Student mental health discourses in Emirati higher education policies: A dialectical-relational approach

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Mental health issues are prevalent among university students; therefore, higher education institutions (HEIs) play a critical role in supporting students struggling with mental health issues through responsive policies and practices. This study examines discourses surrounding mental health in 16 policy documents from Emirati HEIs. The research methodology follows the dialectical-relational approach (DRA) proposed by Norman Fairclough in 2003, which is a critical discourse analysis approach. The findings reveal narrow discourses on student well-being that focus on personal and academic development while giving limited attention to mental health. The Emirati linguistic habitus and linguistic market influence linguistic expressions and discourse in policy materials, contributing to the presence of the social wrong under investigation, namely, mental health stigma. In Emirati HEIs, there is a need for transformative changes led by competent governmental bodies in systematic collaboration with Emirati HEIs to enhance their policies and practices. A positive change in the HE sector that recognises the significance of mental health in university students' experiences can help tackle the stigma of mental health.

Keywords: student mental health; dialectical-relational approach; linguistic habitus; stigma; United Arab Emirates; higher education

Introduction

Adolescent wellbeing, defined by Sawyer et al. (2018) as a developmental period from ages 10 to 24, stands as a global imperative (Marquez et al., 2024), with growing evidence revealing a rapid decline in youth mental health since 2011 (Blanchflower et al., 2024). Although early and middle adolescence are considered the most vulnerable stages for individuals' mental health (Solmi et al., 2022), late adolescence is also crucial (Wang et al., 2017; Zarrett and Eccles, 2006). During late adolescence (18-24), young individuals experience significant transitions, such as starting higher education or vocational training,

entering the workforce, or gaining personal independence, all of which can present mental health challenges (Zarrett and Eccles, 2006). Although mental health issues can affect anyone, irrespective of age, gender, race, or religion, epidemiological studies show that they are most prevalent among young people aged 16-25, coinciding with those pursuing higher education (Martin, 2010; Sampson et al., 2022). In a large international study comparing college students (n = 1572) and non-students of the same age group (n = 4178), Auerbach et al. (2018) found a higher prevalence of mental disorders (20.3%) among college students than among their non-student peers. Therefore, HEIs must play a leading role in promoting a positive mental health culture through preventive policies, measures, and practices.

The current study is situated within the higher education system in the United Arab Emirates (UAE), which is a relatively new phenomenon that is still developing (Gallagher, 2019). The UAE's HE sector is regulated by the Ministry of Education, which has established national policies that shape the UAE's HE landscape, such as the National Strategy for HE 2030. In line with the National Strategy, the MoE developed the Framework for the Compliance Inspection of HEIs, which includes 13 standards and 20 compliance indicators to which HEIs must adhere. Under standard 8 in the inspection framework, is indicator 8. C, which mandates that HEIs maintain up-to-date and approved policies and procedures governing student psychological counselling (Ministry of Education, 2023). Notably, there is currently no official national policy specifically focused on student mental health support in higher education (HE) in the UAE. Furthermore, research on mental health in the UAE is limited, both within higher education and more broadly; only 153 mental health papers were published over a span of 27 years (1992-2019) (Ministry of Health and Prevention, 2020). This highlights a significant gap in research addressing mental health issues, services, policies, and practices in the UAE.

This study seeks to answer two research questions: (a) What discourses are employed within policy documents related to student mental health in higher education institutions (HEIs) in the United Arab Emirates (UAE) and (b) How do the language and discourse employed in Emirati HEI policies related to student mental health contribute to the reduction or perpetuation of stigma around mental health? The methodology is based on a dialectical-relational approach (DRA) by Norman Fairclough, an approach to critical discourse analysis (Wodak and Meyer, 2015). This study is grounded in Bourdieu's concepts of linguistic habitus and the linguistic market (Jenkins, 1992), which recognise the role of language and discourse in shaping and constructing social realities. In addition, this study

uses sociological theoretical models of the stigma construct, mainly developed by Link and Phelan (2001) and Corrigan et al. (2004), as part of the theoretical framework. This paper follows a regular progression of sections by presenting a literature review, detailed methodology, findings, in-depth discussion, and conclusion.

Literature review

The following literature review focuses on (a) mental health conceptualisation, (b) the prevalence of mental health among young adults worldwide, (c) the UAE's HE system, (d) mental health in the UAE, (e) why policy discourse matters and (f) the whole-institution approach to support student mental health in HE.

What is mental health?

Before exploring the main areas of literature, there must first be clarity regarding terminology and a differentiated focus of effort. The term "mental health" is often connoted with "mental illness," blurring the distinction between the two constructs and making it challenging to view mental health beyond the influence of values, myths, and fears associated with mental illness (MacDonald, 2006). There has been a consensus in the literature (e.g., Manwell et al., 2015; Galderisi et al., 2015) that an agreed-upon definition of mental health remains elusive. However, existing definitions of mental health can fall under three main approaches, as discussed by Keyes and Michales (2010) and MacDonald (2006). These approaches are as follows: (a) the pathogenic approach focuses on negative mental health (e.g., disorders); (b) the salutogenic view focuses on positive mental health (e.g., well-being); and (c) the complete state model, which I am adopting to some extent in my research project. The complete state model (Keyes, 2005) combined the pathogenic and salutogenic paradigms to define mental health as not only the absence of psychopathology but also high levels of emotional, psychological, and social well-being. The key notion of Keyes's conceptualisation of mental health informing this research is that the absence of mental health issues does not equate to the presence of positive mental health (Keyes & Michales, 2010). Although this model is recognised for its holistic perspective, it may inadequately address the broader cultural and environmental influences that shape mental health experiences, as the focus is more on individual symptoms and well-being, resulting in an individualistic view. Mental health needs to be considered less individualistically and more socially and culturally (MacDonald, 2006).

