When function rather than ownership is considered, the impact of mental illness appears startling in relation to the total supply of hospital beds.

Almost half of existing hospital beds are occupied by mental patients. In 1957, there were 4.6 beds in general and other special hospitals per 1,000 population and 4.2 mental hospital beds per 1,000 population. The 4.6 rate of general hospital beds per 1,000 has remained about the same since 1947, but the 4.2 rate of mental hospital beds per 1,000 in 1957 represents a drop from 4.7 beds per 1,000 in 1947. Non-Federal psychiatric hospitals contained 646,000 beds for mental patients and Federal psychiatric hospitals another 67,000 beds for mental patients. On the basis of the Public Health Service standard of 5 beds for the mentally ill per 1,000 population, there is clearly a shortage of mental beds, and the shortage would appear even greater if "nonacceptable" mental beds were excluded from the existing total. However, new emphasis on community and home treatment, outpatient mental health clinics and centers are easing the pressures on existing mental hospitals, although shortages and overcrowding of mental facilities continue. According to estimates reported to the Public Health Service, only 55 percent of total needs are met by existing acceptable mental beds.[44]

The need for long-term care facilities to supply medical services for the rising aged population has brought new emphasis on the role of nursing homes. The best of these nursing homes provide skilled nursing care and related medical services to patients who do not require the expensive, intensive care provided in general hospitals. The worst are venal and dangerous, extracting profit from the small pensions of elderly people crowded together in obsolete firetraps.

A 1954 survey of nursing homes and related facilities by the Public Health Service indicated a total of about 25,000 nursing homes with about 450,000 beds.[45] Only 180,000 beds, however, were provided with skilled nursing care. On the basis of needs reported to the Public Health Service, existing acceptable skilled nursing home beds are meeting only one-fourth of the needs.

Thus, existing needs and future needs of the expanding aged population indicate an inadequate supply of long-term care facilities, but a national effort to increase the supply of nursing home facilities can alleviate the need for general short- and long-term hospital care.

Distribution of hospitals

Wide regional differences are included in the national average of 4.6 general hospital beds per 1,000 population. New England and Northwest States have about 6 beds per 1,000 in their central cities; Southeast States, 5.7; Central States, 5.2; and Middle East, Southwest and Far West central cities have about 4.5 beds per 1,000 population.[46] In the 375 hospital service regions reported in Hill-Burton State plans, general hospital bed availability varies from 1.6 beds per 1,000 population for 31 regions to 6.2 acceptable beds per 1,000 population for 20 regions. In rural States, where population density is low, more small hospitals with relatively low occupancy are needed,

[44] U.S. Department of Health, Education, and Welfare, "The Nation's Health Facilities: 10 Years of the Hill-Burton Hospital and Medical Facilities Program, 1946-56." Public Health Service Publication No. 616, 1958, p. 77.
[45] Ibid., pp. 83-85.
[46] Ibid., pp. 33-34.