

## Navigating the Pandemic: Exploring Mental Health Impacts and Communication Patterns in Jordan During COVID-19

التعامل مع الجائحة: استكشاف تأثيرات الصحة النفسية وأنماط التواصل في الأردن خلال  
جائحة كوفيد-19

Bader Seetan Al-Madi<sup>1</sup>, Mina Hatem Ghanem<sup>2</sup>

<sup>1,2</sup> School of Applied Humanities and Languages, German Jordanian University, Jordan

<sup>1</sup> Bader.madi@gju.edu.jo

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كوفيد-19

### Abstract:

**Objectives:** This study aims to investigate the psychological, social, and economic effects of COVID-19 on Jordanians, explicitly focusing on mental health and communication skills.

**Methods:** A quantitative approach was employed, utilizing an online questionnaire to gather data from 705 participants across Jordan. The questionnaire covered various aspects, including mental health indicators and communication behaviors during the pandemic.

**Results:** Analysis revealed significant levels of depression and anxiety symptoms among respondents, with variations based on gender and age. Communication patterns were also impacted, with increased reliance on social media and online platforms for information and interaction.

**Conclusions:** The findings highlight the profound impact of COVID-19 on mental health and communication in Jordan. Urgent attention is needed to address the mental health needs of the population, particularly vulnerable groups. Efforts to promote awareness and provide support through online channels are crucial in mitigating the adverse effects of the pandemic on mental well-being.

**Keywords:** COVID-19; Mental Health; Communication; Jordan; Pandemic Effects.

### الملخص:

**الأهداف:** تهدف هذه الدراسة إلى دراسة الآثار النفسية والاجتماعية والاقتصادية لكوفيد-19 على الأردنيين، مع التركيز بشكل خاص على الصحة العقلية ومهارات الاتصال.

**المنهجية:** لتحقيق أهداف الدراسة استخدم نهج كمي باستخدام استبيان إلكتروني لجمع البيانات من 705 مشاركين في جميع أنحاء الأردن. غطى الاستبيان جوانب مختلفة، بما في ذلك مؤشرات الصحة العقلية وسلوكيات الاتصال أثناء الوباء.

**النتائج:** أشارت نتائج الدراسة إلى أن كشف التحليل عن مستويات كبيرة من أعراض الاكتئاب والقلق بين المستجيبين، مع اختلافات بناءً على الجنس والعمر. كما تأثرت أنماط الاتصال، مع زيادة الاعتماد على وسائل التواصل الاجتماعي والمنصات عبر الإنترنت للحصول على المعلومات والتفاعل.

**الخلاصة:** تسلط النتائج الضوء على التأثير العميق لـ COVID-19 على الصحة العقلية والاتصال في الأردن. ويلزم إيلاء اهتمام عاجل لتلبية احتياجات السكان في مجال الصحة العقلية، ولا سيما الفئات الضعيفة. وتكتسي الجهود المبذولة لتعزيز الوعي وتقديم الدعم من خلال القنوات الإلكترونية أهمية حاسمة في التخفيف من الآثار الضارة للوباء على الصحة العقلية.

**الكلمات المفتاحية:** COVID-19؛ الصحة العقلية؛ الاتصال؛ الأردن؛ آثار الجائحة.

# 1 Introduction

As coronavirus spreads worldwide, it poses a severe danger to health systems and human social lives. Many measures to prevent the spread of the virus have restricted individual freedoms, as well as have appeared to increase the risk of psychiatric disorders and emotional distress and have led to communication difficulties among various social groups. Moreover, the pandemic embodies many stressful events, such as the loss of employment, financial and social insecurity, and the death of beloved ones — a further contributor to mental health challenges.

Many groups in Jordan have been affected by the pandemic's economic, emotional, and psycho-social impacts, with vulnerable groups the most highly affected.

This research aims to delve into the impact of the pandemic on communication and mental health in Jordan. It seeks to understand how the pandemic, quarantine periods, social distancing regulations, and challenges in accessing basic needs have affected the people of Jordan. The study also investigates if and how people's perspectives and priorities have shifted in the face of pandemic-induced restrictions and closures, and what communication channels and tools they now prefer.

This paper argues that Jordanians' state of communication and mental health is under threat due to the impact of COVID-19. Exploring the feelings of loneliness and isolation that were more prevalent during the pandemic are solid indicators for diagnosing anxiety, depression, and other psychiatric disorders.

