

RECORD OF MENTAL HOSPITALIZATION OF DUTCHESS COUNTY RESIDENTS

ROBERT E. PATTON

The material that has been put together in these few simple tables is one method of measuring progress toward an objective. The objective is being stated as the reduction of chronic hospitalization, where chronic hospitalization is defined as 12 months' continuous hospitalization. It includes hospitalization in any state or licensed mental hospital. It supplements data that can be collected from within the Dutchess County Unit by checking whether reductions in chronic hospitalization there are more than made up for by increases in another hospital serving the area, such as Harlem Valley State Hospital.

The New York State Department of Mental Hygiene receives reports of all admissions to state and licensed mental hospitals in New York State. The department also receives subsequent reports of any patient movement in or out of the hospital. This basic reporting system, which includes the assignment of an identification number that is used in reporting all admissions for the same patient, began in 1908. Since April 1, 1954, reports of all movements, not simply admissions and discharges, have been entered on punch cards. The department has made use of these data for evaluative purposes during the years the system has been operating. At the present time, we have just completed converting all of these punch-card records to magnetic tape, and now have the statistical reporting system functioning on an electronic computer. We are in the process of devising reports of institutional operation which will assist in the administrators' job of

evaluation. We are hopeful of developing a system which will provide data as useful as those provided by the board in Dr. Bennett's office. We hope that by using automated data processing methods we can provide the equivalent of the board for various classes or groups of patients and/or various combinations of institutions or units.

Tables 1 and 2 show one grossly oversimplified measure computed over an eight-year period. These tables give a distribution of the 2,504 residents of Dutchess County who were first admitted to a state or licensed mental hospital in New York State during the eight-year

TABLE I. RESIDENTS OF DUTCHESS COUNTY ENTERING STATE OR LICENSED PRIVATE MENTAL HOSPITALS IN NEW YORK STATE FOR THE FIRST TIME, APRIL 1954 THROUGH MARCH 1962

| | Total | <i>Age at Admission (Yrs.)</i> | | | | | | |
|--|-------|--------------------------------|--------------|--------------|--------------|--------------|--------------|------------|
| | | <i>Under 16</i> | <i>16-24</i> | <i>25-44</i> | <i>45-64</i> | <i>65-74</i> | <i>75-84</i> | <i>85+</i> |
| Entire Eight Years | | | | | | | | |
| Admitted April 1954 through March 1962 | 2,504 | 73 | 208 | 633 | 607 | 365 | 384 | 234 |
| Retained continuously 12 months | 376 | 13 | 10 | 22 | 83 | 92 | 94 | 62 |
| per cent | 15 | 18 | 5 | 3 | 14 | 25 | 24 | 26 |
| Two-Year Periods | | | | | | | | |
| Admitted April 1954 through March 1956 | 502 | 5 | 36 | 138 | 139 | 80 | 68 | 36 |
| Retained continuously 12 months | 103 | 2 | 1 | 6 | 30 | 30 | 20 | 14 |
| per cent | 21 | — | 3 | 4 | 22 | 38 | 29 | 39 |
| Admitted April 1956 through March 1958 | 576 | 13 | 36 | 148 | 151 | 79 | 88 | 61 |
| Retained continuously 12 months | 104 | 1 | 2 | 10 | 25 | 22 | 27 | 17 |
| per cent | 18 | — | 6 | 7 | 17 | 28 | 31 | 28 |
| Admitted April 1958 through March 1960 | 641 | 18 | 62 | 158 | 145 | 92 | 107 | 59 |
| Retained continuously 12 months | 76 | 4 | 4 | 3 | 12 | 19 | 20 | 14 |
| per cent | 12 | — | 6 | 2 | 8 | 21 | 19 | 24 |
| Admitted April 1960 through March 1962 | 785 | 37 | 74 | 189 | 172 | 114 | 121 | 78 |
| Retained continuously 12 months | 93 | 6 | 3 | 3 | 16 | 21 | 27 | 17 |
| per cent | 12 | 16 | 4 | 2 | 9 | 18 | 22 | 22 |

