

Identification of gambling, mental health and other addictive issues among Asian people in primary care

Elsie Ho, Kelly Feng and Shirleen Prasad

1/7/2022

Aims of the study

- To investigate the extent of gambling problems, other addictions, and emotional distress amongst a sample of Asian adults enrolled in GP clinics in Auckland.
- To identify whether primary care can provide a setting for early identification of gambling problems for Asian people.

*This research project was funded by the Ministry of Health Gambling Innovation Research and Evaluation Fund 2018/19, and delivered from July 2019 to December 2021.

Rationale

- **Harmful gambling is a problematic issue in Asian communities with many barriers to help-seeking**
 - Key barriers include language barriers, not knowing where to get help, and cultural barriers such as shame and stigma associated with admitting problems and seeking help.
- **GP clinics could act as a critical early detection point of gambling and other addiction issues for Asian people**
 - Primary care is the first level of contact of individuals and families with the health system.
 - Using primary care carries less stigma and discrimination than using secondary mental health and addiction services.

Measures

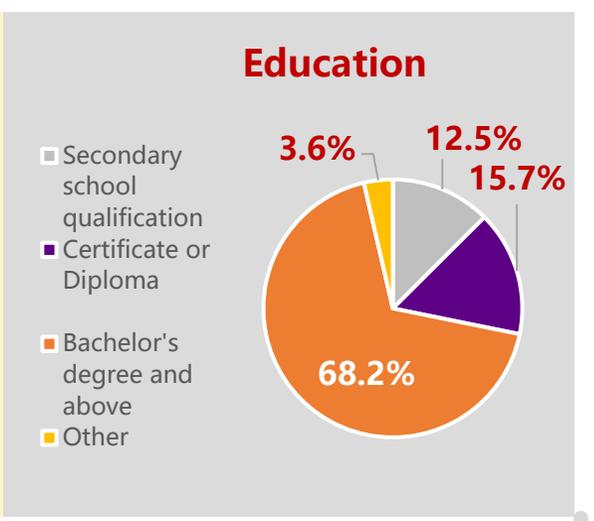
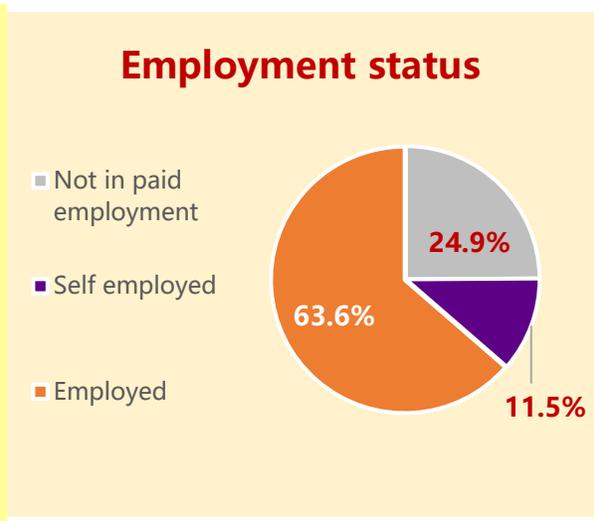
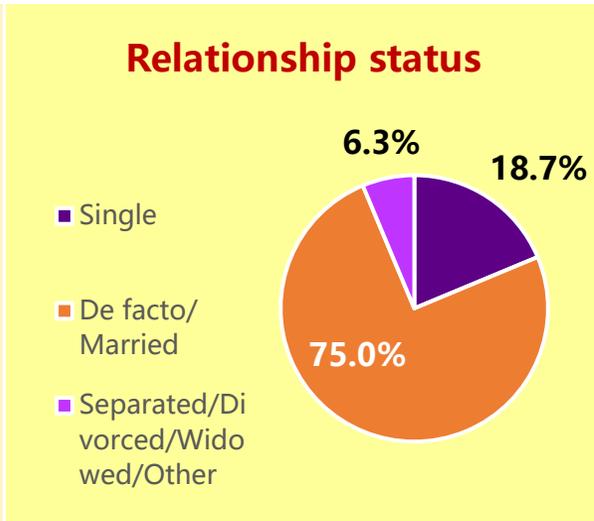
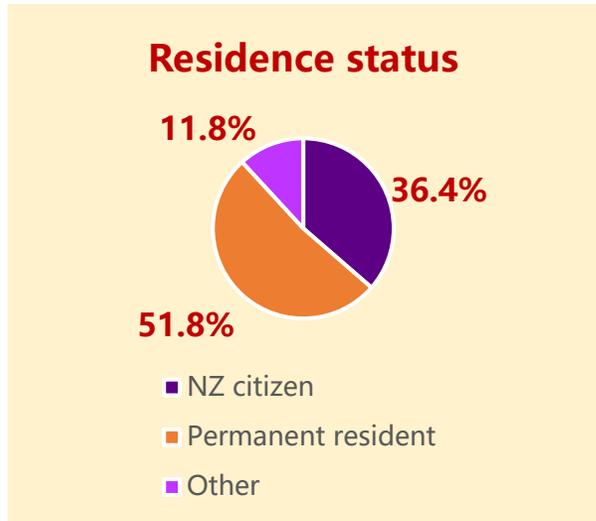
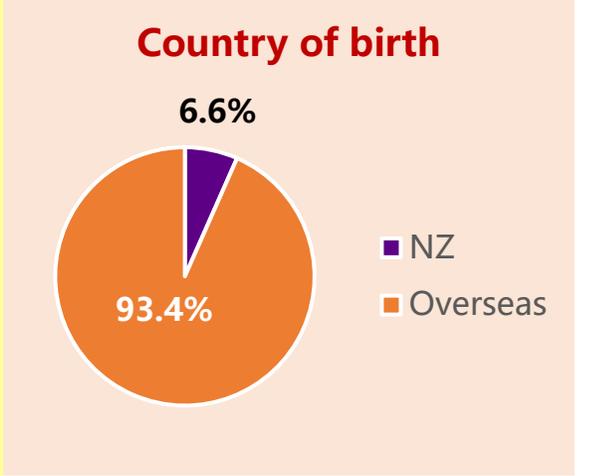
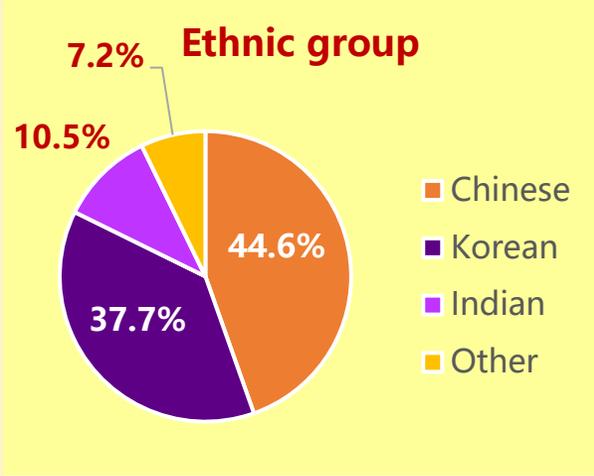
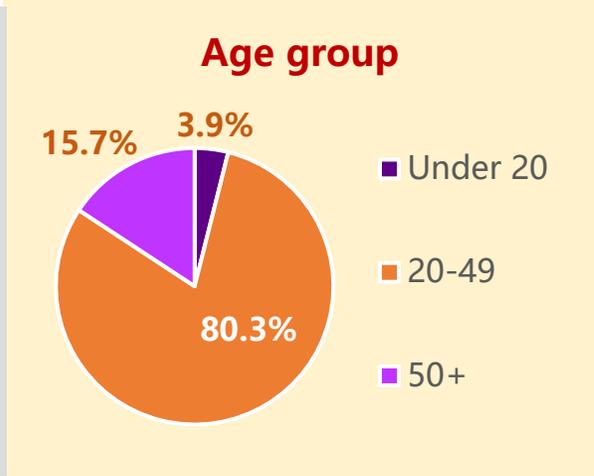
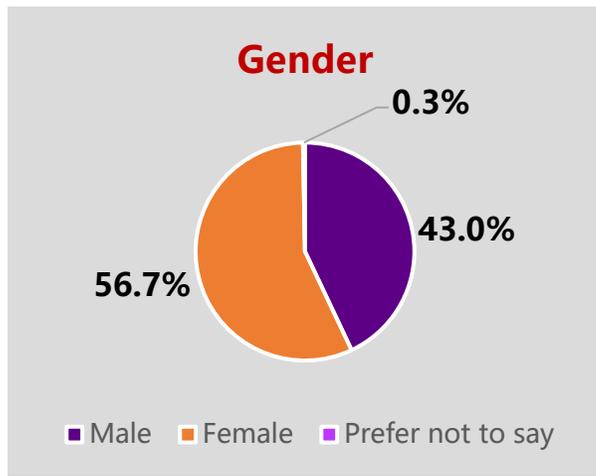
A survey questionnaire comprising the following measures was created.

