

Psychiatric Clinic Outpatients, Maryland

A methodological study was conducted of Maryland residents seen in outpatient psychiatric clinics during the 12-month period ending June 30, 1959. The purposes of the study were (a) to test and improve methods of collection of outpatient psychiatric clinic data and (b) to develop methods of analyzing these data as an aid in program planning and in epidemiology of mental diseases.

Field study of records, consultations with clinicians, and experimentation with items and definitions, resulted in a number of recommended revisions to uniform nationwide reporting. In national data, 22 percent of patients terminated from clinic service are reported with psychiatric classification unknown. In the Maryland study, where a formal diagnosis by a psychiatrist could not be reported, an impression of the mental disorder by other professional staff was requested. As a result, only 2 percent of cases were reported without psychiatric information. In addition to psychiatric classification, data were collected on the symptom of excessive drinking.

As a result of an intensive educational effort, reports were received on all Maryland residents seen in outpatient psychiatric clinics in the State or in nearby District of Columbia facilities. It was possible therefore to compute

rates of clinic admission and of termination for a population. In addition, by the use of sampling methods an estimate was made of the amount of "duplication" in these rates due to individuals who were admitted or terminated more than once during the year.

Services are generally described only for patients who have been terminated from clinics. Although clinic services are usually of short duration, studies of discharged cases could introduce serious bias. In the Maryland study, cohorts of admitted patients were followed to provide exact answers to questions on the duration of service and the kind of service received. The general methodology of life tables was extended, with appropriate assumptions and mathematical models, to the situation where time of entry and of departure of cohort members are known only by calendar month. The methodology used all available data, incorporating the experience of persons with short observation period. The probability that services will end within a specified time after admission and that a specified type of service, disposition, or number of interviews would be received, was also obtained.

The need for a statewide psychiatric case register of individuals seen in all types of psychiatric facilities was pointed out. Only in

Public Health Monograph No. 65

Methodological Study of Population of Outpatient Psychiatric Clinics, Maryland, 1958-59. By Anita K. Bahn. Public Health Monograph No. 65 (PHS Pub. No. 821), 105 pages. U.S. Government Printing Office, Washington, D.C., 1961, 55 cents.

The accompanying summary covers the principal contents of Public Health Monograph No. 65, published concurrently with this issue of *Public Health Reports*. The author is chief of the Outpatient

Studies Section, Biometrics Branch, National Institute of Mental Health, Public Health Service.

For readers wishing the data in full, copies are on sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. Official agencies and others directly concerned may obtain single sample copies without charge from the Public Inquiries Branch, Office of Information, Public Health Service. Copies will be found also in the libraries of professional schools and the major universities and in selected public libraries.

this way can systematic followup information be obtained on the psychiatric course and the natural history of various diagnostic disorders, as well as unduplicated patient counts.

Characteristics of Patients

Admission and termination rates in non-metropolitan counties are relatively high for children and low for adults; in Baltimore City this is reversed. Rates in Baltimore City are nearly twice as high for nonwhites as for whites during early adulthood. Clinic rates for boys greatly exceed those for girls; by about age 30, however, this difference by sex has disappeared, and among older nonwhites, rates are even higher for females.

The preschool child and the aged have the lowest clinic rates of admission. High rates for school children are followed by a decline in late adolescence and then a secondary rise around age 30 to 40 years. A gradual decline after the age of 40 to outpatient care is accompanied by an increase in the rate of inpatient admission. A fifth of the adult clinic admissions are to the followup care clinics of the State mental hospitals and another fifth are readmissions, indicating a patient population of considerable chronicity.

Brain syndrome rates are fairly consistent throughout all age groups as a result of an early peak associated with prenatal and perinatal factors, a middle peak associated with convulsive disorders and alcohol intoxication, and a late peak associated with degenerative diseases. Idiopathic mental deficiency, on the other hand, is diagnosed in clinics primarily at school age (5-14 years).

The diagnosis of psychotic disorder is rare below the age of 5; the rate rises exponentially in early adolescence, doubling for each subsequent 5-year age group to young adulthood, and then begins to decline. The age curve for psychotic disorder in females is of the same general shape as that for males but tends to be "displaced" around 5 to 10 years later on the age scale.

The rate for psychoneurosis rises somewhat earlier than that for psychosis; for males the increment slackens in late adolescence so that adult female rates exceed male rates. Person-

ality disorders show the greatest difference by sex; childhood rates for males are about three times as high as those for females and in adulthood they are about twice as high. Personality disorders generally decline after the age of 20 or 25 but some increase occurs around age 40 for whites due to alcoholism (addiction). Transient situational personality disorders (adjustment reactions) reach a peak in adolescence but are rare after school age. Psychophysiological autonomic and visceral disorders represent less than 2 percent of all clinic diagnoses.

Patients classified as having alcoholism (addiction) or with brain syndrome associated with alcohol intoxication represent less than half of the adult patients 20 years of age and over identified as excessive drinkers.

