

Co-design of an e-health programme for reducing gambling harm: An analysis of service provider needs

**Presenters: Bridgitte Thornley, Lisa Campbell
Simone Rodda, Nicki Dowling, Stephanie
Merkouris, Kathleen Bagot.**



The University of Auckland, PGF Services, and The Salvation Army Oasis were contracted by the Ministry of Health to develop an e-health tool for preventing and minimising gambling harms.

A team was convened for the research. It included clinical leads and researchers in New Zealand and Australia.

Principle investigator: Dr Simone Rodda

Clinical leads and associate Investigators: Lisa Campbell, Bridgitte Thornley

International Associate investigators: Assoc. Prof Nicki Dowling, Dr Stephanie Merkouris and Dr Kathleen Bagot

Multiple phases to build the tool

Phase 1. Needs analysis (n=47)

- **Survey with 26 clinicians, 12 non-clinical and 9 consumers.**

Phase 2. Co-design of prototypes

- **Workshop on screener and i-CBT**

Phase 3. Dissemination prototype

- **Completed by 700 gamblers in six months**

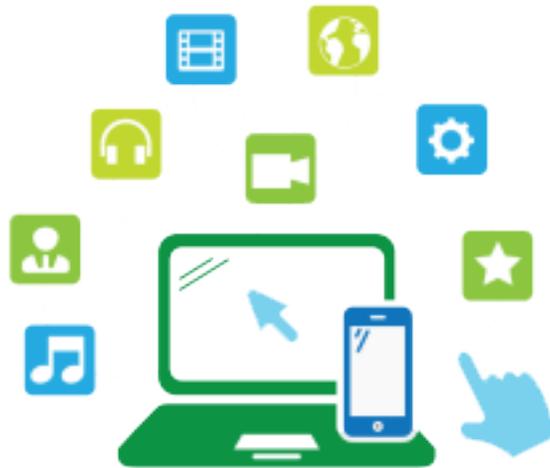
Phase 4. Expert evaluation (consumer, service provider)

