

Who Are the Disabled in Institutions?

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ALMOST HALF A MILLION or about 7 percent of all severely disabled persons aged 18-64 in the United States were residents in 1967 of long-term medical institutions or schools and homes for the physically and mentally handicapped. The 1967 Survey of Institutionalized Adults examines the reasons these individuals were in institutions, how long they had stayed there, and the likelihood of their discharge.

Under the old-age, survivors, disability, and health insurance (OASDHI) program, disability benefits are provided to severely disabled adults with extensive work experience in covered employment and to adults disabled since childhood who are dependents of retired, disabled, or deceased beneficiaries. The program also has the responsibility of appointing supervising or "representative" payees to handle the benefits of those who are financially incompetent.

In 1966, the Social Security Administration undertook a major national study of disability. In that year, it conducted a survey of disabled persons in the population aged 18-64 who were not in institutions. The findings of that survey were presented in a series of reports, some of which have been summarized in the BULLETIN.¹

BACKGROUND OF SURVEY OF INSTITUTIONALIZED

In 1967, as a part of the national study of disability, the Administration conducted a survey of disabled persons aged 18 and over in long-term (average length of stay of 30 days or more) medical institutions and in schools and homes for the physically and mentally handicapped. Persons

in long-term wards of short-stay hospitals were included, but those in nursing homes, military hospitals, and correctional institutions were excluded.

The survey data were collected on about 6,000 patients in the period from August to October 1967 and were obtained through a multistage area probability sample of patients in long-term care institutions, as defined in the survey.

Survey Objectives

The study of the institutionalized disabled had the following objectives:

- to supplement the 1966 Survey of Disabled Adults by studying the disabled excluded from that examination of the noninstitutionalized population
- to describe the severity and duration of disability, the duration of institutionalization, and the prognosis for discharge
- to examine the type of care the patient receives, the charges for care, and the sources of payment
- to examine the patient's economic resources, including insurance and assistance programs, and compare characteristics of persons receiving income from various sources
- to examine the social relationships of patients, including living arrangements before institutionalization and contacts with relatives and friends while institutionalized
- to examine the activities of representative payees in handling OASDHI benefits of the patients and the activities of other financial administrators, including the institution, in handling the patients' finances.

Study Design

The sample for the Survey of Institutionalized Adults was drawn in three stages. An area sample of 264 primary sampling units was drawn in such a way that all large institutions in the universe—psychiatric hospitals of 3,000 or more beds, institutions for the mentally retarded of 2,500 or more, and other long-term hospitals of 5,000 or

* Division of Disability Studies, Office of Research and Statistics. See also *Demographic Characteristics of Institutionalized Adults* (Report No. 1 from the Social Security Survey of Institutionalized Adults, 1967), 1971.

¹ Report Nos. 1-16, *The Social Security Survey of the Disabled, 1966, 1967-71*. See also the *Social Security Bulletin*, June 1969, July and October 1970, March and August 1971.

more beds—were included. In the second stage, 539 institutions were selected from this area sample, of which 225 were psychiatric hospitals or wards, 109 were schools or homes for the mentally retarded, 129 were hospitals or wards for chronic diseases, and 76 were hospitals with both psychiatric and chronic disease wards. In the third stage a sample of approximately 6,000 patients was drawn from two frames—a roster of all patients aged 18 and over in the sample institutions, and a listing of all OASDHI beneficiaries with representative payees in the institutions.

The size of the patient sample was smaller than estimated because some sample institutions and patients were found to be outside the definition of the survey universe. The original sample of 539 institutions was reduced by the exclusion of 85 institutions—most of them because the average length of stay was less than 30 days. Of the approximately 7,800 patients originally chosen from the remaining institutions, about 1,800 were out-of-scope, chiefly because they were on extended leave. (Persons on extended leave from an institution were included in the noninstitutionalized population in the 1966 survey.) Interviews were conducted in 454 sample institutions during the period August–October 1967, and data were collected on the approximately 6,000 sample persons resident in these institutions.

