Cultivating Practice Excellence and Community Impact: A Pathway for Developing Competency and Ethical Guidelines for Social (Care) Professionals in the UAE

(Executive Summary)

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1. Introduction

Study Background

Mental health is a critical component of overall well-being, yet it remains underrepresented in national policies across many countries. Globally, there has been a shift toward community-based mental health care, moving away from institutionalized models (World Health Organization, 2014). However, in the United Arab Emirates (UAE), mental health services remain predominantly institution-based, with Al Amal Hospital in Dubai serving as the only public psychiatric hospital offering both inpatient and outpatient care (UAE Government, 2024). This centralized service delivery limits access to mental health care for the broader UAE population. Meanwhile, the private sector has emerged as a significant provider of outpatient mental health services, but its operations remain loosely regulated and underdeveloped (Garhy et al., 2021). The regulatory framework for mental health professionals in the UAE is still in development and lacks empirical exploration. Licensing bodies in Abu Dhabi and Dubai provide only basic information about licensing processes, and regulation of practitioners is minimal. Counseling services are often delivered by paraprofessionals who may lack the necessary competencies, raising concerns about the quality of care (Al-Darmaki et al., 2012). Moreover, public access to licensed practitioners is limited by insufficient information, as licensing authorities provide only a license number and name without offering contact details or practice locations. This lack of formalization and transparency presents significant challenges to developing a robust and legitimate mental healthcare sector in the UAE, creating barriers to care and undermining efforts to improve mental health services (Patka & Shahin, 2024).

The lack of formalization in the UAE's mental health system exacerbates challenges in raising public awareness and promoting trust in professional mental health care. Research on the availability of services and public attitudes is limited and primarily focuses on student samples. According to Haque (2020), the UAE has significant gaps in addressing mental health issues, beginning with a limited understanding of the role and expertise of Social (Care) Professionals[1]. For example, the public often perceives counselors as giving advice rather than trained specialists, diminishing the perceived need for specialized training (Al-Darmaki et al., 2012). Efforts by fields like psychology, social work, and counseling to destigmatize mental health and promote awareness are ongoing, but their impact remains unclear.

Cultural norms further exacerbate these barriers. Students in the UAE, like other Arab and Muslim populations (Ciftci et al., 2013), rely on informal sources of support, such as family and friends, rather than

[1] Notably, the emirate of Dubai uses the label Social Professionals, and the emirate of Abu Dhabi uses the label Social Care Professionals. Herein, we use Social (Care) Professionals when referring to individuals licensed in either emirate.

seeking professional help (Vally et al., 2018). They view professional counseling as a last resort (Heath et al., 2016) due to societal stigmas against sharing personal or family issues outside the family. This preference may also be influenced by traditional healing practices, such as prayer or seeking guidance from religious figures (Mutawaa), which are widely accepted for addressing psychological challenges (Al-Darmaki, 2004; Al-Krenawi et al., 2004; Syed, 2015).

Among the student samples studies in the UAE, confidentiality concerns add another layer of difficulty. While confidentiality is legally protected, its implementation between Social (Care) Professionals and clients is unclear, leading to fears about privacy breaches. Many individuals hesitate to seek therapy, worried their families might discover their engagement with mental health services (Sayed, 2015). Even those who can afford private care may choose to seek help abroad to ensure discretion (Kahil, 2024). This underscores the need for clear regulatory frameworks, ethical codes of conduct, and public education on confidentiality practices to build trust in the mental health system.

Ultimately, the absence of licensing boards and clear standards for practice undermines the development of a robust mental health care system. These gaps increase the risk of malpractice, further eroding public confidence and deterring individuals from seeking professional care. Addressing these structural and cultural barriers is essential to fostering a more accessible and effective mental health care framework in the UAE.

Research Objective

The first-year funding allowed for the exploration of two research objectives, which were to:

A. Identify and understand who Social (Care) Professionals are in the UAE
B. Explore the experiences and needs of UAE residents when engaging with Social (Care) Professionals.

2. Research Question(s)

The first research objective was investigated through the following research question: What are the characteristics of licensed Social (Care) Professionals, their training, and current practice in Abu Dhabi and Dubai?

The second research objective was investigated through the following research question: What are the needs and experiences of UAE residents with Social (Care) Professionals?

3. Research Methods

The first research question was investigated through a quantitative survey method. The Community Development Authority (CDA) and Department of Community Development (DCD) both publish the names of licensed Social (Care) Professionals and the category under which they are licensed. We called the CDA and DCD in August 2023 to identify the most up-to-date Social (Care) Professionals list. Based on the lists of licensed professionals obtained, in 2023, there were 66 Social Care Professionals licensed by the DCD and 316 Social Professionals licensed by the CDA. Therefore, our population of interest was made up of 382 individuals.

The published lists of licensed Social (Care) Professionals only provide each individual's name, license number and licensure category. We could not obtain any other information from the CDA and DCD. We googled every name in English and Arabic, searched for them on LinkedIn, and found 190 (49.74% of the population) Social (Care) Professionals. A total of 71 (37.4% response rate) individuals participated in the study.

