



تحت رعاية صاحبة السمو الملكي الأميرة غيداء طلال
Under The Patronage of HRH Princess Ghida Talal



The 8th International Conference of The Jordanian Association of **Psychiatrists**

and The Conference on Supporting the Mental Health Sector in GAZA

Psychiatry for Humanity – Gaza in Focus

المؤتمر الدولي الثامن لجمعية أطباء الأمراض النفسية الأردنية
ومؤتمر دعم الصحة النفسية في قطاع غزة

Landmark Amman Hotel

9th - 10th. April. 2026

SCIENTIFIC AND ABSTRACT BOOK

By

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+962 6 58 1900 3



admin@eventscons.com



+962 7 99 60 2002



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His Majesty King Abdullah II Ibn Al-Hussein



His Royal Highness Crown Prince Al-Hussein Bin Abdullah II



WELCOME MESSAGE

On behalf of the Jordanian Association of Psychiatrists, it is my great pleasure to welcome you to the 8th International Conference of the Jordanian Association of Psychiatrists, held in conjunction with The Conference on Supporting the Mental Health Sector in Gaza, taking place on April 9th–10th, 2026, at the Landmark Amman Hotel.

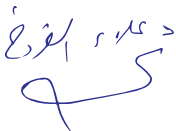
This joint conference brings together leading experts, researchers, and practitioners from around the world to share the latest advancements in psychiatry, mental health, and clinical practice. Our goal is to foster collaboration, innovation, and professional growth while addressing the critical mental health challenges facing our communities today, with a special focus on supporting mental health initiatives in Gaza.

We are excited to offer a program full of engaging presentations, interactive sessions, and networking opportunities, designed to inspire and inform. We look forward to your active participation and hope this event will be both professionally enriching and personally rewarding.

Welcome to Amman, and welcome to a conference dedicated to advancing mental health knowledge, practice, and solidarity.

Dr. Ala'a Alfrokh

Conference President



Executive committee

- Dr. Ala'a Alfrokh – Chairman**
Dr. Walid Sarhan - Honorary President
Dr. Ammar Al-Attar
Dr. Bilal Azzam
Dr. Mohammad Bani Abdulrahman
Dr. Mothaffar Al-Jalamda
Dr. Tareq Al-Khatib

Scientific committee

- Dr. Nayel Al Adwan– Chairman**
Dr. Abdelrahman Mizher
Dr. Ahmad Al-Masri
Dr. Ahmad Bawaneh
Dr. Ahmed Abdelkhaleq
Dr. Arafat Zubi
Prof. Ayman Mansour
Dr. Laith Al-Jarrah
Dr. Mahmoud Bashtawi
Dr. Mohamad Altaany
Dr. Nader AlSmady
Dr. Raafat Aburumman
Dr. Tayseer Shawash
Dr. Wa'el Almomani



GUEST SPEAKERS



Dr. Audrey Mc Mahon



Audrey McMahon, MD, FRCPC, is a Canadian Child and Adolescent Psychiatrist specializing in transcultural psychiatry, global mental health and Mental and Psychosocial Support (MHPSS) in humanitarian emergencies. She has worked in several humanitarian contexts with Doctors without Borders, namely in South Sudan, Iraq, the Democratic Republic of Congo and Palestine, including Gaza and the West Bank. She also acted as a Global Mental Health Consultant for the World Health Organization, namely to support French speaking countries facing humanitarian emergencies, and has previously supported Djibouti, developing the country's first national mental health strategy. She recently completed an assignment as MHPSS Delegate for the International Committee of the Red Cross (ICRC) in Gaza.



Dr. Joseph El-Khoury



Dr Joseph El Khoury is a Consultant Adult and Addiction Psychiatrist and a Fellow of the Royal College of Psychiatrists (UK). He is the co-founder and medical director of the Valens Clinic, a leading Dubai based clinic established in 2023. He is the former founding head of the department of psychiatry and behavioral health at American Hospital Dubai. He has held faculty positions at several universities, including the American University of Beirut and the University of Sharjah. He is currently adjunct assistant professor of psychiatry at the United Arab Emirates University. Dr El-Khoury combines international clinical experience from the United Kingdom, Lebanon and the UAE with an extensive track record in teaching, research and mental health advocacy. He has co-authored more than 70 academic publications and has a special interest in conflict medicine, having obtained a MSc in War and Psychiatry from King's College London in 2019. He is the immediate past president of the Lebanese Psychiatric Society and the financial officer of the Middle Eastern International division of the Royal College of Psychiatrists. He is also a senior fellow at the International Institute of Geopsychiatry.



Prof. Mahmoud El Wasify



Professor of psychiatry, Mansoura University
Board member of Egyptian psychiatry association
Head of child and adolescent psychiatry unit, Mansoura University .



Prof. Norbert Skokauskas



Dr. Norbert Skokauskas MD PhD is Professor of Child and Adolescent Psychiatry at the Centre for Child and Adolescent Mental Health and Child Protection, Norwegian University of Science and Technology. Previously Dr. Norbert Skokauskas held a Senior Lecturer in Child and Adolescent Psychiatry post at the Department of Psychiatry, Trinity College Dublin, Ireland; and worked as a Consultant Psychiatrist at the Temple Street Children's University Hospital, Dublin, Ireland.

Prof. Norbert Skokauskas is the Secretary for Education and Scientific Publications, World Psychiatric Association.



Prof. Tarek Okasha



- Professor Tarek Okasha is Chair of the Neuropsychiatric Department Faculty of Medicine, Ain Shams University, Director of the Okasha Institute of Psychiatry, Ain Shams University Hospitals in Cairo, Egypt.

- Director of the World Psychiatric Association Collaborating Center for Research and Training in Psychiatry

- Director of the International Institute of Geopsychiatry Collaborating Centre in Cairo, Egypt

- Editor-in-Chief of the Middle East Current Psychiatry Journal President of the Egyptian Alzheimer Society.

- An Editorial Board Member for numerous international psychiatric journals. He has published more than 120 papers in national and international journals and contributed in more than 34 national and international book chapters as well as supervising around 120 master's degree and doctorate degree thesis.



Dr. Tarik Al-Kubaisy



I am a Consultant General Adult Psychiatrist. Honorary Senior Lecturer at Lincoln University and Hull and York Medical School (HYMS) academic and research interests. Supervisor, trainer and examiner of postgraduates and Masters and PhD candidates. UK Consultant psychiatrist (on the GMC-UK specialist register). I have over 40 years' experience in post specialty.

Medical Director and Consultant General Adult Psychiatrist at The Well Centre Psychiatric Clinic in Lincoln -UK.

Previous Experience in:



Prof. Tariq Al-Habeeb



Prof. Tariq Al-Habeeb

- Professor and Consultant Psychiatrist
- General Supervisor of Mutmaenna Centers for Consultation and Training
- Former Secretary-General of the Arab Federation of Psychiatrists
- Secretary-General of the Executive Council of the Qur'anic Therapy Conferences (Between Religion and Medicine)
- Psychological Consultant to the Committee of Psychiatry and Spiritual Therapy at the World Psychiatric Association
- Psychological Consultant to numerous governmental bodies, media organizations, and local, Arab, and international television channels
- Presented numerous psychological, social, and family programs broadcast on more than 55 television and satellite radio channels in various languages
- Author of 16 books, some of which have been translated into several languages
- Published 40 psychological and medical research papers



Prof. Unaiza Niaz



Dr. Niaz has published about 160 scientific papers, several chapters in books and authored nine books, including Wars, Insurgencies and Terrorist Attacks: A psychosocial Perspective from the Muslim World (Oxford University Press 2011), which received a National Book Award, And a valuable book after the Earthquake 2005 'The day the Mountains Moved' : Psycho social Perspectives on Handling Psych trauma.



Dr. Usama Alneamy



Dr. Usama Alneamy

Senior Consultant Psychiatrist

International Fellow of the American Psychiatric Association (IFAPA)

Fellow of the European Psychiatric Association (EPA)

Member of the American Academy of Addiction Psychiatry (AAAP)

The image features three human faces rendered in a white wireframe style against a dark blue background. The faces are arranged in a row, with the central one being the most prominent and slightly larger. The wireframe consists of numerous interconnected lines forming a mesh that outlines the facial features. The overall aesthetic is digital and futuristic.

SPEAKERS



Dr. Abdullah Al-Jamal

Dr. Abdullah Al-Jamal is a psychiatric consultant and mental health leader with extensive experience in emergency. He earned his Bachelor's degree in Medicine and Surgery from Misr University For Science And Technology (EGYPT) in 2004 and obtained the Arab Board Degree in Psychiatry (Trained at Al Rashid Hospital Center) Jordan in 2014.

Dr. Al-Jamal currently serves as the General Directorate of Mental Health services at the Palestinian Ministry of Health in Gaza. He is also the Head psychiatric board training in Gaza under the umbrella of the Palestinian medical council. In addition, he is an Assistant Professor of Psychiatry at Al-Azhar University and the Islamic University in Gaza.



Dr. Abdullah Alsayadi

Third-Year Resident in Psychiatry, National Centre of Mental Health, Ministry of Health, Jordan
Bachelor of Medicine and Surgery (M.B.B.Ch.), Faculty of Medicine, Yarmouk University, Jordan
Organizer and Lead Instructor, Comprehensive Professional Research Program
Co-Founder and Researcher, Mental Health Research Network of Yemen



Dr. Ahmad Alaboodi

-MBA marketing -Human & youth Development specialist
-GM Beat of the heart for business solutions initiative
-GM of Restore the smile initiative



Dr. Ahmad Bawaneh

Ahmad Y. Bawaneh, Country Director at International Medical Corps (IMC) in Amman, Jordan. With more than 22 years of extensive training and leadership experience in mental health program management, working with refugees and other vulnerable populations in complex humanitarian contexts as well as in development settings. He is the Co- chair the MHPSS working group in Jordan, along with the WHO, and he is a member of the MoH mental health technical committee in Jordan. He is an active role player in mental health policy advocacy and development in Jordan that aims to address the delicate needs of refugee populations in the country, including designing the strategy to shift from emergency-oriented operations in the health, mental health, and child protection areas of programming to a post-conflict and development-focused programming while integrating the health, mental health, and child protection interventions within the public health system. his training and work have contributed to building his experience in cultural adaptation and the implementation of interventions with refugees in Jordan. He has collaborated on research projects and designed programs that are relevant to the field of mental health, including conducting a mobile mental health needs assessment for refugees living in Jordan and culturally adapting a low-intensity group psychological intervention for Syrian refugees that is affordable and scalable, and evaluating the impact on the targeted population.



Dr. Ali Alqam

Born and bred in Jordan

Consultant Psychiatrist & clinical director at Al-Rashid Hospital.

Qualifications:

1. MB, BS, Faculty of Medicine, University of Jordan.
2. MRC Psych, Royal College of Psychiatrists, England.
3. Diploma in Clinical Psychiatry, Royal College of Physicians of Ireland & Royal College of Surgeons of Ireland.
4. Cognitive Behavioral Counselling & Therapy Skills Diploma, England.
5. Board in Psychiatry, Jordan.

Have worked as a consultant psychiatrist In England (Manchester, Liverpool, and Cambridge) as well as Northern Ireland for 22 years. During that period I have worked mostly in general adult and liaison psychiatry, but also in other branches such as ASD, learning disabilities, and personality disorders.

- I have been a teacher for under and post-graduate students in the United Kingdom and in Jordan.
- I am an examiner in the Jordanian medical board in Psychiatry & in the Arab board in Psychiatry.
- I have published several pieces of original studies in international journals.



Dr. Alaa Dalloul

Specialist in mental health and psychological counseling, holding a Ph.D. in Mental Health from Ain Shams University, Egypt, with extensive experience in psychosocial support, counseling, and designing community- based mental health programs in crisis-affected environments.

Founding member and Program Director of the Oasis of Reassured Program in Palestine, contributing to the scientific team and leading psychological support initiatives, including delivering hundreds of workshops for women to strengthen psychological resilience and recovery in post-war contexts.



Dr. Amer Al-Rawajfeh

Dr. Amer Rawajfeh is a Specialist in Psychiatry and Addiction Treatment, a member of the Jordanian Psychiatric Association, and a lecturer at the Faculty of Medicine at Mutah University.



