

**Under the Patronage of HRH Princess Dina Mired
President Elect Union for International Cancer Control (UICC)**



The University of Jordan



كلية الطب
SCHOOL OF MEDICINE



The 2nd Global Mental Health Conference

**Organized by:
The Global Mental Health Initiative
And School of Medicine, The University of Jordan
Bahjat Al-Talhouni Auditorium, The University of
Jordan–Amman**

**5th – 7th
October,
2017**

**Accredited by Jordan Medical Council
15 CME HOURS**

Scientific Booklet



His Majesty King Abdullah II Ibn Al-Hussein



His Royal Highness Crown Prince Al-Hussein Bin Abdullah II



WELCOME MESSAGE

Dear Colleagues and Friends,

On behalf of the executive committee it gives us a great pleasure to invite and welcome you to attend On behalf of the executive committee it gives me great pleasure to invite and welcome you to attend The 2nd Global Mental Health Conference, which is organized by The Global Mental Health Initiative of four US Universities and The School of Medicine, The University of Jordan.

The importance of this conference comes from the fact that 'there is no health without mental health' (Prince, et al, 2007). Mental Health issues have received less attention and support in the medical setting in general and more specifically in low resource countries. This is not surprising given the lack of clear physical signs of the disease or biomarkers to document mental illness compared to other physical diseases. Further, in a paper published in the Lancet in February 2016; it was reported that the 'the global burden of mental illness contributes to 32.4% of years lived with disability and 13.0% of disability-adjusted life years.' (Vigo, et al, 2016)

This conference aims to shed light on the importance of global mental health in our region, especially during such challenging times, where the Syrian crisis has displaced millions of people out of Syria. The United Nations High Commissioner for Refugees (UNHCR) reports Jordan as one of the highest refugee hosting countries worldwide. Such ongoing population changes has caused a lot of challenges in the mental health and psychosocial aspects to both hosting communities and displaced populations. Jordan's adaptation mechanisms in mental health and psychosocial (MHPSS) sectors will be shared, discussed and hopefully improve on; in such an important and very relevant conference to the region at such a critical time.

This conference will promote the collaboration between primary healthcare and multidisciplinary psychosocial services to support mental healthcare. Moreover, the conference will feature plenary lectures to be delivered by locally, regionally and internationally renowned speakers; in addition to papers and posters. Researchers and scientists with their invaluable knowledge will be actively involved all throughout the conference, and such an opportunity would be a step forward in networking in the MHPSS field for all.

The conference will be from the 5th till the 7th of October 2017, and will take place at The University of Jordan in Amman. A medical exhibition of pharmaceuticals, medical and other related products would take place to allow interaction between delegates and exhibitors.

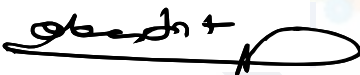
The social program aims to reflect Jordanian hospitality and generosity to all participants.

I hope that you will find this conference scientifically engaging, professionally enhancing and very well rounded with its social aspects.

I cordially express our gratitude to all, and look forward to welcoming you in our beautiful country, Jordan.

I invite you to join us at this important event to participate and take forward the message of Partnerships for Mental Health.

Your active participation is highly appreciated.



Yours sincerely,

Professor Nathir Obeidat, MD

President of the Conference

Dean, School of Medicine – The University of Jordan

FACULTY SPEAKERS

Prof.	Wael Al-Delaimy	USA
Prof.	Jo Ellen Patterson	USA
Prof.	Todd Edwards	USA
Prof.	Peter Woodruff	Qatar
Prof.	Zaid Eyadat	Jordan/USA
Prof.	Ayman Mansour	Jordan
Prof.	Mayyada Wazaify	Jordan
Dr.	Hesham Hamoda	USA
Dr.	James Griffith	USA
Dr.	Paul Springer	USA
Dr.	Richard Bischoff	USA
Dr.	Akbar Rahman	USA
Dr.	Adnan Takriti	Jordan
Dr.	Ahmad Bawaneh	IMC/Jordan
Dr.	Angela Atzori	Care International/Jordan
Dr.	Cristina Profili	WHO/ Jordan
Mrs.	Ghada Abu El-Rous	JRF/Jordan
Dr.	Lina Darras	ARDD/Jordan
Ms.	Reem Abbasi	CVT/Jordan
Dr.	Refqi Ismail	MOH/Jordan
Dr.	Nasser Shuriquie	Jordan
Dr.	Hana Abu-Hassan	Jordan
Dr.	Radwan Banimustafa	Jordan
Dr.	Amjad Jumean	Jordan
Dr.	Ruba Jaber	Jordan
Dr.	Moh'd Shoqeirat	Jordan
Dr.	Tayseer Shawash	Jordan
Dr.	Heyam Dalky	Jordan
Dr.	Manar El Azam	Jordan
Dr.	Zaid Al Kayed	Jordan
Mr.	Majd Soleiti	Jordan



The University of Jordan



SYMPOSIUM:

MODERATOR

Dr. Nasser Shurique: President of the Jordanian Association of Psychiatrists.

PANEL SPEAKERS

Dr. Mustafa Khasawneh: Head of the Law Committee at the Jordanian Parliament.

Prof. Zaid Eyadat: Human Rights Approach to Mental Health.

Mr. Fayez Hamarneh: President of the Jordanian High Judicial Council.

Prof. Wael Al-Delaimy: Chair of the International Joint Policy Committee of Societies of Epidemiology.

Mrs. Wafa Banimustafa: Jordanian Parliament Member and Human Rights Representative.

5th – 7th October, 2017

International Speakers

Dr. Wael Al-Delaiimy, MD & Ph.D. - USA

Professor, Division Chief of Global Health
University of California, San Diego

Dr. Richard Bischoff, Ph.D. - USA

Gwendolyn A. Newkirk Professor of Child, Youth and Family Studies
Department Chair, Child, Youth and Family Studies
University of Nebraska, Lincoln

Dr. James L. Griffith, MD - USA

Leon M. Yochelson Professor and Chair
Department of Psychiatry and Behavioural Sciences
George Washington University, Washington

Dr. Todd Edwards, Ph.D. - USA

Professor & Program Director of Marital and Family Therapy
University of San Diego, San Diego
Voluntary Clinical Professor, Departments of Psychiatry and Family Medicine
University of California, San Diego

Dr. Jo Ellen Patterson, Ph.D. - USA

Professor, Department of Counselling & Marital and Family Therapy
University of San Diego, San Diego
Voluntary Clinical Professor, Departments of Psychiatry and Family Medicine
University of California, San Diego

Dr. Hesham Hamoda, MD - USA

Attending Psychiatrist, Boston Children's Hospital
Assistant Professor, Psychiatry Neuroimaging Laboratory
Harvard Medical School, Boston

Dr. Paul Springer, Ph.D. - USA

Associate Professor, Department of Child, Youth and Family Services
University of Nebraska, Lincoln

Dr. Peter Woodruff, MD, Ph.D. & FRCPsych - Qatar

Professor, Chair of Psychiatry and Medical Director of the Mental Health Service, Hamad Medical Corporation, Qatar
Visiting Professor, Academic Clinical Psychiatry and SCANLab, University of Sheffield, UK

