JORDAN INGO FORUM

MENTAL HEALTH IN JORDAN

A Crisis for Refugees and a Wake-Up Call for the System

Over 3,011 vulnerable individuals—including refugees and Jordanians—are at immediate risk of losing access to lifesaving mental health care in Jordan's urban areas by mid-2025. With the sudden and rapid drawdown of U.S. funding, compounded by the UN's global financial crisis, specialized mental health services are vanishing. For those living with PTSD, schizophrenia, psychosis, suicidal ideation, and trauma from violence, this loss could be fatal. This priority caseload also emerges as living conditions for Syrian refugees are increasingly non-conducive for mental well-being and while holistic mental-health support for the most vulnerable is disappearing more generally.

Beyond the emerging gaps in critical service provision, what is also deeply damaging, and disappointing is the severance of key linkages built over time between mental health providers and the government as the Ministry of Health has taken in lead in enabling NGOs to deliver clinical mental health services, and community-based mental health programming, in partnership with the government, representing one of strongest examples of NGO-government cooperation in Jordan. Until recently, a small number of NGOs worked with the Ministry of Health (MoH) to provide highly specialized care —such as psychotherapy, clinical case management, and safe, continuous support for those with complex mental health needs. This model has been essential for managing caseloads that the public system is not equipped to absorb and established NGO-governmental alliances that support building public health system capacity to provide mental health services over time.

But this partnership, and the service provision it enabled, is now under serious threat. Urban health clinics are specifically overwhelmed, and under-resourced and most urban clinics do not have a single clinical psychotherapist. These facilities at present cannot provide long-term, structured interventions that stabilize psychosis, treat schizophrenia, or prevent suicide as public facilities generally offer only basic mental health consultations and limited medication while we know complimentary NGO services can respond effectively to clinical mental health needs.[1]

The adverse impacts of declining mental health support are already being felt as NGOs report concerning findings in both camp and urban settings. A recent NGO survey in Azraq Camp reported a decline in mental health and psychological resilience echoed across the camp population and pointed to an increase in suicidal ideation suicide attempts in refugees surveyed across five governorates.[2] Additional NGO-led needs assessments capture the emotional toll of growing uncertainty among refugees, who describe deteriorating well-being and a deep sense of hopelessness about the future. These sentiments are echoed in Syrian refugee populations surveyed across Jordan who report significant emotional and psychological stress. For individuals requiring community-based mental health support and clinical care, this growing gap could not come at a worse time.

The abrupt and substantial defunding of mental health clinical services, and simultaneous deprioritizing of community-based mental health work, reflects a critical misjudgment of on-the-ground needs and systemic health gaps and is already resulting in immediate and harmful consequences for vulnerable individuals and their families. The consequences are immediate and devastating. The loss of this support threatens not just

[1] Center for Victims of Torture (CVT) program participant interviews that point to the effectiveness of NGO mental health interventions in supporting individuals with mental health needs, Q4 2024

[2] Seventy-three percent of recent survey respondents across five governorates reported experiencing anxiety, 56% sleep disturbances, and 49% reported chronic pain. Women (68%) and children (55%) voiced concerns about a lack of emotional support and growing insecurity should they return to Syria. CARE Annual Needs Assessment (ANA) Phase 1, 2025

patient outcomes, but also the trust and coordination built over the years between service providers and communities.

For those requiring life-saving clinical care, the current gaps are forcing individuals living with conditions like schizophrenia, psychosis, PTSD, and suicidal ideation to go without medication or therapeutic support.[3] The consequences are immediate and devastating: families reported relapses, self-harm, aggression, domestic violence, psychiatric hospitalizations, and legal issues, all while struggling to afford medications out of pocket.

Faced with the crisis, limited emergency funding had been provided but that ended in May 2025. This is not just a service gap, it is a life-threatening failure of the system. This is no longer just a health issue. It's a systems issue. Discontinuity in mental health care doesn't just harm individuals it undermines trust in the humanitarian response, overwhelms public institutions, and, ultimately, endangers lives.

For years, a complementary model of NGO and MoH coordination allowed mental health services to be provided by leveraging NGO expertise and specialist capacity. And now this model is unraveling. While immediate funding is needed to resume clinical care for individuals with no other options, it is important to find a way to ensure funding for comprehensive mental health services. A holistic and adequate funded approach is essential, as clinical mental health support must be prioritized and also cannot exist in isolation without connection to programming that supports individuals more broadly.

Call to Action

We urge donors, development partners, and national authorities, in line with national action plans and in support of the mandate of National Technical Committee to Mental Health, to do the following:

1. Mobilize emergency funding to sustain specialized, clinical mental health services in urban Jordan through 2025 and beyond—especially for high-risk individuals with no alternatives.
2. Redirect funds to address immediate service gaps while continuing support for NGO-MoH partnerships evidence-based approaches that strengthen national systems in the long term.
3. Integrate mental health into Jordan's long-term public health strategy, through workforce development, consistent medication supply, and mental health integration at the primary care level.
4. Support a balanced MHPSS model that invests in and connects both community-based psychosocial support and specialized clinical care—not one at the expense of the other.

A Final Word

Would we let cancer patients go without chemotherapy?
Would we delay insulin for diabetics?

Then why are we tolerating this breakdown in lifesaving mental health care? Mental health is not optional.

[3] IMC patient interviews following clinic closure notification (May 2025)

Brief produced with inputs from following JIF health partners

International Medical Corps · humanity & inclusion · IOCC · 40 years The CENTER for VICTIMS of TORTURE · care · MEDAIR