

Federal Law No. (10) of 2023

On Mental Health

We, Mohammed bin Zayed Al Nahyan, President of the United Arab Emirates;

- Upon reviewing the Constitution;
- Federal Law No. (1) of 1972 Concerning the Jurisdictions of Ministries and Powers of Ministers, as amended;
- Federal Law No. (28) of 1981 regarding the detention and treatment of people with mental illnesses;
- Federal Law No. (5) of 1984 on the Practice of Certain Medical Professions by Non-Physicians and Non-Pharmacists;
- Federal Law No. (5) of 1985 Promulgating the Civil Transactions Law, as amended;
- Federal Law No. (43) of 1992 Regulating Punitive Facilities;
- Federal Law No. (28) of 2005 concerning Personal Status, as amended;
- Federal Law No. (29) of 2006 Concerning the Rights of Disabled Persons, as amended;
- Federal Law No. (2) of 2008 on Public Welfare Civil Associations and Institutions, as amended;
- Federal Law No. (14) of 2014 Concerning Combating Communicable Diseases;
- Federal Law No. (4) of 2015 Concerning Private Health Facilities;
- Federal Decree by Law No. (4) of 2016 concerning Medical Liability;
- Federal Law No. (2) of 2019 Concerning the Information and Communication Technology in the Health Field;
- Federal Law No. 5 of 2019 on Regulating the Practice of the Human Medicine Profession;
- Federal Law No. (8) of 2019 Concerning Medical Products, the Pharmacy Profession and Pharmaceutical Establishments;

- Federal Law No. (13) of 2020 Concerning Public Health;
- Federal Law No. (30) of 2021 on Combating Narcotics and Psychotropic Substances, as amended;
- Federal Decree by Law No. (31) of 2021 Promulgating the Crimes and Penalties Law, as amended;
- Federal Law by Decree No. (33) of 2021 Regulating Labour Relations, as amended;
- Federal Law No. (38) of 2022 Promulgating the Criminal Procedure Law;
- Federal Law by Decree No. (42) of 2022 Promulgating the Civil Procedure Code;
- Based on the proposals of the Minister of Health and Prevention; The approval of the Cabinet and the Federal National Council; and the ratification of the Federal Supreme Council;

Have issued the following Law:

Chapter One

Definitions and General Provisions

Article (1) Definitions

In application of the provisions of this Law, the following words and phrases shall have the meanings assigned to each of them, unless the context otherwise requires:

State	: United Arab Emirates.
Ministry	: Ministry of Health & Prevention
Minister	: Minister of Health & Prevention
Health Authority	: Any federal or local government authority concerned with health affairs in the State.
Mental Health	: A state of psychological and social stability, through which individuals can attain their goals in accordance with their personal capabilities, deal with life pressures, work, be productive, and contribute to society.

Concerned Entities	: Any federal or local government body related to the protection of mental health in the State, or directly or indirectly related to implementing the provisions hereof.
Mental health facility	: A health institution licensed to provide mental health services, whether independent or attached to other health institutions.
Mental Health Services	: Preventive, therapeutic, and rehabilitative services for mental health.
Committee	:
Mental Disorders	: Oversight and Follow-up Committee.
Psychiatric Patient	: Disturbances in thinking, mood, behaviour, perception, memory, and/or other mental abilities, provided that this leads to a defect in the social, employment, or educational functions or psychiatric suffering of the person. These disorders shall be classified according to the psychiatric classifications recognised by the relevant international organisations and bodies.
Physician	: A person diagnosed with a mental disorder.
Psychiatrist	: A doctor licensed to practice the profession by a health authority.
Treating Physician	: A doctor licensed to practice the psychiatry profession by a health authority.
Psychologist	: The doctor responsible for examining and following up on the treatment of a psychiatric patient in a mental health facility. A person who works in a mental health facility, holds a university degree in psychology or an equivalent, and is licensed to practice the profession by the health authority in accordance with established procedures.
Social service	: A person who works in a mental health facility, holds a university

