# International Webinar Series on Housing First

May 7, 2024 10 – 11:30 AM (EST)



# Approaches to Managing Hoarding With Housing First Clients





This webinar will be recorded and will be posted on **eenet.ca** after the presentation.

## Land acknowledgement

CAMH is situated on lands that have been occupied by First Nations for millennia; lands rich in civilizations with knowledge of medicine, architecture, technology and extensive trade routes throughout the Americas. In 1860, the site of CAMH appeared in the Colonial Records Office of the British Crown as the council grounds of the Mississaugas of the New Credit, as they were known at the time. Today, Toronto is covered by the Toronto Purchase, Treaty No. 13 of 1805 with the Mississaugas of the Credit. Toronto is now home to a vast diversity of First Nations, Inuit and Métis who enrich this city.

CAMH is committed to reconciliation. We will honour the land through programs and places that reflect and respect its heritage. We will embrace the healing traditions of the Ancestors, and weave them into our caring practices. We will create new relationships and partnerships with First Nations, Inuit and Métis – share the land and protect it for future generations.

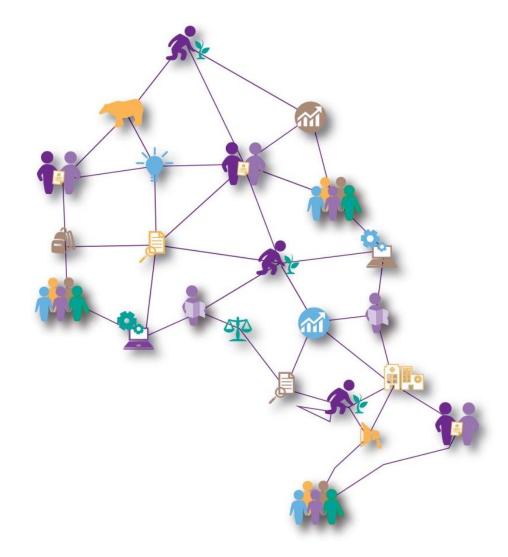


## CAMH's Provincial System Support Program

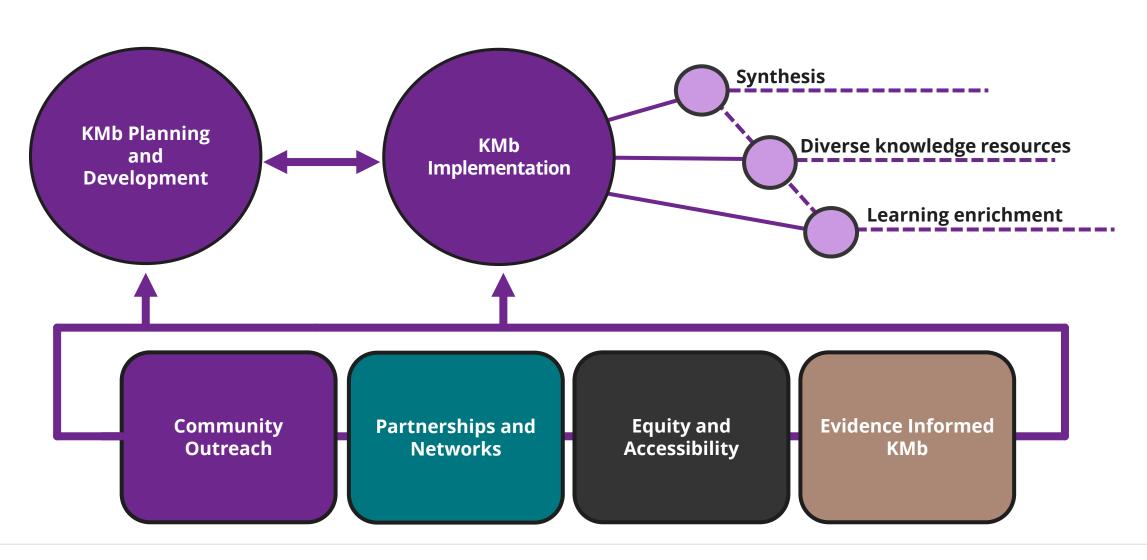
Our Knowledge Mobilization (KMb) team sits within PSSP at CAMH.

