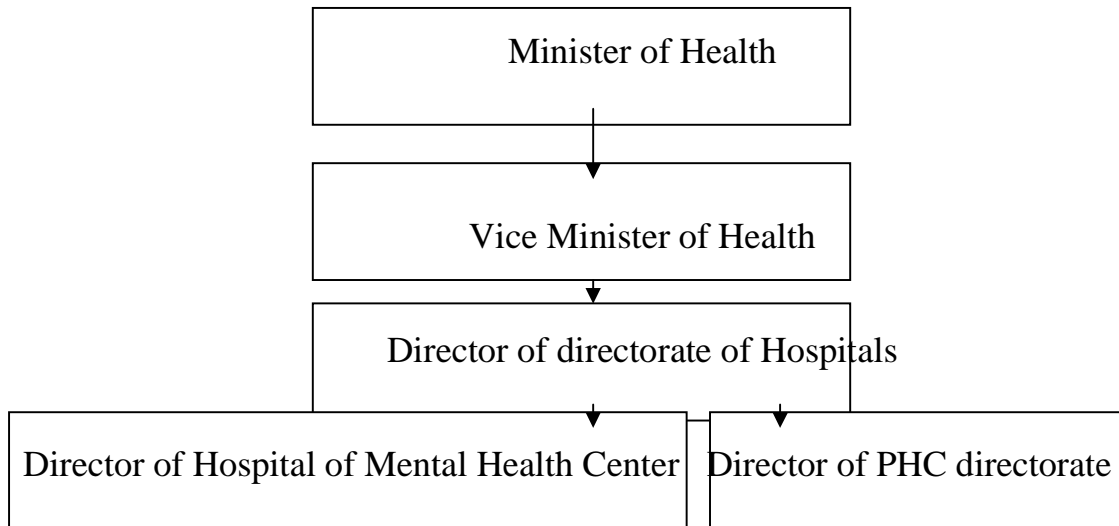


# The Hashemite kingdom of Jordan

## Integrating Mental Health into Primary Health Care



### Background information

- Geographic area of 91.880 square kilometers
- Population of 6 million with 70% of them living in urban and 30% in a rural area.
- 32.2% of the population is under the age of 15 years and 4.1% of the population is over the age of 60.
- The official language is Arabic, and English is spoken by the majority of people as a second language.
- Religious group is Muslims and less than 10% Christians.
- Life expectancy at birth is 71.1 years for male and 74.4 years for female.
- The country is a low middle income group country
- The literacy rate for male is 94.7% and 86.3% for female.
- The Literacy rate for male is 4.3% and 11.6% for female.
- The proportion of health budget to GDP is 5.6%, and what is devoted to mental health is not known because of absence of a special directorate for mental health services in MOH.

But our estimation for this percentage is not more than 1-2%

What we know regarding this item is:

a- MOH provides all mental health services free of charge.

b- Most of the psychotropic drugs are available in MOH according to our national Rational Drug Formula.

c- The daily cost for inpatient treatment is about 100 US \$ and the visit to the outpatient psychiatric clinic costs about 50 US\$ per month.

- There is no existing national survey on mental health regarding the prevalence of mental disorders.

Health services in Jordan are provided by:

- MOH (public sector)
  - Royal Medical service
  - Medical Facilities in Jordan Universities
  - UNRWA
  - Private sector and NGOS
- Teaching Hospitals, district hospitals, sub-district hospitals and primary health care centers are centrally controlled by the Ministry of Health.

The structure of primary health care started with:

a- Regional primary health center with a nurse and 2-3 visits of G.P visits per week.

b- Primary health center with G.P, Dentist, Nurses, Midwife and Pharmacy.

c- Comprehensive Primary health center with basic specialties (Surgery, Medicine, pediatrics, family medicine and others including health workers).

Private sector has one hospital for psychiatric services and many outpatient clinics which are located mainly in Amman

Royal Medical Services (Military) have one community based unit for mentally ill patients with 33 beds and 6 outpatient clinics distributed in the main districts of Jordan and one outpatient clinic for child psychiatry running by psychiatrist and clinical psychologist.

Ministry of Health has one mental hospital

(The Hospital of National Mental Health Centre) which has three sections One for general psychiatry 250 beds and forensic section 50 beds, one for rehabilitation and residential care 150 beds and one for rehabilitation for drug and alcohol dependence 50 beds.

This hospital has more than 30 outpatient clinics distributed all over the country.

MOH provides Mental Health services for:

- Rehabilitation and correctional centers
- Family protection centers

- NGO
- Educational and training services for medical, nursing, psychology and social students
- Training programs for resident doctors in psychiatry
- In the Ministry of Health there is no Special directorate for Mental Health services.
- In 1987 a workshop on planning for developing mental health services was held with cooperation between WHO and MOH of Jordan.

