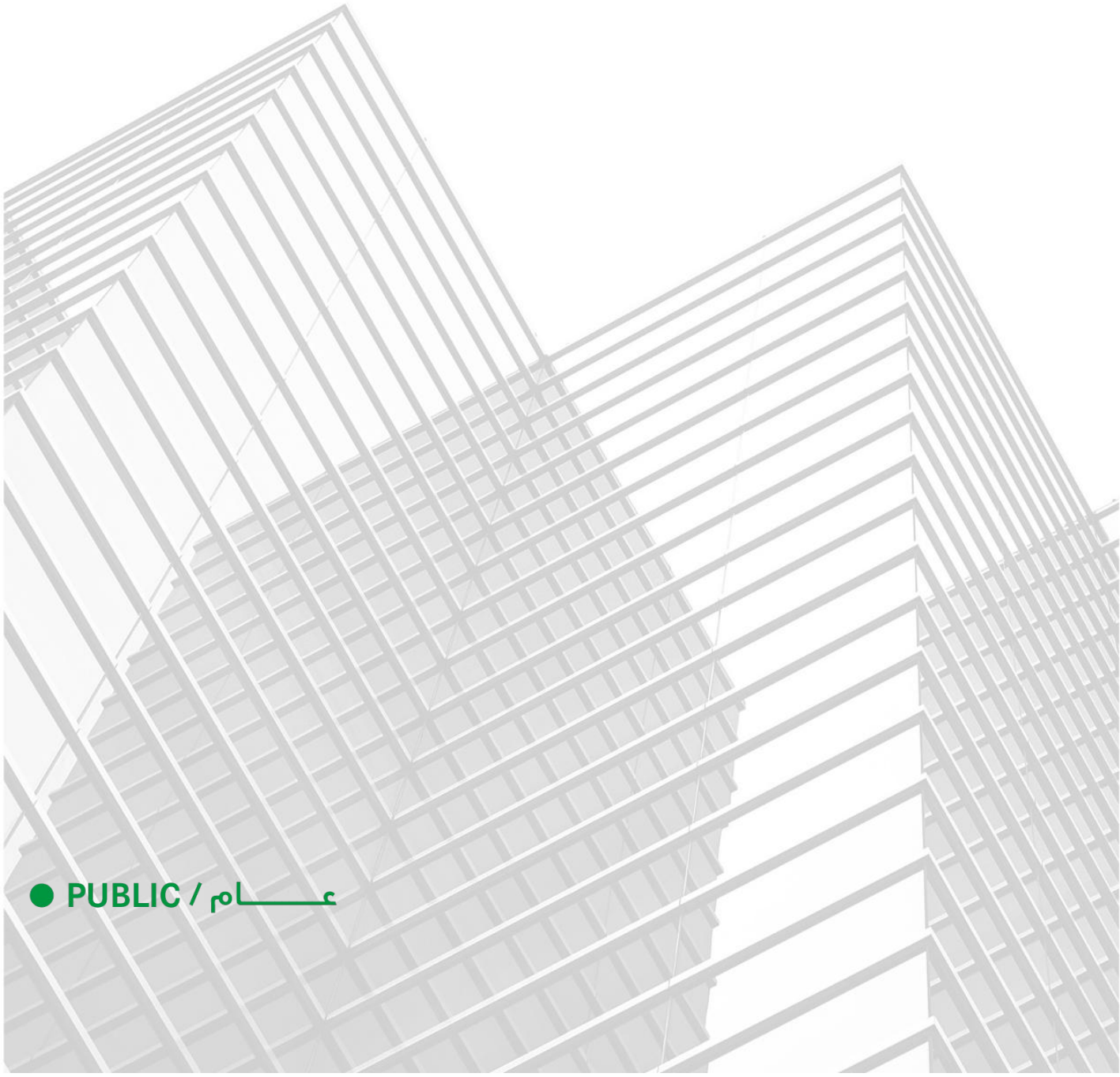
دائـــــرة الـصـــحـــة
DEPARTMENT OF HEALTH

Policy for the Governance of Mental Health Services



● PUBLIC / عـــــــام

Document Title:	Policy for the Governance of Mental Health Services		
Document Ref. Number:	DoH/Policy/PGMHS/HQS/V1/2026	Version:	1
New / Revised:	New		
Publication Date:	July 2026		
Effective Date:	August, 2026		
Document Control:	DoH Strategy Sector		
Applies To:	- All healthcare professionals licensed by DoH - All healthcare facilities licensed by DoH		
Owner:	DoH Quality Sector		
Revision Date:	July 2029		
Revision Period:	3 years		
Contact:	hcps@doh.gov.ae		

1.Policy Purpose and Brief

1.1. Scope

1.1.1. This Policy establishes a framework of service requirements for healthcare providers and healthcare facilities that provide, support, administer, or oversee mental health services in Abu Dhabi.

1.1.2. This Policy applies to licensed mental health facilities, psychiatric inpatient units, outpatient mental health clinics, emergency departments receiving psychiatric emergencies, healthcare professionals involved in mental health assessment or treatment, facility administrators, medical records staff, nursing staff, allied mental health professionals, and facility leadership. It applies to all mental health services and all facilities concerned with caring for, or dealing with, mental health patients, consistent with the scope of Federal Law No. (10) of 2023 on Mental Health. The Law applies to mental health, mental health patients, psychiatric healthcare facilities, and other facilities concerned with caring for or dealing with mental health patients.

1.1.3. The Policy shall be implemented in conjunction with the applicable licensing, clinical governance, patient rights, medical records, confidentiality, professional licensing, health information, and facility requirements issued by the Department of Health.

1.1.4. Where this Policy refers to the Department of Health, Public Prosecution, court, Oversight and Follow-Up Committee, Patient Rights Care Committee, police, ambulance, or judicial authority, healthcare providers shall follow the applicable approved channels, forms, and procedures issued by those authorities.

1.2. Purpose

1.2.1. This Policy aims to ensure that mental health services are delivered in a manner that protects the rights, dignity, privacy, safety, and clinical interests of mental health patients.

1.2.2. It translates the requirements of Federal Law No. (10) of 2023 on Mental Health, its related ministerial decrees and Cabinet Resolution No. (213) of 2025 concerning its Executive Regulations into operational requirements for healthcare providers.

1.2.3. This Policy establishes the requirements for licensing, admission, assessment, consent, compulsory admission, emergency admission, compulsory outpatient therapeutic care, restraint, seclusion, patient rights, documentation, reporting, complaints, transfer, discharge, and compliance monitoring.

1.2.4. This Policy is not intended to replace clinical judgment. Healthcare professionals shall continue to apply evidence-based principles, provided that all legal and regulatory requirements in this Policy are met.

1.2.5. This Policy does not provide legal advice. Any provision requiring interpretation, local authority confirmation, official forms, or implementation decisions shall be reviewed by the relevant legal and regulatory authority before formal issuance.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	ADHICS	Abu Dhabi Information and Cybersecurity Standard
2.2	AAMEN	Abu Dhabi Healthcare Information Security Program to elevate cybersecurity across the healthcare ecosystem
2.3	Compulsory admission	Subjecting a patient to assessment or treatment against their will or pursuant to a court order as an inpatient in accordance with Federal Law No. (10) of 2023 and its Executive Regulations.
2.4	Compulsory Outpatient Therapeutic Care (COTC)	Subjecting a patient to treatment against their will or pursuant to a court order as an outpatient in accordance with Federal Law No. (10) of 2023 and its Executive Regulations.
2.5	DoH	Department of Heath; The regulatory body of the Healthcare Sector in the Emirate of Abu Dhabi, Established based on law No. (10) of 2018
2.6	EHR	Electronic Health Record; a systemized digital collection of patient health information
2.7	Emergency admission	Admitting a mental health patient or a person showing psychiatric symptoms to any healthcare facility in emergency cases for the purpose of subjecting them to urgent medical intervention in accordance with Federal Law No. (10) of 2023 and its Executive Regulations.

2.8	Guardian	The person responsible for the patient in accordance with applicable legislation in accordance with Federal Law No. (10) of 2023 and its Executive Regulations.
2.9	Malaffi	Healthcare Information Exchange platform, securely connecting all healthcare providers in Abu Dhabi
2.10	Mental health facility	Healthcare facility licensed by DoH to provide mental health services
2.11	Mental health patient	Patient diagnosed with mental health/ psychiatric disorder
2.12	Patient representative	Either guardian, relative or person appointed by the court to be the person responsible for the patient in accordance with Federal Law No. (10) of 2023 and its Executive Regulations.
2.13	PQR	Unified Healthcare Professional Qualification Requirements (PQR) are the official, current DoH-mandated criteria for licensure eligibility for all mental health professions
2.14	Restraint	Using safe methods to limit the movement of a mental health patient
2.15	Seclusion	Keeping mental health 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
2.16	Voluntary admission	Admitting a patient to a mental health facility of their own volition or the will of their representative

3.Policy Content

3.1. Licensure Requirements

3.1.1.All healthcare facilities shall satisfy DoH licensure requirements

3.1.1.1. All healthcare facilities providing mental health services shall satisfy DoH licensing requirements as specified in the 'Standard for Specialized Mental Healthcare Services'

3.1.2. The healthcare facility shall be fully integrated with the Malaffi health information exchange platform, ensuring real-time transmission of medical record data.

3.1.3. The healthcare facility shall comply with all the regulatory requirements including, but not limited to, healthcare provider manual, healthcare professional manual, complaint management, consent, laboratory, Infection control, first aid training, waste management, fire safety, Unified Healthcare Professional Qualification Requirements (PQR), Medication management, Abu Dhabi occupational safety and health system framework and Abu Dhabi Healthcare Information and Cyber Security [ADHICS] Standard across the facility lifecycle.

3.1.4. The healthcare facility shall comply with the latest 'Standard for Specialized Mental Healthcare Services' and reference DoH-published Scopes of Practice and PQR requirements for all licensed mental health professions.

3.1.5. The healthcare facility shall comply with the requirements of Abu Dhabi Healthcare Information Security Program and shall be AAMEN Certified.

3.1.6. The facility shall submit the engineering plan of the mental health facility in accordance with the required engineering policies.

3.2. Facility Governance Requirements

3.2.1. <u>Mental Health facilities:</u>

3.2.1.1. All mental health facilities with a dedicated inpatient mental health service shall establish governance arrangements that ensure compliance with the Law, the Executive Regulations, this Policy, and any decisions issued in implementation of the Law. This includes, but is not limited to:

3.2.1.1.1. Patient Rights Care Committee

3.2.1.1.2. Oversight & Follow-Up Committee

3.2.1.2. Facilities shall ensure that their staff understand the distinction between voluntary admission, emergency admission, compulsory admission for evaluation, compulsory admission for treatment, compulsory outpatient therapeutic care, emergency treatment, restraint, and seclusion.

3.2.1.3. Facilities shall appoint one or more Mental Health Officers responsible for the coordination and liaison between public prosecution, court and or police and the Oversight & Follow Up Committee and Patient Rights Care Committee.

3.2.1.4. Facilities shall ensure that all relevant clinical staff are trained in proactive de-escalation strategies and prevention and management of violent behavior.

3.2.1.5. Facilities shall ensure that staff have access to ongoing training in de-escalation and to regular clinical supervision and support.

3.2.1.6. Facilities shall maintain compliance monitoring systems to ensure that admission decisions, compulsory treatment decisions, consent decisions, restraint decisions, seclusion decisions, and notification obligations are made only by authorized personnel and within the statutory time limits (appendix 7).

3.2.1.7. All mental health facilities shall ensure that all mental health records and related documentation stored, processed, or transmitted electronically shall be protected in accordance with ADHICS and applicable data protection requirements.

3.2.2. <u>All healthcare facilities:</u>

3.2.2.1. All healthcare facilities shall ensure that their staff understand the mechanisms and process for emergency admissions

3.2.2.2. All healthcare facilities shall have a clear process in place for reporting to the Oversight & Follow-Up Committee

3.2.2.3. Healthcare facilities without inpatient mental health services shall report required cases to the Oversight & Follow-Up Committee established by DoH and have clear processes in place for these reporting procedures

3.2.3. Facilities with departments for the residence of mental health patients shall establish a Patient Rights Care Committee.

3.2.4. The facility shall cooperate with the Oversight and Follow-Up Committee, including in relation to compulsory admission reports, approvals for compulsory treatment where required, supervision of facility compliance, complaints, grievances, objections, and oversight reporting.

3.3. Oversight & Follow-Up Committee

3.3.1. Oversight & Follow-Up committee shall have the following roles and responsibilities:

3.3.1.1. Follow up on the reports on compulsory admission cases received from the mental health facilities.

3.3.1.2. Issue the necessary approvals to treat mental health patients who refuse treatment in cases of compulsory admission for treatment.

