The prevalence of risky & problem gambling among people attending community mental health services in Victoria, Australia.

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Background

- Problem Gambling (PG) commonly co-exists alongside Mental health and Alcohol and other drug problems
  (Lorains et al,. 2011; Dowling et al, 2015)
- Few studies on PG prevalence in MH treatment seekers
- PG can complicate psychiatric presentations
- ~10% of PGs seek treatment for gambling problem
- Identification & early intervention in MH services is critical

Aims

1. Determine gambling participation rates & behaviours in a Victorian sample of mental health/AOD clients
2. Estimate gambling problems across the risk continuum (prevalence of risky gambling & PG)
3. Examine the overlap between PG, mental health disorders and harmful substance use
4. Identify the barriers and facilitators to screening
5. Identify the best performing brief PG screening tool for this population

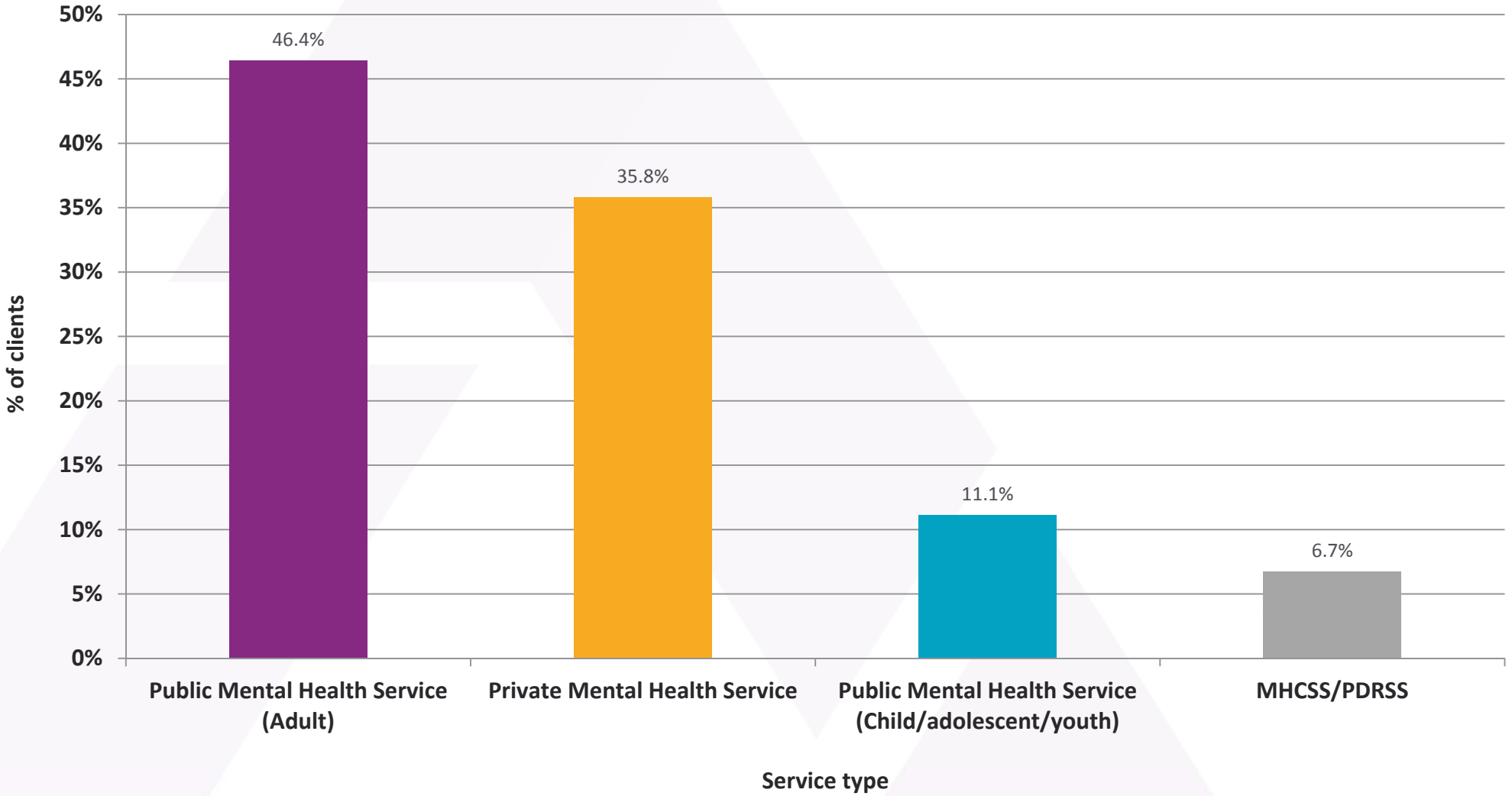
Method

Design: Cross sectional study

- Researchers approached patients in waiting rooms for 1-2 weeks (May 2015-Jan 2016).
- Participants self-completed an anonymous online 15-min survey on iPads and reimbursed with $10 voucher
- Survey developed via collaboration. Included psychometric testing of classification accuracy of 9 brief screening instruments against the PGSI

