Mental health law in Jordan
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The history of the psychiatric scene in Jordan is briefly described, and the Jordanian Public Health Law is highlighted, as its chapter on mental health regulates compulsory admission. Some notes are included on the criminal law and civil law, and Jordan’s forensic psychiatric services are briefly described.

Jordan was served until 1967 by Bethlehem Hospital in the West Bank, Palestine, a hospital that was established in the 1930s, during the British colonial period. In 1967 the East Bank of the Kingdom was left without a psychiatric hospital. Soon after that, a psychiatric hospital dealing with severe mental illness was established in Amman and the Royal Military Medical Services started a comprehensive in-patient and out-patient department at King Hussein Medical Centre. At the same time, the Ministry of Health expanded out-patient services. Soon after that, a few private psychiatric clinics were opened, and in 1996 the first private teaching psychiatric hospital was established.

There is only one forensic unit in Jordan, the National Centre for Mental Health; there are no units in prisons, but psychiatrists visit prisons...
regularly, and they write reports to the courts about fitness to plead, criminal responsibility and competence.

**Mental health provisions in public health law**

For decades, Jordan did not have a mental health act. Common law gave psychiatrists the authority, at the request of the family, to admit patients or to treat them against their will. It was only in 2008, with the implementation of Public Health Law No. 47, that psychiatric care came to be governed by statute. Chapter 4 of that law concerns mental health. It has four parts:

**Part 1**

This part mandates that patients with a mental illness or addiction be admitted to a psychiatric hospital or a psychiatric unit in a general hospital that is equipped with everything necessary for the safety of the patient, and that is staffed by a mental health team. This has stopped the previous practice of admitting such patients on general hospital medical wards.

**Part 2**

This part governs voluntary and involuntary admissions to psychiatric hospitals and units. The law describes three reasons for the compulsory admission of patients with a mental illness or addiction:

- their condition requires in-patient treatment
- they present a danger to themselves or others (danger can be in the form of a risk of either physical or verbal aggression)
- there is a court order for admission.

In relation to the first two, the family (next of kin) has to apply to the hospital director, and there needs to be a psychiatric report supporting the application. Admission proceeds once the approval of the director of the hospital is obtained.

**Part 3**

This part specifies that the Minister of Health has the authority to ask a committee to review a case where there is a complaint about psychiatric care. Accordingly, the Minister has the authority to stop the admission or discharge of the patient, except where admission was by court order.

**Part 4**

Following improvement in the health of the patient, the treating psychiatrist, with the approval of the hospital director, will inform the family about the date of discharge, except if the patient was admitted through a court order, in which case the court will be informed about the readiness of the patient for discharge.

**Mental health in criminal law**

The criminal law is still based on the British McNaughton rule: offenders are considered either sane or insane, and if insane are committed to the Forensic Unit of the National Centre for Mental Health until they are completely cured. The issue of cure is controversial, as application of the criminal law in this regard has led to injustice; for example, some patients with schizophrenia are maintained on treatment for years, with very little chance of being discharged, despite full remission. Furthermore, court procedures are stopped when a patient is deemed unfit to plead, for example because of an intellectual disability; such patients may then remain in hospital for the rest of their lives, even without having been found guilty in court.

**Mental health in civil law**

In guardianship, divorce and child custody cases people suspected of having mental health problems are not routinely referred for psychiatric evaluation; it is up to the judge to decide whether the person is sane or not.

**Psychiatric disorders in Jordanian law**

Beyond Public Health Law No. 47, neither psychiatric disorders nor psychiatry are mentioned in any other Jordanian legislation, except for one law that deals with court procedure, where the terms ‘insanity’ and ‘chronic illness’ are used and psychiatrists are requested to deal with relevant issues in court in cases relating to guardianship, criminal responsibility and mental capacity.

**Discussion**

The implementation of the mental health provision in the Public Health Law since 2008 has been working well, as most of our patients are cared for in the community, by their families – even patients who are severely ill. The majority of admissions are done on a voluntary basis, with the help of the families. The majority of psychiatrists in Jordan do not see the need for more sophisticated mental health legislation, but would like some amendments to the law. In the authors’ opinion, the addition of safeguarding provisions in relation to the patients’ rights would be desirable, as would measures for the protection of psychiatrists.

The main problem facing psychiatrists in Jordan is the way in which psychiatric patients are dealt with by the legal system. Psychiatrists are called upon as witnesses but not specifically as experts, and the legal explanation given is that psychiatrists are witnesses in relation to any reports they prepare. The qualifications and experience of the psychiatrist are not necessarily taken into consideration, because psychiatrists are not mentioned in any law. Judges can therefore give whatever weight they choose to professional psychiatric opinion.