



‘I want someone to ask me why I’m sad and to listen to me’: Adolescent psychosocial well-being in Jordan

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Introduction

Identified in 2008 by the World Health Organization (WHO) as a country in need of ‘intense support’ to strengthen mental health services, Jordan was the first country chosen by WHO to implement its Mental Health Gap Action Programme (mhGAP) (WHO, 2022). Since then, mental health has been integrated into Jordan’s three main health policies – the National Strategic Health Plan, the Health Sector Reform, and the National Strategy for Health Sector in Jordan – and has taken centre stage in the National Mental Health and Substance Use Action Plan (WHO, 2020). However, despite strong commitment from the government and mental health professionals, access to services remains extremely limited. This is partly due to the small number of primary health care clinics providing mental health care, partly the sheer magnitude of need given Jordan’s population, which includes a large number of Palestinian and Syrian refugees who have experienced conflict and protracted displacement, and partly due to the cultural stigma that surrounds mental ill health in countries throughout the Middle East (International Medical Corps (IMC), 2017; Dmour et al., 2020; WHO, 2020).

The Covid-19 pandemic has highlighted the urgency of addressing unmet mental health needs in Jordan, including the age-specific needs of adolescents – a cohort that has borne the brunt of the pandemic’s psychosocial impacts (Kilinger

Box 1: Overview of GAGE's research approach and methodology

The Gender and Adolescence: Global Evidence (GAGE) research programme, funded by the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), is generating evidence about the diverse experiences of adolescents living in low- and middle-income countries (LMICs). It explores the challenges facing adolescents at this crucial life stage and identifies what works to support them to develop their full capabilities as they transition to adulthood. The GAGE sample includes adolescents who are most at risk of being left behind, particularly girls who are (or have been) married and adolescents with one or more disabilities.

GAGE's Jordan sample of approximately 4,000 adolescents reflects the complexity of the country's population. It is comprised of girls and boys from vulnerable Jordanian communities, ex-Gazan Palestinians¹, and Syrian and Dom² populations who live either in Jordanian host communities, formal refugee camps or informal tented settlements (ITSs). The sample covers two age cohorts: younger adolescents, aged 10–12 years at the time of baseline data collection (late 2018 and early 2019); and older adolescents, aged 15–17 years at baseline. The qualitative sample, of 220 adolescents, is drawn from the larger quantitative sample.

The GAGE programme uses mixed-methods research. Quantitative data was collected via surveys, which were completed by adolescents and their primary caregivers in-person at baseline and over the phone in 2020, during pandemic lockdowns. Survey modules were diverse and covered a range of adolescent capabilities, not only psychosocial well-being but also education and learning, bodily integrity and freedom from violence, health and nutrition, access to mobility and technology, and economic empowerment³. A subset of adolescents and their caregivers were selected to take part in in-depth individual and group interviews. At baseline, we used a variety of interactive tools to explore young people's lives, and who or what contributes to their broader well-being⁴. We also interviewed 65 key informants who shape and deliver the policies, services and programmes that impact adolescents' lives. During Covid, we conducted interviews with adolescents, caregivers and key informants by phone.

The GAGE research design and tools were approved by ethics committees at the Overseas Development Institute and George Washington University. For research participants in refugee camps, permission was granted from the United Nations High Commissioner for Refugees (UNHCR) National Protection Working Group. For research participants in host communities, approval was granted by Jordan's Ministry of Interior, the Department of Statistics and the Ministry of Education. Consent (written or verbal as appropriate) was obtained from caregivers and married adolescents; written or verbal assent was obtained for all unmarried adolescents under the age of 18. There was also a robust protocol for referral to services, tailored to the different realities of the diverse research sites. Makani centres support adolescents' psychosocial well-being.

et al., 2020; Majeed and Ashraf, 2020; Patel, 2020; Zhou et al., 2020). However, one positive development is that as concerns have grown about young people's mental health and how it impacts their broader well-being and their longer-term trajectories, the stigma that surrounds mental ill health is beginning to fall away and open up new entry points for dialogue and change (Japan International Cooperation Agency and Save the Children Japan, 2021).

This policy brief, which draws on mixed-methods data collected between 2018 and 2022 as part of the Gender and Adolescence: Global Evidence (GAGE) research programme (see Box 1 for details on GAGE programme design and methodology), aims to contribute to this dialogue by strengthening the evidence base on the psychosocial well-being of adolescents in Jordan. We begin with a brief introduction to the existent evidence base and an overview of our research methodology. We then discuss our findings, including: survey results that provide a snapshot of adolescents' psychosocial well-being; an exploration of the factors that lead to young people's emotional distress; and the supports that enable young people to thrive. We conclude with recommendations for policy and programming.

What does existent research say about the psychosocial well-being of adolescents in Jordan?

