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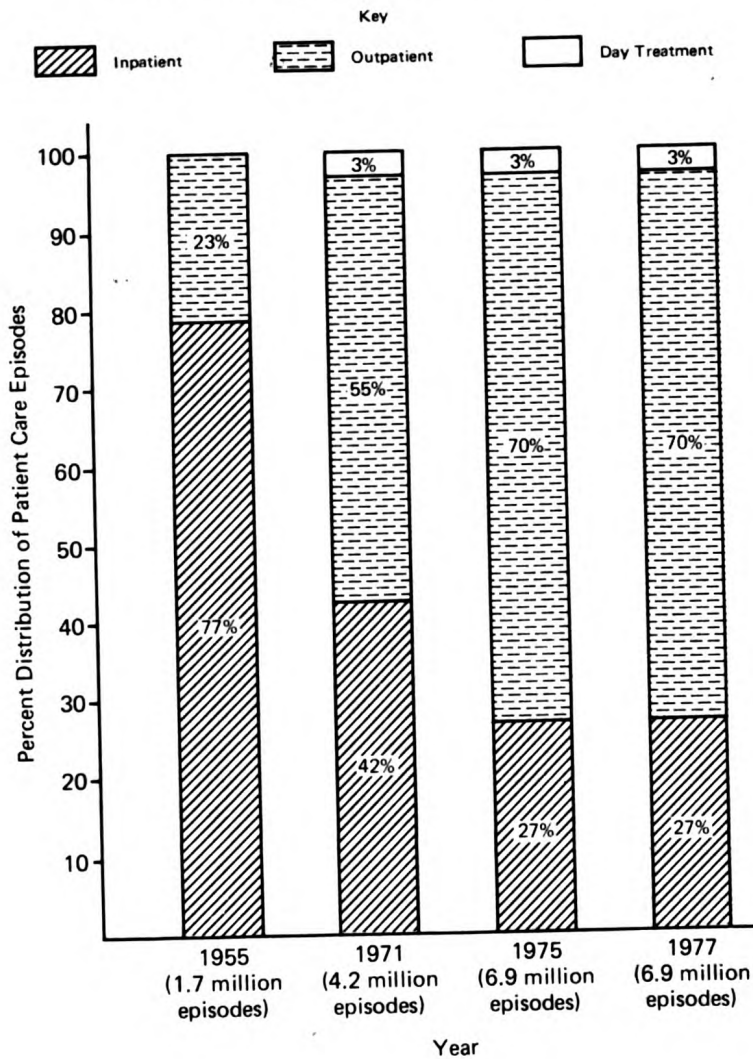
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MENTAL HEALTH Statistical Note No. 154

TRENDS IN PATIENT CARE EPISODES IN MENTAL HEALTH FACILITIES, 1955-1977 Michael J. Witkin

September 1980

Figure 1. PERCENT DISTRIBUTION OF PATIENT CARE EPISODES
IN MENTAL HEALTH FACILITIES BY MODALITY:
UNITED STATES, 1955, 1971, 1975, 1977



TRENDS IN PATIENT CARE EPISODES IN MENTAL HEALTH FACILITIES, 1955-1977

Introduction

This Note presents provisional data on patient care episodes ^{1/} in 3,751 facilities ^{2/} encompassing 6,453 inpatient, ^{3/} outpatient, ^{3/} and day treatment ^{3/} modalities of mental health services in 1977. The 1977 data are based on information collected in three inventories conducted by the National Institute of Mental Health (NIMH) in January 1978 (1977 data) -- the Inventory of Mental Health Facilities, the Inventory of General Hospital Psychiatric Services, and the Inventory of Comprehensive Community Mental Health Centers. ^{4/} The number of mental health facilities as of January 1978 by facility type and number of inpatient, outpatient and day treatment services is given in table 1.

