

# Self-Neglect

## Clinical Guideline



### Overview of the Condition/Disease

**Definition:** A self-neglector is a person who exhibits  $\geq 1$  of the following:

- ◆ Persistent inattention to personal hygiene and/or environment
- ◆ Repeated refusal of some/all indicated services which can reasonably be expected to improve quality of life
- ◆ Self-endangerment through the manifestation of unsafe behaviors (e.g., persistent refusal to care for a wound, creating fire hazards in the home)

#### Risk Factors:

- ◆ **Medical co-morbidity** : Chronic health problems are progressive and to lead to increased co-morbidities and denial of this is common in self-neglectors
- ◆ **Mental Health diagnosis:** Depression, Anxiety Disorders, Personality Disorders, Dementia , and Other Serious and Persistent MH diagnoses
- ◆ **Sensory Impairments:** Can lead to social isolation
- ◆ **Physical Limitations:** Decreased mobility limits ability to seek care, maintain the environment, and increased social isolation
- ◆ **Poverty:** Impact ability to obtain needed nutrition, transportation, a safe community
- ◆ **Adverse Life Events:** Physical, Financial, or Emotional hardship
- ◆ **Pride in Independence:** Fear of losing independence/privacy, not wanting to be a burden to caregivers and fear of being targeted/victimized



### Best Practice Standards for Prevention and Management

**Intervention: Comprehensive Assessment to Identify Possible Self-Neglect**

- ◆ **Medical Findings:** Consciously neglecting chronic medical problems, unexplained lapses in recommended health maintenance activities, lack of personal hygiene/disheveled appearance, infestations (lice, maggots), untreated chronic wounds/ulcers, malnutrition, dehydration, medication non-adherence
- ◆ **Cognition:** Impaired cognition
- ◆ **Function:** Inconsistencies in reported abilities to perform activities of daily living with provider's observations or reports from family/friends
- ◆ **Social Networks:** Lack of social network especially if voluntary, estranged or unwilling to communicate with family/friends
- ◆ **Psychiatric Findings:** Positive screen for depression, psychotic symptoms, strong beliefs against and/or unwillingness to engage in open discussion of provider's recommendations, substance abuse
- ◆ **Environment:** Home infestations, clutter, non-functioning utilities/appliances, threatened eviction

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## Anticipating, Recognizing, and Responding to Symptoms



Care Team partners with Member, Medical Providers, Long-Term Care Providers, and Adult Protective Services to mitigate risk factors associated with self-neglect.

### Interventions: Based off of Comprehensive Assessment and Identified Cause/s

- ◆ **Medical Findings:** Educate, negotiate, partner with member, may need to sacrifice comprehensive treatment for safety (forgo calcium for osteoporosis in exchange for insulin for diabetes), home care services, nursing services
- ◆ **Cognition:** Refer for neuropsychological testing; if dementia treat accordingly, advance directive planning, capacity determination
- ◆ **Function:** Refer to physical and/or occupational therapy, home safety evaluation, if refusing assistive devices explore capacity determination
- ◆ **Social Networks:** Seek to identify social network, obtain permission to contact friends/family, obtain advanced directives, help establish support systems (social groups, day centers, church groups, volunteer work), increased home visits by care team
- ◆ **Psychiatric Findings:** Treat and/or refer to psychiatry/psychology, may need crisis services involved, inpatient or outpatient treatment
- ◆ **Manipulation of Caregivers:** Evaluate appropriateness of Friends/Family as caregivers, potential for increased risk to member
- ◆ **Environment:** Consider Adult Protective Services, legal services if faced with eviction, exterminator services, hoarding supports
- ◆ **Adult Protective Services:** Refer to Adult Protective Services to occur each time a care team member is concerned that continued self-neglect will impact a member's health and/or safety
- ◆ **Documentation:** Implement risk Agreement and ensure documentation reflects continued follow up with member, medical providers, long-term care providers, and adult protective services



## Guidelines and Process for Interdisciplinary Team

### Care Teams to work with Program Management when self-neglect is identified

- ◆ Family Care and Partnership Assessment Policy
- ◆ Risk Agreement Related to Member Health and Safety Policy
- ◆ Member-Centered Plan Policy



## Quality Assurance Monitoring

Internal file reviews are completed by internal staff utilizing an assessment tool developed by the Quality Management Department. Peer to Peer reviews occur quarterly. Findings are shared with Program Management and staff

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### References

- Halphen, J. M., & Dyer, C. B. (2018). Elder mistreatment: Abuse, neglect, and financial exploitation. In D. J. Sullivan (Ed.), *UpToDate*. Retrieved February 20, 2018 from [https://www.uptodate.com/contents/elder-mistreatment-abuse-neglect-and-financial-exploitation?search=self-neglect&source=search\\_result&selectedTitle=1~8&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/elder-mistreatment-abuse-neglect-and-financial-exploitation?search=self-neglect&source=search_result&selectedTitle=1~8&usage_type=default&display_rank=1)
- Pavlou, M. P., & Lachs, M. S. (2008). Self-neglect in older adults: A primer for clinicians. *Journal of General Internal Medicine*, *11*, 1841-1846. doi: 10.1007/s11606-008-0717-7