The prevalence of mental health

The prevalence of mental health issues among university students has been identified as a crisis that emerges during their first year and persists throughout the remaining

years (Obradović-Ratković et al., 2022). Extensive literature has documented the prevalence of mental health issues among university students with significant rates of depression, anxiety, and other disorders across various countries, such as the United Kingdom (Akram et al., 2023; Jenkins et al., 2021), the United States (Kang et al., 2021; Tonsing and Tonsing, 2023), Australia (Farrer et al., 2016; Xiong et al., 2025), and China (Han et al., 2025). However, in the UAE's context , research on the prevalence of mental health among university students is scarce, with only a few studies examining the matter (Al Marzouqi et al., 2022; Alalalmeh et al., 2024; Faris et al., 2024; Jogia et al., 2024). Despite the limited number of UAE-based studies, their findings mirror international evidence of the prevalence of mental health problems among university students. Beyond documenting prevalence rates, these studies provide valuable recommendations, such as expanding research on student mental health in the UAE (Al Marzouqi et al., 2022), strengthen counselling services to support transition challenges, and calling on university and government officials to implement effective screening and preventive strategies to safeguard students' well-being (Faris et al., 2024).

Such widespread mental health challenges among young adults in higher education have a detrimental impact on student academic attainment, employment outcomes, social relationships, and self-confidence (Auerbach et al., 2018; Stones and Glazzard, 2025). The alarming widespread mental health problems raise questions about the factors underlying their occurrence, which were highlighted by Sheldon et al. (2021) and Stones and Glazzard (2025) who identified factors, including transitioning to higher education, identity exploration, self-management responsibilities, academic demands, and distance from support networks, to be behind this phenomenon among university students. While other variables, such as individual, interpersonal, family, and cultural factors, influence students' mental well-being, HEIs' role remains paramount in making a desirable impact.

The provision of mental health services for higher education students is not without barriers, and stigma about mental health is a significant obstacle. Stigma is a social construct characterised by disapproval, shame, negative beliefs and stereotypes that limit opportunities, discrimination and judgement (DiPlacito-DeRango, 2016; Martin, 2010). The stigma surrounding mental illness is deeply rooted in longstanding attitudes found in almost every society worldwide (Jamison, 2006). However, this stigma varies across cultures (Chaudhry and Chen, 2019) as some highly stigmatise mental illness, causing social exclusion, whereas others are more accepting. Therefore, any efforts to destigmatise mental illness require cultural sensitivity to effectively promote mental well-being. In higher education settings,

mental health stigma can cause faculty to hesitate to address mental health concerns, thus missing changes for early interventions and student support (DiPlacito-DeRango, 2016). Additionally, self-stigma can affect students with mental health problems (DiPlacito-DeRango, 2016; Jamison, 2006), restricting their opportunities to seek assistance and support (Martin, 2010). The influence of mental health stigma might indirectly affect policy decisions, resulting in institutional discrimination (Jamison, 2006). Hence, the first step in tackling mental health stigma in HE is to recognise its presence and influence in policies, practices and discourses.

UAE's higher education system

This study explores discourses on mental health in the policy documents of the Emirati HEI. The UAE was founded in 1971 by the unification of seven emirates in the Arabian Peninsula following British withdrawal from the Arabian Gulf region. Before 1971, no form of tertiary education was available (Gallagher, 2019), and the government offered students scholarships to travel abroad to receive higher education and academic degrees (Al-Suwaidi, 1997). In 1977, the Emirati HE system began with only one university, UAE University, with 502 students in 1977 and has expanded to over 70 accredited institutions. As the UAE is based on a federal governance system, HEIs can be classified into federal and nonfederal institutions. The UAE has a diverse range of nonfederal institutions, with complex categorizations of private/public, for-profit/non-profit universities, and branch/independent campuses, as they are heavily influenced by Emirati authorities' financial support (Badry, 2019).

The Ministry of Education (MoE) is currently the source of laws, regulations, and standards for HEI licencing and accreditation (Ministry of Education, 2023). In line with the National Strategy for HE 2030, the MoE developed the Framework for the Compliance Inspection of HEIs, which comprises 13 standards and 20 compliance indicators. These standards are based on relevant UAE laws, Federal Bylaws, international best practices, and MoE regulations and serve as guidelines for HEIs on how to operate while meeting MoE expectations. The Commission for Academic Accreditation (CAA) is responsible for licencing and accrediting HEIs and their programmes, ensuring academic standards and aligning with the National Qualifications Framework (QFEmirates) (CAA, 2020).