Prof. Ayman Mansour

Ayman M. Hamdan- Mansour RN, MSN, PhD

Prof. Hamdan Mansour has completed his PhD in Nursing in 2004 from the University of Pittsburgh, PA/USA. Currently, he is a professor of psychiatric nursing at School of Nursing, The University of Jordan. Has more 30 years of experience in psychiatric nursing education and research. Area of research focus is mental health promotion, substance use disorder, psychosomatic disorders, mental health and psychosocial wellbeing, youth mental health, community mental health, and women and child abuse. Has several national and international research awards and recognitions and served as consultant for several national projects related to community health development, mental health and psychosocial health. Has published more than 200 peer-reviewed articles and been keynote speaker in number of national and international mental health conferences.



Prof. Ekhlas Al Gamal

Dr. Ekhlas Al Gamal is a Professor of Psychiatric and Mental Health Nursing at the University of Jordan and serves as an Honorary Research Fellow at the University of Salford, UK. She has substantial teaching experience in psychiatric and mental health nursing across Jordan and Saudi Arabia. Her research focuses on the mental health of individuals with chronic illnesses and the well-being of their caregivers



Dr. Hussein Mansour

Dr. Hussein Mansour holds a PhD in Project Management and a Master's degree in Public Health, with over 30 years of experience in the NGO sector. Throughout his career, he has held senior leadership positions, including General Director, where he contributed to strategic planning, organizational leadership, and comprehensive program oversight. Since joining Juzoor in 2024, Dr. Mansour has advanced through several key roles, including Project Coordinator, Senior Project Coordinator, and Project Manager. He currently serves as MHPSS Program Manager, demonstrating strong expertise in project planning, design, implementation, and monitoring and evaluation. At Juzoor, he actively participates in management meetings, contributes to strategic planning processes, and serves as a member of the Recruitment Committee, playing an important role in strengthening program quality and operational effectiveness.



Dr. Ibrahim Al-Salek

Dr. Ibrahim Al-Salek is a Jordanian board-certified psychiatrist and a member of the Jordanian Psychiatric Association (JPA). He completed formal Cognitive Behavioral Therapy (CBT) training from the Beck Institute (USA), delivered in collaboration with the Kalema Center for Cognitive and Behavioral Sciences, Jordan (2024). He maintains a private clinical practice in Jordan and serves as a lecturer for psychiatric trainees in Al-Istiklal Hospital Residency Program. His professional interests include psychotherapy and the integration of neuroscience with psychological practice, with a focus on evidence-based psychiatry.



Dr. Khalid Abuelsamen

Khalid Abuelsamen is a senior medical student at The Hashemite University and the founder of the Medical Research Community (MRC). He possesses a strong foundation in artificial intelligence applications within medicine, with a particular interest in evaluating the clinical utility of large language models. Through his leadership at MRC and ongoing research, Khalid is dedicated to advancing evidence based, technology driven innovations in healthcare and looks forward to sharing his findings with the psychiatric community.



Dr. Maher Al Asasleh

Dr. Maher Alasaleh earned his degree in Medicine and General Surgery from Al-Kufa University in Iraq. He completed his psychiatric residency training at the Jordanian Royal Medical Services (JRMS) program, and two psychiatric fellowships with the Free University as well as the Charité Clinicum in Berlin. He was a Clinical Teacher and Trainer for 5th year medical students at several Jordanian Universities, was as a Psychiatric Physician with the UN - with missions to Liberia; Sierra Leone and Haiti, and was Director of the German Three Clinics Project Ch4S-BALSAM (Charité Help 4 Syria), working closely with the Jordanian Ministry of Health. Dr. Maher is well-published and is a regular speaker at local and international conferences and seminars. He is currently a First Specialist and is the second-in-command at JRMS Psychiatry where he spends his time mentoring and overseeing 17 residents, as well as managing the care of inpatients and outpatients at JRMS's various locations including the Princess Aisha Center; the King Hussein Medical Center and the Queen Rania Medical Center for Children.



Dr. Mahmoud Bashtawi

Associated professor at Jordan University of Science and Technology, Consultant psychiatrist / child and adolescent at King Abdullah University Hospital. He attended high specialty degree in psychiatry from JUST. He attended the Canadian clinical fellowship in child and adolescent psychiatry in 2012. He is an Arab board child psychiatry examiner.



Prof. Manar AlAzzam

Manar AlAzzam RN, MSN, Ph.D, CNS

Professor/ Psychiatric Mental Health Nursing

Manar M. AlAzzam is a Full Professor of Psychiatric Mental Health Nursing at Al al-Bayt University. She previously served as Dean of the Princess Salma Faculty of Nursing and as a WHO mental health consultant. She earned her PhD in Psychiatric Mental Health Nursing from University of Iowa after completing her MSN at Villanova University. Her research focuses on child and adolescent mental health, including depression, anxiety, and ADHD in Jordan and Arab communities. She has published more than 40 peer-reviewed studies and leads national efforts to strengthen mental health awareness and policy.



Dr. Maram Abu Gharbieh

Dr. Maram Abu Gharbieh is a clinical psychologist and psychotherapist with a PhD in Educational Psychology. She has extensive experience in teaching and counseling and currently teaches psychology in higher education institutions. She specializes in working with adolescents, parenting development, and sexual health. She provides individual and group psychotherapy and coordinates professional workshops for parents, educators, youth, and professionals. She contributes to rigorous research in the fields of psychology and education and regularly presents at regional specialized conferences.



Dr. Mohammad Abu Sliah

Dr. Mohammad Abu Sliah is a consultant psychiatrist based in Amman, Jordan, and the founder of Insight Clinics. He is actively involved in clinical practice, mental health training, and international psychiatric collaboration. His work focuses on community mental health, telepsychiatry, and humanitarian mental health initiatives, particularly supporting populations affected by conflict in the region.



Dr. Mohammad Wa'el Hindeyeh

Mohammad Hindeyeh M.D, MRCPsych, FEBP

A psychiatrist working within the Royal Medical Services. He is the founder and co-director of MedPsych KH, an international educational platform through which he has trained and mentored over 3,000 psychiatrists preparing for postgraduate psychiatric examinations. He completed additional training in Child and Adolescent Psychiatry at Michigan State University in 2019.

Alongside his clinical and educational work, Dr. Hindeyeh is actively involved in medical education, teaching psychiatry to medical students at Jordan University of Science and Technology and psychology at Al-Ahliyya Amman University. His professional interests include psychiatric education, examination training, and advancing clinical skills among early-career psychiatrists.



Dr. Mohammed Aljalei

Dr. Mohammed Hussein Aljalei is a Psychiatry Resident and Mental Health Researcher, and the Founder of Mental Health Research Network of Yemen. He is also an international debate trainer and adjudicator with more than ten years of experience. He is a graduate of the Elite Academy at QatarDebate Center.



Dr. Mohammed Amin El-Hihi

Mohammed Amin El-Hihi is an experienced consultant psychiatrist with a career spanning more than four decades across Europe and the Middle East. Currently, working within the National Health Service (NHS) in the United Kingdom. He serves in the Mental Health Urgent Care Centre, where he works as part of a multidisciplinary team providing assessment, support, and treatment to acutely unwell patients. He is actively involved in the teaching programme for junior doctors in psychiatric training.

Dr El-Hihi has extensive experience in General Adult Psychiatry, with expertise in Liaison Psychiatry, Crisis Intervention, Early Intervention in First Episode Psychosis, and, more recently, Urgent Care services. He has completed several longitudinal studies and service evaluations aimed at improving local mental health services and enhancing psychiatric education.

Dr El-Hihi began his psychiatric career in Italy after graduating in Medicine. He later moved to Kuwait to join his family and worked with Professor Emeritus Mohammed Fakhr El-Islam in the mid-1980s. He subsequently joined the psychiatric rotation scheme at the University of Liverpool in the UK, working with Professor Mohammed Abou-Saleh. He has been practising as a Consultant Psychiatrist since 2007.

His main professional interests include Transcultural Psychiatry and Volunteering Psychiatry. He was part of a Pan-European delegation organised by the World Health Organization (WHO) to develop mental health service projects in the Occupied Palestinian Territories.

Dr El-Hihi has also been an active contributor to Dr Walid Sarhan's online clinical education initiatives, delivering several talks on psychosis, bipolar disorder, and schizophrenia for psychiatric trainees.



Dr. Morsi Abdallah

Dr. Morsi Abdallah is the Clinic Director and Chief Physician of the Department of Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics at Lüdenscheid Hospital, a teaching hospital affiliated with the University of Bonn

Before assuming his current position, Dr. Abdallah worked as a Consultant in Child and Adolescent Psychiatry in both Denmark and Germany. He holds a PhD in Medicine from Aarhus University, Denmark where his research focused on autism, and a Master of Health Policy from Emory University in the United States.

In addition to his clinical responsibilities, Dr. Abdallah serves as a Clinical Adjunct Assistant Professor in the Department of Psychiatry at West Virginia University

His main research interests include measurement-based care in child and adolescent psychiatry as well as mental health policy."



Dr. Moussa Hassan

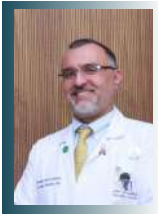
Participation in many international and local conferences.

Presenting many lectures to family protection, rehabilitation centers and schools.

Member of the Jordanian Psychiatric Association and the Medical Association. , - General Secondary Educational Certificate, Scientific Stream.

-(MBCHB) Medical And General Surgery, University Liber Of
Bruxelle – Belgium /1986.

- The Jordanian Board In Psychiatry /1999.



Dr. Omar Shamieh

Dr. Omar Shamieh, MD, MBA is an internationally recognized leader in psychosocial oncology and palliative medicine, known for transforming care delivery across clinical, academic, and policy domains. At King Hussein Cancer Center, he pioneered and led the development of one of the region's most advanced psychosocial oncology programs, setting new standards for integrated, patient-centered care.



Dr. Osama Jabr Emad

Dr. Osama Jabr Emad holds a Master's degree in Community Mental Health and a PhD in Clinical Psychology. He serves as Head of Programs and Training in Mental Health in Gaza and is an Assistant Professor of Mental Health (part-time) at the Islamic University of Gaza. Dr. Emad is MHPSS expert with extensive experience in training, supervision, program development, and research. He has worked as a researcher, trainer, and supervisor with several NGOs, including the ICRC, WHO and MDM-France. He has published over 20 scientific papers and contributed to the development of psychological assessment tools and psychological intervention protocols.



Dr. Rafat Abu Rumman

Raafat Aburumman MD.

Consultant psychiatrist.

Child and adolescent psychiatrist.

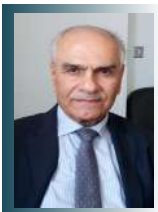
Psychoanalysis psychotherapy approach



Dr. Tala Darabkeh

Dr.Tala Darabkeh, MD, MPH, is a senior psychiatry resident at Jordan University Hospital.

She holds a medical degree from The University of Jordan, where is pursuing a Master's in Public Health. Her work integrates clinical psychiatry and public health, focusing on evidence-based practice and mental health strategies. Dr. Darabkeh's research interests include mood and anxiety disorders and population-level mental health. Passionate about psychiatric education and stigma awareness. She is presenting on her recent research regarding the inappropriate use of beta-blockers and their association with anxiety among medical students.



Prof. Tewfik K. Daradkeh

Faculty of Medicine and King Abdullah University Hospital

Jordan University of Science and Technology (JUST)

-MD – University of Sarajevo, 1974

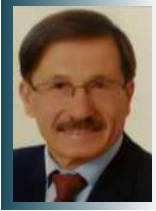
-PLAB: General Medical Council, London 1980

-DPM- London U.K. Awarded by the conjoint board of royal college of physicians of London and royal college of surgeons of England.

-MRCPsych – London U.K 1982 (Membership of the royal college of psychiatrists).

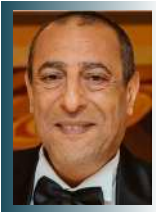
Jordanian Board, Amman, Jordan 1983 (Awarded by the Jordan Medical Council).

