Self Neglect or eccentricity?

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Information and main reference for this presentation was obtained from Braye S, Orr, D, Preston-Shoot M
2011 Self-neglect and adult safeguarding: findings of research.
A definition

• There are no clearly understood and widely accepted definitions of self-neglect, either nationally or internationally. In addition, the term self-neglect is not included in the definition of elder abuse that is in common usage in England.

• Gibbons (2006, page 16), self-neglect is ‘the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.

National Association of Adult Protective Services Administrators (NAAPSA)

• Self-neglect is the result of an adult’s inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs (NAAPSA, 1991, p 3).

• Braye (2011) emphasises that Self-neglect is recognized as the failure or unwillingness to provide oneself with the basic care needs required to maintain health
Different manifestations of self-neglect

- Not undertaking personal hygiene which endangers their health
- Not maintaining adequate levels of sanitation which endangers their health or wellbeing and that of others.
- Not eating healthily or taking prescribed medication
- Neglecting their home environment
- Not disposing of rubbish /living in squalor
- Hoarding items /and or animals
- Poor household hygiene resulting in infestation or infection to self or others
- Substance misuse
- A person may be self- neglecting in one area while being fastidious in another aspect of their life
Diogenes syndrome, otherwise known as senile self neglect syndrome, is used to describe an older adult living in squalor but with no sign of mental or cognitive impairment sufficient to explain the self neglect. Some commentators have written that the squalor and hoarding are just signs of obsessive-compulsive disorder, dementia, or other mental disorder, but most workers in older adult psychiatry will have seen plenty of cases with no explanatory psychiatric disorder.
Is Diogenes syndrome a useful diagnosis?

- Fontenelle (2008) similarly questions whether hoarding should be seen as core to Diogenes syndrome, showing that it is a feature of conditions that frequently co-present with it (schizophrenia, OCD, dementia, anorexia, etc).

Context of the behaviours

Lauder and Orem raise the question of the degree to which the definition of self-neglect lies in the interplay between culture, context and the individual, implying that it may often be a value judgement as opposed to an objective phenomenon.

Aspects of life affected by self neglect

- 1. Physical living conditions (denoting inability to care for self or environment)
- 2. Mental health
- 3. Financial issues
- 4. Personal living conditions (linked to the notion of lifestyle choice)
- 5. Physical health
- 6. Social network
- 7. Personal endangerment

Capacity

Capacity to make decisions should be distinguished from the more global attribute of cognitive functioning, in that capacity is function-specific; it applies to the ability to decide on a specific question. Someone can therefore have capacity on some decisions but not on others.

Capacity must entail both the ability to make a decision in full awareness of its consequences, and also the capacity to carry it out.

Described by Braye as *decisional capacity* and *executive capacity*.

Braye questions whether Capacity Assessments are always carried out in the depth required to establish if both types of capacity are present.
Sensitive and comprehensive Assessment

• What is important to the person - work from their priority
• Full physical, mental and social assessment
• Include impact of lifestyle and personality traits, cultural beliefs and family coping patterns
• Assessment of fundamental aspect of care
• Gather information from family and others in the individual’s network to help gauge decision-making capacity.
• Risk assessment should cover observation of the individual and the home, activities of daily living, functional and cognitive abilities, nutrition, social supports and the environment
Sensitive and comprehensive Assessment

• Observe and work with the person to gain an understanding as neglecting themselves often minimise their behaviours.

• Consider the effects of learned helplessness, of perceived restricted choices. Depression may also have an impact on how individuals present functional/ability/disability, social circumstances and substance misuse, underlying medical condition.

• Carers assessment.
Detection and intervention

Three distinctive ways of responding to self-neglect—coercion, supportive/therapeutic approaches and negotiation

The importance of seeking to work through ‘consensus and persuasion’ and “care by consent”

‘Excessive professional intrusiveness’ is more likely to alienate self-neglecting clients
Principles of intervention

Approach cases of self-neglect in a coordinated, interagency, multidisciplinary manner. The earlier such a network of involvement is put in place, the better the outcome is likely to be. There is no single checklist of agencies that should be considered the assembly of an intervention network can only be done on a patient-specific, case-by-case basis.
Key aspects of supporting the person

• Simple steps may be of great help in building rapport,
• Understanding the person’s motivations – work with these
• Enlisting the individual as a willing participant in their own care
• Establishing a positive relationship
• Devote time on an ongoing basis to the gradual development of a positive relationship of trust
The risks of Clear & clean interventions

While cleaning services are usually an essential part of squalor or hoarding interventions, they are rarely in themselves sufficient.

Interventions should target specific impairments either by supporting the deficits of the vulnerable elderly person (eg, treating symptoms of depression, providing a transfer bench for the bathroom) or by reducing the effort needed to accomplish a task (eg, engaging a home-health nurse to assist with medication management, designating a proxy for financial affairs), following a strategy used to address other types of functional impairments.

Multi agency working

• Create systems similar to MARAC
• To share information – seeking to remove, avoid, reduce and or / accept risk
• Thresholds of some authorities can mean that a person is missed until the situation is serious.
Key observations from the Braye Report

• Early detection
• Relationship formation
• Importance of inter professional working
• Guidance on practice including therapeutic interventions
• Capacity is a key determinant- the difference between decisional and executive capacity
• “Stickability” staying for the long haul and not dismissing the situation
When neglect by professionals or organisations and self neglect meet

**Determinants of neglect**

- **The person in the specific situation:**
  The impact on, and consequences for, the vulnerable person of the care (action or inaction)

- **The omission or commission of care to meet the needs of the person:**
  Exactly what the caregiver did or did not do to meet the specific needs of the vulnerable person

- **Caregiver duty and expectations:**
  The expectations of what the caregiver should know and how the caregiver could reasonably have acted (to meet the needs of the vulnerable individual)

- **Whether, within the specific context, the caregiver took all reasonable actions to prevent adverse consequences occurring:**
  The omission or commission of care to meet the needs of the vulnerable person (Heath & Phair 2009).