is imperative to the growth of the country and its people. As Jordan strives to improve the quality of life of its people and modernize the country while retaining important cultural traditions, mental healthcare must not be left by the wayside.

Although it is difficult to predict specific statistics regarding the state of the mental healthcare system in Jordan, based on preliminary research I expected to find the system in need of expansion to better reach the general population, increased cultural sensitivity training incorporated into mental health education, decreased stigma against the mentally ill and mental healthcare practitioners, and increased education regarding mental illness for the public. With regards to the public perceptions survey, I expected individuals to be somewhat lacking in knowledge regarding mental health and to have a generally negative view toward individuals with mental illnesses and the people who treat them. My initial findings, and Jordan's status as a low-middle income country by the World Bank, support these, unfortunately, negative hypotheses, yet I also expected to find some positive aspects in Jordan's mental healthcare system that could be exported to systems around the world.

To best describe these findings, I will use a few specialized terms. When discussing a *mental healthcare system*, for example, I am referring to all services related to mental healthcare in the given region. This may include professional services – public and private – traditional services, at home care by relatives, occupational services, and educational programs related to mental health. Similarly, when using the term *mental healthcare professionals*, I am including all trained individuals working in the mental healthcare sector. Some examples of such professionals are psychologists, psychiatrists, psychiatric nurses, professors of psychology, and social workers. *Individuals with mental illness* or *individuals who are mentally ill* are my chosen terms for referring to individuals afflicted with mental

illness as such terms define individuals less by their mental illness than terms such as *the mentally ill*, *an anorexic*, or *a schizophrenic*. Someone with a *mental illness* refers to an individual with severe mental health concerns, either current or in remission, which impacts his/her daily life and quality of living as defined by the American Psychological Association's DSM-IV.

Literature Review

Little research has been conducted on mental health in Jordan or even in the Arab world. With regards to scientific research, statistics gathering, or philosophizing – by Arab or Western authors – the topic of mental health has been, and is, all but ignored in the Middle East. However, mental health in the Middle East and Jordan has been indirectly mentioned in works of early Islamic scholars and, recently, addressed by national and international agencies working to create a database of statistical information on the matter and improve services to refugees in the region. This review will examine literature addressing mental health in the Arab world from its earliest mentions in the literature, to the most recent articles on the topic.

Haque (2004) describes theories regarding psychology collected from Islamic scholars from the 9th-13th centuries. In most cases, psychology was referred to in Arabic as 'science of the self' and included theories on the heart, spirit, intellect and will (Haque, 2004). Although most authors addressed psychology in a philosophical manner, a few examined mental health scientifically. Al-Majusi, a scholar of the 10th century, for example, wrote the "Royal Notebook" in which he provided complete descriptions of mental diseases and the brain and emphasized prevention over treatment (Haque, 2004). Ayn Zarbi, of the 12th century, is distinguished by his exclusive focus on physical causes of mental illness (e.g. brain injury) rather than attributing such illnesses to evil spirits and other supernatural causes as was the trend in his time (Haque, 2004). Similarly, several scholars recognized the link

between psychological and physical illness and discussed psychosomatic disorders – disorders involving both the mind and the body (Haque, 2004). Several other psychological disorders we are familiar with today were also identified, such as: depression, neuroses, psychoses, hysteria, epilepsy, and delusions (Haque, 2004; Knowles & Sabourin, 2008). Treatments were also devised, including: cognitive therapy, psychotherapy or “wise counseling,” positive therapy, catharsis, music therapy, and dream interpretation (Haque, 2004, p. 361).

In some cases, more elaborate theories regarding the psyche were created. Scholar Al-Safa, of the 10th century, wrote about three aspects of the human soul: the vegetative, which manages basic functions for living; the animal, related to perception and emotion; and the human, thought to be responsible for thinking and talking (Haque, 2004). Al-Ghazali, a scholar of the 11th century, divided the self into three categories (based on Koranic writings) Western psychologists may be familiar with: a self that encourages one to fulfill one’s pleasure, a conscience, and one’s ideal self (Haque, 2004). Freud’s Id, Ego, and Superego no longer appear as groundbreaking when one considers comparable theories existed over 800 years earlier. However, considering that these early Arab works were heavily influenced by Greek philosophy, as some of Freud’s own work was, the connections are not surprising (Haque, 2004).

The work of these early scholars appears promising for a rich culture of knowledge and acceptance of mental healthcare – why, then, has there been apparently little research and little concern with mental healthcare in the Arab world in recent centuries? As with many other sciences, study and discussion of mental health declined significantly in the 14th century when scholars and leaders concluded that everything Muslims needed to, and should, know was best known at the time of the prophet (Haque, 2004). This led to the closing of the Ijtihad – or ‘free interpretation’ – and rendered innovation forbidden (Haque, 2004). Psychology as a science did not develop in most Arab

countries until the 20th century, with universities serving as a catalyst for the development of the discipline (Knowles & Sabourin, 2008).

Today mental health in the Middle East focuses largely on health concerns related to trauma as the significant exposure of the population to trauma in the region has led to an increase in PTSD, tension, stress, depression, death obsession, pessimism, anhedonia, fatigue, somatic complaints, weak concentration and sleep problems (Knowles & Sabourin, 2008). Other dominant concerns for the region include crises of identity among some Arab youth, a lack of culturally sensitive psychological instruments, and the psychology behind acts of terrorism in individuals (Knowles & Sabourin, 2008). Goals for changes were discussed during the second Middle East and North Africa Regional Conference of Psychology, held in Jordan in 2007, and included: the need to redefine patients and care in terms of solutions and abilities rather than disabilities; the need for all members of society to be treated like human beings; and the responsibility of society to assist individuals with mental illnesses (Knowles & Sabourin, 2008). Another concern relevant to mental health in the Middle East is the high prevalence of certain genetic disorders thought to be caused by high rates of marriage among relatives (Al-Gazali, Hamamy, & Al-Arrayad, 2006). Consanguinity rates in the Arab world range from 25-60% and among Arab-Jordanians the rate of marriage between first cousins is close to 30% (Al-Gazali, 2006). Because many psychiatric disorders are known to have at least partial genetic causes, this trend could lead to increased mental illness in Arab countries and should be taken into account when developing mental health and community care programs.

In Jordan, the focus on refugees with regards to mental health is almost ubiquitous. Resources for citizens and refugees, however, are sparse with only two psychiatric hospitals in the country (one public, one private) (IRIN: Humanitarian News and Analysis, 2001), and low rates of psychiatrists to the population (1:100,000), psychiatric beds to the population (1:10,000), psychiatric nurses to the

population (.04:100,000), and psychiatric social workers to the population (2:100,000) (Jordan Ministry of Health). According to the Jordan Ministry of Health, there are no national surveys regarding the prevalence of mental illness in the country, there is no section in the Ministry of Health for mental health, and of the 5.6% of the GDP spent on the health budget, the amount allotted specifically for mental health is estimated to be between 1-2%. The World Health Organization (WHO), however, reports that there is no budget allocation for mental healthcare and funds for mental healthcare come from taxing and out of pocket expenditure (2005).

