

Clients/Patients With a Principal Diagnosis of Affective Disorder Served in the Inpatient, Outpatient, and Partial Care Programs of Specialty Mental Health Organizations, United States, 1986

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Abstract

Of the 1.7 million persons under care on April 1, 1986 in the psychiatric inpatient, outpatient, and partial care programs of specialty mental health organizations nationwide, approximately 365,500 persons, or 22 percent, had a principal diagnosis of affective disorder. The vast majority of these persons, 84 percent, were under care in outpatient programs; 10 percent, in inpatient programs; and 6 percent, in partial care programs.

Approximately 833,000, or 21 percent, of the 3.9 million persons admitted during 1986 to these same psychiatric programs had a diagnosis of affective disorder. Fifty-nine percent of persons with affective disorders were admitted to inpatient programs; 37 percent, to outpatient programs; and 4 percent, to partial care programs.

Overall, most persons with affective disorders admitted to and under care in each of the three program types were female, white, and between the ages of 25 and 64. Most persons admitted to and under care in inpatient and partial care programs had a history of prior inpatient mental health care, while most persons in outpatient programs had never been treated in an inpatient psychiatric care setting.

The principal source of payment used by persons with affective disorders varied by type of program setting. Blue Cross or other commercial insurance was the most common source of payment used by persons within inpatient programs, personal resources were used most often by persons under care in outpatient programs, and some type of public funds was used most often within partial care programs.

Most persons with affective disorders were referred to inpatient and outpatient programs by family or friends, or were self-referrals. Most persons in partial care programs with affective disorders were referred to the program by an inpatient, outpatient, or another partial care mental health service.

Services received by persons with affective disorders also varied by program setting. In general, drug and individual therapy were the leading types of treatment provided in inpatient programs. Individual therapy was the leading type of treatment provided, followed by drug therapy, in outpatient programs. Within partial care programs, no single type of treatment predominated.

Sources and Qualifications of the Data

The data presented in this report were obtained from the 1986 Client/Patient Sample Survey of Inpatient, Outpatient, and Partial Care Programs conducted by the Statistical Research Branch, Division of Applied and Services Research, National Institute of Mental Health (NIMH). A sample of clients/patients was selected from all persons admitted to, terminated from, and continuing treatment in the inpatient, outpatient, and partial care programs of specialty mental health organizations in the 50 States, the District of Columbia,

and the Territories during the month of April, 1986. The organizations included in the survey were State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers (VA), non-Federal general hospitals with separate psychiatric services, multiservice mental health organizations, residential treatment centers for emotionally disturbed children, freestanding outpatient mental health clinics, and freestanding partial care organizations.

The sample survey was designed to make inferences nationally about the number and characteristics of persons admitted to and terminated from these mental health organizations

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during 1986 and about persons under care in these organizations on April 1, 1986. Therefore, when the term "under care" is used in this report, it refers to persons who were under care at a single point in time, April 1, 1986.

It should be noted that for the inpatient psychiatric programs of non-Federal general hospitals, only discharges were surveyed. Thus, persons admitted to and persons under care in the inpatient programs of non-Federal general hospitals are actually based on the same sample patients.

A description of the survey design, estimation procedures, variance calculations, and methods for assessing differences is provided in the Appendix. All differences noted in the text are statistically significant at the $p = 0.05$ level or less. Lack of comment on a difference does not necessarily mean that it was not statistically significant.

Introduction

This report examines the demographic, clinical, and service characteristics of persons with a principal diagnosis of affective disorder under care on April 1, 1986 and persons diagnosed with affective disorders admitted during 1986 by type of program (inpatient, outpatient, and partial care) and by type of mental health organization. The diagnostic grouping of "affective disorders" includes: manic disorders, major depressive disorders, bipolar affective disorders, manic-depressive psychoses, other and unspecified affective psychoses, depressive type psychoses, dysthymic disorders (or depressive neuroses), chronic hypomanic personality disorders, and cyclothymic disorders.

The characteristics examined include sex, race, age, prior inpatient mental health care, principal payment source, referral source, and types of services received. Median length of stay for persons diagnosed with affective disorders and other selected principal diagnoses is also examined for persons terminated from these programs during 1986. The text and tables of this report present the characteristics of persons under care, followed by persons admitted, first within inpatient programs, followed by outpatient and then partial care programs.

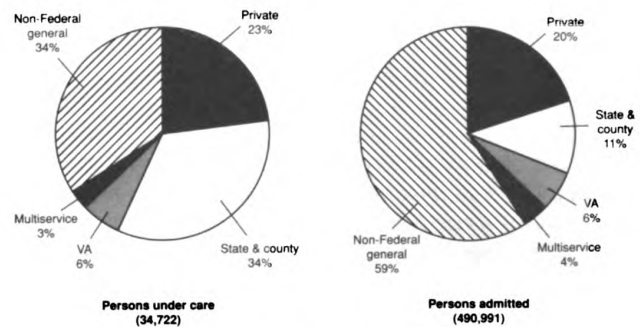
Inpatient Programs

On April 1, 1986, an estimated 34,722 persons with affective disorders¹ were under care in the inpatient programs of specialty mental health organizations (table 1). Two-thirds were inpatients in State and county mental hospitals and non-Federal general hospitals (34 percent, each). Another 23 percent were residents in private psychiatric hospitals, 6 percent in VA medical centers, and 3 percent in multiservice mental health organizations (chart A).

During 1986, an estimated 490,991 persons with affective disorders were admitted to the inpatient programs of specialty mental health organizations (table 2). In contrast to the under care population, State and county mental hospitals accounted for only 11 percent of all persons with affective disorders admitted for inpatient care during 1986, while non-Federal general hospitals accounted for 59 percent (chart A).

In non-Federal general hospitals, relatively more persons with affective disorders were admitted than under care (59 percent vs. 34 percent, respectively) (chart A). Conversely, in State and county mental hospitals, more persons with affective disorders were under care than admitted (34 percent vs. 11 percent, respectively). These findings are consistent with findings from past NIMH sample surveys that have shown that persons with mental disorders have shorter inpatient stays in non-Federal general hospitals and longer stays in State and county mental hospitals².

Chart A. Percent distribution of persons diagnosed with affective disorders under care on April 1, 1986 and admitted during 1986 to inpatient psychiatric programs, by type of mental health organization: United States.



Inpatient psychiatric programs

Sex

Under Care. Of the estimated 34,722 persons with affective disorders under care in inpatient programs, a greater proportion were female (59 percent) than male (41 percent) (table 1). Females outnumbered males within each type of inpatient program, with the exception of VA medical centers and multiservice mental health organizations.

For all inpatient programs combined, when compared with their numbers in the civilian population, females under care with affective disorders had a higher under care rate than males (17 vs. 12 per 100,000 civilian population) (table 1). Comparisons across inpatient settings reveal that only in non-Federal general hospitals did females have a significantly higher under care rate than males.

Admissions. Similar to the finding for the under care population, overall, more females than males with affective disorders were admitted for inpatient care in 1986 (58 percent vs. 42 percent, respectively) (table 2). This finding held true within each program, with two exceptions. A significant difference was not found in the proportion of males and females with affective disorders admitted to multiservice mental health organizations. As expected, males with affective disorders outnumbered females in VA medical centers (93 percent vs. 7 percent, respectively).

As was found for the under care population, the rate of admission to inpatient care was higher for females with affective disorders than for males (232 vs. 176 per 100,000

civilian population) (table 2). Comparisons by program type indicate that females with affective disorders were admitted at a significantly greater rate than males in State and county mental hospitals, private psychiatric hospitals, and non-Federal general hospitals. VA medical centers had a much higher admission rate for males than females (22 vs. 2 per 100,000 civilian population).

Comparisons across program types reveal that the rate at which females were admitted to inpatient care was highest in non-Federal general hospitals, followed by private psychiatric hospitals, State and county mental hospitals, and multiservice mental health organizations, and lowest in VA medical centers (table 2). The rate at which males were admitted was also highest in non-Federal general hospitals, followed by private psychiatric hospitals, but lowest in multiservice mental health organizations.

Race

Under Care. Comparisons by race reveal that whites accounted for 85 percent of all inpatients with affective disorders who were under care in 1986, while persons from other races accounted for 15 percent (table 3). Within each inpatient setting, significantly more whites with affective disorders were under care than were persons from other races.

For all inpatient programs combined, the under care rates were the same for whites and persons from other races with affective disorders (14 per 100,000 civilian population) (table 3). Only in private psychiatric hospitals did whites have a slightly higher under care rate than persons from other races (4 vs. 2 per 100,000 civilian population). The rate for persons from races other than white under care in State and county mental hospitals was greater than the rate for persons from races other than white in VA medical centers and in multiservice mental health organizations.

Admissions. Similar to the under care population, white inpatient admissions with affective disorders greatly outnumbered inpatient admissions from other races (85 vs. 15 percent, respectively) (table 4). This finding held true within each type of inpatient program, with whites significantly outnumbering persons from other races.

The admission rates per 100,000 civilian population for whites and persons from other races with affective disorders did not differ significantly within all inpatient programs combined, or within any type of inpatient setting (table 4). Compared with other settings, non-Federal general hospitals had, by far, the highest admission rate for both whites (123 per 100,000 civilian population) and persons from other races (116 per 100,000 civilian population).

Age

Under Care. Within all inpatient programs combined, the largest proportion of persons under care with affective disorders were in the 25-44 year age group (41 percent), followed by the 45-64 year age group (21 percent) (table 5). Children and youth under age 18 represented the largest percentage of inpatients under care in multiservice mental health organizations and in private psychiatric hospitals (37

percent, each). By comparison, only 7 percent of State and county mental hospital inpatients under care, and 4 percent of persons under care in non-Federal general hospital inpatient units were under 18 years of age.

For all inpatient programs combined, children and youth under age 18 with affective disorders had the lowest under care rate (7 per 100,000 civilian population), compared with all other age groups (table 5). This finding also held true within non-Federal general hospitals.

Where comparisons could be made across settings, the under care rate for children and youth under age 18 was higher in private psychiatric hospitals than in other settings (table 5). The under care rates for the elderly age 65 and over with affective disorders were higher in State and county mental hospitals and non-Federal general hospitals than in VA medical centers and multiservice mental health organizations.

Admissions. Similar to the under care population, the 25-44 age group comprised the largest percentage of total inpatient admissions with affective disorders (47 percent) (table 6). The elderly, persons between the ages of 18-24, and children and youth had the lowest percentages of inpatient admissions.

Compared with other settings, private psychiatric hospitals and multiservice mental health organizations admitted higher percentages of children and youth to inpatient programs (18 and 14 percent, respectively) (table 6). Non-Federal general hospitals admitted the highest percentage of elderly inpatients with a principal diagnosis of affective disorder (17 percent), while State and county mental hospitals admitted the lowest percentage of this age group (4 percent).

Overall, children and youth under age 18 with affective disorders had the lowest inpatient admission rate (56 per 100,000 civilian population) and persons ages 25-44 had the highest rate (310 per 100,000 civilian population), compared with all other age groups (table 6). Where comparisons could be made, some differences were found across age groups within each of the inpatient programs. In State and county mental hospitals, the elderly age 65 and over had a lower rate of admission than the rates for persons ages 18 to 64. In private psychiatric hospitals, the 25-44 year age group had the highest rate of admission, compared with all other age groups. Children and youth had the lowest admission rate of any age group in non-Federal general hospitals.

Comparisons across program types reveal that non-Federal general hospitals had the highest admission rates for persons with affective disorders in each of the age groups 18 and older (table 6). Multiservice mental health organizations had the lowest admission rates for persons in the age groups between 18 and 64.

Prior Inpatient Mental Health Care

Under Care. Of the total inpatient under care population with affective disorders in 1986, over two-thirds (69 percent) were readmissions, that is, persons with a history of inpatient mental health care (table 7). Persons with no history of inpatient mental health care, first admissions, accounted for 31 percent of the under care population.

Persons with affective disorders who had received prior inpatient care significantly outnumbered first admissions in State and county mental hospitals, VA medical centers, and non-Federal general hospitals (table 7). Persons with a history of inpatient care and first admissions were found with equal frequency in private psychiatric hospitals and multiservice mental health organizations. Comparisons across programs reveal that significantly more persons with prior inpatient mental health care and, conversely, significantly less first admissions were under care in State and county mental hospitals than in private psychiatric hospitals, non-Federal general hospitals, and multiservice mental health organizations.

Admissions. Similar to the finding for the under care population, approximately two-thirds (64 percent) of persons with affective disorders admitted for inpatient care in 1986 had a history of inpatient mental health care; 36 percent were first admissions (table 8). With the exception of private psychiatric hospitals, persons with prior inpatient care significantly outnumbered first admissions within each program setting.

A greater proportion of persons with affective disorders admitted to VA medical centers had a history of prior inpatient care (86 percent), compared with readmissions to private psychiatric hospitals (53 percent), non-Federal general hospitals (63 percent), and multiservice mental health organizations (65 percent) (table 8). Private psychiatric hospitals had the greatest percentage of first admissions (47 percent) and the smallest percentage of persons with prior inpatient care (53 percent), compared with all other types of programs.

Principal Payment Source

Under Care. Table 9 presents the distribution of persons with affective disorders under care in inpatient settings by principal source of payment. Overall, the most frequently reported source of payment for inpatient care was Blue Cross or other commercial insurance (39 percent). Where comparisons could be made within each inpatient program setting, it was found that Blue Cross or other commercial insurance was the most frequently reported payment source in private psychiatric hospitals (75 percent), non-Federal general hospitals (46 percent), and multiservice mental health organizations (43 percent). For 46 percent of persons with affective disorders under care in State and county mental hospitals, the program absorbed the cost of services. As expected, 96 percent of persons in VA medical centers were reported to have used public funds (excluding Medicare and Medicaid) to pay for inpatient care.

Admissions. Blue Cross or other commercial insurance was, by far, the most frequently reported source of payment for persons with affective disorders admitted to all inpatient services combined (44 percent) (table 10). Similar to the finding for the under care population, variations were found to exist within inpatient settings in the principal payment source reported for inpatient admissions. In State and county mental hospitals, the program absorbed the cost of services for over one-half (51 percent) of all persons admitted with affective disorders in 1986. Blue Cross or other commercial

insurance was the most frequently reported principal source of payment in private psychiatric hospitals (73 percent) and non-Federal general hospitals (46 percent). Most persons admitted to VA medical centers reportedly used public funds (excluding Medicare and Medicaid) to pay for inpatient services (93 percent). For persons with affective disorders admitted to multiservice mental health organizations, no single payment source predominated as the principal source of funds used to pay for inpatient services.

