

## **Help-seeking and Uptake of Services Amongst People with Gambling Problems in the ACT**

**October 2011**

### **Summary of Findings**

In the 2009 survey of the prevalence, nature and extent of gambling and problem gambling in the ACT (2009 ACT Prevalence Survey) only 1 in 5 people with gambling problems had ever received formal help for their gambling problems<sup>1</sup>. The purpose of this new report was to better understand what encourages people to seek help for their gambling problems and barriers encountered by those who do not receive help.

The research employed a mixed methods approach and included three studies. The key findings from these studies are described below.

#### **Study One: Who self identifies as having gambling problems and who accesses services?**

This study further analysed data from the 2009 ACT Prevalence Survey and compared people with problem gambling symptoms who accessed services with those who had not. Another key component of this study was to understand the relationship between self identification and service use.

- Less than 10% of people with gambling symptoms had accessed services for gambling related problems. This group had the most severe gambling problems and symptom severity was the strongest predictor of service use. They were also disproportionately more likely to have a history of divorce, not have paid work, have poor mental health and smoke. Interestingly, most had talked to family or friends about problems related to their gambling.
- Perhaps unsurprisingly, nearly everyone who had accessed help self-identified as having a problem, demonstrating that self-identification is a necessary, but not sufficient, step in the help-seeking process.
- The majority (69%) of people reporting problem gambling symptoms had not accessed help or self-identified that they might have a problem with gambling.
  - This group had the lowest levels of gambling participation, gambling harms (eg trouble with the police, bankruptcy) and problem gambling symptoms.

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<sup>1</sup> Davidson & Rodgers (2010) The Nature and Extent of Gambling, and Problem Gambling, in the Australian Capital Territory: Final Report. Australian National University: Canberra.

- After taking symptom severity, harms and mental health into account, people who had never been married or been in a defacto relationship were highly unlikely to have accessed services or self-identify as having a problem with gambling.
- Nearly a quarter (23%) of people with problem gambling symptoms self-identified as having problems but had not accessed help.
  - This group were similar to people who had accessed services in terms of gambling frequency and financial losses. They also had high levels of gambling problems.
  - They were older and more likely to be married (and never divorced), not have paid work, have poor mental health and smoke than people who did not self-identify as having problems.
  - Even though this group was most likely to be married (and never divorced) three quarters had not talked to family or friends about gambling problems.

### **Study Two: Service provider's views about help-seeking pathways, and barriers to receiving help**

In this study professionals from a variety of health and welfare services (who may come into contact with people with gambling problems) were interviewed.

- Service providers reported that people with gambling problems were likely to seek help for everything but gambling problems, including financial, relationship, and drug and alcohol problems.
  - The perceived barriers to their clients seeking help for gambling problems included being in denial about having a gambling problem, the social acceptability of gambling, lack of guidelines suggesting responsible levels of gambling, false beliefs and hopes about winning and being ashamed about having gambling problems.
- Service providers considered that specialist problem gambling services could make themselves more attractive to people with gambling problems if they:
  - had more flexibility in their service delivery (for example, seeing new clients at services they already attend such as drop-in services);
  - liaised with and provided training to staff working at other services in identifying, engaging and encouraging clients to seek specialist problem gambling help; and
  - provided problem gambling specific financial counselling as a gateway to engaging clients in problem gambling counselling.
- Service providers also stressed the importance of supporting the partners and families of people with gambling problems.
- Service providers considered that health and welfare services could increase opportunities for clients to receive specialist problem gambling help by asking clients about their gambling at intake and providing clients with ongoing opportunities to disclose their gambling problems.

### **Study Three: The perspectives of people with gambling problems**

Nineteen individuals who self-identified as having gambling problems were recruited from a small number of help services.

Some of the key findings were that these individuals:

- were more likely to have sought help for their co-occurring problems or consequences of their gambling problems rather than help for their gambling;
- had delayed seeking specialist problem gambling help because they had been in denial or had not identified as having gambling problems or were ambivalent about seeking specialist gambling help; and
- would prefer to receive help for their gambling problem alongside their other problems – especially if their other problems involved alcohol or other drug abuse or dependence.

While the findings are robust, there was significant homogeneity amongst the people who volunteered for this study (for example, 18 of the 19 participants were male, and 16 had alcohol or other drug problems) so their views may not represent all those in the ACT community with gambling problems.

### **Conclusions**

Overall, the findings suggest that people with gambling problems are unlikely to identify as having a gambling problem or seek help until they have experienced serious impacts or harms from their gambling and only those who identify as having problems had accessed help. People with gambling symptoms who do not self-identify as having problems are clearly of public health importance in terms of early intervention. They comprise people who are experiencing some difficulties but have not yet ‘fallen off the cliff’. People who do identify as having a problem but do not seek help are also an important group because they have already recognised they have problems-an important component of the help-seeking process.

When people do access help they are more likely to seek help for the consequences of their gambling or for co-occurring problems before seeking help for gambling problems. In this regard, help services and those with gambling problems indicated a need for a range of problem gambling help options including delivery within the broader health and welfare system.

A more complete picture of pathways to gambling help would be gained by further research, including:

- exploring the views and experiences of a broader range of people in the community with gambling problems as well as people who gamble at high intensity and may be at risk of developing gambling problems;
- a better understanding of the important role of family and friends in identifying gambling problems and help seeking; and
- understanding public attitudes, perceptions and knowledge about gambling problems and treatment options.