

LEGAL RIGHTS

OF AN
ADULT RECIPIENT
OF
MENTAL HEALTH SERVICES
IN
NEW MEXICO
June 2001

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TABLE OF CONTENTS

Note: The words and phrases in *italic* throughout this booklet are defined in the Glossary.

INTRODUCTION

When you receive mental health services on an *in-patient* or *out-patient* basis, you have the same rights under the United States Constitution as any other citizen. In addition to your constitutional rights, New Mexico law guarantees the rights described in this booklet. Some of these rights can be limited or taken away, but only when it is believed to be in the interests of effective treatment. Due process of law must be followed before any of your rights can be limited, unless there is a clear emergency.

Throughout this booklet we have attempted to explain what your rights are in New Mexico, which rights can be limited or taken away, and the procedures that must be followed by those who wish to limit or take away a right because they believe it is in your best interests. It is our hope that this information will provide you with the knowledge you need to protect your rights, preserve your dignity, and *advocate* on your own behalf.

It is important to note that the information contained in this booklet refers to your rights as a *voluntary* or *involuntary* patient, but some do not apply to those with *criminal* charges. While many of these rights also apply to treatment in criminal settings, the procedures outlined here are part of our civil (non-criminal) code.

RIGHTS PROTECTION AND ADVOCACY SERVICES

In May of 1986, Congress passed legislation requiring each state to provide protection and advocacy services to persons receiving mental health services in residential facilities. In New Mexico, these services are provided by the Disability Rights New Mexico in Albuquerque. The DRNM is an independent, non-profit agency that has been providing advocacy services to persons in New Mexico with disabilities since 1979.

Mental health advocates at DRNM investigate complaints regarding incidents of abuse or neglect of persons receiving mental health services in hospitals, community residential programs, nursing homes, boarding homes and jails, prisons and forensic settings, or within three months of discharge from such a facility. In addition to physical abuse, mental cruelty, or failure to provide a safe and humane environment, complaints regarding inappropriate or inadequate treatment services can also be reviewed and/or investigated. DRNM staff can assist with issues such as the right to refuse treatment or the exercise of personal rights within a residential treatment program.

As an advocacy agency, DRNM is committed to protecting the rights of recipients of mental health services, and following their wishes wherever reasonable and possible. While it is P & A's policy to use informal methods of negotiation and problem solving first, the agency has the authority to take legal action on behalf of clients.

To request assistance or obtain more information about the legal rights of persons with disabilities, you can contact the **DISABILITY RIGHTS NEW MEXICO AT 256-3100 (ALBUQUERQUE) or 1-800-432-4682 (STATEWIDE TOLL-FREE)**. Protection and Advocacy also has a satellite office in Las Vegas, New Mexico. The number in Las Vegas is 425-5265.

IN-PATIENT RIGHTS

1. Right to DUE PROCESS OF LAW

You have the right to know your rights and to participate in the legal process any time you believe your rights have been taken away or limited either illegally or without good cause. You have the right to speak to a lawyer at any time and to be represented by a lawyer at all court proceedings. If you cannot afford a lawyer one will be appointed for you by the court, free of charge. You may also contact the Disability Rights New Mexico at 256-3100 (Albuquerque) or 425-5265 (Las Vegas) or 1-800-432-4682 (statewide toll-free) whenever you have a question about your rights.

B. Right to A SAFE AND HUMANE ENVIRONMENT

Whether you are a *voluntary* or *involuntary patient*, you have the right to be free from harm, abuse and neglect and to be treated with respect and dignity. In other words, you have the right to a safe and humane environment. This includes:

- a comfortable bed, adequate changes of linen, and reasonable storage space for your personal items;
- reasonable privacy while sleeping, bathing, dressing and taking care of personal hygiene. (Your *physician* can limit this right for your own safety or if it is a necessary part of your therapy. The reason for the limitation must be written in your case record);
- The right to reasonable opportunities for indoor and outdoor physical exercise, with reasonable access to recreational areas and equipment every day, and nourishing, well-balanced, varied and appetizing food.

Right to COMMUNICATE

You have the right to communicate with anyone you choose while an *in-patient* in any *mental health treatment program*. This includes:

private conversations with a lawyer, physician, social worker, psychologist, or member of the clergy, of your choosing, at any reasonable time;

the right to see other visitors daily during visiting hours;

reasonable access to writing materials and stamps and a reasonable amount of help in writing, addressing, and mailing letters (Your mail must be sent out unopened. Any mail addressed to you cannot be opened or read by anyone but you);

reasonable access to a telephone in private, to make and receive local calls (In the case of a personal emergency, you have the right to make reasonable long distance calls); and

writing materials, postage, or telephone calls free of charge, if you cannot afford to pay for them.