Referral Source

Under Care. As presented in table 11, overall, the largest percentage of persons under care with affective disorders were referred to inpatient care by "self, family or friend" (29 percent). Another 15 percent of persons under care were referred by an outpatient or partial care mental health service.

Where comparisons could be made within each program type, "self, family or friend" predominated as the source most responsible for referral of persons to the inpatient programs of VA medical centers (60 percent), non-Federal general hospitals (38 percent), and multiservice mental health organizations (27 percent) (table 11). Referrals by self, family or friend (27 percent), together with referrals by private psychiatrists (28 percent) accounted for over one-half of all referrals of persons to inpatient care in private psychiatric hospitals. In State and county mental hospitals, no single referral source predominated.

Comparisons across the various types of inpatient programs reveal that VA medical centers had the largest percentage of persons under care who were either self-referrals or referred by family or friend (60 percent) (table 11). State and county mental hospitals had the largest percentage of persons referred from another inpatient psychiatric service (25 percent).

Admissions. Similar to the finding for the under care population, overall, significantly more inpatient admissions with affective disorders were self-referrals or referred by family or friend (36 percent) than were referred to inpatient care by other sources (table 12). This was true for persons admitted to VA medical centers and non-Federal general hospitals as well. Persons admitted to private psychiatric hospitals were more likely to have been self-referrals or referred by family, friend (35 percent), or to have been referred by a private psychiatrist (26 percent) than were referred by any other source.

When comparisons were made across programs, another similarity with the under care population was found (table 12). VA medical centers had the largest percentage of inpatient admissions with affective disorders who were self-referrals or referred by family or friend (69 percent), compared with other programs.

Type of Treatment

The reader should note that treatment reported for persons under care in inpatient programs includes only those treatments provided during the survey month of April 1986. Persons admitted to inpatient programs were followed for a 3-month period after the survey month, or until discharge,

whichever occurred first. All treatments received during this follow-up period were documented on a follow-up form administered at the end of the 3-month period or at time of discharge. The reader is cautioned against making comparisons of treatment between persons admitted to inpatient programs for whom longitudinal data were collected and any other group of persons for whom only one month of data were collected. Treatment data presented for the inpatient programs of non-Federal general hospitals reflect treatment reported for patients at time of discharge, that is, patients with a completed episode of inpatient care.

Under Care. Overall, the leading types of treatment provided to persons under care with affective disorders were drug therapy (87 percent), individual therapy (84 percent), and activity therapy (78 percent) (table 13). The most frequently reported types of treatment provided to patients varied by program setting. For example, in State and county mental hospitals, drug therapy was the leading type of treatment provided to persons under care (93 percent). Family therapy (10 percent) and education (15 percent) were reported least often in this setting. Most patients under care in private psychiatric hospitals were reported to have received individual therapy (97 percent), while self-care skill training was the least reported type of treatment received by persons in this setting (13 percent).

Over one-half of all patients under care in VA medical centers were reported to have received individual, group, drug, or activity therapy during their episode of inpatient care (table 13). Drug therapy (92 percent) and individual therapy (89 percent) were reported most often for persons under care in non-Federal general hospitals, while education was reported least often (7 percent). In multiservice mental health organizations, significant differences were not found in the proportion of persons who received individual, group, drug, or activity therapy during their episode of inpatient care.

Comparisons across program settings reveal that a significantly greater proportion of inpatients with affective disorders received individual therapy in private psychiatric hospitals than in each of the other settings (table 13). Family therapy and education were reported more frequently in private psychiatric hospitals and multiservice mental health organizations than in all remaining types of programs. Self-care skill training was reported most often in State and county mental hospitals, compared with all other settings.

Admissions. For all inpatient programs combined, drug therapy (87 percent) and individual therapy (86 percent) were the leading types of treatment provided to persons admitted with affective disorders, while education was the least reported type of treatment provided (10 percent) (table 14). This finding held true within non-Federal general hospitals, but some variations were found to exist for remaining types of settings.

In multiservice mental health organizations, individual and drug therapies were the leading types of treatment provided to persons admitted for inpatient care (table 14). Within private psychiatric hospitals, individual therapy was reported most often, while self-care skill training and education were

reported least often for persons admitted for inpatient care. Drug therapy was reported more often than other types of treatment except activity therapy in State and county mental hospitals. With the exception of individual therapy, drug therapy also predominated among admissions with affective disorders in VA medical centers.

Comparisons across programs reveal that individual therapy was reported more often for persons with affective disorders admitted to non-Federal general hospitals (89 percent) and private psychiatric hospitals (88 percent) than for those admitted to State and county mental hospitals (68 percent) and VA medical centers (77 percent) (table 14). Similarly, family therapy was reported more often for persons admitted to non-Federal general hospitals and private psychiatric hospitals than for persons admitted to State and county mental hospitals. Group therapy was reported more often for persons with affective disorders admitted to non-Federal general hospitals (81 percent) than for persons admitted to any other program.

Drug therapy was reported significantly less often for persons with affective disorders admitted to private psychiatric hospitals (74 percent) than for persons admitted to non-Federal general hospitals, VA medical centers, or State and county mental hospitals (table 14). Self-care skill training was reported less often in private psychiatric hospitals than in non-Federal general hospitals.

Inpatient Median Length of Stay

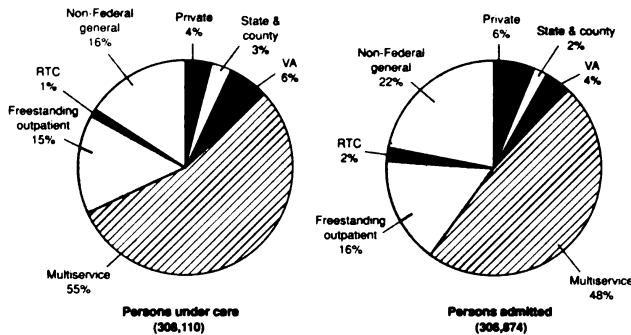
Table 15 examines the median days of stay for persons terminated from inpatient psychiatric service in 1986 for each type of mental health organization and for selected principal diagnoses. Overall, persons diagnosed with affective disorders had a median inpatient stay of 16 days. By comparison, this was longer than the inpatient stays for persons terminated with alcohol-related disorders (8 days), adjustment disorders (8 days), and personality disorders (9 days). Persons terminated from inpatient care with a diagnosis of schizophrenia had a slightly longer median stay (19 days). Comparisons across program types reveal that persons with affective disorders who were terminated from State and county mental hospitals (33 days), private psychiatric hospitals (25 days), and VA medical centers (24 days) had longer inpatient stays than persons with affective disorders terminated from non-Federal general hospitals and multiservice mental health organizations (13 days, each).

Within State and county mental hospitals, persons with affective disorders had a longer inpatient stay than persons with alcohol-related, personality, and adjustment disorders (table 15). Persons with affective disorders in private psychiatric hospitals had a longer stay than persons with schizophrenia, adjustment, and organic disorders. Within VA medical centers, persons with affective disorders stayed twice as long as persons with adjustment disorders (24 vs. 12 days, respectively). Persons with affective disorders in non-Federal general hospitals and multiservice mental health organizations had longer stays than persons with alcohol-related, drug-related, and adjustment disorders.

Outpatient Programs

Of the estimated 308,110 persons with affective disorders under care in outpatient psychiatric programs in 1986, over one-half (55 percent) were treated in multiservice mental health organizations (chart B). Non-Federal general hospitals treated an additional 16 percent and freestanding outpatient clinics, 15 percent of all clients with affective disorders under care in outpatient psychiatric settings.

Chart B: Percent distribution of persons diagnosed with affective disorders under care on April 1, 1986 and admitted during 1986 to outpatient psychiatric programs, by type of mental health organization: United States.



Outpatient psychiatric programs

Persons with affective disorders admitted for outpatient care were distributed across program settings similarly to the distribution of clients in the under care population (chart B). Nearly one-half (48 percent) of the total estimated 306,874 persons with affective disorders admitted for outpatient care in 1986 were treated in multiservice mental health organizations. Non-Federal general hospitals treated 22 percent of outpatient admissions, freestanding outpatient programs, 16 percent.

Sex

Under Care. Females with affective disorders predominated in the outpatient under care population (63 percent) (table 16). A significantly greater proportion of females than males were under care within each outpatient setting except VA medical centers.

Overall, the under care rate for females with affective disorders in outpatient programs in 1986 exceeded the rate for males (158 vs. 97 per 100,000 civilian population) (table 16). Within settings, significantly higher under care rates for females than males were found only in multiservice mental health organizations and freestanding outpatient clinics. As expected in VA medical centers, the under care rate for males was greater than the rate for females. Males and females under care in multiservice mental health organizations had the highest rates (49 and 92 per 100,000 civilian population, respectively), compared with all other outpatient settings. Males under care with affective disorders had the lowest rates

in State and county mental hospitals and private psychiatric hospitals, while females had the lowest under care rate in VA medical centers.

Admissions. Overall, a significantly greater proportion of females than males with affective disorders were admitted to outpatient psychiatric care in 1986 (64 vs. 36 percent, respectively) (table 17). Within each outpatient setting, where comparisons could be made between the sexes, females greatly outnumbered males. There were three times as many females as males with affective disorders admitted to the outpatient programs of non-Federal general hospitals and freestanding outpatient clinics.

The overall rate at which females with affective disorders were admitted to outpatient psychiatric care in 1986 greatly exceeded the rate for males (160 vs. 94 per 100,000 civilian population) (table 17). The admission rate for females was greater than the rate for males in non-Federal general hospitals and freestanding outpatient clinics. Statistically significant differences were not found between the sexes in their rate of admission to private psychiatric hospitals or multiservice mental health organizations. Males and females had the highest rates of admission to multiservice mental health organizations, compared with all other outpatient programs.

Race

Under Care. Of the total estimated number of persons with affective disorders under care in outpatient settings, 92 percent were white, 8 percent were from other races (table 18). Whites significantly outnumbered persons from other races within each outpatient setting.

The under care rate for whites with affective disorders in outpatient services in 1986 was about twice the rate for persons from other races (139 vs. 70 per 100,000 civilian population) (table 18). Comparisons within outpatient settings reveal that the under care rate for whites significantly exceeded the rate for persons from other races in VA medical centers, multiservice mental health organizations, and freestanding outpatient clinics. In each of the remaining settings, the under care rates were not significantly different for whites and persons from other races. Whites and persons from other races under care in multiservice mental health organization outpatient programs had the greatest rates (77 and 38 per 100,000 civilian population), compared with their counterparts in all other settings.

Admissions. Similar to the finding for outpatients under care, white admissions with affective disorders significantly outnumbered admissions from other races for outpatient services combined, as well as for each outpatient program (table 19). A greater proportion of persons from other races were admitted to non-Federal general hospitals (19 percent) than were admitted to private psychiatric hospitals (2 percent).

Unlike the outpatient under care population, a significant difference was not found between whites and persons from other races with affective disorders in their rate of admission for all outpatient programs combined (table 19). Within settings, a significant difference between the admission rates

of the racial groups was found only in private psychiatric hospitals and freestanding outpatient clinics. Whites had the highest rate of admission to multiservice mental health organizations (64 per 100,000 civilian population), compared with all other outpatient settings. Admission rates were highest for persons from other races in multiservice mental health organizations and non-Federal general hospitals (42 and 35 per 100,000 civilian population).

Age

Under Care. Persons in the 25-44 and 45-64 age groups accounted for the largest percentage of persons with affective disorders under care in outpatient services (50 and 29 percent, respectively) (table 20). The elderly, age 65 and over accounted for 10 percent, while children and youth under age 18 accounted for only 3 percent of outpatients under care with affective disorders. Persons in the age groups 25-44 and 45-64 accounted for the bulk of outpatients under care in the individual settings.

For all outpatient programs combined, persons with affective disorders in the 25-44 and 45-64 age groups had, by far, the highest under care rates (206 and 198 per 100,000 civilian population), compared with all other age groups (table 20). Children and youth under age 18 had the lowest under care rate (16 per 100,000 civilian population). Across settings, the under care rate was highest in multiservice mental health organizations for all persons under care with affective disorders (71 per 100,000 civilian population) and for the age groups 18-24, 25-44, and 45-64.

Admissions. Outpatient admissions diagnosed with affective disorder were concentrated in the 25-44 age group (53 percent), followed by those age 45-64 (21 percent) (table 21). Almost three-fourths (74 percent) of outpatients with affective disorders admitted to State and county mental hospitals were in the 25-44 age group.

Overall, outpatients in the 25-44 year age group had the highest admission rate of any age group (217 per 100,000 civilian population) (table 21). Where comparisons could be made across outpatient settings, the admission rate for persons in the 25-44 age group was highest in multiservice mental health organizations (113 per 100,000 civilian population).

Prior Inpatient Mental Health Care

Under Care. Table 22 presents the distribution of persons with affective disorders under care in outpatient programs by prior inpatient mental health care status. Overall, 59 percent of persons had never received inpatient mental health care, while 41 percent of persons had previously received such care. Most persons under care in non-Federal general hospitals and freestanding outpatient clinics were reported to have had no previous inpatient mental health care (69 and 74 percent, respectively).

More of the outpatients under care in State and county mental hospitals had a history of prior inpatient care (64 percent), compared with outpatients under care in non-Federal general hospitals (31 percent) and freestanding outpatient clinics (26 percent) (table 22). Conversely, more of the

outpatients under care in freestanding outpatient clinics had never received inpatient mental health care (74 percent), compared with persons in State and county mental hospitals, VA medical centers, and multiservice mental health organizations.

Admissions. Similar to the outpatient under care population, overall, a majority of clients with affective disorders admitted to outpatient care in 1986 had never received inpatient mental health care (64 percent) (table 23). Most outpatient admissions to State and county mental hospitals and VA medical centers had a history of inpatient mental health care, while most admissions to remaining types of outpatient programs had never received inpatient mental health care.

Principal Payment Source

Under Care. Of the total outpatient under care population diagnosed with affective disorders, 28 percent were reported to have used personal resources to pay for services in 1986 (table 24). Over one-half (53 percent) of the outpatients with affective disorders under care in State and county mental hospitals were not charged for services, while only 4 percent of outpatients used personal resources to pay for services in this setting. As could be expected, nearly all of the outpatients under care in VA medical centers used public funds (excluding Medicare and Medicaid).

Admissions. Among outpatient admissions with affective disorders, no single payment source predominated. However, Medicare was least likely to be used to pay for services (6 percent) (table 25). Where comparisons could be made within settings, admissions to private psychiatric hospitals were most likely to use Blue Cross or other commercial insurance to pay for services (45 percent). Admissions to freestanding outpatient clinics were most likely to use personal resources to pay for services (35 percent), and admissions to multiservice mental health organizations were least likely to use Medicare (3 percent). Where comparisons could be made across settings, more admissions used Medicare to pay for outpatient services in non-Federal general hospitals (17 percent). As could be expected, most admissions to VA medical centers used public funds (excluding Medicare and Medicaid).

