



Problem gambling in people seeking treatment for mental illness

July 2017

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Contents

At a glance	2
Introduction	3
Literature review	3
Clinician survey and interviews	4
Patient survey	7
Conclusion	9
Recommended screens	10

At a glance

Gambling problems in clients of mental health services

62% of Victorian adults gamble*

41% of people seeking treatment for mental illness gamble

Of clients in mental health services:

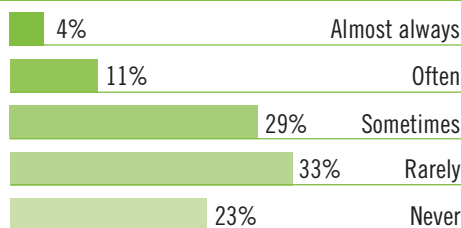


However, the rate of problem gambling is 8 times higher than the general population.

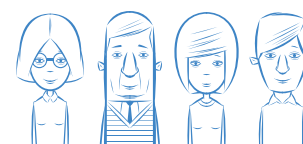


90% of clinicians agree it is important to identify if a client has a gambling problem.

Do mental health clinicians screen clients for problem gambling?



89% of clinicians are unaware or uncertain of screening tools available to detect gambling problems.



Nearly three-quarters agree a brief assessment tool for identifying gambling problems would be useful.

Two brief assessment tools

One-item assessment

Thinking about the last 12 months, have you bet more than you could really afford to lose?

Yes ☐ No ☐

Three-item assessment

1 \$\$\$\$

In the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

Yes ☐ No ☐

2



In the last 12 months, have you often gambled longer, with more money or more frequently than you intended to?

Yes ☐ No ☐

3



In the last 12 months, have you made attempts to either cut down, control or stop gambling?

Yes ☐ No ☐

YES to any question means the person may have experienced harm because of gambling and suggests a need for further assessment.

The Statewide Problem Gambling Service at Alfred Health can provide further assessment. Go to: alfredhealth.org.au/services/hp/waiora-clinic

*This excludes raffles. Reference: Hare, S 2015, *Study of gambling and health in Victoria: findings from the Victorian prevalence study 2014*, Victorian Responsible Gambling Foundation and Victorian Department of Justice and Regulation, Melbourne.

Introduction

Gambling problems and mental illness frequently occur together. Approximately three-quarters of people seeking treatment for a gambling problem also have a mental illness, most commonly a mood disorder such as depression.

At the same time, only about 22 per cent of people with gambling problems seek help for their gambling. However, people with gambling problems may seek help for a mental illness, without their gambling problems being recognised. Previous research suggests there may be high rates of gambling problems in people seeking treatment for a mental illness, but this has not been explored in an Australian context or in a large sample of patients.

This project explored the level of gambling harm experienced by people seeking treatment for mental illness and the attitudes and behaviours of clinicians in mental health services. The study also tested a variety of screens for problem gambling, to determine a recommended screen for use in mental health settings. The aims of the project were to:

- examine the ways in which clinicians currently respond to problem gambling in Victorian mental health settings
- examine the gambling behaviours of patients attending Victorian mental health services to determine the prevalence of gambling harm and explore its relationship with other psychiatric disorders
- explore suitable problem gambling screening instruments and service responses within Victorian mental health settings.

The study comprised:

- a comprehensive literature review
- a workforce survey and interviews with clinicians
- a survey of patients attending mental health services
- an assessment of problem gambling screening tools.

This project explored the level of gambling harm experienced by people seeking treatment for mental illness and the attitudes and behaviours of clinicians in mental health services.

Literature review

The review of the literature found that problem gambling is associated with a range of other mental health disorders, including alcohol and other drug use disorders, mood disorders like depression or bipolar disorder, anxiety disorders, impulse control disorders and personality disorders.

People with gambling problems are over-represented in primary care, alcohol and drug, and mental health treatment settings. Up to 29 per cent of people seeking treatment for mental illness are experiencing gambling problems.

