Cabinet Resolution No. (213) of 2025
Regarding the Executive Regulation of Federal Law No. (10) of 2023
Regarding Mental Health

The Cabinet:

- Having reviewed the Constitution;
- Federal Law No. (1) of 1972 Regarding the Competences of Ministries and the Powers of Ministers, as amended;
- Federal Law No. (10) of 2023 Regarding Mental Health; and
- Upon the proposal of the Minister of Health and Prevention, and the approval of the Cabinet,

Hereby resolves as follows:

Article (1)
Definitions

The definitions set forth in the aforementioned Federal Law No. (10) of 2023 shall apply to this Resolution. In the absence of a specific provision to the contrary, the following term shall have the meaning assigned to each of them, unless the context otherwise requires:

Law : Federal Law No. (10) of 2023 Regarding Mental Health.

Article (2)
Conditions and Controls Governing the Licensing of Mental Health Services

1. The following conditions and controls shall be satisfied in order to obtain a license for the provision of Mental Health Services:
   a. Submission of an application for a license to the Health Authority in accordance with its applicable procedures;
   b. Submission of the engineering design plans of the Mental Health Facility in accordance with the engineering standards prescribed in this regard;

c. Provision of the healthcare personnel necessary for operating the Mental Health Facility in accordance with its field and scope of activity, as determined by the Health Authority;
d. Payment of the prescribed fees; and
e. Submission of any documents and fulfilment of any additional requirements necessary for obtaining the license, as determined by the Health Authority.

2. A decision shall be issued by the Minister, in coordination with the Health Authorities, regarding the engineering standards and specifications relating to the accommodation of Psychiatric Patients within a Mental Health Facility.

Article (3)

Register of Psychiatric Patients

1. The following data shall be entered in the register maintained by the Mental Health Facility for the registration of Psychiatric Patients:
   a. Full name of the Psychiatric Patient as stated in the identity card or passport;
   b. Date of birth;
   c. Nationality;
   d. Gender;
   e. Marital status;
   f. Occupation;
   g. Religion;
   h. Identity card number or passport number;
   i. Address (Emirate – City – Street Number – House Number – Post Office Box, if any);
   j. Home telephone number, mobile number, and email address;
   k. Date and time of attendance of the Psychiatric Patient;
   l. Reason for admission (Assessment / Treatment / Placement / Emergency);
   m. Type of admission (Voluntary / Compulsory);
   n. The entity referring the Psychiatric Patient;
   o. The entity submitting the admission request;
   p. Date and time of discharge of the Psychiatric Patient;

q. Type of case (Follow-up / New);
r. Preliminary diagnosis;
s. File number;
t. Serial number;
u. Details of the judicial placement order, if any;
v. Name and signature of the person recording the entry and the date and time of entry of the data and information into the register.
w. Name, address, and telephone number of the Psychiatric Patient Representative;
x. Name, capacity, address, and telephone number of the Psychiatric Patient's accompanying person.
y. Name, address, and contact details of a person designated by the patient or the patient's representative for emergency contact purposes; and
z. Any other data, if any.

2. The register referred to in Clause (1) of this Article shall be retained for a period of not less than twenty-five (25) years from the date of the most recent entry therein.
3. The Mental Health Facility shall register any unidentified person, assess their condition, and provide the necessary treatment, provided that the police station having territorial jurisdiction is notified accordingly.
4. The electronic medical record system of the Mental Health Facility shall be integrated with the electronic platform for controlled and semi-controlled prescriptions.

Article (4)

