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# MENTAL HEALTH Statistical Note No. 164

Private Psychiatric Hospitals,  
United States, 1979-80  
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## Introduction

Private psychiatric hospitals, by definition, are facilities which specialize primarily in the inpatient treatment of the mentally ill and are operated under nongovernment auspices either by nonprofit organizations (e.g., churches, other not-for-profit organizations or foundations), or by individuals, partnerships or corporations on a for-profit basis. The data in this Statistical Note focus on documenting the current status of these hospitals with respect to such variables as settings in which services are provided (e.g., inpatient, outpatient, day treatment, etc.), case-load and utilization, staffing, and expenditures. These data are further classified by State, organization size (based on number of beds), and type of ownership. In addition, selected trend data for these hospitals are presented for the decade 1970-1980 in table 13.

## Sources and Qualifications of the Data

The current report is based primarily on data from the most recent Inventory of Private Psychiatric Hospitals (Inventory) for which data are available, conducted in January 1980 (1979 data) by the Survey and Systems Research Branch, NIMH, with the cooperation of the National Association of Private Psychiatric Hospitals. More detailed data on private psychiatric hospitals, based on Inventories conducted in previous years are available in prior reports published by NIMH. 1/

For the January 1980 Inventory, 184 private psychiatric hospitals located in the 50 States and the District of Columbia were included. For certain basic items in the Inventory, data were obtained for all hospitals. These data items were: (1) type of control; (2) type of settings in which services were provided; (3) number of inpatient beds; (4) number of inpatient additions; (5) number of inpatients at end of year; (6) number of outpatient additions; (7) number of day treatment additions; and (8) total expenditures. Most hospitals provided data on these items by submitting the Inventory forms; a smaller number provided the information when later contacted by phone. In the case of the few nonrespondent hospitals for which data could not be obtained by phone, data from the most recent prior Inventory conducted in

January 1978 were used, or, if these data were also unavailable, the average for the responding private psychiatric hospitals in the same geographic region (as defined by the U.S. Department of Health and Human Services) was used.

For all other items on the January 1980 Inventory form, the number of hospitals responding to a given item varied, (e.g., number of staff, types of expenditures, detailed patient movement data). The extent of reporting for these items will be indicated in footnotes to the tables or figures in which these data are presented.

For certain items on the January 1980 Inventory form, (e.g., staffing, types of service settings, and number of inpatient beds), the reference date is January 1980 and is so designated in the tables. For all other data items, the reference period is the year ending December 31, 1979, or a fiscal year ending in 1979.

Definitions of terms used in this report are presented in the footnotes. Readers and users of the data in this Note should familiarize themselves with these definitions as an aid to interpretation.

#### Number, Ownership, Size and Geographical Distribution

As noted above, there were 184 private psychiatric hospitals in the United States as of January 1980. These hospitals maintained 17,157 inpatient beds, a rate of 7.7 beds per 100,000 civilian population 2/ (table 1).

Of the 184 hospitals, those operating on a nonprofit basis made up one-third of the hospitals (63) and accounted for 42 percent of the inpatient beds, while the remaining two-thirds of the hospitals (121 of 184) operated on a for-profit basis and maintained 58 percent of the inpatient beds. Among the for-profit hospitals, a majority (109) were operated by corporations, with smaller numbers owned by individuals (7) or by partnerships (5). Of the remaining hospitals, 54 were operated by nonprofit organizations or foundations and nine were church related (table 2).

The distribution of private psychiatric hospitals by State, shown in table 1, indicates that as of January 1980, 16 States had no hospitals and 10 States had only one hospital. California had the largest number of hospitals (28) and inpatient beds (2,057); Pennsylvania ranked next with 13 hospitals and 1,299 beds, and four States (Florida, New York, Texas and Virginia) each had 12 hospitals with inpatient beds ranging in number from 870 (New York) to 1,291 (Texas). These six States combined accounted for 48 percent of all private psychiatric hospitals and 44 percent of all inpatient beds in these hospitals. The U.S. rate of 7.7 private psychiatric hospital beds per 100,000 population, noted above, was exceeded in 18 of the States. Seven of these States (Connecticut, District of Columbia, Maryland, Massachusetts, Rhode Island, Vermont and Virginia) had a rate of 15 or more beds per 100,000 population (table 1 and figure 1).

In January 1980, nearly one-third of all private psychiatric hospitals had 100 or more beds, and 27 percent were in the 50-74 bed-size range, while hospitals with fewer than 50 beds and those with 75-99 beds comprised 18 and 22 percent of the total, respectively. A breakdown of

hospitals by type of control shows a somewhat higher concentration (two-thirds) of nonprofit hospitals in the larger bed-size groups (75-99 beds and 100 or more beds), whereas slightly less than half (48 percent) of the for-profit hospitals were in these bed-size groupings (table 3).

### Inpatient Caseload and Utilization 3/ 4/

In 1979, there were 140,831 inpatient additions to private psychiatric hospitals, and there were 12,921 persons hospitalized as inpatients at the end of the year. Nearly half of the additions (49 percent) and almost three-fifths of the inpatients (58 percent) were in hospitals of 100 beds and over (table 3). Number and rates per 100,000 population of additions and inpatients at end of year indicate considerable geographical variation among States for private psychiatric hospitals (table 1). In 1979, among the 35 States which had one or more private psychiatric hospitals, the addition rates ranged from a high of 248 per 100,000 population in Rhode Island to a low of 15 per 100,000 in Oregon, with slightly over half of the States (19) having an addition rate exceeding the U.S. rate of 63 per 100,000 population. Rates for inpatients at end of year showed a smaller range of variation among the 35 States, with the highest rate of 24 per 100,000 population in Connecticut and the lowest rate of less than 2 per 100,000 in Oregon, Mississippi, Missouri and Oklahoma; 17 States had inpatient rates exceeding the U.S. rate of 6 per 100,000 population.

