RA 790 A1 U585 #216 1995

Mental Health Statistical Note 216. August 1995

Data Highlights on:

Human Resources of Mental Health Organizations: United States, Selected Years, 1972-1990

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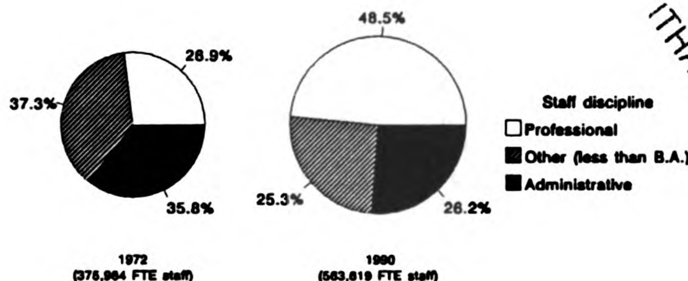
Introduction

In the two decades 1970-90, the organizations providing mental health services in the United States have undergone tremendous change. The number of organizations providing services has increased considerably, the volume of episodes has grown dramatically, and the loci of services have changed greatly. Between 1970 and 1990, the number of mental health organizations in the United States increased from 3,005 to 5,284; the number of patient care episodes in these organizations more than doubled from almost 4.2 million to just over 8.6 million, and the proportion of total patient care episodes that were outpatient rose from 55 percent to 67 percent. The purpose of this report is to examine the changes in the number and distribution of human resources by type of organization and type of service (e.g. inpatient, outpatient, partial care) that accompanied the growth in the number and volume of services provided by mental health organizations. Sources and qualifications of the data as well as definitions are given in the appendix.

Major Findings

Total staff and professional patient care staff have risen dramatically. Concomitant with the growth in patient volume, the number of full-time equivalent (FTE) staff employed by specialty mental health organizations and general hospital psychiatric services grew steadily between 1972 and 1990, from 375,984 to 563,619, a 50 percent increase (table 1). Almost all of this gain was attributed to professional patient care staff, which increased from 100,886 to 273,374 during this period. Thus, by 1990, professional patient care staff comprised almost one-half of all FTE staff compared to only about one-quarter of all staff in 1972 (table 1 and figure 1). By contrast, the number of FTE mental health workers (less than B.A.) employed in mental health organizations experienced only a minimal gain between 1972 and 1990, from 140,379 to 142,345, with smaller numbers of such staff being reported in the intervening years (table 1). Similarly, the number of FTE administrative, clerical, and maintenance staff increased by a relatively small amount over the 1972-90 period, from 134,719 to 147,900. Because of these small increases, each of these two categories of human resources (other mental health workers and administrative, clerical, and maintenance staff), as a percentage of all FTE staff, dropped from about 36 percent in 1972 to 25-26 percent in 1990 (table 1 and figure 1).

Figure 1. Percent of full-time equivalent (FTE) staff in mental health organizations by major staff discipline: United States, 1972 and 1990



FEB 23 1996
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES/Public Health Service/Substance Abuse and Mental Health Services Administration
CENTER FOR MENTAL HEALTH SERVICES • Division of State and Community Systems Development • Survey and Analysis Branch

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Table 1. Distribution of full-time equivalent (FTE) staff by staff discipline: United States, 1972, 1978, 1984, and 1990								
Staff discipline	1972	1978	1984	1990	1972	1978	1984	1990
	Number of FTE Staff				Percent distribution of FTE Staff			
All staff	375,984	430,051	440,925	563,619	100.0	100.0	100.0	100.0
Patient care staff	241,265	292,699	313,243	415,719	64.2	68.1	71.0	73.8
Professional patient care staff	100,886	153,598	202,474	273,374	26.9	35.8	45.9	48.5
Psychiatrists	12,938	14,492	18,482	18,818	3.4	3.4	4.2	3.3
Other physicians	3,991	3,034	3,485	3,865	1.1	0.7	0.8	0.7
Psychologists[1]	9,443	16,501	21,052	22,825	2.5	3.8	4.8	4.0
Social workers	17,687	28,125	36,397	53,375	4.7	6.5	8.2	9.5
Registered nurses	31,110	42,399	54,406	77,635	8.3	9.9	12.3	13.8
Other mental health professionals (B.A. and above)	17,514	39,363	48,081	84,071	4.7	9.2	10.9	14.9
Physical health professionals and assistants	8,203	9,684	20,571	12,785	2.2	2.3	4.7	2.3
Other mental health workers (less than B.A.)	140,379	139,101	110,769	142,345	37.3	32.3	25.1	25.2
Administrative, clerical, and maintenance staff	134,719	137,352	127,682	147,900	35.8	31.9	29.0	26.2