Data for the survey were obtained from three sources. Census interviewers contacted staff personnel and examined records at the sample institutions during the 3-month survey period. Patient-history data on charges, sources and amount of payments, diagnosis and medical condition, treatment and care, and family relations were obtained from a variety of staff members, including administrative personnel, record librarians, ward nurses, doctors, and other institutional personnel and record sources. In some cases it was also necessary to contact social and government agencies outside the institution to obtain information about patient income or medical care costs. With the use of identifying data obtained from the institutions, benefit and earnings data were extracted from Social Security Administration records.

In May 1968, questionnaires—for 95 percent of the sample—were sent to the responsible relative or guardian named by the institution as the

person they would contact about the patient. There were two mail follow-ups and a telephone or personal interview follow-up. Questionnaires were obtained from 60 percent of the sample. Data on work experience, living arrangements and social contacts, income and assets, and management of the patient's finances were obtained from this source. Comparison of figures from the relatives and guardians with figures from the institution indicates no obvious bias in the non-response to the relative and guardian questionnaire, as the tabulation that follows demonstrates.

Selected characteristics	Institution	Relative and guardian
Number reporting (in thousands).....	648	389
Total percent.....	100.0	100.0
Type of institution:		
Psychiatric hospital or ward.....	65.1	61.6
Institution for mentally retarded.....	17.2	19.7
Chronic disease facility.....	17.7	18.7
Beneficiary status:		
Beneficiary.....	37.1	39.3
Nonbeneficiary.....	18.0	17.7
Beneficiary status unknown.....	45.0	43.0
Administrator status:		
With administrator.....	52.7	52.1
Without administrator.....	47.3	47.9
Ownership of institution:		
State or local government.....	84.6	82.3
Veterans Administration.....	8.9	10.4
Other Federal.....	1.0	.8
Private nonprofit.....	4.5	5.3
Proprietary.....	1.0	1.1

For this study, any resident of a long-term medical institution or ward or of a school or home for the mentally or physically handicapped was considered severely disabled. In contrast to the 1966 Survey of the Disabled, the data on the diagnosis and the physical limitations and capabilities of the disabled person were based on institutional records, not on information supplied by the patient.

THE INSTITUTIONS

About 2 out of 3 of the institutionalized disabled under age 65 who were included in the survey were in psychiatric hospitals or wards. Nearly 1 in 4 were in schools or homes for the mentally retarded.² The distribution of these

² The data on institutional characteristics reflect the universe of patients, not the universe of institutions. The median number of patients, for example, does not indicate that half the institutions were larger and half smaller but that half the patients lived in larger, half in smaller institutions.

severely disabled adults by type of institution is as follows:

	Number (in thousands)	Percent
Total	460	100.0
Psychiatric hospital or ward	299	65.0
Institution for mentally retarded	107	23.2
Chronic disease facility	54	11.7

Those severely disabled adults who did not reside in psychiatric institutions or facilities for the mentally retarded were classified as living in "chronic disease" facilities. The percentage distribution of the disabled so classified is shown below, by specific type of institution.

	Percent
Chronic disease (unspecified)	13.5
Tuberculosis	27.4
General	17.1
Rehabilitation	11.1
Homes and schools for the blind or deaf	7.3
Extended-care wards and geriatric hospitals ..	23.4

More of the institutionalized were in long-term hospitals than in schools or homes or in long-term wards of short-stay hospitals (table 1). Over 70 percent were in long-term hospitals. Almost one-fourth were in schools or homes for the physically and mentally handicapped. Less than 5 percent were in long-term wards of short-stay hospitals; this figure includes almost one-fourth of the patients in the chronic disease facilities but none of the mentally retarded and few of the psychiatric patients.

