

Keynote Session:

# Explaining Severe Domestic Squalor

Professor John Snowdon

A pathway through the maze.  
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Severe domestic squalor:  
lots to talk about.

by John Snowdon,  
*old age psychiatrist,*  
*Sydney South West Area Health Service*  
*and Sydney University.*

# Severe domestic squalor

- Squalor: what's the word mean, and do we want to use it?
- What is severe domestic squalor?
- Should we be doing something when we encounter people who live in squalor?
- Why do some people live in squalor?
- Incidence, prevalence, associated factors.
- The need for guidelines and strategies for interventions.

# Severe domestic squalor

Descriptions of cases can be grouped according to 'severity' (e.g. rated on the ECCS), or into

- (1) those where accumulation of useless items and articles have obstructed proper care of a person's living conditions. 'Dry squalor'.
- (2) those where filth and refuse have accumulated because of failure to get rid of them. May be filthy without a lot of clutter. Can be 'Wet squalor'.
- (3) Both (1) and (2)

# Severe domestic squalor

- Cooney and Hamid (1995) referred to “a reclusive elderly person living alone in a dilapidated filthy house. The home is cluttered with rubbish and infested with vermin. Excrement and decomposing food are strewn around the floors and the stench emanating is unbearable to all but the occupant, who is blissfully unconcerned by the situation.”

# Severe domestic squalor

- Environmental uncleanliness (and often associated personal uncleanliness)  
and, to a varying extent,
- Lack of concern about their living conditions
- Social withdrawal
- Hostile attitudes
- Stubborn refusal of help

# Our review revealed 2 bodies of literature

- Literature on squalor. By 2007 there had been 74 case-reports and 15 reports of case-series in health sciences journals.
- Literature on hoarding. Various reports, some mentioning squalor, but no research on the prevalence of severe uncleanliness in cases of hoarding.

*Snowdon, Shah, Halliday (2007) Internat Psychogeriatrics, 19, 37-51.*

# Accumulation *(Maier, 2004)*

- OCD: collecting too much and then having difficulty discarding. *Hoarding.*
- Impulse-control deficit rather than compulsion. *Hoarding.*
- Ritualistic, grasping behaviour. Collectionism. *Not hoarding.*
- Unmotivated to throw away. Accumulate rubbish. *Not hoarding.*

# **Not all those who self-neglect and not all those who hoard live in severe domestic squalor**

Some people neglect (seem not to care about) cleanliness of themselves, their dependants or their homes and don't get rid of rubbish (e.g. some with dementia, schizophrenia, alcoholism). Some are physically or cognitively unable to take action.

Excessive or inappropriate collecting (and especially failure to discard) may lead to difficulty in cleaning.

# Aspects of collectionism, self-neglect and severe domestic squalor

- Organised and systematic collecting
- Compulsive acquisition with little attempt to resist (items may be of value, collected systematically but to excess)
- Hoarding: acquisition of, and failure to discard possessions of limited use or value
- Accumulation of rubbish

- Neglect personal care and home cleanliness
- Neglect basic health needs (including medication)
- Neglect social needs
- Fail to eat/drink enough
- Poor care of finances
- Fail to protect self from financial or sexual abuse

# Findings from a cross-age study of severe squalor (needing heavy-duty cleaning) in South London

- **57 (70%) of 81 subjects had an ICD-10 mental disorder**
- 17 (21%) schizophrenia etc. (9% + drug &/or alcohol abuse)
- 13 (6%) dementia (6% + alcohol abuse)
- 5 (6%) other organic mental disorder, (all 6% + alcohol abuse)
- 8 (10%) drug or alcohol abuse but no other mental disorder
- 5 (6%) anxiety-related disorder
- 4 (5%) mood disorder
- 9 (11%) developmental disability (1% + drug abuse, 5% + other mental disorder)

14 had anxious-avoidant personality, 5 paranoid/schizoid  
10 conscientious, perfectionist, houseproud, 1 'dissocial'

Diagnoses given to people aged 65+ years in  
Central Sydney, living in severe or moderate squalor  
(2000-2008)

- Dementia (including FTD) 43 (40%)
- ARBD and/or alcohol abuse 22 (20%)
- Other drug abuse 2
- Schizophrenia 14 (13%)
- OCD 6
- Other personality disorder 5
- Depression 2
- Frailty, medical illness (e.g. CVA) 10
- Unrecorded or no diagnosis 9

**Total**

**113**

**It is likely that those who live in severe domestic squalor start doing so because of a complex interplay of triggers and vulnerabilities:**

1. Obsessive compulsions and indecisiveness may be largely to blame in some cases.
2. In others, accumulation of refuse and useless items is attributable to apathy and impaired executive function, resulting from brain disease or mental disorder. Lack of impulse control could be contributory. There is limited but growing evidence that frontal lobe dysfunction is a major factor.

# ENVIRONMENTAL CLEANLINESS AND CLUTTER SCALE *(all items 0,1,2,3)*

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A. **ACCESSIBILITY (CLUTTER):**

Not / somewhat / moderately / severely impaired

*0-29%, 30-59%, 60-89%, 90-100% floor-space inaccessible*

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B. **ACCUMULATION OF ITEMS** of little obvious value (what items?)

