

FACTS and FIGURES

About

Mental Illness and Other Personality Disturbances

THE NATIONAL ASSOCIATION FOR MENTAL HEALTH, INC.

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INTRODUCTION

The facts and figures presented here are intended for use by those who have occasion to interpret to the public the facts about mental health and mental illness in the U.S. They will be useful, for example, to mental health associations; to other organizations working on mental health programs; to writers, editors, commentators and speakers; and other interested individuals.

It is not intended to give here a comprehensive report on all the facts, nor to provide refined figures or bibliographies for use in statistical studies.⁽¹⁾ Rather it is intended to supply information broadly on "what the situation is today", and the facts used have been carefully selected to serve this purpose.

In making this kind of information available, it is necessary to take into consideration the fact that there are no reports or studies which give an account of the situation for the current year, and very few which cover the years immediately preceding. The use of data that may be two or three years old, or older, is therefore unavoidable.⁽²⁾ Also, several of the studies used as sources deal with selected populations rather than with nationwide populations. It was therefore necessary in several instances to interpret the original data so that they would have meaning in terms of the general population today.⁽³⁾

In selecting the data, great care was taken to choose the most reliable and authentic reports, studies and estimates available.

The people with whom the fact sheet is concerned have been grouped as the mentally ill, the people with other personality disturbances and the mentally deficient. For the purposes of this fact sheet (and without any intention of setting up psychiatric classifications) the three groups include the following:

Among the mentally ill

1. The psychotic – people with such illnesses (psychoses) as schizophrenia (dementia praecox), manic-depressive psychosis, paranoia, cerebral arteriosclerosis, senile psychosis, involutional psychosis, alcoholic psychosis, general paresis, etc.
2. The psychoneurotic – people with such illnesses as would be clinically diagnosed as hysteria, compulsion neurosis, anxiety neurosis, obsessive neurosis, etc.

(1) The sources used and the bases for interpretation of source material are on file in the office of the National Association for Mental Health.

(2) The facts concerning hospitalization (admissions, population, facilities, etc.) come primarily from reports of the National Institute of Mental Health on "Patients in Mental Institutions, 1947"; "Patients in Mental Institutions: 1948"; "Patients in State Mental Hospitals: 1949"; the report of the Council of State Governments issued in 1950 on the "Mental Health Programs of the Forty-Eight States"; and the Hospital Number, May 12, 1951, Vol. 146, No. 2 of the Journal of the American Medical Association.

(3) Since estimates and interpretations are used in presenting many of the figures, they have been qualified by preceding them with such phrases as "about" and "it is estimated that". Figures are given in round numbers to make them more easily comprehensible.

Included here are the cases of psychoneurosis of such severity that the patient has become disabled in his capacity to carry on the functions of ordinary daily life, and may in some cases require hospitalization.

Among those with other personality disturbances

1. People with symptoms of the same illnesses as listed above under the psychoneurotic, but who are able to carry on the ordinary functions of daily life most of the time although they may be doing so under emotional strain manifested in maladjustments of various kinds, and psychosomatic illness.
2. People with disturbances such as have been classified under personality disorders, behavior disorders and psychopathic personality. Such problems as criminal behavior, delinquency, narcotic addiction, alcoholism, etc. are often manifestations of such disturbances.

Among the mentally deficient

1. Those who would be classified as such on the basis of clinical examinations including social history. These do not include the mentally retarded whose intelligence would place them between the mentally deficient and those of normal intelligence.

FACTS and FIGURES

HOW MANY PEOPLE ARE SUFFERING FROM MENTAL ILLNESS AND OTHER PERSONALITY DISTURBANCES?

1. It is estimated that there are about 9,000,000 people in the United States suffering from mental illness and other personality disturbances — about 6% of the present population, or about 1 in every 16 people.

Of this number, it is estimated that about 1,500,000 are suffering from mental illness.

About 7,500,000, it is estimated, have other personality disturbances.

In addition, there are about 1,500,000 mentally deficient people — conservatively about 1% of the population.

2. One out of every 12 children born each year will sometime during his life suffer a mental illness severe enough to require hospitalization.⁽¹⁾

The number who will develop less severe mental illness or other personality disturbances is much greater, but cannot at present be ascertained with any statistical accuracy.