About 86 percent of the institutionalized adults

TABLE 1.—Hospital status and ownership by type of institution: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Hospital status	Total	Type of institution		
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility
Total number (in thousands).....	460	299	107	54
Total percent.....	100.0	100.0	100.0	100.0
Hospital status:				
Long-term hospitals.....	71.3	97.0	.....	69.5
Long-term wards in short-stay hospitals.....	4.6	3.0	.....	23.1
Homes or schools for the mentally or physically handicapped.....	24.1	.....	100.0	7.3
Ownership:				
State and local government....	86.3	86.1	95.4	69.4
Federal.....	11.0	13.2	.....	20.4
Private ¹	2.7	.7	4.6	10.2

¹ Includes private nonprofit and proprietary.

under age 65 resided in institutions operated by State or local governments. Eleven percent were in Federal institutions. Less than 3 percent were in private institutions. Virtually all psychiatric hospitals or wards are government institutions: less than 1 percent of the psychiatric patients were in private institutions. Persons in the chronic disease facilities were least likely to be in a government institution, but even among this group only 1 in 10 was in a private hospital. Most of the patients in Federal institutions were in Veterans Administration hospitals. Approximately one-fourth of all the institutionalized men were veterans, although not all institutionalized veterans were in Veterans Administration hospitals.

Most psychiatric and mentally retarded patients lived in large institutions with a median of about 1,900 patients (table 2). The median number of patients in chronic disease facilities was 360, with one-fifth in institutions of less than 100 patients. State and local institutions had a median of almost 2,000 patients. Federal institutions were about half as large. Private institutions were relatively small; half of them had less than 100 patients. Chronic disease and private facilities were smaller, partly because, among patients classified as being in such facilities, more were in long-term wards of short-stay hospitals than

TABLE 2.—Number of patients and number of beds by type and ownership of institution: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Number of patients and number of beds ¹	Total	Type of institution			Ownership of institution		
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility	State and local	Federal	Private
Total number (in thousands).....	460	299	107	54	397	51	12
Total percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 100 patients.....	3.4	1.2	.8	20.6	1.9	3.6	49.6
100-499.....	8.5	6.4	2.4	33.3	8.5	5.1	23.2
500-1,499.....	28.5	27.4	34.6	21.5	24.0	64.8	20.0
1,500-2,499.....	26.5	27.3	30.7	14.3	28.1	21.3	.....
2,500-4,999.....	20.8	20.4	29.2	6.1	24.1	.....	.....
5,000 or more.....	9.0	13.3	1.2	.....	9.7	5.3	.....
Not reported.....	3.4	4.1	1.0	4.4	3.7	.....	7.2
Median number of patients in hospital or ward.....	1,770	1,960	1,820	360	1,960	1,030	90
Median number of beds in entire institution.....	2,010	2,170	2,410	700	2,330	1,410	380

¹ Number of patients in hospital, school, or ward, excluding those on extended leave.

among the disabled in psychiatric institutions or those for the mentally retarded, and the size was recorded for the ward rather than for the entire hospital.

The number of beds was recorded for the entire institution even when only part of the institution provided long-term care. For this reason and because of unoccupied beds and patients on leave, the median number of beds was several hundred more than the number of patients.

DEMOGRAPHIC CHARACTERISTICS

The basic demographic characteristics of the institutionalized have been described in one of the reports on the 1966 Survey of the Disabled.³ Compared with persons in the general population and with the noninstitutionalized disabled, persons in institutions were younger, had a somewhat higher proportion of men, and much less frequently were married. One-fourth of them were OASDHI beneficiaries—about the same proportion as among the noninstitutionalized.

The educational experience of persons in psychiatric facilities and in the chronic disease facilities was like that of the noninstitutionalized severely disabled (table 3).⁴ Almost 30 percent had completed less than 8 years of schooling. Over a third had 1 or more years of high school, and about one-tenth had 1 or more years of college. The median amount of schooling was 9 years. Men and women differed little in extent of education, but married patients had considerably more schooling than the nonmarried. The formal education of the mentally retarded was limited.

