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

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1. Executive summary

Background

The 2009 Survey of the Nature and Extent of Gambling, and Problem Gambling, in the ACT (Davidson and Rodgers, 2010: p26) found that only about 1 in 5 people with gambling problems had ever received formal help for their gambling problems. There was also worrying evidence that the main factor distinguishing those who had received formal help from those who had not was suicidal ideation.

In 2010 the Australian National University's (ANU) Centre for Gambling Research was commissioned by the ACT Gambling and Racing Commission to undertake further research into help-seeking and uptake of services amongst people with gambling problems in the ACT. The purpose of the research was to better understand the factors that encourage people to seek help for their gambling problems and the barriers encountered by those who do not receive help.

Objectives

The key objectives of this research were to:

- 1) describe what kind of people get help for gambling problems, and what kind of people do not;
- 2) scope opportunities for investigating the barriers to people with gambling problems receiving appropriate services; and
- 3) lay the foundations for a more comprehensive study of the availability, accessibility and suitability of specialist problem gambling services in the ACT.

Methods

We employed a mixed-methods approach, appropriate for the early stages of investigation in a comparatively new field of study. This included the following three studies:

- **Study one:** we undertook analysis of the data collected in the 2009 ACT Prevalence Survey. We described levels of self-identification of problems and use of services amongst people reporting symptoms of problem gambling. We also explored levels of gambling participation, and the social and demographic characteristics associated with self-identification and service use. This allowed us to profile people with symptoms who (i) had accessed services for gambling problems, (ii) had not accessed services or self-identified as having problems and (iii) had not accessed services.
- **Study two:** we interviewed professionals from a variety of agencies who may come into contact with people with gambling problems to explore: if their clients disclose gambling problems, if they can identify gambling problems amongst clients who do not disclose their gambling problems, barriers to providing services for clients with gambling problems, and barriers to referring clients to specialist problem gambling services.
- **Study three:** we interviewed people who identified as having gambling problems and who had sought help from a range of services in order to: understand how people with gambling problems seek formal help, their reasons for taking this step, their experiences finding and accessing formal help, and their views on the suitability and efficacy of the services they have used.

Results

In **study one**, we identified people reporting any problem gambling symptom, describing and contrasting the three sub-groups described above.

Only 8.1% of people with symptoms had accessed services for gambling related problems. This group all identified that they might have a problem with gambling. They had the most severe gambling problems, and symptom severity was the strongest predictor of service use. They were disproportionately most likely to be aged 25-64, to have a history of divorce, to not have paid work, to have poor mental health and to smoke. Most (84%) had talked to family or friends about problems

related to their gambling. The findings confirm the increased problem severity, co-morbidity and relationship problems amongst people who access services.

The majority (68.8%) of people with symptoms had not accessed help or self-identified that they might have a problem with gambling. People with symptoms who did not self-identify had the lowest levels of participation, gambling harms, and problem gambling symptoms. They were most likely to be young (aged 18-24), in the paid work force, and to never have been married or in a defacto relationship. Even after taking symptom severity, harms, and mental health into account, people who had never been married or in a defacto relationship were highly unlikely to have accessed services or self-identify as having a problem with gambling. This group of people with symptoms who did 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’.

Less than a quarter (23.1%) of people with symptoms identified that they might have a problem with gambling and had not accessed services. Compared to people who did not self-identify, people who self-identified as having a problem (but had not accessed services) tended to: be older, be married and never divorced, not have paid work, have poor mental health and smoke. Even though this group was the most likely to be married (and never divorced), three quarters had not talked to family or friends about their gambling problems. Their gambling frequency and financial losses were similar to people who had accessed services. They also had high levels of gambling problems and harms, with three quarters meeting the criteria for moderate risk/problem gambling. People who self-identify as having a problem but who have not accessed services are a group of public health importance because they have already recognised they have problems - an important component of the help-seeking process.

In **study two**, service providers reported that clients rarely disclosed gambling problems. While presenting problems such as money problems or relationship problems can be indicators of gambling problems, clients who attend services often have these problems even if they don’t have a gambling problem. Also, service

providers reported that clients typically sought help for a variety of problems (e.g. financial, relationship, drug or alcohol) but not their gambling problems. Service providers observed multiple barriers to clients receiving specialist problem gambling help. These included: individual barriers such as denial, and service barriers such as identifying gambling problems that are not disclosed. Service providers also experienced barriers to referring clients to specialist problem gambling help such as clients feeling too ashamed to go to specialist problem gambling services. They reported a need for: more effective promotion of specialist problem gambling services, a more flexible specialist problem gambling service delivery model, better problem gambling awareness campaigns, and support services for the partners and families of people with gambling problems.

