

# **Self-neglect as a significant public health issue; exploring the responsibility of the Specialist Community Practitioner District Nurse (SCPDN).**

## **Abstract**

Self-neglect is a recognised form of abuse affecting individuals across the lifespan. Gaps are evident within current data to support its prevalence; thus, it is considered to be an under researched, under reported phenomenon. Evidence suggests that there are multiple risk factors which contribute to self-neglect and sources recognise it leads to poorer health outcomes. Specialist community practitioner district nurses (SCPDN) deliver care across a diverse demographic and continuously assess risk for individuals in complex environments leading and managing the care of individuals who self-neglect. It is therefore essential that SCPDN's are equipped with the knowledge and skills required to therapeutically assess the health needs of this patient group and lead on the coordination of care. This article aims to explore the subject of self-neglect as a public health concern and appraise the role and responsibilities of the SCPDN within community nursing practice.

## **Key words**

Self-neglect, district nurses, social determinants, public health

## **Introduction**

The role of the Specialist Community Practitioner District Nurse (SCPDN) is fundamental to an evolving, dynamic, and contemporary National Health Service (NHS) (QNI, 2015). Evidence based care requires critical evaluation to challenge and promote quality improvements and provide person centred holistic care to diverse populations

(Nursing and Midwifery Council (NMC), 2022, Kwame and Pertrucka 2021). Integrated teams must find new ways of working which prioritise patient outcomes and focus on maximising patient independence at home (The Queen's Nursing Institute, 2019; The Health Foundation, 2023). SCPDN's are well placed to assess risk in complex situations which may include identifying and managing cases of self-neglect (Noblett, 2019). Self-neglect is an intricate form of abuse, recognised and documented by the Department of Health and Social Care (2014) to be under researched, under reported, misunderstood, and hidden (Day and McCarthy, 2015). It is a significant public health issue which can be influenced by the SCPDN role (Sajadi et al., 2017) and will be critically discussed within this paper.

## **Background**

There is limited data regarding the prevalence of self-neglect within the United Kingdom (UK), coupled with multiple ambiguous definitions of the term (National Institute for Health and Care Research, 2020). In Scotland however, General Practitioner caseloads reported prevalence rates between 166 to 211 per 100,000 of the population (Day, 2016). The complexity of self-neglect makes it more important for SCPDN's to understand the issues and associated effects on health and wellbeing. Reviewing the literature gives rise to the complication of defining self-neglect as a public health issue, due to multiple definitions (Sanders, 2022). However, thematic generalisations from the literature suggest that self-neglect is an extreme lack of self-care in hygiene, health, surroundings, hoarding, squalor, and infestation (Department of Health and Social Care, 2014; Day et al, 2015; Lampkin et al, 2016; Noblett, 2019).

The NMC (2022) standards of proficiency set out knowledge and skills fundamental to the SCPDN role within a contemporary NHS. DN's are responsible and accountable for acts and omissions in care, working autonomously with specialised skills and failure to provide a duty of care can have drastic repercussions (Ashworth, 2020; NMC, 2022, Griffith, 2016; Preston-Shoot, 2021). Self-neglect encompasses a multidimensional complex public health issue that is impacted by, but not limited to several risk factors. Day and Leahy-Warren (2008) and more recently Sanders (2022) identify multiple risk factors for self-neglect, see table 1.

Table 1

Education for the SCPDN and wider team is important to recognise the signs, which are classed as a “grey area” contributing to variations in clinical practice (Day et al., 2015 Knowledge is essential to work proactively and innovatively, supporting patients in a compassionate and person-centred manner with a complex phenomenon that can be difficult to detect and diagnose (Lampkin and Nguyen, 2016).). A lack of unanimity in identifying specific characteristics of neglect can impact on recognition, diagnosis, and treatment of such individuals (Stodolska et.al, 2020) emphasising the importance of national guidance to guide the education of healthcare professionals.