Although mental health care and services in Jordan are developing, according to the World Health Organization (WHO) report (WHO-AIMS Report on Mental Health System in Jordan, 2015), Jordan has been left without a national mental health policy for decades, which makes addressing mental health more challenging. This research aims to investigate the impact of COVID-19 on mental health and Jordanians' communication, as well as the current state of mental health access and its affordability in Jordan.

## 1.1 Coronavirus History in a Glance

The first official cases of COVID-19 were reported on December 31, 2019, when the World Health Organization (WHO) received reports of pneumonia patients with no known source in Wuhan, China. Chinese authorities identified coronavirus, currently known as 2019-nCoV, as the cause of these infections on January 7 (Novel Coronavirus, 2020) Sohrabi (2019).

The appearance of a new pandemic in December 2019, which was linked to an old viral danger known as "coronavirus" exposed the world's weakness in dealing with such a catastrophic pandemic once again. COVID-19 is the third significant coronavirus outbreak, following SARS-CoV and MERS-CoV (Khan et al, (2020).

On January 30, 2020, the WHO declared the COVID-19 outbreak a global public health emergency due to the exponential increase in the number of cases and countries affected by the disease (World Health Organization 2020). Shortly after, on March 11, COVID-19 was declared a pandemic (World Health Organization 2020).

Although the international response was not very efficient initially, vaccine research and development were initiated in the early days of the outbreak (Novel Coronavirus, 2020).

The impact of COVID-19 has not been limited to a specific sector; it has disrupted supply chains and damaged manufacturing operations around the world in a rapid and unprecedented way. COVID-19 forced thousands of companies around the world to scale down or temporarily close assembly and manufacturing plants (Alabdullah et al., 2020).

Verma and Prakash (2020) state that many countries have reported an increase in domestic violence and intimate partner violence attributed to the pandemic-induced lockdowns. The lockdowns, which denied many people access to decent work opportunities and contributed to financial stress and uncertainty, have also led to an increase in aggression at home, with the abusers able to control large amounts of their victims' daily lives (Marroquín et al (2020), Ahrens et al (2021).

Social distancing, or physical distancing, has developed new survival habits and new approaches to interaction with those who are close, such as family members, and those who are farther in relation, such as friends or coworkers. These changes in patterns of social interaction have created gaps between friends and relatives (Alkhamees 2020). However, mobile phones and the internet have kept people close to each other.

Slowly, people have adapted to staying at home and have developed new habits to keep themselves engaged in professional work about domestic work Ammar, et al (2020).

Jordan has not been an exception from other nations around the world. People have changed their patterns of social relations amid the pandemic, as the pandemic has exposed people to different communication practices. However, there are also people whose social relation patterns have remained unchanged, which frequently corresponds with the denial of the pandemic and unconformity to the pandemic restrictions. However, those who initially do not change their social patterns often reach a point where they are alert to the seriousness of the situation, especially if the disease comes close to their family or they experience the death of an acquaintance, relative, or friend Greenstone & Nigam (2020).

Social isolation has also emerged as another change in the social relations patterns of Jordanians due to the pandemic. Social isolation involves limiting communication with others except for the utmost necessities, such as exchanges for material benefits, which are often devoid of emotional or social feelings. Most of these exchanges now occur through electronic communication, primarily through selling, buying, receiving goods, and transferring money. These exchanges are without being courted or showing love Greenstone & Nigam (2020). Ammar, et al (2020).

Additionally, much social relation has been transformed into electronic communication and thus has become dry. This has led to a low quality of shared emotional benefits despite the intensity of communication, as observed in most online education experiences through complaints from all parties (parents, students, teachers, and administrators).

Adaptive social relation is another form of communication and interaction that has been common throughout the pandemic. Those involved in this social relation have tried to adhere to prevention and physical distancing, while have sought solutions to establish and maintain positive relations remotely, through both electronic and in-person activities, with the aim to avoid social isolation and to activate human communication (Al-Talafheh 2021; Yildirim, et al (2020)).

During the pandemic, high levels of depression, anxiety, and stress emerged among Jordanians. Many people reported that the pandemic had a strong impact on their mental health. Factors associated with a greater mental health impact include a young age, a remote living environment, a low monthly income, or a bachelors or a graduate degree (Qasem 2021).