Your *physician* can place limitations on your communication rights for good cause related to your therapy. Your right to visit with your lawyer, physician, psychologist, clergy or social worker can never be taken away from you. The reasons for any limitations must be written in your case record. The right to call your attorney cannot be limited at any time.

a **Right to RECEIVE HUMANE AND APPROPRIATE TREATMENT**

You have the right to receive prompt and humane *treatment* for any physical or *psychological* problems you may have regardless of your ability to pay. The *treatment* must be the *least drastic means* available, and the overall goal of your *treatment* should be to help you function independently. Your *treatment* rights include:

a complete physical examination when you are admitted to a *treatment program* (unless you have had one within the last two days) and once every 12 months from then on;

a *treatment plan* developed within 14 days of admission, designed to meet your special needs;

the right to help design and update your *treatment plan* which must include the following:

a description of your problems and needs;

a description of the *least restrictive environment* in which your needs can be met;

treatment goals and how long it might take to meet each goal;

a description of how your *treatment plan* will help you achieve your goals;

assignment of staff members to help you achieve your goals and what else will do to help you; and

what you have to do or accomplish before you can be sent to a *less restrictive environment* or be discharged and how long that might take.

treatment or habilitation plans shall also include the following assessments: mental status exam, intellectual function, psychological function, vocational, social, medication and physical assessments.

YOU ALSO HAVE THE RIGHT

- to be free from unnecessary or unusually large amounts of *medication*;
- to be free from the use of *medication* as punishment, for the convenience of the staff, as a substitution for a *treatment plan*, or in amounts that interfere with achieving the goals in your *treatment plan*; and
- to be free from *seclusion* or *restraint* except when is it necessary to prevent injury to yourself or others, or substantial interference with the relate to prevention, not to past acts. While in *seclusion* or *restraint* you must be checked every 15 minutes and allowed the use of a toilet when needed. You must be allowed to eat and bather at regular times. Your *physician* must write in your *case record* the reasons why *restraint* or *seclusion* is necessary.

1. **The Right to REFUSE OR CONSENT TO TREATMENT**

Unless you have been found *incompetent* by a court of law or you have been found *incapable of informed consent* and have had a treatment guardian appointed, you have the right to refuse or consent to treatment. You have this right even if you have been committed and are an *involuntary patient*.

You have the right to be fully informed about any suggested *treatment* or *therapy* before giving your *consent*. (This includes the use of *medication*.) To be fully informed, you must be told orally or in writing:

the problem for which *treatment* or *therapy* is proposed;

what the *treatment* or *therapy* is and how it works;

the risks and consequences of the *treatment* or *therapy*;

the likelihood that the *treatment* or *therapy* will be successful;

the possible alternatives; and

the consequences of not receiving the *treatment* or *therapy*.

For your *consent* to be valid, you must be able to understand all the information given to you about the *treatment* or *therapy*. Your *consent* must be voluntary, and not obtained by forcing you or threatening you in any way. You have the right to change your mind and withdraw your *consent* for any *treatment* or *therapy* at any time.

Your informed and written *consent* is required for the following *treatments* or *therapies*:

psychosurgery;

convulsive therapy

experimental treatment; or

behavior modification programs using aversive stimuli.

However, if a licensed *physician* believes that giving you *psychotropic medication* is necessary to protect you from serious harm, it can be given to you on an emergency basis without your *consent*. If this is done, the *physician* must write a report in your *case record* that explains the emergency and the reason that giving you *psychotropic medication* without your *consent* was the *least drastic means* of protecting you from serious harm.

Psychotropic medication can be given without *consent* under emergency conditions for only 3 working days. Then you have the right to a court proceeding which will determine if you are legally *competent* to refuse or *consent* to *treatment*. If it is determined by the court that you are not *competent* to make your own *treatment* decisions, a *treatment guardian* will be appointed to make a decision on your behalf.