-FRCPsych – London, UK, 1996 (Fellowship of the royal college of psychiatrists)



Dr. Tayseer Shawash

Consultant clinical psychologist
Cognitive behavior therapist
Director of Almurad center
Ex Royal medical services
Ex Alrashid Hospital



Prof. Wa'il Abou Hendy

Professor of Psychiatry Zagazig University, Head of Anxiety & OCDs Unit, Arab Federation of Psychiatrists, Editor of 6 Arabic books, the most popular is AlwaswasAlkahry (OCD An Islamic Arabic Perspective) AlamAlmarifa, no. 293.
Owner of www.MaGaNiN.CoM for Arab Socio-Mental Health.



Dr. Wa'el Al-Momani

Dr. Wael Al-Momani is a Consultant Psychiatrist with extensive clinical, academic, and leadership experience in mental health services. He previously served as a Clinical Instructor at the Faculty of Medicine, Mu'tah University, and as Head of the Psychiatry Department at the Jordanian Ministry of Health. He currently leads the Motmaenna Psychiatry Department at Al-Istiqlal Hospital in Amman. Alongside his institutional roles, operates private psychiatric clinics, offering comprehensive assessments and evidence-based treatment across a broad spectrum of mental health disorders.



Dr. Walid Sarhan

- King Abdullah II ibn Al Hussein's Order of Excellence first class
- Senior Consultant psychiatrist working in Amman, Jordan.
- Member and fellow of the Royal College of Psychiatrists
- International Distinguished Fellow of the American Psychiatric Association
- Honorary member of the World Psychiatric Association
- Co-founder and editor of Arab Journal of Psychiatry 1987-2023
- Chairing the committee in charge of the first hybrid psychiatric residential program in northwest Syria in 2024
- Active in continuous medical education in the region



SCIENTIFIC PROGRAM

Day 1, Thursday 9th, April 2026

09:00 – 09:30

Registration

09:30 – 10:30

Opening Session: Mental Health in Gaza
Chairpersons: Dr. Wa'el Almomani, Dr. Ammar Al-Attar

Time	Topic	Speaker	Country
09:30 – 09:45	Emergency Mental Health and Psychosocial Support Response in Gaza During the War: Maintaining Services Despite Total Infrastructure Destruction	Dr. Abdullah Al-Jamal	
09:45 – 10:00	التحديات والحلول في انجاز مشاريع الرعاية النفسية في قطاع غزة OASIS OF COMFORT	Dr. Alaa Dalloul	
10:00 – 10:15	Practical projects to support mental health sector in Gaza. Together we make difference	Dr. Ahmad Alaboodi	
10:15 – 10:30	Wounds You Can't See – Mental Health in the Shadow of War	Dr. Omar Shamieh	

11:00 – 12:00

Opening Ceremony

11:00 – 11:10 The Royal Anthem and Recitation from the Holy Quran

11:10 – 11:15 Speech by Dr. Nayel Al-Adwan – Chairman of the Scientific Committee

11:15 – 11:20 Speech by Dr. Ala'a Alfrokh – Conference President

11:20 – 11:25 Speech by Her Royal Highness Princess Ghida Talal

11:25 – 12:00 Memorial Lecture
From Battlefields to Clinics

Dr. Walid Sarhan






12:00 – 12:15

Coffee Break






Session 1 : Innovations in Schizophrenia Treatment and Medication Adherence

12:15 – 13:00 Chairpersons: Dr. Usama Alneamy, Dr. Ahmad Al-Masri

Time	Topic	Speaker	Country
12:15 – 12:35	The P/A/R Syndrome How Schizophrenia Starts Before Psychosis	Dr. Usama Alneamy	
12:35 – 12:55	New Smart Transdermal Patch dosage form for the administration of neuroleptics	Dr. Tarik Al-Kubaisy	
12:55 – 13:00	Questions & Answers		
13:00 – 14:00	Lunch 		

Session 2 : Conflict Psychiatry and Building Mental Health Capacity in Complex Settings

14:00 – 15:10 Chairpersons: Dr. Joseph El-Khoury, Dr. Nader AlSmady






Time	Topic	Speaker	Country
14:00 – 14:20	Geopsychiatry	Prof. Tarek A. Okasha	
14:20 – 14:40	The challenges of conflict psychiatry: A geopsychiatry perspective	Dr. Joseph El-Khoury	
14:40 – 15:00	Building Psychiatric Capability in Complex Settings	Prof. Norbert Skokauskas	
15:00 – 15:10	Questions & Answers		

Session 3 : Advances in Psychotherapy: Clinical Approaches and Neurobiological Insights

15:10 – 16:40 Chairpersons: Dr. Maher Al Asasleh, Dr. Abdelrahman Mizher			
Time	Topic	Speaker	Country
15:10 – 15:30	Supportive psychotherapy vs psychoeducation	Prof. Tariq Al-Habeeb	
15:30 – 15:50	Treatment of MDE with Mixed and Anxious Specifiers	Prof. Tewfik K. Daradkeh	
15:50 – 16:10	مقدمة في العلاج السلوكي المعرفي للرهاب الاجتماعي	Prof. Wa'il AbouHendy	
16:10 – 16:30	Cotard Syndrome: When the Self Vanishes – Investigating Nihilistic Delusions at the Boundary Between Depression and Psychosis	Dr. Maher Al Asasleh	
16:30 – 16:40	Questions & Answers		
16:40 – 17:00	Coffee Break		

Session 4 : Trauma and Psychosocial Interventions for Children, Youth, and Adults in Conflict-Affected Zones

17:00 – 18:40 Chairpersons: Dr. Maram Abu Gharbieh, Dr. Arafat Zubi


Time	Topic	Speaker	Country
17:00 – 17:20	Growing Amidst War: Rethinking the mental health response for the children and youth of Gaza living under prolonged armed conflict and protracted violence	Dr. Audrey MacMahon	
17:20 – 17:35	Effectiveness of Emergency Psychological Support Interventions in Reducing Depression, Anxiety, and Stress Among Primary Health Care Service Users in Gaza During the 2023–2025 Gaza War	Dr. Osama Jabr Emad	
17:35 – 17:55	The impact of war on suicide and mental health	Dr. Mohammed Amin El-Hihi	
17:55 – 18:15	The Impact of Living in High-Threat Areas on Psychological Resilience and Mental Health among Palestinians (after the Jerusalem Uprising (May 2021	Dr. Maram Abu Gharbieh	
18:15 – 18:30	Effectiveness of the therapeutic intervention in improving the mental health of orphans of the genocidal war on Gaza	Dr. Hussein Mansour	
18:30 – 18:40	Questions & Answers		

Workshops

Day 1, Thursday 9th, April 2026

Workshop 1:

14:00 – 15:30

Time	Topic	Speaker	Country
14:00 – 15:30	“Attention Deficit Hyperactivity Disorder” (ADHD)	Dr. Mahmoud Bashtawi	

Workshop 2:

16:00 – 18:00

Time	Topic	Speaker	Country
16:00 – 18:00	How you can build your career	Prof. Tariq Al- Habeeb	



16:40 – 17:00

Coffee Break





Day 2, Friday 10th, April 2026

Session 1 : Neuropsychiatry & Chronic Medical Conditions

09:00 – 09:40 Chairpersons: Dr. Ibrahim Al-Salek, Dr. Ahmed Abdelkhalq			
Time	Topic	Speaker	Country
09:00 – 09:20	Fatigue and health-related quality of life in patients with multiple sclerosis	Prof. Ekhlas Al Gamal	
09:20 – 09:40	Brain Changes in Psychotherapy: A Neuroimaging Perspective	Dr. Ibrahim Al-Salek	

Session 2 : Suicid Prevention and Ai

09:40 – 10:50 Chairpersons: Dr. Ahmad Bawaneh, Dr. Amer Al-Rawajfeh			
Time	Topic	Speaker	Country
09:40 – 10:00	The Hidden Burden of Suicide in the Arab Region and Jordan: Cultural Barriers to Understanding and Prevention	Dr. Ahmad Bawaneh	
10:00 – 10:20	AI Augmented Suicide Prevention: Improving Detection, Prediction and Intervention for Risk in Psychiatry	Dr. Mohammad Wa'el Hindeyeh	
10:20 – 10:40	Automated Anxiety Screening and Risk Stratification: A Balanced Validation of ChatGPT Using the GAD-7 Scale	Dr. Khalid Abuelsamen	
10:40 – 10:50	Questions & Answers		
10:50 – 11:00	Coffee Break		






Session 3 : Women’s Mental Health: Healing, Empowerment, and Overcoming Stigma

11:00 – 12:10 Chairpersons: Dr. Ali Alqam, Dr. Rafat Abu Rumman			
Time	Topic	Speaker	Country
11:00 – 11:20	WHEN WOMEN HEAL, THE WORLD HEALS	Prof. Dr. Unaiza Niaz	
11:20 – 11:40	Internalized Stigma	Dr. Ali Alqam	
11:40 – 12:00	Trauma from psychoanalytic point of view – From Freud to Lacan	Dr. Rafat Abu Rumman	
12:00 – 12:10 Questions & Answers			





Session 4 : Stigma, Collective Trauma, and the Psychological Impact of Regional Conflict.

12:10 – 12:40 Chairpersons: Dr. Wa’el Almomani, Dr. Moussa Hassan			
Time	Topic	Speaker	Country
12:10 – 12:20	Men’s mental health, Unique Challenges in Jordan and the Arab World.	Dr. Amer Al-Rawajfeh	
12:20 – 12:30	The Impact of Social Stigma on Symptom Expression and Help-Seeking Behavior	Dr. Mohammad Abu Sliah	
12:30 – 12:40	The Psychological Impact of the War on Gaza on Jordanians: A Focus on Men’s Mental Health	Dr. Wa’el M. Al-Momani	
12:40 – 14:00 Friday Prayer & Lunch			

Session 5 : Child, Adolescent, and Lifespan Mental Health.

14:00 – 15:30 Chairpersons: Dr. Tayseer Shawash, Dr. Ammar Al-Attar				
Time	Topic	Speaker	Country	
14:00 – 14:20	Puzzles of ADHD across Life Span	Prof. Mahmoud El Wasify		
14:20 – 14:40	Child and Adolescent Psychiatry in Germany: Structural Evolution and the Potential for International Synergy	Dr. Morsi Abdallah		
14:40 – 15:00	Patterns and severity of Internet and mobile phone misuse among private school students in Amman	Dr. Tayseer Shawash		
15:00 – 15:20	ملخص دراسة الاستجابة الصدمية عند الاطفال المهجرين داخل بلادهم وخارج بلادهم	Dr. Moussa Hassan		
15:20 – 15:30		Questions & Answers		
15:30 – 15:50		Coffee Break 		

Session 6 : Mental Health, Stress, and Resilience in Healthcare Professionals and Medical Students





15:50 – 17:20 Chairpersons: Prof. Ayman Mansour, Prof. Manar AlAzzam			
Time	Topic	Speaker	Country
15:50 – 16:10	Estimation of the prevalence and risk factors of depression and anxiety symptoms among Jordanian healthcare professionals	Prof. Manar AlAzzam	
16:10 – 16:30	Frequency of beta-blocker use amongst medical students in the University of Jordan, and the association that use had to self-reported anxiety	Dr. Tala Darabkeh	
16:30 – 16:50	The Moderation Effect of Resilience on the Relationship Between PTSD, Depression, and Life Satisfaction Among On-Duty Healthcare Professionals in Gaza	Prof. Ayman Mansour	
16:50 – 17:10	Burnout Syndrome Among General Practitioners and Residents in Yemen	Dr. Abdullah Alsayadi	
17:10 – 17:20	Questions & Answers		
17:20 – 17:30	Closing ceremony		

Workshops

Day 2, Friday 10th, April 2026


Workshop 1:

10:00 – 12:00

Time	Topic	Speaker	Country
10:00 – 10:30	Foundations of Artificial Intelligence in Psychotherapy	Dr. Mohammed abu slaih	
10:30 – 11:00	Clinical Applications and Practical Use of AI	Ali mohammed abu alfoul	
11:00 – 11:30	Limitations, Risks, and Ethical Considerations	Heba sadaldeen	
11:30 – 12:00	Integration of AI Tools in Modern Clinical Practice	Mohammed abu saleem	

Workshop 2:

14:00 – 15:30

Time	Topic	Speaker	Country
14:00 – 15:30	استخدام تقنيات المناظرة المنظمة لتحسين اتخاذ القرار والتفكير الإكلينيكي في الطب النفسي	Dr. Mohammed Al Jalei	

ABSTRACTS

Dr. Audrey Mc Mahon - Canada

Growing Amidst War: Rethinking the mental health response for the children and youth of Gaza living under prolonged armed conflict and protracted violence

Children and youth in Gaza are growing up under conditions of prolonged armed conflict and protracted violence, where war is not an exceptional event but a defining feature of everyday life. In such contexts, mental health and psychosocial support (MHPSS) cannot be approached as a time-limited emergency response, but as an ongoing practice shaped by chronic insecurity, structural violence, and collective suffering. Using Gaza as a central case study, this presentation examines the place and limitations of MHPSS for children living in humanitarian emergencies and armed-conflict settings, challenging dominant paradigms that prioritise individualised, pathology-focused models and notions of post-crisis recovery. It explores approaches to working with children and youth in contexts of ongoing crisis and reflects on what psychosocial rehabilitation means when safety, stability, and justice remain absent, while attending to questions of ethics, positionality, and protection.