In **study three**, clients with gambling problems typically reported having sought help for co-occurring problems (e.g. alcohol and other drug addictions, financial difficulties, housing problems) and were more open about disclosing these other problems than their gambling problems. Some clients reported ambivalence about seeking specialist help for gambling problems and only a few expressed a strong interest in specialist problem gambling counselling. Furthermore, many said they wanted to receive help for problem gambling alongside their other problems, especially if they had alcohol or other drug addictions. While some were unsure about what specialist problem gambling services were available, others said they could have found specialist services if they had wanted to. Clients who had attended self-help groups for alcohol and other drug problems expressed a desire to receive gambling help in a group setting. Some reported that better advertising of specialist problem gambling services and school education programs covering problem gambling might be helpful in terms of preventing other people from developing gambling problems.

Future Research

The research highlights the importance of better understanding people in the general community with gambling problems and people who gamble at intensities that might put them at risk of gambling problems, in order to investigate avenues for early

intervention. The roles families and friends play in help-seeking pathways for people with gambling problems also needs delineating. Service providers also stressed the importance of working out how to best support partners and families of people with gambling problems, to find how the service system can better address and respond to their needs.

Conclusions

Overall, the findings suggest that people with gambling problems are unlikely to identify as having a gambling problem or seek help unless they have experienced serious impacts or harms. The qualitative studies further indicate that people with gambling problems are more likely to seek help for the consequences of their gambling (e.g. economic and relationship problems) or for co-occurring problems (e.g. alcohol or other drug problems) well in advance of seeking help for their gambling problems. The experiences and views of people developing gambling problems need to be better understood so that appropriate and attractive early intervention strategies can be built into service delivery models. Improving the identification and engagement of people with gambling problems amongst those who seek help for other problems may also provide opportunities for earlier intervention.

This report found that having been married or in a defacto relationship and talking to family and friends was strongly associated with whether or not someone with gambling problems self-identified or accessed services for gambling problems. Service providers described the negative impacts experienced by the family of people with gambling problems, and some clients reported feeling shame for what they put their family through. This report highlights the importance of family and friends but further research is needed to unpack the roles family and friends might play in identifying gambling problems and help-seeking pathways.

2. Introduction

2.0 Help-seeking for gambling problems

Previous research has found that only a small proportion of people with gambling problems access services (Productivity Commission, 2010: p26). For example, the 2009 ACT Prevalence Survey found that only about 1 in 5 people with gambling problems had ever received formal help for their gambling problems (Davidson and Rodgers, 2010). There was also little indication that people had tried to get help but could not access services or that they wanted help in some way but did not know how to go about finding it. The low uptake of services for gambling problems indicates the importance of understanding factors, both at the individual level and within the service system, that prevent people who experience gambling problems from accessing the services that are provided to assist them.

Research has tried to tap into what motivates people to seek help for gambling problems. This work has primarily asked people who have sought help the reasons why they did so. For example, a recent review article by Suurvali et. al. found that *'help-seeking occurred largely in response to gambling-related harms (especially financial problems, relationship issues and negative emotions) that had already happened or that were imminent'* (Suurvali et al., 2010: p1).

A recent New Zealand study found that people with gambling problems who had sought help were commonly motivated to seek help for their gambling problem because of financial problems with 46% giving this reason unprompted. Furthermore, 35% of people who had sought help nominated financial problems as the *'number one reason'* for seeking help (Pulford et al., 2009a). Some of the other most frequent motivations for seeking help in this study were psychological in nature including: *'other emotional factors, e.g. low mood or anxiety'* (11%), and *'reaching a point where you felt like you could not go on'* (5%). Relationship motivations included: *'problems with your spouse or partner'* (10%), *'problems with other family members'* (5%), and *'pressure from your partner, family or friends'* (4%). Another important

motivation was damage-control: *'wanting to prevent your gambling from becoming a major problem'* (9%) (Pulford *et al.*, 2009a).

In an Australian study of 77 people with gambling problems, Evans and Delfabbro found that people who had sought help were *'predominantly crisis-driven'* (Evans and Delfabbro, 2005: p133). In the first instance they were primarily motivated by *'concern about mental and physical health'* and then by financial reasons when they found themselves in severe financial difficulty (that is, when they had *'no money left for household bills, rent, or food'*). Other issues, such as relationship problems, legal problems, work problems and housing problems *'were generally rated less important'* (Evans and Delfabbro, 2005: pp142-144).

In all of the above studies a key theme is that the vast majority of people only tend to seek help after they have experienced significant harms from their gambling problem. This suggests that people with gambling problems who seek help may be different to the majority of people in the community with gambling problem who do not seek help.