3.3.1.3. Ensure that the conditions stipulated herein are met in all cases of compulsory admission

3.3.1.4. Supervise mental health facilities and ensure their commitment and that their

employees apply the standards and procedures stipulated by the Federal Law No. (10) of 2023 on Mental Health, its executive regulations and the decisions issued in implementation thereof

3.3.1.5. Review the reports received from the Patient Rights Care Committee regarding complaints and submit recommendations in regard thereof to the DoH, if necessary

3.3.1.6. Decide on grievances and objections to the decision of the Patient Rights Care Committee

3.3.1.7. Decide on complaints regarding outpatient mental health treatment services, centers and clinics

3.3.1.8. Submit reports to DoH on the results of oversight and follow-up

3.3.2. The committee shall issue its decisions on the cases stipulated herein, which are notified by the mental health facility within a maximum of 6 business days from the date of being notified by the case

3.3.3. The committee shall meet weekly to meet the above-mentioned timelines

3.3.4. In cases where the committee does not issue its decision within the period specified (6 business days), the director of the mental health facility may take the necessary decisions regarding psychiatric patients in accordance with provisions hereof, provided that the committee shall be informed of such case

3.4. Patient Rights Care Committee

3.4.1. The director of the mental health facility shall establish the Patient Rights Care Committee

3.4.2. The Committee shall be chaired by a psychiatrist and shall include the following members:

3.4.2.1. Psychologist,

3.4.2.2. Social worker

3.4.2.3. Mental Health nurse

3.4.2.4. Patient experience specialist

3.4.2.5. Mental Health officer

3.4.2.6. Any other specialties the director sees fit

3.4.3. The Patient Rights Care Committee shall have the following roles and responsibilities:

3.4.3.1. Ensure respect for the rights of the psychiatric patients stipulated herein

3.4.3.2. Receive complaints submitted by psychiatric patients or their representatives and take the necessary measures regarding them as well as deciding on them

3.4.3.3. Submit quarterly reports to the Oversight & Follow-Up committee regarding complaints received during that period

3.5. Staff Qualifications and Scope of Practice

3.5.1. All healthcare professionals must have an active DoH license, practice only within the activities listed in their official DoH Scope of Practice, and perform only those procedures for which they hold facility-granted clinical privileges

3.5.2. All relevant DoH licensed Healthcare Professionals to have completed the Information and Cyber Security Awareness courses assigned to them through Abu Dhabi Healthcare Cyberlearning Program

3.5.3. The healthcare facility shall ensure that staff involved in admission, treatment, restraint, seclusion, emergency detention, patient rights, medical records, or statutory reporting are trained on the legal and operational requirements in this Policy.

3.6. Health Information Requirements

3.6.1. The facility and all healthcare professionals shall protect the confidentiality of mental health patient information in accordance with applicable legislation.

3.6.2. All Mental Health Facilities shall maintain admission data of mental health patients within the Electronic Medical Record (EMR) system, ensuring all information is protected with confidentiality flags, with the following data required:

3.6.2.1. Full name of Mental Health patient as stated in their Emirates ID or passport

3.6.2.2. Date of birth

3.6.2.3. Nationality

3.6.2.4. Gender

3.6.2.5. Marital status

3.6.2.6. Occupation

3.6.2.7. Religion

3.6.2.8. Emirates ID number or passport number

3.6.2.9. Address

3.6.2.10. Contact details (home phone number, mobile phone number and email address)

3.6.2.11. Date and time of admission

3.6.2.12. Reason for admission (assessment, treatment, placement, emergency)

3.6.2.13. Type of admission (voluntary/ compulsory)

3.6.2.14. Entity from which the patient is referred

3.6.2.15. Entity submitting the admission request

3.6.2.16. Date and time of discharge

3.6.2.17. Case type (new/ follow-Up)

3.6.2.18. Preliminary diagnosis

3.6.2.19. File number

3.6.2.20. Serial number

3.6.2.21. Details of the judicial order for placement, if any

3.6.2.22. Name and signature of person entering data into registry

3.6.2.23. Date and time of recording data into registry

3.6.2.24. Name and contact details of patient's representative (address, phone number, emirates ID/ passport no.)

3.6.2.25. Name and details of patient's companion (relationship, address, phone number)

3.6.2.26. Name and details of patient's emergency contact (address and phone numbers)

3.6.3. The register shall be retained for a period of not less than twenty-five years from the date of the last entry in the register

3.6.4. The facility shall register any person of unknown identity, assess the person's condition, provide necessary treatment, and notify the police station within the jurisdiction.

3.6.5. The electronic health records of the mental health facility shall be connected to the National Platform for Controlled Medications (NPCM) and Malaffi HIE

3.6.6. No information or data may be disclosed to any party other than health authorities, judicial authority, and security authorities about persons admitted to a health facility for treatment of drug abuse or psychotropic substances, without prejudice to the applicable law on narcotic drugs and psychotropic substances.

3.7. Patient Rights

3.7.1. The facility shall preserve the civil rights legally established for the patient and may

restrict those rights only when necessary to protect the patient or others from harm, or pursuant to a judicial ruling.

3.7.2. Mental health patients shall receive psychological treatment and psychiatric medications in accordance with recognized evidence-based principles.

3.7.3. The facility shall respect mental health patients and provide necessary services in an appropriate environment that preserves dignity and meets patient needs according to their health condition.

3.7.4. Patients shall receive physical healthcare as required.

3.7.5. Patients shall receive care in a safe and sanitary environment

3.7.6. The facility shall protect the confidentiality of patient information in accordance with applicable legislation, including electronic health records. Access to patient information shall be controlled and limited only to authorized personnel on a need-to-know basis. Any disclosure of patient information shall be documented and restricted as required by law.

3.7.7. The facility shall preserve patient privacy and personal belongings during inpatient admission.

3.7.8. The facility shall allow the patient to benefit from communication services unless such communication has a negative impact on the patient's health condition or on others.

3.7.8.1. Where access to communication services is restricted, a clear clinical justification shall be documented and communicated to the patient and/or their representative.

3.7.9. The facility shall allow the patient to receive or refuse visitors in accordance with the facility visitation policy, subject to therapeutic limitations where required.

3.7.10. The facility shall protect mental health patients from degrading treatment and from any form of emotional, psychological, financial, physical or sexual abuse, emotional or physical neglect or material or any other forms of exploitation.

3.7.11. The facility shall allow mental health patients to submit complaints, anonymously or named, against any person or entity in the mental health facility without this affecting the level of care provided.

3.7.12. The facility shall allow the mental health patient, who has capacity, to seek assistance from whomever they deem appropriate to represent them and manage their affairs inside or outside the mental health facility.

3.7.12.1. Where clinical staff observe coercive or controlling behavior from a patient's

representative toward the patient, the patient shall be supported to nominate an alternative representative, or the clinical team shall seek the appointment of an independent representative through the appropriate channels, in accordance with applicable laws, regulations and safeguarding frameworks.

3.7.13. The facility shall provide support to facilitate teaching, learning, recreational, and cultural activities in coordination with the relevant authorities, where applicable to the patient's condition and circumstances.

3.7.14. The facility shall display the Patient Bill of Rights in visible places inside the facility, provide a copy to the mental health patient or representative upon admission, attach a copy to the medical file and medical records after receiving it from the patient or representative, and inform the patient or representative of its content in a manner appropriate to the patient's abilities.

3.7.15. Mental health patients shall receive a comprehensive explanation of their rights immediately after entering the mental health facility. The explanation shall be provided in a manner the patient understands. If the patient is unable to understand the explanation, the patient's representative shall be informed and a delayed explanation shall be provided to the patient when their condition allows.

3.7.16. The patient shall be informed of the nature of their admission if their condition permits. Where necessary, the patient's representative shall be informed as soon as possible.

3.7.17. The treating team shall educate the patient on the diagnosis, treatment plan, treatment progress, response to treatment, any treatment modifications, therapeutic methods, expected benefits, risks, potential side effects, and possible therapeutic alternatives before treatment consent is obtained.

3.7.18. Patients shall be informed of the health services available in the facility, how to obtain them, their costs, and how those costs are covered.

3.7.19. Where the patient's health condition does not permit the patient to receive or understand such information, the consent of the legal representative shall be obtained, subject to the procedures applicable in emergency cases.

3.7.20. Patients shall participate actively and continuously in their treatment plan as far as their condition allows them to express their will.

3.7.21. Patients or their representatives shall be informed of the name and position of each member of the therapeutic team who provides care in the mental health

facility.

3.7.22. Patients shall not undergo experimental treatment or medical research without their consent or the consent of their representative and without meeting the conditions and controls under applicable legislation.

3.7.23. Patients shall not undergo treatment without their consent or the consent of their representative except in cases stipulated by law.

3.7.24. Patients shall be able to obtain a comprehensive medical report on their mental health condition and the examinations and treatment procedures undertaken during their stay in the facility.

3.7.25. Patients shall be able to obtain a copy of their medical file in accordance with the Executive Regulations.

3.7.26. A mental health patient is entitled to obtain a copy of the medical file.

3.7.27. The request shall be submitted by the mental health patient or the patient's representative.

3.7.28. The medical file provided shall include all data relating to the patient's mental health condition and the services provided to the patient.

3.7.29. The request shall be documented in the relevant register of the mental health facility.

3.7.30. If the facility refuses to provide the patient or representative with a copy of the medical file, the patient or representative has the right to file a grievance before the Patient Rights Care Committee.

3.7.31. Upon issuing or renewing a compulsory admission decision, the facility shall inform the patient personally, or inform the patient's representative or companion, about the nature of admission in a language or manner they understand. The facility shall also inform them in writing of all rights, including the reason for admission and the procedures to be followed if they wish to leave.

3.7.32. At the end of the compulsory admission period, the facility shall allow the patient to leave the facility and shall provide a psychological and social care plan, unless another lawful basis applies.

3.8. Requirements for Minor Mental health patients

3.8.1. Minor mental health patients shall be subject to additional controls and guarantees that take into account their age group, psychiatric condition, and best interests, including:

3.8.1.1. The right to education

3.8.1.2. Obligating the representative of the minor mental health patient to follow the treatment plan

3.8.1.3. Preparation of the minor mental health patient by a social worker or psychologist prior to any procedure

3.8.1.4. Provision of designated areas for minor mental health patients, separate from adults with separate utilities in all inpatient, outpatient and emergency settings

3.8.1.5. Provision of counselling and psychological guidance to the family of the mental health patient, whether regarding how to deal with the patient or to support the family in accepting the patient and instilling hope for improvement in the patient's condition

3.8.2. The voluntary admission of a minor mental health patient shall not take place except in the presence of the guardian.

3.8.3. The mental health assessment for compulsory admission for minors must be conducted by two psychiatrists, one of whom shall be specialized in child and adolescent psychiatry

3.8.4. A minor patient's guardian may file a grievance and object to the decision of compulsory admission, either for treatment or outpatient therapeutic care. The grievance process will follow the process stipulated in section 3.22.

3.8.5. Upon expiry of the period of compulsory treatment, the healthcare facility management shall notify the guardian to take custody of the patient. The patient may not leave unaccompanied after completing the period of compulsory treatment, even if capable of self-care.

3.8.6. If the guardian refuses to take custody of the minor, the facility shall notify the Public Prosecution and Family Prosecution to instruct the competent person to take custody.

3.8.6.1. A referral to the Family Care Authority (FCA) is recommended in these situations to support patient and family integration

3.8.7. The mental healthcare facility shall refer the case to the nearest Child Protection Unit, if necessary, in accordance with the legislation relating to the protection of children's rights.

3.8.7.1. Child protection units across the Emirate are located in:

3.8.7.1.1. Abu Dhabi Region: Sheikh Khalifa Medical City (SKMC), Sheikh

Shakhbout Medical City (SSMC)

3.8.7.1.2. Al Ain Region: Tawam Hospital

3.8.7.1.3. Al Dhafra Region: Al Dhafra Hospitals

3.8.8. Emergency treatment for a minor mental health patient shall be determined by a psychiatrist specialized in child and adolescent psychiatry.

3.8.9. The facility shall communicate with the family of the minor mental health patient and provide a comprehensive explanation of the nature of the patient's condition and the required treatment plan

3.9. Admission and Assessment Requirements

3.9.1. Admission to a mental health facility may be:

3.9.1.1. Compulsory admission for evaluation- pursuant to an order from the competent judicial authority

3.9.1.2. Compulsory admission for treatment– due to medical necessity

3.9.1.3. Emergency admission

3.9.1.4. Voluntary admission

3.9.2. Compulsory admission into private mental health facilities is not permissible except with the approval of the court or the Public Prosecution and in accordance with the conditions and controls determined by those authorities.

3.9.3. For every admission, the facility shall identify and document the following details regarding admission

3.9.3.1. Type of admission

3.9.3.2. Reason for admission

3.9.3.3. Referral source

3.9.3.4. Person or entity submitting the admission request

3.9.3.5. Legal basis for admission where applicable

3.9.3.6. The facility shall ensure that the admission pathway is consistent with the patient's clinical condition, consent status, legal status, risk level, and need for assessment or treatment.

3.10. Capacity Assessment Requirements

3.10.1. The treating team shall ensure that a patient's decision-making capacity is assessed whenever there is doubt regarding the patient's ability to provide informed consent or refusal of treatment, admission, discharge, appointment of a

representative, or any other healthcare decision.

3.10.2. Capacity assessments shall be decision-specific, time-specific, and conducted the relevant healthcare professional.