Caseload indices, derived from inpatient utilization data reported in the January 1980 Inventory for 139 (76 percent) of the 184 private psychiatric hospitals varied with respect to type of hospital control and bed size. The indices, shown in table 4, indicate that nonprofit hospitals, in comparison with for-profit hospitals, had, on the average, more beds, a higher average daily census, and a higher rate of occupancy. This pattern also prevailed for each respective bed-size group. For-profit hospitals, on the other hand, displayed a greater rate of turnover as measured by number of additions per 100 beds and/or number of additions per average daily census. For example, with respect to the latter measure, for-profit hospitals had 1,054 additions per 100 average daily census compared to 932 for nonprofit hospitals (table 4). This higher rate of turnover in for-profit hospitals can be attributed, in part, to the somewhat shorter average days of stay experienced by patients in these hospitals (31 days) compared with that for nonprofit hospitals (35 days), and it is seen to prevail in each bed-size group, with the exception of the 100 bed or more category for which the turnover rate was lower in for-profit hospitals than in nonprofit hospitals.

### Noninpatient Settings 5/

Although private psychiatric hospitals are primarily inpatient facilities, a number of these hospitals also provide services in noninpatient settings. As of January 1980, 29 percent of the 184 hospitals provided services in an outpatient setting, 37 percent had day treatment services, almost 20 percent provided psychiatric emergency services, and smaller percentages (5-6 percent each) provided services in other partial hospitalization and halfway house settings. When classified by type of ownership, larger proportions of the nonprofit private psychiatric hospitals provided services in each of the various types of

noninpatient settings than the for-profit hospitals, with the largest percentage differences between nonprofit and for-profit hospitals noted in outpatient, day treatment, and halfway house settings (table 5).

When private psychiatric hospitals were examined with respect to which combinations of inpatient, outpatient and partial hospitalization settings were being provided, the most frequent combinations of settings for all hospitals, apart from inpatient settings only, were either combinations of inpatient and partial hospitalization settings, or of inpatient, outpatient and partial hospitalization settings. However, when type of hospital control was considered, the proportions of non-profit hospitals with either a combination of inpatient and outpatient settings or of inpatient, outpatient and partial hospitalization settings were greater than those for the for-profit hospitals, particularly with respect to the latter combination; whereas for-profit hospitals, had a larger percentage with a combination of inpatient and partial hospitalization settings (table 6).

During 1979, there were 30,004 additions to outpatient settings provided in 54 of the 184 private psychiatric hospitals. Of this total, 27,530 additions (92 percent) were accounted for by the 40 nonprofit hospitals with outpatient settings (table 7). Distribution of the outpatient additions by State was highly skewed, with only seven States (California, Kansas, Maryland, Massachusetts, Michigan, Pennsylvania and Wisconsin) accounting for three-quarters of all outpatient additions. Outpatient addition rates also varied widely on a State by State basis, ranging from a high of 127 additions per 100,000 population in Vermont to only 0.1 additions per 100,000 population in New York and Texas. This analysis excluded 28 States and the District of Columbia with no hospitals providing services in an outpatient setting (table 8).

Day treatment additions to private psychiatric hospitals in the United States during 1979 numbered slightly less than 3,500, with 68 hospitals providing day treatment settings. These settings and the number of day treatment additions were more or less evenly divided between hospitals operating on a nonprofit basis and on a for-profit basis (table 7). Distribution by State showed California far outranking all other States in terms of number of hospitals with day treatment settings and number of additions to these settings (table 8).

#### Staffing Patterns 6/

In the NIMH Inventory conducted in January 1980, information was collected on the number of staff employed and hours worked in private psychiatric hospitals during a sample week. This information is available for specific staff disciplines by employment status, that is, whether persons are employed full-time (35 or more hours weekly), part-time (less than 35 hours weekly), or as trainees, residents, or interns. These data were examined to ascertain the number of full-time equivalent (FTE) staff employed in private psychiatric hospitals and the distribution of staff by discipline and by employment status in January 1980.

During the sample week in January 1980, private psychiatric hospitals employed an estimated 37,358 persons. Of this number about 76 percent were employed full-time; 22 percent, part-time; and the remainder (2

percent), as trainees (table 9). Corresponding percentage distributions of the major staff categories by employment status showed that other patient care staff and administrative/maintenance staff had somewhat higher percentages of full-time workers and smaller percentages of trainees. Among professional patient care staff, the percentage of full-time employees was smaller; and the proportions of part-time workers and trainees were higher (table 9).

Among professional patient care staff, social workers, registered nurses, other mental health professionals, and physical health professionals had the largest percentages of full-time employees, and psychologists ranked next in this category. The largest percentage of psychiatrists and nonpsychiatric physicians worked part-time, and these two staff disciplines, along with psychologists, had the highest percentages of trainees (table 9).

The number of full-time equivalent (FTE) staff, represented by all persons employed in private psychiatric hospitals during the sample week in January 1980, totaled 32,749, of which 39 percent were professional patient care staff, about 24 percent were other patient care staff, and slightly over one-third constituted administrative/maintenance staff. Of the 12,786 FTE professional patient care staff, 8,647 (almost 70 percent) were either registered nurses or other mental health professional, and another 20 percent were psychologists and social workers (table 10).

### Expenditures

During 1979, private psychiatric hospitals spent an estimated \$743 million to operate and maintain their facilities. About 62 percent of the total expenditures for private psychiatric hospitals was allocated to salaries, one-third was for operating expenditures including maintenance and ordinary repair costs, and 5 percent for capital expenditures including costs of building construction, additions, and purchases of durable equipment (table 11). Salary expenditures comprised a somewhat higher proportion (64 percent) of the total expenditures in the largest hospitals (100 or more beds) compared with hospitals in the smaller bed-size groups (56-58 percent), whereas the latter hospital groupings had proportionately higher amounts of total expenditures allocated to operating expenditures (table 11). The smallest (under 50 beds) and the largest (100 beds or more) hospital size groups had slightly higher percentages of total expenditures allocated to capital expenditures (6-8 percent) compared to hospitals in the middle size groups (3 percent).

Two expenditure indices presented in table 12 -- average expenditures per patient day  $\bar{x}$  and average expenditures per discontinuation  $\bar{y}$  -- are useful in comparing relative expenditures per private psychiatric hospitals which differ as to size. The average expenditure per patient day (i.e., the average amount spent to care for one patient for one day) was \$156 per day for all private psychiatric hospitals in 1979. Hospitals in the largest size group (100 or more beds) had the highest average expenditure per patient day, with hospitals in the two smallest size groups (under 50 beds, 50-74 beds) ranking next, and hospitals with 75-99 beds having the lowest average expenditure per patient day (table 12). Moreover, for the two smallest hospital size groups, there was almost no differential in the index. Differences in salary

expenditures per patient day were seen to account for much of the differential in total expenditures per patient day among the various bed-size groups (table 12).