#### Achievements of this workshop

- Establishing psych. Out-patient clinics in most of the general hospitals, and some of the comprehensive health centers
- Regular visits to the rehabilitation and correctional centers (prisons) once every 2 weeks.
- Training program for post graduate doctors in psychiatry was established and was accredited by the Jordanian Medical Board and The Arab Medical Board.
- Training activities in mental health were arranged for general practitioners, family doctors and nurses who work at primary health care level in the National Center for Mental Health.
- These activities are not sufficient.

### **Background to the current project proposal**

Till now we don't have a clear well structured plan for Mental Health, a part of that in 1987 there was a preliminary plan which aimed at establishing out-patient clinics for psychiatric services all over the country. We could establish these clinics but services of these clinics are mainly based on giving drugs and they were not well developed.

Primary health care centers don't participate in providing Mental Health Services.

### **Analysis of the strengths and weaknesses of the Mental Health System**

#### **What are the three main strength of the Country Mental Health System?**

- Essential drugs are available without fees for the entire population and we have more than 10 anti psychotic drugs, anti depressants drugs, anti epileptics and others.
- Wide spread presence of primary care clinics and psychiatric out-patient clinics.
- The good support and willingness of the Ministry of Health to develop Mental Health Services. In the last year a special committee was established for the assessment of the current level of the mental health and here are some results of this assessment.

In Jordan we have one psychiatrist per 100,000.

One psychiatric bed per 10,000.

Psychiatric Nurse: 0.04 per 100,000.  
Professional Psychologist: 0.6 per 100,000.  
Psychiatric social worker: 2 per 100,000.

Also in this year a national steering committee was established for providing of plans and policies for developing mental health services in Jordan.

### **What are the three main weaknesses of the country Mental Health System?**

- Lack of Mental Health component in primary care.
- In spite of good distribution of psych. Out-Patient clinics, they lack the good, appropriate system of providing services because of big shortage in psychiatrist and other professionals in mental health services (Nurses, Social workers, OT, and others).
- Lack of social services which cause slow de-institutionalization, and lack of community based psych. Services. In addition to Lack of well trained human resources.

### **Description of the Project**

- Project will include two dimensions training and organizational
- The trainees will be chosen from doctors (GP and Family Doctors) and Nurses working at primary health care centers in Amman province in the first stage, and then it will be extended to rest provinces in Jordan.
- Regarding the training program we will adapt the program that was developed by the WHO and we will choose the following nosologies:
  - Anxiety disorders
    - GAD
    - OCD
    - Phobias and panic disorders
    - PTSD
  - Depression
  - Somatoform Disorders
  - Psychotic disorders – to enable the trainees to recognize the signs and symptoms and then refer them probably to the outpatient clinic.
  - Mental disorders specific for women.
- Regarding the organizational dimension
  - We had already agreed with the director of PHC about this project and they welcome the idea.
  - We had already established a liaison body who will be the director of the PHC.
  - We had agreed about establishing a proper referral and back referral system between the PHC centers and the outpatient psychiatric clinics.
  - We had already agreed about establishing a revision and supervising committee (the head of psychiatry and two other psychiatrists) who will establish a pre and post test system for the trainees observe and supervise the process of training, monitor and maintain this process.

They have also to observe and assess the achievements of this process and find the difficulties and deal with them.

To chose the trainees we will divide Amman to 14 sectors and from each sector we will chose 1 family medicine doctor, 3 GPs, 3 -4 Nurses including 1 midwife, 3-4 other workers and that will constitutes, 150 personal.

Regarding the program for nurses and health workers we are discussing these issues with our colleagues in the national steering committee (psychiatrists, psychiatric nurses, clinical psychologists, social workers and OT)

We think that this project in some ways will affect the process of deinstitutionalization of some of the chronic inpatients.

### **Description of the weaknesses in the mental Health System that the project tackles**

- Primary Health Care staff doesn't deliver health care intervention. Mild and Moderate mental disorders are usually not recognized.
- The link with the out-patient facilities is weak and works on the level of not well developed referral system and without back referral system.
- The health decision makers are not aware of the weight of psychiatric disorders in the community and usually rank them in the end of priorities.
- Under and post-graduate mental health training is poor and not well organized for all mental health staff.

### **General objectives of the project**

- To increase the awareness of medical staff about the psychiatric disorders.
- To train the P.H.C. staff to obtain the knowledge and skills necessary to deal with psychiatric patients and to follow them at P.H.C. centers with maintaining positive feedback process with psychiatrists working in the governmental sector.
- To have good monitoring system about changes in treatment of psych. patients.

