

CMEARTICLE

Hoarding in Singapore

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Mr Tan, who has not visited your clinic for six years, presented with a chronic cough. You asked how he has been after the consultation. Following a short silence, he explained that his wife was an 'environmental activist' who had been collecting various reusable things in their three-room flat, but he and his neighbours did not approve of her behaviour. He explained that he now sleeps on piles of old newspapers and has to frequently apologise to his neighbours, as it has become more difficult to keep household pests away from their flat. Mr Tan then asked for your opinion on this matter.

WHAT IS HOARDING?

Hoarding is defined as an excessive acquisition of objects and inability to discard or part with possessions that appear to have no value to others, leading to excessive clutter, distress and disability.^(1,2) While hoarding disorder is now classified as a pathology, under obsessive-compulsive and related disorders, in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders,⁽¹⁾ it is important to note that not all hoarding behaviour is pathological. Nonetheless, this behaviour can manifest within several other psychiatric conditions, such as obsessive-compulsive disorder, major depressive disorder, acquisition-related impulse control disorders (including compulsive buying, kleptomania and acquiring free things), generalised anxiety disorder, social phobia, inattentive-type attention deficit hyperactivity disorder, obsessive-compulsive personality disorder,⁽³⁾ schizophrenia or dementia, making it challenging to treat.

HOW RELEVANT IS THIS TO MY PRACTICE?

Hoarding can commonly lead to problems in both the social and environmental spheres, affecting the individual, family members, neighbours and the wider community, and resulting in isolation.⁽⁴⁻⁶⁾ For instance, the clutter created prevents proper cleaning and impairs accessibility within the premises, thereby posing a fire hazard and increased health risks.⁽⁵⁾ In the local context, a study has shown that the prevalence of hoarding is 2.0% in the community and 22.6% among sufferers of obsessive-compulsive disorder.⁽⁶⁾ Coupled with the fact that over 80% of Singapore's resident population lives in dense public housing, both the individual and the community could face loss of life and property due to the fire risk created by hoarding. As individuals with hoarding difficulties are often said to lack insight into their own behaviour⁽⁷⁾ and are slow to seek help,⁽⁸⁾ a non-clinical approach may be required to encourage affected individuals to seek recourse.

WHAT CAN I DO IN MY PRACTICE?

Doctors may, at times, be approached by someone other than the affected individual (e.g. family member, friend, etc) with complaints about the individual's hoarding behaviour. In such cases, the most important advice is for that individual to seek medical attention for evaluation as well as further psychiatric assessment and treatment if the hoarding behaviour is deemed to be pathological. Hoarding is deemed to be pathological when the behaviour is associated with harmful effects on the individual or his family members, or when it causes "clinically significant distress or impairment in social, occupational or other important areas of functioning".⁽¹⁾

Referral to community and social services

An alternative community-based approach is to tap on resources such as the befriender services of organisations like the Singapore Association for Mental Health and the Singapore Anglican Community Services, or social services such as Family Service Centres to work with the individual, including performing home assessments. They can also persuade him to seek medical or psychiatric assistance when necessary. The hoarder can then be encouraged to get help to reduce or remove the clutter; should he give consent, these community organisations or even the respective town council may be approached for assistance to clear the premises.

Which government agencies are legally empowered to intervene?

Cases of hoarding can be referred to the Housing and Development Board (HDB) and the town councils, but they require the individual's consent to intervene and enter the premises.⁽⁹⁻¹¹⁾ The police, who are often approached, have limited jurisdiction since hoarding within one's residence is generally not a criminal offence.⁽¹²⁾ The Singapore Civil Defence Force (SCDF) is the only enforcement agency with the legal power to intervene directly in hoarding cases without the hoarder's consent. However, it can only intervene if the hoarding

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situation results in fire hazards and/or emergencies. In such cases, the SCDF is authorised to enter the premises to assess for fire hazards and serve a fire hazard abatement notice on the occupier or owner of the premises, who may or may not be the hoarder. If the individual fails to comply with the requirements specified in the notice or take the steps specified to prevent the recurrence of the fire hazard, he will be guilty of an offence.⁽¹³⁾ In cases of compulsive hoarding, government agencies prefer a mediatory approach in which the HDB, the SCDF and grassroots leaders provide professional help, as hoarding is viewed as a behavioural problem.^(9,13,14)