Findings 1977-78

During 1977 there were an estimated 6,894,227 patient care episodes in mental health facilities of which 1,846,090 (27%) were inpatient, 4,822,665 (70%) were outpatient, and 225,472 (3%) were day treatment episodes (table 2 and figure 1). The total number of patient care episodes per 100,000 population was 2,964 for all episodes, 2,122 for all outpatient episodes and 842 for all inpatient care episodes (table 3). The rates in table 3 exclude day treatment episodes.

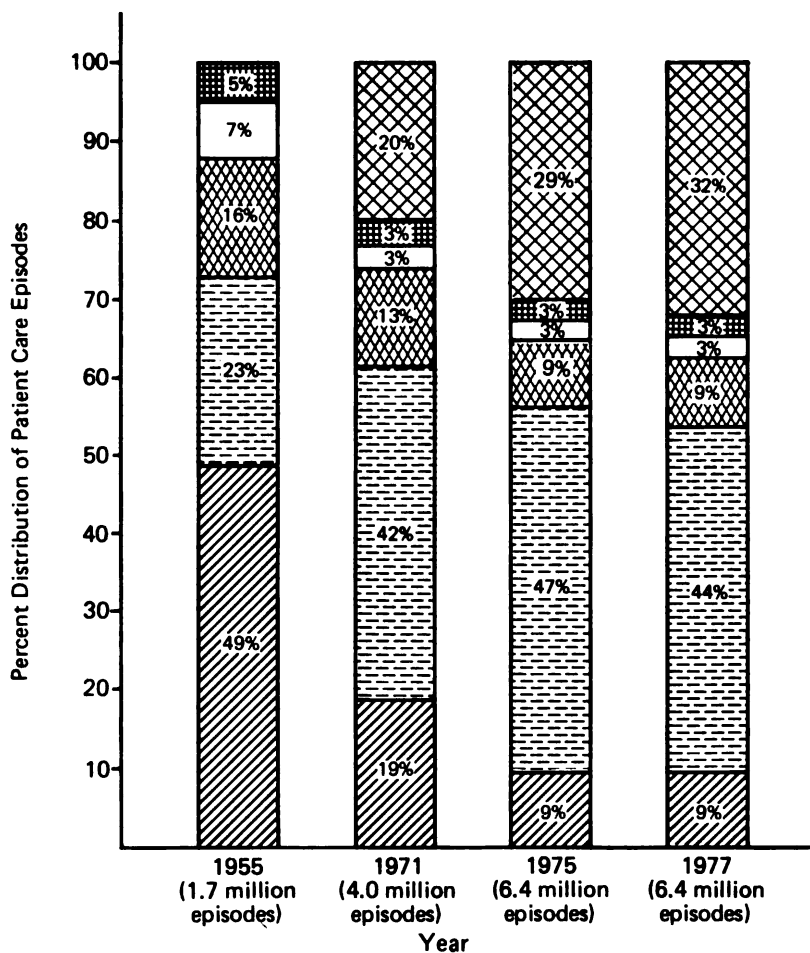
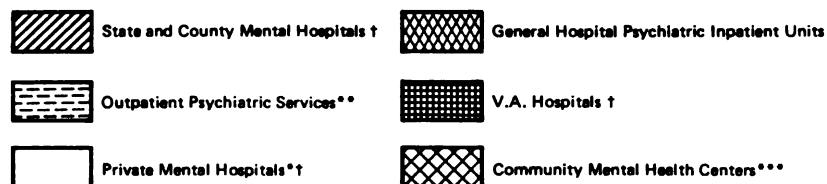
The largest proportions of total episodes were noted for federally funded community mental health centers (CMHCs) and freestanding psychiatric outpatient clinics which accounted for 31 percent and 26 percent respectively of the total episodes. These were followed by non-Federal general hospitals with 15 percent and State and county mental hospitals with 13 percent (table 2).

