

In January 1974 the National Institute of Mental Health asked questions regarding the availability of emergency mental health services for the first time in its annual Inventory of Mental Health Facilities which is conducted nationally in a wide variety of mental health facilities. Information on the nature of emergency services in comprehensive federally assisted community mental health centers (CMHC's) was obtained from the annual Inventory of Comprehensive Community Mental Health Centers also conducted in January 1974. The data on emergency mental health services, which are derived from these two inventories, were presented in <u>Statistical Note 128</u>. The current report which is based on data collected in January 1976 updates the information presented in Statistical Note 128.²

The number and percent of facilities providing emergency mental health services, which is shown in tables 1 through 9, are based on facilities which reported this information. The total number of facilities including nonrespondents is shown by geographic region in table 10.

Types of facilities included in one or more of the tables are as follows: (1) State and county mental hospitals; (2) private psychiatric hospitals; (3) Veterans Administration (VA) general and psychiatric hospitals; (4) federally assisted community mental health centers; (5) general hospitals with separate psychiatric services; (6) freestanding outpatient psychiatric clinics; (7) residential treatment centers for emotionally disturbed children; and (8) all other facilities which includes nonfederally assisted community mental health centers and freestanding mental health day/night treatment facilities. Examples of facilities which are not surveyed by NIMH and which may provide emergency mental health services are as follows: (1) military hospitals and clinics; (2) college and university health facilities; (3) freestanding "hot lines" and suicide prevention centers; (4) general hospitals which admit psychiatric patients but which do not maintain any type of psychiatric service other than psychiatric emergency service; and (5) alcohol and drug abuse facilities.

For the purposes of the Inventory, emergency mental health programs were defined as follows:

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. EXCLUDE programs providing only holding bed facilities.

S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE / Public Health Service / Alcohol, Drug Abuse and Montal Health Administration NATIONAL INSTITUTE OF MENTAL HEALTH

Division of Biometry and Epidemiology
Survey and Reports Branch All facilities which stated that they had an emergency mental health $program^{3/2}$ were asked a question regarding the provision of emergency services in walk-in modes, $\frac{4}{5}$ by telephone, $\frac{5}{5}$ through home visits $\frac{6}{3}$ and whether "suicide prevention" services were available. $\frac{7}{1}$ In addition the facilities were asked to check whether these emergency services were available "24 hours/7 days a week" or "less than 24 hours or not every day." No information was obtained on the intensity of the program (e.g., crisis intervention, evaluation and referral), whether mental health personnel were used, whether the services were performed by persons on duty or on call and on other aspects of the emergency program. The remainder of this Note analyzes responses to the Inventory for all types of facilities for the United States and by geographic region⁸⁷ and/or size (based on number of inpatient beds) for selected facility types (e.g., State and county mental hospitals, CMHC's, non-Federal general hospitals, and freestanding outpatient psychiatric clinics).²⁷ Data by geographic region are not shown for the remainder of the facilities for which U.S. data are shown in tables 1 and 2 (private psychiatric hospitals, VA general and psychiatric hospitals, and residential treatment centers for emotionally disturbed children)?/because relatively small numbers of these facilities provide emergency mental health services especially in certain geographic regions.

All Facilities

Mental health facilities showed wide variation in the proportions which provided any type of psychiatric emergency service (table 1). This ranged from 3 percent of the residential treatment centers for emotionally disturbed children (RTC's) to 61 percent of the general hospitals operated by State and local governments with separate psychiatric services. 9/10/

The comparative availability of emergency mental health services vis-à-vis other service modes (e.g., inpatient, outpatient, day treatment) was greater in community-based programs such as general hospitals and freestanding outpatient psychiatric clinics than in psychiatric hospitals. In terms of availability of the six service modes in table 1, psychiatric emergency services ranked second in general hospitals and in freestanding clinics and fourth in psychiatric hospitals.

Table 2 compares the availability of various types of emergency service modes by facility type. The most predominant emergency mode for each type of facility was "walk-in." Furthermore with the exception of freestanding outpatient psychiatric clinics, psychiatric emergency services in walk-in modes, for the most part, were available every hour of every day. Home visits were the least utilized mode of providing emergency mental health services. In all types of facilities, home visits if available at all were more apt to be provided during only part of a 24-hour period.