1. **Right to CONFIDENTIALITY**

It is your right to have all information that is shared with staff or written in your *case record* held in strictest confidence, including the fact that you are receiving or have ever received mental health services. This confidential information cannot be shared with any other individual, *facility*, or agency without your written permission, except under the following circumstances:

- request for the information is made by a *mental health professional* or trainee who needs the information to provide services on your behalf;
- the information is needed to protect against the clear risk that you will seriously hurt yourself or someone else in the very near future (confidential information can be used against you in court);
- the information is demanded by your insurance company before they will pay for *treatment*;
- when the disclosure of information is to your primary caregiver and the information disclosed is for the continuity of your *treatment*.
- **Right to ACCESS YOUR RECORDS**

You have the right to read your *case record*, *treatment plan*, or any information the *facility* or agency has about you and to make copies of that information. You may also add information to your records in order to clarify or correct anything you feel is inaccurate. Your corrections and clarifications must be included any time your record is sent to another person, *facility*, or agency.

Your request to read your records may be denied because your *physician* or other *mental health professional* believes, and has noted in your record, that reading them

would be harmful to you. If you are denied access to your records, you have the right to *petition* the court for an order allowing you to read the *entire* record.

2. **Right to EXERCISE YOUR CIVIL RIGHTS**

Civil rights are basic rights granted to every citizen in our society. You cannot be denied any of your civil rights just because you are being treated in a mental health *treatment program*. You are considered to be legally *competent* to make your own decisions and to manage your own affairs unless you have been found *incompetent* by a court of law. Your civil rights include:

the right to practice the religion of your choice and to receive a reasonable amount of help in getting to nearby religious services;

the right to not follow or participate in the practice of religion;

the right, as a *voluntary patient or client*, to discharge yourself from a mental health *treatment program* at any time. (Sometimes discharging yourself against medical advice can result in a refusal by your insurance company to pay your bill. You should check first with your insurance company.);

the right to vote and to register to vote;

the right to receive, buy, sell, hold or give away your property;

the right to marry, make a will, or enter into any legal contract;

the right to express your opinions;

the right not to be discriminated against in any manner because of your race, color, sex, religion, national origin, age, handicap, degree of disability, or ability to pay.

OUT-PATIENT RIGHTS

If you are receiving mental health services as an *out-patient* from a community mental health center, you have the following rights:

1. to receive a written description of your rights in English or Spanish when requesting services;
2. to receive appropriate *treatment* or *therapy* for your emotional or *psychological* problem;
3. to be fully informed about any proposed *treatment* or *therapy*, including its risks and consequences;
4. to a *treatment plan* to meet your special needs, within 30 days of the date you begin receiving services;

5. to participate in designing and updating your *treatment plan*;
6. the right to have all information that is shared with staff or is written in your *case record* held in strictest confidence, including the fact that you are receiving or have ever received mental health services. This confidential information cannot be shared with any other individual, *facility*, or agency without your written permission except under the following circumstances:
 - o request for the information is made by a *mental health professional* or trainee who needs the information to provide services on your behalf;
 - o the information is needed to protect against the clear risk that you will seriously hurt yourself or someone else in the very near future (confidential information can be used against you in court);
 - o the information is demanded by your insurance company before they will pay for *treatment*;
 - o when the disclosure of information is to your primary caregiver and the information disclosed is for the continuity of your *treatment*.
1. the right to access your records. You have the right to read your *case record*, *treatment plan* or any information the *facility* or agency has about you and to make copies of that information. You may also add information to your records in order to clarify or correct anything you feel is inaccurate. Your corrections and clarifications must be included any time your record is sent to another person, *facility*, or agency. Your request to read your records may be denied if your *physician* or other *mental health professional* believes, and has noted in your record, that reading them would be harmful to you. You have the right to *petition* the court for an order allowing you to read the entire record if access is limited.

CIVIL COMMITMENT

Civil commitment is a court proceeding to determine if it is necessary to send a person involuntarily to a mental health *treatment program* because he or she is believed to have a *mental disorder* that makes him or her a danger to self or others, and will benefit from *treatment*. The court may order that a person believed to be mentally disordered receive a mental health *evaluation* and *treatment* in a mental health *treatment program*.

1. Emergency Involuntary Evaluation and Treatment

A person can be held involuntarily for mental health *evaluation* and *treatment* for up to 7 days before a *civil commitment hearing* is held, if it is an emergency. For a person to be held involuntarily on an emergency basis, a licensed *physician* must determine that:

the person has a *mental disorder*; and

the person will likely inflict bodily harm to self and others in the near future; and

holding the person involuntarily is necessary to prevent that harm.

A police officer may also hold a person on an emergency basis if:

the person could otherwise be arrested; or

the person has just attempted suicide; or

the officer has good reason to believe that the person, because of a *mental disorder*, will inflict serious bodily harm to self or others, and that holding the person involuntarily is necessary to prevent that harm.