Mental health in the UAE

In the UAE, the Ministry of Health and Prevention (MoHAP) is responsible for health care legislation at the federal level, whereas the Department of Health, Abu Dhabi (DHAD) and the Dubai Health Authority (DHA) regulate health care at the local level (Zakzak and Shibl, 2020). Two federal laws, Decrees No. 28 and 29, were the first to address the rights of

individuals with mental illnesses and disabilities in the UAE. Since then, efforts have been made to update and develop new relevant laws (Alhassani and Osman, 2015). For instance, in 2019, the first mental health policy in the UAE, the National Policy for the Promotion of Mental Health, was developed by MoHAP in 2019 to enhance access to mental health services and reduce stigma (Ministry of Health and Prevention, 2019). The policy consists of five objectives that provide broad governance guidance. The fourth objective, namely, promoting the prevention of mental disorders for people of all ages, addresses the need for establishing school promotion and prevention programmes (Ministry of Health and Prevention, 2019).

As presented in the National Policy (2019), mental health in the UAE faces many challenges, such as a lack of coordination between and within sectors, social stigma, the absence of a database on mental disorders, and a lack of scientific research. The MoHAP report in 2019 documented the lack of research on mental health in the UAE, revealing that only 153 studies on mental health in the UAE were published between 1992 and 2019 (Karrani et al., 2019). Only four of the 153 studies investigated mental health issues among UAE university students. The scarcity of mental health research is not limited to the UAE; however, it is a common issue in the Arabian Gulf. Almarzouqi et al. highlighted that between 1989 and 2008, only 192 studies on mental health were published in the region. The COVID-19 pandemic has changed the mental health research scene as it has gained academic and public attention. For example, a line of studies (Saddik et al., 2021; Vajpeyi Misra et al., 2022) investigated the pandemic's impact on mental health in HEIs in the UAE. The paucity of research on mental health among students may hinder the development of essential policies. This study aims to understand the discourses employed in UAE HEI policy documents related to student mental health and their impact on the stigma surrounding mental health. To the best of my knowledge, this is the first study to scrutinise student mental health-related policies in HE in the UAE; therefore, my research will initiate much-needed discourse.

Why does policy discourse matter?

Policy is neither a neutral nor straightforward text but a discursive practice that constructs subjects and social realities through the conceptualisation of issues (Bacchi, 2012; Ball, 1993). Policy language and discourse organise meanings and produce "regimes of truth" (Foucault 1977, cited in Ball, 1993: 14), thereby determining the problems that exist, whose responsible and what solutions are considered legitimate (Bacchi, 2012). Policy wording, where certain terms are privileged while others are silenced, influences whether institutions

take action or inaction (Edelman, 1964, as cited in Spillane et al., 2002). Policy implementation is a nonlinear process shaped by the interpretation of policy texts by actors, producing outcomes ranging from symbolic compliance to practice variations (Schmidt, 2008). This dynamic explains why a gap often exists between policy rhetoric and practice, where institutions reproduce the discourse of reform without translating it into meaningful practice (Chan, 2005).

This perspective highlights the importance of discourse analysis in the context of mental health in HE. The framing of mental health in policy documents indicates how mental health is conceptualised and consequently shapes institutional actions. Studies often focus on institutional responses, such as student mental health initiatives; however, the possibilities and constraints created by policy discourse should be considered before turning to what universities put into action. Therefore, this study applies discourse analysis of sixteen relevant policy documents to examine how mental health is framed in Emirati HE.

Whole-institution approach

Higher education institutions must support the mental health of students because the college years represent a distinct phase in which it is vital to improve the early identification and treatment of mental health issues (Hill et al., 2024). The literature on students' mental health in HEIs (Brewster and Cox, 2023; Hill et al., 2024; Stones and Glazzard, 2025) has advocated a whole-institution approach to the mental health of postsecondary students. Additionally, the Office for Students, a regulator for HE in England, requires all HE providers to take a whole-institution approach to mental health and to connect to the national University Mental Health Charter (OfS, 2023). A whole-institution approach aims to transform the culture of higher education into a health-promoting setting that prioritises mental well-being and shifts away from relying solely on support services to address mental health (Universities UK, 2017 as cited in Hill et al., 2024). The characteristics of a whole-institution approach are as follows: (a) leadership commitment to promoting positive mental health, (b) activities fostering mentally healthy cultures, (c) integration of mental health into curricula, (d) comprehensive support services beyond clinical care, (e) evaluation of the impact of mental health provision, and (f) mental health literacy training for staff and students (Hill et al., 2024; Stones and Glazzard, 2025). However, specific strategies and methods for achieving such a holistic approach to student mental health remain uncertain (Sampson et al., 2022), highlighting the need for further exploration.

Theoretical framework

The theoretical framework of this study draws upon Bourdieu's concepts of linguistic habitus and linguistic market (Jenkins, 1992). Bourdieu stated that two main factors influence all speech acts: (a) linguistic habitus and (b) linguistic market. Linguistic habitus refers to the cultural propensity, linguistic competence, and social capacity to use language appropriately, shaping individuals' propensity to say specific things and influencing their linguistic expressions. The linguistic habitus encompasses learned speech, vocabulary, and communication styles specific to specific social contexts. Power relations influence linguistic habitus and shape it by anticipating how discourse is received (Jenkins, 1992; Salö, 2019). The linguistic market establishes boundaries through sanctions and censorship, shaping discourse by defining linguistic practices that are socially acceptable and appropriate. Within Bourdieu's concept, language and discourse are not only means of communication but also actively shape and construct social reality, thus participating in symbolic violence and structures of symbolic domination (Jenkins, 1992; Salö, 2019). Linguistic habitus plays a crucial role in social reproduction by reinforcing the dominance of certain linguistic practices and marginalising others (Jenkins, 1992). However, linguistic habitus can change over time as a result of exposure to new linguistic practices and social contexts, which requires significant effort and is not easily achieved.