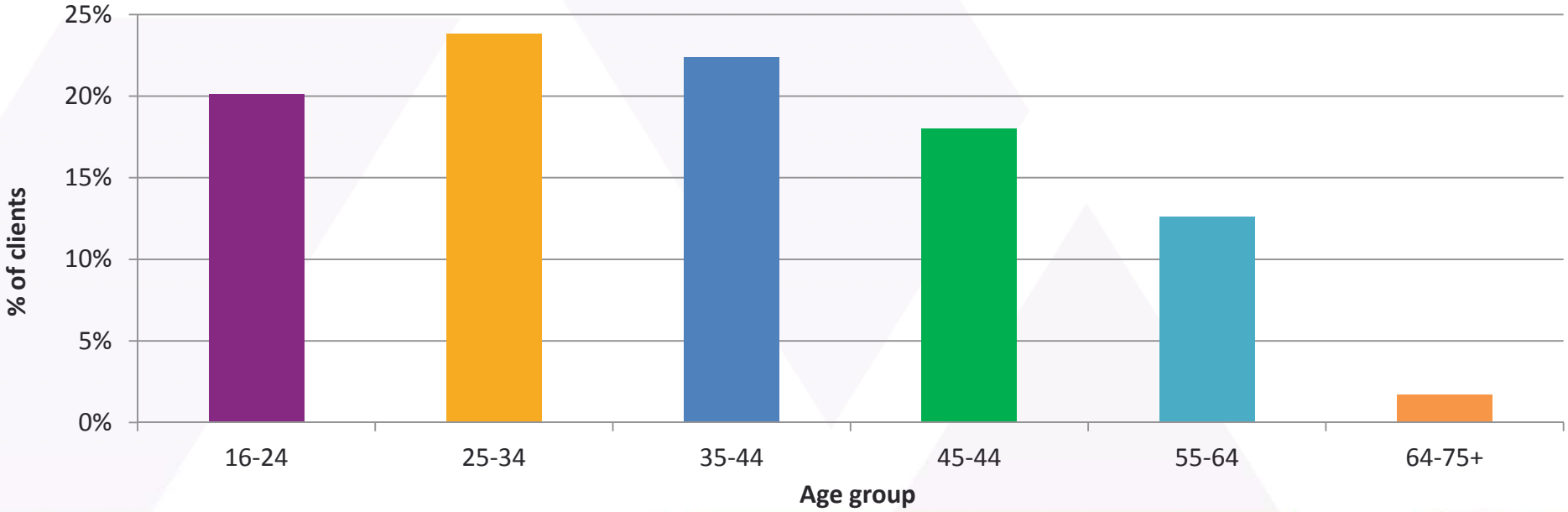
Sample: MH Services

(*N*= 837 attending 8 separate MH services across 12 different sites)



Demographic characteristics

- N= 841 MH patients
- 50.9% males, mean age was 38.1 years (*SD*= 13.3 years)
- 77.6% born in Australia, >70% completed year 12
- 37.6% were employed/ studying, 19.7% were married
- More than half had received treatment at service for > one-year



Current mental health diagnoses (past year)