COMMITTEES OF THE CONFERENCE

EXECUTIVE COMMITTEE

Prof. Nathir M. Obeidat

President

Prof. Wael Al-Delaimy

Prof. Jo Ellen Patterson

Dr. Mohammad Rasoul Tarawneh

Dr. Ahmad Bawaneh

Dr. Nasser Shuriquie

Dr. Faisal Khatib

Dr. Hana Abu-Hassan

Dr. Radwan Banimustafa

Dr. Mohammad Shoqeirat

Dr. Ruba Jaber

Mr. Mohammad Bataineh

Mrs. Heba Damra

Mrs. Haifa Mahasneh

SCIENTIFIC COMMITTEE

Prof. Wael Al-Delaimy

Chairperson

Prof. Jo Ellen Patterson

Prof. Farihan Barghouty

Prof. Ayman Hamdan Mansour

Dr. Nasser Shuriquie

Dr. Hana Abu-Hassan

Dr. Radwan Banimustafa

Dr. Mohammad Shoqeirat

Dr. Amjad Jumean

Dr. Nayel Adwan

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Dr. Amjad Shatarat

Dr. Nafeth Abu Tarboosh

Dr. Maysa Khadra

Dr. Nakhle Abu Yaghi

Dr. Adi H. Khassawneh

Dr. Mahmoud Abu Abeeleh

Dr. Ghazi Adwan

Dr. Laith Abbadi

Mrs. Heba Damra

Mrs. Haifa Mahasneh

Mr. Mohammad Bataineh

Mr. Jamil Zawahreh

Mr. Ahmad Masadeh

MAIN DOMAINS OF THE PRELIMINARY SCIENTIFIC PROGRAM

- Mental health in primary care
- Drug abuse and mental health
- Mental health and psychosocial regional challenges
- Ethics, politics and leadership

TARGET AUDIENCE

- Primary Healthcare physicians and Family Physicians
- Psychiatrists interested in prevention and early detection
- Physicians interested in mental health and global mental health
- Psychologists and social workers
- Medical residents and students
- Pharmacists with special interest in mental health
- Nurses with special interest in mental health
- NGO's involved in mental health and psychosocial support
- Mental Health and Primary Healthcare Sectors across all providers
- UN Agencies

HOTEL ACCOMMODATION

Amman Marriott Hotel (5 Stars)

Single \$140

- The above price is inclusive of 10% service charge & 16% sales tax, and
- Buffet Breakfast.
- Should you require other room types, please contact the event managing company.

REGISTRATION FEES

Registration Fees	100 JOD
Residents & Trainees	50 JOD
Medical Students	Free

The Registration fee includes: access to the opening ceremony, the scientific sessions, exhibition, lunches, coffee breaks, a certificate of attendance, and an abstract book with the final program.

The 2 nd Global Mental Health Conference		Opening Ceremony Program	
DAY 1		Thursday 5 th October, 2017	
Bahjat Al-Talhouni Auditorium, The University of Jordan–Amman			
07.30	Registration		
Opening Ceremony Program			
09.00	National Anthem		
09.05	Recitals from the Holy Quran		
09.10	Conference Patronage Address <i>Her Royal Highness Princess Dina Mired</i>		
09.15	Address of the President of The University of Jordan <i>Prof. Azmi Mahafzah</i>		
09.20	Address of the President of the Conference Dean, School of Medicine - The University of Jordan <i>Prof. Nathir M. Obeidat</i>		
09.25	Address of the Chairperson of the Scientific Committee <i>Prof. Wael Al-Delaimy</i>		
09.30	Address of the President of the Jordan Association of Psychiatrists <i>Dr. Nasser Shuriquie</i>		
09.35	Video (filmed at The University of Jordan)		
09.40	Awards Ceremony Master of Ceremony <i>Dr. Hana Abu-Hassan</i>		
10.00-10.30	Opening of the Medical Exhibition Followed by a Coffee Break <i>Sponsored by Cake Shop</i>		
10.30-11.00	Memorial Lecture: “Evolution of Mental Health Services in Jordan” <i>Dr. Adnan Takriti</i>		

The 2nd Global Mental Health Conference	Scientific Program
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DAY 1	Thursday 5th October, 2017
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Bahjat Al-Talhouni Auditorium, The University of Jordan–Amman

Session 1: (11:00-13:20) Mental Health and Psychosocial Challenges in the Region

Moderators: Dr. Nasser Shuriquie, Dr. Hesham Hamoda, Prof. Farihan Barghouti

20 minutes are inclusive of post-talk discussions for each presentation

Time	Topic	Speaker	Country
11:00-11:20	Epidemiology and Research of Mental Illness	Prof. Wael Al-Delaimy	USA
11:20-11:40	Mental Health Among Refugee Populations	Dr. Ahmad Bawaneh	IMC/Jordan
11:40-12:00	Child and Adolescent Psychiatry in Jordan	Dr. Amjad Jumean	Jordan
12:00-12:20	The Problem of Medically Unexplained Symptoms in Primary Care	Dr. James Griffith	USA
12:20-12:40	Mental Health Stigma	Dr. Heyam Dalky	Jordan
12:40-13:00	Mental Health at the Workplace	Dr. Tayseer Shawash	Jordan
13:00-13:20	Highlighting the Gender Disparities In Mental Health Among Syrian Refugees in Jordan	Dr. Lina Darras	ARDD/Jordan
13:20-14:30	Lunch Break (Sponsored by IMC - PRM)		

Session 2: (14:30-16:10) Community Based Mental Health Interventions

Moderators: Prof. Ayman Mansour, Dr. Paul Springer, Prof. Raeda Alqutob

20 minutes are inclusive of post-talk discussions for each presentation

Time	Topic	Speaker	Country
14:30-14:50	School Mental Health as an Example of Community Based Mental Health Interventions	Dr. Hesham Hamoda	USA
14:50-15:10	Psychosocial Interventions at CARE International in Jordan: Methodological Overview and Field-Based Experience for Children Through Writing Therapy	Dr. Angela Atzori	Care International/Jordan
15:10-15:30	Collaborating with Families in Primary Care	Prof. Todd Edwards	USA
15:30-15:50	Holistic Health and Wellbeing	Dr. Radwan Banimustafa	Jordan
15:50-16:10	Jordan River Foundation: A Jordanian Experience	Mrs. Ghada Abu El-Rous	JRF/Jordan
16:10-16:30	Coffee Break (Sponsored by IMC -PRM)		

The 2 nd Global Mental Health Conference		Scientific Program	
DAY 1	Thursday 5 th October, 2017		
Bahjat Al-Talhouni Auditorium, The University of Jordan–Amman			
Session 3: (16:30-17:45) Mental Health and Clinical Care			
Moderators: Prof. Peter Woodruff, Prof. Jo Ellen Patterson, Prof. Amira Masri			
<i>15 minutes are inclusive of post-talk discussions for each presentation</i>			
Time	Topic	Speaker	Country
16:30-16:45	No Relation Between Advanced Parental Age and the Risk of Autism in Jordanian Children	Dr. Amjad Jumean	Jordan
16:45-17:00	Neuroscience Aspect of Mental Health Across the Lifespan	Dr. Mohammad Shoqirat	Jordan
17:00-17:15	Stress in Jordanian Women of Reproductive Age	Dr. Ruba Jaber	Jordan
17:15-17:30	Depression and Burnout Among Health Schools Students at The University of Jordan	Dr. Zaid Al Kayed Mr. Majd Soleiti	Jordan
17:30-17:45	Mental Health Nurses' Perspective of Workplace Violence in Jordanian Mental Health Hospitals	Dr. Manar El Azam	Jordan



The 2nd Global Mental Health Conference	Scientific Program
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DAY 2	Friday 6th October, 2017
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Bahjat Al-Talhouni Auditorium, The University of Jordan–Amman

07.30	Registration
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Session 4: (09:00-10:20) Mental Health approaches