About half of all institutionalized adults under age 65 had never been employed, but only one-eighth of the noninstitutionalized disabled never worked. About 9 out of 10 of the mentally retarded had never been employed; when this group is excluded, the proportion of the institutional-

TABLE 3.—Selected characteristics by type of institution, sex, and marital status: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Characteristics	Total	Type of institution			Sex		Marital status	
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility	Men	Women	Married	Non-married
Total number reporting (in thousands).....	1 282	173	75	34	163	119	50	232
Total percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Children under age 18:								
No children.....	75.8	74.3	87.0	58.7	73.7	78.6	49.6	81.4
Children.....	11.7	13.7	1.1	24.9	11.1	12.5	41.0	5.4
1 child.....	4.6	5.7	.4	8.2	4.1	5.2	14.8	2.4
2 children.....	2.8	3.1	.3	6.8	2.7	3.0	10.3	1.2
3 or more.....	4.3	4.9	.4	9.9	4.3	4.4	15.9	1.8
Not reporting.....	12.5	12.0	11.9	16.4	15.2	8.8	9.4	13.2
Education:								
Less than 8 years..	44.1	29.4	85.6	27.4	45.0	43.0	22.7	48.7
8 years.....	11.7	14.8	3.3	14.4	12.2	10.9	13.4	11.3
1 or more years..	27.0	35.7	2.2	37.4	25.8	28.5	44.9	23.1
of high school.....	6.3	8.2	.1	9.8	6.9	5.4	11.1	5.2
of college.....	11.0	12.0	8.8	11.0	10.1	12.1	8.0	11.6
Not reported.....								
Median years.....	8	9	(?)	9	8	8	10	6
Employment experience:								
Never employed..	48.1	32.9	91.5	29.7	42.1	56.3	17.7	54.6
Prior employment.....	49.3	64.2	7.3	66.4	55.5	40.9	80.6	42.7
Last year employed:								
1966-67.....	7.4	7.1	.4	24.3	9.6	4.4	15.9	5.6
1963-65.....	4.6	5.6	-----	8.9	5.7	3.0	12.5	2.8
1958-62.....	4.7	6.4	.3	5.5	6.2	2.6	10.3	3.5
1957 or earlier..	12.1	18.7	.9	2.9	11.3	13.1	18.7	10.7
Last year not reported....	20.7	26.4	5.6	24.8	22.7	17.9	23.2	20.1
Employment not reported.....	2.5	2.8	1.2	3.9	2.3	2.8	1.7	2.7

¹ Data for this table were not available from the institution but were obtained from relatives or guardians. See the text for a comparison of these data with the institutional data.

² 65.5 percent had completed no years.

ized disabled with some employment experience rises to two-thirds. Four-fifths of the married and about two-fifths of the nonmarried had been previously employed. For those for whom the last year of employment was given, a larger proportion had not worked for 10 years or more than had worked recently (in 1966 or 1967). The majority of persons in the chronic disease facilities for whom employment dates were reported had worked in recent years, however.

Since most of the institutionalized adults had never married, only a small proportion of them would be expected to have children. Information from relatives and guardians indicated that only 12 percent of the institutionalized adults under age 65 had minor children. Almost none of the patients in facilities for the mentally retarded

³ See Lawrence D. Haber and Philip Frohlich, *The Severely Disabled in the Institutionalized and Non-institutionalized Populations, 1966* (Report No. 14 of the Social Security Survey of the Disabled, 1966), Social Security Administration, 1970.

⁴ See Lawrence D. Haber, *The Disabled Beneficiary—A Comparison of Factors Related to Benefit Entitlement* (Report No. 7 of the Social Security Survey of the Disabled, 1966), Social Security Administration, 1969.

but 1 of 8 patients in psychiatric facilities and 1 of 4 in chronic disease facilities had children. About the same proportion had three or more children as had only one child, but there were fewer two-child families. The proportion of parents was much higher among persons married at the time of the survey, of course—2 out of 5 married persons had minor children.

Almost half of the institutionalized disabled had administrators to take care of part or all of their finances (table 4). Five out of 6 OASDHI beneficiaries had financial administrators, most of them representative payees appointed by the Social Security Administration. Among the patients who were not identified as beneficiaries, only 1 out of 3 had financial administrators.⁵

TABLE 4.—Type of financial administrator by OASDHI status: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Type of administrator	Total	Beneficiary	Nonbeneficiary ¹
Total number (in thousands).....	460	113	347
Total percent.....	100.0	100.0	100.0
Without administrator.....	52.9	17.1	64.6
With administrator.....	47.1	82.9	35.4
Representative payee.....	18.5	73.1	-----
Other administrator only.....	28.6	9.8	35.4

¹ Includes persons with beneficiary status unknown. See footnote 5 of the text.

