

Webinar

An interdisciplinary panel discussion

Collaborative Care and Hoarding

Tuesday, 16th April 2013

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



Panel

- Professor Jane Gunn (General Practitioner)
- Associate Professor Stephen Macfarlane (Psychiatrist)
- Professor Michael Kyrios (Clinical Psychologist)
- Ms Julie Harris (Community Ageing Strategist)

Facilitator

- Dr Michael Murray (General Practitioner)

Learning Objectives



At the end of the session participants will be better equipped to:

- *Recognise the key principles of intervention and the roles of different disciplines in treating, managing and supporting people who hoard*
- *Better understand the merits, challenges and opportunities in providing collaborative care to people who hoard*

GP perspective

- Not an every day presentation
- Take seriously
- Think about who is/are the patient/s
- Make most of opportunity to do home visit

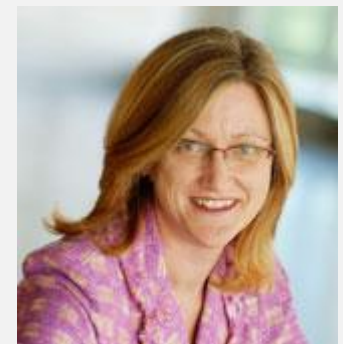


Prof Jane Gunn

GP perspective

Assessment

- Main aim: to build a trusting relationship to enable assessment and appropriate management
- Onset - sudden, slow, episodic
- Mental health (depression, anxiety, OCD, alcohol & substance use, personality disorder)
- Physical health (get her to come for check up)

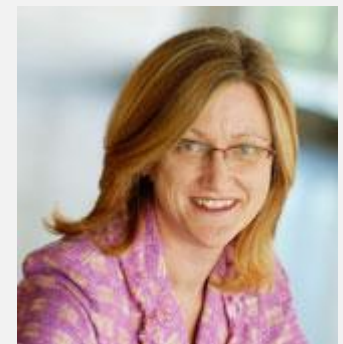


Prof Jane Gunn

GP perspective

Assessment (cont.)

- Examination - ?formal thought disorder, ?Insight, ?Cognitive impairment
- Assess relationship, safety
- Assess living environment and level of risk
- Make a diagnosis
- Assess engagement - voluntary and wants help or is this going to be challenging?



Prof Jane Gunn

GP perspective

Follow-up

- ?Refer
- Assess urgency
- Psychiatrist - psychologist will depend upon how certain you are of the diagnosis
- Need for good networks to ensure referral will be accepted



Prof Jane Gunn

Psychiatrist Perspective

Squalor... Compulsive Hoarding, or something different?

HOARDING

- The acquisition of and failure to discard possessions that appear to be useless or of limited value.
- Living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed.
- Significant distress or impairment in functioning caused by the hoarding, resulting in the cluttering of rooms and the overall impairment of personal functioning.
- ?OCD subtype
- Usually early onset

SQUALOUR

- Active acquisition of items often absent.
- More a passive failure to discard.
- Living spaces cluttered, but no “order” to the clutter
- Distress (even awareness) often absent
- Symptom of many different conditions



A/Prof Stephen
Macfarlane

Psychiatrist Perspective

Squalor – Comorbidities

- “Senile Breakdown in Standards of Personal and Environmental Cleanliness” – case series of 72 patients (BMJ 1966)
 - “>50% psychotic”
 - 28 had “psychometric evaluation” – “No instance of mental subnormality was found, and 25% of patients were of high average intelligence”
- “Diogenes syndrome” first described 1975 (30 patients)
 - “50% had a psychiatric diagnosis”
 - Implication is that 50% have NO psychiatric diagnosis.....