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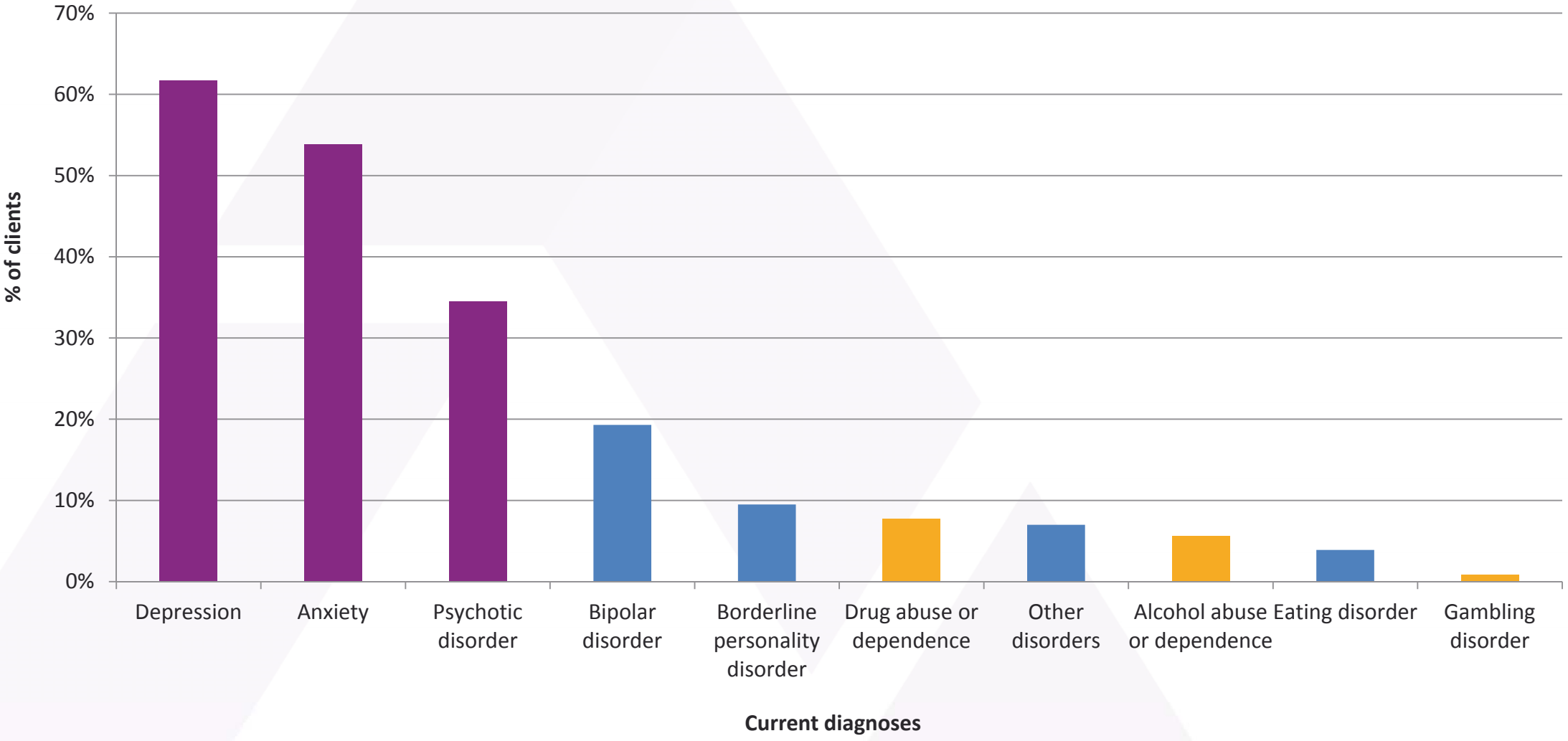
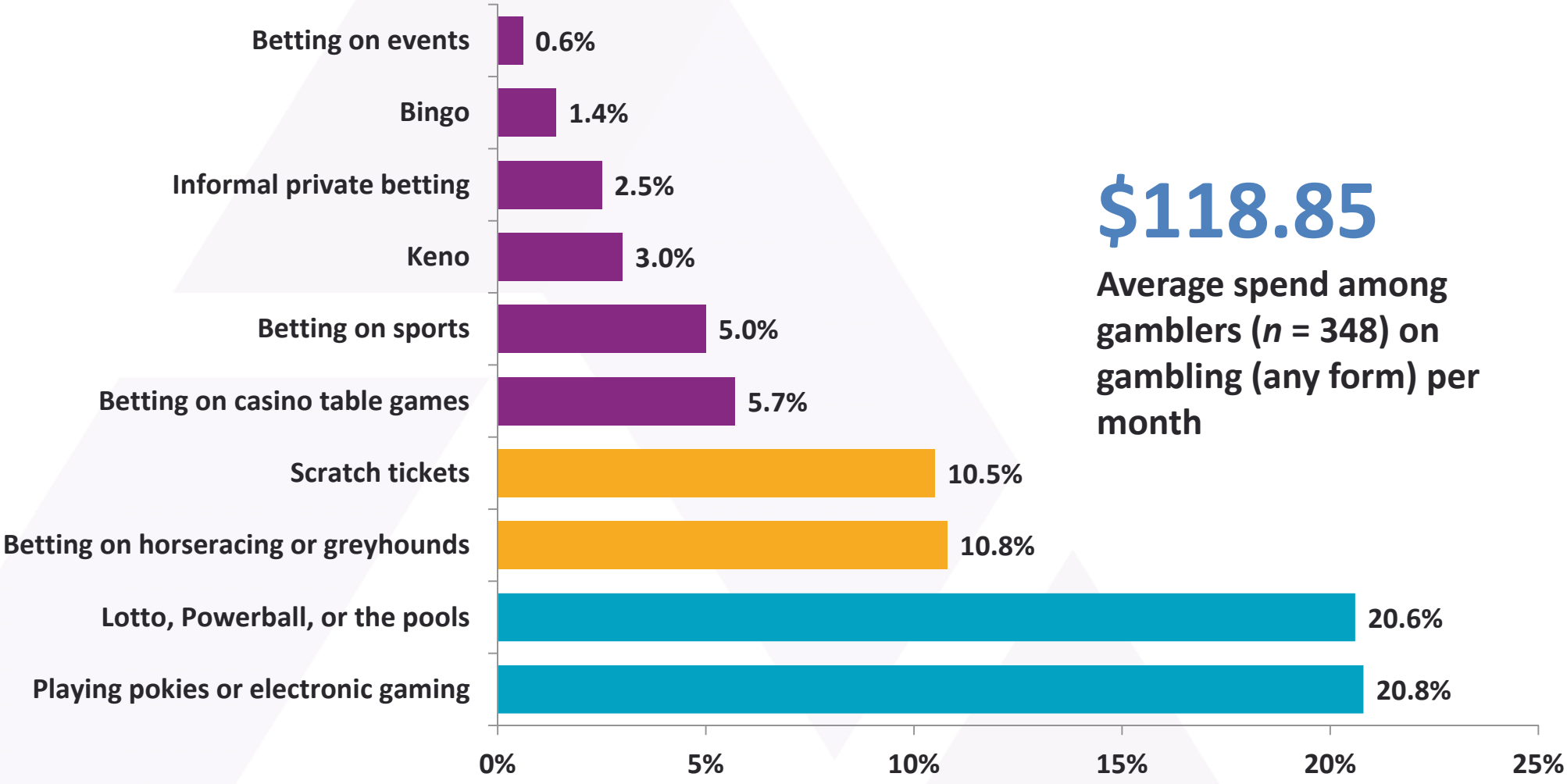


