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VITAL and HEALTH STATISTICS
DATA FROM THE NATIONAL HEALTH SURVEY

Characteristics of Patients in Mental Hospitals

United States - April - June 1963

Statistics on age, sex, color, length of stay, and selected health characteristics of patients in long-stay mental hospitals. Based on data collected in a survey of mental hospitals during April-June 1963.

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John W. Gardner
Secretary

Public Health Service
William H. Stewart
Surgeon General

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Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the Bureau of the Census, under a contractual arrangement, participated in planning the survey, collecting the data, and carrying out certain parts of the data processing.

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IN THIS REPORT statistics are presented on selected characteristics of patients in long-stay mental hospitals. The characteristics include age, color, sex, length of stay, and certain indices of physical and mental disability. The data were collected during April-June 1963 from a probability sample of mental hospitals in the United States in which patients stay an average of 30 days or more. On the basis of data collected in the survey, it is estimated that there were about 558,000 patients in 414 long-stay mental hospitals. This estimate does not include patients in maximum security and children's wards in these hospitals nor mental hospitals serving children only.

The median age of the patients was 54 years. Males outnumbered females; there were 113 males per 100 females. On the average, males were younger than females and nonwhite patients younger than white. Nonwhite persons, constituting one-fifth of the patients, showed almost twice the rate of white in number hospitalized per 1,000 population.

Patients in the hospital at the time of the survey had a median stay of 6.4 years, ranging from about 3 years for patients under 45 years of age to about 10 years for patients aged 55-64 years. Length of stay varied considerably by type of ownership of the hospital, from a median stay of less than 1 year for nongovernmental hospitals to about 7 years for State and county hospitals.

The patients' health varied mainly with age, with some sex and color differences present. Mental disability was far more severe than physical disability in the hospital population. For example, about half of the patients were unaware of their surroundings part or most of the time, while only 1 out of every 10 patients was not able to walk unassisted.

SYMBOLS

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CHARACTERISTICS OF PATIENTS IN MENTAL HOSPITALS

Carl A. Taube, *Division of Health Records Statistics*

INTRODUCTION

This is the third report to be published on the findings of the first Resident Places Survey (RPS-1). This survey was conducted during April-June 1963 by the Division of Health Records Statistics of the National Center for Health Statistics (NCHS) in cooperation with the Bureau of the Census. The RPS-1 was the first of a series of surveys designed to cover specific segments of the institutional population of the United States. These surveys are part of the U.S. National Health Survey program. The National Health Survey also collects health information about the noninstitutional population through the use of hospital records, health examinations, and household interviews. A description of the National Health Survey program has been published.[1]

The RPS-1 covered various types of institutions such as nursing homes, convalescent homes, and other similar types of facilities that provide care to the aged and chronically ill. Mental hospitals were included in the survey not only because of the need for health statistics on this large segment of the institutional population but because of the apparent similarity between many patients in mental hospitals and residents of nursing and personal care homes. The survey was designed to provide comparative statistics on these two parts of the institutional population.

The two previous reports in this series deal with data collected from institutions for the aged and chronically ill. The first report[2] portrays characteristics of the institutions (e.g., admission policy, type of nurse in charge of nursing care, whether or not round-the-clock nursing service is provided, and charges for the care of residents). The second report[3] deals with characteristics of the residents similar to those reported here for patients in long-stay mental hospitals.

Data are presented in this report on age, color, and sex of patients and on their length of stay in the hospital. In addition, mental patients are described in terms of selected indices of physical and mental disability and a comparison is made of the health of these persons with that of residents in homes for the aged and chronically ill.

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[1]National Center for Health Statistics: Origin, program, and operation of the U.S. National Health Survey. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1-No. 1. Public Health Service. Washington. U.S. Government Printing Office, Aug. 1963.

[2]National Center for Health Statistics: Institutions for the aged and chronically ill. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 12-No. 1. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

[3]National Center for Health Statistics: Characteristics of residents in institutions for the aged and chronically ill. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 12-No. 2. Public Health Service. Washington. U.S. Government Printing Office, Aug. 1965.

SOURCES AND QUALIFICATIONS OF DATA

The data on which this report is based were obtained from a probability sample of 172 long-stay mental hospitals in the United States. Excluded from the scope of the survey were long-stay hospitals which served children only, as were children's wards and maximum security wards within the sample hospitals.

Since mental hospitals serving children only and children's wards were not included in this survey, it is assumed that all patients within the scope of the survey were adults. For the purpose of relating this hospitalized population to the civilian population of the United States, an adult is considered as being any person 15 years of age and over.

During April-June 1963 personal visits were made to the 144 sample hospitals with 300 beds or more by representatives of the Bureau of the Census who selected the sample of patients and assisted in conducting the survey. The survey was conducted by mail in the 28 sample hospitals with less than 300 beds.

The universe from which the sample was selected was the Master Facility Inventory (MFI) maintained by NCHS. The MFI is a comprehensive list of hospitals and resident institutions in the United States developed to serve as a sampling frame from which the institutions within the scope of the various sample surveys are selected. A detailed description of how the MFI was developed, its content, maintenance plans, and a procedure for assessing the completeness of its coverage has been published.[4]

A description of the survey design, estimation techniques, and general qualifications of the data presented in this report is given in Appendix I. Since estimates shown in this report are based on a sample of the population in long-stay mental hospitals rather than on a complete census, they are subject to sampling error. The sampling errors for most of the estimates are of relatively low magnitude; however, the sampling error may be high in cases where a percentage or an estimated number for the numerator or denominator of a rate is small. A standard error chart, tables of sampling errors, and instructions for their use are presented in Appendix I.

Date of last admission, age, color, and sex of the patients were obtained from hospital records. Information on the health conditions of the patients was based on "proxy" response—i.e., on the personal knowledge of the nurse or other responsible person responding on behalf of the sample patient. Hence, the data on health conditions are only as accurate as the respondent's knowledge of the patient's health and his ability and willingness to answer specific questions. Evaluation studies conducted during the pretests of the survey indicated that in general most of the respondents gave reliable answers to the questions on health status. A possible exception might be the answers to the questions on mental status if the patient was receiving some form of drug treatment. The drug might have the effect of making a mentally alert patient confused or a confused patient alert. The proportion of respondents who misinterpreted this question to mean the patient's mental status while receiving drugs is unknown.

The terms used in this report are defined in Appendix II. The sections of the survey questionnaire that apply directly to this report are shown in Appendix III. Every attempt was made to make the questionnaire self-explanatory so that separate instructions to the respondent for completion of the form and explanation of terms used would be unnecessary. Necessary definitions and explanations were included as part of the individual question. In addition, for a majority of the hospitals a representative from the Bureau of the Census was available to answer any questions that might arise.

The analysis which follows presents some of the highlights of the survey findings and points out the more important relationships revealed by the data. Detailed information about the patients is given in tables 1-8.

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[4]National Center for Health Statistics: Development and maintenance of a national inventory of hospitals and institutions. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1-No. 3. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1965.

DISTRIBUTION OF MENTAL HOSPITALS AND PATIENTS

There were an estimated 414 long-stay mental hospitals in the United States at the time of the Survey in 1963, with an estimated resident population of 558,000 patients, excluding those in maximum security wards and wards serving children only. Table A shows the distribution of the hospitals and patients according to geographic region and type of ownership.

Mental hospitals under governmental auspices were very large, having an average of almost 1,900 resident patients per hospital. The nongovernmental hospitals (proprietary, church, and voluntary nonprofit organizations) were small in comparison, comprising about 30 percent of total hospitals but only 2 percent of the patients. The largest hospitals were operated by State and county governments, averaging nearly 2,000 patients per hospital. (The term county government as used in this report refers to all levels of local government.) The federally owned hospitals—composed primarily of those operated by the Veterans Administration—were also quite large, averaging about 1,500 patients per hospital.

Almost two-fifths of the hospital patients were in the Northeast Region, a large proportion compared with other regions. Indeed, the Northeast had the highest rate of hospitalization relative to the total adult population of the region. As shown in table D, about 6 out of every 1,000 adults in the Northeast Region were in mental hospitals, compared with a rate of about 4 per 1,000 adult population in each of the other regions.

Table A. Percent distribution of long-stay mental hospitals and patients in these hospitals according to type of ownership of the hospital and geographic region: United States, April-June 1963

Type of ownership	Region				
	All regions	Northeast	North Central	South	West
	Number of hospitals				
All hospitals	414	127	129	70	88
	Percent distribution				
All ownerships	100	100	100	100	100
Federal Government	9	5	10	17	7
State and county government	61	60	73	71	38
Nongovernmental	30	35	17	11	55
	Number of patients				
All patients	558,417	203,718	152,249	137,448	68,325
	Percent distribution				
All ownerships	100	100	100	100	100
Federal Government	10	5	13	15	10
State and county government	88	93	86	84	85
Nongovernmental	2	2	1	1	4

DEMOGRAPHIC CHARACTERISTICS

Three major findings are highlighted concerning the age, color, and sex of mental hospital patients.

1. Older persons were hospitalized at a higher rate than younger persons.
2. Men were hospitalized at a higher rate than women.
3. Nonwhite persons were hospitalized at almost twice the rate of white persons.

The analysis in this section examines the findings by relating the age, color, and sex of patients, the type of ownership, and the geographic region in which the hospitals are located in an attempt to identify subgroups of the mental hospital population which contribute most to the observed differences.

Age, Sex, and Color

Age.—The median age of mental hospital patients was 54 years. This compares with a median age of 41 years for the U.S. civilian population 15 years of age and over. Almost 30 percent of the hospital patients were 65 and over, about twice the proportion in the general population for this age group. A relatively small proportion of the patients were in the younger age group (fig. 1); only 31 percent of the mental hospital patients were 15-44 years of age, compared with 58 percent of the U.S. population. Comparisons among age groups of the number of persons in mental hospitals per 1,000 population further emphasize this age difference. About 2 out of every 1,000 persons 15-44 years of age were in mental hospitals as opposed to about 11 per 1,000 persons 75 years and over.

Sex.—There were more men than women in mental hospitals as shown in table 1. Although the difference is not very large—113 men per 100 women—it takes on additional significance when compared with the sex ratio in the U.S. adult population, which was 90 men per 100 women in 1963. Stated in terms of rates of hospitalization, there were 4.9 male patients and 3.9 female patients per 1,000 U.S. population 15 years of age and over (table B). This higher proportion of males in the hospital population was accounted for primarily by the large proportion of men in the age group 15-44 years, where there were 156 males per 100 females. The proportion of males and females was about equal for the age groups 45-74 years. In the age group 75 years and over, however, females were in the majority (66 males per 100 females). Although the rate of hospitali-

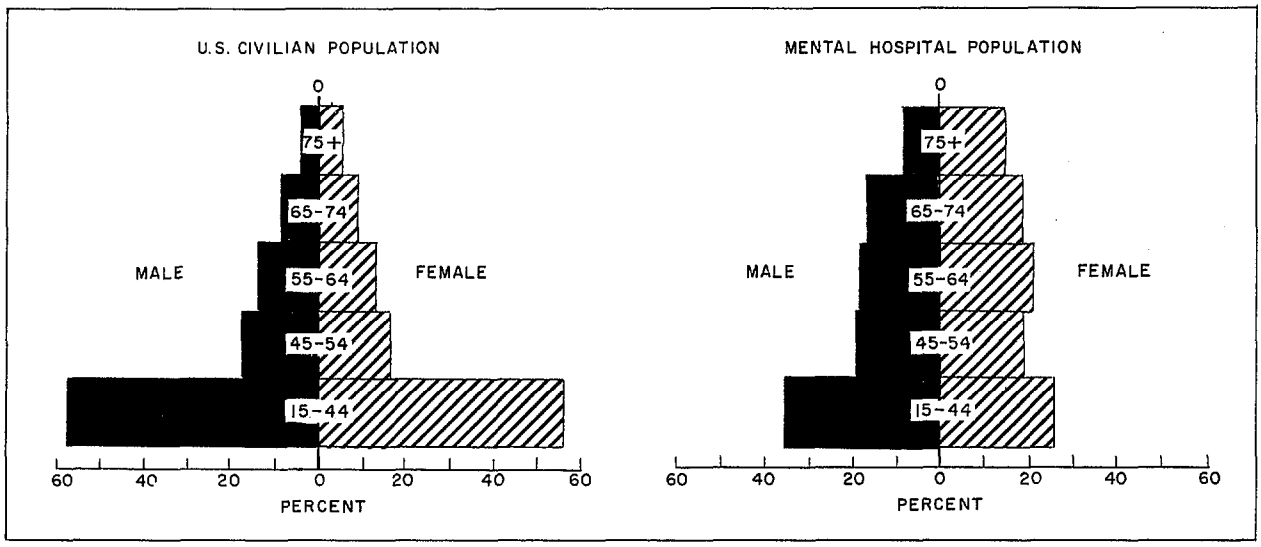

Figure 1. Percent distribution of the long-stay mental hospital population and the U.S. civilian population, by age and sex.