State and County Mental Hospitals

Over 29 percent of the State and county mental hospitals provided some type of psychiatric emergency service (table 3). Nearly all hospitals which provided psychiatric emergency services operated walk-in services and most



of these were open around the clock. Telephone services were available in 16 percent of the hospitals, suicide prevention in 11 percent and home visits were available in 14 percent.

By geographic region the percent of State mental hospitals providing any type of emergency mental health services ranged from 9 percent of the 45 hospitals in Region III to 53 percent of the 17 hospitals in Region I (table 3). By size (based on number of inpatient beds), larger proportions of hospitals with less than 500 inpatient beds than those with 500 beds and over provided these services (table 4).

If specialty State mental hospitals are excluded (viz. children's hospitals, security hospitals and Wisconsin county hospitals), the proportion of the remaining hospitals (i.e., "traditional" hospitals) with emergency mental health services is 30 percent. With the exception of Region III, the same or a larger proportion of "traditional" as compared with <u>all</u> State mental hospitals provided emergency mental health services (table 5).

Federally Assisted Community Mental Health Centers

As established in the Community Mental Health Services Act of 1963, emergency service available 24 hours a day is required of every community mental health center (CMHC) that receives Federal assistance for construction or initial staffing. $\underline{11}^{\prime}$ Ideally the requirements of an emergency program of a CMHC are: the 24-hour walk-in service, the 24-hour telephone service; home emergency visits; and a service for suicide prevention. $\underline{11}^{\prime}$ It is not known how many CMHC's provide the full range of emergency services since no information is available on how many CMHC's have home emergency visits or a suicide prevention service.

Virtually all CMHC's provide emergency services both by telephone and in walk-in modes during their regular working hours. However, NIMH in its Inventory conducted in January 1976 also requested information on the availability of emergency services by telephone and in walk-in modes during nonworking hours (i.e., weekends, evenings, nights and holidays). A summary of these responses is given in table 6.

Of the 521 CMHC's reporting, 98 percent had emergency services available either by telephone or by walk-in modes during nonworking hours and 78 percent provided emergency services in both walk-in modes and by telephone during nonworking hours. Eighty-four percent of the CMHC's reporting provided emergency services in a walk-in mode and 91 percent provided emergency services by telephone during nonworking hours.

Freestanding Outpatient Psychiatric Clinics (OPC's)

Forty-six percent of the OPC's reported providing some type of psychiatric emergency service. This ranged from 30 percent of the OPC's in Region II to 68 percent in Region X (table 7). The most widely available emergency mode was "walk-in" (43%) followed by "telephone" and "home visits" (30 percent)



each). However, whereas emergency services in walk-in modes were generally not available around the clock, more than half of "telephone" modes operated 24 hours a day, 7 days a week.

Non-Federal General Hospitals

Approximately 50 percent of the general hospitals surveyed in the NIMH Inventory reported providing emergency mental health services. At first glance this appears to be an unusually large proportion. However, it should be recognized that only hospitals which were known to have one or more separate psychiatric service modes (e.g., inpatient, outpatient, day treatment, other partial hospitalization) were surveyed. Special effort was made to screen out those hospitals which maintained an emergency medical service but not an emergency mental health program.

Virtually all of the general hospitals which had any type of emergency service provided these services in a "walk-in" mode (table 8). By geographic region, the proportion of hospitals ranged from 37 percent in Region VI to 64 percent in Region II. Nearly all of the "walk-in" modes were open around the clock.

Emergency services by telephone were provided in 17 percent of the general hospitals and here again most of the services provided by telephone were available around the clock.

In general, the availability of psychiatric emergency services in general hospitals was related to size of the psychiatric inpatient service (based on number of beds). Only 46 percent of the general hospitals with inpatient psychiatric services of less than 16 beds provided psychiatric emergency services as compared with 67 percent of the general hospitals with inpatient psychiatric services of 100 beds and over (table 9).