Participation in gambling activities (past year)

Population	% [95% CI]
Patients	41.4% [38.1 – 44.7]
Victorian Prevalence Household Study (Hare, 2015)	70.1 % [67.6 - 72.49] *(61% excluding raffles)*

Gambling activities



$118.85

Average spend among gamblers (*n* = 348) on gambling (any form) per month

Risky/problem gambling rates

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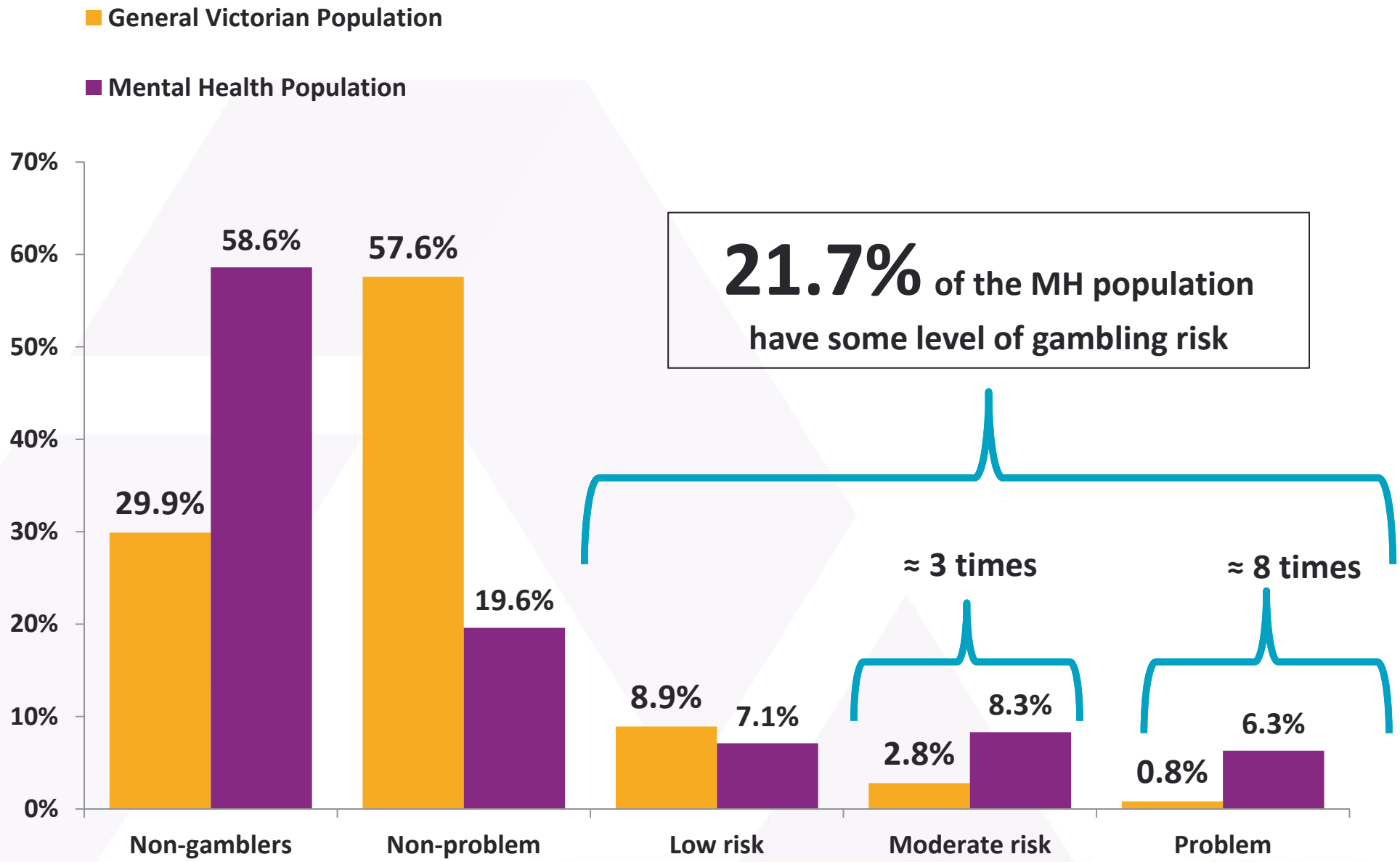

