

Mental Health Services Provided in Specialty Mental Health Organizations, 2004



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U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

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Executive Summary

This report presents the findings of the *2004 Inventory of Mental Health Organizations* (IMHO) conducted by the Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). The IMHO is a periodic survey of all specialty mental health organizations that collects descriptive information on the number and types of services, capacity (number of beds), volume of services (numbers of episodes, additions, and resident patients), staffing, expenditures, and sources of revenue within these organizations.

Major Findings

- The survey found that a total of 4,159 specialty mental health organizations provided care in the United States in 2004. Non-Federal general hospitals with separate psychiatric services accounted for approximately one third of these organizations (1,290).
- Almost half of the organizations (1,910) were classified as “all other mental health organizations” (i.e., freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations). The remaining types were: residential treatment centers (RTCs) for children with emotional disturbance (458), private psychiatric hospitals (264), and state psychiatric hospitals (237).
- Of these organizations, a total of 2,891 provided 24-hour hospital or residential treatment services in 2004, while 3,219 provided less than 24-hour care. It should be noted that some organizations provided care in all three service settings: inpatient, residential, and less than 24-hour. Between 1986 and 1998, the number of organizations providing less than 24-hour care increased steadily and began to exceed the number of organizations providing 24-hour hospital or residential treatment care. Although the total number of organizations has steadily declined from 1998 to 2004, this distribution has remained the same.

Number of Psychiatric Beds

- The number of psychiatric beds in the United States decreased from 267,796

in 1998 to 212,231 in 2004. Over one quarter of psychiatric beds were located in state psychiatric hospitals (27 percent), and 24 percent were located in “all other mental health organizations.” The total number of beds in RTCs increased from 9 percent of total psychiatric beds in 1986 to 16 percent in 2004.

- In 2004, there were 71.2 total psychiatric beds per 100,000 persons in the U.S. civilian population. The rates for state psychiatric hospitals declined steadily from 50 beds per 100,000 civilian population in 1986 to 19 beds per 100,000 civilian population in 2004.
- The bed rate for “all other mental health organizations,” which was 23 beds per 100,000 civilian population in 1994, declined to 17 per 100,000 civilian population in 2004, while the bed rate for private psychiatric hospitals, non-Federal general hospitals with separate psychiatric services, and RTCs has been relatively stable since 1986. These data do not, however, include “scatter” beds in non-Federal general hospitals; that is, psychiatric beds in medical/surgical units in non-Federal general hospitals. Other sources estimate that the use of such psychiatric “scatter beds” has remained constant at approximately 6 percent of psychiatric discharges from general hospitals in recent years (Mark et al., 2010).

Staffing of Mental Health Organizations

- In 2004, professional patient care staff accounted for approximately 41 percent

of all full-time equivalent (FTE) mental health organization staff, representing a decline from 47 percent of all FTE staff in 1986. The number of other mental health workers (with less than a B.A. degree) employed in mental health organizations also showed a variable pattern of increases and decreases between 1986 and 2004, with an overall increase between 1986 (23 percent) and 2004 (34 percent).

- The number of FTE administrative, clerical, and maintenance staff peaked in 1994 (207,034) before decreasing to 130,324 in 2004. The proportion for this staff discipline declined from a high of 36 percent in 1994 to 25 percent in 2004.

Financing of Mental Health Organizations

- In 2004, revenues of mental health organizations in the United States totaled \$44.5 billion. Thirty percent of these total revenues came from state mental health agencies and other state government funds; 41 percent from Federal government sources, including Medicaid and Medicare; 7 percent from local governments; 3 percent from client fees; and 18 percent from all other sources.
- The largest proportion of revenues, 37 percent, went to “all other mental health organizations.” State psychiatric hospitals were next with 22 percent, followed by non-Federal general hospitals with separate psychiatric services with 18 percent. Private psychiatric hospitals accounted for 13 percent of revenues, and RTCs accounted for 10 percent.

-
- As would be expected, state psychiatric hospitals obtained most of their funding (69 percent) from state mental health agencies, other state government sources, and local government. Almost half (44 percent) of the funding for private psychiatric hospitals came from Federal government sources, including Medicaid and Medicare, and a similar amount (42 percent) came from other sources, including commercial health insurance. Medicaid was the largest source of revenue for RTCs (33 percent) and for “all other mental health organizations” (35 percent).



Introduction

This publication presents descriptive statistical information collected through the *2004 Inventory of Mental Health Organizations* (IMHO), a biennial survey conducted by the Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, SAMHSA (see Technical Appendix). This survey was a complete enumeration (census) of all known specialty mental health organizations in the United States, including the District of Columbia and U.S. territories in 2004. These organizations included state psychiatric hospitals, private psychiatric hospitals, non-Federal general hospitals with separate psychiatric services, residential treatment centers (RTCs) for children with emotional disturbance, multiservice (multisetting) mental health organizations, and freestanding psychiatric outpatient clinics and partial-care organizations.

1.1 Methods

As in previous years, the 2004 IMHO questionnaire and instructional material were mailed to specialty mental health organizations identified through and with the cooperation of state mental health agencies (SMHAs) and national associations. The actual survey mailing followed a postcard mailing to mental health organizations to verify name, address, and survey eligibility. Completed questionnaires were to be returned by mail with telephone followup.

The 2004 survey instrument was reduced in size from a similar survey conducted in 2002 in an effort to increase response rate; the overall rate in 2004 was 71 percent. Two survey instruments were fielded in 2004: a questionnaire sent to all mental health

organizations, excluding general hospitals, and a slightly different questionnaire specific to all non-Federal general hospitals with separate psychiatric services. Data for the reporting year 2004 were collected during the fall–winter of 2005–2006. As in past survey years, the data were imputed for missing organizations and for missing data items for organizations that reported. The final imputed data for the 2004 IMHO included 4,159 specialty mental health organizations, nationwide. For a detailed description of the 2004 IMHO survey design and methods used in the conduct of the survey, refer to the Technical Appendix at the end of this report.

In addition to the statistical information presented for 2004, this publication also includes statistics reported from previous

survey years (1986–2002) to provide a comparative picture at the national level of service utilization within the specialty mental health care delivery system. There are several key changes in the way data are reported for 2004 in this publication compared with published data reported for previous survey years (e.g., *Mental Health, United States, 2004*, <http://store.samhsa.gov/product/SMA06-4195>).

- Exclusion of Department of Veterans Affairs (VA): VA medical centers were not included in the 2004 survey.
- Inclusion of territories: In 2004, 4 U.S. territories accounted for a total of 16 mental health organizations, and data from these territories are included in the total U.S. figures reported in this analysis. Before 2004, the U.S. figures did not include territories for the purpose of reporting.
- State-level data: Although some state-level data were collected in the 2004 IMHO, this analysis focuses on national findings only. Detailed information on state-level mental health services provided by SMHAs may be found in the output tables of the Uniform Reporting System (URS) at the following SAMHSA website: <http://www.samhsa.gov/dataoutcomes/urs/>. Please note that URS data are reported by SMHAs, and they do not include data for other types of organizations (e.g., private psychiatric hospitals, RTCs, non-Federal general hospitals).
- Survey versus census data related to staffing, expenditures, and revenues:

The inventory surveys conducted in 1998, 2000, and 2002 included a sample survey component that was used to develop estimates on staffing, expenditures, and revenue source. This change in methodology limits the ability to compare data for 2004 with data for 1998, 2000, and 2002 for staffing, expenditures, and revenue source.

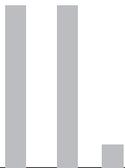
1.2 Results

The number, capacity, structure, and operation of organizations providing mental health services in the United States are constantly changing. The purpose of this analysis is to provide the most recent data available on the national mental health services delivery system to support policy and planning for mental health services. This analysis examines four organizational foci of the specialty mental health care sector:

- Availability—the number of each type of specialty organization and the number of organizations providing mental health services in 24-hour care settings (inpatient, residential) and in less than 24-hour care settings (outpatient, partial care), as well as the capacity of these services (number of 24-hour hospital beds)
- Volume of Services—the actual level of services provided by each organization

type. Aggregate measures of service utilization are shown for 24-hour hospital inpatient and residential treatment care, and for less than 24-hour care services (number of residents, number of additions, and number of episodes; see Section III, page 13, introductory paragraph, for definition of terms.

- Staffing—the number of FTE personnel by staff discipline employed by each organization type
- Finances—the expenditures made by each organization type to provide and administer services, and the amount and sources of the revenues received by these organizations



Availability of Services

2.1 Number of Organizations and Service Settings

During 2004, a total of 4,159 specialty mental health organizations and the separate psychiatric services of non-Federal general hospitals were providing care in the United States (Table 1). Almost half of the organizations (1,910) were classified as “all other mental health organizations” (i.e., freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations). Non-Federal general hospitals with separate psychiatric services accounted for another third of organizations (1,290) providing mental health care in 2004. The remaining types of organizations were classified as RTCs for children with emotional disturbance (458), private psychiatric hospitals (264), and state psychiatric hospitals (237).

A total of 2,891 organizations provided 24-hour hospital or residential treatment services in 2004, while 3,219 organizations provided less than 24-hour care (Table 1). Between 1986 and 1998, there was an increase in the number of organizations providing 24-hour hospital or residential treatment care and less than 24-hour care. Beginning in 1994, the number of organizations providing less than 24-hour care began to exceed the number of organizations providing 24-hour hospital or residential treatment care. This distribution has remained the same even as the total number of organizations has steadily declined from 1998 to 2004.

2.2 Number of Psychiatric Beds

While the number of mental health organizations providing 24-hour services (hospital or residential treatment) decreased between 1998 and 2004, the number of psychiatric beds provided by these organizations also decreased over this same period from 267,796 in 1998 to 212,231 in 2004 (Table 2). The largest proportion of psychiatric beds in 2004 was found in state psychiatric hospitals (27 percent), while an additional 24 percent were located in “all other mental health organizations.” This is in contrast to 1986 when 45 percent of beds were found in state psychiatric hospitals and

Table 1. Number of mental health organizations, by type of organization: United States, selected years, 1986–2004

Type of organization	1986	1990	1992	1994	1998	2000	2002	2004
Number of mental health organizations								
All organizations	4,747	5,284	5,498	5,392	5,722	4,541	4,301	4,159
State psychiatric hospitals	285	273	273	256	229	223	222	237
Private psychiatric hospitals	314	462	475	430	348	269	253	264
Non-Federal general hospitals with separate psychiatric services	1,351	1,674	1,616	1,612	1,707	1,373	1,285	1,290
VA medical centers ¹	139	141	162	161	145	142	140	—
Residential treatment centers for children with emotional disturbance	437	501	497	459	461	475	508	458
All other mental health organizations ²	2,221	2,233	2,475	2,474	2,832	2,059	1,893	1,910
Number with 24-hour hospital or residential treatment care								
All organizations	3,039	3,430	3,415	3,827	3,729	3,199	3,032	2,891
State psychiatric hospitals	285	273	273	256	229	223	222	237
Private psychiatric hospitals	314	462	475	430	348	269	253	264
Non-Federal general hospitals with separate psychiatric services	1,287	1,571	1,517	1,531	1,593	1,325	1,232	1,230
VA medical centers ¹	124	130	133	135	123	133	131	—
Residential treatment centers for children with emotional disturbance	437	501	497	459	461	475	508	458
All other mental health organizations ²	592	493	520	1,016	975	774	686	702
Number with less than 24-hour care³								
All organizations	2,946	3,189	3,390	4,087	4,386	3,536	3,367	3,219
State psychiatric hospitals	83	84	75	70	60	61	61	67
Private psychiatric hospitals	114	176	198	347	263	235	213	216
Non-Federal general hospitals with separate psychiatric services	497	633	618	875	965	815	784	796
VA medical centers ¹	137	141	161	148	128	115	116	—
Residential treatment centers for children with emotional disturbance	99	163	167	227	210	285	312	249
All other mental health organizations ²	2,016	1,992	2,171	2,420	2,760	2,025	1,881	1,891

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

¹Department of Veterans Affairs (VA) medical centers were not included in the 2004 survey.

²Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information).

³Beginning in 1994, outpatient care and partial (day/night) care were combined into the category “less than 24-hour (not overnight) care” (see Technical Appendix for further information).

Table 2. Number, percent distribution, and rate¹ of 24-hour hospital or residential treatment beds, by type of mental health organization: United States, selected years, 1986–2004

Type of organization	1986	1990	1992	1994	1998	2000	2002	2004
Number of 24-hour hospital or residential treatment beds								
All organizations	267,613	272,253	270,867	290,604	267,796	212,621	211,199	212,231
State psychiatric hospitals	119,033	98,789	93,058	81,911	68,872	60,675	57,263	57,034
Private psychiatric hospitals	30,201	44,871	43,684	42,399	33,408	26,484	25,095	28,422
Non-Federal general hospitals with separate psychiatric services	45,808	53,479	52,059	52,984	54,434	39,690	40,202	41,403
VA medical centers ²	26,874	21,712	22,466	21,146	16,973	9,363	9,672	—
Residential treatment centers for children with emotional disturbance	24,547	29,756	30,089	32,110	31,965	33,375	39,049	33,835
All other mental health organizations ^{3,4}	21,150	23,646	29,511	60,054	62,144	43,034	39,918	51,536
Percent distribution of 24-hour hospital or residential treatment beds								
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
State psychiatric hospitals	44.5%	36.3%	34.4%	28.2%	25.7%	28.5%	27.1%	26.9%
Private psychiatric hospitals	11.3%	16.5%	16.1%	14.6%	12.5%	12.5%	11.9%	13.4%
Non-Federal general hospitals with separate psychiatric services	17.1%	19.6%	19.2%	18.2%	20.3%	18.7%	19.0%	19.5%
VA medical centers ²	10.0%	8.0%	8.3%	7.3%	6.3%	4.4%	4.6%	—
Residential treatment centers for children with emotional disturbance	9.2%	10.9%	11.1%	11.0%	11.9%	15.7%	18.5%	15.9%
All other mental health organizations ^{3,4}	7.9%	8.7%	10.9%	20.7%	23.2%	20.2%	18.9%	24.3%
24-hour hospital or residential treatment beds per 100,000 civilian population								
All organizations	111.7	111.6	107.5	112.1	99.5	75.4	73.3	71.2
State psychiatric hospitals	49.7	40.5	36.9	31.6	25.6	21.5	19.9	19.1
Private psychiatric hospitals	12.6	18.4	17.3	16.4	12.4	9.4	8.7	9.5
Non-Federal general hospitals with separate psychiatric services	19.1	21.9	20.7	20.4	20.2	14.1	14.0	13.9
VA medical centers ²	11.2	8.9	8.9	8.2	6.3	3.3	3.4	—
Residential treatment centers for children with emotional disturbance	10.3	12.2	11.9	12.4	11.9	11.8	13.6	11.4
All other mental health organizations ^{3,4}	8.8	9.7	11.7	23.2	23.1	15.3	13.9	17.3

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Sums of percents or rates for an organization type may not equal 100 percent or the overall rate due to rounding.

¹U.S. civilian population figures used in the calculation of rates for years 2000–2004 are from the 2000 Census as of July 1; rates reported for earlier years through 1998 are based on U.S. civilian population figures as of January 1.

²Department of Veterans Affairs (VA) medical centers were not included in the 2004 survey.

³Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information).

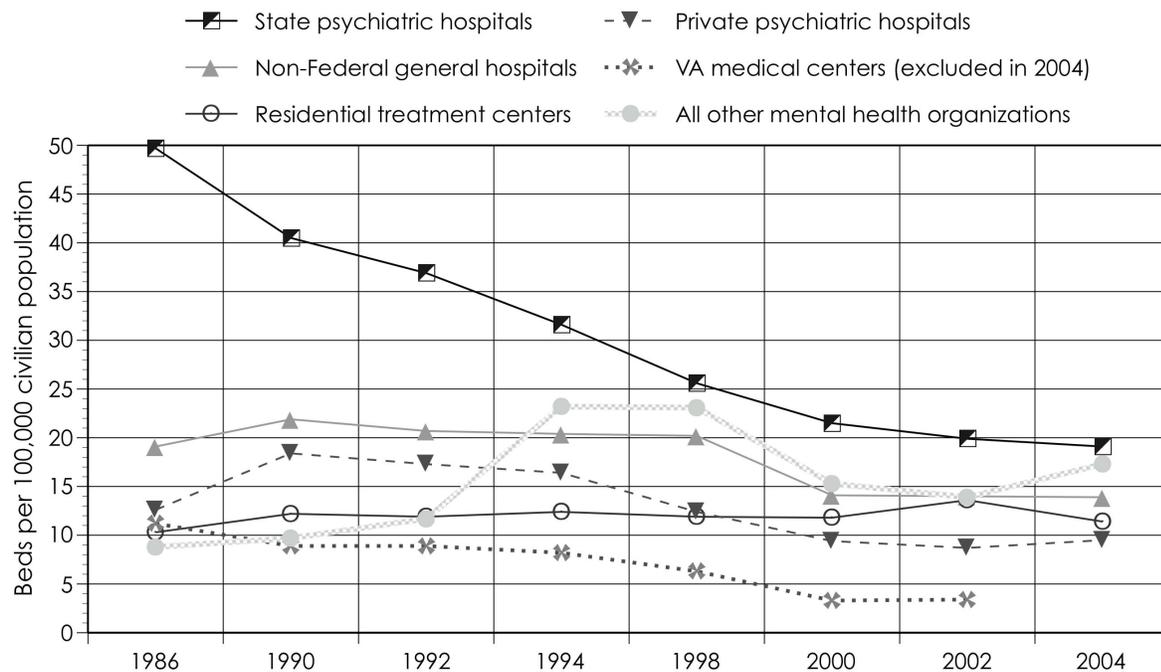
⁴Beginning in 1994, residential supportive settings were included in “all other mental health organizations.”

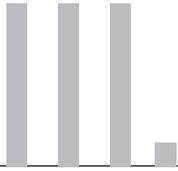
only 8 percent of beds were found in “all other mental health organizations.” RTCs accounted for a sizeable increase in the proportion of total beds between 1986 (8 percent) and 2004 (24 percent).

In 2004, the total psychiatric bed rate per 100,000 U.S. civilian population was 71 (Table 2). Trends in bed rates for specific organization types, shown in Table 2 and Figure 1, indicate that the rates for state psychiatric hospitals steadily declined between 1986 (50 beds per 100,000 civilian population) and 2004 (19 beds per 100,000 civilian population). The bed rate for “all other mental health organizations” peaked in

1994 (23 beds per 100,000 civilian population) and has since decreased to 17 per 100,000 civilian population in 2004. The bed rate for private psychiatric hospitals, non-Federal general hospitals with separate psychiatric services, and RTCs has fluctuated slightly since 1986. It should be noted that the data reported for each of the years shown *exclude* “scatter” beds in non-Federal general hospitals. Scatter beds are those that coexist with medical/surgical beds in general hospitals. They are distinguished from beds in the separate psychiatric units of these hospitals, which are included in the IMHO and are the subject of this analysis.

Figure 1. Rate of 24-hour hospital or residential treatment beds, by type of mental health organization: United States, selected years, 1986–2004





Volume of Services

The volume of services is measured in three ways:

- *Resident patients*—the number of persons receiving services on the first day of the reporting year
- *Additions*—the number of persons admitted, readmitted, or transferred during the reporting year
- *Episodes*—the number of persons receiving services at the beginning of the year (first-day census), plus the number of additions to these services during the year; they represent a duplicated count in that persons can be admitted to more than one type of service or can be admitted to the same service more than once during the year

3.1 Patients in 24-Hour Hospital or Residential Treatment Services

The number of 24-hour hospital or residential treatment patients generally decreased from 1986 to 2000, while the number remained relatively unchanged between 2002 (180,543 residents) and 2004 (180,466), which may be due in part to the exclusion of VA medical centers in the 2004 survey. VA medical centers accounted for 8,386 residents in 2002 (Table 3). In 2004, 30 percent of residents were in state psychiatric hospitals, with an additional 26 percent of residents in “all other mental health organizations.” This is in contrast to 1986, when 47 percent of residents were in state psychiatric hospitals, and only 9 percent of residents were in “all other mental health organizations.” The difference in distribution of residents follows a decline in the number

of residents in state psychiatric hospitals from 111,135 residents in 1986 to less than half that number (53,334 residents) in 2004. In comparison, the number of residents in “all other mental health organizations” more than doubled between 1986 (20,152) and 2004 (46,621).