A/Prof Stephen
Macfarlane

Psychiatrist Perspective

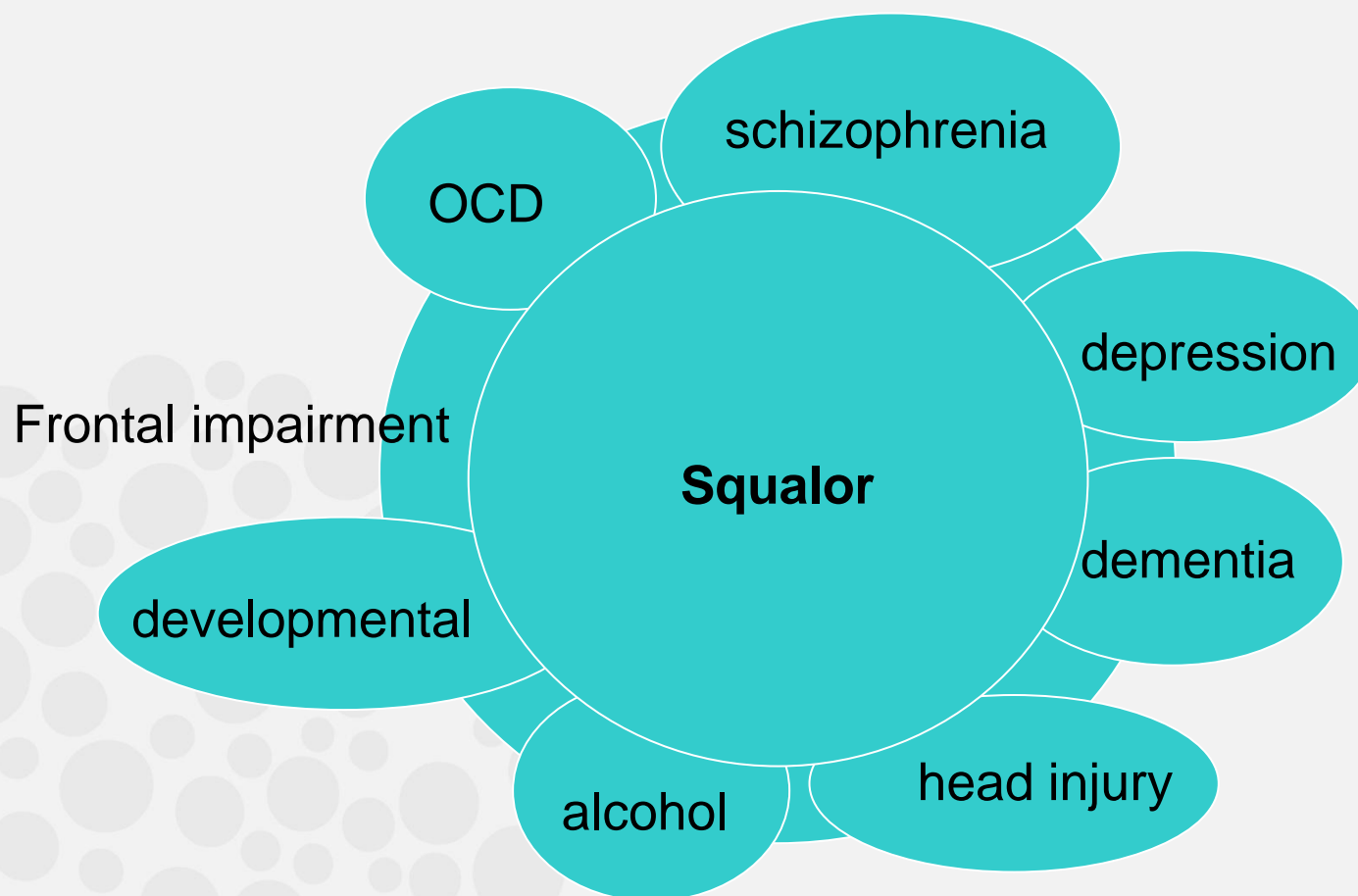
Squalor – Comorbidities (cont.)