Similar to the average expenditure per patient day, the second index -- average expenditure per discontinuation -- was highest for the largest size hospitals (100 or more beds). However, among the other bed-size groups of hospitals, the pattern in this second index varied to some extent from the pattern displayed by the first index, possibly owing to the fact that the average expenditures per discontinuation is a function of both the first index (average expenditures per day) and the average length of stay of residents. It is seen that in 1979 private psychiatric hospitals with 75-99 beds had a much lower average expenditure per patient day (\$135) than hospitals in the two smaller bed-size group (\$153 and \$154), but there was considerably less differential in the average expenditures per discontinuation between the two groups of hospitals \$4,082 for hospitals with 75-99 beds compared to \$4,423 and \$4,622 for the smaller size hospitals (table 12).

### Trends 1970-1980

Selected trend data for private psychiatric hospitals, covering all or part of the 1970-1980 decade, are presented in table 13. During the 1970-1980 period, the number of private psychiatric hospitals increased from 150 to 184 (23 percent). The 1980 figure, however, represents a slight decrease from the 188 hospitals reported in 1978. In 1970, private psychiatric hospitals represented 5 percent of all mental health facilities, and over the decade this proportion has shown little or no change. However, as part of the group of mental health facilities providing psychiatric inpatient services, private psychiatric hospitals as a percentage of all such facilities declined slightly from 9 percent in 1970 to 7 percent in 1980.

The number of inpatient beds in private psychiatric hospitals has shown a consistent pattern of increase over the decade from 14,295 in 1970 to 17,157 in 1980. In the same time period, this number as a percent of all psychiatric inpatient beds has also increased from 3 to 6 percent. The number of private psychiatric hospital beds per 100,000 civilian population, on the other hand, has remained relatively unchanged during this period, varying between 7-8 beds per 100,000.

Along with the overall increase in number of private psychiatric hospitals and number of inpatient beds in these hospitals since 1970, there has been a concomitant increase in the number of additions as well as resident patients at end of year in the inpatient settings of these hospitals. Inpatient additions exhibited the greatest gain, with the number increasing from 92,056 in 1970 to 140,831 in 1980, and the addition rate per 100,000 civilian population increasing from 46 to 63 per 100,000 civilian population over this time period. Inpatients at end of year increased by a considerably smaller number during the decade, from 10,963 in 1970 to 12,921 in 1980, with the result that the inpatient rate per 100,000 civilian population showed relatively little or no change over time. Despite the small drop in number of private psychiatric hospitals between 1978 and 1980, an increase in number of inpatient beds probably accounted for the continued increase in inpatient additions and year end resident patients noted over this 2-year span.

Despite the fact that approximately half as many private psychiatric hospitals (54) provided services in outpatient settings in 1980 as in 1970 (100 hospitals), the number of additions to these settings was higher in 1980 (30,004) than in 1970 (25,540). The larger 1980 figure reflects a general pattern of an increasing number of outpatient additions to private psychiatric hospitals during most of the decade, as the number of hospitals providing these settings decreased. Only between 1978 and 1980 has there been some decrease in outpatient additions along with a decrease in outpatient settings.

Trends somewhat similar to those noted for outpatient settings were observed for day treatment settings in private psychiatric hospitals. A slightly smaller number of hospitals (68) provided these settings in 1980 than in 1970 (74 hospitals), but there was a higher number of day treatment additions in 1980 (3,467) than in 1970 (2,872). Despite some variability in the number of hospitals providing day treatment settings during the decade, there was a consistent pattern of increase in day treatment additions up to 1978 followed by a small decrease between 1978 and 1980.

Total expenditures by private psychiatric hospitals for operating and maintaining their facilities, showed a more than three-fold increase between 1970 and 1980, rising from \$220 million to \$743 million. However, when the post-1970 expenditure figures were adjusted for inflation, the increase in expenditures, expressed in constant dollars  $\frac{8}{100}$ , were considerably smaller, with the 1980 expenditure figure of \$351 million being only 60 percent higher than its 1970 counterpart. Similar trends were noted when total expenditures for private psychiatric hospitals were expressed in terms of per capita expenditures.

For the period between 1972 and 1980, data on staffing for private psychiatric hospitals show that the number of full-time equivalent (FTE) staff employed in these hospitals increased from 21,504 in 1972 to 32,349 in 1980. The more than two-fold increase in number of FTE professional patient care staff accompanied by more moderate increases in the number of FTE other patient care staff and administrative/maintenance staff resulted in a somewhat different staff composition in 1980 as compared with 1972. Professional patient care staff, which comprised 27 percent of total FTE staff in 1972, represented 39 percent of the total in 1980, whereas other patient care staff as a percent of total FTE staff declined slightly from 26 to 24 percent, and administrative/maintenance staff dropped from 47 to 37 percent of the total between 1972 and 1980.

## FOOTNOTES

- 1/ Recent NIMH publications on private psychiatric hospitals are as follows:

National Institute of Mental Health. Private Mental Hospitals, 1969-1970. DHEW Pub. No. (HSM)72-9089. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1972.

National Institute of Mental Health. Statistical Note 99, Trends in Total Additions and Resident Patients at End of Year in Private Mental Hospitals, 1968-71. Rockville, Md.: Division of Biometry and Epidemiology, Survey and Reports Branch, November 1973.

National Institute of Mental Health. Private Psychiatric Hospitals, 1974-75. DHEW Pub. No. (ADM)77-380. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.

National Institute of Mental Health. Private Psychiatric Hospitals, United States 1977-78, by Redick, R.W., and Witkin, M.J. DHEW Pub. No. (ADM)82-1141. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1982.

- 2/ The population used in the calculation of rates was derived from unpublished U.S. Bureau of the Census estimates of civilian population by State, obtained by averaging the estimates for July 1, 1979 and July 1, 1980 for the January 1980 rates.

