Characteristics of patients and services received in mental health clinics in the United States are summarized for 1955–56 from data supplied by a continuing reporting system.

First National Report on Patients of Mental Health Clinics

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A NATIONWIDE program of statistical reporting for outpatient psychiatric clinics was established in July 1954 by the National Institute of Mental Health in cooperation with the State mental health authorities. The purpose of this reporting is to provide a nucleus of uniform data on outpatient psychiatric services to aid in planning programs and facilities on a national, State, and community basis. These data also aid clinics in reviewing their own operations. As a practical first step, reporting is limited to the mental health clinics with outpatient services and a psychiatrist in attendance at regularly scheduled hours who takes the medical responsibility for all clinic patients.

The first publications derived from the reporting program were a national directory of clinics (*1*) and a monograph describing the characteristics and staff of outpatient psychiatric clinics (*2*) based on data submitted for 1954–55 by more than 95 percent of the clinics in the United States. In this article we are summarizing for the first time national data reported on the characteristics of clinic patients and the services they receive based on information for 1955–56. Several State mental health authorities have issued reports on the data submitted by clinics operating in their jurisdictions (*3–7*). A national report on the community service activities of outpatient psychiatric clinics will be published later.

Although the national statistical program limits requested data on patients to a minimum of basic items of information, collection is difficult. The complex and varied pattern of outpatient psychiatric service causes many problems of definition. To yield uniform data, the definition of a patient, type of service, and diagnostic classifications in particular continue to require review and modification. In many instances it was necessary to install new clinic recordkeeping systems and mechanical tabulating procedures at the State level (*8*). As a result, by 1956 only 499, or 39 percent, of the 1,294 outpatient psychiatric clinics in the United States were reporting information about their patients.

The number of clinics reporting, by type of clinic and by State, is shown in table 1. Data on patients were reported for some but not all clinics in most of the States. Reporting procedures have since been established for the clinics of the Veterans Administration, the clinics in New York State, and additional clinics in other States.

Since the clinics that reported in 1956 are not

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a probability sample of all clinics in the United States and difficulties of definition still exist, the findings in this summary are provisional and no comparisons are made between States, communities, and types of clinic. These data on nearly 500 outpatient psychiatric clinics, however, provide some insight into the characteristics of patients and the services provided by these facilities. The data also provide a basis for estimating total clinic patients in the United States.

Although outpatient psychiatric clinics perform professional training, research, educational, and other important community services, the largest proportion of total effort is spent in direct services to patients with mental disorders or emotional problems who come to the clinic for diagnosis and treatment.

The following definition of a patient was established for statistical reporting: An adult is classified as a patient upon his first face-to-face interview about his own situation with a professional staff member; a child becomes a patient at the time of the first professional interview with the parent or parent substitute about the child's difficulty. If a parent, spouse, or other related person is diagnosed and accepts a separate treatment plan, he is transferred

Table 1. Total number of outpatient psychiatric clinics and number reporting data on patients, by type of clinic and by State, 1956

Clinic classification	Number of clinics		Clinic classification	Number of clinics	
	Total	Reporting		Total	Reporting
Total	1,294	499	By State—Continued		
			Minnesota	12	9
By State operation or support: [1]			Mississippi	7	7
State mental hospital	280	74	Missouri	20	10
Other State-operated	250	204	Montana	4	4
State-aided	300	178	Nebraska	10	6
Non-State-aided	400	43	Nevada	0	0
Veterans Administration	64	[2]	New Hampshire	26	20
			New Jersey	65	20
By age group served: [1]					
Children and adults	750	261	New Mexico	1	0
Children only	400	178	New York [4]	330	1
Adults only	144	[3] 60.	North Carolina	13	11
			North Dakota	1	1
By State:			Ohio	44	25
Alabama	8	5	Oklahoma	4	1
Arizona	4	2	Oregon	12	6
Arkansas	4	2	Pennsylvania	65	24
California	64	21	Rhode Island	10	7
Colorado	11	7	South Carolina	5	4
Connecticut	35	31			
Delaware	10	8	South Dakota	4	1
District of Columbia	17	5	Tennessee	5	5
Florida	21	15	Texas	21	10
Georgia	9	0	Utah	5	4
			Vermont	6	6
Idaho	1	0	Virginia	24	18
Illinois	71	20	Washington	9	5
Indiana	16	12	West Virginia	10	7
Iowa	14	10	Wisconsin	22	11
Kansas	21	15	Wyoming	0	0
Kentucky	15	7			
Louisiana	19	11	Alaska	3	3
Maine	8	6	Hawaii	8	0
Maryland	43	37	Puerto Rico	2	1
Massachusetts	102	30	Virgin Islands	2	0
Michigan	51	28			

[1] Total number of clinics in each classification estimated.

[2] Only selected data reported for the clinics of the Veterans Administration

[3] Excludes 64 clinics of the Veterans Administration.

[4] Reporting was initiated in New York State on January 1, 1958.

Table 2. Estimated number of patients under care during the year in all outpatient psychiatric clinics and number per 100,000 population, by age group at admission and by sex, continental United States, 1955

Age group (years)	Estimated number of patients (in thousands)			Estimated number per 100,000 population		
	Total	Male	Female	Total	Male	Female
Total	379	233	146	234	294	176
Total under 18	197	128	69	355	453	253
Under 5	24	14	10	129	148	110
5–9	75	50	25	439	578	294
10–13	56	38	18	511	679	337
14–17	42	26	16	460	559	360
Total 18 and over	182	105	77	171	206	138
18–20	15	8	7	272	335	222
21–29	51	30	21	269	341	208
30–44	80	47	33	231	283	183
45–64	31	17	14	92	103	81
65 and over	5	3	2	35	39	32

from collateral to patient status. Services to a patient are considered terminated upon completion of treatment or other appropriate action, or when the patient fails to return to the clinic within 90 days.