Minor Psychiatric Patient

1. Compulsory Admission of a minor Psychiatric Patient shall be subject to the following controls and safeguards:
   a. The Mental Health Facility shall provide designated areas for children and adolescents, and facilities that are separate from adult facilities, whether in emergency departments, outpatient clinics, or inpatient units;
   b. All procedures relating to prevention of discharge prescribed by the Law shall apply to the minor Psychiatric Patient, provided that the Guardian thereof is notified;

c. All procedures relating to Compulsory Admission for treatment or Compulsory Outpatient Therapeutic Care prescribed by the Law and this Resolution shall apply to a minor Psychiatric Patient, subject to the following:
    1. The Guardian of the minor Psychiatric Patient may file a grievance against and object to the decision of Compulsory Admission for treatment or the decision of Compulsory Outpatient Therapeutic Care;
    2. Upon expiry of the Compulsory Treatment period, the administration of the Mental Health Facility shall notify the Guardian of the minor Psychiatric Patient to take custody thereof. The patient shall not be permitted to leave unaccompanied, even if capable of self-care, after the expiry of the Compulsory Treatment period;
    3. Where the Guardian refuses to take custody of the minor Psychiatric Patient, the management of the Mental Health Facility shall notify the Public Prosecution to direct the competent authority to receive the patient from the Mental Health Facility following the expiry of the treatment period;
    4. The administration of the Mental Health Facility shall notify the Child Protection Unit, where necessary, in accordance with the conditions and provisions stipulated in the legislation concerning the protection of children's rights;
    5. The Assessment shall be conducted by two Psychiatrists, one of whom shall be a specialist in child and adolescent psychiatry.

d. All provisions relating to emergency treatment prescribed by the Law shall apply to the minor Psychiatric Patient, provided that the emergency treatment is determined by a specialist in child psychiatry.

2. Without prejudice to the rights stipulated in Article (11) of the Law, the additional rights of a minor Psychiatric Patient shall include the following:
    a. Providing the Guardian of the Minor Psychiatric Patient with a comprehensive explanation of the nature of the psychiatric illness and the required treatment plan;
    b. A minor Psychiatric Patient shall not be voluntarily admitted for treatment at a Mental Health Facility except in the presence of their Guardian;
    c. The Mental Health Facility shall communicate with the family of the minor Psychiatric Patient and provide psychological counselling and guidance to the family, whether

concerning their interaction with the Psychiatric Patient or supporting them in accepting the patient's condition and fostering hope for improvement.

Article (5)

Controls and Procedures Governing Prevention of the Psychiatric Patient from Leaving the Mental Health Facility

The Treating Physician, or a person acting on their behalf, may prevent a Psychiatric Patient voluntarily admitted to a Mental Health Facility from leaving the facility in accordance with the following conditions and procedures:

1. Conditions for Preventing a Psychiatric Patient from Leaving
    a. Where the Psychiatric Patient satisfies the conditions for Compulsory Admission in accordance with the legally prescribed provisions governing Compulsory Admission;
    b. Where treatment of the Psychiatric Patient outside the Mental Health Facility is unsuitable for the patient's health condition; and
    c. Where treatment of the Psychiatric Patient outside the Mental Health Facility would pose a risk to the patient or to others.
2. Procedures for Preventing a Psychiatric Patient from Leaving
    a. The Treating Physician may prevent the Psychiatric Patient, or a person exhibiting symptoms of mental illness, from leaving the Mental Health Facility for a period not exceeding seventy-two (72) hours, provided that an Assessment is conducted by two Psychiatrists to determine whether Compulsory Admission for treatment is required;
    b. Where prevention of departure is based on the unsuitability of treatment of the Psychiatric Patient outside the facility for their condition, or on the risk posed by the patient's departure to themselves or others, such measure shall be supported by a report from a Psychiatrist submitted to both the Patients' Rights Care Committee and the administration of the Mental Health Facility.

Article (6)

Conditions, Controls, and Procedures Governing the Temporary Leave of a Psychiatric Patient from a Mental Health Facility

