**Private Sector Housing Group**

**Hoarding Briefing Note**

November 2017

**Background**

Hoarding was formally acknowledged as a mental health disorder by the International Classification of Disease Register Version 10 (ICD10) by the World Health Organisation on the 1st October 2017 (ICD 42.3). Hoarding disorder is characterized by persistent difficulty discarding or parting with possessions, regardless of their actual value as a result of a strong perceived need to save the items and with the distress associated with discarding them.

For the individual, hoarding or clutter impairs basic activities, such as moving through the house, cooking, cleaning, personal hygiene and even sleeping. It also increases the risk of fire, falling (especially in the elderly) poor sanitation and other health risks. For families, neighbours and local authorities it is a growing concern creating strained relationships, legal proceedings and a revolving door of interventions and in some cases eviction[[1]](#endnote-1).

As a previously unrecorded disorder with few studies undertaken in the UK, it is difficult to establish the scale of hoarding disorder in the population, however a study undertaken in Florida projected the prevalence rate to be 33 per 100,000 population[[2]](#endnote-2). While the study did identity females, most commonly between age 46 – 75, predominantly unemployed, retired or with a disability, it does not identify the level or severity of clutter. The Chartered Institute of Environmental Health (CIEH), estimate prevalence to be between one and three percent of the population[[3]](#endnote-3)

The Health and Social Care Act 2014[[4]](#endnote-4) tasks local authorities to promote individual wellbeing and formally recognises hoarding as a category of abuse and self-neglect. Hoarding is a complex condition and the balance between individual lifestyle choices and mental capacity creates a dilemma for local authorities and mental health services in providing interventions. However, no action can result in consequences and harm to the individual and serious case reviews for the local authority.

A property deemed unsafe by fire services in Cornwall and raised as a safeguarding issue led to a serious case review (SCR) following the death of the occupier. The SCR raised concerns of how professionals and agencies work together, but also recognised that refusal of an individual to accept assessment or services is not an automatic right. Even when a person is deemed to have capacity, staff should consider the wider duty of care to assess and attempt to minimise risk to the person and others. However, the CIEH outline the revolving door of clearing clutter and while enforcement action in particular for ‘filthy or verminous conditions can be taken, this is more successful if mental health and partner agencies are involved[[5]](#endnote-5). The CIEH guidance acknowledges that interventions need to be long term, are often costly and are not successful in every case.

**Evidence for clinical treatment**

NICE guidance[[6]](#endnote-6) to address Obsessive Compulsive Disorder (OCD) of which hoarding is a sub category outlines six steps to successful treatment:

1. **Awareness and recognition**: Health professionals to be aware of symptoms and expertise in the recognition, assessment, diagnosis and treatment of more rare OCD conditions
2. **Recognition and assessment:** healthcare professionals should assess the risk of self‑harm and suicide, especially if they have also been diagnosed with depression. Part of the risk assessment should include the impact of their compulsive behaviours on themselves or others. Other comorbid conditions and psychosocial factors that may contribute to risk should also be considered

3.-5**. Treatment options:** Initial treatment for adults recommended:

•brief individual CBT (including ERP) using structured self‑help materials

•brief individual CBT (including ERP) by telephone

•group CBT (including ERP) (note, the patient may be receiving more than 10 hours of therapy in this format)

**Pharmacological interventions:** Current published evidence suggests that selective   
 serotonin reuptake inhibitors SSRIs are effective in treating adults with OCD or BDD,   
 although evidence for the latter is limited and less certain. However, SSRIs may increase   
 the risk of suicidal thoughts and self‑harm in people with depression and in younger   
 people. It is currently unclear whether there is an increased risk for people with OCD or   
 BDD. Regulatory authorities recommend caution in the use of SSRIs until evidence for   
 differential safety has been demonstrated

6. **Intensive treatment and inpatient services for people with OCD or BDD:** People with   
 severe, chronic, treatment‑refractory OCD or BDD should have continuing access to   
 specialist treatment services staffed by multidisciplinary teams of healthcare   
 professionals with expertise in the management of the disorders:

•there is risk to life

•there is severe self‑neglect

•there is extreme distress or functional impairment

•there has been no response to adequate trials of pharmacological/   
 psychological/combined treatments over long periods of time in other settings

•a person has additional diagnoses, such as severe depression, anorexia nervosa or   
 schizophrenia that make outpatient treatment more complex

•a person has a reversal of normal night/day patterns that make attendance at any   
 daytime therapy impossible

•the compulsions and avoidance behaviour are so severe or habitual that they cannot   
 undertake normal activities of daily living

While NICE guidance is aimed at OCD in general, there is some suggestion that CBT needs some adaptation to address hoarding disorder[[7]](#endnote-7), although other studies found this to be inconclusive[[8]](#endnote-8).