Table B. Rate of hospitalization in long-stay mental hospitals per 1,000 population 15 years and over, by age, color, and sex: United States, April-June 1963

Age and color	Total	Male	Female
	Rate of hospitalization per 1,000 population		
Total			
All ages-----	4.4	4.9	3.9
15-44 years--------	2.4	3.1	1.8
45-54 years--------	5.0	5.6	4.6
55-64 years--------	6.7	7.0	6.3
65-74 years--------	8.8	9.7	8.0
75+ years----------	10.8	10.2	11.3
White			
All ages-----	4.1	4.4	3.7
15-44 years--------	2.1	2.6	1.6
45-54 years--------	4.6	5.0	4.3
55-64 years--------	6.3	6.5	6.0
65-74 years--------	8.4	9.3	7.7
75+ years----------	10.5	9.7	11.1
Nonwhite			
All ages-----	7.0	8.9	5.3
15-44 years--------	4.9	6.8	3.2
45-54 years--------	8.8	11.0	6.9
55-64 years--------	10.7	12.1	9.4
65-74 years--------	12.7	14.6	11.1
75+ years----------	14.8	16.1	13.7

zation for both men and women increased consistently with age, male patients were on the average younger than female patients. The median age for men was 52 years and for women 57 years.

Color.—Nonwhite patients were hospitalized at almost twice the rate of white patients—a rate of 7.0 per 1,000 population for nonwhite and 4.1 per 1,000 population for white (table B). This higher rate of hospitalization for nonwhite patients was present in all age groups and for both sexes; but the differences were not as marked for those in the age groups over 65, especially for females.

Nonwhite patients were on the average younger than white patients for both sexes. The median age of nonwhite patients was 48 years and of white, 56 years. Within each color group males were younger than females (table 1).

The nonwhite segment of the hospital population had a higher proportion of males than the white—149 males per 100 females for the nonwhite as compared with 107 males per 100 females for the white. For the nonwhite hospital population, however, the predominance of males prevailed only in the age groups under 55 years. Although some excess of nonwhite males continued through age group 65-74, the differences for the older age groups were not statistically significant. Among the white population males were in the majority in the age groups under 55, the proportion of males and females 55-64 and 65-74 years was about equal, and females were in the majority at ages 75 years and over.

Type of Ownership

Males and females were about equal in number in hospitals operated by State and county governments. As indicated in table 2, there were 97 males per 100 females. In Federal hospitals, however, the predominance of males was overwhelming—9 males for every female. This is to be expected since the majority of these hospitals were operated by the Veterans Administration, whose admissions are predominantly men. In nongovernmental hospitals the opposite situation exists—females were in the majority, with only 54 males per 100 females.

These differences in the proportions of males and females by type of ownership account for some of the differences in the age distribution by type of ownership. Mental hospitals under State and county control contained an older population than Federal hospitals (table C). This age differential is due largely to the predominance of male patients in Federal hospitals, males being younger on the average than women in the hospital population. The estimated median age of patients in nongovernmental hospitals was also lower than that for patients in State and county hospitals, but the difference is not statistically significant.

Table C. Median age of patients in long-stay mental hospitals, by type of ownership and sex: United States, April-June 1963

Type of ownership	Both sexes	Male	Female
	Median age in years		
All types----	54.2	51.8	56.9
State and local government--------	54.9	52.5	57.1
Federal Government-	49.2	48.2	56.8
Nongovernment------	49.9	51.9	49.0

Geographic Region

Most of the relationships among the age, sex, and color of patients mentioned above for the United States as a whole were also observed for each of the four geographic regions (table 3). The rate of hospitalization increased with age in each region (fig. 2); males were hospitalized at a higher rate than females in all regions, but in the Northeast Region this difference was not statistically significant; nonwhite patients were hospitalized at a higher rate than white in all regions (table D). Males were younger than females; nonwhites were younger than whites; and males outnumbered females except in the Northeast Region. The major regional difference observed was the higher rate of hospitalization for the Northeast Region (table D). This higher rate was true for all color-sex groups (fig. 2) and all age groups, especially 65 years and over.

LENGTH OF STAY OF PATIENTS

Length of stay as reported in this survey is the time interval between the patient's last admission to the hospital and the day the survey was conducted in the hospital. It does not, therefore, necessarily represent the total time a person has spent in mental hospitals. In this section length of stay is related to the age and sex of patients, type of ownership, and geographic region.

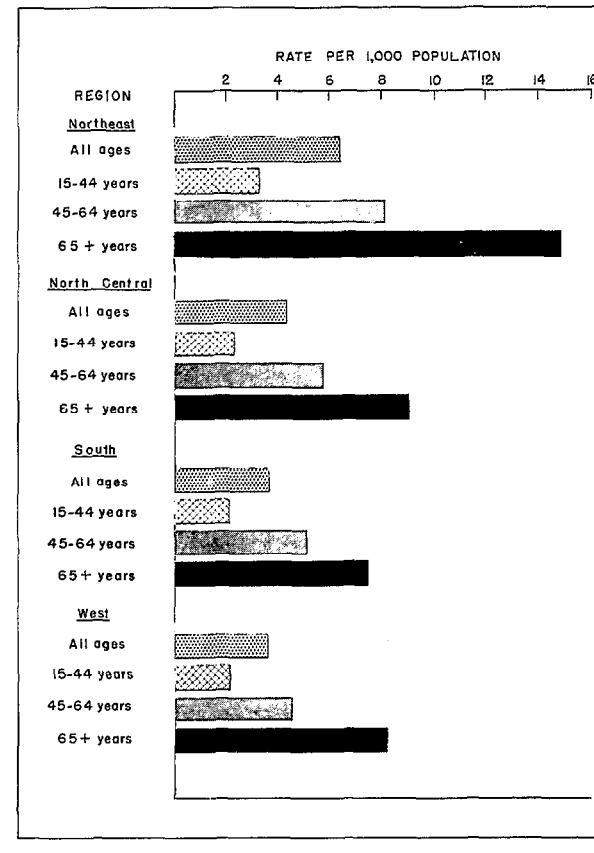

Figure 2. Rate of hospitalization in long-stay mental hospitals per 1,000 population 15+years, by age and geographic region.

A large proportion of patients in long-stay mental hospitals have been hospitalized for very long periods of time. About 40 percent of the estimated 558,000 patients had been in the hospital for 10 years or more, 14 percent for 5-9 years, 23 percent for 1-4 years, and 23 percent for less than 1 year (table E). The average (mean) length of stay since the date of last admission for all patients was 10.6 years; the median length of stay was 6.4 years.

Age and Sex

As can be seen from table 4, length of stay varied considerably with age of the patient. Patients under 45 years of age had been hospitalized the shortest length of time—the median length of

Table D. Rate of hospitalization in long-stay mental hospitals per 1,000 population 15 years and over, by color, sex, and geographic region: United States, April-June 1963

Color and sex	Region			
	Northeast	North Central	South	West
	Rate per 1,000 population			
Total				
Total	6.4	4.3	3.6	3.6
Male	6.6	4.9	4.1	4.0
Female	6.3	3.8	3.1	3.1
White				
Total	6.1	4.1	2.8	3.5
Male	6.1	4.5	3.1	3.9
Female	6.1	3.7	2.6	3.0
Nonwhite				
Total	10.8	7.1	6.9	4.9
Male	13.4	9.6	8.7	5.3
Female	8.5	4.7	5.3	4.4

NOTE: Population aged 15 years and over used to compute ratios shown in the above table obtained from U.S. Bureau of the Census, U.S. Census of Population, 1960, General Population Characteristics, United States Summary, Final Report PC(1)-1B, Washington, U.S. Government Printing Office, 1961.

Table E. Percent distribution of patients in long-stay mental hospitals, by length of stay according to type of ownership: United States, April-June 1963

Length of stay	Type of ownership			
	All hospitals	Federal	State and county	Nongovernment
	Percent distribution			
All patients	100	100	100	100
Under 1 year	23	28	21	65
1-4 years	23	25	23	18
5-9 years	14	15	14	9
10+ years	40	32	42	8
Average stay	10.6	8.7	10.9	3.6
Median stay	6.4	4.4	6.9	0.7

stay for this age group was 3 years. The median length of stay increased with age up to age group 55-64 years, where it reached a peak of about 10 years, and dropped off to about 6 years for age group 75 years and over. A similar pattern and similar magnitudes were observed for both males and females.

This variation in length of stay by age can be attributed partly to the variation in the relative proportions of first admissions in each age group (table F); the age groups with the shortest median length of stay had the highest number of first admissions per 1,000 resident patients. The changing age composition of the U.S. population is one reason for the high rate of first admissions of persons 75 years and over. The number of persons 75 and over has increased rapidly in the past, and continued substantial increases in the population 75 years and over are indicated.[5] Placement in mental hospitals is one of the arrangements available for the care of aged persons. Alternative arrangements are placement in nursing care homes or homes for the aged, the use of home-care services, and the use of community mental health centers. The extent to which these alternatives are available is an important factor in determining the level of first admission rates in the older age groups.

Table F. Number of first admissions during 1963 per 1,000 resident patients at the end of the year in State and county mental hospitals by age of patient: United States[1]

Age of patient	Both sexes	Male	Female
	First admissions during 1963 per 1,000 resident patients		
15-44 years	484	492	473
45-54 years	193	229	156
55-64 years	123	147	98
65-74 years	139	177	111
75+ years	239	308	194

[1]National Institute of Mental Health: Patients in Mental Institutions, 1963, Part II, State and County Mental Hospitals. PHS Pub. No. 1222. Public Health Service. Washington, D.C., 1964.

Type of Ownership

As table E shows, length of stay varies considerably by type of ownership. Patients in State and county hospitals had been hospitalized for the longest period of time, with a median stay of about 7 years. This is a little over 1½ times as great as the median stay for patients in Federal hospitals and about 10 times as great as the median stay for patients in nongovernmental hospitals.

Geographic Region

Table 5 shows the percent distribution of patients by length of stay according to geographic region, age, and sex. Median length of stay for males and females by region is shown in table G. As can be seen from these tables, length of stay varied by region and sex but not in a consistent fashion. For example, the median length of stay for patients in the West Region was shorter than the median stay for the other regions. When sex was considered, the median stay for males in the West Region was not significantly different from that for males in the North Central Region. For females, the median stay in the West was about the same as that in the South. Other differences between regions may be noted in tables G and 5.

While no significant sex differences were noted in terms of length of stay when the total hospital population was considered, differences appeared when the hospital population within each of the four regions was considered separately. Males had been hospitalized for a shorter length of time than females in the Northeast Region. In the South, however, the reverse was true. In the West there was no significant difference between males and females in length of stay. As can be seen in table 5, the relationship between age and length of stay prevailed within each of the regions.

[5]U.S. Bureau of the Census: Projections of the population of the United States, by age and sex, 1964 to 1985, with extensions to 2010. *Current Population Reports*, Series P-25, No. 286. Washington, July 1964.