A substantial literature has demonstrated that people who access treatment for a particular problem, for instance mental health problems, are not necessarily representative of people in the community with that problem (Goldberg and Huxley, 1992, Rose, 1993). People who access treatment tend to have more severe problems with higher rates of co-morbidity compared to people who do not access treatment. Furthermore, Rose (1993) argued that the *'continuum between disease and normality is not readily apparent in hospitals and clinics, whose patients are the survivors of a selection process whereby only the more severely affected will be referred, thus creating an illusion of a qualitative separation of disease from normality'* (Rose, 1993: p533). While it is important to understand the experiences of people who access treatment, it is equally important to understand the experiences of people who do not access treatment. It is only by doing both that a comprehensive understanding of a problem can be gained.

Research has tried to address the experiences of people who *do not seek help* in two ways. First, people with gambling problems identified in the general population have been asked why they *did not* seek help. The most common reasons given are that people feel they can beat their problem on their own or they simply do not need help (e.g. Davidson and Rodgers, 2010, Department of Justice Victoria, 2009, NSW Office of Liquor Gaming and Racing, 2007, Queensland Treasury Department, 2008). Second, people with gambling problems that have attended specialist problem gambling services have been directly asked about what might have prevented or put them off getting help. For example, Pulford et. al. (2009b) found that *'responses indicative of pride ... shame or denial'* were reported as significant barriers to seeking help amongst people with gambling problems who had used a telephone helpline. Similar results were found amongst a group of people with gambling problems who had not sought help. In interviews with people with gambling problems in the ACT, McMillen et al (2004) also found shame and stigma as barriers to seeking help. Overall, the Productivity Commission concluded that *'feelings of guilt, shame and embarrassment, denial, and believing they can resolve their gambling problems without professional help'* are reasons underlying why people with gambling problems don't seek help (Productivity Commission, 2010: p7.6).

2.1 Early intervention and self-identification

Early intervention approaches aim to get people to access services before problems become extreme, before they have 'fallen off the cliff'. Specialist problem gambling services accordingly target people who are developing problems as well as those experiencing extreme difficulties. However, as mentioned above, a substantial body of evidence suggests that people with gambling problems only seek help after some sort of crisis point has been reached, such as a family break up or when they are experiencing suicidal thoughts. Existing research on pathways to treatment for gambling problems is scarce and generally simplistic: an individual develops problem gambling behaviour and then experiences a crisis which leads to getting help. The focus on the connection between crisis and treatment seeking has been emphasised to

the extent that potential points of intervention arising *before* a crisis occurs have been comparatively neglected.

Identification of problems, by oneself or by family or friends, is pivotal with regard to whether or not an individual accesses help for gambling problems. Petry (2005) discussed a *readiness to change* model (the transtheoretical model) in relation to the resolution of gambling problems. This model has frequently been applied to addictive disorders and proposes that *readiness to change lies along a continuum*, including pre-contemplation, contemplation, action and maintenance. The key distinction between pre-contemplation and contemplation is a shift to recognising that one has a problem. Individuals need to believe they have a problem before they can even contemplate the pros and cons of altering their behaviour and make the effort to change. However, the point at which people identify as having a gambling problem has not previously been investigated. They may only do so at a point of crisis, when problems are extreme, in which case a failure to self-identify as having a problem may underlie why so few people seek help until the point of crisis. However, people with problems may self-identify at an earlier stage providing an important point for early intervention.

Overall, a more in-depth approach is needed to understand pathways to treatment for gambling problems. For instance, previous research has not addressed the help-seeking journeys, cycles of engagement and disengagement and how to respond to specific moments when people might be motivated to receive help. Individual, social and systemic factors might facilitate or hinder an individual from seeking help at various stages in the development of problems. It is also important to consider referral processes, uptake of referral, continuity in care and reasons why people with problems might *disengage* from treatment and services. Points of interaction with different service providers have also not been explored as an opportunity for identifying people with gambling problems and offering help.

2.2 Service providers perspectives

Research that canvasses the experiences of a wide range of service providers regarding gambling problems is scarce. For instance, we only found two studies that interviewed service providers from a variety of agencies (other than specialist problem gambling services) regarding gambling problems amongst their clients. Grodsky and Kogan (1985) interviewed managers and front line staff across 40 agencies in New York City in 1976 encompassing alcohol and other drug services; mental health services; individual and family services; legal, court and corrective services; and the New York City Department of Social Services. Service providers reported that clients rarely admitted to having gambling problems. The partner of a person with gambling problems is more likely to bring up the problem but only *'as a last resort'* and families of people with gambling problems *'may show a multitude of problems including marital discord, with the wife vague about the source of her anger'* (p58). The authors surmised that *'where professionals may be unable to achieve a sense of clarity about the underlying basis of family disorganization, agency personnel should be alerted to the possibility that the family is masking a gambling problem'* (p58).