- 3/ Terms relating to patient movement and annual volume of service for inpatient settings:

Inpatients at Beginning of Year.--Includes all persons who were physically present for 24 hours in the inpatient service at the beginning of the year, or who were away on short visits as long as they were expected to return to the inpatient service, or who were on unauthorized absence, AWOL, or escape.

Additions During Year.--Includes admissions and readmissions as well as returns from long-term leave and transfers from noninpatient components of the same hospital.

Deaths in Hospital During Year.--Includes those persons who died while under inpatient care or while on short-term leave.

Discontinuations During Year.--Includes persons discharged as well as those placed on long-term leave and transferred to noninpatient components of the same hospital. Excludes escapes, placement on AWOL, or unauthorized absence.

Inpatients at End of Year.--Includes all persons who were physically present for 24 hours in the inpatient service at the end of the year, or who were away on short visits as long as they were expected to return to the inpatient service, or who were on unauthorized absence, AWOL, or escape.



## FOOTNOTES (continued)

Patient Days.--Days of inpatient care provided to persons in private psychiatric hospitals during the year. Excludes days for which patient was on overnight or weekend pass, or other short-term leave. Also referred to in this report as days of care.

Patients Under Care During Year.--The number of inpatients in private psychiatric hospitals at the beginning of the year plus the total additions to the inpatient settings during the year. Total additions include new admissions, readmissions, and returns from long-term leave.

### 4/ Terms relating to utilization indices for inpatient settings:

Average Daily Census (ADC).--The average daily number of inpatients which is the total annual inpatient days of care divided by the number of days in a year (365).

Average Daily Census per Hospital.--The average daily census (see above definition) for a particular group of hospitals (e.g., hospitals of size 50-79 beds) divided by the number of hospitals in that group.

Additions per 100 Average Daily Inpatients.--The number of annual additions (see definition under footnote 3) per 100 average daily census (see definition above).

Average Percent Occupancy.--The ratio, expressed as a percent, of the average daily census per hospital (see above definition) to the average number of inpatient beds available per hospital.

Average Days of Stay per Patient.--The total annual inpatient days of care divided by the number of patients under care during the year (see definitions in footnote 3).

### 5/ Terms relating to noninpatient settings:

Outpatient Treatment.--Provision of mental health treatment on an outpatient basis to persons who do not require either 24-hour or partial hospitalization.

Day Treatment.--Provision of planned therapeutic program during most or all of the day to persons who need broader programs than are possible through outpatient visits, but who do not require 24-hour hospitalization.

Other Partial Hospitalization.--Provision of planned therapeutic settings during the evening, night or weekend to persons who do not require 24-hour hospitalization but who need broader settings than are possible through outpatient visits.

Halfway House.--A nonmedical residential facility with three or more beds which has round-the-clock or live-in staff and provides room, board, supervised living and other supportive settings to people with mental health problems. The program of the facility is transitional in nature, designed either to provide an alterna-

## FOOTNOTES (continued)

tive to inpatient care, to shorten the length of hospitalization, or to assist clients in preparing for independent living following discharge from an inpatient facility.

Emergency Settings.--Programs whose primary purpose is to provide psychiatric care in emergency situations by mental health staff (on duty or on call) specifically assigned for this purpose. Excludes programs providing only holding bed facilities.

Additions - Outpatient Service.--Persons admitted or readmitted to this setting or transferred to this setting from another setting of this hospital during the year.

Additions - Day Treatment Service.--See definition for "Additions - Outpatient Service."

### 6/ Terms relating to staffing:

Full-time Employees.--Persons employed 35 hours or more a week (excluding trainees). Schoolteachers are counted as full time if they are employed 30 hours or more a week.

Part-time Employees.--Persons employed less than 35 hours a week (excluding trainees).

Trainees.--Trainees including students, residents, and interns, regardless of number of hours worked in a week.

Patient Care Staff.--All employees excluding administrative and maintenance employees (see definition which follows).

Professional Patient Care Staff.--Includes psychiatrists, nonpsychiatric physicians, psychologists, social workers, registered nurses, other mental health professionals (e.g., activity therapists, vocational rehabilitation counselors, schoolteachers and other mental health professionals requiring B.A. level training), and other health professionals (e.g., dietitians, dentists, dental technicians, pharmacists).

Other Patient Care Staff.--Includes licensed practical and vocational nurses, mental health workers with an A.A. degree or higher, but less than a B.A. degree, and mental health workers with less than an A.A. degree.

Administrative and Maintenance Staff.--Includes administrative and other professional (nonhealth) staff (e.g., accountant, business administrator) as well as clerical and maintenance staff.

Staff Hour.--A unit of 1 hour's work by one employee.

Full-time Equivalents.--The total person hours worked by full-time employees, part-time employees, and trainees in each staff discipline, divided by 40 hours, to indicate the number of persons working a 40-hour week to provide this many person hours.

FOOTNOTES (continued)

- 7/ The reader is cautioned that the average expenditures per patient day and per discontinuation shown in this report are probably overestimated, since the numerator reflects expenditures for services provided in inpatient and other settings while the denominator in both indices reflects the data for inpatient settings only. However, the expenditures in the noninpatient settings in private psychiatric hospitals are probably small relative to the expenditures made for the provision of treatment in inpatient settings. For this reason, the indices, although somewhat overstated, are reasonably accurate and can be employed for comparative purposes.
- 8/ Constant dollars are the expenditures that would have occurred if inflation were eliminated completely, or in other words, expenditures that would have resulted if equivalent goods and services that were purchased for \$100 in the base year 1969 could be purchased for the same amount in subsequent years. It has been assumed that the rate of inflation for private psychiatric hospital expenditures was the same as that for services included in the medical care component of the consumer price index. Indices for subsequent years are 1971 (113.2); 1973 (121.4); 1975 (148.7); 1977 (178.5); and 1979 (211.4).