Moderators: Dr. Ahmed Bawaneh, Prof. Todd Edwards, Prof. Nada Yasein

20 minutes are inclusive of post-talk discussions for each presentation

Time	Topic	Speaker	Country
09:00-09:20	Regional Framework for Scale Up of Mental Health	Dr. Cristina Profili	WHO/ Jordan
09:20-09:40	Reorganizing Mental Health Services: Collaborative Care as One Option	Prof. Jo Ellen Patterson	USA
09:40-10:00	Building Resilience When Stressors are Severe and Chronic	Dr. James Griffith	USA
10:00-10:20	Jordan Mental Health Surveillance Interactive Electronic Reporting System (IERS)	Dr. Refqi Ismail	MOH/Jordan
10:20-10:40	Coffee Break (Sponsored by GIZ)		

Session 5: (10:40-12:00) Drug Abuse and Addiction

Moderators: Dr. Amjad Jumean, Dr. Richard Bischoff, Prof. Kamal Hadidi

20 minutes are inclusive of post-talk discussions for each presentation

Time	Topic	Speaker	Country
10:40-11:00	“Free Will”, Mental Illness and Addiction	Prof. Peter Woodruff	Qatar
11:00-11:20	A Profile of Patients with Substance Use Disorders and Treatment Outcomes: A 5-Year Retrospective Study from Al-Rashid Hospital Center	Dr. Nasser Shuriquie	Jordan
11:20-11:40	Drug Use and Mental Health Challenges in Host and Refugee Populations (South Azraq as a Case)	Dr. Hana Abu-Hassan	Jordan
11:40-12:00	Qualitative Experiences of Prescription and Non-prescription Drug Dependent Patients in Jordan	Prof. Mayyada Wazaify	Jordan
12:00-14:00	Friday Prayer		
	Lunch Break (Sponsored by Alrashid Hospital Center Amman)		

The 2 nd Global Mental Health Conference		Scientific Program	
DAY 2		Friday 6 th October, 2017	
Bahjat Al-Talhouni Auditorium, The University of Jordan–Amman			
Session 6: (14:00-15:00) Task sharing			
Moderators: Dr. Fateen Janem, Dr. James Griffith, Dr. Radwan Banimustafa			
<i>20 minutes are inclusive of post-talk discussions for each presentation</i>			
Time	Topic	Speaker	Country
14:00-14:20	BioPsychosocial Rehabilitation of Patients with Mental Illnesses: Local and Global Perspectives	Prof. Ayman Mansour	Jordan
14:20-14:40	Community Capacity Building and Task Sharing in Mental Health 1	Dr. Richard Bischoff	USA
14:40-15:00	Community Capacity Building and Task Sharing in Mental Health 2	Dr. Paul Springer	USA
15:00-15:30	Coffee Break (Sponsored by GIZ)		

Workshops: (15:30-17:00) 2 workshops running simultaneously	
Topic	Speaker
Workshop 1: Collaborative Care Skills	Prof. Jo Ellen Patterson, Prof. Todd Edwards and Dr. Akbar Rahman
Workshop 2: Tele Mental Health for Primary Care	Dr. Paul Springer and Dr. Richard Bischoff



The 2 nd Global Mental Health Conference		Scientific Program	
DAY 3		Saturday 7th October, 2017	
Bahjat Al-Talhouni Auditorium, The University of Jordan–Amman			
Session 7: (09:00-10:30) Human Rights in Mental Health			
Moderators: Prof. Wael Al-Delaimy, Prof. Zaid Eyadat			
<i>20 minutes are inclusive of post-talk discussions for each presentation</i>			
Time	Topic	Speaker	Country
09:00-09:20	The Stigma Enigma: Uncovering the Structural and Social Obstacles of Mental Health Treatment in Jordan	Prof. Zaid Eyadat	Jordan/USA
09:20-09:40	Refugee Rights to Access Trauma Rehabilitation Services	Ms. Reem Abbasi	CVT/Jordan
09:40-10:00	Human Rights and Mental Health	Dr. Nasser Shuriquie	Jordan
10:00-10:30	Poster Parade Followed by 'Best Poster Award'		
10:30-11:00	Coffee Break (Sponsored by Alrashid Hospital Center Amman)		
Symposium: (11:00-13:00) Towards a Mental Health Act in Jordan			
Moderator: Dr. Nasser Shuriquie			
13:00-13:30	<u>CLOSING REMARKS</u> President of the Conference, <i>Prof. Nathir M. Obeidat</i> Chairman of the Scientific Committee, <i>Prof. Wael Al-Delaimy</i>		
13.30	Lunch (Sponsored by IMC - PRM)		

ACKNOWLEDGMENTS

The Executive Committee would like to express its gratitude for the following governmental and non-governmental organizations, private agencies and pharmaceutical companies for their most valuable support, contribution and assistance into making The 2nd Global Mental Health Conference a successful learning and networking event.

Special Thanks to:

- Her Royal Highness Princess Dina Mired, President Elect Union for International Cancer Control (UICC)
- Ministry of Health
- The University of Jordan
- Alrashid Hospital Center Amman
- International Medical Corps - PRM
- GIZ
- JANSSEN
- Novartis
- ASTRA ZENECA
- Trust Drug Store
- Cake Shop
- Jordan Valley Conferences and Exhibitions Services



Abstracts

5th – 7th October, 2017



The University of Jordan



كلية الطب
School of Medicine



Presenter: Prof. Wael Al-Delaimy

University of California San Diego

ETHICS OF RESEARCH IN MENTAL HEALTH

Mental health is becoming a global public health issue but most of the data and research on this topic is available from the Western developed countries and scarce data exists from less developed countries. The aim of this presentation will be to present the challenges in research in mental health and what are the ethically appropriate approaches in mental health research. Literature will be presented about challenges of mental health research in relation to accuracy of reporting by those with mental illnesses, the stigma that prevents proper detection and diagnosis, the different presentations and misdiagnosis of these illnesses, and the requirements for preserving privacy and confidentiality in conducting research relevant to mental illness. Possible approaches of overcoming these challenges in Jordan and the less developed countries will be discussed.

Presenter: Dr. Ahmad Bawaneh

Director of Programs at International Medical Corps, Chair of MHPSS working group for Jordan

International Medical Corps

Mental Health Among Refugee Populations

(Syrian refugees as case study)

The conflict in Syria is currently in its seventh year and 13.5 million of its people are in need of humanitarian assistance, including 7.2 million people with protection needs. In Jordan, Jordanians represent 69.4% of the total population (6,613,587), while non-Jordanians account for approximately 30%. According to UNHCR, as of 30, June 2017, there were 3.8% (24,822) older Syrian persons, 45.2% (298,980) Syrian adults and 51.0% (337,034) Syrian children or youth under the age of 17 (UNHCR, Information Sharing Portal, 2017)

According to IMC assessment conducted in July 2017, many problems and stressors faced in the Syrian community were well evidenced in the literature reviewed. Compared to other demographics (e.g., older adults, adult males, adult females), children and youth were identified as being most affected 73.5% of the time. In adults, family tension was expressed as a problem by both men and women. For men, a concern was financial conflict and struggles. For women, most of the problems and stressors were related to mental distress, the experience of discrimination, and demands of raising children. For the Syrian population currently residing in Jordan, economic instability was found to be a source of great concern for both adult males and females, causing to decline in mental well-being and capacity to care for young children and older adults, particularly in light of the protracted nature of the crisis. Stigmatizing perceptions of individuals and families facing mental health issues were frequently expressed by mental health patients, representing a significant deterrent and barrier to seeking help and accessing services.

Increase awareness about mental health issues with a goal toward reducing stigmatization and encouraging those in need of help to access available services. Integrated MHPSS services are highly recommended especially for children.

Presenter: Dr. James Griffith, M.D.