Services

Outpatient psychiatric clinic service tends to be brief; 56 percent of all patients receive their final interview by the end of the first month after admission, 83 percent by the end of the eighth month. The probability of leaving in each month is higher for children than adults, and generally higher for nonwhites than whites. Relatively low retention rates are found for groups which also have relatively low admission rates: preschool children, aged persons, female children. After 25 years of age, retention rates are higher for females than males. Clinic stay is longer for the readmitted patient, for the metropolitan as contrasted with the non-metropolitan resident, and for the Baltimore City white resident from the high economic area as compared with the low.

Referrals to other agencies for further service accounts for three-fifths of those who leave in the first month and about a third of those who leave in subsequent months. Inpatient and other outpatient psychiatric services are the principal agencies to which adults are referred; most children are referred to nonpsychiatric agencies for further service. "Self-termination" accounts for over a fourth of the adults who leave in the first month, and over half of those who leave in subsequent months; three-fourths of these patients do not notify the clinic of their intention to withdraw.

Federal Publications

Outpatient Psychiatric Clinics Directory, 1959. *The National Association for Mental Health, Inc., in cooperation with the National Institute of Mental Health, Public Health Service; 199 pages; \$1.50.*

This comprehensive, nationwide directory of outpatient psychiatric clinics and other mental health resources in the United States includes basic information for more than 1,400 regularly scheduled clinics in which a psychiatrist takes medical responsibility for clinic patients.

The directory lists State and Federal hospitals for the mentally ill and the mentally defective, State mental health associations, State departments dealing with mental health, and all regional offices of the Department of Health, Education, and Welfare.

Single copies are available without charge at the National Institute of Mental Health, Public Health Service, Bethesda 14, Md. Additional copies are available at the National Association for Mental Health, 10 Columbus Circle, New York 19.

Film Reference Guide for Medicine and Allied Sciences. *PHS Publication No. 487; 1961; 200 pages; \$1.* Lists 2,000 films and filmstrips considered useful to member agencies of the Interdepartmental Committee on Medical Training Aids. Gives technical information on each title, abstract of content, and precise information on distributors and procurement procedures.

The Comparability of Reports on Occupation From Vital Records and the 1950 Census. *Vital Statistics—Special Reports, vol. 53, No. 1, June 1961; by David L. Kaplan, Elizabeth Parkhurst, and Pascal K. Whelpton; 44 pages.*

Initiating a new series of occupational mortality, this study was made to measure differences in the United States in reporting occupa-

tion census schedules and on birth and death certificates of the vital records system. Methodology, analysis of occupation reporting, and comparability of reports on other subjects are given.

Rural Health. Selected annotated references, January 1953–June 1960. *Agriculture Miscellaneous Publication No. 860; by Elsie S. Manny, William G. Yanniello, and Helen L. Johnston; 1961; 39 pages; 25 cents.*

This booklet, published in cooperation with the Public Health Service, was compiled to meet the need for information on social research in the field of rural health. It should be useful to persons engaged in research, health education, community health activities, and other types of health activities in rural areas.

Agricultural Migrants Selected Films. *PHS Publication No. 869; August 1961; 16 pages.*

Health education films for use with migrant workers and their families and films aimed at improving community understanding of the migrant and his problems are listed. Many of the films are available in both English and Spanish.

Clinical Center Patient Admission Procedures. *PHS Publication No. 500; 1961; leaflet.* Brief description of the organization and functions of the Clinical Center and the research program of the National Institutes of Health. Explains how Clinical Center patients are selected and outlines in detail the admission procedures.

Medical Care in the United States. The role of the Public Health Service. *PHS Publication No. 862; 1961; 37 pages; 35 cents.*

This report, from the National Advisory Health Council, discusses the problems of meeting the medical care needs of the nation and the role of the Public Health Service with

respect to organization, administration, and financing of personal medical services. The Council recommends that the Service, in cooperation with other governmental and voluntary agencies concerned, exercise leadership in these areas and others pertaining to development of manpower resources and medical research, strengthening of medical care facilities, promotion of standards of care, and coordination of governmental medical care activities.

The Living Waters. *PHS Publication No. 382; revised 1961; 22 pages; 25 cents.*

This booklet tells the story of water, its many uses, and the need to keep it clean. It relates, briefly, the history and nature of water and deals with pollution and the methods by which man combats the problems.

Health Statistics from the U.S. National Health Survey.

DISTRIBUTION AND USE OF HEARING AIDS, WHEEL CHAIRS, BRACES, AND ARTIFICIAL LIMBS, United States, July 1958–June 1959. *PHS Publication No. 584-B27; 1961; 24 pages; 25 cents.*

HEALTH INTERVIEW RESPONSES COMPARED WITH MEDICAL RECORDS. *PHS Publication No. 584-D5; 1961; 74 pages; 45 cents.*

ATTITUDES TOWARD COOPERATION IN A HEALTH SURVEY EXAMINATION. *PHS Publication No. 584-D6; 1961; 45 pages; 35 cents.*

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Office of Information, Public Health Service, Washington 25, D.C.

The Public Health Service does not supply publications other than its own.