Patient Caseload

An estimate has been made of the total patient caseload, by age and sex, for all clinics in the United States for 1955, based on reports submitted by approximately two-fifths of these clinics. The estimate was based on two assumptions. First, it was assumed that for each type of clinic, those serving children only, children and adults, and adults only, the ratio of child and adult patients to professional man-hours was the same in clinics not reporting number of patients as in those reporting. Second, it was assumed that the child and adult patients enrolled during the year had the same relative age-sex distribution as those for whom services were terminated (only sex and minor age groupings are reported at this time). Data on patients of Veterans Administration clinics were estimated separately and based on reports on a sample of patients.

The estimates provide a description of the outpatient psychiatric clinic population in the United States during 1955, but these data do not indicate the total number of mentally ill since the clinic population is the result of many selective factors. The relationship of the total number of clinic patients to the total mentally ill is unknown.

An estimated 379,000 individuals were clinic patients during the year. This total is composed of 197,000, or 52 percent, children under 18 years of age and 182,000, or 48 percent, adults. Based on these estimates, therefore, 355 children and 171 adults among each 100,000 persons in the total population of the United States were clinic patients during 1955 (table 2).

An earlier survey (*9*) reported that there were 150,000 child patients, or 330 per 100,000 population, in the United States in 1950. The apparent increase in child clinic patients from 1950 to 1955 may reflect, in whole or in part, differences in definitions and methods of estimation.

The 1955 estimates indicate that among each 100,000 children in school age groups from 5 to 17 years, probably between 400 and 500 were clinic patients sometime during the year. The estimates also show that there would be about 130 preschool children, 250 adults aged between 18 and 44 years, less than 100 adults 45 to 64 years of age, and only 35 aged 65 years and over. The decrease with age in the number of persons under care in clinics during a year per 100,000 population contrasts

markedly with similar age data for patients under care in mental institutions (fig. 1). For example, there were approximately three outpatients to each inpatient under 18 years of age and 1 outpatient to 50 inpatients 65 years of age and over.

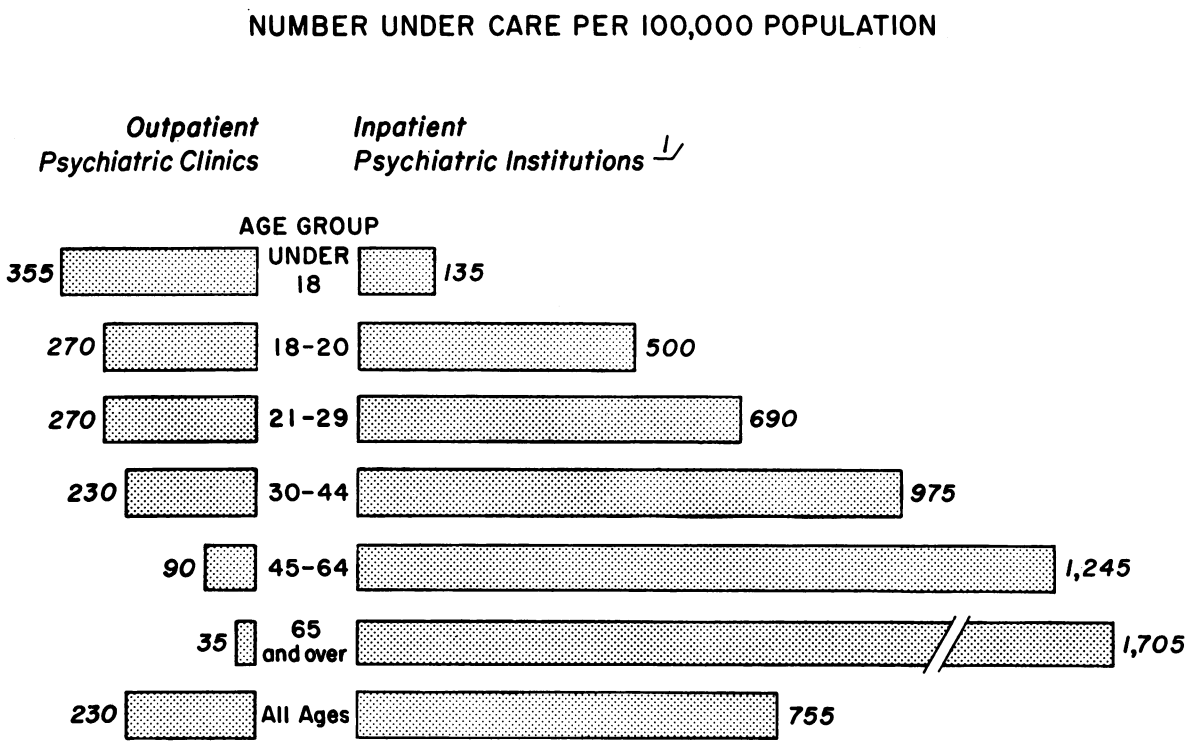
Almost 300 males but only 176 females per 100,000 in the population were estimated as being clinic patients during 1955. The highest estimated number per 100,000 for boys, nearly 700, was in the age group 10 to 13 years; for girls, less than 400, among those 14 to 17 years. The higher proportion of boys than girls is typical of outpatient clinic caseloads. For adults, the estimated number of patients per 100,000 population was about 200 males and 140 females. About a third of the estimated number of adult male patients were those reported by the Veterans Administration clinics. Some child guidance clinics count parents as collaterals even when they receive clinic treatment on their own behalf. This practice results in some underestimate of the total number of emotionally disturbed adults, particularly for women since mothers are most frequently the collaterals treated by clinics.