Trends 1955-1977

Figure 1 illustrates the shift of locale of episodes of care from predominantly inpatient settings in 1955 to predominantly outpatient settings in 1971, 1975, and 1977. The percent distributions in figure 1, which are derived in part from table 3, include all years given in table 3 with the exception of 1965. The latter year is excluded because the CMHC movement was in a fledgling stage of development following the passage of the Community Mental Health Centers Act (PL 94-63) in 1963 and the mechanism for collecting information from these facilities had not yet been established.

The four years given represent three eras of mental health service -- 1965, the pre-CMHC era when inpatient services in State mental hospitals predominated; 1971, the post-CMHC period when CMHCs were being established and 1975-77 the "deinstitutionalization" period involving discharges from State mental hospitals.

Figure 2. PERCENT DISTRIBUTION OF INPATIENT AND OUTPATIENT CARE EPISODES ^{1/} IN MENTAL HEALTH FACILITIES BY TYPE OF FACILITY: UNITED STATES, 1955, 1971, 1975, 1977



*Includes residential treatment centers for emotionally disturbed children.
 †Inpatient services only.
 **Includes freestanding outpatient services as well as those affiliated with psychiatric and general hospitals.
 ***Includes inpatient and outpatient services of federally funded CMHCs.
^{1/}Excludes day treatment episodes and V.A. psychiatric outpatient services.

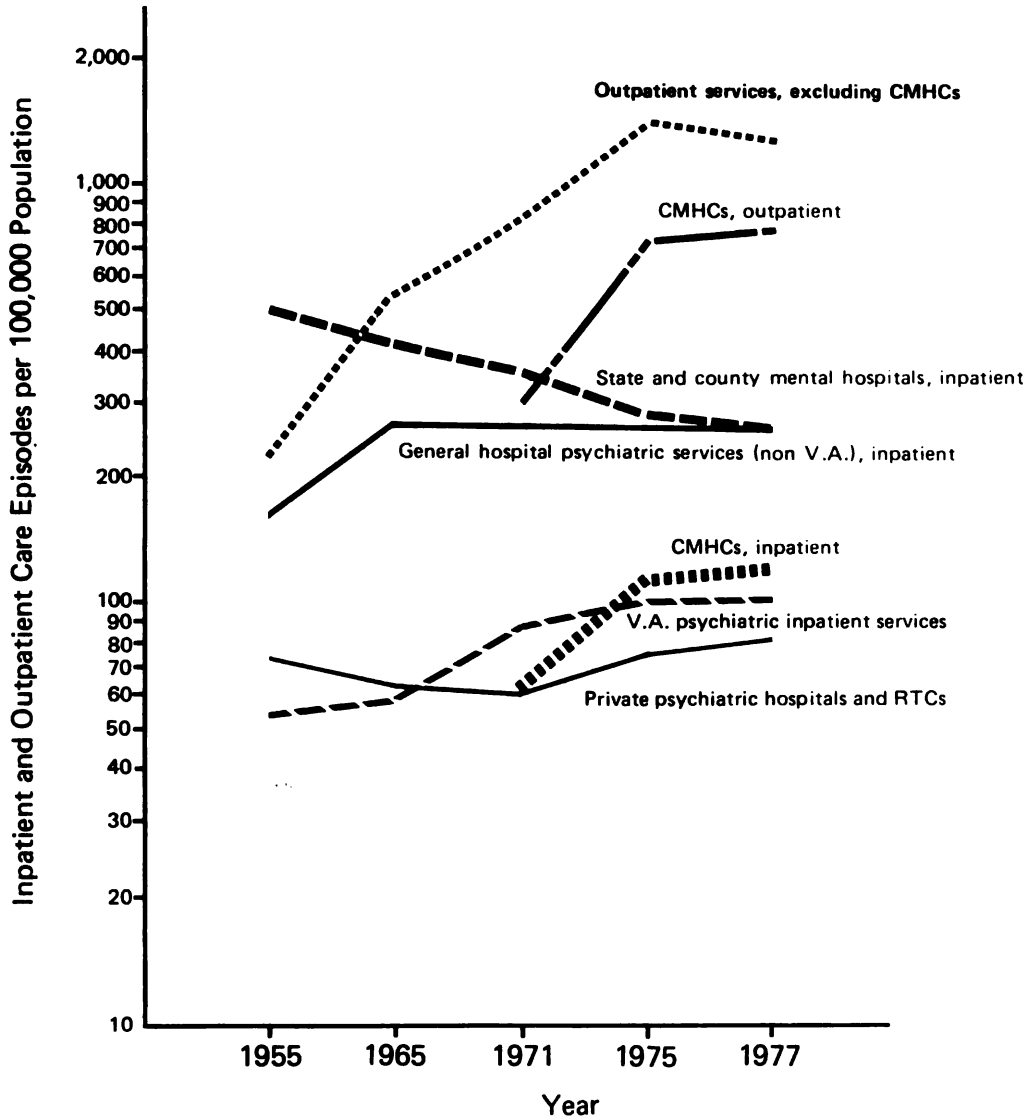
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In 1955, over three-quarters of the patient care episodes in mental health facilities were inpatient (figure 1), the number of patient care episodes in State mental hospitals was at its maximum (table 3), and inpatient care episodes of State mental hospitals comprised nearly half of all patient care episodes (inpatient and outpatient) (table 3). By 1971 federally funded CMHCs, which did not even exist in 1955, had been established, State mental hospitals contributed fewer patient care episodes, especially inpatient ones than in 1955, and outpatient care episodes were in the majority (55% of all patient care episodes) (figure 1).