- Dementia
- Anorexia nervosa
- Alcohol abuse
- Bipolar
- Schizophrenia
- “End-stage” personality disorder (schizoid, paranoid)
- Depression
- Head injury
- Stroke
- Autism
- Prader-Willi syndrome
- OCD



**A/Prof Stephen
Macfarlane**

Psychiatrist Perspective



**A/Prof Stephen
Macfarlane**

Psychiatrist Perspective

Importance of Specialist Assessment

- Multiple possible comorbidities
- “Management” cannot proceed without it
 - Treatment of underlying psychiatric conditions
 - Administrative solutions

<http://www.health.vic.gov.au/agedcare/publications/hoarding.htm>



**A/Prof Stephen
Macfarlane**

Psychologist Perspective

How to understand & diagnose hoarding

Hoarding Disorder will be separate diagnosis in DSM-5

- Persistent difficulty discarding or parting with possessions, regardless of their value
- Accumulation of a large number of possessions that clutter active living areas so that their intended use is not possible
- The symptoms cause clinically significant distress or impairment, including poor maintenance of safety/hygiene
- The hoarding symptoms are not due to another condition
- Specify level of insight & whether acquisition is a problem



Mr Michael Kyrios

Psychologist Perspective

How to understand & diagnose hoarding (cont.)

Hoarding Disorder is associated with a broad range of psychological factors linked to etiology, including:

- Information processing and decision-making deficits
- Issues of attachment & negative identity
- Erroneous beliefs about the nature of possessions
- Trauma & other developmental/emotional issues



Mr Michael Kyrios

Psychologist Perspective

How to manage hoarding

- Accurate diagnosis & case formulation
- Enforced clean outs are not effective & may cause harm
- Engagement is a major challenge
 - Need to consider effects of poor insight & leverage opportunities to engage positively



Mr Michael Kyrios

Psychologist Perspective

How to manage hoarding (cont.)

Need to tackle:

- Helplessness & hopelessness
- Lack of information / understanding of condition & recovery process
- Distress, mood problems and comorbidities
- Poor control over acquisition urges
- Self definitional issues
- Social isolation
- Accumulation of possessions & clutter
 - need to improve organizational & sorting skills
 - need for exposure to discarding
- Erroneous beliefs & decision-making difficulties
- Healthy living & a quality life



Mr Michael Kyrios

Community Ageing Strategist Perspective

Responding to hoarding

- Engage the affected person and/or other occupants
- Quantify the level of risk
- Provide advice regarding immediate risk reduction
 - check smoke alarms and install additional
 - clear entrances and exists
 - clear internal pathways
- Gather information – age, sex, occupants, housing tenure, disability, squalor, unorthodox use or disconnected?



Ms Julie Harris

Community Ageing Strategist Perspective



Responding to hoarding (cont.)

- Seek consent for referral for assessment
- If resistant identify leverage provided through regulatory or legislative frameworks
 - local laws
 - environmental health
 - relevant state electrical safety agency
 - child protection
 - animal welfare
- Identify the appropriate assessment services, and programs
- Make dual referrals as appropriate and recommend risk reduction not large scale removal as a priority



Ms Julie Harris

Community Ageing Strategist Perspective

Hoarding



- Hoarding increases the risk of having a fire and not surviving
- Accounts for 24% of all preventable fire fatalities (1999-2009) in the Melbourne Metro District
- Hoarding fires are bigger fires requiring an average double the resources required for fires in other homes
- 3 children under 10 years have died in hoarding related fires over the last 5 years (NT/WA)



Ms Julie Harris

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- For more information about MHPN networks and online activities in 2013 visit www.mhpn.org.au
- Stay tuned for the next MHPN webinars;
 - Wednesday, 30th April 2013: A Collaborative Approach to Support Adult Survivors of Child Abuse
 - Monday, 15th May 2013: Collaborative Care and Suicide Prevention

**Thank you for your contribution and
participation**