However, there is limited evidence relating to models of care for co-occurring gambling and mental health problems. The available literature suggests that the most effective approaches are those which integrate mental health and gambling treatment.

The literature review identified 15 brief screens for problem gambling, which were later tested in the patient survey.

Clinician survey and interviews

The researchers surveyed 311 clinicians from nine mental health services. This represented 71 per cent of the available workforce. Clinicians included doctors, nurses, psychologists, case managers, social workers, support workers, occupational therapists and other mental health clinicians working at the frontline and directly responsible for patient care.

The survey examined current practices and attitudes towards screening, assessment and treatment for problem gambling in mental health services.

Most clinicians said it was important to identify gambling problems in their patients, and that a brief screen for problem gambling would be useful.

Attitudes to problem gambling

In general, clinicians had positive attitudes towards responding to problem gambling. Only 7.4 per cent of clinicians said that screening, assessment and referral for problem gambling was not part of their job. Most clinicians said it was important to identify gambling problems in their patients, and that a brief screen for problem gambling would be useful.

Clinicians' current attitudes towards problem gambling

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Screening/assessment and referral for problem gambling is not part of my job.	5 (1.6%)	18 (5.8%)	41 (13.3%)	186 (60.4%)	58 (18.8%)
It is important to identify gambling problems among mental health clients.	84 (27.1%)	195 (62.9%)	16 (5.2%)	8 (2.6%)	7 (2.3%)
A brief problem gambling screen would be a useful part of my routine clinical practice.	55 (17.7%)	171 (55.2%)	53 (17.1%)	21 (6.8%)	10 (3.2%)

Screening and assessment

Although about three-quarters (77 per cent) of clinicians reported screening patients for problem gambling, only a minority reported doing it almost always (3.9 per cent) or often (11.3 per cent).

Of those who screen, the vast majority (91.5 per cent) reported screening through 'informal discussion', 6.5 per cent reported 'using set questions included in the service's intake assessment' and only 1.9 per cent reported using a standardised or formal gambling screening instrument.

Only 10.6 per cent of clinicians said they were aware of screening and assessment tools for problem gambling. The clinician interviews confirmed that most screening was ad hoc, and occurred if there were 'red flags' such as financial difficulties or disclosure of gambling activities.

The clinician interviews confirmed that most screening was ad hoc, and occurred if there were 'red flags'.

Frequency clinicians ask patients about gambling and screen for problem gambling

Frequency	Asks about gambling Number (%) of clinicians	Screens for problem gambling Number (%) of clinicians
Never	39 (12.5%)	71 (22.8%)
Rarely	86 (27.7%)	101 (32.5%)
Sometimes	117 (37.6%)	90 (28.9%)
Often	53 (17.0%)	35 (11.3%)
Almost always	13 (4.2%)	12 (3.9%)
Missing	3 (1.0%)	2 (0.6%)

Methods or instruments clinicians use to screen for problem gambling

Screening method (of 238 clinicians who screen <i>at least</i> rarely)	Number (%) of clinicians using screening method
Informal discussion during appointment or interview	210 (88.2%)
Set questions in my service's intake assessment	17 (7.1%)
Standardised/formal gambling screen	4 (1.7%)
Missing	7 (3.0%)

Referral

Only a minority (40.1 per cent) of clinicians said they refer people with gambling problems to other services 'sometimes', 'often' or 'almost always'. Similarly, only a minority of clinicians (12.9 per cent) reported feeling 'very confident' about referring patients to services for problem gambling, with the majority (60.6 per cent) reporting that they felt only 'somewhat confident' or 'not at all confident'.

Only a minority of clinicians reported feeling 'very confident' about referring patients to services for problem gambling.

