TRENDS IN PSYCHIATRIC INPATIENT CARE IN THE UNITED STATES

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In the United States, the major policy efforts over the last twenty years have been towards deinstitutionalization and the development of outpatient care, particularly through the community mental health centers. For example, there were 12 times as many outpatient episodes in 1975 as in 1955.

However, inpatient care has also increased over the same time period. Currently more than twice as much money in direct costs is spent for inpatient care as for outpatient care.

In this brief paper, I show a current epidemiological picture of inpatient care and some of the major changes and trends across time. The data that I will present come from a major reanalysis of the national data base for inpatient care in the United States (Kiesler, 1982).

Kiesler and Sibulkin (1983a) describe the distribution of current inpatient episodes in the United States (episodes are defined as residents plus all admissions during the year). State and county mental hospitals in the United States have represented the major target of deinstitutionalization efforts. The latest estimate of inpatient episodes in state and county hospitals was 574,000 in 1977, down from a high of 819,000 episodes in 1955.

At one time, state/county mental hospitals provided the core of inpatient care in the U.S. This is no longer true. Currently there are over 3 million inpatient episodes. The largest subtotal is provided by general hospitals (both with and without a specialized psychiatric unit), which now handle 1.75 million episodes annually.
If one were to ask an educated layman, perhaps even some professionals, what mental hospitalization referred to, he or she probably would respond state and county mental hospitals and private mental hospitals. However, these two together represent only about 25% of the total inpatient episodes in the United States. About 60% of the total inpatient episodes occur in non-specialized, or general, hospitals. Of those, over 70% (and 40% of the national total) are in hospitals without specialized psychiatric care. This customarily would mean ordinary wards, without locked doors, and fewer (if any) psychiatric specialists immediately available.

I note that these latter patients -- those in general hospitals without psychiatric units -- are not well tracked epidemiologically or investigated clinically. They are not surveyed separately and are not usually included in national totals. One further note of interest: community mental health centers have more inpatient episodes than either the veterans administration or private mental hospitals.

In a different paper, Kiesler and Sibulkin (1983b) investigated the rate of mental hospitalization per 100,000 population across time. These data were previously unpublished by the government and were obtained from the National Center for Health Statistics. Previously the usual investigation of rate of mental hospitalizations had no included patients in general hospitals without psychiatric units. Viewed in that way, the rate of psychiatric hospitalization has been stable across the last 15 years or so.

Kiesler and Sibulkin also investigated the effect on the national rate of including those patients with a primary diagnosis of mental disorder in general hospitals without psychiatric units. Using this statistic as an appropriate total, one finds a linear increase across the years 1965-80. Over those years, there has been a 40% increase in the rate of mental hospitalization nationally, and a 60% increase in the absolute number of cases.

I note that neither of these statistics - rates and episodes - includes psychiatric patients in nursing homes. There are roughly one million of these (Goldman, Gattozzi, & Taube, 1981). We exclude them because it is sometimes difficult to untangle the diagnoses of physical and mental illnesses in these patients, and to detect from records kept whether the patient has primarily a mental or physical disorder. Further, this discussion does not include any secondary diagnoses of mental disorder in the United States. There are roughly one million of these as well. Consequently, one can see that the figures are really quite conservative as national estimates.

It is very important to include in national statistics inpatients