The overall rate of residents per 100,000 U.S. civilian population decreased from 100 in 1986 to 61 in 2004 (Table 3). The rate of residents by type of organization followed the same pattern as the total number of residents with the exception of RTCs, which remained relatively stable over this period, and “all other mental health organizations” that nearly doubled over this same period. In 2004, the highest resident rates were found in state psychiatric hospitals (18 residents per 100,000 civilian population) and “all other

Table 3. Number, percent distribution, and rate¹ of 24-hour hospital or residential treatment residents, by type of mental health organization: United States, selected years, 1986–2004

Type of organization	1986	1990	1992	1994 ²	1998	2000	2002	2004
Number of hospital or residential treatment residents at end of year								
All organizations	237,845	226,953	214,714	236,110	221,216	177,460	180,543	180,466
State psychiatric hospitals	111,135	90,572	83,180	72,096	63,765	56,716	52,612	53,334
Private psychiatric hospitals	24,591	32,268	24,053	26,519	20,804	16,113	17,858	19,037
Non-Federal general hospitals with separate psychiatric services	34,474	38,327	35,611	35,841	37,053	27,385	28,460	30,567
VA medical centers ³	24,322	17,233	18,531	18,019	14,329	8,228	8,386	—
Residential treatment centers for children with emotional disturbance	23,171	27,785	27,751	29,493	29,049	30,272	35,709	30,907
All other mental health organizations ⁴	20,152	20,768	25,588	54,142	56,216	38,746	37,518	46,621
Percent distribution of hospital or residential treatment residents								
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
State psychiatric hospitals	46.7%	39.9%	38.7%	30.5%	28.8%	32.0%	29.1%	29.6%
Private psychiatric hospitals	10.3%	14.2%	11.2%	11.2%	9.4%	9.1%	9.9%	10.5%
Non-Federal general hospitals with separate psychiatric services	14.5%	16.9%	16.6%	15.2%	16.7%	15.4%	15.8%	16.9%
VA medical centers ³	10.2%	7.6%	8.6%	7.6%	6.5%	4.6%	4.6%	—
Residential treatment centers for children with emotional disturbance	9.7%	12.2%	12.9%	12.5%	13.1%	17.1%	19.8%	17.1%
All other mental health organizations ⁴	8.5%	9.2%	11.9%	22.9%	25.4%	21.8%	20.8%	25.8%
Hospital or residential treatment residents per 100,000 civilian population								
All organizations	99.6	93.0	85.2	91.1	82.2	62.9	62.7	60.6
State psychiatric hospitals	46.5	37.1	33.0	27.8	23.7	20.1	18.3	17.9
Private psychiatric hospitals	10.3	13.2	9.5	10.2	7.7	5.8	8.7	6.4
Non-Federal general hospitals with separate psychiatric services	14.4	15.7	14.1	13.8	13.8	9.7	9.9	10.3
VA medical centers ³	10.2	7.1	7.4	7.0	5.3	2.9	2.9	—
Residential treatment centers for children with emotional disturbance	9.7	11.4	11.0	11.4	10.8	10.7	12.4	10.4
All other mental health organizations ⁴	8.5	8.5	10.2	20.9	20.9	13.7	13.0	15.6

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Sums of percents or rates for an organization type may not equal 100 percent or the overall rate due to rounding.

¹U.S. civilian population figures used in the calculation of rates for years 2000–2004 are from the 2000 Census as of July 1; rates reported for earlier years through 1998 are based on U.S. civilian population figures as of January 1.

²The number of residents increased in 1994 because all residential treatment and residential supportive residents were combined with 24-hour hospital care residents; previously, residential supportive patients were excluded (see Technical Appendix for further information).

³Department of Veterans Affairs (VA) medical centers were not included in the 2004 survey.

⁴Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information).

mental health organizations” (16 residents per 100,000 civilian population).

3.2 Additions to 24-Hour Hospital or Residential Treatment Services

The number of 24-hour hospital or residential treatment additions increased between 1986 and 2004, from 1,819,189 to 2,712,700 (Table 4). The majority of additions in 2004 were to non-Federal general hospitals with separate psychiatric services (57 percent). An additional 22 percent of additions were to private psychiatric hospitals. The remainder of additions were to state psychiatric hospitals (10 percent), “all other mental health organizations” (9 percent), and RTCs (2 percent).

The rate of treatment additions per 100,000 U.S. civilian population increased from 760 in 1986 to 911 in 2004 (Table 4). The addition rate for non-Federal general hospitals with separate psychiatric services was relatively stable between 1986 and 2002 before increasing in 2004 to 515 additions per 100,000 civilian population (Table 4 and Figure 2). The rate of additions in 1986 for RTCs and private psychiatric hospitals (10 and 98 additions per 100,000 civilian population, respectively) doubled for these types of organizations in 2004 (20 and 201 additions per 100,000 civilian population, respectively). In contrast, state psychiatric hospitals experienced somewhat steady declines in rates of addition from 1986 (139

Figure 2. Rate of 24-hour hospital or residential treatment additions, by type of mental health organization: United States, selected years, 1986–2004

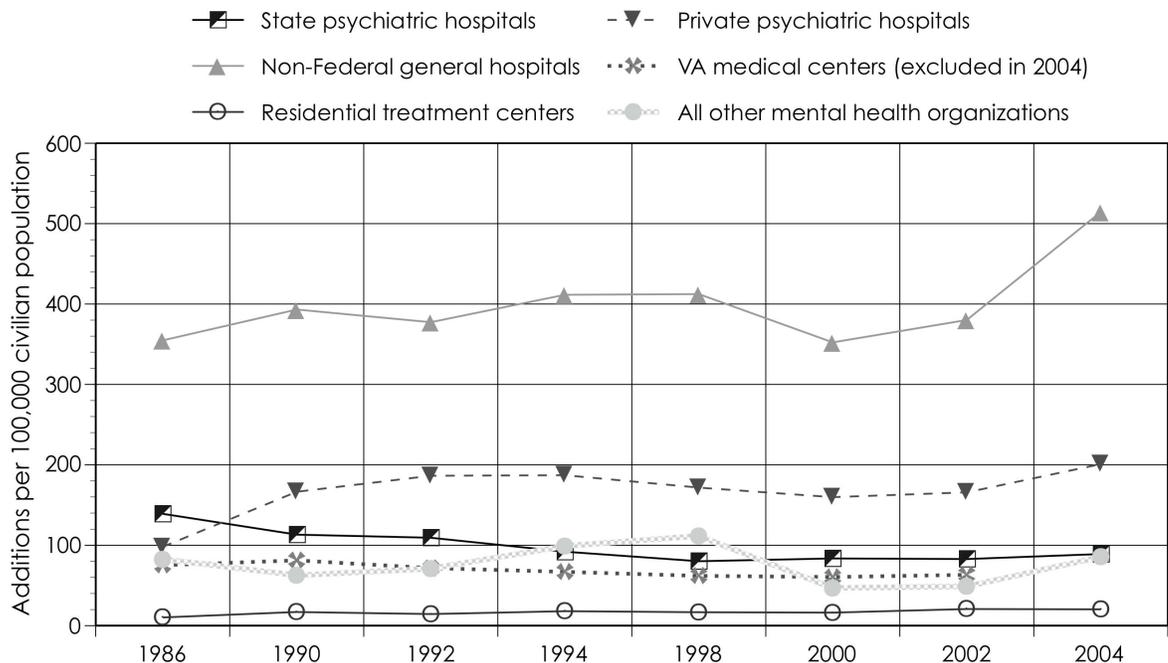


Table 4. Number, percent distribution, and rate¹ of 24-hour hospital or residential treatment additions, by type of mental health organization: United States, selected years, 1986–2004

Type of organization	1986	1990	1992	1994	1998	2000	2002	2004
Number of hospital or residential treatment additions								
All organizations	1,819,189	2,035,245	2,092,062	2,266,600	2,299,959	2,029,184	2,192,839	2,712,700
State psychiatric hospitals	332,884	276,231	275,382	238,431	216,460	235,793	238,546	265,572
Private psychiatric hospitals	234,663	406,522	469,827	485,001	462,069	450,889	477,395	598,609
Non-Federal general hospitals with separate psychiatric services	849,306	959,893	951,121	1,066,547	1,109,730	993,848	1,094,715	1,533,186
VA medical centers ²	179,964	198,111	180,529	173,282	166,548	170,816	182,024	—
Residential treatment centers for children with emotional disturbance	24,511	41,588	36,388	46,704	44,930	45,841	59,633	60,620
All other mental health organizations ^{3,4}	197,861	152,900	178,815	256,635	300,222	131,997	140,526	254,714
Percent distribution of hospital or residential treatment additions								
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
State psychiatric hospitals	18.3%	13.6%	13.2%	10.5%	9.4%	11.6%	10.9%	9.8%
Private psychiatric hospitals	12.9%	20.0%	22.5%	21.4%	20.1%	22.2%	21.8%	22.1%
Non-Federal general hospitals with separate psychiatric services	46.7%	47.2%	45.5%	47.1%	48.2%	49.0%	49.9%	56.5%
VA medical centers ²	9.9%	9.7%	8.6%	7.6%	7.2%	8.4%	8.3%	—
Residential treatment centers for children with emotional disturbance	1.3%	2.0%	1.7%	2.1%	2.0%	2.3%	2.7%	2.2%
All other mental health organizations ^{3,4}	10.9%	7.5%	8.5%	11.3%	13.1%	6.5%	6.4%	9.4%
Hospital or residential treatment additions per 100,000 civilian population								
All organizations	759.9	833.7	830.1	874.6	854.8	719.3	761.6	910.5
State psychiatric hospitals	139.1	113.2	109.3	92.0	80.1	83.6	82.8	89.1
Private psychiatric hospitals	98.0	166.5	186.4	187.1	171.7	159.8	165.8	200.9
Non-Federal general hospitals with separate psychiatric services	354.8	393.2	377.4	411.5	412.4	352.3	380.2	514.6
VA medical centers ²	75.1	81.2	71.6	66.9	61.9	60.5	63.2	—
Residential treatment centers for children with emotional disturbance	10.2	17.0	14.4	18.0	16.7	16.2	20.7	20.3
All other mental health organizations ^{3,4}	82.7	62.6	70.9	99.0	111.6	46.8	48.8	85.5

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Sums of percents or rates for an organization type may not equal 100 percent or the overall rate due to rounding.

¹U.S. civilian population figures used in the calculation of rates for years 2000–2004 are from the 2000 Census as of July 1; rates reported for earlier years through 1998 are based on U.S. civilian population figures as of January 1.

²Department of Veterans Affairs (VA) medical centers were not included in the 2004 survey.

³Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information).

⁴Beginning in 1994, residential supportive settings were included in “all other mental health organizations.”

per 100,000 civilian population) to 2004 (89 per 100,000 civilian population).

3.3 Additions to Less Than 24-Hour Care Services

The number of less than 24-hour care additions increased between 1986 and 2004, from 2,955,337 to 4,667,338 (Table 5). During 2004, nearly two thirds (64 percent) of less than 24-hour care additions were to “all other mental health organizations.” Non-Federal general hospitals with separate psychiatric services accounted for 19 percent of additions in 2004. The remaining less than 24-hour care additions were to private psychiatric hospitals (10 percent), RTCs (4 percent), and state psychiatric hospitals (3 percent).

The rate of less than 24-hour care additions per 100,000 U.S. civilian population increased between 1986 and 2004, from 1,233 to 1,567 (Table 5). Because the majority of less than 24-hour care additions were to “all other mental health organizations,” it appears the increase in this category from 844 additions per 100,000 civilian population in 1986 to 1,005 additions per 100,000 civilian population in 2004 may be driving the overall increase in the rate of less than 24-hour care additions (Figure 3). However, other types of organizations experienced increases in less than 24-hour care additions from 1986 to 2004. The addition rate in private psychiatric

hospitals nearly tripled from 55 additions per 100,000 civilian population in 1986 to 150 additions per 100,000 civilian population in 2004. The addition rates also increased from 1986 to 2004 in non-Federal general hospitals with separate psychiatric services (from 222 to 302 additions per 100 civilian population), RTCs (from 28 to 65 additions per 100,000 civilian population), and state psychiatric hospitals (from 28 to 44 additions per 100,000 civilian population).