Gambling risk	<i>Problem Gambling Severity Index (PGSI)</i> – Participants’ PGSI scores were categorised into four groups: non-gamblers (PGSI 0), low-risk gamblers (PGSI 1-2), moderate-risk gamblers (PGSI 3-7) and problem gamblers (PGSI \geq 8).
Emotional distress	<i>Kessler Psychological Distress Scale (K10)</i> – Participants’ K10 scores were categorised into four groups: low (K10 10-15), moderate (K10 16-21), high (K10 22-29) and very high (K10 30-50).
Alcohol use	Participants were asked how many drinks they had on a typical day when they were drinking, and how often they had six or more drinks on one occasion in the past 12 months.
Smoking	Participants were asked how many cigarettes they smoked on an average day.
Non-prescription drug use	Participants were asked whether they had ever used non-prescription drugs for recreational purposes.

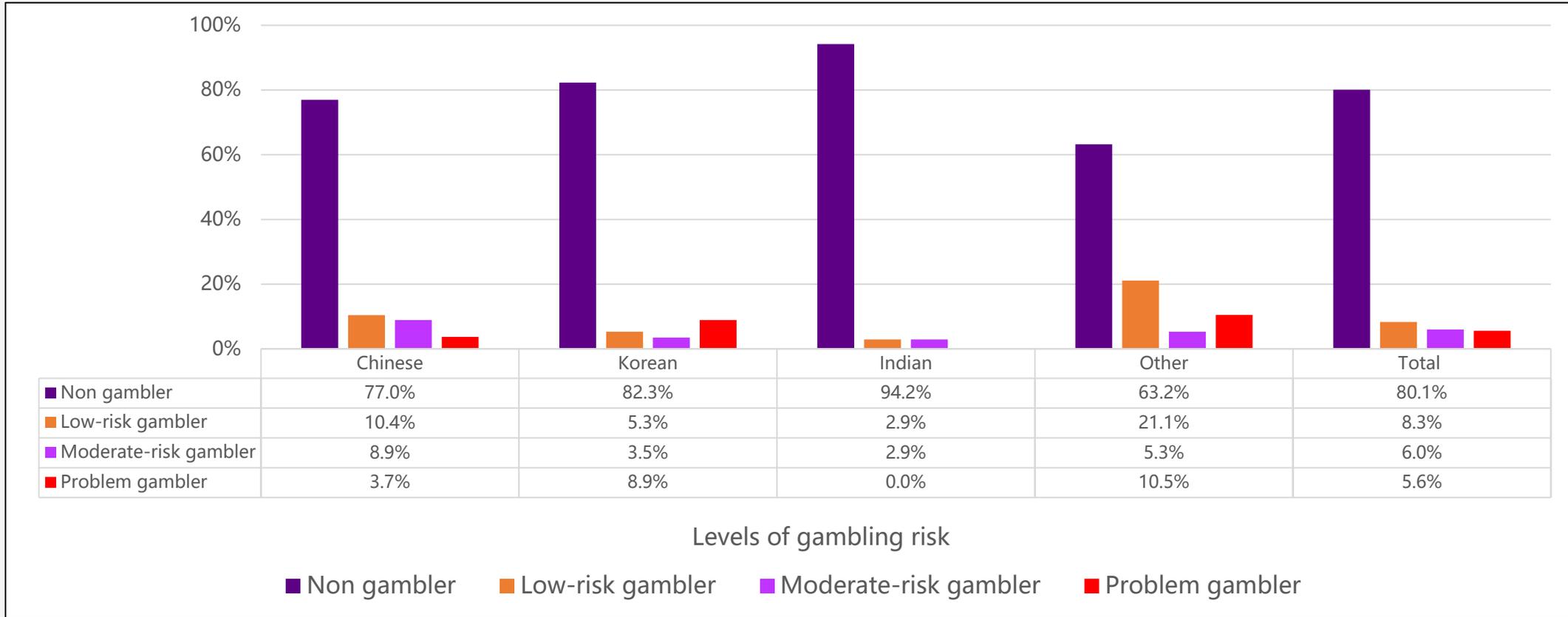
Survey design

- A survey was undertaken in two GP clinics with high Asian patient enrolment located in north and South Auckland. Eligible participants were Asian people aged 15 and above enrolled in the clinics, and were able to provide informed consent.
- The survey was created in multiple languages (English, Chinese, Korean and Hindi). Participants could choose their preferred language to complete the surveys.
- Participants could complete the survey online or filling in a paper questionnaire at the clinic.
- The survey was conducted between March and June 2021. A total of 305 participants completed the full survey.

