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National Report on the Mental Health System and Current Services in Jordan

Initiative By
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Prepared By
The National Mental Health Team

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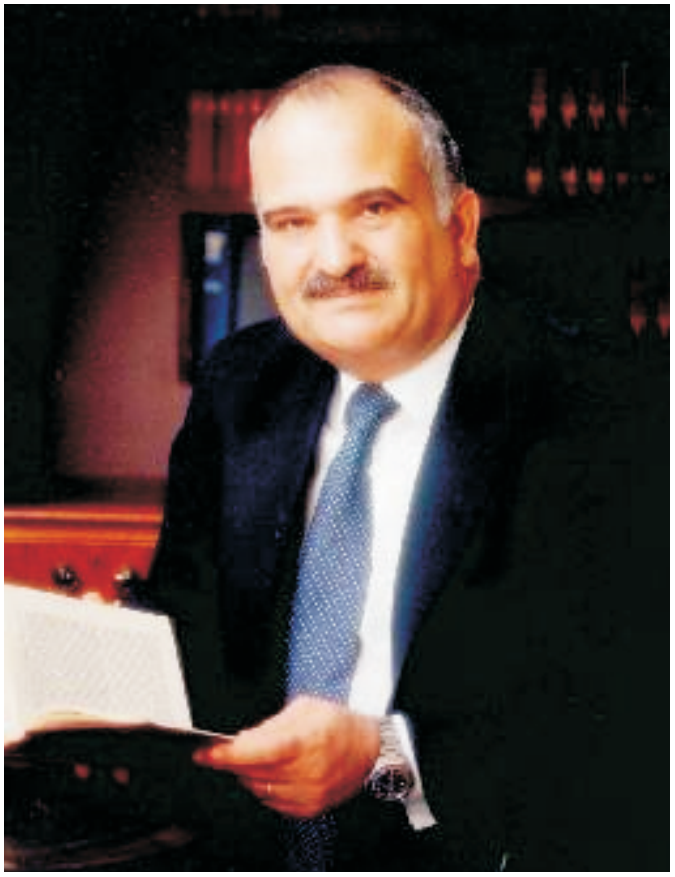
His Majesty King Abdullah II Bin Al Hussein



His Royal Highness Prince El Hassan Bin Talal

President of Higher Council for Science and Technology

Contents

Acknowledgements

The Mental Health Services Project in Jordan was carried out by a national mental research team under the direction of *The Higher Council for Science and Technology*. The project was four fold: assessment of the mental health services using WHO-AIMS; the quality of inpatient mental health services; the quality of outpatient mental health services and primary health care physicians and mental health services.

The project team was composed of experts representing all health sectors in Jordan; the Ministry of Health, Royal Medical Services, University Hospitals and the private sector. The project team members were; *Saad Kharabsheh, Oumeish Oumeish, Tewfik Daradkeh, Hashim Jaddou, Yousef Khader Al-Gaud, Aida Beirouti Ayoub, Nabhan Abu Sleih, Nazeh Hamdi, Muntaha Gharaibeh, Nasser Shuriquie, and Fayrouz Sayegh. The team acknowledges the major role of HRH Prince El Hassan bin Talal in recognition of his continuous support and pivotal contribution towards the success of this study.* The team also acknowledges financial support from the Arab Fund for Economic and Social Development and the World Health Organization as well as logistical support from The *Higher Council for Science and Technology* – Amman/Jordan. In addition, the team wishes to thank all participating institutions for facilitating data collection. Without their support, this study would not be completed.

Foreword

A society is judged by the manner in which it helps those who are the least able to look after themselves. The same goes for individuals: the doctrine of 'survival of the fittest' ignores the fact that there is an ineffable commonality which binds us together as human beings. Every culture and every religion – especially Islam – teaches compassion. The wise understand that the appearance of weakness is not something to be despised, shunned, pushed away and feared; that there is, in short, much truth in suffering.

It is for these reasons, as well as more practical concerns, that the Higher Council for Science and Technology has produced this important report on the 'Mental Health System and Services in Jordan'. Broadly speaking, there are three main aims behind the publication of the report .

The first is, quite simply, to offer a systematic and objective appraisal of Mental Health and the Mental Health Services in Jordan. With this in mind the assessment criteria used in the report have been endorsed by the World Health Organization and the NHS Trust in the United Kingdom . The second reason behind the publication of the report is to identify areas for improvement, both in terms of access to and the provision of inpatient and outpatient care.

In this regard, many recommendations have been made. For example, more hospital beds for children and adolescents are greatly needed. Nurses and medical doctors should attend a greater amount of refresher training courses in mental health related issues. Consumer, family and civic platforms, to provide after-care and community support, are greatly needed. Social welfare benefits for those with proven mental conditions need to be extended.

The report has discovered that at present the number of psychiatrists and mental health staff in or around the capital is two times greater than the number available elsewhere in the country. Despite this, there is an issue of continuity of care, with patients often seeing different psychiatrists over the course of treatment. Mental Health facilities are also concentrated around cities to a disproportionate degree. One solution may be to provide physician-based primary health-care clinics with the available assessment and treatment protocols for mental health conditions.

The third and final reason behind the publication of the 'Mental Health System and Services in Jordan Report' is to promote awareness, and the beginnings of a conversation. Our medical services are among the best in our region. Our medical professionals are among some of the best

in the world. Largely because of this, attitudes towards mental health in Jordan have been changing – but the pace has been nowhere near fast enough. It is time to discuss the realm of the psychological with respect to our traditions, rather than our superstitions. Prejudice and taboo can be cowardly things – both tend to fixate on those who are unable to defend themselves.

Instead of casting away those who suffer psychologically, we must attempt to understand them. In those instances where our understanding is insufficient, patience, respect and kindness must inform procedure .

To this day the frontier of the human mind remains largely unexplored. It is a frontier which remains cloaked in judgment and in fear. Because of this, there is only so much the government and the science community can achieve. The renewal of any polity must begin with individuals – the choices they make, and the attitudes they choose to entertain.

Ultimately the issue of mental health in Jordan is one which touches on 'who' and 'what' we choose to be as a country. It is an issue which goes beyond tribal loyalties and political affiliation.

Because of this, I offer my deepest thanks to The Higher Council for Science and Technology and to all those who were involved in the publication of this excellent report.

EL HASSAN BIN TALAL,

Section 1: Executive Summary

This report was presented in 2010 by a working group. It contains the findings on the quality of mental health services in Jordan. The summary covers the findings of four part-studies: 1) WHO-AIMS, 2) quality of inpatient mental health services, 3) quality of outpatient mental health services and 4) primary health care physicians and mental health services which all present comprehensive views of mental health services in Jordan.

1. Assessment of Mental Health Services using WHO-AIMS

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Jordan. The goals of such a study are to improve the mental health system and to provide a baseline for monitoring the change in mental health services. This will enable Jordan to develop mental health plans with clear base-line information and targets. It will be useful to monitor progress in implementing reform policies, providing community services and involving users, in addition to assisting families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

A proper mental health policy and plan, as well as mental health legislation, do not officially exist in Jordan, but drafts have been compiled awaiting official endorsement by the Ministry of Health.

In 2008, less than 3% of the governmental health expenditure was directed towards mental health. The majority of mental health funding is directed towards mental hospitals (>90 %). All mental disorders and mental health problems of clinical concern were and are still covered by public social insurance schemes. At least 80% of mentally ill patients have free access to essential psychotropic medicines. A national human rights review body and a national mental health authority exist both providing advice to the government on mental health policies and legislation.

There are 64 outpatient mental health facilities in the country, only one of which serve children and adolescents. In the years 2009-2010, these facilities treated around 303 users per 100,000 population. Females accounted for 39% of the treated population in all mental health facilities in the country. The proportion of female users is higher in outpatient facilities than in mental hospitals and community-based inpatients' units.

The majority of beds in the country are provided by mental hospitals (8.2 beds per 100,000) population), followed by forensic units (0.01 beds per 100,000 population) and community-based inpatient psychiatric units (0.03 beds per 100,000 population). No beds in mental hospitals are reserved for children and adolescents. There has been no increase in the number of mental

hospital beds in the last 5 years. Almost all psychiatric beds are in or around Amman, the capital of Jordan.

The distribution of diagnoses varies across facilities. Most psychotropic drugs are available in mental hospitals, followed by community-based inpatient facilities, outpatient facilities and then primary health-care settings. Most mental health facilities are in or near large cities. Six percent of medical doctors' training programs is devoted to mental health, in comparison to 5% of training for nurses. In terms of refreshing training activities, 28% of primary health-care doctors have received at least two days refresher training courses, in mental health, while 5% of nurses and 6% of non-doctor/non-nurse primary health-care workers have received such training. In terms of physician-based primary health care clinics, less than 6% of these clinics have available assessment and treatment protocols for key mental health conditions. Seventeen percent of the physician-based PHC clinics have at least one psychotropic medicine of each therapeutic category available in the facility or in a near-by pharmacy. However, at least one psychotropic medicine of each therapeutic category is available in mental hospitals or in a near-by pharmacy.

The total number of all staff working in mental health facilities is 12.1 per 100,000 population. There are 1.2 psychiatrists and 6.9 psychologists per 100,000 population. In terms of staff in mental health facilities, there are 0.17 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.04 psychiatrists per bed in mental hospitals. The distribution of human resources between urban and rural areas is disproportionate. The number of psychiatrists as well as mental health staff in or around the capital is two times greater than the number of the same staff in the entire country.

In Jordan, there are no consumer or family associations for persons with mental disorders. There is a coordinating body, the Mental Health Authority, which is supposed to oversee public education and awareness campaigns on mental health and mental disorders. Government agencies, Non Governmental Organizations, professional associations, and international agencies have helped to some extent the promotion of public education and awareness campaigns over the last five years. While 40% of primary and secondary schools have either a part-time or full-time health professional, only a small percentage of these professionals are trained in mental health. Regarding mental health activities in the criminal justice system, the contact rate of prisoners with mental health services is unknown. In terms of financial support for users, less than 5% receive a social welfare benefit because of disability due to mental disorder.

A formally defined list of individual data items in each public sector that ought to be collected by all mental health facilities exists; however, the extent and completeness of the data collection is variable among mental health facilities (e.g. 100% of outpatient facilities collected data on the number of user contacts, collected data on diagnoses). Of all health-related scientific publications there are few on mental health, and believed to be less than 1%.

2. Quality of Inpatient Mental Health Services

A cross sectional study was conducted to assess the level of satisfaction with the inpatient services among adult patient admissions to mental hospitals/mental health wards in general hospitals in Jordan. The sample consisted of all inpatients aged 18 years residing in mental hospitals or admitted to mental health wards for more than 24 hours during the period between February-April 2010. Of those who were hospitalized in these hospitals during the visits of the team, a total of 119 (80.1%) patients agreed to participate in this study.

58% of participants reported to have been well received and warmly welcomed by the staff when they arrived. Less than one fifth of patients reported that they were always bothered by noise at night from hospital staff. About 61% of participants reported they always felt safe during their stay in hospital. The food in the hospitals was rated as good or better by the majority of patients. About half of the participants reported that the room or ward they were in was very clean. The majority of patients (96%) were seen and examined by psychiatrists. Of those, 60% reported that psychiatrists always listened to them and 52% reported that they were given enough time to discuss their condition and treatment with the psychiatrist. Around 67% of participants reported they always had confidence and trust in the psychiatrist they saw, and 75.4% were always treated with respect and dignity. Furthermore, 56.3% said that nursing staff always listened to them carefully and 57% felt that they were given enough time to discuss their condition and treatment with the nurses. About two third (65.5%) had confidence and trust in the nursing staff and 68.1% were always treated with respect by the staff. The majority (95%) of participants said they were given medication as part of their treatment during their hospital stay. Of those, only 22.1% said that staff explained the purpose of the medications and only 12.4% of them had been told about the potential side effects of medications. Around 41.2% were given enough privacy by their physicians while discussing their problems and treatment procedure. But around 40.3% of the participants were not involved in decisions about their care and treatment.

There was a gap of 51.3% between those who wanted talking therapy in hospital and those who said they had talking therapy. More than half the patients (55.0%) who had talking therapy found it helpful. About 13.4% of the participants reported that they always had enough activities during weekdays and weekends. Of those who had been detained under the Mental Health Act during their most recent admission to hospital, only 17.6% reported that they had their rights under the Act explained to them completely. One third (33.3%) of participants reported that they had a delayed discharge and about 45.2% said that hospital staff had completely taken their family or home situation into account when planning their discharge. About 85% were not given information on how to get help in a crisis or when urgent help was needed, and how to make a contact in emergencies.

Around half of the participants rated the care they received in hospital as either excellent or very good while 5.0% rated it as very poor. Around 54% of participants rated their mental health as either excellent or very good: 23.5% as good; 17.6% as only fair or poor, and 5.0% rated it as very poor. Around 48% of the participants reported that they felt completely better while 21.0% did not feel better.

3. Quality of Outpatient Mental Health Services

A cross sectional study design was used to assess the level of quality of care for adults with mental disorders receiving services from mental health outpatient facilities in Jordan. A stratified cluster sampling technique was used to select mental health clinics by regions (North, Middle, and South) of Jordan both public and private sectors. Adult patients with mental disorders aged 18 years and older seeking mental health services were then selected from the pool of patients reporting for treatment on the days of visits of the study team to the assigned clinics.

A total of 534 patients were interviewed using the developed questionnaire based on the national patient survey program, designed by the Healthcare Commission (2004). The questionnaire was divided into categories: the socio-demographics data sheet and the patients' views on access to care and treatment, health professionals, medications, counseling, care plan and care review, primary health care services, crisis care, standards of care, and the overall rating of care received.

The age of participants ranged between 18 and 81 with a mean of 39.0 (12.6) year. About 47.2% were married, more than half (56.7%) had high school education and 64.6% were unemployed. Of the selected patients, 9.0% were treated in private sector, 72.5% in Ministry of Health, 12.9% in Royal Medical Services, and 5.6% in teaching hospitals. Around 28% of service users rated their

mental health as either excellent or very good, 28.8% rated it as good and 23.6% rated it as poor or very poor. About one quarter (24.5%) reported that they always feel ashamed of their mental illnesses. Around 54.8% had been receiving mental health services for more than five years, and 16.5% for one year and less. The majority (90.8%) have been seen by health-care professionals in their last visit. Of those, 29.9% waited less than half an hour and 15 % waited for more than 2 hours. About 24.2% reported difficulties in reaching the source of care. More than two thirds (68%) evaluated the promptness of the services as very good or good. Almost 71% of service users thought that the psychiatrist definitely treated them with care and dignity, 56.9% reported that the psychiatrist listened carefully to them, 60% reported having trust and confidence in their psychiatrist, and 54.2% reported that they were given enough time to discuss their condition and treatment with the psychiatrist.

Around 54% of service users were seen by a nurse in their last visit. 51% of patients felt the nurse had treated them with dignity, 45.8% reported that nurses definitely listened to them. In general, participants were more positive about the quality of the relationship with the psychiatrists than that of nurses. Of the service users who had contact with administrative staff, 49.6% felt that they were definitely treated with dignity. Only a small proportion of service users reported that they were given a written or printed copy of their care plan. Of those, 18.8% reported that they did not understood it and 40.6% had no decision on the plan.

Around 83% had taken medications for their mental health problem in the previous 12 months. Equal proportions of service users said that they either definitely, or to some extent, have a say in decisions about the medication they take (23.8% and 23.6% respectively), while 52.6% felt that they did not have a say. Around 51% of service users had new medications prescribed for them by a psychiatrist. Of those, 27.6% only said that the purposes of the medications had definitely been explained to them and 61.3% of service users were not told about possible side effects of their medications. Regarding unavailability of the medications, 7.6% of participants reported that never been unavailable.

In the previous 12 months, 8.1% of service users had one appointment cancelled or changed by a mental health appointment office, 1.1% had two or three appointments cancelled or changed and 6.4% had four or more appointments cancelled or changed. A frequent complaint of service users

was that they saw different psychiatrists in their last two appointments with a psychiatrist. About 45.6% had seen the same psychiatrist both times but 50.7% had seen two different psychiatrists. More than two-thirds (70%) of respondents who had continuity of care had trust and confidence in their psychiatrists, compared to 51.2% of those with no continuity of care.

In the previous 12 months, 18% of service users received counseling therapy. About 54.9% of service users said they would have liked talking therapy. Of those who had received counseling therapy, 46.9% found it definitely useful. About 16.7% of service users reported that they do not have the phone number of someone in mental health services that they can call during the working office time. Of those (n=89) who have the phone number, 64.4% had called the number in the previous 12 months. The percentage of service users who had been detained (sanctioned) under the Mental Health Act in the previous 12 months was 12.9%. Of those (n=69) who were detained, only 4.3% felt their rights had been explained to them completely and 36.2% reported that their rights had not be explained to them at all.

The majority of service users (88.4%) had not visited the primary health care centers in the previous two months. Of those who had visited the PHC centers (n=62), only 25.8% appreciated the helpful activities provided to them. Over three quarters of service users (76.2%) rated the overall care they had received from mental health services in the previous months as being good or better, 5.2% rated it as poor and 5.1% as very poor.

4. Primary Health Care Physicians and Mental Health Services

The purpose of this survey was to identify mental health practices, training needs of primary health care physicians and their role in mental health services in addition to continuing mental health education in order to ascertain training requirements and integrate mental health services in the PHC services. The study population consisted of all family physicians, residents and general practitioners who practice in primary health care centers in Jordan. A random sample of 50 primary health care centers was selected using a random number table from a list of all health centers of MOH distributed throughout Jordan. Data was collected from 22 family physicians, 20 residents and 73 general practitioners using a self-administrated questionnaire during the period between March to April 2010. The survey questionnaire development was guided by "The Action in Mental Health Project Questionnaire". The questionnaire consisted of personal and professional characteristics of the physicians and PHCC settings, the physicians' confidence in providing

services for patients with mental disorders, physicians' opinions about the appropriateness of PHCC as a place for treatment of patients with mental health problems and the appropriateness of PHCC in providing a service for people with mental health needs.

The total number of participants was 115 physicians, 74.8% of whom were males and 25.2% females with a motivation 3 to 1, with an age ranged between 25 and 62 years and a mean (SD) of 42.3 (11.6) years. Only 22.6% reported that they were able to make a diagnosis. Around 18% reported that they were unable to evaluate the severity of mental health problems and 10% reported they were able to prescribe medications to patients with mental disorders. About one fifth of the physicians reported that they were most able to deal with patients with mental disorders, and 56.5% were able to some extent to deal with special groups of patients with mental disorders such as pregnant women and elderly.

The majority of physicians (89.3%) reported that they believe that PHC physicians have a role in offering mental health services and a similar percentage (83.2%) reported that they are willing to work to improve the mental health services in Jordan. Around 75 % reported that the setting to offer mental health services is available and only 19.6% reported that they have time to deal with patients with mental health problems.

About 69% of physicians stated that they refer 1-2 patients, on average, with mental health problems per month to psychiatrists and 17.0% stated that they refer more than 2 patients per month. About 32% of physicians reported that they attended 2 or more days training or workshops in the mental health area. About 22.1% reported that they have a protocol or guidelines to diagnose and treat mental health problems.

Only 4.4% of physicians reported that they were able to offer services to patients with mental health problems without further training. About 83% reported that they are willing or very willing to participate in the training in the area of mental health problems. Only 9.6% strongly believe and 28.7% believe that primary care settings are the most appropriate to treat people with mental health problems. One quarter of the physicians (24.1%) were very confident that people with mental health problems can be treated in primary health care centers. Less than 5% of the physicians believed that all mental health problems can be treated in PHC centers.

Recommendations for promotion and advancement in the Mental Health System in Jordan:

1. **Policy and Legislative Framework:**

- A comprehensive revision and review of the available mental health byelaws and constitution is needed.
- Establish comprehensive mental health legislation that protects and promotes the human rights of people with mental disorders, and facilitate the delivery of mental-health care.
- Develop a disaster preparedness mental health plan.
- Allocate at least 5% of the health expenditures budget on mental health care.

2. **Mental Health Services:**

- Establish mental health units within general hospitals in all sectors with a spiral setup.
- Establish community mental health facilities: specialized clinics and counseling units.
- Establish Child/ Adolescents mental health facilities and services.
- Improve the infrastructure of the existing mental health institutions.

3. **Mental Health in Primary Health Care:**

- Increase and continue training primary health care staff on essential mental health care issues.
- Integrate gradually the mental health services within the primary health care system: on staging.
- Provide all primary health care clinics with all types of essential psychotropic medicines.
- Provide courses for Physicians and Nursing staff- for Continuing Medical Education.
- Allocate a budget for a certain amount of money for doctors and nurses working in remote areas.

- Allocate a budget for a certain amount of money for doctors and nurses working in remote areas.

4. Human Resources and Training in Mental Health:

- Increase the number of human resources and psychosocial staff (e.g., social workers, psychologists, etc.).
- Establish an appropriate refresher training scheme for mental health professionals with regards to different mental health issues.
- Encourage the formation of consumer and family associations (such as Mental Health Friends Societies).

5. Public Education & Links with Other Sectors

- Strengthen the link between the mental health system in Jordan with other sectors (Ministries of Education, Social Development, Public Works and Housing, etc) through formal legislative frameworks.
- Develop and enhance public mental health awareness programs in collaboration with other sectors such as NGOs, Media, etc.

6. Monitoring and Research:

- Improve the mental health information system.
- Encourage/support research in the field of mental health.

7 Mental Health Service Users' Satisfaction

- Ward Atmosphere
- Safety, Food, and Cleanliness
- Relationship with staff
- Care and Treatment
- Patients' Rights
- Leaving and Discharge
- Up- to- date Patients' Confidential Records.

The next step should be that future plans are put into action and the development of a National Action Plan that outlines a series of new initiatives that will be implemented over a four-year period. The overriding goals of these actions should be to prevent disability, alleviate suffering from mental illness, and facilitate an improved quality of life, thus improving the mental health status of people in Jordan.

The Action Plan should provide a national strategic framework that emphasizes coordination and collaboration between government and non-government providers, aimed at building a more connected system of mental health care and community support for people affected by mental illness. The Action Plan needs to focus on promotion, prevention and early intervention, improving mental health services, and providing opportunities for increased recovery and participation in the community and employment.

The work to achieve improvement in priority areas should be underpinned by the principles of equalities and human rights. This will include a strong focus on differences in access to services, the safety and effectiveness of care and people's right to be treated with dignity and respect. Particular attention should focus on the needs of people in more vulnerable circumstances, including those with physical disabilities or long-term conditions, the elderly, and children.

