

WELCOME



Susan
Doherty
PC Social Worker

Hoarding & Self-
Neglect



Definition On Hoarding DSM 5

The Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5, American Psychiatric Association, 2013) defines Hoarding Disorder (HD) as follows:

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- C. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
- D. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- E. The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi syndrome).
- F. The hoarding is not better explained by the symptoms of other mental disorders (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).



The Difference Between Hoarding and Collecting

Examples of Hoarding



Definition & Features of Compulsive Hoarding

There is no explicit definition of compulsive hoarding however the widely accepted that there is three primary characteristics:

1. The acquisition of and failure to discard a large number of possessions that appear to be useless or of limited value
2. Living spaces are cluttered to the point that they can't be used for the activities for which they were designed
3. Significant distress or impairment in functioning, caused by the hoarding (Frost & Gross, 1993)

Compulsive hoarding was commonly considered to be a type of OCD. Some estimate that as many as 1 in 4 people with OCD also have compulsive hoarding

Compulsive hoarding may develop along with other illnesses, such as dementia and schizophrenia (Bratiliotis et al., 2019).

Self-Neglect

What is self-neglect?

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid harm as a result of self-neglect
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

What causes self-neglect?

It is not always possible to establish a root cause for self-neglecting behaviours.

Self-neglect can be a result of:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions
- traumatic life change (Braye et al., 2014)

Cabra Area Network Summary

Demographics

Population



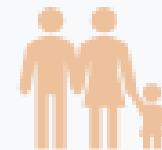
Total population: **53,107**



50.0% are female

3,391 are aged under 6 years

4,322 are aged over 70 years



(Health Service Executive, 2022)

Elder Self-Neglect

Self-neglect in older adults, or elder self-neglect (ESN), is defined as:

“An older adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks (Teaster et al., 2006) and poses a threat to the health and safety of the older population” (Yu et al., 2021).

1. life shaped by misery
2. insufficient social networks
3. resources
4. self-protection and preservation
5. anchoring beliefs and practices

Referral Examples In Primary Care

- Clients environment “could do with a tidy”
- Client is “unable to live independently”
- Clients has stated “needs help with housework”
- Clients has had frequent falls, “the house needs de-cluttering”

Psychosocial Assessments Reveal

- Couples do engage in hoarding- in this situation either one partner is the hoarder and the other is maintaining order
- Clients have isolated themselves, sometimes for 30 plus years
- Clients have never allowed access to family, neighbours, landlords
- Clients detail shame, stigma and embarrassment
- Clients tend to have experienced a series of grief/losses in their lives- divorces, separation, death, loss of a child, redundancy

Best Practice

- Show respect
- Acknowledge that he/she has a right to make their own decisions at their own pace
- Express sympathy. Understand that everyone has some attachment to the things they own. Try to understand the importance of their items to them
- Develop trust
- Express encouragement
- Suggest ideas to make their home safer, such as moving clutter from doorways and halls
- Work with them. Don't argue about whether to keep or discard an item;

instead, find out what will help motivate the person to discard or organize

- Reflect, help the person to recognize that hoarding interferes with the goals or values the person may hold. For example, by de-cluttering the home, a person may be able to reconnect with family and friends and have a richer social life
- Ask permission. To develop trust, never throw anything away without asking permission
- Suggest storage facilities therefore allowing the client to access belongings and sort at their own pace

(Social Work Career, 2014)

Impacts Of Hoarding/Self Neglect

- Serious health implications are caused by rodent infestation, air borne toxins from faeces, animals neglect, serious physical health such as wounds, ulcers, bed sores and sepsis
- Social isolation - mental and emotional health
- Poor living conditions - illness
- Fire hazard - to them and others especially in apartment blocks
- Wider community risks
- Loss of autonomy or evicted from home

Who Needs To Be Involved

- Family, friends and significant others
- MDT - GP's, Psychologists, Nurses/PHN's OT, Physios, Home Care Package Department
- Home care providers
- Local Housing Authorities
- Community Agencies - Meals on Wheels, Day Centres
- Landlords
- Counsellors
- Neighbours
- DSPCA & Animal charities
- Environmental Health - legal representation if required
- Community Guards
- In extreme cases, Adult Safeguarding

The PCSW Is Community Case Coordinator

- Constant applications for funds to Community Welfare Officer and Charities
- Seek three written quotations for de-cluttering services. Three days are usually required for deep cleaning, approximately €3,600 plus VAT
- Persistent advocacy letters to local councils for rehoming, aid or funding towards cleaning and /or funding
- MDT & Case conferences with acute settings to avoid an unsafe discharge
- Seeking transitional funding for step down units from hospitals for rehabilitation, assisted living facilities and LTC/Nursing Homes
- Cases open on average 9 months and even with constant advocacy could be 17 months