3.4 Patient Care Episodes

While the total number of episodes of care increased from 7.9 million in 1986 to 10.8 million in 2004, the distribution of episodes remained quite stable between 1986 and 2004 in 24-hour hospital or residential treatment services (26 percent and 27 percent, respectively) and in less than 24-hour services (74 percent and 73 percent, respectively) (Table 6). Of the 2.9 million 24-hour hospital or residential treatment care episodes in 2004, more than half (54 percent) occurred in non-Federal general hospitals with separate psychiatric services (Table 7). Private psychiatric hospitals accounted for another 21 percent of total episodes in 2004. In contrast, among the 7.9 million less than 24-hour care episodes, 70 percent occurred in “all other mental health organizations.” Non-Federal general hospitals with separate psychiatric services accounted for 15 percent and private psychiatric hospitals accounted for 7 percent of less than 24-hour care episodes in 2004.

Table 5. Number, percent distribution, and rate¹ of less than 24-hour care additions, by type of mental health organization: United States, selected years, 1986–2004

Type of organization	1986	1990	1992	1994	1998	2000	2002	2004
Number of less than 24-hour care additions								
All organizations	2,955,337	3,298,473	3,164,437	3,516,403	4,048,115	4,057,240	3,574,832	4,667,338
State psychiatric hospitals	67,986	48,211	49,609	4,759	64,079	48,664	52,685	129,958
Private psychiatric hospitals	132,175	163,164	206,169	213,566	206,092	265,405	425,712	447,194
Non-Federal general hospitals with separate psychiatric services	532,960	658,567	479,596	497,523	627,903	1,103,160	546,050	900,404
VA medical centers ²	132,589	183,621	158,982	132,417	127,054	138,629	79,853	—
Residential treatment centers for children with emotional disturbance	67,344	99,503	121,131	167,344	128,271	199,201	207,722	194,294
All other mental health organizations ³	2,022,283	2,145,407	2,148,950	2,463,794	2,894,716	2,302,181	2,262,810	2,995,488
Percent distribution of less than 24-hour care additions								
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
State psychiatric hospitals	2.3%	1.5%	1.6%	0.1%	1.6%	1.2%	1.5%	2.8%
Private psychiatric hospitals	4.5%	4.9%	6.5%	6.1%	5.1%	6.5%	11.9%	9.6%
Non-Federal general hospitals with separate psychiatric services	18.0%	20.0%	15.2%	14.1%	15.5%	27.2%	15.3%	19.3%
VA medical centers ²	4.5%	5.6%	5.0%	3.8%	3.1%	3.4%	2.2%	—
Residential treatment centers for children with emotional disturbance	2.3%	3.0%	3.8%	4.8%	3.2%	4.9%	5.8%	4.2%
All other mental health organizations ³	68.4%	65.0%	67.9%	70.1%	71.5%	56.7%	63.3%	64.2%
Hospital or Less than 24-hour care additions per 100,000 civilian population								
All organizations	1,233.4	1,352.4	1,255.2	1,356.8	1,504.4	1,438.1	1,241.5	1,566.6
State psychiatric hospitals	28.4	19.8	19.7	16.1	23.8	17.2	18.3	43.6
Private psychiatric hospitals	55.2	66.9	81.8	82.4	76.6	94.1	147.8	150.1
Non-Federal general hospitals with separate psychiatric services	222.4	270.0	190.2	192.0	233.4	391.0	189.6	302.2
VA medical centers ²	55.3	75.3	63.1	51.1	47.2	49.1	27.7	—
Residential treatment centers for children with emotional disturbance	28.1	40.8	48.0	64.6	47.4	70.6	72.1	65.2
All other mental health organizations ³	844.0	879.6	852.4	950.7	1,075.8	816.0	785.9	1,005.4

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Sums of percentages or rates for an organization type may not equal 100 percent or the overall rate due to rounding.

¹U.S. civilian population figures used in the calculation of rates for years 2000–2004 are from the 2000 Census as of July 1; rates reported for earlier years through 1998 are based on U.S. civilian population figures as of January 1. Data for 1986–1992 are the summation of partial care and outpatient care additions. Beginning in 1994 the survey format changed; partial (day/night) care was combined with outpatient care to create the category “less than 24-hour (not overnight) care” (see Technical Appendix for further information).

²Department of Veterans Affairs (VA) medical centers were not included in the 2004 survey.

³Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information).

Figure 3. Rate of less than 24-hour care additions, by type of mental health organization: United States, selected years, 1986–2004

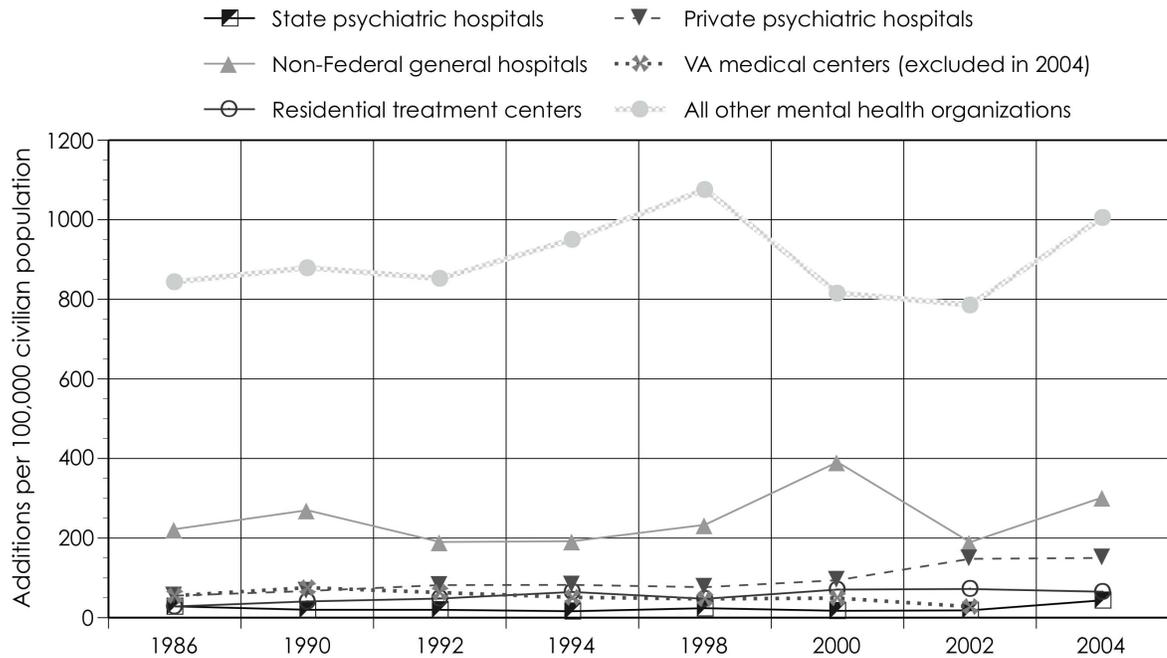


Table 6. Number and percent distribution of 24-hour hospital or residential treatment care and less than 24-hour care episodes in mental health organizations: United States, selected years, 1986–2004

Year	Total episodes	24-hour hospital or residential treatment care episodes	Less than 24-hour care episodes
Number			
2004	10,768,048	2,893,167	7,874,881
2002	9,524,742	2,315,808	7,208,934
2000	10,741,243	2,335,711	8,405,532
1998	10,549,951	2,521,175	8,028,776
1994	9,584,216	2,502,166	7,082,050
1992	8,824,701	2,322,374	6,502,307
1990	8,620,628	2,266,022	6,354,606
1986	7,885,618	2,055,571	5,830,047
Percent distribution			
2004	100.0%	26.9%	73.1%
2002	100.0%	24.3%	75.7%
2000	100.0%	21.7%	78.3%
1998	100.0%	23.9%	76.1%
1994	100.0%	26.1%	73.9%
1992	100.0%	26.3%	73.7%
1990	100.0%	26.3%	73.7%
1986	100.0%	26.1%	73.9%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Table 7. Number and percent distribution of 24-hour hospital or residential treatment care and less than 24-hour care episodes, by type of mental health organization: United States, 2004

Type of organization	24-hour hospital or residential care	Less than 24-hour care
Episodes by organization type		
All organizations	2,893,167	7,874,881
State psychiatric hospitals	318,906	254,310
Private psychiatric hospitals	617,646	567,590
Non-Federal general hospitals with separate psychiatric services	1,563,752	1,201,836
Residential treatment centers for children with emotional disturbance	91,527	354,312
All other mental health organizations ¹	301,336	5,496,233
Percent distribution of episodes by organization type		
All organizations	100%	100%
State psychiatric hospitals	11%	3%
Private psychiatric hospitals	21%	7%
Non-Federal general hospitals with separate psychiatric services	54%	15%
Residential treatment centers for children with emotional disturbance	3%	4%
All other mental health organizations ¹	10%	70%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

¹Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information)

IV.

Staffing of Mental Health Organizations

While the number of FTE staff employed by mental health organizations increased between 1986 and 1992, from 494,515 to 585,972 (Table 8), the number of FTE staff decreased between 1992 and 2004. Both state psychiatric hospitals and private psychiatric hospitals showed declines in the number of FTE staff from 1986 to 2004 (Tables 8a and 8b). In contrast, the number of FTEs employed by RTCs more than doubled, and “all other mental health organizations” had a six-fold increase from 1986 to 2004 (Tables 8d and 8e). Between 1986 and 2004, the number of FTEs employed by non-Federal general hospitals with separate psychiatric services remained relatively stable (Table 8c).

In 2004, professional patient care staff represented about 41 percent of all FTE staff, a slight decline from 47 percent of all FTE staff in 1986 (Table 8). Between 1986 and 2004, the number of professional patient care staff showed a variable pattern of increases and decreases. In 2004, professional patient care staff accounted for 213,231 FTEs, while in 1986, they accounted for 232,481 FTEs. The number of other mental health workers (with less than a B.A. degree) employed in mental health organizations also showed a variable pattern of increases and decreases

between 1986 and 2004, with an overall increase in 2004 (177,509) compared to 1986 (114,149). The number of FTE administrative, clerical, and maintenance staff peaked in 1994 (207,034) before decreasing to 130,324 in 2004. As a percentage of all FTE staff, other mental health workers increased from 23 percent in 1986 to 34 percent in 2004. The proportion of administrative, clerical, and maintenance staff declined from 30 percent in 1986 to 25 percent in 2004.