Frequency clinicians refer patients experiencing problem gambling to outside services

How often do you refer clients with a gambling problem to other services for help with their gambling?	Number (%) of clinicians
Never	56 (18.0%)
Rarely	128 (41.1%)
Sometimes	88 (28.3%)
Often	26 (8.4%)
Almost always	9 (2.9%)
Missing	4 (1.3%)

Clinicians' level of confidence in referring patients to outside services for problem gambling

How confident are you in referring clients for gambling treatment to appropriate services?	Number (%) of clinicians
Not confident	66 (21.2%)
Somewhat confident	121 (38.9%)
Moderately confident	82 (26.4%)
Very confident	40 (12.9%)
Missing	2 (0.6%)

Treatment

The majority of clinicians (79.6 per cent) reported they are 'not confident' (48.3 per cent) or only 'somewhat confident' (31.3 per cent) in treating problem gambling when it is identified.

Clinicians' level of confidence in treating patients for problem gambling

How confident are you in treating a client's gambling problem?	Number (%) of clinicians
Not confident	147 (47.3%)
Somewhat confident	95 (30.5%)
Moderately confident	54 (17.4%)
Very confident	8 (2.6%)
Missing	7 (2.2%)

Effect of training

Only 12 per cent of clinicians had received training in problem gambling, which ranged from relatively short training sessions, such as workshops and webinars, to units in tertiary qualifications.

Clinicians who had received training were more knowledgeable and positive about responding to problem gambling and had more confidence in assessing and treating patients for it. However, they were not more likely to screen for problem gambling.

Both the clinician survey and interviews indicated a need for training on screening and referral for problem gambling.

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Patient survey

The patient survey involved 841 patients from eight separate mental health services and 12 individual sites. Patients were most commonly surveyed in waiting rooms before their appointment. The survey examined gambling behaviours, problem gambling, mental illness and alcohol and drug use.

Participation in gambling

Gambling participation rates in the past year among patients were considerably lower than in the Victorian adult general population (41.4 per cent compared to 61.6 per cent). The most common gambling activities for patients were gaming machines (50.3 per cent of those who gamble), lotteries (49.7 per cent) and racing (26.1 per cent).

Patient participation in gambling activities in the past year

Gambling activity	Number (%) of patients who gamble
Playing pokies or electronic gaming	175 (50.3%)
Lotto, Powerball or the Pools	173 (49.7%)
Betting on horse racing or greyhounds	91 (26.1%)
Scratch tickets	88 (25.3%)
Betting on casino table games	48 (13.8%)
Betting on sports	42 (12.1%)
Keno	25 (7.2%)
Informal private betting	21 (6.0%)
Bingo	12 (3.4%)
Betting on events	5 (1.4%)

Gambling participation rates in the past year among patients were considerably lower than in the Victorian adult general population, yet of those that did gamble, 6.3 per cent were experiencing problem gambling, which is eight times higher than the general population.

Problem gambling

Most of the patients surveyed were non-gamblers (58.6 per cent). About one-fifth (19.6 per cent) were categorised as participating in non-problem gambling, which is lower than for the general population. About 7.1 per cent had engaged in low-risk gambling, which is similar to the rate in the general population. Moderate-risk gambling occurred in 8.3 per cent of patients, which is three times higher than the general population. A further 6.3 per cent of patients were experiencing problem gambling, which is eight times higher than the general population.

Risk of problem gambling in mental health patients

Gambling harm (PGSI*) category	Number (%) of patients who gamble
Non-gamblers	493 (58.6%)
Non-problem gamblers	165 (19.6%)
Low-risk gamblers	60 (7.1%)
Moderate-risk gamblers	70 (8.3%)
Problem gamblers	53 (6.3%)

* The Problem Gambling Severity Index (PGSI) is a questionnaire used to determine the degree of gambling harm someone is likely to be experiencing.

For patients who gambled, 52.5 per cent experienced or were at risk of gambling harm.

Risk factors and comorbidities

Male patients and patients aged 35 to 44 were more likely to be experiencing gambling harm.

The researchers observed higher rates of moderate-risk and problem gambling in:

- mental health community support services (outreach) compared to specialist public mental health services (31.5 per cent versus 13.4 per cent)
- public services compared to private services (17.3 per cent versus 10.3 per cent)
- adult services compared to youth services (15.8 per cent versus 5.4 per cent).