## **Discussion**

### **Health impact**

Self-neglect is a global issue and frequently seen in elderly populations but does occur across the life span, it can be categorised as intentional and unintentional, nevertheless,

both are known to contribute to increased morbidity and mortality (Güler, and Engin, 2023). Despite being under reported (Day and McCarthy, 2015), self-neglect is widely known to increase poor health outcomes such as nutritional deficiency (Smith et al., 2006), medicinal nonadherence (Turner et al., 2012), disengagement in services (Braye, Orr and Preseton-shoot, 2015), and increased mortality risk in cardiovascular, pulmonary, neuropsychiatric, endocrine, metabolic and neoplasm related death (Dong et al., 2009). Individuals are at an increased risk of hospitalisation, admission to hospice (Dong and Simon, 2013), amputation, ulcers, wounds, and infections (Owen et al., 2022) and increased risk of domestic fires (NHS, 2022; London Fire Brigade, 2023). Unfortunately, individuals suffering from self-neglect may only present to services when health is negatively impacted, reflected in the lack of accurate prevalence data. SCPDN's must adopt prevention strategies to promote the health and wellbeing of communities (NMC, 2022) and their teams equipped to detect and diagnose self-neglect to foster interdisciplinary collaboration and a culture of sharing (Day and McCarthy, 2017).

The NHS long term plan (2019) highlights the need to personalise care, recognising nonmedicinal alternatives to promote health and wellbeing. However, it has been argued that integrated care systems need to recognise the value of communities such as the voluntary community and social enterprise (VCSE) in improving and sustaining good health and wellbeing (The King's Fund, 2023). Collaboration is vital within deprived geographical locations, due to an increased risk of self-neglect, and patient engagement within these communities could be the key to improving patient outcomes

(Den Broeder et al., 2021). The SCPDN has the opportunity to address inequalities in health by building networks and alliances, connecting patient populations with local initiatives, supporting third sector network organisations (The King's Fund, 2021).

### **Health needs assessment**

There are no standardised set of guidelines or protocols for diagnosis, treatment and care of people who suffer from self-neglect (Baruth and Lapid, 2017). The Department of Health and Social Care (2023) advises that assessments of needs must be person centred. National Institute for Health and Care Excellence (NICE) (2022) states that if self-neglect is considered or suspected, health professionals have a duty to make an assessment based on risks and needs specific to the patient, in line with The Care Act 2014 (Department of Health and Social Care, 2023). NHS England (2017) provides general guidance on safeguarding adults, highlighting the responsibility of health professionals to work in solidarity with local authorities to reduce harm and promote wellbeing. All health professionals have a responsibility to assess individual situations to promote safety and wellbeing, consider views and wishes, follow local reporting procedures, to listen carefully demonstrate understanding whilst sharing appropriate recordable information (NHS England, 2017).

Health professionals often find self-neglect situations daunting and challenging (SCIE, 2014), leading to variations in screening tools and interventions, thus a gap in prevalence data across the UK is apparent (National Institute for Health and Care Research, 2020). Locally Merseyside Safeguarding Adults Board (2019) developed a

Self-Neglect Toolkit to help guide professionals from local boroughs working in complex self-neglect situations. The toolkit emphasises the role of different professionals and agencies within the multidisciplinary team and provides best practice guidance with examples. Similarly, the Department of Health and Social Care (2023), NICE (2022), NHS England (2017) and SCIE (2014), Toolkit recognises the complex issues within diagnosis, treatment, and care. The importance of relationship building, understanding risks, disclosure, autonomy, persistence, and consulting with other professionals is also echoed. Whilst useful, the practical application of the toolkit within community nursing is not a requirement, policies on safeguarding and mental capacity are followed routinely. This lack of mandatory application could suggest the toolkit is not being used to its full potential. SCPDN's must ensure excellent interprofessional relationships between agencies and the multidisciplinary team to support the integration of guidance and envision a delivery of high-quality care utilising evidence (Noblett, 2019 NMC, 2022). A Self-Neglect Toolkit could enhance the quality of care delivered not only by SCPDN but by the wider team to standardise practice, improve quality assurance and support decision making.