Table G. Median length of stay of patients in long-stay mental hospitals, by geographic region and sex: United States, April-June 1963

Sex	Region			
	North east	North Central	South	West
	Median length of stay in years			
Both sexes	7.9	5.7	6.6	4.0
Male	7.2	4.9	7.5	3.9
Female	8.7	6.7	5.2	4.4

HEALTH CHARACTERISTICS OF PATIENTS

In this section patients are described in terms of their ambulation, continence, awareness of surroundings, hearing ability, and vision. With the exception of hearing ability, patients were classed according to extent of disability into one of three categories for each of these items. The categories correspond in general to no disability, partial disability, and complete disability. Definitions of the categories for each of the health items are given in Appendix II. The analysis in this section relates the health of patients to their age, sex, and color, the type of ownership or control of the hospital, and geographic region (tables 6-8).

Of the estimated 558,000 patients in mental hospitals, 90 percent were ambulatory; that is, they were out of bed except for ordinary rest or sleep and were able to walk unassisted or with a cane or crutch (table H). A like proportion were continent (i.e., they had control over their bladder and bowels), and about 95 percent had no trouble with seeing or hearing. With regard to mental status, however, only 47 percent of the patients were aware of their surroundings all of the time, 33 percent were confused part of the time, and 20 percent were confused all or most of the time (table 6).

Table H. Percent distribution of patients by extent of disability according to selected health items: United States, April-June 1963

Health items	Extent of disability		
	All patients	No disability	Partial or complete disability
	Percent distribution		
Bed status	100	90	10
Walking status	100	91	9
Continence status	100	89	11
Hearing status	100	95	5
Vision status	100	96	4
Mental status	100	47	53

Age, Sex, and Color

Table 6 shows the percent distribution of patients by the extent of disability in selected health items according to age, sex, and color. Among the age groups shown, both physical and mental disability increased with increasing age. The effect of aging on the ability to walk may be used as an example of this pattern. While about 96 percent of the patients under 65 were able to walk unassisted, only about 72 percent of those 75 years and over could walk alone. The proportion of patients walking only with assistance or never walking increased almost sevenfold between the "under 65" and "75 and over" age groups. This relationship between age and disability existed in varying degrees for each of the other five health items. In terms of hearing and vision, the relationship between disability and age was not as pronounced as for the other health items. Furthermore, no differences were observed by color or sex for vision and hearing status.

On the other hand, a sex difference was apparent for bed, walking, mental, and continence status. For each of these items males were less disabled in general than females. With the exception of bed status, this milder disability for males existed in all age groups. The sex difference for bed status existed only in the age groups under 65.

For white patients about 91 percent of the males were continent as opposed to 85 percent of the females. The proportion of males who were continent is greater than the corresponding proportion of females in all age groups among white patients. However, for nonwhite patients there was little difference in terms of continence between males and females of any age group (table 6). The patterns discussed above for continence status were typical of the patterns which appeared for bed, walking, and mental status with one exception. For bed status, the sex difference among white patients prevailed only for those under 65 years of age.

There is little difference between white and nonwhite patients of either sex in terms of mental awareness. The same is true for hearing and seeing ability. Any differences on these measures shown in table 6 may be attributed to sampling variability. With regard to bed, walking, and continence status, however, nonwhite patients were less restricted than white. For bed status nonwhite patients of both sexes were less disabled than white; and for walking and continence status nonwhite females were less disabled than white females, but there was little difference in the extent of disability between white and nonwhite males.

The proportion of patients aware of their surroundings all of the time decreased from 5 out of every 10 for patients under 65 years of age to 3 out of every 10 for patients 75 years and over; and the proportion of patients confused all or most of the time doubled, increasing from one-sixth for those under 65 years of age to one-third for those 75 years and over.

Type of Ownership

Table 7 shows the percent distribution of patients by the extent of disability in selected health items, according to type of ownership. As can be seen from this table, there was little variation in the health of the patients for the various types of ownership. The differences shown in the table are generally small, and many may be attributed to sampling error.

Geographic Region

With the exception of mental status, there was little variation among regions in the health of patients as measured by the six items reported in the survey (table 8). Within each of the regions about 9 out of every 10 patients were out of bed, ambulatory, and continent. In addition, about 19 out of every 20 patients had no serious problem with sight or hearing.

The relationships among age, sex, and extent of disability mentioned above were observed when regions were considered separately. Within each region, disability increased with increasing age for each of the six health items, and males were less disabled than females in terms of bed, walking, and continence status.

Differences among regions were observed, however, in terms of mental awareness of the patients (fig. 3). The proportion of patients who were confused all or most of the time showed the least variation among regions. Approximately 2

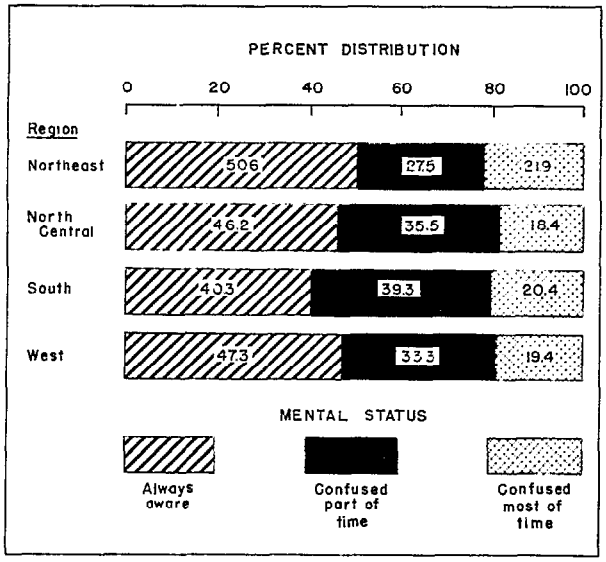

Figure 3. Percent distribution of patients in long-stay mental hospitals, by mental status according to geographic region.

out of every 10 patients in each region were confused all or most of the time. The proportion of patients who were always aware of their surroundings was highest in the Northeast and West Regions, where 5 out of every 10 patients were always aware. Fewer patients were always aware of their surroundings in the South Region, about 4 out of every 10 patients. When sex was considered, however, this held true only for males; and in terms of age groups, the proportion of patients who were always aware was lower in the South only for those under 65 years of age. The proportion of patients 65-74 years who were always aware was lower for the South than for the Northeast and North Central Regions but about the same as that in the West Region. For patients 75 years and over there was little difference among the regions in the proportion of patients aware all or most of the time.

Within each region the proportion of patients confused all or most of the time increased with age. More males than females were always aware of their surroundings in each region but the South, where there was no sex difference. However, more females than males were confused all or most of the time in all regions.

COMPARISON OF HEALTH CHARACTERISTICS OF MENTAL HOSPITAL PATIENTS AND RESIDENTS IN HOMES FOR THE AGED

Table J and figure 4 compare the health characteristics of patients 65 years and over in mental hospitals with those of residents or patients in homes for the aged (including such places as nursing homes, personal care homes, convalescent homes, and other similar facilities). More detailed comparisons can be made by referring to the report which has been published on the residents in institutions for the aged.[3] In this section the health of the two patient populations is compared in terms of the six health items reported in the survey.

As can be seen in table J, mental hospital patients 65 years of age and over were considerably less disabled physically than were patients 65 and over in homes for the aged. In terms of mental awareness, however, the reverse was true. While about 4 out of every 10 patients 65 and over in mental hospitals were always aware

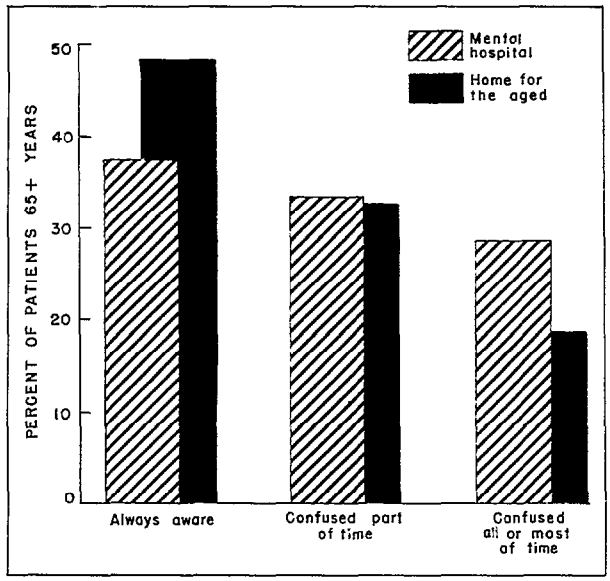

Figure 4. Percent distribution of patients 65+ years of age in mental hospitals and homes for the aged, by mental status.

Table J. Percent of patients in mental hospitals and in homes for the aged, by selected health characteristics: United States, April-June 1963

Health characteristics	Patients 65+ years		Patients, all ages, in homes for the aged		
	Mental hospitals	Homes for the aged, all types	Nursing care homes	Personal-care-with-nursing homes	Personal care homes
	Percent of patients				
Out of bed	82	55	48	67	80
Walks unassisted	81	57	47	70	82
Continent	79	72	66	81	88
No serious hearing problem	89	83	82	86	90
No serious vision problem	91	79	79	83	87
Always aware of surroundings	38	49	43	58	67

of their surroundings, 5 out of every 10 patients 65 and over in homes for the aged were always aware (fig. 4). A larger proportion of mental hospital patients in this age group were confused most or part of the time (3 out of every 10) than of patients in homes for the aged (2 out of every (10.)

When mental hospital patients 65 years and over were compared separately with patients in the three types of homes for the aged (table J), several relationships appeared. Patients in homes providing nursing care were more disabled physically than the mental hospital patients 65 and over but were quite similar in terms of the proportion of patients who were always aware of their surroundings. Patients in homes providing only personal care, on the other hand, were similar to mental hospital patients in terms of physical disability with the exception of continence status. Mental hospitals had a larger proportion of partially or totally incontinent patients than did personal care homes. In terms of the mental status of patients, however, personal care homes were most dissimilar to mental hospitals. About 7 out of every 10 patients in personal care homes were aware of their surroundings all of the time as opposed to only 4 out of every 10 mental hospital patients 65 years and over.

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Table 1. Number and percent distribution of patients in long-stay mental hospitals, by age according to sex and color: United States, April-June 1963

Color and age	Both sexes	Male	Female
	Number of patients		
Total			
All ages	558,417	296,334	262,083
15-44 years	174,091	106,005	68,086
45-54 years	107,990	58,082	49,908
55-64 years	109,467	55,556	53,911
65-74 years	99,313	49,887	49,426
75+ years	67,556	26,804	40,752
White			
All ages	464,396	240,019	224,377
15-44 years	132,686	78,929	53,757
45-54 years	89,422	47,077	42,345
55-64 years	93,509	46,741	46,768
65-74 years	88,053	43,861	44,192
75+ years	60,726	23,411	37,315
Nonwhite			
All ages	94,021	56,315	37,706
15-44 years	41,405	27,076	14,329
45-54 years	18,568	11,005	7,563
55-64 years	15,958	8,815	7,143
65-74 years	11,260	6,026	5,234
75+ years	6,830	3,393	3,437
	Percent distribution		
Total			
All ages	100.0	100.0	100.0
15-44 years	31.2	35.8	26.0
45-54 years	19.3	19.6	19.0
55-64 years	19.6	18.8	20.6
65-74 years	17.8	16.8	18.9
75+ years	12.1	9.1	15.5
White			
All ages	100.0	100.0	100.0
15-44 years	28.6	32.9	24.0
45-54 years	19.3	19.6	18.9
55-64 years	20.1	19.5	20.8
65-74 years	19.0	18.3	19.7
75+ years	13.1	9.8	16.6
Nonwhite			
All ages	100.0	100.0	100.0
15-44 years	44.0	48.1	38.0
45-54 years	19.7	19.5	20.1
55-64 years	17.0	15.7	18.9
65-74 years	12.0	10.7	13.9
75+ years	7.3	6.0	9.1

Table 2. Number and percent distribution of patients in long-stay mental hospitals, by age according to sex and type of ownership: United States, April-June 1963