Survey participant characteristics



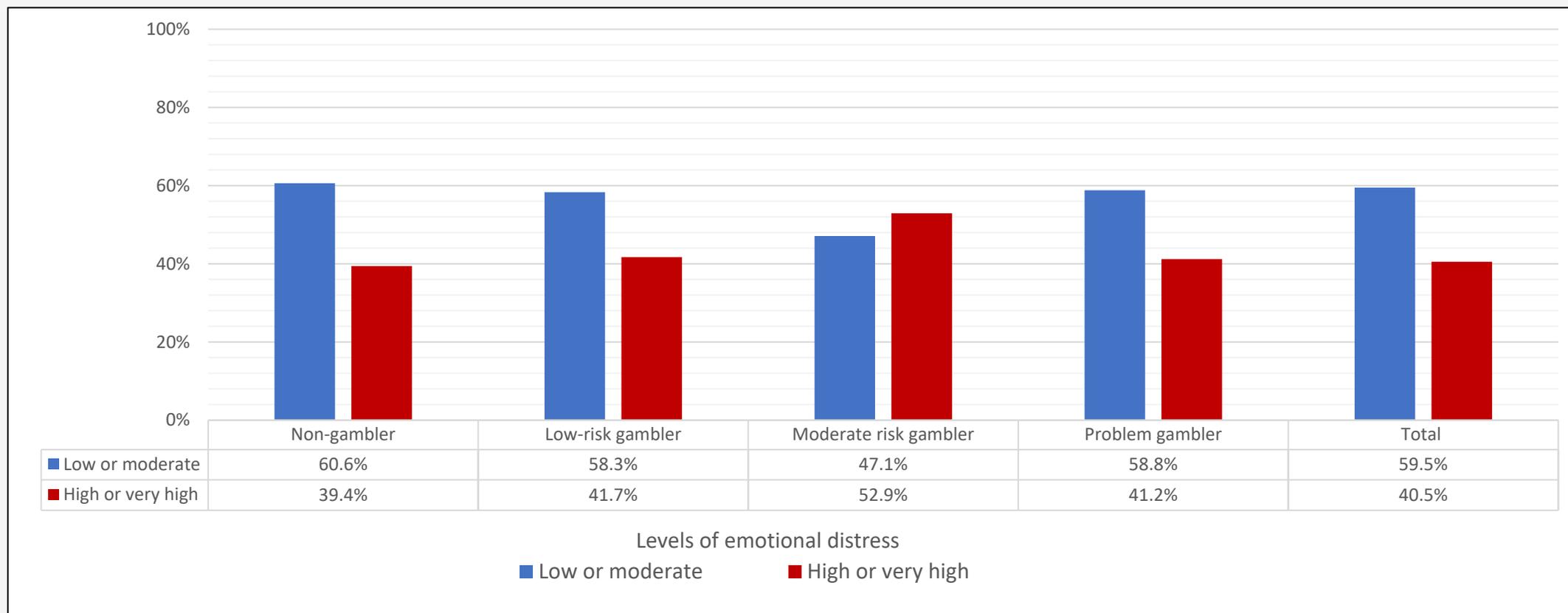
Survey results: Levels of gambling risk



- Around one in five Asian participants were identified as having problems with gambling across a spectrum of severity as measured by PGSI: 8.3% low-risk gambling, 6% moderate-risk gambling and 5.6% problem gambling.

