

Self-neglect is one of the key challenges in adult care. Research has identified that health and social care professionals often find self-neglect difficult, with ethical and legal considerations, particularly where adults have the mental capacity to refuse support" (Iriss 2022). Consider this statement, the impact on those needing support and the implications for adult social work practice.

Introduction

This essay will explore the impact of the fact that health and social care professionals find self-neglect difficult, particularly in cases where service users have the mental capacity to refuse support (Sanders, 2022). Self-neglect has been defined as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to health and wellbeing of those who self-neglect and perhaps too to their community” (Gibbons and Launder, 2006; p. 11). Two forms of self-neglect are recognised (Sanders, 2022): passive (non-intentional) and active (intentional). Passive self-neglect is generally caused by poor health and, as such, is not an active choice (Day and Leahy-Warren, 2008). Active self-neglect occurs in individuals with no mental health issues who actively choose to engage in behaviours that lead to self-neglect (Sanders, 2022).

Mental health issues and physical health problems can contribute to an increased risk of self-neglect (Owen et al., 2022), often triggered by a traumatic event (Lien et al., 2016) and worsened by a lack of social support (Lien et al., 2016). The signs and symptoms of self-neglect include a suite of maladaptive behaviours including poor personal hygiene, poor diet and nutrition (which can, potentially, lead to obesity or eating disorders), the use of inappropriate clothing, an unsafe home environment, neglecting of home maintenance, hoarding, refusal of treatment, non-compliance with medication, non-attendance at medical appointments, refusal to allow other people onto or into property, mismanagement of financial affairs and/or social isolation (Sanders, 2022; p. 6). Self-neglect can lead to multiple adverse outcomes, including poor mental and physical health, increased mortality, risk of fire (due to hoarding), accidents and personal injury, nutritional risks, insanitary conditions which can cause infection or illness, increased risk of caregiver neglect and/or financial exploitation or abuse by caregivers (Sanders, 2022; p. 7).

The essay first explores the role of the social worker in adult mental health, then discusses the role of other professionals in adult mental health. The essay then explores how well the voices of service users are heard within adult and mental health services before moving on to an exploration of social work theory, policy and

law surrounding adult and mental health social work, with a particular focus on self-neglect. The essay then explores the political and ideological impacts on adult and mental health social work, with a particular focus on self-neglect, ending with a conclusion that summarises the impact of social workers finding self-neglect difficult on those needing support and on adult social work practice in general.

Role of the social worker in mental health

The role of the social worker in adult and adult mental health services is fundamental in improving both mental health services and the health outcomes of individuals who are experiencing mental health issues (Allen, 2020). Social workers are uniquely placed to help and support individuals with mental health issues to create positive change, involving person-centred care and collaborative multi-agency approaches to offer support and solutions to those in need of such support (Allen, 2020). The distinct contribution of social work to adult mental health is to ensure personalised services and the safeguarding of human rights by building professional relationships and empowering service users; by working through conflict and supporting service users as they manage their own lives and the implicit risks in their lives; by knowing and applying legislation as appropriate to protect and empower service users; by enabling service users to access options for practical support and services, across multiple agencies; and by working with other professionals so that the best possible outcomes can be achieved for service users (ADASS, 2018).

Social workers also advocate for service users, especially those services users experiencing mental illness. In this context, advocacy means helping and supporting service users with mental health issues to express their needs and wishes, to identify the options available to them and then to make decisions based on the information available (NICE, 2022). This process of advocacy ensures that the voices of service users are heard, that their rights are upheld and that their needs are met, which is especially important for people who cannot speak up for themselves, or people who do not want to speak up for themselves (including people who are engaging in self-neglect) (NICE, 2022). The Care Act 2014 and the Mental Capacity Act 2005 outline the criteria that should be followed to determine whether advocacy should be employed for a particular service user. For this reason, it is fundamentally important

for social workers to be aware of the relevant legislation to such an extent that they can apply this legislation faithfully for each service user.