In low and low-middle income countries like Jordan, the WHO estimates that up to 75% of people who require care for a mental illness do not receive it and it is estimated that 20% of Jordan's 5.8 million citizens are in need of psychiatric care (Maayeh, 2008; WHO, 2008). More patients are seeking help, however, and between 2003 and 2008 the number of people seeking help for mental illness in Jordan increased by 30%, raising the number of patients admitted to the public psychiatric hospital in Fuheis to 2,090 (Maayeh, 2008). Such patients "are usually unaware of their disorders and those who seek help are their parents" (Maayeh, 2008, pp. 2).

Another study examined differences in help-seeking behavior between men and women in Jordan. Al-Krenawi, Graham, and Kandah found that there were no significant differences in help-seeking behavior between men and women (2000). Patients of both genders tended to credit their illness to supernatural sources and had sought spiritual help before professional help (Al-Krenawi, 2000). Men tended to believe God was responsible for their illness while women attributed evil spirits as the cause of their mental health concerns (Al-Krenawi, 2000). Researchers also noted that "patients' help-seeking tends to be motivated by overt physical symptoms and the expectation, common among Arab patients, of receiving medicine" and, in fact, all of the patients in this study were prescribed medication, to the exclusion of therapy, as treatment (Al-Krenawi, 2000, p. 508).

With regards to diagnosis, Al-Jaddou and Malkawi found that 67% of patients seen at a primary care clinic in Jordan had a psychiatric illness in addition to physical illness but that only 24% of these cases were diagnosed by primary care physicians (1997). Psychiatric co-morbidity correlated with unemployment and perceived seriousness of physical ailment (Al-Jaddou and Malkawi, 1997). This rate of comorbidity is similar to those in developed countries (63%) but significantly higher than those in Arab countries (47%) – this discrepancy is thought to be due to the significantly higher influx of traumatized refugees in Jordan as compared to other Arab countries (Al-Jaddou and Malkawi, 1997).

The situation for refugees attempting to access mental healthcare in Jordan tends to be more difficult than for Jordanian citizens: Jordan simply does not have the capacity to treat all incoming refugees in the existing system (IRIN, 2001). According to the UNHCR, Jordan is home to 750,000 Iraqi refugees – accounting for about 10% of Jordan’s population – and “now hosts the largest number of refugees, per capita, of any country in the world” (IRIN, 2001, pp. 3). With such high numbers of refugees, Jordan’s mental healthcare system has been overwhelmed and aid organizations have stepped in to assist those in need (IRIN, 2001). Additionally, although Jordan has welcomed hundreds of thousands of refugees from all over the Middle East as guests, the country is under no legal obligation to provide services to refugees as it is not a signatory to the 1951 U.N. Refugee Convention (Gilbert, 2009). Similarly, social protections, such as social security, are not guaranteed rights of non-citizens in Jordan (WHO, 2008). With little public funds available to refugees and a lack of work permits for many, refugees have turned increasingly toward aid organizations for mental healthcare.

Aid agencies too, although several (such as CARE, Mercy Corps, IRC, World Vision, WHO, and International Medical Corps) offer mental healthcare assistance, are overwhelmed due to a lack of funds and training for mental healthcare programs (Gilbert, 2009). Understandably, such groups focus first on fulfilling the basic needs of refugees and therefore allot more funds to financial assistance, material

needs and food aid (Gilbert, 2009). However, even this assistance is minimal and many refugees are not receptive to mental healthcare as they remain in deplorable living conditions and experience food shortages (Gilbert, 2009). Additionally, in many cases, ‘counselors’ have multifaceted roles that include evaluating refugees situations and reporting their material needs to their respective aid agency – thus effectively deciding how much financial and other assistance a family might receive from the agency (Gilbert, 2009). These counselors are also expected to provide psychosocial counseling to refugees but often feel a conflict of interest and feel that they are not trained adequately to effectively counsel refugees (Gilbert, 2009). Appropriate training for counselors is limited and “counselors are not sufficiently qualified to deal with ‘severe trauma’ and there is no established referral system due to lack of capacity in Jordan” (Gilbert, 2009, p.55).

Counseling is further ineffective as counselors tend to be funded for only short periods of time, and thus are unable to form therapeutic relationships with patients (Gilbert, 2009). Additionally, counseling programs are criticized for being culturally insensitive to the population (Gilbert, 2009). In some cases, refugees may use counseling as a way to meet their basic needs rather than address their psychological concerns: “In the view of the counselors, some of the families only attend two or three sessions in order to receive a psychological report to use in their resettlement case with UNHCR” (Gilbert, 2009, p.55).

It is not surprising that untrained, inexperienced counselors encounter difficulties when treating refugee patients. Many refugees, especially recent refugees from Iraq, have experienced trauma such as witness of the death, kidnapping or injury of friend or family, physical or sexual assault, and other traumas (Le Roch, 2010). These traumatic experiences can not only cause psychological distress, but can exacerbate existing mental health concerns and make coping with life as a refugee more difficult and psychologically stressful (International Medical Corps: Jordan; Le Roch, 2010). Life in limbo in Jordan as

'guests,' poor living conditions, and social isolation (one study found, for example, that 77% of Iraqi refugee respondents divided their time between sleeping and watching TV [Gilbert, 2009]) all contribute to poor mental health among refugees (Le Roch, 2010). It has also been reported that many mental health concerns among refugees stem from gender based violence within refugee camps, a report that is indicative of the chaotic, unsafe living conditions experienced by many refugees (IRIN, 2001). Additionally, one study of Iraqi refugees in Jordan found that half of participants demonstrated a state of psychological distress for over one year (Le Roch, 2010).

Poor infrastructure also leads to a dearth of mental healthcare among refugees. As some NGOs criticize: "Jordan's public mental health institutions lack expertise" and it is easy for refugees to get lost in the system (IRIN, 2007). For example, of 2,600 refugee families recommended for more intensive psychiatric treatment by one NGO in 2007, only 150 families received treatment (Gilbert, 2009). When seeking additional care in mental health, refugees are not guaranteed access to public hospitals (although NGO mental healthcare services must be available to Jordanian citizens) and often cannot afford visits to private hospitals or clinics (IRIN, 2001). In some cases NGOs are able to provide funding for visits and medication, but individuals must first overcome the stigma associated with seeking mental healthcare in Jordan (IRIN, 2001).

In order to address the above weaknesses – namely a lack of resources, poor knowledge of mental health among primary care physicians and the public, and strong stigma related to mental illness – the Jordan Ministry of Health identified three key areas to focus on in a recent improvement task-force: incorporating mental health care into primary care; increasing the number of professionals to work at out-patient clinics; and increasing social services in communities. NGOs have identified areas of improvement similar to those outlined by the Jordanian Ministry of Health, such as: "greater development of specialist mental health services", "increased outreach provision," "improved systems

of referral,” and “expansion of peer counseling programmes” (Gilbert, 2009, p. 52). It has also been acknowledged that increased psychosocial treatment, over drug treatment, would likely be more effective for refugees (IRIN, 2001). However, although these deficits have been acknowledged, the human and monetary resources needed to make these changes in the mental healthcare system serving refugees are not available (IRIN, 2001).