Between 1971-75 the number of inpatient care episodes in State mental hospitals continued to decrease, outpatient, aftercare, and day treatment services were established in ever increasing numbers, and CMHCs which emphasized these latter services in contrast to inpatient treatment continued to grow. As a result, outpatient care episodes comprised approximately 70 percent of total patient care episodes in 1975 (figure 1). ^{5/} However, between 1975 and 1977 both the number and rate of outpatient care episodes for all facilities combined declined slightly for the first time since 1955 (table 3) and outpatient care episodes, as in 1975, comprised approximately 70 percent of total patient care episodes (figure 1). There seems to be no consistent pattern to this decline since in slightly over half the States the number of outpatient additions fell while in slightly less than half the number rose. It is not known whether this change represents an anomaly or an actual change in the patterns of service delivery. Data for future years can perhaps indicate if a new pattern of service delivery has been established.

An examination in greater detail of the number, rate and distribution of patient care episodes by type of facility and modality sheds further light on changes in the utilization of mental health facilities that have taken place since 1955. While trend data on day care episodes are not available for more than a few years, trend data are available for inpatient and outpatient care episodes as illustrated in figures 2 and 3 and table 3. The number of inpatient and outpatient care episodes in mental health facilities in 1977 -- 6.4 million ^{6/} -- was almost four times greater than the approximately 1.7 million episodes in 1955 (table 3). Not only has there been a substantial increase in the number of episodes, but, as noted above in the text and in figure 1, there has been a significant shift in the locale in which these episodes have occurred from an inpatient to an outpatient setting. Figure 3 and table 3 which are for the same years as figure 2, shows that most of the decline in inpatient episodes have occurred with respect to State mental hospitals. Inpatient care episodes in these hospitals comprised 49 percent of the total patient care episodes in 1955 as compared with only 9 percent in both 1975 and 1977. To be noted also, is the increasingly important role of CMHCs as a locale for psychiatric care evidenced by the fact that inpatient and outpatient care episodes in these centers constituted 32 percent of all episodes in 1977 compared to 18.6 percent of all episodes in 1971 (table 3).