Department of Psychiatry and Behavioral Science

George Washington University School of Medicine and Health Sciences

Patients with Medically-Unexplained Physical Symptoms

Patients can seek treatment for somatic symptoms that include fatigue, pains, dizziness, headaches, or other neurological symptoms, yet physical examinations and laboratory tests fail to reveal any disease as cause for the symptoms. Medically-unexplained symptoms often are a consequence of hidden emotional distress in the patient's life. Such patients often feel trapped in an "unspeakable dilemma" with unbearable suffering but feel it to be too unsafe or too shameful to reveal to others their dilemma. This presentation will describe a diagnostic evaluation that can reveal accurately the underlying emotional distress and guide interventions to ameliorate this distress.

Presenter: Dr. Heyam Dalky, Ph.D. RN

Associate Professor, Department of Community/Mental Health Nursing

Faculty of Nursing, Jordan University of Science & Technology

Authors: Dr. Heyam Dalky, Dr. Hana Abu-Hassan

**Stigma Perception and Attitudes of Patients and Healthcare Professionals Toward Providing
Mental Health Services in Primary Health Care Centers**

Background: Several reports have come out highlighting the importance of mental health disorders, statistics generally do show that the prevalence of mental health disorders is more or less the same in different countries. Unfortunately, due to fewer statistics coming out of the MENA region on the prevalence of depression, and that is majorly due to stigma and the lack of screening at primary healthcare settings; the numbers coming out of our region tend to be lower in that context. The MENA region is not the only place that does have the stigma.

Aims: In our study, we would like to shed a light on the stigma and discrimination patients with mental illness or healthcare professionals might have while dealing with mental health disorders in the professional context and in their social lives.

Methods: Cross-sectional design will be utilized to attain the study aims. Participants will be approached in primary health care settings located in Northern and middle Jordan. Patients attending out-patient mental health clinics will be asked to take part in the study upon their approvals. The MICA, MAKS, RIBS and DISC scales will be used to collect information about attitudes, knowledge, behavioral responses, and stigma experience among both groups (patients and staff). Scales are in English and will be provided via email or paper-based for the health professional. Arabic version of scales applied to patients group will be provided and validated as suggested. Descriptive inferential statistical tests will be applied as appropriate to analyze data according to its level of measurement.

Results of this study will be used as basis for future application of Anti-stigma or mental health awareness training programs.

Presenter: Dr. Tayseer Elias Shawash Ph.D.
Clinical Psychologist

Al-Rashid Hospital Center - Amman, Jordan

Mental Health Among Health Professional Employees

Role of stress severity

Purpose: The study aimed to identify the relationship between severity of stress ,psychophysiological reaction and mental health among three groups of health professionals: Doctors, Nurses and Paramedical Staff.

Method: The total number of participants are 245(80 Doctors),81Nurses and 84 paramedical staff. To fulfill the purpose of this study two tests were used:

1- Stress Scale for Health professionals (SSHP).

The scale has two factors, sources of stress and psychophysiological factors.

2-Arabic version of Mental health scale (28)items

Result:-

Comparing the three groups in rating severity of stress and psychophysiological sub scale using one way ANOVA showed that the paramedical group scored significantly higher in rating severity of stress and psychophysiological symptoms than doctors and nurses.

However, Nurses scored significantly higher than doctors on both factors

Comparing Six differences within all groups in rating severity did not reflect significant differences.

Also, result revealed that the three groups showed slight differences in two out of for dimension of Mental health scale mainly on anxiety responses and depression reaction.

Conclusion:

The paramedical staff was influenced negatively more than doctors and nurses. This mean that the paramedical staff and nurses are exposed to higher rate of stress .Therefor they require more attention to overcome sources of stressors.

Presenter: Dr. Lina Darras

ARDD / Legal Aid Organization

Highlighting the Gender Disparities in Mental Health Among Syrian Refugees in Jordan

Conflict environments, as well as the devastating realities can present significant threats to an individual's mental health. Refugees often experience feelings of anxiety, fear, hopelessness and even psychological trauma. It is important recognize, however, that notable gender differences exist regarding mental health and mental health support services, particularly: vulnerability to and manifestation of mental health challenges; access to and quality of mental health support; as well as how one is affected by living with an individual suffering from mental health challenges. Despite the large number of Non-Profit Organizations providing free mental health services to refugees, not everyone has equal access to these services. This paper examines the gender differences regarding mental health as well as the gender differences in mental health seeking behaviour among Syrian refugees in Jordan. It highlights the different gender dimensions of mental health among Syrian refugees in Jordan including risk factors, access and use of mental health services, manifestation of mental health and psychosocial problems, and treatment by mental-health workers, It highlights the different factors that may affect these differences such as biological factors, socio-cultural norms and the different ways psychosocial problems manifest from data gathered by different organizations since the Syrian Crisis began. The main key findings showed that Society and culture and the prescribed gender roles can sometimes trigger mental health challenges, the shift in gender roles which has led to some women having to work in order to sustain the family, also presents a new challenge to the mental wellbeing for both men-boys and women-girls. Moreover gender differences also exist in the ability to seek and access treatment as well as the quality of treatment; refugees may have limited access to these services due to mobility and cost of transportation.

Mental health challenges not only impact the individuals suffering from them, but other members of their household. Men and women are affected differently when it comes to the socio-economic outcomes of living with an individual suffering from mental illness.

This paper was sent to submission in Intervention International Journal on April 2017.



The University of Jordan



كلية الطب
School of Medicine



Presenter: Dr. Hesham Hamoda, MD, MPH
Harvard University and Boston Children's Hospital

School Mental Health as an Example of Community Based Mental Health Interventions

It is estimated that 10-20% of children globally are affected by a mental health problem. Child mental health has been identified as a priority within the WHO's Eastern Mediterranean Region (WHO EMRO). Following consultations with international and regional experts and stakeholders, WHO EMRO developed an evidence-based manualized School Mental Health Program (EMRO-SMHP). This session will discuss the EMRO SMHP as an opportunity for scaled community based mental health interventions. A compelling case will be made for schools' investments in the mental health of their students and the impact of such investment on students (emotionally, socially, academically), schools (including teachers' satisfaction) and on society as a whole (including crime rates etc). We will present data on promotion and prevention in school settings, what makes for a good teacher and a good school and core values of mental health promoting schools. Basic interventions for children with specific mental health issues will also be presented. In this presentation we will also discuss challenges in implementing and evaluating such program.



Presenter: Dr. Angela Atzori

CARE international in Jordan

Authors: Angela Atzori, Mariam Al-Salahat, Noor Said, Dua'a Naji, Maysam Abu Quty, Manar AlShqerat, Wa'ed Al Mnaizel

Psychosocial interventions at CARE International in Jordan: Methodological Overview and Field-based Experience for Children through Writing Therapy

CARE International has been active in Jordan since 1949, providing assistance to the people of Jordan, and to Palestinian, Iraqi, and Syrian refugees. CARE operates through four community centres in East Amman, Zarqa, Irbid and Mafraq, and also provides services in Azraq local partner CBOs. At the core of CARE's humanitarian interventions, CARE's Urban Protection Programme ensures a holistic response to the needs of most vulnerable communities in Jordan through: mass information sharing; vulnerability and in-depth assessments; care plans and referrals; and support services including cash assistance, psychosocial support and livelihoods. CARE's interventions and beneficiaries are systematically recorded and analyzed through a Central Database System, which is CARE's fundamental resource for needs-based and results-oriented programming, monitoring and evaluation.