Data for the 499 clinics reporting for the year 1956 indicate a rapid turnover of patients in these facilities. A total of 135,000 patients were served during the year. Of this total, 60 percent were newly admitted and 10 percent were readmitted after a previous experience in the same clinic. The remaining 30 percent had continued as patients from the preceding year.

Approximately 990,000 interviews were reported on behalf of the 135,000 clinic patients, an average (mean) of about 7 interviews per patient. Based on detailed information available for patients for whom services were terminated, the median number of interviews is estimated to be about three.

Nearly all of the interviews were individual meetings with the patients, their collaterals, or both. Only 5 percent (47,000 interviews) were held either in group psychotherapy sessions with the patient or in group work with col-

Figure 1. Estimated number of patients under care during the year in outpatient psychiatric clinics and inpatient psychiatric institutions per 100,000 population, continental United States, 1955



[1] Includes patients in public and private hospitals for the mentally ill, in general hospitals admitting psychiatric patients, and mental defectives in public and private institutions for mental defectives and epileptics.

Table 3. Diagnostic status of patients for whom services were terminated in 488 outpatient psychiatric clinics, by age at admission, 1956 [1]

Age group (years)	Total number of patients	Percent of patients		
		With psychiatric disorder	With no psychiatric disorder	Undiagnosed
Total	86,740	73.7	4.1	22.2
Under 18	49,005	69.4	4.8	25.8
Under 5	5,507	43.9	15.1	41.1
5–9	18,262	69.9	4.2	26.0
10–13	14,278	74.1	2.6	23.3
14–17	10,958	75.3	3.6	21.0
18 and over	37,735	79.3	3.2	17.6
18–20	3,466	67.5	9.1	23.4
21–29	10,547	77.2	3.2	19.6
30–44	15,556	81.3	2.2	16.5
45–64	7,096	83.8	2.2	14.1
65 and over	1,070	78.0	4.1	17.9

[1] Of 499 reporting clinics, 11 did not provide information on diagnosis.

laterals (parents, spouses, or others) in the interest of a number of patients. In group sessions, one interview is counted for each patient or collateral present. An average of five persons were present at each group session.

About one-third of the reporting clinics held group sessions. Clinics serving only alcoholics reported the highest proportion (16 percent) of interviews in groups.

Diagnoses of Patients

At the time a case is closed, the psychiatric disorder of a clinic patient is reported according to classifications given in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (*10*).

Prior to the initiation of nationwide reporting, a descriptive sentence or paragraph frequently was used in place of standard terms in recording a diagnosis, particularly of a child patient. A number of general and technical problems resulted from this transition. That is, differing opinion as to the usefulness of recording a single diagnostic term, difficulties in classifying some patients, particularly children, according to the diagnostic definitions, and a lack of uniform interpretation of definitions have been encountered (*11*).

Of the 135,000 patients on the rolls of reporting clinics during 1956, services were terminated for about 87,000. A psychiatric disorder was reported for 74 percent of these patients; the others either were found to be without psychiatric disorder (4 percent) or were not diagnosed (22 percent). Among children under 5 years of age, 15 percent were without psychiatric disorder and 41 percent were undiagnosed (table 3).

The undiagnosed include (*a*) patients who were ineligible for service and were referred elsewhere, (*b*) patients who withdrew before complete evaluation, (*c*) child patients who were not seen by the clinic staff but whose problems the parent discussed with the clinic staff, (*d*) patients who received psychological testing only, and (*e*) other patients who for one reason or another received counseling services without a psychiatric evaluation.

Among the 64,000 patients reported with a diagnosed psychiatric disorder, the diagnostic pattern varied markedly by age (table 4 and fig. 2). Data on diagnoses of clinic patients on termination of service do not reflect the extent or distribution of these illnesses in the community. Also information collected on patients at time of termination of service may not be representative of the characteristics of admitted patients or patients on the rolls at any one time.

The most frequent psychiatric disorder reported for children was "transient situational personality disorder" (see definitions on page 954). The relative frequency of this category decreased sharply by early adulthood.

"Mental deficiency," classified as familial or idiopathic, was also a frequent diagnosis (18 percent) for child patients, particularly for the very young. It accounted for one-third of the diagnoses reported for patients under 5 years of age. The proportion declined to 19 percent for patients of early school age and to less than 3 percent among adult patients. This pattern seems to agree with other findings suggesting that by the time a mental defective passes the age of scholastic demands, he tends to disappear from the problem noninstitutionalized population, possibly because he has been placed in institutional care or has made vocational or other adjustment (*12*).

Table 4. Psychiatric disorder of patients with a diagnosed disorder for whom services were terminated, by age group, 488 outpatient psychiatric clinics, 1956