specialist	degree in social service, sociology, or an equivalent; and is licensed to practice the profession by the health authority in accordance with established procedures.
Psychiatric Nurse	:A person who works in a mental health facility, holds a degree no less than a technical degree in nursing, and is licensed to practice the profession by the health authority in accordance with established procedures.
Psychological Counsellor	:A person who works in a mental health facility, holds a university degree in psychiatry counselling or an equivalent; and is licensed to practice the profession by the health authority in accordance with established procedures.
Occupational Therapist	:A person who works in a mental health facility, holds a university degree in occupational therapy or an equivalent; and is licensed to practice the profession by the health authority in accordance with established procedures.
Guardian	:The person responsible for the patients in accordance with applicable legislation.
Relatives	: Spouse or relatives up to the fourth degree.
Third party	: The employer, the consul of the country to which the person subject to evaluation or treatment belongs, or any authorised representative acting on behalf thereof.
Psychiatric patient representative	: Guardian, relatives or others.
Restricting Psychiatric patients	: Using safe methods to limit the movement of psychiatric patients.
Isolation	: Keeping psychiatric patients alone in a safe and closed space

prepared for such purpose for specific periods as per the requirements of treatment, under the direct supervision of the treatment providers.

Admission	: Admitting a person to a mental health facility pursuant to an order from the competent judicial authority.
Compulsory Outpatient Therapeutic Care	: Subjecting a psychiatric patient to treatment against their will outside a mental health facility.
Voluntary admission	: Admitting a psychiatric patient to a mental health facility of their own volition or the will of their representative for treatment.
Emergency admission	: Admitting a psychiatric patient to a mental health facility in emergency cases for the purpose of subjecting them to urgent medical intervention.
Compulsory admission	: Admitting a psychiatric patient to a mental health facility against their will in the cases stipulated herein.
Emergency psychiatric case	: An acute clinical condition that affects a psychiatric patient and threatens health or safety thereof or others and requires urgent medical intervention.
Assessment	: Examining the person for the purpose of preparing a report on their psychiatric condition.
Compulsory treatment	: Subjecting a psychiatric patient to treatment against their will.
Consent to treatment	: The psychiatric patient or their representative consent to receive treatment after being informed of the therapeutic services to be provided thereto.
Patient Bill of Rights	: A document that shows the patient rights stipulated herein, the mechanism for submitting grievances and complaints, and a

statement of the entity entrusted with examining grievances and complaints and deciding thereon.

Article (2)

Law Objectives

This Law aims at the following:

1. Regulating the relationship between the psychiatric patient and the various parties dealing with them;
2. Providing the necessary health care for the psychiatric patients in accordance with the best standards applicable in this field.
3. Protecting and preserving the rights and dignity of the psychiatric patients.
4. Reducing the negative impact of psychiatric disorders on the lives of individuals, families and society.
5. Promoting the integration of the psychiatric patients into society.

Article (3)

Scope of Application

The provisions of this law apply to everything related to mental health, psychiatric patients, psychiatric health facilities, and any other facility in the country concerned with caring for, or dealing with, psychiatric patients and the workers in any of them, including the free zones.

Article (4)

Licensing Mental Health Services

Psychiatric health services may not be provided without obtaining a licence from the health authority, in accordance with the conditions and controls specified by the executive regulations hereof.

Article (5)

Registry of psychiatric patients

Psychiatric health facilities shall maintain a special register to record psychiatric patients, and the executive regulations hereof shall specify the data that shall be included in the register and the duration of its retention.

Article (6)

Oversight and Follow-up Committee

One or more committees called the "Oversight and Follow-up Committee" shall be formed pursuant to a decision of the head of the health authority, in each emirate in which mental health services are provided, and the decision shall determine work system thereof.