Table 1. Number of hospitals and number and rate per 100,000 civilian population of inpatient beds, inpatient additions, and inpatients at end of year, by State, private psychiatric hospitals: United States, 1979

State	Number of hospitals	Inpatient beds		Inpatient additions		Inpatients at end of year	
		Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
U.S. totals ...	184	17,157	7.7	140,831	63.2	12,921	5.8
Alabama .....	3	253	6.6	3,619	94.6	166	4.3
Alaska .....	-	-	-	-	-	-	-
Arizona .....	2	127	4.9	1,599	61.4	97	3.7
Arkansas .....	-	-	-	-	-	-	-
California ....	28	2,057	8.9	18,347	79.5	1,374	6.0
Colorado .....	4	305	10.8	2,611	92.9	205	7.3
Connecticut ...	6	816	26.3	2,723	87.9	736	23.8
Delaware .....	1	50	8.5	737	125.3	29	4.9
Dist. of Col ..	1	199	31.2	1,545	242.5	143	22.4
Florida .....	12	966	10.3	9,369	100.1	665	7.1
Georgia .....	8	648	12.3	6,709	126.9	502	9.5
Hawaii .....	-	-	-	-	-	-	-
Idaho .....	-	-	-	-	-	-	-
Illinois .....	5	627	5.5	4,935	43.6	498	4.4
Indiana .....	-	-	-	-	-	-	-
Iowa .....	-	-	-	-	-	-	-
Kansas .....	2	273	11.7	700	29.9	234	10.0
Kentucky .....	2	471	13.1	5,741	160.2	357	10.0
Louisiana .....	4	485	11.8	2,746	66.8	326	7.9
Maine .....	-	-	-	-	-	-	-
Maryland .....	6	691	16.6	2,709	65.2	617	14.9
Massachusetts .	9	859	15.0	8,080	140.9	757	13.2
Michigan .....	8	755	8.4	7,929	85.9	576	6.2
Minnesota .....	-	-	-	-	-	-	-
Mississippi ...	1	56	2.3	696	28.2	39	1.6
Missouri .....	1	100	2.0	1,217	24.9	81	1.7
Montana .....	-	-	-	-	-	-	-
Nebraska .....	-	-	-	-	-	-	-
Nevada .....	-	-	-	-	-	-	-
New Hampshire .	1	56	6.2	720	79.4	53	5.8
New Jersey ....	3	460	6.3	3,752	51.2	404	5.5
New Mexico ....	1	92	7.3	793	62.7	57	4.5
New York .....	12	870	5.0	5,318	30.1	637	3.6
North Carolina.	5	431	7.6	2,910	51.2	315	5.5
North Dakota ..	-	-	-	-	-	-	-
Ohio .....	7	562	5.2	5,416	50.3	428	4.0
Oklahoma .....	1	93	3.1	723	24.5	40	1.4
Oregon .....	1	64	2.5	400	15.4	42	1.6
Pennsylvania ..	13	1,299	11.0	13,711	116.1	1,072	9.1
Rhode Island ..	2	168	17.9	2,323	248.2	145	15.3
South Carolina.	-	-	-	-	-	-	-
South Dakota ..	-	-	-	-	-	-	-
Tennessee .....	3	275	6.1	2,178	48.4	166	3.7
Texas .....	12	1,291	9.4	6,655	48.2	972	7.0
Utah .....	-	-	-	-	-	-	-
Vermont .....	1	118	23.3	651	128.4	62	12.2
Virginia .....	12	1,125	21.8	8,492	164.9	739	14.3
Washington ....	2	131	3.3	1,429	35.6	107	2.7
West Virginia .	1	54	2.8	1,310	68.0	46	2.4
Wisconsin .....	4	309	6.6	2,038	43.3	234	5.0
Wyoming .....	-	-	-	-	-	-	-

Table 2. Number and percent distribution of private psychiatric hospitals and inpatient beds, by type of hospital control: United States, January 1980

Hospital control	Hospitals		Inpatient beds	
	Number	Percent distribution	Number	Percent distribution
Total hospitals ....	184	100.0	17,157	100.0
Nonprofit, total .	62	34.2	7,149	41.7
Church .....	9	4.9	1,074	6.3
Other .....	54	29.3	6,075	35.4
For-profit, total.	121	65.8	10,008	58.3
Individual .....	7	3.8	339	2.0
Partnership ....	5	2.7	384	2.2
Corporation ....	109	59.3	9,285	54.1

Table 3. Number and percent distribution of hospitals, inpatient beds, inpatient additions, and inpatients at end of year by hospital control and bed size, inpatient additions, and inpatients at end of year by hospital control and bed size, private psychiatric hospitals: United States, 1979

Hospital control and bed size	Hospitals		Inpatient beds		Inpatient additions		Inpatients at end of year	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total hospitals ...	184	100.0	17,157	100.0	140,831	100.0	12,921	100.0
Under 50 beds ...	34	18.5	1,216	7.1	11,973	8.5	911	7.1
50-74 beds .....	50	27.2	2,914	17.0	28,634	20.3	2,046	15.8
75-99 beds .....	40	21.7	3,500	20.4	31,549	22.4	2,506	19.4
100 beds and over	60	32.6	9,527	55.5	68,675	48.8	7,458	57.7
Nonprofit, total ..	63	100.0	7,149	100.0	58,042	100.0	5,644	100.0
Under 50 beds ...	7	11.1	275	3.9	2,917	5.0	228	4.0
50-74 beds .....	14	22.2	830	11.6	6,800	11.7	601	10.6
75-99 beds .....	18	28.6	1,618	22.6	13,335	23.0	1,231	21.8
100 beds and over	24	38.1	4,426	61.9	34,990	60.3	3,584	63.6
For-profit, total .	121	100.0	10,008	100.0	82,789	100.0	7,277	100.0
Under 50 beds ...	27	22.3	941	9.4	9,056	10.9	683	9.4
50-74 beds .....	36	29.7	2,084	20.8	21,834	26.4	1,445	19.9
75-99 beds .....	22	18.2	1,882	18.8	18,214	22.0	1,275	17.5
100 beds and over	36	29.8	5,101	51.0	33,685	40.7	3,874	53.2

Table 4. Utilization averages per hospital for inpatient service settings, by hospital control and bed size; private psychiatric hospitals <sup>1/</sup>: United States, 1979