Psychosocial well-being is a broad and evolving concept that moves beyond narrow definitions of mental health and ill health and encompasses adolescents' internal emotional capacity as well as their external support from trusted adults and peers (Ungar and Liebenberg, 2011; Jose et al., 2012; Lamblin et al., 2017). Because the concept is multifaceted, the evidence base is fractured and somewhat contradictory. It suggests that prior to the Covid-19 pandemic, most adolescents in Jordan were emotionally resilient (Panter-Brick et al., 2018) but also that incidence of anxiety and depression was extremely high (up to 42% and 74% respectively) (Malak and Khalifeh, 2018; see also Dardas et al., 2017; 2018; AlAzzam et al., 2021; Najdawi et al., 2022). As in many other countries, the pandemic appears to have taken a toll on young people's psychosocial well-being (UNICEF, 2021; Johns Hopkins Bloomberg School of Public Health and UNICEF, 2022). Dwekat and colleagues (2021) report rates of depression and anxiety even higher than those reported in Malak and Khalifeh's 2018 study – 49% and 78% respectively.

Although Jordan has made considerable progress in terms of extending psychosocial support services since it was selected to implement the WHO's Mental Health Gap Action Programme, services still remain extremely limited (Karnouk et al., 2019; WHO, 2020; 2022). Only a small minority of primary health clinics offer integrated mental health services, partly because there are too few mental health care practitioners (McNatt, 2019; WHO, 2020). Shortages are exacerbated by Jordan's continued reliance on specialists (such as psychiatrists and psychologists), rather than on lay health workers and the development of community programmes that support individuals and families (ibid.). Recognising the devastating impacts of the pandemic on young people's mental health – and the need to scale services quickly – the ministries of health and education have partnered to develop and implement a school-based mental health care package that is accompanied by community-based psychological first aid for children. However, these services are still nascent (Japan International Cooperation Agency and Save the Children Japan, 2021).

Findings

We turn now to our findings, starting with survey results that provide a snapshot of adolescents' psychosocial well-being. We then discuss the major factors leading to adolescents' distress and the types of support that enable young people to thrive. Where data allows, we discuss the impacts of the pandemic on these factors and supports. Although this policy brief touches on how nationality, gender and disability impact adolescents' stressors and supports, a more thorough exploration of the intersectional factors that shape adolescents' psychosocial well-being can be found in the [companion policy brief](#).

How are adolescents in Jordan faring?

Our baseline survey included two tools designed to capture a snapshot of adolescents' psychosocial well-being: the Child and Youth Resilience Measure 28 (CYRM-28)⁵ and the General Health Questionnaire 12 (GHQ-12)⁶. Our findings are mixed. On the one hand, at the time of data collection, most adolescents – regardless of nationality – were found to be resilient, and a minority were emotionally distressed. On the other hand, and in line with existent research, nearly one-third of respondents (32%) met the threshold for distress on the GHQ-12, suggesting that they have minor psychiatric disorders and may need stepped-up support (see Figure 1). Of the groups of young people in our sample, adolescents with disabilities were the most likely to meet this threshold; over half (51%) had scores suggestive of emotional distress. Our phone survey conducted in the second half of 2020 also included tools designed to

capture a snapshot of adolescents' psychosocial well-being – the Generalised Anxiety Disorder 7 (GAD-7)⁷, the Patient Health Questionnaire 8 (PHQ-8)⁸ and the Brief Resilient Coping Scale (BROS)⁹. Findings were again mixed, but interestingly, were more positive than findings reported by several other researchers. Notably, of the young people in the GAGE sample, 12% were experiencing symptoms of moderate-to-severe anxiety, 11% presented with symptoms of moderate-to-severe depression, and 35% were considered to have low resilience.

Although our surveys found that a minority of adolescents report symptoms of mental ill health, our qualitative research found that most adolescents have significant psychosocial concerns. In interviews, where young people were not bound by the phrasing of tools developed in the Global North (e.g. the GHQ, PHQ, etc.), they reported being worried and sad about multiple issues – and all too often admitted that they were dealing with their concerns with limited support from caregivers and peers.

The pandemic was found to have exacerbated adolescents' concerns and, by and large, limited the support available to them. Despite the stigma that surrounds mental ill health in Jordan, and the fact that Islam considers suicide as haram (forbidden), it was not uncommon for participants, when interviewed during lockdowns, to openly discuss depression and suicide ideation. An 18-year-old Syrian girl reported that,

I noticed that I have symptoms of depression. I sleep all day, I don't like talking to anyone, I don't laugh, I hate myself and I don't like the things I do. Sometimes I can't sleep until dawn.