Article (7)

The Committee Competences

With no prejudice to the powers of the health authority, the committee shall have the following powers:

1. Following up on the reports on compulsory admission cases received from the mental health facilities.
2. Issuing the necessary approvals to treat psychiatric patients who refuse treatment in cases of compulsory treatment based on the health facility request.
3. Ensuring that the conditions stipulated herein are met in all cases of compulsory admission.
4. Supervising mental health facilities and ensuring their commitment and that their workers apply the standards and procedures stipulated in this law, the executive regulations thereof, and the decisions issued in implementation thereof.
5. Reviewing the reports received from the Patient Rights Care Committee regarding

complaints and submitting recommendations in regard thereof to the health authority, if necessary.

6. Deciding on grievances and objections to the decisions of the Patient Rights Care Committee.
7. Deciding on complaints regarding outpatient psychiatric treatment services, centres and clinics.
8. Submitting reports to the health authority on the results of oversight and follow-up.
9. Any other competences shall be determined by a decision of the Minister after coordination with the health authorities.

Article (8)

The Committee Decisions

1. The committee shall issue its decision on the cases stipulated herein, which are notified by the mental health facility within a maximum period of (6) six working days from the date of being notified of the case.
2. In cases where the committee does not issue its decision within the period specified in Clause (1) of this Article, the director of the mental health facility may take the necessary decisions regarding psychiatric patients in accordance with the provisions hereof, provided that the committee shall be informed of such case.

Chapter Two

Psychiatric patient rights

Article (9)

General Rights

Psychiatric patients shall have the following rights:

1. Receiving a comprehensive explanation in a way they understand about all of their rights immediately after entering the mental health facility, including their right to file a

grievance or to their representative in the event that the psychiatric patient is unable to understand such explanation.

2. Respecting them and providing them with the necessary services in an appropriate environment that preserves their dignity and meets needs thereof according to their health condition.
3. Educating them about the nature of their admission to the health facility if their condition permits, or informing representative thereof, if necessary, as soon as possible.
4. Maintaining their legally established civil rights and restricting them only when necessary for the purpose of protecting them or others from harm or pursuant to a judicial ruling.
5. Not to impose restrictions on their work or employment due to their psychiatric disorder or to terminate their employment except based on a report from a specialised medical committee and in accordance with the legislation in force in the State.
6. Maintaining their privacy and personal belongings where they reside in the mental health facility.
7. Benefiting from communication services unless they have a negative impact on their health condition or on others.
8. Receiving or refusing to receive visitors in accordance with the visiting system in the mental health facility, which may limit or prevent visits according to therapeutic requirements.
9. Protecting the confidentiality of their information in accordance with the applicable legislation in this regard.
10. Protection from degrading treatment and financial, physical, sexual and other forms of exploitation.
11. Requesting to end compulsory admission and present such request to the Patient Rights Care Committee.
12. Submitting any complaints against any person or entity in the mental health facility without this affecting the level of care provided to them.

13. Seeking the assistance of whomever they deem appropriate to represent them before others and manage their affairs inside or outside the mental health facility.
14. Inform them personally, or inform representative or companion thereof, about the nature of their admission to the mental health facility when issuing or renewing the compulsory admission decision in a language or in a manner they understand and inform them in writing of all their rights, including the reason for admission and the procedures to be followed if they wish to leave.
15. Leaving the mental health facility at the end of the compulsory admission period with obtaining a plan for psychological and social care.
16. Obtaining health insurance that covers comprehensive health care in accordance with the legislation in force in the State.
17. Providing support to facilitate the teaching and learning process and practising recreational and cultural activities in coordination with the relevant authorities.
18. Any other rights to be determined by a resolution issued by the Minister in coordination with the Health Authorities.

Article (10)

Rights related to the Psychiatric Patient Health Care

When receiving mental health care, a psychiatric patient shall be entitled to the following:

1. Receiving psychological treatment and psychiatric medications in accordance with the recognised medical principles.
2. Being educated of the diagnosis that was given to them and receiving complete information about the treatment plan and its progress, the extent of response thereto and any modification thereon, the therapeutic methods and the benefits expected from them, the risks and potential side effects, and possible therapeutic alternatives before agreeing to the treatment and informing them of the reasons for their transfer inside or outside the health facility, if any. In the event their health condition does not permit the aforementioned, the consent of their legal representative shall be taken, subject to the

procedures applicable in the emergency cases.