PSSP is on the ground collaborating with partners to build a more evidence-informed system, through our work and expertise in:

- knowledge mobilization
- health equity
- lived-experience engagement
- implementation
- data management
- evaluation



## KMb integrated functions



#### Our moderators

**Arturo Coego**, Acting coordinator, Housing First Europe Hub, La Corona Spain **Saija Turunen** is Head of Research at the Y-Foundation, Helsinki, Finland **Geoff Nelson**, Professor Emeritus, Wilfrid Laurier University, Waterloo, Ontario **Tim Aubry**, Professor, University of Ottawa, Ottawa, Ontario

## Canadian Housing First Network

**Purpose:** Assists communities across Canada to develop, evaluate, and improve Housing First (HF) programs based on the Pathways model tested, adapted, and shown to be effective in the At Home / Chez Soi Demonstration Project.

#### Goals

- Build local capacity for HF programs
- Promote high quality implementation of the HF model that includes both fidelity to and adaptation of the model
- Promote continuous program improvement through the provision of training, the development of HF program standards, the exploration of accreditation standards
- Advocate and influence public policy related to HF.



## The Housing First Europe Hub

The Hub was established by the Y-Foundation (Finland) and FEANTSA (European Federation of National Organisations Working with Homeless People), along with more than 15 partners, creating a network of organisations, public authorities and foundations working to scale up HF programs in Europe.

For more information, visit <a href="https://housingfirsteurope.eu/">https://housingfirsteurope.eu/</a>





Jennifer Brock is a registered social service worker and Hoarding Specialist Lead with Services and Housing In the Province (SHIP). Over the past 6 years, she has worked extensively with the people who hoard, providing front-line housing and case management support. She also provides educational training opportunities to local service providers. She is passionate about assisting teams and communities with improving service delivery within the Peel, Dufferin, West Toronto and Waterloo Regions in Ontario, Canada.



Chioma Obiakor is the Program Coordinator for the Hoarding Assistance Team at Options Bytown in Ottawa, Canada. She holds a Social Worker Diploma and a Master of Business Administration. Her experiences in the social service sector include working as an assistant manager in transitional shelter services, a case manager, a shelter support worker, and a community outreach worker. She currently co-chairs the Ottawa Hoarding Response Coalition, collaborating with partner agencies to prevent evictions and homelessness in Ottawa.



Greg Saxe is a case manager for the Hoarding Assistance Team at Options Bytown in Ottawa, Canada. He has a degree in Ethics and over 22 years of experience working with adults with acquired brain injury, youths at risk, and adults with hoarding behaviour. Greg co-facilitated the Buried in Treasures workshop, a 16-week treatment program, and provides one-on-one support to individuals living with hoarding behaviours who are at risk of losing their housing. Greg's work also includes writing mediation agreements in landlord-tenant disputes and providing crisis intervention.



**Fraser MacKinnon** works for P3 Charity. He is the senior support worker running the Warwickshire and Redditch hoarding service in the West Midlands in the UK. With a background in healthcare and homelessness prevention, Fraser is passionate about his community and supporting people to improve their lives and opportunities.



### **Today's Objectives**

- 1) Introduction to hoarding disorder from a mental health perspective
- 2) Increase awareness of hoarding disorder and the impact of stigma
- 2) Explore SHIPs Supportive Housing team approach





#### Who We Are

SHIP has championed the fundamental right of housing for over 30 years.

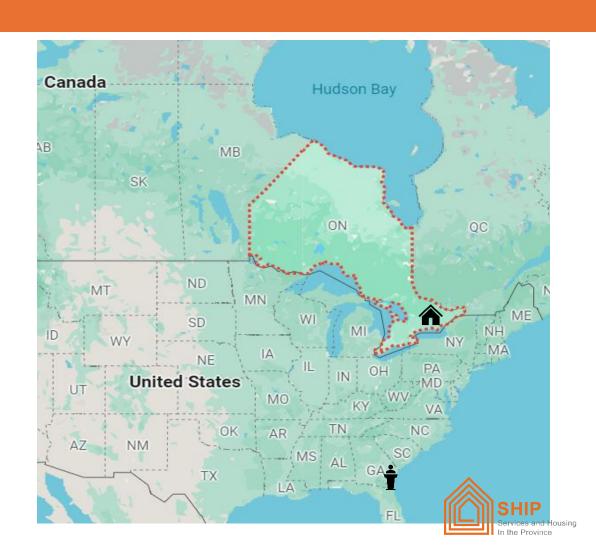


SHIP is a nonprofit, accredited, housing and health service provider. For over 30 years, we have been delivering services to the Region of Peel, County of Dufferin, West Toronto and most recently the Region of Waterloo. We promote the well-being of vulnerable and at-risk populations and we work closely with individuals in our community, enabling them to embrace their full potential.