REASONS FOR INSTITUTIONALIZATION AND LENGTH OF STAY

The fact that most of the institutionalized adults under age 65 were in psychiatric hospitals or institutions for the mentally retarded indicated the nature of the impairments that most frequently required institutionalization. Mental disorders and deficiencies were the predominant reason for institutionalization. The hospital records showed that almost 9 out of every 10 were in an institution because of a mental, psychoneurotic, or personality disorder (including retardation) (table 5). Over two-thirds of these

⁵ A resident of an institution was classified as a beneficiary if he had received a benefit for any month up to and including October 1967. A resident of an institution was classified as a nonbeneficiary only if it was established that he had not drawn a benefit check on his own, a spouse's, or a parent's account. The remainder were classified as beneficiary status unknown. The detailed identifying information required for a thorough check of all possibilities was often not available from the institution or a relative.

TABLE 5.—Diagnosis of primary impairment by type of institution: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Diagnosis	Total	Type of institution		
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility
Total number (in thousands).....	460	299	107	54
Total percent.....	100.0	100.0	100.0	100.0
Infective and parasitic diseases.....	3.9	.5	-----	30.2
Mental, psychoneurotic, and personality disorders.....	86.8	96.2	93.4	21.7
Mental illness.....	60.8	90.0	2.5	14.8
Mental retardation.....	26.0	6.2	90.8	7.0
Nervous system disorders.....	3.6	.9	3.2	19.4
Sense organ disorders.....	.6	-----	.1	5.4
Circulatory disorders.....	.5	.1	-----	3.5
Musculoskeletal disorders.....	.7	.1	.1	4.8
All other.....	3.9	2.2	3.3	15.0

were mentally ill; the rest were mentally retarded. Even in institutions not classified as psychiatric or for the mentally retarded, 1 patient out of 5 was suffering from a mental disorder.

Much harder to categorize are the social reasons for institutionalization—the circumstances that led relatives and guardians to reject home care. The most common reasons given for all patients were the need for permanent care not possible at home and the need to be watched and looked after more carefully than was possible at home. The reasons were different, however, for patients in the three different types of institutions (table 6). For residents of psychiatric institutions the most frequent reasons, other than permanent care and more careful watching, were “needed medical and nursing care” and “too hard to handle at home.” For the mentally retarded, permanent

TABLE 6.—Reasons for institutionalization of institutionalized adults aged 18-64, fall 1967, by type of institution

Reasons for institutionalization	Total	Type of institution		
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility
Total number reporting (in thousands).....	1 282	173	75	34
Percent giving reason:				
No one to look after at home.....	12.1	11.9	13.1	10.5
Too costly at home.....	7.0	7.0	8.0	4.5
Too hard to handle at home.....	28.5	32.8	27.5	9.1
Needed permanent care.....	37.0	34.4	49.8	26.7
Had to be watched and looked after more carefully.....	37.6	39.2	42.8	17.9
Needed medical nursing care.....	34.0	36.9	18.4	53.3
Needed special training.....	15.3	5.7	36.5	17.2
Other.....	10.4	11.8	5.8	13.6
Not reported.....	3.8	4.4	2.8	2.9

¹ Total for whom relatives or guardians submitted data.

care and more careful watching were the most frequent reasons but the "need for special training" was more important than medical or nursing care. The need for medical and nursing care was the predominant reason for institutionalization in the chronic disease facilities.

The reason most often given by relatives or guardians for choosing the particular institution in which the patient resided was a doctor's recommendation, mentioned by almost 40 percent of those reporting (table 7). Next most frequent reasons were recommendation by agency or court, "nearest to home," and "care without charge." For persons in Federal institutions, "care without charge" was almost as common as a doctor's recommendation. "Recommendation by family or friends" and "only institution providing care" were less frequently cited than other reasons.