TABLE 2. RESIDENTS OF DUTCHESS COUNTY ENTERING STATE OR LICENSED PRIVATE MENTAL HOSPITALS IN NEW YORK STATE FOR THE FIRST TIME, APRIL 1954 THROUGH MARCH 1962

| | <i>Diagnostic Groups</i> | | | | | | | | |
|--|--|----------------------|----------------------------|-----------------------------|----------------------------------|--------------------------------|-----------------------|------------------|-----|
| | <i>Cerebral Arterio-sclerotic and Senile Psychoses</i> | <i>Schizophrenia</i> | <i>Alcoholic Psychoses</i> | <i>Deficiency Psychoses</i> | <i>Other Affective Psychoses</i> | <i>Other Organic Psychoses</i> | <i>Psychoneuroses</i> | <i>All Other</i> | |
| <i>Total</i> | 2,504 | 944 | 250 | 279 | 38 | 259 | 157 | 378 | 199 |
| Entire Eight Years | 376 | 254 | 30 | 16 | 13 | 11 | 35 | 6 | 11 |
| Admitted April 1954 through March 1962 | 15 | 27 | 12 | 6 | 34 | 4 | 22 | 2 | 6 |
| Retained continuously 12 months per cent | | | | | | | | | |
| Two-year Period | 502 | 190 | 54 | 74 | 12 | 60 | 35 | 70 | 7 |
| Admitted April 1954 through March 1956 | 103 | 69 | 7 | 5 | 7 | 5 | 8 | 1 | 1 |
| Retained continuously 12 months per cent | 21 | 36 | 13 | 7 | — | 8 | 23 | 1 | — |
| Admitted April 1956 through March 1958 | 576 | 232 | 39 | 74 | 6 | 64 | 39 | 93 | 29 |
| Retained continuously 12 months per cent | 104 | 69 | 10 | 5 | 2 | 3 | 9 | 5 | 1 |
| Admitted April 1958 through March 1960 | 18 | 30 | 26 | 7 | — | 5 | 23 | 5 | 3 |
| Retained continuously 12 months per cent | 641 | 243 | 73 | 87 | 7 | 61 | 31 | 104 | 35 |
| Admitted April 1960 through March 1962 | 76 | 52 | 9 | 3 | 3 | 1 | 4 | 0 | 4 |
| Retained continuously 12 months per cent | 12 | 21 | 12 | 3 | — | 2 | 13 | 0 | 11 |
| Admitted April 1962 through March 1962 | 785 | 279 | 84 | 44 | 13 | 74 | 52 | 111 | 128 |
| Retained continuously 12 months per cent | 93 | 64 | 4 | 3 | 1 | 2 | 14 | 0 | 5 |
| | 12 | 23 | 5 | 7 | — | 3 | 27 | 0 | 4 |

period from April 1954 through March 1962. The number admitted in each two-year period is shown, as well as the number of those who were retained continuously in hospital for the 12 months after admission. These figures are shown for each age-at-admission group and for major diagnostic groups. In general, the tables show increased numbers of admissions over this period with a decreased percentage retained continuously. The low percentage of retained in the younger age groups is of interest. Among the diagnostic groups, psychoses with mental deficiency has had the highest retention rate followed by psychosis with cerebral arteriosclerosis and the senile psychoses.

It is important to note both the absolute number retained continuously as well as the percentage retained continuously, since each figure can be related to a different aspect of evaluation.

To get some idea of whether there was a reduction of chronic hospitalization among Dutchess County residents, when we define chronic hospitalization as 12 months' continuous residence in the hospital, we can look at Table 1. Among Dutchess County residents admitted to all state and licensed mental hospitals in the two-year period from April 1954 through March 1956, 103 were retained continuously.¹ In the next two-year period through March 1958 there were 104. In the third two-year period, through March 1960, there were only 76. However, in the fourth two-year period, through March 1962, there were 93. The changes are even more striking in the age groups from 16 through 64. The four figures for the successive two-year periods are 37, 37, 19 and 22. This kind of downward shift in the face of an increasing population in the county is to my mind evidence of change. It is true that these figures do not include readmissions leading to continuous stays of 12 months or more. Subsequent computer programs will enable us to get data on this and many other important aspects of chronic hospitalization.

The criteria of 12 months' continuous retention is only one example of the kind of evaluative measure we hope to be able to provide on an ongoing basis to the institutions in the department. We will be able to make use of such measures as percentage of time in residence, number of original cohort still in residence, etc. We are limited at the present time to the use of some aspect of release or retention as our basic criterion for evaluation. This is not an adequate substitute for a follow-up study, but in balancing the cost factors for doing adequate and careful follow-up with the cost of constructing these types of

measures, it appears that for general ongoing evaluation and for administrative control of the operation of institutions and community mental health programs, we will be forced to rely on these types of measures for some time to come.

REFERENCE

¹ If the patient was released from the hospital on convalescent care or discharged or died less than 12 months subsequent to his admission, he was not "retained"; all others were "retained."