Seeking dispute resolution

The HDB has published some guidelines for residents who consider their neighbour's activities to be a nuisance.⁽¹⁵⁾ According to these guidelines, hoarding-related disputes must be resolved either through mediation via the Community Mediation Centre or by filing a claim with the Community Dispute Resolution Tribunals.⁽¹⁴⁾ However, it must be noted that mediation can only be conducted with the consent of all individuals involved in the dispute. Furthermore, as mediation is a nonbinding form of dispute resolution, it might not yield satisfactory outcomes should there be irreconcilable differences in viewpoints and opinions.

The new Community Disputes Resolution Act,⁽¹⁶⁾ which introduced a new statutory tort for the resolution of neighbourly disputes, was enacted in response to instances of friction between neighbours.⁽¹⁷⁾ It complements current mediatory approaches by invoking the threat of criminal sanctions against recalcitrant offenders. In particular, the Act also addresses disputes involving mentally ill residents. Family members of the offender may be ordered to enter into a compliance bond to ensure that he goes for psychiatric assessment and/or treatment. If the offender remains recalcitrant and is found guilty of a criminal offence, the court that convicts the accused may serve a Mandatory Treatment Order⁽¹⁸⁾ which requires the offender to undergo psychiatric treatment.⁽¹⁹⁾ However, it must be noted that the Community Disputes Resolution Act seems to be targeted at more overt acts of unreasonable interference with a neighbour's enjoyment or use of his residence⁽²⁰⁾ and may not address cases of hoarding within one's residence.

Tapping on the Hoarding Task Force

When the aforementioned attempts have failed, parties adversely affected by an individual's hoarding behaviour may consider invoking the law and seeking help from the Hoarding Task Force and its constituent agencies, by referring the case to the respective town council, HDB Branch Office or Family Service Centre. The task force was set up in late 2014 and involves the Ministry of National Development, Ministry of Health, Ministry of Social and Family Development, police, HDB, SCDF, National Environment Agency, People's Association, and Institute of Mental Health. It brings together the expertise and respective powers of these public institutions to better tackle the issue of hoarding in the community.⁽²¹⁾ The HDB functions as the lead agency looking into hoarding cases occurring in HDB flats and usually coordinates the case by bringing in the other members of the task force as required. The role of grassroots organisations and volunteers is

invaluable to the task force, as legal remedies and reforms often do not take into account the unique nature of hoarding, which is not immediately apparent. Cooperation among enforcement agencies, government institutions and the grassroots will allow the task force to both receive information about and investigate such cases. However, it is important to note that in the absence of therapeutic or medical intervention and/or community support to address the root cause, the hoarding behaviour may recur in the cases referred to the task force.

Also, while the concept of the task force is appealing, its functions and powers remain largely unclear. Its existence and the available channels to report cases are not well known among doctors and the community at large. As such, the task force would benefit from greater publicity, better utilisation of existing community resources and the legal framework, and more coordinated integration of the functions and powers of its constituent institutions. Another possible limitation of the task force is its relatively limited powers of intervention for cases of hoarding occurring within private property.

You explained to Mr Tan that according to his account, his wife may be displaying hoarding behaviour, and that both medical and social interventions are available and could be helpful. Mr Tan was elated upon hearing what you had confidently explained. He would try to get Mrs Tan to seek medical consultation and also approach their nearby Family Service Centre for further assistance.

TAKE HOME MESSAGES

1. Hoarding is an excessive acquisition of objects and inability to part with possessions even though they appear to have no value. It can lead to excessive clutter, distress and disability.
2. Not all cases of hoarding are pathological.
3. There is legislation in place to address the issue of hoarding in the community.
4. Individuals who hoard should be referred for medical evaluation as well as community and social support. The law should be used as a last resort to deal with the adverse effects of their hoarding.
5. A Hoarding Task Force exists in Singapore and individuals can be encouraged to tap on it to help address the issue of hoarding in the community.

ABSTRACT Hoarding refers to an excessive acquisition of objects and inability to part with apparently valueless possessions. While it can lead to excessive clutter, distress and disability, it is important to note that not all cases of hoarding are pathological. This article aims to suggest how one can make recommendations to patients and families when they encounter someone exhibiting hoarding behaviour. It also introduces the Hoarding Task Force and relevant legislation in Singapore to address the issue of hoarding in the community.