[1]For 1972 and 1978, this category included all psychologists with a B.A. degree and above; for 1984 and 1990 it included only psychologists with an M.A. degree and above.

Social workers, registered nurses, and other mental health professionals comprised increasingly larger proportions of total staff over time. Of the various staff disciplines providing patient care, social workers, registered nurses and "other mental health professionals" each comprised larger proportions of total FTEs in each successive year shown between 1972 and 1990. On the other hand, "other mental health workers (less than B.A.)" comprised a smaller proportion of total FTEs over time. For the other patient care staff disciplines, the proportions they comprised of total FTEs generally were trendless, and little changed over time (table 1).

Selected mental health organizations accounted for nearly all of the increase in FTE staff. Private psychiatric hospitals, separate psychiatric services of non-Federal general hospitals, residential treatment centers for emotionally disturbed children (RTCs), and multiservice mental health organizations accounted for virtually all of the increase in FTE staff in mental health organizations between 1972 and 1990 (table 2). The number of FTE staff employed in State and county mental hospitals, VA medical centers, and freestanding psychiatric outpatient clinics declined during this period (table 2).

Over time, a larger proportion of persons worked part-time, and a smaller proportion were trainees. The distribution by employment status of persons working in mental health organizations changed between 1976 and 1990. During this period, for both total staff and patient care staff, the proportion of persons working full-time and as trainees decreased, and the proportion working part-time increased (figure 2). This pattern was reflected primarily among patient care staff, since the employment status of administrative, clerical and maintenance staff remained unchanged over this period (figure 2). Although the proportion of total staff that worked full-time decreased for some staff disciplines, and increased for others, between 1970 and 1990, the proportion of part-time staff increased or remained the same, and the proportion of training staff decreased between 1976 and 1990 for nearly all staff disciplines.