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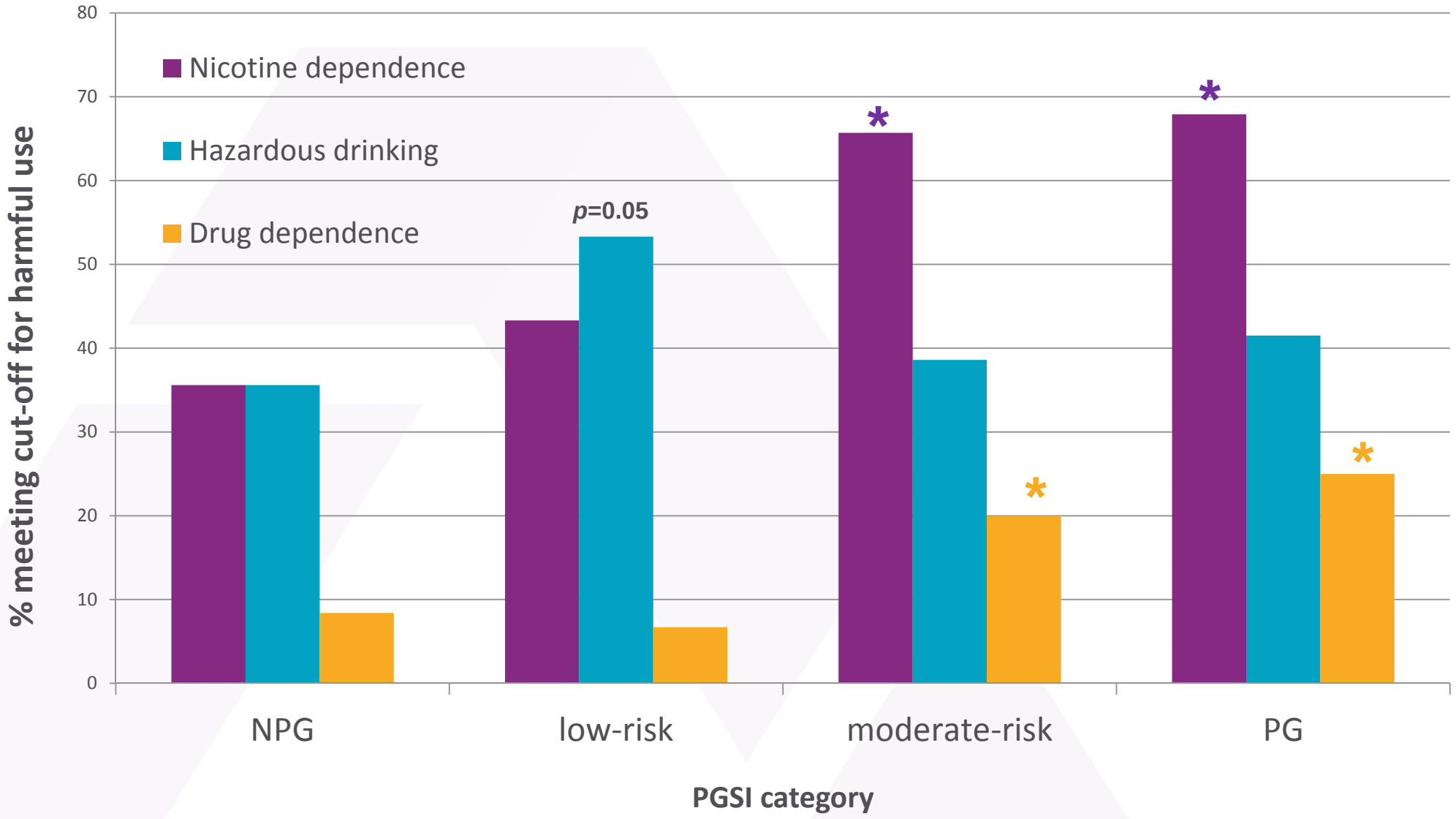
Likelihood of PG by current MH diagnoses