3. On any day in the year, there are about 650,000 patients in mental hospitals.

The patients in mental hospitals make up on any day almost half (about 47%) of all the patients in all the hospitals in the United States.

In addition, on any day there are about 120,000 mentally deficient and about 20,000 epileptic patients in institutions for the mentally deficient and epileptic. (The mentally deficient in these institutions constitute less than 10% of the mentally deficient in the total population.)

Taken together, the patients in mental hospitals and in institutions for the mentally deficient and epileptic make up about 55% of all the patients in all the hospitals in the United States.

4. Each year about 250,000 new patients are admitted to mental hospitals.

In addition, about 100,000 more are admitted who have been in mental hospitals before. Thus new admissions and re-admissions total about 350,000 a year.

5. In the course of a year about 1,000,000 patients receive treatment in mental hospitals.

6. At least 200,000 people — children included — are seen a year in psychiatric clinics.

(1) Based on New York State figures.

7. In addition to the people who go to mental hospitals, clinics or private psychiatrists for treatment of mental illness or other personality disturbances, it is estimated that about

30% of all the patients who go to general hospitals, and about
50% of all the patients who go to general practitioners

are suffering from mental illness and other personality disturbances or physical illnesses associated with mental illness and other personality disturbances.

8. Other evidence of the extent of mental illness and other personality disturbances comes from the armed forces.

During World War II, about 900,000 men between the ages of 18 and 37 were rejected for military service because of mental illness and other personality disturbances. This does not include those who were rejected because they were in mental hospitals at the time or otherwise obviously disabled by mental illness or other personality disturbances. It also does not include those rejected because of mental deficiency.

The 900,000 rejectees were about 18% of the 5,000,000 men rejected for all causes. They were about 5% of the 18,000,000 men examined.

About 460,000 were discharged from the service (with medical discharge) because of mental illness. This is about 36% of the 1,250,000 total medical discharges.

In addition, about 250,000 were discharged from the service (with administrative discharge) for neuropsychiatric reasons including personality disturbances, mental deficiency and epilepsy.

9. Additional evidence is found in the statistics on the so-called "social illnesses". It is generally accepted that mental illness or other personality disturbances are usually significant factors in criminal behavior, delinquency, suicide, alcoholism, narcotic addiction, and very often in cases of divorce.

About 1,750,000 serious crimes are committed a year.

About 50,000 people are addicted to narcotics.

There are estimated to be about 3,800,000 problem drinkers in the U.S., 950,000 of whom are people with severe chronic alcoholism.

About 17,000 people commit suicide each year.

For every four marriages a year, there is one divorce.

About 265,000 children between the ages of 7 and 17 are brought to juvenile courts each year - 1.2% of approximately 22,000,000 children in that age group.

10. Although the number of people hospitalized for mental illness each year has been increasing steadily, this does not necessarily mean that mental illness

"is on the rise" The indications are that population growth, increased life span, more widespread recognition of illness and greater availability of hospitals are largely responsible for the increase.

AT WHAT AGE DO MENTAL ILLNESS AND OTHER PERSONALITY DISTURBANCES OCCUR?

11. Mental illness and other personality disturbances occur at all ages starting with childhood.
12. Very few cases of psychosis occur before the age of 15. Of all new admissions a year to state mental hospitals, less than 1% are under 15 years of age; about 16% are between the ages of 15 and 29; about 45% between 30 and 59; about 38% are 60 and older.
13. The various psychoses have "preferred" age ranges for their initial development. They do not all affect the same age brackets to the same extent.

Schizophrenia (dementia praecox) is the "psychosis of youth and early adult life". This disorder begins as a rule between the ages of 15 and 30. Very few people develop it after 50.

The most common psychoses of the middle age group – between 35 and 60 – are manic-depressive psychosis, general paresis, alcoholic psychosis, paranoia and involutional melancholia. The first three develop most frequently between the ages of 40 and 50. The last two are most common in their initial incidence between the ages of 50 and 55.

The "psychoses of old age" are senile psychosis and cerebral arteriosclerosis. The great majority of cases develop after 60.