Despite the sweeping improvements needed in the system, there are some positive aspects that should be highlighted. For example, in addition to the psychiatric hospital operated by the government in Fuheis, the government runs over 30 outpatient clinics around the country through which it provides free services and cheap psychotropic drugs (Jordan Ministry of Health). Additionally, disability benefits are provided for individuals with mental illnesses (WHO, 2005). Finally, the Jordan Ministry of Health is endeavoring to make improvements in the system by increasing training to mental healthcare professionals to improve access and quality of treatment to patients.

As NGOs and the Jordanian government continue to strive to improve the mental healthcare system in Jordan, cultural sensitivity and compatibility will be an important part of the process. As Haque writes, Western psychology, as is, “cannot be accepted in its entirety by Muslim psychologists” (2004, p. 374). Western psychology developed in a very secularized way and this “secularization of the social sciences led to the development of theories that are deterministic and leave little or no room for human volition” (Haque, 2004, p. 373). For psychology to be more fully accepted and utilized in Islamic countries, therefore, the science must be repossessed by Muslim mental healthcare professionals and made culturally sensitive in a way that reflects the deeply religious nature of Islamic societies (Haque, 2004).

Methodology

In order to gain as broad a perspective of the mental healthcare system in Jordan as possible, I initially intended to interview, or conduct surveys with, doctors in the mental healthcare system (public and private), patients of the mental healthcare system, students and teachers of mental healthcare, legislators involved with mental healthcare, and individuals with no direct connection to the system. I planned to distribute surveys to students and/or members of the general population and to conduct interviews with one or two individuals from each of the other categories of participants. This was a slightly overambitious plan given the time frame of the research period, but, after discussing my plans with my advisor, I was able to interview several individuals connected to mental healthcare in various capacities. I was also able to arrange to distribute surveys to a class at the University of Jordan through the help of my advisor.

The initial contacts provided by my advisor were extremely helpful in beginning my research without having to cold-call individuals in the field and allowed me to get a good background for my subject early in the research process. However, I did find that I had to compromise my original plans for interview and survey subjects. My advisor, for example, cautioned me that it would be very difficult to gain access to patient populations and suggested I focus on other participants in my research. In initial, if somewhat passive, attempts to gather participants from this population, I sent introductory letters regarding the intent of my study to individuals I interviewed working in private clinics who could then decide to pass on the information to patients. Unfortunately, I was not contacted by any patients of the mental healthcare system through this method. I was told it would be even more difficult to meet or interview patients in public institutions as this would require a letter from the Ministry of Health. Therefore, I did not interview patients as part of my research.

For the ease of conducting my research in a short time-period, I also decided to survey students of the University of Jordan – in lieu of ‘the general population’ – for their perceptions of the mental

healthcare system in Jordan as I had a captive audience for the survey and an adequate number of participants through the class arranged by my advisor. Therefore, I did not conduct my survey using a random sample, as intended, and will consider the responses of my student participants representative of the educated youth in Jordan. I also decided not to seek out legislators working with mental healthcare issues as I was unable to identify such legislators and decided it would be more beneficial to my research to focus on individuals in the forefront of mental healthcare in Jordan.

Before beginning the research period, I was able to conduct several productive interviews with individuals connected to the mental healthcare system. In these interviews I used exploratory methods to locate and speak with individuals of interest to my study. For example, I began my research with a visit to the government psychiatric hospital in Fuheis. Upon arriving at the hospital, I spoke to gatekeepers, receptionists, and a manager and was then, fairly easily, allowed access to the outpatient clinic where I shadowed a doctor for most of the morning. Although I did not gain access to patients through this contact, I did make a valuable connection with the doctor I shadowed and followed up with him during the formal research period to conduct an in-depth interview.

Prior to the research period I also discovered a serendipitous possible participant through a fellow researcher who was living with a woman who had studied psychology in Jordan. After requesting an interview through my colleague, I was able to interview this graduate of the University of Jordan's psychology program.

I was fortunate to have quite good experiences by arriving at a location and asking to interview a representative without formal introduction, but, once I began my research and was able to introduce myself and request interviews over the phone or by email, I tried to avoid this tactic. Nevertheless, in some cases it remained necessary to make initial contact in person. For example, in my attempts to contact a representative from the WHO, I received no reply via email and was unable to contact them by

phone. I was, therefore, required to visit their office in an attempt to interview a representative. Similarly, I hoped to interview a representative of the Ministry of Health, but had no contacts at the Ministry and no information about contacting an appropriate representative. Again, I was fortunate in that by being politely persistent I was granted interviews with relevant individuals of these organizations with relative ease and thus concluded my interview process.

Protecting the identity of my participants was of particular importance due to the sensitive nature of mental health. However, participants I interviewed (e.g. doctors and academics) generally agreed through consent form to allow their names and institutional affiliations to be displayed in the study. Patients, had I been able to interview them, would have been my biggest concern with regards to anonymity and identity protection, but, as is, I was most concerned about protecting the identity of survey participants as some of the survey questions addressed their own experience with mental illness and other sensitive issues. Therefore, no personally identifying information was included on the surveys and no information connecting a particular survey to the participant's consent form was included. During survey collection, I ensured that each survey was submitted with a signed consent form at which time they were separated and it became impossible to match a particular survey with its consent form, thereby protecting the anonymity of participant responses. Finally, all documents related to data collection were kept in a secure location.

To ensure the integrity of my participants, I strove to ask questions in a sensitive manner, to offer anonymity when asking particularly personal questions (as on the survey), and to follow up diligently on surprising answers. I rarely felt that interview participants were being untruthful, although I found that some surveys contained contradicting responses. To further ease communication and guarantee understanding, I brought copies of interview questions, consent forms, and explanatory letters in Arabic to most interviews. Surveys were also administered in Arabic. If possible, I provided

interview questions to participants prior to meeting them. In this way I attempted to avoid misunderstandings due to language barriers.

To ensure the integrity of my data, I sought multiple sources and opinions on the mental healthcare system in Jordan including from the government of Jordan, the WHO, and personal opinions from doctors in the public and private sectors, and students and academics of mental health. The facts I gathered were largely consistent, indicating reliability, and the personal opinions regarding the system appeared sincere. Due to time constraints and the difficulty of translating free responses to survey questions, I created a multiple-choice survey for my research. In general, this would not be my first choice of survey method as multiple choice questions can only offer so many options and can be extremely leading despite the writer's best efforts. In addition, I did not base my survey on any prior research questionnaire and so there can be no guarantee that this survey has strong reliability or validity. Although provided with the option of "other" for every question and invited to elaborate on answers in writing, few students utilized those options and I feel that free responses would have provided greater insight into public perception of the mental healthcare system in Jordan. Nevertheless, the survey questions were simple and direct and can yield an interesting base from which to conduct additional research.

The most significant challenge I encountered during the course of my research was gaining access to participants. Cancelled appointments and unreturned emails/phone calls were common but generally overcome. However, access to patients could have added substantially greater depth to the study. Perhaps access to patients could have been obtained through early request to the Ministry of Health or more aggressive recruitment through existing contacts.