A Canadian study, modelled on Grodsky and Kogan, interviewed managers of social services, welfare agencies, mental health services, health services, and drug and alcohol services, and asked them about problem gambling amongst their clients (Chacko *et al.*, 1997). This study found that service providers were aware of problem gambling amongst their clients but *'queries by workers about client gambling behaviours and the voluntary sharing of such information are relatively rare events'* (p43). People with gambling problems also faced several barriers to getting help including a lack of available services and lack of knowledge about services (p39-41). Both studies indicated that presentation at health services and other services provides opportunities for people with gambling problems to be identified and assisted in receiving help for their gambling problems.

2.3 Theoretical framework

Research modelling pathways to accessing services for gambling problems is scarce. However, there is a substantial literature investigating models that attempt to explain and predict service use for a wide range of health problems. These models are of relevance and provide a framework when considering pathways to service use for gambling problems. Once such model, a *Behavioural Model of Health Services Use* was proposed by Andersen (Andersen and Newman, 1973). Andersen argued that people's use of health services is a function of the characteristics of the individuals at risk and the broader social environment including the health care system. This model has been directly applied to the use of services for a range of health problems including mental health and substance use. While the model has evolved and been adapted in various ways over time (Andersen, 1995) core components have remained of central importance and are described below.

Andersen identified the following characteristics as influencing service use:

- First, **predisposing components** or personal characteristics that influence the likelihood that people will need health services. These include demographic factors (e.g. age and gender), social structure (e.g. education, occupation, and ethnicity) as well as a person's social interactions, cultural context and health beliefs (e.g. attitudes, values and knowledge about health and health services).
- Second, **enabling resources** or the means a person has available that *enable* them to access services. These include individual, family and community attributes. For instance, people must have the means and knowledge about how to access services. Income, health insurance and where an individual lives in relation to available services are examples of enabling resources.
- Third, a person's **need for a service** is a core component of the model. This reflects the severity of the illness and is the most immediate cause of health service use. However, need is also a social phenomenon as it can be both perceived by the individual and evaluated by professionals.

- Fourth, **environmental factors**, encompassing the characteristics of services, the service system and the broader community feed into the likelihood that an individual will access services.

Andersen's model provides a useful framework for understanding the pathways underlying how, why and when people access (and do not access) services for gambling problems. For instance, as mentioned above, self-identification of gambling problems is a pivotal part of whether or not someone accesses services. Self-identification of gambling problems can be viewed as part of an individual's need for a service. It is important to understand what predisposing and enabling characteristics might feed into self-identification and subsequent service use for gambling problems.

2.4 The purpose of this study

This study further explores data collected in the 2009 ACT Prevalence Survey with regard to self-identification and service use. However, in order to tease out and understand the complexities and the subtleties behind the pathways to treatment, a qualitative approach was also utilised. The qualitative approach provides insight into potential ways forward in term of improving services, making services more attractive and accessible to people with gambling problems and overcoming existing barriers to help-seeking.

To this end, the Australian National University was commissioned by the Australian Capital Territory (ACT) Gambling and Racing Commission to research help-seeking and uptake of services amongst people with gambling problems in the ACT. The key objectives of the study were to:

- establish what kind of people get help for gambling problems and what kind of people do not get help;
- scope the opportunities for investigating the barriers to receiving appropriate services; and

- lay the foundations for a more comprehensive study of the availability, accessibility and suitability of specialist problem gambling services in the ACT.

The principle guiding this research was to better understand the pathways leading to formal help.

Methodologies for both the quantitative and qualitative components of the research are outlined in chapter three, while more specific research aims are outlined and addressed in chapters 4 through 10.

3. Methods

We employed a mixed methods approach, undertaking three main studies.

Study One: Using data from a general population survey we directly compared people with gambling problems who had accessed services with those who had not.

Study Two: We interviewed service providers in the ACT who come into contact with people with gambling problems.

Study Three: We interviewed people who self-identified as having gambling problems via the services that they have sought help from in the ACT (though not necessarily specialist problem gambling services).

We describe the methodology for each study below:

3.0 Study One – A general population perspective

In 2009, the Centre for Gambling Research of the Australian National University (ANU) was commissioned by the Australian Capital Territory (ACT) Gambling and Racing Commission to conduct a prevalence survey on gambling participation and problems in the ACT. The survey was carried out by an accredited market and social research company using Computer Assisted Telephone Interviewing (CATI). Random digit dialling was used to contact 5,500 ACT residents. They provided detailed information on their gambling participation in the past year. Over 2,000 interviewees were selected - representing the full spectrum of participation - and they were interviewed in more detail on gambling activities, expenditure, harms, physical and mental wellbeing, socioeconomic and demographic characteristics and whether they had ever sought help for gambling problems. Further information about the design can be found in the full report (Davidson and Rodgers, 2010).