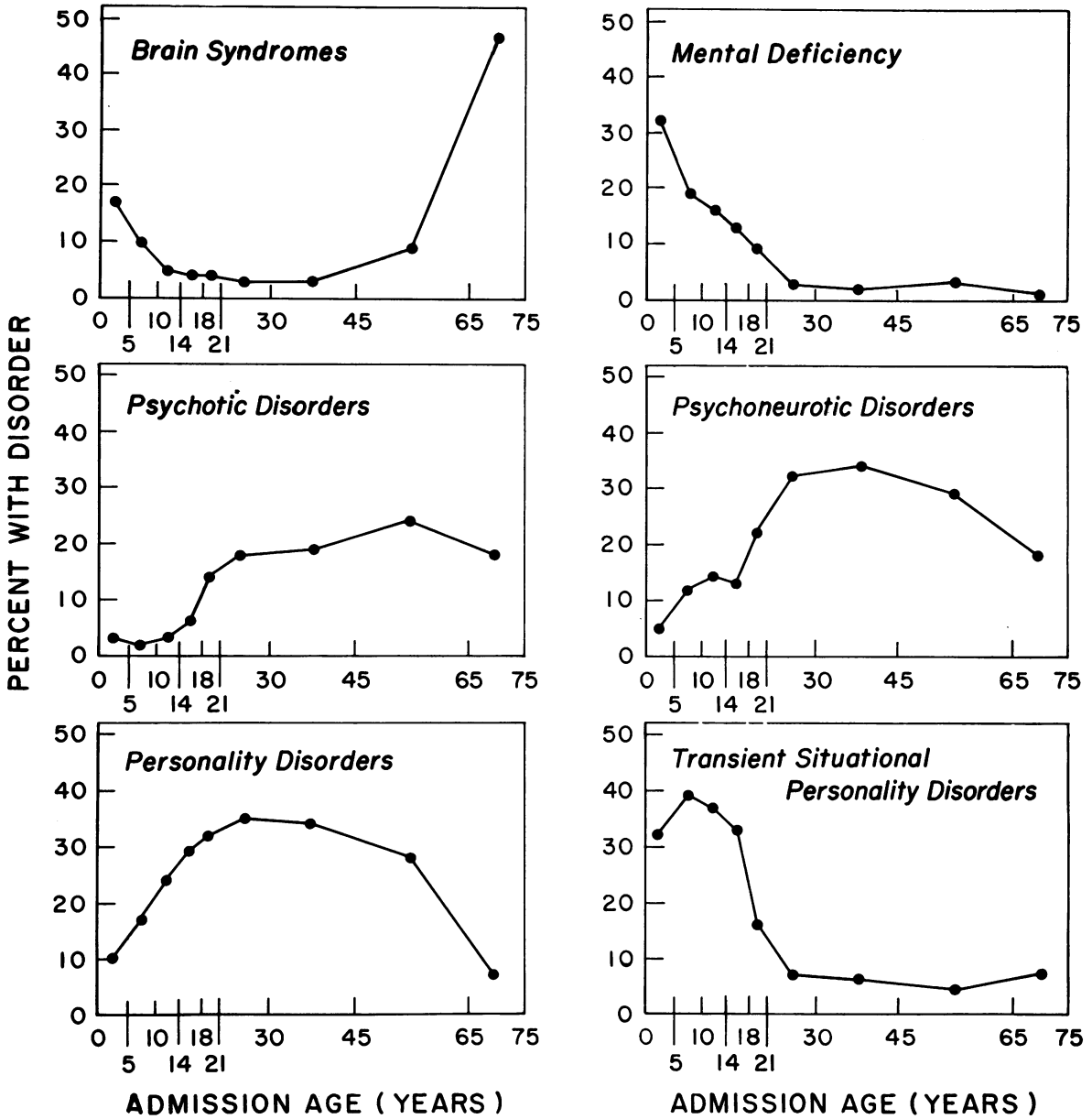
Psychiatric disorder	Total	Age group at admission (years)			
		Under 5	5–9	10–13	14–17
Patients under 18 years of age					
Number of patients	34,009	2,415	12,762	10,576	8,256
Percent with:					
Brain syndromes	7.4	16.6	9.6	5.4	4.0
Associated with convulsive disorder	1.7	2.3	1.9	1.5	1.5
All other	5.7	14.3	7.7	3.9	2.5
Mental deficiency	17.6	32.3	19.3	15.8	13.1
Psychotic disorders	3.5	2.7	2.4	3.0	6.1
Psychophysiologic autonomic and visceral disorders	1.3	1.3	1.1	1.4	1.3
Psychoneurotic disorders	12.6	4.8	12.4	14.3	13.2
Personality disorders	21.3	10.0	16.5	23.5	29.0
Transient situational personality disorders	36.3	32.3	38.8	36.7	33.2

Psychiatric disorder	Total	Age group at admission (years)				
		18–20	21–29	30–44	45–64	65 and over
Patients 18 years of age and over						
Number of patients	29,907	2,340	8,140	12,649	5,943	835
Percent with:						
Brain syndromes	5.6	3.8	2.8	3.3	9.2	47.4
Associated with convulsive disorder	1.1	1.8	1.2	1.1	.9	.7
Associated with cerebral arteriosclerosis	1.5	0	0	.1	2.4	35.6
All other	3.0	2.0	1.6	2.1	5.9	11.1
Mental deficiency	2.9	8.9	2.9	2.1	2.7	.7
Psychotic disorders	19.5	14.1	18.1	19.2	24.1	18.2
Involutional psychotic reaction	1.7	0	0	.6	5.9	5.5
Affective reactions	2.6	.8	1.3	2.2	5.6	6.8
Schizophrenic reactions	13.8	12.9	16.0	14.9	10.6	2.4
Paranoid reactions	.9	.2	.5	1.0	1.3	1.5
Other	.5	.2	.3	.5	.7	2.0
Psychophysiologic autonomic and visceral disorders	2.3	2.6	2.0	2.5	2.5	1.6
Psychoneurotic disorders	30.9	21.8	32.1	33.5	29.4	18.1
Anxiety reactions	12.8	9.6	14.4	14.8	9.0	3.7
Depressive reactions	7.6	3.4	6.0	7.1	11.9	10.4
All other	10.5	8.8	11.7	11.6	8.5	4.0
Personality disorders	32.0	32.4	35.0	33.7	27.7	7.1
Alcoholism (addiction)	8.1	.6	2.9	10.3	14.1	2.4
Drug addiction	.4	.2	.5	.4	.5	.3
All other	23.5	31.6	31.6	23.0	13.1	4.4
Transient situational personality disorders	6.7	16.4	7.1	5.7	4.4	6.9

"Brain disorders (acute and chronic)" also represented relatively frequent diagnoses for the very young patients (17 percent of those under 5 years of age). At these ages, such disorders are usually associated with prenatal etiology or birth trauma. These disorders were less frequently a diagnosis for child patients of school age. Only 10 percent of those in the early school years (5 to 9 years of age) and no more than 5 percent of the child patients 10 years of age and older were reported with a diagnosis of brain syndrome. Brain syndromes were relatively infrequent as a diagnosis among adult patients except for the aged where, due primarily to cerebral arteriosclerosis and other degenerative changes, brain syndromes represented almost half of all disorders. Brain syndromes associated with convulsive disorders (idiopathic epilepsy) accounted for less than 3 percent of the diagnoses in all age groups.