A social worker from Jerash Palestinian refugee camp said, *'We know of suicide attempts... families may try to hide it but it's happening.'*

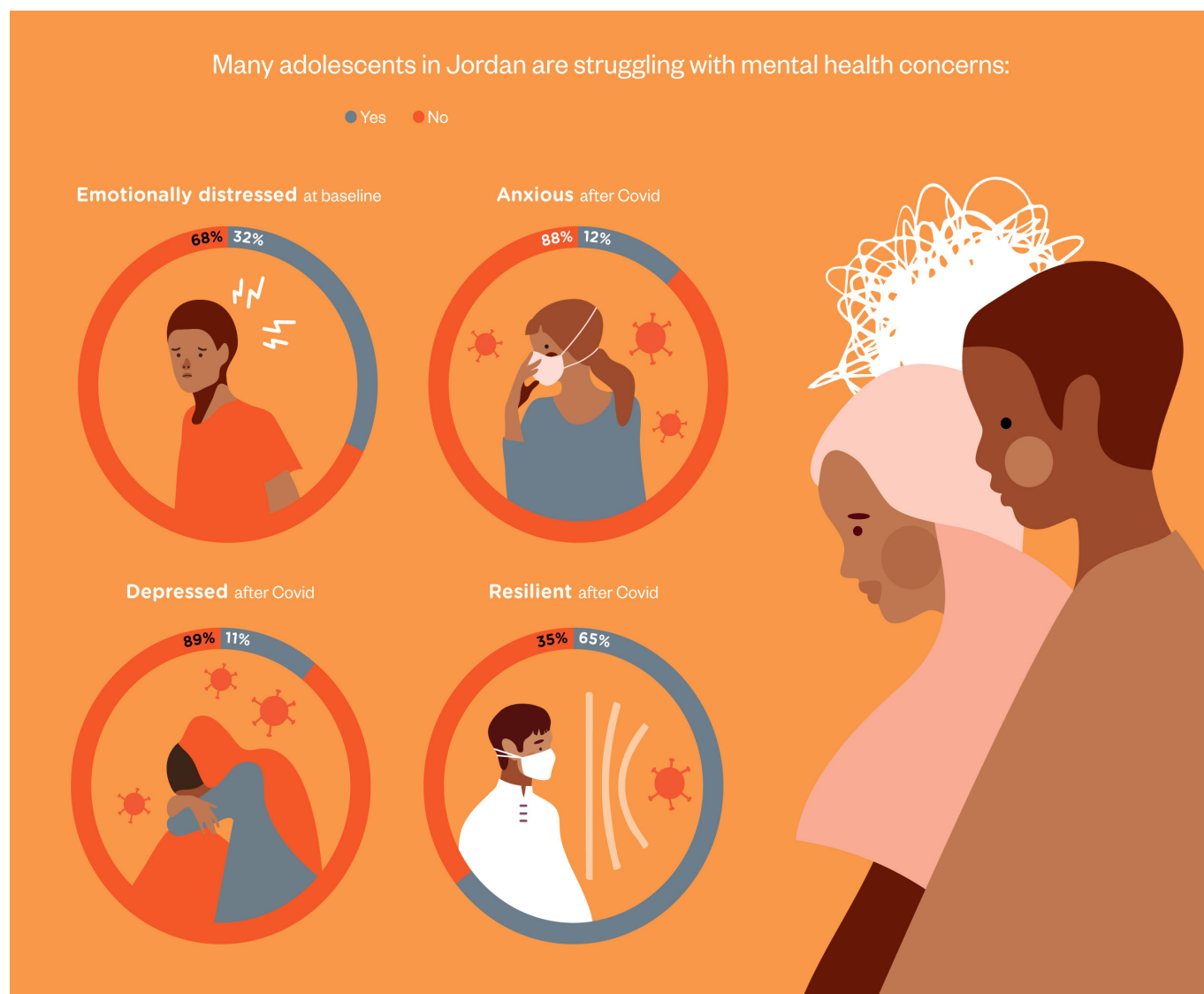
What causes adolescents distress?

The stressors experienced by adolescents are broadly similar, albeit shaped by nationality, gender and disability (as we discuss in the [companion policy brief](#)). Adolescents report being distressed by poverty, violence, educational concerns and emotional isolation.

Poverty

Unsurprisingly, given that more than half (52%) of the households in GAGE's sample reported being severely food insecure in the month prior to baseline data collection, poverty emerged as a key driver of adolescents' psychosocial distress. In part, this is rooted in real concerns about their family being able to make ends meet. Adolescents are acutely aware of the cost of rent and the limits of the job market, and are worried about monthly

Figure 1: Survey findings on adolescent well-being



household budget deficits. This is especially the case for refugees, who have higher poverty rates; for boys, who are expected to contribute to household income; and for older adolescents, who are more aware of household finances. An 18-year-old Syrian girl reported that she was constantly anxious because *'our economic conditions here are bad.'* Adolescents are also highly sensitive to the toll these shortages are taking on their parents, especially fathers, who are typically the family breadwinner. An 11-year-old Syrian girl living in an ITS, who had just begun working in the fields alongside her parents in the hope of improving both the household income and her father's mood, explained that, *'My father feels so sad... We don't like to see him feel sad.'* The pandemic has amplified adolescents' worries about poverty, especially food security. A 15-year-old Palestinian girl noted that, *'Our financial condition has changed very much because there is no work... We cannot buy bread and vegetables.'* The GAGE phone surveys conducted during the pandemic in 2020 found that one-

quarter (25%) of adolescents had been hungry at least once in the past month.