### What's Happening in Canada? Eh!

- Multi-service, non-profit in Southern Ontario, Canada
- Our catchment area population is approximately 2.2 million
- 5.5% of Canada's population
- 14% of Ontario's population



#### Service Model

#### **Housing and Service Continuum**

We aim to address the issue of homelessness by providing a spectrum of housing & service options to individuals experiencing mental health challenges

#### **Preventative Services** Shelter diversion **Supportive Housing** Wait List support Supportive Housing Raising awareness CHO **Transitional Housing** Affordable Market **High Support Emergency Shelters** Peel Youth Village Hansen Recovery Residence Peel Family Shelter Peace Ranch Safe Beds Kitchener Men's Shelter 000

High Intensity / severe and complex

mild to moderate

Low intensity / well



# What do we assume about people who hoard?

In general, the public holds a negative perception of people who are impacted by hoarding difficulties, assuming that they are unclean, lazy and strange.

What is the truth?...



Hoarding is a mental health disorder



### Overview of DSM-IV Hoarding Disorder

Diagnostic criteria (DSM-V) for Hoarding Disorder:

- 1. Persistent difficulty discarding or parting with possessions, regardless of their actual value due to a perceived need to save the items and the distress associated with discarding them.
- 2. Results in the accumulation of possessions that clutter active living areas and substantially compromise their intended use.
- 3. Causes **clinically significant distress** in social, occupational, or other important areas of functioning (including maintaining a safe environment for oneself and others).
- 4. Not attributable to another medical condition.
- 5. Not better explained by the symptoms of another mental disorder.



## **Specifiers**

- •Excessive acquisition: If difficulty discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space.
- •Good or fair insight: The individual recognizes that hoarding-related beliefs and behaviors are problematic.
- •Poor insight: The individual is mostly convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.
- •Absent insight/delusional beliefs: The individual is completely convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.

#### Clutter

Perfectionism Family History

Employment Genetics Cognitive deficits

Motivation Maladaptive Beliefs

Shame Indecisiveness Trauma

Procrastination Memory

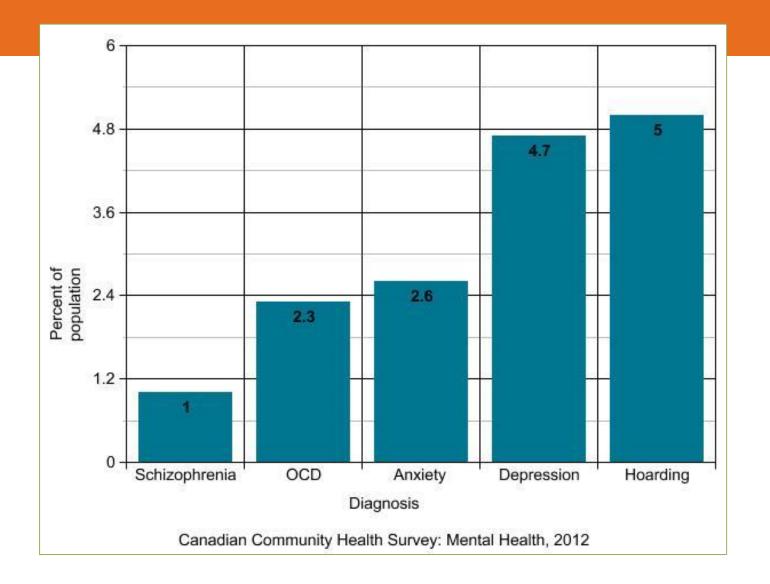
Anxiety Stress

**Social Isolation** 

Financial Strain



#### **Prevalence**



2-6% of the population

92% comorbidity rate



### Why is help so important?

Chronic or worsening course

Significant impairment to activities of daily living

Social isolation and strained relationships

Legal and financial problems

Risks to health and safety

Eviction and homelessness

Fire hazards and sometimes death

Overall impact on the quality of human life



## **Working In Teams**



## Mental Health Options

**Case Management** 

- Harm Reduction
- Coordinating services
- Supportive, step-by-step reduction of clutter
- In-home behavioural coaching