As a researcher accustomed to quantitative data, collecting and analyzing qualitative data required adjustments in my style of analytical thinking and writing. For example, many of my initial

interview questions regarded facts related to the mental healthcare system in Jordan and, once answered by one participant, were not very revealing of the individual's perception of the mental healthcare system. As the research period progressed, I began to focus more on questions related to perception of the mental healthcare system and to improve my skills in asking follow-up questions and maintaining focus in the interview.

Unfortunately, but necessarily, I was required to limit the subjects intended in my original research plan and to simplify some aspects of that outline. However, given the time restrictions this study is adequately comprehensive and provides numerous avenues for future research.

Findings

My research included interviews with an academic, a student, a public and private practitioner, a representative of the Ministry of Health, and a representative of the WHO as well as a survey of students of the University of Jordan regarding their perceptions of mental healthcare in Jordan. I will begin by discussing interview findings and follow with an analysis of the survey results.

Interview Results. Many participants confirmed facts revealed in the literature review. For example, Dr. Arwa of the Psychology Department of the University of Jordan discussed the mental health resources available in Jordan including the public psychiatric hospital in Fuheis and the private Rasheed Hospital (2011). In addition to these two in-patient facilities, the University Hospital also has a Department of Neurology which provides short-term, in-patient services and the army provides psychiatric services to military members and their families (Arwa, 2011). There are also about 30 private, relatively unknown clinics that provide mental health services in the country (Student, 2011; Tameemee, 2011). Although government facilities provide psychiatric treatment to patients, they do not employ psychologists and psychology continues to lag behind with only 10-12 psychologists in the entire country

compared to 70-90 psychiatrists (Arwa, 2011). Psychologists are not as readily recognized by the community as psychiatrists – who can prescribe medications – and “have a difficult time” practicing in Jordan (Tameemee, 2011). As medical doctors, psychiatrists can prescribe medication and conduct ‘talk therapy’ while psychologists are not licensed to prescribe medication (Tameemee, 2011). As Dr. Arwa stated, practitioners “want to use it [psychology] but they don’t want to empower it” (2011).

Nevertheless, psychiatric services are available as the Ministry of Health provides free access to mental health services and most schools have at least one counselor (Arwa, 2011). While workplaces typically do not have mental health resources on-site, paid time off is usually available although individuals may not cite the reason for their illness as mental health-related due to stigma (Arwa, 2011). All government employees are provided health insurance which includes mental health as are some employees of large, private companies (Arwa, 2011). Insurance from the government allows 40JD per month to single individuals and up to 180JD per month for married individuals with children (Eyad, 2011).

Over 30 public outpatient clinics are located around the country at which patients can receive free treatment and fill all their prescriptions for just .25JD (Eyad, 2011). Upon their first visit to an outpatient clinic, patients will be interviewed, diagnosed and prescribed a treatment (Eyad, 2011). Medication is the most commonly prescribed treatment and after the initial visit patients will be required to follow up with doctors at the outpatient clinic every two-four weeks for the duration of their treatment (Eyad, 2011). During follow-up visits patients meet briefly with doctors in order to monitor their condition and prescribe refills for their prescriptions (Eyad, 2011). Patients are usually encouraged to continue treatment for at least three-six months but if they do not return there is no system to contact or follow-up with them (Eyad, 2011).

If a patient presents with severe symptoms, they may be admitted compulsorily to the 250-bed government psychiatric hospital in Fuheis (Eyad, 2011). The hospital is divided into male and female sections for chronic illness, acute illness, and forensics (Eyad, 2011). Admitted patients will remain in the hospital for two-four weeks where they will be treated, if stable, with occupational therapy, and are provided with three meals daily, a bed in a group room, basic hygiene needs, and primary healthcare (Eyad, 2011). Patients who are not stable may be kept in isolation until they are calm (Eyad, 2011). According to Dr. Eyad of the government psychiatric hospital in Fuheis, the most commonly diagnosed illness in Jordan is schizophrenia and most patients who come to the hospital lack insight to their illness and are chronic patients (2011). The prevalence of the diagnosis of schizophrenia is thought to be due to the fact that most individuals only seek treatment when symptoms are severely impacting their daily life, as occurs in schizophrenia, to avoid the shame and stigma associated with seeking help for a mental illness (Eyad, 2011). Chronic patients with severe illnesses tend to be in and out of the residential hospital, spending a few weeks with their families and then returning to the hospital (Eyad, 2011). Because most of the patients at the hospital lack insight into their illness, other 'talk therapies' such as psychotherapy, cognitive therapy or behavioral therapy are not employed (Eyad, 2011).

Patients who seek care from the private Rasheed Hospital will pay about 1,000JD a week for their services (Dr. Eyad, 2011). Although there is a common perception that 'private is better,' Rasheed Hospital differs from the government hospital only in the privacy afforded patients by single rooms and the food selection offered – the quality of the doctors, says Dr. Eyad, is the same (2011). However, Dr. Eyad suggested that the quality of occupational therapy and the number of outdoor activities offered in-patients at Fuheis could be improved (2011). Before seeking professional care, at a public or private institution, individuals may seek treatment from untrained individuals professing cures but unable to provide results (Eyad, 2011). When this method fails, patients will likely seek professional help (Eyad, 2011).

Individuals with mental illness are not typically respected by society, often do not marry, and may be hidden away by their families to prevent public knowledge of mental illness in the family (Student, 2011). Even someone related to an individual with a mental illness may face difficulties getting married due to fear that the couple's children will also be affected by mental illness (Student, 2011). There is some attribution, therefore, even if not directly acknowledged, of mental illness to genetics (Student, 2011). Mental illness is seen as shameful and a family's approach to caring for a relative with a mental illness will depend on their socio-economic and educational background (Eyad, 2011).

Stigma remains a significant deterrent to seeking treatment and this is likely due to lack of education (Arwa, 2011). Public schools offer no education in mental health while private schools may offer only a few courses in psychology outside the main curriculum (Arwa, 2011). The University of Jordan offers a Bachelor of Arts, Master's, and PhD. degree in psychology (Arwa, 2011; Student, 2011). Stigma, however, extends to professionals of mental health and few students pursue an advanced degree, whether in Jordan or abroad, and those who do are discouraged from working in Jordan due to negative perceptions of the profession (Student, 2011). Students who study abroad are usually trained in specific theories and therapies and will bring this knowledge back to Jordan (Arwa, 2011). At the University of Jordan, the Psychology Department is heavily influenced by American philosophy in psychology and focuses on applied clinical and industrial psychology (Arwa, 2011).

Students who complete the Bachelor's program in psychology tend to do work related to measurement and case management and can only be certified to do further psychological work through additional training (Arwa, 2011). These students may work in positions such as school counselors or hospital assistants but do not have a medical license (Student, 2011). Students who complete the Master's program are prepared to do more preventative work in psychology and, as part of their degree, complete 600 hours of clinical work (Arwa, 2011).