- **21 experts focus groups and survey**

Phase 1: Needs analysis

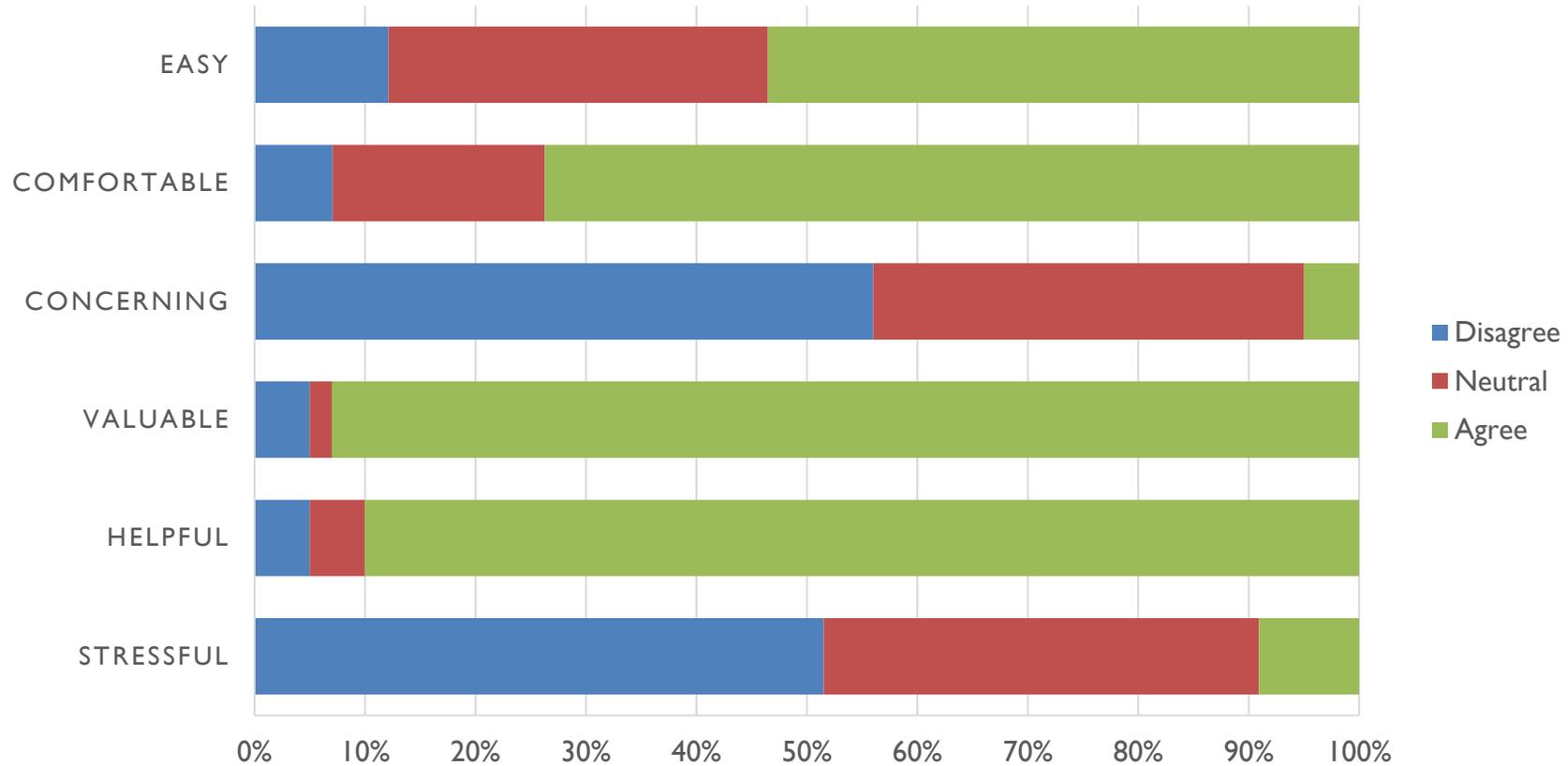
Conducted at the end of 2019 (pre-covid)

Gambling sector engagement with e-health (pre-covid)



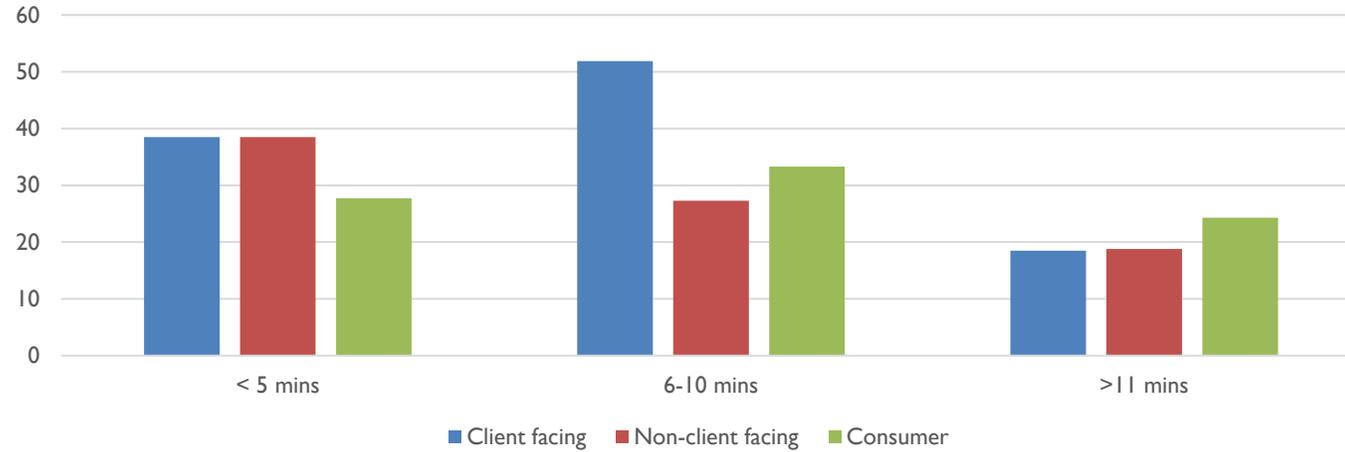
Clinical activity	n	%
Communication before treatment starts	25	96.2
Treatment or support between sessions	25	96.2
Administration	25	96.2
Post-treatment support or after-care	24	92.3
Find information on referral	22	84.6
Delivery of ongoing treatment	20	76.9
Find information or enrol for self-exclusion	20	76.9
Conduct assessment (e.g., PGSI)	17	65.4
Calculate money spent gambling	12	46.2
Smartphone app for tracking	4	13.4
Other	3	11.5