Sex and age	Type of ownership			
	All types	Federal Government	State and local government	Non-government
	Number of patients			
All patients	558,417	56,504	491,915	9,998
Male	296,334	51,006	241,821	3,507
Female	262,083	5,498	250,094	6,491
Both sexes	Percent distribution			
All ages	100.0	100.0	100.0	100.0
15-44 years	31.2	40.3	29.9	42.3
45-64 years	38.9	31.6	40.0	25.7
65+ years	29.9	28.1	30.1	32.0
Male				
All ages	100.0	100.0	100.0	100.0
15-44 years	35.8	42.3	34.3	40.5
45-64 years	38.3	29.9	40.3	28.7
65+ years	25.9	27.7	25.4	30.8
Female				
All ages	100.0	100.0	100.0	100.0
15-44 years	26.0	21.0	25.6	43.2
45-64 years	39.6	47.7	39.8	24.0
65+ years	34.4	31.3	34.5	32.7

Table 3. Number and percent distribution of patients in long-stay mental hospitals, by age according to geographic region, color, and sex: United States, April-June 1963

Region and age	Total			White			Nonwhite		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
Region	Number of patients								
Northeast	204,660	99,947	104,713	181,858	86,740	95,118	22,802	13,207	9,595
North Central	152,159	83,645	68,514	135,994	73,108	62,886	16,165	10,537	5,628
South	133,414	74,298	59,116	85,209	45,596	39,613	48,205	28,702	19,503
West	68,184	38,444	29,740	61,335	34,575	26,760	6,849	3,869	2,980
Northeast	Percent distribution								
All ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
15-44 years	28.4	33.3	23.7	26.2	30.1	22.6	45.8	53.7	34.7
45-64 years	39.0	39.5	38.6	39.8	41.0	38.6	33.0	29.5	37.8
65+ years	32.6	27.3	37.7	34.0	28.7	38.8	21.2	16.6	27.7
North Central									
All ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
15-44 years	35.4	28.2	34.5	30.0	35.4	28.2	45.0	54.0	28.2
45-64 years	37.9	52.9	39.8	39.8	37.9	52.9	37.5	29.3	52.9
65+ years	26.7	18.9	25.8	30.2	26.7	18.9	17.5	16.7	18.9
South									
All ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
15-44 years	34.5	37.6	30.7	34.5	37.6	30.7	42.5	43.7	40.7
45-64 years	39.8	39.2	40.4	39.8	39.2	40.4	38.2	39.1	37.0
65+ years	25.8	23.2	29.0	25.8	23.2	29.0	19.3	17.2	22.2
West									
All ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
15-44 years	35.6	39.5	30.6	35.6	39.5	30.6	47.0	45.0	49.5
45-64 years	35.4	34.8	36.1	35.4	34.8	36.1	36.6	41.9	29.7
65+ years	29.0	25.7	33.3	29.0	25.7	33.3	16.4	13.1	20.7

Table 4. Number and percent distribution of patients in long-stay mental hospitals, by length of stay since last admission and average and median length of stay according to sex and age: United States, April-June 1963

Sex and age	Number of patients	Length of stay since last admission					Average length of stay in years	Median length of stay in years
		Total	Under 1 year	1-4 years	5-9 years	10+ years		
Both sexes		Percent distribution						
All ages	558,417	100.0	22.6	23.1	14.4	39.9	10.6	6.4
15-44 years	174,091	100.0	36.5	25.8	15.2	22.6	5.6	3.0
45-54 years	107,990	100.0	20.1	19.6	13.8	46.6	10.8	8.6
55-64 years	109,467	100.0	12.6	19.7	13.8	53.8	14.0	10.3
65-74 years	99,313	100.0	14.9	21.9	14.1	49.1	14.3	9.6
75+ years	67,556	100.0	18.2	28.8	14.9	38.1	12.3	5.9
Male								
All ages	296,334	100.0	22.3	24.2	15.1	38.4	10.3	6.1
15-44 years	106,005	100.0	34.1	28.2	15.8	21.9	5.6	3.2
45-54 years	58,082	100.0	20.0	19.4	15.1	45.6	10.8	8.4
55-64 years	55,556	100.0	11.6	18.9	13.4	56.2	14.7	10.4
65-74 years	49,887	100.0	14.3	24.2	16.0	45.6	13.6	8.5
75+ years	26,804	100.0	18.1	30.3	13.8	37.8	12.1	5.5
Female								
All ages	262,083	100.0	22.8	21.7	13.7	41.6	11.0	6.9
15-44 years	68,086	100.0	40.2	22.1	14.1	23.5	5.6	2.7
45-54 years	49,908	100.0	20.1	19.9	12.3	47.7	10.7	9.0
55-64 years	53,911	100.0	13.7	20.6	14.2	51.5	13.3	10.0
65-74 years	49,426	100.0	15.5	19.6	12.2	52.6	15.0	10.2
75+ years	40,752	100.0	18.3	27.8	15.6	38.3	12.5	6.1

Table 5. Number and percent distribution of patients in long-stay mental hospitals, by length of stay since last admission according to geographic region, age, and sex: United States, April-June 1963

Region and length of stay	Total	Age			Sex	
		15-44 years	45-64 years	65+ years	Male	Female
Region	Number of patients					
Northeast	204,660	58,079	79,821	66,760	99,947	104,713
North Central	152,159	45,706	60,515	45,938	83,645	68,514
South	133,414	46,046	52,999	34,369	74,298	59,116
West	68,184	24,260	24,122	19,802	38,444	29,740
Northeast	Percent distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Under 1 year	19.2	33.4	14.8	12.2	19.6	18.8
1-4 years	22.2	25.6	18.4	23.7	23.5	20.9
5-9 years	14.2	16.6	13.1	13.4	15.0	13.4
10+ years	44.4	24.4	53.7	50.7	41.9	46.9
North Central						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Under 1 year	24.3	39.4	18.0	17.8	24.7	23.9
1-4 years	23.3	27.5	20.0	23.4	25.2	20.8
5-9 years	15.4	14.1	15.7	16.2	16.2	14.4
10+ years	37.0	19.1	46.3	42.6	33.9	40.8
South						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Under 1 year	21.7	32.6	14.0	18.8	19.8	24.1
1-4 years	23.4	24.1	19.6	28.1	22.0	25.2
5-9 years	14.3	15.5	12.6	15.2	15.6	12.6
10+ years	40.6	27.7	53.8	37.9	42.6	38.2
West						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Under 1 year	30.4	45.5	22.0	22.0	29.1	32.0
1-4 years	25.0	26.6	23.0	25.3	28.2	20.8
5-9 years	13.3	13.0	14.4	12.4	11.8	15.2
10+ years	31.3	14.8	40.6	40.3	30.8	32.1

Table 6. Number and percent distribution of patients in long-stay mental hospitals, by the extent of disability in selected health characteristics according to sex, color, and age: United States, April-June 1963

Sex, color, and age	Number of patients	Total	Bed status			Walking status		
			Out of bed	In bed part of time	In bed most of time	Walks unassisted	Walks with assistance	Never walks
		Percent distribution						
Both sexes								
All ages	558,417	100.0	90.0	6.7	3.4	91.4	4.7	3.9
15-64 years	391,548	100.0	93.6	4.7	1.7	96.0	2.6	1.5
65-74 years	99,313	100.0	86.0	9.5	4.4	86.5	7.2	6.3
75+ years	67,556	100.0	74.9	13.8	11.3	72.4	13.3	14.3
Males, white								
All ages	240,019	100.0	91.3	5.9	2.8	93.7	3.7	2.6
15-64 years	172,747	100.0	94.4	4.1	1.5	96.6	2.2	1.2
65-74 years	43,861	100.0	86.8	9.0	4.2	89.3	6.9	3.9
75+ years	23,411	100.0	76.9	13.2	10.0	80.5	9.1	10.3
Males, nonwhite								
All ages	56,315	100.0	94.2	4.2	1.6	94.4	3.6	2.0
15-64 years	46,896	100.0	95.8	2.9	1.3	96.6	2.3	1.2
65-74 years	6,026	100.0	89.7	10.3	-	89.9	7.6	2.5
75+ years	3,393	100.0	79.7	11.1	9.3	72.4	15.9	11.8
Females, white								
All ages	224,377	100.0	86.9	8.5	4.6	87.8	6.2	6.0
15-64 years	142,870	100.0	91.6	6.2	2.2	94.8	3.2	2.1
65-74 years	44,192	100.0	84.2	10.2	5.7	83.2	7.8	9.0
75+ years	37,315	100.0	72.2	15.1	12.7	66.3	16.3	17.5
Females, nonwhite								
All ages	37,706	100.0	93.2	4.7	2.0	94.7	3.1	2.2
15-64 years	29,035	100.0	94.4	4.0	1.6	97.1	2.4	0.5
65-74 years	5,234	100.0	90.8	7.6	1.5	87.9	4.7	7.4
75+ years	3,437	100.0	87.1	6.4	6.5	84.6	6.8	8.6

Table 6. Number and percent distribution of patients in long-stay mental hospitals, by the extent of disability in selected health characteristics according to sex, color, and age: United States, April-June 1963—Con.

Continence status			Hearing status		Vision status			Mental status		
Continent	Partially continent	Incontinent	No serious problem	Serious problem or deaf	No serious problem	Serious problem	Blind	Always aware	Confused part of time	Confused most of time
Percent distribution										
88.7	3.2	8.1	94.7	5.3	95.5	3.4	1.1	46.5	33.2	20.3
92.6	2.7	4.6	97.3	2.7	97.3	2.1	0.6	50.3	33.0	16.6
84.5	4.2	11.4	90.9	9.1	93.6	4.4	2.0	41.4	34.2	24.4
71.9	4.5	23.5	85.5	14.5	87.8	9.3	2.9	31.9	32.7	35.4
91.2	2.6	6.2	95.2	4.7	95.5	3.5	0.9	49.8	32.6	17.6
93.8	2.1	4.1	97.6	2.4	97.2	2.4	0.4	53.1	31.6	15.2
88.0	4.4	7.6	91.0	9.0	93.1	4.8	2.1	44.8	36.1	19.1
78.5	3.1	18.4	85.7	14.3	88.1	9.4	2.6	34.6	33.0	32.5
91.1	3.1	5.9	95.6	4.4	95.7	2.4	1.9	48.5	34.1	17.4
93.5	2.2	4.4	96.2	3.8	97.2	1.6	1.2	48.6	35.3	16.1
85.6	7.8	6.7	92.4	7.6	90.6	2.8	6.6	47.1	32.0	20.8
67.5	7.7	24.8	93.4	6.6	83.6	13.6	2.8	48.7	21.3	29.9
85.1	3.7	11.2	94.1	5.9	95.7	3.4	0.9	43.5	32.9	23.5
91.0	3.6	5.5	97.4	2.6	97.5	1.9	0.6	48.8	33.3	17.8
80.6	3.3	16.1	90.7	9.3	95.1	4.2	0.7	38.9	31.6	29.5
67.7	4.7	27.6	85.0	15.0	89.4	8.3	2.3	28.7	33.2	38.1
90.5	4.1	5.4	94.1	5.9	93.8	3.8	2.4	40.4	37.5	22.1
92.9	3.3	3.8	96.5	3.5	97.2	2.2	0.6	43.8	36.4	19.7
86.2	4.9	8.7	89.1	10.9	88.6	4.3	7.1	27.2	43.6	29.2
77.2	9.6	13.2	81.3	18.6	72.5	16.5	11.1	31.4	37.0	31.5

Table 7. Number and percent distribution of patients in long-stay mental hospitals, by extent of disability in selected health characteristics according to type of ownership: United States, April-June 1963