Social workers also need to be aware of the ethics surrounding social work practice which, for adult service users with mental health issues, can be a complex undertaking (McLaughlin and Cordell, 2013). This is a complex issue because social work with adults with mental health issues involves assessing issues such as personal autonomy and human rights (Salford Safeguarding Adults Board, 2024) and then balancing these with the need to ensure public safety which, at times, involves surveillance and intrusions into the personal life of service users (McLaughlin and Cordell, 2013). As discussed by Carter (2016), in cases of self-neglect, for example, there is a conflict between respecting the human rights of the service user and duty of care, as outlined in the Care Act 2014 which can make it difficult for social workers to decide when to intervene and to what degree. Although the Care Act 2014 provides indications of the duties to intervene, this decision is not always straightforward in practice (Carter, 2016).

Another responsibility of social workers is safeguarding which is defined, in the Care Act statutory guidance, as “protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while making sure that the adult’s wellbeing is promoted including...having regard to their views, wishes, feelings and beliefs in deciding on any action” (Gov.uk, 2022). According to Section 42 of the Care Act 2014, safeguarding must be applied when the local authority suspects that an adult has a need for care and support, is experiencing (or is at risk of) abuse or neglect (including self-neglect) and is unable to protect themselves from the abuse and neglect. Yet, as reported by Dartington Trust (2020), self-neglect is challenging for practitioners due to the difficulties with engaging with self-neglecting service users and the difficulties inherent in coordinating interventions across multiple agencies.

Direct work with individuals at risk of, or experiencing, self-neglect requires non-judgemental, empowering and anti-discriminatory person-centred approaches with

the social worker employing empathy whilst carrying out the necessary safeguarding tasks which include risk assessment, mental health assessment, capacity assessment and covering other support needs, which are generally carried out in a multi-agency context (SCIE, 2020). Becoming an AMHP and going into this field as an approved mental health professional therefore requires multiple skills, and a suite of complex professional knowledge, to manage the processes involved in supporting adults with mental health issues and adults experiencing self-neglect (Watson, 2016). The AMHP is more than a legal role: it requires knowledge of several different domains, including practical, legal, professional, procedural, moral, ethical and relational (Hemmington, 2024), all of which should be understood and carried out following the principles of anti-discriminatory practice (Harlow and Hearn, 1996).

Role of other professionals

Regarding how the social worker can support someone who self-neglects, adults who self-neglect present unique issues including the need to assess needs and mental capacity (Naik, 2010), the need for safeguarding (SCIE, 2020) and also advocacy and empowerment (Braye, 2011). Supporting someone who self-neglects therefore involves multiple challenges, including managing the ethical decisions implicit in such a relationship (McLaughlin and Cordell, 2013), overcoming potential issues with engagement and trust-building (Sanders, 2022) and working in a multi-agency framework, which can be challenging because of the often-complex logistics involved in coordinating service delivery and ensuring that the service user receives continuity of care (Dixon et al., 2022).

Multi-agency work is therefore important in social work with adults with mental health issues, including adults who self-neglect, because of their complex needs which require a variety of expertise to achieve the required service provision (Morris, 2008). The other professionals that might be involved in the case of an adult service user with mental health issues include the fire service, Citizens Advice, housing associations (including the social housing welfare officer), GPs and other health professionals (including mental health AMP), community-based adult services, environmental health and professionals from the local health authority.

These professionals would need to work with the social worker to achieve an effective multi-agency and multi-professional working relationship, with a view to offering solutions for the multiple issues facing adults with mental health issues, including adults experiencing self-neglect. Given the complex and multi-faceted signs and symptoms of self-neglect (Sanders, 2022), and the legal requirement under the Care Act 2014 for collaborative working between agencies, social workers must be willing and able to adapt to multi-agency working (Aspinwall-Roberts et al., 2022). Yet multi-agency working has been found to be poorly understood by social workers, with this creating operational issues regarding how multi-agency working is rolled out in practice (Aspinwall-Roberts et al., 2022), this creating areas of uncertainty for the professionals involved (McWilliams et al., 2024).

How well are service user voices heard within adult and mental health services?

