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Editorial: House Calls in the 1990s: New Concepts and Categories of Home Visits

A Call for New Research and Reports

Where ill or frail older adults might reside is still too narrowly viewed, as if there are but two choices — home versus nursing home. But the choices are expanding, and, in the process, new treatment challenges and opportunities are emerging. This is especially the case from a psychogeriatric perspective.

That those over 65 vary more than any other age group in the range of their functional capacities is becoming better addressed by society through a growing range of residential arrangements that serve as homes for older adults. Between home and nursing home is a new, albeit uneven, assortment of living settings that vary in the level of services provided on location. Options have increased as to how one lives along a continuum from total independence to total dependence in later life. The "life care community" is a case in point, where one might reside in a community that provides independent living, intermediate care, and skilled nursing facilities in the same general setting and under the same general management. Such an option allows people not to have to uproot and move to a totally different location, away from their immediate network of family, friends, and neighbors, should they experience a change in functional dependency. Meanwhile, the variety of assisted living arrangements continues to grow, with interesting new contributors to this movement. In the United States, for example, both Marriott and Hyatt, known for their major impact on the hotel industry, have been positioning themselves in the arena of retirement and assisted living for older adults.

Of particular interest are the residential facilities that will be created as a result of the U.S. Omnibus Budget Reconciliation Act of 1987 (OBRA). This act elaborates a variety of facilities for the treatment of people with mental disorders. They include community integrated living arrangements (CILA), institutions for mental disorders, and intermediate care facilities for the mentally ill.

To a large extent, effective living arrangements for older adults are often linked more to behavioral and social factors than to biomedical status. How people cope, how much assistance or supervision they require, and how their behavior affects others around them are major determinants of the degree to which they fit or are tolerated in a given setting.

These are, of course, areas of psychogeriatric concern and knowledge. Psychogeriatric diagnostic and treatment approaches can make an important contribution in helping people choose and remain in the type of residence that is best for them. Moreover, these approaches often make a critical impact when delivered on location, in one's home — especially in an assisted living context.

Given the significant growth of assisted living arrangements for older adults, there is considerable interest in better understanding special psychogeriatric clinical issues and approaches to treatment that exist on location in these settings. Research in this area and sharing of information about the experiences of clinicians in these settings will make important contributions to improved interventions in the new domains of late 20th century home care. *International Psychogeriatrics* strongly invites such reports.

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