

Cleaning up a worrying problem

Professor John Snowdon discusses the issue of elderly living in squalor and new moves to address it.

Most health staff who have worked in community services for older people will have visited dwellings that were very unclean and malodorous.

There may have been rubbish piled high in the kitchen and elsewhere. Excrement on the outside of toilet bowls, on the toilet floor, in the shower and extending over floors of other rooms, make it difficult to look round the property without getting footwear dirty.

Vermin and rotten food may add to a conclusion that the uncleanliness is extreme. The term severe squalor is confronting but seems to adequately represent the feelings of disgust and aversion that health workers describe in the worst encounters.

Such cases, when presented on television or in newspapers, arouse protests. Observers call for action. They believe that people should not be left to live like that. They declare that unhygienic conditions are not good for the occupiers or for the neighbours and nor are the smells and unsightliness. So, surely someone – government, councils, community services, people with authority – should do something.

Dwellings on display on television or in

newspapers are those where there has been an astonishing accumulation of garbage. Though television likes movement as well – usually people or cockroaches. An example was shown on *A Current Affair* in early August. When possessions or rubbish pile up in a home it becomes difficult to clean out the dirt, even if someone has an inclination to do so.

About half the dwellings for which heavy duty cleaning is required are occupied by people under the age of 60, so the formerly used term “senile squalor” is inappropriate. However, the pattern of reasons why some people live in squalor

does differ, to some extent, between older and younger groups. Among older people who live in very unclean conditions and are referred to health services, a majority have cognitive impairment. Most have dementia, alcohol-related brain damage (ARBD) or schizophrenia, though certain personality traits or disorders may be contributory. The old age psychiatry team serving the municipalities of Leichhardt and Marrickville in Sydney, has recorded data concerning about 160 cases of domestic squalor referred to the service since January 2000. The persons identified in the referrals were aged over 65 years, of whom 78 per cent lived alone. Two thirds were men, half of them never married, whereas 18 per cent of the females had never married. Forty-four per cent lived in department of housing accommodation and 41 per cent lived in dwellings they owned. After conducting a one-year outcome study we calculated that, at any time, 1.5 per 1000 community residents aged over 65 years in central Sydney were living in moderate or severe squalor, and had been referred to our service at least once because of this. The number of un-referred cases can only be guessed.

We found that 45 per cent of those

living in moderate or severe squalor hoarded a moderate or considerable accumulation of clutter. Of people who hoard possessions, some may have obsessive-compulsive disorder (OCD), though recent commentaries have suggested that compulsive hoarding is a condition that should be distinguished from OCD. Other so-called hoarders accumulate items because of a lack of impulse control, which may be attributable to frontal lobe pathology – and we theorise that this may apply when clutter accumulates in cases of dementia, ARBD and even schizophrenia.

Experience of difficulties in arranging and coordinating interventions in cases of severe squalor led to a group of us (from two Area Health Services and Catholic Community Services) applying for funding from a NSW government department to allow development of guidelines. A reference group was convened and a report was presented in 2004. Following this, a Partnership Against Homelessness published the guidelines on the web. A rating scale was developed and has been used by Catholic Community Services in its severe domestic squalor project.

The recommendations in the 2004 report emphasised the need for coordinators to be appointed in designated regions to facilitate appropriate responses to squalor or hoarding situations, with funds available to match needs. Education for service providers was encouraged, with a focus on how to successfully engage people who live in squalor, and on the establishment of risk assessment and management strategies. In 2008, the NSW government provided funds for Catholic Community Services to initiate an innovative coordination project available to 19 LGAs within Sydney, along the lines suggested in the report. By all accounts, and evaluation findings should be available in late 2009, the project has been an outstanding success, much of it attributable to Susan Graham, the senior coordinator, and to the Catholic Community Services administrators. Over 200 referrals were received in a year, and how they were dealt with will be detailed at the first-ever squalor and hoarding conference, in Sydney this November. Because of this success it is difficult to believe that the government would not want to renew funding on an ongoing basis, spreading availability to the whole of Sydney and beyond. The initiative is likely to be copied elsewhere in Australia and in other countries. ■

Professor John Snowdon is a psychiatrist and clinical professor at the University of Sydney. Catholic Community Services will host the National Squalor Conference in Sydney on 5-6 November 2009. Call 1800 225 474 or go to www.nationalsqualorconference.com.au

The majority of older people who live in very unclean conditions have cognitive impairment. Most have dementia, alcohol-related brain damage or schizophrenia.



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