During the pandemic, high levels of depression, anxiety, and stress emerged among Jordanians. Many people reported that the pandemic had a substantial impact on their mental health. Factors associated with a more significant mental health impact include a young age, a remote living environment, a low monthly income, or a bachelor's or a graduate degree (Qasem 2021).

## **1.2 Jordan's First Response for The Pandemic**

Jordan traced its first case of COVID-19 to an individual who had traveled to Italy on March 2, 2020, Prime Ministry of Jordan (2020). At that time, Jordan's response was driven mainly by necessity. Jordan already faces massive economic challenges, hosts a large refugee population, and faces infrastructure challenges Raouf et al. (2020). The pandemic presented additional challenges to the Jordanian government and its institutions; the lockdown and restrictions on movement affected people who work day-by-day or do not have consistent work, including most workers in the country (The Washington Institute, 2020).

Jordan's first response appeared optimistic. The armed forces provided citizens with food, medications, and other necessities and offered services other than controlling movement. Additionally, despite Jordan's limited resources and financial challenges, the government was able to quarantine around 5,000 people from various countries at its own expense (Jordanian Ministry of Health, 2020).

The first step in preventing and limiting the spread of COVID-19 in Jordan was conducting temperature screenings for incoming tourists and imposing a quarantine on those who arrived from countries with high COVID-19 transmission rates. Another step Jordan made in the pandemic's early stages was banning the entry of non-Jordanians from specific countries, such as China, Italy, and Iran, which had high rates of COVID-19 spread.

Furthermore, tight restrictions were applied to large-group gatherings for all social events, including weddings, funerals, hospital visits, cinemas, sports clubs, mosques, and youth centers. These restrictions were

applied intensively on March 17, 2020, and a curfew was declared by March 20, 2020 (Jordanian Ministry of Health, 2020, Prime Ministry of Jordan, 2020, (Ajloiny & Almahaireh, 2020).).

In conclusion, despite the uncertainty of the future scenarios, Jordan's approach to countering the COVID-19 pandemic was promising.

### **Social Factors:**

The pandemic has dramatically changed the nature of our social interactions. Not only during the lockdown initiated in Jordan in March 2020 but also today, we often regard others as possible sources of infection. The coronavirus pandemic has altered many norms of social and economic behavior. The pandemic has influenced even fixed behaviors, such as habits, routines, and relationship patterns (Calbi & Marta, 2021).

Besides health risks, the pandemic also has put social attitudes at risk. This virus developed in front of people sporadically, forcing them to change their reactions, behaviors, and social relationships to prevent the virus's spread. Krings et al. (2021) argue that the pandemic has impacted how we view, act, and behave within the world. People who can work remotely now do so from the safety and isolation of their own homes. There has been an increase in the role of social media in mobilizing online action and street protests. However, social distancing and its related guidelines can also cause people to feel excluded from society Rodríguez-Fernández (2021).

Health authorities worldwide have implemented recommendations that have shaped new behaviors — the effort required to stay safe is enormous. The health recommendations have shaped positive and negative behaviors, influenced by anger, fear, and uncertainty (Ajloiny & Almahaireh, 2020).

The term 'social distancing' has become ubiquitous since the onset of the pandemic. It refers to the practice of maintaining physical distance from others, even from close friends and relatives. However, this term has been misinterpreted, leading to a misconception of isolating oneself socially. This misunderstanding has negatively influenced behaviors and relationships, and in some instances, hindered communication (Greenstone & Nigam 2020).

Hales et al. (2021) investigated the implications of lockdowns and social distancing guidelines for mental health from the perspective of social ostracism. Restrictions on movement and behavior can result in people feeling excluded. However, Hales et al. (2021) and Krings et al. (2021) offered some cause for optimism. They found that people may be more resilient than they think in times of crisis and that social norms are quickly shifting, such that as time goes on, people may feel less ostracized and have a greater sense of belonging.

Effective crisis management necessitates the establishment of robust communication channels with various societal groups, taking into account the most widely used platforms. In the initial stages of the pandemic, 78% of people relied on Facebook and 41% on Twitter for information (The Daily Fact (2020) Brindha (2020)). When discussing social aspects, the focus should be on communication, particularly during a crisis when misinformation and fake news pose a threat to social cohesion (Krause, 2020).