3.10.3. Prior to determining that a patient lacks capacity, the treating team shall take all reasonable measures to support the patient's ability to make their own decision, including provision of information in an accessible format, use of interpreters or communication aids where required, and optimization of factors that may impair decision-making

3.10.4. The assessment shall be documented using a standardized capacity assessment framework and shall include:

3.10.4.1. Identification of the specific decision being assessed

3.10.4.2. Determination of whether the patient has an impairment or disturbance affecting the functioning of the mind or brain

3.10.4.3. Assessment of the patient's ability to:

3.10.4.3.1. Understand information relevant to the decision

3.10.4.3.2. Retain the information for a period sufficient to make the decision

3.10.4.3.3. Use and weigh the information as part of the decision-making process

3.10.4.3.4. Communicate a clear and consistent decision/choice

3.10.5. A patient shall be deemed to have decision-making capacity if they are able to perform all functions specified in 3.10.4

3.10.6. A determination that a patient lacks capacity shall only be made where:

3.10.6.1. An impairment or disturbance affecting the functioning of the mind or brain is present; and

3.10.6.2. The impairment causes the patient's inability to perform one or more of the functions specified 3.10.4.3

3.10.7. Documentation of the assessment shall include the findings for each element of the assessment, the rationale for the determination, the identity of the assessor, and the date and time of the assessment

3.10.8. Capacity shall be reassessed when there is a significant change in the patient's clinical condition, decision-making circumstances, or whenever the validity of a previous assessment is reasonably in question.

3.11. Compulsory Admission for Evaluation

3.11.1. Compulsory admission for evaluation to a mental health facility is applicable only

by decision of the Public Prosecution or by ruling or decision of the court.

3.11.2. The treating physician shall inform the person, or the person's representative, of the reasons for admission, provided that the person's condition allows such communication.

3.11.3. The facility administration shall inform the Oversight and Follow-Up Committee of any person compulsorily admitted for evaluation within a period not exceeding 7 business days from the admission decision (use form 11 in appendix 5).

3.11.4. The period of compulsory admission for evaluation shall not exceed 45 days. This period may be extended for a period deemed appropriate by the treating physician subject to approval of the referring court or Public Prosecution.

3.11.5. An evaluation report shall be prepared with the outcome of evaluation and shared with the referring source (Public Prosecution or the court), as applicable

3.11.6. Based on the psychiatrist's evaluation, one of the following outcomes may apply:

3.11.6.1. Compulsory admission for treatment, provided that this does not violate or conflict with the judicial decision or ruling issued for the evaluation

3.11.6.2. Person discharged back to referring source (Public Prosecution or the court), as applicable

3.12. Compulsory Admission for Treatment

3.12.1. Compulsory admission for treatment may be applied based on the evaluation and decision of 2 DoH-licensed psychiatrists, of whom at least 1 shall be from the referring healthcare facility. The other psychiatrist may be from the same facility or an alternative healthcare facility.

3.12.2. Patient needs to meet the below criteria for compulsory admission for treatment:

3.12.2.1.1. Clear indication that the patient suffers from a mental health condition that poses a threat to themselves or others

3.12.2.1.2. Admission is necessary for the patient's recovery or to stop further deterioration of the patient's condition

3.12.3. Compulsory admission for treatment can apply in the following cases, if criteria in 3.11.2 are met:

3.12.3.1. Outcome of compulsory admission for evaluation

3.12.3.2. Outcome of emergency admission evaluation

3.12.3.3. Outcome of evaluation of patient refusing treatment

3.12.4. The duration of compulsory admission for treatment shall be determined

according to the patient's mental health condition, but shall not exceed 45 days.

3.12.5. Extensions of compulsory admission for treatment may apply if recommended by the treating psychiatrist and reviewed and deemed appropriate by the Oversight and Follow-Up Committee.

3.12.6. Reporting compulsory admissions for treatment must occur within the following timelines (use form 12 in appendix 5):

3.12.6.1. The mental health facility administration receiving the patient shall be notified within 24 hours of the compulsory admission decision.

3.12.6.2. The mental health facility administration shall inform the Public Prosecution of any compulsory admission for treatment within 48 hours of admission.

3.12.6.3. The mental health facility administration shall inform the Oversight and Follow-Up Committee within a period not exceeding 7 business days from the admission decision.

3.12.6.4. The Oversight & Follow-Up Committee shall issue its decision back to the mental health facility administration within 6 business days of being notified of the case

3.12.7. The mental health patient or the patient's representative has the right to object to the Patient Rights Care Committee against the decision for compulsory treatment admission or extension.

3.12.8. The psychiatrist may give the psychiatric patient subject to compulsory admission for treatment the necessary treatment, with or without, their consent with the exception of the following cases, in which the consent of the patient or their representative shall be obtained:

3.12.8.1. Electroconvulsive therapy (except in emergency cases)

3.12.8.2. Treating organic diseases suffered by a mental health patient (except in emergency cases)

3.12.8.3. Special treatments as outlined by Ministerial Decision No. (6) of 2026 'Concerning the Determination of Special Treatments for Psychiatric Patients' (Appendix 2)

3.12.9. A patient admitted to a mental health facility for compulsory treatment may be subjected to emergency treatment without consent, including electroconvulsive therapy, in accordance with medical principles if the following criteria are met (use form 15 in appendix 5):

3.12.9.1. Emergency treatment is based on a psychiatrist's evaluation

3.12.9.2. Patient's condition poses a serious threat to the patient's safety or life or to the safety or life of others

3.12.9.3. Treatment is necessary to prevent serious deterioration in the patient's mental health condition

3.12.10. The psychiatrist shall document:

3.12.10.1. The clinical and legal basis for emergency treatment

3.12.10.2. The treatment provided

3.12.10.3. The risk being addressed

3.12.10.4. The patient's response

3.12.11. Compulsory admission for treatment shall be terminated by a decision of the treating psychiatrist unless the admission was committed by decision of the Public Prosecution or pursuant to a ruling or decision of the court.

3.12.12. At the end of the compulsory admission period, the patient shall be provided with a psychological and social care plan.

3.12.13. A compulsorily admitted mental health patient may be referred to another health facility (use form 14 in appendix 5) if the patient becomes ill and treatment is not available in the mental health facility, in accordance with controls issued by Ministerial decision no. (2) of 2026 'Regarding Controls for the Safe Transfer of Psychiatric Patients' (Appendix 3).

3.13. Emergency Admission & Emergency Detention

3.13.1. Patients admitted to any facility, whether a mental health facility or not, in an emergency state who display signs of mental health disorder that poses a threat to themselves or other shall be detained under the care of the treating physician (non-psychiatrist) for a period not exceeding 24 hours, while a psychiatry consult is arranged for a psychiatrist to evaluate the patient (use form 8 in appendix 5).

3.13.2. If a physician is unable to examine the person admitted in an emergency state and the person's condition poses a threat to themselves or others, a psychiatric nurse, psychologist, psychological counsellor, social worker, or occupational therapist may detain the person in the facility for a period not exceeding 8 hours (use form 9 in appendix 5).

3.13.3. The psychiatrist shall examine, inspect, diagnose, and provide the necessary healthcare.

3.13.4. Where detention is initiated under clause 3.12.2, the professional initiating

detention shall inform the physician and facility administration.

3.13.5. The detention decision expires upon expiry of the periods specified in 3.12.1 and 3.12.2 or when the psychiatrist is present.

3.13.6. When the psychiatrist is present, the psychiatrist may admit the person to the mental health facility if the criteria for compulsory admission are met, or may proceed with voluntary admission where the criteria for voluntary admission are met.

3.13.7. The police, ambulance service, or both may be utilized for the transport of a mental health patient, or an individual exhibiting symptoms of psychiatric disorder that are difficult to manage and present a risk to self or others, where the individual declines voluntary admission (use form 1 in appendix 5).

3.14. Voluntary Admission

3.14.1. Voluntary admission to a mental health facility for treatment shall be based on the written consent of the mental health patient or the patient's representative.

3.14.2. Before providing treatment to a voluntarily admitted mental health patient, the psychiatrist shall obtain the approval of the patient or the patient's representative

3.14.3. Patient or their representative's consent and treatment plan must be documented in the patient's file upon commencing treatment and upon any amendment to the treatment plan.

3.14.4. The treating physician may prevent discharge in the following conditions:

3.14.4.1. Patient meets criteria below for compulsory admission for treatment:

3.14.4.1.1. Clear indication that the patient suffers from a mental health condition that poses a threat to themselves or others

3.14.4.1.2. Admission is necessary for the patient's recovery or to stop further deterioration of the patient's condition

3.14.4.2. Treatment outside the mental health facility is not appropriate for the patient's condition

3.14.4.3. Treatment outside the mental health facility poses a threat to patients or others

3.14.5. Preventing discharge of a voluntary admission patient must follow the below controls (use form 10 in appendix 5):

3.14.5.1. A maximum period of 72 hours can be enforced for preventing discharge

3.14.5.2. Assessment by 2 psychiatrists to determine whether compulsory admission

for treatment is required (within the 72 hours)

3.14.5.3. Submission of a report by the psychiatrist to the Patients' Rights Care Committee and the management of the healthcare facility when the reason for preventing discharge are either (a) treatment outside the mental health facility is not appropriate for the patient's condition or (b) treatment outside the mental health facility poses a threat to the patient or others.

3.14.6. A voluntarily admitted patient, or the patient's representative, may request discharge even where treatment has not been completed, unless the legal criteria for preventing discharge are met.

3.15. Use of Police or Ambulance for Transportation of Mental Health Patients

3.15.1. Police may enter places, including private premises, where there is a mental health patient suffering from a mental health disorder or where there is a person is showing signs of mental health disorder after obtaining authorization from the Public Prosecution.

3.15.2. Where, required, the police shall seek the assistance of the ambulance service to ensure that the patient is transported under safe and appropriate health conditions.

3.15.3. The police may enter private premises only for the purpose of controlling the mental health patient's behavior to transport the patient to a mental health facility.

3.15.4. Where police or ambulance assistance is sought (use form 1 in appendix 5), the person shall be informed, if the condition permits, or the person's representative shall be informed, of the purpose of transportation to the mental health facility.

3.15.5. Transportation shall be carried out safely, preserve dignity, and shall not aggravate the person's condition.

3.15.6. Pharmacological restraint may be determined by the attending ambulance clinician, where clinically indicated. Physical restraint shall remain the sole responsibility of the police.

3.15.7. The use of police assistance for civilian transportation of patients not referred from public prosecution or judicial authority, does not categorize the patient as a forensic patient, and the mental health facility's assessment and evaluation shall be used to guide patient placement.

3.15.8. At the mental health facility, a psychiatrist shall examine and assess the patient

and in accordance to the below options:

3.15.8.1. Patient discharge: if there is no justification for admitting the patient, the person who brought him or her in shall be notified and the person shall be handed back thereto. If the patient's mental health condition allows him or her to leave without any further procedure and without notifying the person's representative, he or she shall be permitted to leave immediately

3.15.8.2. Allow for voluntary admission: if there is justification for admitting the patient, enable the patient to be voluntarily admitted to the mental health facility, provided the conditions and controls for voluntary admission are met.

3.15.8.3. Compulsory admission for treatment: if there is justification for admitting the patient and conditions and controls for compulsory admission are met.

3.16. Compulsory Outpatient Therapeutic Care (COTC)

3.16.1. COTC shall be used as a transition from compulsory admission for treatment by decision of a psychiatrist.

3.16.2. COTC can be considered based on a medical recommendation or by a request from the patient's representative, with the representative's undertaking to implement the prescribed treatment program.

3.16.3. The following parameters shall be verified by the psychiatrist prior to issuing the decision for COTC:

3.16.3.1. The presence of a mental health disorder

3.16.3.2. The patient's condition requires continuous treatment without the need for admission to a mental health facility

3.16.3.3. The patient's condition does not pose a serious threat to the patient's or others' safety or life

3.16.3.4. The patient's condition would deteriorate if treatment is discontinued

3.16.4. The mental health facility shall inform Oversight and Follow-Up Committee within a period not exceeding 14 days from the date of implementation of the COTC decision.

3.16.5. The mental health facility shall be responsible for following up on the patient's condition.

3.16.6. The period of COTC shall end at the end of the required period or the end of its need as specified by a report from the psychiatrist.

3.16.7. Failure to comply with the requirements of the COTC program shall result in the readmission of the patient to the mental health facility (use form 3 in appendix 5).

3.16.8. Patients in a COTC program 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 private clinic in line with the controls and procedures outlined in Ministerial Decision No. (7) of 2026 'Regarding Controls for Referring a Psychiatric Patient For Treatment at Another Health Facility' (Appendix 4).

3.16.9. Additional considerations for COTC of patients admitted from Public Prosecution/ judicial system:

3.16.9.1. Approval of the judicial authority is required in addition to psychiatrist's recommendation for the application of COTC

3.16.9.2. The person responsible for the care of the mental health patient shall undertake to bring the patient periodically and regularly to treatment and follow-Up appointments (use form 2 in appendix 5)

3.16.9.3. The treating psychiatrist shall submit a report to the competent judicial authority whenever requested.

3.16.9.4. If the patient stops attending treatment follow-Up, suffers relapse or deterioration, or the compulsory outpatient care period expires, the psychiatrist shall submit a medical report to that effect to the competent judicial authority.

3.16.9.5. By order of the judicial authority and based on the treating psychiatrist's recommendation, the patient may be returned to the mental health facility to complete inpatient treatment (use form 3 in appendix 5).

3.17. Restraint

3.17.1. Restraint shall be used as a last resort measure when less restrictive measures have been attempted or are not feasible.

3.17.2. A mental health patient shall only be restrained when clinically necessary in the following cases:

3.17.2.1. To prevent the patient from harming self or others

3.17.2.2. To prevent the patient from attacking property

3.17.3. Restraint requires authorization by a psychiatrist and shall be documented (form 4

in appendix 5).