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Combined Footnotes for Text and Tables

- 1/ Annual and biennial inventories of facilities, the purpose of which is to provide basic data on each mental health facility in the country relating to their caseload, staffing and expenditure patterns, and services provided. Psychiatric hospitals (State and county, private, and V.A.) and federally assisted community mental health centers are surveyed annually. Other facilities such as day/night facilities, general hospital psychiatric services, outpatient clinics and residential treatment centers for emotionally disturbed children are surveyed biennially.
- 2/ National Institute of Mental Health. "Emergency Services in Psychiatric Facilities, United States, January, 1976." <u>Statistical Note 128</u>, Division of Biometry and Epidemiology, Survey and Reports Branch, NIMH, February 1976.
- 3/ In this report the terms "emergency mental health" and "psychiatric emergency" are used synonymously.
- 4/ Walk-in modes are those that provide emergency mental health services on the premises on a face-to-face basis to persons in crisis situations.
- 5/ Telephone modes include direct mental health services provided by telephone. They exclude telephones which are an adjunct to the walk-in service and are open the same hours as the walk-in service.
- 6/ Home visit modes are those in which staff personnel visit persons in crisis situations in the home of the person.
- 7/ Suicide prevention programs include special walk-in or telephone programs staffed by hospital personnel or trained volunteers that are set up to console and counsel persons who are contemplating suicide.
- 8/ See Table 10 for States included under each region.

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9/ Definitions of types of facilities included in this Note are as follows:

(a) <u>Psychiatric hospital</u>. -- A public (e.g., State and county, VA) or private psychiatric hospital in which the primary concern is to provide inpatient care and treatment to mentally ill persons. Such facilities are licensed as hospitals.

(b) <u>General hospital with separate psychiatric service(s)</u>. -- A hospital that knowingly and routinely admits patients to a separate service (e.g., any combination of inpatient, outpatient, day treatment or other partial hospitalization) for the express purpose of diagnosing and treating psychiatric illness. A separate psychiatric unit is an organizational or administrative entity within a general hospital which provides one or more treatments or other clinical services for patients with a known

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or suspected psychiatric diagnosis and is specifically established and staffed for use by patients served in this unit.

(c) <u>Outpatient psychiatric clinic</u>. -- Ad administratively distinct facility whose primary purpose is to provide nonresidential mental health service and in which a psychiatrist usually assumes medical responsibility for all patients and/or directs the mental health program.

(d) <u>Residential treatment center for emotionally disturbed children</u>. --A residential institution that primarily serves children who by clinical diagnosis are moderately or seriously disturbed emotionally and provides treatment services usually under the supervision of a psychiatrist.

(e) Federally assisted comprehensive community mental health center (CMHC). -- A legal entity through which comprehensive mental health services are provided to a delineated catchment area. This mental health delivery system may be implemented by a single facility (with or without subunits) or by a group of affiliated facilities which make available at least the following essential services: inpatient, partial, outpatient, emergency care, and consultation and education. Further, one of the component facilities of the CMHC is the recipient of Federal funds under P.L. 88-164 (construction) and/or P.L. 89-105 (staffing) or amendments thereto.

- 10/ The American Hospital Association in its annual survey in 1975 identified 1,080 short-term general and other special hospitals which provided psychiatric emergency services. This represents 20 percent of the 5,507 such hospitals which are registered by AHA. This is more than double the number of general hospitals with psychiatric emergency services identified in the NIMH Inventory. However, the data from the two surveys are not comparable. First of all, NIMH data exclude general hospitals which may provide psychiatric emergency services, but do not provide one or more of these service modes as follows: inpatient, outpatient, day treatment, other partial hospitalization. In addition the NIMH data for general hospitals exclude special short-term hospitals.
- 11/ National Institute of Mental Health. "Emergency Services A Service of the Community Mental Health Center." U.S. Public Health Publication No. 1477, 1969.
- $\frac{12}{}$ Data on federally assisted community mental health centers are not reported here, but are shown in table 6.
- 13/ Most of the psychiatric inpatient units in the general medical and surgical hospitals of the Veterans Administration closely resemble psychiatric hospitals both in size and operation. For this reason, these units are grouped with the V.A. neuropsychiatric hospitals and only one category "V.A. psychiatric hospitals" is shown.
- 14/ Includes nonfederally assisted community mental health centers and freestanding mental health day/night treatment facilities. Of the 33 facilities



in the "all other" category which provided emergency mental health services, 32 were nonfederally assisted CMHC's and 1 was a freestanding mental health day/night treatment facility.