Adolescents' distress about poverty is also shaped by the fact that adolescents are uniquely sensitive (due to their brain development) about fitting in with their peers. As such, those who cannot afford the things and experiences that their friends can afford often feel excluded and distressed. A 14-year-old Jordanian boy reported that the minutes immediately after school, when his friends buy snacks, are the worst part of his day: *'It's not nice watching my friends buying and being unable to buy anything for myself. It's upsetting.'* A mother commented that her daughter skips school because she feels shabby compared to her friends:

When the child is 14 to 18 years old, they feel ashamed to go out wearing poor clothes... I swear by Allah, my daughter didn't go to school yesterday just because her trousers were torn.

A social worker in Jerash camp, where poverty rates have been intractably high for generations, observed a link between poverty and depression: *'Depression... comes from very severe poverty... It has a high effect on adolescents as all their needs aren't complete.'*

Violence

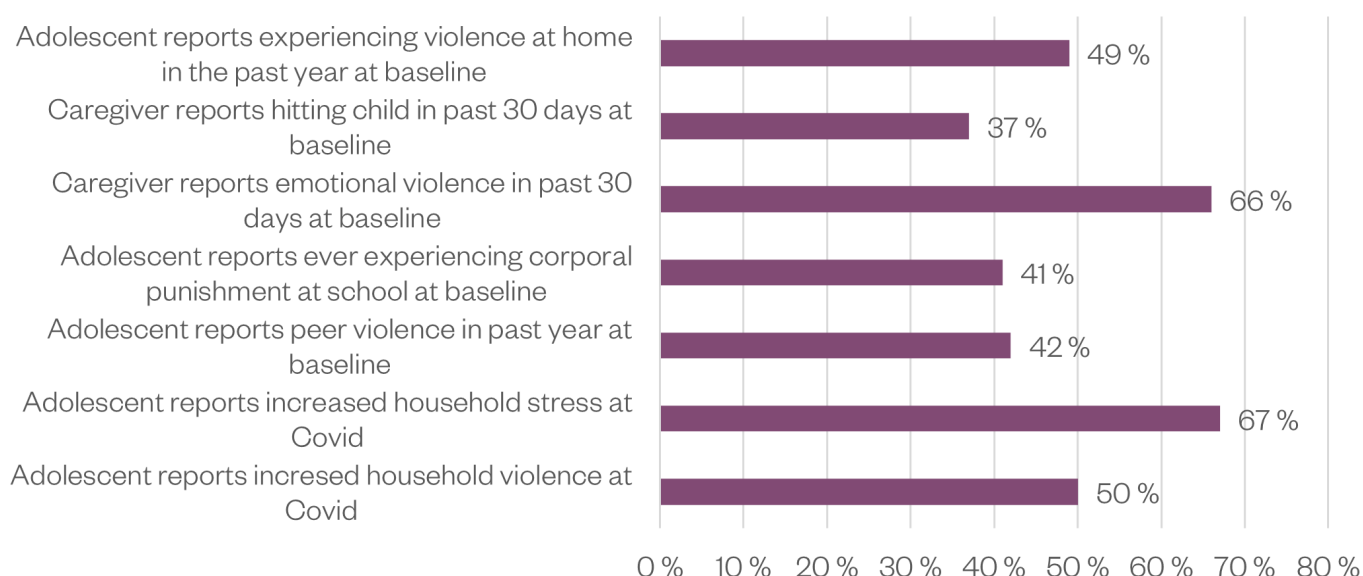
Exposure to violence – at home, at school and in the community – is another key driver of adolescents' emotional distress. At baseline, half (49%) of young people reported having experienced violence at home in the past year (see Figure 2). Indeed, caregivers' survey responses suggest that adolescents significantly under-report. Over a third (37%) of caregivers of younger adolescents admitted to hitting or slapping their child in the past 30 days, while two-thirds (66%) admitted to screaming at or calling their child names. Violence at the hands of teachers (41%) and peers (42%) was also common. Our research during Covid in 2020 found that the pandemic had exacerbated tensions and violence in the home; two-thirds of adolescents (67%) reported increased household stress (primarily related to concerns about food and housing security) and half (50%) reported increased household violence.