In this prioritized communication process, time is a crucial variable as it affects the content being delivered; it also determines the stage, the needs, and the assessments to be done at a given time (Brindha, D 2020).

### **1.3 Mental Health and Mental Health Access in Jordan**

The WHO defines mental health as "a state of well-being enabling individuals to realize their abilities, cope with the normal stress of life, work productively and fruitfully, and contribute to their communities" (WHO-AIMS Report on Mental Health System in Jordan, 2010). Unfortunately, the importance of mental health is not gaining enough attention and support worldwide, especially in countries like Jordan, where it is relatively neglected.

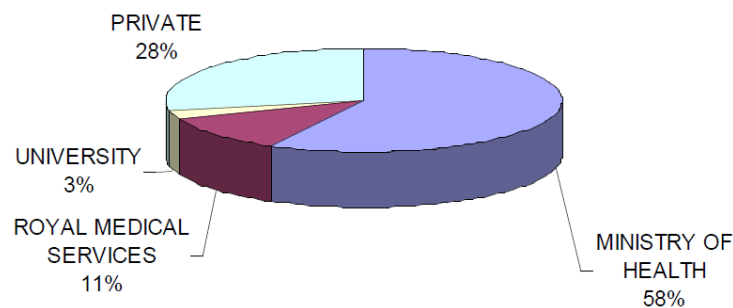
The global burden of mental health problems is high and rising Rehm (2017). According to the WHO, 10 to 20% of children and adolescents worldwide experience significant mental health challenges. These challenges are considered the leading cause of disability among young people and are particularly impactful to society due to their harmful effects on child development. In particular, childhood behavioral disorders are pervasive, which can have adverse effects on society due to associated challenges with educational attainment, health, and productivity Rehm (2017). Additionally, childhood behavioral disorders are often the precursors to adult mental health disorders. It is projected that more than 70% of adult mental health problems begin in childhood or adolescence (Rehm, 2019; Luyckx, 2011; Nasir, 2002).

One in four families has at least one member with a mental health disorder that significantly impacts the family's quality of life. To improve the mental health of populations, the WHO has created the Mental Health Global Action Program (mhGAP) (WHO-AIMS Report on Mental Health System in Jordan, 2011).

All the efforts to improve mental health will lead to excellent outcomes for individuals, societies, and countries. These efforts include addressing disabilities, preventing suicidal attempts, and increasing countries' GDP and individuals' self-satisfaction (Barry, 2012).

Mental health has been a critical theme; the voices to raise awareness of mental health have increased. In addition, lockdowns and the isolation from loved ones, as well as the feeling of fear, grief, and isolation, have made the demand for mental health support services increase Krause (2020) (UN Volunteer, 2020). As the risk of mental disorders is much greater among developing countries WHO (2003), Jordan needs to make every possible effort to minimize the gap between physical and mental health importance to serve the community's best interest and its citizens Rayan & Jaradat (2016), Qasem et al. (2022).

Before the pandemic, the local statistics in Jordan show that about 1.75 million people suffer from mental illnesses, which is about 20% of the population [5]. The primary providers of mental health services in Jordan are The Ministry of Health and The Royal Medical Services. One-half of all Jordanians receive some care through private providers Qasem et al. (2022). It is estimated that outpatient mental health facilities serve 305 people per 100,000, and 39% of the service users of outpatient facilities are females Dmour (2021).



**Figure 1:** Distribution of Mental Health Outpatient Facilities in Jordan

There are 64 outpatient mental health facilities in the country; 37 (58%) are Ministry of Health facilities, seven (11%) are Royal Medical Services facilities, two (3%) are University facilities, and 18 (28%) are private (Figure 1). Only three (5%) outpatient facilities are for children and adolescents. These include two outpatient clinics at the Royal Medical Services and one at Jordan University.

It is essential to be aware that access to mental health services for displaced refugees is different. For example, although several agreements between the Ministry of Health and International agencies permit access to mental health services for refugee populations, medication is not free. As a result, mental health services for those groups are similar to those for uninsured Jordanians (Murshidi et al., 2013).

## 2 Methodology

The methodology employed in this study utilized an online questionnaire, specifically quantitative. The decision to opt for an online survey methodology was primarily driven by the constraints imposed by the COVID-19 lockdown measures, which restricted physical interactions and necessitated remote data collection methods. Given the widespread accessibility of the internet and digital devices, an online survey was deemed as the most viable approach to reaching and engaging with participants effectively. This method enabled data to be gathered from a diverse pool of respondents across different geographic locations in a timely and efficient manner across Jordan.

