



Gambling and mental health from the perspective of social work

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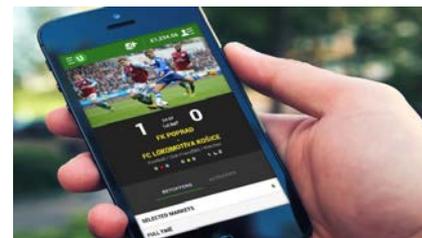
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Outline

1. Gambling in the UK
2. Overview of our research
3. Findings
 1. - Scoping review
 2. - Interviews with key informants
 3. - Interviews with social workers
4. Limitations and conclusions



1. Gambling in the UK



Legislation



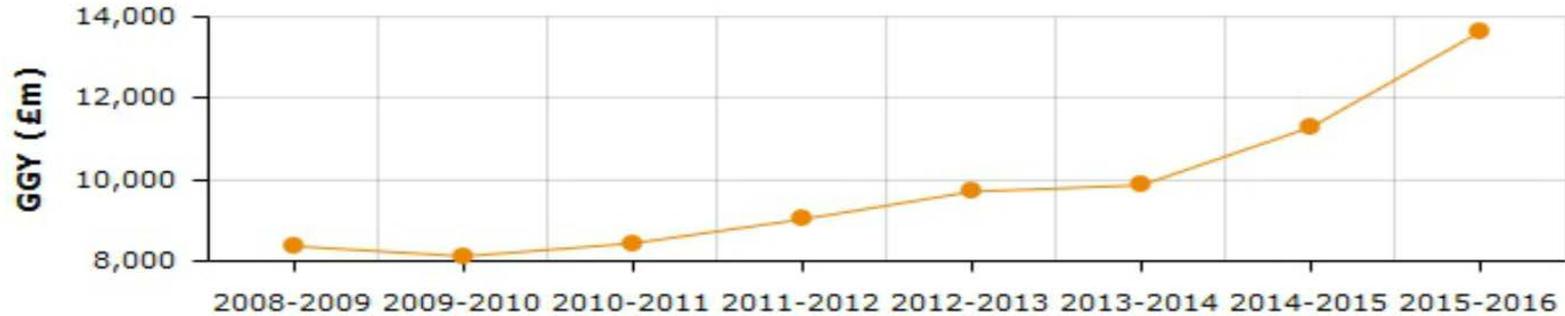
Gambling policy has changed dramatically in the UK since the 20th Century

1906 – 1959:	Gambling in Britain was partially prohibited
1960:	Betting and Gaming Act legalised almost all forms of gambling
1978:	Royal Commission on Gambling concluded that some relaxation of the regulations was warranted
Betting Gaming and Lotteries (Amendment) Act 1984:	allowed a number of relaxations on gambling
1990s	Era of gambling liberalisation
National Lottery Act 1993:	Made provision for the setting-up of a National Lottery
Late 1990s:	Regulations further eased in almost all sectors
2001:	Gambling Review Body Report: 176 recommendations designed to simplify the regulation of gambling
Early 2000s	Gambling became more liberalised, more varied, more accessible
2002	Department of Culture, Media & Sport report – govt vision
2007	New regulator of gambling was established and Gambling Act 2005 came fully into force
2017 - present	Govt consultation on gaming machines and social responsibility

Industry statistics

- Industry grown from £8.3bn in 2008 to £13.7bn in 2017
(Gambling Commission, 2017)

UK Gambling Industry GGY (2008-2016)



- Tax revenue = £2.7bn in 2016
(HMRC, 2017)
- Industry expenditure on advertising has reached £1.4bn
(Ellson, 2017)

Participation statistics

- **48.4%** of adults participated in gambling in 2016
- **17.3%** of adults participated in online gambling in 2016

Popular gambling activities include:



30%



17.3%



12.1%



11.7%

At-risk gambling

- More than **2 million people** in the UK are either problem gamblers or at risk of addiction (Conolly et al., 2017; Davies, 2017)
- **3.9%** of respondents to the Gambling Commission survey were classified as at-risk gamblers (Conolly et al., 2017)

Problem gambling 'a risk to over 2m in UK'

Rob Davies

More than 2 million people in the UK are either problem gamblers or at risk of addiction, according to the industry regulator, which warned yesterday that the government and industry are not doing enough to tackle the problem.

The report by the Gambling Commission estimates that the number of British people over the age of 16 who are problem gamblers grew by a third in three years, suggesting about 430,000 people suffer from a serious habit.