A graduate of the Bachelor's program at the University of Jordan elaborated on the details of the program. Students gain a broad introduction to psychology by studying therapy, clinical psychology, physiology, sociology and development in 260 hours of class (Student, 2011). A mixture of Arabic and English is used in instruction with classes being primarily in English and materials primarily translated into Arabic (Student, 2011). The University of Jordan's program is very much in-sync with other international psychology programs, but the curriculum includes only aspects of the Western curriculum that fit with Jordan's culture (Tameemee, 2011). These programs, stated Dr. Arwa, director of the University's Psychology Department, do not take into account the cultural differences between Jordan and the largely Western countries from where educational resources on mental health originate (2011). Although there are discrepancies between ideas presented in some Western psychology materials and Jordanian society, this curriculum is thought to provide a broad view of psychology which can then be tailored by the individual to fit the Jordanian experience (Student, 2011).

Cultural differences are certainly present between Arab and Western experiences of mental illness and psychological tests used in schools and hospitals have not only been translated but have been made culturally sensitive as well (Student, 2011). Dr. Arwa notes that Arabs tend to describe their symptoms physically, saying for example 'there is a stone on my heart' rather than 'I feel very sad' (2011). There are many changes occurring in the field of mental health in Jordan and in the Middle East – these changes may be facilitated by the increase in mental illnesses associated with the concurrent increase in refugees (Arwa, 2011). For example, some of the mental illnesses thought to be most common in Jordan are anxiety disorders, depression and PTSD – disorders that are more common among refugees than in the general population (Arwa, 2011). Unfortunately and uniquely, the increase in these mental illnesses associated with refugees can be traced to wars and violence and can thus be said to be a 'man-made' problem (Arwa, 2011). As these issues become more common, people have begun to talk about issues such as PTSD more, believe that mental illness is caused by life stressors, and

to prefer treatments other than medication (Arwa, 2011). Traditional approaches to treating mental illness are still present, however, with some individuals seeking herbal or religious/spiritual treatments (Arwa, 2011).

Practitioners are also recognizing the need for cultural sensitivity among mental healthcare professionals and in training (Tameemee, 2011). It is important, noted private psychiatrist Dr. Tameemee, for individuals to receive psychiatric treatment from someone of the same cultural background (2011). To ensure that practitioners are taught in a culturally sensitive way, it is best that they receive their primary training in Jordan (Tameemee, 2011). As Dr. Tameemee commented on cultural differences in treatment, “they are not wrong, we are not right, this [is] a different perspective for different communities” (2011).

With regards to recommendations for the improvement of the system, Dr. Arwa suggests increased community psychology programs to increase prevention efforts, raising awareness of mental illnesses among primary medical practitioners to improve screening, and increased training of specialists in mental health (2011). The university graduate I spoke with highlighted education and a decrease in stigma as the most important steps forward: “people must know more ... about mental health patients” (Student, 2011). As for the future of mental healthcare in Jordan, Dr. Arwa states “there isn’t much backward movement that could occur” and believes that the system will continue to improve with greater awareness, less stigma and more options for therapy (2011).

The Jordanian Government, working closely with the WHO, is working on initiatives to institute many of the above suggestions based on task forces designed to identify the major needs of the system. The Jordanian Ministry of Health’s (MoH) biggest initiative in this field is to integrate mental healthcare into primary healthcare (Hijawi, 2011). This initiative is intended to result in the closure of all tertiary mental healthcare facilities and result in a healthcare system that takes a bio-psycho-social approach to

primary and community healthcare (WHO Representative, 2011). Under such a program most individuals with mental illness could be diagnosed and treated by a primary care physician while individuals with more serious symptoms could be treated in a secondary care facility within a general hospital (WHO Representative, 2011). In this way the WHO and the Government of Jordan hope to help people remain a part of society as much as possible, rather than locked up in isolated facilities (WHO Representative, 2011).

The MoH hopes to integrate mental healthcare into its 690 primary healthcare clinics around the country by training at least 50% of Jordan's general practitioners and nurses in mental healthcare (Hijawi, 2011). By training general practitioners, medications to treat mental illnesses will be able to be made available at primary healthcare clinics (Hijawi, 2011). It is also thought that by incorporating mental healthcare into primary healthcare, the stigma of seeking treatment for mental illnesses will be decreased (WHO Representative, 2011). Because Jordan has an extremely limited resource of professionals specializing in mental health, training general practitioners at the primary level to recognize and diagnose mental illness will significantly increase mental healthcare services in the country (Hijawi, 2011). Despite the lack of human and monetary resources, there is a mounting political will for improving mental health programs in Jordan (WHO Representative, 2011).

The MoH has initiated this plan with a trial training of doctors from five of these clinics and results of this trial are currently being analyzed to determine the next step in the process (Hijawi, 2011). The MoH has also created a strategy for improving the mental healthcare system in Jordan and has formed a mental health committee – represented by the University of Jordan, hospitals, NGOs and the WHO – to continue efforts to analyze and implement changes (Hijawi, 2011). Other plans for improvement include initiating a program to report patient data at a national level, improving the mental healthcare education curriculum at the university level, and improving the patient referral

system (Hijawi, 2011; WHO Representative, 2011). Despite these plans for change, there is no timeline for the initiation or completion of program evaluations or training of doctors (Hijawi, 2011). It is clear that the initiative needs to continue moving forward to ensure positive change for the system – already there are primary care doctors trained in mental healthcare but unable to treat patients due to a lack of appropriate medication for mental illness at primary hospitals and clinics (WHO Representative, 2011). With a strong plan for change present in the MoH, the WHO is beginning to pass on the initiative to improve mental healthcare in Jordan, which they began in 1987 and renewed in 2008, to the Jordanian government, but, despite the professed political will to improve the system, there is a high level of uncertainty regarding how the MoH will continue the program from this point (WHO Representative, 2011).

This uncertainty, and the general functioning of the MoH with regards to mental health, is highly criticized by some. Private psychiatrist Dr. Tameemee decried the public mental healthcare services as being of poor quality due to the high volume of patients but little funding afforded the system (2011). He further criticized the MoH for not moving forward with plans but spending most of the time and money set aside for this project creating recommendations and sitting on committees (Tameemee, 2011). Dr. Tameemee claimed many individuals working on these committees are unmotivated and uninformed and lack the drive necessary to enact change in the system (2011). Nevertheless, Dr. Tameemee commented that “according to our financial conditions, we give very excellent psychiatric conditions” and Jordanians need to work “from what we have, we must try to make the best ... we cannot blame the government” (2011).

Dr. Tameemee was also highly critical of the private psychiatric institute, Rasheed Hospital, claiming it falsely advertises itself as far superior to public facilities when in reality it is quite similar and employs unethical practices: “They say it is special land, but it is hell land” (Tameemee, 2011). At this

time, however, there are no other options for patients who require institutional services other than Fuheis and Rasheed Hospital (Tameemee, 2011). Dr. Tameemee urged privatization of the mental healthcare sector to offer patients more options and said that “psychiatry is going up, in the next ten years in the private sector” (2011). In fact, Dr. Tameemee discussed his plan – postponed due to unrest in the region – to develop the second private hospital in Jordan through a partnership with Gulf investors (2011). The future of the public sector of mental healthcare, however, depends on the economy: “if social and economical conditions are going worse, it will reflect on all areas of health services” (Tameemee, 2011).