In contrast with brain syndromes, "personality disorders" increased in relative frequency as a diagnosis with each successive age group

Figure 2. Percentage distribution of mentally ill patients for whom services were terminated, by psychiatric disorder and by age group, 488 outpatient psychiatric clinics, 1956



from early childhood through the early adult years. They were only one-tenth of the diagnoses for preschool children, yet as many as one-third of the adults up to 45 years of age were so diagnosed. Among older adult patients these disorders were relatively less frequent. Addiction to alcohol (without recognizable underlying psychiatric disorder) represented about one-tenth of the reported diagnoses in ages 30–64 years. Patients with this diagnosis were reported by 13 clinics serving alcoholics exclusively and by 161 other clinics. Drug addiction was much less frequently a primary diagnosis of clinic patients. Less than 1 percent of all adults reported were classified with this personality disorder. And drug addicts were identified by only 68 clinics.

"Psychoneurotic disorders" were reported for 13 percent of the child patients; the percentage was more than twice as high among all adults.

One-third of the reported diagnoses for adult patients 21 to 44 years of age were in this category. The sharp increase in the relative frequency of this disorder reported for patients in early adulthood, interestingly, is approximately of the same magnitude as the decrease reported for transient situational personality disorders.

"Psychotic disorders" were relatively rare (4 percent) among children but accounted for one in five diagnoses for adult clinic patients. The greatest increase in relative frequency occurred in early adulthood. Schizophrenic reactions strongly predominated among psychotic patients less than 45 years of age. After this age, involutional psychotic reactions and affective (manic-depressive) reactions were increasingly important. Paranoid reactions were of minor numerical importance in all age groups.

Less than 3 percent of the diagnoses for each age group were "psychophysiologic autonomic and visceral disorders."

Clinic Service to Patients

The type and amount of service a clinic patient receives is determined by such factors as clinic policies, availability of clinic staff and other community resources, reasons for referral to the clinic, and patient and family cooperation, as well as diagnosis.

The type of service is classified at the time the case is closed into three principal categories: (*a*) diagnosis and treatment, (*b*) diagnosis only, and (*c*) other services only, including psychological testing only. "Other services only" in general include situations previously enumerated for patients reported as undiagnosed. "Diagnosis only" includes instances where diagnostic evaluation and interpretation have been completed but either the patient was sent elsewhere for treatment, he left before treatment was initiated, or treatment was not indicated. "Treatment" is considered to begin only after a diagnostic evaluation or determination of the problem and includes individual or group psychotherapy, counseling of parents, or other types of therapy provided by the psychiatrist, clinic psychologist, psychiatric social worker and other professionals. Patients reported "treated" may not have completed the prescribed treatment.

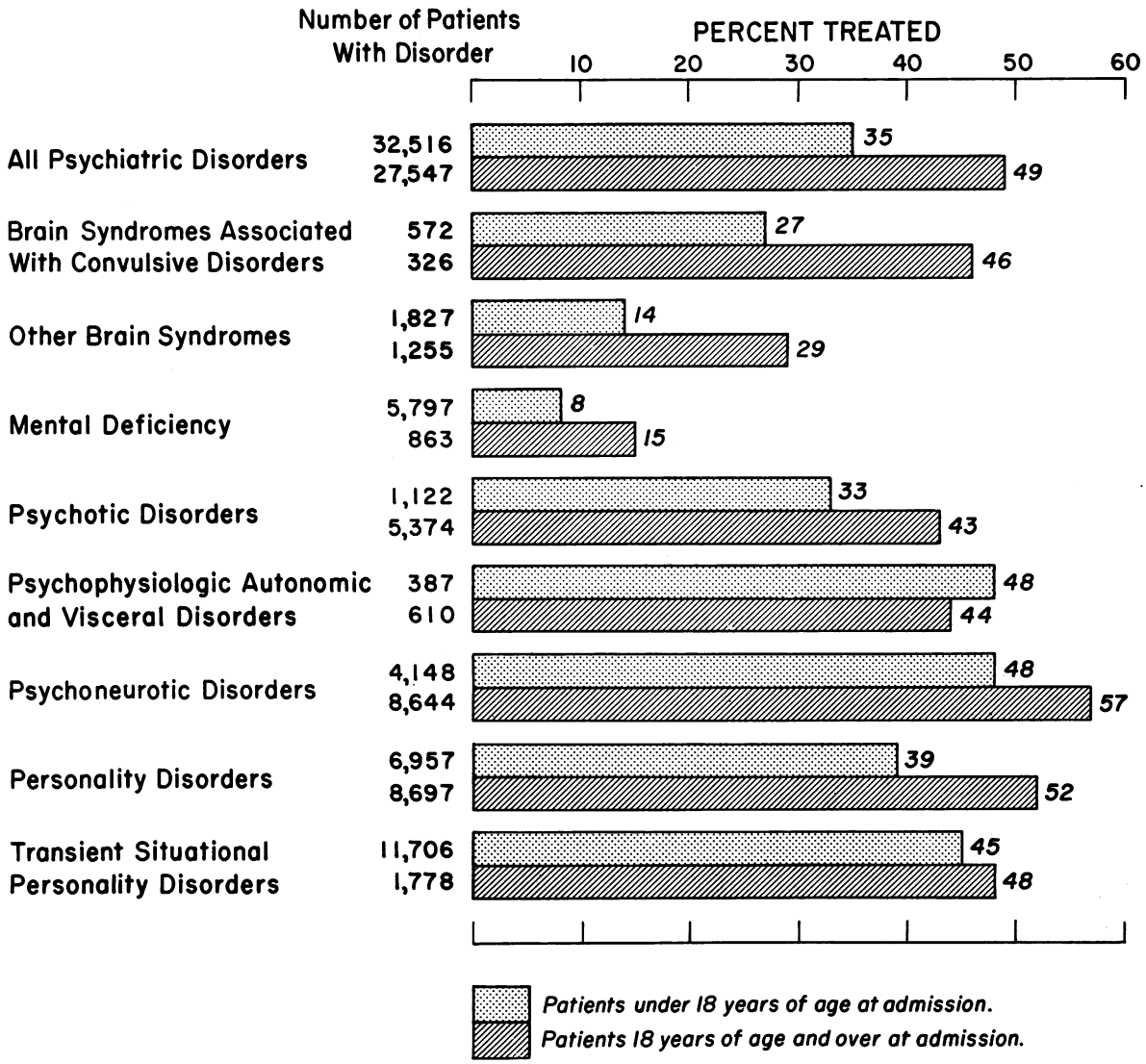
Of each 10 patients for whom service was terminated in the reporting clinics in 1956, on the average 3 had received both diagnostic and treatment services, 5 had received diagnostic evaluation but no treatment, and 2 had received only a partial psychiatric evaluation, application interview, referral, or other services (table 5). A larger proportion of adult patients than child patients received treatment (two-fifths of the adults and one-fourth of the children). To some extent this difference reflects the relatively high proportion of children undiagnosed. In addition, a larger proportion of child than adult patients were mentally deficient, a disorder often not treated in psychiatric clinics. For nearly every psychiatric disorder, however, the proportion treated is greater for adults than for children (fig. 3).