Measurement and definition of Problem Gambling

The main measure of problem gambling used in the 2009 ACT Prevalence Survey was the Canadian Problem Gambling Index (CPGI: Ferris and Wynne, 2001). Everyone who reported gambling at least once a month across activities other than scratch tickets or lottery tickets, or who had spent \$2,000 or more across all activities in the last 12 months, was asked all of the questions in the CPGI (n=494).

The CPGI comprises nine items asking how often gamblers experience a range of problems from their gambling, including betting more than they can afford, needing to gamble with larger amounts to get the same feeling of excitement, trying to win back the money they have lost and having financial problems. Response options ranged from 0 ('never') to 4 ('almost always'). Peoples' responses to the items are summed, creating the CPGI total score. This score is a continuous measure of the severity of gambling problems (range 0-27).

The CPGI total score is also traditionally grouped into bands that define 'non-problem gambling' (0 score), 'low risk gambling' (1-2), 'moderate risk gambling' (3-7), and 'problem gambling' (8+). For this report, bands were further combined, and people with any symptom (1+) and moderate risk/problem gamblers (3+) were identified.

Analyses

A weight was used on all analyses, ensuring that the sample proportionately reflected registered marital status, as well as the age and sex, of the ACT adult population. It also addressed sampling methods (described in Davidson and Rodgers, 2010). The figures and tables give the **actual** number of participants who were interviewed within any particular group whereas percentages are the **estimated** values using the weights described above.

Chi-square statistics were used to explore bivariate associations. Multivariate models (using multinomial logistic regression) were subsequently used to investigate which socioeconomic and demographic, health and wellbeing and gambling related factors were particularly important in accounting for self-identification and/or service use.

The small sample size limited the statistical power for detecting differences and resulted in very broad confidence intervals around estimates.

P-values less than .05 were considered statistically significant, indicating that there was no more than a 5% probability that any particular finding was due to chance. Expressed another way, there was at least a 95% probability that the finding was *not* due to chance. P-values less than .01 and less than .001 indicate that differences between groups were not due to chance with a greater degree of certainty (99% and 99.9% probability respectively).

Ethical approval

The Australian National University Human Research Ethics Committee approved this study (protocol 2009/410).

Results of this study are reported in chapter 4 of this report.

3.1 Study Two – Perspectives of service providers

In study two we interviewed professionals who provide counselling and other welfare services to people with gambling problems in order to understand:

- 1) The pathways through which clients with gambling problems typically enter and use gambling specific services and other social services.
- 2) What barriers they see their clients facing in receiving appropriate help with their gambling problems.
- 3) Their views on how the service system can be improved to better respond to the needs of people with gambling problems.

Recruitment

Using internet searches, the phone book, the Citizens Advice Bureau directory (Citizens Advice Bureau ACT, 2011), and searching links pages from government and

community agency websites, a number of services were identified that provide assistance with money problems, relationship and family problems, alcohol and other drug problems, as well as information and referral services. Agencies that specifically listed gambling as a matter covered by their service were also identified.

Agencies were initially contacted by telephone and we asked them if their agency ever provided assistance to people with gambling problems and if so, who we should contact in order to request their participation in our study. We then contacted this initial group of agencies by mail (see cover letter, participant information sheet, interview schedule and consent form at Appendix A, B, C and D) and then later by phone and email if there was no response. As further agencies were identified, we contacted them by email (to save time) sending them the same information.

We continued our search for other agencies, some of which were suggested by service providers who we had initially recruited. A total of 35 service providers from 18 agencies were recruited and interviewed for the research.

Professionals including counsellors, social workers, psychologists, caseworkers, and managers were interviewed from the following types of services:

- specialist problem gambling services;
- alcohol and other drug services;
- government and community welfare services;
- psychologists in private practice;
- information and referral services; and
- relationship and family services.

The above agencies were targeted for the study because professionals from these services have insights and practice wisdom, as well as an understanding of the strengths and weaknesses of the social service system and its ability to respond to the needs of people with gambling problems.

The interview

Interviews took place from early April to late June 2011.

The research participants (referred to in this report as service providers) were asked to describe:

- 1) The services they offer.
- 2) Their clients and the issues they present with.
- 3) The severity of clients' gambling problems.
- 4) Help-seeking pathways their clients might have negotiated before attending their service.
- 5) How long, typically, clients access their service.
- 6) How clients who have exited their service can re-access if they need to.
- 7) Any barriers to providing people with gambling problems the services they need.

