E-Mental health for problem gambling: Expanding the suite of options to include text messaging.

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Research Team

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Background

- Online counselling (chat and email), forums, self-help and websites for problem gambling have been offered for more than 15 years (8 years in Australia).

- Multiple studies have examined chat based clients. For instance one found a single session may be associated with improved readiness and reduced psychological distress when measured immediately following an online session (Rodda, Dowling, et al., 2016).

- No studies have examined the impact of the other service options (i.e., email, forums, self-help, website).
Background

- SMS is simple, inexpensive and a convenient method of delivering interventions to people with problem gambling.
- SMS is currently offered by services and websites as part of a suite of services
- There are currently no trials investigating its feasibility or impact.
Aims

1. What are the types and number of services accessed?

2. What help-seeking activities (low and high intensity) and self-directed options are accessed before and after e-mental health?

3. Does e-mental health make a difference to client outcomes over a 12 week period?

4. Does providing text messaging in addition to e-mental health improve gambling outcomes?
1. The characteristics of service users?

- Total 277 participants. More often male (62.8%, n=174) than female (37.2%, n=103).
- The average age was 39 years of age (SD=12.3) with a range between 18 and 77 years of age.
- The average G-SAS score at baseline was 29.5 (SD=7.5) with a range 5 to 48 (<30 moderate). The average urge rating was 9.6 (SD=3.1) and these scores ranged between 0 and 16 (maximum score).
Participant goals of treatment was most often to stop gambling altogether followed by maintain change plan.
Measures

Gambling Symptom Assessment Scale (G-SAS)
• 12-item - measures urges and symptom severity
Frequency of days gambled and amount of money spent
Readiness to change
• Willingness, readiness and confidence
E-mental health services accessed
• Low-intensity; Self-directed
Help-seeking activities
• Low-intensity; Self-directed; High-intensity
**Synchronous chat:** Chat is offered 24/7 and works similarly to instant messaging, where both the counsellor and client type in a secure environment. A typical counselling session has a 45-minute duration.

**Asynchronous Email:** Email support is provided via the same secure site as the real time chat. A client is allocated the same counsellor for two to three emails a week for approximately six weeks.

**Website:** The website provides information on gambling issues, interactive self-assessments, and strategies for regaining control as well as accessing support and helping others. In total, the site offers over 30,000 words of content across more than 20 separate pages.

**Community forums:** Forums are post moderated by a clinician 7-day week. Anyone can read and create a post in the forums, including gamblers, family, friends, professionals and the general community on topics such as strategies for change and stories of recovery.

**Very brief self-help:** Intentionally brief (5 to 10 minutes) and accessible as standalone (can do one or two at the time this study was in the field).
Procedure

1. At registration clients indicate “I am interested in someone checking in with me in four weeks.”
2. An automated email promoting the study is sent from the service to all registered and interested clients.
3. A link is provided to the survey which is managed by the research team.
1. Types and number of services accessed
Services access: 26 combinations

Most frequent combinations:
- Website, forum, module (14%)
- Chat and website (11%)
- Website and module (11%)
- Chat, website, module (9%)
- Website only (7%)
- Chat only (6%)
2. Types and number of services accessed before/after

<table>
<thead>
<tr>
<th>Service</th>
<th>Baseline (ever)</th>
<th>Past 4-weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-intensity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talked to a gambling help counsellor online</td>
<td>40%</td>
<td>32%</td>
</tr>
<tr>
<td>Sent an email to a gambling help counsellor</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Phoned a gambling helpline</td>
<td>39%</td>
<td>19%</td>
</tr>
<tr>
<td>High-intensity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talked to a gambling counsellor face-to-face</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>Sought financial counselling by phone or face-to-face</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Stayed in a residential facility for gambling</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Talked to a psychologist, psychiatrist or GP about gambling</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>Attended a support group for gambling</td>
<td>13%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Help-seeking prior to accessing e-mental health
<table>
<thead>
<tr>
<th>Self-directed options</th>
<th>Baseline (ever)</th>
<th>Past 4-weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read or posted in the online forums</td>
<td>35%</td>
<td>42%</td>
</tr>
<tr>
<td>Read information on the gambling help online website</td>
<td>77%</td>
<td>66%</td>
</tr>
<tr>
<td>Completed one of the modules on gambling help online</td>
<td>43%</td>
<td>49%</td>
</tr>
<tr>
<td>Self-exclusion from an online or land-based venue</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Talked to family members or friends about the gambling</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>Tried a self-help strategy like budgeting to reduce the impact</td>
<td>66%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Help-seeking prior to accessing e-mental health
Access to service options at 4-weeks included a combination of new and previous treatment seekers
Clients continued to access services for the first time in the 30-day period before 12 week follow-up (e.g., 7 new face-to-face, 19 new email clients, 22 new forum users)
3. Does e-health make a difference over a 12 week period?