PERCEPTION OF WORKING WITH E-HEALTH (N=41)

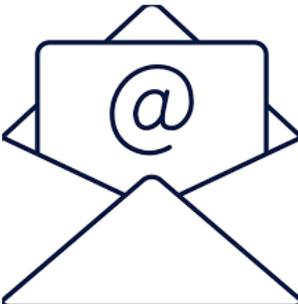


*Graph represents percentage agreement

Option 1: Self-help screener with optional online support.

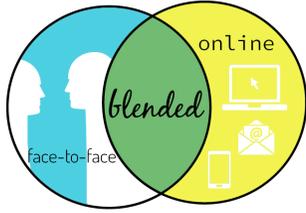


Preferred duration of screening around 10 minutes



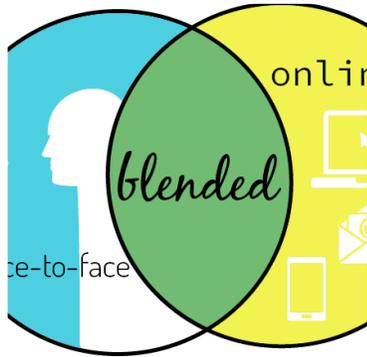
>79% said screening could be supported with email, phone or F2F contact

Almost all participants stated that the most appropriate person to provide support or feedback on the screener was for a duty worker or counsellor.



Option 2: Blended face-to-face and internet delivered CBT treatment.

- A series of online modules should be developed whereby each module has a different focus (e.g., triggers, cognitions).
- Modules should be delivered with interactive exercises (e.g., quizzes, open text boxes, video, and audio).
- A counsellor dashboard should be customised to monitor progress.
- Module content should be appropriate for use in counselling sessions and include content like mindfulness and emotions.



75% supported completion of modules immediately after the counselling session or at home between sessions.

Counsellor & client should be able to select together or the counsellor can make a recommendation or the client can do whatever they prefer.

Two-thirds of informants wanted clients and counsellors to be able to choose the activities to focus on each week



There should be the capacity to select activities from the same category or another category depending on client need.



The most preferred amount of time spend online each week was 30 minutes and each activity 10 minutes