Section 2: Introduction

Patients' opinion and views are increasingly being recognized as major indicators of how well health services and systems are performing, as well as providing guidance for further service improvement (1). The service users' view is particularly relevant when trying to make health services more responsive to users' expectations. Previous research has suggested that patients feel more positive about treatment outcomes than do staff and that patients and staff tend to disagree about what makes patient better (2). Administrators' desire to increase productivity and enhance quality of services is another reason for acceptance of the customer-service perspective. Furthermore, policy makers are finding that outcome data measuring customer satisfaction can be useful in managing program development and resource allocation (3). Cost-effectiveness research is needed in health services, and a first stage of this research is measuring effectiveness from patient's perspective (4). The growing recognition of the importance of patient satisfaction is also reflected in the requirements of regulatory and certification agencies, such as the joint commission on the Accreditation of Health Care Organizations, which stipulates that treatment facilities collect and use patient satisfaction data in quality assurance activities (5). However, controversy remains about the methods used to measure patient satisfaction and about the meaning and importance of patient satisfaction data in health services (6-12). It is generally recognized that patient satisfaction is multidimensional. For example, patients can be satisfied with the treatment and staff but not with the environment in which treatment was provided (13, 14). In Jordan, a national mental health program has been proposed that may lead to reforms in mental health services, deinstitutionalization, recognition of fundamental human rights, and changes to mental health legislation. Participation by consumers and carers in service development and delivery will be viewed by government as necessary and important in contributing to care, treatment, and support system.

In Jordan, mental health services are provided by the public sectors- (Ministry of Health, Royal Medical Services, and Universities) and private sector. Mental health services are provided nearly free of charges by the Ministry of Health, as well as in the Royal Medical Services for military personnel and their dependents. Recent interest in mental health services by The Higher Council for Science & Technology (HCST), the World Health Organization and the Ministry of Health led to the formation of a national mental health committee that was assigned a task to review and appraise the current status of mental health services in Jordan. One of the

recommendations of this committee was to evaluate the quality of services from the users' perspective. The national mental health research team had discussed this interesting research theme and finally agreed to utilize reliable and valid instruments that have been used in various health regions in the United Kingdom for evaluation of acute inpatient and community mental health services. The Mental Health Acute Inpatient Service Users Survey Questionnaire (15) collects data about people's experiences of acute inpatient mental health services from admission to discharge from hospital, including the care and treatment they received, day-to-day activities and relationships with staff. The Mental Health Community Service Users Survey Questionnaire (16) collects data about people's experiences and views of mental services they have used including the care, treatment, human rights and relationship with staff.

Country Profile

The population size is about 6 million of which 70% live in urban areas. Thirty-two percent of the population is less than 15 years of age, and 4% is above 60 years of age. The life expectancy at birth is 71 years for males and 74 years for females. Literacy rate is 98% for males and 86% for females.

Mental Health Indicators in Jordan

The 2007 WHO-AIMS Report for Jordan, showed that total health expenditure as a percentage of GDP is 10.6 % and what is devoted to mental health is not known. Health services in Jordan are provided by: MOH (public sector), Royal Medical Service, medical facilities in Jordan Universities, UNRWA, private sector and NGOs. The structure of primary health care involves regional primary health centers with a nurse and 2-3 visits by a GP, primary health centers with a GP, dentist, nurses, midwife and a pharmacy and comprehensive primary health centers with basic specialties. There is a disproportionate distribution of mental health facilities and services between urban and rural areas, as they are more prevalent in urban areas (especially in large cities) than in rural areas.

Jordan's Health Care System

Jordan has one of the most modern health care infrastructures in the Middle East. Jordan's health system is a complex amalgam of three major sectors: public, private, and donor. The public sector consists of two major public programs that finance as well as deliver care: the Ministry of Health (MOH) and Royal Medical Services (RMS). Other smaller public programs include mainly two university-based programs, which are Jordan University Hospital (JUH) in Amman and the King Abdullah Hospital (KAH) in Irbid. The extensive private sector includes 60 hospitals and many private clinics. Over 1.6 million Palestinian refugees in Jordan get access to primary care through the United Nations Relief Works Agency (UNRWA). Each of the health care sub-sectors has its own financing and delivery system.

The Ministry of Health (MOH) is the major single financing and provider institution of health care services in Jordan. It is the largest in terms of the size of its operation and utilization as compared to RMS, JUH, KAH, or other private sectors. The Ministry of Health is responsible for all health matters in the Kingdom, and in particular:

a) Maintaining public health by offering preventive, treatment and health control services.

b) Organizing and supervising health services offered by the public and private sectors.

c) Providing health insurance for the public within available means.

d) Establishing and controlling the management of health educational and training institutes and centers according to relevant provisions of the legislations enacted.

The MOH provides primary, secondary and tertiary health care services. Primary Health Care services are mainly delivered through an extensive primary health care network. MOH also owns and operates 30 hospitals in 11 governorates, with 4333 hospital beds accounting for 38.7 percent of total hospital beds in Jordan. In addition to its general public health functions, the MOH has a dual financing function. First, it is responsible for administering the Civil Health Insurance Plan (CHIP) which covers civil servants and their dependents. Individuals certified as poor, the disabled, children below the age of six years, and blood donors are also formally covered under the CHIP, which covers about 34 percent of population.

The Royal Medical Services (RMS) mainly provides secondary and tertiary care services. It has 11 hospitals (7 general and 4 with high and special standardization), 2131 beds representing 19 % of hospital beds in Jordan. It employs 8.4 percent of all practicing physicians. RMS is responsible for providing health services and a comprehensive medical insurance to military and security personnel. The Military Health Insurance system currently covers 1,500,000 people of whom less than 10% are active military and police personnel and their dependents. The Royal Medical Services acts also as a referral center through providing high quality care, including some complex procedures and specialty treatment to Jordanians (including MOH beneficiaries) and Arab patients.

Jordan University Hospital (JUH) has 522 beds. It is affiliated with Jordan University and its medical school. It is one of the most specialized and high-tech medical centers in the public sector, along with the King Hussein Medical Center and the King Abdullah Hospital in Irbid. It has 4.7 percent of the total number of hospital beds in Jordan and accounts for 3.4 percent of the admissions for the year 2008. It has 5 percent of the total number of hospital beds in Jordan and accounts for 3.2 percent of the admissions for the year 2008. JUH has an occupancy rate of 68 percent.

The King Abdullah Hospital (KAH) is a tertiary care hospital affiliated with Jordan University of Science and Technology (JUST). The total bed capacity of the hospital is 650 beds and the

(opened beds) are 504 beds. It has 4.5 percent of the total number of hospital beds in Jordan and accounts for 3.8 percent of the admissions for the year 2008. The hospital serves as a teaching hospital to the Faculty of Medicine at JUST and as a referral hospital for all public sectors in the Northern Region. The United Nations Relief and Work Agency (UNRWA) for Palestine Refugees provides basically community health oriented programs that provide comprehensive health care to eligible refugee population (about 600,000) including preventive, curative, and family planning services. Currently, UNRWA operates 25 health centers and MCH centers. For in-patient services, they contract MOH, RMS and some private hospitals for this service.

The non-state (private) sector plays an important role in terms of both the financing and delivery of services. Many private firms provide health care coverage for their employees either through self insuring or the purchase of private health insurance. In terms of a service delivery system, the private sector has 60 hospitals (3712 beds) that account for 33 percent of hospital beds in Jordan with an occupancy rate of 53 percent. In addition, the private sector employs 60 percent of all physicians, 94 percent of all pharmacists, 83 percent of all dentists, and 44 percent of registered nurses. The private sector contains much of the country's high tech diagnostic capacity. This sector continues to attract significant numbers of foreign patients from nearby Arab nations. It was reported that the private sector received about $1000 million in revenue from foreign patients in 2007-2008. This sector under the absence of strict regulatory environment is flourishing and growing steadily.

The general Health Policy is set by the High Health Council. It is chaired by the Prime Minister and has representatives from the different health sectors. The main responsibilities of the Council regarding policy making are:

1. Proposing and initiating national health policy and strategic health plans.
2. Coordinating the major activities of health sub-sectors (MOH, RMS, university hospitals, private health sector, etc.).
3. Proposing solutions to the major problems of the health care system (HCS)
4. Adopting of health system research agenda and facilitating the implementation of this agenda.

The MOH is mandated by the Public Health Law and other legislations to license, monitor and regulate all health professions and institutions in the country. In addition to MOH, health governance functions in Jordan are performed by multiple public, semipublic, private, and NGO's. The professional associations, other health councils and independent public organizations (Jordan Medical Council, High Health Council, Jordanian Nursing Council, Jordan Food and Drug Administration, etc…) participate with the MOH in regulating and monitoring functions. The Private Hospitals Associations (PHA) which represents all private hospitals has no effective role in regulating and monitoring private hospitals. Poor cooperation and lack of effective policy coordination among the different health sectors has created overlapping and duplication of governance functions. The governance of MOH hospitals is highly centralized. Senior level executives at the headquarters in Amman decide on all significant managerial, personnel, budgetary and procurement matters. It is believed that hospitals may be more efficiently operated and quality of patient care enhanced if greater independence was granted to them.

Section 3: Methods and Approaches

The methods used for the four-part study are:

1. Assessment of mental health services using WHO-AIMS (Input and process indicators)
2. Quality of outpatient mental health services (output indicators)
3. Quality of inpatient mental health services
4. Primary health care physicians and mental health services

1. Assessment of mental health Services using WHO-AIMS

The team members used various approaches to collect valid and reliable data from different sources.

Documents Review

Official document, reports and studies produced and published by the Ministry of Health, Ministry of Education, Ministry of Social Development and WHO on mental health in Jordan were thoroughly reviewed. Search for published national studies on mental health issues in Jordan using PubMed and EBSCOW was also conducted.

Institutional Data Sources

- Forms for collecting data from mental health and non-mental health institutions were developed by the national team.
- Field visits to various institutions were conducted after being granted institutional permission
- Review of patients' records in acute, chronic and forensic units.

Patients' Data Source

Questionnaires were developed to collect data on a sample of patients attending outpatient facilities.

Primary Health Care Physicians' Data Source

- A self-administered questionnaire was designed to collect data from 100 primary health care physicians working in 100 primary health care centers in different governorates.
- Data pertaining to non-physician-based primary health care nurses and non-nurses were collected from nursing schools and vocational schools through special visits conducted.

Expert panel

Brainstorming sessions were conducted by members of the national team as experts to develop consensus on certain questions and themes.

2. Quality of outpatient mental health services

Study design

A cross sectional study design was used to assess the level of satisfaction with the out-patient services among adults with mental disorders receiving services from mental health outpatient facilities in Jordan.

Study population

The study population consisted of all adult patients with mental disorders aged 18 years and older who were receiving their mental health services from public and private mental health outpatient institutions in Jordan. A stratified cluster sampling technique was used to select the study sample. All mental health clinics in the country were stratified by region (North, Middle, and South) and by sector (private, public). Main clinics in each region and each sector were selected. The study sample was then selected from the pool of patients reporting for treatment on the days of visits by the study team to the assigned clinics. Official letters and approvals were obtained from the respective health authorities prior the visit of the study team. The study team visited the selected clinics between January 2010 and April 2010 and met the administrative staff to seek their support in data collection. In each clinic and over all working days, a systematic sample of patients (every third patient) was chosen.

Ethical considerations

The study proposal was approved from an ethical point of view by the ethical committee at the Ministry of Health and Royal Medical Services. All eligible patients were invited to participate in the study and a verbal consent was secured regarding those willing to participate. Privacy and confidentiality were ensured for the patients/surrogates to encourage them to open-up in their responses. A total of 534 patients agreed to participate in the study with a response rate of 81.2% (387 from MOH clinics, 69 from RMS, 48 from private clinics, and 30 from teaching hospitals).

Questionnaire

The questionnaire was developed based on the national patient survey program, which was taken over by the Healthcare Commission in 2004 and it was one of the largest patient survey programs in the world. It provided an opportunity to monitor experiences of healthcare and was an important part of the Healthcare Commission's new annual health check. The questionnaire is divided into sections: one section sought information about demographics including age, sex, marital status, education, average monthly income, occupation, and place of living.

Another section was structured to cover all areas of care in the outpatient clinics.

- ***Access to Care and treatment:*** Patients were asked how long they have been in contact with mental health services and when was the last time they had seen a health care worker from the mental health services. A typical example was: "Do you find it difficult in arriving to the clinic"? [1 indicates very difficult, 2 indicates some difficulty and 3 indicates no difficulty].

- ***Health professionals:*** This section gathered information about the relationship between psychiatrists and patients. The items gathered related to listening carefully to patients, trust and confidence in the psychiatrist, treated with respect and dignity, enough time given to discuss the condition and treatment of the patients, and cancelling or changing appointments to a later date. Patients were also asked whether they saw the same psychiatrist during their last two appointments with a psychiatrist. A typical example in this section was: "Did the psychiatrist listen carefully to what you had told him/her"? [1 indicates yes for sure, 2 indicate yes to some extent and 3 indicate no].

  Similarly, questions about the relationship between patients and nurses were asked and covered areas like listening carefully to patients, trust and confidence in the nurse, and treated with respect and dignity. Some of these questions were asked to assess the relationship between patients and other health professionals.

- ***Medications:*** Patients were asked to report if they had taken any medications for their mental health problems in the last 12 months, whether they had a say in decisions about the medications they take, whether any new medications had been prescribed for them by a psychiatrist in the last 12 months, and whether indications and side effects of the medications were explained to them.

- ***Counseling:*** Patients were asked to report if they had any counseling sessions and whether they wanted same.
- ***Care plan and care review:*** Patients were asked about whether they understood what is in their care plan and whether they were involved in deciding what was in their care plan. A care review is a meeting with patients and the people involved in care in which patients discuss how the care plan is working. In this regard, they were asked to report if they had a care review, whether they were told that they could bring a friend or relative to their care review meetings, whether they were given a chance to talk to their care coordinator about what would happen, whether they were given a chance to express their views at the meeting, and whether they find the care review helpful.
- ***Primary health care:*** Patients were asked whether they had visited PHCC and whether the activities provided by the centre were helpful.

- ***Crisis care:*** Patients were asked whether they had the phone number of someone to call out of office hours, whether they had called this number, and how long did it take them to get through, and whether they got the help they wanted the last time they called the number.

- ***Standards:*** Patients were asked the following questions:

    - ✓ Have you been admitted to a hospital as a mental health patient in the last 12 months?
    - ✓ Have you been detained under the Mental Health Act in the last 12 months?
    - ✓ Were your rights explained to you when you were detained?

- ***Overall:*** Patients were asked the following question: Overall, how would you rate the care you have received from Mental Health Services in the last 12 months?

Statistical analysis

Data was analyzed using the Statistical Package for Social Sciences (SPSS, Inc., Chicago, III, Version 15). Frequency and percentage were used to describe data.

3. Quality of Inpatient mental Health Services

Study sample

A cross sectional study design was used to assess the level of satisfaction with the in-patient services among adult patient admissions to mental hospitals /mental health wards in general hospitals in Jordan. This survey targeted all inpatients aged 18 years or more and who had been in mental hospitals or admitted to mental health wards for more than 24 hours during the period between February 2010 and April 2010. The hospitals included in this study were the National Center for Mental Health, Al-Rashid hospital, RMS/Marka, and Al-Karamah. Official letters and approvals were obtained from the respective health authorities prior the visit of the study team. The study team visited the four hospitals and met with the administrative staff to seek their support in data collection and to help the study team to identify inpatients who met the inclusion criteria.

Ethical considerations

The study proposal was approved from an ethical point of view by the ethical committee at the Ministry of Health and Royal Medical Services. All eligible patients were invited to participate in the study and a verbal consent was secured from those willing to participate. Privacy and confidentiality were ensured for the patients/surrogates to encourage them to open-up in their responses. Of those who were hospitalized in these hospitals during the visits of the team, a total of 119 (80.1%) patients agreed to participate in this study: National Center for Mental Health (n=58), Al-Rashid hospital (n=16), RMS/Marka (n=14), and Al-Karamah (n=31).

Data collection

Given the high average length of stay of psychiatric patients, frequent visits were arranged to these hospitals in different times to identify the required number of patients. Administering the survey to patients whilst they were in hospital has an advantage of giving the highest response rate and a better recall; the fact that the selected hospitals receive patients from all over the country thus becomes difficult to contact people once they have been discharged. Data was collected using the Arabic-translated structured interview questionnaire.

Arabic-translated version of the questionnaire

The questionnaire was developed based on the national patient survey program, which was taken over by the Healthcare Commission in 2004 and it was one of the largest patient survey programs in the world. It provided an opportunity to monitor experiences of service users of healthcare and was an important part of the Healthcare Commission's new annual health check.

The questionnaire was divided into sections: the first section gathered information about socio-demographics including age, sex, marital status, education, average monthly income, occupation, and place of living. The other section focused on aspects related to basic needs of service users and the quality of inpatient services that would ensure meeting these needs. The key aspects to this dimension include: the ward environment, multi-disciplinary team approach, and medication and treatment as outlined below.

- ***The ward environment:*** This aspect had two distinct but interrelated components: (1) the physical environment and basic comfort, and (2) safety and security. Physical environment and basic comfort covered the type of ward and its physical condition. Areas seen as particularly salient were the bathroom/toilet arrangements, common areas / facilities including access to entertainment, access to a quiet space on the ward, the state of the ward cleanliness, and the quality of the food delivered on the ward. The quality of kitchen equipment and hygiene, the quality of cooks. Availability of chairs and tables to accommodate eating. A typical example of physical environment items was: "How do you evaluate the quality of food delivered to you in the hospital [very good, good, fair, poor, I did not eat the food of the hospital"]. Safety and security were considered by collecting information on service users' perception of safety, security and comfort. A typical example of this component was: "Have you felt safe in hospital: yes always, yes sometimes, no".
- ***The Multi-Disciplinary Team (MDT) approach***: Contact of service users with members of the MDT whilst on the ward was considered. This aspect included: which members of the MDT met with the patient, how frequently, what was the nature of the contact, how satisfied/ useful did service users find these contacts, and did they feel that they were treated with dignity and respect by staff during their stay? Typical examples were: "did the psychiatrist treat you with dignity and respect? [1. Yes always, 2. Yes sometimes, 3. No 4. I did not see psychiatrist"]. "Did the nurse listen carefully to you? [1. Yes always, 2. Yes sometimes, 3. No"].
- ***Medication and treatment:*** This section covered data about the extent to which patients feel they were involved and felt consulted with regards to medication and treatment choice. Areas for consideration included:
    - ✓ Service users' knowledge about what medication(s) they were taking, and whether the benefits of these were communicated; whether this was explained or not at all.

- ✓ Were service users told about the possible side effects and did staff try to address any side effects experienced?.
- ✓ Did service users have access to talking therapies?
- ✓ Involvement of carer/family.

During the interviews, service users were asked whether they had any physical health needs and whether hospital staff had addressed these needs. Typical examples were: "Did the hospital staff explain to you the purpose of using the medication in a way understandable to you?

- ***Informational needs and involvement in decision making:*** This section covered informational needs and involvement in decision making that were closely related to the medication and treatment theme.
- ***Rights/standards:*** This section gathered information about the rights of patients and the standards of care applied in the hospital. It included explanation of rights and awareness of the procedures of filing a complaint. A typical example was: "Have you received an explanation on how to file a complaint if you needed to? [1. Yes, 2. No, 3. I don't know"]
- ***Discharge:*** Data collected included issues to discover whether patients/family/carers were involved in the discharge process and whether they were prepared for being discharged. A typical example was: "Do you think you had been notified in the previous admissions that you will be discharged from the hospital? [1. Yes, 2. No, 3. I don't know, 4. Never been admitted"].
- ***Other information:*** included:
  - ✓ Patients were asked about whether their stay in hospital was of help to them and whether their health had improved because of the services they received.
  - ✓ Rating of the care that patients have received from Mental Health Services in the last 12 months.
  - ✓ Physical health problems co-existing with mental disorders.
  - ✓ Impact of mental health disorders on daily activities of their life.

Statistical analysis

Data was analyzed using the Statistical Package for Social Sciences (SPSS, Inc., Chicago, III, Version 15). Frequency and percentage were used to describe data.

4. Primary health care physicians and mental health services

Study population

The study population consisted of all family physicians, residents and general practitioners who practice medicine in primary health care centers in Jordan. A simple random sample of 50 primary health care centers was selected using a random number table from a list of all health centers of MOH distributed in all parts of Jordan. All selected centers were visited once or twice by the study team who invited the available physicians at the time of visit to participate in the study. Of those who were invited, 115 (84.6%) physicians agreed to participate in this study and gave a verbal approval. A total of 22 were family physicians, 20 were residents and the 73 were general practitioners. All participants were assured that their participation in this survey is voluntary and if they choose to take part, their answers will be confidential.

Questionnaire

Participants were asked to complete a self-administrated questionnaire during the period between March and April, 2010. The survey questionnaire development was guided by "The Action in Mental Health Project Questionnaire to identify mental health training needs in practices" to look at primary care issues in mental health and identify mental health training needs among physicians in PHCC, to know what their role in order to ascertain training requirements. The questionnaire was divided into sections. The first section sought information about personal and professional characteristics including the name of the health center, its address and the gender, age, highest level of qualifications, and number of years in practice in PHCC of staff. The second part of the questionnaire collected relevant information by asking questions with five answer options for each question. Physicians were asked about how they find themselves confident in giving advice over the telephone, in providing a service for someone who complains of anxiety and tension, in talking to people who express suicidal ideas, in dealing with pregnant women with mental health problems, working with service users to develop mental health services, dealing with someone who complains of low mood, and liaising with voluntary organizations for people with mental health problems, in addition to dealing with children who suffer from mental health problems.

Furthermore, they were asked to express their opinions about the appropriateness of PHCC as a place for treatment for those with mental health problems and the appropriateness of PHCC in providing a service for people with mental health needs. Physicians were asked about their level of confidence in the diagnosis of patients with mental illness and if their physical needs are met if

treated in PHCC. They were asked to report their ability to assess the level of risk for someone experiencing mental illness. They were also asked about whether they attended workshops or training programs in the area of mental health, about training needs in mental health and their readiness to participate in training programs and in working with health professionals and service users to develop mental health services in the places where they work.

Statistical analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS, Inc., Chicago, III, Version 15). Frequency and percentage were used to describe data.

Section 4: Findings

1. Findings of WHO-AIMS

Domain 1: Policy, Plan and Legislation

The mental health policy for Jordan was recently drafted, and the official approval by the Ministry of Health is awaited. It includes the following components: 1) developing community mental health services, 2) downsizing large mental health hospitals, 3) developing a mental health component in primary health care, 4) development of human resources, 5) financing, 6) quality improvement, 7) monitoring system, 8) involvement of users and families, 9) advocacy and promotion, 10) human rights and protection of patients, and (11) equity of access across different groups.