Dr. Tameemee did, however, praise Jordan’s training program for psychiatrists noting that “psychiatric study is very developed” in Jordan and is part of the competitive, highly developed medical program in the country (2011). Western psychiatric and psychology programs, on the other hand, could improve their reception of Arab students (Tameemee, 2011). In the United States, for example, 90% of medical residency programs are reserved for American students, making it extremely difficult for any foreigner to study medicine in the country (Tameemee, 2011). It can also be difficult for professionals to attend conferences and workshops in many Western countries due to the high expense of such events for foreign participants (Tameemee, 2011). If the West wanted to help improve mental health services in Jordan and other developing countries, suggested Dr. Tameemee, they should make it easier for professionals to attend such conferences (2011).

Survey Results. Surveys conducted among students of the University of Jordan revealed largely positive perceptions of individuals with mental illness and a good, primary understanding of mental health, but also suggested improvements for the system which may not be being met by the MoH. Participants were thirty-three, primarily female (67%) students, between the ages of 18 and 30, enrolled in a general psychology class restricted to non-majors at the University of Jordan. Forty-eight percent of

participants had been, or had a close family member or friend who had been, diagnosed with a mental illness. Although a sample of convenience, participants could be said to be representative of young, educated Jordanians.

Responses indicate a growing understanding and acceptance of individuals with mental illness. Most individuals (70%), for example, believed that mental illness is caused by a combination of life stressors and genetic predisposition – the remainder of respondents believed mental illness is caused only by life stressors. Mental healthcare professionals acknowledge that mental illness – and most aspects of our self – is a product of nature and nurture with some qualities being more heavily influenced by one aspect than the other. Selection of only these two options reveals that respondents do not believe mental illness is the fault of the individual and indicates an understanding that anyone may be affected by mental illness.

Most respondents (79%) also believed that women are affected by mental illness more often than men. In general, this is correct, but it is impossible to know if participants' responses were informed by literature or stereotype. In fact, some mental illnesses tend to affect men more often than women and the phrasing of the question did not allow respondents to indicate a deeper knowledge of this divide.

With regards to care, 79% of respondents believed individuals with mental illness should be cared for at home or at home and utilizing additional resources, such as institutional care, as needed. A similarly high number of respondents (87%) felt that individuals with mental illness can either be productive members of society, or play the same role in society as individuals without mental illness. Participants represented knowledge of a variety of treatments for mental illness with drug-therapy the most well-known treatment followed by popular 'talk-therapies' such as psychotherapy and behavioral therapy. Preference for treatment was primarily for non-drug therapy (64%) with 18% preferring a

combination of drug and talk-therapy. Most respondents (67%) felt that the mental healthcare system in Jordan is culturally sensitive.

Many respondents (79%) felt that the government has a responsibility to help individuals with mental illness and 82% felt that the government should provide assistance in the form of free hospital services (e.g. counseling, occupational therapy, and emergency services) for individuals with mental illnesses. These services, as mentioned above, are already being provided for individuals with mental illness for little or no cost in Jordan. Additionally, virtually all respondents (97%) believed education about mental illness is important and 88% believed this education should begin before the university level.

The above responses indicate a progressive understanding of mental health and desire for continued improvement in the system in Jordan. However, responses also revealed areas that could use improvement. Although respondents seem to have positive views of individuals with mental illnesses, over half responded that they were primarily aware of negative stereotypes regarding individuals with mental illnesses while only 9% of respondents were primarily aware of positive stereotypes. Additionally, most respondents (79%) felt that the mental healthcare services provided in Jordan are inadequate with the most cited reason for inadequacy being quantity of facilities followed by quantity of professionals, quantity of treatment options, quality of facilities, quality of professionals, and 'other.' Respondents were more divided with regards to opinions on the adequacy of training for mental healthcare professionals in Jordan with 52% claiming training is inadequate and 42% claiming training is adequate. This divide may be due to the phrasing of the question which indicated the 'training system in Jordan' and thus may inspire a loyalty to the country in participants. Participants who feel training is inadequate cited the lack of variety of care offered by professionals as the biggest problem with training followed by lack of cultural sensitivity, inadequate training, poor bedside manner, and 'other.'

Participants further reported that stigma and a lack of resources remain the biggest barriers to treatment.

Although this sample seems to have a fairly good understanding of mental illnesses and a positive view toward mental healthcare and individuals with mental illness, the above mentioned concerns with the system are significant and warrant further attention. There are several discrepancies between what survey respondents want from the system and what the system is providing. For example, most respondents (88%) believed mental health education should begin before the university level but there is currently no curriculum for this type of education in public schools. Participants also indicated a preference for non-drug treatment; however, drug treatment is the most commonly available treatment available in Jordan. The level of quality and limited quantity of facilities and professionals available was another complaint expressed by participants. Finally, stigma and continued negative perception of individuals with mental illness by the public is a significant concern indicated by participants.

Fortunately, these concerns are similar to those identified by the government and the WHO and are being addressed in their plan of action. The plan developed by the MoH includes improving access, and simultaneously decreasing stigma, by training primary healthcare practitioners to diagnose mental illnesses and prescribe drug treatment. However, this plan does not include efforts to dramatically increase education in mental health or to increase treatment options to include more non-drug options.

Conclusion

Findings reveal that, for the most part, representatives from the academic field, public and private practice, the MoH and the WHO agree on the top issues that need to be addressed in the Jordanian mental healthcare system. Primarily, access needs to be improved by incorporating mental

healthcare into primary care. However, stigma against mental illness and individuals with mental illness continues to be a problem and no programs have been identified to specifically combat this. Additionally, limited options for treatment remains a widespread concern that is not being addressed.

Survey responses particularly highlight these last two issues as major problems in the system and all but unanimously indicate a desire for increased education in mental health at a pre-university level. Unfortunately, the government has no current plans to initiate such a program but continues to focus on strengthening university programs as part of its incorporation plan.

Although the government's resources are stretched thin, it seems that there needs to be greater effort to move forward with the proposed strategy to incorporate mental healthcare into primary healthcare as this will likely immediately improve access to the system in Jordan and allow the MoH and partner organizations to move forward in other ways in improving the system. Specifically, given the interest indicated by the current survey, it seems that increased education in mental health would be a positive next step in the MoH work on the mental healthcare system. Education could help individuals learn to identify the signs of mental illness early on – thus allowing for better and preventative treatment – and could help lessen stigma regarding mental illness. Secondly, the MoH might also consider encouraging professionals to offer more options to patients in terms of care, especially as more professionals are trained and become available to the population.

My expectations that the system in Jordan is in need of decreased stigma, expansion to better reach the general population, and increased education in mental illness were confirmed. However, the need for increased cultural sensitivity was found to be only a minor concern in the system. Additionally, participants who completed the survey revealed a strong basic understanding of mental health and had a generally positive, rather than negative, view towards individuals with mental illness and those who treat them.