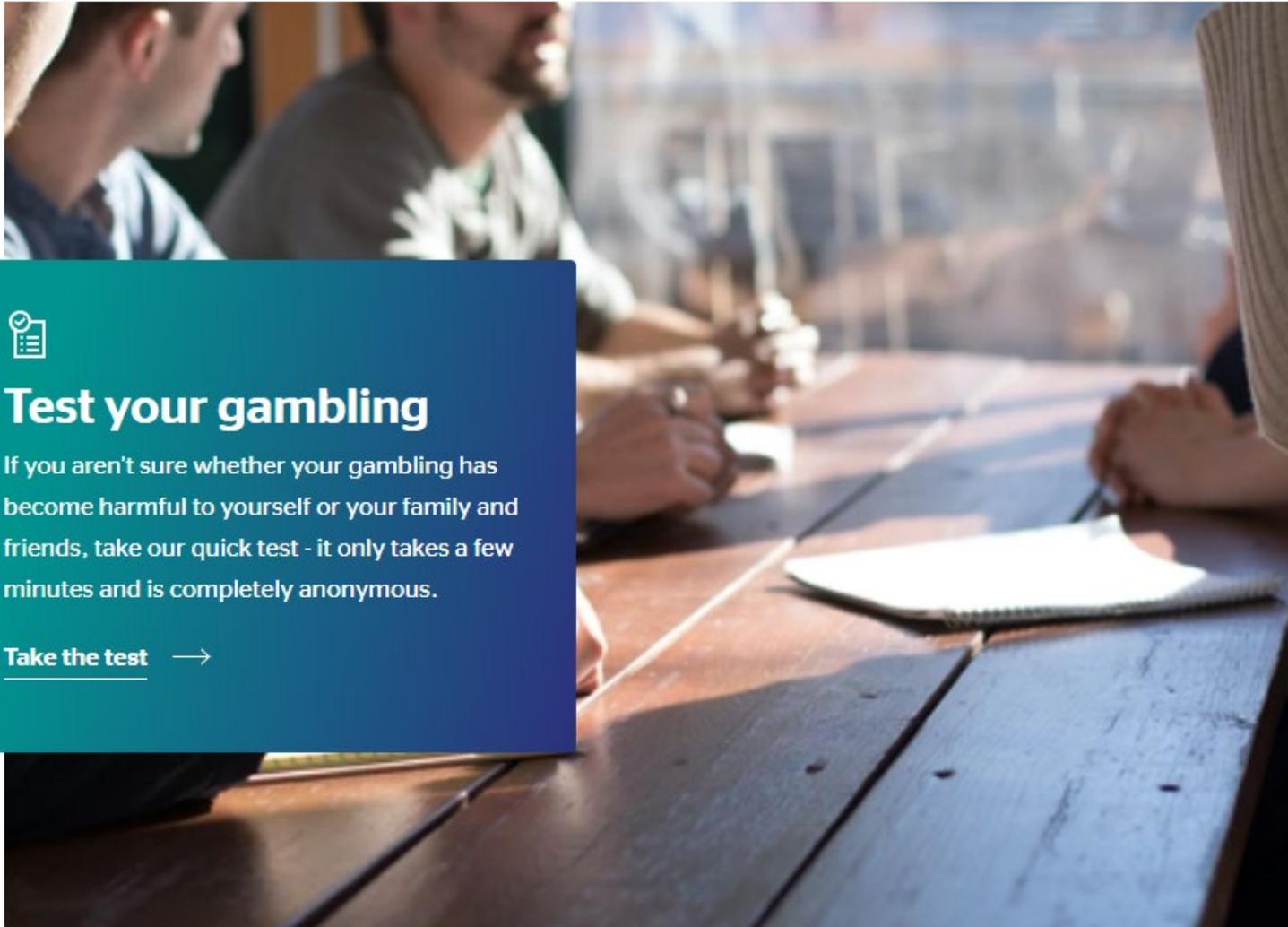
Almost all participants indicated that they thought a blended approach would be feasible in their service.

Training	IT Support	Promotion	Protocols	Resources
<ul style="list-style-type: none"> • Opportunity to use the programme in advance • Delivered in tandem with a simple to follow manual • Self-paced or webinars plus refresher training 	<ul style="list-style-type: none"> • Training and development of in-house leads • IT support to fix glitches and answer questions. • Access to a 'help desk'. 	<ul style="list-style-type: none"> • Promotion within agency to attract new clients • Integrate into routine and standard care • Development of information for outlining the service 	<ul style="list-style-type: none"> • Awareness and fit with current service complexity • Cheat sheets and guides • Information on risk mitigation. 	<ul style="list-style-type: none"> • Tablets for clients to use in services • Skype and chat features • Space in the agency for clients to complete lessons