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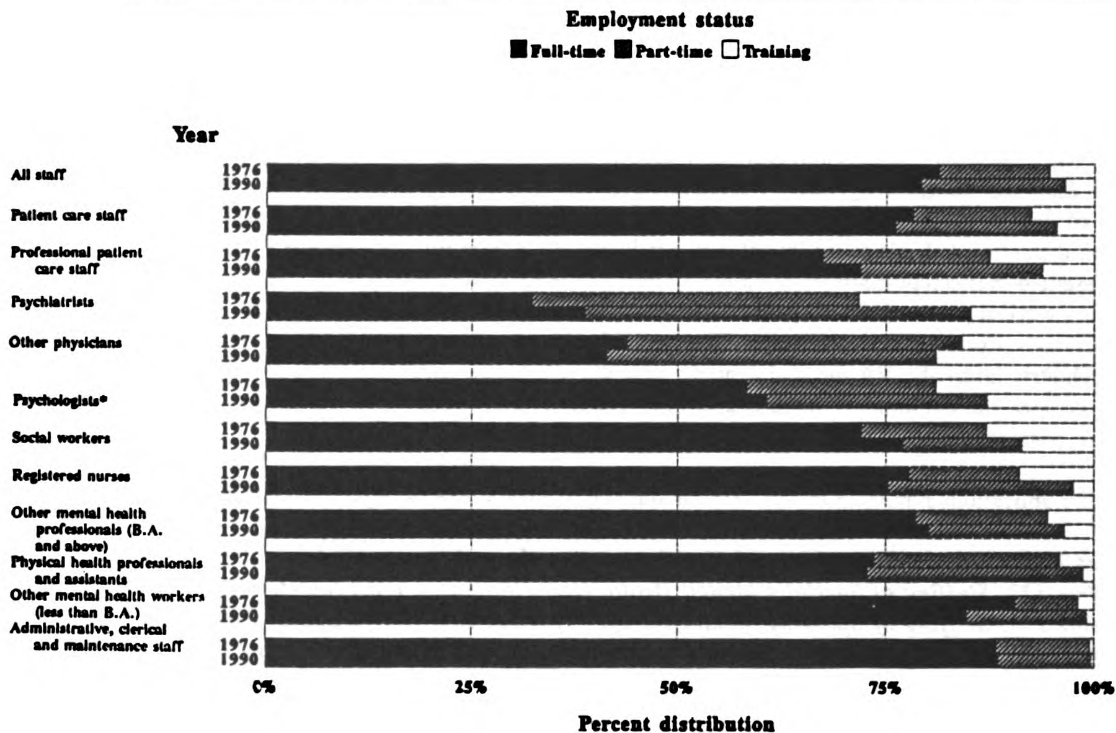
Type of organization	Number of total FTE staff		Percent distribution of FTE Staff							
			Total staff		Professional patient care staff		Mental health worker (less than B.A.)		Administrative, clerical, and maintenance staff	
	1972	1990	1972	1990	1972	1990	1972	1990	1972	1990
All mental health organizations	375,984	563,621	100.0	100.0	26.9	48.5	37.3	25.3	35.8	26.2
State and county mental hospitals	223,886	175,566	100.0	100.0	17.3	28.5	44.5	36.5	38.2	35.0
Private psychiatric hospitals	21,504	75,393	100.0	100.0	26.6	60.6	26.1	15.3	47.3	24.1
VA medical centers	42,152	29,741	100.0	100.0	29.2	49.2	29.0	25.0	41.8	25.8
Non-Federal general hospital separate psychiatric services	30,982	80,625	100.0	100.0	50.3	70.8	33.1	18.8	16.6	10.4
Residential treatment centers for children	17,025	53,220	100.0	100.0	39.6	48.9	26.8	28.1	33.6	23.0
Freestanding psychiatric outpatient clinics	15,780	14,272	100.0	100.0	63.4	66.2	7.3	4.0	29.3	29.8
Multiservice mental health organizations[1]	24,655	134,804	100.0	100.0	48.7	52.4	27.6	21.1	23.7	26.5

Table 2. Distribution of full-time equivalent (FTE) staff by staff category: United States, 1972 and 1990

[1]Includes a small number of freestanding psychiatric partial care organizations in 1972 and 1990, and Federally-funded community mental health centers in 1972.

Figure 2. Distribution of staff positions by employment status: United States, 1976 and 1990



*For 1976, this category included all psychologists with a B.A. and above, for 1990, M.A. and above.

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Summary and Conclusions

Concomitant with large increases in the number of mental health organizations, and the number of patient care episodes in these organizations between 1972 and 1990, the number of FTE staff needed to work in these organizations also increased. However, the changes in the numbers of the various types of staff disciplines employed by the mental health organizations reflect, in part, the changes that have taken place in the locus and type of mental health care being delivered during this period. Foremost, State mental hospitals have been downsized as a result of policies fostering deinstitutionalization and promoting a greater emphasis on providing care in community-based mental health organizations (e.g., outpatient psychiatric clinics, general hospitals and multiservice mental health organizations). In addition, improved treatment techniques have been developed, and changes have been made in health care financing policies which have precluded long-term hospital stays for many clients, and increased the utilization of less costly, short-term inpatient, outpatient, and partial care services in or near the communities in which the clients reside. As a result, the number of FTE staff employed in State mental hospitals and VA medical centers, where the primary emphasis had been on providing long-term inpatient care, declined significantly over the 1972-90 period, while organizations such as private psychiatric hospitals, general hospital psychiatric services, residential treatment centers for emotionally disturbed children, and multiservice mental health organizations, which focus more on providing short-term inpatient, outpatient, and partial care services, had substantial increases in FTE staff. Moreover, those staff disciplines more likely to be involved in providing services in inpatient care settings, namely, psychiatrists, other physicians, physical health professionals and assistants, and mental health workers less than B.A. (aides and attendants), showed only small gains or little or no change in numbers between 1972 and 1990; while psychologists, social workers, registered nurses and other mental health professionals, whose functions are utilized more in outpatient, partial care, and short-term inpatient services, showed substantial increases in number during this period.