WHICH MENTAL ILLNESSES AFFECT THE GREATEST NUMBER OF PEOPLE?

14. About 21% of all new admissions to state mental hospitals each year are patients with schizophrenia (dementia praecox).

About 27% are patients with senile psychosis and cerebral arteriosclerosis (psychoses of old age).

About 6% are patients with manic-depressive psychosis; about 5% with involutional psychosis; about 5% with alcoholic psychosis; about 4% with general paresis; about 1% with paranoia.

Another 6% are alcoholic patients without psychosis and an additional 4% are psychoneurotic patients sick enough to require hospitalization.

The remaining 21% include a variety of other disorders no one of which alone has a very high incidence.

WHAT ARE THE CHANCES OF RECOVERY FOR PEOPLE WHO BECOME MENTALLY ILL?

15. About 40% of the patients admitted to state mental hospitals are discharged within a five year period. Of the patients who are discharged, about 90% are regarded as improved or recovered.

The most probable duration of hospitalization for those who are eventually discharged as improved or recovered is 6 months or less. The likelihood of discharge with favorable outcome decreases sharply after 2 years, and reaches a very low point by the end of 5 years.

16. The 40% discharge rate does not apply equally to all mental illnesses.

A five-year study of patients in New York State mental hospitals showed, for example, that in the case of schizophrenia, about 62% of the patients with this disorder were discharged within a five-year period. During the five-year period about 6% of the original group of schizophrenic patients died.

The same study showed, in contrast, that in the case of cerebral arteriosclerosis, a psychosis of old age, only 18% of the patients with this disorder were discharged within the five-year period. About 70% of the group died.

17. Because of the relative youth of schizophrenic patients on admission to hospitals and their relatively low death rate, those schizophrenic patients who are not discharged tend to accumulate from year to year and to make up a great part of mental hospital populations. In New York State mental hospitals, they make up about 58% of the patient population even though they are only about 21% of first admissions.

In contrast, patients with cerebral arteriosclerosis and senile psychosis, because of their high death rate, make up about 12% of the population of New York mental hospitals, although they represent about 27% of first admissions.

18. In the average state mental hospital, about 15% of the patients have been there less than a year; about 25% have been there between 1 and 5 years; about 60% have been there from 5 to 45 years or longer.⁽¹⁾

WHAT ARE THE FACILITIES FOR THE CARE AND TREATMENT OF THE MENTALLY ILL?

19. There are about 680 mental hospitals in the United States. These include the federal, state, county, city and private mental hospitals and the psychiatric wards of general hospitals.

(1) Based on New York State figures.

The mental hospitals contain about 41% of all the hospital beds in the United States.⁽¹⁾

In addition to the mental hospitals, there are about 240 institutions for the mentally deficient and epileptic. The mental hospitals and the institutions for the mentally deficient and epileptic together contain about 49% of all the hospital beds in the United States.⁽¹⁾

About 97% of all mental hospital beds are in public mental hospitals (federal, state, county and city). About 3% are in private mental hospitals.

82% of all mental hospital beds are in state mental hospitals alone.

HOW ADEQUATE ARE THE FACILITIES FOR THE CARE OF THE MENTALLY ILL?

20. There is need for about 330,000 more "acceptable"⁽²⁾ beds in the state mental hospitals. There are only about 420,000 such beds today against a total need of 750,000 according to federal government standards of 5 beds for mental illness per 1,000 population.

21. About 3 out of every 4 state mental hospitals report overcrowding.

43% say they are overcrowded in excess of 20%

29% say they are overcrowded in excess of 30%

8% say they are overcrowded in excess of 50%

22. According to the American Psychiatric Association, not a single public mental hospital meets its standards for personnel.

According to minimum standards of the American Psychiatric Association on personnel needed for "continued treatment" of mental patients, the average state mental hospital is about

40% understaffed in physicians

66% understaffed in registered nurses

28% understaffed in hospital attendants

75% understaffed in psychiatric social workers

76% understaffed in clinical psychologists.