Rethinking mental health in Gaza is not only a technical challenge, but an ethical and epistemic one—requiring responses that honour lived realities rather than abstract ideals of post-conflict recovery.

Dr. Joseph El-Khoury - Lebanon

The challenges of conflict psychiatry: A geopsychiatry perspective.

Conflicts are increasingly common, more lethal and more impactful on a global scale. The acute and psychological effects have been well documented over the years. Yet traditional psychiatric frameworks seem unable or unwilling to address these directly and effectively. This talk will explore these challenges facing mental health delivery in conflict zones and will suggest a comprehensive approach through the lens of geopsychiatry.

Prof. Mahmoud El Wasify - Egypt

PUZZLES OF ADHD ACROSS LIFE SPAN

ADHD is one of the most common clinically challenging disorders in both diagnosis and treatment across the lifespan . The aim is to highlight these challenges and how to manage them in different age groups and in both genders. Also an update on the different therapeutic tools that help to overcome these challenges will be provided in a simple but comprehensive way.

Prof. Norbert Skokauskas - Norway

Building Psychiatric Capability in Complex Settings

Complex settings are increasingly characteristic of contemporary mental health care, driven by conflict, displacement, socioeconomic instability, and health system fragmentation. Even in comparatively stable contexts, psychiatric services face a persistent imbalance between rising demand and constrained workforce and resource capacity, resulting in significant gaps in access and continuity of care. These challenges are further exacerbated during disasters, where service disruption, population displacement, and acute psychological stressors place additional strain on already limited systems.

Addressing these challenges requires scalable and adaptable innovations, particularly through the integration of digital mental health interventions. These include telepsychiatry and remote consultation platforms, digital clinical decision support systems, mobile health (mHealth) applications for screening and self-management, and internet-based psychotherapeutic interventions such as guided or unguided cognitive behavioural therapy. In addition, emerging approaches incorporate artificial intelligence-enabled triage, risk assessment, and personalised treatment recommendations, as well as digital platforms for training and supervision of non-specialist providers.

While not a replacement for face-to-face care, digital interventions represent a critical component in strengthening psychiatric capability, improving system efficiency, and narrowing the gap between mental health needs and service provision.

Prof. Tarek Okasha - Egypt

Geopsychiatry

Geopsychiatry focuses on the influences and impacts of global factors such as war, conflict, displacement, foreign policy, migration and immigration as well as climate change, natural disasters, globalization, population growth, urbanization, agricultural production, industrialization, geopolitics, public health crisis and disasters (natural, man-made) socioeconomic transformations, and cultural practices that have a profound effect on mental health, mental disorders and service provision. Our world especially the Middle East and North African region is currently confronted with a number of complex problems and threats. These environmental and socio-political stressors have been accompanied by the spread of problematic psychological and behavioural tendencies, and it would be naïve to expect that global environmental and socio-political stressors will have a less stressful impact on communities and individuals in the decades to come. Unless psychiatric research and practice accept the major role they need to play in responding to all these geopolitical negative phenomena, psychiatrists and mental health professionals will increasingly be overwhelmed by their mental health sequelae. This presentation will discuss the term Geopsychiatry.

Dr. Tarik Al-Kubaisy - UK

New Smart Transdermal Patch dosage form for the administration of neuroleptics

T. Al-Kubaisy¹, Q. A. Al-Jarwany², J. Hardedge³, N. Fatima⁴ and C. D. Walton⁴.

¹The Well Centre, Lincoln, UK, ² University of Babylon, college of materials Engineering, Iraq

³ University of Hull, School of Natural Sciences, Department of Biology, Hull, UK,

⁴University of Hull, School of Natural Sciences, Department of Physics, Hull, UK.

Psychotropic Medications administration can be very challenging in psychiatric patients using oral, IM, or other routes. The topical patches dosage form has been adopted using different means; drugs administered through the skin predominantly using hypodermic syringes and creams. Adopting these methods can be challenging and less effective when working with psychiatric patients.

The Smart Transdermal Patch (TP) is fabricated using a chitosan-based material. Chitosan is a naturally occurring polysaccharide that has been selected because of its intrinsic antimicrobial, bio-compatible and biodegradable properties. We have investigated the use of two different chitosan-derivative material recipes. One where the material is opaque and a second that is partially transparent in the visible spectral region. The latter is designed such that the area of skin is visible beneath the TP. Although Chi has intrinsic anti-microbial properties, we embed a natural photo-sensitiser. The intention being both ambient and synthetic light can be used to generate Reactive Oxygen Species (ROS) to aid in preventing infection in the region close to the array of micro-needles

This article describes the fabrication process of a smart transdermal patch (STP). The patch consists of an array of micro-needles that aid drug diffusion through the epidermis layer.

We are awaiting further testing on human through stages 1-4. It is not going to be a new medication invention costing billions of dollars, but it is a new dosage form using already approved medications through transdermal application. This will hopefully reduce the risks of traumas to patients and staff during restraining for agitated patients.

Keywords: Psychotropics, Medication, Neuroleptics, Smart, Transdermal, patches, Laser, Chitosan, medical devices

The 8th International Conference of The Jordanian Association of Psychiatrists

And The Conference on Supporting the Mental Health Sector in GAZA

09 -10th. April 2026 Amman – Jordan

Prof. Dr. Unaiza Niaz - Pakistan

WHEN WOMEN HEAL, THE WORLD HEALS

Healing from generational trauma disrupts the cycle of inherited pain, empowering women to cultivate resilience, healthier families, and stronger communities. Research shows that when women address their own trauma, they break the transmission of emotional pain to future generations, thereby reshaping societal patterns and fostering environments of empathy and peace (Brave Heart, 2003; Yehuda et al., 2016; Danieli, 1998; Kirmayer et al., 2014). Women’s healing is not only personal but also profoundly social, as they hold vital roles as caregivers, educators, and community builders across cultures.

In contexts like Gaza, where genocide and prolonged oppression have inflicted deep trauma, healing women can become powerful agents of change. By recovering from trauma and emotional wounds, women contribute to raising healthier families, building stronger communities, and advocating for justice and equity. Healing fosters environments of empathy, resilience, and peace. Their healing catalyzes broader social transformation, fostering resilience and peace in societies burdened by conflict and suffering.

A tightened, more impactful version of your text—keeping the scholarly grounding while sharpening the cadence for clarity and resonance:

When Women Heal, the World Heals

Unaiza Niaz

Dr. Usama Alneamy - Iraq

The Missed Opportunity of Delayed LAI

Psychiatry has advanced substantially from its early history, with improved diagnostic frameworks, treatment strategies, and pathways for social reintegration. However, in schizophrenia, a significant proportion of cognitive and functional decline occurs during the prodromal phase, often before a formal diagnosis is established. This lecture examines the limitations of current diagnostic thresholds and explores the concept of early identification in individuals at clinical high risk for psychosis. It will review emerging approaches to early detection, including attenuated symptom criteria and risk stratification models, and discuss the potential benefits of early intervention in preserving cognitive function and long-term outcomes. Finally, the lecture address...

Dr. Abdullah Al-Jamal

Emergency Mental Health and Psychosocial Support Response in Gaza During the War on Gaza: Maintaining Services Amid Total Infrastructure Destruction.

Background

The war on Gaza has resulted in unprecedented humanitarian and psychological consequences, including the complete destruction of all six community mental health centers and the only psychiatric hospital in the Gaza Strip. This total collapse of mental health infrastructure created a severe mental health emergency and threatened the continuity of essential mental health and psychosocial support (MHPSS) services.

Aim

This paper aims to present the emergency MHPSS response led by the General Directorate of Mental Health in Gaza, highlighting strategies used to maintain service delivery, inter-agency coordination, and capacity building during the war on Gaza.

Methods

A descriptive field-based approach was employed to document the emergency response. The intervention relied on coordinated partnerships with local and international organizations, including the International Committee of the Red Cross (ICRC), Medical Aid for Palestinians (MAP), and the World Health Organization (WHO). Services were delivered in line with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and the WHO mhGAP framework. Psychological screening and basic assessment tools, including the General Health Questionnaire (GHQ-12), were utilized to identify priority cases. Parallel efforts focused on training non-specialized health workers and strengthening the capacity of remaining mental health professionals.

Results

Despite the complete destruction of mental health facilities, emergency MHPSS services were sustained through mobile teams, integration within primary health care services and shelters, and strong inter-agency coordination. Essential psychotropic medications remained available despite severe disruptions in supply chains. Large numbers of health workers received training in psychological first aid, screening, and referral pathways. Major challenges included the loss of mental health professionals due to death and displacement, restrictions on movement, and fragmentation of service delivery across the Gaza Strip.

Conclusion

The Gaza experience demonstrates that a coordinated emergency mental health response can maintain essential MHPSS services during the war on Gaza, even under conditions of total infrastructure collapse. Strong local leadership, international partnerships, flexible service delivery models, and evidence-based guidelines are critical to sustaining mental health care in complex humanitarian emergencies. This experience offers transferable lessons for mental health systems operating in protracted conflict settings.

Key Words: Mental Health and Psychosocial Support (MHPSS); Emergency Response; War on Gaza; Humanitarian Crisis.

Dr. Abdullah Alsayadi - Jordan

Burnout Syndrome Among General Practitioners and Residents in Yemen: Prevalence and Associated Factors

Abstract

Background: General practitioners (GPs) and residents in training in Yemen play a critical role in ensuring hospital functionality and represent the future healthcare workforce of the country. Despite their vital contribution, burnout is a common phenomenon among these healthcare professionals.

Objective: This study aimed to determine the prevalence of burnout and its dimensions among general practitioners and residents in Yemen, as well as to identify potential contributing factors.

Methodology: This study employed a cross-sectional, observational study. The target population comprised general practitioners and resident physicians in the Republic of Yemen, with a total sample size of 321 participants. Burnout was measured using the Maslach Burnout Inventory (MBI), which evaluates three key dimensions: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Sociodemographic variables were collected through a structured questionnaire, and their association with burnout was analyzed.

Results: Out of 321 eligible participants, 231 (72%) general practitioners and 90 (28%) residents completed the questionnaires. High levels of Emotional Exhaustion, Depersonalization, and low Personal Accomplishment were significantly associated with occupational factors, such as long working hours (29.1%) and dual professional roles (19.2%). Psychological factors, including perceived burnout (47.8% for EE, 30.4% for DP, and 28.9% for PA) and fear of committing medical errors (29.7% for EE, 17.8% for DP, and 19.8% for PA), were also found to be major contributors. A geographic analysis indicated a significantly higher risk of burnout in Sana'a (45.2-fold increase) and Thamar (13.1-fold increase). Additional contributing factors included financial instability (23.7%) and khat chewing (23.4%).

Conclusion: Burnout syndrome was prevalent among the majority of general practitioners and residents who participated in the study. There was a notable association between various sociodemographic variables and specific dimensions of burnout. The findings highlight the urgent need for targeted interventions to address occupational and psychological stressors in healthcare professionals in Yemen.

Keywords

Burnout, General Practitioners, Resident Physicians, Yemen, Occupational Factors, Psychological Stressors

Dr. Ahmad Alaboodi - Jordan

Practical Projects to Support Mental Health Sector in Gaza

Overview:

Beat of the Heart for Business Solutions (BOTH) is a specialized, healthcare-driven firm based in Amman, Jordan, delivering integrated solutions to both private and non-profit sectors.

