Strengthening National Systems – Investing in the Psychosocial Wellbeing of Children and Youth:

IMC Jordan experience
IMC in Jordan

- Operations began in 2007
- Extensive work with Iraqi Refugee Population
- Initial Focus on Mental Health and Protection Work with a transition to PHC

- Syrian Crisis begins in 2011-2012
- IMC enters a new phase of programming of intense growth and expansion of services to both camp and non-camp refugees
Syrian Crisis

- Ongoing conflict in Syria since 2011
- 7.6 million displaced
- 5 million refugees
- 13.5 million are in need of humanitarian assistance;
  - including 7.2 million people with protection needs
- Losing hope that a political solution will be found
Location of implementation

In Urban
- 14 MH clinics/ MoH
- 7 PSS/ close to MH clinics

In Camps
- 4 MH clinics within primary health care
- 8 safe spaces
### Collected Data

#### Patients’ Info
- ID, UNHCR #, Name, Gender, DOB, Material, Nationality, Date of first Visit, Case Management Level, Clinic File Num, Clinic Location

#### Patients’ History
- Visit Date, Referred from, Outgoing Referred, Referred By, Primary Diagnosis, Secondary Diagnosis, Psychiatrist, Counseling, Case Management, MH Nurse, Follow Up Needed, Discharged Date, Comment, Medication Name, Quantity By Tablet

#### Patient & Family Sat.
- Clinic File Num, Patient ID, Date, Q1 Score – Q14 Score, Q1 Note – Q14 Note, Name of Family member, Relation, Phone

#### Monitoring
- Date, Patient ID, Score Team, Case Management Level, Q1 Score – Q12 Score, Q1 Note – Q12 Note, Total Score
Reports

Patients IDs
- Patient ID
- Name
- Clinic File Num.

Patients
- Age Groups
- Nationality
- Gender

Patients Visits
- Name
- Date of First Visit
- Clinic File Num.
- Patient ID
- Num. of Visits

Clinic Patients
- Patient ID
- Name
- Clinic File Num.
- Date of First Visit

Clinic Gender
- Clinic Location
- Total Patient
- Gender
- Total

Initial Care Plans
- Patient ID
- Name
- Clinic File Num.
- Date of First Visit
- Initial Care Plan

Clinic Age Groups
- Clinic Location
- Total Patient
- Age Groups
- Total

Clinic Nationality
- Clinic Location
- Total Patient
- Nationality
- Total

Diagnosis
- Diagnosis
- Total Patient
- Month

Case Presentation
- Patient ID
- Name
- Clinic File Num.
- Clinic Location
- Date of Case Presentation
IMC focuses on emergency response; conducts assessment and trainings.

Formalized mental health program with National partner; Mental health program implemented in 4 clinics.

Launch of Jordan’s 1st National Mental Health policy; MoH centers accredited to merge MH and PHC; Feed into National system/WHO.

Response to Syria situation Transfer of capacities to public system; MOH training of biopsychosocial model, mhGAP-Online.
MoH partnership,
Technical committee.
Integration with primary health/ mhGAP.
Expanding to the south, and Azraq.
Response to children with developmental disorders.
Building the capacity of MHPSS national partners.
Agreement with MoH

- To provide mental health services in primary health care clinics.
- Referrals among different services at MoH clinics
- Refer mental health patients to the national center for mental health/in patient
- Refer cases to addition center/MoH
- Train MoH staff on mhGAP/online
Mental Health Learning Package

Purpose: To increase the capacity of MOH mental health care providers

- **E-learning in the primary health care system** to strengthen systematic mental health knowledge and best practices among general practitioners and mid-level professionals in **four JHAS primary health care clinics and two MoH clinics**.

- On the job supervision

- Practical training workshops
IMC’s Integration of mental health services into general health care

• Integrated MH services with IMC and gov. general health care
  – MH training and supervision for select general health staff (camp and community) using mh-GAP and e-learning
  – HIS systems
  – MH case management
  – MH Training Videos with WHO

• MH community links and referrals
  – Strong links with IMC supported refugee community centers and child/youth programs
  – Referral pathways
NTC was established at MoH with support from WHO
To discuss all technical related decisions related to MoH
IMC is a member in the committee
Recently discussed the next five years strategy for MH, Substance use policy in Jordan
MHPSS Working Group

- To address the MHPSS needs of the populations served in Jordan by providing overall guidance and coordination of services, activities and assessments in the MHPSS field, and advocating for best practice standards.
- Adheres to the general framework of the global Inter-Agency Standing Committee (IASC) and the Jordan MHPSS Inter-Agency Guidance Note.
- 45 agencies registered in this working group
- Monthly meeting
- 4Ws is one of the annual products for the group
three-year rolling plan now covering the period 2017-2019 integrating refugee and resilience responses into one single plan for each sector and places the resilience of national systems and institutions at the core of the response

- partnership mechanism between the Government of Jordan, donors, United Nations agencies and NGOs for the development of a comprehensive refugee, resilience-strengthening and development response to the impact of the Syria crisis on Jordan

- 12 governmental task forces & all working groups
Integration of local partners should start at very early stages. Local ownership guarantees sustainability of programs.

Following the crisis, there are two types of refugees remaining:
  - Resettled refugees: Those who have been granted resettlement
  - Residual refugees: Those who were expected to return to home country but have remained in Jordan

National System needs to have the capacity to absorb residual refugees requiring mental health services

Long term projects aim to build the capacity of National System and local organizations to address mental health needs
There are many reasons for addressing mental health in humanitarian emergencies

There is a critical gap of available mental health professionals and services globally

Guidance, tools and practical examples for scaling up the availability of integrated quality and culturally acceptable MH services in humanitarian contexts exist