Hoarding disorder in one page

What it is

What is hoarding disorder?

Hoarding disorder is a condition where letting go of things feels very hard, even items of little value, until clutter takes over your living space. It affects about 1.5 to 5.8% of people and often starts early in life.

- Hoarding disorder makes letting go of things very hard
- Clutter stops rooms being used the way they should be
- Hoarding disorder often starts early in life

The signs

What are the symptoms of hoarding disorder?

The main symptoms of hoarding disorder are great difficulty throwing things away, strong distress at the thought of parting with them, and clutter that stops rooms being used. The problem lasts, causes real distress or harm, and is not caused by another illness.

- Throwing things away feels very hard with hoarding
- Parting with things causes strong distress
- Clutter shrinks the space you can live in

Treatment

Will a clean-out fix hoarding?

No, not on its own. A one-off clean-out usually fails because nothing treats why the things gathered. A company removes things; treatment comes from a clinician. A clean aimed at an immediate risk can still be right.

- A clean can be right to reduce a specific risk.
- A clean can be right as part of a treatment program.

Medication

Is there a medicine for hoarding?

Not on the PBS. PBS searches for hoarding, hoarding disorder and compulsive hoarding return no results. A medicine for a condition alongside the hoarding is a question for the prescriber.

- Book a GP visit to check the medicines in the house.
- Bring the packs, or a list with their use-by dates.

Who diagnoses and who prescribes

Who can assess for hoarding disorder?

A clinician, such as a GP, psychiatrist or psychologist, decides whether you meet the criteria for hoarding disorder. The first person to assess you is often not a doctor; it may be an aged care, welfare or council worker. Your GP can refer you on, including to a psychologist with experience in hoarding. A GP plan needs a provisional or formal diagnosis.

- The first assessor is often not a doctor
- A GP, psychiatrist or psychologist decides

What it costs

I have no Medicare: what is the process?

Without Medicare, the process starts with your cover, not a Medicare card. On OSHC, see a GP first: OSHC pays for psychology only on a GP referral or plan. Medicare Mental Health says it takes anyone in Australia, but ask about a card first. MindSpot needs residency. Bring your passport or visa.

- OSHC pays psychology only on a GP referral or plan

Some of this differs by state and territory. See the pages on your state at haihealth.au/blog/hoarding.

In danger? Call 000. Lifeline 13 11 14, text 0477 13 11 14, or chat online.

Suicide Call Back Service 1300 659 467. Free counselling by phone or video, any hour.

Navigation, not diagnosis: this site is general information and is not a substitute for professional advice. Written by Hai from published sources. No clinician has reviewed these pages.

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