Psychosocial support (PSS) is provided to the most vulnerable based on the outcomes of CARE's consolidated vulnerability and in-depth assessments and it is part of a comprehensive care plan which is designed by CARE's Case Managers in close collaboration with beneficiaries. CARE's PSS interventions target the levels 1-3 of the pyramid for mental health (IASC, 2007) and concurrently contribute to: strengthen of self-esteem and social empowerment; reduce psychological distress and enhance psychosocial wellbeing; improve coping mechanisms to deal with the effects of displacement or daily life stressors; and support family and community cohesion at large.

CARE's expanding area of intervention targets children's protection through the combined use of Conditional Cash Assistance for Education and Psychosocial Support. PSS interventions target vulnerable children and their families and include: awareness sessions on the importance of education; parenting support groups and groups counselling for children through CARE's Writing Therapy. This group counselling is a five session experience that gives the children the opportunity to meet, express uncomfortable feelings and elaborate coping mechanisms through the creation of a personal diary. The focus lies on feelings, social support, lifeline and expression of internal and external resources, with prospective development of future plans and a closure.



The University of Jordan



كلية الطب
School of Medicine



Presenter: Dr. Todd M. Edwards, Ph.D.
Marital and Family Therapy Program
University of San Diego
Divisions of Global Health and Family Medicine
UCSD School of Medicine

Collaborating with Families in Primary Care

Clinicians who work with mental health issues from a family perspective share the belief that seeing individuals – both children and adults – in isolation is limiting and ignores, minimizes, or discounts the importance of relationships as both resources for health and as risk factors for illness. A systems or *relational* approach means seeing families as the bearers of the cultures they come from and their own unique cultures (Di Nicola, 1997).

Some clinicians are uneasy about meeting with family members except for the gathering of historical information. The unease is related to multiple issues, including managing a meeting with multiple people who have a variety of perspectives and expectations, and a possible perception from family members that they're being blamed for the problem. This presentation will highlight the importance of incorporating family knowledge, beliefs, and resources into patient care. In addition, practical strategies to engage family members will be provided.

Presenter: Dr. Radwan A. Banimustafa MD
Associate Professor of Psychiatry
Medical School and University Hospital / The University of Jordan

Holistic approach to health and wellbeing

Health is difficult to define but easier to understand. To many of us it may mean absence of disease or infirmity and to many it may mean sound body and sound mind and sound function of the body. WHO defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO1948) and the extent to which an individual or groups able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living: it is a positive concept, emphasizing social and personal resources as well as physical capabilities (WHO 1984).

WHO constitution emphasizes the fact that there is no health without mental health. The combination of both dimensions of health will result in a state of wellness of individuals. The collaboration of health care providers and planers, politicians and psychosocial scientists aim at achieving a state of wellness in the community.

Wellness and wellbeing is a dynamic process this changing continuously. Well person usually has some degree of illness and ill person has some degree of wellness. According to Dunn 1961, high level of wellness is functioning to one's maximum health potential while remaining in balance with the environment.

The seven components of wellness are; environmental, occupational, intellectual, spiritual, emotional, physical and social.

Different aspects of health and wellness will be discussed in the presentation.

Presenter: Mrs. Ghada Abu El-Rous

Jordan River Foundation/Child Safety Program

JRF Experience in the Center Based Intervention

JRF envisions a Jordan where solutions are homegrown, where the opportunity to prosper is for all, and where the well-being of our children shapes our future.

The Child Safety Program (CSP) was **launched by HM Queen Rania Al Abdullah in 1997 with key objectives to:**

- (a) Secure child protection and the safety of children, and
 - (b) Enhance positive child-rearing practices
- CSP serves as a **reference point**, at the national level, on capacity building activities in the fields of child safety and child abuse.
 - CSP is built on the **active participation and engagement of all stakeholders** who work with children and tackles the issue of child safety through activities that address both **prevention and intervention measures**.

QR FCC - A HUB FOR CHILD SAFETY ACTIVITIES:

- **Strengthen positive family dynamics** and relations, to foster the families positive functions, & sustain stimulating environment for children
- **Empower community members with skills** needed to protect children against abuse and to promote developmentally appropriate practices.
- **Promote understanding** of child protection and child safety amongst children in interactive simple activities
- At Queen Rania for Family & Child Center/QR FCC, **diversified approaches are developed** to support **dynamic families** and affect attitudes and behaviors, such as:

The Approach adopted:

- **Blended learning approach** (interactive sessions, community of practice/Adult learning, social media, reflections) inquiry based learning
- **Creating education action zones** inside the Family Center
- **Regular Needs Analysis/Responsiveness** to community needs & challenges facing host communities.

Presenter: Dr. Amjad A. Jumean

Authors: Dr. Amjad A. Jumean MRCPsych, Dr. Hussein H. Dmour MD, Dr. Hussein M. Al-Said MD

No relation between advanced parental age and the risk of autism in Jordanian children

Objectives and methods To examine the relationship between advancing parental age, at the time of conception of offspring, and their risk of Autism in Jordan, a multicenter descriptive correlational study, conducted in the period between the 1st of Aug 2010 and the 1st of Jan 2011, we included all registered cases of Autism in eleven specialized centers dealing with autistic children, recognized by The National Council for Family Affairs, The Ministry of Education, and The Ministry of Social Affairs, from Irbid in the north to Aqaba in the south.

In the present study, we investigated the association of autism with parental age in 229 Autism cases from Jordan.

Patients were fulfilling the **Diagnostic and Statistical Manual of Mental Disorders** and the **International Statistical Classification of Diseases and Related Health Problems 10th Revision**, criteria for the diagnosis of Autism.

The **Statistical Package for the Social Sciences version 10** programs were used to analyze the data; Non-Parametric tests; **χ^2 test**, and frequencies were applied to analyze the relation between parental age at the time of conception and the risk of autism. Statistically significant results were those with a **P-value < 0.05**.

Results There was no significant increase in the risk of Autism with advancing parental age.

Moreover, Autism was more frequent in the offspring of parents aged (25-35) years at the time of conception.

In the majority of cases 127/229 (**55.46%**); paternal age at the time of conception ranked in the age group of (25-35) years old, **$\chi^2 = 181.463$, $df = 3$** , which was found to be of highly statistical significance with a **P-value of < 0.0001**.

Maternal age at the time of conception also ranked in the age group of (25-35) years, 134/229 (**58.51%**), **$\chi^2 = 71.642$, $df = 2$** , it was highly statistically significant with a **P-value of < 0.0001**.

Conclusion Reports on Autism and parental age have yielded conflicting results on whether maternal age, paternal age, or both contribute to the increased risk of Autism.

In our study, these different results may be attributed to the younger age at marriage and/or conception and due to the increased birth rates in our country compared to other western countries where advanced parental age was found to significantly increase the risk of Autism.

Presenter: Dr. Mohammad Shoqeirat

Neuroscience Aspect of Mental Health across the life span

Neuropsychiatric disorders vary in prevalence, base rates, types of impairments, and functional changes over the course of a person's lifespan. The effects of these disorders could be immediate or late and also the expected outcomes are different.

This presentation will provide an overview of the important issues, concepts, and processes involved in a lifespan approach to understanding and managing neuropsychiatric (neurobehavioral) disorders from birth to death. Brief case examples of children and adults with attention-deficit/hyperactivity disorder and traumatic brain injury illustrate the effects and needs of patients with developmental and acquired disorders at different ages and phases in life. It is hoped that practitioners can benefit from using a lifespan perspective whether the focus is on pediatric, adult, or geriatric conditions.



Presenter: Dr. Ruba Jaber
Family Medicine Consultant at The University of Jordan

Author: Hana Abu-Hassan, Ali Zeer, Saif AlRyalat, Ruba M. Jaber

Stress in Jordanian Women of Reproductive Age

Psychological stress is quite a common experience of humans' everyday life. Women in reproductive age generally have several obstetric and gynecological aspects that affect and affected by psychological stress. This study aims to study both how stress affect obstetric and gynecological factors and how these factors affect the stress in a Jordanian female in reproductive age.