It also found evidence of increased addiction among those playing fixed-odds betting terminals (FOBTs), which have been criticised for allowing betting shop customers to spend up to £100 every 20 seconds. Earlier this year, the government delayed a report on curbing FOBTs and limiting the speed of gambling ads on TV.

With the Department for Digital, Culture, Media and Sport (DCMS) not due to publish its recommendations until October, the Gambling Commission's executive director, Tim Miller, said neither the government nor the gambling industry were moving fast enough.

"We have a clear commitment to make gambling fairer and safer and these figures show that this is a significant challenge," he said. "Success will depend upon us, the industry, government and others, all working together with a shared purpose to protect consumers. The pace of change

to date simply hasn't been fast enough - more needs to be done to address problem gambling." The report defines problem gambling as when it "compromises, disrupts or damages family, personal or recreational pursuits".

The UK's leading gambling charity GambleAware, repeated calls for the industry to increase its funding for addiction treatment. The charity gets about £8m in funding from the industry per year but has called for this to rise to £30m.

Even that figure falls short of the donation suggested by the Responsible Gambling Strategy Board, of 0.1% of the record £13.8bn the industry won from British gamblers last year, or £13.8m.

The commission's report, which has taken nearly two years to collate and charts gambling addiction up to 2015,

£13.8bn

The record amount the gambling industry won from punters in Britain last year. There are calls for it to give 0.1% of this - £13.8m - to addiction treatment

Continued on page 12 →

Problem gambling

- Defined as “gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits” (Sproston et al., 2000).
- Approximately **430,000 adults** are problem gamblers in the U.K. (Conolly et al., 2017)
- Calls for problem gambling to be considered as a **public health issue** (Nature, 2018; The Lancet, 2017, Welsh Government, 2018)



EDITORIAL · 23 JANUARY 2018

Science has a gambling problem

Researchers and government agencies pay too little attention to pathological gambling. This must change.



THE LANCET

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Editorial

Problem gambling is a public health concern

The Lancet

Published: 02 September 2017

Cost of problem gambling



Problem gambling estimated at costing the U.K. between **£260m and £1.16bn** per year:

Primary care (**mental health**) services (**£10m - £40m**)

Secondary **mental health** services (**£30m - £110m**)

Hospital inpatient services (£140m - £610m)

Unemployment benefit and lost labour tax receipts (£40m - £160m)

Statutory homelessness applications (£10m - £60m)

Incarcerations (£40m - £190m)

(Thorley, Stirling & Huynh, 2016)

Are changes afoot?



- **Maximum stake on fixed-odds betting terminals**
 - Currently 33,611 in the UK, £1.8bn Gross Gambling Yield (GC, 2017)
 - Calls for the stake to be lowered from £100 to £2
- **Advertising of gambling products, particularly to children, young people and vulnerable people**
 - Industry spent £1.4bn on advertising since 2012 (Ellson, 2017)
 - 80% of 11-16 year olds have seen gambling adverts on TV, 70% on social media and 66% on other websites (GC, 2017)
 - Calls to ban pre-9pm gambling ads (Burgess, 2018)
 - Advertisements within live sport and highlights programmes (Cassidy & Ovenden, 2017)
 - Concerns about sports sponsorship (e.g. football) (Mair, 2018; Jones, 2017)
- **Funding of research, education and treatment services**
 - Introduction of a statutory levy? (GambleAware, 2017; 2018)



HAS THE TIME COME FOR A
STATUTORY LEVY TO FUND
GAMBLING RESEARCH
EDUCATION AND TREATMENT?

Friday 8 December 2017



Gambling & vulnerable people



Our statutory duties are to

- Permit gambling subject to reasonable consistency with the licensing objectives which are to:
 - keep crime out of gambling
 - ensure that gambling is conducted fairly and openly
 - to protect children and other vulnerable people from being harmed or exploited by gambling
- Advise national and local government on the impact of gambling and its regulation
- Secure the maximum return to good causes from the National Lottery subject to probity and protection of player interests.