Essential medicines, including essential psychotropic medications, are present in the country and include: antipsychotic, anxiolytic, antidepressants, and mood stabilizers. Although there is no specific mental health legislation, the public health law provides for and covers certain basic and minimum standards related to mental health issues. There is no disaster/emergency preparedness plan for Mental Health. There is no specific/defined budget for mental health services in Jordan. The proportion of health budget to GDP is 10.6% and what is devoted to mental health is unknown, and the estimate of the Mental Health Team, that it does not exceed 2% of the total health expenditure. MOH provides all mental health services free of charge. The daily direct and indirect cost for inpatient treatment is about 100 USD on average and the visit to the outpatient clinics costs 50 USD on average.

Domain 2: Mental Health Services

- **Organization of mental health services**

A national mental health authority (MOH) exists which provides advice to the government on mental health policies and legislation. This authority was expected to be endorsed by the Minister of Health in 2009 to coordinate all aspects of mental health with other health sectors including the private sector. The mental health authority will be involved in (a) service planning, (b) service management and co-ordination, (c) monitoring and quality assessment of mental health services. Mental health services are organized in terms of the catchment areas, in the sense that there are outpatient facilities scattered throughout the country and where people can seek help. There are no mental health facilities in some areas. However, residents in those areas that are not covered by basic mental health services have access to services in nearest regions in which mental health service is available.

- **Mental Health Outpatient Facilities**

There are 64 outpatient mental health facilities available in the country including the private sector, of which one is for children and adolescents only. In 2010, In Irbid of about 1 million population, 700 people were seen in one week at the outpatient facilities including the main psychiatric clinics in Princess Basma Hospital (MOH), Prince Rashid Hospital (RMS), King Abdullah University hospital, Al Ramtha Clinic (MOH) and three private clinics (303 users per 100,000 general population). Of all users treated in mental health outpatient facilities, 39% were females and 2.6% were children or adolescents (below the age of 16 years). To estimate the diagnoses of users treated in outpatient facilities, we examined a sample of 350 consecutive patients attending the outpatient facilities in Irbid (Table 4.1). The users treated in outpatient facilities were primarily diagnosed with anxiety disorders (9.7%), schizophrenia and other psychotic disorders (49%), mood disorders (28.8 %), substance use disorders (1.4 %), personality disorders (2.6 %), organic mental disorders (4.6%), and others (3.9%).

Table 4.1. The diagnostic distribution of 350 patients seen at the main psychiatric clinics in Irbid	
Diagnostic category	%
Organic mental disorders	4.6
Psychotic disorders	49.0
Mood disorders	28.8
Anxiety disorders	9.7
Substance use disorders	1.4
Personality disorders	2.6
Others	3.9

The number of contacts per user for a sample of psychotic, mood disorders and anxiety disorders ranged between 6-12/year. None of the facilities has a mental health mobile team. In terms of available interventions, the majority (51-80%) of users had received one or more psychosocial interventions in the past year. One hundred percent of mental health outpatient facilities had at last one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility or in a near-by pharmacy all year round.

- **Day Treatment Facilities**

There is a one day treatment facility in the country (NGO), which does not treat children and adolescents. Currently, this facility treats 29 users (0.52 per 100,000 general population). Of all users treated in day treatment facilities, 14% are females. On average, users spend 312 days in day treatment facilities. The cumulative number of days on which users were present in mental health day treatment facilities in the 2009 was 9048.

- **Community-Based Psychiatric Inpatient Units**

There is one community-based psychiatric inpatient unit available in the country with a total of 36 beds and belongs to the RMSs (0.64 beds per 100,000 population). Seventy- three percent of admissions to community-based psychiatric inpatient units are males. No beds are available for children and adolescents. The diagnoses of admissions to community-based psychiatric in a sample of 225 inpatients were primarily as follows: (Table 4.2):

Table 4.2. Diagnostic distribution of patients admitted to the community-based psychiatric inpatient unit (n=225)	
Diagnostic categories	%
Organic mental disorders (epilepsy)	2
Substance use disorders	2
Psychotic disorders	31
Mood disorders	33
Anxiety disorders	16
Personality disorders	4
No mental disorder	9
Others	3

Psychotic disorders (31%), mood disorders (33%), anxiety disorders (16%), personality disorders (4 %), substance use disorders (2%), epilepsy (2%), others (3%) and no mental disorders (9 %). These figures are estimations of diagnoses based on a sample (n=225) of cases treated in psychiatric inpatients units in 2009. On average, patients spend 24 days per admission. The majority of patients (> 80%) had at least one psychotropic medicine of each therapeutic class (antipsychotic, antidepressant mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility. The proportion of patients who received one or more psychosocial interventions in the last year is not known.

- **Community Residential Facilities (Al-karamah Rehabilitation Center)**

There is one community residential facility for long stay homeless patients (MOH) with a capacity of 150 beds (0.37 per 100 000 population) and over 93% of the residents suffer from chronic psychotic disorders mainly schizophrenia and the vast majority are on antipsychotic medications with no psychosocial interventions.

- **Mental Hospitals**

There are two mental hospitals. One belongs to the MOH with a capacity of 260 beds of which 150 beds for acute male and female patients (4.6 beds per 100 000 population). The second one, Al-Rashid Mental Hospital is a private hospital with a capacity of 70 beds (1.25 per 100 000 population). As far as the first hospital (CMH), seventy percent of patients with acute admissions are males. The diagnostic distribution is as follows (Table 4.3): organic mental disorders (2.9 %), substance use disorders (1.4 %), psychotic disorders (73.9 %), mood disorders

(20.4 %) and others (1.4 %). The stay in chronic wards is as follow: more than 10 years (10 %), 5-10 years (7 %), 1-4 years (5 %), and less than one year (78 %). The length of stay in the acute wards ranges from few days up to 3 months (average is 3 weeks).

Table 4.3. Diagnostic distribution of acutely admitted patients to the National Mental Health Center (NMHC)	
Diagnostic categories	%
Organic mental disorders	2.9
Substance use disorders	1.4
Psychotic disorders	73.9
Mood disorders	20.4
Others	1.4

In Al Rashid Hospital, seventy-seven percent of 508 patients admitted to the Al-Rashid hospital in 2009 were males. The diagnostic distribution of 508 patients was as follows (Table 4.4): organic mental disorders (0.8%), substance use disorders (31.0%), psychotic disorders (36.9%), depressive disorders (8.3%), bipolar disorders (13.2%), personality disorders (2.6%), and others (0.8%). The average length of stay was 18.8 days.

Table 4.4 distribution of 508 patients. diagnostic	
Diagnostic categories	%
Organic mental disorders	0.8
Substance use disorders	31
Psychotic disorders	36.9
Mood disorders	31.5
Personality disorders	2.6
Others	0.8

- **Forensic Facilities**

There is one forensic unit in the country with a capacity of 60 beds. One hundred percent of the sample (n=181) are males. The diagnostic distribution of the sample is as follows (Table 4.5): no mental disorders (28.2%), organic mental disorders (1.1%), psychotic disorders (46.4%),

mood disorders (10.0%), personality disorders (9.4%), and others (4%). The average length of stay is 27.5 months.

Table 4.5. diagnostic distribution of patients admitted to the forensic unit	
Diagnostic categories	%
Organic mental disorders	1.1
Psychotic disorders	46.4
Mood disorders	10.0
Personality disorders	9.4
No mental disorders	28.2
Others	4.0

- **Availability of Psychotropic Medicines**

The proportion of mental hospitals and outpatient facilities in which at least one psychotropic medicine of each therapeutic category (anti-psychotic, anti-depressant, mood stabilizer, anxiolytic and antiepileptic medicine) is available in the facility all year long is 100%.

- **Equity of Access to Mental Health Services**

All psychiatric beds in mental hospitals and community based inpatient units are located near or in the capital Amman, and over 90 % of the outpatient facilities also are located in Amman.

Domain 3: Mental Health in Primary Health Care

All PHC clinics are physician based. The proportion of undergraduate training hours devoted to psychiatry in Jordan is 6% of the total number of undergraduate training hours for medical doctors in universities. Twenty-eight percent of primary health doctors had at least two days of refresher training in mental health during last year. In terms of physician-based primary health care clinics, a few (6%) have assessment and treatment protocols for key mental health conditions available.

The majority (62%) of physician-based primary health care doctors make on average at least one referral per month to a mental health professional. In terms of professional interaction between primary health care staff and other care providers, a few (less than 30%) primary care doctors have interacted with a mental health professional at least once a month in the last year. The proportion of undergraduate training hours devoted to psychiatry and related mental health is 6%. None of the physician-based PHC facilities and mental health facilities have had interaction with a complimentary/alternative/traditional practitioner.

- **Prescription in Primary Health Care**

Primary health care (PHC) doctors are allowed to prescribe psychotropic medicines but with restrictions (52%). PHC nurses and non-doctor/non-nurse PHC workers are not allowed to prescribe psychotropic medications in any circumstance. Seventeen percent of the physician-based PHC clinics have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic).

Domain 4: Human Resources

- **Number of Human Resources in Mental Health Care**

The total number of human resources working in mental health facilities (MOH, RMS, Al-Rashid hospital and University hospitals) per 100,000 population is 6.52. (Table 4.6).The breakdown according to profession is as follows: 70 psychiatrists (1.2 per 100,000 population), two medical doctors, not specialized in psychiatry (0.04 per 100,000), 261 nurses (4.66 per 100,000), 400 psychologists registered in the country (7.14 per 100,000), but only 11 are known to provide service in the four sectors. Regarding the workplace, 39 psychiatrists work in the public health sector and 31 in the private sector. A total of 30 psychiatrists are working in both outpatient and inpatient mental health facilities and the rest work mainly in the outpatient and private mental health facilities. As for other medical doctors not specialized in mental health, one

works as a director of the main mental health hospital, and the other one provides general health care to the staff in the main mental hospital. There are 32 trainee psychiatrists (residents) in the country; 15 work in the MOH, 9 in the RMS, 5 in Alrashid hospital and 3 in KAUH. As for nurses, all are based in mental hospitals and in the community-based inpatient unit. Twenty-nine (n=29) psychosocial staff (psychologists, social workers, and occupational therapists) work in inpatient facilities, and 384 in private outpatient facilities. In terms of staffing in mental health facilities, there are 0.17 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.04 psychiatrists per bed in mental hospitals. As for nurses, there are 0.38 registered nurses per bed in community-based psychiatric inpatient units, in comparison to 0.17 per bed in mental hospitals. Finally, for other mental health care staff (e.g.,psychologists, and social workers) 0.05 per bed in mental hospitals and 0.13 per bed in community-based psychiatric inpatient units. The distribution of human resources between urban and rural areas is disproportionate. The density of psychiatrists and the other mental health staff in Amman is 2 times greater than the density of psychiatrists and other mental health staff in the entire country.

Table 4.6. Distribution of human resources working in mental health sectors in Jordan						
	MOH	**RMS**	**Universities**	**Al-Rashid Hospital**	**Total**	**Rate per 100000**
Psychiatrists	18	9	9	5	41*	0.73
Residents	15	9	3	5	32	0.58
Medical doctors(nonpsychiatrists)	2	-	-	-	2	0.04
Registered nurses	83	23	11	27	144	2.57
Associate and assistant nurses	81	19	-	17	117	2.09
Social workers	10	1	4	1	16	0.28
Psychologists	4	4	0	3	11**	0.19
Occupational therapists	0	1	0	1	2	0.04
Total	213	66	27	59	365	6.52

* Total number of psychiatrists is 70 (1.2 is the rate per 100 000 population)
** Total number of psychologists is 400

- **Training of professionals in mental health**

The number of professionals graduated last year in academic and educational institutions is 6 psychiatrists. The proportions of mental health staff that attended refresher training on the rational use of drugs, psychosocial interventions, and training on child and adolescent mental health issues in the last year is unknown.

- **Consumer and family associations.**

No consumer and family associations of persons with mental disorders exist in Jordan.

Domain 5: Public Education and Links with other Sectors

- **Public education and awareness campaigns on mental health**

There are bodies overseeing the public education and awareness campaigns in mental health and mental disorders – Ministry of Health, information centre, education centres, WHO, Jordan Association of Psychiatrists and the Jordanian Society of Psychology, but these societies need to do more such as seminars and workshops that have promoted public education and awareness campaigns in the last couple of years. These campaigns have targeted the general population, children, adolescents, trauma survivors and women. There is some formal coordination between these bodies, such as the Ministry of Health and the Ministry of Education, and the Ministry of Health and the WHO. There has been no effort to evaluate the impact and outcome of these campaigns.

- **Legislative and financial provisions for persons with mental disorders**

At the present time there are legislative provisions concerning a legal obligation for employers to hire a certain percentage of employees that are disabled, provisions concerning protection from discrimination at work, and provisions concerning priority in state housing. It is unknown whether these provisions are enforced.

- **Links with other sectors**

There are formal collaborative programs addressing the needs of people with mental health issues between the department of mental health and other departments or agencies responsible for primary health care, HIV/AIDS, reproductive health, child and adolescent health, substance abuse, child protection, education, and criminal justice. There are no activities outside the mental health sector that address the needs of people with severe mental disorders in the last 5 years. The number of psychologists licensed by the Ministry of Health is 47, and the number in the Jordanian society of psychology is 425. However these numbers do not reflect the actual number of psychologists in Jordan. In 2008, the proportion of primary and secondary schools with either a part-time or full-time mental health professional (e.g. counsellor, psychologist, social worker,) was approximately 41%.

In October 2010, the number of counsellors at Ministry of Education governmental schools in Jordan was 1804 (674 male and 1130 female) that serve 1,129,448 students in 3371 schools, leaving many other schools without counselling services. The ratio of counsellor to student in the schools with full-time counsellors is 1: 495, while the appropriate ratio is 1:300. Since one third of

the population of Jordan consists of school students, there should be more emphasis upon school counselling. The Law of Education (1994) in article 6 stated among the objectives of the Ministry of Education "providing guidance, counselling, health and preventative care in educational institutions" and article 19 stated that the school counsellor is required to hold at least a B.A. in educational counseling, or counseling and mental health or psychology.
The goal of school counseling is to provide students with training regarding skills and knowledge that enhance mental health. The role of the counsellor is mainly developmental, preventative and sometimes therapeutic when the students' problems are mild and related to daily life stresses.

Interviewing 14 school counselors concerning the obstacles and difficulties they encounter in their work revealed the following: a) the concept and philosophy of counseling is not clear to many school principals, teachers, parents, and students; b) some school counselors are not properly trained in counseling; c) many school counselors spend most of their time in administrative activities rather than in guidance and counseling. It is envisaged that less than 20% of police officers and judges, have participated in educational activities on mental health in the last 5 years. All people with severe disabilities are entitled to receive social welfare benefits.

Domain 6: Monitoring and Research

A formally defined list of individual data items that ought to be collected by all mental health facilities exists. As shown in Table 4.7, the extent of data collection is consistent among mental health facilities. The government health department received data from 64% of mental health outpatient facilities, 100% of community-based psychiatric inpatient units (Royal Medical Services), and 100% of mental hospitals; The other mental hospital is a private one.

Table 4.7 - Percentage of mental health facilities collecting and compiling data by type of information

	Mental Hospitals	**Inpatient Units**	**Outpatient Facilities**
N° of beds	100%	100%	
N° inpatient Admissions	100%	100%	
N° /users/treated in outpatient facilities	100%	100%	100%
N° of days spent in hospital/	100%	100%	UN
N° of users restrained	UN	UN	UN
N° of involuntary admissions	UN	UN	UN
Diagnosis	100%	100%	100%

UN: Unknown

In terms of research, less than 1% of all health publications in the country were on mental health. Reviewing the last five editions of the Jordan Medical Journal, none of the published articles were related to mental health. The published reports in parts focus on the epidemiological aspects of mental disorders and in other parts the focus was mainly on the clinical aspects as well as on the attitudes of professionals towards mental health.

However, over the past three years the national mental health research team under the umbrella of The Higher Council for Science & Technology (HCST) has conducted extensive research and the first comprehensive one mainly on the quality of service provided to people seeking for outpatient and inpatient mental health facilities. Based on these findings there is now more of an emphasis on community-based mental health research.

2. Quality of Inpatient Mental Health Services

- Service users' characteristics

This survey included a total of 119 inpatients admitted in four hospitals (16 from Al-Rashid hospital, 58 from the NMHC; 31 from Al-Karamah Rehabilitation Center, and 14 from RMS/Marka). All patients, but one, had filled in the questionnaire without any help from friends or relatives. About one fourth (25.2%) of service users responding were women and 74.8% were men. Their age ranged between 17 and 83 with a mean (SD) of 38.6 (12.9) year. About 16.0% aged ≤25 years, 29.4% aged 25.1-35 years, 26.1% aged 35.1-45 years, 20.2% aged 45.1-55 years, and 8.4% aged >55 years. More than one-half (55.5%) were single and 17.6% were divorced. It was noticed that the proportion of patients who are divorced is higher than that in the general population. About two thirds (63.0%) of the service users were not currently in paid work and only 31.1% were employed. About three quarters (76.5%) had an income of 400 JD or less. Table 4.8 presents the characteristics of the 119 service users who responded to the survey.

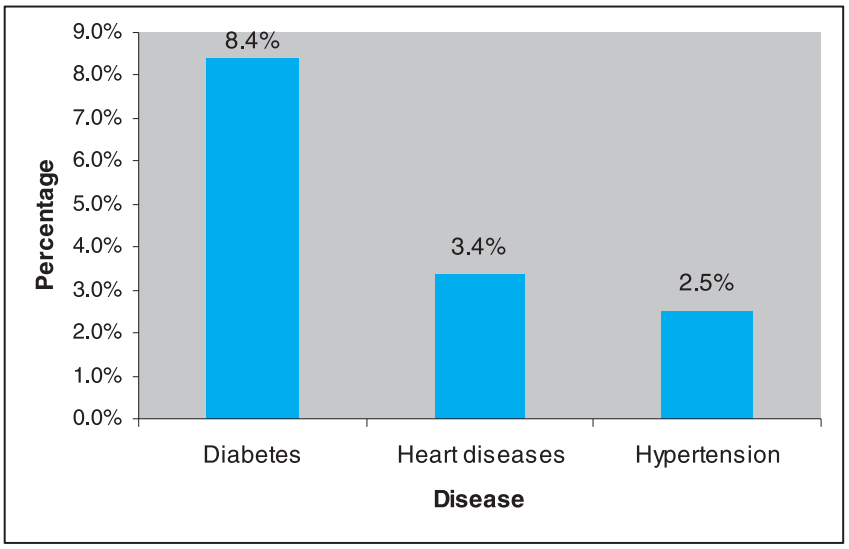
Table 4.8 The characteristics of the 119 service users who responded to the survey

Facility	Frequency	Percent
Al-Rashid	16	13.4
MOH/NMH Center	58	48.7
MOH/Al Karama Rehabilitation	31	26.1
RMS/Marka	14	11.8
Gender		
Male	89	74.8
Female	30	25.2
Age (year)		
≤25	19	16.0
25.1-35	35	29.4
35.1-45	31	26.1
45.1-55	24	20.2
>55	10	8.4
Marital status		
Single	66	55.5

Married	32	26.9
Divorced	21	17.6
Education		
Illiterate	13	10.9
≤High school	78	65.5
Diploma	12	10.1
Bachelor or more	16	13.4
Employment status		
Employed	37	31.1
Retired	5	4.2
Student	2	1.7
Unemployed	75	63.0
Income (JD)		
≤100	44	37.0
100.1-200	22	18.5
200.1-300	13	10.9
300.1-400	12	10.1
>400	28	23.5
Living status		
Living alone	26	21.8
Living with others	93	78.2
Source of information		
Patient	118	99.2
Escort	1	.8

Service users were also asked whether they had any long standing health conditions other than their mental health condition (Figure 1). A total of 17 (14.3%) patients said that they had a long standing condition. Ten patients (8.4%) reported having diabetes, 4 (3.4%) reported having heart diseases, and 3 (2.5%) reported having hypertension (Figure 4.1). Some patients were suffering more than one of these morbidities.

Figure 4.1 The distribution of long-standing health conditions other than their mental health condition among service users (inpatients)



The ward

- **Arriving on the ward**

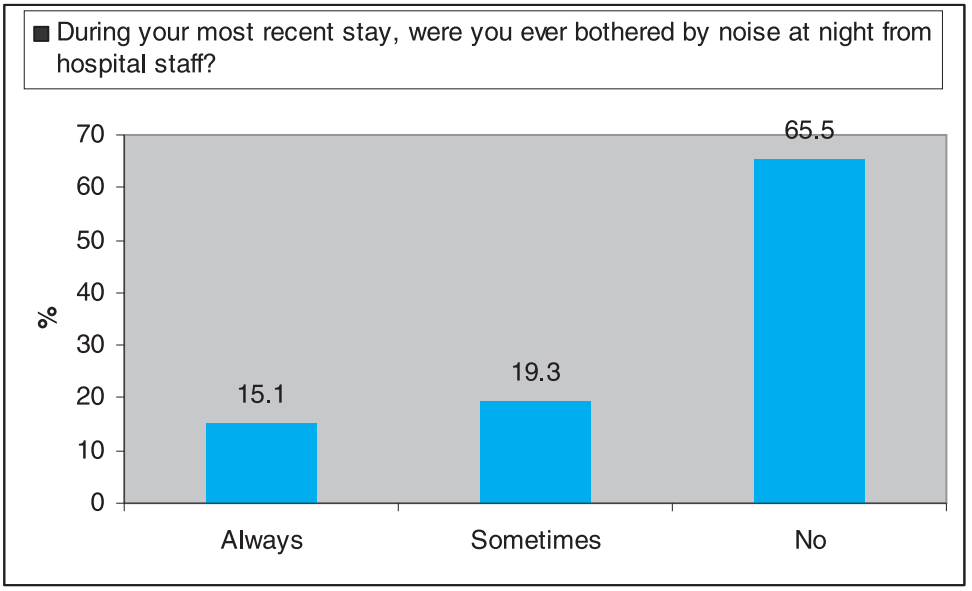
Table 4.9 shows the perception of service users about the services offered when they arrived on the ward. More than half (58%) of service users reported receiving warm welcomes from the staff when they arrived on the ward while 11.8% of the service users did not have this feeling. About 42.9% of service users strongly felt that the staff knew about them and any previous care they had received, 22.7% did not have this feeling, and 9.2% couldn't remember. More than one third (39.5%) of service users reported receiving full orientation about the daily routine of the ward such as meal times and visiting times while about half (46.2%) denied receiving this orientation.