Analyses

All interviews were recorded onto a digital recorder and then uploaded and securely stored on a computer at the ANU Centre for Gambling Research. The primary investigator listened to the interviews and identified themes in the service provider responses which were used for coding. Data was then transcribed by a Research Officer and uploaded onto NVIVO Qualitative Data Analysis Software using the pre-determined codes as themes and then analysed by the primary investigator in light of the research objectives.

Ethics approval

The Australian National University Human Research Ethics Committee approved this study (protocol No. 2011/068).

Results of the analysis are presented in chapters 5, 6 and 7 of this report.

3.2 Study Three – Perspectives of clients with gambling problems

In study three we interviewed people who self-identified as having gambling problems, recruited via the services that they had sought help from (though not necessarily specialist problem gambling services) in order to ask them about:

- 1) Their experiences of seeking help.
- 2) Their thoughts on the help that is currently available in the ACT.
- 3) What services they would like in order to help them with their gambling problems, but have been unable to find or access.
- 4) Their thoughts on how the service system can be improved to encourage people with gambling problems to seek help that better suits their needs.

We recruited people experiencing gambling problems through service providers in order to minimise risk to clients by ensuring that they all had some current engagement with social services and professional support, should they have found the interview process distressing. We also provided all research participants (referred to in this report as clients) with information about a range of available services, including 24 hour free-call services and a free-call number for the primary investigator.

Recruitment

We asked several of the agencies who were interviewed for study two if they could assist us in recruiting clients who have gambling problems. All services we approached agreed to assist and were provided with bulk copies of the participant information for their approval and for distribution to their clients (see participant information sheet, interview schedule and oral consent form at Appendix E, F and G) as well as a poster promoting the study for their waiting rooms (see Appendix H).

Service providers were asked to promote the research to any clients with gambling problems who they considered resilient enough to take part in the research, and to give copies of the participant information to their clients during their routine appointments. Service providers were also asked to display copies of the participant information and poster in their waiting rooms.

Interviews took place during June 2011 and a total of 19 clients were interviewed.

Interview Process

Clients were interviewed individually by the primary investigator. While clients were given the option of being interviewed at the ANU, the office of the service through which they were recruited, or another pre-agreed location, all clients were interviewed in a private room provided by the agencies.

All clients were asked to give oral consent prior to being interviewed and consent to be recorded. We sought oral consent rather than written consent in order to protect the anonymity of clients (see Appendix G).

A list of indicative talking points is outlined below:

- 1) How they went about finding help.
- 2) What kinds of services they have used.
- 3) How easy or difficult it was for them to find and access help.
- 4) What prompted them to look for help.
- 5) If there were any services they would have liked, but were unavailable.
- 6) What they think the government and services can do to encourage people to seek help for their gambling issues.
- 7) What they think services can do to make themselves more attractive to other people with gambling problems who need help.

Analyses

All interviews were recorded onto a digital recorder and then securely stored on a computer at the ANU Centre for Gambling Research. The primary investigator listened to the interviews and identified themes in the client responses which were used for coding. Data was then transcribed by a Research Officer and uploaded onto NVIVO Qualitative Data Analysis Software using the pre-determined codes as themes and analysed by the primary investigator.

Ethics approval

The Australian National University Human Research Ethics Committee approved this study (protocol No. 2011/093).

Results of the analysis are presented in chapters 8, 9 and 10 of this report.

STUDY 1: A GENERAL POPULATION PERSPECTIVE

4. People who do, and do not, access services

4.0 Chapter aims

The main aim of this chapter was to establish what kind of people get help for gambling problems and what kind of people do not, using data from the 2009 ACT Prevalence Survey. The principle behind this aim was to investigate what happens between the emergence of a problem and eventual receipt of services, with self-identification of problems being a core component in this process. More specific aims include:

- 1) describing self-identification and service use amongst people who report gambling problems;
- 2) profiling people with symptoms who self-identify as having problems, those who access services, and those who do neither; and
- 3) describing the characteristics of people who are least likely to self-identify and access services.

Key areas of interest include describing levels of gambling intensity, symptoms and harms, socioeconomic and demographic characteristics and health and wellbeing.

4.1 The prevalence of problems, service use and self identification

As previously reported 72 people met the criteria for moderate risk/problem gambling, representing 2% of the adult population. People reporting any symptom during the last 12 months were also identified by summing responses to 8 CPGI items (excluding the item asking whether participants felt they might have a problem with their gambling).

People reporting any gambling harm in the last 12 months were also identified. These harms included having:

- Seriously thought about suicide because of gambling;
- A relationship break up or neglecting family because of gambling;
- Adverse job experiences because of gambling; and
- Experienced bankruptcy or problems with the police because of gambling.