Health needs assessments are conducted by SCPDN's through individualised enhanced person-centred holistic assessments, described by NHS England (2017) as "the golden rule". Holistic care is widely promoted professionally in contemporary nursing (NMC, 2022), however there remains a societal stigma regarding mental psychosocial health (Pescosolido, 2013; Baral et al., 2021). Therefore, DN's are of

paramount importance in delivering a total therapeutic approach to ensure wider social, environmental, mental, biopsychosocial, and spiritual needs are identified (NMC, 2022).

The Department of Health and Social Care (2023) deem the initial assessment process the most important. During this process, the use of enhanced communication strategies with patients, professionals, families, and carers can establish individual abilities and needs in order to formulate co-produced care plans (The King's Fund, 2016; NMC, 2022). Application of empathy, emotional intelligence, active listening, eye contact and body language should be practiced establishing a rapport (Ruben, Blanch-Hartigan and Hall, 2020, Social Care Institute for Excellence (SCIE), 2014).). Non-verbal communication is often essential to engagement during the assessment process (McKinnon, 2018; Ruben et al., 2020).

### **Capacity assessment**

Assessing mental capacity is an imperative part of diagnosis, treatment, and care for people at risk of or suffering from self-neglect (SCIE, 2014; Day et al., 2015; Noblett, 2019; NICE, 2022). Self-neglect is a form of recognised abuse and in line with the Code, nurses must preserve safety (NMC, 2018). Underpinned by legislation, the Mental Capacity Act (2005) exists to empower and protect people who have an impairment of the brain to make informed decisions (The National Archives, 2005). Despite the common misconception, self-neglecting behaviours are not necessarily a result of mental illness (Dahl, Ross, and Ong, 2018); although risk is increased (Day and Leahy-Warren, 2008). Assumption of capacity must be applied to all cases, unless there is reason to doubt mental capacity (The National Archives, 2005). Community nurses collaborate with diverse range of patients and often individual's decisions may

appear eccentric or unwise, if they do not conform to societal norms (NMC, 2022, Braye and Preston-Shoot, 2020). A full mental capacity assessment is required to establish if an individual does not have mental capacity, and such decisions must be respected. This can ignite feelings of unease within health professionals and cause moral and ethical dilemmas to arise (McDermott, 2011; Mauk, 2012; Baruth and Lapid, 2017; Day et al., 2018). Nurses often find unwise decisions difficult to accept, due to compassion and potential associated risk (Band-Winterstein, 2016). Evidence found a lack of confidence of community nurses in practical application of the Mental Capacity Act (Marshall and Sprung, 2016). Hence, SCPDN's must support community nurses and patients with this complex process and resist the urge to right to make individuals confirm which could result in resistance to engage (Craig, Senior and Mitchel, 2019). The importance of ensuring the person has all relevant information to understand, retain, use, and weigh up the decision in question need not be overlooked (Braye and Preston-Shoot 2020). Establishing mental capacity consequently determines the plan of care for people who suffer from self-neglect.

### **Therapeutic relationships and care coordination**

Therapeutic relationships in practice are incredibly important in securing engagement with patients at risk of or suffering from self-neglect (SCIE, 2014). The nurse-patient relationship is pivotal in the quality and efficiency of care delivered and research has shown that increased patient satisfaction is associated with adherence (Ratanawongsa et al., 2013; Farley et al., 2014). High quality care requires continuity to establish a mutual trust allowing for an authentic patient journey that develops at the patient's pace.

Providing high quality care can be somewhat of a catalyst for empowerment and involvement through shared decision making and choice (Sharp, McAllister and Broadbent, 2015). Creation of such relationships can be timely (SCIE, 2014), workforce pressures and persistent NHS understaffing pose threats the provision of high-quality care (Care Quality Commission (CQC), 2023). Subsequently, the SCPDN role as care coordinator and leader should not be underestimated (Linnenkamp and Drenkard, 2016).