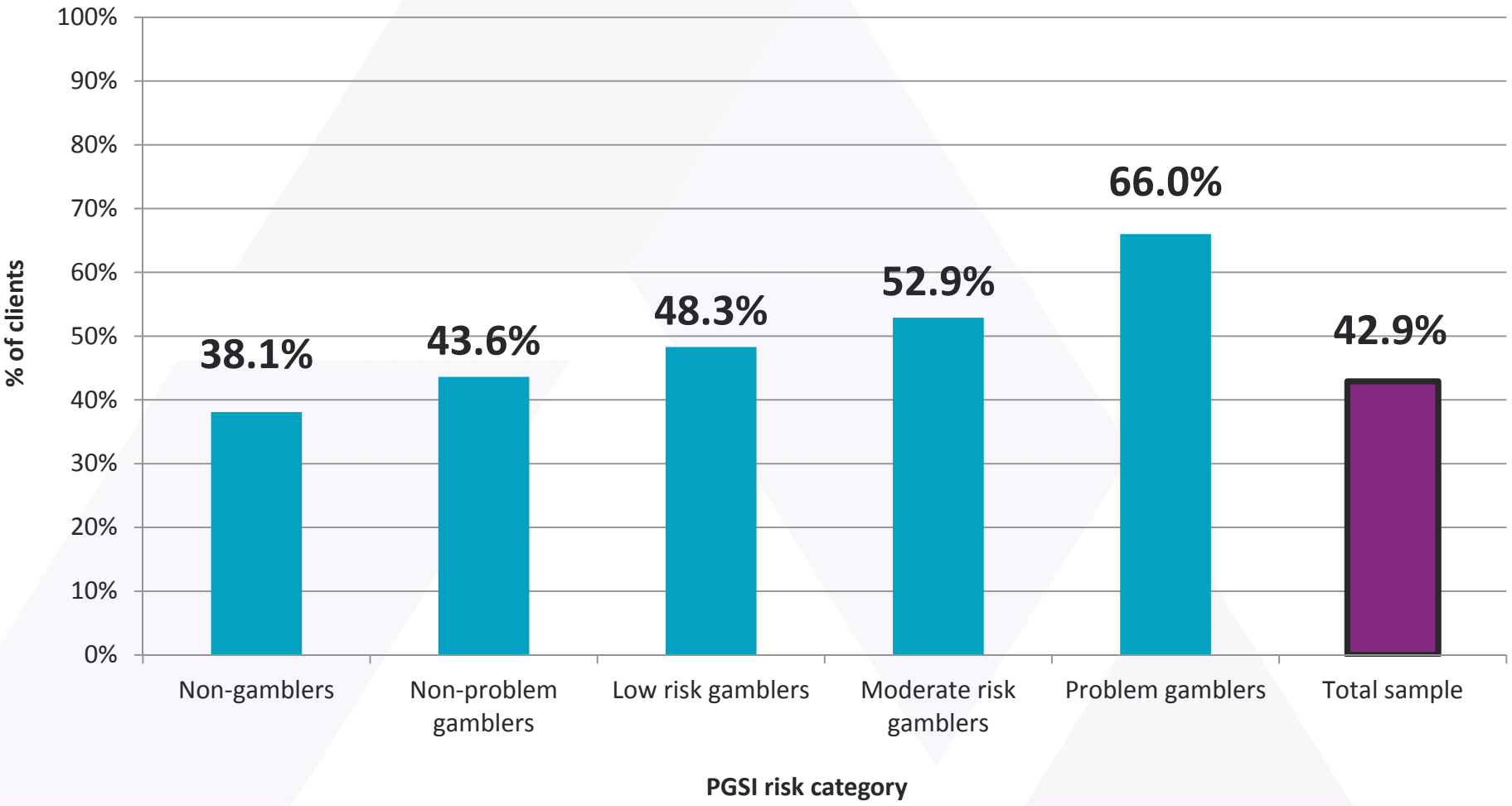
	Odds Ratio	95% CI for Odds Ratio
Drug abuse or dependence	4.31***	1.98-9.37
Borderline personality disorder	2.59*	1.13-5.94
Bipolar	2.01*	1.07-3.80
Psychotic disorder	1.83*	1.03-3.25
Alcohol abuse or dependence	1.81	0.60-5.43
Anxiety	1.07	0.61-1.88
Depression	0.46	0.46-1.42

* $p < .05$, ** $p < .01$, *** $p < .001$

Substance use by PGSI category



Proportion asked about their gambling by PGSI category (*N*=837)



Clinician sample

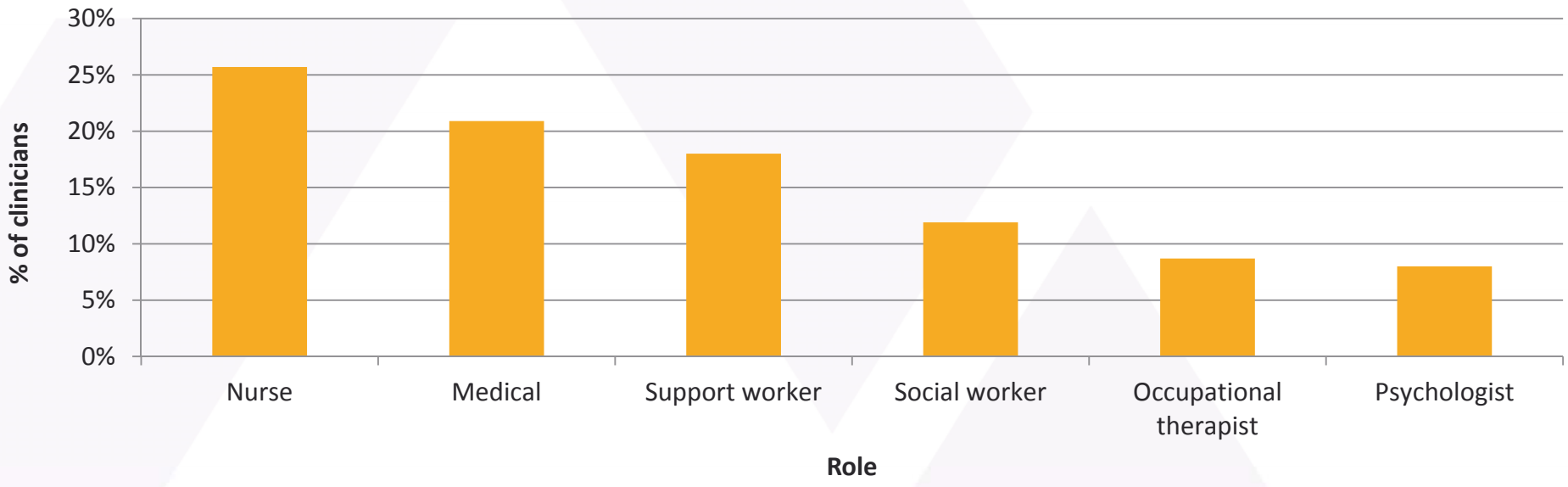
***N*= 311**
9 MH services

40.1 years (*SD*= 11.1)