- “vulnerable people” **not defined** within the 2005 Gambling Act

- Regulator does “assume that this group includes people who **gamble more than they want to**, people who **gamble beyond their means** and people who may not be able to make informed or balanced decisions about gambling due to, for example, **mental health**, a learning disability or substance misuse relating to alcohol or drugs”

People who may have an increased vulnerability or risk to gambling-related harm

Demographics	Socio-economic	Poor judgement/impairment	Other
Youth	Unemployed	Low educational attainment	Poor mental health
Older people	Low income	Low IQ	Substance abuse/misuse
Women	Deprived areas	Under influence alcohol/drugs	Problem gamblers
Ethnic groups	Financial difficulties/debt	Learning disabilities	
	Homeless	Personality traits	
	Immigrants		
	Prisoners/probation		

Gambling from a social work perspective

Gambling may be brought to the attention of adult social care and/or their social work/safeguarding services:

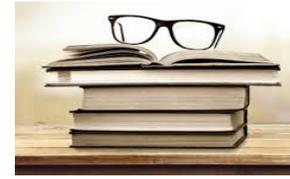
1. **People with care and support needs** experiencing gambling-related harm
 2. **Alleged cases of abuse or neglect** towards such adults as a result of the gambling habits of carers, paid or professional care providers, neighbours, acquaintances and friends, on line contacts, or those in positions of trust.
- Under the **Care Act 2014** local authorities are responsible for promoting well-being
 - Local authorities are also responsible for safeguarding with other agencies
 - **Mental Capacity Act 2005**
 - do adults at risk have the mental capacity to participate in gambling?
 - best interest decisions required?

2. Overview of our research

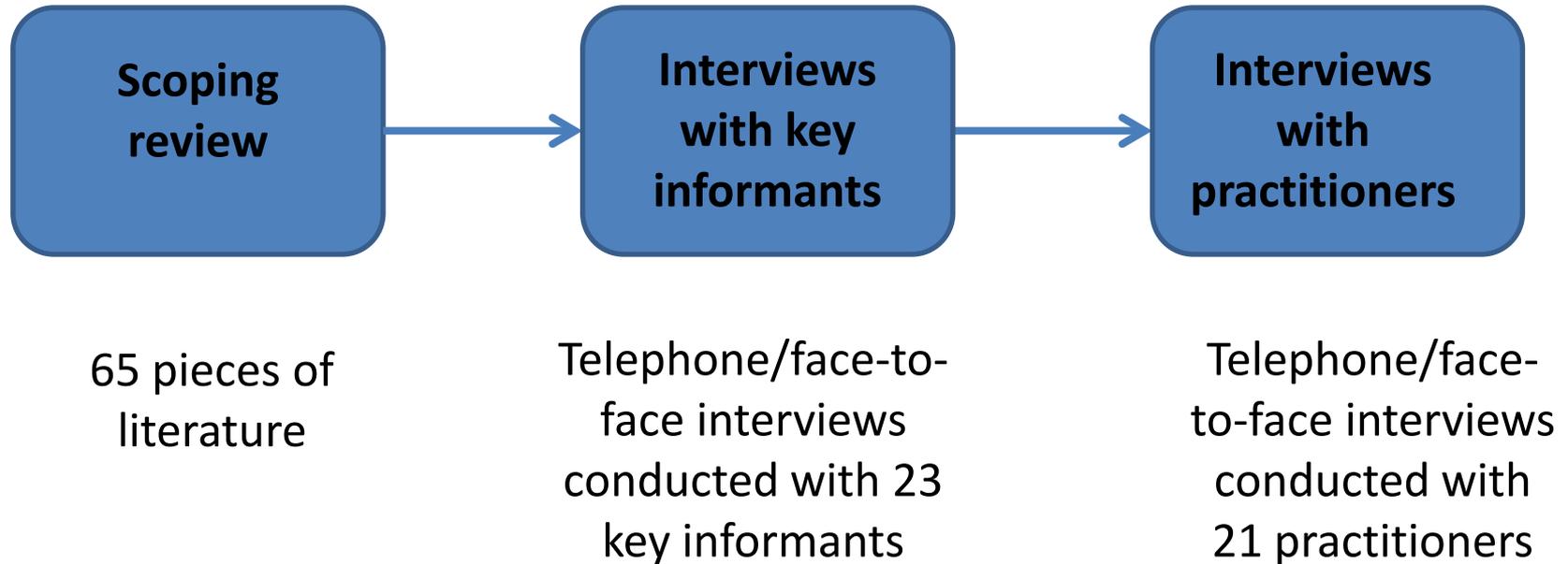
Aims:

1. Improve the **understanding** of gambling-related harm for adults with health and social care needs
2. Examine what key informants **know** about harmful gambling among adults with health and social care needs and their **understanding** of the risks to vulnerable adults arising from their own or others' gambling participation.
3. Examine what practitioners **know** about harmful gambling among adults with health and social care needs, their **understanding** of the risks to vulnerable adults arising from their own or others' gambling participation and their **management** of cases of gambling-related harm.