Respondents were asked to participate in a brief online survey. The survey was made up of 32 questions asking respondents about their education, licensure, practice, ethics, client demographics, supervision roles, and personal demographics. All data was quantitative and was analyzed to yield descriptive statistics.

The second research question was investigated through qualitative, in-depth focus groups. We conducted seven focus groups with individuals who were long time residents in Dubai and Abu Dhabi. With the exception of people with disabilities, who had their own focus group (n=3), focus groups were grouped by national origin, which included two groups of South Asians (n=6, n=4), Filipinos (n=8), Emirati females (n=5), Emirati males (n=5), and non-Emirati Arabs (n=7). Students at any level were excluded from participation. All participants were provided a 100 AED gift card given the time-intensive nature of the focus groups, where recorded focus group discussions spanned approximately 90 to 120 minutes.

Focus group discussions utilized a semi-structured interview guide, which asked participants:

A. When looking for mental health or well-being services, what do you look for?
B. When thinking about Social (Care) Professionals specifically, what would you expect from them in terms of their competencies?
C. Tell us about your experience with Social (Care) Professionals.
D. What do you typically expect a Social (Care) Professional to do or provide their clients?

E. Can you describe any successes or challenges you experienced while working with a Social (Care) Professional?
F. What are challenges or barriers you experienced when seeking services from Social (Care) Professionals?

Minimal probing was required in each focus group. When needed, we used probes to ask participants to provide examples and/or additional information about what they were sharing. All focus groups were audio-recorded and analyzed using Reflexive Thematic Analysis (Braun & Clarke, 2019).

4. Key Findings

Survey Findings

Most respondents were of an Asian nationality (62.13%), female (81%), Muslim (52.1%) and English speakers (98.57%). Among the Asian nationals, 31.82% were from West Asia, 25.76% were from South Asia and 4.55% were from East Asia. Of the West Asians, only 13 (18.31% of the sample) were UAE nationals. In addition to English, 48.57% spoke Arabic, 17.14% spoke Hindi and 15.71% spoke Urdu.

Most respondents held a master's degree (64.8%) while 25.3% held a doctorate. Respondents' highest degrees were obtained from Asia (43.64%), Europe (28.17%), United States (17%), North Africa (8.4%) and Australia (2.8%). The highest degree earned most commonly specialized in clinical psychology (27%), counseling psychology (15.9%), and special education (14.3%). While most degrees were earned in Europe and Asia, training predominantly adhered to the American Psychological Association's (29%) and British Psychological Society's (24%) codes of ethics. In practice, respondents adhered to the codes of ethics of the American Psychological Association (28.2%), the National Association of Social Workers (20.5%) and the British Psychological Society (18%).

Focus Group, Preliminary Findings

Focus group data bifurcated to convey two overarching themes: (1) A system analysis of the mental health systems in Dubai and Abu Dhabi and (2) Micro-level experiences of UAE residents.

At the macro-level, participants felt that there needs to be a societal level, top-down, advocacy for change. One participant described this as having something like a ministry for mental health. Most participants did not know anything about the CDA and DCD and felt that they would benefit from a centralized system

where people can go as a starting point and/or when facing challenges with the existing system of mental health.

With a system that is not fully formalized or trusted, participants felt that there need to be policies that support and protect service recipients of the mental health system. Most participants shared that they found Social (Care) Professionals through referrals within their social or familial networks. This requires a lot of work and feels risky for those seeking mental health services, particularly when participants acknowledged that they would not be able to publicly share negative experiences with practitioners.

Financial cost was a challenge for roughly half of participants. These were individuals who did not have any insurance coverage for mental health services. In some instances, the cost of seeing a Social (Care) Professional made up a significant portion of their salary or monthly budget. All individuals who did not have access to mental health services said that they would seek mental health care if it were covered by health insurance. Those who did not identify cost as a challenge had access to mental health services through their health insurance or employer.

Last, societal stigma was identified as a macro-level challenge by Emirati participants only. Emirati participants, both males and females, felt that there needs to be a lot more education around mental health issues and seeking care. There is a private understanding that mental and psychological issues are pervasive but are kept hidden.

At the meso-level, there was a general lack of trust with systems that provide care like clinics, hospitals, and private practices. The primary concern for all groups was about confidentiality. While some participants acknowledged that there may be laws around confidentiality, they were not clear on how “strong” these laws are. More specifically, they did not feel assured that practitioners would adhere to confidentiality laws and/or have no recourse if confidentiality were breached. In this case, for non-Emirati participants, they were not concerned about others knowing that they sought mental health services. Instead, they were concerned about practitioners keeping the information they shared a secret, particularly from employers. Participants also expressed that they did not trust meso-level systems because they appeared to be driven by money and profit. For example, participants expressed that they felt like their payment for services and expectation to continue paying for services in the medium or long term were prioritized over quality of care.

In terms of micro-level experiences with Social (Care) Professionals, participant experiences and attitudes conveyed that their experiences do not meet their expectations for care. For example, multiple participants shared seeing Social (Care) Professionals that they would never return to. Challenges concerned both professionalism and competency of practitioners where participants felt that the practitioners offered little to nothing as a service.