72.7%

12.08 years experience (*SD*= 10.5)

12.2% (38/311) Previous PG training



How often do you screen for PG?

- 86.5% said they ASK about gambling and 76.6% said they SCREEN (at least rarely)

	Ask about gambling	Screen for problem gambling
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%)

- How do you screen? (n= 238 screen at least rarely)
  - 88.2% informal discussion during appointment
  - 7.1% set questions
  - 1.7% using a standardised/formal PG screen

Aims & Method

- To examine barriers and facilitators in relation to PG screening

- Qualitative Interviews with clinicians (N= 30).
- Semi-structured, face-to-face or telephone interviews with practice managers and staff from 11 sites
- Interviews were digitally recorded and transcribed verbatim and subjected to thematic analysis

Theme 1: Competing priorities

Agency and clinician focus on risk rather than longer-term issues

Prevalence of problem gambling perceived as low

Estimates of prevalence based on current case load rather than evidence

Gambling not viewed as a mental health issue;

Gambling viewed as a low priority issue across the service system

Clinician over-burdened and limited time.

Barriers to screening

I don't think it's a high priority, no. We're more dealing with the impact of things like ice, alcohol, cannabis as well as general mental health. (Female, Nurse)

Funding to identify and manage problem gambling from within mental health services

Recognition of gambling as an underlying issue

Awareness that gambling could impact on finances and engagement with treatment for other disorders

Provide information on the harms associated with problem gambling

Facilitators to screening

Theme 2: Routine screening

The high number of screens administered for other mental health concerns

Without routine screening clinicians were unlikely to screen for problem gambling

Barriers to screening

If the question is not on the form - do they have a gambling problem - then we're not going to ask.

(Female, Service Manager)

Routine screening would prompt clinicians to ask about problem gambling

Clinicians expressed an openness for inclusion of gambling in mandatory screens and assessments

Facilitators to screening

Theme 3: Screening tools

Limited knowledge of valid tools

Current screening not derived from valid instruments

Time constraints

Barriers to screening

For some services, there was not a formal tool, but rather a blank space that needed to be completed, with little guidance about how the clinician should approach the issue (e.g. how to introduce the topic, phrase the questions).

Readiness for a brief tool

Direct questioning preferred by many clinicians

Facilitators to screening

Theme 4: Resources

Limited use or knowledge of appropriate resources

If a patient came to me and said I've got a gambling problem I'd go online and I'd say okay let's look, but it's not something that I would bring up if I don't have the information (Female, Service Manager)

Barriers to screening

Resources include information on the harms and impact of gambling, strategies for change and where to seek further help.

Provision of tools and resources and access to expertise

Facilitators to screening

Theme 5: Patient responsivity

Timing of interview could impact on willingness to disclose because of a lack of rapport

Potential impacts of disclosure in terms of patient rights;

Screening may be positive for PG but the patient is not ready to change

Patient embarrassment or shame hampers disclosure and a perceived willingness to engage in treatment

Barriers to screening

Routine screening may reduce embarrassment when gambling is assessed as part of a holistic interview

Disclosure may be associated with a sense of relief

If gambling is not identified in initial screening it may not be addressed at a later stage;

Facilitators to screening

Theme 6: Workforce development

Poor access to training or education

Clinician confidence to respond impacts on willingness to screen

Less support for online training over group support

Supervisors require training to support staff

Barriers to screening

Good training and then reminding people to ask, and not be scared to ask it, and some prompts, would be all you'd need, I think. (Male, Service Manager)

Training needs to be resourced and funded

Demand for advice & training in the administration of screening tool/s

Demand for resources that could be implemented following training

Booster sessions should be provided

Facilitators to screening

Two clinical implications

- There needs to be an agreement at a systems level that a brief PG screen is included within the minimum dataset and routine screening practices of mental health services
- Training should be provided.
  - Recurring, online, refreshers.
  - Ideally training would include information on diagnostic criteria and characteristics of PG
- Valid and reliable brief screening tools need to be available for mental health services