Hemmington (2024) reports that conversations can empower and involve adults with mental health issues, especially during the process of capacity assessment, with AMHP's being required to embed empowerment and involvement within these assessments to ensure participation, involvement and shared, supported, decision making. Yet in these contexts, conversation can often be difficult which can, in turn, generate obstacles to communication, leading to the service users voice not being centred, which is disempowering and which runs against the ethos of the person-centred approach to social work (Hemmington, 2024). In self-neglect cases, this is particularly problematic due to the ethics of ensuring autonomy whilst offering support and protection to vulnerable service users (McLaughlin and Cordell, 2013).

Regarding how the voice of someone with self-neglect issues can be heard by social workers, the principles of person-centred care need to be operationalised, ensuring that the service user is involved at all stages of assessment and production of the care plan, using advocates where necessary to ensure that the final care plan is coherent with the desires and wishes of the service user (NICE, 2022). Advocacy is an important aspect of ensuring that the voice of service users is heard (Wilks, 2020). Building a culture of person-centred care can overcome the barriers to centering the service users voice, including illness-related barriers (which can make

it difficult for service users to articulate their needs and desires/wishes), power imbalances between the service user and the social worker (which can make it difficult to develop trust) and logistical barriers (which can make it difficult for social workers to have sufficient time to develop a meaningful relationship with service users, which can limit their ability to understand and communicate effectively with service users) (Devkar and Waghmare, 2024).

Given these multiple barriers, service user voices are often not heard in an effective manner, especially in complex cases of self-neglect, which can lead to failings in delivering ethical social work practice when conducting safeguarding (Turner, 2019). Safeguarding adult reviews reveal that such failures are unfortunately common, especially in cases of self-neglect, as a result of an inadequate organisational culture and failures in delivering advocacy for service users, often due to the logistical issues involved in complex self-neglect cases, even despite the requirements of the Care Act 2014 (Turner, 2019). Relationship-based approaches have been shown to improve engagement with service users (Krist, 2020).

Social work theory, policy and law surrounding adult and mental health social work, with a particular focus on self-neglect

Regarding social work theory that is applicable to cases of self-neglect, trauma-informed social work practice allows social workers to provide support to service users who are experiencing maladaptive coping, often due to traumas, with such an approach allowing social workers to apply core principles such as trust, safety, collaboration and choice in a way that avoids interpersonal issues/dynamics negatively affecting the ability of the social worker to connect with, and therefore support, the service user by strengthening the therapeutic alliance (Levenson, 2017).

Additionally, strengths-based social work practice can ensure that social work support is provided on a collaborative basis, as this approach places value on identifying the capacity, skills and knowledge of service users and using these strengths to optimise collaborative working (Pattoni, 2012). Strengths-based social work practice has been shown to improve outcomes for service users (Christie, 2011), focusing as it does on embracing possibilities and solutions. Incorporating

Maslow's hierarchy of needs (Maslow, 1943) into the assessment process can be useful for enabling understanding which service user needs are not being met, which can be a useful starting point for understanding how to best support service users.

Regarding policy surrounding social work focusing on self-neglect, SCIE (2020) highlights the relevant policies, including the Care Act 2014 statutory guidance (Gov.uk, 2022). One of the main policy approaches is outlined in the *Making Safeguarding Personal* policy (SCIE, 2022) which aims to promote person-centred approaches to safeguarding.

Regarding legislation, there are two main pieces of legislation governing how adult mental health social work should be implemented in practice: the Mental Capacity Act 2005 and the Care Act 2014. The Mental Capacity Act 2005 provides the legal framework that should be followed to ensure that social workers establish whether an individual has the mental capacity for making decisions and, if not, the Act outlines how social workers should proceed when supporting service users (Legislation.gov.uk, 2005). The Care Act 2014 reformed the law relating to the care and support of adults, placing a duty of care on local authorities (Legislation.gov.uk, 2014).

Political and ideological impacts on adult and mental health social work, with a particular focus on self-neglect

Political and ideological perspectives can influence the provision of services for adults with mental health issues because of the different emphasis that different political parties, with their different ideological beliefs, place on the need to deliver mental health care (Ramon, 2008). A recent example of political impacts on the NHS and care services in the UK is the period of austerity, from 2010-2019, which was designed and implemented by the Conservative party (Emmerson et al., 2024) which led to significant cuts to public funding of the NHS and care services (Goodair et al., 2024). As Goodair et al. (2024) report, since the beginning of the austerity measures, levels of funding for the NHS and care services, and funding to local government, have not followed demand and relative increases in funding have slowed significantly.