Methodology



Three phases:



Phase 1: Scoping review findings

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The nature of gambling-related harms for adults at risk: a review

Stephanie Bramley, Caroline Norrie
and Jill Manthorpe

Social Care Workforce Research Unit



65 pieces of literature

- Acquired brain injury/intellectual difficulty
- Learning disability/difficulty
- Other disabilities
- People experiencing homelessness
- Older people
- **Mental health**
- Risk of harm, abuse, neglect , exploitation and coercion

Phase 1: Scoping review findings

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Mental health

- **Evidence** that PG is associated with mental health problems (Cowlshaw & Kessler, 2016; Wardle, 2015)
- **Evidence** that PG are more likely to use psychological services (Cowlshaw & Kessler, 2016)
- **Suggestion** that people with mental health problems may live in areas where there are many kinds of opportunities for gambling (Welsh et al., 2014)
- **Evidence** that people with mental health problems may spend benefit payments on gambling (Mental Health Foundation, 2013)
- **Evidence** that at-risk gambling may be associated with mental health problems (Lichtenberg et al., 2009)
- **Suggestion** that people experiencing mental health problems may be at risk of abuse, neglect and exploitation (Kerber, Schlenker & Hickey, 2011)

Phase 2: Interviews with key informants

23 key informants interviewed including GPs, nurses, employees of gambling charities, social work lecturer, trainer, employees of debt organisations, autism charity employee, head injury charity worker.

Data analysed using Thematic Analysis organised into **4 themes**:

1. Gambling-related harm as a public health problem
2. Uncertainties about the nature and prevalence of gambling-related harm
3. The hidden nature of gambling-related harm
4. Professional activities around harm minimisation

Phase 2: Key findings

Theme 1: Gambling-related harm as a public health problem

- Loneliness
- Gambling with benefit payments
- Harms include depression and financial difficulties
- **But** gambling can be a positive activity
- Shared responsibility
- Duty of care

Theme 2: Uncertainties about the nature and prevalence of gambling-related harm

- Who is vulnerable?
- Lack of data

Phase 2: Key findings

Theme 3: The hidden nature of gambling-related harm

- Lack of discussions with clients about gambling
- Few overt signs of gambling problems

Theme 4: Professional activities around harm minimisation

- Spotting cases of GRH
- Raise public awareness of GRH
- More knowledge of gambling-management tools (e.g. self-exclusion)
- More signposting

Phase 2: Findings relating to mental health

Appeal of gambling participation:

“If you have mental health issues you're on the margins of society, you're less likely to be gainfully employed, you're more likely to be isolated, you're more likely to, because of the strain on services, to not get what you need, so we need a kind of way of self-medicating, even although they may already be on anti-psychotics or anti-depressants. This is one way of self-medicating that also offers the possibility of getting money, so that's an obvious reason.”
(Counselling Services Manager, Gambling Support Service)

Barriers associated with help-seeking:

“We certainly get a reasonable number of calls from callers who will be suffering from various mental health problems, from mild depression up to some of the more serious psychological disorders...very few people are willing to be up-front about such matters, and it's perhaps not surprising that they shut down very quickly, if they are challenged.” (Frontline Services Manager, Gambling Support Service)

Phase 2: Findings relating to mental capacity

Capacity assessments:

“I've never heard of anyone doing a capacity assessment in relation to gambling, but it would be an interesting question; does this person have the capacity to make an informed decision? It would be an interesting one and, presumably, if it shows they don't, you have to make a best interest decision, and then would you decide it's in somebody's best interests to gamble?” (Social Work Lecturer)

Lack of awareness of mental capacity by gambling industry staff:

“I think one of the problems that gambling organisations have is the awareness and understanding of the Mental Capacity Act, and knowing when somebody may or may not have capacity to make decisions...I got the impression...that even at senior level the knowledge about the Mental Capacity Act was extremely limited.” (Trainer - Vulnerable adults and older people)

Phase 2: Findings relating to mental capacity

Risk of abuse, harm, neglect and/or exploitation:

“I think having a betting shop where you're going to be there for a period of time and people can assess your capacity and potentially take advantage of that, I think is quite concerning.”
(Head of Innovation and Good Practice, Homeless Charity)

Phase 3: Interviews with practitioners

21 practitioners working within social work, safeguarding, charities and gambling support services

Data analysed using Thematic Analysis and organised into 4 themes:

1. Concerns about the pervasiveness of gambling in everyday life and its appeal to adults with care and support needs
2. Lack of knowledge of the complexities surrounding gambling and gambling-related harm
3. Uncertainties of how to support adults with care and support needs experiencing gambling-related harm
4. Desire for professional development activities