Cognitive Behavioural Therapy

 Evidence based interventions to address unhelpful beliefs and create new perspectives

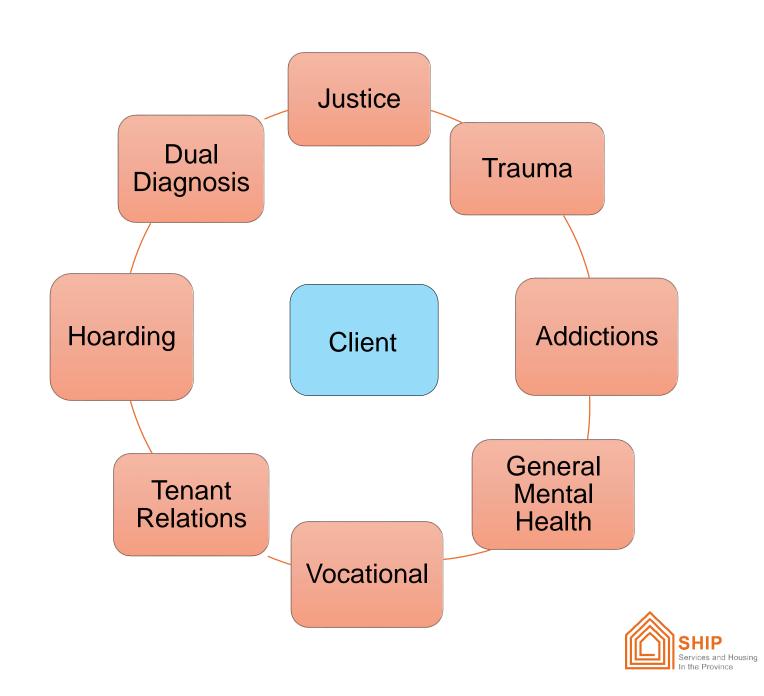
Buried in Treasures
Group

- Self-help
- CBT skills focused

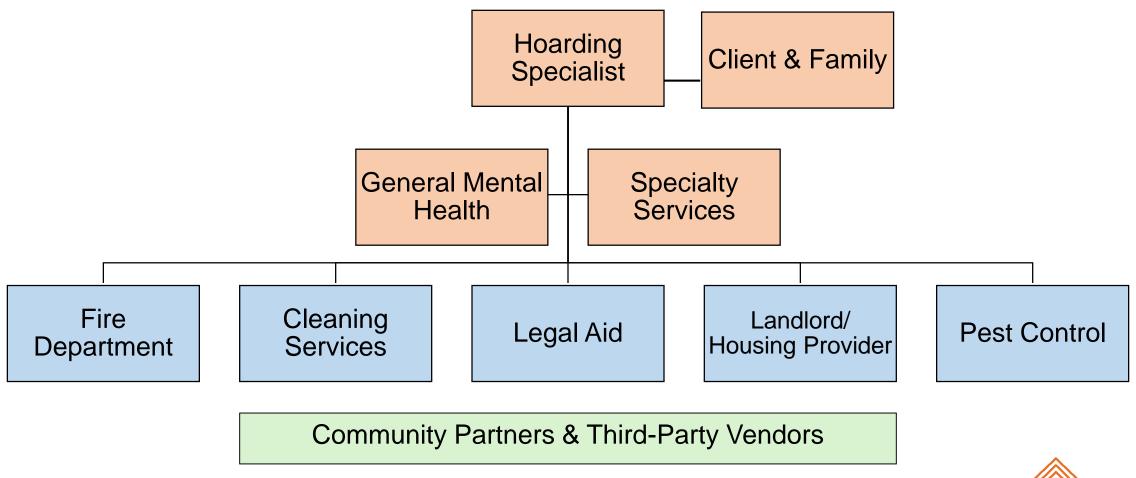


## **Supportive Housing**

#### Multidisciplinary Team Model



#### A Team Approach





## Supportive Housing

### Hoarding Support Program

- Community Mental Health Counsellors Hoarding Specialists
- Servicing Peel, Dufferin, Waterloo & West Toronto Regions
- Referrals received internally & externally
- Short-term support (1-3 months):
  - -harm reduction, eviction prevention
- Long-term support (up to 1 year):
  - -Psycho-education
  - -Supportive counselling
  - -Declutter coaching
- Assessment & consultation
- 1:1 and group support