Table 8. Number and percent distribution of full-time equivalent staff^{1,2} in all mental health organizations, by staff discipline: United States, selected years, 1986–2004

Staff discipline	1986	1990	1992	1994	2000	2004
Number of FTE staff						
All staff	494,515	563,619	585,972	577,719	569,188	521,064
Patient care staff	346,630	415,719	432,866	370,685	426,561	390,740
Professional patient care staff	232,481	273,374	305,988	225,300	243,995	213,231
Psychiatrists	17,874	18,818	22,803	20,242	20,233	14,276
Other physicians	3,868	3,865	3,949	2,692	2,962	2,649
Psychologists	20,210	22,825	25,000	14,050	19,003	13,470
Social workers	40,951	53,375	57,136	41,326	70,208	56,968
Registered nurses	66,180	77,635	78,588	82,620	70,295	62,086
Other mental health professionals	56,245	84,071	102,162	57,982	53,271	53,758
Physical health professionals and assistants	27,153	12,785	16,350	6,388	8,023	10,024
Other mental health workers ³	114,149	142,345	126,878	145,385	182,566	177,509
Administrative, clerical, and maintenance staff	147,885	147,900	153,106	207,034	142,627	130,324
Percent distribution of FTE staff						
All staff	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	70.1%	73.8%	73.9%	64.2%	74.9%	75.0%
Professional patient care staff	47.0%	48.5%	52.2%	39.0%	42.9%	40.9%
Psychiatrists	3.6%	3.3%	3.9%	3.5%	3.6%	2.7%
Other physicians	0.8%	0.7%	0.7%	0.5%	0.5%	0.5%
Psychologists	4.1%	4.0%	4.3%	2.4%	3.3%	2.6%
Social workers	8.3%	9.5%	9.8%	7.2%	12.3%	10.9%
Registered nurses	13.4%	13.8%	13.4%	14.3%	12.4%	11.9%
Other mental health professionals	11.4%	14.9%	17.4%	10.0%	9.4%	10.3%
Physical health professionals and assistants	5.5%	2.3%	2.8%	1.1%	1.4%	1.9%
Other mental health workers ³	23.1%	25.3%	21.7%	25.2%	32.1%	34.1%
Administrative, clerical, and maintenance staff	29.9%	26.2%	26.1%	35.8%	25.1%	25.0%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

¹The computation of full-time equivalent (FTE) staff is based on a 40-hour work week.

²FTE staff data for VA medical centers are included for years 1986–2000.

³Workers in this category have less than a B.A. degree.

Note: Data not published for 2002.

Table 8a. Number and percent distribution of full-time equivalent staff¹ in state psychiatric hospitals, by staff discipline: United States, selected years, 1986–2004

Staff discipline	1986	1990	1992	1994	2000	2004
Number of FTE staff						
All staff	182,466	175,566	171,744	148,414	141,161	117,653
Patient care staff	119,073	114,198	110,873	99,144	96,017	81,704
Professional patient care staff	54,853	50,035	56,952	38,480	41,724	38,086
Psychiatrists	3,762	3,849	4,457	3,442	4,255	3,218
Other physicians	1,917	1,962	2,125	1,467	1,240	1,015
Psychologists	3,412	3,324	3,620	2,699	3,384	2,571
Social workers	6,238	7,013	7,378	5,276	5,962	4,962
Registered nurses	19,425	20,848	21,119	16,918	19,324	16,071
Other mental health professionals	8,033	8,955	11,527	5,450	3,335	6,915
Physical health professionals and assistants	12,066	4,084	6,726	3,228	4,224	3,334
Other mental health workers ²	64,220	64,163	53,921	60,664	54,293	43,618
Administrative, clerical, and maintenance staff	63,393	61,368	60,871	49,270	45,144	35,949
Percent distribution of FTE staff						
All staff	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	65.3%	65.0%	64.6%	66.8%	68.0%	69.4%
Professional patient care staff	30.1%	28.5%	33.2%	25.9%	29.6%	32.4%
Psychiatrists	2.1%	2.2%	2.6%	2.3%	3.0%	2.7%
Other physicians	1.1%	1.1%	1.2%	1.0%	0.9%	0.9%
Psychologists	1.9%	1.9%	2.1%	1.8%	2.4%	2.2%
Social workers	3.4%	4.0%	4.3%	3.6%	4.2%	4.2%
Registered nurses	10.6%	11.9%	12.3%	11.4%	13.7%	13.7%
Other mental health professionals	4.4%	5.1%	6.7%	3.7%	2.4%	5.9%
Physical health professionals and assistants	6.6%	2.3%	3.9%	2.2%	3.0%	2.8%
Other mental health workers ²	35.2%	36.5%	31.4%	40.9%	38.5%	37.1%
Administrative, clerical, and maintenance staff	34.7%	35.0%	35.4%	33.2%	32.0%	30.6%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

¹The computation of full-time equivalent (FTE) staff is based on a 40-hour work week.

²Workers in this category have less than a B.A. degree.

Note: Data not published for 2002.

Table 8b. Number and percent distribution of full-time equivalent staff¹ in private psychiatric hospitals, by staff discipline: United States, selected years, 1986–2004

Staff discipline	1986	1990	1992	1994	2000	2004
Number of FTE staff						
All staff	128,912	75,392	77,251	71,906	48,298	54,711
Patient care staff	105,480	57,200	56,877	20,388	31,326	38,087
Professional patient care staff	97,246	45,669	44,206	14,132	18,778	18,519
Psychiatrists	1,554	1,582	2,081	1,367	1,236	1,537
Other physicians	141	316	147	160	444	287
Psychologists	1,557	1,977	1,656	708	588	841
Social workers	2,893	4,044	4,587	1,963	4,489	4,003
Registered nurses	10,147	14,819	15,086	5,161	8,890	8,500
Other mental health professionals	77,478	17,358	15,303	3,563	2,296	2,447
Physical health professionals and assistants	3,476	5,573	5,346	1,210	835	904
Other mental health workers ²	8,234	11,531	12,671	6,256	12,548	19,568
Administrative, clerical, and maintenance staff	23,432	18,192	20,374	51,518	16,972	16,624
Percent distribution of FTE staff						
All staff	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	81.8%	75.9%	73.6%	28.4%	64.9%	69.6%
Professional patient care staff	75.4%	60.6%	57.2%	19.7%	38.9%	33.8%
Psychiatrists	1.2%	2.1%	2.7%	1.9%	2.6%	2.8%
Other physicians	0.1%	0.4%	0.2%	0.2%	0.9%	0.5%
Psychologists	1.2%	2.6%	2.1%	1.0%	1.2%	1.5%
Social workers	2.2%	5.4%	5.9%	2.7%	9.3%	7.3%
Registered nurses	7.9%	19.7%	19.5%	7.2%	18.4%	15.5%
Other mental health professionals	60.1%	23.0%	19.8%	5.0%	4.8%	4.5%
Physical health professionals and assistants	2.7%	7.4%	6.9%	1.7%	1.7%	1.7%
Other mental health workers ²	6.4%	15.3%	16.4%	8.7%	26.0%	35.8%
Administrative, clerical, and maintenance staff	18.2%	24.1%	26.4%	71.6%	35.1%	30.4%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

¹The computation of full-time equivalent (FTE) staff is based on a 40-hour work week.

²Workers in this category have less than a B.A. degree.

Note: Data not published for 2002.

Table 8c. Number and percent distribution of full-time equivalent staff¹ in the separate psychiatric services of non-Federal general hospitals, by staff discipline: United States, selected years, 1986–2004

Staff discipline	1986	1990	1992	1994	2000	2004
Number of FTE staff						
All staff	70,187	80,625	81,819	80,533	81,123	73,735
Patient care staff	61,148	72,214	72,880	75,232	71,069	64,241
Professional patient care staff	50,233	57,019	58,544	64,264	48,062	47,778
Psychiatrists	6,009	6,500	6,160	4,920	4,348	3,945
Other physicians	671	585	353	369	270	588
Psychologists	2,983	3,951	4,182	2,245	3,852	2,382
Social workers	5,634	7,241	7,985	5,198	11,189	7,527
Registered nurses	23,454	28,473	28,355	45,968	24,026	27,811
Other mental health professionals	7,658	9,643	10,812	5,089	3,551	3,691
Physical health professionals and assistants	3,824	626	697	475	826	1,834
Other mental health workers ²	10,915	15,195	14,336	10,968	23,007	16,463
Administrative, clerical, and maintenance staff	9,039	8,411	8,939	5,301	10,054	9,494
Percent distribution of FTE staff						
All staff	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	87.1%	89.6%	89.1%	93.4%	87.6%	87.1%
Professional patient care staff	71.6%	70.7%	71.6%	79.8%	59.2%	64.8%
Psychiatrists	8.6%	8.1%	7.5%	6.1%	5.4%	5.4%
Other physicians	1.0%	0.7%	0.4%	0.5%	0.3%	0.8%
Psychologists	4.3%	4.9%	5.1%	2.8%	4.7%	3.2%
Social workers	8.0%	9.0%	9.8%	6.5%	13.8%	10.2%
Registered nurses	33.4%	35.3%	34.7%	57.1%	29.6%	37.7%
Other mental health professionals	10.9%	12.0%	13.2%	6.3%	4.4%	5.0%
Physical health professionals and assistants	5.4%	0.8%	0.9%	0.6%	1.0%	2.5%
Other mental health workers ²	15.6%	18.8%	17.5%	13.6%	28.4%	22.3%
Administrative, clerical, and maintenance staff	12.9%	10.4%	10.9%	6.6%	12.4%	12.9%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

¹The computation of full-time equivalent (FTE) staff is based on a 40-hour work week.

²Workers in this category have less than a B.A. degree.

Note: Data not published for 2002.

Table 8d. Number and percent distribution of full-time equivalent staff¹ in residential treatment centers for children with emotional disturbance, by staff discipline: United States, selected years, 1986–2004

Staff discipline	1986	1990	1992	1994	2000	2004
Number of FTE staff						
All staff	34,569	53,220	55,678	59,011	75,859	72,059
Patient care staff	25,146	40,969	42,801	51,725	57,039	58,480
Professional patient care staff	17,599	26,032	30,207	29,765	34,917	23,440
Psychiatrists	335	498	748	283	1,124	672
Other physicians	86	101	126	52	572	152
Psychologists	911	1,492	1,641	961	1,213	1,193
Social workers	4,585	5,636	6,506	3,843	13,545	8,289
Registered nurses	746	1,238	1,367	858	3,184	1,912
Other mental health professionals	9,435	16,765	18,970	23,608	15,179	10,374
Physical health professionals and assistants	1,501	302	849	160	100	848
Other mental health workers ²	7,547	14,937	12,594	21,960	22,122	35,040
Administrative, clerical, and maintenance staff	9,423	12,251	12,877	7,286	18,820	13,579
Percent distribution of FTE staff						
All staff	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	72.7%	77.0%	76.9%	87.7%	75.2%	81.2%
Professional patient care staff	50.9%	48.9%	54.3%	50.4%	46.0%	32.5%
Psychiatrists	1.0%	0.9%	1.3%	0.5%	1.5%	0.9%
Other physicians	0.2%	0.2%	0.2%	0.1%	0.8%	0.2%
Psychologists	2.6%	2.8%	2.9%	1.6%	1.6%	1.7%
Social workers	13.3%	10.6%	11.7%	6.5%	17.9%	11.5%
Registered nurses	2.2%	2.3%	2.5%	1.5%	4.2%	2.7%
Other mental health professionals	27.3%	31.5%	34.1%	40.0%	20.0%	14.4%
Physical health professionals and assistants	4.3%	0.6%	1.5%	0.3%	0.1%	1.2%
Other mental health workers ²	21.8%	28.1%	22.6%	37.2%	29.2%	48.6%
Administrative, clerical, and maintenance staff	27.3%	23.0%	23.1%	12.3%	24.8%	18.8%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

¹The computation of full-time equivalent (FTE) staff is based on a 40-hour work week.