Referral Source

Under Care. Over one-half (54 percent) of all persons with affective disorders under care in outpatient programs were referred to outpatient services by family or friend, or were self-referrals (table 26). Within each type of outpatient program, the category "self, family or friend" predominated as the source most responsible for the referral to the program.

Admissions. Similar to the finding for the under care population, more than one-half (57 percent) of all outpatient admissions with affective disorders were referred by family or friend, or were self-referrals (table 27). With the exception of State and county mental hospitals, over one-half of the admissions to each of the outpatient settings were referred to the program by family or friend, or were self-referrals.

Type of Treatment

The reader should note that treatment data presented for clients under care and clients admitted to outpatient programs

include only those treatments provided during the survey month. A client admitted near the end of the month might not have received any formal treatments by the time the survey form was completed. A client under care might have received additional treatments during his or her episode of care not captured during the survey month. The data indicate the number of clients reported to have received a particular type of treatment during the survey month, but they do not indicate the frequency or how often a particular type of treatment was provided to a client during the month.

Under Care. Overall, individual therapy was the leading type of treatment provided to outpatients under care with affective disorders in 1986 (74 percent) (table 28). Drug therapy was the second leading type of treatment provided in outpatient settings overall (55 percent), followed by group therapy (13 percent).

Within private psychiatric hospitals, non-Federal general hospitals, and freestanding outpatient clinics, individual therapy was the most frequently reported type of treatment provided, followed by drug therapy (table 28). Both individual and drug therapies were the leading types of treatment provided to outpatients in State and county mental hospitals, VA medical centers, and multiservice mental health organizations. Comparisons across program types reveal that drug therapy was reported more often for outpatients under care in State and county mental hospitals and VA medical centers, compared with all other outpatient settings.

Admissions. Similar to the finding for the under care population, overall, individual therapy was the most frequently reported type of treatment provided to outpatient admissions with affective disorders (59 percent) (table 29). Drug therapy ranked as the second most frequently reported type of treatment provided (34 percent).

Where comparisons could be made, the greatest proportion of admissions to State and county mental hospitals, VA medical centers, and non-Federal general hospitals were reported to have received individual and drug therapies (table 29). Individual therapy was the leading type of treatment provided to outpatient admissions in private psychiatric hospitals, multiservice mental health organizations, and freestanding outpatient clinics, followed by drug therapy. A greater proportion of outpatient admissions to State and county mental hospitals were reported to have received drug therapy (82 percent), compared with admissions to all other settings.

Outpatient Median Length of Stay

Overall, persons with affective disorders terminated from outpatient psychiatric services in 1986 had a median period of treatment of about six months or 187 days (table 30). The median period of treatment is calculated from date of admission to date of termination from the outpatient program, regardless of the total number of days of service received.

Comparisons by program type reveal that clients with affective disorders who terminated from freestanding outpatient clinics remained in treatment over twice as long as clients terminated from VA medical centers (297 vs. 143 days, respectively) (table 30). Within remaining outpatient settings,

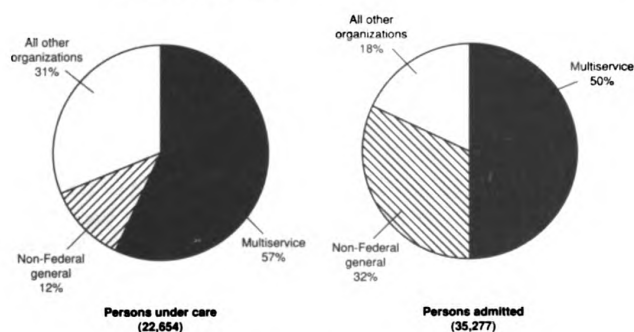
clients with affective disorders had median periods of treatment of about 9 months (277 days) in State and county mental hospitals, 8 months (244 days) in non-Federal general hospitals, and 6 months in both private psychiatric hospitals (183 days) and multiservice mental health organizations (180 days).

Partial Care Programs

The 1986 survey included the partial care programs of State and county mental hospitals, private psychiatric hospitals, VA medical centers, non-Federal general hospitals, multiservice mental health organizations, residential treatment centers for emotionally disturbed children, and freestanding partial care programs. This section and accompanying tables 31 through 45 focus on survey results reported for all partial care programs combined, and the partial care programs of non-Federal general hospitals and multiservice mental health organizations. Remaining types of partial care programs have not been disaggregated in the analysis because the population of persons receiving partial care in these settings is very small, and sample results do not present unbiased estimates.

On April 1, 1986, an estimated 22,654 persons with affective disorders were under care in the partial care programs of specialty mental health organizations nationwide. Over one-half (57 percent) of this under care population was treated in multiservice mental health organizations; 12 percent, in non-Federal general hospitals (chart C). Partial care programs admitted an estimated 35,277 persons with affective disorders in 1986. One-half of these persons were admitted to multiservice mental health organizations, while about one-third were admitted to non-Federal general hospitals.

Chart C: Percent distribution of persons diagnosed with affective disorders under care on April 1, 1986 and admitted during 1986 to partial care programs, by type of mental health organization: United States.



Partial care programs

Sex

Under Care. Females with affective disorders significantly outnumbered males under care in partial care programs, accounting for 60 percent of the total under care population (table 31). Four times as many females as males were under

care in the partial care programs of non-Federal general hospitals (80 vs. 20 percent, respectively). Females also outnumbered males in the partial care programs of multiservice mental health organizations, comprising almost three-quarters of the under care population.

Although the rates per 100,000 civilian population were small, females under care with affective disorders had slightly higher rates than males in both the partial care programs of non-Federal general hospitals and multiservice mental health organizations (table 31). For both males and females, under care rates were slightly higher in multiservice mental health organizations than in non-Federal general hospitals.

Admissions. Of the estimated 35,277 persons with affective disorders admitted to partial care programs during 1986, 65 percent were female and 35 percent male (table 32). Significantly more females than males were admitted to non-Federal general hospitals (85 vs. 15 percent, respectively) and multiservice mental health organizations (59 vs. 41 percent, respectively). Relatively more males were admitted to multiservice mental health organizations than to non-Federal general hospitals, and conversely, relatively more females were admitted to non-Federal general hospitals than to multiservice mental health organizations.

Females were admitted to non-Federal general hospitals at a higher rate than males, while males and females were admitted to multiservice mental health organizations at about the same rate (table 32). Males were admitted to multiservice organizations at a higher rate than to non-Federal general hospitals.

Race

Under Care. Significantly more whites with affective disorders than persons from other races were under care in partial care programs overall (86 vs. 14 percent, respectively) (table 33). This finding is the same as noted earlier for both inpatient and outpatient settings. The greater proportion of whites than persons from other races held true for the partial care programs of non-Federal general hospitals (91 vs. 9 percent, respectively) and multiservice mental health organizations (81 vs. 19 percent, respectively).

A comparison of rates per 100,000 civilian population for persons under care with affective disorders reveals that whites and persons from other races had higher rates in multiservice mental health organizations than in non-Federal general hospitals (table 33).

Admissions. Similar to the under care population, a greater proportion of whites with affective disorders than persons from other races were admitted to partial care programs overall (86 vs. 14 percent, respectively), and to the partial care programs of non-Federal general hospitals and multiservice mental health organizations (table 34). Persons from races other than white had a slightly greater rate of admission to multiservice mental health organizations than to non-Federal general hospitals.

Age

Under Care. Of the total number of clients with affective disorders under care in partial care programs, over two-thirds

were in the 25-44 and 45-64 age groups (table 35). The largest concentration of clients under care within non-Federal general hospitals and multiservice mental health organizations were in these two age groups.

A comparison of rates per 100,000 civilian population by age group for clients under care reveals that clients between ages 45 and 64 had the highest rate (19 per 100,000 civilian population); clients under age 18 had the lowest rate (table 35). The rates for clients under care in multiservice mental health organizations were significantly higher than the rates for clients in non-Federal general hospitals within the 18-24, 25-44, and 45-64 age groups.

Admissions. Almost three-fourths of all clients admitted to partial care services with affective disorders were between ages 25 and 64 (table 36). The concentration of clients within this age range was also evident in non-Federal general hospitals and multiservice mental health organizations. Well over one-half of all persons admitted to the partial care programs of multiservice mental health organizations in 1986 were between ages 25 and 44.

Overall, clients under age 18 admitted to partial care programs with affective disorders had the lowest rate of admission per 100,000 civilian population, compared with all other age groups (table 36). This finding held true within non-Federal general hospitals. Within multiservice mental health organizations, persons age 65 and over had the lowest admission rate of any age group. Persons ages 25 to 44 with affective disorders were admitted to multiservice mental health organizations at a significantly higher rate than persons in this age group admitted to non-Federal general hospitals (14 vs. 4 per 100,000 civilian population).

Prior Inpatient Mental Health Care

Under Care. Similar to the finding for the inpatient under care population, most clients with affective disorders under care in partial care settings in 1986 had a history of prior inpatient mental health treatment (64 percent) (table 37). About 80 percent of clients under care in the partial care programs of non-Federal general hospitals and 67 percent of clients under care in the partial care programs of multiservice mental health organizations were previously treated in inpatient mental health care settings.

Admissions. As was true for the under care population, most partial care admissions with affective disorders had a history of prior inpatient mental health treatment (70 percent) (table 38). Among admissions to the partial care programs of non-Federal general hospitals and multiservice mental health organizations, most clients had received prior inpatient mental health care, compared with clients who had no previous history of inpatient mental health care.

Principal Payment Source

Under Care. Approximately 60 percent of all partial care clients under care with affective disorders used some type of public funds (including Medicare, Medicaid, and other public sources) to pay for services (table 39). Significantly more clients under care in multiservice mental health

organizations used public sources (other than Medicare and Medicaid) to pay for services, compared with clients in non-Federal general hospitals (22 vs. 7 percent, respectively). In contrast, clients under care in non-Federal general hospitals were more likely to use Blue Cross or other commercial insurance to pay for services, compared with clients in multiservice mental health organizations (39 vs. 8 percent, respectively).

Admissions. Among admissions with affective disorders, Medicaid was used by one-fourth of this population (table 40). Personal resources were more likely to be used in multiservice mental health organizations than in non-Federal general hospitals (23 vs. 6 percent, respectively). Admissions to non-Federal general hospitals were more likely to use Blue Cross or other commercial insurance, Medicare, and Medicaid, compared with admissions to multiservice mental health organizations. Over one-fourth of the admissions to multiservice mental health organizations did not pay for services received, that is, the program absorbed the cost of services provided.

Referral Source

Under Care. Partial care clients under care with affective disorders were most often referred by inpatient psychiatric services, and by outpatient or other partial care services (33 and 24 percent, respectively) (table 41). Clients under care in non-Federal general hospitals were more likely than clients in multiservice mental health organizations to be referred by inpatient psychiatric services (63 vs. 28 percent, respectively). By contrast, clients under care in multiservice mental health organizations were more likely than clients in non-Federal general hospitals to be referred by outpatient or other partial care services (31 vs. 14 percent, respectively).

Admissions. Persons admitted with affective disorders were most often referred to partial care programs by inpatient psychiatric services (37 percent), followed by outpatient or other partial care services (23 percent), and by self, family or friend (16 percent) (table 42). Within non-Federal general hospitals, most partial care admissions were referred by inpatient psychiatric services (66 percent).

Persons admitted to multiservice mental health organizations were more than twice as likely as persons admitted to non-Federal general hospitals to be referred by self, family or friend (22 vs. 8 percent, respectively), or referred by an outpatient or partial care mental health service (32 vs. 14 percent, respectively) (table 42). Referrals from inpatient services, however, were much more common in non-Federal general hospitals than in multiservice mental health organizations (66 vs. 18 percent, respectively).

Type of Treatment

It should be noted that treatment data presented for clients under care and clients admitted to partial care programs include only those treatments provided during the survey

month, similar to the treatment data presented for outpatient programs. For additional information on the collection of treatment data in partial care programs, the reader should refer to the section in the text on type of treatment in outpatient programs.

Under Care. Of the various types of services provided to clients with affective disorders under care in partial care programs during the survey month, self-care skill training (25 percent), family therapy (18 percent), and education (16 percent) were reported less frequently than other types of treatment (table 43). This finding held true within non-Federal general hospitals. Within multiservice mental health organizations, family therapy and education were also reported less frequently than other types of treatment. Comparisons across settings reveal that individual, family, group, and activity therapies were reported for a greater proportion of clients under care in non-Federal general hospitals than in multiservice mental health organizations.

Admissions. Similar to the finding for the under care population, self-care skill training, family therapy, and education were reported less frequently for persons with affective disorders admitted to partial care programs than were other types of services (table 44). Group and activity therapies were reported for nearly all persons admitted to the partial care programs of non-Federal general hospitals. Education and family therapy were reported less often for persons admitted to multiservice mental health organizations. Group, activity, and family therapies were reported more often for persons admitted to non-Federal general hospitals than were reported for persons admitted to multiservice mental health organizations.

Median Length of Stay

During 1986, persons with affective disorders had a median period of treatment of about two and one-half months (72 days) in the partial care programs of specialty mental health organizations (table 45). This was four times longer than the median stay of 16 days in inpatient programs, but considerably shorter than the median period of treatment of 187 days in outpatient programs.

Within partial care programs overall, persons with schizophrenia had a median period of treatment twice as long as that for persons with affective disorders (153 vs. 72 days, respectively) (table 45). Within non-Federal general hospitals, persons with schizophrenia and those with personality disorders had longer median periods of treatment than persons with affective disorders (77, 92, and 41 days, respectively). In multiservice mental health organizations, persons with affective disorders had a much longer median period of treatment than persons with alcohol disorders (125 vs. 66 days, respectively). The median period of treatment for persons with affective disorders in multiservice mental health organizations (125 days) was three times longer than that for persons with affective disorders in non-Federal general hospitals (41 days).

Notes

¹ The diagnostic groupings used in this report are defined as follows:

<i>Selected diagnoses</i>	<i>Combined DSM-III/ICD-9-CM*</i>
Affective disorders <i>(Manic disorders, major depressive disorders, bipolar affective disorders, manic-depressive psychoses, other and unspecified affective psychoses, depressive type psychoses, dysthymic disorders or depressive neuroses, chronic hypomanic personality disorders, and cyclothymic disorders)</i>	296;298.0;300.4;301.11;301.13
Alcohol-related disorders	291;303;305.0
Drug-related disorders	292;304;305.1-305.9;327;328
Schizophrenia	295;299
Personality disorders	300.16;300.19;301(except 301.11 and 301.13);312.3
Adjustment disorders	309;(except 309.21,309.81 and 309.82)
Organic disorders	290;293;294;310

* DSM-III *Diagnostic and Statistical Manual of Mental Disorders*, 3d ed. Washington, DC: American Psychiatric Association, 1980.