Health characteristics	Type of ownership			
	All types	Federal Government	State and local government	Non-government
	Number of patients			
All patients	558,417	56,504	491,915	9,998
	Percent distribution			
Bed status				
Total	100.0	100.0	100.0	100.0
Out of bed	90.0	91.7	89.9	81.2
In bed part of time	6.7	5.3	6.7	12.0
In bed most of time	3.4	3.0	3.3	6.8
Walking status				
Total	100.0	100.0	100.0	100.0
Walks unassisted	91.4	92.9	91.4	86.6
Walks with assistance	4.7	4.5	4.7	4.0
Never walks	3.9	2.7	3.9	9.4
Continence status				
Total	100.0	100.0	100.0	100.0
Continent	88.7	92.8	88.2	88.2
Partially continent	3.2	3.1	3.2	2.8
Incontinent	8.1	4.1	8.6	9.0
Hearing status				
Total	100.0	100.0	100.0	100.0
No serious problem	94.7	96.8	94.4	98.1
Serious problem or deaf	5.3	3.2	5.6	1.9
Vision status				
Total	100.0	100.0	100.0	100.0
No serious problem	95.5	96.7	95.4	95.8
Serious problem	3.4	2.7	3.4	4.2
Blind	1.1	0.5	1.2	-
Mental status				
Total	100.0	100.0	100.0	100.0
Always aware	46.5	51.0	46.0	48.2
Confused part of time	33.2	33.9	33.2	27.3
Confused most of time	20.3	15.1	20.8	24.4

Table 8. Number and percent distribution of patients in long-stay mental hospitals, by extent of disability in selected health characteristics according to geographic region, age, and sex: United States, April-June 1963

Health characteristics	[redacted]	Northeast				
		Age			Sex	
	pa[redacted]nts	15-64 years	65-74 years	75+ years	Male	Female
	Number of patients					
All patients	2[redacted]660	137,900	40,494	26,266	99,947	104,713
Bed status	Percent distribution					
Total	[redacted].0	100.0	100.0	100.0	100.0	100.0
Out of bed	91.5	95.1	89.4	76.0	92.3	90.8
In bed part of time	5.6	3.9	7.1	12.1	5.4	5.7
In bed most of time	2.9	1.0	3.6	11.9	2.3	3.5
Walking status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Walks unassisted	91.8	97.2	88.0	69.5	94.0	89.7
Walks with assistance	4.3	2.0	6.3	13.2	3.7	4.9
Never walks	3.9	0.8	5.7	17.3	2.3	5.4
Continence status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Continent	88.6	93.7	84.9	67.3	91.1	86.2
Partially continent	3.0	2.7	2.8	4.7	2.7	3.2
Incontinent	8.4	3.6	12.3	28.0	6.2	10.5
Mental status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Always aware	50.6	56.1	44.0	32.0	54.7	46.7
Confused part of time	27.5	26.9	28.0	29.7	25.6	29.3
Confused most of time	21.9	17.0	28.0	38.4	19.7	24.1
Hearing status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
No serious problem	94.9	98.1	90.3	85.2	95.4	94.5
Serious problem or deaf	5.1	1.9	9.7	14.8	4.6	5.5
Vision status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
No serious problem	95.6	97.7	93.6	87.3	95.7	95.5
Serious problem	3.5	1.9	4.5	10.0	3.6	3.3
Blind	1.0	0.4	1.9	2.7	0.7	1.2

Table 8. Number and percent distribution of patients in long-stay mental hospitals, by extent of disability in selected health characteristics according to geographic region, age, and sex: United States, April-June 1963—Con.

Health characteristics	North Central					
	All patients	Age			Sex	
		15-64 years	65-74 years	75+ years	Male	Female
	Number of patients					
All patients	152,159	106,221	27,542	18,396	83,645	68,514
	Percent distribution					
Bed status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Out of bed	87.8	92.0	81.6	72.8	91.0	83.9
In bed part of time	8.3	5.7	14.5	14.6	6.3	10.8
In bed most of time	3.9	2.3	3.9	12.6	2.7	5.3
Walking status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Walks unassisted	91.3	95.7	86.0	73.8	94.8	87.0
Walks with assistance	5.0	2.5	8.4	14.9	3.1	7.4
Never walks	3.7	1.8	5.6	11.4	2.1	5.6
Continence status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Continent	88.6	92.0	84.1	75.3	92.3	84.0
Partially continent	3.3	2.8	4.1	4.6	2.4	4.3
Incontinent	8.2	5.2	11.8	20.1	5.3	11.7
Mental status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Always aware	46.2	49.2	43.3	32.9	50.0	41.5
Confused part of time	35.5	35.1	35.2	38.0	35.3	35.7
Confused most of time	18.4	15.7	21.5	29.0	14.7	22.8
Hearing status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
No serious problem	95.1	97.3	92.0	87.2	96.1	93.8
Serious problem or deaf	4.9	2.7	8.0	12.8	3.9	6.1
Vision status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
No serious problem	95.8	97.4	93.4	90.4	96.1	95.5
Serious problem	3.2	2.1	5.1	6.8	2.6	3.9
Blind	1.0	0.5	1.5	2.8	1.2	0.6

Table 8. Number and percent distribution of patients in long-stay mental hospitals, by extent of disability in selected health characteristics according to geographic region, age, and sex: United States, April-June 1963—Con.

Health characteristics	South					
	All patients	Age			Sex	
		15-64 years	65-74 years	75+ years	Male	Female
	Number of patients					
All patients	133,414	99,045	21,063	13,306	74,298	59,116
	Percent distribution					
Bed status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Out of bed	90.4	93.3	85.9	76.4	92.5	87.9
In bed part of time	6.6	4.7	10.0	15.8	4.6	9.0
In bed most of time	2.9	2.0	4.1	7.8	2.8	3.1
Walking status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Walks unassisted	90.6	94.2	84.1	74.3	91.8	89.1
Walks with assistance	5.7	3.8	9.0	14.0	4.8	6.7
Never walks	3.7	2.0	6.9	11.7	3.3	4.2
Continence status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Continent	88.1	91.3	85.7	68.5	89.4	86.5
Partially continent	3.5	3.0	4.0	6.4	3.0	4.1
Incontinent	8.4	5.7	10.3	25.1	7.5	9.4
Mental status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Always aware	40.3	42.9	33.4	31.4	40.9	39.5
Confused part of time	39.3	38.6	45.2	35.3	40.8	37.5
Confused most of time	20.4	18.4	21.3	33.3	18.3	23.0
Hearing status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
No serious problem	94.2	96.1	91.7	84.1	94.8	93.4
Serious problem or deaf	5.8	3.9	8.3	15.9	5.2	6.6
Vision status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
No serious problem	94.9	96.8	92.5	84.5	95.2	94.4
Serious problem	3.3	2.0	3.6	11.7	2.7	3.9
Blind	1.9	1.2	3.9	3.8	2.1	1.6

Table 8. Number and percent distribution of patients in long-stay mental hospitals, by extent of disability in selected health characteristics according to geographic region, age, and sex: United States, April-June 1963—Con.

Health characteristics	West					
	All patients	Age			Sex	
		15-64 years	65-74 years	75+ years	Male	Female
	Number of patients					
All patients	68,184	48,382	10,214	9,588	38,444	29,740
	Percent distribution					
Bed status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Out of bed	89.1	92.9	84.9	73.9	91.3	86.1
In bed part of time	6.4	5.1	5.1	14.2	6.1	6.8
In bed most of time	4.5	1.9	10.0	11.9	2.6	7.1
Walking status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Walks unassisted	92.2	96.5	87.3	75.4	94.8	88.7
Walks with assistance	3.2	1.8	3.8	9.7	3.0	3.6
Never walks	4.6	1.6	8.9	14.9	2.2	7.7
Continence status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Continent	90.3	93.7	81.1	82.9	92.6	87.3
Partially continent	3.1	2.0	9.9	1.6	2.7	3.7
Incontinent	6.6	4.3	9.0	15.6	4.7	9.0
Mental status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Always aware	47.3	51.6	42.7	30.2	52.0	41.2
Confused part of time	33.3	34.3	33.7	27.5	31.0	36.3
Confused most of time	19.4	14.0	23.6	42.3	17.0	22.5
Hearing status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
No serious problem	94.3	97.4	88.4	84.9	94.3	94.3
Serious problem or d[illegible]	5.7	2.6	11.6	15.1	5.6	5.7
Vision status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
No serious problem	95.8	97.1	96.1	88.8	94.9	96.9
Serious problem	3.8	2.7	3.9	8.9	5.1	2.1
Blind	0.4	0.1	-	2.3	-	1.0

Table 9. Population aged 15 years and over used in obtaining rates shown in this publication, by color, age, and sex: United States, July 1, 1963[1]

Color and age	Both sexes	Male	Female
	Population in thousands		
Total			
All ages, 15+ years	127,800	60,779	67,023
15-44 years	72,442	34,679	37,764
45-54 years	21,403	10,435	10,968
55-64 years	16,388	7,888	8,501
65-74 years	11,335	5,150	6,185
75+ years	6,232	2,627	3,605
White			
All ages	114,370	54,467	59,901
15-44 years	63,946	30,721	33,223
45-54 years	19,301	9,431	9,870
55-64 years	14,901	7,160	7,741
65-74 years	10,451	4,739	5,712
75+ years	5,771	2,416	3,355
Nonwhite			
All ages	13,430	6,311	7,120
15-44 years	8,496	3,956	4,540
45-54 years	2,101	1,004	1,098
55-64 years	1,487	728	759
65-74 years	885	412	473
75+ years	461	211	250

[1]U.S. Bureau of the Census: Estimates of the population of the United States, by age, color, and sex: July 1, 1963. Current Population Reports, Series P-25, No. 276. Washington, D.C., Nov. 1963.

APPENDIX I

TECHNICAL NOTES ON THE SURVEY DESIGN AND PROCEDURES

General

This is one of a series of statistical reports prepared by the National Center for Health Statistics on the health of the institutional population in the United States. It is based on information collected in a nationwide sample of long-stay mental hospitals, excluding those serving children only. This survey of mental hospitals was one part of the Resident Places Survey-I (RPS-I) conducted during April-June 1963. In addition to mental hospitals, the RPS-I included all types of institutions such as nursing homes, convalescent homes, geriatric and, chronic disease hospitals, and other related types of facilities that provided care for the aged.

The survey was conducted by mail for all establishments with less than 300 beds. Personal visits were made to all places with 300 beds or more to select a sample of patients and to aid in the completion of questionnaires. The questionnaire elicited primarily information about the patients in the hospital rather than information about the hospital itself. Information was requested about the age, sex, color, and length of stay of patients in the hospital, and about the health of the patients in terms of their general physical and mental condition. The source of the information was records and/or the personal knowledge of the respondent, usually a nurse or person in charge of a ward in which a patient was confined.

Sampling Frame and Size of Sample

The universe from which the sample of hospitals was selected consisted of 468 long-stay mental hospitals included in the Master Facility Inventory of the National Center for Health Statistics. The MFI was developed by collating a large number of hospital and institution lists of varied degrees of comprehensiveness and surveying the places on the list to collect data needed to classify them by type of business, size, and type of ownership. A description of the Master Facility Inventory program has been published.[4] The universe from which the sample of patients was selected consisted of resident patients (see definition, Appendix II) on the registers of the sample hospitals on the day the questionnaire was completed. This excluded patients in children's or maximum security wards as mentioned above. The national sample included 172 hospitals and 7,075 patients. For hospitals the sampling rates ranged from 1 in 10 for the smallest hospitals to unity for the largest hospitals. The sampling rates for residents ranged from 1 in 8 for the smallest hospitals to 1 in 80 for the largest hospitals. This produced an overall sampling rate of 1 in 80 patients.

Sample Design

The sampling for this survey was based on a stratified probability design selected in two stages. In the first stage a sample of hospitals was selected from within five primary strata. The primary strata consisted of five bed-size groups (table I). Sampling of hospitals was systematic within each of these primary strata. Within each primary stratum the sequence of the listing of hospitals was by geographic region, ownership or type of control, and State and county.

In the second stage, a sample of patients was selected from each hospital selected in the first stage. The sample of patients for hospitals with less than 300 beds was completed by a systematic selection scheme built into the questionnaire. The respondent was asked to list on the questionnaire all the patients on the register of the hospital on the day of the survey and to complete the health information for those patients who fell on the predetermined sample lines. This scheme is illustrated on the questionnaire reproduced in Appendix III.