1. The following conditions, controls, and procedures shall be satisfied for the temporary leave of a Psychiatric Patient from a Mental Health Facility:
   a. The authorization for the temporary leave of the Psychiatric Patient shall be granted by the Treating Physician, or a person acting on their behalf, based on the recommendation of the multidisciplinary treatment team;
   b. The authorization for temporary leave shall be granted for the period determined by the Treating Physician;
   c. The Psychiatric Patient's mental health condition shall permit temporary leave;
   d. The Psychiatric Patient's mental health condition shall have improved;
   e. The temporary leave of the Psychiatric Patient shall not conflict with the treatment plan;
   f. The temporary leave shall be in the best interest of the Psychiatric Patient and shall contribute to further improvement in the patient's mental health condition;
   g. The temporary leave shall not pose a risk to the Psychiatric Patient or to others; and
   h. The Psychiatric Patient Representative shall undertake to care for the patient and provide the treatment required under the treatment plan during the period of temporary leave outside the Mental Health Facility.
2. The Treating Physician may, based on the information provided by the Psychiatric Patient Representative entrusted with the care of the Psychiatric Patient during the period of temporary leave outside the Mental Health Facility, revoke the authorization if it becomes evident that the leave has adversely affected the patient or that the patient's mental health condition has deteriorated for any reason. In such case, the Psychiatric Patient Representative shall return the patient to the Mental Health Facility before the expiry of the authorized leave period.
3. A Psychiatric Patient subject to Compulsory Admission shall be assessed upon their return from temporary leave to the Mental Health Facility in order to determine the patient's mental condition and establish the treatment plan accordingly.

4. Where the Psychiatric Patient fails to return upon expiry of the authorized period of temporary leave outside the Mental Health Facility, or is absent without permission, or absconds, the necessary measures shall be taken to secure the patient's return through communication with:
   a. The Psychiatric Patient Representative responsible for the patient's care during the period of temporary leave outside the Mental Health Facility; and
   b. The social worker.
5. Where the Psychiatric Patient cannot be returned following the expiry of the authorized leave period, the Mental Health Facility and the Treating Psychiatrist shall seek the assistance of the police to return the patient to the Mental Health Facility.

Article (7)

Controls and Procedures Governing for Seeking the Assistance of the Police or Ambulance Services

1. The assistance of the police, the ambulance team, or both may be sought for the transfer a Psychiatric Patient or any person exhibiting symptoms of a Mental Disorder that are difficult to control and that pose a risk to the person or to others, to a Mental Health Facility where such person refuses Voluntary Admission, subject to the following controls and procedures:
   a. The person shall be a Psychiatric Patient or shall exhibit signs of a Mental Disorder that are difficult to control;
   b. The person shall pose a risk to themselves or to others;
   c. The person shall be informed; where their condition so permits; or their representative shall be informed of the purpose of transferring them to a Mental Health Facility;
   d. The person shall be transferred in a safe manner that preserves their dignity and does not aggravate the person's condition; and
   e. The prescribed form shall be completed, including the particulars of the Psychiatric Patient or the person exhibiting symptoms of a Mental Disorder, together with the circumstances relating to the request for assistance.

2. The Psychiatrist shall examine and assess the Psychiatric Patient or the person exhibiting symptoms of a Mental Disorder and shall undertake whatever is necessary in respect thereof and take one of the following measures:
    a. Where there is no justification for their admission into the Mental Health Facility, the person who brought them shall be notified accordingly and the patient shall be returned thereto. Where the patient's mental health condition permits them to leave without any further action and without notifying the representative thereof, the patient shall be permitted to leave immediately;
    b. Permitting the Psychiatric Patient or the person exhibiting symptoms of a Mental Disorder, if they wish, to be voluntarily admitted to the Mental Health Facility, provided that their mental health condition warrants their continued stay therein in accordance with the legally prescribed controls governing Voluntary Admission.
    c. Taking Compulsory Admission procedures where the person's mental health condition so warrants, in accordance with the provisions of the Law and this Resolution.

Article (8)

Entry into Private Premises Where a Psychiatric Patient Is Present

1. Without prejudice to the conditions stipulated in the Law, the police may enter private premises where a Psychiatric Patient or a person exhibiting symptoms of a Mental Disorder is present, after obtaining the authorization of the Public Prosecution and in accordance with the following controls and procedures:
    a. The purpose of the police entry shall be to control the conduct of the Psychiatric Patient to transfer them to a Mental Health Facility;
    b. The police shall seek the assistance of ambulance services to ensure the transfer of the Psychiatric Patient under appropriate medical conditions; and
    c. The Psychiatric Patient shall be informed, where their condition so permits, or their representative shall be informed of the purpose of the transfer to the Mental Health Facility.