3.17.4. In emergency cases, the nurse attending to the mental health patient may resort to restraint, provided that the psychiatrist is immediately notified to examine the patient and determine the period of restraint as appropriate.

3.17.5. Restraint shall be applied in a manner and by means proportionate to the degree of risk presented.

3.17.6. Restraint shall be applied in a manner that respects the patient's human dignity and physical safety.

3.17.7. Restraint shall not affect the physical safety of the patient, aggravate the patient's mental condition, or hinder recovery.

3.17.8. Chemical restraint shall be used only as a last resort of restraint modalities, at the lowest effective dose, and for the shortest duration necessary, with attention to both short- and long-term physical and psychological risks.

3.17.9. When restraining a patient, the following shall be observed:

3.17.9.1. Controlling the patient's movement by using the approved safe means in this regard

3.17.9.2. Ensure the appropriate conditions and necessary means of living are provided, including, but not limited to:

3.17.9.2.1. Suitable clothing and blankets

3.17.9.2.2. Required nutrition and hydration

3.17.9.2.3. Use of restrooms when needed

3.17.10. The patient shall be examined and monitored by a member of the treating team throughout the restraint period.

3.17.11. Monitoring shall be close or continuous, as determined by the psychiatrist.

3.17.11.1. The treating team shall conduct documented clinical reviews at intervals not exceeding 15 minutes to assess:

3.17.11.1.1. Patient's physical and mental condition

3.17.11.1.2. Ongoing risk to self or others

3.17.11.1.3. The continued need for restraint

3.17.11.1.4. Opportunities for reduction or termination of restraint

3.17.12. The duration of restraint shall not exceed 1 continuous hour.

3.17.13. Renewal of restraint order is only permissible where the patient's condition requires renewal, after examination of the patient and approval by the psychiatrist.

3.17.13.1. A multidisciplinary review shall be undertaken upon each renewal or

extension of restraint order

3.17.13.2. Any renewal of extension of restraint order shall be reported to the medical director or designated executive and subject to documented executive review

3.17.14. Restraint shall be terminated as soon as possible and immediately once the cause for restraint ceases.

3.17.15. The Patient Rights Care Committee shall be notified immediately upon application of restraint.

3.17.16. When restraint is terminated, the patient's representative and the Patient Rights Care Committee shall be notified.

3.17.17. A post-incident debrief shall be conducted with the patient or their representative and involved staff as soon as reasonably practicable following termination of the restraint to identify contributing factors, opportunities to prevent recurrence and any required updates to the patient's care plan

3.17.18. All restraint procedures shall be documented in a dedicated register, use form 6 in appendix 5.

3.18. Seclusion

3.18.1. A mental health patient shall only be secluded in the following cases:

3.18.1.1.To prevent the patient from harming self or others

3.18.1.2.To prevent the patient from attacking property

3.18.2. Seclusion shall be applied in a manner that respects the patient's human dignity and physical safety.

3.18.3. Restraint and seclusion shall not be combined.

3.18.4. Seclusion shall not be used as disciplinary, punitive or behavioral management purposes and shall not be used where there is no underlying medical justification

3.18.5. During seclusion, the facility shall ensure appropriate conditions and necessary means of living, including but not limited to:

3.18.5.1.Suitable clothing and blankets

3.18.5.2.Required nutrition and hydration

3.18.5.3.Use of restrooms when needed

3.18.6. Seclusion requires authorization by a psychiatrist and shall be documented (use form 5 in appendix 5).

3.18.7. The patient shall be examined and monitored by a member of the treating team

throughout the seclusion period.

3.18.8. Continuous monitoring and examination shall be carried out by a member of the therapeutic team throughout the seclusion period.

3.18.9. Monitoring shall be close or continuous, as determined by the psychiatrist.

3.18.9.1. The treating team shall conduct documented clinical reviews at intervals not exceeding 15 minutes to assess:

3.18.9.1.1. Patient's physical and mental condition

3.18.9.1.2. Ongoing risk to self or others

3.18.9.1.3. The continued need for restraint

3.18.9.1.4. Opportunities for reduction or termination of seclusion

3.18.10. The duration of seclusion shall not exceed 6 continuous hours unless the patient's condition requires extension with the psychiatrist's approval. Any extension shall be documented in the relevant records.

3.18.10.1. A multidisciplinary review shall be undertaken upon each renewal or extension of restraint order

3.18.10.2. Any renewal of extension of restraint order shall be reported to the medical director or designated executive and subject to documented executive review

3.18.11. Seclusion shall be terminated immediately once the cause for seclusion ceases.

3.18.12. Upon termination of seclusion, the patient's representative and the Patient Rights Care Committee shall be notified.

3.18.13. A post-incident debrief shall be conducted with the patient or their representative and involved staff as soon as reasonably practicable following termination of the seclusion to identify contributing factors, opportunities to prevent recurrence and any required updates to the patient's care plan

3.18.14. All seclusion procedures shall be documented in a dedicated register, use form 7 in appendix 5.

3.18.15. Seclusion shall take place only in rooms designated for that purpose and compliant with the following requirements:

3.18.15.1. A seclusion room shall be designated for one patient only.

3.18.15.2. The location of the seclusion room shall be determined based on the facility's operational program and shall be near the nursing station to ensure visibility and rapid staff response in emergencies, while ensuring patient privacy.

3.18.15.3. The ceiling height shall not be less than three meters.

3.18.15.4. Entry shall be through a transition corridor or hallway with an entrance to the bathroom, and both doors shall open outward.

3.18.15.5. The width of the room door and bathroom door shall not be less than 1.1 meters.

3.18.15.6. The room door shall include a viewing panel or opening enabling observation and monitoring.

3.18.15.7. Walls and floors shall be lined with materials specifically designed to absorb impacts and preserve patient physical safety. Materials shall be of a type that the patient cannot remove and swallow.

3.18.15.8. Electrical outlets, control switches, and water shut-off valves shall not be within the patient's reach inside the seclusion room. Such controls shall be operated from outside the room.

3.18.15.9. Materials used in the room shall be rated for fire resistance for not less than one hour.

3.18.15.10. The net area of the seclusion room shall be fourteen square meters, excluding the entrance or bathroom.

3.18.15.11. Seclusion rooms shall not contain beds equipped with features for restraining the patient.

3.19. Temporary Discharge (Therapeutic Leave)

3.19.1. The treating physician or delegate may authorize a mental health patient's temporary discharge from the mental health facility based on the recommendation of the multidisciplinary medical team (use form 13 in appendix 5).

3.19.2. Temporary discharge shall be for the period determined by the treating physician.

3.19.3. Temporary discharge may be granted when all of the below conditions are satisfied

3.19.3.1. The patient's mental health condition permits discharge

3.19.3.2. The patient's mental health has improved

3.19.3.3. Discharge does not conflict with the treatment plan

3.19.3.4. Discharge is in the patient's best interest

3.19.3.5. Discharge assists further improvement

3.19.3.6. Discharge does not pose danger to the patient or others

3.19.4. The patient's representative shall undertake to care for the patient and provide the necessary treatment in accordance with the treatment plan while the patient is

temporarily outside the mental health facility.

3.19.5. The treating physician may revoke temporary discharge in the following cases:

3.19.5.1. Evidence from the representative's report that discharge has adversely affected the patient

3.19.5.2. Evidence from the representative's report that the patient's condition has deteriorated.

3.19.6. The representative shall return the patient to the facility before expiry of the authorized period where discharge is revoked.

3.19.7. A patient subject to compulsory admission shall be assessed upon return from temporary discharge to determine the patient's mental condition and set the treatment plan accordingly.

3.19.8. If the patient does not return after expiry of the temporary discharge period, is absent without permission, or absconds, the facility shall contact the patient's representative and the social worker.

3.19.9. If the patient's return cannot be secured after the authorization expires, the facility and treating psychiatrist shall seek police assistance to return the patient to the mental health facility.

3.20. Receiving Patients

3.20.1. The patient representative or referring authority shall receive the patient at the end of the treatment period except in the following cases:

3.20.1.1. Patient can care for self

3.20.1.2. Admission was by public prosecution or court ruling.

3.20.2. If the representative or referring authority refuses to receive the patient, the matter shall be referred to the Public Prosecution to issue a decision obligating whomever it deems appropriate to receive the patient.

3.21. Patient Transfer

3.21.1. A mental health patient shall not be transferred inside or outside the UAE unless the patient's health condition permits transfer, according to a safe mechanism, and based on a medical report from a mental health facility confirming the possibility of transfer in accordance with controls issued by Ministerial decision no. (2) of 2026 'Regarding Controls for the Safe Transfer of Psychiatric Patients'

(Appendix 3).

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

3.22. Death of Mental health patients

3.22.1. In the event of the death of a mental health patient, the facility shall notify the patient's representative.

3.22.2. If notifying the representative is not possible, the facility shall notify the Public Prosecution.

3.22.3. Where a mental health patient subject to compulsory admission procedures for evaluation or admission dies, the facility shall notify the representative and inform the Public Prosecution.

3.23. Complaints, Grievances and Objections

3.23.1. The facility shall allow mental health patients or their representatives to submit complaints without any reduction in the level of care provided.

3.23.2. The Patient Rights Care Committee shall receive complaints, take necessary measures, and decide on them (use form 16 in appendix 5).

3.23.3. The Patient Rights Care Committee shall submit periodic reports to the Oversight and Follow-Up Committee regarding complaints.

3.23.4. The mental health patient or patient's representative has the right to object to the Patient Rights' Care Committee.

3.23.5. The mental health patient or representative may appeal the decision of the Patient Rights Care Committee before the Oversight and Follow-Up Committee in accordance with the controls and procedures specified in the Committee's work system.

3.23.6. The facility director or authorized representative may object to the decisions of the Patient Rights Care Committee within the facility, following the procedures and guidelines in the Committee's operational system.

3.23.7. A grievance or objection does not stop implementation of the decision subject to grievance or objection.

3.23.8. The Oversight and Follow-Up Committee shall decide on the grievance or objection within six working days from the date of grievance or objection (use form 16 in

appendix 5).

3.24. Reporting and Notification Requirements

3.24.1. The facility must maintain a reporting and notification process to ensure that all legally required notifications are made within the prescribed timelines as per table 1

Table 1: Reporting Requirements

Reporting requirement	Reporting Recipient	Timeline	Responsible Party
Compulsory admission for evaluation	Oversight & Follow-Up Committee	Within 7 business days from the admission decision	Healthcare facility administration
Evaluation report from compulsory admission for evaluation	Public Prosecution or competent authority	After evaluation	Healthcare facility administration
Compulsory admission for treatment	Healthcare facility administration	Within 24 hours of 2-psychiatrist decision	Psychiatrist/ clinical team
	Public Prosecution	Within 48 hours	Healthcare facility administration
	Oversight & Follow-Up Committee	Within 7 business days	Healthcare facility administration
Death of mental health patient	Representative; if not possible → Public Prosecution	Upon death	Healthcare facility administration
Death of mental health patient under compulsory evaluation/ treatment	Representative + Public Prosecution	Upon death	Healthcare facility administration
Compulsory Outpatient Therapeutic Care implementation	Oversight & Follow-Up Committee	Within 14 days from the date of implementation	Healthcare facility administration

Restraint application	Patient Rights Care Committee	Immediately upon application	Clinical team
Restraint termination	Representative + Patient Rights Care Committee	Upon termination	Clinical team
Seclusion termination	Representative + Patient Rights Care Committee	Upon termination	Clinical team
Minor discharge refusal by guardian after compulsory admission	Public Prosecution	When guardian refuses custody	Healthcare facility administration
Child protection concern for minor	Child protection unit	If necessary under Wadeema law	Healthcare facility administration

4. Policy Roles and Responsibilities

Stakeholder name	Stakeholder Key Role
Department of Health	- Define standards, monitor compliance, and provide oversight through periodic audits and performance reviews.
Mental Health Facilities	- Assemble Oversight & Follow-Up Committees and Patient Rights Care Committees - Develop internal SOPs for the implementation of the systems outlined in the document - Allocate the required resources for the implementation of this policy - Train their staff on the details pertaining to this policy
All Healthcare Facilities	- Ensure all Emergency Department staff are trained on the details of this policy - Establish workflows and procedures for the management of Mental Health patients within their facilities
Mental Health professionals	- Apply, adhere and comply to the policy

5. Policy Scope of Implementation

The policy applies to all healthcare providers as well as Emergency Departments of all healthcare providers across the Emirate of Abu Dhabi

6. Exempted from Policy Scope

No exemptions apply to this policy

7. Enforcement and Compliance

7.1 DoH may impose sanctions in relation to any breach of requirements under this standard in accordance with the disciplinary regulation of the Healthcare sector

7.2 Any confirmed non-compliances shall be escalated to the Disciplinary Committee for appropriate regulatory action. Health Audit may require the healthcare facility to implement corrective and preventive actions within specified timelines and provide evidence of corrective/improvement measures. Follow-up audits or inspections may be conducted to verify implementation and effectiveness of corrective actions.