Our qualitative research explored how exposure to violence contributes to adolescents' emotional distress and mental ill health. Although adolescents were hesitant to discuss violence in the household – because they wished to protect their parents – several admitted that experiencing violence leaves them feeling sad and alone. A 12-year-old Syrian boy reported that, *'When the father hits his son, the son... feels sad.'* A 17-year-old Jordanian girl said that she shuts down when her parents scream at her. She said, *'If there is violence from my family, I will hold my tongue and keep a little bit quiet.'* Other adolescents observed that violence does not have to be experienced

directly to be painful. A 15-year-old Jordanian girl, whose father beats her mother and brother, explained how, *'When I see someone crying, I cry with him. If someone's tears come down, my tears come down.'* A 13-year-old Syrian boy agreed: *'I feel sad when my father shouts at my mother... I feel sad when my mother feels sad.'* Key informants added that adolescents' exposure to violence in the home sets the stage for violence to continue across generations. A national-level informant explained that, *'If the adolescent saw violence in his home before marriage, he will violate others later.'*

Adolescents were far less reticent to discuss the frequency and magnitude of violence they encounter at the hands of teachers – though a few admitted that they had never reported this before because *'the teacher does not allow us to tell because she does not want to be dismissed from school'* (12-year-old Syrian girl). Adolescents had fewer words, however, to discuss how this violence makes them feel. Some girls and boys reported feeling afraid of their teachers. A 17-year-old Jordanian girl explained that years later, she is still afraid of a teacher who abused her in violence in the 3rd grade: *'I still feel fearful... she used to hold the girl and smash her on the ground... if they answer incorrectly.'* An older Syrian girl in a group discussion added that after years of violence, her brother *'sees his teacher in his nightmares.'* Other girls and boys reported that the violence meted out by teachers *'crashes the psychology of students'* (17-year-old Jordanian boy) and makes them feel sad. Indeed, a 15-year-old Jordanian boy added that the psychological impacts of classroom multiply as adolescents grow older, largely because likely of the embarrassment and shame they feel when they cry in front of their friends. He explained: *'There is a student, when the teacher cursed him, he cried, and he is in the 9th grade, and it is difficult for the student to cry in the 9th grade.'*

Figure 2: Survey findings on adolescent well-being



Educational concerns

Out-of-school adolescents, who are disproportionately likely to be refugees, identified their lack of access to education as a primary driver of emotional distress. Some – primarily boys, given that women in Jordan rarely work outside the home – spoke of the more limited future they knew they would have without formal education. A 12-year-old Syrian boy said, *'I am so annoyed and upset... They only let me attend lessons until the 4th grade... I will lose my chance to study and be educated.'* Others, primarily girls, spoke of the loneliness and boredom experienced by being out of school. A 16-year-old Palestinian girl from Jerash camp explained, *'Here, the little girls are raised with a shattered heart, because they know that they will leave school in the 6th grade.'*

In-school adolescents, especially those in the older cohort, reported considerable anxiety about the quality of education they were receiving and felt unprepared for the exam (Tawjihi) that would determine their educational future. A 15-year-old Jordanian girl, when asked what worries her, replied, *'I fear that I will not succeed in high school.'* Adults agreed that adolescents are under significant academic pressure. For example, a religious leader in a host community stated that, *'Those Tawjihi [General Secondary Education Certificate Examination] kids have problems. They go up on the bridge to commit suicide because of the exams.'* Concerns about educational quality spiked during the pandemic; adolescents were universally agreed that distance education is inferior to in-person learning. A 17-year-old Syrian girl explained, *'The lessons aired on the TV aren't understood at all.'* A Syrian boy the same age added, *'I used to go to centres for Tawjihi. All have stopped... I'm stressed.'*

Emotional isolation

The GAGE baseline survey found that only 71% of adolescents feel they have a trusted friend (see Figure 3). Indeed, it was not uncommon for adolescents to admit, in individual interviews, that they have no one. As an 11-year-old Syrian boy noted, *'I have nobody as a friend.'* While this was most common among adolescents with disabilities and out-of-school girls, many of whom are physically isolated at home, a Jordanian mother observed that even in-school young people sometimes have no friends – just classmates. She explained: *'There are no friendships. None at all. They just go to school together.'* It was even more common, however, for adolescents to report that they had a friend but could not depend on that friend for any emotional support. A 15-year-old Syrian girl eloquently stated that: *'We talk together, but we cry alone. We keep it in the heart.'* An 11-year-old Jordanian boy agreed: *'I cannot tell anyone when I am sad.'* Young people identified myriad

reasons why they cannot share their feelings with friends, most of which reflect gender norms and differences between nationalities (and are explored in more detail in the [companion policy brief](#)). With only rare exceptions, girls and boys – regardless of nationality – emphasised that even when they consider their friends to be very close, it is taboo to discuss family experiences. A 15-year-old Jordanian boy stated that, *'We don't talk about family matters.'*

It was also not uncommon for respondents to report that adolescents are emotionally disconnected from family members. Sometimes this is because parents are too stressed – by poverty and their own trauma – to provide support for their children. A mother in a group discussion admitted that: *'My husband is a pressure on my heart. I don't take care about my children. I have a lot of problems. How do I hear my daughter?'* Other times this is because adolescents see their parents' stressors and do not want to add to them. A married 18-year-old Palestinian girl explained that while she is suffering constant violence in her marriage, she has never told her father, because *'I don't want my father to worry about me.'*

What supports adolescents to thrive?