### 2.1 Sample

Was conducted from 'SA Journal of industrial psychology' and the 'US National library of medicine – National Institutes of Health COVID-19 Community Response Survey Guidance'. It's crucial to note that all the questions were developed rapidly from a variety of resources. The study's primary focus was to gain a comprehensive

understanding of the effects of COVID-19 on Jordanians, with a particular emphasis on mental health and communication, two areas significantly impacted by the pandemic.

The study was conducted in Jordan with a randomly selected group of 705 recipients (60.8% were females, 38.2% were males, and 1% preferred not to answer) aged 12 years and above, including other nationalities in the community such as Syrians. The survey was conducted online due to restrictions and governmental regulations regarding social distancing.

## 2.2 Measures

The mental health section in the questionnaire contains four subscales to capture different levels of depression tendencies during the COVID-19 situation in Jordan since March 2020. The questionnaire includes seven items of depression symptoms and indicators that were applied to the random sample. It asked the participants to indicate how often they have experienced every indicator or symptom: (0 = never, 1 = one to two days weekly, 2 = three to four days weekly, 3 = more than five days weekly).

## 2.3 Variables

The participants were also asked to indicate their demographic information, age, gender, marital status, educational level, occupation, place of living, and other data related to their mental health status and communication skills during the pandemic, such as sleeping problems, productivity, and their communication with the community and their co-workers.

## 2.4 Statistical Analysis and Reliability

The Microsoft EXCEL program, a widely recognized tool, was used by our team of experienced researchers to study and analyze the collected data. In addition, descriptive statistics tools and central tendency measures, such as the mean measures, were used to generate further helpful information data.

A crucial step involved subjecting the online survey instrument to a rigorous content validation, which entailed expert review by scholars in the fields of mental health and communication. This thorough scrutiny ensured the questionnaire's alignment with established theoretical frameworks and its capacity to effectively measure the targeted constructs. Additionally, pilot testing was conducted with a representative sample to assess the questionnaire's clarity, coherence, and comprehensibility. Feedback from the pilot study informed iterative refinements, optimizing the instrument's psychometric properties.

Moreover, measures were implemented to enhance the credibility of the online survey platform. Robust data encryption protocols and privacy safeguards were deployed to safeguard participants' confidentiality and anonymity, mitigating potential response biases. Furthermore, the study's large sample size and demographic diversity bolstered the generalizability of findings beyond the surveyed population.

# 3 Results

## 3.1 Socio-demographic characteristics

An analysis of the socio-demographic characteristics of the participants showed that their age distribution ranged from 12 years and above. In addition, most participants were females (60.7% of the respondents).

Table 1 below shows the age groups of the participants and related to their gender.

**Table 1:** Age Group and Gender

Age Group	Males	Females	Prefers Not to Answer
12-17	0.75%	3.97%	14.28%
18-30	53.3%	51.63%	57.14%
31-50	35.9%	40.43%	28.58%
50 +	10.05%	3.97%	-

### 3.2 Behavior, Communication, and Attitude During COVID-19

Home quarantine, social distancing, school and university closure, and unstable economic conditions have affected social networks between the different groups in the country Al-Marroof (2020).

Table 2 indicates that almost half of the studied sample recorded low productivity levels while working or studying remotely. The communication process among co-workers and within the community is mainly noticed to be low, as indicated above. Yet, observations of self-motivation and time management varied through the studied sample.

Wearing masks may be one barrier to communication; the questionnaire results indicate that 68.41% of recipients have shown discomfort wearing masks while communicating.

**Table 2:** Gender and Behavioral Factors

		Productivity	Self-motivation	Time Management	Communication with Co-workers	Communication with Community
Male	Low	48.7%	37.27%	36.16%	31.73%	46.86%
	Moderate	27.31%	26.94%	30.26%	25.46%	23.25%
	High	23.99%	35.79%	33.58%	42.80%	29.89%
Female	Low	44.4%	39.49%	34.35%	39.02%	48.13%
	Moderate	32.2%	31.31%	35.05%	29.67%	26.64%
	High	23.4%	29.2%	30.6%	31.31%	25.23%

Table 3 shows that 84.56% of the sample reported that their screen time has increased during the pandemic and 84.99% have started using social media and communication applications more often.