This study uses the concept of linguistic habitus to examine how cultural propensity shapes institutional linguistic expressions and discourses surrounding mental health as it appears in the recurring language patterns of Emirati HEI policy documents. The notion of the linguistic market allows for the exploration of the influence of the social and cultural dynamics of the UAE on HEIs' linguistic practices as reflected in policy documents. Linguistic habitus and disapproval or exclusion of certain groups. This study focuses on how mental health discourse, primarily through stigma, may cause social inequalities. However, Bourdieu's concepts do not explain the stigmatisation process or how it might exist in policies. Therefore, I chose to draw on two theoretical stigma models

This study is grounded in sociological theoretical models of stigma constructs, primarily those proposed by Link and Phelan (2001) and Corrigan et al. (2004). According to Link and Phelan (2001), stigma exists in the presence of the following four interrelated components: (a) labelling, (b) stereotyping, (c) cognitive separation, and (d) status loss and discrimination. Labelling includes distinguishing individuals or groups based on perceived differences, while stereotyping involves associating labelled persons to negative characteristics based on dominant cultural beliefs (Link and Phelan, 2001). Separation entails

socially distancing stigmatised persons and placing them in distinct groups, which leads to experiencing status loss and discrimination and results in social inequalities (Link and Phelan, 2001). Link and Phelan (2001) emphasised that the stigmatisation process depends on the presence of social, economic and political power, enabling the presence of some or all four stigma components to result in discriminatory outcomes. Corrigan et al. (2004) presented a macro-to-micro model of mental illness stigma, focusing on structural discrimination as the source of stigma, which is intentionally or unintentionally presented in private and government institutions' policies. However, both types of structural discrimination limit options for people with mental health difficulties, resulting in the loss of opportunities and self-stigmatising attitudes (Corrigan et al., 2004). Corrigan et al.'s (2004) model facilitates the exploration of the presence of structural discrimination within HEI policies and its relation to increasing mental health stigma, whereas Link and Phelan (2001) identify the stigma components.

Methods

In policy research, Henry et al. (2013) suggested studying policies with three elements in mind: context, text, and consequences, which I found possible when implementing the dialectical-relational approach (DRA). The methodology in this study follows DRA as an approach to critical discourse analysis (CDA) introduced by Norman Fairclough, which differs from Fairclough's previous models (Fairclough, 2003; Wodak and Meyer, 2015). DRA is described as a transdisciplinary research methodology in which discourse is replaced with the term semiosis. Semiosis includes meaning-making as an integral part of the social process, dialectically related to other elements, such as social relations, power dynamics, institutions, beliefs, and cultural values (Wodak and Meyer, 2015). As most CDA approaches are problem-oriented, DRA is no exception. DRA aims to analyse and explain the nature and sources of 'social wrongs', identify the obstacles to addressing them and how to overcome such obstacles (Fairclough, 2023). Social wrongs are aspects of social systems, forms, or orders that are negative to human well-being and cause inequalities, which can be eliminated through major changes (Fairclough, 2023; Wodak and Meyer, 2015). The stigma surrounding mental health in Emirati society is the social wrong that this research focuses on.

The DRA addresses the following general question: 'What is the particular significance of semiosis and of dialectical relations between semiosis and other social elements in the social processes (issues, problems, changes, etc.) under investigation?' (Wodak and Meyer, 2015). In my research, the particular significance of semiosis that I aim

to uncover is presented in my first research question as follows: What discourses are employed within policy documents related to student mental health in HEIs in the UAE? My second research question addresses the dialectical relations between semiosis and other elements: How do the language and discourse employed in Emirati HEI policies related to student mental health contribute to the reduction or perpetuation of stigma around mental health?

DRA four stages

The DRA consists of four main stages, which are broken down into smaller steps as follows: (a) stage 1: focus on a social wrong in its semiotic aspects; (b) stage 2: identify obstacles to addressing the social wrong; (c) stage 3: consider whether the social order 'needs' the social wrong; and (d) stage 4: identify possible ways to overcome the obstacles (Fairclough, 2023; Wodak and Meyer, 2015). Although DRA has a series of stages and steps, Fairclough (2023) emphasised that it should not be interpreted in a mechanical manner or followed in sequential order, which aligns with the circular nature of critical discourse studies (CDS) (Wodak and Meyer, 2015). The implementation of the circular process of the DRA methodology is elaborated in the next section.

The first stage, which focuses on a social wrong in its semiotic aspects, includes two steps: (a) 'select a research topic that relates to, or points up, a social wrong and that can productively be approached in a trans-disciplinary way, with a particular focus on dialectical relations between semiotic and other 'moments', and (b) 'construct objects of research for initially identified research topics by theorising them in a trans-disciplinary way' (Fairclough, 2023:15-16). The social wrong this study intends to address is the stigma surrounding mental health by scrutinising Emirati HEI policy documents related to student mental health. The second step involves constructing the object of research by engaging with theories from different disciplines, mainly Bourdieu's concepts of the linguistic habitus and the linguistic market, and Link and Phelan (2001) and Corrigan et al. (2004)'s sociological theoretical models of the stigma construct.