- 15/ "Traditional" hospitals include all State and county mental hospitals with the exception of children's hospitals, security hospitals and county hospitals in Wisconsin.
- 16/ Data on the distribution of the 730 general hospitals with any type of separate psychiatric service by geographic region and State are not available.



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not every day 3.0 2.4 5.9 2.4 - 5.3 11.1 3.9 8.6 4. Home Visits-Total 12.7 13.5 33.0 9.5 1.1 12.9 20.2 11.1 30.2 40. Z4 Hours/7 days a week. 4.5 5.2 12.7 3.0 9.5 1.1 12.9 20.2 11.1 30.2 40. Less than 24 hours or 8.2 8.3 20.3 6.5 0.4 10.4 16.7 8.9 19.9 29 not every day 8.2 8.3 20.3 6.5 0.4 10.4 16.7 8.9 19.9 29 One or More of the Above.32.3 29.1 52.5 23.8 3.6 50.1 61.1 47.4 45.8 51 - Quantity zero. - Quantity zero. - 29.1 52.5 23.8 3.6 50.1 61.1 47.4 45.8 51	24 Hours/7 days a week. Less than 24 hours or	9.2	0.6	22.0	7.1	1.1	6.6	15.3	8.5	12.7	28.1
Home Visits-Total 12.7 13.5 33.0 9.5 1.1 12.9 20.2 11.1 30.2 40 24 Hours/7 days a week. 4.5 5.2 12.7 3.0 0.7 2.5 3.5 2.2 10.3 10.3 24 Hours or 12.4 hours or 8.2 8.3 20.3 6.5 0.4 10.4 16.7 8.9 19.9 29 100 every day 8.2 8.3 20.3 6.5 0.4 10.4 16.7 8.9 19.9 29 0 or every day 8.2 8.3 20.3 6.5 0.4 10.4 16.7 8.9 19.9 29 0 no every day 8.2 29.1 52.5 23.8 3.6 50.1 61.1 47.4 45.8 51 0 ue tity zero. 0 uentity zero. 10.4 10.4 10.4 10.4 10.4 10.9 10.9	not every day	3.0	2.4	5.9	2.4	I	5.3	11.1	3.9	8.6	4.7
24 Hours/7 days a week. 4.5 5.2 12.7 3.0 0.7 2.5 3.5 2.2 10.3 10. Less than 24 hours or not every day 8.2 8.3 20.3 6.5 0.4 10.4 16.7 8.9 19.9 29 One or More of the Above.32.3 29.1 52.5 23.8 3.6 50.1 61.1 47.4 45.8 51 - Quantity zero.	Home Visits-Total	12.7	13.5	33.0	9.5	1.1	12.9	20.2	11.1	30.2	40.6
not every day 8.2 8.3 20.3 6.5 0.4 10.4 16.7 8.9 19.9 29. One or More of the Above.32.3 29.1 52.5 23.8 3.6 50.1 61.1 47.4 45.8 51 - Quantity zero. 29.1 51.5 .	24 Hours/7 days a week. Less than 24 hours or	4.5	5.2	12.7	3.0	0.7	2.5	3.5	2.2	10.3	10.9
One or More of the Above.32.3 29.1 52.5 23.8 3.6 50.1 61.1 47.4 45.8 51 - Quantity zero. - Quantity zero.	not every day	8.2	8.3	20.3	6.5	0.4	10.4	16.7	8.9	19.9	29.7
.	One or More of the	<u>.</u> .32.3	29.1	52.5	23.8	3.6	50.1	61.1	47.4		51.6
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~	Tynes of Psychiatric	United				Gec	Geographic	Region				
امر	Emergency Service Modes	States	I	II	III	IV	Λ	١٨	VII	IIIV	IX	x
					Nn	Number of	Hospitals		Reporting			
	Total Hospitals	289	17	46	45	35	81		20	80	10	7
			Perc	Percent of	Hospita	ls Main	Hospitals Maintaining		Psychiatric H	Emergency Programs	y Progr	ams
	Walk-In Total	28.0	52.9	36.9	8.9	17.1	34.5	15.0	35.0	37.5	30.0	14.3
	24 Hours/7 days a week Less than 24 hours or	25.2	47.0	32.6	6.7	17.1	29.6	15.0	35.0	37.5	30.0	14.3
	not every day	2.8	5.9	4.3	2.2	I	4.9	I	I	I	I	I
-	Telephone - Total	15.6	35.3	19.5	2.2	8.6	22.2	5.0	15.0	37.5	10.0	I
10	. 24 Hours/7 days a week 2 Less than 24 hours or	11.1	29.4	13.0	I	8.6	14.8	5.0	10.0	25.0	10.0	I
-	not every day	4.5	5.9	6.5	2.2	I	7.4	I	5.0	12.5	I	ı
	Suivide Prevention-Total	11.4	17.6	13.1	2.2	2.9	16.0	5.0	20.0	37.5	10.0	I
	24 Hours/7 days a week Less than 24 hours or	0.6	17.6	10.9	I	2.9	12.3	5.0	15.0	25.0	10.0	ı
	not every day	2.4	ł	2.2	2.2	I	3.7	I	5.0	12.5	I	I
Oriai	Home Visits - Total	13.5	23.6	30.4	4.4	I	14.8	5.0	15.0	25.0	10.0	I
nal fro	24 Hours/7 days a week Less than 24 hours or	5.2	11.8	15.2	I	ı	4.9	5.0	I	12.5	I	I
om	not every day	8.3	11.8	15.2	4.4	1	6.9	I	15.0	12.5	10.0	I
	One or More of the Above	29.1	52.9	41.3	8.9	17.1	35.8	15.0	35.0	37.5	30.0	14.3