Survey results: Co-existing issues

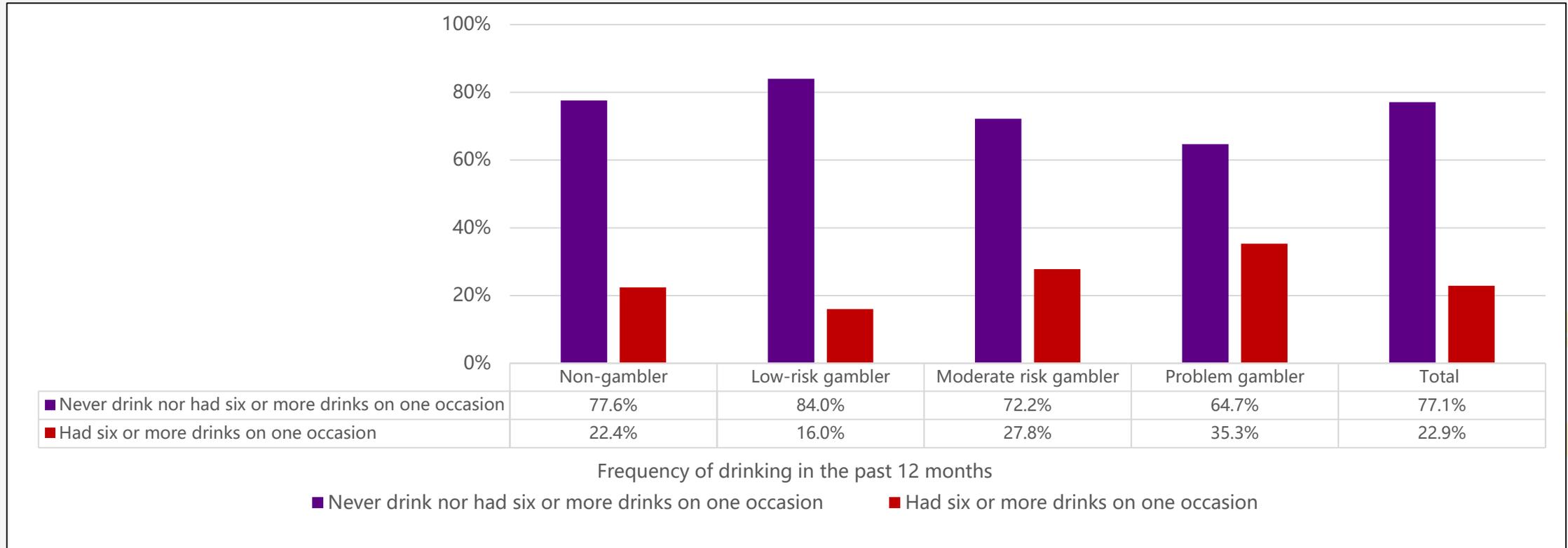
(1) Gambling risk levels by levels of emotional distress



- About 60% of participants were identified as having low to moderate levels of emotional stress, 40% with high to very high emotional distress.
- Moderate-risk gamblers had the highest percentages (52.9%) with high or very high levels of emotional distress.

Survey results: Co-existing issues

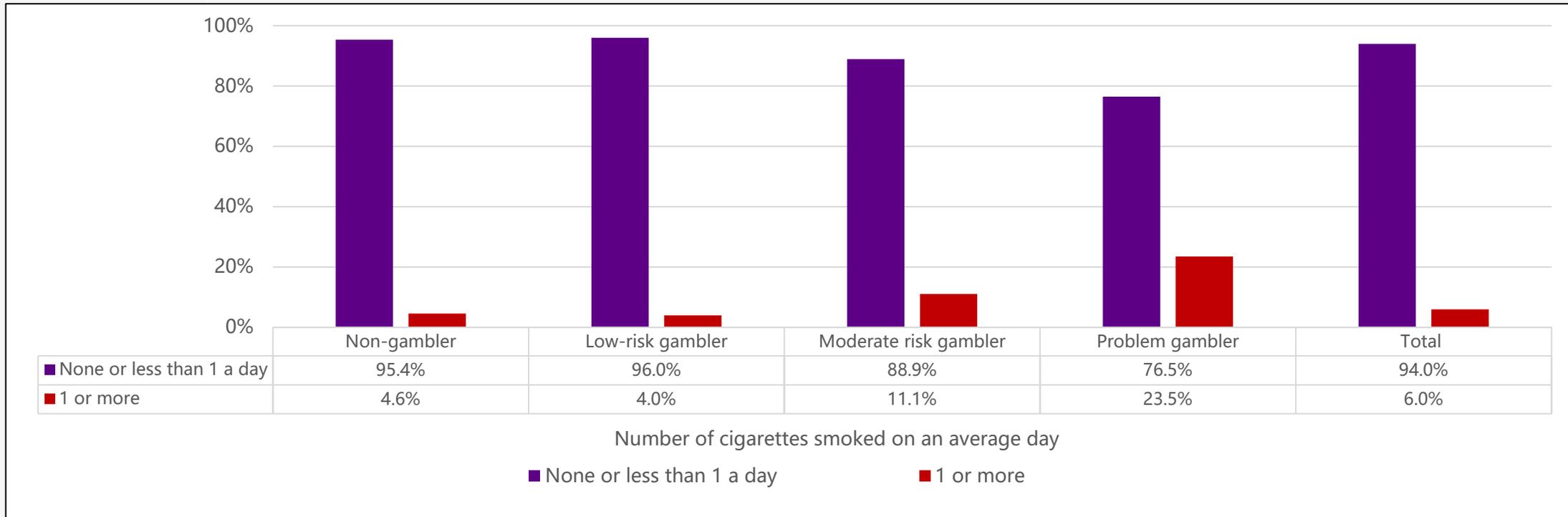
(2) Gambling risk levels by frequency of drinking six or more drinks on one occasion