The second stage, identifying obstacles to addressing social wrongs, requires analysing the social structure as points of entry through three steps (Fairclough, 2023; Wodak and Meyer, 2015). The first step involves examining the dialectical relations between semiosis and social elements: discourse orders, social practices, texts, and event steps (Fairclough, 2023; Wodak and Meyer, 2015). This step is presented in the present

research under the Discussion section, where I discuss how the language and discourse in HE policy documents impact the stigma surrounding mental health. The second step is selecting texts, focus points, and categories that align with the research object's constitution (Fairclough, 2023; Wodak and Meyer, 2015). For my research, the texts I chose for analysis were policy documents related to student mental health in the UAE's HEIs. These documents were collected through systematic sampling, as presented in the data collection subsection. Despite the limited guidance on data sampling in most CDS approaches and some authors' omission of this aspect (Wodak and Meyer, 2015), systematic sampling was employed to retrieve all publicly available policy documents, ensuring more comprehensive findings. The third step is the analysis of the selected texts through both interdiscursive and linguistic analyses (Fairclough, 2023; Wodak and Meyer, 2015). It is important to mention that the scope of this study concerns the understanding of the external relations of policy document texts, not internal relations. External relations of texts, as Fairclough (2003) discussed, involve connections to other elements of social events, practices, and structures, whereas internal relations focus on lexicogrammatical details. In this step, I applied thematic analysis following Braun and Clarke's (2006) six phases: (a) familiarisation with the dataset, (b) coding, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report.

In the third stage of DRA, researchers question the link between the social wrong under scrutiny and social order, consider addressing it within the social order or requiring change, and highlight the ideological influence of discourse (Fairclough, 2023; Wodak and Meyer, 2015). In the fourth stage, the analysis shifts into a positive critique by focusing on possible ways within the social process to overcome obstacles to address social wrongs (Fairclough, 2023; Wodak and Meyer, 2015). According to Fairclough (2003), this can be achieved by finding a semiotic point of entry into research to examine how organised groups, movements, or individuals can test, challenge, and resist these obstacles. The third and fourth stages are presented in the second research question's findings and discussion.

Data collection

This qualitative study uses secondary data in the form of policy documents obtained from HEI websites through the implementation of web content mining strategies. As stated by Johnson and Gupta (2012), web content mining strategies mine the content of the web, including text, metadata, hyperlinks, and others, as well as the search results, allowing the extraction of useful information. The scope of this study includes all accredited HEIs in the

UAE (n = 73) according to the Commission for Academic Accreditation (CAA), which is responsible for licencing and accrediting HEIs and their programmes, ensuring academic standards and aligning with the National Qualifications Framework (QFEmirates) (CAA, 2020). Only 70 of 73 HEIs have websites that were mined following the Boolean search strategy (Ames et al., 2022; Vincent et al., 2021).

Boolean searches, including the HEI website and keywords, were entered into the Google search bar. When selecting search keywords, I considered that not all HEIs have separate policies and services regarding student mental health, as they might be integrated into other documents or services. Boolean searches were conducted in English in the 68 HEIs as follows: site: [HEI website] 'mental health' OR 'depression' OR 'anxiety' OR 'wellbeing' OR 'counselling' AND 'policy*' OR 'guideline*' OR 'handbook'. The search strategy initially employed core terms such as mental health, depression, anxiety, wellbeing, and counselling. At a later stage, it was broadened to include additional terms such as well-being, stress, and happiness, the latter being an official framing for wellbeing in Emirati initiatives. However, this supplementary search yielded duplicate sources already captured through the core search. Two HEI websites only had Arabic content; thus, terms were translated, and searches followed this pattern: site: [HEI website] 'الصحة النفسية' OR 'الصحة' OR 'الاكتئاب' OR 'القلق' OR 'السلامة' OR 'الإرشاد' AND 'سياسة' OR 'التوجيهات' OR 'دليل الطالب'. Only the first 10 pages of each Boolean search were checked for policy documents relevant to mental health. Although policy documents are publicly available, ethical considerations were addressed by anonymizing HEI names and removing any identifying indicators throughout the study.

Policy documents were retrieved either directly from HEI websites (n = 15) or through manual searches in the obtained student handbooks (n = 2). Notably, there were two direct links to two other relevant policy documents; however, access to these documents was limited to students and staff in these institutions. Cardno (2018) considered this incident a disadvantage of documentary analysis, as retrieving certain documents is not always possible. There is a need to recognise that some Emirati HEIs may have relevant policy documents on student mental health that are not publicly available. By acknowledging this possibility, biased selectivity can be avoided, and this study ensured a more comprehensive approach.

Findings

Six themes were identified from the analysis of Emirati HEI policy documents: (a) the absence of mental health-related terminology, (b) counselling services, (c) personal and academic development-oriented objectives, (d) high confidentiality, (e) limited accessibility

and availability, and (f) neglecting mental health promotion. Each institution's policy document has been assigned a code comprising the HEI abbreviation and a number from 1 to 16 to ensure anonymity.

Thematic analysis

Absence of mental health-related terminology

The first theme that arose was the absence of the term 'mental health" in most of the 16 policy documents on mental health in the UAE's HEIs. A comprehensive analysis of the policy contents revealed that the term 'mental health" is only present in four of the 16 policy documents for the following institutions: HEI-3, HEI-4, HEI-6, HEI-5, and HEI-15. The usage of mental health terminology in policies HEI-3 and HEI-15 appeared similar in two places: (a) students had access to counselling and psychological benefits associated with mental health issues, and (b) students were encouraged to provide documentation from their mental health professional about their mental health treatment and history. In the HEI-14 policy document, the term 'mental health" was mentioned once as a factor that impacts educational achievement. However, the HEI-5 text uses the term 'mental health" to indicate the responsibility of the counsellor in providing workshops on mental health detection and prevention.