Table 4.9 Opinions of service users about the services offered to them when they arrived on the ward.		
Items	Frequency	Percent
When you arrived on the ward, did staff make you feel welcome?		
Yes, definitely	69	58.0
Yes, to some extent	34	28.6
No	14	11.8
Don't know / remember	2	1.7
When you arrived on the ward, did you feel that the staff knew about you and any previous care you had received?		
Yes, completely	51	42.9
Yes, to some extent	30	25.2
No	27	22.7
Don't know / remember	11	9.2
When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors times?		
Yes, completely	47	39.5
Yes, to some extent	17	14.3
No	55	46.2

- **Noise at night**

A total of 18 (15.1%) of service users said they were always bothered by noise at night from hospital staff, 19.3% said they were sometimes bothered by noise, and 65.5% were not bothered by noise (Figure 4.2).

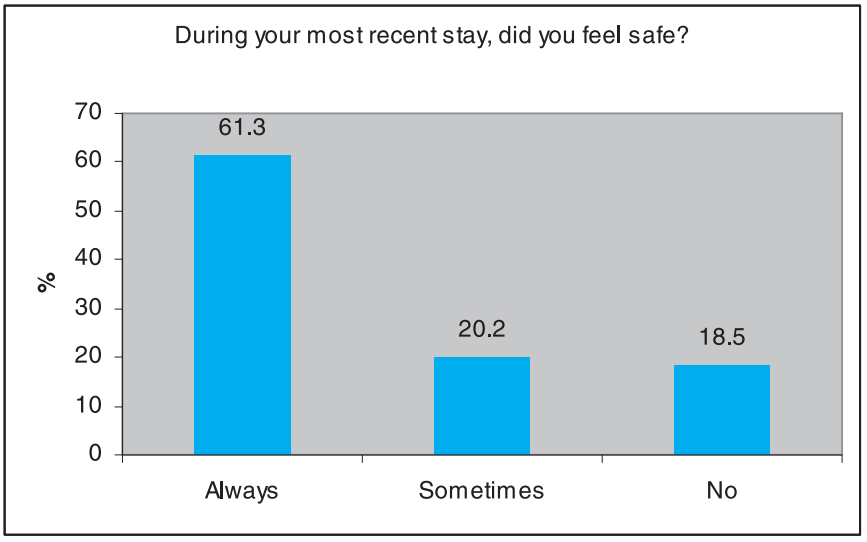
Figure 4.2 Noise at night in mental health hospitals



- **Feeling safe**

A total of 73 (61.3%) of service users said they always felt safe during their stay in hospital, 20.2% felt safe only some of the time during their stay in hospital, and 18.5% did not feel safe (Figure 4.3).

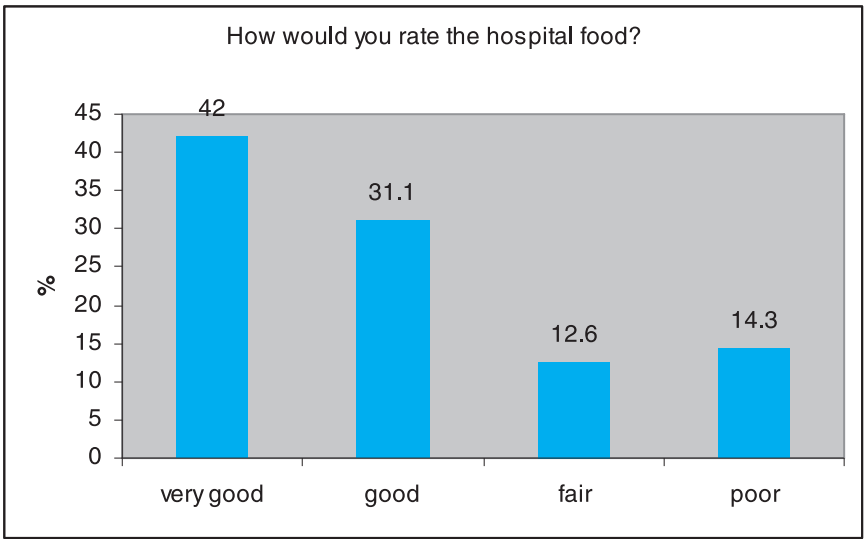
Figure 4.3 Distribution of users according to feeling safe



- **Hospital food**

(42.0%) rated hospital food as very good, 31.1% rated it as good, and 26.9% rated the food as poor (Figure 4). In their response to whether they had got the diet of their choice or relevant to their disease conditions, a total of 13 service users (10.9%) said that they did have such a diet. Of those whose health conditions required a specific diet, only 53.8% said that they were always able to get the diet they needed from the hospital.

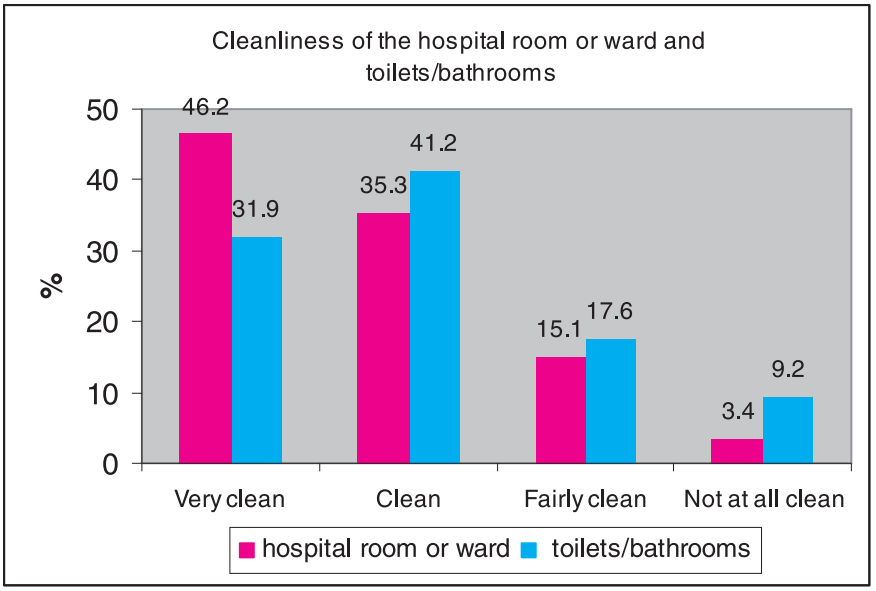
Figure 4.4 Distribution of users ratings of hospital food



- **Cleanliness**

(46.2%) of service users said that the hospital room or ward they were in was very clean and 18.5% said it was either fairly clean or not clean at all. When asked about the cleanliness of the toilets and bathrooms, 31.9% said these facilities were very clean and 26.8% said the facilities were either fairly clean or not clean at all (Figure 4.5).

Figure 4.5 Users report of cleanliness of service areas



- **Home life**

About 41.2% of service users felt that the hospital definitely helped them to keep in touch with family or friends and 32.8% did not feel that. A total of 47 service users (39.5%) said they needed help from hospital staff with organizing their home situation. Of this group, 16 (34.0%) said they received all the help they needed, 51.1% received some of the help they needed, and 14.9% said they did not receive any help.

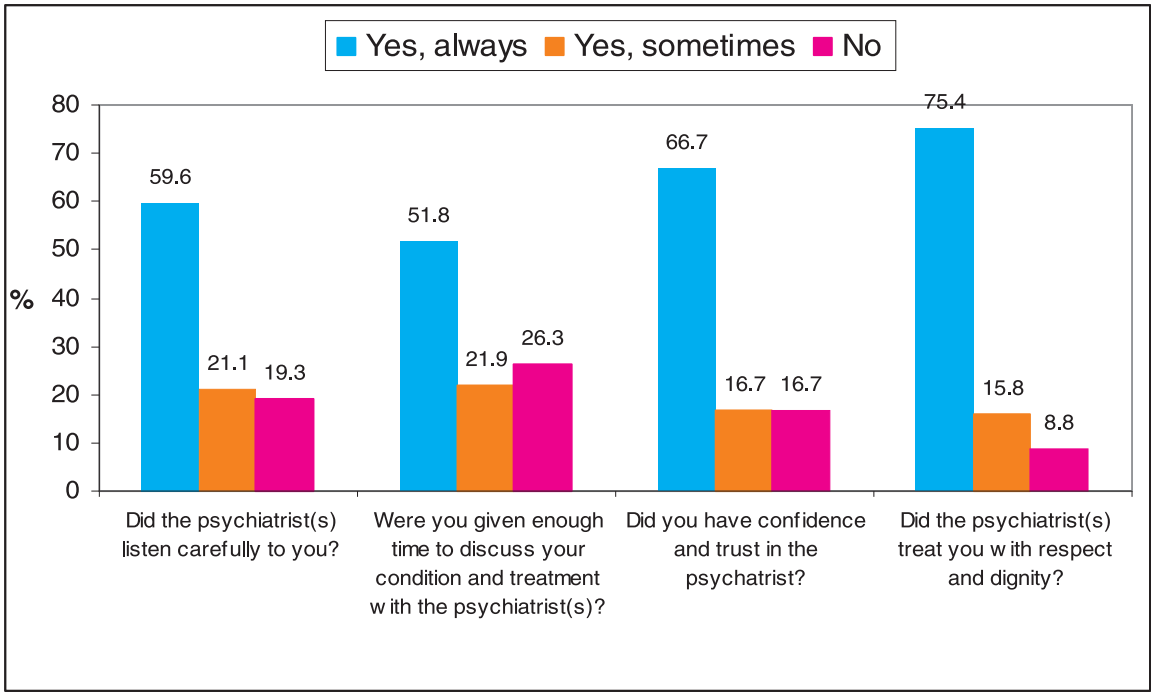
Hospital staff

- **Psychiatrists**

A total of 114 (95.8%) patients saw a psychiatrist. Of those who saw the psychiatrist, 59.6% reported that psychiatrists always listened to them and 19.3% did not listen to them. When service users were asked if they felt that they were given enough time to discuss their condition and treatment with the psychiatrist, 51.8% said they always were. However, 26.3% said they were not given enough time and a further 21.9% said they only sometimes were. About 66.7% of service users said they always had confidence and trust in the psychiatrist they saw and 16.7% said they did not have confidence and trust. When they were asked about how they were treated,

75.4% of service users said that they were always treated with respect and dignity by the psychiatrist they saw and 8.8% said they were not (Figure 4.6).

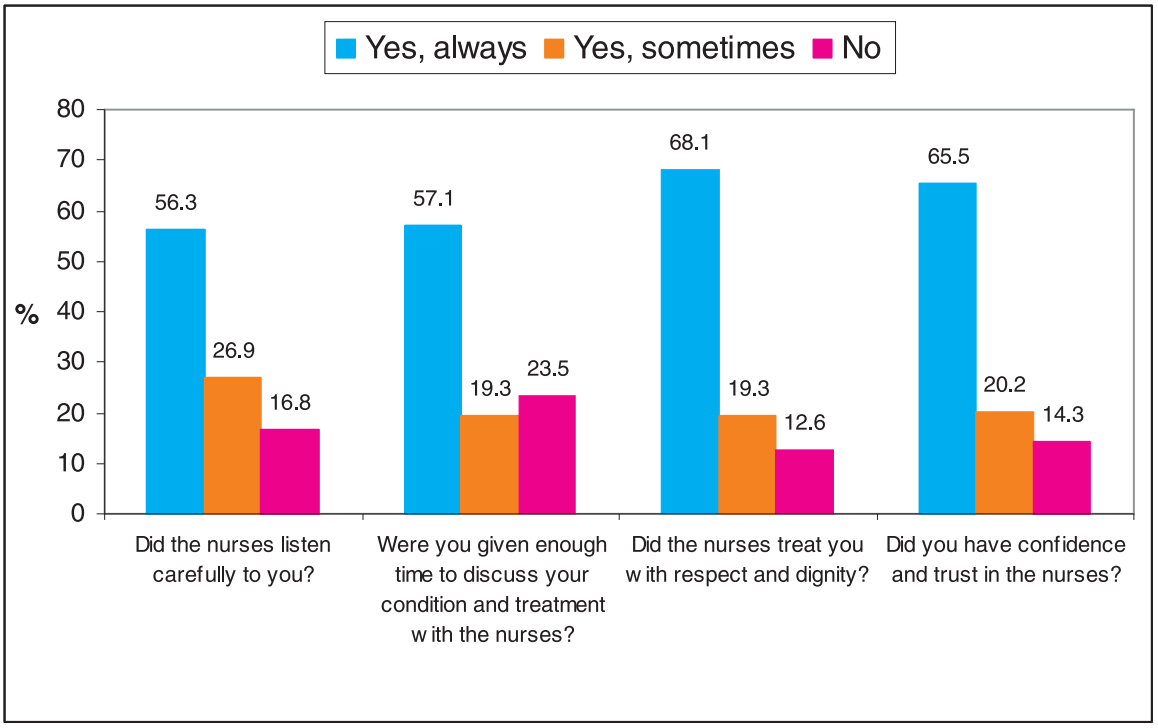
Figure 4.6 Distribution of certain aspects of patient-psychiatrist relationship as perceived by service users



- **Nurses**

(56.3%) said that nurses always listened and paid attention to them carefully and 16.8 % said they did not. When service users were asked if they felt that they were given enough time to discuss their condition and treatment with the nurses, 57.1% said they always were. However, 23.5% said they were not given enough time and a further 19.3% said they only sometimes were. About 65.5% of service users said they always had confidence and trust in the nurses, 14.3% said they did not have confidence and trust, and 20.2% said they had confidence and trust in nurses "only sometimes". More than two thirds (68.1%) of service users said that they were always treated with respect and dignity by the nurses and 12% said they were not (Figure 4.7).

Figure 4.7 Distribution of certain aspects of patient-nurse relationship as perceived by service users



Care and treatment

- **Medication**

The vast majority (95%) of service users said they were given medication during their stay in hospital. Of those, 22.1% said that staff explained the purpose of the medication completely and 52.2% said that staff did not explain the purpose of the medication (Table 4.10).

Service users opinion on whether they had been told about possible side effects of medication varied. About 12.4% of those service users who needed an explanation said they had been told completely about potential side effects and 70.0% said they had not been told. Less than half (41.2%) of the service users said they were always given enough privacy when discussing their condition or treatment with hospital staff and 36.1% said they were not given enough privacy (Table 4.10).

About one fourth (26.9%) of service users said they definitely were involved as much as they wanted to be in decisions about their care and treatment, 32.8% said they were involved to some extent, and 40.3% said they were not involved in decisions.

Table 4.10 Service user opinions on various aspects of care and treatment

	Frequency	Percent
Did the hospital staff explain the purpose of this medication in a way you could understand?		
Yes, completely	25	22.3
Yes, to some extent	28	25.0
No	59	52.7
Did the hospital staff explain the possible side effects of this medication in a way you could understand?		
Yes, completely	14	12.5
Yes, to some extent	19	17.0
No	79	70.5
Were you given enough privacy when discussing your condition or treatment with the hospital staff?		
Yes, always	49	41.2
Yes, sometimes	27	22.7
No	43	36.1
Were you involved as much as you wanted to be in decisions about your care and treatment?		
Yes, always	32	26.9
Yes, sometimes	39	32.8
No	48	40.3

- **Talking therapy**

When service users were asked if they ever wanted talking therapy during their stay in hospital, 68.1% said that they did. When service users were then asked if they had talking therapy in

hospital, 16.8% said they did have talking therapy. There was a gap of 51.3% between those who ***wanted*** talking therapy in hospital and those who said they ***had*** talking therapy.

When service users who did have talking therapy in hospital were asked if they found it helpful, 55.0% said they definitely did and 5% said they did not. (Table 4.11)

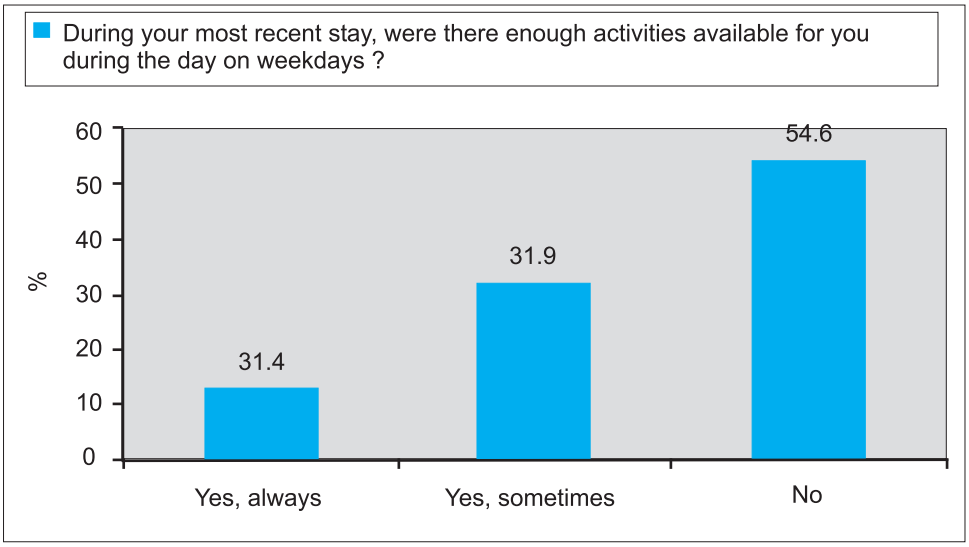
Table 4.11 Service user opinions on various aspects of taking therapy

	Frequency	Percent
During your stay in hospital, did you ever want talking therapy?		
Yes	81	68.1
No	38	31.9
During your stay in hospital, did you have talking therapy?		
Yes	20	16.8
No	99	83.2
If you had talking therapy during your stay in hospital, did you find it helpful?		
Yes, definitely	11	55.0
Yes, to some extent	8	40.0
No	1	5.0

- **Activities**

Service users were asked if there were enough activities available for them during the day on weekdays and during evenings and /or weekends. About 13.4% reported that they always had enough activities and 31.9% had it sometimes (Figure 4.8).

Figure 4.8 Users reports of activities.



- **Physical health**

About 68.9% of service users said they had medical tests about their physical health (e.g. blood pressure, urine tests, etc…) while they were in hospital. Service users were also asked if they felt that enough care was taken of any physical health problems they had. Of those with health problems, 42.3% said definitely that enough care had been taken (Table 4.12).

Table 4. 12 Service user opinions on aspects of physical health

Items	Frequency	Percent
During your most recent stay, did you have any medical tests about your physical health (e.g. having your blood pressure measured, pulse or having a blood or urine test) or stools tests?		
Yes	82	68.9
No	32	26.9
Don't know	5	4.2
During your most recent stay, do you feel that enough care was taken of any physical health problems you had (e.g. diabetes, asthma, heart disease)?		
Yes, definitely	11	42.3
Yes, to some extent	9	34.6
No	6	23.1

Detention under the mental health act

A total of 74 (62.2%) service users said that they had been detained under the Mental Health Act during their most recent admission to hospital. Of this group of service users who said they had been detained under the Mental Health Act, 13 (17.6%) said that they had had their rights under the Act explained to them completely and 71.6% said that they had not had their rights under the Act explained to them

- **Making a complaint**

About one fifth (19.3%) of service users said they had been made aware during their stay in hospital of how they could make a complaint if they had one and 65.5% had not been made aware.

- **Fair treatment**

Service users were asked if they felt that they had been treated unfairly for any reason during their stay in hospital. About 28.6% said they were treated unfairly and 45.4% said they were not treated unfairly

Leaving hospital

- **Notice of discharge**

A total of 75 patients had been admitted and discharged before this current stay. Half of service users said they were given enough notice of discharge from hospital and 49.9% said they were not given enough notice. One third (33.3%) of service users said their discharge was delayed. Service users were asked if they thought hospital staff had taken into account notification of their family or home situation into account when planning their discharge. About 45.2% said that they had completely, 37.0% said they had it to some extent, and 17.8% said they had not taken these considerations into account.

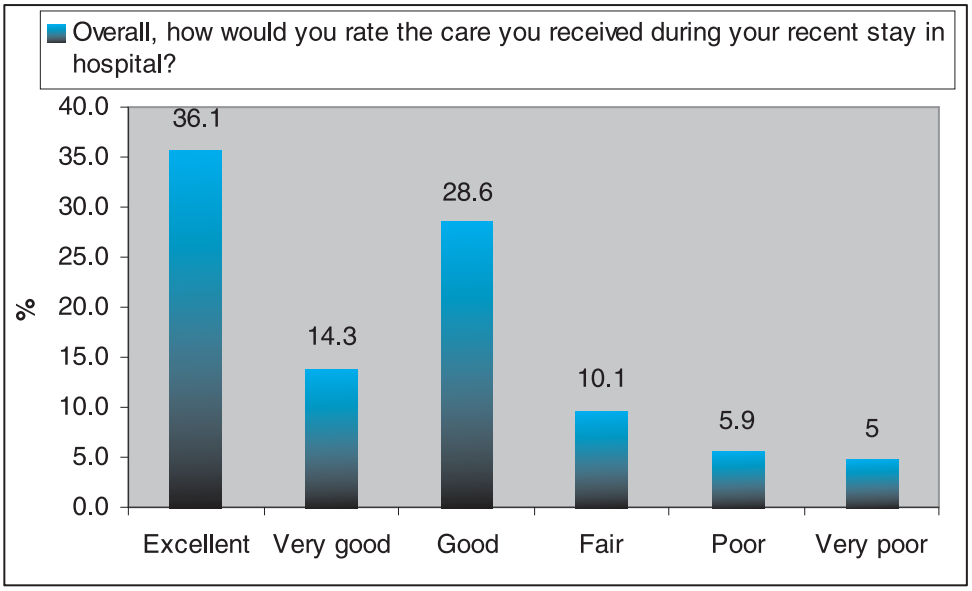
- **Contact after discharge**

Only 14.7% of service users said they were given information about how to get help in a crisis or when urgent help was needed before they left hospital and the rest (85.3%) said they were not given this information. Only 17.4% of service users said they had the number of someone from their local Mental Health Services that they could call out of office hours and 82.6% said that they did not have such a number. Service users were asked if they had been contacted by a member of the Mental Health Team since leaving hospital; 13.3% said that they had.

Rating of overall mental health and care

As figure 4.9 shows, 50.4% of service users rated the care they received in hospital as very good, 28.6% rated it as good, 16.0% rated it is poor, and 5.0% rated it as very poor.

Figure 4.9 Service users ratings of care during the recent stay.



As the figure 4.10 shows, 53.8% of service users rated their mental health as either excellent or very good, 23.5% rated it as good, 17.6% rated it as only fair, and 5.0% rated it as very poor.