Best performing screens

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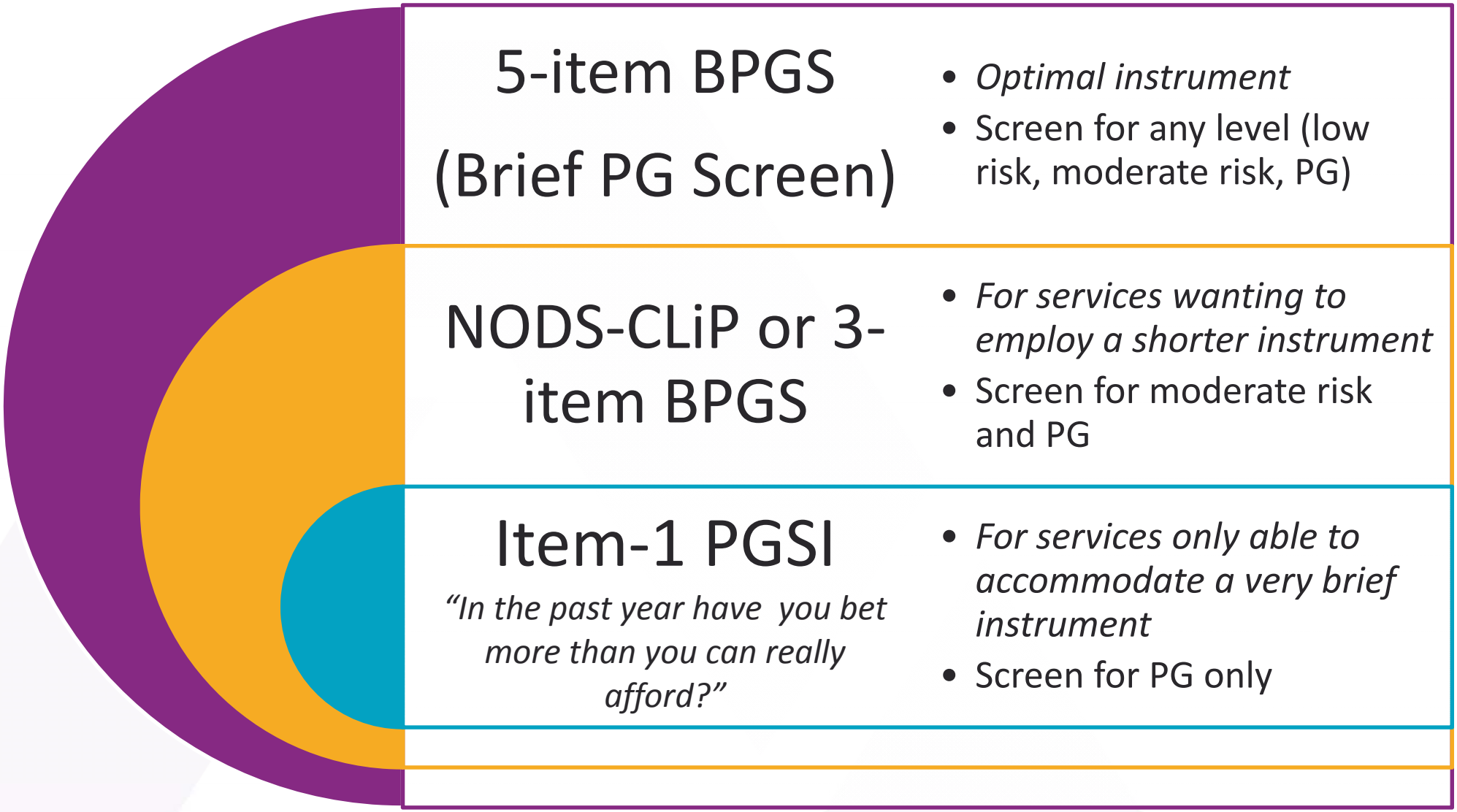

Implications of findings

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1. MH patients have elevated rates of gambling-related harm
2. Patients with disorders characterised by impulsivity, emotional dysregulation and cognitive impairment which could drive risky, reward seeking behaviours had higher rates of PG
3. Clinicians need to implement routine screening for PG (e.g., item 1 PGSI)
4. Need for training to capacity/confidence in responding to PG & delivering brief interventions
5. Improve inter-sectorial partnerships and establish referral pathways to enhance integrated care.

Publications

- Lubman, D, Manning, V, Dowling, N, Rodda, S, Lee, S, Garde, E, Merkouris, S & Volberg, R 2017, Problem gambling in people seeking treatment for mental illness, Victorian Responsible Gambling Foundation, Melbourne

- Rodda, S.N., Manning, V., Dowling, S., Lee, S. & Lubman, D.I. (2017). Barriers and facilitators of responding to problem gambling: Perspectives from Australian mental health services". *Journal of Gambling Studies*. doi: 10.1007/s10899-017-9713-3

- Manning, V., Dowling, N.A., Lee, S., Rodda, S.N., Garfield, J.B.B, Volberg, R., Kulkarni, J. & Lubman, D.I. (2018): Problem gambling and substance use in patients attending community mental health services. *Journal of Behavioural Addictions.*

- Dowling, N.A., Merkouris, S., Manning, V., Volberg, R., Lee, S., Rodda, S.N., Lubman, D.I. Screening for problem gambling within mental health services: A comparison of the classification accuracy of brief instruments. *Addiction*. (ahead of print).

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Mental health services
Clinicians, support workers, patients, clients and consumers.

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