If you are held in a jail by the police because they believe you have a *mental disorder*, and you have not been charged with a crime, you have the right:

to be taken to an *evaluation facility* as soon as possible and no later than 24 hours from the time you are taken to jail;

to be separated from other inmates;

to not be identified on records used only to record custody of prisoners;

to be protected from committing suicide; and

to be treated with the respect and dignity that every citizen who is neither accused nor convicted of a crime deserves.

If you have been held for emergency mental health *examination and treatment*, the *physician*, the State of New Mexico, or the *evaluation facility* has 5 days to *petition* the court for a *civil commitment hearing* if they believe you meet those standards. (You have the right to apply to be a *voluntary patient* at any time, but your application may be denied.) While at the *evaluation facility*, you have the right to be told immediately orally or in writing:

the reason you are there;

what will happen if you are committed;

who is asking the court to commit you and why;

that you have the right to a hearing within 7 days;

that you have the right to a lawyer;

that you have the right to be in touch with a lawyer and an *independent mental health professional* of your choosing; and

that you have the right to receive necessary and appropriate *treatment*.

• Non-Emergency Involuntary Evaluation and Treatment

When there is no emergency but it is believed that an adult has a *mental disorder* and is likely to inflict serious bodily harm to self or others, any interested person can request the *district attorney* to investigate and determine if there is good cause to commit that person for a 30-day period. If the *district attorney* determines that good cause exists, a *civil commitment hearing* is requested. The court may then issue a *summons* to the person believed to be mentally disordered to appear at a hearing no less than 5 days from the date of *petition*. The person is required to have a mental health *evaluation* before coming to the hearing. Anyone who does not show up for this *civil commitment hearing* or who did not have a mental health *evaluation* before coming to the hearing, can be held involuntarily at an *evaluation facility* for up to 7 days before another hearing is held.

Change From Voluntary Patient To Involuntary Patient

A *voluntary patient* or *client* in a mental health *treatment program* who decides to leave the program can be held involuntarily at the *facility* if the director of the program or a *physician* believes that the person is a danger to self or others. On the first business day following the person's request to be discharged, the director or *physician* must submit a request to the *district attorney* to begin *civil commitment proceedings*. A *civil commitment hearing* must be held within 5 days from the date of the person's request for discharge.

30-Day Commitment

Once a *petition for civil commitment* has been filed with the court, you and your lawyer must receive a copy. You can make the decision to *waive* your right to a hearing after talking to your lawyer. (If you choose to waive your right to a hearing, you can be involuntarily committed for up to 30 days.) At the *civil commitment hearing* you have the right:

- to be represented by a lawyer;
- to have your side of the story told;
- to have an *independent mental health professional* testify on your behalf;
- to *cross-examine witnesses* testifying in favor of the commitment; and
- to be present at any and all hearings, if you choose,

At this first hearing the court may order commitment for up to 30 days if it is found by *clear and convincing evidence*:

- that the person, because of *mental disorder*, is likely to inflict serious bodily harm to self or others (Serious bodily harm to self can include *grave passive neglect* which may be defined as not taking proper care of oneself, such as not eating, not having proper shelter, or not taking necessary *medication*);

- that the person is likely to benefit from *treatment*; and
- commitment will provide the person with the *treatment* they need and is the *least drastic means* available.

• **Extended Commitment**

Within 21 days of the beginning of the 30 days commitment period, a *physician*, the State of New Mexico, or the *evaluation facility* may *petition* the court for an *extended commitment*. An *extended commitment proceeding* must be held before the end of the 30-day commitment unless you choose to *waive* your right to a court proceeding. (If you give up your right to a court proceeding, you can be involuntarily committed for the extended period.) You have the same rights at this proceeding as you do at a 30-day commitment hearing, plus you have the right:

to request a *jury trial*; and

to *appeal* the decision to a higher court.

After the *extended commitment hearing* the court can order commitment for up to 6 months unless you have been committed twice in a row; commitment can then be for up to one year. When the commitment period ends, you can be held involuntarily only after a new court proceeding. While you are serving a *civil commitment* period, you have all the rights described in this booklet and the same rights as any citizen, except the right to choose where you live and to come and go as you please. You also have the right:

to request the court to re-examine your commitment order at any time. The court must hear your request if at least 60 days have passed since the court last considered your commitment. (A friend or relative can do this for you.);

to apply for *voluntary patient* status; or

to *petition* for a *writ of habeas corpus*. (A *writ of habeas corpus* tests the legality of the original commitment process. It can be used to declare your original commitment invalid if any of the procedures for *civil commitment* were improper. A friend or relative can *petition* for you.)