The funding cuts implemented as part of the austerity measures were so severe that it is estimated that life expectancy decreased by nearly half a year (5 months for women and 3 months for men), equating to 190,000 excess deaths across the UK, which represents a 3% increase in mortality rates (Berman and Hovland, 2024). Many of these excess deaths were “deaths of despair”, including death by suicide (Walsh et al., 2022), with the funding cuts to ambulance services leading to increased response times meaning that deaths following an emergency significantly increased over the period of austerity (Kerasidou and Kingori, 2019).

These austerity-fuelled cuts therefore both directly and indirectly impacted mental health services (Cummins, 2018), effectively making it more difficult for people with mental health issues to get support at a time when there was a greater need for mental health services due to the negative effects of austerity on the mental health of people increasingly impacted by widening and deepening social inequalities. Kim et al. (2022) report, for example, that austerity measures increase psychological distress amongst social housing tenants, this representing a significant source of negative mental health consequences in the UK during austerity. In terms of the impacts on social work, Murphy (2021) reports that as a direct result of austerity, social workers have become less likely to engage in discretionary decision making and action-taking, reducing their power to make choices between different possible courses of action, removing their agency in terms of being able to offer effective support to service users.

Another ideological influence on adult and mental health social work is neoliberalism and the transition towards individual responsibility, and away from collective responsibility (and welfare), with neoliberal policies being adopted in the UK since the 1970s, causing a withdrawal of public funding (Grimshaw and Rubery, 2021), with the Conservative-led austerity measures being just one small part of this neoliberal turn (Pearson, 2019). Neoliberalism, emphasising reliance on individual responsibility, suggests that it is individuals who are responsible for their own health and wellbeing (Becker et al., 2021), with any mental health issues being deemed the fault of the individual (Zeira, 2021).

This occurs despite the fact that neoliberalism, in itself, can reduce wellbeing as a direct result of social disconnection, perceived competition with others and social isolation which causes loneliness (Becker et al., 2021). Indeed, eliminating restrictions on the market and decreasing welfare have led to increased social inequalities, income inequality, worker disempowerment, job outsourcing, lack of funding for social services, mass incarceration and reductions in funding for the NHS, with the consequences of these policies/decisions being an increasing rate of mental illness across the populace as a whole (Zeira, 2021).

It is clear, therefore, that changing political priorities, fuelled by ideological beliefs, can not only directly influence the mental health of the populace but can also directly influence the support that is available for those experiencing mental illness as a direct result of such political and ideological beliefs. This has implications for service users with mental health issues, including those engaging in self-neglect, because neoliberalism encourages moral judgements about such conditions, leading to a questioning of character (Moncrieff, 2001), leading service users to be perceived not as being vulnerable but, rather, as being complicit in their own condition (Card and Hepburn, 2022). As Card and Hepburn (2022) argue, the radical individualism spawned by neoliberalism is linked to poorer collective health and wellbeing.

Conclusion

Regarding the impact of health and social care professionals finding self-neglect difficult, in terms of legal and ethical considerations, especially when adults have mental capacity to refuse support, this essay has found that this does impact those needing support. There have been cases reported in the media, for example, of service users being failed by social workers, largely due to inadequate organisational culture and failures in delivering advocacy for service users, often due to the logistical issues involved in complex self-neglect cases.

The essay concludes that this has implications for adult social work practice because whilst social work practice in this area is governed by the Mental Capacity Act 2005 and the Care Act 2014, and by policy which suggests that person-centred

approaches to safeguarding should be implemented, there are multiple complexities in supporting individuals who self-neglect, not least the ethical issues involved in establishing capacity in such individuals. In conclusion, therefore, whilst frameworks, guidance and policy exists indicating how social work practice should be implemented with service users who self-neglect, these can be difficult to implement in practice, given the nuanced and complex nature of self-neglect and its influences on the ability of service users to connect with, and be supported by, social workers. This can lead to negative impacts on those needing support, with the implications for adult social work practice being that ways need to be found to operationalise overcoming the barriers that exist to providing effective social work practice for individuals who self-neglect.

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