Some mental health issues are mentioned in some policy documents without being directly described or labelled as mental health problems; instead, they are classified as personal issues (e.g., HEI-3, HEI-8), student concerns (e.g., HEI-10), or student challenges (e.g., HEI-12). The main mental health problems that appear under these classifications are (a) depression and anxiety (HEI-3, HEI-6, HEI-8, HEI-10, HEI-12, and HEI-15), (b) trauma (HEI-3, HEI-6, and HEI-15), (c) suicidal feelings (HEI-10, HEI-15), (d) eating and body image concerns (HEI-3, HEI-10), (e) identity issues (HEI-3, HEI-12), and (f) anger and temper (HEI-6). Such a finding immediately raises questions about whether the avoidance of mental health use is intentional or unintentional, how it impacts mental health literacy in HE, and whether it impacts the social wrong under investigation, namely mental health stigma.

Counselling services

Most of the policies were introduced as counselling policies, which is clear from the initial analysis of the titles. The policy titles were as follows: (a) counselling policy (n = 4), (b) student counselling policy (n = 8), (c) personal counselling policy (n = 1), (d) academic

advice, career guidance and pastoral support (n = 1) and (e) student psychological counselling policy (n = 2). The titles initially indicate that mental health issues may not be the primary focus of these policy documents. Only two policies use the term 'psychological' which might be closest to mental health compared with other general choices, namely counselling, which in the UAE's context is not specific to mental health. The issue with the counselling term, especially in higher education, is that it is broad and covers different aspects, such as academic, career and psychological counselling. Thus, the type of counselling provided in each policy content was analysed, and it was found that policies offer at least one of the following types: (a) personal counselling, (b) individual counselling, (c) group counselling, (d) academic counselling and (e) career counselling.

Most policy documents specify offering students either personal counselling (HEI-3, HEI-5, HEI-6, HEI-8, HEI-9, HEI-10, and HEI-16), individual counselling (HEI-4, HEI-12, HEI-13, and HEI-15), or both (HEI-14). The meanings of personal and individual counselling vary from one policy document to another; however, they commonly share ambiguity and broadness as similarities. Personal counselling is to help students with college life adjustment (e.g., HEI-3), emotional problems (HEI-3, HEI-5), academic challenges (HEI-3, HEI-9, HEI-14), personal growth (HEI-5, HEI-16), psychological needs (HEI-5), financial problems (HEI-8), career challenges (HEI-8, HEI-9), health issues (HEI-8), and family-related problems (HEI-8, HEI-10). Individual counselling includes helping students overcome life obstacles (HEI-4, HEI-14), develop life skills (HEI-4, HEI-13), adjust to university challenges (HEI-12, HEI-15), deal with depression and anxiety (HEI-12, HEI-15), set career goals (HEI-12), and cope with health (HEI-13). Four institutions offer group counselling (HEI-4, HEI-13, HEI-14, HEI-15), and only HEI-15 provides an explicit description of this type of counselling.

Personal and academic development-oriented objectives

Analysing policy objectives is essential for understanding the priorities set by the UAE's HEIs and the extent to which student mental health is addressed in these documents. Most of the analysed policies set their purpose for facilitating either student personal development (e.g. HEI-1, HEI-2, HEI-4, HEI-5, HEI-7, HEI-8, HEI-9, HEI-12, HEI-14 and HEI-16) or academic progress (e.g. HEI-1, HEI-6, HEI-7, HEI-8, HEI-9, HEI-10 and HEI-11). Some policy objectives also focus on other aspects, such as social development (e.g., HEI-1, HEI-4, HEI-8, and HEI-13) and career development (e.g., HEI-9 and HEI-11). Only six HEI policies

mention mental health as an objective. HEI-3, HEI-4, HEI-5, and HEI-15 state that promoting student mental health is an essential goal, while HEI-8 and HEI-12 address students' emotional well-being. Overall, the language employed in the policy objectives focuses on students' academic success and personal development rather than explicitly addressing their mental health needs.

High confidentiality

Confidentiality is presented as an integral part of at least 10 policy documents, with some variations, as some policies (e.g., HEI-4, HEI-10) mentioned confidentiality very briefly, while others provided sufficient explanations (e.g., HEI-5, HEI-13). Most policy texts discuss confidentiality limits to ensure safety in certain circumstances, such as danger to oneself and others (HEI-1, HEI-3, HEI-5, HEI-8, HEI-13) , possession of illegal drugs (HEI-1), and suspicion of abuse against the student (HEI-13). Only two policies (HEI-3 and HEI-15) ensure students' privacy when receiving counselling services, which increases students' confidence in the support provided. However, six policies (HEI-2, HEI-6, HEI-7, HEI-9, HEI-11, and HEI-16) do not mention confidentiality or privacy regarding student counselling records, which might be an obstacle for some students to access counselling services because they may have concerns about the potential impact on academic standing and reputation. The length of four of these policies (HEI-7, HEI-9, HEI-10, and HEI-16) was half a page, which resulted in missing important information related to confidentiality that could have an impact on students' attitudes towards counselling services.