Phase 3: Key findings

Theme 1: Concerns about the pervasiveness of gambling in everyday life and its appeal to adults with care and support needs

- Advertising
- Accessibility
- Mobile and online gambling
- Risk of harm, neglect, abuse and exploitation in gambling venues

Theme 2: Lack of knowledge of the complexities surrounding gambling and gambling-related harm

- Possible impact of GRH for VP
- No 'official' information about gambling or GRH
- Lack of screening for GRH

Phase 3: Key findings

Theme 3: Uncertainties of how to support adults with care and support needs experiencing gambling-related harm

- Some felt ill-equipped to tackle GRH
- Mental Capacity Act
- Lack of knowledge

Theme 4: Desire for professional development activities

- “I’m a social worker not a mathematician”
- Contact details/links to support services
- Links need to be created between social work and the gambling industry (especially venue staff)
- Gambling operators members of Safeguard Adults Boards?

Phase 3: Findings relating to mental health

Impact of gambling participation:

“it led to so many other things...because she was losing money she got really depressed, which we believe sort of, could have contributed to her having a mental health relapse...I think once she sort of gets back into the betting shops and sadly she loses it. It triggers off depression, her mood, she’s um, you know, what her husband said is that she doesn't want to talk to anyone, she’s very snappy, and then it triggers mental health” (Social Worker 4)

“I mean mental health issues, for the most part, the majority of people that come in now, there is suffering when they come in...Physically, because any money that they get goes on gambling, so they won't have looked after themselves. So physically, a lot of them are quite ill when they come in. They're stressed and all the rest of it, it leads to, to ill health, their families and friends as well, same thing, because of the stress that they've been living with and their children.” (Director of Therapeutic Services, Gambling Support Service)

Phase 3: Findings relating to mental health

Potential lack of understanding of the risks associated with gambling:

“she didn’t really know whether she was winning or losing I don’t think half the time, she just didn’t understand, yeah so she was kind of gambling for the thrill of it, she must of known whether she was winning or losing but she didn’t kind of really recognise the damage that she was doing” (Mental Health Outreach Worker, Gambling Support Charity)

Appropriateness and suitability of gambling-support services:

“There is obviously the, you know, the support groups around gambling that, that you can look at...but you need a certain level of cognition to be able to interact and, and some confidence to go along to those groups as well.” (Social Worker 2)

Phase 3: Findings relating to mental health

Potential for financial abuse:

“She’s under such stress though, she quite understandably crying for help. So I think it was partly that, but she said she was suffering from stress and just, she just couldn’t resist” (Social Worker 5)

“so allegedly this chap, they both had mental health problems. He was exploiting her financially and interfering with prescribed medications” (Social Worker 7)

Phase 3: Findings relating to mental capacity

Support for individuals to make ‘Unwise decisions’:

“it’s their choice at the end of the day and it’s trying to support them with that choice to offer payment plans, managed bank accounts...in some ways it’s easier when the person doesn’t have capacity” (Social Worker 2)

‘Best interests’ route to support individuals:

“if he didn’t have capacity it would be a very different issue. I mean, obviously we could go down the best interests route...I mean Court of Protection money management, would also be an option and then with a package of care to enable him to maybe partake in low level sort of activities...so he’s not excluded from his hobby, maybe supported to do occasional gambling with carers...but with a limited amount of money” (Senior Social Worker 1)

Limitations

- Experiences and views of adults with care and support needs affected by gambling-related harms not collected (although a service user & carer advisory group consulted).
- Risk of sample bias – volunteers particularly interested.
- Risk of partial or inaccurate recall.
- NB This was an exploratory study – the first on the subject in the UK

Conclusions

- People with mental health problems may experience gambling-related harm either from their **own or other people's** gambling habits
- People with mental health problems may find it **difficult** to discuss their gambling participation and **difficult** to access gambling support services
- Concerns that some individuals may not **understand** the potential risks associated with gambling participation
- Some practitioners are **unsure** how to identify and manage cases of gambling-related harm; possibly easier to manage cases when the person lacked capacity as they could refer to legislation.
- The gambling industry should be more **aware** of the Mental Capacity Act 2005 and Care Act 2014, and provide staff with Mental Health First Aid **training** so as to support vulnerable people in gambling venues.
- More **training** and **professional development** for practitioners to raise awareness of gambling-related harm, gambling management tools and gambling support services.

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Thanks for listening!

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