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(Footn	(Footnotes to t	tables appear	appear on page	5 follow	following text)		
		S	Size (Based	on number	of inpatient	ent beds)	
Types of Psychiatric Emergency Service Modes	All Sizes	Less Than 100 Beds	100-249 Beds	250-499 Beds	500-999 Beds	1,000-1,499 Beds	1,500 Beds and Over
			Number	of Hospitals	als Reporting	lng	
Total Hospitals	283	77	77	50	61	47	37
	Ч	Percent of Ho	Hospitals Ma	Maintaining F	Psychiatric	Emergency	Programs
<u>Walk-in - Total</u>	27.5 24.7	25.0 22.7	36.4 27.3	32.0 28.0	2 3.0 23.0	29.8 27.7	18.9 18.9
Less than 24 hours of not every day	2.8	2.3	9.1	4.0	I	2.1	ı
Telephone - Total	15.6	18.2	22.7	16.0	9.8	17.0	10.8
24 Hours// days a week Less than 24 hours or	11.0	18.2	6.8	14.0	8.2	10.6	8.1
not every day	4.6	·	15.9	2.0	1.6	6.4	2.7
Suicide Prevention-Total	11.3	9.1	20.4	4.0	11.5	14.9	8.1
24 Hours/7 days a week Lees than 24 hours or	8.8	9.1	13.6	4.0	8.2	10.6	8.1
not every day	2.5	·	6.8	ı	3.3	4.3	ı
Home Visits - Total	13.4	9.1	22.7	10.0	9.8	19.1	10.8
24 Hours/7 days a week Less than 24 hours or	5.3	6.8	6.8	2.0	1.6	10.6	5.4
not every day	8.1	2.3	15.9	8.0	8.2	8.5	5.4
One or More of the Above.	28.6	25.0	38.6	34.0	24.6	29.8	18.9

