

Hoarding Disorder (HD)

A GP's Guide to Supporting Patients

What is HD?

Hoarding Disorder (HD) is a mental health condition that can be treated over time. It is now a stand alone condition in the Diagnostic & Statistical Manual 5th Edition (DSM-5) which was released in May 2013.

People with HD generally hold onto a large number of items that most people would consider not useful or valuable.

These items can accumulate in the person's home, yard and in severe cases, also spill over into the homes of family and friends or hired storage facilities.

A person with HD may display:

- Habitual collecting and storing of items in the home environment (storing may include yard, shed and other's homes too).
- Inability or unwillingness to dispose of, or move the items.
- Items are taking over the functional spaces of the home and making regular living activities such as cooking, cleaning, moving through the house, and sleeping difficult.
- Excessive acquiring habits supported by shopping, collecting or scavenging.
- Poor awareness of the issue and denial there is a problem.



HD is very often the result of untreated trauma and grief. The clutter emerges as a self protective mechanism which provides comfort and stability for the individual.

What are the risks?

Continuing to live with HD can be harmful to the person's life and the relationships with those around them including family, friends and neighbours. The condition also impacts on others having to live in the household.



Compulsive Hoarding can cause:

- House fires
- Pest infestations
- Self care & living issues
- Eviction & homelessness
- Tripping injuries
- Access barriers for emergency services
- Social isolation
- Stress, depression & anxiety
- Child protection issues
- Public health or local council fines

The Role of the GP



General Practitioners play an important role in a patient's recovery from HD. It is hard to recognise patient is experiencing HD unless they inform you. A person can present as:

- Well groomed in appearance
- Socially competent
- Well educated and generally insightful
- Able to maintain employment & activities

Some people will bring photos of their home with them to help explain things or attend the appointment with a family member or trusted friend who might contribute to the background information.

Many people with HD will not identify there is a problem unless there is an external reason for them to change their behaviour i.e family pressure, pending fines or eviction. Very few presenting patients will be seeking help due to personal realisation.

Assessing the patient for a Mental Health Care Plan, linking them to a therapist (Psychologist, Counsellor or Accredited Mental Health SW) and mentioning HD in the referral, will be a great start towards a supported recovery.

Useful Resources

A Foot in the Door

The Foot in the Door Guideline is supported by the SA Health and advises local government Environmental Health Officers in dealing with cases of severe domestic squalor.

It also aims to assist other agencies in the management of incidents of domestic squalor and hoarding through the promotion of a collaborative framework.

Available at www.sahealth.sa.gov.au

SA Health Clutter Image Rating Scale

A pictorial scale, adopted by SA Health, useful for determining the impact of hoarded/collected items within areas of a person's home.

Available at www.sahealth.sa.gov.au

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



Australian Red Cross

More information about how Australian Red Cross supports people who are experiencing or at risk of homelessness is located at: www.redcross.org.au/homelessness.aspx

Homelessness Prevention Programs
Phone
(08) 81004546
Email
SAITS@redcross.org.au