Preferences for implementation support for e-health tools

Qualitative responses n=44

Phase 2: Co-design prototypes



Test your gambling

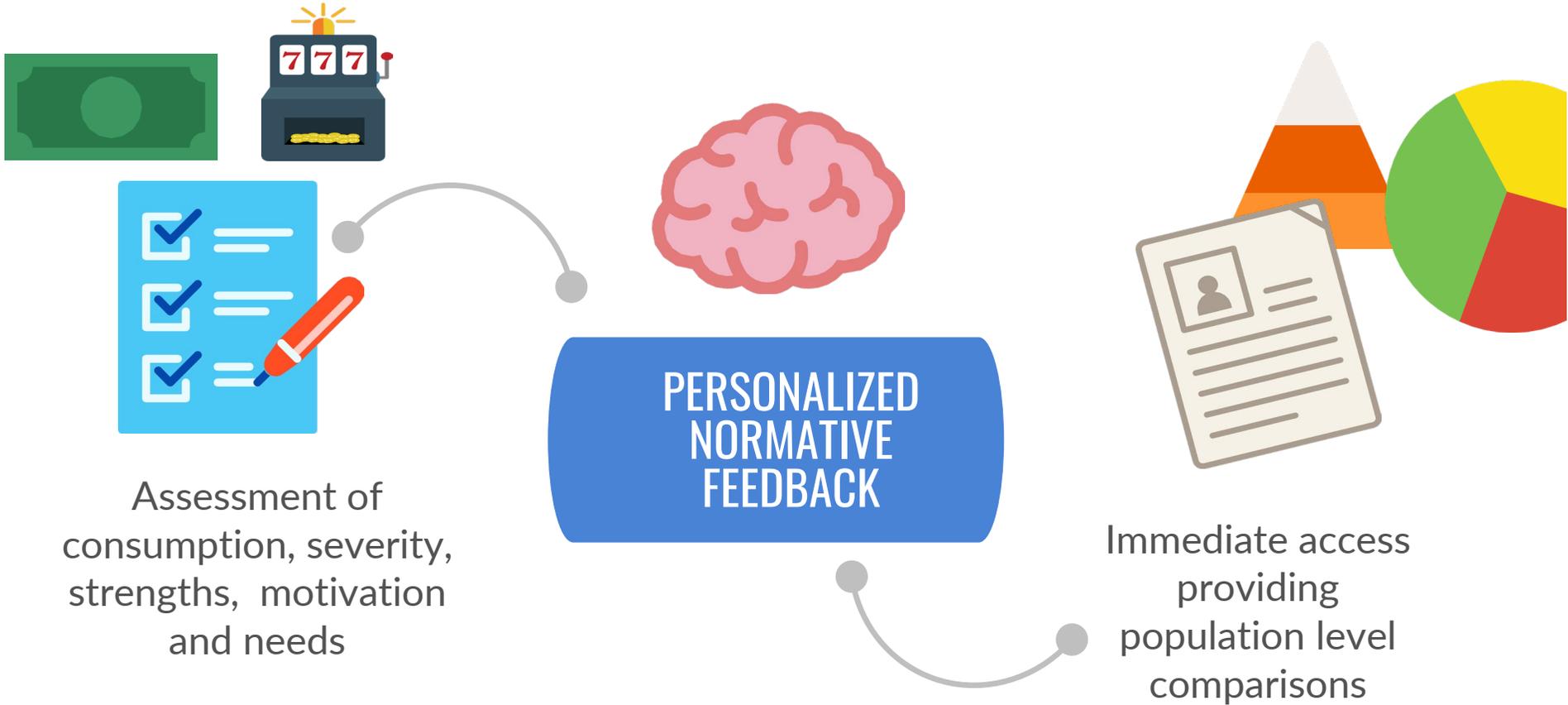
If you aren't sure whether your gambling has become harmful to yourself or your family and friends, take our quick test - it only takes a few minutes and is completely anonymous.

[Take the test](#) →

A new brief intervention that links people experiencing gambling harm with experts in gambling treatment

1

ASSESSMENT AND PERSONALISED REPORT



2

NEW STEPPED PATHWAY TO TREATMENT



Discuss my
results by phone



Discuss my results
by email



Discuss my results
in-person

Am I spending too much?

He aha te utu?