Hospital control and bed size	Average utilization indices per hospital <sup>5/</sup>								
	Number of hospitals	Number of beds	Daily census	Percent occupancy	Annual additions	Additions per 100 beds	Additions per 100 average daily census	Additions per 100 discon-tinua-tions	Days per patient
Total hospitals ...	139	95	74	78	748	787	998	100	33
Under 50 beds ...	25	37	26	70	316	858	1,219	100	28
50-74 beds .....	37	59	44	75	576	983	1,283	101	26
75-99 beds .....	33	88	64	73	788	896	1,219	101	27
100 beds and over	44	164	136	83	1,107	675	816	100	40
Nonprofit, total ..	51	113	93	82	869	769	932	100	35
Under 50 beds ...	4	43	34	79	289	666	839	104	39
50-74 beds .....	12	60	48	80	543	898	1,119	101	30
75-99 beds .....	17	91	69	77	734	811	1,050	101	32
100 beds and over	18	185	158	85	1,343	726	850	100	39
For-profit, total .	88	85	64	76	677	802	1,054	101	31
Under 50 beds ...	21	36	24	67	321	903	1,321	100	26
50-74 beds .....	25	58	43	74	592	1,026	1,372	101	24
75-99 beds .....	16	85	59	69	845	992	1,431	101	24
100 beds and over	26	149	120	81	944	632	786	100	42

<sup>1/</sup> Data are based on reporting from 139 (76%) of 184 hospitals.

Table 5. Number and percent of private psychiatric hospitals providing services in specified settings by hospital control: United States, January 1980

Type of setting	All hospitals		Hospital control			
	Number	Percent <u>a/</u>	Number	Percent <u>a/</u>	Nonprofit	For-profit
Total hospitals (inpatient) .....	184	100.0	63	100.0	121	100.0
Outpatient .....	54	29.3	40	63.5	14	11.6
Day treatment ....	68	37.0	30	47.6	38	31.4
Other partial hospitalization.	9	4.9	5	7.9	4	3.3
Halfway house ....	12	6.5	11	17.5	1	0.8
Emergency services	36	19.6	14	22.2	22	18.2

a/ Percents do not total to 100 because some hospitals provide services in multiple settings and others provide services in an inpatient setting only.

Table 6. Number and percent of private psychiatric hospitals providing services in combinations of selected settings, by hospital control: United States, January 1980

Combinations of selected settings	All hospitals		Nonprofit		For-profit	
	Number	Percent	Number	Percent	Number	Percent
Total hospitals .....	184	100.0	63	100.0	121	100.0
Inpatient .....	96	52.2	19	30.2	77	63.6
Inpatient and outpatient .	21	11.4	14	22.2	7	5.8
Inpatient and partial hospitalization .....	35	19.0	5	7.9	30	24.8
Inpatient and outpatient partial hospitalization.	32	17.4	25	39.7	7	5.8



Table 7. Number of hospitals with outpatient and day treatment settings and number of additions to these settings, by hospital control, private psychiatric hospitals: United States, 1979

Utilization of outpatient and day treatment settings	All hospitals	Nonprofit	For-profit
<b>Outpatient treatment settings</b>			
Number of hospitals .....	54	40	14
Number of additions .....	30,004	27,530	2,474
Average additions per hospital	556	688	177
<b>Day treatment settings</b>			
Number of hospitals .....	68	30	38
Number of additions .....	3,467	2,019	1,448
Average additions per hospital	51	67	39

Table 8. Number of hospitals with outpatient and day treatment settings and number of additions and addition rates per 100,000 civilian population to these settings, by State, private psychiatric hospitals: United States, 1979-80

State	Number of hospitals	Additions		Number of hospitals	Additions	
		Number	Rate per 100,000 population		Number	Rate per 100,000 population
U.S. totals ...	54	30,004	13.5	68	3,467	1.6
Alabama .....	-	-	-	1	69	1.8
Alaska .....	-	-	-	-	-	-
Arizona .....	1	707	27.2	2	17	0.7
Arkansas .....	-	-	-	-	-	-
California ....	10	7,789	33.7	15	762	3.3
Colorado .....	2	813	28.9	2	196	7.0
Connecticut ...	4	391	12.6	6	234	7.6
Delaware .....	-	-	-	-	-	-
Dist. of Col ..	-	-	-	1	202	31.7
Florida .....	-	-	-	4	92	1.0
Georgia .....	2	819	15.5	5	192	3.6
Hawaii .....	-	-	-	-	-	-
Idaho .....	-	-	-	-	-	-
Illinois .....	2	573	5.1	1	106	0.9
Indiana .....	-	-	-	-	-	-
Iowa .....	-	-	-	-	-	-
Kansas .....	2	2,874	122.8	1	107	4.6
Kentucky .....	1	88	2.5	-	-	-
Louisiana .....	-	-	-	1	19	0.5
Maine .....	-	-	-	-	-	-
Maryland .....	4	3,711	89.4	4	194	4.7
Massachusetts .	4	1,752	30.5	4	34	0.6
Michigan .....	1	1,114	12.1	-	-	-
Minnesota .....	-	-	-	-	-	-
Mississippi ...	-	-	-	-	-	-
Missouri .....	-	-	-	-	-	-
Montana .....	-	-	-	-	-	-
Nebraska .....	-	-	-	-	-	-
Nevada .....	-	-	-	-	-	-
New Hampshire .	-	-	-	-	-	-
New Jersey ....	2	407	5.6	1	22	0.3
New Mexico ....	-	-	-	-	-	-
New York .....	2	23	0.1	3	45	0.3
North Carolina .	2	360	6.3	1	19	0.3
North Dakota ..	-	-	-	-	-	-
Ohio .....	1	472	4.4	1	87	0.8
Oklahoma .....	-	-	-	-	-	-
Oregon .....	-	-	-	1	2	0.1
Pennsylvania ..	6	4,429	37.5	5	428	3.6
Rhode Island ..	2	644	70.9	2	324	34.6
South Carolina .	-	-	-	-	-	-
South Dakota ..	-	-	-	-	-	-
Tennessee .....	1	654	14.5	-	-	-
Texas .....	1	13	0.1	2	56	0.4
Utah .....	-	-	-	-	-	-
Vermont .....	1	645	127.2	-	-	-
Virginia .....	2	706	13.7	3	82	1.6
Washington .....	-	-	-	-	-	-
West Virginia .	-	-	-	-	-	-
Wisconsin .....	1	1,000	21.2	2	178	3.8
Wyoming .....	-	-	-	-	-	-