²Workers in this category have less than a B.A. degree.

Note: Data not published for 2002.

Table 8e. Number and percent distribution of full-time equivalent staff¹ in all other mental health organizations,² by staff discipline: United States, selected years, 1986–2004

Staff discipline	1986	1990	1992	1994	2000	2004
Number of FTE staff						
All staff	33,430	115,005	149,075	195,018	200,484	202,907
Patient care staff	23,861	82,224	109,058	102,578	152,904	148,229
Professional patient care staff	20,263	64,768	80,000	60,738	86,281	85,409
Psychiatrists	1,781	3,969	4,286	3,554	4,715	4,904
Other physicians	83	498	437	432	346	608
Psychologists	4,565	9,908	10,605	6,814	7,861	6,483
Social workers	7,593	19,921	27,586	23,287	33,090	32,188
Registered nurses	1,355	5,647	6,369	5,590	9,887	7,792
Other mental health professionals	4,521	22,218	30,028	20,086	28,637	30,331
Physical health professionals and assistants	365	2,607	689	975	1,745	3,103
Other mental health workers ³	3,598	17,456	29,058	41,840	66,623	62,820
Administrative, clerical, and maintenance staff	9,569	32,781	40,017	92,440	47,580	54,678
Percent distribution of FTE staff						
All staff	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	71.4%	71.5%	73.2%	52.6%	76.3%	73.1%
Professional patient care staff	60.6%	56.3%	53.7%	31.1%	43.0%	42.1%
Psychiatrists	5.3%	3.5%	2.9%	1.8%	2.4%	2.4%
Other physicians	0.2%	0.4%	0.3%	0.2%	0.2%	0.3%
Psychologists	13.7%	8.6%	7.1%	3.5%	3.9%	3.2%
Social workers	22.7%	17.3%	18.5%	11.9%	16.5%	15.9%
Registered nurses	4.1%	4.9%	4.3%	2.9%	4.9%	3.8%
Other mental health professionals	13.5%	19.3%	20.1%	10.3%	14.3%	14.9%
Physical health professionals and assistants	1.1%	2.3%	0.5%	0.5%	0.9%	1.5%
Other mental health workers ³	10.8%	15.2%	19.5%	21.5%	33.2%	31.0%
Administrative, clerical, and maintenance staff	28.6%	28.5%	26.8%	47.4%	23.7%	26.9%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

¹The computation of full-time equivalent (FTE) staff is based on a 40-hour work week.

²Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information).

³Workers in this category have less than a B.A. degree.

Note: Data not published for 2002.

V. Financing of Services

5.1 Expenditures

Total expenditures by mental health organizations in the United States, as measured in constant dollars (1986=100),¹ decreased between 1986 and 2004, from \$18.5 billion to \$15.2 billion (Table 9). Expenditures by mental health organizations peaked in 1990 at \$21.3 billion.

Among the specific organization types, state psychiatric hospitals experienced the largest decrease in expenditures from \$6.3 billion in 1986 to \$3.8 billion in 2004 (Table 9). Private psychiatric hospitals and non-Federal general hospitals with separate psychiatric services also registered decreases from 1986 to 2004. However, RTCs and “all other mental health organizations” registered increases in constant dollar expenditures between 1986 and 2004. These changes in constant dollar expenditures also resulted in shifts in the percentage distribution of expenditures by organization type between 1986 and 2004. In 1986, state psychiatric hospitals accounted for 34 percent of expenditures, while “all other mental health organizations” accounted for 23 percent.

However, in 2004, state psychiatric hospitals only accounted for 25 percent of expenditures, while “all other mental health organizations” accounted for 37 percent (Table 9 and Figure 4).

Trends in per capita constant dollar expenditures (the amount of expenditures per person in the U.S. civilian population) followed patterns similar to those noted above for the absolute expenditures among the various types of mental health organizations between 1986 and 2004 (Table 9 and Figure 5).

5.2 Revenues by Source

In 2004, revenues of mental health organizations in the United States totaled \$44.5 billion (Table 10).² Of the 2004 total revenues, 30 percent came from SMHAs and other state government funds, 3 percent from

¹ Constant dollars (or expenditures adjusted for inflation) are used for this analysis to allow for consistent comparisons of expenditures over time. Conversion to constant dollars is based on the medical care component of the Consumer Price Index (CPI) (1986=100). The annual medical care CPI, not seasonally adjusted for all urban consumers, was extracted from the Bureau of Labor Statistics website on January 12, 2009.

² Revenue data are presented using current dollars. Previously published data on revenue source may not be comparable to data for 2004, so only 2004 revenue source data are presented in this publication. Comparisons to prior years' data are discouraged.

Table 9. Amount, percent distribution, and rate per capita¹ of expenditures in constant dollars (1986=100),² by type of mental health organization: United States, selected years, 1986–2004

Type of organization	1986	1990	1992	1994	2000	2002	2004
Expenditure in thousands of dollars							
All organizations	18,457,746	21,279,866	19,095,896	19,153,402	16,146,808	14,652,018	15,242,799
State psychiatric hospitals	6,325,845	5,823,247	5,113,263	4,522,781	3,500,186	3,253,394	3,812,964
Private psychiatric hospitals	2,629,008	4,569,819	3,401,465	3,738,714	1,816,877	1,678,428	1,765,398
Non-Federal general hospitals with separate psychiatric services	2,877,740	3,491,615	3,331,561	3,089,026	2,736,920	2,212,196	2,361,738
VA medical centers ³	1,337,943	1,108,613	981,410	801,255	456,294	434,812	—
Residential treatment centers for children with emotional disturbance	977,618	1,475,032	1,390,448	1,364,329	1,767,965	1,920,509	1,640,224
All other mental health organizations ⁴	4,309,591	4,811,540	4,877,750	5,637,296	5,868,565	5,152,680	5,662,475
Percent distribution of expenditures							
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
State psychiatric hospitals	34.3%	27.4%	26.8%	23.6%	21.7%	22.2%	25.0%
Private psychiatric hospitals	14.2%	21.5%	17.8%	19.5%	11.3%	11.5%	11.6%
Non-Federal general hospitals with separate psychiatric services	15.6%	16.4%	17.4%	16.1%	17.0%	15.1%	15.5%
VA medical centers ³	7.2%	5.2%	5.1%	4.2%	2.8%	3.0%	—
Residential treatment centers for children with emotional disturbance	5.3%	6.9%	7.3%	7.1%	10.9%	13.1%	10.8%
All other mental health organizations ⁴	23.3%	22.6%	25.5%	29.4%	36.3%	35.2%	37.1%
Expenditures per capita civilian population							
All organizations	77.03	87.20	75.81	73.90	57.23	50.81	51.17
State psychiatric hospitals	26.38	23.86	20.30	17.43	12.42	11.28	12.78
Private psychiatric hospitals	10.97	18.73	13.50	14.41	6.42	5.82	5.94
Non-Federal general hospitals with separate psychiatric services	12.00	14.30	13.23	11.93	9.71	7.67	7.94
VA medical centers ³	5.58	4.55	3.90	3.10	1.61	1.51	—
Residential treatment centers for children with emotional disturbance	4.09	6.04	5.51	5.28	6.27	6.66	5.51
All other mental health organizations ⁴	18.01	20.87	19.38	21.75	20.80	17.87	19.00

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Sums of percentages or rates for an organization type may not equal 100 or the overall rate due to rounding.

¹U.S. civilian population figures used in the calculation of rates for years 2000–2004 are from the 2000 Census as of July 1; rates reported for earlier years through 1994 are based on U.S. civilian population figures as of January 1.

²Based on the medical care component of the Consumer Price Index (CPI) (1986=100). Indices for other years are 1988 (113.6), 1992 (155.8), 1994 (173.0), 2000 (213.8), 2002 (234.1), and 2004 (254.2). The annual medical care CPI, not seasonally adjusted for all urban consumers, was extracted from the Bureau of Labor Statistics website January 12, 2009. It is important to note that expenditure figures reported here will differ from previously published expenditure figures because a different base year was used to calculate constant dollars (i.e., 1986 =100 used in this report; 1969 =100 used in previous publications, such as *Mental Health, United States, 2004*).

³Department of Veterans Affairs (VA) medical centers were not included in the 2004 survey.

⁴Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information).

Figure 4. Percent distribution of expenditures by type of mental health organization, 2004

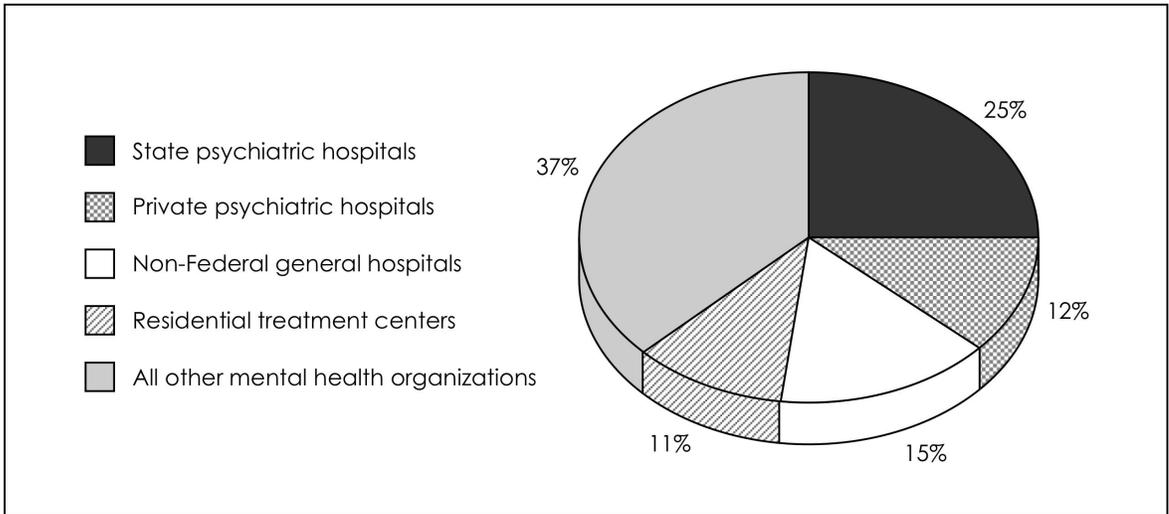


Figure 5. Rate of constant dollar (1986=100) expenditures per capita, by type of mental health organization: United States, selected years, 1986–2004