You told us that you have spent \$1,440 in the past year. Your total yearly spending should not exceed \$600 on all forms of gambling. Research has found that exceeding this amount will increase the risk that you will experience harm from your gambling.



How often do most people in New Zealand gamble?

You also told us that you gambled at least *once per week*, which you think is *the same* as the average New Zealander. Betting less frequently can really improve your health and finances.



What are your strengths?

It takes a lot of effort to keep gambling when problems develop. You may be putting a lot of effort into getting money or recouping losses.

It is possible though to redirect that effort into changing your gambling. The good news is that you can use your strengths to take steps towards achieving your personal goals.

You identified two strengths that can be used to change your gambling.



What would you like to do with this information?

Titiro whakamuri, kōkiri whakamua



Discuss my results by email
ĪMĒRA



Discuss my results by phone
WAEA



Discuss my results in person
KANOHI KI TE KANOHI



Save or print results
URU MAI KI A MĀTOU

Thank you for your time in completing this survey. We hope it has been helpful to you. To discuss your results enter your details here. Your details will never be shared with anyone outside of our team. By providing your contact details you are consenting to us contacting you. Check out our [terms and conditions](#) for more information. We look forward to making contact with you in the next 24 business hours.

Your name

Your phone number

Your email address

If you would like us to contact you tell us your best contact time.

Start your journey

These are three Pathways that can help you to find the way out of harmful gambling.

Make sure to complete [My vision and goals](#) first and discuss your thoughts with a counselor to know which pathway suits you best.

- People who fit with **Pathway one** will benefit from activities in *(Un)learn to gamble*.
- People who fit with **Pathway two** will benefit from activities in *Escape motives* and *(Un)learn to gamble*.
- People who fit with **Pathway three** will benefit from activities in *Action motives*, *Escape motives*, and *(Un)learn to gamble*.

Check [How to use this site](#) for more information on how to use this tool effectively.



(Un) learn to gamble

Activities in this pathway may be useful to anyone, regardless of their motivation to gamble.

[Choose this pathway](#)



Escape motives

This pathway may be especially helpful to people who gamble primarily to escape negative feelings.

[Choose this pathway](#)



Action motives

This pathway best suits people who gamble for the thrill of action and stimulation seeking

[Choose this pathway](#)

MAPPING the Pathways

Pathway one: (Un)learn to gamble

- Social pressure
 - The “no” word
 - Getting ready to say “no”
 - Safe and risky contacts
 - Conflict management style
 - Conflict resolution
 - Assertive skills
- Distorted thinking
 - Debate captain
 - Gambler’s fallacy
 - Chasing
 - Illusion of control
- Self-efficacy
 - Confidence to gamble less
 - Existing skills and strategies
 - Inspiration
- Finances
 - Gambling spending check
 - Budget
 - Financial goals
 - Financial control

Pathway two: Escape motives

- Emotional awareness
 - Gambling to escape
 - The wheel of emotion
 - Thoughts, emotions, and behaviour
 - The function of feelings
- Reducing emotional vulnerability
 - The yellow elephant
 - Grounding
 - The costs of avoidance
 - Enjoyable activities
 - Self-care
- Acceptance
 - Passengers on a bus
 - Mindfulness of emotions
 - Mindfulness of thoughts
 - Self-compassion
- Flexible thinking
 - The helicopter view
 - Fact or opinion
 - Diffusing difficult thoughts

Pathway three: Action motives

- Decision-making
 - Gambling for excitement
 - Check the facts
 - Opposite action
 - Solve it
- Mindfulness
 - Body scan
 - Living in the moment
 - Focused attention
- Tolerating distress
 - Tense and relax
 - Pros and cons
 - Urge surfing
 - Fast forward
 - Self-soothe
 - Exciting activities
- Identity and values
 - My strengths and qualities
 - My value
 - SMART goals
 - Committed action

Relapse prevention

Knowing the times you may be vulnerable to a 'slip' can prevent it from occurring. These slippery situations and solutions for them are well known in behaviour change and gambling reduction in particular. This means you have an advantage as you know what to expect and how to deal with it.