8. Monitoring and Evaluation (Key success factors)

8.1 A monitoring and evaluation plan will be implemented to ensure compliance and evaluate the effectiveness of this policy and its components. DoH will serve as the primary regulator for these activities through routine audits and compliance checks utilizing the forms in appendix 7, 8, 9

8.2 DoH shall conduct risk-based and periodic audits to assess healthcare facilities' compliance with the requirements of this Standard and applicable legislation. Including, but not limited to:

8.2.1 Reviewing governance processes

8.2.2 Patient rights protections

8.2.3 Admission and consent procedures

8.2.4 Compulsory admission requirements

8.2.5 Emergency detention processes

8.2.6 Restraint and seclusion practices

8.2.7 Complaints management

8.2.8 Medical records documentation

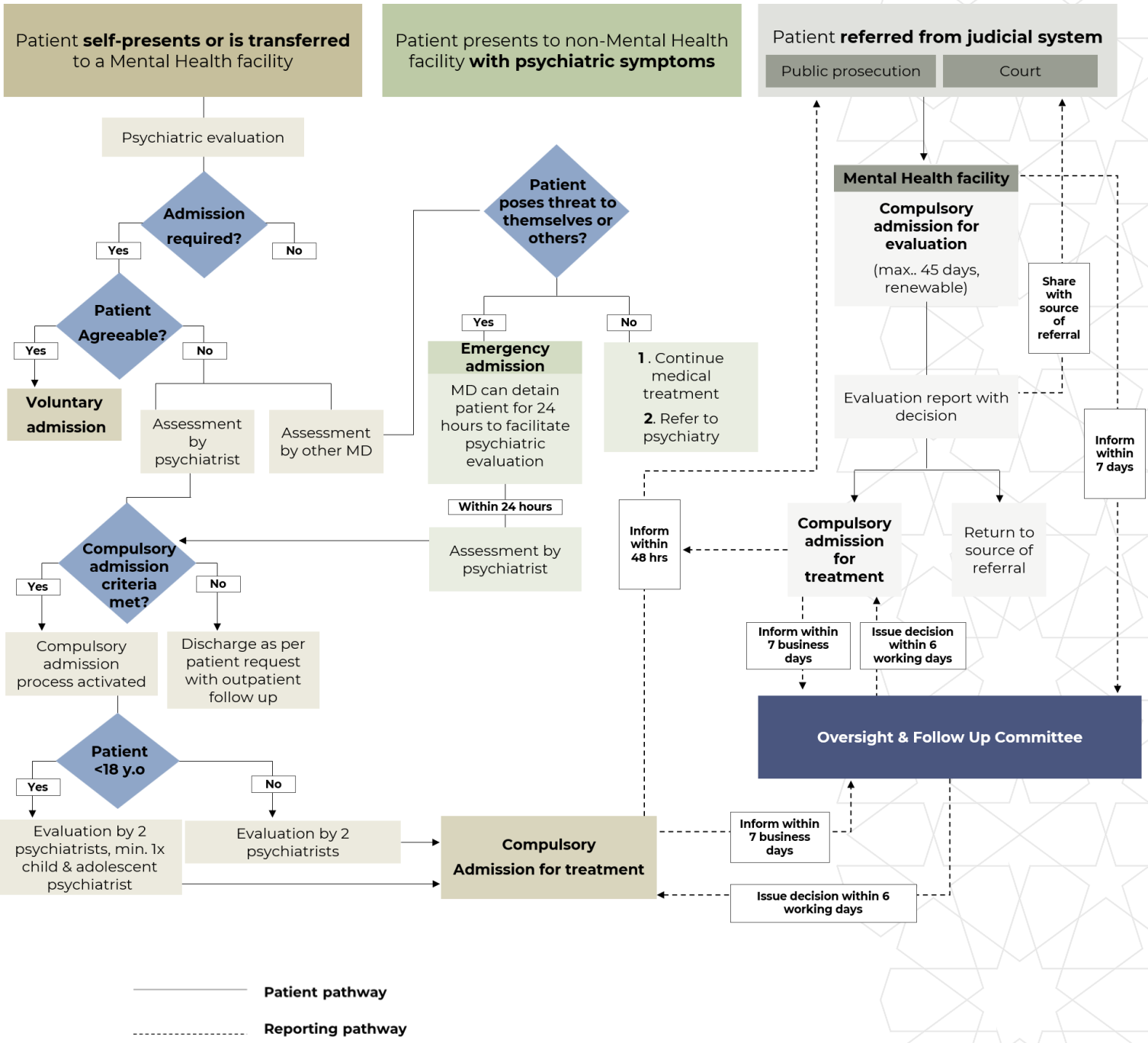
8.2.9 Staff training records

8.2.10 Incident reporting systems

8.3 DoH may evaluate compliance through document reviews, medical record audits, interviews, observations, and on-site inspections. Facilities shall maintain evidence demonstrating compliance, including registers, notifications, consent forms, treatment plans, incident reports, complaint records, and other mandatory documentation specified in this Standard. Audit findings shall be monitored, analyzed, and reported to support continuous quality improvement and regulatory oversight.

5.Relevant Reference Documents			
No.	**Reference Date**	**Reference Name**	**Relation Explanation / Coding / Publication Links**
1.	2023	Federal Law No. 10 of 2023 On Mental Health	https://uaelegislation.gov.ae/en/legislations/
2.	2025	Cabinet Resolution No. 213 of 2025 concerning the executive regulations of federal law no. 10 on Mental Health	https://uaelegislation.gov.ae/en/legislations/
3.	2026	Ministerial Resolution No. (42) of 2026 adopting the forms prescribed under Federal Law No. (10) of 2023 concerning mental health and its executive regulations	https://uaephl.mohap.gov.ae/en/health-policies-and-legislations-advocacy/health-legislations?itemId=e4a121c8-2875-49ff-be68-5046fa93f38b&view=C
4.	2024	Standard for Specialized Mental Healthcare Services	https://www.doh.gov.ae/en/resources/standards
5.	2024	Patient Consent Standard	https://www.doh.gov.ae/en/resources/standards

Appendix 1: Pathways of Admission



Appendix 2: Ministerial Decision No. (6) of 2026
Regarding Controls for the Safe Transfer of Psychiatric Patients

The Minister of Health and Prevention:
Having reviewed:

- **Federal Law No. (1), of 1972 concerning the competencies of ministries and the powers of ministers, as amended;**
- **Federal Decree-Law No. (49), of 2022 concerning Human Resources in the Federal Government and its Executive Regulations;**
- **Federal Law No. (10), of 2023 concerning Mental Health; and**
- **Cabinet Resolution No. (11), of 2021 concerning the organisational structure of the Ministry of Health and Prevention**,

And in the public interest,

Has decided as follows:

Article (1):

A psychiatrist may administer the necessary treatment to a psychiatric patient subject to compulsory admission, whether with or without the patient's consent, in the manner set out in Article (43) of the Law, except for the cases specified in that Article, and except for the following special treatments, for which the consent of the psychiatric patient or the patient's legal representative must be obtained:

(a) Experimental treatments not included in standard treatment protocols.

(b) Advanced interventional treatments, such as:

- Transcranial Magnetic Stimulation (TMS).
- Deep Brain Stimulation (DBS).
- Psychosurgery.
- Hormonal therapy for psychiatric disorders.

Article (2):

This Decision shall be published in the Official Gazette and shall come into force as of the day following the date of its publication.

Ahmed bin Ali Al Sayegh
Minister of Health and Prevention
Issued on: 08/01/2026

Appendix 3: Ministerial Decision No. (2) of 2026
Regarding Controls for the Safe Transfer of Psychiatric Patients

The Minister of Health and Prevention:
Having reviewed:

- **Federal Law No. (1) of 1972 concerning the competencies of ministries and the powers of ministers, as amended;**
- **Cabinet Resolution No. (11) of 2021 concerning the organizational structure of the Ministry of Health and Prevention; and**
- **Federal Law No. (10) of 2023 concerning Mental Health,**

And in the public interest,

Has decided as follows:

Article (1):

First: Safe transfer of psychiatric patients within the State

For the safe transfer of a psychiatric patient within the State, the following shall be observed:

1. A comprehensive medical and psychiatric assessment of the patient shall be conducted to ensure that the patient's health condition permits transfer, in accordance with the prepared report, provided that the report includes any special measures that must be taken, where necessary, during the transfer process.
2. Prior coordination shall take place between the referring facility and the receiving facility to ensure the availability of an appropriate place to receive the psychiatric patient.
3. In cases where the transfer of the psychiatric patient poses a risk to the patient's life or to others, coordination shall be made with the competent security authority to provide the necessary security escort during the transfer. The patient may be restrained during transfer where necessary, in accordance with the legally prescribed controls and conditions governing restraint.
4. In cases referred by judicial authorities and penal/correctional facilities, the approval of the referring authority for the transfer of the psychiatric patient shall be obtained, and coordination shall be made with the competent security authorities to provide the necessary security escort.
5. A properly equipped ambulance, fitted with appropriate safety and protection measures, shall be used.
6. A qualified medical team shall be provided to accompany the psychiatric patient.
7. The rights of the psychiatric patient shall be respected, and the patient shall not be subjected to any inhuman treatment during the transfer process.
8. The confidentiality of information relating to the psychiatric patient shall be maintained.
9. The medical report relating to the case shall be delivered to the receiving facility, with clarification of the procedures taken during transfer.

Second: Safe transfer of psychiatric patients outside the State

For the safe transfer of a psychiatric patient outside the State, the procedures set out under First of this Article shall be observed, in addition to the following:

1. The written consent of the psychiatric patient, or the patient's legal representative, shall be obtained for transfer outside the State.
2. All required travel procedures and documents for travelling outside the State shall be completed.
3. The necessary medications for the psychiatric patient shall be provided during the transfer process.

Article (2): This Decision shall be published in the Official Gazette and shall come into force as of the day following the date of its publication.

Ahmed bin Ali Al Sayegh
Minister of Health and Prevention

Issued on: 6 January 2026

Appendix 4: Ministerial Decision No. (7) of 2026
Regarding Controls for Referring a Psychiatric Patient for Treatment at another Health Facility

The Minister of Health and Prevention:
Having reviewed:
Federal Law No. (1), of 1972 concerning the competencies of ministries and the powers of ministers, as amended;
Federal Decree-Law No. (49), of 2022 concerning Human Resources in the Federal Government and its Executive Regulations;
Federal Law No. (10), of 2023 concerning Mental Health; and
Cabinet Resolution No. (11), of 2021 concerning the organizational structure of the Ministry of Health and Prevention.

And in the public interest,

Has decided as follows:

Article (1):

A psychiatric patient receiving compulsory treatment in outpatient clinics, or the patient's representative, may request that the patient's treatment be transferred to an outpatient clinic at another mental health facility or to a private clinic, in accordance with the following procedures:

- Submission of an official written request by the psychiatric patient or the patient's legal representative to transfer the patient to another mental health facility or to a private clinic.
- The request shall include the psychiatric patient's full details, the reason for the transfer, and the details of the facility or clinic to which transfer is requested.
- Assessment of the psychiatric patient's condition to ensure stability and that the transfer will not adversely affect the stability of the patient's condition or interrupt the patient's treatment. If it is expected that the transfer will adversely affect the patient's mental health, the mental health facility shall advise the psychiatric patient of the medical recommendation and clarify that continuing treatment follow-up at the facility is the better option for the patient. If the patient does not agree, the matter shall be referred to the Monitoring and Follow-up Committee to take the appropriate decision in this regard.
- Preparation of a medical report on the case, setting out the future treatment plan.
- Communication with the facility or clinic to which transfer is requested, and verification that the necessary treatment services are available for the psychiatric patient.
- Sending a copy of the psychiatric patient's medical file to the health facility or clinic to which transfer is requested.
- Providing the psychiatric patient and the patient's representative with a copy of the medical report and the treatment plan.
- Recording the procedures taken in the psychiatric patient's medical file.
- Any other procedures deemed necessary by the health facility, provided that they do not conflict with the provisions of the Law and its Executive Regulations.

Article (2):

This Decision shall be published in the Official Gazette and shall come into force as of the day following the date of its publication.