Methods

Data were collected in a cross-sectional design between February 2015 and November 2015 at the Family Medicine walk-in practice located at Jordan University Hospital in Amman, Jordan. All adolescent and middle-age looking female visitors were approached and screened for inclusion criteria eligibility. We used Perceived Stress Scale (PSS) to quantify the level of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Then we included a section to measure gynecological and obstetric factors including premenstrual symptoms. Finally, we used Last scale to assess the effect of menses on daily living.

Results

The questionnaire was distributed on 184 women. Of those, 179 women completed the questionnaire. Around 60% of our sample had a PSS score of 21-30 (the maximum score is 40). The relation of PSS score and PMS was significant ($p < 0.001$), as the average PSS score for women who have severe PMS (mean = 21.57, SD = 3.74) and moderate PMS symptoms (mean = 19.27, SD = 5.72) were significantly higher than women who have mild PMS symptoms (mean = 14.94, SD = 4.62). Women with higher PSS score had higher mean Last score.

Women with more children have lower PSS scores and milder PMS symptoms. On the other hand, having more children associated negatively with performing daily activities, relationship with family, and relationship with others.

Conclusion

In this study, we have shown that premenstrual symptoms severity effect stress perception in Jordanian women. We have also shown that higher stress will have significantly negative effect on daily activities. Regarding parity, having more children will decrease stress perception and premenstrual symptoms, but will negatively affect relationship with family and others, and the performance of daily activities.

Presenter: Dr. Zaid Al Kayed & Mr. Majd Soleiti

Depression and Burnout among health schools students at The University of Jordan

Methodology: A three-page survey was distributed to students of health schools in The University of Jordan. The survey contained demographics, the Patient Health Questioner 9 (PHQ9) for depression, and the Maslach Burnout Inventory – Student Survey (MBI-SS) for burnout. Both Arabic and English versions were available. The PHQ9 has a validated Arabic version. The MBI-SS was translated by the researches and confirmed by bilingual translators, and a pilot study was also done to ensure the validity of the translated version. The data were entered and preliminarily analyzed using Excel 2010 software.

Results: Over 1000 students (females = 72%, males = 28%) participated in the study from the aforementioned schools. International students accounted for about 10% of the sample.

33% of students report they are not in the specialty of their choosing, and another 24% report they spend 3 hours or less a week doing extracurricular activities.

The overall prevalence of depression in the sample was 55%, using a cutoff point of 10. The overall prevalence of what is considered a "red flag" score which requires intervention was 28%, using a cutoff point of 15. Students from the School of Medicine had the lowest depression prevalence (48%) compared to other schools. The average burnout scores in the overall sample were 22/30 in Emotional Exhaustion, 15/30 in Cynicism, 21/36 in Competence (high levels of burnout). The School of Medicine scores did not vary from the overall scores in all dimensions of burnout.

Conclusion: There is a need to address the issue of students' choice of specialty and their access to them. The prevalence of depression is higher among health schools in University of Jordan students than international estimates (27%). This raises the need for further research to analyze the reasons for this phenomenon and to compare with different schools in the same University. Furthermore, qualified personnel are needed to provide help and care to students who require it. Also the burnout scores indicate the need to revise the workload put on students, and to assess through further research the methods students use to cope with stress.

Presenter: Dr. Manar El Azam

Mental health nurses' perspective of workplace violence in Jordanian mental health hospitals

Purpose: the purpose was to assess the mental health nurses' perspectives of workplace violence in mental health departments in Jordan.

Design and Methods: A cross-sectional correlation study was utilized to address the study's purposes. Data were collected using self-reported questionnaires from nurses working in governmental mental health departments in Jordan.

Findings The findings indicated that 80% of the respondents were victims of at least one violent act in the last two years. Verbal abuse was the most indicated type of violence. Patients were considered the main source of violence.

Practice implications: policies and legislations addressing workplace violence should be implemented, and nurses should be trained on using such policies. Hospital managers should create safe work environment by enforcing effective security measures and maintaining adequate staffing.



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Presenter: Jo Ellen Patterson, Ph.D.

**University of San Diego
Counseling and Marriage and Family Therapy
UCSD School of Medicine
Global Health, Family Medicine and Psychiatry**

Reorganizing Mental Health Service Delivery: Collaborative Care in Primary Care

In recent years, mental health services have been integrated into primary care in the USA. Evidence suggests that most patients never see a mental health professional for psychological concerns even if they have access to specialty mental health care. Instead, patients visit their primary care doctors and often present with somatic complaints. This trend is especially true for vulnerable patients such as the elderly, children, and the poor. Common mental health problems such as depression and anxiety can be treated in primary care and sometimes early treatment can prevent patients from becoming more ill.

In this presentation, ideas about reorganizing mental health services will be discussed. Then several collaborative care (CC) models used in the USA will be presented including the UCSD/USD model. Common traits of CC as well as variation in models will be described. In addition, collaborative care initiatives in other parts of the world will be briefly described. Later in the conference, Dr. Edwards and Dr. Patterson will conduct a workshop that highlights the mix of clinical, operational, and financial factors that must be coordinated to create CC. Also, during the workshop, clinical skills used in collaborative care will be shown.



The University of Jordan



كلية الطب
School of Medicine



Presenter: James Griffith, M.D.

Department of Psychiatry and Behavioral Science

George Washington University School of Medicine and Health Sciences

Distinguishing Demoralization from Depression in Primary Care

Patients who appear sad or dispirited can have difficult lives due to financial problems, conflictual relationships, job dissatisfaction, or other stressful circumstances. Demoralization refers to the helplessness, hopelessness, confusion, and incompetence that people feel when sensing that they are failing to cope effectively. Demoralization is not a mental illness but rather a normal human response to overwhelming circumstances. Demoralization does not improve with antidepressant medications, but can improve by reducing stressors, adopting active coping strategies, and strengthening relational support. Depression, however, often requires medication and/or psychotherapy specifically designed to treat depression. This presentation will discuss how to distinguish demoralization as “normal suffering” from depression as a mental illness and how each can be effectively treated.

5th – 7th October, 2017

Presenter: Dr. Refqi Ismail.

Ministry of Health, Jordan

Jordan Mental Health Surveillance

Interactive Electronic Reporting System (IERS)

Background: A national public health surveillance project was initiated in Jordan in April 2015 that introduces case-based, integrated disease surveillance of Mental Health, Non communicable diseases, Communicable diseases, Health of expatriates and chests (case-base), Preparedness for pandemic influenza and Monitoring events for communicable diseases (event-base). And is programmed using mobile technology and an online framework.

Additional clinical decision support is available to the clinician during the consultation, including the essential medicines list for prescribing and clinical algorithms of integrated management.

Information is coded using ICD-10 and made available within one hour via an online framework with automated generation of SMS and email alerts, support for mapping and reporting functions, and can be accessed at all levels of MOH.

Objectives: To monitor the status and functioning of the national health system.

to monitor the epidemiology of priority mental health disorders among Jordanian and non Jordanian.

Areas of IERS in the Ministry of Health:

1. Mental health (case-base.)
2. mhGAP algorithm (mental health gap action programme).
3. Non-communicable diseases (case-base).
4. Health of expatriates and chests diseases) case-base.)
5. Communicable diseases (case-base).

6. SARI surveillance (severe acute respiratory infection).
7. Event Based Surveillance (EBS).
8. IMCI algorithm (integrated management of childhood illness).