Figure 4.10 Service users' ratings of mental health services

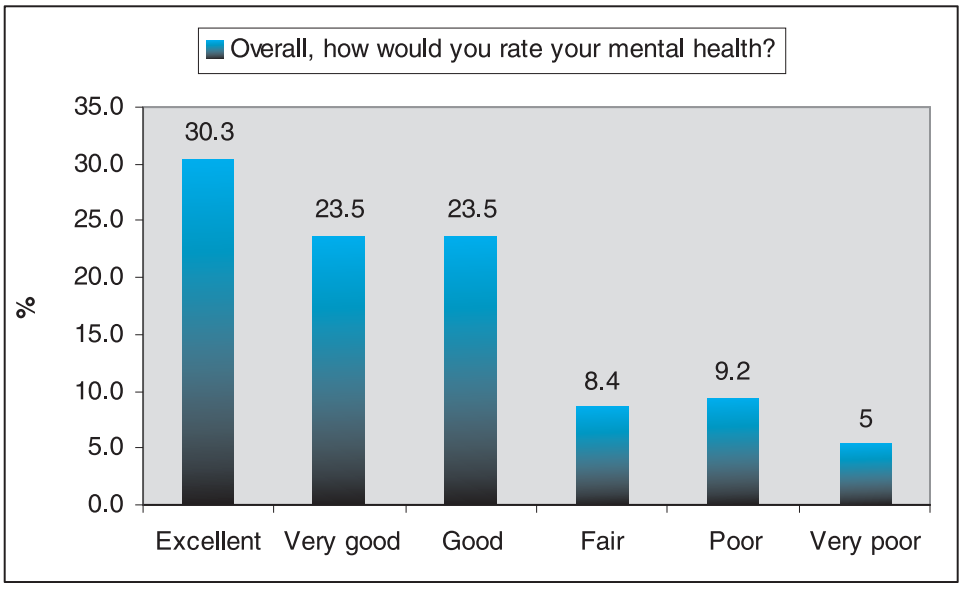


Figure 4.11 shows that about half (47.9%) of service users reported that they completely felt better, 31.1% felt that to some extent, and 21.0% did not feel better.

Figure 4.11 Service users reports of feeling better after hospitalization.

Figure 4.12 shows the activities limited and difficulties caused by mental health problems.

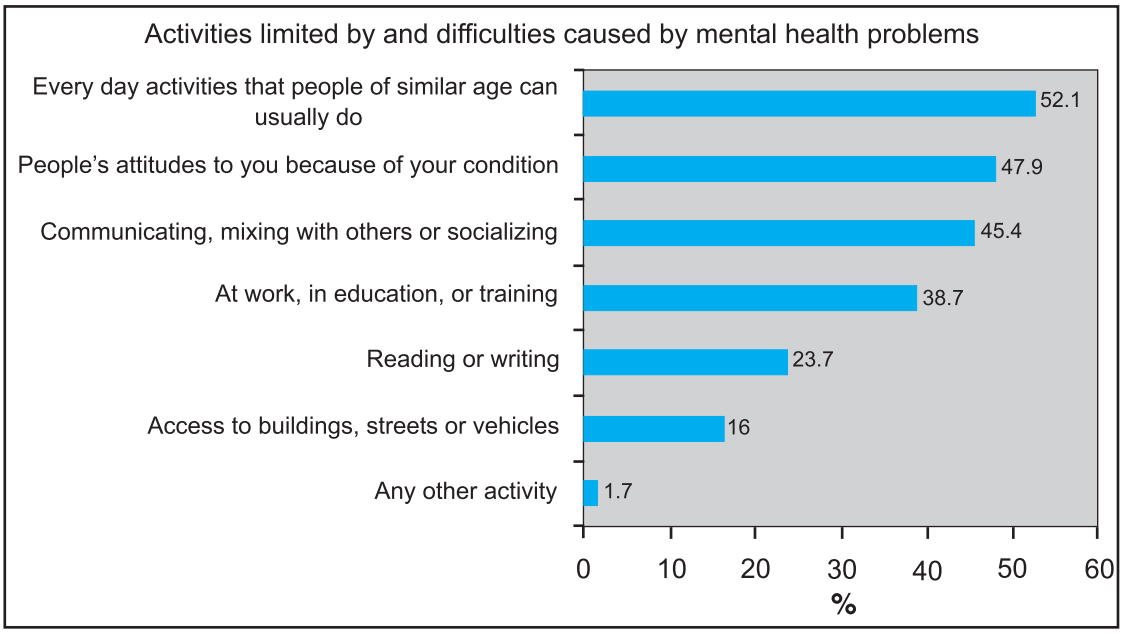
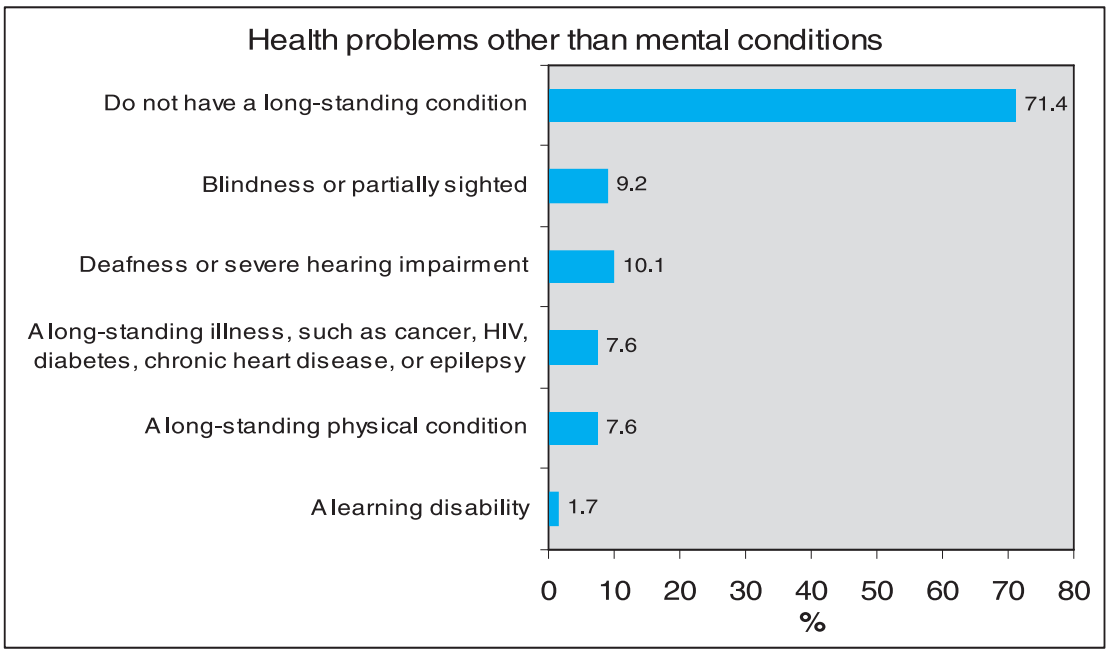


Figure 4.13 Service users' reports of having health problems other than mental conditions.



3. Quality of Outpatient Mental Health Services

Patients' characteristics

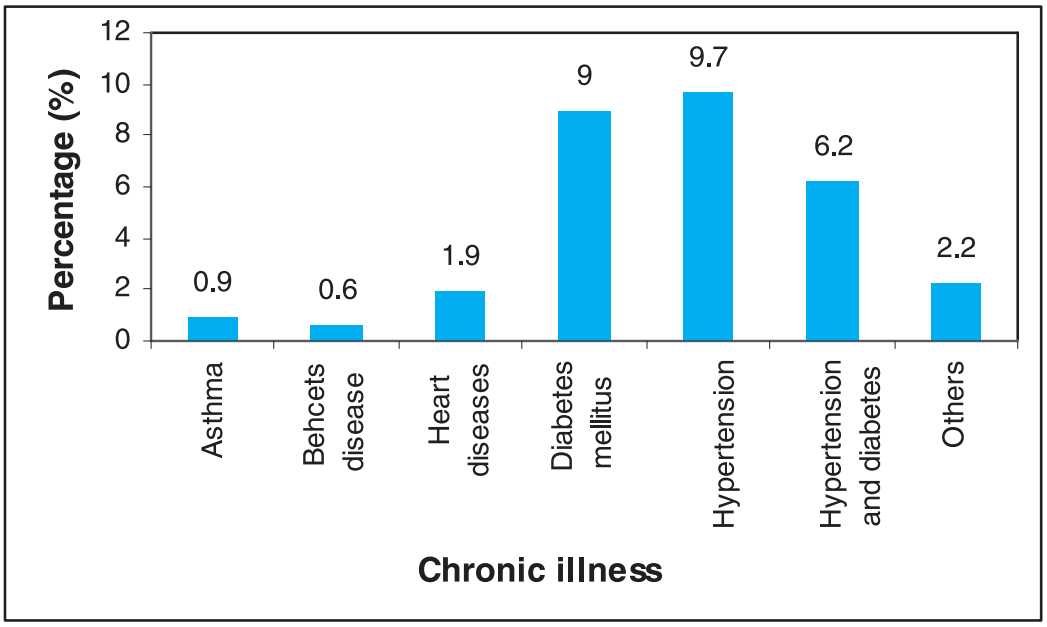
The survey included a total of 534 patients (337 (63.1%) males and 197 (36.9%) females aged between 11 and 81 with a mean (SD) of 39.0 (12.6) year. Table 4.13 shows the socio-demographic and relevant characteristics of patients with mental health problems attending the outpatient clinics. Less than half (42.7%) were 35 years of age or younger. While 47.2% were married, 5.2% were divorced and 4.1% were widowed. More than half of the service users (56.7%) had high school education or less, 15.9% were illiterate, and more than half (56.7%) had high school education or less. About two thirds (64.6%) were unemployed, 6.6% were retired, 3.4% were students and the rest (25.5%) were employed. About three quarters of the patients (74.2%) had income of 300 JD or less.

Table 4.13 Socio-demographic and relevant characteristics of patients with mental health problems attending the outpatient clinics		
Sex	N	%
Male	337	63.1
Female	197	36.9
Age (year)		
≤25	81	15.2
25.1-35	147	27.5
35.1-45	162	30.3
45.1-55	89	16.7
>55	55	10.3
Level of education		
high school or less	303	56.7
Diploma	67	12.5
Bachelor	67	12.5
postgraduate	12	2.2
Employment		
Employed	136	25.5
Retired	35	6.6
Student	18	3.4
unemployed	345	64.6
Income (JD)		
≤100	77	14.4
101-200	193	36.1
201-300	126	23.6
>300	138	25.8
Marital status		
Single	232	43.4
Married	252	47.2
Divorced	28	5.2
Widowed	22	4.1

Of the selected patients, 9.0% were treated in private sector, 72.5% in Ministry of Health, 12.9% in Royal Medical Services, and 5.6% in teaching hospitals.

About one fifth (18.9%) of the patients reported a history of chronic illness. Such as diabetes, hypertension and combined hypertension and diabetes (Figure 4.14).

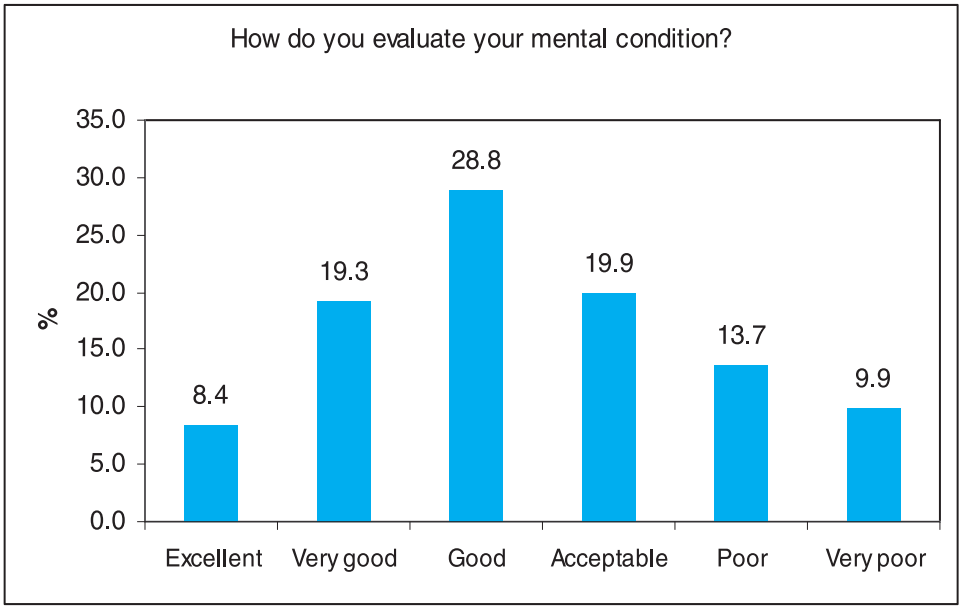
Figure 4.14 Presence of chronic illnesses among participants



Mental health status of patients

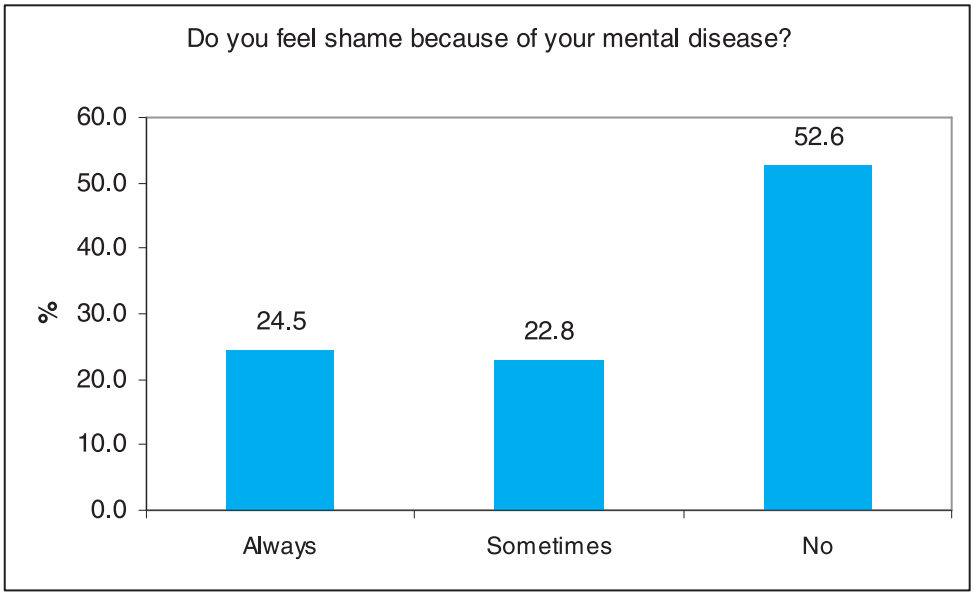
As in figure 4.15, around 28% of service users rated their mental health as either excellent or very good, 28.8% rated it as good, 19.9% rated it as acceptable and 23.6% rated it as poor or very poor.

Figure 4.15 participant's ratings of their mental status



About one quarter (24.5%) reported that they always feel ashamed of their mental illnesses and 22.8% had this feeling some times (figure 4.16).

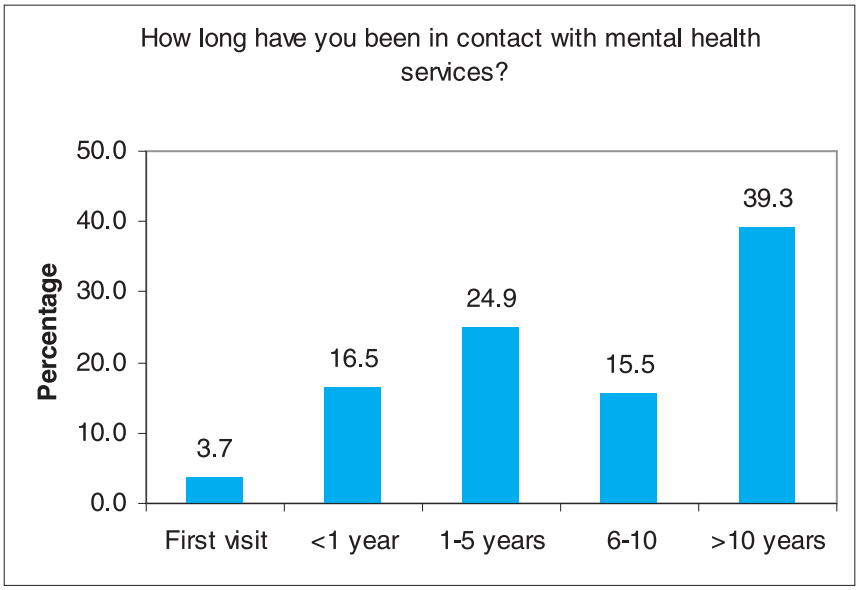
Figure 4.16 Participants feelings of sham



Relationships with healthcare professionals

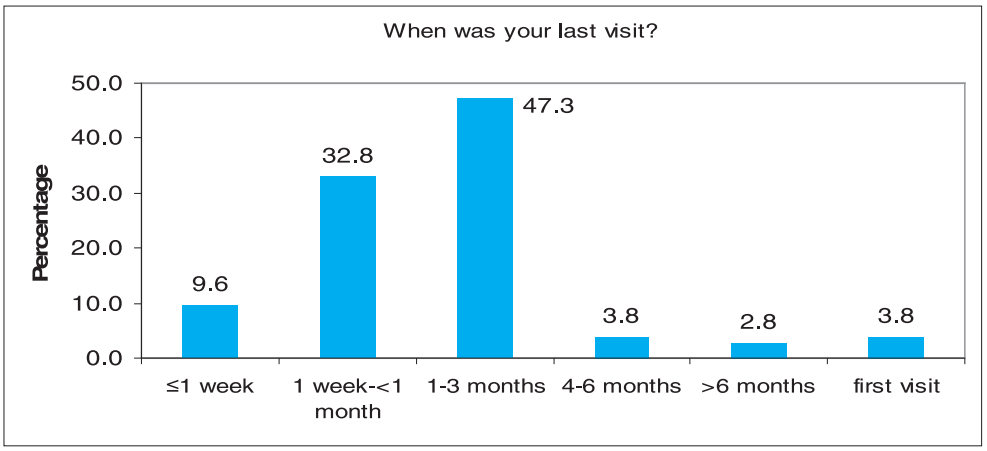
More than half of respondents (54.8%) had been in contact with mental health services for more than five years, 24.9% in contact between one and five years, and 16.5% for one year or less (Figure 4.17).

Figure 4.17 Contact with mental health services



Less than one-half of service users (42.4%) had their last visit to mental health services less than one month ago, 47.3% between one and three months, and 6.6% had it more than 6 months ago. figure 4.17

Figure 4.17 Duration since last visits to the a mental health service

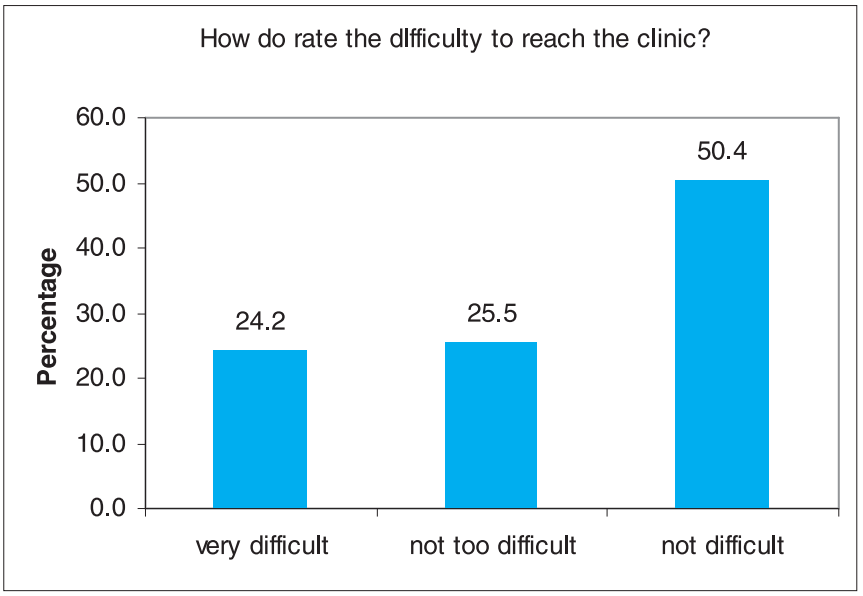


The vast majority of service users (90.8%) had seen a healthcare professional in their last visit. Of those who had seen the doctor, 29.9% had a waiting time of <0.5 an hour, 30.9% waited between 0.5-1 hour, 24.1% waited between 1-2 hours, and 15.1% waited >2 hours (Figure 4.18).

Figure 4.18 waiting time to be seen by a health care professional

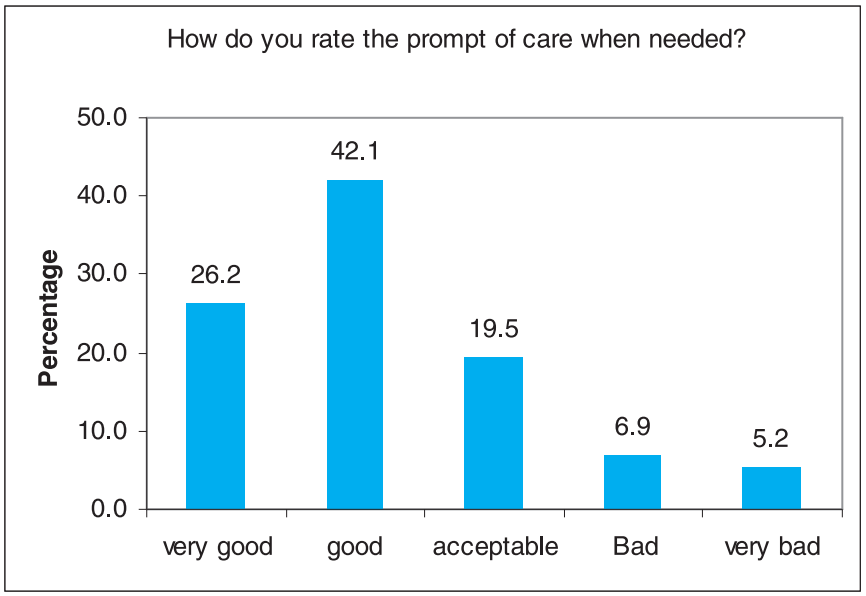
About one quarter (24.2%) of the patients reported that they find it very difficult to reach to source of care and 25.5% found it not too difficult to reach the clinic where they used to receive the mental health services (Figure 4.19).

Figure 4.19 Difficulty reaching the clinic



More than two thirds of the patients (68.3%) rated the ready performance and conduct of the services as very good or good, 19.5% as acceptable, and the rest as poor or very poor (Figure 4.20).