Limited accessibility and availability

The analysed policy documents often lack availability and accessibility information regarding counselling services, which might discourage students from seeking professional guidance. For instance, eleven policies (HEI-1, HEI-2, HEI-3, HEI-4, HEI-6, HEI-7, HEI-8, HEI-9, HEI-11, HEI-13, and HEI-16) lack essential contact information, such as how students can reach counsellors and the specific days and times when they are available. Only two policies (HEI-5 and HEI-12) provide details of accessibility and availability. In HEI-5, each eligible student has access to four to five sessions per academic year, whereas in HEI-12, two counsellors are available for 25 hours per week. Most policies expect students to reach university counselling teams by themselves (HEI-7, HEI-10) and encourage administration, staff, and faculty to refer students to counselling services where needed. The limited

information presented in most policy documents on the accessibility and availability of counselling services makes it uncertain whether HEIs have sufficient resources to meet student needs.

Neglecting mental health promotion

Most policy documents lack attention to promoting positive mental health through initiatives, workshops, and campaigns related to student mental health and well-being. Only HEI-5, HEI-12, and HEI-15 established professional counselling teams to arrange regular workshops and seminars on mental health for all students, staff, and faculty. However, HEI-3 and HEI-4 stated that such workshops and seminars should only target students receiving counselling services.

Discussion

The first question that I aimed to answer was, what discourses are employed within policy documents related to mental health in Emirati HEIs? Thematic analysis of the 16 policy documents revealed narrow discourses on student well-being that heavily emphasise personal and academic development while giving limited attention to students' mental health. References to student mental health are largely absent from the policy objectives' core rhetoric, and mental health-related terminologies are scarce throughout the policy materials, suggesting that mental health issues may not be a priority. The policy documents' narrow focus on student mental health reflects poor recognition of the impact of mental health on students' overall well-being. The needs of students who struggle with mental health are underserved as thematic analysis revealed limited accessibility and availability of support services and resources. Consequently, HEI policy documents might establish unintended structural discrimination against students with mental health difficulties. According to Corrigan et al. (2004), structural discrimination, either intentionally or unintentionally, occurs when institutional policies undermine the opportunities of people with ill-mental health, which becomes a source of stigma. Based on Link and Phelan's (2001) model, at least two stigma components exist in the Emirati HEI policy documents: status loss and discrimination and cognitive separation. Link and Phelan (2001) explained that the presence of some, not necessarily all, of the four stigma components, which is the case in Emirati HEI policies, can still result in stigma and its undesirable consequences. The unintentional presence of stigma elements in the relevant policy documents prompted me to examine some underlying factors

that might influence mental health conceptualisation and representation in HEI policies by implementing the first step of the second stage of the DRA approach.

The dialectical relations between semiosis and social elements are examined in the second stage of the DRA approach, mainly the first step: discourse orders, social practices, texts, and event steps (Fairclough, 2023; Wodak and Meyer, 2015). Implementing this step provides an understanding of the cultural, social, and institutional forces shaping the manner in which HEI policy documents address mental health. The semiosis in the 16 HEI policies overlooked mental health issues and somehow gave them a peripheral position in students' overall well-being, which can reflect a culture of silence around mental health. The UAE has a collectivist cultural orientation in which family reputation is highly valued and sometimes over individual needs. Thus, individuals facing mental health challenges are discouraged from openly discussing their emotional or psychological struggles as it might bring shame or dishonour to the family, leading many to choose silence over seeking help. The HEI policy documents, in which mental health is not prioritised, might reflect the linguistic habitus and linguistic market of the UAE's socio-cultural dynamics. Emirati collectivist culture seems to instil in individuals a linguistic habitus that marginalises self-expression over social harmony and norms, which might explain the linguistic expressions in HEI policies where mental health issues were somehow concealed, sending a signal that mental health is not an institutional concern. Within the linguistic market of the UAE, mental health is not a well-discussed societal concern and is still associated with negative constructs such as shame and stigma. The low social valuation of mental health in the Emirati linguistic market has shaped linguistic dispositions and semiotic choices in the HEI policy documents in the UAE.

To answer the second research question, I am implementing the third stage of DRA to determine how the language and discourse employed in Emirati HEI policies related to student mental health contribute to the reduction or perpetuation of stigma around mental health. The third stage of the DRA allows the questioning of the link between social wrong under scrutiny and social order (Fairclough, 2023; Wodak and Meyer, 2015). The social wrong I am examining in this research is the stigma around mental health in the Emirati HE sector. The language and discourse surrounding student mental health in HEI policies opt to be superficial, indirect, and obfuscating, reflecting what Bourdieu calls symbolic violence and symbolic domination (Jenkins, 1992), which shape the social reality of students with mental health issues. Bourdieu's concept of symbolic violence refers to invisible forms of domination embedded in everyday cultural norms, language, and practices that appear neutral while reproducing inequalities. Symbolic domination occurs when those with cultural or

institutional capital impose their values, making their perspective legitimate and unquestionable. The way in which student mental health is framed within HEI documents functions as symbolic violence by not being centric and with the lack of clear pathways for students to access mental health support services. HEI policies send symbolic messages that devalue mental health; hence, students might internalise their mental health struggles as personal weaknesses, leading them to accept this symbolic order and participate in their domination. As a result, the dominated group of students with mental health issues may develop self-stigmatising behaviours, which aligns with Corrigan et al.'s (2004) stigma model, which indicates how institutional policies' structural discrimination causes self-stigmatising attitudes. Additionally, HEI policy documents, as shown in the thematic analysis, neglect to promote a positive mental health culture in university communities, wasting opportunities to enhance mental health literacy and reduce misconceptions about mental health. This study defines positive mental health according to Keyes's (2005) conceptualisation, referring not only to the absence of mental illness but also to the dimensions of wellbeing enhancement, namely emotional, psychological and social functioning. This framing underscores that a positive mental health culture in HE is achieved by reducing internalising symptoms and promoting wellbeing resources such as optimism, social connectedness, and overall life satisfaction. I conclude that the language and discourses in the 16 HEI policies perpetuate rather than reduce the stigma surrounding mental health.