Reporting Mechanism:

By filling the required data on the tablet directly or at the end of the day.

Make sure to compare the number of cases reported from the doctor's record in the clinic daily and reviewed monthly

Real-time, integrated, case based disease surveillance

Reporting from: primary level, secondary care and tertiary level

Component of data entry: Gathering data on the auditors of mental health centers and clinics in the Kingdom: Demographic Information (Social, Scientific), Past and history (psychiatric, pathological, family history, medicines and substances used, allergies).

Current complaint and diagnosis: Analysis of the data of the reviewers to determine the prevalence of mental health diseases according to different variables to start building a database on mental health diseases

Current reporting challenges:

- ✓ Change of staff (transfer, retirement).
- ✓ The continuous need to train staff.
- ✓ Difference between registers and reporting.

Presenter: Dr. Peter W.R. Woodruff

Chair of Psychiatry, Hamad Medical Corporation

'Free will', mental illness and addiction.

Introduction: Many mental illnesses, including addiction, present late to general practitioners. However, understanding predictors may help early detection and treatment of these complex disorders and hence improve outcome.

Jean-Jacques Rousseau's statement "Man is born free, and everywhere is in chains", accepts that we are constrained in our 'freedom to act' and ability to 'act freely'. The freedom to choose may not be accompanied by the freedom to act. One may be able to 'do what you want' but not 'choose what you want', e.g. as in addiction. We may assume that a person made a free choice (and is responsible) to behave in that way. But are we really 'free' to make choices? What is 'free will' and how is this constrained in mental illness and addiction?

Objectives: The work discusses volition and mental illness with evidence from Philosophy, Clinical Psychiatry and Neuroscience to equip all mental health professionals with an understanding of how volition arises, its boundaries and relevance to mental illness and responsibility for action.

Aims and Hypotheses: The presentation aims to explore the limits of free will. The overall hypothesis is that free will exists and has a neurobiological basis that underpins aspects of changed mental states.

Methods: The talk uses a selective review of the literature drawn from Psychiatry, Philosophy and Neuroscience.

Results: Evidence supports the view that gene-environmental interactions produce phenotypes (e.g. brain synaptic connectivity) that underpin behaviour, mental states and influence how 'free' the will is to act. Further, neuroimaging and phenomenology evidence supports the idea that we 'generate' a reality by making inferences about the world that sometimes do not conform to objective reality, e.g. illusions and hallucinations. Benjamin Libet and other neuroscientists provide evidence that the brain 'decides' upon actions before we are consciously aware of them. These experiments shed light on understanding motivation, volition and responsibility for action, and the constraints of free will in health and mental illness.

Conclusions: Implications of all these considerations will be discussed in relation to: 1. understanding precursors of mental illness and addiction, 2. the ability to detect signs early of illness, 3. informing the appropriate use of compulsory treatment, with the intention of maximizing our patient's ability to exercise their free will within the constraints of their illness.

Presenter: Dr. Nasser Shuriquie

Consultant Psychiatrist, Alrashid Hospital Centre

A Profile of Patients with Substance Use Disorders and Treatment Outcomes:

A 5-year retrospective study from Al-Rashid Hospital Center

The objective of our study is to analyze data from patients who were admitted to Al-Rashid Hospital Center to describe the demographical data of addiction patients and examine the trends of substance use disorders over the last five years.

Data was collected during a five-year period from patients' records admitted to Al-Rashid Hospital Center (from 2012 to 2016) to study socio-demographic characteristics and patterns of substance use disorders. The study included data on all addiction patients assessed and admitted to the Al-Rashid Hospital Center from 2012 till 2016. All data were collected confidentially using file numbers with no personal identifiers (e.g. name or address).

Drug use pattern:

The main reported substance abuse was THC (29%), whereas other drugs such as Benzodiazepines (17%), Amphetamines (16%), Alcohol (15%), Opioids (12%) and Cocaine (1%). The remaining drugs included Synthetic Cannabis K2 (7%) and Pregabalin (3%). Since 2013 there has been a decrease in the use of Alcohol and increase in the use of both Synthetic Cannabis K2 and Pregabalin. In 2015 and 2016 there has been a drastic increase in the use of Tramadol than Heroin.

Presenter: Dr. Hana Abu-Hassan

Assistant Professor University of Jordan, School of Medicine.

Voluntary Assistant Professor, Family Medicine Department, University of California San Diego

Authors: Dr. Hana Abu-Hassan, Dr. Aneelraj Dhandapani

Drug Use and MH Challenges in Host and Refugee Populations

(South Azraq as a Case)

The Azraq camp has been home to the conflict affected Syrian refugees for the last couple of years and this has led to a complex humanitarian setting in South Azraq. There have been both physical and mental health consequences to this refugee crisis on both host and refugee communities. In this background, we have attempted understanding the psychosocial consequences, the stress and coping of these individuals. As the resources are sparse, we initially targeted the vulnerable groups, being children in both host and refugee communities.

It has been noted across the globe that in humanitarian emergencies and disasters the rates of substance abuse increase significantly. Moreover, there has been no systematic literature regarding the magnitude and effects of substance abuse in South Azraq. Rapid assessments of the current substance abuse pattern using the key informant interview has provided us with valuable insights into the magnitude of the problem and potential areas in which interventions can be done. The findings from this study are and would help: assess drug use and its relevant health ripples, alert governments or policy makers regarding the need to intervene, build alliances between community groups and health organizations, identify appropriate interventions (at the individual, community and structural level), indicate obstacles to interventions, test their feasibility and help implement and assess them longitudinally. In summary, our study findings would assist in the development of public health interventions for drug problems in South Azraq and hopefully extend to our region.



The University of Jordan



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School of Medicine

GLOBAL MENTAL HEALTH INITIATIVE



Presenters: Dr. Mayyada Wazaify

Department of Biopharmaceutics and Clinical Pharmacy, School of Pharmacy

The University of Jordan (UJ), Amman, Jordan

Authors: Mayyada Wazaify, Nour Al-Husein, Jenny Scott

Qualitative Experiences of Prescription and Nonprescription Drug

Dependent Patients in Jordan

The abuse (consumption for psychoactive effect) and misuse (consumption that does not comply with professional advice or manufacturers guidance) of prescription and non-prescription medicines (ie-Over-The-Counter drugs) is an area of concern in many countries.

In Jordan, although drug classification and laws pertaining to drug dispensing are similar to those of the West, however, these laws are not strictly enforced in community pharmacies. A patient can buy any medication without a prescription, with the exception of controlled narcotics and major tranquilizers (e.g., benzodiazepines), which can only be dispensed after receipt of a prescription signed by a registered physician. Moreover, prescribing and dispensing practice of medications is governed by legislations, however, deviations do happen, which may contribute to the problem of prescription and non-prescription drug abuse. This study aimed to explore the experiences of dependent people who abused prescription and non-prescription medicines in relation to their use of community pharmacies or “*doctor-shopping*”. The study adopted the qualitative design using semi-structured, audio-recorded interviews to describe the lived experiences of participants and to provide descriptive understanding of their habits. Participants were recruited through the Addiction Treatment Centre in Amman. The study proposal got approved by The IRB at The Jordan University Hospital (JUH). The data was managed using the software program QSR NVivo 11 Starter. Data was analyzed using modified grounded theory technique. Data saturation was achieved after 16 interviews (Age 21-39 y/o; all male). Main drugs of abuse involved alprazolam, clonazepam, diazepam, procyclidine, tramadol and bromazepam in addition to street drugs. Different themes have emerged during the interviews. In 7/16 participants, the community pharmacy was the main source of purchase. However, physicians and nurses were also reported by the interviewees to have contributed to drug abuse for different reasons.