With over a decade of experience, we design and implement high-impact healthcare initiatives—combining project execution, strategic advisory, health informatics, and capacity building to strengthen systems and enhance service delivery.

We are committed to creating measurable, sustainable impact, empowering organizations to respond effectively to complex humanitarian challenges and support frontline healthcare professionals.

Why This Matters

The mental health sector in Gaza is under severe and increasing pressure due to ongoing crises, rising trauma cases, and limited access to essential services.

These interventions aim to:

- Ensure continuity of critical mental health services
- Support and retain mental health professionals
- Expand access to treatment, recovery, and training

#	Gaza Strip – Emergency Health Support Projects	Cost (USD)
1	Emergency Medicines Supply Project for mental health sector in Gaza Strip Hospitals (for three months)	225,000 \$
2	Sponsorship Project for the Families of Martyred Mental Health Personnel in the Gaza Strip	36,000 \$
3	Supporting and Implementing The Mental Recovery Initiative (MRI) in Gaza	123,120 \$
4	One-Month Support for Salaries of Mental Health Workforce in the Gaza Strip	190,500 \$
5	Integrated Residency & Telemedicine Training Program for Psychiatrists from Gaz	37,200 \$

Expected Impact :

These projects will sustain essential mental health services, ensure continuity of care for patients, and strengthen the resilience of healthcare professionals operating under extreme conditions.

Dr. Ahmad Bawaneh - Jordan

The Hidden Burden of Suicide in the Arab Region and Jordan: Cultural Barriers to Understanding and Prevention
Background Suicide remains a concealed public health crisis in the Arab region, with reported rates low (3–5 per 100,000) compared to the global average (~9 per 100,000). Severe underreporting—driven by cultural, religious, and legal factors—masks the true scale of suicidal ideation, attempts, and deaths. In Jordan, completed suicides rose from 137 in 2022 to 166 in 2024, with attempts documented at 595 in 2021. The 2022 Penal Code amendment criminalizing public suicide attempts (up to 6 months imprisonment and/or 100 JOD fine) further discourages help-seeking and accurate reporting.

Objectives This presentation examines how Arab-Muslim cultural and religious elements shape perceptions of suicide, including both protective prohibitions and barriers to prevention, while distinguishing mainstream views from fringe extremist reinterpretations.

Key Findings Islamic teachings unequivocally prohibit suicide (intihar) as a grave sin, framing life’s difficulties as divine tests (qadar/fate) that require patience and submission to God’s will. This fosters protective elements such as strong family/collectivist bonds, communal resilience, and religious coping. However, these same beliefs contribute to significant barriers: pervasive stigma that labels mental distress as “madness,” weakness of faith, divine punishment, or supernatural causes (e.g., jinn possession or evil eye). Individuals often turn first to religious healers rather than professionals, and shame, fear of family dishonor, or legal consequences lead to misclassification of deaths as accidents.

In rare cases, certain fringe extremist religious groups have attempted to reframe deliberate self-exploding violence (suicide bombings) as “martyrdom operations” (istishhad) justified under narrow interpretations of jihad. This ideological distortion is widely condemned by mainstream Muslim scholars and authorities as a form of prohibited suicide, not representative of Arab-Muslim culture or religion. Such acts remain distinct from the everyday suicidal behavior addressed in public health contexts and are not a significant driver of Jordan’s suicide statistics.

These cultural dynamics are compounded in Jordan by extremely limited mental health resources (~2 psychiatrists per 100,000 people), weak multi-sectoral coordination, and poor integration of MHPSS with protection, GBV, and disability programs. High correlations exist between suicide risk and economic hardship, displacement, and violence. Innovative tools like the International Medical Corps’ “Relax” Tele-MHPSS app show promise for culturally sensitive awareness and access.

Conclusion & Recommendations While Arab-Muslim culture offers moral and communal protection against suicide, stigma, fatalistic interpretations, and legal barriers perpetuate silence and preventable deaths. Fringe extremist misinterpretations of self-sacrifice further highlight the need for clear religious messaging. Urgent actions include decriminalization, a national multi-sectoral MHPSS strategy aligned with WHO/IASC guidelines, faith-sensitive literacy campaigns that affirm mental health care as compatible with Islamic values, expanded mhGAP training, and scalable digital interventions. Reframing suicide as a public health and human rights issue—rather than solely a moral or criminal failing—will help uncover the hidden burden and save lives across the Arab region.

Keywords: Suicide, MHPSS, cultural stigma, Islam, fatalism, martyrdom operations, Jordan, Arab region, underreporting

Dr. Ali Alqam - Jordan

Internalized stigma

Internalized stigma refers to the process in which a person with mental illness cognitively or emotionally absorbs negative messages or stereotypes about mental illness and comes to believe them and apply them to him/herself. In this presentation, I try to explain the term “internalized/self-stigma” in further detail and discuss how it affects those who have mental illnesses.

I also look at the benefits and drawbacks of disclosure in terms of lessening the effects of stigma. Additionally, I contend that encouraging personal empowerment is essential to overcoming this stigma. Finally, I explore initiatives run by peers as well as those run by social service providers that aim to reduce internalized stigma on an individual and societal level.

Dr. Amer Al-Rawajfeh (Jordan), Dr. Mohammad Abu Slih (Jordan), Dr. Wa'El M. Al-Momani (Jordan)

Symposium Title

Men's Mental Health in Jordan: Stigma, Collective Trauma, and the Psychological Impact of Regional Conflict

Background and Rationale

Men's mental health remains a significantly under-recognized and under-addressed public health issue globally and within the Arab world. Although epidemiological studies suggest that 10–15% of men worldwide experience mental health disorders, regional estimates in Arab countries range from 9–12%, with substantial underreporting due to stigma, cultural norms, and gender-based expectations. In Jordan, dominant models of masculinity emphasize emotional restraint, self-reliance, and endurance, contributing to delayed recognition of psychological distress and reduced engagement with mental health services.

These longstanding challenges have been further intensified by recent collective stressors, most notably the ongoing war on Gaza. Despite being geographically external, the conflict has had a profound psychological impact on Jordanian society through shared cultural identity, moral responsibility, and continuous exposure to distressing humanitarian imagery. Jordanian men, in particular, report heightened feelings of helplessness, moral injury, frustration, and perceived failure to fulfill traditional roles as protectors and providers. This has been associated with increased anxiety, depressive symptoms, anger, emotional exhaustion, and maladaptive coping behaviors. This symposium aims to provide a culturally grounded and clinically relevant exploration of men's mental health in Jordan by integrating epidemiological, sociocultural, and humanitarian perspectives.

Objectives

The symposium aims to:

1. Examine the unique clinical and epidemiological features of men's mental health in Jordan and the Arab world.
2. Explore the role of social stigma in shaping symptom expression and help-seeking behavior among Jordanian men.
3. Analyze the psychological impact of the war on Gaza on Jordanian men, with attention to collective trauma and moral injury.
4. Discuss culturally sensitive strategies to improve early recognition, engagement, and mental health service utilization for men.

Symposium Structure

This 60-minute symposium consists of three focused presentations followed by a moderated discussion:

1. Men's Mental Health: Unique Challenges in Jordan and the Arab World

Presenter: Dr. Amer Al-Rawajfeh (Jordan)

This presentation provides an overview of men's mental health patterns in the region, highlighting cultural constructions of masculinity, underdiagnosis, and barriers to care.

2. Men's Mental Health in Jordan: The Impact of Social Stigma on Symptom Expression and Help-Seeking Behavior

Presenter: Dr. Mohammad Abu Sliah (Jordan)

This presentation examines how stigma influences emotional suppression, somatization, anger, and avoidance of professional care, and proposes culturally informed interventions.

3. The Psychological Impact of the War on Gaza on Jordanians: A Focus on Men's Mental Health

Presenter: Dr. Wa'El M. Al-Momani (Jordan)

This presentation explores collective grief, vicarious trauma, moral injury, and emotional exhaustion among Jordanian men in the context of the Gaza war.

Conclusion and Relevance

By addressing men's mental health through the combined lenses of stigma and regional humanitarian trauma, this symposium offers a timely and context-specific contribution to psychiatric practice in Jordan. It aims to enhance clinical awareness, challenge harmful gender norms, and promote culturally sensitive, male-friendly mental health services that can improve individual outcomes and societal resilience.

Prof. Ayman M. Hamdan-Mansour - Jordan

Title: The Moderation Effect of Resilience on the Relationship Between PTSD, Depression, and Life Satisfaction Among On-Duty Healthcare Professionals in Gaza

Type: oral presentation

Type of presentation: Research Study

Psychological suffering of healthcare professionals, during War times, is ignored in literature. While struggling to provide ultimate care, HCP need support and psychological counseling. The purpose of this study was to examine the moderation effect of resilience on the relationship between life satisfaction, depression, and PTSD controlling for the sociodemographic and personal characteristics among on-duty healthcare professionals in Gaza. A convenience sample of 150 on-duty healthcare professionals filled out an online survey. The sample targeted a convenience sample of HCWs who are currently on duty in Gaza. Data collected regarding satisfaction with life, PTSD, depression, and resilience. Data collected from August to end of Sept 2024. Of the sample, 94.7% (n = 146) met criteria of PTSD, 85.3% (n = 128) reported a severe form of depression, 59.3% (n = 89) have a low level of resilience, and 74.7% (n = 112) reported that they are dissatisfied with their life. The analysis showed that resilience has no significant moderation effect on the relationship between psychological factors and PTSD controlling for demographic and personal characteristics as the R2 change of 0.011 in the model was not statistically significant (p = 0.09). Years of experience, age and having mental illness were significant risk factors to develop PTSD. There is a need to provide an urgent psychological counselling to healthcare professionals in Gaza. Online and face-to-face help groups and peer to peer support need to be established.

Keywords: Satisfaction with life, PTSD, Depression, Resilience, Gaza

Prof. Ekhlas Al-Gamal - Jordan

Ekhlas Al-Gamal, Saba Yaseen Hyarat, Latifa Al Jaried, Ellaine Rama, Muayyad Ahmad, Tony Long

Fatigue and health-related quality of life in patients with multiple sclerosis

Background

Multiple sclerosis is a debilitating, chronic neurological disease with diverse symptoms. Fatigue is a major aspect of this, impacting negatively on physical functioning, productivity, general well-being and health-related quality of life (HRQoL).

Aim

To expose the relationship between fatigue and HRQoL in this clinical population in Saudi Arabia, supporting the development of comprehensive nursing management regimes.

Methods

Patients were recruited from out-patient clinics in three Saudi Arabian cities (130 women, 71 men) for a correlational, cross-sectional study. SF-36 Health Survey and Fatigue Severity Scale were used, together with demographic variables. Descriptive analysis, correlation and t-test were applied within IBM Statistics v22.

Results:

Mean total Fatigue Severity Scale score was 5.59 (SD 1.18). Mean total Quality of Life score was 43.69 (SD 25.97). Fatigue was the major manifestation of the disease impacting negatively on patients' quality of life.

Conclusion:

The findings not only linked fatigue to lower quality of life but also addressed the specific national demographic: an unusual pattern of significantly increasing prevalence, especially among females and young, well-educated populations. Screening this population routinely for fatigue is vital to optimise assessment, care and review of the effectiveness of nursing interventions, ultimately promoting productivity and enhancing HRQoL.

Dr. Hussein Mansour - Palestine

Effectiveness of the therapeutic intervention in improving the mental health of orphans of the genocidal war on Gaza

This study aims to examine the effectiveness of psychological therapeutic interventions in improving the mental health of orphaned children affected by the genocidal war on the Gaza Strip. The significance of the study stems from the sharp increase in mental health disorders among children, particularly orphans, as a result of repeated exposure to traumatic events, parental loss, and the deterioration of humanitarian and social conditions.

The study adopted a quasi-experimental design using a one-group pre-test/post-test approach. The Strengths and Difficulties Questionnaire (SDQ) was administered to assess children's mental health status before and after the therapeutic intervention. The SDQ consists of 25 items across five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior. The instrument was administered by qualified psychologists, with the support of caregivers, to a sample of orphaned children benefiting from the Noor Orphan Care Program, implemented under the Mental Health and Psychosocial Support and Protection Project through a partnership between JUZOOR for Health and Social Development and Taawon (Welfare Association). The study population comprised 6,171 children aged 4–17 years.

