Self-Neglect Assessment and Management

NHS Northamptonshire Clinical Commissioning Group

Recognise behaviours

Make a diagnosis

Consider causes and chronology

Look for any impairment of mind

Protective or coercive others

Assess capacity to avoid harm

Interventions by local services

Multi-agency Approach

Safeguarding Referral

Diagnostic Triad of Behaviours

1. Neglect of personal needs
2. Neglect of environment
3. Declines interventions

± Hoarding
± Neglected pets

GP role	Consider SN a long-term condition and manage using the following approach:
Knowing	Understanding the person, their history and the context of their behaviours
Being	Developing an effective relationship based on honesty, reliability and respect
Doing	Facilitating incremental negotiated changes aimed at reducing risk of harm

Mental	Social	Physical
Personality (OCD / loner)	Personal values	Functional disability
Learning disability	Traumatic life history	Sensory impairment
Autistic (ASD)	Alcohol abuse	Nutritional deficiency
Anxiety & depression	Drug misuse	Chronic pain
Frontal lobe dysfunction	Isolation	Sleep deprivation

Consider the temporal course of self-neglect, for example, is it recent or longstanding, has it varied in severity or simply progressed gradually over time. Does the chronology support the hypothesised causes?

Look for evidence of mental impairment which could affect the person's capacity to avoid harmful choices.
What is its course (duration, progression & fluctuation) and does this correlate with the chronology/cause of self-neglect or could there be another factor at play which might require a different approach?

Acute	Toxic confusional state Stroke
Recent	Tumour HIV
Variable	Mental illness Brain injury
Gradual	Dementia Alcohol related

How do family, friends, visitors and neighbours interact with the person

- Supportive
- Indifferent
- Neglectful
- Coercive

The clinician should not default to the assumption that the person is choosing to make unwise choices. Sometimes the person may understand individual elements of what needs to be done to protect themselves, but cannot complete these actions in an integrated and sustained manner and therefore does lack capacity.

Risk of harm may be reduced, and quality of life improved, by the cumulative benefit arising from several separate interventions.

Medical	Analgesia Psychotropics
Wellbeing	Social interventions
Physical	Appliances Support with ADL
Other	Housing RSPCA

Consider a multi-agency approach when

1. Information sharing is needed
2. Local services are struggling to manage risk
3. Person has capacity and is at high and imminent risk of harm (ARM process)
4. Person lacks capacity and decisions must be made in their best interests

Consider a safeguarding referral when

1. The person is at risk of abuse from others and cannot protect themselves
2. A child is living in the household
3. Legal action may be required because of public interest e.g. risk of fire

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