2. The same procedures prescribed in Article (7) of this Resolution shall be followed, insofar as they do not conflict with the provisions of Clause (1) of this Article.

Article (9)

Procedures Governing Compulsory Outpatient Therapeutic Care

Without prejudice to the controls stipulated in the Law, the following procedures shall be followed in subjecting a Psychiatric Patient placed by the Judicial Authority to Compulsory Outpatient Therapeutic Care:

1. The person responsible for the care of the Psychiatric Patient shall undertake, using the prescribed form, to ensure the patient's regular and periodic attendance at treatment and follow-up appointments;
2. The Treating Psychiatrist shall submit a report to the competent Judicial Authority whenever so requested;
3. Where the Psychiatric Patient ceases to attend follow-up treatment, suffers a relapse or deterioration in their mental health condition, or where the period of Compulsory Outpatient Therapeutic Care expires, the Psychiatrist shall submit a medical report to the competent Judicial Authority; and
4. By order of the Judicial Authority and based on the recommendation of the Treating Psychiatrist, a Psychiatric Patient subject to Compulsory Outpatient Therapeutic Care may be returned to the Mental Health Facility to complete their treatment as an inpatient.

Article (10)

Consent of the Psychiatric Patient to Treatment

Without prejudice to the controls and conditions stipulated in the Law, the following controls shall apply to consent relating to forms of treatment requiring the Psychiatric Patient's consent in cases of Compulsory Admission, or consent to treatment in cases of Voluntary Admission:

1. Such consent shall be informed consent, whereby the Psychiatric Patient is informed of the circumstances and requirements of the treatment, its duration, potential side effects, if any, the prescribed dosages, the consequences of neglecting treatment or failing to

comply with the prescribed schedule, and any other information that the Psychiatrist considers important to communicate to the Psychiatric Patient;

2. The Psychiatrist shall provide sufficient and clear information regarding the treatment plan in a language and manner understood by the Psychiatric Patient;
3. The consent shall be based on an express and free will, without physical or moral coercion. Responsibility for determining whether the Psychiatric Patient possesses the mental capacity to provide such consent shall rest with the Psychiatrist responsible for their treatment;
4. The Psychiatric Patient shall have attained the age of majority. In the case of a minor Psychiatric Patient, the consent of the patient's representative shall be obtained. In all cases, the Psychiatric Patient or the representative thereof, as the case may be, may withdraw or partially amend such consent; and
5. The Psychiatric Patient's consent to treatment, or refusal thereof, shall be documented, and the treatment plan shall be recorded in full in the patient's medical file. The treatment plan shall include the proposed pharmacological treatment, dosage, method of administration, psychological and rehabilitative treatment, any other therapeutic intervention, and the role of each member of the treatment team in the treatment plan. In all cases, members of the treatment team shall record every therapeutic intervention undertaken thereby in the Psychiatric Patient's file, including sufficient information concerning such intervention, particularly its nature, purpose, date and time at which it was carried out, and the name, capacity, and signature of the member of the treatment team.

Article (11)

Procedures and Controls Governing the Restraint of a Psychiatric Patient

Without prejudice to the provisions of Articles (47) and (48) of the Law, the Restraint of a Psychiatric Patient shall be subject to the following procedures and controls:

1. Authorization for the application of restraint measures shall be issued by a Psychiatrist and documented in the prescribed form;
2. The method and means of restraint shall be proportionate to the severity of the case;

3. The restraint shall not adversely affect the physical safety of the Psychiatric Patient;
4. The restraint of the Psychiatric Patient shall not result in the aggravation of the their mental condition or impede their recovery;
5. The following shall be observed when restraining a Psychiatric Patient:
    a. The patient's movements shall be controlled physically using approved safe means prescribed for such purpose;
    b. Appropriate conditions and necessities of daily living shall be provided, including:
        1. Suitable clothing and bedding;
        2. Necessary food and drink; and
        3. Permission to use sanitary facilities when required.
    c. The period of restraint shall not exceed one (1) continuous hour, and may be renewed where required by the patient's condition following examination and with the approval of the Psychiatrist;
    d. The patient shall be examined and monitored by a member of the treatment team throughout the period of restraint, and such monitoring shall be close or continuous, and the Psychiatrist shall determine the method and duration thereof;
    e. In all cases, the procedures shall be implemented in a manner that safeguards the patient's human dignity and physical safety. The restraint measure shall be terminated as soon as possible, and the Patients' Rights Care Committee at the Mental Health Facility shall be notified immediately upon implementation thereof. Each Mental Health Facility shall document such measures in the designated records using the prescribed form;
    f. The restraint shall be terminated immediately upon cessation of the reason or reasons giving rise thereto, and both the Psychiatric Patient Representative and the Patients' Rights Care Committee shall be notified accordingly; and
    g. All restraint procedures shall be documented in the designated register using the prescribed form.