Figure 3. INPATIENT AND OUTPATIENT CARE EPISODES PER 100,000 POPULATION BY TYPE OF FACILITY AND MODALITY: UNITED STATES, 1955, 1965, 1971, 1975, 1977



The differential utilization of mental health facilities by type of facility and modality is also evident if the number of patient care episodes per 100,000 population is examined over time (figure 3 and table 3). Whereas the number of patient care episodes per 100,000 population increased from 1,028 to 2,964 between 1955 and 1977, an almost 3-fold increase, the rate for outpatient care episodes rose from 233 to 2,122, an almost 10-fold increase, whereas the rate for inpatient care episodes were nearly level over this time span (table 3). The rate of 266 for inpatient care episodes of State mental hospitals in 1977 was about half the rate of 502 in 1955, whereas the rate for CMHCs between 1971 and 1977 doubled for inpatient care episodes and was 2 1/2 times higher for outpatient care episodes (figure 3 and table 3).

Footnotes

1/ Patient care episodes are defined as the number of residents in inpatient facilities (or the number of persons on the rolls of non-inpatient facilities) at the beginning of the year plus the total additions to these facilities during the year. Total additions during the year include new admissions, readmissions, and returns from long-term leave. It is, therefore, a duplicated count of persons. In counting admissions rather than persons, two types of duplication are introduced. First, the same person may be admitted more than once to a particular facility during the year. In this case the same person is counted as many times as he is admitted. Secondly, the same person may be admitted to two or more different facilities during the year. Again, he is counted as an admission for each facility to which he is admitted. Duplication also occurs because episodes are counted independently by modality (inpatient, outpatient, day treatment services). A person who is an inpatient in a hospital, released to a day care program and then followed as an outpatient, for example, would be counted as having three episodes.

Duplicate counting of persons also occurs in the other component of patient care episodes, that is, the number of cases at the beginning of the interval. This component is approximated by the sum of the number of residents in inpatient facilities at the beginning of the year and number of persons on the rolls of noninpatient facilities at the beginning of the year. Duplication does not occur in counting residents, since it is not physically possible for a given individual to be a resident in two different types of inpatient services at one time. However, it is possible for one individual to be on the rolls of two different outpatient clinics. Therefore, there is some duplicate counting of persons in this approximation to the number of cases at the beginning of the interval.

The index, patient care episodes, therefore, is not equal to a true annual prevalence rate nor the annual prevalence of treated mental disorder, since episodes of care are counted rather than cases. This index does present useful measures of the volume of services utilized by persons with mental disorders and as such is useful in describing the distribution of episodes by age, sex, modality and type of facility.

2/ Mental health facilities as used in this Note include all facilities listed in table 1. Omitted from this report are other partial care services (e.g., night care, halfway houses), psychiatric services offered in hospitals or outpatient clinics of Federal agencies other than the VA (e.g., Public Health Service, Indian Health Service, Department of Defense, Bureau of Prisons, etc.).

Also episodes of psychiatric care in private office practice of mental health professionals, general medical practice and clinics, and other nonmental health settings such as neighborhood health centers, general hospital medical services, nursing homes and other settings are not included.

Definitions of facility types included are given in Footnote 4/.

3/ The types of modalities for which information is presented in this Note are defined as follows:

Inpatient treatment program. -- Provision of mental health treatment to persons requiring 24-hour supervision.

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

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

4/ The types of facilities included in each of the Inventories conducted by the National Institute of Mental Health are as follows:

A. Inventory of Mental Health Facilities (ADM 25-1)

1. Psychiatric hospital -- A public (e.g., State and county V.A.) or private mental hospital in which the primary concern is to provide inpatient care and treatment to mentally ill persons. Such facilities are licensed as hospitals.
2. Residential treatment center for emotionally disturbed children -- 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.
3. Outpatient psychiatric clinic -- An 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.

4. Mental health day/night facility -- A separate facility designed for nonresidential patients who spend only part of a 24-hour period in the facility.
5. Multiservice mental health facility --A facility not classifiable to one of the above types which provides inpatient, outpatient, and/or day or other partial hospitalization and which does not receive Federal funds either under P.L. 88-164 or P.L. 89-105.