3. Active and continuous participation in the treatment plan as much as their condition allows to express their will.
4. Receiving physical health care.
5. Informing them or their representative of the name and position of each member of the therapeutic team who cares for them in the mental health facility.
6. Receiving due care in a safe and sanitary environment in accordance with the applicable standards in the field of mental health.
7. Not to undergo any experimental treatment or medical research without their consent or the consent of their representative and after fulfilling the conditions and controls stipulated in the legislation in force in the State.
8. Not to undergo any treatment without their consent or their representative except in cases stipulated by law.
9. Knowing the health services available in the mental health facility, how to obtain them, their costs, and how to cover such costs.
10. Receiving a comprehensive medical report on their mental health condition and the examinations and treatment procedures that were taken while they were in the mental health facility.
11. Receiving a copy of their medical file in accordance with what is specified in the executive regulations hereof.
12. Any other rights to be determined by a resolution issued by the Minister in coordination with the Health Authorities.

Article (11)

Minor Psychiatric Patient

Minor psychiatric patients shall be covered by special health guarantees that take into account their age group, psychiatric condition, and best interests, including:

1. The right to education.

2. Obligating the representative of the minor psychiatric patient to follow the treatment plan.
3. Any procedure shall be preceded by a preparation conducted by a social worker or psychologist.
4. Allocating places upon compulsory admission, separate them from spaces designated for adults, and provide separate facilities for them.

The executive regulations hereof shall specify the guarantees and controls for the compulsory admission of a minor psychiatric patient and all other issues related to their rights and the provision of advice and guidance to family thereof.

Article (12)

Patient Bill of Rights

The mental health facility shall place the patient bill of rights in visible places inside it, and to hand the psychiatric patient or their representative a copy thereof upon their admission, and shall attach a copy to their medical file and medical records after receiving it from the psychiatric patient or their representative, provided that it shall be written in Arabic and any other language determined by the health authority. In all cases, the mental health facility shall inform the psychiatric patient or their representative of the content of the patient bill of rights, in a manner appropriate to their abilities.

Article (13)

Patient Rights Care Committee

The facility Head shall establish a committee named the "Patient Rights Care Committee", in every mental health facility with departments for the residence of psychiatric patients. Such committee shall be chaired by a psychiatrist and comprise the following members:

1. A psychologist in a mental health facility;
2. A Social service specialist in the mental health facility; and

3. Psychiatric nurse in the psychiatric health facility.

The director of the health facility may add any specialist to the membership of this committee.

The system of its work shall be determined by a decision of the head of the competent health authority.

Article (14)

Competences of the Patient Rights Care Committee

The Patient Rights Care Committee shall have the following competences:

1. Ensuring respect for the rights of the psychiatric patient stipulated herein;
2. Receiving complaints submitted by psychiatric patients or their representatives and taking the necessary measures regarding them, as well as deciding on them.
3. Submitting a periodic report to the committee regarding complaints.

Article (15)

Grievance and objection

1. The psychiatric patient or their representative may appeal the decision of the Patient Rights Care Committee before the committee, in accordance with the controls and procedures specified in work system thereof.
2. The director of the mental health facility or their authorised representative may object to the decisions of the Patient Rights Care Committee within the facility, following the procedures and guidelines outlined in the committee's operational system.
3. The grievance or objection may not result in stopping the implementation of the decision regarding which a grievance or objection is submitted, and the committee shall decide on the grievance or objection within (6) six working days from the date of the grievance or objection.

Chapter Three

Admission to mental health facilities

Article (16)

Types of admission to a mental health facility

Admission of a psychiatric patient or person to a mental health facility for evaluation or treatment may be voluntary, involuntary, emergency or admission. Compulsory admission into private mental health facilities shall not be permissible, except with the approval of the competent court or the Public Prosecution and in accordance with the conditions and controls determined by such authorities.