ICD-9-CM *International Classification of Diseases, 9th Revision, Clinical Modification*, Vol.I. National Center for Health Statistics, DHHS Pub. No. (PHS) 80-1260. Washington, DC: Supt. of Docs., U.S. Gov. Print. Off., 1980.

² National Institute of Mental Health. *Mental Health, United States, 1985*. Taube, C.A., and Barrett, S.A., eds. DHHS Pub. No. (ADM) 85-1378. Washington, DC: Supt. of Docs., U.S. Govt. Print. Off., 1985 (p. 48).

National Institute of Mental Health, Series CN No. 2. *Characteristics of Admissions to Selected Mental Health Facilities, 1975: An Annotated Book of Charts and Tables*. DHHS Pub. No. (ADM) 81-1005. Washington, DC: Supt. of Docs., U.S. Govt. Print. Off., 1981 (p. 96).

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Table 1. Inpatient Under Care—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by sex and type of inpatient psychiatric service: United States, April 1, 1986

Sex	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total, both sexes	34,722	11,719	8,158	2,130	11,845	870
Male	14,167	4,089	3,308	2,069	4,258	443
Female	20,555	7,630	4,850	*	7,587	427
Percent distribution						
Total, both sexes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Male	40.8	34.9	40.6	97.1	36.0	50.9
Female	59.2	65.1	59.4	*	64.0	49.1
Rate per 100,000 civilian population						
Total, both sexes	14.5	4.9	3.4	0.9	4.9	0.4
Male	12.2	3.5	2.9	1.8	3.7	0.4
Female	16.6	6.2	3.9	*	6.1	0.3

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

Table 2. Inpatient Admissions—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by sex and type of inpatient psychiatric service: United States, 1986

Sex	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total, both sexes	490,991	54,571	100,254	27,301	291,680	17,185
Male	203,912	21,468	44,587	25,339	104,748	7,770
Female	287,079	33,103	55,667	1,962	186,932	9,415
Percent distribution						
Total, both sexes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Male	41.5	39.3	44.5	92.8	35.9	45.2
Female	58.5	60.7	55.5	7.2	64.1	54.8
Rate per 100,000 civilian population						
Total, both sexes	205.1	22.8	41.9	11.4	121.9	7.2
Male	176.1	18.5	38.5	21.9	90.5	6.7
Female	232.3	26.8	45.0	1.6	151.3	7.6

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

Table 3. Inpatient Under Care—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by race and type of inpatient psychiatric service: United States, April 1, 1986

Race	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total, all races	34,722	11,719	8,158	2,130	11,845	870
White	29,493	9,287	7,397	1,869	10,132	808
All other races	5,229	2,432	761	261	1,713	62
Percent distribution						
Total, all races	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
White	84.9	79.2	90.7	87.8	85.5	92.9
All other races	15.1	20.8	9.3	12.2	14.5	7.1
Rate per 100,000 civilian population						
Total, all races	14.5	4.9	3.4	0.9	4.9	0.4
White	14.5	4.6	3.6	0.9	5.0	0.4
All other races	14.4	6.7	2.1	0.7	4.7	0.2

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

Table 4. Inpatient Admissions—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by race and type of inpatient psychiatric service: United States, 1986

Race	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total, all races	490,991	54,571	100,254	27,301	291,680	17,185
White	418,707	42,749	88,120	23,425	249,568	14,845
All other races	72,284	11,822	12,134	3,876	42,112	2,340
Percent distribution						
Total, all races	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
White	85.3	78.3	87.9	85.8	85.6	86.4
All other races	14.7	21.7	12.1	14.2	14.4	13.6
Rate per 100,000 civilian population						
Total, all races	205.1	22.8	41.9	11.4	121.9	7.2
White	206.3	21.1	43.4	11.5	123.0	7.3
All other races	198.6	32.5	33.3	10.6	115.7	6.4

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

Table 5. Inpatient Under Care—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by age and type of inpatient psychiatric service: United States, April 1, 1986

Age	Inpatient psychiatric service					
	Total, all inpatient services	State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total, all ages	34,722	11,719	8,158	2,130	11,845	870
Under 18	4,674	812	3,010	-	530	322
18-24	3,572	1,219	1,037	-	1,265	51
25-44	14,244	5,194	2,454	959	5,391	246
45-64	7,441	2,820	923	881	2,694	123
65 and over	4,791	1,674	734	290	1,965	128
Percent distribution						
Total, all ages	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under 18	13.5	6.9	36.9	-	4.5	37.0
18-24	10.3	10.4	12.7	-	10.7	5.9
25-44	41.0	44.3	30.1	45.0	45.5	28.3
45-64	21.4	24.1	11.3	41.4	22.7	14.1
65 and over	13.8	14.3	9.0	13.6	16.6	14.7
Rate per 100,000 civilian population						
Total, all ages	14.5	4.9	3.4	0.9	4.9	0.4
Under 18	7.4	1.3	4.8	-	0.8	0.5
18-24	13.2	4.5	3.8	-	4.7	0.2
25-44	19.0	6.9	3.3	1.3	7.2	0.3
45-64	16.5	6.3	2.1	2.0	6.0	0.3
65 and over	16.4	5.7	2.5	1.0	6.7	0.4

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 6. Inpatient Admissions—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by age and type of inpatient psychiatric service: United States, 1986

Age	Inpatient psychiatric service					
	Total, all inpatient services	State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total, all ages	490,991	54,571	100,254	27,301	291,680	17,185
Under 18	35,728	*	18,559	-	13,215	2,347
18-24	47,099	7,059	7,151	*	31,213	1,159
25-44	232,133	32,363	47,479	12,396	132,460	7,435
45-64	110,867	11,234	17,336	10,998	66,292	5,007
65 and over	65,164	2,308	9,729	3,390	48,500	1,237
Percent distribution						
Total, all ages	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under 18	7.3	*	18.5	-	4.5	13.7
18-24	9.6	12.9	7.1	*	10.7	6.7
25-44	47.3	59.3	47.4	45.4	45.4	43.3
45-64	22.6	20.6	17.3	40.3	22.7	29.1
65 and over	13.3	4.2	9.7	12.4	16.6	7.2
Rate per 100,000 civilian population						
Total, all ages	205.1	22.8	41.9	11.4	121.9	7.2
Under 18	56.4	*	29.3	-	20.9	3.7
18-24	174.6	26.2	26.5	*	115.7	4.3
25-44	309.8	43.2	63.4	16.5	176.8	9.9
45-64	246.3	25.0	38.5	24.4	147.3	11.1
65 and over	223.4	7.9	33.4	11.6	166.3	4.2

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 7. Inpatient Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by prior inpatient mental health care and type of inpatient psychiatric service: United States, April 1, 1986

Prior inpatient mental health care	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total	34,722	11,719	8,158	2,130	11,845	870
Prior inpatient mental health care	23,836	10,090	4,306	1,523	7,446	471
No prior inpatient mental health care	10,886	1,629	3,852	607	4,399	399
Percent distribution						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Prior inpatient mental health care	68.6	86.1	52.8	71.5	62.9	54.1
No prior inpatient mental health care	31.4	13.9	47.2	28.5	37.1	45.9

Table 8. Inpatient Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by prior inpatient mental health care and type of inpatient psychiatric service: United States, 1986

Prior inpatient mental health care	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total	490,991	54,571	100,254	27,301	291,680	17,185
Prior inpatient mental health care	311,866	41,362	52,724	23,405	183,177	11,198
No prior inpatient mental health care	179,125	13,209	47,530	3,896	108,503	5,987
Percent distribution						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Prior inpatient mental health care	63.5	75.8	52.6	85.7	62.8	65.2
No prior inpatient mental health care	36.5	24.2	47.4	14.3	37.2	34.8

Table 9. Inpatient Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by principal payment source and type of inpatient psychiatric service: United States, April 1, 1986

Principal payment source	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total	34,722	11,719	8,158	2,130	11,845	870
No fee	5,968	5,453	*	*	204	99
Personal resources	1,687	724	202	-	700	61
Blue Cross/other commercial insurance ...	13,675	*	6,152	-	5,433	375
Medicare	4,544	1,090	829	-	2,454	171
Medicaid	2,825	*	*	-	2,082	29
Other public source	5,587	2,209	405	2,042	804	*
Other	436	-	*	-	168	*
Percent distribution						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No fee	17.2	46.5	*	*	1.7	11.4
Personal resources	4.9	6.2	2.5	-	5.9	7.0
Blue Cross/other commercial insurance ...	39.4	*	75.4	-	45.9	43.1
Medicare	13.1	9.3	10.2	-	20.7	19.7
Medicaid	8.1	*	*	-	17.6	3.3
Other public source	16.1	18.8	5.0	95.9	6.8	*
Other	1.3	-	*	-	1.4	*

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 10. Inpatient Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by principal payment source and type of inpatient psychiatric service: United States, 1986

Principal payment source	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total	490,991	54,571	100,254	27,301	291,680	17,185
No fee	39,457	27,898	1,183	*	5,058	3,517
Personal resources	27,157	5,339	2,499	-	17,275	2,044
Blue Cross/other commercial insurance ...	215,256	4,165	73,105	-	133,487	4,499
Medicare	82,026	6,790	13,317	-	60,447	1,472
Medicaid	58,191	*	*	-	51,370	1,605
Other public source	60,944	6,366	5,145	25,500	19,939	3,994
Other	7,960	-	3,802	-	4,104	*
Percent distribution						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No fee	8.0	51.1	1.2	*	1.7	20.5
Personal resources	5.5	9.8	2.5	-	5.9	11.9
Blue Cross/other commercial insurance ...	43.8	7.6	72.9	-	45.8	26.2
Medicare	16.7	12.4	13.3	-	20.7	8.6
Medicaid	11.8	*	*	-	17.6	9.3
Other public source	12.4	11.7	5.1	93.4	6.8	23.2
Other	1.6	-	3.8	-	1.4	*

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 11. Inpatient Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by referral source and type of inpatient psychiatric service: United States, April 1, 1986

Referral source	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total	34,722	11,719	8,158	2,130	11,845	870
Self, family or friend	10,054	1,889	2,213	1,271	4,449	232
Inpatient psychiatric services	4,564	2,917	771	*	546	*
Outpatient/partial care						
mental health services	5,250	3,092	509	131	1,435	83
Private psychiatrist	4,677	-	2,319	-	2,285	*
Other mental health professional	877	-	639	*	201	*
General medical	3,558	739	707	195	1,819	98
Police/court/correction	2,508	1,550	428	*	351	*
Other	3,234	1,532	572	236	759	135
Percent distribution						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self, family or friend	29.0	16.1	27.1	59.7	37.6	26.7
Inpatient psychiatric services	13.1	24.9	9.4	*	4.6	*
Outpatient/partial care						
mental health services	15.1	26.4	6.2	6.2	12.1	9.5
Private psychiatrist	13.5	-	28.4	-	19.3	*
Other mental health professional	2.5	-	7.8	*	1.7	*
General medical	10.2	6.3	8.7	9.2	15.4	11.3
Police/court/correction	7.2	13.2	5.2	3.8	3.0	*
Other	9.3	13.1	7.0	11.1	6.4	15.5

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 12. Inpatient Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by referral source and type of inpatient psychiatric service: United States, 1986

Referral source	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total	490,991	54,571	100,254	27,301	291,680	17,185
Self, family or friend	175,203	6,936	34,927	18,954	109,633	4,753
Inpatient psychiatric services	31,862	10,006	5,220	2,103	13,479	1,054
Outpatient/partial care						
mental health services	59,675	12,096	6,875	2,913	35,357	2,434
Private psychiatrist	85,760	*	26,166	*	55,817	1,026
Other mental health professional	9,468	-	3,694	-	4,944	*
General medical	68,058	5,720	13,219	1,717	44,947	2,455
Police/court/correction	25,265	10,306	2,508	*	8,767	3,432
Other	35,700	*	7,645	*	18,736	1,201
Percent distribution						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self, family or friend	35.7	12.7	34.8	69.4	37.6	27.7
Inpatient psychiatric services	6.5	18.3	5.2	7.7	4.6	6.1
Outpatient/partial care						
mental health services	12.2	22.2	6.9	10.7	12.1	14.2
Private psychiatrist	17.5	*	26.1	*	19.1	6.0
Other mental health professional	1.9	-	3.7	-	1.7	*
General medical	13.9	10.5	13.2	6.3	15.4	14.3
Police/court/correction	5.2	18.9	2.5	*	3.0	20.0
Other	7.3	*	7.6	*	6.4	7.0

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 13. Inpatient Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by selected types of services received and type of inpatient psychiatric service: United States, April 1, 1986

Selected types of services rewarded	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total	34,722	11,719	8,158	2,130	11,845	870
Individual therapy	29,038	8,200	7,935	1,618	10,549	736
Family therapy	9,884	1,172	5,272	277	2,719	444
Group therapy	24,096	6,020	6,665	1,204	9,547	660
Drug therapy	30,296	10,918	6,328	1,583	10,906	561
Self-care skill training	8,907	4,824	1,044	*	2,488	176
Social skill training	15,705	4,994	4,105	693	5,519	394
Activity therapy	27,132	8,077	7,392	1,349	9,599	715
Education	6,622	1,753	3,408	299	837	325
Percent distribution						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Individual therapy	83.6	70.0	97.3	76.0	89.1	84.6
Family therapy	28.5	10.0	64.6	13.0	23.0	51.0
Group therapy	69.4	51.4	81.7	56.5	80.6	75.9
Drug therapy	87.2	93.2	77.6	74.3	92.1	64.5
Self-care skill training	25.6	41.2	12.8	*	21.0	20.2
Social skill training	45.2	42.6	50.3	32.5	46.6	45.3
Activity therapy	78.1	68.9	90.6	63.3	81.0	82.2
Education	19.1	15.0	41.8	14.0	7.1	37.4

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Patients may have received more than one type of service. Therefore, percentages may add to more than 100 percent.