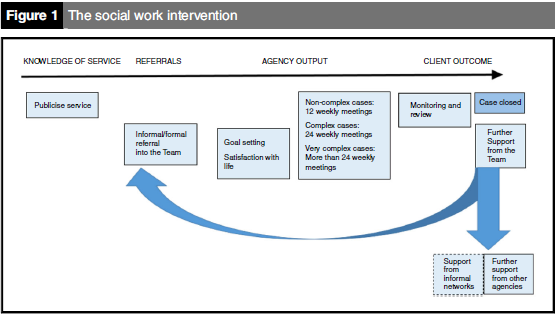
**Approaches used to address hoarding**

A review of studies on approaches to address hoarding, undertaken by Kent Public Health Observatory (KPHO) library services, found the following approaches:

1. **Self-help groups** – research was limited with small samples, high drop-out rates, although some reduction in hoarding behaviour, depression and anxiety and improved psychosocial functioning[[9]](#endnote-9)
2. **Multi-agency partnerships[[10]](#endnote-10)** (health, social care, environmental health, housing and police). (Figure1 in appendices). Included ‘goal setting’ which was reviewed at end of the intervention and ‘satisfaction with life questionnaire’ pre and post intervention. Photographs were used throughout stages of intervention for reflection. Evaluation suggested a link between an increase in well-being and an improvement in housing through decluttering and prevention of eviction. Participants found photographs useful, while social workers found the pilot provided opportunities to work more autonomously although the allocation of time needed further thinking.
3. **Empowering families[[11]](#endnote-11) –** a small study aiming to educate families, help them address their own psychological distress, reducing family accommodation of rituals and incentivising treatment seeking behaviours. Small study with only 5 of 9 participants completing full programme, showed an increase in knowledge, understanding and coping within the family.
4. **Community hoarding task forces[[12]](#endnote-12).** Conducted in the USA, this study of five community task forces found that structural factors such as leadership, purpose, funding and membership are likely to impact on community task force viability, however there was some evidence that community task forces may be a mechanism for improving community polices about hoarding and addressing other social problems across multiple sectors.

**Recommendations for discussion:**

1. Identify the scale and severity of hoarding disorder in Kent and Medway
2. Establish a task and finish group as sub set of Private Sector Housing Group
3. Convene a multi-agency workshop to identify how Kent and Medway can address hoarding disorder, particularly when individuals are at risk



1. American Psychiatric Association: Diagnostic and statistical manual of mental disorders, 5th ed DSM-5, 2013. [↑](#endnote-ref-1)
2. McGuire, J, Kaercher, L, Park, J, & Storch

   Journal Of Social Service Research, 2013 39, 3, pp. 335-344 [↑](#endnote-ref-2)
3. http://www.cieh.org/policy/hoarding\_and\_how\_to\_approach\_it.html [↑](#endnote-ref-3)
4. http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted [↑](#endnote-ref-4)
5. http://www.cieh.org/policy/hoarding\_and\_how\_to\_approach\_it.html [↑](#endnote-ref-5)
6. https://www.nice.org.uk/guidance/CG31/chapter/1-Guidance#principles-of-care-for-all-people-with-ocd-or-bdd-and-their-families-or-carers [↑](#endnote-ref-6)
7. https://www.mentalhealthtoday.co.uk/developing-a-self-help-group-for-people-with-hoarding-disorder-and-their-carers [↑](#endnote-ref-7)
8. https://www.ncbi.nlm.nih.gov/pubmed/26795499 [↑](#endnote-ref-8)
9. https://www.mentalhealthtoday.co.uk/developing-a-self-help-group-for-people-with-hoarding-disorder-and-their-carers [↑](#endnote-ref-9)
10. http://www.emeraldinsight.com/action/doSearch?AllField=hoarding+disorder&content=articlesChapters [↑](#endnote-ref-10)
11. http://www.sciencedirect.com/science/article/pii/S0005796714001454 [↑](#endnote-ref-11)
12. https://www.ncbi.nlm.nih.gov/pubmed/23199135 [↑](#endnote-ref-12)