#### Conclusion

- Hoarding is a mental health disorder that is highly prevalent within our communities but is often vastly under serviced
- This population remains misunderstood and stigmatized due to a lack of public awareness and education
- Hoarding has an impact on individuals, communities and service providers
- Supporting the client with moving from crisis to calm often requires a team approach (within organizations and among community partners)



## Thank you!

Jennifer Brock

Hoarding Specialist Lead

For more information, visit us at www.shipshey.ca



## Homelessness, Hoarding and Effective Interventions

Chioma Obiakor and Greg Saxe Hoarding Assistance Team, Options Bytown May 7, 2024





#### Introduction to Options Bytown

Established in 1989, Options Bytown is an Ottawa-based non-profit helping people move out of shelters and encampments, and into stable, permanent housing with access to ongoing supports.

Options Bytown serves over 1500 people monthly to provide supportive housing and homelessness prevention. Our programs are:

- Supportive Housing
- Housing First
- Homelessness Prevention
- Hoarding Assistance Team
- Peer Assisted Community Engagement
- Safer Supply

We are driven by the belief that we all deserve a home.

#### What is homelessness?

The circumstance in which an individual or family lacks stable, safe, permanent, and appropriate housing, or the immediate prospect, means and ability to obtain it.

Homelessness can be experienced in a variety of housing and shelter settings for short or long periods of time, and it can be defined as unsheltered, emergency sheltered, provisionally accommodated, or at danger of homelessness.

(Homelessness in Canada | The Canadian Encyclopedia, n.d.)



#### **Homelessness Statistics**

PEOPLE EXPERIENCING HOMELESSNESS IN CANADA (ON ANY GIVEN NIGHT) 14 400 PEOPLE STAYING IN SHELTERS 50 000 PEOPLE THAT ARE 'HIDDEN HOMELESS' IN CANADA (ON ANY GIVEN NIGHT) PEOPLE EXPERIENCING CHRONIC HOMELESSNESS IN CANADA (ON ANY GIVEN NIGHT)

(Welcome Hall Mission)



#### Homelessness and its impact on hoarding

Resultant challenges leading to hoarding:

- Trauma
- Lack of life skills
- Comorbidities and mental health disorders
- Physical and developmental disabilities

- Physical and developmental disabilities
- Poverty
- Competing priorities
- Lack of early interventions



Housing is not contingent upon readiness, or on 'compliance' (for instance, sobriety). Rather, it is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery.

Homeless Hub, 2012

## DSM 5 on Hoarding Disorder

- Persistent difficulty in discarding or parting with possessions, regardless of their actual value.
- Difficulty is due to a **perceived need to save the items** and distress associated with discarding.
- Difficulty in discarding also results in clutter in active living areas and compromises their intended use.
- Causes clinically significant distress or impairment in social, occupational, or other important functioning.
- The hoarding is not attributable to another medical condition.
- The hoarding is not better explained by the symptoms of another mental disorder.

(Diagnostic and Statistical Manual of Mental Disorders 5th Edition)



## Key notes on hoarding

- 2-5% of the adult population is affected by hoarding behaviours (lervolino et al., 2009)
- Interventions are complicated, costly, and time-consuming 100% recidivism when clean-outs occur
- 92% of individuals with hoarding condition also have another co-occurring mental health disorder, such as depression, anxiety, OCD, or social phobia (Mass Housing Conference, 2007)
- Research has shown that while the onset of hoarding starts around age 13, the average person seeks treatment around age 50 (Bratiotis, Sorrentino & Steketee, 2011)

## Key notes on hoarding (cont.)

- Hoarding behaviours may be a result of comorbidities and mental disorders. Symptoms of ADHD appear to be a relatively common accompaniment to hoarding (e.g., Hartl, Duffany, Allen, Steketee & Frost, 2005)
- Acquiring problems may manifest as compulsive buying, which is considered an impulse control disorder (ICD) (McElroy, Keck & Phillips, 1995)
- Social phobia has been associated with compulsive hoarding (Samuels et al., 2002). Clients may rely on hoarding to shield themselves from social interaction

Assessment of these complicating comorbid conditions is important for planning the intervention and preventing relapse.

## Ottawa Hoarding Pilot Program

2015 - 2016
Options Bytown/
Montfort Renaissance
Pilot Project



2017 - pre-COVID
Options Bytown; four successful Buried in Treasures workshop sessions



2023 to date
Options Bytown
Hoarding Pilot
Program

Hoarding Assistance
Team (HAT): Case
management and
Buried in Treasures
workshops

## HAT goals and objectives

Support people living in subsidized and/or supportive housing who are at risk of losing their homes due to hoarding.