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Types of Psychiatric	c United	pa			Geo	Geographic	c Region	-			
Emergency Service Modes		ss I	II	111	IV	Δ	ΙΛ	ΙΙΛ	VIII	IX	×
				Ņ	Number of	Hospitals		Reporting			
Total Hospitals	•• 242	2 17	38	38	32	54	20	19	œ	6	7
Walk-in - Total	8.95	s 52_9	42.1	6,7	18.8	38,9	15.0	36.8	37.5	33.3	14.3
24 Hours/7 days a week.			39.5	7.9	18.8	31.5	15.0	36.8	37.5	33.3	14.3
Less than 24 hours of not every day	•• 2.5	5.9	2.6	I	ı	7.4	ı	I	ı	ı	I
Telephone - Total	15.7	7 35.3	21.1	ı	9.4	24.1	5.0	15.8	37.5	11.1	I
24 Hours/7 days a week Less than 24 hours or		29.4	15.8	ı	9.4	13.0	5.0	10.5	25.0	11.1	1
not every day	•• 4.5	5.9	5.3	ı	ı	11.1	ı	5.3	12.5	ı	I
Suicide Prevention-Total 24 Hours/7 days a week Less than 24 hours or	al 12.4 •• 9.9	t 17.6) 17.6	15.8 13.2	1 1	• •	20.4 14.8	5.0	21.1 15.8	37.5 25.0	11.1	
not every day	•• 2.5	1	2.6	1	ı	5.6	I	5.3	12.5	I	I
Home Visits-Total 24 Hours/7 days e week	14.1 5.0	1 23.6 0 11.8	31.6 15.8	2.6	• •	18.5 3.7	5.0	15.8	25.0 12.5	11.1	1 1
not every day	9.1	1 11.8	15.8	2.6	ı	14.8	I	15.8	12.5	11.1	ı
One or More of the Above.	e. 30.6	52.9	44.7	7 0	18.8	2 07	15.0	36,8	37 5	22 2	5 71

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Table 6. Percent of federally assisted community mental health centers (CMHC's) <u>9</u>/ which have emergency care available during nonworking hours (i.e., weekends, evenings, and nights) and whether care is available during these times by telephone or walk-in modes: United States, January 1976

Footnotes to tables appear Nature of Emergency Care	on page 5 fo	Ollowing text) CMHC's
During Nonworking Hours	Number	Percent
Total Reporting	521	100.0
Walk-in Mode Only	33	6.3
Telephone Mode Only	70	13.4
Both Walk-in & Telephone Mode	405	77.8
No Emergency Care During Nonworking Hours	13	2.5

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which maintain selected types of psychiatric emergency service modes, by geographic region: United States, January 1976 Percent of freestanding outpatient psychiatric clinics 9/ Table 7.

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	Types of Psychiatric	United				Geo	Geographic	Region	ď			
مار	Emergency Service Modes	States	I	II	III	IV	Λ	ΛI	VII	VIII	IX	X
2					Νu	Number of	Clinics	a Reporting	ting			
	Total Clinics	914	74	136	120	91	218	52	49	24	73	57
	Walk-in - Total	42.8	47.3	28.2	51.7	51.7	38.1	28.8	42.9	50.0	49.3	64.9
	24 Hours/7 days a week Less than 24 hours or	6.3	10.8	3.8	6.7	4.4	7.8	ı	4.1	4.2	12.3	5.3
	not every day	36.5	36.5	24.4	45.0	47.3	30.3	28.8	38 .8	45.8	37.0	59.6
	Telephone- Total	30.2	39.2	17.3	33.3	40.7	28.4	17.3	22.5	45.8	31.5	47.4
- :	24 Hours/7 days a week Lees than 24 hours or	21.9	29.7	12.2	20.0	33.0	22.9	9.6	14.3	33.3	17.8	38.6
L4 -	not every day	8.3	9.5	5.1	13.3	7.7	5.5	7.7	8.2	12.5	13.7	8.8
	Suicide Prevention-Total	21.3	24.4	12.8	20.9	31.9	19.8	11.5	8.2	33.3	28.8	36.8
	24 Hours/7 days a week Less than 24 hours or	12.7	14.9	6.4	9.2	20.9	13.8	7.7	4.1	12.5	15.1	26.3
(not every day	8.6	9.5	6.4	11.7	11.0	6.0	3.8	4.1	20.8	13.7	10.5
Origir	Home Visits - Total	30.2	31.1	21.8	40.0	41.8	28.0	9.6	12.3	45.8	34.2	43.9
nal fro	24 Hours/7 days a week Leas than 24 hours or	10.3	13.5	4.5	10.8	12.1	13.8	ı	4.1	8.3	8.2	22.8
m	not every day	19.9	17.6	17.3	29.2	29~7	14.2	9.6	8.2	37.5	26.0	21.1
	One or More of the Above.	45.8	50.0	30.1	55.8	56.0	40.8	30.8	49.0	50.0	50.7	68.4