1. **Convalescent Status**

If the director of the *facility* where you have been committed believes that you have improved and that it is no longer in your best interests to stay at the *facility*, you can be released on *convalescent status*. The director can order that you return to the *facility* any time it is believed that you require *in-patient treatment* again, until the end of your commitment period. If you do not return to the *facility* voluntarily when such an order is made the *facility* may ask the court to hold a hearing and order the police to take you back. Once your commitment period ends, you cannot be ordered to return to the *facility* without a new *civil commitment hearing*.

The director can also officially discharge you from the *facility* while you are released on *convalescent status*. If that is done you cannot be ordered to return even if your commitment period has not ended.

GUARDIANSHIP AND CONSERVATORSHIP

The fact that a person is receiving mental health services, or ever has, does not mean that he or she is *incompetent* or *incapacitated*, nor does being involuntarily committed to a *treatment program* mean that a person is *incompetent* or *incapacitated*. To be found legally *incompetent* or *incapacitated* requires a court proceeding in which the person who believes someone is *incompetent* or *incapacitated* must prove that because of a disability the person is unable to manage his/her affairs, property or financial affairs or both.

If a person is unable to manage his/her property and affairs effectively and there is property which will require protection, a *conservator* may be appointed by a probate court to manage the property for the person. If a person is found by the court to be *incapacitated* and unable to make personal decisions, the court may appoint a *guardian* to make some or all decisions for the *incapacitated* person.

During any guardianship, conservatorship or *competency* proceeding in court, you have the following rights:

- to be represented by a lawyer;
- to have your side of the story told;
- to have your own *independent mental health professional* testify on your behalf;
- to *cross-examine witnesses*;
- to have a private hearing, if you choose; and
- to be present at the proceeding.

A *guardian* or *conservator* may be appointed by the court for a specified period of time or for an indefinite period. A request for this kind of order may be made by informal letter to the judge.

A person can be found *incapacitated* or unable to function in limited areas. A *guardian* or *conservator* is then appointed to make decisions for the person only in the specific areas listed in the *court order*.

If it is believed that a person is not capable of making his/her own treatment decisions, and interested person can *petition* the court for appointment of a *treatment guardian*. The *treatment guardian* has the legal authority to make decisions about the kind of *treatment* the person will receive. Once a *petition* has been filed, there must be a hearing within 3 working days.

A *treatment guardian* can be appointed for a limited amount of time, not to exceed one year. At the end of that appointment a new hearing must be held before the guardian can continue to have the legal authority to make *treatment* decisions. You, your lawyer, your relatives, or your guardian have the right to *petition* the court at any time to end the treatment guardianship.

Before making decisions, the *treatment guardian* is required to consult with you and consider your opinions and any previous decisions you have made under similar circumstances. You, your *physician*, or *mental health professional* have 3 days after hearing the *treatment guardian's* decision, to *appeal* to the court. You have the right to be represented by a lawyer during the *appeal*. The court may overrule the *treatment guardian's* decision if it believes that it is not in your best interests.

GLOSSARY

Advocate: To speak out in support of a position or cause; a person who speaks out in support of a position or cause.

Appeal: To challenge a court decision in a higher court.

Aversive Stimuli: Anything which, because it is believed to be unreasonable, unpleasant, uncomfortable or distasteful, is used to cause a behavior to occur less often (does not include talk therapies, physical restrictions to prevent harm to self or others, or *psychotropic medications* which are not used as punishment).

Behavior modification programs: Programs designed to change a person's behavior, usually by rewarding some types of behavior and punishing or ignoring other types of behavior.

Case record: The written record containing a person's past and current *treatment*, *therapy*, behavior, personal and family history, *evaluations*, and/or *treatment plan*.

Civil commitment: A court order requiring a person to receive mental health *evaluation* and *treatment* as an *in-patient* or *out-patient*.

Civil commitment hearing: A court procedure where it is decided if a person should be sent involuntarily to a mental health *treatment program* because it is believed he or she has a *mental disorder* that makes him/her a danger to self or others.

Clear and convincing evidence: Proof sufficient to persuade a reasonably minded person.

Competency: A person's ability to understand the nature and effect of his/her actions and to make rational decisions.

Competent: Having *competency*.