Ahmed bin Ali Al Sayegh
Minister of Health and Prevention

Issued on: 14 January 2026

Appendix 5: Forms for use to apply the Laws and regulations of Federal Law No. (10) of 2026 Regarding Mental Health

Form No.	Arabic Form Name	English Form Name
1	نموذج طلب مساعدة الشرطة والإسعاف	Police and Ambulance Assistance Request Form
2	نموذج الرعاية العلاجية الإلزامية الخارجية	Compulsory Outpatient Therapeutic Care Form
3	نموذج استدعاء المريض النفسي للعلاج الإلزامي في المنشأة الصحية النفسية	Recalling the Mental Health Patient for Compulsory Treatment at a Mental Health Facility Form
4	نموذج تقييد المريض النفسي	Mental Health Patient Restraint Form
5	نموذج عزل المريض النفسي	Mental Health Patient Seclusion Form
6	نموذج سجل تقييد المريض النفسي	Mental Health Patient Restraint Register
7	نموذج سجل عزل المريض النفسي	Mental Health Patient Seclusion Register
8	نموذج الدخول الطارئ والتحفظ على المريض من قبل الطبيب غير المختص في الصحة النفسية في أي منشأة صحية	Emergency Admission and Detaining by a Non-Psychiatric Physician at Any Health Facility Form
9	نموذج التحفظ على شخص تبدو عليه عوارض اضطراب نفسي	Detaining a Person Appearing to Have Symptoms of a Psychiatric Disorder Form
10	نموذج المنع من خروج المريض النفسي الطوعي من المنشأة الصحية النفسية	Preventing a Voluntary Mental Health Patient from Discharging Form
11	نموذج الدخول الإلزامي للتقييم	Compulsory Admission for Evaluation Form
12	نموذج الدخول الإلزامي للعلاج	Compulsory Admission for Treatment Form
13	نموذج تصريح الخروج بصفة مؤقتة	Temporary Discharge (Therapeutic Leave) Permit Form
14	نموذج تحويل المريض النفسي للعلاج	Transfer of Mental Health Patient for Medical Treatment Form
15	نموذج العلاج الطارئ	Emergency Treatment Form
16	نموذج التظلم والاعتراض	Grievance and Objection Form

Form 1: Police and Ambulance Assistance Request Form نموذج طلب مساعدة الشرطة والإسعاف

Health facility and police information **بيانات المنشأة الصحية والشرطة**			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
اسم مركز الشرطة	Name of police station		
عنوان مركز الشرطة والبريد الإلكتروني	Address of police station & e-mail		
Patient information **بيانات المريض**			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد /العمر التقديري	Date of birth / estimated age		
رقم الهوية الإماراتية، إن وجد	Emirates ID number, if available		
رقم جواز السفر، إن وجد	Passport number, if available		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
تاريخ ووقت الطلب	Date and time of request		
Patient representative information **بيانات ممثل المريض**			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical information **البيانات الطبية**			
التاريخ الطبي النفسي للمريض	Psychiatric history	Known psychiatric history ☐ Yes ☐ No	
		يعرف عنه وجود مرض نفسي ☐ نعم ☐ لا	
وصف وتاريخ المرض النفسي إن وجد/ اعراض الإضطراب النفسي	Description and history of psychiatric condition		

تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس
		Risk to others الخطورة على الأخرين
Physician information بيانات الطبيب		
اسم الطبيب	Physician name	
الرقم الوظيفي/ رقم الترخيص	Physician license number	
الدرجة الوظيفية	Physician title/ grade	
توقيع الطبيب	Physician signature	

Form 2: Compulsory Outpatient Therapeutic Care Form نموذج الرعاية العلاجية الإلزامية الخارجية

Health facility information **بيانات المنشأة الصحية**			
اسم المنشأة الصحية			
عنوان المنشأة الصحية			
رقم الترخيص			
البريد الألكتروني			
رقم الهاتف			
Patient information **بيانات المريض**			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number, if available		
تاريخ الميلاد	Date of birth		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
التاريخ ووقت التوصية بالرعاية الإلزامية	Date and time of compulsory treatment recommendation		
Medical recommendation **التوصية الطبية**			
سبب طلب الرعاية العلاجية الخارجية الإلزامية	Reason for compulsory outpatient therapeutic care	☐ Patient requires treatment continuation without admission ☐ Stopping treatment would cause deterioration and can cause harm to the patient or to others	☐ حالة المريض تستدعي استمرار علاجه دون حاجة لدخوله إلى المنشأة الصحية النفسية ☐ توقف العاج سيؤدي إلى تدهور حالة المريض النفسي و يشمل هذا التدهور حدوث خطورة على نفسه أو على نفسه أو على الأخرين
		Treating physician's impression:	رأي الطبيب المعالج:

تشخيص المريض	Patient diagnosis		
نوع التشخيص	Diagnosis type	☐ Preliminary ☐ Final	☐ أولي ☐ نهائي
طبيعة المرض	Illness classification	☐ Chronic ☐ Acute ☐ Chronic-relapse	☐ مزمن – مستقر ☐ حاد ☐ مزمن - في انتكاسة
نوع العلاج	Treatment type	☐ Treatment at patient residence ☐ Treatment through mental health outpatient clinics	☐ العلاج بمحل إقامة المريض ☐ العلاج عن طريق العيادات الخارجية النفسية
تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس	
		Risk to others الخطورة على الأخرين	
الخطة العلاجية	Treatment Plan	Including medication and dosage مع ذكرالأدوية الموصوفة والجرعات اللازمة	
Physician information بيانات الطبيب			
اسم الطبيب	Physician name		
توقيع الطبيب	Physician signature		
الرقم الوظيفي/ رقم الترخيص	Physician license number		
الدرجة الوظيفية	Physician title / grade		
Patient representative information بيانات ممثل المريض			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
تاريخ الميلاد	Date of birth		

رقم الهوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Address		
تعهد ممثل المريض النفسي	Undertaking patient's representative	I, _____, the undersigned in my capacity as the representative of the mental health patient whose details are stated above, undertake to follow up on the patient's treatment outside the mental health facility and ensure their attendance at the appointments determined by the treating physician and specified in the treatment plan above. I shall also be responsible for monitoring the patient's continued compliance with taking the prescribed treatment at its scheduled times. I further undertake to notify the hospital/ mental health facility of any events requiring reporting, such as refusal to take treatment, occurrence of side effects from treatment or deterioration in the patient's condition. Signature_____	اتعهد انا _____ الموقع ادناه بصفتي ممثل المريض النفسي الموضحة بياناته أعلاه بأن أقوم بمتابعة علاجه خارج المنشأة الصحية النفسية وإحضاره في المواعيد التي يحددها الطبيب المعالج والمبنية بخطة العلاج الموضحة أعلاه و أكون مسؤولا عن متابعة استمرار انتظامه في تناول العلاج الموصوف له في مواعيده و أتعد بإبلاغ المستشفى / المنشأة الصحية النفسية بأية أحداث تتطلب الإبلاغ عنها مثل امتناعه عن تناول العلاج / حدوث آثار جانبية من العلاج / تدهور حالة المريض النفيسي توقيع الممثل_____

Cases of compulsory admission by judicial authorities		**حالات الإيداع من السلطات القضائية**
اسم جهة الإيداع	Name of entity requesting involuntary admission	
تاريخ الإيداع	Date of involuntary admission	
مدة الإيداع	Duration of involuntary admission	
تاريخ الموافقة على العلاج الإلزامي خارج المنشأة الصحية النفسية	Date of approval for compulsory outpatient therapeutic care	

Cases of re-admission of mental health patients for compulsory admission in mental health facility **حالات إعادة المريض النفسي للعلاج الإلزامي داخل المنشأة الصحية النفسية**		
تاريخ استدعاء المريض النفسي	Date of summoning mental health patient	
تاريخ إحضار المريض النفسي	Date of presenting mental health patient to facility	
اسم الطبيب النفسي المعالج	Name of treating physician	

Form 3: Recalling the Mental Health Patient for Compulsory Treatment at a Mental Health Facility نموذج استدعاء المريض النفسي للعلاج الإلزامي في المنشأة الصحية النفسية

Health facility information **بيانات المنشأة الصحية**			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information **بيانات المريض**			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
التاريخ والوقت عند الطلب	Date and time of compulsory admission order		
Patient representative information **بيانات ممثل المريض**			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation **التوصية الطبية**			
تاريخ التوصية الطبية بالعلاج خارج المنشأة الصحية النفسية	Date of recommendation of outpatient treatment		
التشخيص	Diagnosis		

اسم الطبيب الموصي بالعلاج خارج المنشأة الصحية النفسية	Name of physician who recommended outpatient treatment	
أسباب استدعاء المريض	Reasons for summoning patient	
تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس
		Risk to others الخطورة على الأخرين
اسم الطبيب الموصي بالإستدعاء	Name of physician recommending summoning the patient	
تاريخ الإستدعاء	Date of summoning patient	
تاريخ موافقة السلطة المختصة بالإيداع على الإستدعاء إن وجدت	Date of competent authority approval for procedure of summoning patient	
عدد مرات الإستدعاء السابقة	Number of previous summons	
Physician information	**بيانات الطبيب**	
اسم الطبيب	Physician name	
توقيع الطبيب	Physician signature	
رقم الترخيص	License number	
الدرجة الوظيفية	Physician title/ grade	

Form 4: Mental Health Patient Restraint Form نموذج تقييد المريض النفسي

Health facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information بيانات المريض			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
التاريخ والوقت عند الطلب	Date and time of order		
Patient representative information بيانات ممثل المريض			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation التوصية الطبية			
تاريخ دخول المنشأة الصحية	Date of admission		
التشخيص الطبي	Diagnosis		

سبب تقييد المريض النفسي	Reason for restraint	☐ Prevent patient from self-harm ☐ Prevent patient from harming others ☐ Prevent property damage	☐ منع المريض من إيذاء نفسه ☐ منع المريض من إيذاء الآخرين ☐ منع المريض من إتلاف الممتلكات
اسم الطبيب طالب إجراء التقييد	Name of physician requesting restraint		
صفة طبيب طالب إجراء التقييد	Title of physician requesting restraint		
رقم الترخيص	License No. of physician requesting restraint		
تاريخ ووقت التقييد	Date and time of start of restraint		
تاريخ ووقت إنهاء التقييد	Date and time of end of restraint		
تاريخ ووقت إبلاغ لجنة رعاية حقوق المرضى	Date and time of notifying Patient Rights Care Committee		
توقيع الطبيب	Physician signature		
Restraint in emergency cases التقييد في الحالات الطارئة			
اسم الممرض المسؤول طالب الإجراء	Name of nurse requesting order		
رقم الترخيص	License no.		
توقيع الممرض	Nurse signature		
أسماء الفريق القائم بتنفيذ التقييد	Names of team members performing restraint order	1. 2. 3. 4.	
توقيع الفريق القائم بتنفيذ التقييد	Signatures of team members performing restraint order	1. 2. 3. 4.	

Restraint must not exceed one hour مدة التقييد لا تتجاوز ساعة واحدة 1 فقط

A nurse may restrain only in emergency cases and in absence of psychiatrist authorization, subject to legal controls. لا يجوز للممرض تقييد المريض النفسي إلا في الحالات الطارئة وفي عدم وجود تصريح من الطبيب النفسي و بشرط توفر شروط التقييد المشار إليه أعلاه

Form 5: Mental Health Patient Seclusion Form نموذج عزل المريض النفسي

Health facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information بيانات المريض			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
التاريخ والوقت عند الطلب	Date and time of order		
Patient representative information بيانات ممثل المريض			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation التوصية الطبية			
تاريخ دخول المنشأة الصحية	Date of admission		
التشخيص الطبي	Diagnosis		

سبب عزل المريض النفسي	Reason for seclusion	☐ Prevent patient from self-harm ☐ Prevent patient from harming others ☐ Prevent property damage	☐ منع المريض من إيذاء نفسه ☐ منع المريض من إيذاء الآخرين ☐ منع المريض من إتلاف الممتلكات
اسم الطبيب طالب إجراء العزل	Name of physician requesting seclusion		
صفة طبيب طالب إجراء العزل	Capacity of physician requesting seclusion		
رقم الترخيص	License No. of physician requesting seclusion		
تاريخ ووقت العزل	Date and time of start of seclusion		
تاريخ ووقت إنهاء العزل	Date and time of end of seclusion		
تاريخ ووقت إبلاغ ممثل المريض	Date and time of notifying patient's representative		
تاريخ ووقت إبلاغ لجنة رعاية حقوق المرضى	Date and time of notifying Patient Rights Care Committee		
توقيع الطبيب	Physician signature		
Seclusion in emergency cases العزل في الحالات الطارئة			
اسم الممرض المسؤول طالب الإجراء	Name of nurse requesting order		
رقم الترخيص	License no.		
توقيع الممرض	Nurse signature		
أسماء الفريق القائم بتنفيذ العزل	Names of team members performing restraint order	1. 2. 3. 4.	
توقيع الفريق القائم بتنفيذ العزل	Signatures of team members performing restraint order	1. 2. 3. 4.	

Seclusion must not exceed six (6) hours مدة العزل لا تتجاوز 6 ساعات فقط

A nurse may restrain only in emergency cases and in absence of psychiatrist authorization, subject to legal controls.