Table 14. Inpatient Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by selected types of services received and type of inpatient psychiatric service: United States, 1986

Selected types of services received	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Number						
Total	490,991	54,571	100,254	27,301	291,680	17,185
Individual therapy	420,691	37,256	88,408	21,143	259,723	14,161
Family therapy	112,572	6,524	31,564	3,610	67,087	3,787
Group therapy	359,959	29,054	71,426	15,143	235,057	9,279
Drug therapy	426,960	47,064	73,709	23,809	268,320	14,058
Self-care skill training	89,890	10,696	11,009	4,082	61,466	2,637
Social skill training	207,131	18,834	37,051	9,428	135,650	6,168
Activity therapy	382,238	40,728	76,240	18,350	236,334	10,586
Education	47,433	5,725	15,326	4,486	20,733	1,163
Percent distribution						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Individual therapy	85.7	68.3	88.2	77.4	89.0	82.4
Family therapy	22.9	12.0	31.5	13.2	23.0	22.0
Group therapy	73.3	53.2	71.2	55.5	80.6	54.0
Drug therapy	87.0	86.2	73.5	87.2	92.0	81.8
Self-care skill training	18.3	19.6	11.0	15.0	21.1	15.3
Social skill training	42.2	34.5	37.0	34.5	46.5	35.9
Activity therapy	77.8	74.6	76.0	67.2	81.0	61.6
Education	9.7	10.5	15.3	16.4	7.1	6.8

NOTE: Patients may have received more than one type of service. Therefore, percentages may add to more than 100 percent.

Table 15. Inpatient—Median days of stay for persons terminated (excluding deaths) from inpatient psychiatric service by selected principal diagnoses and type of inpatient psychiatric service: United States, 1986

Selected principal diagnoses	Total, all inpatient services	Inpatient psychiatric service				
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations
Total, all diagnoses	15	28	24	23	10	11
Affective disorders	16	33	25	24	13	13
Alcohol-related disorders	8	13	24	22	5	6
Drug-related disorders	16	27	27	21	8	6
Schizophrenia	19	38	20	23	13	16
Personality disorders	9	9	*	31	7	10
Adjustment disorders	8	9	18	12	7	5
Organic disorders	16	*	17	27	14	10

* Median based on five or fewer sample cases or median has a relative standard error of 50 percent or higher. Therefore, median not shown because it does not meet standards of reliability.

Table 16. *Outpatient Under Care*—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by sex and type of outpatient psychiatric service: United States, April 1, 1986

Sex	Total, all outpatient services ²	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
Number							
Total, both sexes	308,110	10,912	12,434	17,962	48,158	169,795	46,364
Male	112,668	3,925	3,620	15,523	18,021	56,532	14,280
Female	195,442	6,987	8,814	2,439	30,137	113,263	32,084
Percent distribution							
Total, both sexes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Male	36.6	36.0	29.1	86.4	37.4	33.3	30.8
Female	63.4	64.0	70.9	13.6	62.6	66.7	69.2
Rate per 100,000 civilian population							
Total, both sexes	128.7	4.6	5.2	7.5	20.1	70.9	19.4
Male	97.3	3.4	3.1	13.4	15.6	48.8	12.3
Female	158.2	5.7	7.1	2.0	24.4	91.7	26.0

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes residential treatment centers for emotionally disturbed children.

Table 17. *Outpatient Admissions*—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by sex and type of outpatient psychiatric service: United States, 1986

Sex	Total, all outpatient services ²	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
Number							
Total, both sexes	306,874	7,042	18,147	11,295	68,105	146,007	49,207
Male	108,894	*	6,293	11,064	16,060	56,752	11,480
Female	197,980	2,578	11,854	*	52,045	89,255	37,727
Percent distribution							
Total, both sexes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Male	35.5	*	34.7	98.0	23.6	38.9	23.3
Female	64.5	36.6	65.3	*	76.4	61.1	76.7
Rate per 100,000 civilian population							
Total, both sexes	128.2	2.9	7.6	4.7	28.5	61.0	20.6
Male	94.0	*	5.4	9.6	13.9	49.0	9.9
Female	160.2	2.1	9.6	*	42.1	72.2	30.5

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

Table 18. Outpatient Under Care—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by race and type of outpatient psychiatric service: United States, April 1, 1986

Race	Total, all outpatient services ²	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
		Number					
Total, all races	308,110	10,912	12,434	17,962	48,158	169,795	46,364
White	282,600	9,032	11,309	16,948	44,197	156,154	42,478
All other races	25,510	1,880	1,125	1,014	3,961	13,641	3,886
		Percent distribution					
Total, all races	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
White	91.7	82.8	91.0	94.4	91.8	92.0	91.6
All other races	8.3	17.2	9.0	5.6	8.2	8.0	8.4
		Rate per 100,000 civilian population					
Total, all races	128.7	4.6	5.2	7.5	20.1	70.9	19.4
White	139.2	4.4	5.6	8.4	21.8	76.9	20.9
All other races	70.1	5.2	3.1	2.8	10.9	37.5	10.7

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes residential treatment centers for emotionally disturbed children.

Table 19. Outpatient Admissions—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by race and type of outpatient psychiatric service: United States, 1986

Race	Total, all outpatient services ²	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
		Number					
Total, all races	306,874	7,042	18,147	11,295	68,105	146,007	49,207
White	271,943	6,276	17,769	10,361	55,262	130,822	44,781
All other races	34,931	766	378	934	12,843	15,185	4,426
		Percent distribution					
Total, all races	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
White	88.6	89.1	97.9	91.7	81.1	89.6	91.0
All other races	11.4	10.9	2.1	8.3	18.9	10.4	9.0
		Rate per 100,000 civilian population					
Total, all races	128.2	2.9	7.6	4.7	28.5	61.0	20.6
White	134.0	3.1	8.8	5.1	27.2	64.5	22.1
All other races	96.0	2.1	1.0	2.6	35.3	41.7	12.2

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes residential treatment centers for emotionally disturbed children.

Table 20. Outpatient Under Care—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by age and type of outpatient psychiatric service: United States, April 1, 1986

Age	Total, all outpatient services ²	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
Number							
Total, all ages	308,110	10,912	12,434	17,962	48,158	169,795	46,364
Under 18	10,049	*	*	-	2,467	3,189	2,396
18-24	24,307	*	350	-	3,474	15,997	3,227
25-44	154,342	6,112	7,778	7,406	16,129	91,690	24,202
45-64	88,913	2,728	886	6,858	20,141	43,788	14,475
65 and over	30,499	1,016	*	3,698	5,947	15,131	2,064
Percent distribution							
Total, all ages	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under 18	3.3	*	*	-	5.1	1.9	5.2
18-24	7.9	*	2.8	-	7.2	9.4	7.0
25-44	50.1	56.0	62.6	41.2	33.5	54.0	52.2
45-64	28.9	25.0	7.1	38.2	41.8	25.8	31.2
65 and over	9.9	9.3	*	20.6	12.3	8.9	4.5
Rate per 100,000 civilian population							
Total, all ages	128.7	4.6	5.2	7.5	20.1	70.9	19.4
Under 18	15.9	*	*	-	3.9	5.0	3.8
18-24	90.1	*	1.3	-	12.9	59.3	12.0
25-44	206.0	8.2	10.4	9.9	21.5	122.4	32.3
45-64	197.6	6.1	2.0	15.2	44.8	97.3	32.2
65 and over	104.6	3.5	*	12.7	20.4	51.9	7.1

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 21. Outpatient Admissions—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by age and type of outpatient psychiatric service: United States, 1986

Age	Total, all outpatient services ²	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
Number							
Total, all ages	306,874	7,042	18,147	11,295	68,105	146,007	49,207
Under 18	30,834	*	*	-	*	11,038	3,266
18-24	26,487	*	1,462	*	*	12,606	8,556
25-44	162,380	5,214	4,187	5,344	32,270	84,928	27,243
45-64	65,818	928	*	4,210	15,837	29,365	8,160
65 and over	21,355	*	789	1,394	8,842	8,070	1,982
Percent distribution							
Total, all ages	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under 18	10.0	*	*	-	*	7.6	6.6
18-24	8.6	*	8.1	*	*	8.6	17.4
25-44	52.9	74.0	23.1	47.3	47.4	58.2	55.4
45-64	21.4	13.2	*	37.3	23.3	20.1	16.6
65 and over	7.0	*	4.3	12.3	13.0	5.5	4.0
Rate per 100,000 civilian population							
Total, all ages	128.2	2.9	7.6	4.7	28.5	61.0	20.6
Under 18	48.7	*	*	-	*	17.4	5.2
18-24	98.2	*	5.4	*	*	46.7	31.7
25-44	216.7	7.0	5.6	7.1	43.1	113.3	36.4
45-64	146.2	2.1	*	9.4	35.2	65.2	18.1
65 and over	73.2	*	2.7	4.8	30.3	27.7	6.7

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 22. Outpatient Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by prior inpatient mental health care and type of outpatient psychiatric service: United States, April 1, 1986

Prior inpatient mental health care	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
Number							
Total	308,110	10,912	12,434	17,962	48,158	169,795	46,364
Prior inpatient mental health care	126,777	7,033	5,226	10,170	15,135	76,930	11,803
No prior inpatient mental health care	181,333	3,879	7,208	7,792	33,023	92,865	34,561
Percent distribution							
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Prior inpatient mental health care	41.2	64.4	42.0	56.6	31.4	45.3	25.5
No prior inpatient mental health care	58.8	35.6	58.0	43.4	68.6	54.7	74.5

¹ Includes residential treatment centers for emotionally disturbed children.

Table 23. Outpatient Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by prior inpatient mental health care and type of outpatient psychiatric service: United States, 1986

Prior inpatient mental health care	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
		Number					
Total	306,874	7,042	18,147	11,295	68,105	146,007	49,207
Prior inpatient mental health care	110,646	5,972	3,326	7,155	23,111	58,449	9,748
No prior inpatient mental health care	196,228	1,070	14,821	4,140	44,994	87,558	39,459
		Percent distribution					
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Prior inpatient mental health care	36.1	84.8	18.3	63.4	33.9	40.0	19.8
No prior inpatient mental health care	63.9	15.2	81.7	36.6	66.1	60.0	80.2

¹ Includes residential treatment centers for emotionally disturbed children.

Table 24. Outpatient Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by principal payment source and type of outpatient psychiatric service: United States, April 1, 1986

Principal payment source	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
		Number					
Total	308,110	10,912	12,434	17,962	48,158	169,795	46,364
No fee	53,474	5,747	*	*	2,267	33,905	10,326
Personal resources	85,448	408	3,174	-	13,166	54,277	13,816
Blue Cross/other commercial insurance	52,923	*	4,365	-	13,998	24,182	9,734
Medicare	25,634	*	*	-	5,793	15,647	2,289
Medicaid	40,799	2,555	*	-	8,629	20,336	5,860
Other public source	46,993	*	604	17,189	2,066	20,948	*
Other	*	-	*	-	*	*	-
		Percent distribution					
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No fee	17.4	52.7	*	*	4.7	20.0	22.3
Personal resources	27.7	3.7	25.5	-	27.3	32.0	29.8
Blue Cross/other commercial insurance	17.2	*	35.1	-	29.1	14.2	21.0
Medicare	8.3	*	*	-	12.0	9.2	4.9
Medicaid	13.2	23.4	*	-	17.9	12.0	12.6
Other public source	15.2	*	4.9	95.7	4.3	12.3	*
Other	*	-	*	-	*	*	-

¹ Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 25. Outpatient Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by principal payment source and type of outpatient psychiatric service: United States, 1986

Principal payment source	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
		Number					
Total	306,874	7,042	18,147	11,295	68,105	146,007	49,207
No fee	43,380	*	*	*	*	26,591	7,097
Personal resources	77,946	*	*	-	12,391	41,127	17,257
Blue Cross/other commercial insurance	62,630	*	8,140	-	22,060	21,223	9,877
Medicare	19,968	*	647	-	11,877	4,561	2,253
Medicaid	50,855	*	*	-	10,413	25,540	8,763
Other public source	49,719	*	546	8,680	8,993	25,827	3,960
Other	*	-	*	-	*	*	-
		Percent distribution					
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No fee	14.1	*	*	*	*	18.2	14.4
Personal resources	25.4	*	*	-	18.2	28.2	35.1
Blue Cross/other commercial insurance	20.4	*	44.9	-	32.4	14.5	20.1
Medicare	6.5	*	3.6	-	17.4	3.1	4.6
Medicaid	16.6	*	*	-	15.3	17.5	17.8
Other public source	16.2	*	3.0	76.8	13.2	17.7	8.0
Other	*	-	*	-	*	*	-

¹ Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 26. Outpatient Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by referral source and type of outpatient psychiatric service: United States, April 1, 1986

Referral source	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
		Number					
Total	308,110	10,912	12,434	17,962	48,158	169,795	46,364
Self, family or friend	167,095	6,261	6,684	8,821	23,830	92,885	26,283
Inpatient psychiatric services	36,453	2,695	*	4,115	1,162	22,616	3,355
Outpatient/partial care							
mental health services	17,224	*	1,131	*	*	9,208	1,842
Private psychiatrist	13,485	*	102	*	*	9,263	*
Other mental health professional	*	*	*	*	*	*	*
General medical	34,256	*	1,043	2,592	9,060	16,093	5,272
Police/court/correction	*	*	*	*	*	*	1,453
Other	27,873	*	*	*	9,083	12,193	5,047
		Percent distribution					
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self, family or friend	54.2	57.4	53.8	49.1	49.5	54.7	56.7
Inpatient psychiatric services	11.8	24.7	*	22.9	2.4	13.3	7.2
Outpatient/partial care							
mental health services	5.6	*	9.1	*	*	5.4	4.0
Private psychiatrist	4.4	*	0.8	*	*	5.5	*
Other mental health professional	*	*	*	*	*	*	*
General medical	11.1	*	8.4	14.4	18.8	9.5	11.4
Police/court/correction	*	*	*	*	*	*	3.1
Other	9.0	*	*	*	18.9	7.2	10.9

¹ Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 27. Outpatient Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by referral source and type of outpatient psychiatric service: United States, 1986

Referral source	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
				Number			
Total	306,874	7,042	18,147	11,295	68,105	146,007	49,207
Self, family or friend	174,874	1,241	11,490	6,236	34,690	85,817	31,814
Inpatient psychiatric services	46,677	*	989	1,975	12,239	24,112	2,125
Outpatient/partial care mental health services	6,699	*	*	*	*	*	2,161
Private psychiatrist	2,051	*	*	-	*	*	*
Other mental health professional	7,373	-	*	-	*	*	*
General medical	32,712	*	1,401	2,641	8,867	16,262	2,621
Police/court/correction	4,368	*	*	-	*	*	*
Other	32,120	*	1,026	402	*	13,441	9,160
				Percent distribution			
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self, family or friend	57.0	17.6	63.3	55.2	50.9	58.8	64.6
Inpatient psychiatric services	15.2	*	5.4	17.5	18.0	16.5	4.3
Outpatient/partial care mental health services	2.2	*	*	*	*	*	4.4
Private psychiatrist	0.7	*	*	-	*	*	*
Other mental health professional	2.4	-	*	-	*	*	*
General medical	10.7	*	7.7	23.4	13.0	11.1	5.3
Police/court/correction	1.4	*	*	-	*	*	*
Other	10.5	*	5.6	3.6	*	9.2	18.6

¹ Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 28. Outpatient Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by selected types of services received and type of outpatient psychiatric service: United States, April 1, 1986

Selected types of services received	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
				Number			
Total	308,110	10,912	12,434	17,962	48,158	169,795	46,364
Individual therapy	229,394	9,084	9,825	14,040	36,853	121,365	36,187
Family therapy	20,690	684	1,159	*	5,425	8,103	3,787
Group therapy	38,832	*	*	1,366	*	28,683	3,237
Drug therapy	170,733	8,369	5,706	13,639	21,136	100,056	21,482
Social skill training	12,437	*	*	*	*	8,735	941
Activity therapy	5,486	*	*	*	*	2,188	*
None	12,669	563	517	*	*	5,970	1,427
				Percent distribution			
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Individual therapy	74.4	83.2	79.0	78.2	76.5	71.5	78.0
Family therapy	6.7	6.3	9.3	*	11.3	4.8	8.2
Group therapy	12.6	*	*	7.6	*	16.9	7.0
Drug therapy	55.4	76.7	45.9	75.9	43.9	58.9	46.3
Social skill training	4.0	*	*	*	*	5.1	2.0
Activity therapy	1.8	*	*	*	*	1.3	*
None	4.1	5.2	4.2	*	*	3.5	3.1

¹ Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Clients may have received more than one type of service. Therefore, percentages may add to more than 100 percent.