Adolescents need social support and personal coping skills in order to thrive. Critically – because of the way in which adolescents' brains are attuned to their peers – they not only require support from family but also opportunities to spend time and form bonds with friends. Support from non-related caring adults is also important, especially for those adolescents whose families are less able to provide the 'scaffolding' that young people need.

Supportive families

Our research underscores that family support is critical for adolescents to thrive. Of the confident, happy young people with the highest aspirations, all reported feeling well-supported – practically and emotionally – by their family. A 16-year-old Jordanian girl noted that her family helps her make good decisions: *'My family, when I consult them, they give me good things... good advice and decisions.'* A 15-year-old Syrian girl added that her family is there to help her pick up the pieces when life goes wrong. She stated, *'If I face any issue that make me sad, my family support me.'*

Some young people – girls and boys – highlighted the importance of having their father's support. Adolescents with high educational aspirations were most likely to mention this. For example, a 15-year-old Syrian boy said, *'My father always supports me. He saw that I want to be an engineer and he says study hard.'* However, in line with our

Figure 3: Adolescents who report having a trusted friend at baseline



baseline survey, which found that adolescents are better able to discuss most issues with their mother than their father, young people more commonly reported that *'we only talk to our mothers and not our fathers'* (14-year-old Jordanian girl). A 15-year-old Syrian girl observed that this is because mothers are the primary caregivers. She said, *'My mother is the one who raised me and knows what makes me upset and what makes me happy... She understands me.'* Mothers in a group discussion added that adolescents' preferences for maternal rather than paternal support are also because *'the father does not have time to sit with his children'* and because men *'do not know how to communicate well'* with their children.

Some adolescents mentioned the importance of sibling support. A 14-year-old Syrian girl commented that, *'When I am afraid of a thing or have a problem, I tell my sister.'* A 15-year-old Palestinian girl said, *'When I'm angry and sad, my older brother comes and calms me down.'* Older adolescents noted that supportive siblings become more important as young people grow up – and prefer not

to disclose their problems to their parents. A 16-year-old Jordanian boy explained that he goes to his older brother with any major problems, because if he approached his father, *'he will make another problem.'* A Jordanian girl the same age agreed with this view. She said, *'I am scared my mother will be disturbed. I go to my sister.'*

Our research during Covid found that the pandemic has had mixed impacts on adolescents' access to family support. As noted earlier, although most adolescents reported that the pandemic increased household violence, because everyone was *'sad and upset and nervous'* (14-year-old Jordanian girl), nearly a quarter (24%) of adolescents felt that lockdowns had actually resulted in improved family relationships. A 16-year-old Syrian boy explained that he had enjoyed getting to know his father:

During this time, I got to know my family more than before... My father and I became friends now. Before the quarantine I did not talk to my father much. I always ran away from him – I was afraid of him. But now he is discussing and talking with me.

Close friends

Access to friends also supports young people to thrive. A 16-year-old Jordanian girl reported that this is 'because to us, friends are the second family.' When asked what makes them happy, nearly all adolescents cited spending time with friends. Younger cohort girls and boys spoke of hours each day at play, while older boys spoke of 'going to the market to buy things together, playing football together, and entertaining together' (15-year-old Jordanian boy). Older girls were less likely to see their friends in-person. Underscoring the importance of girls' access to school and communications technology, most older girls reported that their time with friends was at school or via a mobile phone borrowed from their mother. As a 17-year-old Syrian girl said, 'I talk with my girlfriends. They call me on my mother's phone.'

Adolescents noted that access to friends has impacts that extend far beyond their need for socialising. Some young people spoke of how their friends encourage them to make smart decisions. For example, a 12-year-old Syrian boy explained that his friends are supporting him to stay in school:

My cousins keep telling me to drop out and work with them, but my friends say: "Why drop out? Stay and study with us. So we can succeed and have jobs in the future."

An 18-year-old Syrian girl reported that she is working to dissuade her friends from child marriage. She said,

Many girls have called me and told me that they want to get married. I have advised them not to get married... The responsibility is too big for a girl to be able to hold.

