



Sacramento County Mental Health Services Act Recommendation

Recommendation Title: Sacramento County Hoarding Task Force and Social Worker
Stakeholder Group: Crisis/Aftercare/Alternatives to Hospitalization
Referred to Task Force: Adult/Older Adult

Community Issue:

The following community issues and concerns are relevant to the mental health problem of hoarding and are included in the Sacramento County Mental Health Services Act Community Issues and Concerns survey results: Safe housing (3.73); Isolation (3.69); Help in a Crisis (3.62 – one of the top 5 community issues and concerns identified); Supportive Relationships (3.62); Ability to live in Community (3.38). Compulsive hoarding is defined as the acquisition of, and failure to discard a large number of possessions that appear to be useless or of limited value. Living or workspaces are sufficiently cluttered so as to preclude activities for which these spaces are designed. There is also significant distress or impairment in functioning caused by hoarding behavior. Commonly hoarded items are newspapers, magazines, old clothes, bags, storage containers, books, mail, boxes, notes and lists and memorabilia. Often reclusive, hoarders may only come to someone's attention when public officials are notified because the situation has reached crisis levels. This is true in Sacramento where first responders are many times the first point of contact, called because of a dangerous situation such as a structure fire or other problem such as excessive rodents, toilets that have become unusable, debris spilling out of a residence, or sagging roofs. In the most tragic cases, hoarder's habits can lead to their death, such as when their hoarding creates a fire hazard or they become trapped in their home because of an excess accumulation of stuff, unable to gain access to a place to sleep, a toilet, cooking facilities or a phone. When first responders, including the fire department, code enforcement, law enforcement, adult protective services or animal control attempt to intervene and assist those with compulsive hoarding problems, the interventions are brief, often limited to alleviating existing health hazards in the home environment. Often the individual's home is condemned leaving the person at least temporarily homeless. If not condemned, the residence may be deemed uninhabitable until repairs are made, often at the cost of tens of thousands of dollars. Because many of these individuals are reclusive, they are left with nowhere to live and no friends or family to support or assist them. They also suffer from great shame and depression related to their hoarding behavior and subsequent discovery by outsiders. Without follow-up and treatment individuals who hoard repeat their behavior. Once allowed to return to their homes, the hoarding begins anew, creating another situation that is devastating to the person's life and frustrating to those who are forced to intervene.

Unmet Mental Health Needs:

“Only about a tenth of hoarder’s ever come to the attention of public officials”, according to Randy Frost, a professor of psychology at Smith College who is widely considered the nation’s leading researcher on compulsive hoarding. His work suggests that there are 350 hoarders per 100,000 people. In 2004, Sacramento County Adult Protective Services (APS) opened 3,513 investigations in response to reports of abuse and neglect against dependent adults and senior. 35% of APS investigations involve “self-neglect”, the abuse category that includes referrals for hoarding. About one-fourth of the self-neglect cases involve some type of hoarding. The hoarding cases take a lot of time and involve almost every resource Adult Protective Services has to offer. Because APS services are limited to brief intervention, social workers only have time to deal with the crisis, not the underlying reasons for the issues facing the individual who hoards. Despite attempts by APS, code enforcement, and other public officials, efforts in Sacramento County to effectively intervene in hoarding situations are barely adequate and many times only make the situation worse for the individual involved. Most officials are not educated on how best to treat the individual; rather the focus is on the physical environment of the hoarder. Because hoarding is a multi-faceted issue needing multi-faceted responses, a culturally competent, informed community, and a coordinated response make the most effective approach. This includes follow-up and treatment for individuals who hoard. Currently Sacramento County does not offer follow-up for these individuals, there is no intervention beyond the alleviation of health hazards. Compulsive hoarding is not merely disorganization. People with clinically significant hoarding behaviors need neuropsychiatric evaluation and treatment. Hoarding may be due to distinct brain abnormalities. Most people who hoard exhibit obsessive-compulsive symptoms. Hoarding has also been observed in obsessive-compulsive spectrum disorders such as tourettes, and trichotillomania. There are other mental disorders in which hoarding behavior is seen, such as: anorexia nervosa, dementia, autism, mental retardation, and psychotic disorders. For those who hoard, it creates a vicious cycle in which they almost literally become trapped. The mess will or can become so dominant that the individual’s self-esteem and social life will suffer from it. Simple things such as no longer feeling they can invite people over and with that, an important motivation for people to keep their house clean disappears. How do you hide omni-present and visible clutter from the outside world? You can’t, so you have to resort to blocking out the outside world from your inside world. Hoarding in the elderly is associated with interference in basic hygiene, serious physical threat due to injury (for instance from falls) and compromised general health. Adult Protective Services workers know that an individual referred because of hoarding, especially one those that are elderly, will present confounding dilemmas with no easy solutions. In the case of an elderly person who has hoarded for decades, the accumulations are more difficult to hide and may be more difficult to abandon. Can a person possibly be both legally competent and living on top of three feet of a mix of garbage and newly purchased gifts, trinkets and food? Or living in an apartment or home in which all but one small corner of one room is totally filled? Or living amidst a few dozen pets and their waste? Can a lifetime of accumulated “stuff” possibly have that much emotional meaning to an individual, down to each paper bag, each ten-year-old list for groceries, each long outgrown and outdated item of clothing? Who are these people? How can we assess their problems? What interventions will actually serve to assist them and prevent future hoarding behavior? How can we work together to help them and their families? Hasty intervention may have a negative result such as increasing feelings of depression and anxiety or other symptoms related to their psychiatric disorder.