The sampling of patients in hospitals with 300 beds or more was completed using an intermediate stage of selection, namely the selection of a sample of wards within the sample hospital. A questionnaire eliciting information on the number and characteristics of the wards was secured for each sample hospital (see Appendix III). The list of wards within each hospital was then put in sequence by type of service provided in the ward. Maximum security and children's wards were deleted because the patients found in these wards were not within the scope of the survey. Medical-surgical wards and infirmaries were deleted from the list if the patients names were retained in the other ward files. A sample of wards was then selected with probability of selection proportional to the size of the ward. Within each sample ward, the interviewer selected a systematic sample of patients.

Table I. Distribution of long-stay mental hospitals in the Master Facility Inventory (MFI) and the sample of long-stay mental hospitals, by response status and primary size strata: Resident Places Survey I

Primary size strata	Hospitals in the universe (MFI)	Total hospitals in sample	Out of scope hospitals	Nonresponding hospitals	In scope responding hospitals	Total sample patients in responding hospitals
		Number in sample				
All hospitals--	468	180	8	2	170	7,075
Under 30 beds------	34	4	2	1	1	2
30-99 beds---------	83	9	-	1	8	41
100-299 beds-------	67	17	-	-	17	114
300-4,999 beds-----	270	136	6	-	130	5,858
5,000+ beds--------	14	14	-	-	14	1,060

Survey Procedure

Data for this survey were collected by the Bureau of the Census, which acted as collecting agent for NCHS. Personal visits were made to all hospitals with 300 beds or more by the Census interviewers. An initial contact letter introducing and explaining the survey was sent by the central office of the Veterans Administration to the hospitals in the sample. The questionnaire on ward characteristics was included with this letter. A similar letter was mailed by the National Institute of Mental Health to the sample hospitals which were not under the control of the Veterans Administration. The questionnaire on ward characteristics was also included with this letter.

Followup procedures for hospitals with less than 300 beds consisted of a regular mailing 3 weeks after the initial mailing and a second certified mailing 3 weeks after the first followup letter. Hospitals still not responding were then contacted by telephone if they had less than 100 beds and by personal visit if they had between 100 and 299 beds.

The Bureau of the Census edited and coded the completed questionnaires in accordance with specifications established by NCHS. If data were not reported or reported inadequately for certain items, further mail inquiries were made specifically for these items.

After the edited and coded data were converted to punch cards, the staff of the National Center for Health Statistics processed the data on an electronic computer. This processing included assignment of weights, ratio adjustments, and other related procedures necessary to produce national estimates from the sample data. It also included matching with basic identifying information contained in the MFI as well as carrying out internal edits and consistency checks to eliminate "impossible" responses and erors in editing, coding, or processing.

Response and Imputation of Missing Data

The survey was conducted in 170 sample hospitals, or about 94 percent of the hospitals selected for the sample. Only two hospitals, or about 1 percent, in the sample refused to cooperate in the survey. Both of these hospitals maintained less than 100 beds. Eight hospitals selected in the original sample were found to be hospitals for the mentally retarded or some other type of hospital not within the scope of the survey (see table I). The response rate for the in scope sample was 98.8 percent.

Statistics presented in this report were adjusted for the failure of a hospital to respond by the use of a separate nonresponse adjustment factor for each size stratum further stratified by three major ownership groups. This factor was the ratio of all in scope sample hospitals to the responding in scope sample hospitals.

Data were also adjusted for nonresponse of patients within a hospital by a procedure which imputed to patients for whom no data were obtained the characteristics of responding patients within the same hospital. Adjustment for nonresponse in patient data was minimal; the imputation of unknown data (e.g., age, sex, and bed status) was less than 3 percent for any single item.

Estimation and Reliability of Estimates

Statistics reported in this publication are essentially the result of two stages of ratio adjustment, one at each stage of selection. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The first stage ratio adjustment was included in the estimation of hospital and resident data for all primary size strata from which a sample of hospitals was drawn. This factor was a ratio calculated for each stratum. The numerator was the total

number of beds according to the MFI for all hospitals in the stratum. The denominator was the estimate of the total beds obtained through a simple inflation of the MFI data for sample hospitals in the stratum. The effect of this first ratio adjustment was to bring the sample in closer agreement with the known universe of beds.

The second stage ratio adjustment was included in the estimation of patient data for all primary size strata. This second stage ratio adjustment factor was the product of two fractions: The first was the ratio of the total number of patients in the hospital to the number of patients designated as sample residents by the systematic selection scheme; the second was the sampling fraction for patients upon which the systematic selection was based. This second stage adjustment corrected the sample for over- or under-representation of patients in the particular sample selected within each sample hospital. The basic types of statistics presented in this report are aggregates and proportions of patients with specified personal or health characteristics.

Since statistics presented in this report are estimates based on a sample, they will differ from the figures that would have been obtained from a complete enumeration of all mental hospitals and patients in the universe, using the same schedule and survey procedures. As in any survey, in addition to sampling errors, the results are also subject to measurement errors.

The standard error is primarily a measure of the variability that occurs by chance because only a sample rather than the entire universe is surveyed. As calculated for this report, the standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. The chances are about 68 out of 100 that an estimate from the sample differs from the value obtained from a complete census by less than the standard error. 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 2½ times as large.

Relative standard errors of the estimated number of patients shown in this report can be determined from the standard error chart of this appendix. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. Standard errors of estimated percentages and averages can be determined from tables II-IV of this appendix. In order to obtain measures of sampling errors which would be applicable to a wide variety of statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the chart and tables provide estimates of approximate errors rather than precise errors for specific statistics.

Rules for determining the approximate relative standard errors or standard errors for estimates presented in this report are as follows:

Rule 1. *Estimates of number of patients:* Approximate relative standard errors of estimates of numbers of patients, such as the number of patients in an age-sex group or the number of patients with a given health characteristic, are obtained from the appropriate curves shown in the standard error chart.

Table II. Approximate standard errors of percentages of patients shown in this report for the United States and the South and West Regions

Base of percent	Estimated percent									
	5 or 95	10 or 90	15 or 85	20 or 80	25 or 75	30 or 70	35 or 65	40 or 60	45 or 55	50
Number of patients	Standard error (expressed in percentage points)									
5,000	3.3	4.5	5.4	6.0	6.5	6.9	7.2	7.4	7.5	7.5
10,000	2.3	3.2	3.8	4.3	4.6	4.9	5.1	5.2	5.3	5.3
15,000	1.9	2.6	3.1	3.5	3.8	4.0	4.1	4.3	4.3	4.3
25,000	1.5	2.0	2.4	2.7	2.9	3.1	3.2	3.3	3.3	3.4
50,000	1.0	1.4	1.7	1.9	2.1	2.2	2.3	2.3	2.4	2.4
75,000	0.8	1.2	1.4	1.6	1.7	1.8	1.9	1.9	1.9	1.9
150,000	0.6	0.8	1.0	1.1	1.2	1.3	1.3	1.3	1.4	1.4
250,000	0.5	0.6	0.8	0.9	0.9	1.0	1.0	1.0	1.1	1.1
500,000	0.3	0.5	0.5	0.6	0.7	0.7	0.7	0.7	0.7	0.8

Illustration of use of table II. Table 6 shows that 75 percent of the 67,556 mental hospital patients 75 years of age and over were out of bed all or most of the time. As shown in table II the standard error of 75 percent based on 67,556 patients lies between 1.7 and 2.1 percentage points. Thus, by interpolation, the desired standard error is approximately 1.8 percentage points.

Table III. Approximate standard errors of percentages of patients shown in this report for the Northeast and North Central Regions

Base of percent	Estimated percent									
	5 or 95	10 or 90	15 or 85	20 or 80	25 or 75	30 or 70	35 or 65	40 or 60	45 or 55	50
Number of patients	Standard error (expressed in percentage points)									
5,000	2.0	2.8	3.3	3.7	4.1	4.3	4.4	4.6	4.6	4.7
10,000	1.4	2.0	2.4	2.6	2.9	3.0	3.2	3.2	3.3	3.3
15,000	1.2	1.6	1.9	2.2	2.3	2.5	2.6	2.6	2.7	2.7
25,000	0.9	1.3	1.5	1.7	1.8	1.9	2.0	2.1	2.1	2.1
50,000	0.6	0.9	1.1	1.2	1.3	1.4	1.4	1.4	1.5	1.5
75,000	0.5	0.7	0.9	1.0	1.0	1.1	1.2	1.2	1.2	1.2
150,000	0.4	0.5	0.6	0.7	0.7	0.8	0.8	0.8	0.8	0.9
250,000	0.3	0.4	0.5	0.5	0.6	0.6	0.6	0.6	0.7	0.7

Illustration of use of table III. Table 3 shows that 30 percent of the 152,159 patients in mental hospitals in the North Central Region were between 15 and 44 years of age. As shown in table III the standard error of 30 percent based on 152,159 patients is approximately 0.8 percentage points.

Table IV. Approximate standard errors of average length of stay shown in this report

Base of average	Average length of stay (in years)							
	2	4	6	8	10	12	14	16
Number of patients	Standard error in years							
5,000	1.2	1.7	2.1	2.5	2.9	3.3	3.7	4.0
10,000	0.8	1.2	1.5	1.8	2.1	2.3	2.6	2.8
15,000	0.7	1.0	1.2	1.5	1.7	1.9	2.1	2.3
25,000	0.5	0.8	1.0	1.2	1.3	1.5	1.7	1.8
50,000	0.4	0.5	0.7	0.8	1.0	1.1	1.2	1.3
75,000	0.3	0.5	0.6	0.7	0.8	0.9	1.0	1.1
100,000	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
250,000	0.2	0.3	0.3	0.4	0.5	0.6	0.7	0.7
500,000	0.1	0.2	0.3	0.3	0.4	0.5	0.5	0.6

Illustration of use of table IV. Table 4 shows that the average length of stay of the 107,990 patients between 45 and 64 years of age in mental hospitals was 10.8 years. As shown in table IV the standard error of the average based on 107,990 patients is approximately 0.7 years.

Rule 2. *Estimates of percentages in a percent distribution:* Approximate standard errors of percentages in a percent distribution of a total are obtained from table II or III.

Rule 3. *Estimates of rates:* When the denominator is the total U.S. population or when it includes all persons in one or more subgroups of the U.S. population, the relative standard error of the rate is equivalent to the relative standard error of the numerator which can be obtained directly from the chart. For example, table B shows that there are 4.4 persons per 1,000 population in mental hospitals. The numerator of this rate is 558,417, the estimated number of patients in long-stay mental hospitals (table 1), and its relative standard error is 1.57 percent (see standard error chart). Therefore, one standard

error of the rate 4.3 persons per 1,000 population is 0.07 (1.57 percent of 4.3).

Rule 4. *Estimates of average length of stay:* Approximate standard errors for average length of stay are obtained from table IV.

Rule 5. *Estimates of medians:* The medians shown in this report were calculated from grouped data. Approximate standard errors for these estimated medians can be computed as follows:

(a) Determine the standard error of a 50-percent characteristic whose denominator is equal to the estimated number of persons in the frequency distribution on which the median is based. For example, the median length of stay in mental hospitals for male patients 65-74 years of age is 8.5 years. The estimated number of males 65-74 is 49,887. The standard error of a 50-percent characteristic whose base is 49,887 is shown in table II to be 2.4 percentage points.

(b) Apply this standard error to the cumulative frequency distribution to obtain the confidence interval around the median. For the above example, using the 95-percent level of confidence, determine the points on the cumulative frequency distribution corresponding to 54.8 percent (50 percent plus two standard errors) and 45.2 percent (50 percent minus 2 standard errors). These points are 27,338 and 22,549. Determine the length of stay corresponding to these two points. This gives a lower limit of 7.0 years and an upper limit of 9.9 years. Therefore, the confidence limit for the estimated median stay of 8.5 years is 7.0-9.9 years at the 95-percent level of confidence.