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Types of Psychiatric	United			1 1	Geographic		Region				
Emergency Service Modes	States		II	111	ΔI	٨	ΛI	VII	ΛΙΙΙ	ΧI	x
				Numb	u.	Hospitals		Reporting			
Total Hospitals	730	50	94	91	109	175	59	6 7	21	63	19
	Peı	Percent o	of Hospi	ltals M	laintai	ning P	sychia	tric En	Hospitals Maintaining Psychiatric Emergency	y Programs	ams
Walk-in - Total	49.6	62.0	63.8	46.2	45.0	46.3	37.3	46.9	33.3	57.2	57.9
24 Hours/7 days a week	47.4	58.0	58.5	44.0	45.0	45.7	33.9	44.9	33.3	52.4	57.9
Less than 24 hours or not every day	2.2	4.0	5.3	2.2	ľ	0.6	3.4	2.0	ı	4.8	I
Telenhone - Total	17.2	22.0	27.6	22.0	0,0	12.6	с С	16.3	19.1	20.6	36.8
24 Hours/7 days a week	12.3	12.0	20.2	16.5	6.4	8.6	5.1	10.2	14.3	19.0	26.3
Less than 24 hours or											
not every day	4.9	10.0	7.4	5.5	2.8	4.0	3.4	6.1	4.8	1.6	10.5
Sulcide Prevention - Total	15.2	20.0	27.6	13.2	10.1	10.3	8.5	12.3	23.8	17.5	36.8
24 Hours/7 days a week	6.9	10.0	19.1	7.7	6.4	5.7	6.8	8.2	14.3	15.9	21.1
Less than 24 hours or not every day	5.3	10.0	8.5	5.5	3.7	4.6	1.7	4.1	9.5	1.6	15.7
Uters Wiester Betel	0 61	0 76	3,5	3 71	с С	и 0	- U	0	и С		5 76
	7. Y	74.0	74.0		•••	•••		c	יי יי יי	7.11	2.02
24 nours// days a week Less than 24 hours or	C.2	I	·· ·	···	0.7	T•T	Т.1	7.0	C•۲	0.1	C•0T
not every day	10.4	24.0	19.1	13.2	6.4	7.4	3.4	6.1	I	9.5	15.8
The or More of the Ahove	50 1	62 0	0 6 7	6 97	(7 7	76 0	5 <u>7</u> 5	74 0	7 27	57 7	0 5 7

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Table 9. Percent of non-Federal general hospitals with separate inpatient psychiatric service modes10/ which maintain selected types of psychiatric emergency service modes, by size (based on number of psychiatric inpatient beds): United States, January 1976

	Siz	e (Based on num	ber of p	osychiat	ric inp	atient beds
Types of Psychiatric Emergency Service Modes		Less Than	16-24	25-49	50-99	100 Beds
	Sizes	16 Beds	Beds	Beds	Beds	& Over
			r of Hos			
Total Hospitals	646	95	189	250	88	24
	Percent of	Hospitals Main	taining	Psychia	atric Em	er. Program
Walk-in - Total	49.2	46.3	47.6	49.6	51.1	62.5
24 Hours/7 days a week Less than 24 hours or	47.8	46.3	45.5	48.4	50.0	58.3
not every day	1.4	-	2.1	1.2	1.1	4.2
felephone - Total	17.3	18.9	13.8	18.0	14.8	41.6
24 Hours/7 days a week Less than 24 hours or	12.5	16.8	9.0	12.8	12.5	20.8
not every day	4.8	2.1	4.8	5.2	2.3	20.8
Suicide Prevention - Total	15.4	12.6	13.2	16.0	13.6	41.6
24 Hours/7 days a week Less than 24 hours or	10.1	8.4	7.9	10.4	10.2	29.1
not every day	5.3	4.2	5.3	5.6	3.4	12.5
Home Visits - Total	12.4	14.8	9.5	13.6	10.2	20.9
24 Hours/7 days a week Less than 24 hours or	2.2	5.3	0.5	2.4	1.1	4.2
not every day	10.2	9.5	9.0	11.2	9.1	16.7
One or More of the Above	49.8	46.3	48.1	50.4	51.1	66.7

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Table 10.

Distribution of all known facilities by facility type $\frac{9 \Lambda_{6}}{1000}$ DHEW Region and State: United States,

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		(Footnotes	tes to tables	es appear on page	n. page 5	following text)		
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