Get hold of your gambling while you still can and before you hit the slippery slope. I have never felt better than I do now because I finally have control over my gambling. Sammy

View Edit Devel



High-risk situations

Unwanted gambling can be triggered by high-risk situations

[Read more](#)



Seemingly irrelevant decisions

Everyday mini decisions may be setting you up to fail by tempting you to gamble

[Read more](#)



Testing control

Testing control over gambling generally results in more gambling

[Read more](#)



Abstinence Violation Effect

Relapse can happen after a small slip up if person feels like they've failed

[Read more](#)



Low-risk gambling

If you decide to gamble, you can choose low-risk gambling to avoid harm

[Read more](#)



Self-exclusion

Create a barrier to gambling and give yourself a break

[Read more](#)

My Activities



I have structured the activities with my counsellor the way that it supported my progress towards recovery. That was a great help.
Misha

The activity

Gambling to escape

My activity notes

Its true I feel so much regret after gambling but before it seems like the best decision in the world.

What to discuss with my counsellor

The activity talks about expectations about winning but I can't shake that.. Why does this keep happenieng?

How this activity can be helpful to me

I've read this stuff before but I can't quite get it to stay in my brain at the moment of gambling. Maybe its time to...

Feedback:



Test Natalia

Hi can you help me on this one?

Sent 5:12pm on Friday 19 March 2021



Sure. ???

Sent 5:21pm on Friday 19 March 2021



???

Sent 5:27pm on Friday 19 March 2021

Send a message to your counsellor *

 SEND A MESSAGE

Phases 3 and 4

Dissemination of screener and
expert evaluation

Who used the screener

- Just over 700 people completed the screener in the first six months.
- Two thirds of people were male
- Almost 16% of participants were Māori with a further 4% Pacific and 3% Asian culture

What type of gambling?

- EGMs were the most engaged gambling activity by people with problem gambling followed by lotto, casino and wagering.

How much is being spent?

- Average expenditure in a typical month was highest on casino games (\$1,133) followed by wagering (\$854) and EGMs (\$765).



It's fantastic. We're really happy that there's this tool that people can fill in themselves and reflect on their responses and decide whether they want to take next step.

– Clinician Oasis



I think the graphs are so helpful especially the comparison with other people and their annual spending per year. It was a great visual image but we need more. That's what actually really hits you.

– Manager/TL Oasis

Gambling severity

- One in three gamblers scored in the problem gambling category of the PGSI.
- An additional 24% scored in the moderate-risk and a further 18% were classified low-risk.

Readiness profile

- People with problem gambling reported high importance and readiness to change but low confidence to resist an urge.
- People at moderate risk reported average importance and readiness but moderately high confidence to resist an urge.

Gambling motives

- The most frequently cited motive was enhancement (the feeling one gets from gambling) followed by using gambling to cope.



Some people are referring themselves to us when they have fairly low scores. In terms of usefulness, I think that's great that we're having those early conversations with people.

– Manager/TL Oasis



I found it really easy. It was really easy to use. And it asked all the right questions.

– Lived experience

Interest in help seeking

- Of people who completed the screener, 13% expressed an interest in help-seeking, including 32% of people with problem gambling.
- Those in the low-risk and moderate-risk gambling categories had low interest in discussing their gambling screener results with a professional (0.7% and 4.3%, respectively).

Acting on help seeking

- In total, 71 (9%) participants requested to be contacted after completing the screener.
- Of these, 6% were classified in the low-risk gambling category, 7% in the moderate-risk gambling category, and 85% in the problem gambling category.