Other young people spoke of the emotional support provided by their friends. A 17-year-old Jordanian girl explained: 'It's a good feeling to have someone you trust

to talk to. I am very happy that I found a friend.' A 16-year-old Jordanian boy, struggling with the death of his mother, said that his friends have helped him to keep going: 'We stand with each other. I told him I wish to die. He said, "I am with you to death".'

The pandemic has had especially devastating impacts on adolescents' access to friends. The phone survey conducted in 2020 found that only 57% of adolescents felt they had a friend they could trust – down from 71% at baseline. Interestingly – and presumably because they are accustomed to near constant contact with their peers – boys felt the social impact of lockdown especially acutely. A 17-year-old Syrian boy in a participatory research group took a photo of a dead tree and explained, 'Like this tree, my feelings are dead. This has been a very difficult time for me, made worse by the curfew, which has cut me off from my friends.'

Access to caring adults

Adolescents, and particularly older adolescents, highlighted the importance of supportive adults who are not family. At baseline, young people were most likely to mention teachers playing this role. A 16-year-old Jordanian girl, for example, reported that her teachers have been working to build her self-confidence: 'They said you have to be more confident... Do not be afraid, be strong.' A 17-year-old Syrian girl reported that teachers at her school had stepped in to protect Syrian girls from bullying: 'The nice thing is that our teachers, even if they are Jordanian, always stand by our side if we are right.' Despite their greater odds of experiencing violent discipline at school, a few boys also identified their teachers as sources of support. A 15-year-old Syrian boy said he loves his teacher because, 'He says that he considers us to be like we are his kids, that we can ask him for any kind of help.'



13-year-old Syrian boy who goes to school and works, Amman, Jordan © Nathalie Bertrams/GAGE 2023

Adolescent girls also reported at baseline that school counsellors play a key supportive role. A 14-year-old Jordanian girl explained that at her school, the counsellor helps girls deal with a wide variety of concerns, including family issues: *'We have a really good school counsellor... She follows up with the girls... and she helps them... she even sometimes resolves family issues.'* A 15-year-old Syrian girl echoed this view: *'I go to the school counsellor... She always encourages us to go and speak to her if there is anything going on at home.'* Although a few adolescent boys reported that their school had a counsellor – even adding that counsellors invited boys to talk – none admitted having approached them.

Although we interviewed quite a few key informants who had formal and semi-formal training in providing mental health services to adolescents and their families, only a few adolescents reported at baseline having ever accessed these services. An 11-year-old Syrian boy with a vision impairment said that he had taken a short class provided by the Norwegian Refugee Council aimed at helping him address his conflict-related fears:

They said if you are afraid of something sing a song in your mind. If you control your mind you can control your body... I used to be afraid of going to the bathroom alone in the night and watching a horror movie. Now I am not.

Two Syrian girls, one age 17 and one age 18, reported having taken classes at the Women and Girl Centre. The first explained, *'It encouraged us not to resort to self-harm when under stress and anger. Also, they encourage us to talk about anything that's troubling us in our lives.'* The second added, *'They taught me how to be strong and have*

great self-confidence.' While a large minority of mothers were aware that mental health services are available—to parents and adolescents—most adolescents, when asked about services available to them, replied *'we don't have such a thing'* (12-year-old Syrian girl).

With a single exception – Makani facilitators (see Box 2) – pandemic-related school closures effectively eliminated adolescents' access to the non-family members who were supporting them at baseline. Our surveys during the pandemic found that even when young people were still studying, they had only the most limited contact with teachers.

Coping skills

Adolescents also need personal coping skills in order to thrive. That is, they need to have tools and techniques that help them regulate their emotions and reach an emotional equilibrium after experiencing distressing events. In the GAGE sample, girls are far more likely to report having healthy coping skills than boys. Girls report that when they are sad or angry, they read, write, listen to music, draw, put on make-up, or pray. A 15-year-old Palestinian girl explained, *'If I was angry... I vent my anger through drawing. It relaxes me.'* A 16-year-old Syrian girl said, *'Whatever problems I have, I forget them as soon as I hold a book.'* Boys, who generally found it less easy to talk about their emotions than girls did, report fewer coping skills, especially as they grow up. Although younger boys occasionally reported coping with distress by engaging in active play, older boys reported sleeping, playing video games, and smoking to calm themselves down.