It also shows that people tend to stay home over going out due to the pandemic conditions and restrictions. Therefore, their reliance on phone calls increased compared to face-to-face communication.

**Table 3:** Methods of Communication

	Screen Time	Social Media Use	Preferring Calls Over Face-to-Face Communication	Tendency to Stay Home Over Going Out
Decreased	8%	5%	21%	25%
Not Affected	8%	10%	15%	16%
Increased	84%	85%	64%	59%

### 3.3 Mental Health and COVID-19

Coronavirus has had a significant impact in all countries so far. However, the situation in Jordan is considered more problematic than in other countries. This is because the pandemic has brought about many unparalleled societal changes, causing sudden and extensive modifications in human behaviors (Al-Tammemi, 2021).

Tables 4 and 5 study the indicators of mental health status among the studied sample according to gender and age. Both males (67.16%) and females (72.43%) agreed that they are overwhelmed about their future; these percentages are good indicators of psychological issues that might appear if the feelings are experienced constantly.

The studied sample recorded high percentages of people suffering from concentration problems due to a lack of interest caused by COVID-19.

**Table 4: Mental Health Indicators Based on Gender**

		Lost Interest in Things That Were Important Before COVID	Worried About Losing Job	Feeling Overwhelmed About the Futures	Difficulties Concentrating	Facing Sleeping Problems	Loss of Appetite
Male	Agreed	65.31%	39.1%	67.16%	57.20%	46.49%	24.36%
	Neutral	18.45%	32.1%	14.39%	21.03%	19.19%	18.08%
	Disagreed	16.24%	28.8%	18.45%	21.77%	34.32%	57.56%
Female	Agreed	63.3%	38.08%	72.43%	61.68%	51.40%	21.96%
	Neutral	17.8%	37.85%	12.85%	20.56%	17.76%	22.20%
	Disagreed	19.2%	24.1%	14.7%	17.76%	30.84%	55.84%

When analyzing indicators based on age, Table 5, shown below, reveals that youth in Jordan are worried and anxious about their future, which can be reflected in their productivity, interests, concentration abilities, in addition to some physical side effects, such as sleeping problems.

The age groups ranging from 12 to 17 years old and 18 to 30 years old shows some of the highest rates of mental health concerns out of the ages groups evaluated. These results put the society in a challenging situation, considering Jordan is a young country and this age group represents a large percentage of the population.

**Table 5: Mental Health Indicators Based on Age**

	Lost Interest in Things That Were Important Before COVID	Worried About Losing Job	Feeling Overwhelmed About the Futures	Difficulties Concentrating	Facing Sleeping Problems	Losing Appetite
12 - 17 (20)	70%	0%	85%	80%	50%	25%
18 -30 (370)	65.68%	41.08%	83.24%	72.97%	53.24%	27.57%
31 - 50 (272)	61.40%	36.40%	55.51%	44.49%	45.96%	14.71%
above 50 (44)	63.64%	27.27%	47.73%	31.82%	40.91%	31.82%

As depression is one of the most common mental health disorders, it is essential to study and analyze individuals who tend to have depression by examining depression symptoms that they experienced weekly. The studied symptoms were feeling nervous or on edge, loneliness, having suicidal thoughts, feeling pessimistic about the future, problems making decisions, and physical reactions such as sweating and breathing problems.

Items of depression symptoms and indicators were applied to the random sample of this study. The participants were asked to indicate how often they have experienced every indicator or symptom as follows: (0 = never, 1= one to two days weekly, 2 = three to four days weekly, 3 = more than five days weekly). Finally, an average of these seven answers was determined for each participant to classify their depression tendency, as follows: (0 = good health, 1 = mild, 2 = moderate, 3 = severe).

Table 6 indicates that almost half of the studied sample — 47.23% of males and 52.8% of females — have mild depression. At the same time, 18.45% and 3.69% of males and 21.7% and 4.7% of females have experienced moderate and severe symptoms, respectively. The numbers of moderate and severe tendencies should not be underestimated as they might lead to severe depression cases.

**Table 6:** Depression Tendency Based on Gender

		Depression Tendency
Male	Good Health	30.63%
	Mild	47.23%
	Moderate	18.45%
	Severe	3.69%
Female	Good Health	20.8%
	Mild	52.8%
	Moderate	21.7%
	Severe	4.7%

### 3.4 Mental Health Access in Jordan

Table 7 shows promising results: All age groups agreed upon the importance of mental health in their lives. The results show that many people from all age categories know how to ask for help when needed.