Rule 6. *Difference between two sample estimates:* The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

Approximate relative standard errors of estimated numbers of patients shown in this report.

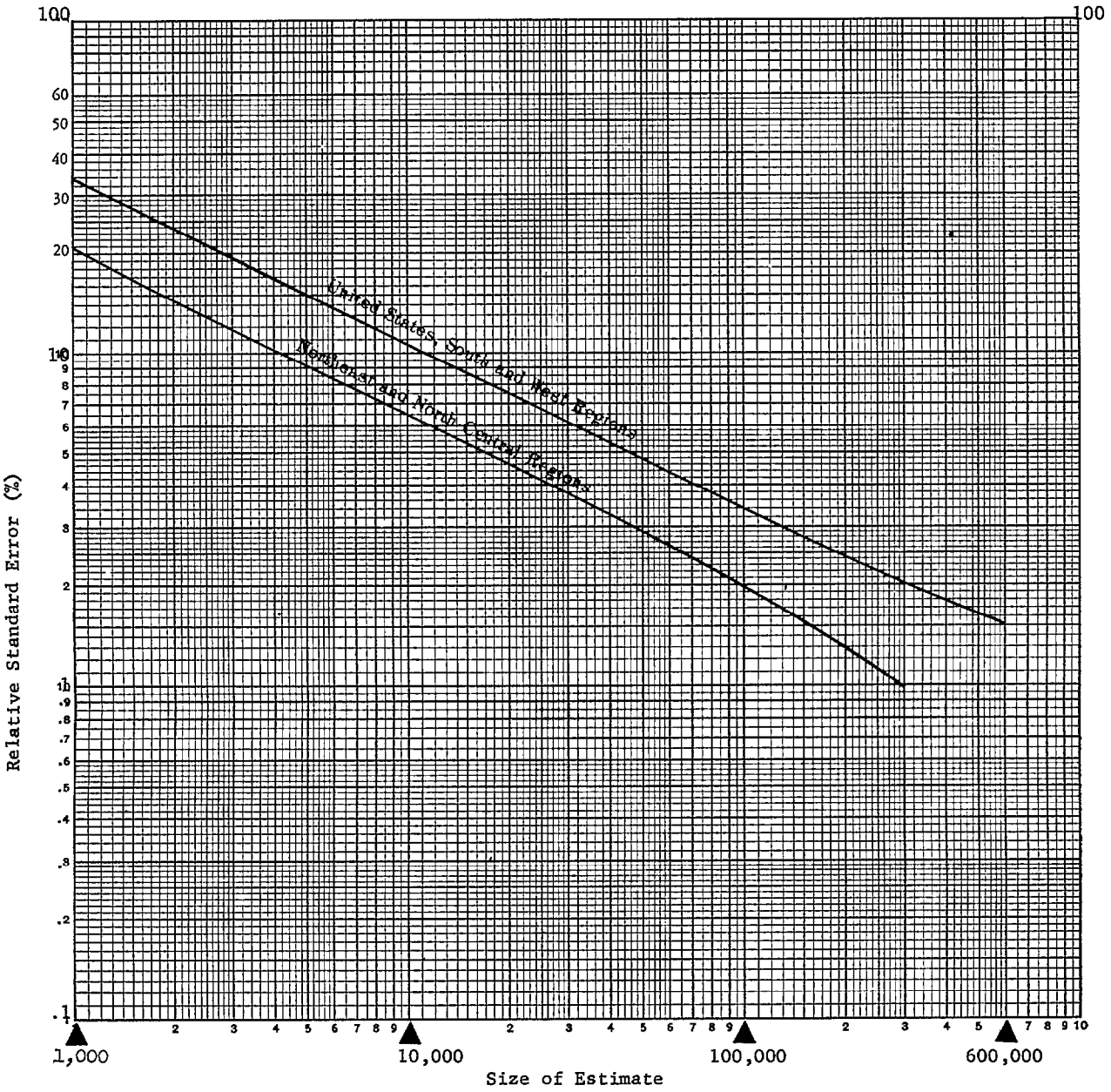

Illustration of use of chart: There are an estimated 558,417 patients in mental hospitals in the United States as shown in table 1. The relative standard error of this estimate is approximately 1.6 percent (read from scale at left side of chart); the standard error of 558,417 is 8,935 (1.6 percent of 558,417).

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Hospital or Patient

Long-stay mental hospital: A long-stay mental hospital is a hospital with an average patient stay of 30 days or more which specializes in the care of psychiatric patients or which provides psychiatric care to a majority of its patients. Hospitals serving children only are excluded from the survey.

Patient: A patient is defined as a resident patient. A resident patient is one either physically present in the hospital or on temporary leave from the hospital for 7 days or less. Patients on leave for more than 7 days or receiving extramural care were excluded from the survey as were patients in children's wards and maximum security wards.

Length of stay: The date of last admission was reported on the questionnaire for each sample person. The length of stay shown in this report is the length of time between the date the survey was conducted in the hospital and the date that the person was last admitted to the hospital. Length of stay as reported in this publication does not represent total length of stay in mental hospitals or the hospital the patient was in at the time of the survey unless this was the patient's first admission to a mental hospital.

Health characteristics: For each of the six health items except hearing status, patients were classified according to extent of disability into one of three categories for each of these items. The categories correspond to "no disability," "partial disability," and "complete disability." For hearing status only two categories were used, corresponding to "no disability" and "partial or complete disability."

Bed status:

1. *Out of bed* is defined as being out of bed except for ordinary rest or sleep.
2. *In bed part of the time* is defined as being in bed part of the time except for ordinary rest or sleep.
3. *In bed* is defined as being in bed all or most of the time.

Walking status:

1. *Walks unassisted* is defined as walking unassisted or with a cane or crutch.
2. *Walks with assistance* is defined as walking with a walker, attendants' help, or by own efforts in a wheelchair.
3. *Never walks* is defined as inability to walk or get about at all, or complete dependence on others to get about.

Continence status:

1. *Continent* means that a person normally can control feces and urine.
2. *Partially continent* means that a person normally can control either urine or feces but not both.
3. *Incontinent* means that a person normally cannot control either feces or urine.

Mental status:

1. *Always aware* means that a person is not confused, i.e., he is aware of his surroundings.
2. *Confused part of time* means that a person is unaware of his surroundings part of the time.
3. *Confused* means that a person is unaware of his surroundings all or most of the time.

Hearing status:

1. *No serious problem* with hearing.
2. *Serious problem* with hearing or *deaf.*

Vision status:

1. *No serious problem* means that a person has no problem seeing either with or without glasses. If a person is reported to be blind in one eye, he is also included in this category.
2. *Serious problem* means that a person has a serious problem with seeing even with glasses but is not blind.
3. *Blind* means that a person is blind in both eyes.

Demographic Terms

Age: The date of birth was reported for each sample resident. The year of birth was recoded in single years of age and grouped in various distributions depending on the purpose of the table.

Color: Color was reported in the survey as white or nonwhite. No attempt was made to define the two groups.

Region: Classification of establishments by geographic area is provided by grouping the States into regions. These regions correspond to those used by the Bureau of the Census and are as follows:

Region	*States Included*
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central	Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, Texas
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Hawaii, Alaska

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APPENDIX III

QUESTIONNAIRES AND LETTERS

First Communication by the Veterans Administration

VETERANS ADMINISTRATION
CENTRAL OFFICE

ROUTINE

APRIL 26, 1963

AREA MEDICAL DIRECTORS, AREA MEDICAL OFFICES, DIRECTORS OF SELECTED VA STATIONS (35 STATIONS)

THIS IS DM&S CIRCULAR 10-63-102

1. UNCLAS/ THE DEPARTMENT OF MEDICINE AND SURGERY HAS BEEN APPRISED OF A NATION-WIDE SAMPLE SURVEY TO BE CONDUCTED BY THE PUBLIC HEALTH SERVICE UNDER THE GENERAL TITLE "RESIDENT PLACES SURVEY" DESIGNED TO OBTAIN INSTITUTIONAL DATA ON CARE PROVIDED TO THE AGED, THE INFIRM AND THE CHRONICALLY ILL. THE COOPERATION OF THIS AGENCY AND ITS HOSPITALS HAS BEEN REQUESTED.

2. THE PUBLIC HEALTH SERVICE ADVISES US THAT YOUR FACILITY IS ONE OF THE THIRTY-FIVE VA FACILITIES INCLUDED IN THEIR SAMPLE. THEY ALSO ADVISE US THAT THE BUREAU OF THE CENSUS, ACTING AS THE COLLECTION AGENT FOR THE PUBLIC HEALTH SERVICE, WILL HAVE A REPRESENTATIVE CALL YOUR HOSPITAL TO ARRANGE A CONVENIENT TIME TO VISIT THE HOSPITAL AND COMPLETE THE REQUIRED SURVEY FORMS.

3. IN NEUROPSYCHIATRIC HOSPITALS FALLING INTO THE SAMPLE COMPLETION OF PUBLIC HEALTH SERVICE FORM T-183, "INQUIRY ON WARD CHARACTERISTICS - SCHEDULE I, "WILL BE REQUIRED PRIOR TO THE BUREAU OF THE CENSUS REPRESENTATIVE'S CALL AND VISIT. THIS FORM TOGETHER WITH FORM HRS 2d(m) AND A LETTER USED BY THE NATIONAL INSTITUTE OF MENTAL HEALTH, IS BEING MAILED TO THE SELECTED VA NEUROPSYCHIATRIC HOSPITALS BY CENTRAL OFFICE. FORM PHS T-183 WILL BE COMPLETED AND RETURNED TO THE DEPARTMENT OF MEDICINE AND SURGERY IN ACCORD WITH THE INSTRUCTIONS CONTAINED IN THE CIRCULAR TRANSMITTING THE AFOREMENTIONED DOCUMENTS.

4. APPROPRIATE OFFICES IN CENTRAL OFFICE HAVE REVIEWED THE PROTOCOL OF THIS SURVEY AND EXAMINED THE QUESTIONNAIRE FORMS. THE OBJECTIVE OF THIS SURVEY IS CONSONANT WITH THE BEST INTERESTS OF THE VA MEDICAL PROGRAM. VA FACILITIES SHOULD THEREFORE COOPERATE WITH THE PUBLIC HEALTH SERVICE AND THE BUREAU OF THE CENSUS IN SUPPLYING DATA NEEDED FOR THE SURVEY. 144B1/10A

SIGNED & DISPATCHED
APRIL 26, 8:13 AM' 63
COMMUNICATIONS & RECORDS
DM&S

Second Communication by the Veterans Administration

Veterans Administration
Department of Medicine and Surgery
Washington 25, D. C.

CIRCULAR 10-63-105

April 29, 1963

Subject: PUBLIC HEALTH SERVICE STUDY - RESIDENT PLACES SURVEY

To : To 16 Selected VA Neuropsychiatric Hospitals

1. Reference is made to teletype DM&S Circular 10-63-102 dated April 26, 1963 informing you of the inclusion of your hospital in the forthcoming Resident Places Survey to be conducted by the National Health Survey Division of the United States Public Health Service and requesting your cooperation in this matter.

2. Enclosed is form PHS T-183, "Inquiry on Ward Characteristics - Schedule 1" of the Resident Places Survey. Please complete this form and forward it to reach Central Office no later than May 15, 1963 addressed as follows:

Department of Medicine and Surgery (144B1)
Veterans Administration Central Office
Washington 25, D. C.

3. Enclosed also for INFORMATIONAL PURPOSES ONLY is a copy of PHS Form HRS-2d(m). This is the form the Bureau of the Census representative, acting as collection agent for the Public Health Service, will bring to your station for completion. The Bureau of the Census agent from one of its regional offices will telephone your station to arrange for a convenient time to visit your station for this purpose.

4. There is also enclosed for INFORMATIONAL PURPOSES ONLY a copy of the letter sent by the National Institute of Mental Health to non-VA mental hospitals included in the survey. It contains background and procedural information relative to the study which may be of interest to you.