Jordan's strategy of integration of mental healthcare is a positive step towards improving the system, however, this plan needs to be implemented with greater urgency and the MoH needs to be ready to take additional actions to improve the system. The suggestions indicated by the current study could be relevant to future plans by the MoH and other individuals concerned with improving the system in Jordan, or could at least suggest avenues worthy of further exploration by such parties. Most importantly, mental healthcare needs to take a forefront position in healthcare in Jordan and a strong educational campaign needs to occur at all levels to inform the public about mental health, decrease stigma, and train more professionals to improve the quality of care offered Jordanian citizens.

Limitations of the Study

In addition to the expected difficulties of language barriers, conducting qualitative research with a background of quantitative research, and conducting research on a highly stigmatized topic, access to areas and individuals relevant to the study became the major limitation of the study. For example, it was not possible to speak to patients at any facility approached and this certainly would have been a highly relevant perspective to the study. Touring facilities was also restricted, although early contact with the Ministry of Health may have made this possible. Access to these facilities and individuals who had utilized these facilities could have provided a significantly broader perspective of the mental healthcare system in Jordan rather than views garnered primarily from mental healthcare professionals and academics in the country.

Recommendations for Future Study

As this study provides an adequate general overview of the mental healthcare system in Jordan, a relevant direction for future study on this topic might include detailed research into the quality of care

provided patients in public, private and NGO run facilities. Such research would, hopefully, include in-person visits to and tours of mental healthcare facilities beyond the outpatient clinics and check-in areas and in-depth interviews or round-table discussions with patients. It should be noted that such research would likely require the request of a letter from the Ministry of Health far in advance of actual research.

Additional areas of research could focus on mental health education curriculum from the primary to university level, differences in perceptions of mental healthcare and mental illness between younger and older generations, an analysis of the legal aspects of mental healthcare, or mental healthcare among refugees.

References

Primary Sources

- Al-Abed, Dr. Eyad, Psychiatric Clinician with the Government, interview with the author, 3/5/11 and 4/16/11.
- Amiry, Dr. Arwa, Head of the Psychology Department of the University of Jordan, interview with the author, 4/14/11.
- Hijawi, Dr. Bassam, employee of the Ministry of Health, interview with the author, 4/28/11.
- Al-Tameemee, Dr. Falah, private psychiatrist, interview with the author, 4/28/11.
- WHO Representative, interview with the author, 4/28/11.
- Student, interview with the author, 3/20/11.

Secondary Sources

- Al-Gazali, L., Hamamy, H. & Al-Arrayad, S. (2006). Genetic disorders in the Arab world. *BMJ: British Medical Journal*, 333(7573), 831-834. Retrieved from JSTOR database <http://0-www.jstor.org.luna.wellesley.edu/stable/40700427>
- Gilbert, J. (2009). Power and ethics in psychosocial counselling: reflections on the experience of an international NGO providing services for Iraqi refugees in Jordan. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*, 7(1), 50-60. Retrieved from EBSCOhost.
- Haque, Amber (2004). Psychology from Islamic Perspective: Contributions of Early Muslim Scholars and Challenges to Contemporary Muslim Psychologists. *Journal of Religion and Health*, 43(4), 357-377. Retrieved from JSTOR database <http://0-www.jstor.org.luna.wellesley.edu/stable/27512819>
- Hijazi, Zeinab (2009, Nov. 3). On World Mental Health Day, International Medical Corps Highlights Problems of Mental Illness, Often Neglected in Humanitarian Settings. *International Medical Corps*. Retrieved from <http://www.internationalmedicalcorps.org/Page.aspx?pid=877>
- International Medical Corps: Jordan. *Jordan: Mental Health*. Retrieved April 18, 2011, from <http://www.internationalmedicalcorps.org/Page.aspx?pid=1517>
- IRIN: Humanitarian News and Analysis (2001, Nov. 1). *Jordan: Lack of expertise leaves refugees without proper mental care, say NGOs*. Retrieved from <http://www.irinnews.org/Report.aspx?ReportId=75106>
- Al-Jaddou, H., and A. Malkawi. "Prevalence, recognition and management of mental disorders in primary health care in Northern Jordan." *Acta Psychiatrica Scandinavica* 96, no. 1 (July 1997): 31-35. *PsycINFO*, EBSCOhost (accessed April 15, 2011).
- Jordan Ministry of Health. *Integrating Mental Health into Primary Health Care*. Retrieved April 18, 2011, from <http://en.cittadinanza.org/wp-content/uploads/en.cittadinanza.org/jordan.pdf>
- Keller, R. (2001). Madness and colonization: psychiatry in the British and French empires, 1800-1962. *Journal of Social History*, 35(2), 295-326. Retrieved from JSTOR database <http://0-www.jstor.org.luna.wellesley.edu/stable/3790190>

- Knowles, M., & Sabourin, M. (2008). Psychology and modern life challenges: The 2nd Middle East and North Africa Regional Conference of Psychology, Amman, Jordan, 2007. *International Journal of Psychology*, 43(2), 130-139. doi:10.1080/00207590801983967
- Al-Krenawi, Alean, John R. Graham, and Jamil Kandah. 2000. "Gendered utilization differences of mental health services in Jordan." *Community Mental Health Journal* 36, no. 5: 501-511. *PsycINFO*, EBSCOhost (accessed April 15, 2011).
- Le Roch, Karine, Emmanuelle Pons, Jason Squire, Josephine Anthoine-Milhomme, and Yann Colliou. 2010. "Two psychosocial assistance approaches for Iraqi urban refugees in Jordan and Lebanon: Center-based services compared to community outreach services." *Journal of Muslim Mental Health* 5, no. 1: 99-119. *PsycINFO*, EBSCOhost (accessed April 15, 2011).
- Maayeh, Suha (2008, Nov. 16). Stigma deters mental health care in Jordan. *The National*. Retrieved from <http://www.thenational.ae/news/worldwide/middle-east/stigma-deters-mental-health-care-in-jordan>
- World Health Organization (2008). Building the Knowledge Base on the Social Determinants of Health : Review of Seven Countries in the Eastern Mediterranean Region. Retrieved from EBSCOhost <http://site.ebrary.com.reference.sit.edu:2048/lib/worldlearningsit/docDetail.action?docID=10333592>
- World Health Organization Staff (2005). Mental Health Atlas: 2005 (Revised Edition). *World Health Organization*. Retrieved from EBSCOhost <http://site.ebrary.com.reference.sit.edu:2048/lib/worldlearningsit/docDetail.action?docID=10104342>

Appendices

Appendix A: General Consent Form

Jordan's Mental Healthcare System

Katherine Nolan, Wellesley College, Wellesley, Massachusetts, United States
School for International Training—Jordan: Modernization and Social Change

Instructions:

Please read the following statements carefully and mark your preferences where indicated. Signing below indicates your agreement with all statements and your voluntary participation in the study. Signing below while failing to mark a preference where indicated will be interpreted as an affirmative preference. Please ask the researcher if you have any questions regarding this consent form.