لا يجوز للممرض عزل المريض النفسي إلا في الحالات الطارئة وفي عدم وجود تصريح من الطبيب النفسي و بشرط توفر شروط العزل المشار إليه أعلاه

Form 6: Mental Health Patient Restraint Register نموذج سجل تقييد المريض النفسي

Patient information **بيانات المريض**			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
التاريخ والوقت عند الطلب	Date and time of order		
Patient representative information **بيانات ممثل المريض**			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation **التوصية الطبية**			
تاريخ دخول المنشأة الصحية	Date of admission		
التشخيص الطبي	Diagnosis		
سبب تقييد المريض النفسي	Reason for restraint	☐ Prevent patient from self-harm ☐ Prevent patient from harming others ☐ Prevent property damage	☐ منع المريض من إيذاء نفسه ☐ منع المريض من إيذاء الآخرين ☐ منع المريض من إتلاف الممتلكات
اسم الطبيب طالب إجراء التقييد	Name of physician requesting restraint		

تاريخ ووقت التقييد	Date and time of start of restraint	
تاريخ ووقت إنهاء التقييد	Date and time of end of restraint	
تاريخ ووقت إبلاغ لجنة رعاية حقوق المرضى	Date and time of notifying Patient Rights Care Committee	
اسم الممرض طالب التقييد في الحالات الطارئة	Name of nurse requesting restraint in emergency cases	

Form 7: Psychiatric Patient Isolation / Seclusion Register نموذج سجل عزل المريض النفسي

Patient information بيانات المريض			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
التاريخ والوقت عند الطلب	Date and time of order		
Patient representative information بيانات ممثل المريض			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation التوصية الطبية			
تاريخ دخول المنشأة الصحية	Date of admission		
التشخيص الطبي	Diagnosis		
سبب عزل المريض النفسي	Reason for seclusion	☐ Prevent patient from self-harm ☐ Prevent patient from harming others ☐ Prevent property damage	☐ منع المريض من إيذاء نفسه ☐ منع المريض من إيذاء الآخرين ☐ منع المريض من إتلاف الممتلكات
اسم الطبيب طالب إجراء العزل	Name of physician requesting seclusion		
تاريخ ووقت العزل	Date and time of start of seclusion		

تاريخ ووقت إنهاء العزل	Date and time of end of seclusion	
تاريخ ووقت إبلاغ لجنة رعاية حقوق المرضى	Date and time of notifying Patient Rights Care Committee	
اسم الممرض طالب العزل في الحالات الطارئة	Name of nurse requesting restraint in emergency cases	

Form 8: Emergency Admission and Detaining by a Non-Psychiatric Physician at Any Health Facility نموذج الدخول الطارئ والتحفظ على المريض من قبل الطبيب غير المختص في الصحة النفسية في أي منشأة صحية

Healthcare facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information بيانات المريض			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج اخر
التاريخ والوقت عند الدخول	Date and time of admission		
Person who brought patient to healthcare facility's information بيانات من احضر المريض إلى المنشأة الصحية			
اسم من احضر المريض إلى المنشأة الصحية	Name of person who brought patient to healthcare facility		
صفة من احضر المريض إلى المنشأة الصحية	Relationship of person who brought patient to healthcare facility		
توقيع من احضر المريض إلى المنشأة الصحية	Signature of person who brought patient to healthcare facility		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation التوصية الطبية			
تاريخ و وقت الوصول إلى قسم الطوارئ	Date and time of arrival to emergency department		
التشخيص الطبي المبدئي	Preliminary diagnosis		

اعراض الاضطرابات النفسية الملحوظة	Visible psychiatric symptoms	
الفحص الاكلينيكي لحالة المريض النفسية	Mental health clinical evaluation	
تاريخ و وقت الدخول الطوارئ	Date and time of emergency admission	
تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس
		Risk to others الخطورة على الأخرين
Physician information بيانات الطبيب		
اسم الطبيب	Physician name	
توقيع الطبيب	Physician signature	
رقم الترخيص	License number	
الدرجة الوظيفية	Physician title/ grade	

Validity ends after 24 hours from holding or upon psychiatrist attendance.

تنتهي فترة سريان قرار الدخول الطارئ والتحفظ على الشخص الذي تظهر عليه اعراض الاضطراب النفسي من قبل الطبيب غير المختص في الصحة النفسية بانقضاء 24 ساعة من وقت التحفظ او بحضور الطبيب النفسي

Form 9: Detaining a Person Appearing to Have Mental Health Symptoms

نموذج التحفظ على شخص تبدو عليه عوارض اضطراب نفسي

Healthcare facility information **بيانات المنشأة الصحية**			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information **بيانات المريض**			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
تاريخ والوقت عند الطلب	Date and time of request		
Patient representative information **بيانات ممثل المريض**			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation **التوصية الطبية**			
تاريخ دخول المنشأة الصحية	Date of admission to healthcare facility		
تاريخ و وقت طلب التحفظ	Date and time of request for detaining patient		

تاريخ و وقت إبلاغ الطبيب	Date and time of notifying physician		
الامر بالتحفظ	Professional ordering detention	☐ Mental health nurse ☐ Psychologist ☐ Counsellor ☐ Social worker ☐ Occupational therapist	☐ الممرض النفسي ☐ الاختصاصي النفسي ☐ المرشد النفسي ☐ الاختصاصي الاجتماعي ☐ المعالج الوظيفي
تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس	
		Risk to others الخطورة على الأخرين	
اسم الموظف و صفته	Name and title of employee		
توقيع الموظف	Employee signature		
رقم الترخيص	License number		
الدرجة الوظيفية	Professional grade		

Validity ends after 8 hours from holding or upon physician attendance

تنتهي فترة سريان قرار التحفظ على الشخص بانقضاء 8 ساعات من وقت التحفظ او بحضور الطبيب

Form 10: Preventing a Voluntary Mental Health Patient from Discharging

نموذج المنع من خروج المريض النفسي الطوعي من المنشأة الصحية النفسية

Healthcare facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information بيانات المريض			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
تاريخ ووقت طلب خروج المريض الطوعي	Date and time of discharge request		
Person requesting discharge's information بيانات طالب الخروج			
اسم طالب الخروج	Name of person requesting discharge		
صفة طالب الخروج	Relationship of person requesting discharge	☐ Mental health patient ☐ Mental health patient's representative	☐ المريض النفسي ☐ ممثل المريض النفسي
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation التوصية الطبية			
تاريخ و وقت طلب خروج المريض الطوعي	Date and time of voluntary patient's discharge request		

الفحص الاكلينيكي لحالة المريض النفسية	Mental health clinical evaluation (must include patient's level of awareness, capacity, insight and ability to manage affairs independently)		
تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس	
		Risk to others الخطورة على الأخرين	
تشخيص المريض	Patient diagnosis		
نوع التشخيص	Diagnosis type	☐ Preliminary ☐ Final	☐ أولي ☐ نهائي
أسباب المنع من الخروج والإحالة إلى التقييم للدخول الإلزامي	Reasons for detaining/ denying discharge and referral for compulsory admission evaluation		
تاريخ و وقت بداية المنع من الخروج	Patient detention/ denying discharge start time and date		
تاريخ و وقت انتهاء المنع من الخروج	Patient detention/ denying discharge end time and date		
Physician information بيانات الطبيب			
اسم الطبيب	Physician name		
توقيع الطبيب	Physician signature		
رقم الترخيص	License number		
الدرجة الوظيفية	Physician title/ grade		

Period must not exceed 72 hours pending evaluation by two psychiatrists for evaluation

تسري صلاحية المنع من الخروج لمدة لا تتجاوز 72 ساعة او حضور طبيبين نفسيين للتقييم

Form 11: Compulsory Admission for Evaluation Form نموذج الدخول الإلزامي للتقييم

Healthcare facility information **بيانات المنشأة الصحية**			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Information of patient/ individual referred **بيانات المريض/ الشخص المحال للتقييم**			
اسم الشخص المحال للتقييم بالكامل	Full name of referred individual		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
توقيع الشخص المحال للتقييم	Signature of individual referred for evaluation		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
Information of entity requesting evaluation **بيانات الجهة طالبة التقييم**			
اسم الجهة	Name of entity requesting evaluation		
ارقام التواصل	Contact details		
البريد الألكتروني	e-mail		
تاريخ الطلب	Date of request for evaluation		
بيانات المستندات الداعمة الواردة من الجهة الطالبة	Available supporting documents from requesting entity		
تاريخ الطلب	Date of request		
Information of representative of patient/ individual referred **بيانات ممثل المريض/ الشخص المحال للتقييم**			
اسم ممثل الشخص المحال للتقييم	Representative of individual referred for evaluation's name		
صفة ممثل الشخص المحال للتقييم	Representative of individual referred for evaluation's relationship		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		

عنوان السكن	Residential address	
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number	
تاريخ ابلاغ الشخص المحال للتقييم او ممثله إذا كانت حالته لا تسمح	Date of notifying referred individual or his/her representative (if individual's condition does not permit)	
توقيع ممثل الشخص المحال للتقييم إذا كانت حالة الشخص/ المريض لا تسمح	Signature of representative of individual referred (if the individual/patient's condition does not permit)	
Medical recommendation التوصية الطبية		
تاريخ ابلاغ لجنة الرقابة والمتابعة	Date of notifying Oversight and Follow Up Committee	
تاريخ الدخول الى المنشأة الصحية النفسية	Date of admission to mental health facility	
تاريخ و وقت الخروج من المنشأة الصحية النفسية	Date and time of discharge from mental health facility	
أسباب طلب تمديد فترة الدخول الإلزامي للتقييم اذا تطلب الأمر ذلن	Reasons for extending involuntary admission for evaluation period, if required	
مدة التمديد الموصى بها	Duration of extension period requested	
تاريخ و وقت طلب التمديد	Date and time of request for extension	
موافقة الجهة طالبة التقييم و تاريخها	Date and approval of entity requesting evaluation	
نتيجة التقييم الطبي	Result of medical evaluation	
Physician information بيانات الطبيب		
اسم الطبيب	Physician name	
توقيع الطبيب	Physician signature	
رقم الترخيص	License number	
الدرجة الوظيفية	Physician title/ grade	

Form 12: Compulsory Admission for Treatment Form نموذج الدخول الإلزامي للعلاج

Healthcare facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information بيانات المريض			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
تاريخ والوقت عند الطلب	Date and time of request		
Patient representative information بيانات ممثل المريض			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation التوصية الطبية			
تاريخ و وقت دخول المنشأة الصحية	Date and time of admission to healthcare facility		
أسباب الدخول الالزامي للعلاج	Reasons for compulsory admission for treatment	☐ Decision issued by Public Prosecution or court	☐ قرار صادر عن نيابة عامة او محكمة مختصة

		☐ Mental health condition that causes risk to patient or others	☐ اضطراب نفسي يسبب خطورة على النفس او على الاخرين
		☐ Serious and imminent risk of deterioration	☐ احتمال تدهور شديد ووشيك لحالة المريض
		☐ Patient refusal of voluntary admission	☐ رفض المريض الدخول الطوعي
		☐ Inability to treat without mandatory admission	☐ تعذر علاج المريض دون إدخاله الزاميا للمنشأة الصحية النفسية
الفحص الاكلينيكي لحالة المريض النفسية	Mental health clinical evaluation (must include patient's level of awareness, capacity, insight and ability to manage affairs independently)		
الخطة العلاجية	Treatment plan		
تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس	
		Risk to others الخطورة على الأخرين	
تاريخ ووقت طلب الدخول الالزامي للعلاج	Date and time of compulsory admission for treatment order		
تاريخ ووقت إبلاغ إدارة المنشأة الصحية النفسية	Date and time of notifying the administration of the mental health facility		
Physician information بيانات الطبيب			
اسم الطبيب 1	Physician 1 name		
توقيع الطبيب 1	Physician 1 signature		
رقم الترخيص 1	License 1 number		
الدرجة الوظيفية 1	Physician 1 title/ grade		
اسم الطبيب 2	Physician 2 name		
توقيع الطبيب 2	Physician 2 signature		
رقم الترخيص 2	License 2 number		
الدرجة الوظيفية 2	Physician 2 title/ grade		

Facility administration must be notified within 24 hours.

يتعين ابلاغ إدارة المنشأة الصحية النفسية خلال 24 ساعة

Private-facility mandatory admission requires court or Public Prosecution approval.

لا يجوز الدخول الإلزامي في المنشآت الصحية النفسية الخاصة, الا بموافقة المحكمة المختصة او النيابة العامة وفقا للشروط والضوابط التي تقررها هذه الجهات

Treating physician may not terminate mandatory treatment admission for judicially admitted/deposited patients.

يكون دخول المريض النفسي او الشخص الى المنشأة الصحية النفسية لتقييمه, او علاجه طوعاً, او الزامياً, او طارئاً او ايداعاً

Extension of compulsory admission for treatment تمديد الدخول الإلزامي للعلاج		
تاريخ طلب التمديد	Date of extension request	
اسم الطبيب طالب التمديد و رقم ترخيصه	Name and license no. of physician requesting extension	
أسباب طلب التمديد	Reasons for extension request	
مدة التمديد المطلوبة	Duration of requested extension	
توقيع الطبيب طالب التمديد	Signature of physician requesting extension	

قرار اللجنة	Decision of Oversight & Follow-Up Committee		
تاريخ القرار	Date of decision		
نتيجة القرار	Result of decision	☐ Approval ☐ Rejection	☐ الموافقة ☐ الرفض
مدة التمديد في حالة الموافقة	Duration of extension, in case of approval		

Termination of compulsory admission for treatment انهاء الدخول الإلزامي للعلاج		
أسباب انهاء الدخول الالزامي للعلاج	Reasons for terminating compulsory admission for treatment	
تاريخ ووقت انهاء الدخول الالزامي للعلاج	Date and time of termination of compulsory admission for treatment	
التوصية الطبية للمتابعة بعد الخروج	Medical recommendation for follow up after discharge	
اسم الطبيب	Physician name	
توقيع الطبيب	Physician signature	
رقم الترخيص	License number	
الدرجة الوظيفية	Physician title/ grade	

Form 13: Temporary Discharge (Therapeutic Leave) Permit Form نموذج تصريح الخروج بصفة مؤقتة

Healthcare facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information بيانات المريض			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
توقيع المريض	Patient signature		
تاريخ ووقت الخروج المؤقت	Date and time of temporary discharge		
مدة الخروج المؤقت	Duration of temporary discharge		
Patient representative information بيانات ممثل المريض			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation التوصية الطبية			
أسباب الخروج المؤقت	Reasons for temporary discharge		

الخطة العلاجية (مع ذكر الادوية الموصوفة والجرعات اللازمة)	Treatment plan (including prescribed medications and dosages)	
تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس
		Risk to others الخطورة على الأخرين
Physician information بيانات الطبيب		
اسم الطبيب النفسي الموصي بالخروج المؤقت	Name of physician recommending temporary discharge	
توقيع الطبيب المعالج	Signature of treating physician	