### Short term:

- Reduce hoarding behaviour
- Improve living conditions
- Enhance well-being

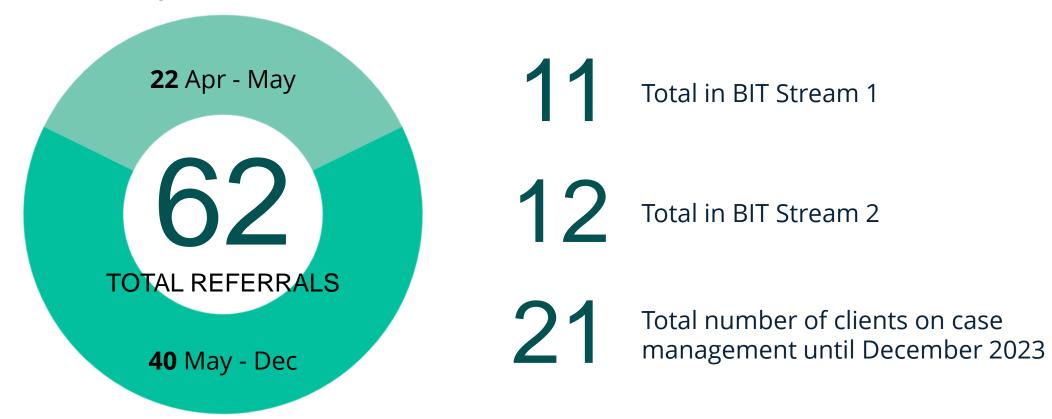
### Long term:

- Preventing homelessness due to hoarding
- Prevent clients with hoarding behaviours from facing eviction
- Build the capacity of the housing sector to address hoarding



## Interventions and community responses to hoarding

## **2023 HAT Key Performance Indicators**



## Additional interventions

Hoarding Assistance Team (HAT) Capacity Building

Continues to expand community education through outreach and presentations for employees and partner agencies, frontline workers, property managers, tenants, clients, etc. Awareness is created on how to identify and support individuals with hoarding behaviours.

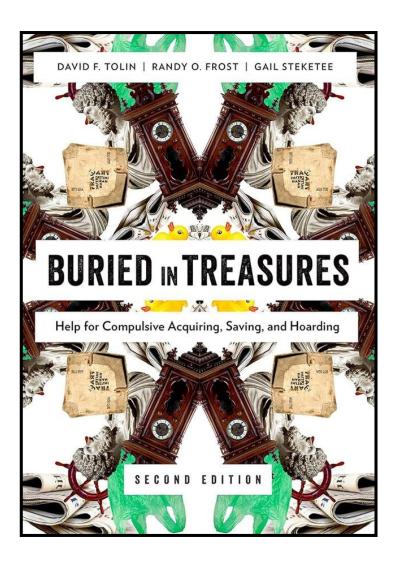
Ottawa Hoarding Response Coalition (OHRC)

Works towards community awareness of hoarding and creating a general understanding of individual and collaborative roles when discovering a hoarding situation or when trying to work with a person who hoards.

- Referrals to the Hoarding Assistance Team
- Case conversations/consultations
- Teamwork and advisory collaborations
- Creation of protocols, roles, and responsibilities

### HAT core services

- 1. Buried in Treasures Workshop
  - 16-week peer-led workshop based on the book by David Tolin, Randy Frost, and Gail Sketetee
  - Aims to increase understanding and motivation, and developing healthy relationships with belongings
  - Key components: reducing acquiring, decisionmaking on saving vs discarding, changing beliefs, and maintaining gains
  - Target group size of 12; over 60% completion rate



## HAT core services (cont.)

2. Intensive Case Management

The case manager works with clients in their homes to provide hands-on personalized support with decluttering, sorting, organizing, and discarding.

### Case management includes:

- Use assessment tools
- Support clients from harm reduction approach
- Refer and coordinate additional resources
- Plan case conferencing/consultation with other supports
- Crisis intervention activities
- Pair de-cluttering supports with therapy and skills building
- Support clients' mental and emotional well-being

#### **Clutter Image Rating: Bedroom**

Please select the photo that most accurately reflects the amount of clutter in your ro-





















## HAT evaluation by University of Ottawa

### **OBJECTIVE**

Assess a central short-term goal of the program; clients' improvement in living conditions.