I am aware that this interview is conducted by an independent undergraduate researcher with the goal of producing a descriptive case study on the mental healthcare system in Jordan and that this information may be used in future research.

I am aware that the information I provide is for research purposes only. I understand that my responses will be confidential and that my name will not be associated with any results of this study.

I am aware that I have the right to full anonymity upon request, and that the researcher will omit all identifying information from both notes and drafts upon request.

I am aware that some of the questions may be uncomfortable to answer and that I have the right to refuse to answer any question or terminate my participation at any time without consequence. I am further aware that the researcher will answer any questions I have about the study.

I am aware of and take full responsibility for any risk, physical, psychological, legal, or social, associated with participation in this study.

I am aware that I will not receive monetary compensation for participation in this study, but a copy of the final study will be made available to me upon request.

I [do / do not] give the researcher permission to use my name and position in the final study.

I [do / do not] give the researcher permission to use my organizational affiliation in the final study.

I [do / do not] give the researcher permission to use data collected in this interview in a later study.

Participant's Signature:

Participant's Printed Name:

Date

Researcher's Signature:

Thank you for participating!

Questions, comments, complaints, and requests for the final written study can be directed to:

Dr. Raed Al-Tabini, SIT Jordan Academic Director

Telephone (962) 077 7176318

Email: raed.altabini@sit.edu

Appendix B: General Interview Questions

ISP Interview Questions:

- **Mental Healthcare Education**
 - What is your experience/background as a mental healthcare professional?
 - What kinds of educational curriculum exist in public/private schools (elementary-university) regarding mental illness?
 - How are mental healthcare professionals trained in Jordan?
 - Is there a program for a mental healthcare degree at the university? What does this degree entail?
 - Does training take into account cultural aspects of mental healthcare?
 - How have mental illness been treated traditionally?
- **Mental Healthcare System**
 - How has the field of mental healthcare in Jordan developed? History...?
 - What kinds of access to mental healthcare professionals do the mentally ill have?
 - What kinds of treatments are available in Jordan? Which ones are most popular?
 - How does treatment/care at private and public institutions differ? At home?
 - Is there a general philosophy of the mental healthcare institution in Jordan or of particular institutions?
 - Do schools, workplaces, or community centers offer mental healthcare?
 - Does insurance cover mental healthcare? Do people get paid time off work for mental illness? What kinds of support to people with mental illnesses have from society and government?
 - What are the most common mental illnesses diagnosed in Jordan?
 - Are there mental illnesses in Jordan that do not occur in the USA and vice-versa?
 - What is working well in the system?
 - What could be improved?
 - What is the future of mental healthcare in Jordan? Where is the field moving to?
- **Perceptions of Mentally Ill and Mental Healthcare Professionals**
 - What are common perceptions of mental illness? Mental healthcare and treatments? Causes?
 - What are common attitudes and stereotypes regarding mental illness?
 - How are the mentally ill treated by society and by their caretakers (professional or not)?
 - What challenges do the mentally ill face in Jordan?

Appendix C: Survey

Perceptions of Mental Healthcare and Mental Illness in Jordan

Below are some questions about perceptions of mental healthcare and mental illness in Jordan. There is no 'right' or 'wrong' answer. I am interested in learning what common perceptions toward mental healthcare and mental illness exist among University of Jordan students in order to understand how the mental healthcare system in Jordan might be improved. I am not interested in the answers of any individual student. Please do not include your name anywhere on the survey.

Background Information

1. Age: ____
2. Gender:
 - Female
 - Male
3. Have you ever sought help for a mental health concern?
 - Yes
 - No
4. Have you ever been diagnosed with a mental illness?
 - Yes
 - No
5. Has a close friend or family member ever been diagnosed with a mental illness?
 - Yes
 - No
6. Have you ever studied psychology or mental health (do not include this course)?
 - Yes
 - No

Perceptions of Mental Illness

7. What mental illnesses are you aware of?

8. What do you think is the most common mental illness diagnosed in Jordan?
 - _____
9. A) Do you think mental illness affects men and women equally?
 - Yes

- No
9. B) If not, which sex do you think mental illness affects more often?
- Men
 - Women
10. How do you think individuals become mentally ill? You may select more than one option.
- Mental illness runs in families
 - From difficult life circumstances
 - From both of the above
 - From exposure to poisonous substances
 - From exposure to others who are mentally ill
 - Other
11. How do you think the mentally ill should be cared for in Jordan?
- They should be taken care of by their families at home
 - Their families should take care of them at home and utilize available resources
 - They should be institutionalized
 - They should be taken care of by the government
 - They should be abandoned
 - Other
12. What role do the mentally ill play in Jordanian society?
- They are a burden on society
 - They play no role in society
 - They can be productive members of society
 - They are like any other member of society
 - Other
13. A) Do you think it is important for students to be educated in mental health in school?
- Yes
 - No
13. B) If yes, from what year do you think students should be educated in mental health?
- Preschool/at home
 - Elementary school
 - Middle School
 - High School
 - University
14. A) Are you aware of any stereotypes or prejudices regarding the mentally ill?
- Yes
 - No
14. B) If yes, are these stereotypes or prejudices primarily positive or negative?
- Positive
 - Negative
15. A) Do you think the government should provide funds and services to help the mentally ill?
- Yes
 - No

15. B) If yes, what funds or services do you feel the government should provide? You may select more than one option.
- Funds for families caring for mentally ill relatives
 - Free hospital services (e.g. counseling, occupational therapy, emergency services) for the mentally ill
 - Free medication
 - Other

Perceptions of Mental Healthcare

16. A) Do you feel the mental healthcare system in Jordan is adequate to treat the mentally ill?
- Yes
 - No
16. B) If no, why do you feel the mental healthcare system in Jordan is not adequate? You may select more than one option.
- There are not enough facilities to meet the population's needs
 - There are not enough mental healthcare professionals to meet the population's needs
 - There are not enough options for treatment
 - The quality of the facilities is poor
 - The mental healthcare professionals are not properly trained
 - Other
17. Do you think the government should be responsible for providing services for the mentally ill?
- Yes
 - No
18. A) Do you think the mental healthcare professionals in Jordan are adequately trained to treat the mentally ill in Jordan?
- Yes
 - No
18. B) If no, why do you think the mental healthcare professionals in Jordan are not adequately trained? You may select more than one option.
- Their training is not culturally sensitive
 - They training system in Jordan is not adequate
 - They are not trained in bedside manner
 - They are not trained in a variety of treatments
 - Other
19. What treatments for mental illness are you aware of? You may select more than one option.
- Drug therapy
 - Behavioral therapy
 - Cognitive therapy
 - Psychoanalytic therapy
 - Electroconvulsive shock therapy

- Brain surgery
 - Other
20. What type of therapy do you prefer?
- Drug therapy
 - Drug therapy with non-drug therapy
 - Non-drug therapy
 - No preference
 - I am not aware of a difference between types of therapies
21. What barriers exist to seeking treatment for mental illness in Jordan? You may select more than one option.
- Lack of resources
 - Stigma
 - Other
22. Do you feel that mental healthcare in Jordan is tailored to fit Jordan's culture?
- Yes
 - No