5. Implications

The 2023 list of licensed Social (Care) Professionals was made up of 382 individuals, which means that for the emirates of Abu Dhabi and Dubai, there are only 5.09 Social (Care) Professionals per 100,000 people. Globally, the median number of mental health workers is 13 per 100,000 people (World Health Organization, 2020), which may indicate that the emirates of Abu Dhabi and Dubai experience a shortage in licensed mental health workers. However, the shortage may not be viewed as a problem given the lack of formalization of existing licensing systems. In other words, residents may be seeking mental health services from unlicensed individuals.

While searching for psychologists, counselors, and social workers in Abu Dhabi and Dubai, we did come across numerous unlicensed practitioners, which aligns with Nereim's (2012) findings of over 300 Social Professionals practicing in Dubai without a license. Relatedly, the 2024 CDA list of licensed Social Professionals (see: https://www.cda.gov.ae/ar/SocialRegulatoryAndLicensing/SRLA_Lists/List%20of%20Licensed%20professionals.pdf) is shorter than 2023, which may indicate that individuals are not seeking renewal and/or licensure. This may mean that residents are seeking help from professionals who may or may not meet training, ethical, or legal standards, potentially compromising the quality of care. At the same time however, based on the CDA and DCD website, it is known that the DCD has a code of ethics, but the training and legal standards are not clear. It is also unknown whether recipients of mental health care are able to seek legal recourse in the case of malpractice. The use of unlicensed individuals may also hinder public trust in mental health services, as people may question the qualifications and expertise of those offering mental health services. This can lower confidence in the system, further discouraging people from seeking mental health care. At a basic level, the CDA and DCD could look to physical health care systems to understand and identify aspects of the system that can be translated into the mental health sector. For example, having a website (rather than PDFs) with the full name, educational background, experience and current workplace for all licensed Social (Care) Professionals would bolster public awareness. This could be followed by creating licensure categories that are clear to the general public and conveys the competencies of each

licensure category. The licensure categories and competencies may be particularly important given that practitioners may be trained in any part of the world, and their competencies and abilities vary widely.

The qualitative findings highlight the need for systemic changes to improve access, trust, and quality of mental health services. First, there is a need for both advocacy and government support. The need for a ministry for mental health or similar central government body indicates a gap between policy and system coordination or implementation. Developing a singular system or working with existing systems (i.e., DCD and CDA) to advocate for mental health issues, formalizing and regulating mental health practices, and establishing a centralized system to provide clear guidance and resources for both residents and practitioners would be an initial step that had a positive long-term impact. Participants also emphasized the need for accessible policies that protect individuals seeking mental health services. Without accessible and formalized systems, residents may feel vulnerable to exploitation or malpractice. The reliance on world-of-mouth referrals underscores the informal nature of the mental health system, making it difficult for individuals to know which professionals are trustworthy or competent. This creates a barrier to enter into a therapeutic relationship for those needing mental health services. Relatedly, working with existing systems (or unifying the systems) to improve training, oversight, and regulation of Social (Care) professionals could help address concerns about competence, professionalism and confidentiality.

The financial cost of services, particularly for those without mental health insurance coverage, is a major barrier to accessing mental health care. It is particularly concerning that the cost of services is high and is therefore limited to a minority of the population. Instituting policy changes where health insurance is inclusive of mental health services is one practical solution with numerous societal benefits.

6. Conclusion

Summary of Impact

This study investigates the state of mental health care services through two stakeholder groups, licensed Social (Care) Professionals and residents of Abu Dhabi and Dubai. The study explored the profile and demographics of licensed Social (Care) Professionals and personal experiences of UAE residents with mental health care. The quantitative portion of the study sought to identify licensed Social (Care) Professionals. The process of doing so found that challenges of finding licensed Social (Care) Professionals. The sample of respondents reflects the broader UAE population, which means that most respondents were expatriates trained in different countries who then import Westernized ethical practices. Most respondents were of Asian origin, female and English-speaking and the majority held a master’s degree. The findings

provide insight into practitioners' education, licensure, and practice. The qualitative portion of the findings from diverse resident groups convey that there is a lack of centralized or trust in the existing mental health system. Advocacy for systemic change, policy development, and awareness are needed. At the micro level, individuals are concerned about confidentiality, dissatisfaction with practitioners' competency and professionalism, and perceptions of profit-driven care models.

Future Research

With regard to research and publication, the quantitative findings do not provide might insight into the mental health care for the broader academic community. It does however provide practical and insightful policy data for UAE lawmakers. At this time, our research team is exploring how we can find the appropriate policy makers to present our data as a short policy brief that provides a summary of our findings but focuses on the practical impactions for both Abu Dhabi and Dubai residents.

The qualitative data provides a wealth of information that directly builds and expands on what has been published about mental health in the UAE. We hope to seek funding for a second year to conduct individual interviews with licensed and unlicensed Social (Care) Professionals to develop Guidelines for Competency and Practice that are rooted within the UAE context.