Data on age at onset of disability—somewhat inadequate because of the large number for whom this fact was not reported—indicate that at least one-third and perhaps as many as one-half of the institutionalized adults aged 18-64 were under age 18 when they became disabled (table 8). Most of those reported as mentally retarded were under age 18 at the onset of disability. For the relatively small proportion of those with a reported onset date of age 18 or over, the data indicate that persons in chronic disease institutions became disabled at an older age than those in psychiatric institutions.

TABLE 7.—Reasons given by relative or guardian for choice of institution for institutionalized adults aged 18-64, fall 1967

Reasons for choice	Total	Type of institution			Ownership of institution ¹	
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility	State and local	Federal
Total number reporting (in thousands)	² 282	173	75	34	238	35
Percent giving reason:						
Nearest to home	23.1	24.1	23.2	17.7	24.0	19.5
Provided best treatment	15.3	14.3	16.3	17.7	13.6	21.7
Care without charge	21.9	21.3	20.3	28.5	20.5	32.1
Only institution providing care	11.8	11.0	12.5	14.1	12.6	7.5
Recommended by doctor	39.1	38.2	40.6	40.6	40.1	33.1
Recommended by family or friends	6.2	4.6	10.3	5.3	6.1	5.0
Recommended by agency or court	30.1	30.0	28.1	13.0	33.1	15.5
Other	7.2	7.5	4.6	11.2	5.7	15.2
Not reported	8.3	9.0	7.5	6.5	8.1	11.3

¹ Private institution omitted because of small number of cases.

² Total for whom relatives or guardians submitted data.

TABLE 8.—Age at onset and duration of disability of institutionalized adults aged 18-64, fall 1967, by type of institution

Age at onset and duration of disability	Total	Type of institution		
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility
Total number reporting (in thousands)	¹ 282	173	75	34
Total percent	100.0	100.0	100.0	100.0
Under age 18	33.4	19.3	71.8	20.0
Aged 18 or over	37.3	50.3	1.3	49.3
Age reported	21.5	28.0	.2	33.9
Age not reported	15.8	22.3	1.1	15.4
Age not reported	29.4	30.3	26.9	30.7
Median age of those 18 or over and age reported	34	33	-----	45
Duration of disability (median years) ²	9.3	11.7	(³)	2.0

¹ Total for whom relative or guardian submitted data.

² Median years of disability for patients aged 18 or over at onset of disability and reporting year of onset.

³ Too few cases.

The data on duration of disability and on length of stay in the institution also indicate that persons in chronic disease facilities not only were disabled later but also were disabled for shorter periods than residents of the other two types of facilities. The median duration of disability of those for whom data are available was nearly 12 years for psychiatric patients; it was only 2 years for patients in chronic disease facilities.

The average patient had been institutionalized in the same place for 6½ years; 2 out of 5 had a current stay of at least 10 years, and 1 out of 5 had a current stay of 20 years or more (table 9). The differences between the psychiatric, the mentally retarded, and the chronic disease populations were especially sharp in this area. The mentally retarded had a median current stay of almost 15 years, the psychiatric population slightly more than 5 years, and patients in chronic disease facilities only 6 months.

Length of current stay was also related to OASDHI beneficiary status and to the patient's handling of his own finances. The median current stay of nonbeneficiaries was 15 months longer than that of beneficiaries. There was a direct relationship between length of current stay and the use of a financial administrator; persons with administrators had been institutionalized longer than those without administrators. This relationship may, of course, be explained by the underlying conditions accounting for both prolonged

TABLE 9.—Length of current stay by type of institution: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Length of stay	Total	Type of institution			Beneficiary status		Administrator status	
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility	Beneficiary	Non-beneficiary	With administrator	Without administrator
Total number (in thousands).....	460	299	107	54	113	347	217	243
Total percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 6 months.....	19.9	20.6	1.1	52.9	15.2	21.4	11.9	27.0
6-23 months.....	11.3	12.6	3.4	19.4	13.7	10.5	11.0	11.5
2-4 years.....	14.6	16.2	12.1	10.2	19.3	13.0	17.0	12.4
5-9 years.....	14.3	14.5	18.9	3.9	16.0	13.7	17.4	11.5
10-19 years.....	19.3	16.5	32.9	8.5	21.0	18.8	22.4	16.6
20 or more years.....	20.4	19.3	31.4	5.0	14.5	22.3	20.3	20.5
Median years.....	6.4	5.1	14.4	.5	5.6	6.8	8.0	4.7

¹ Includes persons with beneficiary status unknown.

institutionalization and the need for an administrator.