Consent: Oral or written permission. In order for consent for *treatment* to be sufficient under the law, you must be fully informed as to the problem for which the *treatment* is proposed, a description of the *treatment* and how it works, the risks and consequences of the *treatment*, the likelihood that the *treatment* will be successful, the possible alternatives, and the consequences of receiving no *treatment*.

Conservator: A person appointed by the court to manage the money and/or property for someone who has been found *incompetent* or *incapacitated*.

Convalescent status: When a person who has been committed as an *in-patient* in a *treatment program* is given permission to leave by the director of the program before the commitment period has ended.

Convulsive therapy: Electric shock or insulin coma shock treatments.

Court order: A judge's ruling, usually in written form.

Cross-examine: To question a *witness* in court who has testified for the other side.

District attorney: A lawyer elected or appointed to serve the people within a certain geographical area as prosecutor for the state.

Due process of law: A general principle of law which guarantees that certain procedures must be followed before a person's rights or property can be taken away.

Evaluation: The observation, testing, and diagnosis of persons believed to have a *mental disorder* by a *mental health professional*; and/or the written report of such findings.

Evaluation facility: A community mental health program, a medical *facility* having psychiatric services available, the Las Vegas Medical Center, or if none of these is reasonably available or appropriate, the office of a licensed *physician*.

Experimental treatment: Any mental health *treatment* which may present significant risk of physical harm (does not include accepted *treatment* used in competent practice of medicine and psychology and supported by scientifically acceptable studies.)

Extended commitment proceeding: A court hearing or *jury trial* where *extended commitment* is decided.

Facility: The place that serves to house a *treatment program*.

Grave passive neglect: Not taking proper care of yourself to the extent that your life is in some danger.

Guardian: A person appointed by the court to make decisions as to care, custody, and control of a person who has been found to be *incapacitated* (or is a minor).

Incapacitated: To be unable, because of a disability, to make and communicate decisions.

Incompetent: Lacking the ability to understand the nature and effect of one's actions and to make rational decisions.

Independent mental health professional: A *mental health professional* who is not associated with the person, party, program or agency that is bringing court action against a person.

In-patient: a person receiving mental health services while living in a hospital, nursing home, or community residential program such as a halfway house or transitional home.

Involuntary patient or client: A person who is ordered by the court to receive mental health services either as an *in-patient* or *out-patient*.

Jury: A group of impartial people assigned at a *trial* or hearing to make the final decision based on the facts that have been presented in the case.

Least drastic means: The legal requirement that a person's *treatment* be no more harsh, hazardous or intrusive than is necessary to protect the person from harm; the least restriction of a person's physical movements (care should be provided as close as possible to a person's home).

Least restrictive environment: The setting or place that causes the least change to a person's normal pattern of living and working which is at the same time effective in meeting that person's needs (It should be as close as possible to the person's home).

Medication: Medicine; drugs.

Mental disorder: A substantial disorder of a person's emotional processes, thought, or ability to learn which seriously impairs judgment, behavior, or capacity to recognize reality.

Mental health professional: A *physician* or other professional who by training or experience is qualified to provide mental health services.

Out-patient: A person receiving mental health services from a community mental health center, a private psychiatrist, or any other *mental health professional* while living independently, with friends or relatives, or in a boarding home.

Petition: A written document submitted to the court asking that the court take a specific action.

Physician: A medical doctor, including a psychiatrist.

Psychological: Involving the mind or emotions.

Psychosurgery: Surgery on the brain to control or change thoughts, emotions, and/or behavior.

Restraint: A device or means of limiting or restricting a person's movement or behavior.

Seclusion: Separation from others; isolation.

Summons: An official order to appear in court.

Testify: To make an official statement in court after swearing to tell the truth.

Therapy: *Treatment* of illness, disability, or *psychological* problems.

Treatment guardian: A person appointed by the court to make *treatment* decisions for someone found by the court incapable of making or expressing informed treatment decisions.

Treatment plan: The specific course of action to be taken to help a person achieve *treatment* goals, move to the *least restrictive environment* possible, and improve the quality of his/her life.

Treatment program: A place or design for providing mental health services to a person as an *in-patient* or *out-patient*.

Trial: The formal examination of the facts of a case by a court of law.

Voluntary patient or client: A person who freely chooses to receive mental health services, either as an *in-patient* or *out-patient*.

Waive: To give up a right voluntarily.

Witness: A person asked to *testify* in court.

Writ of habeas corpus: An order by a court to release a person who is confined, after examination of the legality of the person's confinement.

Advocacy Organizations

In New Mexico

Disability Rights New Mexico

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Periodicals

Constructive Action Newsletter

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