

# **ELDER SELF-NEGLECT IN VT**

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# BACKGROUND AND CONTEXT



Pop. 624,594 (2016)  
18% 65 and over

Adult Protective Services

Area Agencies on Aging

# DEFINING SELF-NEGLECT: OLDER AMERICANS ACT

- The term ‘self-neglect’ means an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including
  - (A) obtaining essential food, clothing, shelter, and medical care;
  - (B) obtaining goods and services necessary to maintain physical health, mental health, or general safety; or
  - (C) managing one’s own financial affairs.
- In Vermont, this definition “excludes people who make a conscious and voluntary choice not to provide for certain basic needs as a matter of life style, personal preference or religious belief and who understand the consequences of their decision.”

# METHODS

- Non-experimental survey of service providers and key stakeholder interviews throughout the state to:
  - Estimate the scope and severity of self-neglect
  - Inform a coordinated community response
- Sample
  - Provider Survey (N=137)
    - Aging network agencies providers recruited
    - Representative distribution across 5 areas of state
  - Stakeholder Interviews (N=36)
    - Purposive and snowball sampling
- Data Collection and Analysis
  - Survey: Via email and weblinks for 2 months; Descriptive statistics
  - Interviews: In-person and by phone; Content and thematic analysis

# ESTIMATING SCOPE

- Significantly varying estimates, missing information
- The majority of respondents indicated they were “unsure” or “don’t know” the number of self-neglect cases they are involved in each year.
- Providers report an average of 23 elder self-neglect cases/year with estimates from 0 – 300
- Points to need for stronger data collection effort

# CHALLENGES TO SERVICE PROVISION

Lack of desire for/refusal of services

Inadequate access to and funding of services

Cognitive and mental health issues

Limited family and community connectivity

Lack of clarity on self-neglect/capacity determination

# ESTABLISHING A COORDINATED COMMUNITY RESPONSE



Education and training

Outreach, assessment, & service provision

Enhanced community support & involvement

# EDUCATION AND TRAINING

Lack of clarity regarding self-neglect reporting

*“I don’t know where to report this”*

*“Most go unreported unless life threatening.”*

- Need for training to enhance the recognition of and response to self-neglect.
  - 75% of respondents identified training on self-neglect as “extremely important”
- Need for public education and awareness about warning signs, resources and referral options.



# OUTREACH, ASSESSMENT, SERVICE PROVISION

Outreach essential for assessment and intervention  
*Resources to support time-intensive engagement*

- Training and consultation....“*no formal system to assess*”
  - Enhanced efficiency of referral and coordination
  - 95% of survey respondents identified importance of interdisciplinary collaboration
- Widespread concern that “*programs are cut even as the demand grows*”

# ENHANCED COMMUNITY SUPPORT

## Supporting families and caregivers

- HCB LTSS likely to increase need for supports to maximize well-being and reduce cases of self-neglect as well as abuse and neglect

## From agency services to community supports

- Interest in organized volunteer/peer/companion network
- Potential concerns

	<b>First Step</b>	<b>Next Step</b>	<b>Areas for Future Exploration</b>
<b>Education and Training</b>	<ul style="list-style-type: none"> <li>Clarify existing reporting requirements/expectations</li> </ul>	<ul style="list-style-type: none"> <li>Provide training for providers</li> <li>Plan public awareness campaign</li> </ul>	<ul style="list-style-type: none"> <li>Provide additional support and funding for AAAs</li> <li>Designate single point of entry</li> </ul>
<b>Outreach, Assessment and Service Provision</b>	<ul style="list-style-type: none"> <li>Provide adequate funding/support for outreach services</li> <li>Establish process for assessment - involving collaboration, particularly of case management and mental health</li> </ul>	<ul style="list-style-type: none"> <li>Provide adequate funding of case management and mental health services</li> <li>Establish strategy for collaboration in self-neglect cases</li> </ul>	<ul style="list-style-type: none"> <li>Expand case management services for under 60</li> <li>Expand mental health and substance abuse services</li> <li>Streamline interagency collaboration efforts across high need/high risk cases</li> </ul>
<b>Community Support and Involvement</b>	<ul style="list-style-type: none"> <li>Implement public awareness campaign to improve reporting/referral process</li> </ul>	<ul style="list-style-type: none"> <li>Enhance support for families and caregivers</li> <li>Develop trained peer/community network</li> </ul>	<ul style="list-style-type: none"> <li>Enhance collaborative prevention efforts to support individuals, families, communities</li> </ul>

# STATE AND LOCAL EFFORTS

- Self-Neglect Risk Tool
  - Developed through collaboration with local area agencies on aging
  - To be utilized with 15 individuals in each service area to assess risk and determine effectiveness of interventions
  - Beginnings re: data collection
- Development of local plans for a “coordinated community response” for addressing self-neglect

## NEXT STEPS??



# THANK YOU!

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