Uptake of Person delivered vs self-directed options on gambling severity at 4 and 12 week evaluation

Participants accessing websites and brief modules reported significant reductions on all indicators BUT participants accessing a person-to-person interaction reported greater reductions on all indicators.
Messages were delivered on Monday and Wednesday after sign-up to the trial:

• *Welcome to the SMS-enhanced gambling help service, we will be sending you some helpful tips (on a Wednesday) and keeping track of your success (on a Monday) – great to have you on board :)*

On the following Monday, after having received a self-help message on Wednesday, participants were asked how the tip worked:

• *Hope you are well. Was the quick tip helpful last week? Would a call back be helpful? Text HELP and a counsellor will call you within 24 business hours.*
4. Does providing text messaging in addition to e-health improve gambling outcomes?

SMS versus treatment as usual on gambling severity at 4 and 12 week evaluation

Significant reductions from baseline to 12 week follow up. Most gains made by 4 week follow-up
Number of text messages to the research team over the trial 12 weeks
One-third of participants made contact at week 3
<table>
<thead>
<tr>
<th>Content of client response</th>
<th>n, %</th>
<th>Indicative response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response towards messaging (i.e. not specific to any particular</td>
<td>90 (48)</td>
<td>Yes keep them coming in doing well but need the constant reminders Thanks for the SMS they just confirm to me I am on the right track You know what’s helpful? Having a message every week that says ‘hope you are well’ Yes, I am finding both these SMS contacts and online forums really thought provoking and useful. Have already put quite a few strategies in place, and a few more in the pipeline</td>
</tr>
<tr>
<td>change strategy</td>
<td>26 (14)</td>
<td>Somewhat helpful. So far I have enough inspiration. Been noticing the impulses and the constant adverts, but doing well Yes, it helps to keep non gambling activities at the forefront of my mind Ty I am doing ok. I have deleted FB and felt relieved after. Thanks for the SMS they just confirm to me I am on the right track :) I don’t want to set limits, I just want to stop completely</td>
</tr>
<tr>
<td>Response to offer of help</td>
<td>18 (10)</td>
<td>At this stage I’m ok thanks but will text if I need to chat Please send me more info you refer to thanks</td>
</tr>
<tr>
<td>Shared account of recovery</td>
<td>20 (11)</td>
<td>Going well – Haven’t punted in the last week I have not had a gamble since I started the counselling thank you I do have to be stronger to be successful.</td>
</tr>
<tr>
<td>Request for call-back</td>
<td>16 (9)</td>
<td>Help but after 4 p.m. please</td>
</tr>
<tr>
<td>Technical problems</td>
<td>12 (6)</td>
<td>I don’t think I got a quick tip last week but all is good I lost all my contacts, who is this?</td>
</tr>
<tr>
<td>Request to opt out (e.g. messages no longer required)</td>
<td>6 (3)</td>
<td>Can I please be removed message list? Thanks. I don’t like the messages pop up on phone Happy to stop the text messages now please. Thanks for your help but I no longer require the messages</td>
</tr>
</tbody>
</table>
• 10% of participants in the SMS trial accessed the new outbound service (text for immediate HELP)
• 16 participants indicated a need for a call-back from the service and texted ‘help’ when prompted.
• All requires for help were responded to by counselling staff from Gambling Help Online
Clinical Implications

1. There was a significant decrease in gambling symptoms and time and money spent post-treatment. This was greater for those engaged in a p2p exchange.

2. There was not a significant difference between SMS and TAU (i.e., SMS did not increase the effect of e-mental health).

3. Four out of five gamblers accessing e-mental health were willing to take part in the SMS trial and very few withdrew from the study.

4. Gamblers accessed 26 combinations of e-mental health options. The most frequent combinations were website, forum, module (14%) and Chat & website (11%).
Almost all participants had engaged with a service or attempted self-change prior to accessing one of the e-mental health options (94%).

The average number of options accessed was 5
Implication of text messaging trial

- Text does not add to the suite of options at least in the short term. This could be because:
  - Needs met (people got what they needed)
    - Gamblers accessed an average of 2.5 e-mental health offerings at their initial visit and it could be this mixture of services more than met current needs.
  - Interactivity
    - Gamblers willing to respond to text messages
Implication of trial to messaging

• Content of message
  • Tailored by SOC (motivational not helpful for treatment seekers)
  • More sophisticated messaging
    • Focus on coping rather than action
• Optimal time frame not known - is 12 weeks too long or too short
• 50% attrition – how to improve?
Where to from here?

Longer term follow-up of e-mental health clients

Longer term delivery of text messages

More sophisticated text messaging: The message matters not just the convenience of the medium
Published article:


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