The expected findings indicate statistically significant differences between pre- and post-intervention SDQ scores in favor of the post-test, reflecting the effectiveness of the psychological therapeutic intervention in improving mental health outcomes. Additionally, differences in post-intervention mental health levels are anticipated based on gender, age, and place of residence.

The study concludes by emphasizing the critical importance of evidence-based psychological therapeutic interventions in improving the mental health and psychosocial well-being of orphaned children in humanitarian emergency settings. It recommends scaling up and contextualizing such interventions to address individual and environmental differences, and strengthening the integration of Mental Health and Psychosocial Support (MHPSS) services within comprehensive humanitarian responses in the Gaza Strip.

Dr. Ibrahim Al-Salek - Jordan

Advances in neuroimaging and neuroscience have significantly improved our understanding of the neurobiological mechanisms underlying psychiatric disorders, providing increasingly precise insights into their pathophysiology and treatment. Among available treatment modalities, psychotherapy remains a cornerstone of psychiatric practice alongside pharmacotherapy. Emerging evidence from neuroimaging studies and meta-analyses demonstrates that psychotherapy is associated with measurable functional and structural brain changes in regions involved in emotion regulation, cognition, and symptom expression. These findings have contributed to a more comprehensive neurobiological model of psychotherapy and its therapeutic effects. This presentation reviews key meta-analytic evidence examining the neural correlates of psychotherapy, highlighting consistent findings, clinical implications, and future research directions.

Dr. Khalid Abuelsamen - Jordan

Automated Anxiety Screening and Risk Stratification: A Balanced Validation of ChatGPT Using the GAD-7 Scale

Khalid Abuelsamen¹, Nahla Alma'Iwani¹, Jana Alqhaiwi¹, Farah H. Balas¹, Deena A. Al-Ajour², Karam Q. Obeidat¹, Tala Aldib¹, Mohammed F. Al-bawab³

1 Faculty of Medicine, The Hashemite University, Zarqa, Jordan

2 Faculty of Medicine, Al-Balqa Applied University, Al-Salt, Jordan

3 National Center for Mental Health, Jordanian Ministry of Health, Amman, Jordan

Background: Large Language Models (LLMs) are increasingly utilized for mental health support, yet their ability to function as reliable, unbiased screening tools remains poorly researched. The absence of built-in clinical guidelines for assessing case urgency in generative AI, as opposed to rule-based approaches, raises questions regarding algorithmic fairness and safety.

Objectives: The goal of this study was to assess how well ChatGPT-5.2 (Thinking Mode) works in screening for Generalized Anxiety Disorder (GAD) by evaluating its performance. Additionally, we sought to determine whether the ChatGPT's subjective "urgency" assignment was appropriately or inappropriately driven by clinical symptoms or demographic factors.

Methods: A stratified, balanced dataset of 391 patient vignettes was generated based on real-world psychological data, ensuring equal representation of all anxiety severity levels (Minimal, Mild, Moderate, Severe). Using a prompt engineering framework designed for medical professionals, the model blindly assessed each case. To measure bias, a multiple linear regression analyzed whether the model's generated urgency ratings correlated with patient demographics (Gender, Age, Education) after controlling for actual symptom severity.

Results: The model demonstrated a strong positive correlation with actual GAD-7 scores ($r = .897$) but exhibited a systematic tendency to overestimate severity (Mean Difference = +1.91). While exact scoring precision was moderate, the model showed high sensitivity (93.2%) for detecting moderate-to-severe anxiety. Crucially, the regression analysis confirmed that the AI's urgency ratings were significantly predicted by clinical severity ($p < .001$) but showed no significant association with gender ($p = .369$), employment status ($p > .70$), or education level ($p > .10$).

Conclusion: ChatGPT-5.2 functions as a "safe but conservative" triage tool. It effectively prioritizes high-risk cases based on symptom severity and demonstrates algorithmic fairness across diverse demographics. However, its tendency to inflate risk scores suggests

Dr. Maher Al Asasleh - Jordan

Cotard Syndrome: When the Self Vanishes – Investigating Nihilistic Delusions at the Boundary Between Depression and Psychosis

Cotard syndrome is a rare and intriguing psychiatric disorder, marked by the presence of nihilistic delusions, such as the belief that the individual is dead, does not exist, or has lost organs. Primarily linked to the presence of a severe depressive disorder with psychotic features, the syndrome blurs the lines between traditional psychiatric diagnoses. Despite the unusual nature of the syndrome, it is not well recognized in clinical practice, often resulting in delays in treatment.

Cotard syndrome, a disorder of disrupted self-awareness and emotion, in which extreme depressive mood, guilt, and depersonalization are seen in a combination that leads to fixed nihilistic delusions. In a clinical setting, these patients often exhibit extreme levels of self-neglect, refusal of food and drink, and poor ability to seek medical care, thus putting them in a precarious medical and psychiatric condition.

In understanding Cotard syndrome, a checklist approach in diagnosis and understanding the condition is not recommended, and a phenomenological approach in understanding the condition and its manifestations, especially in mood, level of conviction, and insight, is important in providing proper care and intervention for the patient. Aggressive management of the underlying mood disorder, which may involve a combination of antidepressants, antipsychotics, and ECT, is important in managing the condition, and by presenting Cotard syndrome as a severe and treatable condition, this abstract encourages a better understanding of the condition and its implications in providing proper care and intervention for the patient.

Dr. Mahmoud Bashtawi - Jordan

Abstract for ADHD workshop :

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed behavioral disorder of childhood and can continue through adolescence and adulthood. It is a disorder of inattention, distractibility, hyperactivity, impulsiveness and other deficits of executive function. It involves impairment of the ability to “do your work and work your plan”. Successful management of a child with ADHD starts by taking careful collection of the observations from parents, school and other caregivers and exploring co-morbid problems. Multimodal or combined treatment of ADHD with medication and behavioral therapy produces the most effective treatment response.

Different scenarios about ADHD will be presented, including the differential diagnosis for the cases and their investigations and how can we use different screening tools (e.g., SNAP and the Connors rating scales) to confirm the diagnosis and to explore co-morbid problems associated with. Also we will discuss the best management plan to treat the subjects.

Prof. Manar AlAzzam - Jordan

Estimation of the prevalence and risk factors of depression and anxiety symptoms among Jordanian healthcare professionals: a cross sectional study

Authors:

Manar AlAzzam RN, MSN, Ph.D, CNS (Corresponding Author)

Sawsan Abuhammad

Suhiab Muflih

Objective: This study investigates the prevalence rate of depression and anxiety symptoms and identifies the associated risk factors among health care professionals in Jordan.

Design: A cross-sectional design.

Setting: A Web-based survey created using Google Forms was used for the purpose of the current study.

Participants: The study population comprised of all health care providers working the health care system in Jordan. For the purpose of the current study, a convenience sampling technique was used among all health care professionals who are Jordanian, with at least one year experience, have no medical or mental problem (as been reported by them) and able to use software program to fill out survey questionnaire. The sample size consisted of 576 participants.

Primary and secondary outcome measures: the primary outcome measure for the current study was prevalence rate of depression and anxiety symptoms among health care professionals in Jordan using the depression anxiety stress scale (DASS-21). The secondary outcome measures included the severity levels of depression and anxiety symptoms (mild, moderate, severe, extremely severe) as classified by DASS-21 subscales, the associated risk factors with the levels of depression and anxiety, and the differences in the severity level of depression and anxiety symptoms across professional subgroups.

Results: Findings revealed that 52.59% had experienced depressive symptoms, while 48.58% demonstrated varying levels of anxiety. Females, nurses, employment domain, and pre-existing psychological conditions reported significantly higher levels of both depression and anxiety.

Conclusion: The results of the study showed the urgent need for targeted psychological well-being interventions tailored to the unique psychological well-being challenges faced by health care professionals in Jordan.

Keywords: Health Care Providers, Anxiety, Depression, Nurse, Physician.

Dr. Maram Abu Gharbieh – Palestine

The Impact of Living in High-Threat Areas on Psychological Resilience and Mental Health among Palestinians after the Jerusalem Uprising (May 2021)

This study aimed to examine the impact of living in areas exposed to repeated security threats and psychological trauma on psychological resilience and mental health among Palestinians following the Jerusalem Uprising in May 2021. It also sought to identify the most effective coping strategies used to confront traumatic events, in relation to selected demographic variables.

A descriptive analytical design was employed. The study sample consisted of 590 Palestinian participants (236 males and 354 females) from the Gaza Strip, West Bank, Jerusalem, and Palestinian communities inside the 1948 territories. Data were collected through a specially designed and validated questionnaire measuring post-traumatic stress symptoms and coping flexibility. Statistical analyses included measures of central tendency, dispersion, t-tests, and one-way ANOVA.

Results indicated a high prevalence of post-traumatic stress symptoms, with 66.6% of participants experiencing moderate to severe levels of post-traumatic stress. Statistically significant differences were found in overall post-traumatic stress levels according to place of residence, in favor of participants residing in the Gaza Strip. No statistically significant differences were observed based on age. Findings also revealed that individuals with lower educational levels experienced higher levels of psychological distress compared to those with higher educational attainment. Furthermore, significant differences were found in coping flexibility and psychological resilience based on place of residence and level of religiosity.

The findings highlight the profound psychological impact of repeated security threats on Palestinian mental health and underscore the importance of strengthening adaptive coping strategies and resilience-focused interventions, particularly in highly affected areas such as the Gaza Strip.

Keywords: Post-Traumatic Stress Disorder; Psychological Resilience; Coping Strategies; Security Threats; Palestinian Context

Dr. Mohammad Wa'el Hindeyeh - Jordan

AI Augmented Suicide Prevention: Improving Detection, Prediction and Intervention for Risk in Psychiatry

Abstract

Prevention of suicide continues to be one of the most pressing and difficult challenges for psychiatry, where evaluation is predominantly based on self-report, clinician judgment and episodic clinical visits. These classical methods in general have difficulty to dynamically model risk as it evolves and may not identify proximity to vulnerability. Recent progress in artificial intelligence (AI) provides a new opportunity for developing and implementing methods to enhance the ground of suicide prevention through ongoing data-driven detection of risk and early intervention.

Machine learning and natural language processing applied to AI-driven models of longitudinal clinical records, speech patterns, digital behavior and passive smartphone plus wearable data would be able to detect slim preclinical signs of suicide risk. There is some preliminary evidence to suggest that such systems may enhance prediction of suicidal ideation, self-harm and relapse compared with standard tools for assessment and would enable early targeted intervention. And AI could assist clinicians, flagging high-risk courses of illness in need of closer attention, improving safety planning and making recommendations for how to allocate resources – while leaving the final decision with a doctor.

Nevertheless, the use of AI in suicide prevention is fraught with important ethical and clinical concerns, such as privacy, consent, bias, and false reassurance or over-surveillance. This abstract makes a case for a balanced and clinician-led approach to AI integration into suicide prevention strategies, highlighting the need for transparency, governance, and maintenance of therapeutic alliance. AI, when well-integrated, can thus become a potent tool that supports, rather than replaces, the humanistic approach that is critical to effective suicide prevention in psychiatry.

Dr. Mohammad Abu Sliah

Workshop Title: AI-Assisted Psychotherapy: From Evidence-Based Concepts to Real-World Clinical Practice
Submission Type: Interactive Scientific Workshop (3 Hours) Submission Date: January 14, 2026

Authors:

- Main Author & Presenter: Dr. Mohammad Abu Slaih
- Co-Authors: Ali Abu Alfoul, Heba Anan Sadaldeen, Mohammed Abu Salim

1. Executive Summary and Proposal Overview

1.1 Contextual Rationale: The Digital Tipping Point

The field of psychiatry stands at a precipice. The integration of Artificial Intelligence (AI)—specifically Large Language Models (LLMs)—into mental health care represents a paradigmatic shift comparable to the introduction of psychopharmacology in the mid-20th century. As of 2026, we are witnessing a “digital tipping point.” On one side lies the immense potential of AI to bridge the global “efficacy gap” in mental health care, a gap defined by the disparity between the high prevalence of disorders and the scarcity of trained professionals. On the other lies a landscape fraught with ethical peril: unregulated “AI therapists,” algorithmic bias, data privacy breaches, and the risk of clinical deskilling.