Table 5. Type and amount of outpatient psychiatric clinic service received by patients for whom service was terminated, by major age group, 1956 [1]

Service	Total	Under 18 years of age	18 years of age and over
Type of service			
Number of patients	89, 195	50, 571	38, 624
Percent receiving:			
Diagnosis and treatment	32. 0	25. 2	40. 9
Diagnosis only	45. 7	47. 4	43. 6
Other services only	22. 2	27. 4	15. 5
Interviews			
Number of patients	88, 244	50, 219	38, 025
Percent with:			
1	22. 5	18. 1	28. 4
2–4	36. 7	36. 3	37. 2
5–9	20. 6	24. 0	16. 0
10–24	11. 9	12. 1	11. 6
25–49	5. 1	5. 6	4. 4
50 or more	3. 3	3. 9	2. 5
Median number of interviews	3	4	3
Number of interviews	719, 386	468, 965	250, 421
Percent with:			
Patient	65. 3	51. 9	90. 3
Parent or parent substitute	28. 6	42. 4	2. 8
Spouse	1. 4	. 1	3. 9
Other significant person	4. 7	5. 6	3. 1

[1] Type of service reported by 499 clinics; number of interviews, by 494 clinics; and interviews by person seen, by 453 clinics.

Figure 3. Percent of patients for whom services were terminated receiving treatment for psychiatric disorder, by diagnosis and age group, 468 outpatient psychiatric clinics, 1956



Less than one-fifth of the patients with mental deficiency or brain syndrome, excluding those associated with convulsive disorder, were treated in the clinic. One-third of the children and two-fifths of the adults with psychotic disorders were treated. Generally, one-half of the patients with other disorders were treated.

The amount of service a patient receives is indicated by the number of face-to-face interviews with the patient or with his family or with others, such as an agency worker on behalf of the patient. Length and quality of interviews are not measured. Interviews over the telephone, case conferences, and a variety of other clinic activities in the interest of the patient are not counted.

For most patients, services were terminated after only a few interviews. More than one-fifth had only one interview and three-fifths had less than five; the median number of interviews was three (table 5). It is estimated that approximately one-half of all reported interviews on behalf of patients for whom services were terminated were interviews with the 8 percent who had 25 or more interviews.

Eighteen percent of the child-cases and 28

percent of the adult cases were closed after one interview. About one-fifth of the patients in both age groups had 10 or more interviews. Only slightly more than one-half of all interviews reported for children were interviews with the patients; 42 percent were with a parent and 6 percent were with another significant person such as a welfare or social agency worker seen on the child's behalf. Ninety percent of the interviews reported for adults were with the patient himself (table 5).

The number of interviews is related to the type of service received. Special tabulations, provided by more than 220 of the 499 reporting clinics, indicate a median of 12 interviews for treated patients, while for those receiving diagnostic evaluation, usually with interpretation and referral service, the median was 3 interviews. The median number of interviews for both diagnostic and treatment services was about twice as high for child as for adult patients (table 6).

Child and adult patients with brain syndromes or mental deficiency had a pattern of receiving fewer interviews than those with a nonorganic disorder. The largest number of interviews per patient was reported on behalf of children with a psychoneurotic disorder (table 7). A large proportion of child patients, as many as 20 percent of those under 5 years of age, received psychological testing only, primarily for adoption, home, or school placement. More than 70 percent of these patients had only one or two interviews. Relatively few patients 65 years of age and over were treated and most received only a few interviews.