Table 29. Outpatient Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by selected types of services received and type of outpatient psychiatric service: United States, 1986

Selected types of services received	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
		Number					
Total	306,874	7,042	18,147	11,295	68,105	146,007	49,207
Individual therapy	181,426	3,863	10,475	5,158	30,955	97,237	30,471
Family therapy	9,170	*	*	*	*	4,103	1,179
Group therapy	13,868	*	*	*	5,069	3,916	*
Drug therapy	104,947	5,742	3,869	5,344	23,121	51,237	13,874
Social skill training	*	-	*	*	*	*	*
Activity therapy	15,818	*	*	*	*	*	*
None	*	-	-	-	-	*	-
		Percent distribution					
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Individual therapy	59.1	54.9	57.7	45.7	45.5	66.6	61.9
Family therapy	3.0	*	*	*	*	2.8	2.4
Group therapy	4.5	*	*	*	7.4	2.7	*
Drug therapy	34.2	81.5	21.3	47.3	33.9	35.1	28.2
Social skill training	*	-	*	*	*	*	*
Activity therapy	5.2	*	*	*	*	*	*
None	*	-	-	-	-	*	-

¹ Includes residential treatment centers for emotionally disturbed children.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Clients may have received more than one type of service. Therefore, percentages may add to more than 100 percent.

Table 30. Outpatient—Median period of treatment for persons terminated (excluding deaths) from outpatient psychiatric service by selected principal diagnoses and type of outpatient psychiatric service: United States, 1986

Selected principal diagnoses	Total, all outpatient services ¹	Outpatient psychiatric service					
		State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals	Multiservice mental health organizations	Freestanding outpatient clinics
Total, all diagnoses	157	237	171	98	132	165	170
Affective disorders	187	277	183	143	244	180	297
Alcohol-related disorders	112	436	*	95	270	91	164
Drug-related disorders	144	*	*	70	205	91	218
Schizophrenia	250	249	135	115	294	297	178
Personality disorders	167	86	*	1	*	127	166
Adjustment disorders	157	144	*	72	120	167	174
Organic disorders	146	*	*	13	146	182	329

¹ Includes residential treatment centers for emotionally disturbed children.

* Median based on five or fewer sample cases or median has a relative standard error of 50 percent or higher. Therefore, median not shown because it does not meet standards of reliability.

Table 31. Partial Care Under Care—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by sex and type of partial care service: United States, April 1, 1986

Sex	Total, all partial care services ²	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
Number			
Total, both sexes	22,654	2,788	12,849
Male	9,128	565	3,426
Female	13,526	2,223	9,423
Percent distribution			
Total, both sexes	100.0%	100.0%	100.0%
Male	40.3	20.3	26.7
Female	59.7	79.7	73.3
Rate per 100,000 civilian population			
Total, both sexes	9.5	1.2	5.4
Male	7.9	0.5	3.0
Female	10.9	1.8	7.6

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

Table 33. Partial Care Under Care—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by race and type of partial care service: United States, April 1, 1986

Race	Total, all partial care services ²	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
Number			
Total, all races	22,654	2,788	12,849
White	19,398	2,544	10,391
All other races	3,256	244	2,458
Percent distribution			
Total, all races	100.0%	100.0%	100.0%
White	85.6	91.2	80.9
All other races	14.4	8.8	19.1
Rate per 100,000 civilian population			
Total, all races	9.5	1.2	5.4
White	9.6	1.3	5.1
All other races	8.9	0.7	6.8

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

Table 32. Partial Care Admissions—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by sex and type of partial care service: United States, 1986

Sex	Total, all partial care services ²	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
Number			
Total, both sexes	35,277	11,263	17,806
Male	12,280	1,649	7,345
Female	22,997	9,614	10,461
Percent distribution			
Total, both sexes	100.0%	100.0%	100.0%
Male	34.8	14.6	41.2
Female	65.2	85.4	58.8
Rate per 100,000 civilian population			
Total, both sexes	14.7	4.7	7.4
Male	10.6	1.4	6.3
Female	18.6	7.8	8.5

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

Table 34. Partial Care Admissions—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by race and type of partial care service: United States, 1986

Race	Total, all partial care services ²	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
Number			
Total, all races	35,277	11,263	17,806
White	30,512	10,221	14,722
All other races	4,765	1,042	3,084
Percent distribution			
Total, all races	100.0%	100.0%	100.0%
White	86.5	90.8	82.7
All other races	13.5	9.2	17.3
Rate per 100,000 civilian population			
Total, all races	14.7	4.7	7.4
White	15.0	5.0	7.3
All other races	13.1	2.9	8.5

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

Table 35. Partial Care Under Care—Number, percent distribution, and rate per 100,000 civilian population¹ of persons under care with a principal diagnosis of affective disorder, by age and type of partial care service: United States, April 1, 1986

Age	Total, all partial care services ²	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
		Number	
Total, all ages	22,654	2,788	12,849
Under 18	1,512	182	*
18-24	1,587	246	1,064
25-44	8,296	987	5,212
45-64	8,727	908	4,938
65 and over	2,532	465	1,298
		Percent distribution	
Total, all ages	100.0%	100.0%	100.0%
Under 18	6.7	6.5	*
18-24	7.0	8.8	8.3
25-44	36.6	35.4	40.6
45-64	38.5	32.6	38.4
65 and over	11.2	16.7	10.1
		Rate per 100,000 civilian population	
Total, all ages	9.5	1.2	5.4
Under 18	2.4	0.3	*
18-24	5.9	0.9	3.9
25-44	11.1	1.3	7.0
45-64	19.4	2.0	11.0
65 and over	8.7	1.6	4.5

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 36. Partial Care Admissions—Number, percent distribution, and rate per 100,000 civilian population¹ of persons admitted with a principal diagnosis of affective disorder, by age and type of partial care service: United States, 1986

Age	Total, all partial care services ²	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
		Number	
Total, all ages	35,277	11,263	17,806
Under 18	2,369	654	*
18-24	3,560	1,408	1,729
25-44	16,176	3,342	10,179
45-64	9,502	3,446	4,401
65 and over	3,670	*	618
		Percent distribution	
Total, all ages	100.0%	100.0%	100.0%
Under 18	6.7	5.8	*
18-24	10.1	12.5	9.7
25-44	45.9	29.7	57.2
45-64	26.9	30.6	24.7
65 and over	10.4	*	3.5
		Rate per 100,000 civilian population	
Total, all ages	14.7	4.7	7.4
Under 18	3.7	1.0	*
18-24	13.2	5.2	6.4
25-44	21.6	4.5	13.6
45-64	21.1	7.7	9.8
65 and over	12.6	*	2.1

¹ Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1022, table 3, p. 33.

² Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 37. Partial Care Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by prior inpatient mental health care and type of partial care service: United States, April 1, 1986

Prior inpatient mental health care	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
Number			
Total	22,654	2,788	12,849
Prior inpatient mental health care	14,542	2,226	8,610
No prior inpatient mental health care	8,112	562	4,239
Percent distribution			
Total	100.0%	100.0%	100.0%
Prior inpatient mental health care	64.2	79.8	67.0
No prior inpatient mental health care	35.8	20.2	33.0

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

Table 38. Partial Care Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by prior inpatient mental health care and type of partial care service: United States, 1986

Prior inpatient mental health care	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
Number			
Total	35,277	11,263	17,806
Prior inpatient mental health care	24,734	8,553	10,907
No prior inpatient mental health care	10,543	2,710	6,899
Percent distribution			
Total	100.0%	100.0%	100.0%
Prior inpatient mental health care	70.1	75.9	61.2
No prior inpatient mental health care	29.9	24.1	38.8

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

Table 39. Partial Care Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by principal payment source and type of partial care service: United States, April 1, 1986

Principal payment source	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
		Number	
Total	22,654	2,788	12,849
No fee	3,144	-	2,735
Personal resources	2,479	*	2,084
Blue Cross/other commercial insurance	3,139	1,070	1,015
Medicare	1,340	*	684
Medicaid	5,112	762	3,512
Other public source	7,183	199	2,819
Other	*	*	-
		Percent distribution	
Total	100.0%	100.0%	100.0%
No fee	13.9	-	21.3
Personal resources	10.9	*	16.2
Blue Cross/other commercial insurance	13.9	38.4	7.9
Medicare	5.9	*	5.3
Medicaid	22.6	27.3	27.3
Other public source	31.7	7.1	21.9
Other	*	*	-

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 40. Partial Care Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by principal payment source and type of partial care service: United States, 1986

Principal payment source	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
		Number	
Total	35,277	11,263	17,806
No fee	6,222	*	5,012
Personal resources	5,056	698	4,092
Blue Cross/other commercial insurance	5,762	2,913	1,365
Medicare	4,681	2,804	947
Medicaid	9,332	4,139	3,741
Other public source	4,038	*	2,552
Other	*	*	*
		Percent distribution	
Total	100.0%	100.0%	100.0%
No fee	17.6	*	28.2
Personal resources	14.3	6.2	23.0
Blue Cross/other commercial insurance	16.3	25.9	7.7
Medicare	13.3	24.9	5.3
Medicaid	26.4	36.8	21.0
Other public source	11.4	*	14.3
Other	*	*	*

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 41. Partial Care Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by referral source and type of partial care service: United States, April 1, 1986

Referral source	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
		Number	
Total	22,654	2,788	12,849
Self, family or friend ...	3,823	192	2,136
Inpatient psychiatric services	7,403	1,768	3,540
Outpatient/partial care mental health services	5,424	384	3,989
Private psychiatrist	798	340	*
Other mental health professional	*	-	-
General medical	991	-	*
Police/court/correction	*	-	*
Other	4,041	*	2,200
		Percent distribution	
Total	100.0%	100.0%	100.0%
Self, family or friend ...	16.9	6.9	16.6
Inpatient psychiatric services	32.7	63.4	27.6
Outpatient/partial care mental health services	23.9	13.8	31.0
Private psychiatrist	3.5	12.2	*
Other mental health professional	*	-	-
General medical	4.4	-	*
Police/court/correction	*	-	*
Other	17.8	*	17.1

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 42. Partial Care Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by referral source and type of partial care service: United States, 1986

Referral source	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
		Number	
Total	35,277	11,263	17,806
Self, family or friend ...	5,471	932	3,979
Inpatient psychiatric services	13,157	7,429	3,284
Outpatient/partial care mental health services	8,039	1,582	5,608
Private psychiatrist	1,266	*	437
Other mental health professional	471	*	337
General medical	1,634	*	*
Police/court/correction	*	*	*
Other	4,249	*	2,559
		Percent distribution	
Total	100.0%	100.0%	100.0%
Self, family or friend ...	15.5	8.3	22.4
Inpatient psychiatric services	37.3	66.0	18.4
Outpatient/partial care mental health services	22.8	14.0	31.5
Private psychiatrist	3.6	*	2.4
Other mental health professional	1.3	*	1.9
General medical	4.6	*	*
Police/court/correction	*	*	*
Other	12.0	*	14.4

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Percentages may not add to 100 percent due to rounding.

Table 43. Partial Care Under Care—Number and percent distribution of persons under care with a principal diagnosis of affective disorder, by selected types of services received and type of partial care service: United States, April 1, 1986

Selected types of services received	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
		Number	
Total	22,654	2,788	12,849
Individual therapy	14,704	2,285	8,073
Family therapy	4,009	548	948
Group therapy	15,582	2,638	8,700
Drug therapy	12,579	1,704	7,798
Self-care skill training	5,738	642	4,065
Social skill training	12,714	2,189	8,028
Activity therapy	14,560	2,357	8,367
Education	3,600	565	1,914
None	*	*	*
		Percent distribution	
Total	100.0%	100.0%	100.0%
Individual therapy	64.9	82.0	62.8
Family therapy	17.7	19.7	7.4
Group therapy	68.8	94.6	67.7
Drug therapy	55.5	61.1	60.7
Self-care skill training	25.3	23.0	31.6
Social skill training	56.1	78.5	62.5
Activity therapy	64.3	84.5	65.1
Education	15.9	20.3	14.9
None	*	*	*

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

* Estimate based on five or fewer sample cases or estimate has a relative standard error of 50 percent or higher. Therefore, estimate not shown because it does not meet standards of reliability.

NOTE: Clients may have received more than one type of service. Therefore, percentages may add to more than 100 percent.

Table 44. Partial Care Admissions—Number and percent distribution of persons admitted with a principal diagnosis of affective disorder, by selected types of services received and type of partial care service: United States, 1986

Selected types of services received	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
		Number	
Total	35,277	11,263	17,806
Individual therapy	23,222	7,864	11,156
Family therapy	6,741	3,937	1,864
Group therapy	26,680	10,938	10,941
Drug therapy	22,567	7,832	10,944
Self-care skill training	8,228	2,926	4,586
Social skill training	22,892	8,165	11,049
Activity therapy	26,745	10,517	11,595
Education	3,544	1,865	913
None	-	-	-
		Percent distribution	
Total	100.0%	100.0%	100.0%
Individual therapy	65.8	69.8	62.6
Family therapy	19.1	35.0	10.5
Group therapy	75.6	97.1	61.4
Drug therapy	64.0	69.5	61.5
Self-care skill training	23.3	26.0	25.8
Social skill training	64.9	72.5	62.0
Activity therapy	75.8	93.4	65.1
Education	10.0	16.6	5.1
None	-	-	-

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

NOTE: Clients may have received more than one type of service. Therefore, percentages may add to more than 100 percent.