## **Impact of the project**

WHAT WILL BE THE IMPACT OF THE PROJECT (e.g. in terms of accessibility of mental health facilities, availabilities of medicines or interventions, improved follow up, more respect for human rights, implementation of new interventions, .. etc).

- Increase of accessibility for patients with moderate mental disorders.
- Increase of psychotropic drug consumes.
- Increase of referral to mental health services of patients with severe mental disorders.
- Improved follow up for severe mental disorders after the discharge from general hospital wards.

## **Steps towards implementation of the project**

### Step 1

SPECIFIC OBJECTIVE-Increase the capacity of primary health care staff to diagnose and treat mental disorder in Amman province.

ACTIONS -Training of primary health care physicians, nurses on mental health through face to face training and the development of a training module. (5 days training for each staff per year. Total 15 days training for each staff over 3 years.1 fresh training & 2 refreshers training for each staff plus on-going supervision) in Amman province.

### Step 1

ACTORS -Department of mental health MOH, teaching hospitals, organizations, primary health care doctors, NGOs

TIME -2009-2010

RESULTS -A training module on mild and severe mental disorders developed; 150 primary care staffs (50 doctors, 50 nurses & 50 health workers) trained on mental health.

INDICATORS -No. of doctors, nurses & trained (WHO-AIMS items 3.1.2,3.2.3), No. of days of training, No. of sub districts covered, number of patients treated in primary care centers, psychotropic drugs consumed, referrals between primary care and specialist services.

### Step2

SPECIFIC OBJECTIVE-To create a body to monitor the progress and develop mechanisms to deal with potential problems of integration.

Actions-Establishing a liaison body between the head of the primary care staff & the head of the department of mental health that will discuss the problem of integration every two months.

Actors-Head of Department of primary Health Care in Ministry of Health. Director of mental health department MoH, WHO.

### Step2

Time-2009-20105

Results-Liaison body established & 20 interactions meeting held.

Indications-Liaison body established & no. of meetings held.

Step3

Specific objectives-Mid-term evaluation of project in Amman province.

Actions-Setup team to evaluate progress in Amman province using identified indicators. Hold workshop to discuss results and adapt project for further implementation.

Actors-Head of Department of primary Health Care in Ministry of Health. Director of mental health department MoH, WHO.

Step3

Time-2010

Results-Mid-term evaluation completed and lessons learnt summarized for implementation in other provinces.

Indicators-Mid-term evaluation team established, indicators administered, and workshop held.

Step4

Specific objectives-Increase the capacity of primary health care staff to diagnose and treat mental disorders in Irbid, Karak, Zarqa and Maan provinces.

Action-Training of primary health care physicians, nurses on mental health through face to face training and the development of a training module. (5 days training for each staff per year. Total 15 days training for each staff over 3 years. 1 fresh training & 2 refreshers training for each staff plus on-going supervision) in Irbid, Karak, Zarqa and Maan provinces.

Actors-Head of Department of primary Health Care in Ministry of Health. Director of mental health department MoH, WHO.

Step4

Time-2010-2011

Results-150 primary care staffs (50 doctors, 50 nurses & 50 health workers) trained on mental health.

Indicators-No. of doctors, nurses & trained (WHO-AIMS items 3.1.2,3.2.3), No. of days of training, No. of sub districts covered, number of patients treated in primary care centers, psychotropic drugs consumed, referrals between primary care and specialist services.

Step5

Specific objectives-Final evaluation

Actions-Evaluate progress of the project using identified indicators. Hold workshop to discuss results.

Actors-Head of Department of primary Health Care in Ministry of Health. Director of mental health department MoH, WHO.

Step5

Time-2011

Results-Evaluation completed and workshop held.

Indicators-Evaluation report.

## Resources

<b>Table 11: NEEDED RESOURCES FOR THE WHOLE PROJECT</b> (sign to which class the project belongs).	
Small (<50,000 USD) (e.g. development of a mental health plan).	
Medium (50,000-500,000 USD) (e.g. organizing a series of trainings for primary health care professionals).	XXXXXX
Large (>500,000) (e.g. implementing a network of outpatient facilities in the country).	

<b>Table 12: DESCRIPTION OF THE NEEDED RESOURCES</b>		
	DESCRIPTION	AMOUNT IN \$
MENTAL HEALTH STAFF		
BUILDINGS		
EQUIPMENT	Materials for primary care information system	55,000
TRAINING	Trainers, travels, training materials	165,000
OTHERS (specify)		
Total		220,000

<b>Table 13: POSSIBLE SOURCES OF FUNDING</b> (these sources are presumed and not necessarily already found now).	
FUNDER	
Government – Department of Health	220,000
NGOs	220,000
Professional Associations	
Others (Specify)	
Total	440,000