Focal Population:

Adults, including older adults, identified as an individual who exhibits compulsive hoarding behavior, and who has come to the attention of public officials because their hoarding has compromised their health or safety and they are at risk of eviction, hospitalization or institutionalization.

Strategies for System Capacity Changes:

Interventions with individuals who suffer from compulsive hoarding syndrome should be well planned, collaborative, and humane. Interventions should be able to meet the cultural and linguistic needs of each of its clients. They should also be responsive to and integrated with each individual's cultural beliefs and practices. A countywide, multi-disciplinary task force consisting of individuals trained in the best methods to assist those who hoard, and their family members, is essential to informed and effective intervention. Efforts should also be made to ensure that the cultural diversity of the focal population is also reflected in the task force membership. Similar to the successful models already established for coordination of the SACFAST (Sacramento County Financial Abuse Specialist Team), and the EDRT (Sacramento County Elder Death Review Team), a coordinator for the Compulsive Hoarder Task Force would facilitate cooperation between agencies whose missions intersect, including meeting to discuss individual cases and county protocols; gathering and distributing research on best practices; convening trainings; educating the community; contacting professionals in the community who may be available to treat compulsive hoarding; and investigating funding opportunities to further assist individuals in need of assistance. In addition, the Compulsive Hoarder Task Force coordinator would work with the assigned Adult Protective Services Compulsive Hoarder social worker to ensure positive results in individual cases involving dependent adults and elders reported to APS to have suspected hoarding problems. The social worker will also utilize best practices care management techniques to assist individuals identified as desiring assistance or those whose situations require assistance because of extreme danger or health hazards. There are a number of municipalities that utilize a Hoarding Task Force and specially trained personnel to assist adults with hoarding problems regain control over their lives. For instance, in New York City a multi-disciplinary task force was organized by Cornell University to raise awareness of the complexities of hoarding, try to understand why these behaviors occur, and develop practical tools and resources for addressing the problem. Since the task force was launched support groups have formed to assist especially older people affected with hoarding syndrome.

In Texas, the Dane County Hoarding Task Force helped answer the question about how agencies approach hoarding cases, what interventions are successful, what agency roles and limitations are. The "human touch" is emphasized, recognizing that the problem cannot be fixed overnight. As a result of the task force alliances, police, landlords, public health and others now work with investigators on these situations until the problem is addressed.

In Fairfax County, Virginia, the county Residential Hoarding Task Force, the first in the country, has convened many agencies, including APS and CPS, animal control, fire and rescue, health, housing and community development, mental health, and public works and environmental services to address the problem of hoarding. The task force meets once a month to discuss issues

that are unique to each case. Concerns typically include securing the property, removal of debris, legal proceedings, mental health concerns, as well as housing and social needs of the residents.

A member of Madison, Wisconsin's hoarding task force, Nancy Odell, wrote a paper describing the "Dirty House" problem. "The 'dirty house' referral received in a local health department is one that is guaranteed to elicit sighs from the staff, be it nurses or sanitarians. These referrals tend to be multi-faced in that there are aspects of the problem that involve several different agencies, such as building inspection, fire department, social services as well as public health. These complaints also cross into an area of tension in the law between citizens' right to privacy and threats to public health and safety. If we had the time and resources, the process of intervening in a hoarder's way of life could be much more positive and humane. That is why we have formed a task force."

References:

- 1) "Compulsive Hoarding Syndrome" training, Karen Maidment, RN, UCLA Neuropsychiatric Institute, Obsessive Compulsive Disorder Clinic, April 28, 2005, Sacramento, CA.
- 2) "Hoarding Therapy, The Hidden Obsessive Compulsive Disorder", ABC News, May 22, 2004
- 3) "Understanding Hoarding" fact sheet, Frost and Hartl
- 4) "Brain Region Identified that Controls Collecting Behavior", University of Iowa, December, 15, 2004
- 5) "Task Force Tries to Save Those Who Save too Much", Seattle Post –Intelligencer, October 30, 2002
- 6) "This Full House", The Dane Co. Hoarding Task Force Report, 1999/2000