Another trend, previously noted, namely, the small proportionate increase in the number of part-time staff employed in mental health organizations, accompanied by somewhat smaller percentages of full-time and trainee staff, may be partially a result of the increased use of cost-saving mechanisms. The substitution of less costly outpatient and partial care for inpatient care, and greater use of part-time staff has occurred as governments, businesses, and insurance companies try to reduce the costs paid for mental health care.

APPENDIX - SOURCES AND QUALIFICATIONS OF THE DATA AND DEFINITIONS

The most recent data on staffing of mental health organizations was obtained from the 1990 Inventory of Mental Health Organizations and General Hospital Mental Health Services, a biennial complete enumeration of all mental health organizations in the United States, conducted by the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services [formerly part of the National Institute of Mental Health (NIMH)], with the cooperation of the State mental health agencies, the National Association of State Mental Health Program Directors, the National Association of Psychiatric Health Systems, and the American Hospital Association. Trend information shown in this report is based on data collected in similar Inventories conducted by NIMH for the previous years shown.

The staffing data presented in this report are based on the number of staff persons employed in mental health organizations, and the scheduled hours worked per week for all paid staff during a sample week of the reporting year. Included are clinical staff paid on a contract basis; excluded are volunteers. The mental health organizations covered are State and county mental hospitals, private psychiatric hospitals, VA medical centers, separate psychiatric services in non-Federal general hospitals, residential treatment centers for emotionally disturbed children, freestanding psychiatric outpatient clinics, freestanding psychiatric partial care organizations, and multiservice mental health organizations.

Other NIMH/CMHS publications reporting exclusively on staffing of mental health organizations are as follows:

NIMH Series B, No. 14, Staffing of Mental Health Facilities, United States, 1976.
Statistical Note 172, Staffing of Specialty Mental Health Organizations, United States, 1978-80. August 1985.
Statistical Note 183, Staffing of Specialty Mental Health Organizations, United States, 1984. May 1987.
Statistical Note 196, Staffing of Mental Health Organizations, United States, 1986. April 1991
Statistical Note 206, Staffing of Mental Health Organizations, United States, 1988. April 1993.

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Definitions

Patient care episodes -- These are the number of residents in inpatient programs at the beginning of the year (or the number of persons on the rolls of ambulatory programs), plus the total additions to these programs during the year. Total additions include new admissions and readmissions; it is, therefore, a duplicated count of persons. In counting additions rather than persons, two types of duplication are introduced. First, the same person may be admitted more than once to a particular program during the year. In this case, the same person is counted as many times as he or she is admitted. Second, the same person may be admitted to two or more different services during the year. Again, this person is counted as an addition for each service to which he or she is admitted. Duplication also occurs because episodes are counted independently by type of service (inpatient, outpatient, partial care). A person who is an inpatient in a hospital, released to a partial care service, and then followed as an outpatient, for example, would be counted as having three episodes.

Staffing

Full-time equivalent (FTE) staff -- The total person hours worked in a week by full-time, part-time, and trainee staff, divided by 40 hours, to indicate the number of persons working a 40 hour week.

Full-time staff -- Persons (excluding trainees) employed 35 or more hours a week.

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

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

Administrative, clerical, and maintenance staff -- All non-patient care staff including medical records administrators and technicians, accountants, business staff, and clerical and maintenance staff.

Patient care staff -- All staff, excluding administrative, clerical, and maintenance staff.

Other mental health professionals - B.A. and above -- Psychologists, B.A. level; vocational rehabilitation counselors and other counselors; school teachers; activity therapists (e.g., art, dance, psychodrama, recreational therapists); other mental health workers, B.A. and above.