This workshop proposal, titled “AI-Assisted Psychotherapy: From Evidence-Based Concepts to Real-World Clinical Practice,” rejects the binary narratives of techno-utopianism and neo-Luddite fear. Instead, it posits a rigorously scientific “Third Way”: the Hybrid Clinician-AI Model. This model asserts that AI is neither a replacement for the therapist nor a mere administrative novelty, but a sophisticated Clinical Decision Support System (CDSS) that, when wielded with expertise, can enhance the human therapeutic alliance.

The urgency of this workshop is underscored by recent data. While face-to-face psychotherapy maintains a standardized mean difference (SMD) of efficacy around 0.80, traditional digital mental health interventions (DMHIs) have historically lagged at 0.20–0.30. LLMs, with their ability to parse context, emotion, and narrative nuance, offer the first real technological opportunity to close this gap. However, without standardized training in Clinical Prompt Engineering and Digital Ethics, clinicians risk misusing these tools, leading to patient harm and professional liability.

1.2 Workshop Objectives

This interactive, 3-hour session is designed to transform attendees from passive observers of the AI revolution into active, competent navigators. By the conclusion of the workshop, participants will be able to:

1. Deconstruct AI Architecture: articulate the functional mechanics of Transformer-based models to patients and colleagues, distinguishing between “stochastic parroting” and genuine reasoning.
2. Master Clinical Prompt Engineering: Apply evidence-based prompting frameworks (e.g., RISEN, Chain-of-Thought) to generate high-quality case formulations, treatment plans, and psychoeducational materials while minimizing hallucinations.
3. Navigate the Ethical Landscape: Implement a “Three-Zone” risk assessment model (Green, Amber, Red) to determine the safety of AI applications in real-time clinical settings, ensuring alignment with WPA, APA, and WHO guidelines.
4. Operationalize the Hybrid Model: Demonstrate workflows where AI acts as a “Junior Resident” or “Scribe” under strict human supervision, reducing administrative burden by up to 40% while maintaining the integrity of the therapeutic frame.

1.3 Target Audience

This workshop is curated for a multidisciplinary audience of mental health professionals who are facing the digitization of their practice:

- Psychiatrists and Clinical Psychologists: Seeking to modernize diagnostic workflows and reduce documentation fatigue.
- Residents and Trainees: The “digital native” generation requiring guidance on the ethical boundaries of the tools they already use.
- Clinical Supervisors: Responsible for overseeing the integrity of care delivered by junior staff using digital tools.
- Counselors and Therapists: Interested in AI-augmented psychoeducation and between-session support.

2. Comprehensive Workshop Structure

2.1 Opening Feature: The “Digital Mirror” (10 Minutes)

The session commences with a live demonstration of a high-fidelity AI Digital Avatar (utilizing engines such as HeyGen or Synthesia) projected onto the main screen. This avatar, programmed by the authors, will deliver a short opening monologue.

Avatar Script Concept: “Welcome. I am an Artificial Intelligence. I have read every paper on Cognitive Behavioral Therapy published since 1970. I can recite the diagnostic criteria for Bipolar II Disorder in 40 languages. Yet, I have never felt the weight of sadness, nor the spark of hope. I can simulate empathy, but I cannot care. I am your library, your scribe, and your analyst. I am not your replacement. Today, Dr. Abu Slaih and his colleagues will teach you how to use me not as a crutch, but as a catalyst.”

This pedagogical device serves two functions: it creates an immediate, visceral understanding of the current capabilities of generative video and audio, and it ethically frames the machine as a tool distinct from the healer.

2.2 Module 1: Theoretical Foundation (60 Minutes)

“The Ghost in the Machine: Architecture, Efficacy, and Limits”

This module provides the scientific bedrock for the session. We move beyond media hype to the peer-reviewed reality of 2024-2026.

- The Transformer Revolution: A clinician-friendly explanation of “Self-Attention” mechanisms. We explain how LLMs predict the next token based on probability, not truth, creating the inherent risk of “hallucination”.
- The Efficacy Landscape: A critical review of the “Efficacy Gap.” We analyze why early chatbots failed (rigid decision trees) and why LLMs show promise in bridging the gap between digital tools (SMD ~0.25) and human therapy (SMD ~0.80) through “conversational alliance”.
- The “Uncanny Valley” of Risk: Reviewing data that shows LLMs often exhibit an “upward bias” in crisis assessment—being too permissive or inappropriately validating in suicide risk scenarios compared to human experts.
- Regulatory Compass: Synthesizing position statements from the World Psychiatric Association (WPA), the American Psychological Association (APA), and the World Health Organization (WHO).

2.3 Module 2: Practical Clinical Application (75 Minutes)

“The Hybrid Clinician: Augmentation in Action”

This is the interactive core. Participants will engage in “Live Prompting” exercises using secure, sandbox environments.

- The AI Scribe (Documentation): Demonstrating the use of ambient listening tools (e.g., Freed, Heidi Health) to automate SOAP notes. We will analyze a “messy” clinical transcript and have the AI structure it, highlighting where the human must intervene to correct errors.
- The Cognitive Sparring Partner (Formulation): Using the RISEN Framework (Role, Instruction, Steps, End Goal, Narrowing) to co-create a case formulation for a complex patient (e.g., Treatment-Resistant Depression vs. Bipolar II).
- Vignette: A 45-year-old male with ambiguous mood symptoms. Participants prompt the AI to “Act as a strict supervisor and challenge my diagnosis of MDD,” revealing the utility of AI in preventing diagnostic closure.
- Personalized Psychoeducation: Generating culturally specific CBT worksheets (e.g., “Anxiety management for a long-haul truck driver”) to demonstrate how AI can tailor generic therapy tools to individual lived experiences.

2.4 Module 3: Ethical, Professional, and Legal Framework (45 Minutes)

“Guardrails for the Digital Age”

- The Three-Zone Model: Introducing a color-coded framework for data safety (Green: Public Data; Amber: De-identified Clinical Data; Red: PII/Raw Data).
- The “Black Box” Liability: Discussing the legal reality that the clinician is 100% liable for AI outputs. We introduce the “GPS Analogy”: if the GPS drives you into a river, the driver is at fault.
- Algorithmic Bias: Examining research showing LLMs may stigmatize psychotic disorders more than mood disorders, and how clinicians must screen outputs for such bias.

Dr. Mohammed Al Jalei - Jordan

Using Structured Debate Techniques to Improve Psychiatric Decision-Making and Clinical Reasoning

Abstract: Psychiatric decision-making is characterized by diagnostic uncertainty, cognitive complexity, and emotional burden, increasing clinicians' vulnerability to cognitive biases such as confirmation bias and premature closure, particularly in high-pressure clinical settings.

This 90-minute interactive workshop introduces structured debate techniques as a cognitive and educational framework to enhance clinical reasoning in psychiatry. Grounded in debate methodology, dual process theory, and established models of clinical reasoning, structured debate is conceptualized not as a rhetorical skill but as a systematic approach to hypothesis testing, critical evaluation, and reflective practice. Structured debate techniques function as a practical trigger for System 2 thinking, helping clinicians slow down intuitive judgments and engage in deliberate clinical reasoning.

Participants will engage in case-based exercises focusing on differential diagnosis and treatment planning through guided argument construction, counter-argument analysis, and facilitated reflection. This workshop represents a pioneering educational initiative in introducing structured debate as a clinical reasoning tool in psychiatry, offering an innovative, evidence-informed approach to strengthening psychiatric decision-making in complex clinical environments.

Dr. Mohammed Amin El-Hihi - UK

The impact of war on suicide and mental health

Armed conflict remains a major global determinant of physical, psychological, and social disability, with more than fifty active conflicts worldwide and unprecedented levels of forced displacement. The ongoing war in Gaza represents one of the most acute contemporary examples of the health consequences of protracted violence. Since October 2023, large-scale population displacement, destruction of civilian infrastructure, and systematic attacks on healthcare facilities have produced a severe humanitarian crisis. The collapse of health-system capacity, combined with the loss of healthcare workers, has intensified fear, insecurity, and chronic psychological disabilities.

This presentation examines the mental health implications of the Gaza conflict with a particular focus on suicide risk, moral injury, and the psychosocial burden of war. Massive displacement and the loss of family members have generated profound disruptions to identity, belonging, and social cohesion. Children face heightened vulnerability due to exposure to traumatic events, infectious disease outbreaks, and prolonged instability.

Depression, guilt, and suicide risk frequently presented with complex PTSD, particularly among individuals exposed to moral injuries events. Among veterans, moral injury considered as a strong predictor of suicidal behaviour and complex trauma.

The findings determine the urgent need for further research into moral injury, functional somatic symptoms, and the long-term psychological consequences of the Gaza conflict.

Dr. Morsi Abdallah - Germany

Child and Adolescent Psychiatry in Germany: Structural Evolution
and the Potential for International Synergy

Asst. Prof. Morsi Abdallah, MD, PhD, MPH

Child and adolescent psychiatry and psychotherapy in Germany is a relatively young medical specialty, having achieved formal recognition, specialist certification, and academic establishment in the mid-twentieth century. Currently, German child and adolescent mental health services are regulated at municipal and regional levels and are integrated across ambulatory, day-clinic (partial hospitalization), and inpatient sectors. Financing is predominantly provided through statutory health insurance, with private services playing a subordinate role.

Over recent decades, Germany has made significant advances in structural organization, postgraduate training requirements, quality management systems, and evidence-based clinical standards. Despite these developments, the field faces pressing challenges, including an escalating demand for acute interventions, prolonged waiting periods for diagnostic assessments, and increasing complexity in the treatment of severe conditions such as profound autism spectrum disorders and chronic psychiatric illnesses.

International cooperation—particularly with Middle Eastern countries—remains underdeveloped, yet represents a substantial opportunity for growth. Strengthening clinical, educational, and research-based partnerships offers a pathway for mutual capacity building and the development of culturally sensitive mental health services.

Germany's established framework for structured psychiatric care provides a robust model for service organization and quality assurance, while reciprocal collaboration has the potential to enrich research perspectives and foster clinical innovation on a global scale.

Dr. Moussa Hassan - Jordan

”ملخص دراسة الاستجابة الصدمية عند الاطفال المهجرين داخل بلادهم وخارج بلادهم“

شهدت الالفية الجديدة العديد من الصراعات والحروب التي صاحبها العديد من الازمات والكوارث التي اثرت على الاشخاص والاطفال خاصة حسب ما ورد في احصائية منظمة الامم المتحدة حيث ادت الحرب الى :

- الجوع والفقر وانخفاض معدلات التغذية
- الامراض النفسية ومنها الاكتئاب والخوف والاضطرابات النفسية
- قتل ملايين الاطفال والاعاقات بسبب الالغام
- استخدامهم كدروع بشرية
- التشرد والنزوح
- التعرض للاضطهاد بسبب الدين والعرق والجنسية
- استغلالهم جنسياً من قبل العصابات واجبارهم على تنفيذ عمليات انتحارية
- فقدان حقهم في التعليم بسبب تدمير البنية التحتية ومدارسهم

هذه الاثار ترافق الاطفال مما يجعلهم يعيشون في حالة ازمة وتنطبق عليهم تشخيص اضطراب الضغوط التالية للصدمة PTSD وما تستدعيه من مشكلات تحسب على مجالات عديدة في حياتهم الاجتماعية والسياسية والصحية.

وفي النهاية لا يمكن ان نغفل عن الضرر النفسي الذي تلحقه الحرب بالاطفال لان طفل اليوم هو امرأة ورجل في الغد. وليس هناك حل لتقليص الضرر الا ايقاف الحرب كلياً واحلال السلام فمن يدفع الثمن هم الصغار قبل الكبار.

Dr. Omar Shamieh - Jordan

Children with cancer affected by armed conflict face significant medical and psychosocial challenges, particularly when displaced for treatment. We conducted a descriptive review of psychosocial assessments and clinical documentation for over 70 pediatric oncology patients and their caregivers evacuated from Gaza and treated at King Hussein Cancer Center. Patients and caregivers demonstrated high levels of distress, including trauma-related symptoms, anxiety, and disruption of family and social stability. Caregivers reported substantial emotional burden and uncertainty. Recurrent themes included exposure to conflict, displacement, and interrupted care, alongside unmet needs for mental health support and continuity of care. These observations highlight the importance of integrating psychosocial and trauma-informed care into oncology services in humanitarian settings.