Previously we has lots of people who used to go to our website and test their gambling but it wouldn't give them anything, or prompt them to go further
– *Manager/TL PGF*



I was actually alright with the help-seeking questions and I didn't feel like I would hate to hear about seeking help if I didn't want to.
– *Lived experience*



I think the current contact options are good. I think that covers all the bases in terms of reply options. That seems logical to me.
– *Clinician PGF*

i-CBT evaluation

- Evaluation indicated the i-CBT prototype was suitable for most clients because it was easy to access and contained content that would be complementary to in-person care.
- Delivery via the website was considered acceptable but there were requests for more interactive elements and locally produced audio and visual content.
- The customised method of activity selection should be continued but a check list to guide treatment planning which recommends topics and activities would be helpful.
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Such an inspirational tool that I know tāngata whaiora are really going to get some benefit from. So up with the current age. Very impressed, fantastic work!

– Counsellor, PGF



For gambling counsellors, it is useful to have another tool up our sleeve for the client to take away and use between sessions.

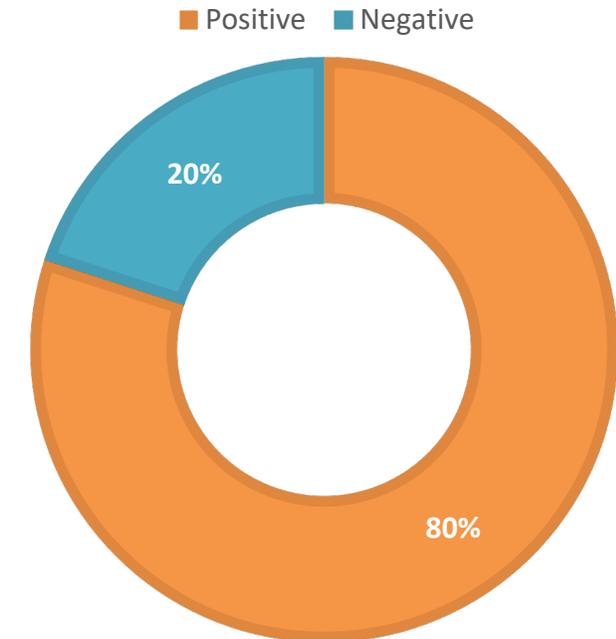
– Counsellor, Oasis

Latest data

1028 Screens completed
May21 to May22

- 152 users asked for a counsellor to contact them
 - 47 – Auckland Branch
 - 14 – Waikato Branch
 - 6 – Bay of Plenty
 - 2 – Taranaki
 - 1 – Gisborne
 - 1 – Hawkes Bay
 - 16 - unspecified
 - 11 – Manawatu
 - 16 – Wellington Branch
 - 4 – Nelson
 - 27 – Canterbury Branch
 - 4 – Dunedin Branch
 - 2 – Southland
- 673 Anonymous positive Screens completed
- 197 Anonymous negative screens + 6 negative with their contact details
- 3 Overseas Users

POSITIVE GAMBLING HARM E-SCREEN



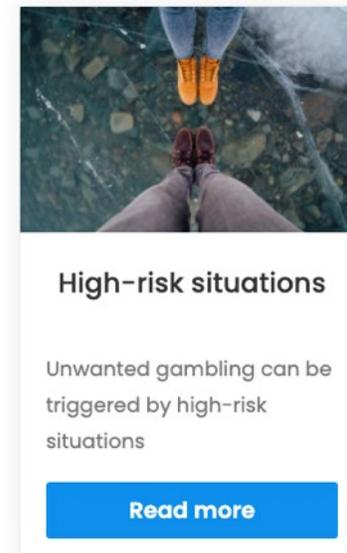
Next steps

Screener next steps

- Adjust the prototype so that it has improved look and feel and interactive functionality
- Make the screener available in all services and services options such as mental health and AOD services
- Longer term assessment needed to examine the impacts of the screener as a brief intervention
- Extend the screener to include lived experience

i-CBT next steps

- Funding is needed to test the prototype with a wide range of consumers and to test the counselling feedback loop.
- Funding is needed to increase the interactive elements, produce local videos and audio content and develop a self-assessment tool to guide activity selection.



More information on the project

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More information on research and development

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Thank you to our steering committee and the other investigators Nicki Dowling, Stephanie Merkouris, Kathleen Bagot and the many clinicians and consumers that generously contributed their time to support this project.