Professional curiosity and discretion should be applied respectfully and sensitively when considering self-neglect (Mantell and Jennings, 2016). Utilising emotional intelligence and empathy can seek to understand the reason behind the self-neglecting symptoms; “the meaning of the mess” (Braye and Preston-Shoot, 2022). Not delving into the reasoning and causative factors of self-neglecting behaviours and symptoms risks manifestation and exacerbation (Thacker, Anka and Penhale, 2019). Merely addressing the physical symptoms such as organising a deep clean will undoubtedly lead to recurrence, meaning the selective careful use of language is vital (Braye and Preston-Shoot, 2020). For example, referring to hoarded possessions stored throughout the person’s home. Objects are often of great emotional significance, response to trauma or serve a key function in a person’s life (Braye and Preston-Shoot, 2020). Using language such as rubbish, clutter or waste could have negative connotations, jeopardising the nurse-patient therapeutic relationship. It is important for the SCPDN to acknowledge these differences and embrace them promoting person-centred, culturally competent, and inclusive care (NMC, 2022, Reeve and Lavery, 2023). Furthermore, ignorance to employ professional curiosity at both an individual and organisational level has led to

previous failures in protection; sometimes at detrimental levels (Mid Staffordshire, 2013). SCPDN's must think critically to collaborate with vulnerable patients to agree the required level of support ensuring maximum independence and continuum of care (NMC, 2022).

Where possible, patients should be involved in shared decision making and personalised care and support planning (NHS England, 2019). Consulting with the MDT can offer invaluable advice and support. People suffering from self-neglect might benefit from referrals to the following services: clinical psychologists, community nurses, environmental health, fire and rescue, general practitioners, hospital, housing, independent advocates, occupational therapists, paramedics, physiotherapists, police, probation case managers, RSPCA, Social workers, voluntary, community and faith sectors (Merseyside Safeguarding Adults Board, 2019). However, it is vital that shared goals are considered with pragmatism, considering what matters most to the person and how best health professionals can reduce risk rather than eliminate it completely (NHS England, 2019; Braye and Preston-Shoot, 2020). SCPDN's have a responsibility to establish relationships between health and care professionals, manifested by integration of collaborative networks (The King's Fund, 2023).

As well as continuing professional development SCPDN's must develop compassionate leadership qualities to support and lead teams promoting the health of the populations they serve (The King's Fund, 2022; NMC, 2022). Having a heightened awareness of public health issues and acknowledging the detection and diagnosis of self-neglect is difficult. Failure to lead effectively could delay diagnosis, care, and treatment for people

at risk of or suffering from self-neglect, increasing the risk of poor patient outcomes (NMC, 2022).

## **Conclusion**

Self-neglect as a public health issue does not receive the awareness, resources, and investment it requires. A gap in knowledge within the community nursing service exists regarding the diagnosis, care, and treatment for people at risk of or suffering from self-neglect. Ambiguous definitions, multifactorial causation, and the extreme complexity of self-neglect as a public health issue demands an overhaul of national guidance.

SCPDN's can opportunistically lead and support community nurse teams in caring for this vulnerable group, providing extensive expertise underpinned by current evidence base. Effective practice should be anchored thorough holistic assessment, heightened representations of self-neglect, therapeutic engagement, and comprehensive risk assessments; whilst valuing the diverse needs and wishes of individuals, populations, groups, and families. Advancing the NHS is repeatedly referred to politically, yet social care is woefully overlooked. The encouragement of interagency and collaborative approaches to health and social care networks for self-neglect are vital to tackle this complex public health issue.

## **CPD**

- Critically reflect and evaluate the health needs assessment and planning of care for individuals, families and groups who are at risk of self-neglect.
- Consider how your knowledge of holistic assessment and mental capacity can support decision-making in individuals displaying signs of self-neglect.

- What evidence base strategies for self-neglect do you think can be used to promote best practice within community nursing teams?

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