Total time in all long-stay institutions (table 10) was a year or two longer than the median current stay, but the relationship between type of institution and length of stay was the same as for the current stay. These data also show a close relationship between marital status and time spent in institutions. Married men and women had spent a median of less than 3 years in an institution. The nonmarried had been institution-

TABLE 10.—Total time in long-stay institutions of institutionalized adults aged 18-64, fall 1967, by type of institution, marital status, and ownership of institution

Total time	Total	Type of institution			Marital status		Ownership of institution ¹	
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility	Married	Non-married	State and local	Federal
Total number reporting (in thousands).....	² 282	173	75	34	50	232	238	35
Total percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 1 year.....	11.0	11.4	.6	32.3	32.0	6.6	9.9	13.6
1-2 years.....	10.2	11.1	2.8	21.6	18.5	8.4	8.9	17.9
3-4 years.....	8.7	9.7	5.1	11.4	9.1	8.6	8.2	11.4
5-9 years.....	15.4	16.5	16.7	7.2	14.7	15.6	15.8	14.9
10-19 years.....	20.8	17.5	32.8	11.0	8.0	23.5	21.3	17.7
20 or more.....	24.3	23.6	34.4	6.0	9.4	27.5	26.5	12.9
Not reported.....	9.5	10.2	7.7	10.5	8.3	9.8	9.4	11.5
Median years.....	10.0	8.8	16.4	1.6	2.5	12.5	11.2	5.5

¹ Private institutions omitted because of small number of cases.

² Total for whom relative or guardian submitted data.

TABLE 11.—Prior institutional stays by type of institution: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Prior stays	Total	Type of institution		
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility
Total number (in thousands).....	460	299	107	54
Total percent.....	100.0	100.0	100.0	100.0
No prior stay in any long-term institution.....	46.5	38.6	63.7	55.8
Prior stay in current institution only.....	18.2	22.6	4.3	21.3
Prior stay in other long-term institution.....	35.3	38.8	32.0	22.9
Median total time in current institution (in years).....	7.7	6.9	14.4	.7

alized a median of more than 12 years. Residents of Federal hospitals had spent much less time in institutions than residents of State and local institutions.

The above data summarize the length of current and total stays. For almost half of the institutionalized adults under age 65 the current stay was the only period of long-term institutionalization (table 11). About a sixth had had an earlier stay in the same institution. The remaining third of the patients had been in an institution other than the current one. These figures differed according to the type of institution. The mentally retarded were least likely to have had earlier stays, especially in the current institution. Persons in psychiatric institutions were most likely to have had earlier stays.

Not only had most institutionalized persons been in the same institution for several years, but for most of them the immediate prospects

TABLE 12.—Expectation of discharge by type of institution: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Expectation of discharge	Total	Type of institution		
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility
Total number (in thousands).....	460	299	107	54
Total percent.....	100.0	100.0	100.0	100.0
Discharge expected within 6 months.....	11.4	11.8	1.0	29.9
Discharge possible within 6 months.....	11.4	12.9	5.2	16.2
Discharge not expected within 6 months.....	77.0	75.2	93.8	53.7
Not reported.....	.2	.1	-----	1.2

for discharge were poor. The institutions expected to discharge only about 1 in 10 patients within 6 months, with discharge possible for another tenth (table 12). Prospects for discharge were better in the chronic disease facilities than in psychiatric institutions, but few discharges from institutions for the mentally retarded were expected. The frequency of leave was similar to the prospects for discharge; only about 2 in 10 of the patients had been on leave more than once during the preceding year, and about 7 in 10 had had no leave during this period (table 13).⁶