Figure 4.20 Rate of promptness of care when needed



- **Psychiatrists**

Table 4.14 shows the opinion of service users about their relationship with the psychiatrists. Of the service users who had seen a psychiatrist in their last visit, the majority (70.9%) thought that the psychiatrist had definitely treated them with respect and dignity. However, 21.6% of service users said the psychiatrist had treated them with respect and dignity only to some extent and 7.4% of service users felt the psychiatrist had not treated them with respect and dignity at all.

More than half of the service users (56.9%) reported that the psychiatrist had definitely listened carefully to them, although 29.7% felt the psychiatrist had listened to them to some extent. A small percentage of service users (10.5%) thought the psychiatrist had not listened to them at all at their last appointment.

More than one-half of the service users (59.8%) said that they definitely have trust and confidence in their treating psychiatrist, 29.7% reported that they have trust and confidence in the psychiatrist to some extent, while 10.5% did not have any trust or confidence in the psychiatrist they saw. More than half of the service users (54.2%) said they were definitely given enough time to discuss their condition and treatment with the psychiatrist, 27.2% said they were given enough time to some extent, and 18.6% felt they were not given enough time to discuss their condition and treatment.

Table 4.14. Opinion of service users about their relationship with the psychiatrists.		
Variable	N	%
Do you feel that your psychiatrist listens to you?		
Yes, definitely	276	56.9
Yes, to some extent	138	28.5
No	71	14.6
Do you have trust and confidence in your psychiatrist?		
Yes, definitely	290	59.8
Yes, to some extent	144	29.7
No	51	10.5
Do you feel that your psychiatrist treats you with respect and dignity?		
Yes, definitely	344	70.9
Yes, to some extent	105	21.6
No	36	7.4
When you see your psychiatrist, are you given enough time to discuss your condition and treatment?		
Yes, definitely	263	54.2
Yes, to some extent	132	27.2
No	90	18.6

- **Nurses**

Table 4.15 shows the opinion of service users about their relationship with the nurses. Only 288 (53.9%) patients had seen the nurse in their last visit. Service users were generally more positive about the quality of their relationship with the psychiatrists than with nurses.

Of the service users who had seen a nurse, 51.0% felt the nurse had definitely treated them with respect and dignity, 32.6% said that the nurse had treated them with respect and dignity to some extent and only 16.3% thought the nurse had not treated them with respect and dignity the last

time they saw the nurse. About one half of service users (45.8%) also felt the nurse had definitely listened to them, 33.0% said the nurse had listened to them to some extent and 21.2% of respondents thought the nurse had not listened to them the last time.

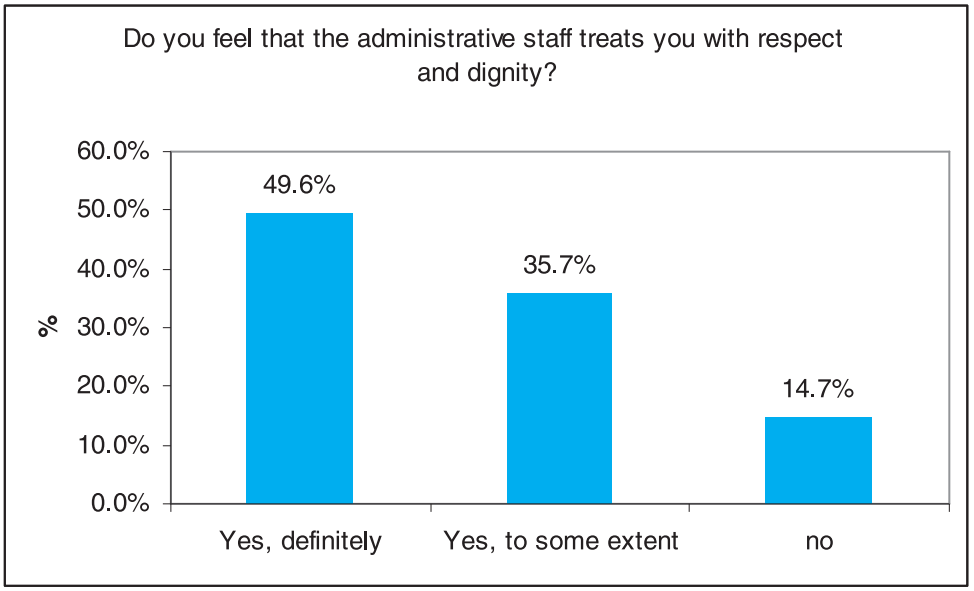
Table 4.15 Opinion of service users about their relationship with the nurses.

Variable	N	(%)
Do you feel that your nurse listens to you?		
Yes, definitely	132	45.8
Yes, to some extent	95	33.0
No	61	21.2
Do you feel your nurse treats you with respect and dignity?		
Yes, definitely	147	51.0
Yes, to some extent	94	32.6
No	47	16.3

- **Other healthcare professionals**

A total of 502 had contact with the administrative staff. Of the service users who had a contact with administrative staff, the majority (49.6%) felt that this person had definitely treated them with respect and dignity. About 35.7% said the healthcare professional had treated them with respect and dignity to some extent and only 14.7% of respondents thought the healthcare professional they saw had not treated them with respect and dignity (Figure 4.21).

Figure 4.21 Participants feelings of treatment of administrators



The care programme approach

- **Care plan**

A care plan is a document or letter that should be provided for service users on the care programme approach (CPA) to show their mental health needs and to explain how their care has been planned. Only 32 (6%) of the respondents said they have been given or offered a written or printed copy of their care plan. For those service users who had been given a care plan, 6 (18.8%) patients said that they don't understand it and 13 (40.6%) patients had no decision on the plan.

- **Care review**

A care review is a meeting set up between a service user and the staff involved in their care to discuss how the care plan is working. Only 25 service users had received at least one care review in the previous 12 months. Of the service users who had at least one care review meeting, all had been told they could bring a friend or relative along to the meeting. Only 17 (64.0%) of service users who had a care review felt they were definitely given a chance to express their views at the meeting, while 8 (32.0%) patients felt they were able to express their views to some extent.

Treatment and care

- **Medications**

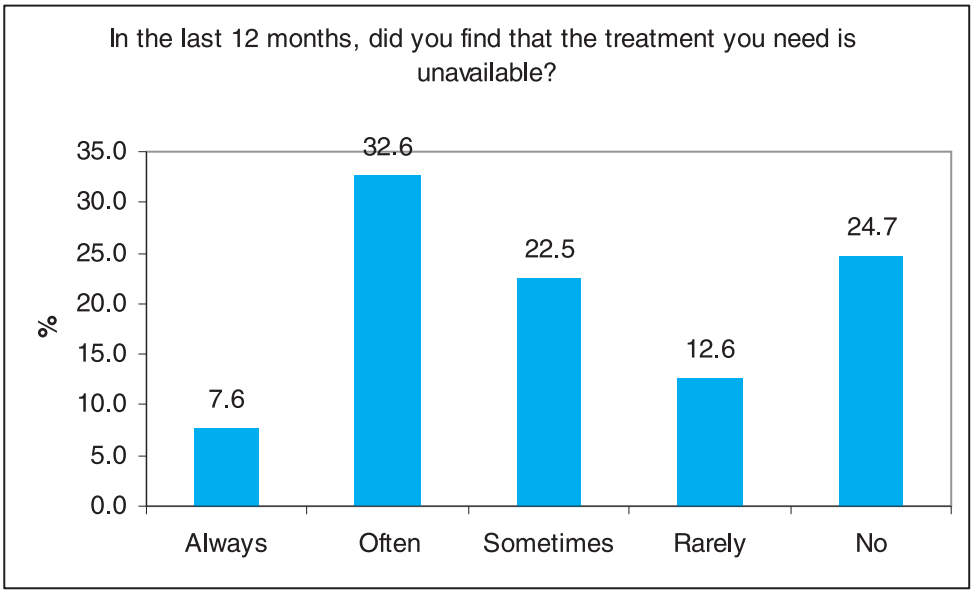
Table 4.16 shows the opinion of service users about their treatment and care. Of the service users who responded to the survey, 83.3% had taken medications for their mental health problem in the previous 12 months. The survey showed that there is room for improvement in terms of involving service users more in their care. Equal proportions of service users said that they either definitely, or to some extent, have a say in decisions about the medication they take (23.8% and 23.6% respectively), while 52.6%% felt that they do not have a say. Service users often commented that they would like to be given better information about their diagnosis and to be included in discussions about it. In the previous 12 months, 51.2% of service users who responded to the survey had had new medications prescribed for them by a psychiatrist. Of the service users who had new medications, 27.6% said that the purposes of the medications had definitely been explained to them, and 27.0% felt they had been explained to some extent. About 45.4% of service users said the purposes of the medications had not been explained to them.
The survey found that 61.3% of service users were not told about possible side effects of their medications and 17.8% felt they had been told about possible side effects to some extent.

Table 4. 16 Opinion of service users about their treatment and care

	n	%
Have the purposes of the medications been explained to you?		
Yes, definitely	123	27.6
Yes, to some extent	120	27.0
No	202	45.4
Were you told about possible side effects of the medications?		
Yes, definitely	93	20.9
Yes, to some extent	79	17.8
No	273	61.3

When service users were asked about the possible unavailability of the treatment they need, 7.6% said that it is always unavailable and 32.6% said that it is often unavailable, and 22.5% said that it is sometimes unavailable. (Figure 4.22).

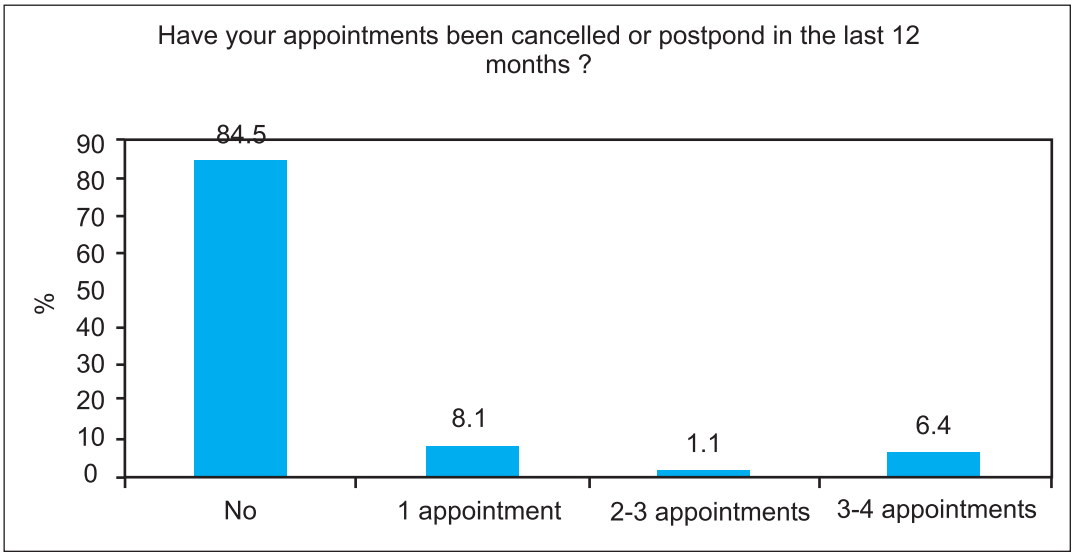
Figure 4.22 Availability of treatment



- **Appointments**

In the previous 12 months, 8.1% of service users had one appointment cancelled or changed by mental health services, 1.1% had two or three appointments cancelled or changed and 6.4% had four or more appointments cancelled or changed. (Figure 4.23)

Figure 4.23 Cancellations of appointments



A frequent complaint of service users was that they see too many different psychiatrists, which means they have to repeat themselves and do not have adequate opportunity to form a good relationship with a psychiatrist.

The survey showed that the last two times service users had an appointment with a psychiatrist, 45.6% had seen the same psychiatrist both times but 50.7% had seen two different psychiatrists. Table 4.17 shows the differences in responses of patients about their relationship with the psychiatrist between those who met the same physicians (continuity of care) and those who met different physicians in the last two visits (no continuity of care). Service users who had a continuity of care were more positive in their responses about the relationship with the psychiatrist than those with no continuity of care. More than two-thirds (69.9%) of respondents who had continuity of care definitely had trust and confidence in their psychiatrist, compared to 51.2% of those service users with no continuity of care. About two- thirds (64.6%) of continuity of care patients thought the psychiatrist had definitely listened carefully to them compared to 48.8% of service users with no continuity of care.

Table 4.17. The differences in the responses of patients about their relationship with the psychiatrist between those who met the same physicians and those who met different physicians in the last two visits.

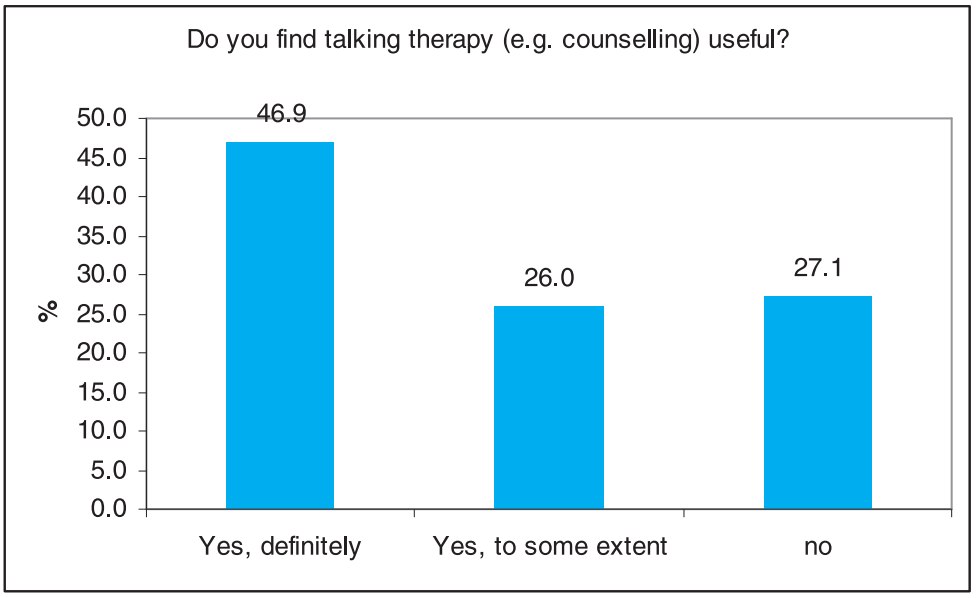
	Whom you met in the last two visits?		
	Same physician n (%)	different physicians n (%)	P-vale
Do you feel that your psychiatrist listens to you?			0.002
Yes, definitely	146 (64.6)	118 (48.8)	
Yes, to some extent	51 (22.6)	84 (34.7)	
No	29 (12.8)	40 (16.5)	
Do you have trust and confidence in your psychiatrist?			<0.005
Yes, definitely	158 (69.9)	124 (51.2)	

Yes, to some extent	46 (20.4)	89 (36.8)	
No	22 (9.7)	29 (12.0)	
Do you feel your psychiatrist treats you with respect and dignity?			0.005
Yes, definitely	175 (77.4)	157 (64.9)	
Yes, to some extent	41 (18.1)	60 (24.8)	
No	10 (4.4)	25 (10.3)	

- **Talking therapies**

In the previous 12 months, 18.0% of service users had received therapy/counselling from mental health services. About 54.9% of service users said they would have liked talking therapy Of those who had received counselling therapy, 46.9% found it definitely useful and 26.0% found it useful to some extent. (Figure 4.24)

Figure 4.24 Participants views of talking therapy/counseling



- **Crisis care**

About 16.7% of service users reported that do not have the phone number of someone in mental health services that they can call out of office hours. Of those (n=89) who have the number of someone they can call, 64.4% had called this number in the previous 12 months. The last time these service users had called the number, 53.3% had got through immediately and a further 10.0% got through after long time, but 6.7% could not get through to anyone.

Mental Health Act

The percentage of service users who had been detained (sectioned) under the Mental Health Act in the previous 12 months was 12.9%. Of the service users (n=69) who were detained, only 3 (4.3%) felt their rights had been explained to them completely, 23 (33.3%) said they had been explained to some extent, and 25 (36.2%) reported that their rights had not be explained to them at all.

Primary health care facilities

The majority of service users (88.4%) had not visited the primary health care centers in the previous two months. Of the service users (62) who had visited the primary health care centers in the previous two months, only 16 (25.8%) said that the activities provided were definitely helpful.

Overall

Over three quarters of service users (76.2%) rated the overall care they had received from mental health services as being excellent, very good or good in the previous months. About 13.5% rated the overall care as acceptable, 5.2% as poor, and 5.1% as very poor.

Figure 4.25 Participant's rating of overall care receive

4. Primary health care physicians and mental health services

Participants' characteristics

This survey included a total of 115 physicians (86 (74.8%) males and 29 (25.2%) females) aged between 25 to 62 years with a mean (SD) of 42.3 (11.6) year. The majority of physicians participated in this survey (The response rate was 88.5 %.) were working in primary health care centers (PHC) centers in Irbid governorate and Amman city. Their years of experience ranged from less than one year to 34 years with a mean of 11.8 (10.0) year. More than half (61.5%) were general practitioners, 18.3% were residents and 20.2% were family medicine doctors.

Self perceived ability of physicians in the area of mental health

Table 4.18 shows the self-perceived ability of physicians working in primary health care centers in the area of mental health. When primary health care physicians were asked to rate their ability to diagnose mental health disorders, only 22.6% reported that they were very able and 71.3% reported that they are able to some extent. The rest (6.1%) reported that they were unable to reach the diagnosis. In regard to their ability to evaluate the severity of mental health problems, 17.7% reported that they were unable.

Although a high proportion of physicians reported that they are able to diagnose mental disorders, a smaller proportion reported that they are able to prescribe medications to patients with mental disorders (9.6% very able, 57.4% able to some extent, and 33.0% were unable). About one fifth of physicians reported that they were very able to deal with patients with mental disorders and 67.8% were able to some extent. About one third (32.2%) reported that they were very able and 56.5% were able to some extent to deal with special groups of patients with mental disorders (e.g. pregnant women, elderly ...).

Table 4.18 Self perceived ability of physicians working in primary health care centers in the area of mental health

Variable	n	%
Ability to diagnose mental disorders		
Very able	26	22.6
Able to some extent	82	71.3
Not able	7	6.1

Ability to evaluate the severity of mental health problems		
Very able	34	30.1
Able to some extent	59	52.2
Not able	20	17.7
Ability to prescribe medications to patients with mental disorders		
Very able	11	9.6
Able to some extent	66	57.4
Not able	38	33.0
Ability to deal with patients with mental disorders		
Very able	25	21.7
Able to some extent	78	67.8
Not able	12	10.4
Ability to deal with special groups of patients with mental disorders (pregnant, elderly, etc...)		
Very able	37	32.2
Able to some extent	65	56.5
Not able	13	11.3

Beliefs and attitudes to offer mental health services

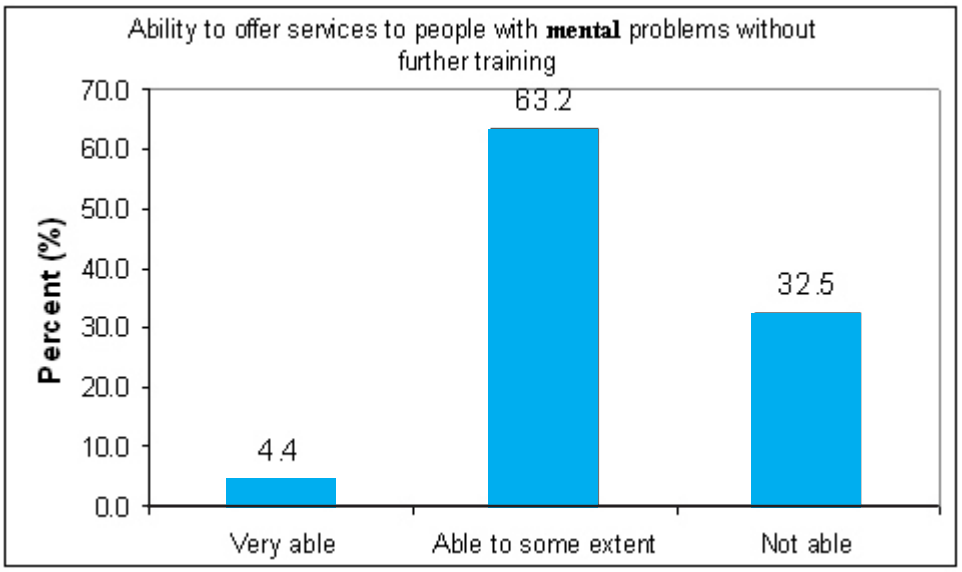
Table 4.19 shows the beliefs and attitudes of primary health care physicians to offer mental health services. The majority of physicians (89.3%) reported that they believe that PHC physicians have a role in offering mental health services and nearly a similar percentage (83.2%) reported that they are willing to work to improve the mental health services in Jordan. On the other hand, 75.2% reported that the space to offer mental health services is available and only 19.6% reported that they have available time to deal with patients with mental health problems. About two thirds (68.8%) of the physicians stated that they used to refer 1-2 patients, on average, with mental health problems per month to the psychiatrists and 17.0% stated that they used to refer more than 2 patients per month. Only 5% of physicians reported that they contacted psychiatrists or met with them monthly to discuss a case and 17% reported the same but not monthly.