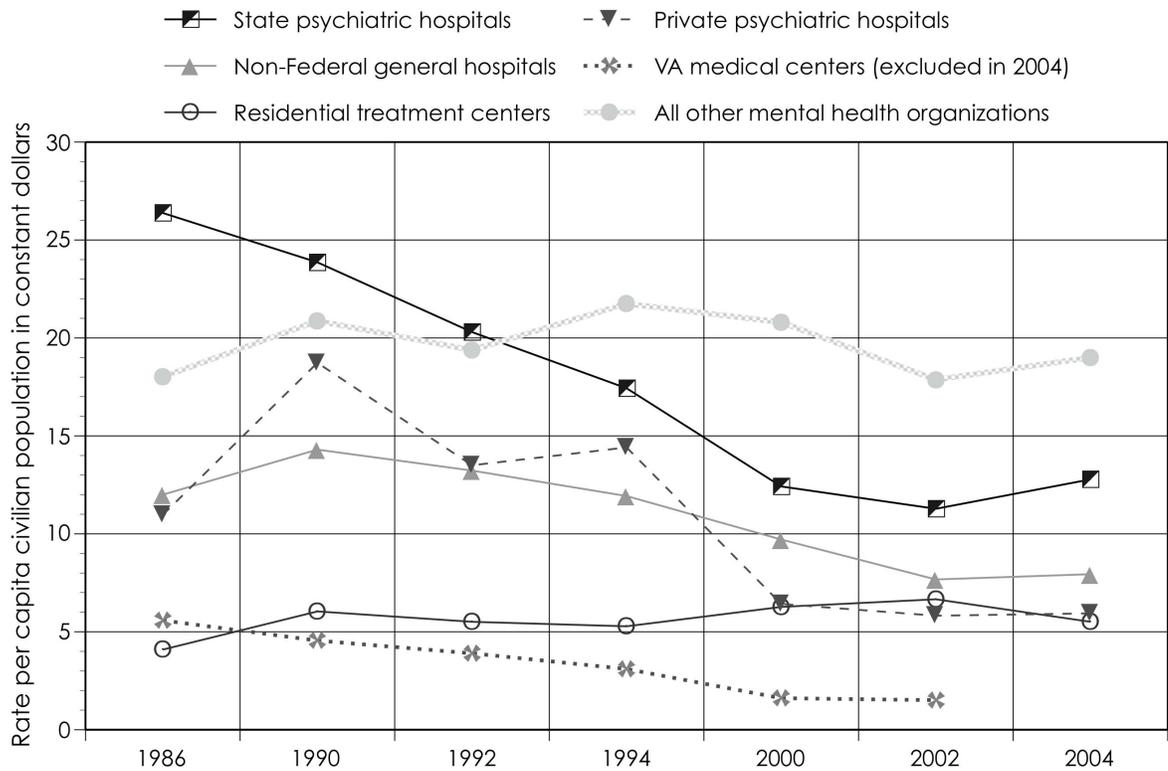


Table 10. Amount and distribution of revenue in thousands of dollars, by type of mental health organization: United States, 2004

Source of revenue	All organizations	State mental hospitals	Private psychiatric hospitals	Non Federal general hospitals	Residential treatment centers	All other mental health organizations ¹
Revenue in thousands of dollars						
Total revenue	44,490,451	9,737,193	5,624,970	7,988,481	4,544,134	16,595,674
State mental health agency funds	8,404,767	3,441,628	177,720	—	745,835	4,039,584
Other state government	5,044,693	2,936,592	212,937	166,248	709,294	1,019,622
Client fees	1,424,900	123,753	181,690	434,477	120,120	564,861
Medicaid	12,751,276	1,887,574	1,434,267	2,067,689	1,509,035	5,852,712
Medicare	4,689,036	394,873	1,006,976	2,996,560	27,970	262,657
Other Federal	927,256	37,678	27,578	38,724	57,249	766,026
Local government	3,275,836	347,406	210,110	182,622	651,179	1,884,519
All other sources	7,972,686	567,689	2,373,692	2,102,161	723,453	2,205,692
Percent distribution of revenues						
Total revenue	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
State mental health agency funds	18.9%	35.3%	3.2%	—	16.4%	24.3%
Other state government	11.3%	30.2%	3.8%	2.1%	15.6%	6.1%
Client fees	3.2%	1.3%	3.2%	5.4%	2.6%	3.4%
Medicaid	28.7%	19.4%	25.5%	25.9%	33.2%	35.3%
Medicare	10.5%	4.1%	17.9%	37.5%	0.6%	1.6%
Other Federal	2.1%	0.4%	0.5%	0.5%	1.3%	4.6%
Local government	7.4%	3.6%	3.7%	2.3%	14.3%	11.4%
All other sources	17.9%	5.8%	42.2%	26.3%	15.9%	13.3%

Source: National mental health inventory data; Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Sums of percentages may not equal 100 due to rounding.

¹Includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (see Technical Appendix for further information).

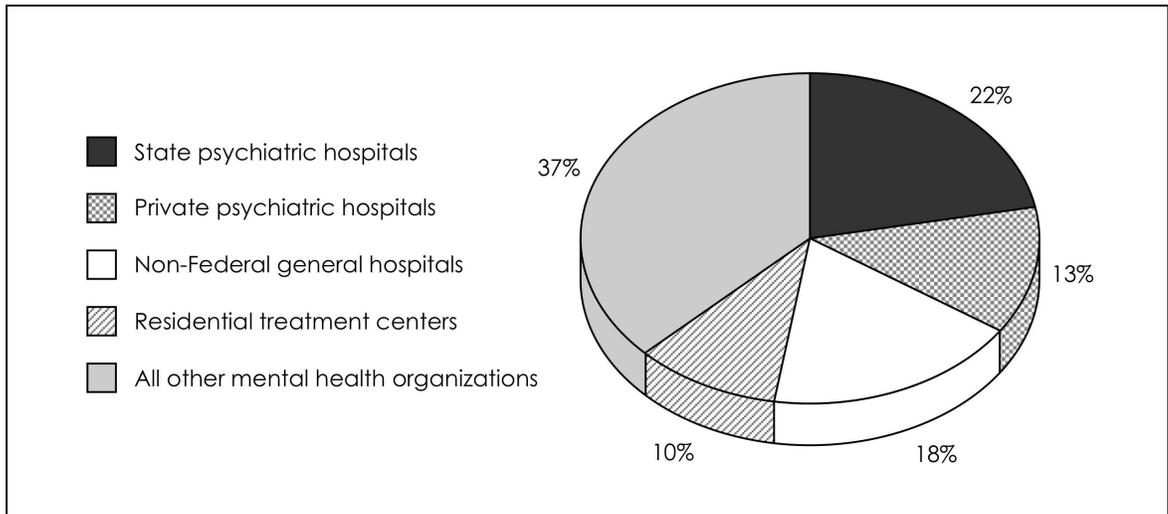
client fees, 41 percent from Federal government sources (including Medicaid and Medicare), 7 percent from local governments, and 18 percent from all other sources.

Looking at the revenues received by the different types of mental health organizations, Figure 6 shows that the largest proportion of revenues, 37 percent, went to “all other mental health organizations.” State psychiatric hospitals were next with 22 percent, followed by non-Federal general hospitals with separate psychiatric services with 18 percent.

Major revenue sources also varied among the different mental health organization types

in 2004. As expected, state psychiatric hospitals obtained most of their funding (69 percent) from SMHAs, other state government sources, and local government (Table 10). Almost half (44 percent) of the funding for private psychiatric hospitals came from Federal government sources, including Medicaid and Medicare, and a similar amount (42 percent) came from other sources, including commercial health insurance. Medicaid was the largest source of revenue for RTCs (33 percent) and for “all other mental health organizations” (35 percent).

Figure 6. Percent distribution of revenues by type of mental health organization, 2004



The IMHO is the only national survey that represents a complete enumeration of all specialty mental health organizations and separate psychiatric services of non-Federal general hospitals in the United States. The data from the 2004 survey indicate that the total number of mental health organizations declined from a high of 5,722 organizations in 1998 to 4,159 in 2004. Nearly three-quarters (73 percent) of patient care episodes were found in less-than-24-hour care organizations, with the remaining 27 percent found in 24-hour hospital or residential treatment organizations. This finding is consistent with the professional literature, which had indicated an increasing trend in outpatient mental health care utilization in the nation in the years leading up to 2000 (Olfson et al., 2002). However, there was a visible overall increase in 24-hour hospital or residential treatment additions per 100,000 civilian population in all mental health organizations combined between 2002 (761.6) and 2004 (910.5). A similar marked reversal of the trend toward outpatient care rather than inpatient care was found recently for state psychiatric hospitals (Manderscheid, Atay, & Crider, 2009).

While the total number of patient-care episodes in mental health organizations increased from 8.8 million in 1992 to 10.8 million in 2004, there was a decline in the total number of FTE staff employed by these organizations over this same time period, with survey results also indicating a shift in the distribution by staff discipline. For example, in 1992, psychiatrists and psychologists accounted for 3.9 percent and 4.3 percent of FTE staff, respectively, while in 2004, these professions accounted for 2.7 percent and 2.6 percent of FTE staff, respectively, in mental health organizations. In 1992, other mental health workers (with less than a B.A. degree) accounted for 21.7

percent of FTE staff; however, in 2004, this discipline had increased to 34.1 percent of FTE staff in mental health organizations. At the same time, the data indicate that expenditures for all mental health organizations declined between 1992 and 2004, and expenditures per capita (in constant dollars) declined as well from \$76 to \$51.

These changes suggest that the nation's specialty mental health care service sector is under increasing strain. Research is needed to find factors that can help reduce the burden of mental health care and contribute to the goals of integrating mental health and primary care and improving mental health

care in the community (IOM, 2006). Efforts to transform the mental health care delivery system are currently under way at a number of levels—Federal, state, community, and consumer—building on the framework of strategies suggested by the Institute of Medicine (IOM, 2001). The data presented here, representing the most recent national information on the staffing and financing of specialty mental health organizations, may provide an additional tool to guide such efforts.

References

- IOM (Institute of Medicine). (2001). Committee on Quality of Health Care in America. *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: The National Academies Press.
- IOM (Institute of Medicine). (2006). Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. *Improving the quality of health care for mental and substance use conditions*. Quality Chasm series. Washington, DC: The National Academies Press.
- Manderscheid, R. W., Atay, J. E., & Crider, R. A. (2009). Changing trends in state psychiatric hospital use from 2002 to 2005. *Psychiatric Services, 60*(1) 29–34.
- Mark, T. L., Vandivort-Warren, R., Owens, P. L., Buck, J. A., Levit, K. R., Coffey, R. M., et al. (2010). Psychiatric discharges in community hospitals with and without psychiatric units: How many and for whom? *Psychiatric Services, 61*(4).
- Olfson, M., Marcus, S. C., Druss, B., Elinson, L., Tanielian, T., & Pincus, H. A. (2002). National trends in the outpatient treatment of depression. *Journal of the American Medical Association, 287*(2), 203–209.