Data are collected routinely as to whether the patient is improved or unimproved or worse after treatment, based simply upon the best judgment of the therapist or clinic staff. Any gain in the patient's condition at termination as compared with admission is considered improvement; the improvement may be not only in mental state, symptoms, or social adjustment, but also in the environmental or familial situation.

Three-fourths of 11,300 child patients, and two-thirds of 13,600 adults for whom results of treatment were reported upon termination, were classified as improved according to this definition. The proportion improved was highest among patients with those disorders most frequently treated. Between 45 and 55 percent of patients with brain syndromes, mental deficiency, psychotic disorders, alcoholism, and drug addiction were reported as improved. Among patients with other disorders, all of psychogenic origin, between 70 and 80 percent improved. In most diagnostic groups, more favorable results from treatment were reported for children than for adults, but the differences were not marked and may reflect in part differences in the types and severity of illness for the two age groups and possibly also differences in the criteria used by the staff.

Table 6. Number of interviews with or about patients for whom service was terminated since latest admission, by type of service and major age group, 227 outpatient psychiatric clinics, 1956

Type of service	Total number of patients	Percentage distribution by number of interviews with or about patient						Median number of interviews
		1	2	3–4	5–9	10–24	25 or more	
Patients under 18 years of age								
Diagnosis and treatment	6,573	1.3	2.4	6.4	20.6	32.4	37.0	17
Diagnosis only	11,162	8.8	16.3	32.9	33.3	7.3	1.3	4
Other services only	5,777	47.8	24.5	17.3	7.7	2.3	.4	2
Patients 18 years of age and over								
Diagnosis and treatment	7,679	5.2	8.4	15.6	25.1	26.6	19.1	8
Diagnosis only	7,488	36.6	29.9	21.8	9.1	2.3	.2	2
Other services only	2,704	57.7	22.9	11.5	5.6	2.0	.3	1

Table 7. Number of interviews with or about patients for whom service was terminated since latest admission, by major age group and psychiatric disorder, 220 outpatient psychiatric clinics, 1956

Psychiatric disorder	Total number of patients	Percentage distribution by number of interviews with or about patient						Median number of interviews
		1	2	3–4	5–9	10–24	25 or more	
Patients under 18 years of age	23, 292	16. 4	14. 4	21. 7	23. 5	13. 0	11. 1	4
Brain syndromes	1, 236	5. 0	10. 9	28. 1	35. 2	13. 6	7. 1	5
Mental deficiency	2, 727	10. 7	20. 7	33. 5	25. 8	6. 5	2. 9	3
Psychotic disorders	608	4. 6	10. 0	21. 1	29. 7	17. 8	16. 8	6
Psychophysiologic autonomic and visceral disorders	190	5. 8	5. 8	21. 1	28. 4	22. 6	16. 3	6
Psychoneurotic disorders	2, 170	3. 6	4. 8	18. 5	26. 8	19. 8	26. 5	8
Personality disorders	3, 105	5. 3	8. 1	21. 0	31. 4	16. 8	17. 4	6
Transient situational personality disorder	6, 557	4. 3	9. 6	19. 9	28. 7	20. 4	17. 0	7
No psychiatric disorder found	1, 187	20. 6	31. 2	29. 4	13. 6	4. 4	. 8	2
Undiagnosed	5, 512	48. 1	22. 2	16. 9	8. 9	3. 2	. 6	2
Patients 18 years of age and over	17, 758	26. 4	19. 6.	17. 6	15. 4	12. 6	8. 3	3
Brain syndromes:								
Associated with cerebral arteriosclerosis	216	40. 7	25. 5	17. 6	8. 8	6. 5	. 9	2
All other	600	27. 2	25. 0	20. 3	14. 2	8. 3	5. 0	2
Mental deficiency	394	29. 4	24. 6	23. 4	17. 0	3. 3	2. 3	2
Psychotic disorders	2, 703	21. 5	20. 6	21. 0	18. 9	11. 2	6. 8	3
Psychophysiologic autonomic and visceral disorders	270	25. 9	18. 1	17. 4	8. 5	20. 7	9. 3	3
Psychoneurotic disorders	4, 665	18. 8	15. 9	17. 5	17. 1	17. 9	12. 8	4
Personality disorders:								
Alcoholism (addiction)	1, 003	21. 1	19. 8	18. 4	20. 8	13. 3	6. 5	3
All other	3, 699	15. 5	18. 1	18. 5	17. 3	17. 2	13. 4	4
Transient situational personality disorder	878	20. 5	20. 0	18. 6	20. 6	13. 9	6. 4	3
No psychiatric disorder found	318	40. 6	23. 9	17. 9	11. 3	5. 7	. 6	2
Undiagnosed	3, 012	56. 1	23. 8	11. 9	5. 6	2. 1	. 3	1

Objective criteria for classifying and validating change in the degree of impairment are needed to evaluate adequately the outcome of treatment.

Discussion

Data available for 1955 and 1956 on about 500 mental health clinics located in almost every State provide a basis for estimating the total number of clinic patients in the United States by age and sex, and for describing the psychiatric disorders of patients and services performed. Patterns of experience evident from the limited data provide a starting point for assessing outpatient mental health services.

While the data suggest some preliminary answers to questions on the patients served by mental health clinics and the services received, they also raise pertinent questions for research. Some relate to general areas of investigation presently underway and others to possible new areas.

First, more comprehensive clinic reporting is needed for a national analysis of clinic patient characteristics and services. It would also permit comparisons between States and between types of clinics, such as child guidance clinics and clinics serving both children and adults, clinics in rural health departments, and those in university medical centers. Observed differences still may be difficult to interpret, however, because of wide variation in available facilities, purpose, orientation, policies, and practices.