Article (17)

Voluntary admission

Voluntary admission to a mental health facility for treatment shall be upon a written consent of the psychiatric patient or their representative. They may also leave the facility upon their, or their representative request, even if the treatment is not completed.

Article (18)

Prohibition from dismissal

The treating physician may prevent a psychiatric patient who is voluntarily admitted to a mental health facility from leaving it in accordance with the controls and procedures specified by the executive regulations hereof.

Article (19)

Compulsory admission for evaluation

The person shall be admitted to a mental health facility for evaluation in a compulsory manner by a decision of the Public Prosecution or by a ruling or decision of the competent court.

Article (20)

Procedure for compulsory admission for evaluation

1. The treating physician shall, at the outset of the compulsory admission procedures for evaluation, inform the individual for whom admission to the mental health facility is mandated, or their representative, of the reasons for the admission, provided that the individual's condition allows for such communication.
2. The administration of the mental health facility shall inform the committee of any person who is compulsorily admitted for evaluation within a period not exceeding (7) seven business days as of the admission decision.
3. The period of compulsory admission for evaluation shall not exceed (45) days, which can be extended for a period the committee deems appropriate based on recommendation. from the physician conducting the evaluation.
4. The psychiatrist conducting the evaluation may decide to apply the system of compulsory admission for treatment or apply the system of compulsory outpatient therapeutic care to the person subject to the evaluation, in a way that shall not violate or conflict with the decision or judicial ruling issued on the evaluation.

Article (21)

Evaluation result report

The administration of the mental health facility shall prepare a report on the evaluation result and refer it to the Public Prosecution or the competent court, as the case may be.

Article (22)

Compulsory admission for treatment

Compulsory admission of a psychiatric patient for treatment shall be upon a decision of two psychiatrists, one of whom is in the same mental health facility, provided that the administration of the mental health facility is notified within (24) hours.

Article (23)

Conditions for compulsory admission for treatment

Compulsory admission of a psychiatric patient to a mental health facility may not be carried out except upon verifying the following:

1. Clear indications that they suffer from a severe psychiatric disorder posing a threat to them or to others.
2. If admission thereof is necessary for their recovery, or to stop the deterioration of their health condition.

Article (24)

Compulsory Treatment Duration

The duration of compulsory treatment shall be determined as required by the mental health condition of the patient, provided that it shall not exceed (45) days, which can be extended for a period deemed appropriate by the committee based on the recommendation of the treating physician.

Article (25)

Reporting compulsory admissions

The administration of the mental health facility shall inform the Public Prosecution of any case of compulsory admission for treatment within (48) hours, and inform the committee within a period not exceeding (7) seven business days as of the admission decision.

Article (26)

Reporting escaping the health facility

If a psychiatric patient subject to the compulsory treatment system escapes, the administration of the mental health facility shall inform the competent authorities and the

psychiatric patient representative to return them to the mental health facility to complete the compulsory treatment procedures.

Article (27)

Objection to the compulsory admission decision

The psychiatric patient or representative thereof shall have the right to object to the committee against the decision to be admitted to compulsory treatment or extending the period thereof.

Article (28)

Terminating compulsory admission

Compulsory admission to treatment shall be terminated by a decision of the treating psychiatrist, unless it is committed by a decision of the Public Prosecution or pursuant to a ruling or decision of the competent court.

Article (29)

Temporary discharge permit

The treating physician may allow the psychiatric patient to leave the mental health facility on a temporary basis, in accordance with the conditions, controls, and procedures specified by the executive regulations hereof, unless they are admitted by a decision from the Public Prosecution or pursuant to a ruling or decision from the competent court.

Article (30)

Referring a psychiatric patient to treatment

A psychiatric patient who has been compulsorily admitted to a mental health facility may be referred to another health facility for treatment if they become ill and no treatment is available for them in such mental health facility, in accordance with the controls issued by a

decision of the Minister.