Article (12)

Procedures and Controls Governing the Isolation of a Psychiatric Patient

1. Without prejudice to the provisions of Articles (47) and (48) of the Law, the following conditions shall be satisfied for the implementation of Isolation:
   a. The Psychiatric Patient's health condition shall require their isolation from other patients;
   b. Authorization shall be issued by a Psychiatrist and documented in the records designated for Isolation using the prescribed form;
   c. Isolation shall be carried out in rooms designated for that purpose and satisfying the controls set forth in the Schedule annexed to this Resolution;
   d. The period of Isolation shall not exceed six (6) continuous hours unless the Psychiatric Patient's condition requires an extension approved by a Psychiatrist, provided that such extension is documented in the designated records using the prescribed form;
   e. Continuous monitoring and examination shall be undertaken by a member of the treatment team throughout the period of Isolation; and
   f. Appropriate conditions and necessities of daily living shall be provided, including:
      1. Provision of appropriate clothing and bedding;
      2. Provision of adequate food and drink; and
      3. Permission to use sanitary facilities when required.
2. Isolation shall be terminated immediately upon cessation of the reason or reasons giving rise thereto, and both the Psychiatric Patient Representative and the Patients' Rights Care Committee shall be notified accordingly.
3. Isolation procedures shall be implemented in a manner that safeguards the Psychiatric Patient's human dignity and physical safety.
4. Restraint and Isolation shall not be applied concurrently, nor shall recourse be had to either measure as a disciplinary or punitive measure or in the absence of a medical justification.
5. All Isolation procedures shall be documented in the designated register using the prescribed form.

Article (13)

Conditions and Controls Governing the Operation of Care Homes

The conditions and controls governing the operation of care homes for the accommodation and care of Psychiatric Patients whose condition does not require them to remain in a Mental Health Facility and who have no caregiver or lack the necessary family care, shall be as follows:

1. The care home shall obtain a license from the authority competent in the field of social care matters in accordance with its prescribed competences. The licensing authority shall undertake periodic supervision and oversight of such care home.
2. For the purpose of obtaining the license referred to in Clause (1) of this Article, the care home shall satisfy the following requirements:
    a. Compliance with the structural, technical, and health requirements prescribed by the licensing authority;
    b. Availability of qualified medical and professional personnel licensed by the competent licensing authorities and specialized in social services and mental healthcare; and
    c. Availability of the equipment and facilities necessary for the day-to-day operation of the care home in all aspects relating to the Psychiatric Patient, including living, health, social, and other relevant needs.
3. Admission to a care home shall be subject to the following conditions:
    a. The person shall be a Psychiatric Patient;
    b. The Psychiatric Patient's condition shall neither require admission to a Mental Health Facility nor continued residence therein;
    c. The Psychiatric Patient shall have no caregiver or shall lack the necessary family care;
    d. Admission shall be based on an Assessment report issued by a Mental Health Facility in respect of a person not residing therein, or upon a referral request from the Mental Health Facility in which the Psychiatric Patient is receiving treatment, together with a social assessment report establishing that the patient has no caregiver or lacks the necessary family care; and
    e. The Psychiatric Patient shall be willing to join the care home, where the patient is capable of expressing such willingness.