Change & Next Steps

- Nationwide education training in Hoarding/ self neglect across all disciplines in MDT
- Hoarding Rating Scale the same as The Rockwood Frailty Scale using a standardised language for all disciplines in the Psychosocial Assessment
- Cases taken to PCT meetings from inception, continual review until case close
- Network Managers- remit wait lists
 - Risk Assessments for both clients and staff
 - Business Case for specialist deep clean & decluttering companies
 - Garda Vetted
 - Level Service Agreements governed by the HSE
- Direct Referral Pathways to all MDT members
- Community MH Professional conduct monthly check ins
- Environmental Health - statutory powers to support clients and their neighbours

Change & Next Steps Continued

- Home care packages introduced to maintain standards in the home to prevent hoarding resuming
- To limit social isolation community supports to link in with clients after de clutter
- Tenant audit inspections by local authorities
- Private landlords must conduct regular inspections
- In Primary care, we work on a case by case basis. However, with hoarding a longer time is required to build relationships with clients, which is contrary to the expected short-term interventions

Worse Case Scenario

- Local Authorities complete clear out no items are saved, no consultation with client- even more tragic this was not hoarding
- Mark Freeman (51), a brother-in-law of Mr McGuinness, said what happened was “*horrendous*”. The council “*took every single worldly possession and threw it into a skip,*” he told The Irish Times.
- “*All his mother’s photos, videos of the kids, all the memories. He had everything there*”. “*He has absolutely nothing. He hasn’t got a pair of shoes, they’ve just thrown 64 years over the balcony,*” he said (Power, 2023).

Self- Determination

If the client has none of the challenges mentioned earlier

- The client has capacity
- The client can choose to live with hoarding and self-neglect
- The client lives in their own home

In Ireland presently all agencies have to be invited into a client's home with regards to hoarding, there is no legislation to support access

Conclusion

- As we have outlined, this is a complex area, there are many layers to why a person would hoard. It spans across all ages and demographics
- We detailed the process that is currently utilised to achieve a person-centred, dignified and collaborative success, which requires time to build trust
- We discussed the impacts of, and who is affected by, hoarding and self-neglect
- We listed all the actors required to support and assist clients struggling with hoarding and self-neglect. The PCSW is the major co-ordinator to complete this process, to avoid a client experiencing their life's possessions being dumped

THANK YOU

For attending,
paying and listening

References

- Adult safeguarding managers' understandings of self-neglect and hoarding Jennifer Owen PhD, John Woolham PhD, Jill Manthorpe MA, Nicole Steils PhD, Stephen Martineau BA, Martin Stevens PhD, Michela Tinelli PhD, First published: 17 May 2022 <https://doi.org/10.1111/hsc.13841>-
- Bodryzlova, Y., Audet, J.S., Bergeron, K. and O'Connor, K., 2019. Group cognitive-behavioural therapy for hoarding disorder: Systematic review and meta-analysis. *Health & Social Care in the Community*, 27(3), pp.517-530.
- Bratlotis, Otte S., Steketee G., Muroff, J., 2009. Boston University School of Social Work, International OCD Foundation (IOCDF).
- Braye, S., Orr, D. and Preston-Shoot, M., 2014. Self-neglect policy and practice: Building an evidence base for adult social care. *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: American Psychiatric Association. October 3, 2013.
- Power, J. (2023) *Council 'guts' tenant's home while he is in hospital*, *The Irish Times*. The Irish Times. Available at: <https://www.irishtimes.com/ireland/housing-planning/2023/04/19/council-guts-tenants-home-while-he-is-in-hospital/> (Accessed: May 4, 2023).
- Frost, R.O. and Gross, R.C., 1993. The hoarding of possessions. *Behaviour research and therapy*, 31(4), pp.367-381.
- Health Service Executive, 2022. Community Healthcare Networks. Population Health Profile CHO 9: Cabra Area Network
- Owen, J., Woolham, J., Manthorpe, J., Steils, N., Martineau, S., Stevens, M. and Tinelli, M., 2022. Adult safeguarding managers' understandings of self-neglect and hoarding. *Health & Social Care in the Community*.
- Yu, M., Wang, W., Gu, L. and Ramachandran, H.J., 2022. Perspectives and experiences of living with self-neglect among older adults: A systematic review and meta-synthesis. *Journal of Nursing Scholarship* (Elder neglect)
- <https://www.socialwork.career/2014/10/hoarding-causes-hazards-and-strategies.html>- [Accessed 27th April 2023].