Article (31)

Receiving psychiatric patients

Unless the psychiatric patient is able to care for themselves, or their admission to the mental health facility was by a decision from the Public Prosecution or a ruling from the competent court, the psychiatric patient representative or the referring authority shall receive them at the end of their treatment period in accordance with the procedures in force in the mental health facility. In the event they refuse to receive them, the matter shall be referred to the Public Prosecution to issue a decision obligating whomever it deems appropriate to receive the patient.

Article (32)

Death of psychiatric patients

1. In the event of the death of a psychiatric patient, the mental health facility shall notify their representative, and in case of impossibility, it shall notify the Public Prosecution.
2. In the event of the death of a psychiatric patient subject to compulsory admission procedures for evaluation or admission, the mental health facility shall notify their representative and inform the Public Prosecution.

Article (33)

Emergency admission

If a person is admitted to a health facility in an emergency, and is displaying symptoms of a psychiatric disorder that poses a threat to them or to others, the doctor shall take them into custody and present them to a psychiatrist within a period not exceeding (24) hours from the time of their detention for examination, inspection, diagnosis, and provision of the necessary health care.

Article (34)

Detaining a person

If the physician is unable to examine the person admitted to the health facility on an emergency basis and their condition poses a threat to them or to others, the psychiatric nurse, psychologist, psychological counsellor, social worker, or occupational therapist shall detain such person in the health facility for a period not exceeding (8) hours and inform the physician and health facility administration.

Article (35)

Expiration of the detaining decision

The period of validity of the decision to detain a person shall end with the expiration of the periods specified in Articles (33) and (34) hereof or in the presence of the psychiatrist. In such case, the psychiatrist may admit the person to the mental health facility if their condition meets the criteria for compulsory admission mentioned in Article (23) hereof or by voluntary admission in accordance with Article (17) hereof.

Article (36)

Seeking assistance from the police or ambulance

The police, the ambulance team, or both, may be used to transport a psychiatric patient, or a person who shows symptoms of psychiatric disorders that are difficult to control and pose a threat to themselves or others and who refuses admission to the mental health facility voluntarily, in accordance with the controls and procedures specified by the executive regulations of this law.

Article (37)

Accessing private places where there is a psychiatric patient

After obtaining the Public Prosecution permission, the police may enter private places where there is a psychiatric patient suffering from a psychiatric disorder and transfer them to a mental health facility if the following cases are proven:

1. They did not receive the necessary treatment, were neglected, or were unable to control their behaviour; or
2. They are incapable of self-reliance or live independently due to their psychiatric disorder.

The Executive Regulations hereof shall determine the controls and procedure required to implement the provisions of this Article.

Article (38)

Admission of an accused person who shows symptoms of a psychiatric disorder

Subject to the provisions of the aforementioned Federal Decree by Law No. (38) of 2022, when considering cases referred to them, judicial authorities may detain an accused who shows symptoms of a psychiatric disorder that poses a threat to themselves or to others for evaluation or treatment.

Article (39)

The right to evaluation and treatment

Persons whose liberty is restricted due to detention, imprisonment, or pretrial detention may not be deprived of the right to evaluation or receiving the necessary treatment if they exhibit symptoms of psychiatric disorder.

Chapter Four
Compulsory Outpatient Therapeutic Care
Article (40)

Controls of compulsory outpatient therapeutic care

1. Psychiatric patients shall be subject to compulsory outpatient therapeutic care by decision of the psychiatrist based on a medical recommendation or a request from their representative to be subjected to compulsory outpatient therapeutic care, with the pledge of their representative to implement the prescribed treatment programme.
2. The psychiatrist shall issue the decision referred to in Clause (1) of this Article upon verifying the following:
 - a. The presence of a mental disorder.
 - b. The psychiatric patient condition requires continuous treatment without the need for them to be admitted to a mental health facility.
 - c. The psychiatric patient condition does not pose a serious threat to their safety and life thereof or others.
 - d. Deterioration of the patient psychiatric condition if treatment is discontinued.
3. The administration of the mental health facility is committed to following up on the patient condition and informing the committee about the same within a period not exceeding (14) days from the date of implementation of the compulsory outpatient therapeutic care decision.
4. Based on the recommendation of the psychiatrist and with the approval of the judicial authority that ordered the admission, a psychiatric patient may be subjected to compulsory outpatient therapeutic care in accordance with the procedures specified in the executive regulations hereof.
5. The period of compulsory outpatient therapeutic care shall end by the end of its purpose or need, based on a report from the psychiatrist.