Finally people who self-identified as having a problem with their gambling during the past year were also identified. In total, 184 people reported any symptom or harm, representing 5.4% of the adult population.

Several questions in the survey asked about help-seeking behaviour. These questions were only asked of people who satisfied at least one of the three following criteria:

- 1) They had ever gambled 12 times in any 12-month period (excluding raffles, lottery and scratch tickets);
- 2) They had ever lost \$2,000 or more across all gambling activities in a 12-month period; or
- 3) They self-identified as having a gambling problem in their lifetime.

In total, 614 individuals (23.1% of the adult population) were asked about help-seeking. These individuals were asked if they had ever received counselling or formal help from a list of 13 services (see Box 4.1 below), including gambling-specific services (e.g. Gamblers Anonymous and gambling help lines), health services (e.g. a GP or doctor) and community organisations. This included asking whether they had received any such assistance from some 'other' organisation, not included in the list, and to specify the source of help.

Box 4.1: The service use question and response options included in the 2009 ACT Prevalence Survey.

Have you ever received counselling or help from any of the following for gambling related problems?

- Lifeline's Gambling Care, their gambling and financial counselling service
- Gamblers anonymous
- The National gambling help line
- Lifeline's crisis telephone service
- Salvation Army Counselling Services
- CARE Financial Counselling and Legal Services
- Welfare or church organisation (eg. St Vincent de Paul, Anglicare, Smith family, Centre Care)
- Family relationship organisations
- GP/Doctor
- Hospital or clinic
- Community Health Centre
- Indigenous or ethnic community Agency (Migrant Resource Centre)
- An employee of a gambling venue
- Some other organisation (specify_____)

No I have never received counselling or help for problems relating to my gambling

Figure 4.1 below shows the lifetime prevalence of the use of services for gambling problems for several groups: (i) the total adult population; (ii) those reporting any symptom or harm; and (iii) moderate risk/problem gamblers identified by their CPGI scores.