Table 45. *Partial Care*—Median period of treatment for persons terminated (excluding deaths) from partial care services, by principal diagnoses and type of partial care service: United States, 1986

Selected principal diagnoses	Total, all partial care services ¹	Partial care service	
		Non-Federal general hospitals	Multiservice mental health organizations
Total, all diagnoses	115	57	145
Affective disorders	72	41	125
Alcohol-related disorders	54	*	66
Drug-related disorders	*	*	*
Schizophrenia	153	77	197
Personality disorders	145	92	152
Adjustment disorders	129	-	129
Organic disorders	90	*	105

¹ Includes the partial care services of State and county mental hospitals, private psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care organizations.

* Median based on five or fewer sample cases or median has a relative standard error of 50 percent or higher. Therefore, median not shown because it does not meet standards of reliability.

Appendix

Sources and Qualifications of Data 1986 Client/Patient Sample Survey of Inpatient, Outpatient, and Partial Care Programs

Survey Design

Scope of the survey.— The survey was conducted during April-July 1986 and included all types of organized mental health settings located in the 50 States, the District of Columbia, and the Territories. The eight types of organizations encompassed by the survey were State and county mental hospitals, private psychiatric hospitals, multiservice mental health organizations, Veterans Administration medical centers, non-Federal general hospitals with separate psychiatric services, residential treatment centers for emotionally disturbed children, freestanding outpatient mental health clinics, and freestanding partial care organizations. The survey covered the inpatient, outpatient, and partial care programs operated by these types of organizations during the month of April 1986.

The target population included all clients/patients admitted, readmitted, discharged (including deaths), and transferred into and out of inpatient, outpatient, or partial care programs during the month. Also included were clients/patients who were admitted before April 1, 1986, and who actively continued care during the month. These latter clients/patients are referred to collectively as the under care population.

The survey was conducted by the Statistical Research Branch, Division of Applied and Services Research, National Institute of Mental Health (NIMH), in cooperation with the State mental health agencies and the American Hospital Association (AHA).

Sampling frame.— The sampling frame for the survey was the 1983 Inventory of Mental Health Organizations (IMHO) and the 1983 Inventory of General Hospital Mental Health Services (IGHMHS). With the exception of the separate inpatient psychiatric services of non-Federal general hospitals, the measure of size used to stratify the programs was the number of clients under care at the beginning of 1983 plus the number of admissions during 1983. For the inpatient psychiatric services of non-Federal

general hospitals, the measure of size was the number of discharges. The latter measure was used because only discharges were surveyed in this setting, and because the characteristics of admissions and discharges were virtually identical due to the short lengths of stay for most patients in these hospitals.

Sample design.— The sample was based on a two-stage, stratified design, using first-stage units to cluster clients/patients, who were systematically sampled. For each program type— inpatient, outpatient, and partial care— each of the eight organization types was divided into eight strata, based on the measures of size described above. For the inpatient psychiatric services of non-Federal general hospitals, an additional primary mode of stratification was public vs. nonpublic ownership, which has been shown in previous NIMH patient sample surveys to relate to the characteristics of patients served.

Actual sampling was carried out in several steps. First, programs of each type were sampled for each of the eight types of organizations. To assure geographical representation of the sample, programs were arranged separately by region, by State within region, and by city within State for each organization by program type by size strata cell. A systematic sample of programs was then selected for each cell, with a random start in the first sampling interval. This sampling procedure was carried out separately for organizations that operated one or two program types and those that operated three program types.

For client/patient selection, a listing booklet was used to establish the sampling frame for admissions, discharges, and those actively under care. For outpatient and partial care programs, sample programs were asked to list the case numbers for all patients admitted, readmitted, actively continuing care, terminated (including deaths), and transferred into or out of the sample program during the month of April 1986. Case numbers were identified with the letter "A" if the client/patient was admitted, readmitted, or trans-

ferred into the sample program, and with the letter "T" if the patient was terminated or transferred out of the sample program during this period. The case numbers were identified by either A or T, whichever situation occurred first during the sample month. Clients/patients who continued care were identified by a "blank" after a determination was made that they were neither admitted nor terminated. Case numbers were listed only once, regardless of the number of times the client/patient was admitted, came in for care, or was terminated during the month.

For inpatient programs, after all admissions and discharges that occurred during April 1986 were listed, a line was drawn below the last case number entry. Then, below the line, case numbers were listed for all resident patients in the sample program on April 30, 1986, whose most recent admission date was prior to April 1, 1986.

Listing booklets were designed so that larger programs sampled a smaller proportion of their admissions, discharges, and clients/patients under care, thus maintaining approximately equal reporting levels among all programs. Also, persons in the under care population were sampled at a lower rate than were admissions or discharges. Sample cases were identified by the use of starred lines built into the listing booklets.

In an attempt to reduce nonresponse bias, "shadow sample programs" were selected to replace primary sample programs that refused participation. After the primary sample was selected, the remainder of the programs in a stratum were designated as potential shadows. If one of the primary sample programs refused to cooperate in the survey, the nearest unselected program in the stratum was asked to participate. "Nearest program" was defined as closeness within a State and region. A total of 2,125 primary sample programs were selected, of which 173 were not within scope of the survey. Of the remaining 1,952 in-scope programs, 1,308 responded, leaving 644 nonrespondents. When available, shadow replacements were made for each of these initial nonrespondents. The number of responding shadows equaled 225. The response rate of primary sample organizations was 75.3 percent. When shadows were included, the overall response rate was 78.5 percent of the target sample.

Data collection and instruments.— Data collection was accomplished primarily by mail, with telephone followup to participating programs that were slow to respond. Initial letters were mailed to administrators of sample organizations in January 1986 to inform them of the survey, its purpose, anticipated levels of effort that would be required, and the programs in their organization that had been sampled for the survey. In the first week of March 1986, a packet of survey materials was sent to the contact person for each program that had agreed to participate. The packet included survey forms, information about how

to obtain assistance, a guide for completion of survey forms, and a listing booklet to be used as a sampling frame for selecting a sample of clients/patients.

Data collection forms used for the survey focused on client/patient sociodemographic, clinical, and service use characteristics. Forms were similar for inpatient, outpatient, and partial care programs, except for slight variations in vocabulary used to conform to different program usage. A followup form was completed for sample inpatient admissions during July 1986 or at the time of discharge, whichever occurred first. The objective was to determine the status of the admissions, that is, whether they were still under care or whether they had been discharged, and to preserve the continuity of trend data from previous NIMH surveys.

Limitations of the Design

Nonresponse.— For this survey, nonresponse errors could arise in three ways:

1. Failure to obtain participation from some of the programs that were selected into the sample
2. Failure to obtain data for some clients/patients who were selected into the sample
3. Failure to obtain complete data for some sample clients/patients

To minimize bias that might exist due to nonresponse, the information reported by responding organizations was adjusted to compensate for program and client/patient nonresponse. The first-stage adjustment factor was the ratio of the number of programs in the selected sample to the number of programs that responded (including responding shadow programs). This adjustment factor was calculated and applied separately to each stratum for each organization by program type combination. The second-stage adjustment factor was the ratio of the selected sample of admissions, discharges, or clients/patients continuing care to the number of corresponding clients/patients who responded, calculated and applied separately for each type of client/patient in each responding program. Missing items on the forms were imputed using a hot deck procedure, as follows: records were sorted on core sets of variables, such as organization and program type, patient type, sex, age, diagnosis, and region. The value of the variable from the previous completed record in this ordered file was substituted for the unknown value. Unless otherwise footnoted, the percentage of cases with missing data was 5 percent or less for any given variable.

Estimation

Weights.— The 1986 client/patient sample survey was designed to make inferences about the number and characteristics of clients/patients admitted, discharged, or

actively continuing care in the inpatient, outpatient, and partial care programs of mental health organizations in the United States. To do so, it was necessary to inflate sample counts to national estimates in accord with each stage of the sample design and nonresponse patterns. Hence, estimates reported for admissions and discharges are weighted to 1-year totals; those for the under care population to 1-day totals.

Reliability of Estimates

Background.—Because estimates presented in this report are based on sample data, they are likely to differ from figures that would have been obtained from complete enumerations of the universes using the same instruments. Results are subject to both sampling and nonsampling errors. Nonsampling errors include biases due to inaccurate reporting, processing, and measurement, as well as error due to nonresponse and incomplete reporting. These types of errors cannot be measured readily. However, to the extent feasible, each error has been minimized through the procedures used for data collection, editing, quality control, and nonresponse adjustment.

The sampling error (standard error) of a statistic is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error decreases. The standard error measures the variability that occurs by chance, because only a sample rather than the entire universe is surveyed. The chances are about two out of three that an estimate from the sample differs by less than one standard error from the value that would be obtained from a complete enumeration. The chances are about 95 out of 100 that the difference is less than twice the standard error, and about 99 out of 100 that it is less than three times as large.

In this report, statistical inference is based on the construction of 5-percent confidence intervals for estimates (0.05 level of significance). All statements of comparison in the text relating to differences such as “higher than” and “less than” indicate that the differences are statistically significant at the 0.05 level or better. Terms such as “similar to” or “no difference” mean that a statistical difference does not exist between the estimates being compared. Lack of comment on the difference between any two estimates does not imply that a test was completed and there was a finding of no significance.

Calculation of standard errors.—Standard errors were calculated on a personal computer for a broad range of totals and subtotals within age, sex, and race subclasses through the use of SUDAAN Survey Data Analysis Software developed at the Research Triangle Institute by B.V. Shah. This procedure computes estimated standard errors through the use of a Taylor series approximation. As applied to data from the present surveys, variance esti-

mates for totals and subtotals were calculated for each stratum and then summed across strata to derive standard errors for domains of interest. The variance estimate for each stratum includes both the between-program and the within-program components of variance, with corrections for finite populations applied at both sampling stages.

Relative standard errors of total and subtotal estimates.—The relative standard error of a total or subtotal estimate for a domain of interest is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Eleven curves were generated for admissions, discharges, and clients under care for each organization and program type separately by inputting the relative variance and the inverse of weighted aggregate totals obtained from SUDAAN into the General Linear Models (GLM) procedure in the Statistical Analysis System for Personal Computers (PC-SAS). The method of least squares, with size of estimate as the weight, was used to obtain the *a* and *b* parameters (listed in table A-I). From the resultant equation, the predicted relative standard error was calculated and was plotted against aggregate subtotal estimates using the GPLOT procedure in PC-SAS. The generalized curves presented in figure A-I represent a conservative set of curves for total inpatient, total outpatient, and total partial care programs. These generalized relative standard error curves indicate the magnitude of the relative standard error for estimates of various sizes and should be interpreted as approximate rather than exact for any specific estimate.

Alternatively, the relative standard error, $RSE(x)$, for a subtotal estimate may be calculated directly using the following formula, where *x* is the size of the estimate and *a* and *b* are the parameters listed in table A-I. Direct computation will produce more precise results than use of the approximations in figure A-I, but will be fairly conservative when compared with the results from SUDAAN, which were used in this report.

$$RSE(x) = \sqrt{a + \frac{b}{x}} \cdot 100$$

Relative standard errors of rates.—The approximate relative standard error for a rate, in which the denominator is the U.S. population or one or more of the age-sex-race subgroups of the U.S. population, is equivalent to the relative standard error of the numerator of the rate, as presented in table A-I and figure A-I.

Relative standard errors of estimated percentages.—The approximate relative standard error of an estimated percentage, expressed in percentage terms, may be determined by use of figure A-II which presents curves for the under care and admission populations of total inpatient, total outpatient, and total partial care programs. The rela-

tive standard error of the percent is obtained from the appropriate curve and may be interpolated for percentages based on denominators not shown in the figure. These relative standard errors should be interpreted as approximate rather than exact for any specific percentage.

Alternatively, relative standard errors for percents, $RSE(p)$, may be calculated directly using the following formula, where p is the percentage of interest, x is the base of the percentage, and b is the parameter listed in table A-I.

$$RSE(p) = \sqrt{\frac{b}{x} \cdot \frac{(100-p)}{p}} \cdot 100$$

Relative standard errors of medians.—In this report, medians were calculated on ungrouped data using the PROC UNIVARIATE procedure from SAS. The sampling variability of an estimated median depends on the form of the distribution as well as the size of the base upon which it is calculated. SUDAAN contains an approximate method for calculating the standard error of the median, which was employed in the present analyses.

Alternatively, 95-percent confidence intervals for medians may be approximated as follows:

1. Determine the relative standard error, expressed in percentage terms, of the estimate of 50 percent from the relevant distribution in figure A-II or from using the formula for calculating relative standard errors of percents.

2. Convert the relative standard error to the standard error, i.e.,

$$SE(p) = \frac{RSE(p) \cdot 50}{100}$$

3. Add to and subtract from 50 percent twice the standard error determined in step 2.
4. After examining the distribution of the characteristic, calculate the values from the distribution corresponding to the two points established in step 3. These values will be the upper and lower limits for the 95-percent confidence interval.

Relative standard errors of differences between two statistics.—The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. The relative standard error of a difference is the standard error of a difference divided by the difference. This formula will represent the actual relative standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

Relative standard errors of statistical sums.—The standard error of a sum of a number of independent estimates is the square root of the sum of the squares of the standard errors of the separate estimates. The relative standard error of the sum is the standard error divided by the sum.