B. Inventory of General Hospital Psychiatric Services (ADM 25-2)

1. General hospital with separate psychiatric service(s) --A non-Federal or V.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 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.

C. Inventory of Federally Funded Community Mental Health Centers (ADM 25-3)

1. Federally funded 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 mental health 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.

5/ No counts of day treatment services were made as early as 1955, but it is very probable that this type of service was either nonexistent or at least very minimal at that time.

6/ This number of 6.4 million which is extracted from table 3 differs from the 6.8 million episodes shown in table 2 because the latter includes information from inpatient service modes of "other multi-service facilities," all partial care episodes and outpatient care episodes of V.A. hospitals which are excluded from the 6.4 million figure.

Table 1. Number of mental health facilities and service modalities, mental health facilities, United States, January 1978

Type of facility	Number of facilities	Number of services		
		In- patient	Out- patient	Day treatment
Total, all facilities.....	3,751	2,433	2,439	1,581
Non-Federal psychiatric hospitals	487	487	183	184
State and county hospitals.....	298	298	121	104
Private hospitals.....	189	189	62	80
VA psychiatric services ^{1/}	137	122	128	68
Neuropsychiatric hospitals.....	22	22	21	9
General hospitals.....	110	100	102	56
Non-Federal general hospitals.....	925	844	300	166
Public hospitals.....	173	159	78	35
Nonpublic hospitals.....	752	685	222	131
Residential treatment centers for emotionally disturbed children...	375	375	62	114
Federally funded CMHCs.....	563	563	563	563
Freestanding outpatient clinics....	1,160	-	1,160	389
Public.....	397	-	397	135
Nonpublic.....	763	-	763	254
Other mental health facilities*....	104	42	43	97
*Total.....	104	42	43	97
Other multiservice.....	42	42	42	35
Freestanding day/night facilities.	62	-	1	62

^{1/} Total includes information for 5 VA freestanding psychiatric outpatient clinics which are not shown separately. Five of the clinics had outpatient services and 3 had day treatment.

Table 2. Number and percent distribution of patient care episodes by type of facility and modality, mental health facilities, United States 1977

Type of facility	Modality						Percent distribution by type of facility	Percent distribution by modality		
	All services	Inpatient	Out-patient treatment	All services	Inpatient	Out-patient treatment			All services	Inpatient
All facilities.....	6,894,227	1,846,090	4,822,665	225,472	100.0%	100.0%	100.0%	26.8	70.0	3.2
Psychiatric hospitals.....	1,111,359	724,911	369,178	17,270	16.1	39.3	7.6	100.0%	33.2	1.6
State and county.....	877,404	574,226	290,314	12,864	12.7	31.1	6.0	100.0%	65.4	1.5
Private.....	233,955	150,685	78,864	4,406	3.4	8.2	1.6	100.0%	64.4	1.9
V.A. psychiatric services I/..	472,548	217,507	246,299	8,742	6.7	11.8	5.1	100.0%	46.1	1.8
Neuropsychiatric hospitals..	142,062	77,341	63,660	1,061	2.1	4.2	1.3	100.0%	54.4	0.8
General hospitals.....	318,959	140,166	171,334	7,459	4.6	7.6	3.6	100.0%	43.9	2.4
Non-Federal general hospitals.	1,035,096	571,725	448,820	14,551	15.0	31.0	9.3	100.0%	55.2	1.4
Public hospitals.....	341,806	140,122	197,891	3,793	5.0	7.6	4.1	100.0%	41.0	1.1
Nonpublic hospitals.....	693,290	431,603	250,929	10,758	10.1	23.4	5.2	100.0%	62.2	1.6
Residential treatment centers for emotionally disturbed children.....	74,474	33,504	36,092	4,878	1.1	1.8	0.7	100.0%	45.0	6.5
Federally funded CMHCs.....	2,151,110	268,966	1,741,729	140,415	31.2	14.6	36.2	100.0%	12.5	6.5
Freestanding psychiatric outpatient clinics.....	1,795,785	-	1,768,503	27,282	26.0	-	36.7	100.0%	-	98.5
Public.....	688,211	-	677,815	10,396	10.0	-	14.1	100.0%	-	98.5
Nonpublic.....	1,107,574	-	1,090,688	16,886	16.1	-	22.6	100.0%	-	98.5
Other mental health facilities	253,855	29,477	212,044	12,334	3.7	1.6	4.4	100.0%	11.6	4.9