4. Admission of a Psychiatric Patient to a care home shall be compulsory where the patient does not consent thereto, provided that the their condition does not require residence in a Mental Health Facility and the conditions for admission to the care home are satisfied. Such admission shall be based on a medical report issued by the Treating Physician and the approval of the Patients' Rights Care Committee.
5. Care homes shall be responsible for the following:
    a. Ensuring a dignified and safe life for the Psychiatric Patient;
    b. Providing social, health, living, and psychological services to persons under their care, including accommodation, rehabilitation, and the provision of the necessary mental healthcare;
    c. Providing specialized programs suited to the particular condition of each Psychiatric Patient;
    d. Rehabilitating persons under their care according to their respective abilities and in a manner that enables them to manage their own affairs independently;
    e. Reintegrating persons under their care into society whenever possible, where their condition so permits;
    f. Continuing efforts to locate any relatives of the Psychiatric Patient or other persons willing to assume responsibility for the patient's care; and
    g. Notifying the police where a Psychiatric Patient absents themselves from the care home without its knowledge.
6. A Psychiatric Patient shall be discharged from the care home for any of the following reasons:
    a. Cessation of the grounds for admission to the care home as provided in Clause (3) of this Article;
    b. Relapse of the Psychiatric Patient's condition requiring admission to a Mental Health Facility for treatment; or
    c. Loss of control over, or difficulty in controlling, the Psychiatric Patient, such that restraint or Isolation becomes necessary. In such case, the patient shall be referred to a Mental Health Facility, and the care home may seek the assistance of the police or ambulance services to control and transfer the patient to the Mental Health Facility.

Article (14)

Controls Governing Access to a Copy of the Medical File

1. A Psychiatric Patient shall have the right to obtain a copy of their medical file in accordance with the following:
   a. The request shall be submitted by the Psychiatric Patient or the their representative.
   b. The medical file provided to the Psychiatric Patient or their representative shall include all data relating to the patient's mental health condition and the services provided thereto; and
   c. The request shall be documented in the designated register maintained by the Mental Health Facility.
2. Where the Mental Health Facility refuses to provide the Psychiatric Patient or their representative with a copy of the medical file, the Psychiatric Patient or their representative may lodge a grievance before the Patients' Rights Care Committee.

Article (15)

Executive Resolutions

The Minister shall issue the decisions necessary for the implementation of the provisions of this Resolution, including the forms referred to herein, following coordination with the Health Authorities.

Article (16)

Publication and Entry into Force

This Resolution shall be published in the Official Gazette and shall enter into force three (3) months from the date of its publication.

Mohammed bin Rashid Al Maktoum

Prime Minister

Issued by Us:

On: 11 Rajab 1447 A.H.

Corresponding to: 31 December 2025 A.D.

Annex to Cabinet Resolution No. (213) of 2025
Regarding the Executive Regulation of Federal Law No. (10) of 2023
Regarding Mental Health

Standards for Psychiatric Patients Isolation Rooms

A Psychiatric Patient Isolation room shall comply with the following standards:

1. The room shall be designated for one patient only;
2. The location of the Isolation room shall be determined in accordance with the operational program of the Mental Health Facility, provided that it is situated near the nursing station to ensure visibility and prompt response by staff in emergency situations, while preserving the patient's privacy;
3. The ceiling height of the room shall not be less than three (3) meters;
4. Access to the room shall be through a passageway or vestibule entrance, with a separate entrance to the bathroom. Both doors shall open outwards;
5. The width of each the room door and the bathroom door shall not be less than 1.1 meters, and the room door shall be fitted with a viewing panel that permits observation and monitoring by the personnel responsible for the patient's treatment;
6. The walls and floors of Isolation rooms shall be lined with shock-absorbing materials to safeguard the patient's physical safety and prevent the patient from removing or swallowing any part thereof;
7. No electrical outlets, control switches, or other control devices, including water supply shut-off valves, shall be situated within the Psychiatric Patient's reach inside the Isolation room. Such controls shall be operated from outside the Isolation room.
8. All materials used in the room shall be certified as fire-resistant for a period of not less than one (1) hour;
9. The net floor area of the Isolation room shall be fourteen (14) square meters, excluding the entrance vestibule and bathroom; and
10. The room shall not contain any bed equipped with restraint features, in order to safeguard the safety of patients.