However, as presented in Table 7, over 50% of the studied sample is not covered by mental health insurance, and over 70% of the sample cannot afford mental health services or medication.

Table 7: Mental Health Access

	Believes That Mental Health Is Important	Knowing How to Get Help	Have Mental Health Insurance	Ability to Afford Mental Health Services
12 - 17 (20)	95%	70%	49%	30%
18 -30 (370)	98.11%	61.35%	40.27%	22.16%
31 - 50 (272)	92.28%	65.07%	36.40%	22.43%
above 50 (44)	84.09%	65.91%	36.36%	22.73%

### 3.5 Methodological Limitations

Many challenges affected this study. Conducting an online questionnaire was challenging for many reasons, including the limited number of recipients, the self-reported answers, and the restricted resources used to develop the survey questions.

The lack of literature and previous studies also challenged this research. The quantitative work undertaken in this project falls under the rapid studies of the current situation. Therefore, producing a qualitative helping method, such as observations or interviews, can help produce a more in-depth understanding and more accurate information in future studies.

## 4 Conclusion and Recommendations

The rapid spread of the pandemic around the world surprised governments, institutions, and individuals. Many governments have tried to reduce the negative impact of the pandemic on society, economics, and health. Jordan's government, like many others, has worked hard to deal with the pandemic, regardless of the country's economic hardships. Jordan is considered among the countries that have needed an adequate economic structure. So, many national measurements have been taken by the government to hinder the negative impact of the pandemic on its economy.

Jordan's government has worked on different approaches to stymie the pandemic's spread, such as social distancing regulations, mask-wearing restrictions, and lockdowns. People began to feel the negative impact of such policies, which quickly reflected in their behaviors, interactions, and responses to the pandemic's consequences. As a country that is not well equipped with the proper mental health policies, Jordan has struggled to offer reasonable solutions to its people who were affected mentally by the pandemic. All parties in Jordan need efforts for more professionalization to address mental health issues.

Based on the findings obtained from the data analysis and evaluation conducted in this study, several significant conclusions and recommendations emerge:

- **Concerns about COVID-19 Infection:** Approximately 35.83% of the sample expressed worry about contracting COVID-19. This underscores the population's persistent apprehension and anxiety regarding the ongoing pandemic.
- **Discomfort with Mask-Wearing:** 68.41% of respondents reported discomfort while wearing masks during communication. This highlights the potential challenges associated with adherence to mask-wearing protocols and the need for effective communication strategies to encourage compliance with preventive measures.
- **Increased Reliance on Social Media:** The study revealed that 84.99% of participants increasingly utilized social media and communication applications during the pandemic. This suggests that digital platforms serve as valuable channels for disseminating information and raising awareness about mental health amidst crises.
- **Impact on Productivity:** Nearly half of the sample reported low productivity levels while working or studying remotely. This underscores the pandemic's adverse impact on individuals' ability to maintain optimal levels of productivity in remote work and educational settings.

Based on these findings, the following recommendations are proposed:

- **Enhanced Communication Strategies:** Authorities and relevant stakeholders should prioritize the development and implementation of effective communication strategies to disseminate accurate information, promote adherence to preventive measures, and address public concerns about COVID-19.
- **Online Psycho-Social Support Services:** Given the limitations imposed by social distancing measures, there is a critical need for expanding online psycho-social support services. These services can provide accessible and timely assistance to individuals experiencing mental health challenges during the pandemic.
- **Focus on Refugee Communities:** Special attention should be directed towards addressing the mental health and social well-being of refugee populations, who may be particularly vulnerable to the adverse effects of the pandemic. Tailored interventions and support programs should be developed to meet the unique needs of refugee communities.
- **Promotion of Self-Care Practices:** Public health campaigns should prioritize promoting self-care practices to mitigate feelings of isolation and loneliness. Educational initiatives can empower individuals with strategies to maintain their mental well-being amidst the pandemic's ongoing uncertainty.

By implementing these recommendations, policymakers and stakeholders can contribute to fostering resilience, promoting mental well-being, and mitigating the adverse effects of the COVID-19 pandemic on individuals and communities.

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