Dr. Osama Emad – Palestine

Effectiveness of Emergency Psychological Support Interventions in Reducing Depression, Anxiety, and Stress Among Primary Health Care Service Users in Gaza During the 2023–2025 Gaza War

Title:

Effectiveness of Emergency Psychological Support Interventions in Reducing Depression, Anxiety, and Stress Among Primary Health Care Service Users in Gaza During the 2023–2025 Gaza War

Background:

The prolonged 2023–2025 Gaza War has caused high levels of psychological distress among the population, with primary health care centers witnessing a surge in presentations related to depression, anxiety, and stress. An emergency psychological support program was implemented to provide structured, short-term psychosocial interventions for individuals seeking care at these centers.

Objective:

To evaluate the effectiveness of emergency psychological support interventions in reducing symptoms of depression, anxiety, and stress among primary health care service users in Gaza during wartime conditions.

Methods:

A randomized controlled experimental design was employed. The first 200 adults attending the primary health care center were screened using the DASS-21. Individuals who did not meet the predefined severity threshold or required urgent referral (e.g., acute psychosis, severe substance use) were excluded. Participants scoring in the moderate or higher range on at least one DASS-21 subscale (Depression ≥ 14 , Anxiety ≥ 10 , Stress ≥ 19) were eligible. Of the 150 eligible participants, 120 were randomly allocated to the intervention ($n=60$) or control group ($n=60$) using computer-generated random numbers with allocation concealment. Randomization was stratified by baseline severity (moderate vs severe).

The intervention group received 6–8 weekly individual psychosocial sessions delivered by trained specialists, while the control group received usual care. DASS-21 assessments were conducted at baseline, post-intervention, and a 3-month follow-up.

Expected Results:

Participants receiving the emergency psychological support intervention are expected to demonstrate significantly greater reductions in depression, anxiety, and stress scores compared to the control group.

Conclusion:

This study will provide evidence on the effectiveness of structured emergency psychosocial interventions delivered in primary health care settings during war conditions in Gaza and inform scalable mental health responses in humanitarian crises.

Team Members:

1. Dr. Osama Jabr Emad – Senior Scientific Research Team Member / Clinical Psychologist
2. Dr. Shadi Hleil – Director, Middle Area Community Mental Health Center
3. Mr. Muhannad Hamdan – Psychiatric Nursing Specialist
4. Mr. Bassam Bakeer – Psychiatric Nursing Specialist
5. Mr. Hassan Abu Rahma – Psychiatric Nursing Specialist / Data Analysis

Dr. Rafat Abu Rumman

Trauma from psychoanalytic point of view

From Freud to Lacan.

The psychoanalytic understanding of trauma has evolved significantly from Freud to Lacan, reflecting a shift from an event-based model to a structural and linguistic conception of psychic disturbance. Freud initially conceptualized trauma as the result of overwhelming experiences that exceed the ego's capacity for binding excitation, leading to repression, repetition compulsion, and the return of the repressed in symptoms and dreams. Building on Freud, Lacan reconceptualized trauma within the framework of language and subjectivity, locating it in the encounter with the Real—that which resists symbolization and cannot be fully integrated into the symbolic order. For Lacan, trauma is not simply a past event but a structural rupture produced by the subject's entry into language, manifesting in repetition and jouissance.

This trajectory from Freud to Lacan highlights trauma as a dynamic, structurally embedded process central to the formation of the unconscious.

Key word :Trauma, psychoanalysis, Freud, lacan, unconscious, the real, symbolization, repetition compulsion.

Raafat Hani Aburumman, MD, Consultant psychiatrist.

Child and adolescent psychiatrist.

Dr. Tala Darabkeh

Background: Medical students experience substantial academic and clinical stress, predisposing them to anxiety and maladaptive coping strategies, including self-medication. Beta-blockers, particularly propranolol, are increasingly misused to alleviate the physical symptoms of anxiety and enhance performance, despite potential health risks. Data on this practice among Jordanian medical students remain limited.

Methods: A cross-sectional study was conducted among medical students at the University of Jordan during the 2025/2026 academic year. Data were collected using a structured, self-administered questionnaire assessing demographics, beta-blocker use, knowledge, attitudes, and self-reported anxiety. A total of 343 students participated. Descriptive statistics, chi-square tests, independent t-tests, and multivariable logistic regression were used for analysis.

Results: Of the 343 participants, 56 reported beta-blocker use, yielding a prevalence of 16.3%. Propranolol was the most commonly used agent (85.7%). The predominant reason for use was anxiety relief (78.6%), particularly around OSCEs (64.3%) and written examinations (55.4%). Self-prescription was common (41.1%), and 26.8% obtained the medication from peers. Beta-blocker users were older, more frequently in clinical years, and reported significantly shorter sleep duration during exam periods ($p < 0.001$). Use was strongly associated with self-reported psychiatric morbidity, prior anxiety diagnosis, and anxiolytic or antidepressant use ($p < 0.001$). In multivariable analysis, increasing age and reduced sleep before exams independently predicted beta-blocker use. Conclusion: Inappropriate beta-blocker use is highly prevalent among medical students at the University of Jordan and is strongly associated with anxiety and academic stress. Despite awareness of potential side effects, self-medication remains common. These findings highlight the urgent need for targeted mental-health support programs and educational interventions addressing self-medication practices among future physicians.

Keywords: (Anxiety, academic stress, Beta-blockers, medical students, misuse, mental health).

Prof. Tewfik K. Daradkeh - Jordan

Treatment of MDE with Mixed and Anxious Specifiers

Major Depressive Episodes (MDE) exhibiting mixed and anxious specifiers create unique challenges in diagnosis and treatment. In these cases, patients present with traditional depressive symptoms combined with features such as irritability, agitation, and significant anxiety, often overlapping with subthreshold manic symptoms. This document reviews key findings from randomized controlled trials (RCTs) and offers a framework for postgraduate psychiatry training, emphasizing evidence-based approaches. The treatment of MDE with mixed and anxious specifiers demands a nuanced, evidence-based approach. RCTs have highlighted the benefits of integrating antidepressants with mood stabilizers or atypical antipsychotics, while also emphasizing the importance of adjunctive psychotherapy. For postgraduate psychiatry training, understanding the complexities of this clinical presentation and the corresponding evidence from RCTs is crucial in developing individualized and effective treatment plans.

Dr. Tayseer Shawash - Jordan

Abstract computer addiction

Title: Patterns and Severity of Internet and Mobile Phone Misuse among Private School Students in Amman

Dr. Tayseer Elias shawash –Clinical psychologist

Objective: This study aimed to assess the prevalence, severity, and types of internet and mobile phone misuse and to examine the extent to which these behaviors meet the criteria of behavioral addiction as defined by Kimberly Young .spend more than 4 hours using Phone or internet .

Method: The sample consisted of 400 male and female students recruited from two private schools in Amman: 100 high-school students (scientific and literary streams) and 300 students from grades 6–8.

Internet addiction was assessed using Young’s Internet Addiction Test (IAT), a widely used 20-item instrument rated on a five-point Likert scale. The scale classifies users into four levels: normal, mild, moderate, and severe. In addition, an open-ended question asked participants to specify which of four common forms of problematic internet use they experienced (gaming, online relationships/social media, cybersex, or compulsive information seeking) and to describe perceived impacts on health and academic functioning.

Young’s diagnostic framework (1998) conceptualizes addiction when at least five of eight criteria are present, including preoccupation, tolerance, unsuccessful attempts to cut back, withdrawal symptoms, staying online longer than intended, functional impairment, deception regarding time spent online, and using the internet as an escape from reality.

Results: Problematic patterns were common. The most frequently reported forms were:

- Gaming addiction: 55%
- Social media / online relationship overuse: 40%
- Compulsive information seeking: 20%
- Cybersex use: 7%

Severity levels differed by age group. Among high-school students, 36% fell within the normal range, 25% mild, 16% moderate, and 1% severe. Among grades 6–8, only 22% were in the normal range, while 38% were mild, 33% moderate, and 7% severe, suggesting higher vulnerability in the younger group.

Qualitative responses revealed notable psychosocial consequences negatively influenced their school achievement and suffering from computer vision syndrome. all student who were on moderate and severe rang suffered from computer vision syndrome Three female students reported exposure to sexual exploitation linked to Instagram use.

Limitations: The sample size was relatively limited and drawn from private schools only, which restricts generalizability.

Recommendations: Future research should involve larger and more diverse samples across educational levels and include parental reports of children’s screen time. The findings highlight the importance of active parental monitoring and early preventive and psychoeducational interventions to mitigate harm. Students diagnosed with internet addiction are recommended to undergo Cognitive Behavioral Therapy (CBT) to address and overcome this behavioral disorder

Dr. Wa'il AbouHendy - Egypt

مقدمة في العلاج السلوكي المعرفي للرهاب الاجتماعي

يبدأ العرض بفكرة سريعة عن اضطراب الرهاب الاجتماعي وصوره السريرية المختلفة، ما يميزه عن غيره من أنواع الرهاب، ثم تعرض عدة مواضيع معرفية أساسية في الرهاب الاجتماعي، ثم فكرة موجزة عن النماذج المعرفية للرهاب الاجتماعي: نموذج كلارك وويلز، ونموذج رابي وهيمبيرج، ثم عرض للتحيزات المعرفية في معالجة الذات ومعالجة استجابات الآخرين في الرهاب الاجتماعي، وكذا الحلقات المفرغة التي تعتبر مسؤولة عن إدامة المشكلة، وأخيرا نبذة عن الزيادة الحالية والمتوقعة في معدلات حدوث وانتشار الرهاب الاجتماعي، علاقة الحسد بالرهاب الاجتماعي وأخيرا عرض موجز لأهداف العلاج السلوكي المعرفي للرهاب الاجتماعي

أ.د. وائل أبو هندي

أستاذ الطب النفسي جامعة الزقازيق

رئيس شعبة اضطرابات القلق والطيف الوسواسي

اتحاد الأطباء النفسانيين العرب

Dr. Walid Sarhan - Jordan

From Battlefields to Clinics

Abstract

Background:

Armed conflict and forced displacement represent profound threats to population health, with mental health outcomes reflecting both direct trauma and the systematic collapse of social and healthcare structures. Since October 2023, Gaza has experienced unprecedented destruction of its healthcare system alongside mass civilian displacement, creating conditions of extreme psychological vulnerability.

Objective:

To synthesize recent empirical evidence on the mental health consequences of the Gaza war and to conceptualize these outcomes within a hierarchical needs' framework, illustrating how structural violence and healthcare collapse translate into widespread psychiatric morbidity.

Methods:

This presentation integrates findings from recent cross-sectional studies, qualitative analyses, and systematic reviews (2023–2026) examining mental health outcomes among adults, children, displaced populations, and healthcare workers in Gaza. Maslow's hierarchy of needs is employed as an organizing framework to interpret the progressive erosion of physiological safety, security, social belonging, and psychological well-being under conditions of prolonged conflict.

Results:

Across studies, rates of moderate to severe depression and anxiety exceed 65–80%, while probable post-traumatic stress disorder affects over 80% of surveyed populations in some samples. High levels of psychiatric comorbidity are consistently reported. Risk factors include forced displacement, repeated migration, unemployment, loss of first-degree relatives, military detention, exposure to violence, and disrupted caregiving. Healthcare workers demonstrate significant trauma-related morbidity, compounded by unsafe working conditions and moral injury. Children and adolescents show particularly high rates of anxiety, depression, and separation anxiety. Concurrently, the near collapse of healthcare infrastructure, shortages of trained professionals, and widespread distrust in institutions severely limit access to effective mental health care.

Conclusions:

The mental health crisis in Gaza reflects not only exposure to traumatic events but also the systematic destruction of the conditions necessary for psychological recovery. Clinical interventions alone are insufficient in the absence of safety, political freedom, and functional health systems. Sustainable mental health rehabilitation requires an integrated approach encompassing trauma-informed care, health system reconstruction, protection of human rights, and long-term socio-political solutions.

Walid Sarhan

Amman-Jordan

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Registration fees

JAP Member	150 USD
Non JAP Member	200 USD
Resident	100 USD
Other Mental Health	100 USD

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