If the patient is admitted by a decision of the Public Prosecution or under a judgment or decision of the court, the temporary discharge permit shall not apply to him/her except with the approval of the authority

ان كان المريض مودع بقرار من النيابة العامة او بموجب حكم او قرار من المحكمة المختصة لا يتطبق عليه تصريح الخروج بصفة مؤقتة الا بموافقة الجهة المختصة

Form 14: Transfer of Mental Health Patient for Medical Treatment نموذج تحويل المريض النفسي للعلاج

Healthcare facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information بيانات المريض			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
تاريخ ووقت طلب التحويل	Date and time of transfer request		
سبب التحويل	Reason for transfer		
اسم المنشأة الصحية المحال لها	Name of healthcare facility transferred to		
بيانات المنشأة الصحية المحال لها	Address and contact details of healthcare facility transferred to		
اسم الطبيب طالب التحويل و رقم ترخيصه	Name of referring physician & license no.		
توقيع الطبيب طالب التحويل	Signature of referring physician		
اسم الطبيب مستقبل المريض في المنشأة الصحية الأخرى باستثناء حالات الطوارئ	Name of receiving physician in referred healthcare facility (excluding emergency cases)		
نوع الدخول عند قدومه إلى المستشفى	Type of admission upon arrival to hospital	☐ Voluntary admission ☐ Emergency admission ☐ Compulsory admission for treatment ☐ Compulsory admission for evaluation	☐ دخول طوعي ☐ دخول طارئ ☐ دخول إلزامي للعلاج ☐ دخول إلزامي للتقييم

Patient representative information بيانات ممثل المريض			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
توقيع ممثل المريض	Signature of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical recommendation التوصية الطبية			
الخطة العلاجية النفسية خلال فترة تواجده في المنشأة الصحية الاخرى (مع ذكر الادوية الموصوفة والجرعات اللازمة)	Recommended treatment plan while in referred healthcare facility (including prescribed medications and dosages)		
الفحص الاكلينيكي لحالة المريض النفسية عند الطلب	Mental health clinical evaluation at time of transfer order		
تقييم درجة خطورة المريض	Patient risk assessment	Risk to self الخطورة على النفس	
		Risk to others الخطورة على الأخرين	
درجة الملاحظة المطلوبة	Required level of observation	☐ General observation ☐ Intermittent observation ☐ Observation within eyesight ☐ Observation within arms length	☐ درجة ملاحظة عامة ☐ درجة ملاحظة دورية ☐ درجة ملاحظة تحت البصر الدائم ☐ درجة ملاحظة مسافة ذراع من المريض
Physician information بيانات الطبيب			
اسم الطبيب	Physician name		
توقيع الطبيب	Physician signature		
رقم الترخيص	License number		
لدرجة الوظيفية	Physician title/ grade		

If a patient under compulsory evaluation is transferred for treatment, the facility must notify competent authorities and coordinate police guard/security until admission.

في حالة تحويل المريض النفسي الذي تم دخوله الى المنشأة الصحية النفسية إلزامياً للتقييم إلى منشأة صحية أخرى للعلاج فإنه يتعين على إدارة المنشأة الصحية النفسية ابلاغ الجهات المختصة (النيابة او المحكمة) والتنسيق مع الجهات الشرطية المختصة لتوفير الحراسة اللازمة لنقل المريض النفسي و حراسته حتى عودته

Form 15: Emergency Treatment Form نموذج العلاج الطارئ

Health facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information **بيانات المريض**			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
Medical recommendation **التوصية الطبية**			
تاريخ و وقت دخول المنشأة الصحية النفسية	Date and time of admission to mental health facility		
التاريخ والوقت عند الدخول	Date and time of starting compulsory admission		
التاريخ والوقت عند الطلب	Date and time of commencing emergency treatment		
نوع الدخول الحالي	Type of current admission	☐ Compulsory admission for treatment	☐ دخول الزامي للعلاج
تشخيص المريض	Patient diagnosis		
نوع التشخيص	Diagnosis type	☐ Preliminary ☐ Final	☐ أولي ☐ نهائي
طبيعة المرض	Illness classification	☐ Chronic ☐ Acute ☐ Chronic-relapse	☐ مزمن – مستقر ☐ حاد ☐ مزمن - في انتكاسة

الخطة العلاجية المطروحة	Emergency treatment plan	☐ ECT ☐ Other (with explanation) Explanation:	☐ العلاج بالتخليج الكهربائي ☐ أخرى (مع كتابة توضيح) توضيح:
أسباب طلب العلاج الطارئ	Reasons for emergency treatment	☐ Patient's condition endangers patient life/safety or others' life/safety ☐ Treatment necessary to prevent serious psychiatric deterioration Clarification:	☐ حالة المريض تشكل خطرا على حياته او سلامته او حياة و سلامة الاخرين ☐ العلاج في هذه الحالة حتمي لمنع التدهور الخطير في حالة المريض النفسي توضيح:
Physician information بيانات الطبيب			
اسم الطبيب	Physician name		
توقيع الطبيب	Physician signature		
رقم الترخيص	License number		
الدرجة الوظيفية	Physician title/ grade		

Form 16: Grievance and Objection Form نموذج التظلم والاعتراض

Health facility information بيانات المنشأة الصحية			
اسم المنشأة الصحية	Name of healthcare facility		
عنوان المنشأة الصحية	Address of healthcare facility		
رقم الترخيص	Facility license no.		
البريد الألكتروني	e-mail		
رقم الهاتف	Phone number		
Patient information **بيانات المريض**			
الاسم الكامل للمريض	Full name of patient		
رقم الملف، إن وجد	File number , if available		
تاريخ الميلاد/ العمر التقديري	Date of birth/ estimated age		
الجنس	Gender	☐ Male ☐ Female	☐ ذكر ☐ انثى
رقم الهوية/ جواز السفر لممثل المريض (ان وجد)	Emirates ID or Passport number (if available)		
توقيع المريض او ممثل المريض	Signature of patient or representative		
الحالة الاجتماعية	Social status	☐ Single ☐ Married ☐ Other	☐ اعزب ☐ متزوج ☐ اخر
Patient representative information **بيانات ممثل المريض**			
اسم ممثل المريض	Name of patient's representative		
صفة ممثل المريض	Relationship of patient's representative		
رقم الهاتف	Phone number		
رقم هاتف بديل	Alternative phone number		
عنوان السكن	Residential address		
رقم هوية/ جواز السفر لممثل المريض	Emirates ID or Passport number		
Medical information **البيانات الطبية**			
قرار لجنة رعاية حقوق المرضى المتظلم منه	Decision of Patient Rights Care Committee which was appealed		
تاريخ صدور قرار لجنة رعاية حقوق المرضى	Date of issuing decision by Patient Rights Care Committee		
تاريخ و وقت التظلم	Date and time of grievance		

تاريخ تقديم التظلم للجنة الرقابة و المتابعة	Date grievance presented to Oversight and Follow Up Committee		
أسباب التظلم	Reasons for grievance		
Oversight & Follow Up Committee Decision **قرار لجنة الرقابة والمتابعة**			
تاريخ قرار لجنة رعاية حقوق المرضى	Date of decision of Patient Rights Care Committee about grievance raised		
تاريخ التظلم للجنة الرقابة و المتابعة	Date grievance presented to Oversight and Follow Up Committee		
أسباب التظلم	Reasons for grievance		
قرار لجنة الرقابة و المتابعة بنتيجة بحث التظلم	Decision of Oversight and Follow up Committee		
أسباب قرار لجنة الرقابة و المتابعة	Justification of Oversight and Follow Up Committee's decision		
أسماء و توقيع أعضاء اللجنة	Names and signatures of Committee members	Name: Signature:	الاسم: التوقيع:
		Name: Signature:	الاسم: التوقيع:
		Name: Signature:	الاسم: التوقيع:
		Name: Signature:	الاسم: التوقيع:
		Name: Signature:	الاسم: التوقيع:
		Name: Signature:	الاسم: التوقيع:

Appendix 6: Scenario-Based User Guide for the Use of Required Forms

Scenario	Purpose	Forms to Use
A person appears to have psychiatric symptoms in the community or in a healthcare facility	Identify, assess, detain temporarily or request police/ ambulance support	Forms 1, 8, 9
A voluntary patient becomes unsafe or wants to leave the hospital	Temporarily prevent discharge pending psychiatric review to ensure the safety of patient and/or others	Form 10
A patient becomes acutely unsafe while admitted in the healthcare facility	Apply restraint, seclusion or emergency treatment under strict limits	Forms 4, 5, 6, 7, 15
A patient needs to movement between settings	Temporarily discharge or transfer between mental health facilities	Forms 13, 14
A patient is referred from Public Prosecution	Evaluate or admit for treatment dependent on request	Forms 11, 12
A patient or representative challenges a decision	Submit grievance or objection	Form 16

Appendix 7: Mental Health Facilities Compliance Monitoring System Requirements

Monitoring area	**Minimum control**
Licensing	Annual verification of licence scope, staffing, facility conditions, and Health Authority requirements.
Admission register	Monthly audit of completeness against Executive Regulations Art. 3 fields.
Patient rights	Audit admission files for Patient Bill of Rights copy and explanation note.
Consent	Audit treatment files for capacity, informed consent/refusal, treatment plan, and intervention records.
Compulsory admission	Track statutory deadlines, two-psychiatrist decisions, Public Prosecution notifications, Committee notifications, 45-day expiry, and objections.
Emergency detention	Review all 8-hour and 24-hour emergency detentions for legal criteria and timeliness.
Restraint/seclusion	Case-by-case review for authorization, duration, monitoring, notification, and prohibition on punitive use or combined restraint/seclusion.
Complaints	Track complaint receipt, decision, appeals, and periodic reporting.
Medical file requests	Track requests, releases, refusals, and grievances.
Staff training	Maintain training records on patient rights, consent, admission pathways, emergency procedures, restraint/seclusion, documentation, and reporting.
Incidents and violations	Escalate suspected breaches to facility leadership and legal/regulatory channels as applicable.

Appendix 8: Healthcare Facility Audit Checklist

#	Compliance item	Yes/No	Evidence
1	Facility holds valid licence to provide mental health services.		
2	Licence scope matches actual services delivered.		
3	Required healthcare staff are available according to scope.		
4	Facility maintains auditable records demonstrating that each staff member holds a valid DoH license, is working within their scope of practice, and possesses current clinical privileges.		
5	Engineering/facility requirements submitted and maintained.		
6	Psychiatric patient admission register is maintained.		
7	Register includes all Executive Regulations Art. 3 data fields.		
8	Register retention is at least 25 years from last entry.		
9	Unknown identity patient process exists.		
10	Electronic medical file system is linked to controlled/semi-controlled prescription platform.		
11	Patient Bill of Rights is displayed visibly.		
12	Patient Bill of Rights is provided on admission and filed.		
13	Patient Rights Care Committee established where required.		
14	Complaint log and grievance process maintained.		
15	Voluntary admission written consent process exists.		
16	Preventing discharge process complies with 72-hour rule and two-psychiatrist assessment.		
17	Compulsory admission decisions are documented by two psychiatrists where required.		
18	Public Prosecution and Committee notification logs maintained.		
19	Emergency detention process complies with 24-hour and 8-hour limits.		
20	Consent and capacity documentation process exists.		
21	Treatment plans are fully documented.		
22	Restraint register maintained.		
23	Seclusion register maintained.		
24	Seclusion rooms comply with Annex standards, if used.		
25	Temporary leave process exists.		
26	Death, escape, and non-return escalation pathways exist.		
27	Medical file copy request process exists.		
28	Staff training completed and recorded.		
29	Compliance audits conducted and corrective actions tracked.		

Appendix 9: Documentation Compliance Checklist

Document	Mandatory trigger	Owner
Licence approval	Before service provision	Facility leadership
Patient register	Every patient attendance/admission	Administration
Patient Bill of Rights acknowledgement/copy	Admission	Admissions / medical records
Rights explanation documentation	Admission	Treating team
Voluntary admission consent	Voluntary admission	Treating physician / admissions
Treatment plan	Treatment episode	Psychiatrist
Consent/refusal/withdrawal record	Consent-required treatment	Psychiatrist
Capacity assessment documentation	Consent decision	Psychiatrist
Therapeutic intervention documentation	Every intervention	Treating professional
Compulsory evaluation judicial decision	Compulsory evaluation	Administration
Compulsory admission two-psychiatrist decision	Compulsory treatment	Psychiatrists
Facility administration notification	Compulsory admission decision	Clinical team
Public Prosecution notification	Compulsory treatment admission / death where required	Administration
Committee notification	Compulsory admission / compulsory outpatient care	Administration
Evaluation result report	Compulsory evaluation	Facility administration
Psychiatrist report for preventing discharge	Preventing voluntary patient from leaving	Psychiatrist
Temporary leave authorization	Temporary leave	Treating physician
Representative undertaking	Temporary leave / outpatient care	Representative / administration
Restraint authorization and register	Restraint	Psychiatrist / nursing
Seclusion authorization and register	Seclusion	Psychiatrist / nursing
Monitoring charts	Restraint/seclusion	Nursing / therapeutic team
Complaint record	Complaint	Patients Rights Care Committee
Grievance/appeal record	Appeal or objection	Patient Rights Care Committee / Committee liaison
Medical file copy request register	File copy request	Medical records
Incident report	Escape, absence, abuse, neglect, death, breach	Facility leadership