Other mental health workers - less than B.A. -- Licensed practical and vocational nurses, aides, orderlies and assistants, all other mental health workers with less than a B.A.

Other physical health professionals and assistants -- Dentists, and dental assistants, dieticians, pharmacists and assistants, and other physical health professionals.

Types of Mental Health Organizations

State and county mental hospital. A psychiatric hospital that is under the auspices of a State or a county government, or operated jointly by both a State and county government.

Private psychiatric hospital. A hospital operated by a sole proprietor, partnership, limited partnership, corporation, or not-for-profit organization, primarily for the inpatient care of persons with mental disorders.

Department of Veterans Affairs psychiatric organization. An organization that is operated and controlled by the Department of Veterans Affairs (formerly the Veterans Administration) (e.g., VA multiservice mental health organization) and provides mental health services.

General hospital with separate psychiatric service(s). A non-Federal general hospital that routinely admits patients to a separate psychiatric service (e.g. inpatient care, outpatient care, or partial hospitalization), for the express purpose of diagnosing and treating psychiatric illness. A separate psychiatric unit is an organizational or administrative entity with a general hospital that provides one or more treatments or other clinical services for patients with a known or suspected psychiatric diagnosis and is specifically established and staffed for use by patients served in this unit. If this is an inpatient unit, beds are set up and staffed specifically for psychiatric patients in a separate ward or unit. These beds may be located in a specific building, wing, or floor, or they may be a specific group of beds physically separated from regular or surgical beds.

Residential treatment center for emotionally disturbed children (RTC). An organization that must meet all of the following criteria:

- It is an organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for its patients/clients.
- It has a clinical program within the organization that is directed by either a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's and/or a doctorate degree.
- It serves children and youth primarily under age 18.

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• The primary reason for the admission of 50 percent or more of the children and youth is mental illness, which can be classified by DSM-III/DSM-IIIR/DSM-IV/ICD-9CM codes, other than those codes for mental retardation, substance (drug) related disorders, and alcoholism.

Freestanding psychiatric outpatient clinic. An administratively distinct organization that is not part of another psychiatric organization (e.g., a hospital). It is composed of programs for ambulatory patients who generally require more time (3 or more hours) than that provided through an outpatient visit, but who require less than 24-hour care.

Multiservice mental health organization. An administratively distinct organization that provides any combination of two or more services (inpatient, residential, outpatient or partial care) in services that are under the organization's direct administrative control.

Types of Services

Inpatient care. Provision of 24-hour care in a hospital setting.

Outpatient care. Mental health services to ambulatory clients/patients on an individual, group or family basis, generally provided in less than 3 hours at a single visit in a clinic or similar organization. Includes ambulatory emergency care in a planned program to provide psychiatric care in crisis situations by staff specifically designated for this purpose.

Partial care. A planned program of mental health treatment services generally provided to groups of clients/patients in sessions lasting 3 or more hours. Included are the following:

Day/evening treatment. Treatment programs that place heavy emphasis on intensive short-term therapy and rehabilitation.

Day/evening care. Treatment programs that focus on sustainment, maximization, or socialization through recreation, and/or occupational activities, etc., including sheltered workshops.

Education and training. Treatment programs that focus on change through an integration of education, habilitation and training, including special education classes, therapeutic nursery schools, and vocational training.

Residential treatment care. Overnight care in conjunction with an intensive program in a service other than a hospital. Examples of residential services are those for emotionally disturbed children.

The authors: Richard W. Redick, Ph.D., private consultant, developed this report under contract number 93-MF-3354554-01D, from the Center for Mental Health Services. The DSCSD staff members, Michael J. Witkin, M.A., C.P.A., Joanne E. Atay, M.A., and Ronald W. Manderscheid, Ph.D., conceptualized the survey upon which the report is based, provided and edited data for the tables, and prepared sections of the text. The CMHS Statistical Notes are edited by Mary Anne Sonnenschein, M.A., DSCSD.

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DHHS Publication No. (SMA) 95-3055
Substance Abuse and Mental Health Services Administration
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