Article (41)

Impossibility of compulsory outpatient therapeutic care

Subject to the provisions of Article (23) hereof, the psychiatric patient shall be readmitted to the mental health facility for treatment if it is impossible to admit them to compulsory outpatient therapeutic care or if they do not adhere to the treatment programme specified therefor.

Article (42)

Request to transfer treatment

A psychiatric patient who is receiving treatment in outpatient clinics, or their representative, may request that their treatment be transferred to an outpatient clinic in another mental health facility or a private clinic in accordance with the procedures issued by a decision of the Minister after coordination with the health authority.

Chapter Five

Controls for treating a psychiatric patient

Article (43)

Consent of the patient for compulsory admission

The psychiatrist may give the psychiatric patient subject to the compulsory admission system the necessary treatment, with or without their consent, for a period of (45) days from the date of the admission decision, subject to extension, with the exception of the following cases in which the consent of the psychiatric patient or their legal representative shall be obtained:

1. Electroconvulsive therapy, except in emergency cases.
2. Treating organic diseases suffered by a psychiatric patient, except in emergency cases.]
3. Special treatments determined by a decision of the Minister.

The Executive Regulations hereof shall determine the terms and conditions for

implementing this Article.

Article (44)

Consent of the psychiatric patient for voluntary admission

If a psychiatric patient is admitted voluntarily to a mental health facility, the psychiatrist shall, prior to providing any treatment thereto, obtain their or their representative approval. The psychiatrist shall as well write down the treatment plan and record the consent or non-consent of the psychiatric patient or their representative in their medical file, and when making any fundamental amendment to the treatment plan or its period, in accordance with the controls and conditions specified by the executive regulations of this law.

Article (45)

Emergency treatment

Subject to the provisions of Article (43) hereof, a psychiatric patient who has been compulsorily admitted to a health facility may be subjected to emergency treatment without their consent, including electroconvulsive therapy in accordance with recognised medical principles, and based on a decision from the psychiatrist, in the following two cases:

1. The psychiatric patient condition poses a serious threat to their safety and life or the safety and life of others.
2. Treatment shall be imperative to prevent serious deterioration in the patient psychiatric condition.

Article (46)

The psychiatric patient withdrawing their consent to treatment

If the psychiatric patient decides to withdraw their consent to the treatment they are undergoing, the treatment shall be stopped if the case does not meet the provisions of Article (45) hereof.

Article (47)

Restricting or isolating psychiatric patients

A psychiatric patient may not be restrained or isolated in accordance with Article (48) hereof, except with the permission of the psychiatrist without the need to obtain the approval of the psychiatric patient. In emergency cases, the nurse entrusted with attending to the psychiatric patient may resort to restraining or isolating them, provided that they shall immediately notify the psychiatrist to examine them and determine the period of their restriction or isolation as they deem appropriate. In all cases, the restriction or isolation shall only be for the period required by their health condition and shall end immediately if the reason for it ends.

The executive regulations hereof shall specify the procedures and controls for restraining and isolating a psychiatric patient, including controls for isolation rooms.

Article (48)

Cases of restricting or isolating psychiatric patients

A psychiatric patient may not be restricted or isolated except for the following reasons:

1. Preventing them from harming themselves or others; or
2. Preventing them from attacking property.

Article (49)

Transferring psychiatric patients

A psychiatric patient may not be transferred inside or outside the State unless their health condition permits it, according to a safe mechanism, and based on a medical report from a mental health facility confirming the possibility of their transfer.