Technical Appendix

Sources and Qualifications of Data from the Inventory of Mental Health Organizations

The organizational data in this analysis were derived from a series of biennial inventories of specialty mental health organizations, Department of Veterans Affairs medical centers, and non-Federal general hospitals with separate psychiatric services in the United States and its territories conducted by the Survey, Analysis and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, with the cooperation and assistance of the state mental health agencies, the National Association of State Mental Health Program Directors (through its Research Institute), the American Hospital Association, and the National Association of Psychiatric Healthcare Systems.

Prior to 1986, three inventories were conducted:

- The Inventory of General Hospital Mental Health Services: used for non-Federal and Veterans Administration (VA) general hospitals identified as having separate psychiatric services.
- The Inventory of Mental Health Organizations: used for organizations that were not covered in the other two inventories and included psychiatric hospitals (state, county, and private), VA neuropsychiatric hospitals and psychiatric outpatient clinics, psychiatric partial-care organizations, and multiservice mental health organizations not elsewhere classified.
- The Inventory of Comprehensive Federally Funded Community Mental Health Centers (CMHCs): used to monitor CMHC funding under the CMHC Act of 1963 and pertinent amendments. This separate inventory was discontinued in 1981 when the definitions of organizations changed. All organizations surveyed in the CMHC Inventory were then subsumed under the other two inventories.

The 1986 Inventory of Mental Health Organizations and General Hospital Mental Health Services (IMHO/GHMHS) marked the beginning of a major evolution of the survey. For the prior 18 years, the biennial Inventory of Mental Health Organizations and the Inventory of General Hospital Mental Health Services functioned as companion, 100 percent enumeration surveys designed to collect information on specialty mental health organizations in the United States. They were carried out under separate contracts with separate forms, and in certain years, at different times of the year.

The 1986 IMHO/GHMHS was designed to simplify data collection procedures, reduce response burden, and alleviate many of the issues that had occurred prior to 1986. First, a single contract was awarded to conduct the IMHO/GHMHS. Second, since there were similarities in the questions asked in the previously conducted separate inventories, it was feasible to develop a common core form with three versions—one for specialty mental health organizations, one for general hospitals with separate psychiatric services, and a brief screener form for general hospitals with separate psychiatric services. Third, since the survey was carried out with a common core form, comparable information was obtained from general hospitals at the same time as from other specialty mental health organizations. This data collection protocol instituted in 1986 was also applied in 1988, 1990, 1992, and 1994.

In 1998, the IMHO/GHMHS was replaced by the Survey of Mental Health Organizations and General Hospital Mental Health Services, and Managed Behavioral Health Care Organizations (SMHO). The SMHO introduced several innovations: (1) the use of a brief 100 percent enumeration inventory (postcard form) that was sent to all specialty mental health organizations and non-Federal general hospitals with separate mental health services for the purpose of collecting core data and serving as a sampling frame for a more extensive sample survey; (2) the use of the sample survey long form that was sent to a sample of specialty mental health organizations and general hospitals with separate mental health services; and (3) the use of a 100 percent enumeration inventory of managed behavioral health care organizations that provided minimal information on these entities for the first time and to serve as a sampling frame for sample surveys of these organizations in subsequent years.

In addition to the 1998 survey, the 2000 and 2002 data collections also included two phases. The “postcard inventory” used the abbreviated version of past inventory forms that included the types of organizations, ownership, the number of additions and resident patients at the end of the year, the number of episodes by service setting (hospital inpatient, residential care, and outpatient), total expenditures, number of full-time staff, and number of beds staffed during the reporting year. The data from the postcard inventory were used to generate the sample for phase 2. The second phase used a sample survey form closely resembling the forms employed in previous inventories but including more items that addressed managed behavioral health care.

To better estimate state-level data, the 100 percent enumeration of the entire specialty mental health sector was restored for the 2004 survey. As in 1994, two versions of the questionnaire were developed to address the nomenclature differences between the general hospitals with separate psychiatric service and other mental health organizations.

Types of Information Collected

The surveys were typically mailed in January to obtain information on the previous year. Organizations had the option of reporting on either a calendar or fiscal year basis.

For all years, the surveys included questions on types of services provided (e.g., inpatient and outpatient); number of inpatient beds; number of inpatient and outpatient additions; and end-of-year inpatient census, expenditures, and staffing by discipline. Revenues by source were

collected in 1986, 1988, 1990, 1992, and 1994 and in the sample survey for the 1998, 2000, and 2002 data cycles. For the 2004 survey, these questions were included in the two versions of the questionnaire.

Staffing information was collected as of a sample week at the time the inventory was mailed, and types of services and beds were collected as of the beginning of the next year. Thus, in tables where numbers of organizations and beds are shown, data are shown at a point in time, usually January of a particular year. For all other tables, the year referred to either the calendar year or the fiscal year.

Types of Services

Twenty-four-hour care refers to services provided in a 24-hour care setting in a hospital or 24-hour care in a residential treatment or supportive setting.

Less than 24-hour care refers to services provided in less than 24-hour care settings and not overnight.

Types of Organizations

Types of organizations included in this analysis are defined as follows:

An *outpatient mental health clinic* provides only ambulatory mental health services. A psychiatrist generally assumes the medical responsibility for all patients/clients and may also be the director of the mental health program. Beginning in 1986, the definition was changed so that for an organization to be classified as an outpatient clinic, it must provide only outpatient services. In 1994 and later, no differentiation was made between outpatient and partial-care services. Any organization that was classified in previous years as either a freestanding psychiatric outpatient clinic or a freestanding partial-care organization was now classified as an organization with less than 24-hour care services.

A *psychiatric hospital* (public or private) primarily provides 24-hour hospital inpatient care to persons with mental illnesses in a hospital setting. It may also provide 24-hour residential care and less than 24-hour care, but these are not requirements. Included in this category would be hospitals under state, county, private for-profit, and private nonprofit auspices.

A *general hospital with separate psychiatric service(s)* is a licensed hospital under government or nongovernment auspices that has established organizationally separate psychiatric services with assigned staff for 24-hour inpatient care, 24-hour residential care, and/or less than 24-hour care (outpatient care or partial hospitalization) to provide diagnosis, evaluation, and/or treatment to persons admitted with a known or suspected psychiatric diagnosis. If 24-hour inpatient care is the separate psychiatric service, beds are set up and staffed specifically for psychiatric patients in a separate ward or unit. These beds may be located in a separate building, wing, ward, or floor, or they may be a specific group of beds physically separated from regular or surgical beds.

VA medical centers are hospitals operated by the Department of Veterans Affairs (formerly the Veterans Administration) and include VA medical centers (including large neuropsychiatric units) and VA psychiatric outpatient clinics.

Federally funded community mental health centers were funded under the Federal Community Mental Health Centers Act of 1963 and the amendments thereto. In the early 1980s, when the Federal government reverted to funding mental health services through block grants to the states rather than funding them directly, the Federal government ceased to track these organizations. They are now subsumed in this analysis primarily under “all other mental health organizations.”

A *residential treatment center (RTC)* for children with emotional disturbance must meet all of the following criteria:

- Provides 24-hour residential services
- Is an organization, not licensed as a psychiatric hospital, the primary purpose of which is the provision of individually planned programs of mental health treatment services in conjunction with residential care for its patients/clients
- Has a clinical program within the organization that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master’s or a doctorate degree
- Serves children and youth primarily under the age of 18
- The primary reason for the admission of 50 percent or more of the children and youth is mental illness that can be classified by DSM-IV/ICD-9-CM codes, other than codes for mental retardation, alcohol-related disorders, or drug-related disorders

All other mental health organizations includes freestanding psychiatric outpatient clinics, freestanding partial-care organizations, and multiservice mental health organizations (i.e., organizations that provide services in both 24-hour and less than 24-hour settings and are not classifiable to other organizations such as psychiatric hospitals, general hospitals, or RTCs). In contrast to previous years, the 1994 through 2004 data collections made no distinction between outpatient and partial care on the inventory and the survey. Instead, a category of “less than 24 hours and not overnight” was used.

Qualifications of the Data

Several factors affect the comparability of data. As a result of the shift in the funding of the CMHC program from categorical to block grants, organizations that previously had been classified as CMHCs were reclassified as multiservice mental health organizations, freestanding psychiatric outpatient clinics, or separate psychiatric units of non-Federal general hospitals, depending on the types of services they directly operated and controlled.

Prior to 1984, any organization (1) not classified either as a psychiatric hospital, general hospital with separate psychiatric services, or residential treatment center for children with emotional disturbance; and (2) that offered either inpatient care or residential treatment care plus outpatient or partial care was classified as a multiservice mental health organization. In 1984, this definition was broadened to include organizations that offered any two different services and were not classifiable as any of the organizations noted (1) above. The provision of inpatient or residential treatment care was no longer a prerequisite. As a result, many organizations classified in 1982 and earlier as psychiatric outpatient clinics were reclassified in

1984 as multiservice mental health organizations. For partial-care services, the definition was broadened to include rehabilitation, habilitation, and education programs that had previously been excluded. This resulted in a sharp increase in the number and volume of partial-care programs.

Other revisions occurred in the definition for psychiatric outpatient clinics. In 1984, an organization could be classified as a freestanding psychiatric outpatient clinic if partial care was provided as well as outpatient services. In 1986 through 1992, an organization had to provide outpatient services only to be so classified. In 1994 through 2004, both partial-care and outpatient treatment were combined with multiservice to form the “other mental health organizations” category.

In summary, the net effect of the revisions has been to phase out CMHCs as a category after 1981–1982; to increase the number of multiservice mental health organizations from 1981 to 1986; to increase the number of psychiatric outpatient clinics in 1981–1982, but decrease the number in 1983–1984, 1986, 1990, and 1992; and to increase the number of partial-care services in 1983–1984. These changes should be noted when interyear comparisons for the affected organizations and service types are made.

The increase in the number of general hospitals with separate psychiatric services was partially due to a more concerted effort to identify these organizations. Forms had been sent only to those hospitals previously identified as having a separate psychiatric service. Beginning in 1980–1981, a screener form was sent to general hospitals not previously identified as providing a separate psychiatric service to determine if they had such a service.

The large increase in the number of RTCs between 1983 and 1998 was attributed to the identification of previously unknown RTCs from lists obtained in 1986.

As stated above, a sample survey was employed starting with the 1998 data collection cycle. Consequently, certain data prior to this change represented 100 percent enumeration data, while 1998–2002 represented weighted estimates. This change to weighted estimates only affected the tables and charts for staffing, expenditures, and sources of revenue data. All other tables and charts represent a 100 percent enumeration (for 1998–2002, the data were collected on the shortened postcard inventory). The 2004 survey returned to the 1994 design and was once again a 100 percent enumeration.

The data in this analysis were imputed for missing organizations as well as for missing items among organizations that reported. For all years, information was adjusted to include estimates for organizations that did not report.

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