



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-170900 Involuntary Psychiatric Treatment	Issued: 07/02/01 Effective: 07/02/01	Reviewed: 5/27/26 Revised: 7/5/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Adult Protective Services Act 27-7-14 NMSA 1978, as amended.
Policy *CD-010100*

REFERENCES:

- A. *American Psychiatric Association Practice Guidelines*, 1996.
- B. *Manual of Clinical Psychopharmacology*, 1997.
- C. *American Psychiatric Press Textbook of Psychopharmacology*, 1998.
- D. ACA Standard 5-ACI-6C-08, *Performance Based Standards and Expected Practices for Adult Correctional Institution*, 5th Edition.

PURPOSE:

To establish the Standard of Care for involuntary psychiatric treatment.

APPLICABILITY:

All New Mexico Corrections Department (NMCD) facilities, to includes public and privately operated.

FORMS:

None

ATTACHMENTS:

None

DEFINITIONS:

None

POLICY:

A. **Inmates With a Treatment Guardian:**

1. In routine, non-emergency cases, involuntary psychiatric treatment may be administered with a physician's order if the psychiatric treatment is approved by a court appointed mental health treatment guardian and the psychiatric treatment is clinically necessary to treat a mental disorder.

Mental health treatment guardians are generally used for chronic mentally ill inmates who have been non-compliant with psychiatric treatment. This usually involves psychiatric medications given in an injectable form. Security staff needs to assist nursing staff to give an injection only if the inmate is not cooperative with treatment.

2. The facility psychiatrist is the staff member responsible for determining if a treatment guardian is necessary and requesting a court appointed treatment guardian for mentally ill inmates.
3. The involuntary administration of psychotropic medication(s) to an offender shall be governed by the applicable laws and regulations of the jurisdiction. When administered, the following conditions must be met: **[5-ACI-6C-08]**
 - Authorization is by a physician who specifies the duration of therapy;
 - Less restrictive intervention options have been exercised without success as determined by the physician or psychiatrist;
 - Details are specified about why, when, where, and how the medication is to be administered;
 - Monitoring occurs for adverse reactions and side effects
 - Treatment plan goals are prepared for less restrictive treatment alternatives or less invasive treatment alternatives with return to voluntary treatment, as soon as clinically feasible.

B. Inmates Without a Treatment Guardian:

1. Certain emergency psychiatric conditions require rapid and involuntary psychiatric treatment to prevent serious physical injury or mortality to inmates or others. This requires a physician's order and may include the use of involuntary psychotropic medication injections, therapeutic restraints and therapeutic seclusion.
2. Emergency involuntary psychiatric treatment without a mental health treatment guardian is only temporarily allowed to prevent serious physical injury or mortality. (The inmate must be actively trying to seriously injure himself or others due to the inmate's mental illness and the situation must be considered an emergency medical situation with required intervention in order to prevent serious physical injury or mortality).
3. The emergency involuntary psychiatric treatment chosen must follow the principle of the least intrusive, least drastic and least hazardous psychiatric intervention that is judged to be clinically effective.
4. Cases of grave passive neglect and those cases that do not present the likelihood of serious physical injury or mortality to inmate inmates or others are not an emergency. In this circumstance, involuntary psychiatric treatment would generally not be indicated without first obtaining a court-appointed mental health treatment guardian. These non- emergency cases generally allow sufficient time for obtaining a court appointed mental health treatment guardian before giving involuntary psychiatric treatment.

5. The facility psychiatrist is the staff member responsible for deciding if emergency involuntary psychiatric treatment is clinically appropriate and for determining if a request should be made for a court-appointed mental health treatment guardian.

C. Psychiatric Treatment:

Involuntary psychiatric treatment will be conducted in the facility infirmary area or MTHC and inmates will be monitored for any adverse reactions and side effects.