(1) There is a numerical difference between "patients in hospitals" and "beds in hospitals". In the general hospitals, for example, between 10% and 20% of the beds are unoccupied on any one day. This condition is also true but to a very much smaller degree, in the case of mental hospitals, where the beds are almost always fully occupied. Thus, while the beds in mental hospitals are 41% of the beds in all hospitals, the patients in mental hospitals are 47% of the patients in all the hospitals, on any one day. This condition also accounts for the fact that while the beds in the mental hospitals and the institutions for the mentally deficient and epileptic are together 49% of all hospital beds, the patients in the mental hospitals and the institutions for the mentally deficient and epileptic are together 55% of the patients in all the hospitals on any one day.

(2) Acceptability is evaluated in terms of fire-hazards, obsolete construction and general sanitary conditions in the hospitals in which the beds are located.

This does not take into account the additional personnel that would be required for "intensive treatment".

24. The majority of the state mental hospitals are omitting or restricting the use of known successful methods of treatment because of lack of staff or facilities or both.

For example, insulin shock therapy is omitted completely by 40% of the hospitals because they lack adequate staff, facilities, or both.

25. The daily per capita expenditure for maintenance of patients in state mental hospitals is about \$2.04 compared with

\$6.91 in veterans' psychiatric hospitals
\$9.50 to \$11.50 in private psychiatric hospitals.

26. In 1950 there were about 1,228 "service locations" throughout the U.S. where psychiatric clinic service was given.

The term "service locations" covers full-time clinics operating with a full-time basic professional staff; part-time clinics operating with either full or partial staff; clinic service at geographic points visited by a travelling clinic periodically or by appointment. Each of the geographic points is counted as a "service location" even though the visit may be once a week, once a month or even less frequent.

In three states there were no "service locations" at all. In 17 other states there were only between 1 and 10 "service locations".

Of 762 "service locations" treating children, only 112 were giving full-time service with a basic staff working full time.

About 73% of the "service locations" are operated by public agencies: state, county or city health and welfare agencies; Veterans Administration; courts; and school systems. About 27% are under private sponsorship.

27. It has been demonstrated that an average community of 100,000 can support a full-time mental health clinic operating with a full-time staff of a psychiatrist, psychologist, two psychiatric social workers and clerical staff. On this basis, there should be at least 1,500 such clinics in the United States. Actually, the need is for many more than that.

HOW MUCH RESEARCH IS THERE ON MENTAL ILLNESS AND MENTAL HEALTH?

28. About \$5,000,000 in public and private funds were available in 1951 for research in the field of mental illness and mental health. Only part of these funds are allocated to basic studies on cause, treatment and prevention of mental illness.

29. About \$4.15 is available for research on mental health and mental illness per patient under treatment. (Since at least 1,200,000 patients are under treatment a year in mental hospitals and psychiatric clinics, and since about \$5,000,000 is available altogether for research, \$4.15 is available per patient under treatment.)

The \$4.15 figure would be considerably reduced if there were also taken into account the people requiring treatment for mental illness who are not receiving it, the patients under treatment by private psychiatrists, and those under treatment by general practitioners and in general hospitals for physical illnesses associated with mental illness.

The \$4.15 available per mental patient under treatment compares with about

\$28.20 per infantile paralysis patient under treatment

\$26.80 per tuberculosis patient under treatment

\$27.70 per cancer patient under treatment.

30. If proportionately the same amount were available per mental patient as for infantile paralysis, tuberculosis or cancer, then the amount for research on mental health and mental illness would have to be about \$33,000,000 instead of \$5,000,000.

WHAT DOES MENTAL ILLNESS COST THE PUBLIC?

31. The state governments spent in tax funds in 1950, about

\$365,000,000 on maintenance of state mental hospitals

\$150,000,000 on capital costs for state mental hospitals

\$45,000,000 for other mental health services.

32. The Federal Government spent in tax funds in 1951, about

\$121,000,000 on maintenance of veterans' psychiatric hospitals

\$7,000,000 on other veterans' psychiatric services

\$420,000,000 in compensation or pension for veterans' psychiatric disorders.

33. It is estimated that the new patients who are admitted each year to mental hospitals lose during the course of their illness about \$1,750,000,000 in potential earnings.

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