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C. **ACCUMULATION OF REFUSE OR GARBAGE:**

None / little / moderate / lots

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D. **CLEANLINESS OF FLOORS** & carpets (excluding toilet / bathroom)

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E. **CLEANLINESS OF WALLS**, visible furniture **SURFACES** & window-sills

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F. **BATHROOM & TOILET:** Not / mildly / moderately / very dirty

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G. **KITCHEN & FOOD:** Clean / hygienic .....to very dirty / unhygienic

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H. **ODOUR:** Nil / pleasant .....to unbearably malodorous

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I. **VERMIN:** None / Few / Moderate / Infestation [ Define ]

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J. **SLEEPING AREA:** Reasonably clean .....to very dirty

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**SCORE (max 30) .....**

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**Central Sydney old age psychiatry data-base of people assessed as living in unclean accommodation, referred Jan 1, 2000 to Dec 31, 2008.**

	MALES	FEMALES	TOTAL
Mild ( <i>LCRS</i> <14)	<b>31</b>	<b>16</b>	<b>47</b>
Moderate ( <i>LCRS</i> mean 18.2)	<b>45</b>	<b>21</b>	<b>66</b>
Severe ( <i>LCRS</i> mean 24.3)	<b>30</b>	<b>17</b>	<b>47</b>
<b>TOTAL</b> ( <i>LCRS</i> mean 18.0)	<b>106</b> (66%)	<b>54</b>	<b>160</b>

*Raters of LCRS (of 14+) stated whether they regarded the squalor as moderate or severe*

# Ratings of hoarding & clutter

3 = major degree, 2 = moderate/most rooms, 1 = minor/ some rooms	MODERATE/SEVERE (n = 104)	MILD SQUALOR (n = 35)
Mean hoarding (0 to 3) score <i>(similar things gathered)</i>	1.44	0.83
Mean clutter (0 to 3)	1.69	0.89
Hoarding score 3 <i>Clutter score 3</i>	n = 30 (29%) n = 31	n = 4 (11%)
Hoarding score 2 <i>Clutter score 2</i>	n = 18 (17%) n = 31	n = 7 (20%)
Hoarding score 1	n = 22 (21%)	n = 3 (9%)
Hoarding score 0	n = 34 (33%)	n = 21 (60%)

# Prevalence/incidence

- The population of persons aged 65+ living outside aged care facilities in Central Sydney (Eastern sector) is about 18,000. A referral rate of 160 subjects aged 65+ in 9 years = an incidence of 1 per 1000.
- The incidence of cases of people 65+ living in moderate/severe squalor = 0.7 per 1000
- These are cases referred to an old age psychiatry service; the number of non-referred cases can only be guessed. Some were referred but refused to see us.
- Because half of those living in moderate or severe squalor were found to be still at home after one year (and others had moved in with relatives), the prevalence of moderate or severe squalor among people aged 65+ is estimated at 1.5 per 1000.

# Co-habitation of people living in unclean conditions in Central Sydney

- 125 subjects (78%) lived alone
- In 8 households there were two persons aged 65+ living together (6 married couples, a son with mother, 2 male friends), all 16 being included in our data-base
- 19 subjects lived with others aged <65
- None of those subjects rated as living in severe squalor were living with someone, but 22 (10 being both 65+) of those in moderate squalor were living with others.

# Accommodation of Central Sydney subjects living in unclean conditions

	MILD (or data incomplete)	MODERATE or SEVERE	TOTAL
Department of Housing	<b>20</b>	<b>49</b>	<b>69</b> <i>(43%)</i>
Owner-occupied (or owned by close relative)	<b>20</b>	<b>49</b>	<b>69</b> <i>(43%)</i>
Private rental	<b>1</b>	<b>8</b>	<b>9</b>
Boarding-house or NGO-run	<b>4</b>	<b>7</b>	<b>11</b>
Unknown	<b>2</b>	<b>0</b>	<b>2</b>
<b>TOTAL</b>	<b>47</b>	<b>113</b>	<b>160</b>

# Summary

- 1. The prevalence of cases of severe domestic squalor among older people is 1.5 per 1000. Younger people, too, may live in squalor.
- 2. In a majority of cases there is clutter (either rubbish or accumulated articles), but some live in uncluttered 'wet' squalor.
- 3. A complex interplay of factors leads to squalor. Mental, physical &/or personality disorder. Compulsions, impulse-control deficit, apathy. Frontal lobe changes?
- 4. Discussions of possibly causative factors allow development of strategies for management, and guidelines for intervention.

## *A useful question regarding clutter?*

- Tolin et al (2007), in a handbook for those who compulsively acquire, save and/or hoard, asked

*“To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes.....”*

Tolin DF, Frost RO, Steketee G (2007). *Buried in Treasures. Help for Compulsive Acquiring, Saving and Hoarding.* Oxford: Oxford University Press.

# Compulsive hoarding

- Some researchers suggested that OCD is the most common reason for people to excessively hoard possessions and then to live in unclean conditions (*Saxena et al, 2002; Steketee & Frost, 2003*).
- However, recent evidence points to compulsive hoarding being a genetically and neurobiologically discrete entity (*Saxena, 2007; Pertusa et al, 2008*).
- It's been suggested that compulsive hoarding is really an impulse-control deficit rather than a compulsion (*Maier, 2004*), and anyway, some collect ritualistically rather than compulsively or on impulse. Others don't collect; they just don't throw away. Ritualistic collection and unmotivated accumulation of rubbish should not be referred to as hoarding.

# Pathway

THROUGH THE MAZE



**NATIONAL SQUALOR CONFERENCE 2009**