Table A-I. Parameters for calculating approximate standard errors of estimated numbers and percentages for selected characteristics from the 1986 Sample Survey of Inpatient, Outpatient, and Partial Care Programs

	Parameter					
	Admissions		Terminations		Under Care	
	a	b	a	b	a	b
Inpatient Services						
Total inpatient						
Age by sex and race	0.00690	437.579	0.00731	363.354	0.01932	43.008
Age by sex, race, and diagnosis	0.01412	361.771	0.01513	306.532	0.04127	37.614
State and county mental hospitals						
Age by sex and race	0.01326	714.581	0.01862	565.550	0.03608	170.850
Age by sex, race, and diagnosis	0.02775	494.236	0.03437	339.653	0.06608	86.964
Private psychiatric hospitals						
Age by sex and race	0.00177	332.359	0.00073	307.174	0.01037	32.690
Age by sex, race, and diagnosis	0.00776	274.176	0.00825	210.204	0.02326	27.742
Multiservice mental health organizations						
Age by sex and race	0.00810	128.283	0.00980	113.419	0.03562	15.488
Age by sex, race, and diagnosis	0.01702	127.812	0.02247	102.176	0.04740	16.297
VA medical centers						
Age by sex and race	0.00301	326.101	0.00321	237.215	0.00821	30.794
Age by sex, race, and diagnosis	0.00444	315.070	0.00378	243.743	0.01176	30.585
Total non-Federal general hospitals						
Age by sex and race	†	†	0.02331	577.708	†	†
Age by sex, race, and diagnosis	†	†	0.04173	366.531	†	†
Public non-Federal general hospitals						
Age by sex and race	†	†	0.00295	184.401	†	†
Age by sex, race, and diagnosis	†	†	0.00853	154.306	†	†
Nonpublic non-Federal general hospitals						
Age by sex and race	†	†	0.03209	891.617	†	†
Age by sex, race, and diagnosis	†	†	0.05449	503.504	†	†
Outpatient Services						
Total outpatient ¹						
Age by sex and race	0.00232	1003.837	0.00762	1119.877	0.00587	333.786
Age by sex, race, and diagnosis	0.01657	579.956	0.03133	804.023	0.02126	387.886
State and county mental hospitals						
Age by sex and race	0.02650	290.571	0.06769	203.585	0.06198	277.608
Age by sex, race, and diagnosis	0.06570	187.532	0.08855	206.752	0.13907	90.601
Private psychiatric hospitals						
Age by sex and race	0.02507	298.069	0.07429	284.235	0.02371	253.976
Age by sex, race, and diagnosis	0.06697	246.757	0.11361	247.021	0.06573	188.361
Multiservice mental health organizations						
Age by sex and race	0.00372	1248.280	0.01026	1567.356	0.00469	1045.737
Age by sex, race, and diagnosis	0.01853	967.634	0.02788	1453.256	0.03060	564.302
VA medical centers						
Age by sex and race	0.02247	106.158	0.06968	213.154	0.00674	154.016
Age by sex, race, and diagnosis	0.03890	108.499	0.11913	82.639	0.01897	179.347
Total non-Federal general hospitals						
Age by sex and race	0.01199	981.805	0.04131	1821.380	0.02257	604.338
Age by sex, race, and diagnosis	0.01908	927.903	0.07330	1057.577	0.04116	512.948
Freestanding outpatient clinics						
Age by sex and race	0.00588	626.208	0.01013	1009.851	0.00644	368.190
Age by sex, race, and diagnosis	0.01956	446.142	0.03491	717.262	0.02756	267.119

See footnotes at end of table.

Table A-I. Parameters for calculating approximate standard errors of estimated numbers and percentages for selected characteristics from the 1986 Sample Survey of Inpatient, Outpatient, and Partial Care Programs (continued)

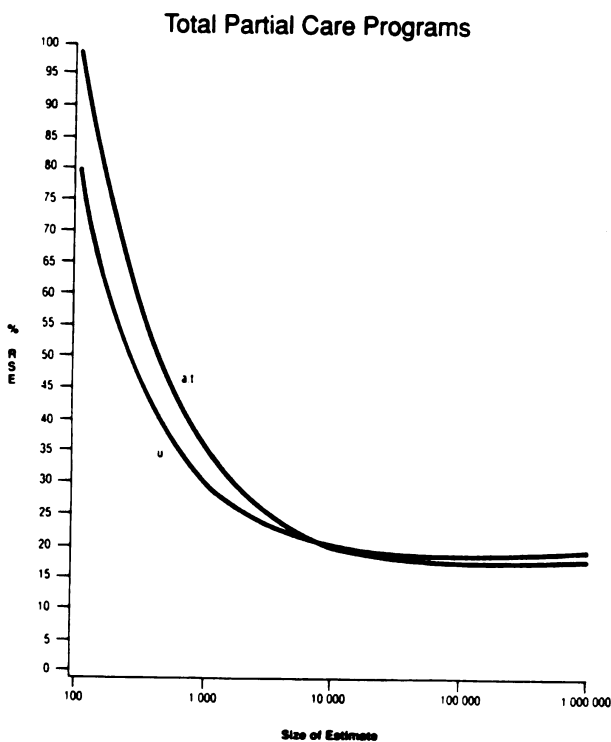
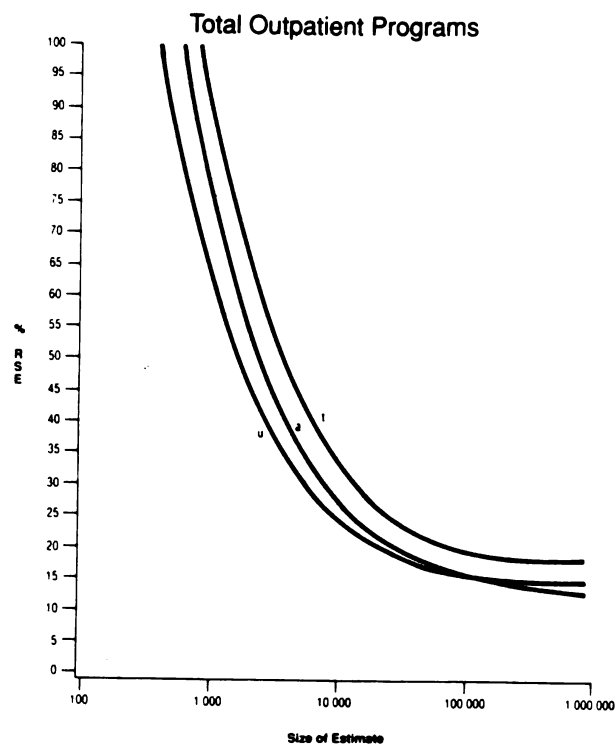
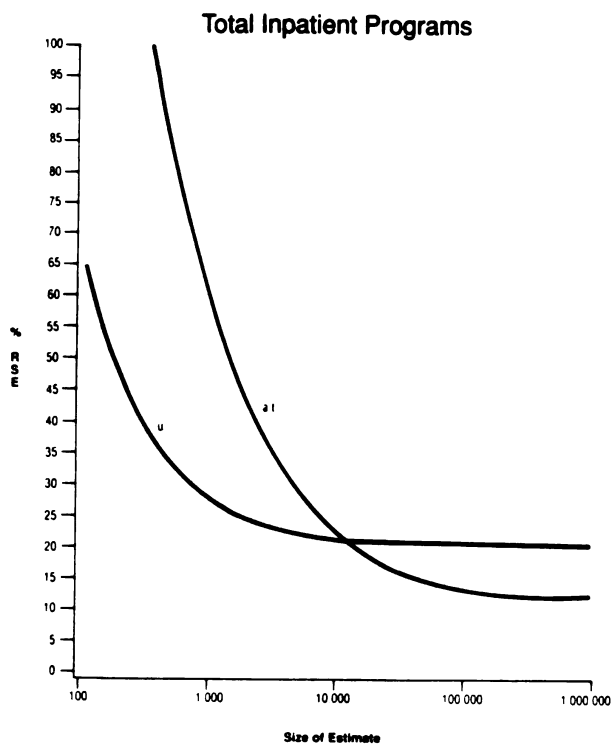
	Parameter					
	Admissions		Terminations		Under Care	
	a	b	a	b	a	b
Partial Care Services						
Total partial care ²						
Age by sex and race	0.00965	117.088	0.01188	159.761	0.01218	59.130
Age by sex, race, and diagnosis	0.02937	97.788	0.03328	98.887	0.03385	57.135
Multiservice mental health organizations						
Age by sex and race	0.01806	122.476	0.01607	182.425	0.00988	135.219
Age by sex, race, and diagnosis	0.04021	108.727	0.03875	124.582	0.03671	74.651
Total non-Federal general hospitals						
Age by sex and race	0.03135	99.209	0.03910	188.822	0.02273	58.539
Age by sex, race, and diagnosis	0.03632	106.328	0.07089	118.422	0.03863	46.548

† The parameters for terminations from non-Federal general hospital inpatient programs should be applied to the admission and under care populations in these hospitals.

¹Outpatient services of residential treatment centers for emotionally disturbed children are included in total outpatient but are not presented separately.

²The partial care services of State and county mental hospitals, private psychiatric hospitals, VA medical centers, residential treatment centers for emotionally disturbed children, and freestanding partial care programs are included in the total for partial care services but are not presented separately.

Figure A-1 Relative standard errors for estimated subtotals



a = Admissions
t = Terminations
u = Under Care

Note: For total inpatient and partial care programs, the curves for admissions and terminations are approximately the same, therefore, only one curve is provided.

Example: For total outpatient programs, an estimate of 10,000 admissions (on scale at bottom of figure) has a relative standard error of approximately 28% (read from scale at left side of figure), or a standard error of 2800 (28% of 10,000).

Figure A-II Relative standard errors for estimated percentages

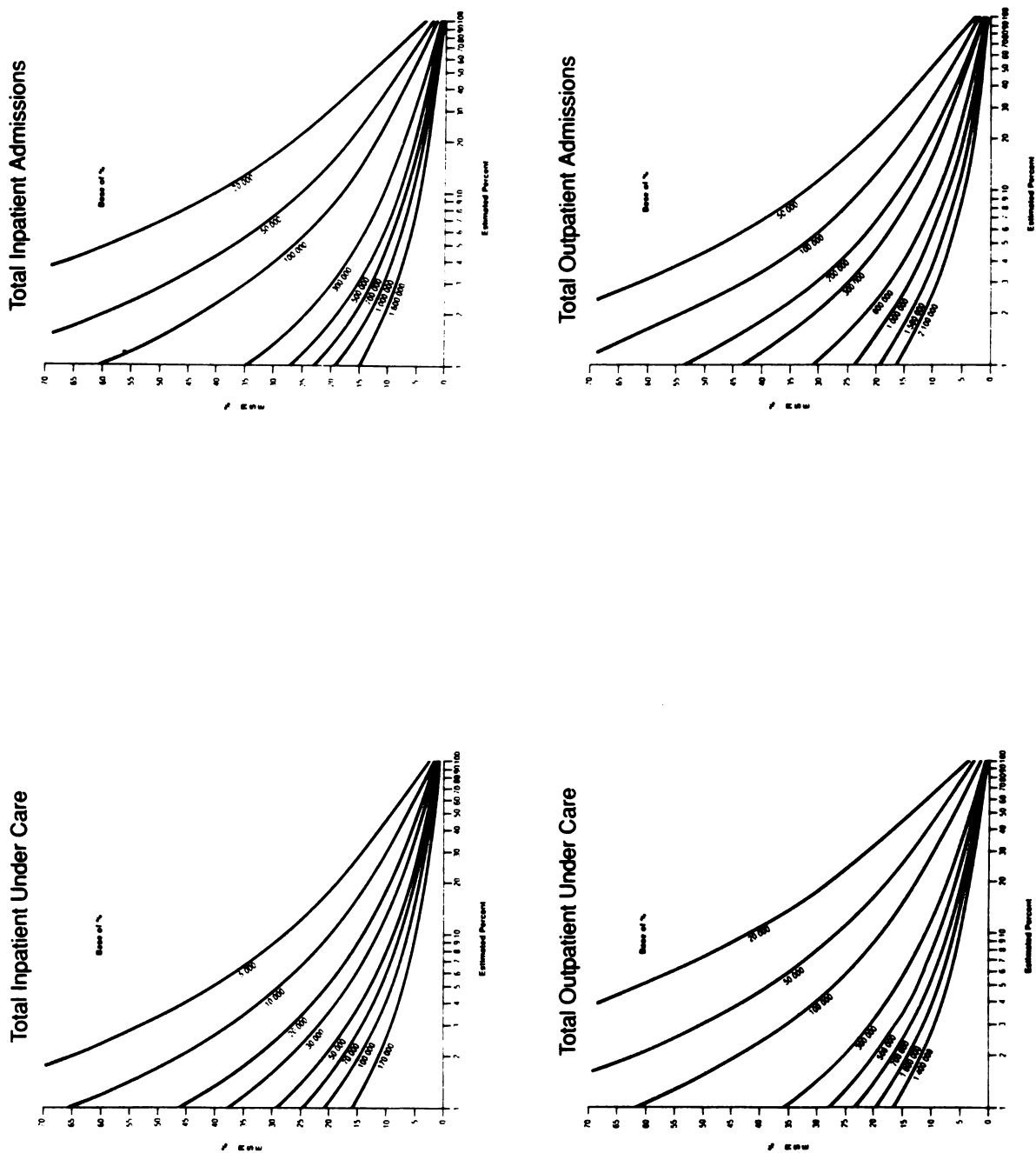
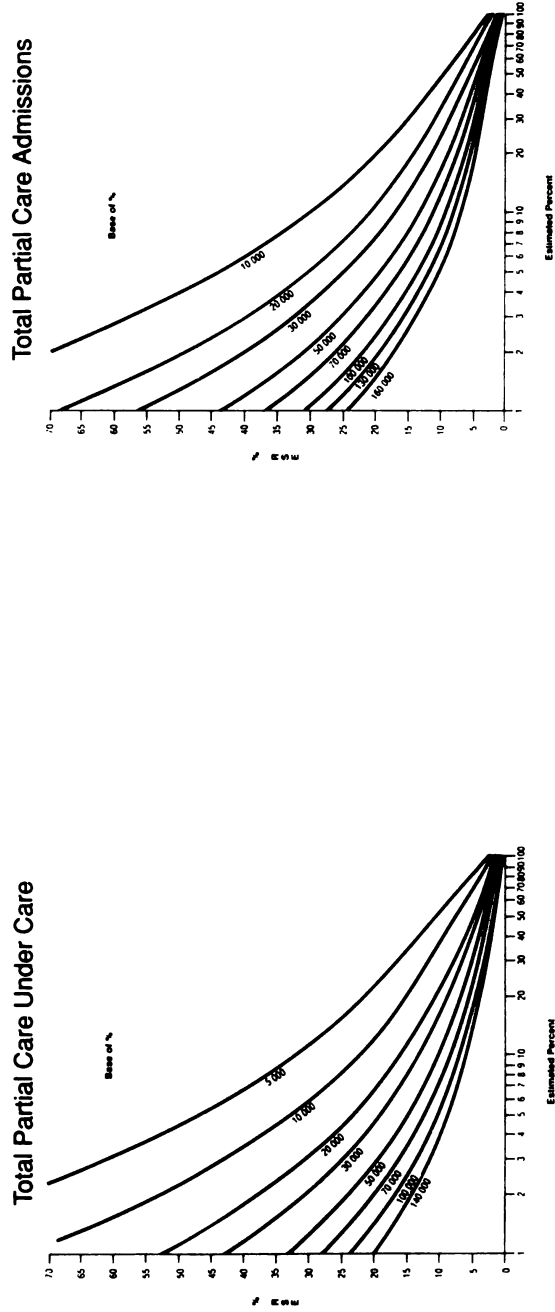


Figure A-II Relative standard errors for estimated percentages (continued)



Example: For total outpatient admissions, an estimate of 20% (on scale at bottom of figure) for a base of 100,000 has a relative standard error of approximately 15% (read from scale at left side of figure). The standard error in percentage points is equal to 20% x 15% or 3.0 percentage points.

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