Policy recommendations:

The current status quo of discourse employed in the Emirati HEI policy documents on student mental health is disappointing and does not align with the UAE National Strategy for HE 2030, which aims to provide equitable and inclusive education for all students. The culture of silence around mental health, as reflected in the policy materials, is increasing the social wrong, namely, mental health stigma; thus, it is important to identify potential ways to overcome such social wrong in Emirati HE by implementing the fourth stage of DRA. The fourth stage of the DRA shifts its analysis to finding ways within the social process to overcome social wrongs by identifying semiotic points of entry to advocate for change (Fairclough, 2023; Wodak and Meyer, 2015).

The silence and lack of prioritisation of student mental health in HEI policies can serve as semiotic entry points for identifying possible solutions to challenge and reduce mental health stigma. As the national regulator overseeing HEI operations in the UAE, the MoE can lead a transformative change that addresses mental health as an integral component

of students' well-being. A starting point for a change can be incorporating a compliance indicator dedicated to student mental health into the Compliance Inspection Framework that guides Emirati HEIs, which can destigmatise mental health issues by recognising their legitimacy in the HE context. The National Policy for the Promotion of Mental Health in the UAE, developed by MoHAP, considers the lack of coordination between and within sectors to be a major mental health hurdle. Therefore, a coordinated collaboration among all competent authorities is needed to enhance mental health practices by developing evidence-based protocols, training programmes, and awareness campaigns. Additionally, cross-ministerial coordination between MoE and MoHAP can foster formal partnerships between HEIs and local healthcare providers, such as DHAD and DHA, to ensure equitable access to specialised mental healthcare for university students.

Emirati HE institutions should embrace a whole-institution approach to student mental health, which can transform HE culture into positive mental health-centred settings. As I discussed earlier in the literature review, the whole-institution approach has different characteristics, and I believe that Emirati HEIs should implement at least three of them as a starting point to achieve the desired change. First, a leadership commitment to promoting positive mental health should be demonstrated by developing policies dedicated to mental health that can support the creation of mentally healthy cultures for students and staff (Stones and Glazzard, 2025). Comprehensive mental health policies that outline institutional commitment to prioritise mental health support across institutions can help to break the silence around mental health that still exists in the Emirati HE sector. Second, HEIs should provide staff and students with mental health literacy training to help them identify signs of ill mental health and connect students to relevant support services (Hill et al., 2024). Before implementing any training, Emirati HEIs must evaluate mental health literacy among students and staff, as research on this topic remains scarce, and interventions must be need-based. Third, mental health should be integrated into curricula by incorporating relevant skills and knowledge into course content (Hill et al., 2024; Stones and Glazzard, 2025). Teaching methods and assessment approaches should be designed carefully to minimise stress and create inclusive and emotionally safe learning environments (Stones and Glazzard, 2025). It is important to highlight that any mental health integration into curricula should be culturally responsive to the UAE context to be impactful in addressing misconceptions about mental health that might not exist in other cultures.

Limitations:

This study is not free of limitations, which should be acknowledged. First, access to policy documents was a challenge because some institutional policies were not available in the public domain. In some cases, access was restricted to university members, enrolled students, and faculty, thus limiting external availability. Consequently, the analysis may not fully capture the range of mental health-related discourses in Emirati HEI policy materials. Second, the search strategy relied on traditional techniques, such as expert input, brainstorming, and researcher's knowledge, to build the search string, which might limit search comprehensiveness by not including all relevant terminology. For future research, I recommend using a hybrid approach to create a search string, which combines traditional manual methods with automated tools, such as Litsearchr R package by Grames et al. (2019), to make the search more systematic. Third, the study's focus on a single country limits the generalizability of the findings, as they are closely shaped by the Emirati HE's sociocultural and educational context. The aforementioned limitations do not diminish this study's contribution; however, they reflect the challenges of policy analysis and inform future research.

Conclusion

This study aims to examine discourses on mental health in relevant policy documents from Emirati HEIs by implementing a DRA. The discourses and language employed in the 16 policy documents mirror the UAE's linguistic habitus and market, where mental health issues are shrouded in silence, resulting in social stigma. By implementing the DRA, I address the sources of the social wrong, mental health stigma, in Emirati HEI policy materials, which are rooted in social and cultural norms and can be overcome through transformative change. In the Emirati HE, this change can be led by the MoE through systematic collaboration with MoHAP, and Emirati HEIs can adopt a whole-institution mental health approach to enhance their policies and practices. A positive change in the Emirati HE sector that recognises the significance of mental health in university students' experiences can help tackle the stigma of mental health. Over the past 53 years, since the country's inspection, the Emirati society has demonstrated an openness to adopt changes that can enhance the quality of life of its people. Therefore, fostering strong collaboration between governmental bodies and HEIs to change the social reality of mental health in the Emirati HE sector can drive broader societal change.

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