Table 9. Number and percent distribution by employment status of persons employed and staff hours worked in a sample week for each type of staff discipline, private psychiatric hospitals: United States, January 1980

Staff discipline	Number of positions	Employment status			Hours worked					
		Total	Full-time	Part-time	Total	Full-time	Part-time			
Total, all staff .....	37,358	100.0	76.1	21.5	2.4	1,309,947	100.0	86.5	11.4	2.1
Total patient care staff										
Total professional										
patient care staff .	15,229	100.0	69.4	25.1	5.5	511,444	100.0	82.8	12.3	4.9
Psychiatrists .....	2,080	100.0	34.0	46.4	19.6	52,025	100.0	54.2	17.0	28.8
Other physicians (non-psychiatric) .....	233	100.0	20.2	54.5	25.3	4,061	100.0	51.7	34.9	13.4
Psychologists .....	773	100.0	66.1	21.6	12.3	27,154	100.0	76.3	11.2	12.5
Social workers .....	1,278	100.0	81.7	13.8	4.5	46,788	100.0	88.3	8.2	3.5
Registered nurses ....	5,364	100.0	73.1	24.8	2.1	184,514	100.0	84.7	14.4	0.9
Other mental health professionals .....	4,440	100.0	80.6	17.0	2.4	161,381	100.0	89.2	9.0	1.8
Physical health professionals .....	1,061	100.0	71.4	28.2	0.4	35,521	100.0	85.9	13.8	0.3
Other patient care staff	8,780	100.0	78.2	21.3	0.5	315,572	100.0	86.8	12.5	0.7
LPNs, LVNs .....	1,264	100.0	72.5	25.5	2.0	44,541	100.0	81.9	15.7	2.4
Other .....	7,516	100.0	79.1	20.5	0.3	271,031	100.0	87.6	12.0	0.4
Administrative and maintenance staff ..	13,349	100.0	82.3	17.6	0.1	482,931	100.0	90.2	9.7	0.1

Table 10. Number and percent distribution of full-time equivalent (FTE) staff by discipline, private psychiatric hospitals: United States, January 1980

Staff discipline	Full-time equivalent staff	
	Number	Percent distribution
Total all staff .....	32,749	100.0
Total professional		
patient care staff .....	12,786	39.0
Psychiatrists .....	1,301	4.0
Physicians (nonpsychiatric)	101	0.3
Psychologists .....	679	2.1
Social workers .....	1,170	3.6
Registered nurses .....	4,613	14.1
Other mental health		
professionals .....	4,034	12.3
Physical health profession-		
als and assistants .....	888	2.7
Other patient care staff ....	7,890	24.1
LPNs, LVNs .....	1,114	3.4
Other .....	6,776	20.7
Administrative and		
maintenance staff .....	12,073	36.9

Table 11. Total annual expenditures, average total expenditures per hospital, and percent distribution of expenditures by type, for each bed-size group, private psychiatric hospitals: United States, 1979

Bed size	Number of hospitals	Total expenditures (in thousands of dollars) a/	Percent distribution of total expenditures by type b/					
			Total amount	Average per hospital	Total expenditures	Operating expenditures	Salaries	Other
Total hospitals.....	184	\$743,037	\$4,038	100.0%	94.7	61.6	33.1	5.3
Under 50 beds ...	34	50,447	1,484	100.0	92.4	56.2	36.2	7.6
50-74 beds .....	50	123,597	2,472	100.0	97.0	57.9	39.1	3.0
75-99 beds .....	40	126,481	3,162	100.0	96.7	57.2	39.5	3.3
100 beds and over:	60	442,512	7,375	100.0	93.8	64.4	29.4	6.2

a/ Based on reporting from all 184 hospitals.

b/ Based on reporting from 145 of 184 hospitals.

Table 12. Average expenditures per patient day and average expenditures per discontinuation, private psychiatric hospitals, by bed size: United States, 1979 a/

Bed size	Total expenditures b/		Average expenditure per patient day		Average expenditure per discontinuation	
	Total	Operating	Total	Operating	Total	Operating
Total hospitals.....	\$156	\$148	\$96	\$51	\$5,447	\$3,541
Under 50 beds ...	153	141	84	57	4,254	2,519
50-74 beds .....	154	150	89	60	4,423	2,568
75-99 beds .....	135	130	77	53	4,082	2,338
100 beds and over	166	155	106	48	7,421	4,768
Total hospitals.....	\$5,762	\$3,541	\$1,906			
Under 50 beds ...	4,622	2,519	1,735			
50-74 beds .....	4,423	2,568	1,731			
75-99 beds .....	4,082	2,338	1,603			
100 beds and over	7,421	4,768	2,171			

a/ Based on reporting from 139 of 184 hospitals.