- The majority of participants did not drink or did not have six or more drinks on one occasion. Less than a quarter (22.9%) had six or more drinks on one occasion in the past 12 months.
- The percentages of problem gamblers and moderate-risk gamblers who had six or more drinks on one occasion (35.3% and 27.8%) were higher than those of low-risk gamblers and non-gamblers (16% and 22.4%).

Survey results: Co-existing issues

(3) Gambling risk levels by number of cigarettes smoked on an average day



- The majority of participants did not smoke or smoked less than one cigarette on an average day.
- The percentages of smokers among problem gamblers (23.5%) and moderate-risk gamblers (11.1%) were higher than those of low-risk gamblers (4%) and non-gamblers (4.6%).

(4) 99% of participants had not used non-prescription drugs in the past 12 months

Comparing gambling rates of this study with Health & Lifestyle Survey (HLS) and National Gambling Study (NGS)

	Non-gamblers %	Non-problem gamblers %	Low-risk gamblers %	Moderate-risk gamblers %	Problem gamblers %	Sample size (Asian)
This study (2021)	80.1		8.3	6.0	5.6	301
HLS 2014	46.0	47.0	3.3	2.0	1.3	225
HLS 2016	47.0	47.0	3.2	2.8	0.0	325
NGS 2012	39.8	51.6	5.8	2.2	0.7	798
NGS 2013	43.9	49.4	5.1	1.3	0.4	403
NGS 2014	41.9	51.5	5.2	1.4	0.1	322
NGS 2015	40.8	53.5	4.5	1.2		282

Discussion

- In NGS 2012 -2015 and HLS 2014 and 2016, the rates of problem gambling among Asian adults ranged from 0% to 1.3%, moderate-risk gambling from 1.3% to 2.8%, and low-risk gambling from 3.2% to 5.8%.
- In comparison, our survey conducted in GP clinics had detected much higher rates of problem gamblers (5.6%), moderate-risk gamblers (6%) and low-risk gamblers (8.3%).
- **Overall, the rate of Asian people with, or at risk of, problematic gambling (19.9%) in this study was 10% to 14% higher than the results from the NGS and the HLS.**
- Our survey also identified co-existing emotional distress, hazardous drinking and smoking among Asian participants with moderate-risk or problem gambling. Over half of moderate-risk gamblers (52.9%) reported high or very high levels of emotional distress. Approximately 35.3% of problem gamblers and 27.8% of moderate-risk gamblers reported that they had had six or more drinks in one occasion in the past 12 months, and one in four (23.5%) problem gamblers were smokers.
- **These results support the notion that primary care can provide an important setting for early identification of gambling risk, hazardous drinking, smoking, drug use and other mental health concerns among Asian adults.**

Key implications of the research

- Harmful gambling is often under-reported by Asian people due to fear of stigma and embarrassment. However, the familiar and trustful setting of general practices can help to reduce Asian people's fear of stigma and facilitate them to disclose their gambling problems and co-existing issues.



Key implications of the research

- General practices have the potential to provide a setting for addressing Asian people's gambling, other addictions and mental health issues. Developing and delivering culturally and linguistically responsive early interventions through general practices can potentially reduce stigma and discrimination attached to these issues, and facilitate early help-seeking for at-risk people who may not have otherwise sought help.

AFS Wellness Services at Apollo Medical Centre

This service is accessed through general practice. Health Improvement Practitioners and Health Coaches from AFS are based in the practice to provide advice and support to patients based on individualised goals, promoting self-management and connecting people to other services they may need.



THANKS!