Presenter: Ayman M. Hamdan-Mansour

**Professor, Mental Health Nursing
School of Nursing, the University of Jordan**

Biopsychosocial Rehabilitation of Patients with Mental Illnesses: Local and Global Perspectives

Many countries around the world attempt to reform mental health structure, care delivery and treatment plans. The biopsychosocial model has been proposed as one significant firework that integrates understanding of the interaction of biological factors, psychological factors and social ones of mental illnesses' causes and treatment approaches. Biopsychosocial rehabilitation allows integrating traditional with prevailing treatment imperatives of pharmacotherapy, supervision, and security and safety. The biopsychosocial rehabilitation applies to all disciplines ranging from medicine to psychology to sociology. It focuses and enhances individual's strengths and abilities, rather than being totally dependents on others. Biopsychosocial rehabilitation providers work in partnership to provide structured, goal-focused, individually tailored services at a level of intensity and duration appropriate to the consumer's needs. Using biopsychosocial model of rehabilitation allows people with mental illnesses to receive care at variety of settings; acute, long-term and person's own home. The core component of biopsychosocial rehabilitation relies many on adopting the humanistic rather than humanitarian approach; where ethical and scientific positions form the background of treatment plans. Biopsychosocial rehabilitation should be adopted as public health policy, and mental health agencies and professional should acknowledge the long-term benefits on customers and mental health services outcomes.



The University of Jordan



كلية الطب
School of Medicine

GLOBAL MENTAL HEALTH INITIATIVE



Presenters:

Richard J. Bischoff, Ph.D.

Paul Springer, Ph.D.

University of Nebraska – Lincoln

Task Shifting to Expand Reach and Impact in Mental Health Wellbeing

Mental and behavioral health problems are a global concern. At any point in time, it is estimated that up to 10 percent of the world population has a mental health disorder. Most of these disorders go undiagnosed and untreated because there is not a sufficient number of mental health providers or medical providers trained in mental health care worldwide to address these health concerns. According to the WHO, Jordan has been identified as a country “in need of intense support for strengthening the mental health system.” It is also primed for impact in that it was the first country worldwide to implement the WHO’s mental health action programme (mhGAP). One evidence-based strategy that has proven effective in areas where there are limited numbers of mental health providers is task shifting, which is the selective shifting of task normally performed by mental health providers to non-professionals. These non-professionals often come from among the community being served, thus increasing the acceptability of mental health treatments. Through this presentation we will discuss the key elements of task shifting and how it can be implemented in Jordan to address mental health care disparities.

5th – 7th October, 2017



The University of Jordan



كلية الطب
School of Medicine



Presenters:

Paul Springer, Ph.D.

Richard J. Bischoff, Ph.D.

University of Nebraska-Lincoln

Overcoming Mental Health disparities through Community Capacity Building

There are huge disparities worldwide in access to mental health care. While statistics suggest that 1 in 10 people worldwide has a mental disorder, the accessibility and availability of mental health care is severely lacking from country to country. For example, more than 45% of the world's population has fewer than 1 psychiatrist per 100,000 population, whereas the United States has 12.4 per 100,000. Even in high income countries such as the United States huge disparities exist in rural underserved communities that are a result of a complex interplay between availability, affordability, and perceptions of mental health care (stigma). It would seem that increasing the numbers of providers and ensuring the affordability of care would address these issues. However, research suggests that these attempts are not only costly, but produce modest to no gains in overcoming mental health care disparities in the long term. Rather, what is needed are models that provide flexibility necessary to address the diversity of local needs that exist worldwide, and within the local community care culture. This presentation will describe an innovative model of delivery that takes a community based approach aimed at identifying and coordinating existing resources essential in expanding community capacity building that leads to local solutions.



The University of Jordan



كلية الطب
School of Medicine



Presenters:

Paul Springer, Ph.D.

Richard J. Bischoff, Ph.D.

University of Nebraska-Lincoln

Collaborative Care and Tele-Mental Health: Reaching the Underserved

Mental and behavioral health problems are increasingly being recognized as a global concern. The National Institute of Mental Health estimates that 1 in 10 people worldwide has a mental health disorder, and 1 in 4 families has at least one family member with a diagnosable mental health concern. In fact, mental health has now surpassed all other disease categories to become the leading cause of disability worldwide. Despite this, access to mental health care continues to be a major barrier. What is needed is new innovative models of care that are sensitive to cultural needs while increasing access to underserved populations globally. This presentation will describe an innovative delivery model that includes collaborative care, tele-mental health and local community solutions as a means of addressing their mental health needs. This model capitalizes on the role primary care plays in rural communities and results in a medical provider-mental health provider collaboration to improve mental health disparities. The primary treatment delivery medium is tele-mental health (videoconferencing) in the primary care medical clinics. This model is adaptable and flexible to the communities' needs and has been applied both in rural underserved communities in the United States and Brazil with great success.

5th – 7th October, 2017

Presenter: Dr. Zaid Eyadat

**The Stigma Enigma:
Uncovering the Structural and Social Obstacles of Mental Health Treatment in Jordan**

The Hashemite Kingdom of Jordan is one of many nations in the lower-income to middle-income categories struggling with a weak domestic mental healthcare system. The exceptional circumstances of the nation's geographic positioning have burdened its institutions with ever-increasing overload.

The nation's mental healthcare system faces internal and external stressors; from the traditionally under-resourced nature of mental healthcare in these national income categories, to the growing obligation to serve both the native population and the vulnerable refugees that have been displaced throughout the conflicts along Jordan's borders. An underlying but toxic obstacle to realizing reform in this area is the pervasive ubiquity of communal stigma impressed upon mental disorders and its consequent hindering of efforts to address the suffering.

Lack of communal concern, financial resources, human resources, and political capital of a resolute state advocacy for the sector's advancement compound and aggravate the existing gap between services needed and services supplied. The result is a stagnating mental healthcare system, ultimately amounting to a worrying state of affairs for the human rights afforded to this vulnerable segment of the population.

This project aims to clarify and detail the intersection of structural and social obstacles to reforming the mental health system, discuss the potential approaches to remedy this dilemma, and highlight the connection between a responsive mental health sector and the broader context of human rights and the degree to which they can be guaranteed.



The University of Jordan



Presenter: Reem Abbasi

Psychotherapist and Trainer

PhD Candidate, Professional Counseling

University of Jordan Law School 1992

Human Rights and Mental Health

Refugees Right to Access Trauma Rehabilitation Services

5th – 7th October, 2017

POSTERS

- Death and Suicide in Migrant Domestic Workers, A Letter of Concern. *Majd Soleiti.*
- Depression Infographic. *Wael Wasim Quttene, Dr. Hana Abu-Hassan, Dr. Rami Abusaleh, Dr. Jumanah Abu Asbeh, Dr. Ruba Jaber.*
- Greece's Failing Response to the refugee crisis. *Laila Soudi, Hana Abu-Hassan.*
- Mental Health and Substance Use in Adolescent Refugee Populations. *Qusai Almasad, Hind Mohtasib, Ahed Qutifan, Mohammed Salameh, Qusai Sharief.*
- Mental Health and Substance Abuse Among University Students. *Tala Khouri, Aya Naim, Ala'a Shaban, Saja Bataineh.*
- Ophthalmic Drug Abuse and Misuse: An Observational Study in Community Pharmacies in Jordan. *Waed Al-Khalaileh, Marie Clairevanhout, Mayyada Wazaify.*
- Pregabalin Misuse and Abuse in Jordan: A Qualitative Study Experience. *Amneh Al-Husseini, Mayyada Wazaify, Marie Clairevanhout.*
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