

The National Squalor Conference. Sydney, June 30, 2016

Animal hoarding. A clamour for action.

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The human element

Behind every animal collecting story
there's a human story

- The term 'severe domestic squalor' is applied when a person's home is so *unclean, messy and unhygienic* that people of similar culture and background would consider extensive clearing and cleaning to be essential. *Accumulations of dirt, grime and waste material* extend throughout living areas of the dwelling, along with presence or evidence of insects and other vermin. Rotting food, excrement &/or odours are likely to cause feelings of revulsion among visitors.
- *As well as accumulation of waste, there may have been purposeful collection and/or retention of items to such a degree that it interferes with occupants' ability to adequately clean up the dwelling.*



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

A. **ACCESSIBILITY (CLUTTER):**

Not / somewhat / moderately / severely impaired

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

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

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

None / little / moderate / lots

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

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

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

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

H. **ODOUR:** Nil / pleasantto unbearably malodorous

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

J. **SLEEPING AREA:** Reasonably cleanto very dirty

SCORE (max 30)

ECSS scores

- A total ECSS score of >12 was found to indicate, in most cases, that the occupants were living in moderate or severe squalor. The median ECSS score in cases of SEVERE squalor (as judged by JS and GH) was 22 (inter-quartile range 16 to 24).

WHY DID THEY LIVE IN SUCH A MESS ?

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'

	'Organic' accumulation	Hoarding disorder
ONSET	Sudden or insidious	Insidious (from adolescence)
ABILITY TO DISCARD	Variable. Some don't care	Cannot discard
ACQUIRING	Often indiscriminate	Perceived intrinsic, practical or emotional value
SQUALOR	Frequent	Uncommon
PERSONALITY CHANGE	Common	Not
COGNITIVE & EMOTIONAL PROCESSES	Disorganised	Indecision, abnormal categorisation, behavioural avoidance, attachment to possessions, etc.
INSIGHT	Poor	Ranges from good to poor
PREVALENCE	< 1%	2 – 5 %
FAMILIAL	Some reported cases	Yes

Should we intervene?

- “There is good reason to agree with Sutherland and Macfarlane’s (2014) view that health workers have a responsibility to be proactive. From experience, it is clear that not only health practitioners but local council officers and community service personnel commonly shy away from enforcing interventions in squalor and hoarding cases in spite of observed effects of their behaviour on neighbours, co-habitants and pets. Sometimes the necessary applications to courts and Tribunals prove too difficult or too expensive.”

Snowdon J (2014). ANZ Journal of Psychiatry.

Pets

- There were pet animals in 42 (25%) of these metropolitan homes:

Many cats in one house,

11 birds in another

4 or 5 animals in 3 others

3 or fewer in 37

None in 131.

- Many “animal hoarders” live in extremely squalid conditions.
- 78% “heavily littered with trash and garbage”, and in 45% there was “profuse urine and feces in the living room”. (Patronek and Nathanson, 2009)

Series of cases of animal hoarding

	Patronek (1999)	HARC (2002)	Joffe et al (2014)	Ockenden et al (2014)	Elliott et al (2016)
Cases	54	71 solicited reports	24 (29 persons) Prosecuted cases	22 (RSPCA & councils)	49 (51 persons) (RSPCA)
Female (%) male	41 (76%) 13	59 (83%) 12	21 (72%) 8	14 (64%) 8	40 (78%) 11
Age	Mid-50s	Median 55	Mean 55	Mean 57	Mid-50s
Lived alone	56%	46.5%		45%	35%
Single/div/W	72%	72%			42%
Hoarding of objects + squalor	78% very cluttered & insanitary	100% object hoarding, 93% very insanitary	33% insanitary	15/22 object hoarding; but 5/22 unseen	64% much accumulation (69% seen); ECCS 15
Number of animals	Median 39: 65% had cats 60% dogs 59% had dead animals	10 to 918 Men mean 56 Women, 90 82% cats, 55% dogs, 17% birds	6-500 80% dogs (median 41) 41% had dead animals	10 to 180 53% cats 23% dogs 37% had dead animals	Mean >50 73% cats, 53% dogs

What % of animal hoarders are mentally ill?