TABLE 13.—Frequency of leave during last year by type of institution: Percentage distribution of institutionalized adults aged 18–64, fall 1967

Frequency of leave	Total	Type of institution		
		Psychiatric hospital or ward	Institution for mentally retarded	Chronic disease facility
Total number (in thousands).....	460	299	107	54
Total percent.....	100.0	100.0	100.0	100.0
Nearly every weekend.....	4.1	4.8	.7	7.0
Once a month.....	4.4	4.1	2.9	9.0
Several times a year.....	11.1	9.3	16.1	11.0
Once a year or less.....	7.2	6.5	11.0	3.0
No leave during last year.....	71.5	73.4	68.0	67.7
Not reported.....	1.8	1.9	1.3	2.3

Because the data from relatives and guardians—collected about 8–12 months after the institutional data—showed almost the same distribution on basic variables, comparable information was available for deaths, discharges, and transfers in the year after the institutional survey.⁷ The discharge rate for those reporting was close to the expectations reported in table 12. About 10 months after the survey period, 1 person out of 5 was no longer in an institution, but the proportion varied widely by type of institution, marital status, and ownership of institution (table 14). These figures show that the groups that had spent the least total time in long-stay institutions were also the most likely to have been discharged in the following year. Persons in chronic disease

⁶ Patients are frequently given one or more trial visits to their homes before discharge. The fact that patients on extended leave at the time of the survey were excluded from the universe undoubtedly reduced the proportion of patients for whom discharge was expected and lifted the proportion for whom the prospects of either leave or discharge were low.

⁷ See the comparison of the data in the text tabulation on page 4.

TABLE 14.—Institutional status as of summer 1968 of adults aged 18–64, who were institutionalized as of fall 1967, by selected characteristics

Characteristics	Total number reporting (in thousands)	Institutional status					Not reported
		Total percent	No longer institutionalized	Deceased	In different institution	In same institution	
Total.....	¹ 282	100.0	19.5	1.7	4.3	72.5	2.0
Type of institution:							
Psychiatric hospital or ward.....	173	100.0	22.0	1.2	4.9	70.1	1.8
Institution for mentally retarded.....	75	100.0	2.0	.8	2.1	93.1	2.1
Chronic disease facility.....	34	100.0	45.1	6.4	6.0	39.6	2.9
Marital status and sex:							
Married men.....	27	100.0	48.2	5.6	3.2	41.7	1.3
Married women.....	23	100.0	42.6	1.8	3.8	51.8	.....
Nonmarried men.....	136	100.0	14.8	1.6	4.9	75.7	3.1
Nonmarried women.....	96	100.0	12.7	.8	3.7	81.6	1.3
Ownership of institution: ²							
State and local.....	238	100.0	17.2	1.5	4.1	75.6	1.7
Federal.....	35	100.0	30.8	2.8	6.1	55.9	4.4

¹ Total for whom relative or guardian submitted data.

² Private institutions omitted because too few cases.

facilities, those in Federal institutions, and the married were more likely to have been discharged than other patients. Persons in facilities for the mentally retarded had the least chance of discharge.

Less than 2 percent of the patients died during the year after the survey. For chronic disease facilities, however, the proportion was more than 6 percent. Married men had a mortality rate almost as high as that of chronic disease patients. On the other hand, less than 1 percent of the mentally retarded died during this period.

About 4 percent of the patients had transferred to a different institution in the year following the survey. Patients in chronic disease facilities and in Federal facilities had the highest proportion of transfers (6 percent); the mentally retarded, with 2 percent, had the lowest.

More than 70 percent of the patients had neither died, been discharged, nor transferred during the year following the survey. Institutions for the mentally retarded had the highest proportion—93 percent—remaining in the same institution; chronic disease facilities had the lowest, with 40 percent. More women than men and more nonmarried than married stayed in the same institution. More patients in State and local than in Federal facilities were in the same institution in the year after the survey.