Table 4.19 Beliefs and attitudes of primary health care physicians to offer mental health services		
Variable	N	%
Availability of time to deal with patients with mental health problems	22	19.6
Availability of space to offer mental health services	85	75.2
Willingness to work to improve the mental health services	94	83.2
Believe that a physician has a role in offering mental health services	100	89.3
The number of patients with mental health problems per month, on average, referred to psychiatrists		
None	16	14.3
1-2 patients	77	68.8
>2 patients	19	17.0
Contacted psychiatrists or met with them to discuss a case		
No	79	70.5
once monthly	14	12.5
not monthly	19	17.0

Training in mental health

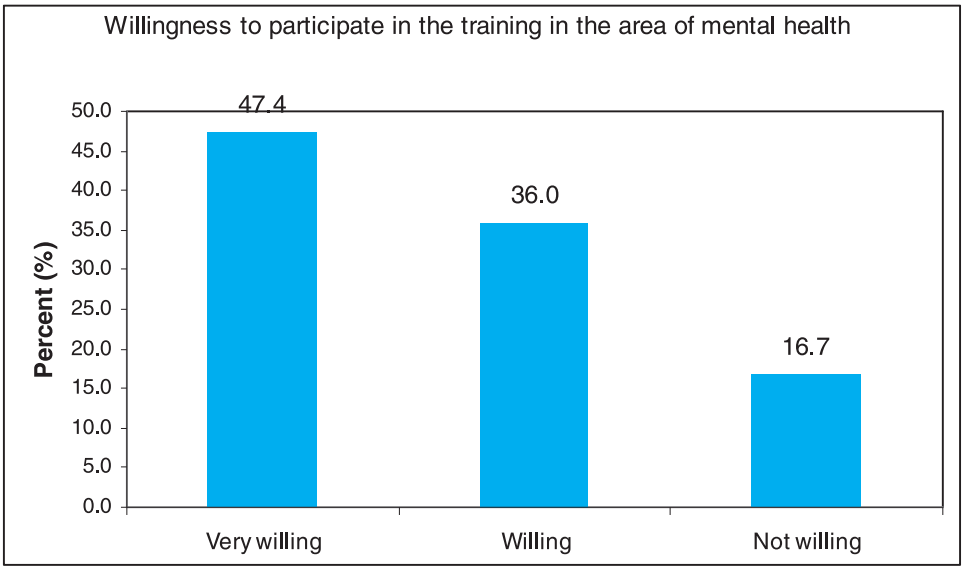
About one third of the physicians (31.9%) reported that they attended 2 or more days training or workshops in mental health area. About 22.1% reported that they have a protocol or guidelines to diagnose and treat mental health problems. About 4.4% reported that they are very able and 63.2% were able to some extent to offer services to patients with mental health problems without further training (Figure 4.26).

Figure 4.26 Primary physicians' ability to provide MHS without training



At the same time, about 83% reported that they are highly willing to participate in training in the area of mental health problems (Figure 4.27).

Figure 4.27 Willingness of PHC physicians to participate in training



Mental health services in PHC

About 9.6% strongly believed and 28.7% believed that primary care settings are the most appropriate to treat people with mental health problems. One quarter of the physicians (24.1%)

were very confident that people with mental health problems can be treated in primary health care centers while 35.7% were confident to some extent and 40.2% were not confident in that (Table 4.20). Only 4.4% of physicians believed that all mental health problems can be treated in PHC centers. The majority (77.0%) believed that some mental health problems can be treated in PHC and 18.6% believed that none of the mental health problems can be treated in PHC.

Table 4. 20 Mental health services in primary health care settings (PHC)

	n	%
Believe that PHC settings are the most appropriate to treat people with mental health problems		
Strongly believe	11	9.6
Believe	33	28.7
Don't believe	49	42.6
Strongly don't believe	22	19.1
Confidence that people with mental health problems can be treated in PHC centers		
Very confident	27	24.1
To some extent	40	35.7
Not confident	45	40.2
Believe that people with mental health problems can be treated in PHC centers		
Yes, all mental health problems	5	4.4
Yes, some mental health problems	87	77.0
No	21	18.6

Section 5: Conclusions and Recommendations

Assessment of mental health Services/WHO-AIMS

Conclusions

It can be concluded that **strengths** and **weaknesses** of the mental health system in Jordan are:

Strengths

- High coverage of the urban and rural population by the mental health system.
- Predominance of outpatient care compared with inpatient care. However this could be regarded as a lack of sufficient inpatient facilities.
- Promoting equity of access for the whole population.
- Availability of essential psychotropic medications in all facilities.
- The majority of the population have a free of charge service

Weaknesses

- Lack of a national program on mental health based in formal legislation.
- Lack of an information system (central) that works well even in rural areas
- Lack of practical mechanisms to protect the human rights of patients (e.g., legislation, review/inspection boards)
- Only a small proportion of all health resources are spent on mental health.
- Training provided to mental health and primary care staff is not enough.
- Consumers' associations are not available in the country.
- Lack of proper integration of mental health services in primary health care
- Lack of general hospital inpatient units
- Shortages of psychiatric nurses, psychiatric social workers and clinical psychologists.

Recommendations

1. Revise and develop mental health legislative system that takes into consideration basic and minimum standards related to mental health practice, disaster/emergency preparedness plan and defined budget for mental health services in Jordan.
2. Improve infrastructure in mental health institutions and improve quality of services provided for all age groups and ensure equity in geographic distribution of these services.
3. Enhance collaboration between all sectors involved in mental health care in Jordan.
4. Encourage non-profit organizations to establish community services to care for patients with mental disorders.

5. Develop and implement specialized educational programs for nurses, clinical psychologists, psychotherapists and social workers to provide efficient care for mental health patients.
6. Develop and implement continuing and in-service training programs for nurses clinical psychologists, psychotherapists and social workers and establish mental health licensing polices
7. Strengthen existing psychiatrist specialization programs
8. Expand and strengthen the role of primary health care physicians to properly diagnose, prescribe and refer mental health patients.
9. Develop and implement community awareness campaigns/strategy about mental health illnesses in collaboration with public sectors, media agencies and community leaders
10. Conduct research studies within the mental health national agenda emphasizing effectiveness and cost effectiveness of mental health interventions used with Jordanian population.
11. Improve reporting system by creating national registry on mental health in Jordan.

Quality of Inpatient Mental Health Services

Conclusion

It is evident that the inpatient health services are excellent to very good. The services are considered to be safe and well equipped with the needed medications. Patients are respected by psychiatrists and nurses to some extent. Involvement in decisions related to patient care and treatment seemed to be an issue that needs to be introduced and addressed in mental health services in Jordan.

Recommendations

The Mental Health Wards

- Ensure that all patients are made to feel welcome on arrival and are oriented effectively to the ward and told about its routines.
- Ensure that, where possible, staff has knowledge of previous care given to patients, either in the community or as inpatients, at the time of admission.
- Ensure that action is taken to increase the number of patients who say they feel safe while in hospital.
- Review food quality and the operation of the catering contract.
- Ensure that patients with specific diets get the food they require.

- Review the cleaning contract in the light of lower than average cleaning cores for bathrooms and toilets.
- Review procedures to ensure that patients receive the help they need with their home situation

Hospital Staff

- Seek ways to improve communication between patients and psychiatrists, as a means of addressing issues of confidence and trust voiced by patients.
- Look at ways of increasing patients' feeling that they are treated with respect and dignity while they are in hospital.
- Seek ways to improve communication between patients and nurses, as a mean of addressing issues of confidence and trust voiced by patients.
- Revisit recruitment, skill mix, and training issues for nurses in light of the lower scores that mental health nurses receive than general nurses in acute hospitals.
- Ensure that patients have enough time to discuss their condition and treatment with staff.

Care and Treatment

- Ensure that all patients are given information on the purposes of medications for their condition, and about any relevant and significant side effects they may encounter, as this issue is known to be one of the most important issues from the patients' perspective.
- Look at ways of improving privacy for patients when discussing their condition or treatment with them.
- Seek ways to improve participation of patients in decisions about their care and treatment.
- Review provision of talking therapies in the light of the gap between those patients wanting talking therapy in hospital and those actually having it.
- Look at ways of increasing the provision of activities for patients both on weekdays and, more importantly, during evenings and weekends.

Service Users' Rights

- Ensure that all patients detained under the General Health Act are given information on their rights under the Act at the time of being sectioned.
- Ensure that all patients are given information about how to make a complaint if they were to have one.

Discharging Hospital

- Ensure that patients are given enough notice of discharge from hospital.

- Look at ways of reducing delays in discharge.
- Ensure that all patients have an effective, local, out-of-hours phone number before they leave the ward.
- Ensure that all patients are given information about getting help in a crisis from local mental health services.
- Ensure that all service users discharged from inpatient wards are telephoned post discharge by a member of staff to check on their mental health status

Quality of Outpatients Mental Health Services

Conclusions

Many studies in outpatient settings (17-20) have reported user satisfaction of 60–80% according to different variables. The results of our work also show a high degree of satisfaction among users in some dimensions of care that ranges between 53.6 to 89.7%. Percentages between 40 and 49 were considered a moderate level of satisfaction. Percentages less than 39 were considered to be a low level of satisfaction

There is evidence that users of mental health services can usefully assess the care they receive (21). However, studies involving patients may suffer from several drawbacks, including low reliability because of lack of technical knowledge, faulty judgment by severely ill patients, and methodological difficulties of measurement (*5*). The findings of our study cannot be generalized because of the small sample size and the lack of consideration of social factors, and because the nature of the illness may influence patients' opinions. However, the response of patients' relatives may be considered reliable, based on their experiences and observations of the hospital services. Such studies are important as they provide feedback about health services and should form an integral part of the quality assurance system in various settings of health care.

Recommendations

1. It appears that the role of nursing staff in outpatient mental health services is scant and this can be explained by the unavailability of psychiatric nurses. Therefore the universities and Jordanian Nursing Council (JNC) have to make training in psychiatric nursing a priority
2. Involvement of patients and their families in decision making regarding the diagnosis and formulation of the care plan is an important issue that needs to be considered.

3. Care providers must consider that patients may need care outside of office hours and one of the staff needs to be nominated for this job.
4. Patients need also not only pure biological treatment but properly trained counselors ought to be available at outpatient services either by psychiatric social workers or by psychologists.
5. Patients should be seen preferably by their physicians at each visit.
6. Patients' rights in choosing whatever care must be respected by staff.
7. Time allocated to patients should be enough to allow free expression of feelings and inner experiences and this means that the number of competent psychiatrists is to be increased through training schemes, continuous medical education, and attending and participating in scientific meetings.
8. A printed copy of a care plan should be available in the files of patients which has to be reviewed with patients and/ or their families from time to time

Primary Health Care Physicians and Mental Health Services

Conclusion

It can be concluded that primary health physicians have doubts in their abilities to diagnose mental health problems, while 33% are unable to prescribe medications to patients with mental disorders. Physicians' beliefs and attitudes toward offering mental health services indicated that they strongly believe that PHC physicians can play an important role in offering mental health services, have the infrastructure to do so and are willing to provide such services, however, they believe that they need special training. PHC physicians strongly believed in integrating mental health services at the primary level.

Recommendations

1. Integrate mental health services in primary health care services.
2. Enhance infrastructure of the PHC centers to accommodate and respond to the needs of integration.
3. Conduct comprehensive training for PHC physicians to strengthen their competences in screening, diagnosis, treatment and referral.
4. Develop guidelines and protocols for screening, diagnosis, treatment and referral to standardized mental health services at the primary level.

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Annexes

Annex 1

الفريق الوطني للدراسة
Study Technical Team

التسلسل	اسم عضو اللجنة Name	الجهة Organization
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Annex 2

Examples of Research Studies Conducted on Mental Health in Jordan Between 2005-2010

1. The Higher Council for Science and Technology. Evaluation of mental health services in Jordan, 2009
2. Al-Krenawi A, Graham JR, Ophir M, Kandah J. Ethnic and gender differences in mental health utilization: the case of Muslim Jordanian and Moroccan Jewish Israeli out-patient psychiatric patients. Int J Soc Psychiatry. 2001 Autumn;47(3):42-54.
3. Nasir LS, Al-Qutob R. Barriers to the diagnosis and treatment of depression in Jordan. A nationwide qualitative study. J Am Board Fam Pract. 2005 Mar-Apr;18(2):125-31.
4. Al-Jaddou H, Malkawi A. Prevalence, recognition and management of mental disorders in primary health care in Northern Jordan. Acta Psychiatr Scand. 1997 Jul;96(1):31-5.
5. Hamid H., Abu – Hijlih N., Sharif S., Raqab M., Mas'ad D., Abbas A. A Primary Care Study of the Correlates of Depressive Symptoms Among Jordanian Women. Transcultural Psychiatry. 2004; 41; 487
6. Pollara M. , Dawani H. Cognitive Appraisal of Stress and Health Status of Wage Working and Non-wage Working Women in Jordan. Journal of Transcultural Nursing, Vol. 17, No. 4, October 2006, 349 – 56
7. Hamaideh S. , Mudallal R. Attitudes of Jordanian Nursing Students Toward Mental Illness: The Effect of Teaching and Contact on Attitude Change. College student Journal, June 2009, Vol. 43, Issue 2
8. Hamdan-Mansour AM, Wardam LA Attitudes of Jordanian mental health nurses toward mental illness and patients with mental illness. Issues Ment Health Nurs. 2009 ;30(11):705-11.
9. Hamdan-Mansour AM, Marmash LR Psychological well-being and general health of Jordanian university students. J Psychosoc Nurs Ment Health Serv. 2007 Oct;45(10):31-9.
10. Daradkeh TK, Alawan A, Al Ma'aitah R, Otoom SA. Psychiatric morbidity and its sociodemographic correlates among women in Irbid, Jordan. East Mediterr Health J. 2006;12 Suppl 2:S107-17.
11. Daradkeh TK, Al Habeeb T. Quality of life of patients with schizophrenia 2. East Mediterr Health J. 2005 Sep-Nov;11(5-6):898-904.

12. Belbeisi A, Zindah M, Walke HT, Jarrar B, Mokdad AH. Health related quality of life measures by demographics and common health risks, Jordan 2004. Int J Public Health. 2009 Jun;54 Suppl 1:106-10
13. Youssef RM. Comprehensive health assessment of senior citizens in Al-Karak governorate, Jordan. East Mediterr Health J. 2005 May;11(3):334-48.
14. Al-Krenawi A (Gendered utilization differences of mental health services in Jordan. Community Ment Health J. 2000 Oct;36(5):501-11

6. البحث والمتابعة:

- ✓ تطوير نظام جمع البيانات الخاصة بالصحة النفسية لتلائم العصر و الأسس المعترف بها في منظمة الصحة العالمية (WHO).
- ✓ دعم وتشجيع البحث العلمي في ميدان الصحة النفسية وهذا يحتاج إلى تمويل من وزارة البحث العلمي والمؤسسات المدنية.

7. تعزيز الثقة لدى مرضى الصحة النفسية وذلك بالتركيز على:

- ✓ السلامة العامة والطعام والنظافة لعيادات ومراكز وأماكن إقامة نوم المرضى.
- ✓ توثيق العلاقة مع الكادر الصحي الذي يعتني بالمرضى.
- ✓ رفع من مستوى العناية والعلاج المقدم.
- ✓ الحفاظ على حقوق المرضى والحرص على تقديم كل ما يلزم حول ذلك.
- ✓ وضع نظام عصري يتعلق بإجراءات خروج المرضى.

الخطوة التالية:

بعد إقرار التوصيات التي تمخضت عنها الدراسة والمدونة أعلاه فإنه سوف يصار إلى وضع خطة عمل وطنية شاملة تتضمن مجموعة من المبادرات الجديدة لتطبيقها على مدى سنتين آخذن بعين الاعتبار التوصيات الصادرة عن هذا التقرير.

أما الأهداف لهذه الخطة فتشمل على تعزيز الصحة النفسية وتحسين نوعية الحياة عند المرضى بالإضافة إلى وضع إستراتيجية تؤكد على التعاون والمشاركة بين المؤسسات الحكومية والخاصة بحيث يؤدي إلى بناء نظام خدمات صحة نفسية متماسك وبدعم من المجتمع المحلي. هذا وسوف تؤكد الخطة على مبادئ العدالة والمساواة بما في ذلك سهولة الوصول إلى مراكز الخدمة ونجاعة العلاج وحق المريض في التعامل باحترام وكرامة وبخاصة أولئك المرضى المصابون بعاهات جسدية والمسنين والأطفال وذوي الأمراض المزمنة.

- ✓ مراجعة وإقرار سياسة الصحة النفسية في الأردن من مراجعها الأصلية.
- ✓ تأسيس تشريع شامل للصحة النفسية يؤكد حماية حقوق المواطنين الذين يعانون من الأمراض النفسية.
- ✓ إعداد خطة للتعامل مع الكوارث التي لها انعكاس على الصحة النفسية.
- ✓ رصد 5% على الأقل من موازنة وزارة الصحة.

2. خدمات الصحة النفسية:

- ✓ استحداث وحدات خاصة بالأمراض النفسية في المستشفيات العامة في كافة القطاعات الصحية.
- ✓ استحداث وحدات الصحة النفسية في المجتمعات المحلية.
- ✓ استحداث وحدات الصحة النفسية للعناية بالمرضى الأطفال واليافعين.
- ✓ تطوير وتحسين البنية التحتية في مؤسسات الصحة النفسية.

3. الصحة النفسية في الرعاية الصحة الأولية:

- ✓ الاستمرار والتوسع في تدريب كوادر الرعاية الصحة الأولية لكي تشمل الجوانب الخاصة بالصحة النفسية.
- ✓ دمج خدمات الصحة النفسية في نظام الرعاية الصحية الأولية.
- ✓ تزويد جميع مراكز الرعاية الصحية الأولية بالأدوية الضرورية الخاصة بالأمراض النفسية.

4. الكوادر البشرية والتدريب في مجال الصحة النفسية:

- ✓ زيادة أعداد الكوادر الصحية وكوادر الإرشاد النفسي والاجتماعي والمرشدين النفسيين والمرشدين الاجتماعيين ووضع حوافز مالية لتشجيع العدد الكافي في هذا القطاع.
- ✓ وضع وتنفيذ البرنامج التدريبي الدوري المناسب للكوادر الصحية في الأمور الخاصة بالصحة النفسية تحت شعار التدريب المستمر للصحة النفسية بطرق نظرية تدريسية وعملية ميدانية.
- ✓ تشجيع تكوين جمعيات أصدقاء المرضى النفسيين تضم المرضى أنفسهم وعائلاتهم والمهتمين بالصحة النفسية.

5. التثقيف الصحي والتشبيك ما بين القطاعات المعنية:

- ✓ تعزيز العلاقة بين نظام الصحة النفسية في الأردن مع القطاعات المعنية (وزارة التربية والتعليم، وزارة التنمية الاجتماعية، وزارة الأشغال العامة والإسكان وأية جهات أخرى ذات العلاقة أو لديها الرغبة في المشاركة مع وضع التشريعات التي تؤكد هذه العلاقة.
- ✓ وضع وتعزيز برامج التوعية بالصحة النفسية للمجتمع بالتعاون مع المؤسسات الحكومية المختلفة مثل مؤسسات الإعلام المقروءة والمسموعة والمرئية بالإضافة إلى مؤسسات المجتمع المدنية.

يعملون في هذه المراكز حيث طلب منهم أن يقوموا بتعبئتها بأنفسهم خلال الفترة بين شهري آذار ونيسان عام (2010). أظهرت نتائج هذا المسح ما يلي:

كان مجموع الأطباء المشاركين (115) طبيباً، ثلاثة أرباعهم كانوا ذكوراً وتراوحت أعمارهم بين (25- 62) عاماً. ذكر حوالي (23%) منهم أنهم كانوا قادرين على تشخيص الأمراض النفسية. وبيّن (18%) منهم عدم القدرة على تقييم شدة المشاكل النفسية للمرضى، وذكر (10%) أنهم قادرين جداً على وصف الأدوية لمرضى الأمراض النفسية وأن (57%) كانوا قادرين لحدٍ ما و (33%) كانوا غير قادرين على وصف هذه الأدوية. ذكر حوالي خُمس الأطباء أنهم كانوا قادرين بشكل كبير على التعامل مع المرضى النفسيين وذكر حوالي (57%) أنهم كانوا قادرين لحدٍ ما على التعامل مع مجموعات خاصّة من مرضى الأمراض النفسية كالسيّدات الحوامل وكبار السن.

بيّن غالبية الأطباء (حوالي 89%) أن أطباء الرعاية الصحية الأولية لهم دور في تقديم خدمات الصحة النفسية وذكر حوالي (83%) أنهم مستعدون للعمل على تطوير هذه الخدمات في الأردن. أفاد (75%) من الأطباء بتوفر البنى التحتية في المراكز لتقديم خدمات الصحة النفسية وذكر حوالي (20%) منهم أنه يتوفر لديهم الوقت للتعامل مع المرضى ذوي المشاكل النفسية.

حوالي (69%) من الأطباء أفادوا بأنهم يحولوا مريض إلى مريضين إلى أخصائي الأمراض النفسية كمعدل شهري و(17%) منهم أفاد بتحويل أكثر من مريضين شهرياً. ذكر حوالي (32%) من الأطباء أنهم شاركوا بتدريب مدته يومين أو أكثر في مجال الصحة النفسية وذكر (22%) أن لديهم بروتوكولات أو دلائل إرشادية تساعدهم في تشخيص ومعالجة الأمراض النفسية. ذكر (4,4%) أنهم قادرون جداً على تقديم خدمات الصحة النفسية للمرض بدون تدريب إضافي وذكر حوالي (63%) أنهم قادرون لحدٍ ما على ذلك. وبيّن غالبيتهم (83%) عن الاستعداد الكبير أو الكبير جداً للمشاركة في التدريب في مجال الصحة النفسية.

حوالي (38%) من أطباء الرعاية الأولية ذكروا بأنهم يعتقدون بشدة أو يعتقدون بأن مراكز الرعاية الصحية الأولية هي المكان الأنسب لمعالجة الأشخاص الذين يعانون من مشاكل نفسية، بينما ذكر حوالي (24%) أنهم واثقون جداً من أن مرضى الأمراض النفسية ممكن معالجتهم في مراكز الرعاية الأولية وحوالي (40%) كانوا غير واثقين من هذا الأمر.

بَيّن أقل من (5%) من أطباء الرعاية الأولية أن جميع مشاكل الصحة النفسية يمكن معالجتها في مراكز الرعاية الأولية ويبيّن (77%) من الأطباء أن بعض مشاكل الصحة النفسية تمكن معالجتها في هذه المراكز بينما أفاد حوالي (19%) منهم بعدم إمكانية معالجة أي مشكلة نفسية داخل المراكز الصحية الأولية.

توصيات التقرير الوطني لخدمات الصحة النفسية في الأردن وأنظمتها

توصيات تقرير اللجنة الوطنية لرفع مستوى خدمات الصحة النفسية في الأردن:

1. إطار السياسات والتشريعات.

تلقى حوالي (5%) من أفراد العينة مراجعة واحدة على الأقل لخطتهم العلاجية في آخر (12) شهر. عولج (83%) من المرضى بالأدوية الخاصة بمشاكلهم النفسية خلال الإثني عشر شهراً الماضية. (23,8%) من المرضى فقط أفاد بأنه كان لهم رأي مؤكد بقرار الأدوية التي يتناولوها و (23,6%) منهم كان له رأي لدرجة محدودة وحوالي (53%) ذكر بعدم وجود رأي له في هذا القرار.