Keywords: hoarder, hoarding, law

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SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201509A)

	True	False
1. Hoarding is defined as an excessive acquisition of objects and inability to discard or part with possessions that appear to have little or no value.	<input type="checkbox"/>	<input type="checkbox"/>
2. Hoarding can lead to excessive clutter, distress and disability, which are part of the diagnostic criteria for hoarding disorder.	<input type="checkbox"/>	<input type="checkbox"/>
3. Hoarding behaviour is always pathological and should be treated early.	<input type="checkbox"/>	<input type="checkbox"/>
4. Hoarding disorder can coexist with obsessive-compulsive disorder, major depressive disorder, generalised anxiety disorder and/or schizophrenia.	<input type="checkbox"/>	<input type="checkbox"/>
5. Hoarding is a personal preference and rarely leads to social or environmental problems.	<input type="checkbox"/>	<input type="checkbox"/>
6. A local study estimates that the prevalence of hoarding in the community is less than 0.05%.	<input type="checkbox"/>	<input type="checkbox"/>
7. The prevalence of hoarding among local patients with obsessive-compulsive disorder is 22.6%, approximately ten times more than the prevalence in the community.	<input type="checkbox"/>	<input type="checkbox"/>
8. People with hoarding behaviour often lack insight into their own actions and are slow to seek help.	<input type="checkbox"/>	<input type="checkbox"/>
9. Community befriender services such as the Singapore Association for Mental Health and Singapore Anglican Community Services can conduct home assessments and counsel the individual to seek medical assistance.	<input type="checkbox"/>	<input type="checkbox"/>
10. The town council can clear out the premises of any hoarder under their care without the individual's agreement if they have evidence that the hoarder is being a public nuisance.	<input type="checkbox"/>	<input type="checkbox"/>
11. When advice to seek medical assessment and community avenues has failed, the parties adversely affected by the hoarding behaviour may seek help from the Hoarding Task Force.	<input type="checkbox"/>	<input type="checkbox"/>
12. The forceful clearing-out of a hoarder's possessions without medical treatment or sustained support may not result in a long-term change in the hoarding behaviour and situation.	<input type="checkbox"/>	<input type="checkbox"/>
13. The police is the only agency that can arrest the person for aggravated hoarding behaviour within their own residence.	<input type="checkbox"/>	<input type="checkbox"/>
14. The Singapore Civil Defence Force (SCDF) has the legal power to intervene directly in hoarding cases in fire hazards and/or emergencies, without the consent of the hoarder.	<input type="checkbox"/>	<input type="checkbox"/>
15. In providing professional help, the SCDF usually adopts the mediatory approach to find a more sustainable solution to hoarding as a behavioural problem.	<input type="checkbox"/>	<input type="checkbox"/>
16. Hoarders who refuse medical help are mandated to attend mediation and reach a binding consensus at their nearest Community Mediation Centres even without their consent.	<input type="checkbox"/>	<input type="checkbox"/>
17. The Community Disputes Resolution Act introduces a new statutory tort to address the issue of recalcitrant offenders in neighbourly disputes by invoking the threat of criminal sanctions.	<input type="checkbox"/>	<input type="checkbox"/>
18. The new Community Disputes Resolution Act targets overt acts of unreasonable interference with a neighbour's enjoyment or use of his residence and not hoarding within one's own residence.	<input type="checkbox"/>	<input type="checkbox"/>
19. The Hoarding Task Force, consisting of multiple ministries and public institutions, was formed in late 2014 to bring together expertise and powers in their respective domains to help resolve problems related to hoarding behaviour and provide support.	<input type="checkbox"/>	<input type="checkbox"/>
20. Primary care doctors, who are frequently approached as the first line of assessment and help for hoarding behaviour, should be aware of the new Hoarding Task Force and community resources that could aid in patient management.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full : _____
 MCR number : _____ Specialty: _____
 Email address : _____

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RESULTS:

(1) Answers will be published in the SMJ November 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 November 2015. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (September 2015 SMJ 3B CME programme): 12 noon, 26 October 2015.