The nationwide clinic reporting program collects only summary data from each clinic and is necessarily limited in scope. Information recorded on mechanical tabulating cards for individual patients has been made available for national use on about 100,000 patients for whom services were terminated in 1957. These cards contain additional information on referral source, reasons for termination, recommended disposition, and fact of previous clinic admis-

DEFINITIONS OF MENTAL DISORDERS

DISORDERS CAUSED BY OR ASSOCIATED WITH IMPAIRMENT OF BRAIN TISSUE FUNCTION

Brain Disorders (acute and chronic). Organic brain syndromes characterized by diffuse impairment of brain tissue function (orientation, memory, intellectual functions, judgment, affect). Psychotic or neurotic manifestations or behavioral disturbances may be superimposed. Significantly disturbed intellectual development may also be superimposed if brain disorders are present during infancy and childhood.

MENTAL DEFICIENCY

Mental Deficiency. Defect of intelligence existing since birth without demonstrated organic brain disease or known prenatal cause (formerly familial or "idiopathic" mental deficiency).

DISORDERS OF PSYCHOGENIC ORIGIN OR WITHOUT CLEARLY DEFINED PHYSICAL CAUSE OR STRUCTURAL CHANGE IN THE BRAIN

Psychotic Disorders. Disorders characterized by a varying degree of personality disintegration and failure to test and evaluate correctly external reality.

Psychophysiologic Autonomic and Visceral Disorders. Reactions representing the visceral expression of affect. Such exaggerated long-continued visceral states may eventually lead to structural changes. (Includes diagnoses formerly called "psychosomatic disorders" or "organ neuroses.")

Psychoneurotic Disorders. Disorders characterized chiefly by "anxiety" which may be directly felt and expressed or which may be unconsciously and automatically controlled by the utilization of various psychological defense mechanisms.

Personality Disorders. Disorders characterized by developmental defects or pathological trends in the personality structure, with minimal subjective anxiety and little or no sense of distress. In most instances, the disorder is manifested by a lifelong pattern of action or behavior, rather than by mental or emotional symptoms.

Transient Situational Personality Disorders. Reactions which are more or less transient in character and which appear to be an acute symptom response to a situation without apparent underlying personality disturbance. Includes transient symptomatic reactions of children to some immediate situation or internal emotional conflict.

sions. Thus they should provide answers to many questions on characteristics of patients and services received.

For appropriate interpretation of data on clinic patients, admission rates by age, sex, and psychiatric disorder are needed. The need to relate clinic caseloads to population is illustrated in table 2. For example, because of the estimated relatively large number of patients in each year of age in the 5 to 9 group, it would appear that children of early school age have a somewhat greater risk of referral to clinics than other children. However, because of the relatively large number of children 5 to 9 years old in the general population, the clinic caseload per 100,000 population is actually lower for this age group than for the older children. Reporting by all clinics serving a geographic area is a prerequisite for such studies.

As an aid in interpretation of the data, further information should be collected on the admission and service policies of each clinic. Services to patients in clinics organized solely for diagnosis of court cases, for example, will differ from clinics where therapy is a planned objective.

Field studies, professional workshops, and other efforts are needed to improve uniformity of definitions and their interpretation and to insure the quality and reliability of the data. In particular, considerably more work is required at all levels on the diagnostic classifications of child patients.

Further work is also necessary on methodology of reporting. For example, as a first step in this new reporting program, detailed information on patients is collected at the time of termination of services and little information is reported at admission. The bias resulting from this method requires study. The lack of a psychiatric description for 22 percent of the

patients reported as undiagnosed at the time service was terminated also poses a number of questions in methodology and analysis.

Clinic admission rates, services received, and results after treatment are probably related to such demographic and familial characteristics as marital status, education, occupation, and type and size of family—all items of information not collected annually in the nationwide reporting program. A special study of such possible correlates is being considered in limited geographic areas for 1960.

Followup of patients after clinic discharge is needed to answer such questions as: What is the subsequent history of the individual discharged after treatment? How many patients seen for only a few interviews are adequately helped? What proportion of these patients follow clinic recommendations?

Lastly, though representing one of the foremost problems, epidemiological information for clinics alone may be misleading. The patient population is the result of many selective factors and its relation to the total mentally ill population is unknown. The collation of data from the various psychiatric facilities in a community or State, however, can provide important baseline information on the total number of medically recognized mentally ill.

Summary

Based on reports about patients submitted by approximately two-fifths of the outpatient psychiatric clinics, it was estimated that 379,000 individuals in the United States, about 197,000 children and 182,000 adults, were clinic patients during 1955.

The estimated number of patients per 100,000 population was higher for children than adults, and higher for males than females at all ages.

Of the child patients with a diagnosed disorder for whom services were terminated by reporting clinics in 1956, one-third were reported with transient situational personality disorder. Personality disorders and mental deficiency also were frequently diagnosed. Adult clinic patients usually were reported with a personality or psychoneurotic disorder although psychotic disorders were not infrequent.

Of each 10 patients for whom services were terminated, on the average 3 had received treatment after diagnosis, 5 had received diagnostic evaluation but were not treated, and 2 had received only an application interview, partial evaluation, referral, or other similar service.

Relatively short-term service was reported for many clinic patients. More than one-fifth of the patients whose clinic service was terminated in 1956 had received only one interview and three-fifths, less than five.

At termination of clinic services, a median of 12 interviews was reported for patients who had been treated, and a median of 3 for those who had received a psychiatric evaluation only. Patients with brain syndromes and mental deficiency received fewer interviews than those with nonorganic disorders.

The median number of interviews for children was four; for adults, three. More than one-half the interviews reported for child patients were with the child, 42 percent were with the child's parent, and 6 percent were with another significant person such as a social welfare agency worker seen on the child's behalf. Ninety percent of the interviews reported for the adult patient were with the patient himself.

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