Box 2: Makani centres support adolescents' psychosocial well-being

UNICEF Jordan's Makani programme is the only intervention that appears to be meeting adolescents' psychosocial needs at scale. Each year, it provides more than 100,000 young people with a safe space where they can socialise with friends, have access to caring adults, and receive a child-centred curriculum that simultaneously builds emotional resilience and fosters social inclusion. A 13-year-old Jordanian girl reported that she has made friends at Makani: *'I started playing with my friends, I didn't have any friends before.'* A Syrian girl the same age added, *'I have also built a relationship with the teachers here because I come regularly to the centre and I feel comfortable talking to my teacher and I can talk to them without any obstacle.'* Adolescents and parents also noted that Makani classes help young people have *'stronger and more confident personalities'* (Jordanian mother). A 15-year-old Palestinian girl explained, *'I learned how to deal with the community and how to overcome its wrong traditions, customs, and the culture of shame.'* A Syrian mother added, *'My son used to be bullied because of his height and he became obsessed about becoming tall due to this, but he came around and knew that physical appearance is not everything in life, so he made peace with himself.'*

Makani programming was reported to be a lifeline for many young people during the worst of the pandemic lockdowns. The tablets distributed by UNICEF Jordan allowed adolescents to contact facilitators as well as interact with one another. A 16-year-old Palestinian girl explained, *'It helped me communicate with my teacher anytime.'* A Syrian girl the same age added, *'My friends created a group on WhatsApp.'*

Adolescents who are benefiting from the new Makani cash transfer also reported improved psychosocial well-being, because, like their peers, they can now afford small indulgences. A 14-year-old Jordanian boy explained: *'Now I take pocket money every day... When my friends buy something at school, I can also buy it with them.'*

Conclusions and programming recommendations

GAGE findings highlight that adolescents living in Jordan need stepped-up psychosocial support – informal and formal – if they are to thrive. Although most adolescents appear to be resilient and reasonably well-supported, a large minority of girls and boys are emotionally distressed and exhibiting symptoms of depression and anxiety. Although nationality, gender and disability shape how and why stressors impact adolescents' lives (see the *companion policy brief* for more details), our respondents reported similar stressors: poverty, violence, educational concerns and emotional isolation. Adolescents were also agreed on what supports them to thrive – support from family, peers and caring adults (primarily teachers) and opportunities to develop their own coping skills. Based on our research, we suggest the following priorities for policy and programming if Jordan is to make real progress in improving adolescents' psychosocial well-being:

- **Provide parenting education courses for mothers and fathers.** Courses should include non-violent discipline strategies, techniques for fostering open parent–child communication, and ways parents can support their children to become emotionally resilient. Courses could be delivered at Makani centres, at schools and at mosques, with Sharia councils working to raise parents' awareness that tomorrow's healthy families depend on the physical and mental well-being of today's adolescents.
- **Scale up adolescent-focused programming.** Young people should have safe spaces where they can interact with friends and caring adults, learn about their rights and how to report violence, discuss gender norms and how these shape their daily lives and future plans, and develop coping and broader life skills. Programming should be provided in community venues, including at mosques (to reach adolescents from even the most conservative households), and providers should be trained on how to recognise and refer adolescents who are most at risk.
- **Step up teacher training.** Courses should aim to improve the quality of education, reduce violent discipline, improve teachers' ability to identify adolescents most in need of intervention, and strengthen teachers' capacity to foster social inclusion. Courses should be complemented with support for parent–teacher–student associations, improved access to school counsellors (and more formal support where warranted), investments in accountability mechanisms, and improved enforcement and follow-up.
- **Invest in social protection.** Where possible, programming should aim to simultaneously support vulnerable households – with economic support as well as through referrals to psychosocial support services – and support adolescents' access to education (through labelling or conditioning economic support).
- **Raise public awareness of the importance of mental health.** Invest in media campaigns that capitalise on the moment to destigmatise help-seeking and educate the public about the importance of good mental health and how to promote it – particularly among adolescents (given global evidence about the impacts of the pandemic on young people's mental health) but for people of all ages.
- **Step up investments in formal and semi-formal psychosocial support services for the most traumatised adolescents and young people.** Investments should build on the recent efforts of the ministries of education and health to provide services in schools and communities and include (anonymous) helplines, app-based support, para-social workers recruited from Jordan's diverse communities (perhaps modelled on UNHCR's programme in Greece¹¹), and referrals to professional therapists.

Endnotes

- 1 All the Palestinians in our sample live in Jerash camp.
- 2 Dom adolescents were added to the sample in 2021, because this population was identified as especially disadvantaged by UNICEF Jordan and is an important focus of UNICEF's programming efforts.
- 3 The surveys can be found here: www.gage.odi.org/types/methods-tools-and-guides
- 4 The surveys can be found here: www.gage.odi.org/types/methods-tools-and-guides
- 5 The CYRM-28 measures the individual, relational, communal and cultural resources available to young people to bolster their resilience.
- 6 The GHQ-12 is an internationally validated measure of psychological distress.
- 7 The GAD-7 is a diagnostic tool that measures anxiety.
- 8 The PHQ-8 is a brief screening questionnaire for depression.
- 9 The BRCS captures adaptive coping strategies.
- 10 See EPAPSY (Association for Regional Development and Mental Healthcare) website, 'Provision of psychosocial support to refugees' (www.epapsy.gr/en/provision-of-psychosocial-support-to-refugees).

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