Gambling harm was more likely to be experienced by patients with:

- a drug use disorder (3.6 times more likely)
- a psychotic disorder (2.4 times more likely).

Problem gambling was more likely to be experienced by patients with:

- a drug use disorder (3.4 times more likely)
- a borderline personality disorder (2.6 times more likely).

The proportion of patients in the moderate-risk and problem gambling categories increased as the number of current mental health diagnoses increased.

Gambling behaviours

Patients with gambling problems spent approximately eleven times more money per month on gambling activities (a mean of \$440) than non-problem gamblers (a mean of \$50). Moderate-risk gamblers spent approximately three times as much per month (a mean \$124) as non-problem gamblers, and low-risk gamblers spent approximately 30 per cent more than non-problem gamblers.

Male patients and patients aged 35 to 44 were more likely to be experiencing gambling harm.

The proportion of patients in the moderate-risk and problem gambling categories increased as the number of current mental health diagnoses increased.

Average monthly spend on gambling activities (n = 342 gamblers who reported monthly spend)

Gambling harm (PGSI) category	Average spend \$AU
Non-problem gamblers (n = 162)	\$39.12
Low-risk gamblers (n = 60)	\$50.32
Moderate-risk gamblers (n = 68)	\$123.83
Problem gamblers (n = 52)	\$439.79

Experience of gambling in mental health services

Only 43 per cent of patients reported having been asked about their gambling since attending the mental health service. However, patients said the most likely approach they would use if they developed a gambling problem would be speaking to a mental health worker (66.9 per cent). Other common approaches to help-seeking were self-help strategies, for example, budgeting (66.4 per cent), self-exclusion from physical venues (58.2 per cent) and speaking to a gambling counsellor (56.7 per cent).

Only 43 per cent of patients reported having been asked about their gambling since attending the mental health service.

Patients said the most likely approach they would use if they developed a gambling problem would be speaking to a mental health worker.

Conclusion

Given the high rate of problem gambling in patients attending mental health services, and that one in two patients who gamble are experiencing gambling harm, there are significant opportunities for prevention, early identification and intervention for this group.

The findings of this research indicate that a brief screening tool would be effective in supporting earlier identification of problem gambling within mental health patients, and could easily be added to existing intake processes.

Comprehensive training in assessing and managing gambling harm, as well as improved cross-sector partnerships and referral pathways would also help ensure patients with mental health and gambling issues receive timely and appropriate treatment.

The report also recommends further research in determining rates and patterns of gambling harm across a greater range of mental health settings, and understanding why this group is at such risk and the most effective strategies to minimise harm.

A brief screening tool would be effective in supporting earlier identification of problem gambling within mental health patients.

Recommended screens

The report recommends three screens of different lengths for mental health clinicians to identify gambling harm.

One-item assessment

This screen can detect problem and moderate-risk gambling.

Thinking about the last 12 months, have you bet more than you could really afford to lose?

Yes

No

A positive response indicates the person may have experienced harm because of gambling and suggests a need for further assessment.

Three-item assessment

This screen can detect problem and moderate-risk gambling.

1. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?

Yes

No

2. Have you often gambled longer, with more money or more frequently than you intended to?

Yes

No

3. Have you made attempts to either cut down, control or stop gambling?

Yes

No

Responding 'yes' to any question indicates the individual may have experienced harm because of gambling and suggests a need for further assessment.

Five-item assessment

This screen can detect problem, low and moderate-risk gambling.

- 1. In the past 12 months, would you say you have been preoccupied with gambling?**
Yes
No
- 2. In the past 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?**
Yes
No
- 3. In the past 12 months, have you often gambled longer, with more money or more frequently than you intended to?**
Yes
No
- 4. In the past 12 months, have you made attempts to either cut down, control or stop gambling?**
Yes
No
- 5. In the past 12 months, have you borrowed money or sold anything to get money to gamble?**
Yes
No

Responding 'yes' to any question indicates the individual may have experienced harm because of gambling and suggests a need for further assessment.

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