### **QUESTION**

Are clients' living conditions improving after six months of intensive case management?

### **METHOD**

Activities of Daily Living - Hoarding questionnaire

### **FINDINGS**

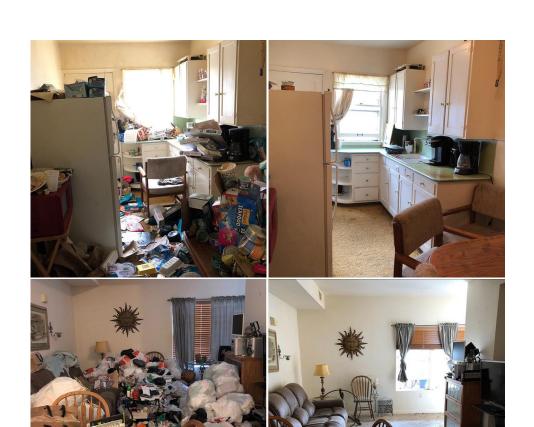
Those with both case management and BIT workshops showed higher success rates in activities of daily living, living conditions, and safety issues.

### **SUMMARY**

Clients showed improvement, despite the short time frame.

## Conclusion

- Hoarding is an increasing concern in all age groups
- People with hoarding behaviours must be evaluated on a case-by-case basis
- Clients have more success with combined case management and workshops
- Hoarding disorder is complex and calls for increased awareness and early intervention
- Treatments and interventions are encouraged to continue over a longer period



# Thank you.

Chioma Obiakor
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Greg Saxe
Hoarding Assistance Team Case Manager
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For more information, please visit optionsbytown.com



## Resources

Tolin, D., Frost, R., & Steketee, G. (2nd ed.) (2013). Buried in Treasures: Help for Compulsive Acquiring, Saving and Hoarding. Oxford, England: Oxford University Press.

MassHousing Hoarding Resources. (2012) www.masshousingcom/hoarding

Muroff, J., Bratiotis, C. & Steketee, G. Treatment for Hoarding Behaviors: A Review of the Evidence. Clinical Social Work Journal 39, 406–423 (2011).

Weir, K. (2020, April 1). https://www.apa.org/monitor/2020/04/ce-corner-hoarding. www.apa.org; American Psychological Association



- Services in 17 Counties
- 53 local district and boroughs

Currently we run hoarding services in Derbyshire, Warwickshire, Buckinghamshire and Redditch

P3 have provided housing-related support services since 1972

We deliver support to **9000** individuals at anyonetime and over **33,000 people annually**.









# **Hoarding in the UK**

In 2013 the NHS recognised Hoarding disorder as it's own mental health condition separate to OCD.

5% of the UK population

3.3 Million People

More than Bipolar (1.3 million) and Schizophrenia (685 thousand) combined



# **Hoarding in the UK**

The Care Act 2014 Statutory Guidance defines self-neglect as: "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding".





# Hoarding in the UK



£45,000



# How do we 'Treat' Hoarding

# Defined by the external

"Clearances may change the living environment temporarily but are unlikely to lead to behaviour change."

Steketee and Frost, 2014

# How do we 'Treat' Hoarding

Hoarding isn't the problem, it's the solution to the problem

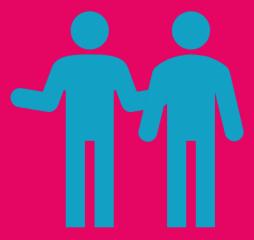
Objects can't hurt or abandon you.