I/ Total includes information for 5 V.A. freestanding outpatient psychiatric clinics which are not shown separately.

Source (1977): Unpublished provisional data from the National Institute of Mental Health.

Table 3. Number, percent distribution and rate per 100,000 population of inpatient and outpatient care episodes, in selected ^{1/} mental health facilities, by type of facility: United States, 1955, 1965, 1971, 1975 and 1977

Year	Total all ^{1/} facilities	Inpatient services of:					Outpatient psychiatric services of:			
		All inpatient services	State & county mental hospitals	Private mental hospitals	Gen. hosp. psychiatric service (non-VA)	VA inpatient services	Federally assisted comm. men. health cen.	All outpatient services	Federally assisted comm. men. health cen.	Other
1977	6,392,979	1,816,613	574,226	184,189	571,725	217,507	268,966	4,576,366	1,741,729	2,834,637
1975	6,409,447	1,791,171	598,993	165,237	565,696	214,264	246,891	4,618,276	1,584,968	3,033,308
1971	4,038,143	1,721,389	745,259	126,600	542,642	176,800	130,088	2,316,754	622,906	1,693,848
1965	2,636,525	1,565,525	804,926	125,428	519,328	115,843	-	1,071,000	-	1,071,000
1955	1,675,352	1,296,352	818,832	123,231	265,934	88,355	-	379,000	-	379,000
					Number of patient care episodes					
1977	100.0%	28.4	9.0	2.9	8.9	3.4	4.2	71.6	27.2	44.4
1975	100.0%	27.9	9.3	2.6	8.8	3.3	3.9	72.1	24.7	47.4
1971	100.0%	42.6	18.5	3.1	13.4	4.4	3.2	57.4	15.4	42.0
1965	100.0%	59.4	30.5	4.8	19.7	4.4	-	40.6	-	40.6
1955	100.0%	77.4	48.9	7.3	15.9	5.3	-	22.6	-	22.6
					Percent distribution					
1977	2964	842	266	85	265	101	125	2122	808	1314
1975	3033	847	283	78	268	101	117	2185	750	1435
1971	1977	843	365	62	266	87	64	1134	305	829
1965	1376	817	420	65	271	60	-	559	-	559
1955	1028	795	502	76	163	54	-	233	-	233
					Rate per 100,000 population					

^{1/} In order to present trends on the same set of facilities over this interval, it has been necessary to exclude from this table the following: private psychiatric office practice; psychiatric service modes of all types in hospitals or outpatient clinics of Federal agencies other than the VA (e.g., Public Health Service, Indian Health Service, Department of Defense, Bureau of Prisons, etc.); inpatient service modes of multiservice facilities not shown in this table; all partial care episodes, and outpatient episodes of VA hospitals.

^{2/} Includes estimates of episodes of care in residential treatment centers for emotionally disturbed children.

Source (all years except 1977): The National Institute of Mental Health Statistical Note 139 Provisional Data on Patient Care Episodes in Mental Health Facilities, August 1977.

Source (1977): Unpublished provisional data from the National Institute of Mental Health.

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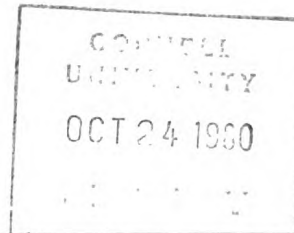
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