What % have personality disorders?

- Patronek found cognitive deficits in many of their 54.
- Joffe et al noted 5/29 ordered to have psych care.
- Ockenden et al noted 6/22 diagnosed mentally ill and 9 appeared mentally unwell.
- Elliott et al found 18% diagnosed mentally ill, and inspectors reported that 53% appeared mentally unwell; 13% had a drug or alcohol problem.

What do we know about those who collect more animals than they can adequately look after ?

- Why do people collect too many animals? Are they rescuers, overwhelmed or exploiters?
- Do they have psychological or mental disorders?
- Why the high recidivism rate? Is enough done to ensure they don't acquire too many animals again?
- Are they referred to psychologists or mental health services? If so, do they work with the RSPCA?
- How can we ensure a coordinated response that involves all relevant agencies?
- What does it all cost? Who pays? Who's lobbying?

Research and evaluation

- Why has there been so little research on pathological collecting of animals?
- What do we need to know that might benefit the animals – as well as (so-called) animal hoarders?
- Could a research worker interview the hoarders (maybe at the same time as the inspectors visit)?
- How might such research interfere with RSPCA responsibilities? Interfere with being able to remove (re-home) animals? With prosecutions?
- Could we set up a service that provides mental health advice/therapy as well as researching?

Partnership and trust

- How do we ensure that RSPCA inspectors and mental health services trust each other? Do they see themselves as having different responsibilities and aims?
- Can they work in partnership, trusting each other with data and opinions?
- Can they both work together with local Councils and GPs and other agencies?
- Can a service be provided that covers all of NSW? What about embedding with the RSPCA a service and research coordinator?

Halliday et al, 2000

Special duty cleaning team was accompanied by a research worker who interviewed clients at the time of the cleaning – if they consented.

He used the SCAN (schedule for clinical assessment in neuropsychiatry); a computer algorithm gave diagnoses.

Personality was assessed by a standardised self-report.

28 regular clients (Graeme saw 25)

+ 63 eligible referrals:

Of the 91, 81 (from 76 households) agreed to talk!

Of the 10 not seen, 4 refused, 4 weren't located, 2 had moved!

Response rate 89%.

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Halliday G, Banerjee S, Philpot M, Macdonald A (2000). Lancet 355, 882-886.

Ethical and privacy issues

- For discussion.
- There may be reasons why such a study hasn't been conducted previously. Yes, Nathanson has made a beginning.
- Comments please from Randy Frost, Sheila Woody, RSPCA inspectors, other agencies, animal collectors, Steve Coleman, Queensland, Victoria, South Australia, vets, etc.

Determination of “capacity” includes;

- Assessment of an individual’s family values, goals, cultural background
- **Establishing whether they can understand consequences of different choices (& different types of decisions/domains e.g. accommodation, finances, health, services)**
- **May require education re possible choices & consequences:
n.b. ignorance ≠ incapacity**
- Determining that decisions not influenced by denial, delusions, or addiction
- And that decisions are made in the absence of coercion
even if cognitive impairment is present

Improved Treatment Outcomes for Hoarding

- Hoarding is associated with poor treatment response to behavioral and medication treatment for OCD (e.g., Abramowitz et al., 2003; Black et al., 2001; Mataix-Cols et al., 2002)
- There is more encouraging evidence for Cognitive Behaviour Therapy (CBT) based on Frost and Steketee's model of hoarding
 - Good success with hoarding-specific CBT plus SRI medication in an intensive 6 week program (Saxena et al., 2002)
 - Tolin et al. (2007) found significant post-treatment reductions in clutter, excessive acquisition, and difficulty discarding following Steketee & Frost's CBT

Recommendations:

- 1. A coordinated service with the aim of benefiting 'hoarded' animals and (when appropriate) the people who have collected more animals than they can adequately look after, but using the law in cases of recalcitrant sociopathy.
- 2. The RSPCA is in charge, but agreements are needed on how mental health (and other agencies) can fit in.
- 3. Need to embed a coordinator. Seek funds e.g. from Health or funding body (research or NGO).
- 4. Need to evaluate and research.