أقر حوالي (51%) من المرضى أنه تم وصف أدوية جديدة لهم من قبل أخصائي الأمراض النفسية، و ذكر حوالي (28%) من هذه الفئة بأن الغرض من هذه الأدوية قد شرح لهم بشكل مؤكد. ذكر حوالي (61%) من المرضى أنه لم يتم إبلاغهم حول الآثار الجانبية المحتملة لأدويتهم وحوالي (18%) ذكروا أنه تم إبلاغهم بشكل محدود. وبخصوص عدم توفر الأدوية في العيادة ذكر حوالي (8%) فقط من المرضى بأن الأدوية غير متوفرة باستمرار..

كانت الشكوى الأكثر تكراراً من المرضى أنهم كانوا يقابلون أطباء أمراض نفسية مختلفين خلال آخر زيارتين قاموا بها إلى العيادة. حوالي (46%) من المرضى ذكروا أنهم قابلوا نفس الطبيب خلال الزيارتين وحوالي (51%) ذكروا بأنهم قابلوا طبيبين مختلفين. و تبين أن 70% من المرضى الذين لديهم استمرارية بالحصول على الرعاية الصحية يثقون بشكل أكيد بأخصائيي الأمراض النفسية مقارنة مع (51 %) من الفئة التي ليس لدهم مثل هذه الاستمرارية.

تلقى (18%) من المرضى معالجة بالمشورة خلال الإثني عشر شهراً الماضية وحوالي (55%) من المرضى رغبوا بالحصول على المعالجة بالجلسات النفسية - برامج الإرشاد والعلاج النفسي (Talking therapy). وجد حوالي (47%) من الذين تلقوا العلاج بالمشورة أنها كانت مفيدة لهم بالتأكيد و(26%) منهم وجدوها مفيدة لحد ما.

لم يقم معظم هؤلاء المرضى (حوالي 88%) بزيارة مراكز الرعاية الصحية الأولية خلال الشهرين الأخيرين. ومن بين الذين زاروا هذه المراكز أشار حوالي (26%) منهم بأن الأنشطة التي قدمت لهم كانت ذات فائدة. حوالي (76%) من المرضى أفادوا بأن الرعاية الصحية التي تلقوها من خدمات الصحة النفسية بشكل عام خلال الأشهر الأخيرة كانت أفضل وجيّدة بينما صنّفها حوالي (5%) من المرضى بالرديئة وصنفها (5%) آخرون بالرديئة جداً.

رابعاً: أطباء الرعاية الصحية الأولية وخدمات الصحة النفسية:

كان الهدف من هذا المسح التعرف على دور أطباء الرعاية الصحية الأولية في مجال خدمات الصحة النفسية وحاجاتهم التدريبية من أجل السعي نحو إدماج خدمات الصحة النفسية ضمن خدمات الرعاية الصحية الأولية التي يقدمها هؤلاء الأطباء في مراكز الرعاية الأولية.

تألف مجتمع هذا المسح من الأطباء العامين وأطباء الأسرة والمقيمين الذين يعملون في المراكز الصحية الأولية في الأردن. تم أخذ عينة عشوائية تكونت من (50) مركز صحي مثلت جميع مراكز الرعاية الصحية الأولية المنتشرة في أنحاء الأردن، تم توزيع استبانة على (73) طبيب عام و(22) طبيب أسرة و(20) طبيب مقيم

الاجتماعية ووجهات نظر المرضى حول سهولة الوصول للخدمة والمعالجة والكوادر الصحية والمشورة وخطة الرعاية ومراجعتها وخدمات الرعاية الصحية الأولية والرعاية أثناء الأزمات ومستوى الرعاية والتقييم الكلي للرعاية المتلقاة من قبل المرضى. أبرز هذا المسح النتائج التالية:

شكل الذكور والإناث حوالي (63%) و(37%) من العينة على التوالي. وتراوحت أعمار أفراد العينة بين (18) و (81) سنة، حوالي (47%) منهم كانوا متزوجين وحوالي (57%) كان مستوى تعليمهم الثانوية العامة أو أقل وحوالي (65%) منهم كانوا لا يعملون. (9%) من المرضى كانوا يعالجون في القطاع الخاص وحوالي (73%) في وزارة الصحة وحوالي (13%) في الخدمات الطبية العسكرية وحوالي (6%) في المستشفيات الجامعية.

حوالي (28%) من المرضى قيّموا صحتهم النفسية بالممتازة أو الجيدة جداً وحوالي (29%) قيّموها بالجيّدة وحوالي (24%) قيّموها بالرديئة أو الرديئة جداً. حوالي ربع أفراد العينة ذكروا بأنهم يشعرون دائماً بالخجل من مرضهم النفسي وحوالي (23%) يشعرون بالخجل أحياناً. ذكر حوالي (55%) من المرضى أنهم على تواصل مع خدمات الصحة النفسية لأكثر من خمس سنوات وحوالي (17%) كانوا على تواصل لسنة واحدة أو أقل.

تمكّن حوالي (91%) من المرضى من مقابلة عامل صحّي خلال زيارتهم الأخيرة للعيادة وحوالي (30%) من مجموع المرضى كانت فترة انتظارهم في العيادة أقل من نصف ساعة و(15%) منهم انتظروا لأكثر من ساعتين. حوالي (24%) من المرضى ذكروا بأنه واجهتهم صعوبات في الوصول إلى موقع الخدمة المعتادين على زيارته وحوالي (26%) وجدوا عملية الوصول ليست بالصعوبة الكبيرة.

صنّف (68%) من المرضى سرعة الحصول على الخدمة بالجيّدة جداً أو الجيّدة وحوالي (20%) منهم صنّفوها بالمقبولة والباقي صنّفوها بالرديئة أو الرديئة جداً. رأى (71%) من أفراد العينة أن أخصائي الأمراض النفسية قد عاملهم باحترام وكرامة وحوالي (57%) منهم ذكروا أن أخصائي الأمراض النفسية استمع إليهم باهتمام.

ذكر (60%) من المرضى أنهم يثقون بأخصائي الأمراض النفسية وذكر حوالي (54%) منهم أنهم قد أُعطوا الوقت الكافي لمناقشة حالتهم الصحيّة والمعالجة مع أخصائي الأمراض النفسية. ذكر (54%) من المرضى أنه تمت مقابلتهم من قبل التمريض خلال زيارتهم الأخيرة وأن (51%) منهم قد شعروا بأن التمريض عاملهم باحترام وكرامة وذكر حوالي (46%) منهم أن التمريض قد استمع إليهم باهتمام. وبشكل عام كان المرضى أكثر إيجابية بخصوص العلاقة مع أطباء النفسية من علاقتهم مع التمريض. حوالي (50%) من المرضى الذين كان لهم تواصل مع الكادر الإداري في العيادة شعروا بأن الكادر عاملهم باحترام وكرامة وحوالي (36%) بيّنوا أنه تم معاملتهم باحترام وكرامة بدرجة محدودة.

ذكر حوالي (6%) من أفراد العينة أنه تم إعطائهم نسخة مكتوبة من خطتهم العلاجية وذكر حوالي (19%) ممن أعطوا الخطة أنهم لم يتمكنوا من فهمها وذكر حوالي (41%) أنه لم يشارك في قرار الخطة العلاجية.

أنه لم يتم إشراكهم في عملية اتخاذ القرار بشأن رعايتهم والمعالجة. وحوالي (27%) ذكروا بأنه كانت تتوفر لهم مثل هذه المشاركة.

(68%) من المرضى ذكروا بأنهم يرغبون المعالجة بواسطة الجلسات العلاجية النفسية (Talking therapy) وحوالي (17%) منهم أفاد بتلقيهم لهذه المعالجة. أكثر من نصف المرضى الذين تلقون المعالجة بالجلسات وجودها مفيدة لهم.

ذكر (13,4%) من المرضى بأنه كان يتوفر لهم دائماً أنشطة كافية خلال أيام الأسبوع وفي نهاية الأسبوع وحوالي (32%) منهم أشاروا بتوفرها في بعض الأحيان. حوالي (62%) من المرضى أشاروا بأن عملية إدخالهم للمستشفى لم تكن بإرادتهم خلال آخر فترة إقامة لهم في المستشفى و حوالي (18%) من الأشخاص الذين تم إدخالهم قصراً أفادوا بأنه تم توضيح حقوقهم لهم بشكل كامل. حوالي (19%) من المرضى ذكروا بأنه تم توعيتهم بكيفية تقديم شكوى إن حصلت لهم مشكلة وحوالي الثلثين لم يحصلوا على هذه التوعية.

حوالي (45%) من المرضى فقط أشاروا أنه تم معاملتهم بشكل معقول وحوالي (29%) ذكروا بعدم معاملتهم بمعقولية. حوالي ثلث المرضى ذكروا بأنه تم تأخير إخراجهم من المستشفى وحوالي (45%) منهم ذكروا بأن كوادر المستشفى كانوا يأخذون بالاعتبار ظروف العائلة والمنزل عند إخراجهم من المستشفى.

لم يُعطى (85%) من المرضى معلومات عن كيفية الحصول على المساعدة خلال الأزمات أو عندما يحتاجون لمساعدة طارئة. أفاد (83%) من المرضى بأنهم لا يملكون رقم هاتف لأي من كوادر المستشفى ليتمكنوا من الاتصال بهم عند الحاجة. حوالي (13%) فقط من المرضى ذكروا بأنه تم الاتصال بهم من قبل كوادر المستشفى بعد مغادرة المستشفى.

صنّف حوالي نصف المرضى الرعاية التي تلقوها داخل المستشفى بالممتازة أو الجيّدة جداً بينما صنّفها (5%) منهم بالرديئة جداً. صنف (54%) من المرضى حالتهم الصحّية النفسية بالممتازة أو الجيدة جداً و (23,5%) منهم صنّفوها بالجيّدة وحوالي (18%) صنّفوها بالمتوسطة أو الرديئة و(5%) صنفوها بالرديئة جداً. (48%) من المرضى أفادوا أنهم شعروا بتحسن صحي كامل بعد دخولهم المستشفى بينما (21%) منهم لم يشعروا بالتحسن.

ثالثاً: جودة خدمات الصحة النفسية في العيادات الخارجية:

تم إجراء مسح لتقييم مستوى الجودة للرعاية الصحية التي يتلقاها المرضى البالغون في عيادات الصحة النفسية في الأردن حيث تم استخدام طريقة العينة العنقودية الطبقية لاختيار العيادات حسب الأقاليم الثلاثة (الوسط والشمال والجنوب) وحسب القطاعين العام والخاص. تم اختيار الأشخاص الذي تبلغ أعمارهم (18) سنة فما فوق من بين مجموع المراجعين الذين راجعوا هذه العيادات في يوم زيارة فريق الدراسة. وتم مقابلة (534) مريض وتعبئة استبانات لهم مصمّمة على أساس برنامج مسح المرضى الوطني المعتمد لدى هيئة الرعاية الصحة (2004) في المملكة المتحدة. حيث قسّمت الاستبانات لأجزاء تتعلق بالبيانات السكانية

ثانياً: جودة خدمات الصحة النفسية في المستشفيات:

تم إجراء مسح لتقييم مستوى الرضا عن الخدمات الصحية النفسية داخل المستشفيات. تكونت عينة الدراسة من جميع المرضى المقيمين في هذه المستشفيات و الذين تم إدخالهم لمدة تزيد عن (24) ساعة خلال الفترة ما بين شباط ونيسان من عام 2010 ممن تبلغ أعمارهم 18 عاماً فما فوق. بعد الحصول على الموافقات الرسمية لإجراء الدراسة، تم استخدام نسخة استبانات مترجمة إلى اللغة العربية عن برنامج المسح الوطني للمرضى والمعتمد من قبل هيئة الرعاية الصحية (2004) في المملكة المتحدة.

وافق (119) مريض على المشاركة في الدراسة (بنسبة حوالي 80% من مجموع المرضى المدخلين في تلك الفترة) و بلغت نسبة الذكور في العينة 74,8% و نسبة الإناث 25,5% و تراوحت أعمارهم بين (18) و (83) عاماً.

أكثر من (58%) من العينة أشاروا إلى أنهم تلقوا ترحيب من الكوادر الصحية عندما دخلوا ردهة المستشفى بينما حوالي (12%) منهم نفوا هذا الشعور وحوالي (25%) ذكروا بأن الكوادر يعرفونهم ويعرفوا سيرتهم المرضية السابقة. حوالي (15%) من المرضى ذكروا أنهم تعرضوا لإزعاج خلال الليل من العاملين في المستشفى. حوالي (61%) من المرضى شعروا بالأمان دائماً خلال تواجدهم في المستشفى وحوالي (20%) منهم شعروا بالأمان أحياناً و (18,5%) لم يشعروا بالأمان. (42%) من المرضى صنّفوا طعام المستشفى بأنه جيد جداً و (31%) صنفوه بالجيد وحوالي (27%) صنّفوه بالمتوسط أو الرديء وحوالي (11%) منهم قالوا أنهم حصلوا على نوع الطعام الذي اختاروه و (46%) من أفراد العينة أفادوا بأن الردهة والغرفة التي ينزلون بها كانت نظيفة جداً. حوالي (41%) من المرضى شعروا بأن المستشفى ساعدهم ليكونوا على تواصل مع أسرهم وأصدقائهم وحوالي (33%) لم يتولد لديهم هذا الشعور و (39,5%) منهم ذكروا أنهم احتاجوا إلى مساعدة كادر المستشفى لتنظيم أوضاع منازلهم.

الغالبية العظمى من المرضى (حوالي 96%) ذكروا بأنهم قابلوا أخصائي الأمراض النفسية، وحوالي (60%) منهم أفادوا أن الأخصائي كان دائماً يستمع لهم وحوالي (52%) منهم ذكروا بأنهم كانوا يأخذون الوقت الكافي لمناقشة حالتهم المرضية والمعالجة مع الأخصائي. (67%) من المرضى ذكروا أنهم كانوا يثقون دائماً بالأخصائي الذي قابلوه وحوالي (75%) منهم تبين أنهم كانوا يعاملون باحترام وكرامة. حوالي (56%) منهم قالوا بأن التمريض كان يستمع لهم باهتمام و (57%) منهم ذكروا بأنهم كانوا يأخذون وقت كافي لمناقشة حالتهم والمعالجة مع التمريض. حوالي ثلثي المرضى كانوا يثقون بالتمريض وحوالي (68%) منهم ذكروا بأنهم يعاملون باحترام وكرامة من قبل التمريض.

ذكر (95%) من المرضى بأنهم تلقوا أدوية كجزء من معالجتهم خلال إقامتهم في المستشفى و (22%) منهم أشاروا أن الكادر الصحي شرح لهم الغرض من استعمال هذا الدواء وحوالي (12%) منهم أشاروا بأنه تم إبلاغهم بشكل كامل عن الآثار الجانبية للأدوية. حوالي (41%) من المرضى أشاروا أنه كان يتم تأمين خصوصية لهم أثناء مناقشة حالتهم المرضية والعلاج مع كادر المستشفى. حوالي (40%) من المرضى ذكروا

مخصصة للأطفال واليافعين في مستشفيات الأمراض النفسية، كما و لم تشهد أسرة المستشفيات النفسية زيادة في عددها خلال السنوات الخمس الماضية ومعظم الأسّرة تتواجد في العاصمة عمّان أو ما حولها. يتباين توزيع تشخيص الأمراض النفسية حسب مراكز المعالجة وبرغم أن الاضطرابات الذهانية تسجّل بشكل شائع في جميع المراكز إلا أن اضطرابات المزاج والقلق هي الأكثر شيوعاً في تشخيصات العيادات الخارجية التابعة للمستشفيات العامّة.

تتوفر أدوية الأمراض النفسية في مستشفيات الأمراض النفسية يليها مراكز الإقامة المجتمعية ثم العيادات الخارجية و مراكز الرعاية الصحية الأولية. تتواجد معظم مراكز الرعاية للصحة النفسية في المدن الكبيرة وما حولها، ومن أجل تحسين عدالة سهولة الوصول لخدمات الصحة النفسية يسعى الأردن لإقامة وتطوير وحدات مجتمعية للأمراض النفسية وعيادات خارجية في جميع مناطق المملكة.

و بالحديث عن التعليم الطبي فانه يتم تخصيص ما نسبته (6%) من مجموع ساعات التدريب لطلبة الطب لموضوع الصحة النفسية مقارنة مع (5%) لطلبة التمريض. بلغت نسبة أطباء الرعاية الصحية الأولية الذين تلقوا تدريب في مواضيع الصحة النفسية لا تقل مدته عن يومين (28%) بينما تلقى مثل هذا التدريب ما نسبته (5%) من التمريض و(6%) من الكوادر الصحية الأخرى من غير الأطباء والتمريض في مراكز الرعاية الصحية الأولية. أقل من (6%) من مراكز الرعاية الصحية الأولية التي يديرها أطباء يتوافر فيها بروتوكولات للتقييم ولعلاج للأمراض النفسية الرئيسية.

يبلغ معدّل القوى البشرية العاملة في مراكز رعاية الصحة النفسية (12,1) لكل (100) ألف من السكان و يبلغ معدّل اختصاصيي الأمراض النفسية (1,2) لكل (100) ألف من السكان ومعدّل الاختصاصيين النفسيين (6,9) كل 100 ألف. كما و يوجد ما معدّله (0,17) أخصائي أمراض نفسية لكل سرير في وحدات الأمراض النفسية المجتمعية مقارنةً مع (0,04) لكل سرير في مستشفيات الأمراض النفسية. يتباين توزيع القوى البشرية بين الحضر والريف حيث أن كثافة تواجد أخصائيي الأمراض النفسية وكوادر الصحة النفسية الآخرين في عمان وما حولها أكبر بمرتين من كثافة تواجدهم في باقي أنحاء المملكة. لا توجد جمعيات لمتلقي الخدمة أو لأسرهم ولكن قامت بعض الجهات الحكومية المعنية والمنظمات غير الحكومية والجهات المهنية والوكالات والمنظمات الدولية بتنفيذ حملات توعية عامة في مجالات الصحة النفسية خلال الخمس سنوات الماضية.

بالرغم من أن حوالي (40%) من المدارس الأساسية والثانوية يتواجد فيها عامل صحي متفرغ أو بتفرغ جزئي إلا أن نسبة قليلة من هؤلاء الأشخاص قد تم تدريبهم في مجال الصحة النفسية. وبخصوص الدعم المالي المقدّم للمرضى فإن أقل من (5%) منهم يتلقون مساعدات اجتماعية بسبب إعاقتهم الناجمة عن المرض النفسي.

يوجد قائمة رسمية بالبيانات الواجب جمعها في مراكز رعاية الصحة النفسية في القطاع العام إلا أن عملية اكتمال جمع هذه البيانات وانتظامها تختلف حسب المركز. تقدر نسبة الأبحاث العلمية المنشورة و التي تتناول مواضيع الصحة النفسية في الأردن بأقل من (1%) من مجموع الأبحاث ذات العلاقة بالصحة إلا أن النسبة الحقيقية لا زالت غير معروفة على وجه الدقة.

ملخص الدراسة

يعرض هذا التقرير نتائج دراسة تقييم خدمات الصحة النفسية في الأردن التي تم تنفيذها عام 2010. يتألف تقرير هذه الدراسة من أربعة أجزاء: الجزء (الأول) يبحث في أنظمة الصحة النفسية باستخدام أداة التقييم الصادرة عن منظمة الصحة العالمية (WHO- AIMS) والجزء (الثاني) يتعلق بدراسة جودة خدمات الصحة النفسية في المستشفيات، أما الجزء (الثالث) فيتعلق بجودة خدمات الصحة النفسية في العيادات الخارجية والجزء (الرابع) يضع تقييماً لدور أطباء الرعاية الصحية الأولية في مجال خدمات الصحة النفسية وحاجاتهم التدريبية.

أولاً: تقسم خدمات الصحة النفسية باستخدام أداة التقسم الصادرة عن منظمة الصحة العالمية (WHO- AIMS):

استخدمت هذه الأداة لجمع معلومات عن واقع خدمات الصحة النفسية في الأردن والهدف من جمع هذه المعلومات يرمي إلى تحسين نظام الصحة النفسية وتوفير قاعدة معلومات تسمح مراقبة التغيرات التي تطرأ على خدمات الصحة النفسية مستقبلاً وهذا من شأنه أن يمكن الأردن من تطوير خطط للصحة النفسية تكون مبنية على معلومات ليستفاد منها في مراقبة التقدم في تنفيذ سياسات الإصلاح وتقديم الخدمات المجتمعية وإشراك المستفيدين من الخدمة والأسر وكافة الشركاء المعنيين في عمليات التعزيز والوقاية والعلاج والتأهيل المتعلقة بالصحة النفسية.

لا يتوفر حالياً في الأردن سياسة واضحة وخطة وطنية مكتوبة ومعتمدة للصحة النفسية كما ولا يتوفر قانون خاص بالصحة النفسية إنما يتم معالجة أمور الصحة النفسية من خلال بعض التشريعات النافذة بشكل جزئي. ولكن هنالك مسودة خطة وطنية للصحة النفسية بانتظار اعتمادها من قبل وزارة الصحة.

تقدّر نسبة الإنفاق على الصحة النفسية بأقل من (3%) من مجموع الإنفاق الحكومي على الصحة لعام 2008 والغالبية العظمى من الإنفاق على الصحة النفسية (حوالي 90%) يذهب إلى المستشفيات.

تعتبر جميع مشاكل الصحة النفسية السريرية في الأردن مغطّاة بأنظمة التأمين الصحي في القطاع العام و حوالي (80%) من السكان يتمتعون بسهولة الحصول المجانية على الأدوية النفسية الأساسية. يتوفر في الأردن مركز وطني لمراقبة حقوق الإنسان ويوجد وحدة إدارية وطنية تُعنى بتقديم المشورة للحكومة فيما يخص السياسات والتشريعات ذات العلاقة بالصحة النفسية.

يتوفر في المملكة (64) عيادة خارجية للصحة النفسية، واحدة منها مخصصة للأطفال واليافعين. قامت هذه العيادات خلال عامي (2009) و (2010) بمعالجة ما معدّله (303) مريض لكل 100 ألف من السكان. تشكل الإناث حوالي (39%) من مراجعي كافة مراكز الصحة النفسية في الأردن.

معظم أسرة الصحة النفسية في الأردن تتواجد في مستشفيات الأمراض النفسية (بمعدّل 8,2 سرير لكل 100 ألف مواطن) يليها وحدات الطب الشرعي النفسي (بمعدّل 0,01 سرير لكل 100 ألف مواطن) ووحدات النفسية للإقامة المجتمعية (بمعدّل 0,03 لكل 100 ألف مواطن). و من الجدير بالذكر أنه لا توجد أسرّة

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The Higher Council for Science and Technology

منظمة الصحة العالمية

التقرير الوطني
حول
"واقع خدمات الصحة النفسية في الأردن"

إعداد
الفريق الوطني للدراسة

عمان - الأردن
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