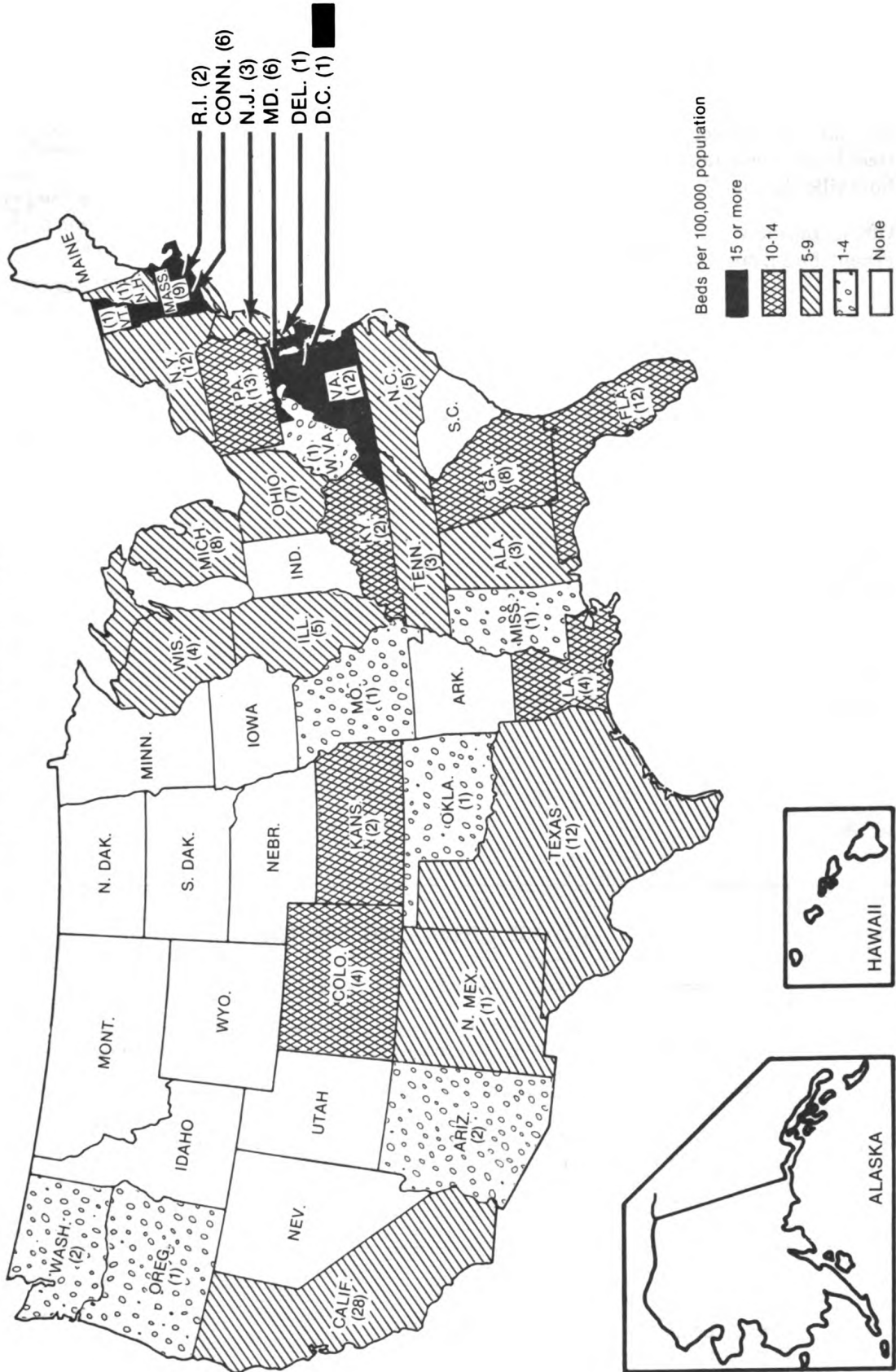
b/ Includes capital expenditures, not shown separately.

Table 13. Selected trend data for private psychiatric hospitals: United States, 1970, 1972, 1974, 1976, 1978, 1980

Selected data items for private psychiatric hospitals	Year a/					
	1970	1972	1974	1976	1978	1980
Number of hospitals*	150	156	180	182	188	184
As a % of all mental health facilities.	5.0	4.9	5.4	5.2	5.0	4.9
As a % of all mental health facilities providing inpatient services .....	8.6	8.2	8.8	8.0	7.8	7.3
Number of inpatient beds*	14,295	14,412	15,369	16,091	16,637	17,157
As a % of all psychiatric inpatient beds .....	2.7	3.1	3.9	4.7	5.5	6.2
Inpatient beds per 100,000 population	7.2	7.1	7.4	7.6	7.8	7.7
Number of inpatient additions during year**	92,056	87,106	109,516	125,529	138,151	140,831
As a % of inpatient additions to all mental health facilities .....	7.2	6.5	7.7	8.1	8.7	9.1
Inpatient additions per 100,000 population .....	46.2	42.6	52.6	59.4	64.3	63.2
Number of inpatients at end of year**	10,963	10,207	10,977	11,576	12,078	12,921
As a % of inpatients at end of year - all mental health facilities .....	2.3	2.5	3.2	4.1	4.8	5.6
Inpatients per 100,000 population ...	5.5	5.0	5.3	5.5	5.5	5.8
Percent occupancy for inpatient settings*	81.2	80.2	73.2	74.9	78.9	81.0
Number of hospitals with outpatient settings*	100	100	64	60	62	54
As a % of all psychiatric outpatient settings .....	4.6	4.4	2.9	2.6	2.6	2.2
Number of outpatient additions during year**	25,540	18,250	31,656	32,879	33,573	30,004
Outpatient additions per 100,000 population .....	12.8	8.9	15.2	15.6	15.6	13.5
Number of hospitals with day treatment settings*	74	72	85	77	80	68
As a % of all psychiatric day treatment settings .....	9.5	7.3	6.6	5.3	5.1	4.1
Number of day treatment additions**	2,782	1,894	2,920	3,165	3,842	3,467
Day treatment additions per 100,000 population .....	1.4	0.9	1.4	1.5	1.8	1.6
Total expenditures (in 000's of dollars)**						
Current dollars .....	\$220,026	\$276,000	\$328,463	\$466,720	\$563,294	\$743,037
Constant dollars .....	220,026	243,816	270,563	313,867	315,571	351,484
Per capita expenditures **						
Current dollars .....	\$1.10	\$1.35	\$1.58	\$2.21	\$2.62	\$3.34
Constant dollars .....	1.10	1.20	1.30	1.48	1.47	1.58
Number of FTE staff*	N.A.	21,504	23,525	27,655	29,972	32,749
Number of professional patient care staff .....	N.A.	5,735	7,610	9,879	11,418	12,783
Number of other patient care staff ..	N.A.	5,594	6,726	7,317	7,309	7,890
Number of administrative/maintenance staff .....	N.A.	10,175	9,189	10,459	11,244	12,073
Professional patient care staff as % of all FTE staff .....	N.A.	26.7	32.3	35.7	38.1	39.0
Other patient care staff as % of all FTE staff .....	N.A.	26.0	28.6	26.5	24.4	24.1
Administrative/maintenance staff as a % of all FTE staff .....	N.A.	47.3	39.1	37.8	37.5	36.9

a/ Data shown for items with a single \* are as of January of the years 1970, 1972, 1974, 1976, 1978 and 1980. Data shown for items with a double \*\* are for the respective calendar (or fiscal) years 1969, 1971, 1973, 1975, 1977 and 1979.

Figure 1. Number of inpatient beds, per 100,000 population, private psychiatric hospitals: United States, January 1980



Note: Number in parentheses ( ) indicates number of private psychiatric hospitals

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