5. The request for completion of form PHS T-183 has been assigned RCS 10-33-63S.

LINUS A. ZINK, M. D.
Acting ~~Deputy~~ Chief Medical Director

Encl. (3)

Letter Mailed by the National Institute of Mental Health

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE BETHESDA 14, MD.

NATIONAL INSTITUTES OF HEALTH
Area Code 301 Tel: 656-4000

REFER TO: NIH-M-B-H

Dear Doctor:

The U. S. National Health Survey of the Public Health Service is conducting a nationwide survey of mental hospitals, nursing homes, boarding care homes and other establishments whose primary function is to provide medical, nursing or personal care to aged and chronically ill persons.

The National Health Survey was authorized by Congress in 1956 to collect, analyze and publish statistical data on the health of the U. S. population. Since that time they have initiated several nationwide surveys of the general population, but for various reasons have not been collecting data on the institutionalized population. There is a very great need for data on the health characteristics of patients in these establishments. Such data will be used to assess the health of these persons and to provide the basis for future planning in caring for their needs.

We at the National Institute of Mental Health have been assisting the National Health Survey in the planning of the mental hospital phase of this survey because of our continuing work with mental hospitals and our great interest in the data to be collected in this survey. Your hospital is one of the approximately 250 hospitals selected in a scientific nationwide sample which is representing all mental hospitals in the U. S.

Because of the unusual size of many mental hospitals, we have devised the following procedure for selecting the sample of patients and for collection of data.

1. Selection of sample wards within the hospital

   To simplify the collection of data about patients, it is necessary to confine the sample to certain wards of the hospital. The information requested in the enclosed questionnaire on resident patients' files and number of patients by ward will enable us to select a random sample of wards within the hospital.

2. Selection of the sample of patients

   The U. S. Bureau of the Census is acting as the collection agent for the National Health Survey. A person from the Census Bureau's field staff will contact you to arrange a convenient time for him to visit the hospital and conduct the survey. When he arrives, he will be prepared to draw a sample of patients from each ward included in the sample.

3. Collection of patient data

The Census Bureau representative will then proceed to fill out Form HRS-2D(M), a three part questionnaire. Part I contains questions about the characteristics of the hospital, while Parts II and III focus on patient characteristics. Part II of this form will be completed by the Census representative as he identifies the sample. The questions in Part III would need to be completed by some person, possibly a different person for each ward, who is acquainted with the patients' health. A typical questionnaire for a ward can be filled out in a few minutes. I have enclosed a sample copy of Form HRS-2D(M) for your inspection.

This method has been designed to provide a standardized sampling procedure and to minimize the amount of time required by hospital personnel to complete the questionnaire. All sample selection will be done by the Census Bureau representative. The only work required of hospital personnel is to answer the required questions for the sample of patients. This requires a small amount of time of one person in each selected ward.

Since plans call for this survey to begin in May, we would appreciate it if you would fill out and return the enclosed Inquiry on Ward Characteristics (Schedule I) within two weeks. We then can take the initial steps for determining which wards of your hospital will be in the sample.

Sincerely yours,

R. H. Felix, M.D.
Director
National Institute of Mental Health

Enclosure

Inquiry on Ward Characteristics

PHS-T183
3-63

Budget Bureau No. 68-R620.R1
Approval Expires 12-31-63

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

INQUIRY ON WARD CHARACTERISTICS - SCHEDULE 1

RESIDENT PLACES SURVEY

NAME OF HOSPITAL:

ADDRESS:

1. **DO YOU MAINTAIN A FILE LOCATED IN THE WARD OR NEAR IT CONTAINING THE NAMES OF RESIDENT PATIENTS BY WARD?** ☐ Yes ☐ No

   a. Does this file include the names of patients absent on leaves of 7 days or less? ☐ Yes ☐ No

   b. Does this file include the names of patients who have been transferred to a medical-surgical ward? ☐ Yes ☐ No ☐ Have no separate surgical ward(s)

2. **DO YOU MAINTAIN A CENTRAL FILE THAT CONTAINS THE NAMES OF ALL RESIDENT PATIENTS IN THE HOSPITAL ARRANGED BY WARD?** ☐ Yes ☐ No

   a. Does this file include the names of patients absent on leaves of 7 days or less? ☐ Yes ☐ No

3. **PLEASE LIST ALL YOUR WARDS BY NAME OR NUMBER AND INDICATE THE FOLLOWING:**

   a. TYPE OF SERVICE: (such as geriatrics, medical-surgical, receiving wards, etc.).

   If a ward includes only patients 17 years old or less, please indicate by writing **"CHILDREN"** for type of service. If a ward includes only patients under security regulations, please indicate by writing **"MAXIMUM SECURITY"** for type of service.

   b. NUMBER OF PATIENTS: Use a recent census count or a recent average daily figure. If exact numbers are not available, please estimate the numbers.

   NOTE: If you have a ward listing already available, a copy of this would suffice, provided it contains all the information indicated below.

Ward Name or number	Type of Service	Number of Patients	Ward Name or number	Type of Service	Number of Patients

Continue on reverse side

Facility and Patient Questionnaire

The following items show the exact content and wording of the questionnaire used in the RPS-1. The actual questionnaire was designed for an institution as a unit and includes additional space for reports on all residents of an institution. Such repetitive spaces are omitted in this illustration.

Budget Bureau No. 68-R620-R1; Approval Expires December 31, 1963

CONFIDENTIAL - This information is collected under authority of Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). *All information which would permit identification of an individual or of an establishment will be held* strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose (22 FR 1687).

FORM HRS-2c(m)
(1-31-63)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE

U. S. NATIONAL HEALTH SURVEY

(If necessary please change to show correct name and address)

Gentlemen:

The U.S. National Health Survey of the Public Health Service, authorized by Public Law 652, 84th Congress, is conducting a survey of nursing homes, convalescent or rest homes, homes for the aged, chronic disease and mental hospitals, and other establishments in the United States which provide medical, nursing, personal or domiciliary care to the aged, infirm, or chronically ill. This is one of a series of surveys mentioned in a recent inquiry to your establishment by the Bureau of the Census which is acting as the collecting agent for the U.S. National Health Survey.

The purpose of the survey is to obtain much needed information on the health of residents in these establishments and facts related to their care. Please answer the questions on the inside of this form and return it as soon as possible -- preferably within the week. A self-addressed envelope which requires no postage has been provided for your convenience.

The information will be given confidential treatment by the U.S. National Health Survey and the Bureau of the Census, and will be used for statistical purposes only. It will not be used for any regulatory, licensing or accreditation purposes; any published summary will be presented in such a manner that no individual establishment or person can be identified.

Thank you for your cooperation.

Sincerely yours,

Richard M. Scammon
Director
Bureau of the Census

GENERAL INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Base your answers on records, as appropriate, when records are available

Step 1 -- Complete Part I, FACILITY INFORMATION

These questions should be self-explanatory. The words "resident or patient" are used interchangeably in this questionnaire. The people being cared for are usually referred to as "residents." However, they are referred to as "patients" when this term seems more appropriate.

Step 2 -- Complete Part II, CENSUS OF RESIDENTS OR PATIENTS

List in Column (b) the name of each resident who is currently on your register as a formal admission. (The number listed should be the same as shown for Part I, Question 1). List the names in any order that is most convenient to you. If the names are not listed in alphabetical order or in sequence by some assigned number, such as admission number, please explain the order of the listing in the "Comments" section on Page 4.

For each person listed, record his admission number, the date he was last admitted to your establishment, his date of birth, sex, and race. You may wish to make these entries as you record the persons' names in Column (b). If the date of admission or date of birth for a resident is not known, record your best estimate of the date.

Step 3 -- Complete Part III, HEALTH OF RESIDENTS OR PATIENTS

Some of the lines in Part III are blocked out, while others are not. For the lines not blocked out (identified by a circled line number), make the appropriate entries in the columns in Part III for the person whose name appears on that line in Part II, Column (b). This information should be provided by the person most acquainted with the health of residents in this establishment.

Step 4 -- The names of persons entered on Part II are needed only as a means of identification in case there should be a question about an entry on the questionnaire when it is reviewed. If you prefer, you may tear off the strip on Part II which contains the names of patients. **If you do tear off this part of the form, please keep it in your files for at least 6 months.**

Step 5 -- For convenience of contact in the event that questions concerning an entry do arise, the person completing the questionnaire should enter his name and give his title or position, telephone number, and the date the form is completed on the bottom of Part I.

Step 6 -- After you have completed the questionnaire, return it in the enclosed postage-free envelope. If the self-addressed envelope gets misplaced before the questionnaire can be completed, return the completed questionnaire to the Bureau of the Census, Jeffersonville, Indiana.

FORM HRS-2c(m) (1-31-63)

Part I - FACILITY INFORMATION

(NOTE: When the term "RESIDENT" is used in the questionnaire, it refers to resident or patient.)

	Number
1. How many patients are currently residents of this facility? *(Include patients out on leave for seven days or less as well as patients physically present in the facility.).*	
2. How many beds are regularly maintained for residents? *(Include any beds set up for use whether or not they are in use at the present time. Exclude beds used by staff or any beds used exclusively for emergency service.).*	
3. How many persons are employed in this establishment? *(Include all paid employees, members of religious orders, and owners, who usually work 15 hours or more a week in this establishment.).*	

Comments *(Record any comments about the facility or about individuals.)*

Name of person completing this form	Telephone No. and Ext.	Date completed
Title or position	**COMPLETE PARTS II AND III OF THE QUESTIONNAIRE**	
	Establishment No. ⟶	

Part II - CENSUS OF RESIDENTS OR PATIENTS		Part II - CENSUS OF RESIDENTS OR PATIENTS					
If you wish you may detach and keep this stub of Part II for your records. IF YOU DO TEAR OFF THIS STRIP, PLEASE RETAIN IT IN YOUR FILES FOR AT LEAST 6 MONTHS.		Resident's Line Number	Enter resident's Admission Number	Enter Date of Last Admission (month, day, year) for each resident *(If not known, enter best estimate)*	Enter resident's Date of Birth (month, day, year) *(If not known, enter best estimate)*	Enter resident's Sex M = Male F = Female	Enter resident's Race W = White NW = Non-white
Resident's Line Number (a)	List the names of all residents in this establishment *(See footnote below)* (b)	(c)	(d)	(e)	(f)	(g)	(h)
1		1					
2		2					
3		3					
4		4					
5		5					

Part III - HEALTH OF RESIDENTS OR PATIENTS

IMPORTANT: Complete one line of Part III for each person listed on those lines of Part II that are identified by a CIRCLED NUMBER.

BED STATUS (Except in bed for ordinary rest or sleep) *(Mark (X) ONLY ONE of these three categories for each resident)*			WALKING STATUS *(Mark (X) ONLY ONE of these three categories for each resident)*			HEARING STATUS *(Mark (X) ONLY ONE of these two categories for each resident)*		VISION STATUS *(Mark (X) ONLY ONE of these three categories for each resident)*			CONTINENCE *(Mark (X) ONLY ONE of these four categories for each resident)*				MENTAL STATUS (Awareness of surroundings) *(Mark (X) ONLY ONE of these three categories for each resident)*		
In bed hardly ever (i-1)	In bed part of the time (i-2)	In bed all or most of the time (i-3)	Walks unassisted or with cane or crutch (j-1)	Gets about only with walker, attendant's help or by own efforts in wheel chair (j-2)	Never walks or is completely dependent on others to get about (j-3)	No serious problem with hearing (k-1)	Either has serious problem with hearing or is deaf (k-2)	No serious problem with seeing (l-1)	Serious problem with seeing even with glasses but not blind (l-2)	Blind (l-3)	Normally can control feces and urine (m-1)	Normally cannot control either feces or urine (m-2)	Normally can control feces but not urine (m-3)	Normally can control urine, but not feces (m-4)	Always aware (Not confused) (n-1)	Confused part of the time (n-2)	Confused all or most of time (n-3)
1	2	3	1	2	3	1	2	1	2	3	1	2	3	4	1	2	3

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