# P3 Hoarding services

in-home practical support

Emotional/Psychological Support











1 - 3







4 - 6







7 - 9



# **Warwickshire Hoarding Service**

Safeguarding Concern Raised

Adult Social Care Assessment

Referral to P3 Hoarding Service

# **Collaborative Approach**

**Working Together** 

**Building a Network** 

# **Collaborative Approach: Working Together**

Understand that building trust takes time

On average we will work with someone for just under 1 year

**Building support into weekly routine** 

Move at a pace that works

**Motivational techniques** 



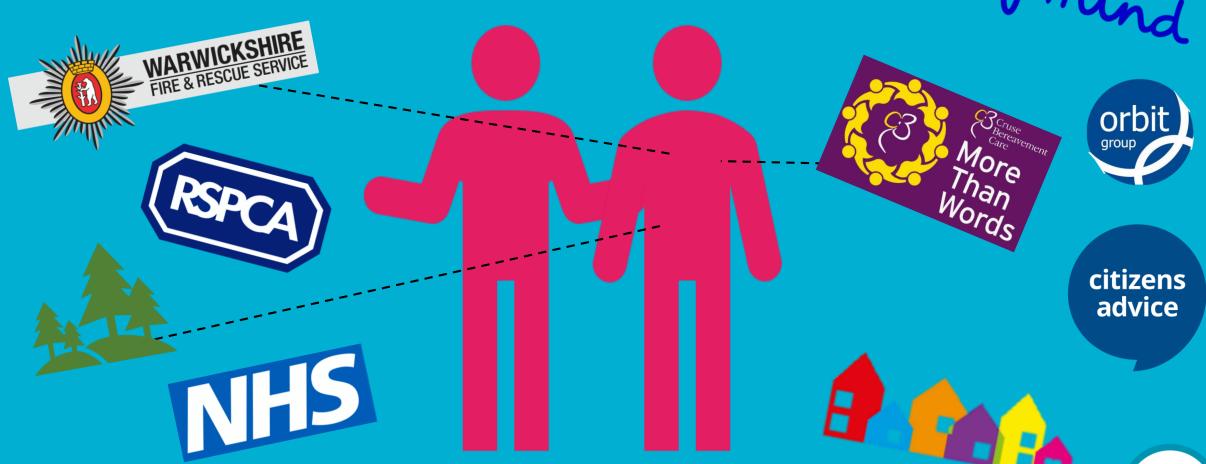
# **Collaborative Approach: Working Together**

## **Motivational techniques**

- Set Small goals that help break down large barriers
- Discuss the different ways to assign value
- Help to find systems that work for the life someone wants to live
- Address buying habits and meaningful use of time



# Collaborative Approach: Building a network





# **Case Study**



This is Jane.

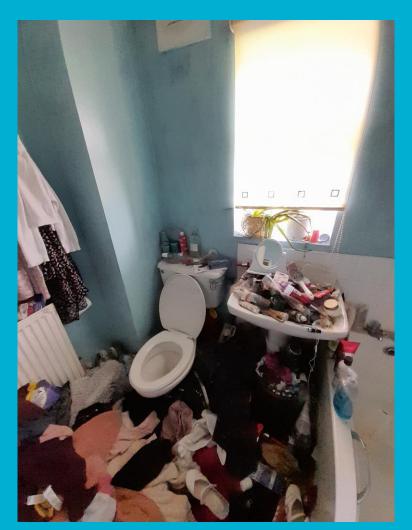
She's a 42-year old woman with a comorbidity of mental and physical health conditions.

She lives alone with her small dog in a ground floor flat that is in urgent need of repair.

The property is severely hoarded. Jane collects crafting material but also struggles to part with any items, including rubbish, in case she needs it later.

Jane has two children who are unable to visit the property and has recently been served a notice for not allowing the council to conduct a regular gas safety check.







# **Case Study**

Jane now see's her children regularly.

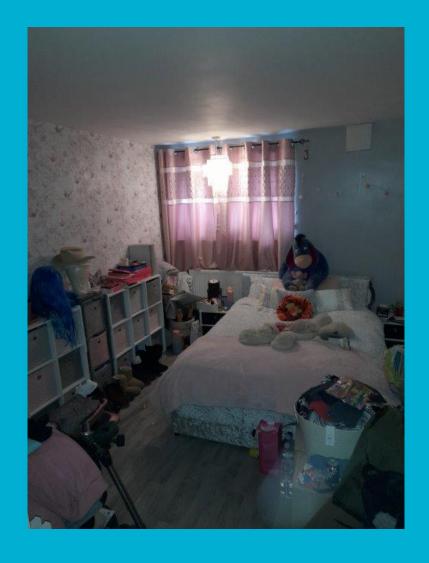
She can have friends over for coffee and is engaging with local services. She has even attended a local fibromyalgia café to discuss her condition with likeminded people.

All repair work has been facilitated, a new boiler and smart meter have been fitted and a new fire system has been installed.

Jane has opened up about how low she was and how much confidence she has regained from having support. Her mental health and physical health have improved significantly

"P3's support came at the time when I needed it most. They were patient with me, considerate and have helped to change my perspective on things"









People Supported Per year Aim













# Thank You

camh