If the psychiatric patient poses a threat to themselves or others, their transfer to a mental health facility shall be in accordance with safe controls and requirements that allow for the

transfer process. The controls for the safe transfer of the psychiatric patient shall be determined by a decision of the Minister.

Article (50)

Voluntary submission to addiction treatment

1. No information or data may be disclosed to any party other than the health authorities, the judicial authority, and the security authorities about persons who are admitted to a health facility for the purpose of treatment for drug abuse or psychotropic substances, without prejudice to the provisions of Federal Decree by Law No. (30) of 2021 on Combating Narcotic Drugs and Psychotropic Substances.
2. If the adult addict, or the guardian or custodian of a minor, voluntarily present themselves to a mental health facility for the purpose of treatment for drug or psychotropic substance abuse, before an arrest warrant is issued against them, then admission to or discharge from the facility shall not require the approval of the Public Prosecution, and a criminal case may not be filed against them in such case.

Chapter Six

Penalties

Article (51)

The imposition of the penalties stipulated herein shall be without prejudice to any more severe penalty stipulated in any other law.

Article (52)

An imprisonment or a fine not less than (50,000) AED and not exceeding (200,000) AED, or one of either punishment, shall be imposed on any person who:

1. Anyone who intentionally states in their medical report a condition contrary to reality regarding the psychiatric condition of a person with the intention of admitting or

discharging them from a mental health facility.

2. Anyone who, in bad faith, causes a person to be admitted to a mental health facility contrary to the stipulations of this Law and its Executive Regulations.

Article (53)

Whoever assists a person subject to compulsory admission to escape shall be punished with imprisonment for no more than three months and a fine of no less than (AED 50,000) fifty thousand Dirhams and not exceeding (AED 100,000) one hundred thousand Dirhams, or one of these two penalties.

Article (54)

Whoever is entrusted with guarding, attending to, or nursing a psychiatric patient and intentionally abused or neglected them shall be punished with imprisonment for no more than one year and a fine ranging from (AED 50,000) fifty thousand Dirhams to (AED 100,000) one hundred thousand Dirhams, or one of these two penalties.

If mistreatment or neglect results in a serious illness, serious injury, or disability in the body of the psychiatric patient, the penalty shall be imprisonment for no less than one year and a fine of no less than (AED 100,000) one hundred thousand Dirhams and not exceeding (AED 200,000) two hundred thousand Dirhams, or one of these two penalties.

Article (55)

The penalties stipulated herein shall be doubled in case of recidivism.

Article (56)

The penalties stipulated herein shall not prevent taking disciplinary penalties against mental health facilities or violators of the provisions of this Law and its Executive Regulations in accordance with the legislation in force in this regard.

Chapter Seven

Final Provisions

Article (57)

Judicial Enforcement

Employees designated by a resolution of the Minister of Justice, in agreement of the minister or the head of health authority, shall have the capacity of judicial officers for proving all violations, within their jurisdiction, of the provisions of this Law, its Executive Regulation and the decisions issued in the implementation thereof.

Article (58)

Care homes

Concerned governmental agencies, public interest associations, the private sector, as well as individuals have the right to establish care homes to accommodate and care for psychiatric patients whose condition does not require admission to a mental health facility, and they do not have a breadwinner to care for them or for lack the necessary family care. The Executive Regulations hereof shall specify the conditions and controls for the work of such homes.

Article (59)

Executive Regulations

The Cabinet shall issue the Executive Regulation of this Law upon a proposal from the Minister within one year as of the date of its publication.

Article (60)

Repeals

The aforementioned Federal Law No. (28) of 1981 shall hereby repealed, as well as any provision that violates or contradicts the provisions of this Law.

Article (61)

Law Publication and Enforcement

This Law shall be published in the Official Gazette and shall enter into force (6) months after the date of its publication.

Mohammed Bin Zayed Al Nahyan

President of the United Arab Emirates

Issued by us at the Presidential Palace in Abu Dhabi:

On: Jumada I 13, 1445

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