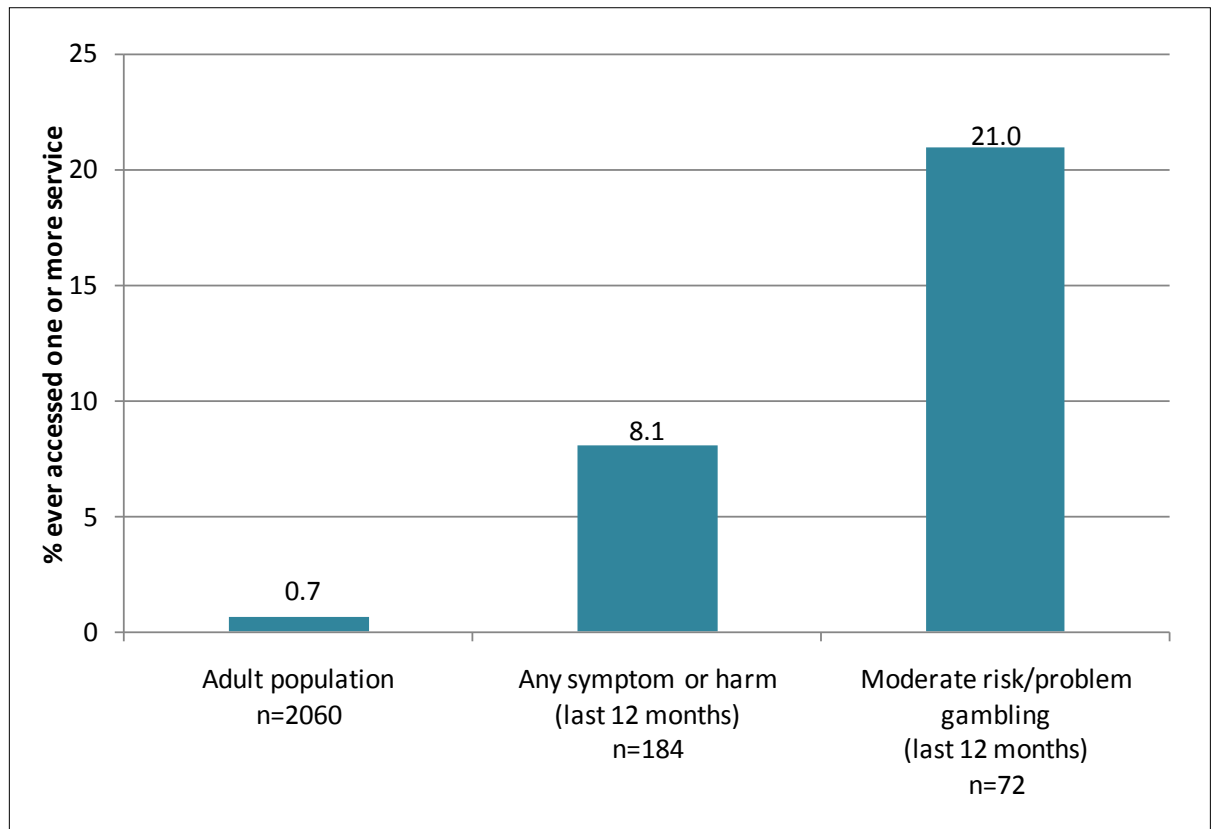


Figure 4.1: Lifetime formal help-seeking amongst (i) the adult population, and people (ii) reporting any symptom/harm, and (iii) moderate risk/problem gamblers.

Of the 184 individuals who reported a symptom (other than the self-identification item included in the CPGI) or harm within the last 12 months, less than a third acknowledged that they *might sometimes, most of the time, or almost always have a problem with their gambling* (28.8%). It is clear that the majority of people who reported symptoms or harms did not identify as having a problem, according to an item with very broad wording. In contrast, a much greater proportion of moderate risk/problem gamblers (65.9%) identified that they might have a problem.

4.2 How does self-identification relate to service use?

Of the people who had *ever* accessed help for gambling problems, 99% self-identified as having *ever* had a problem. This is perhaps not surprising, but it confirms that self-identification is important in the pathway to accessing services. That is, people did not access services unless they identified as having a problem. Figure 4.2 below

shows that, amongst people reporting any symptom or harm in the last 12 months, 8.1% had accessed a service for gambling problems, nearly a quarter (23.1%) identified that they might have a problem, but had not accessed any help and two thirds (68.8%) did neither.

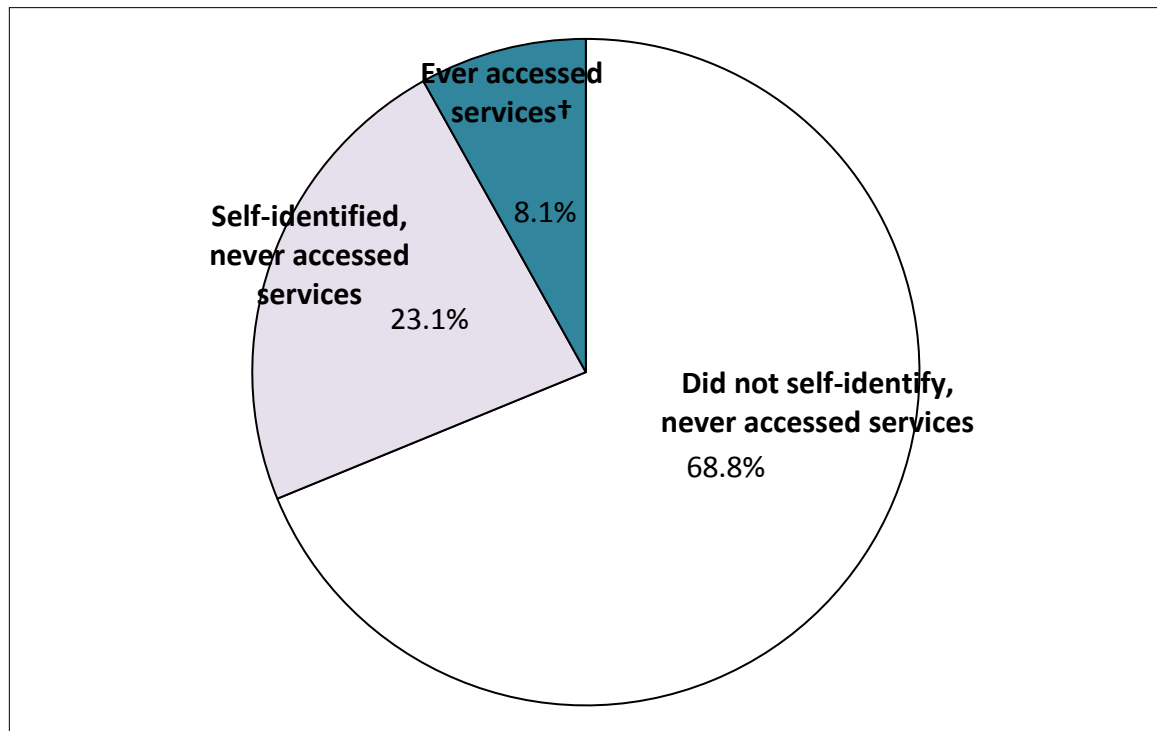


Figure 4.2: Self-identification of gambling problems and lifetime service use amongst people reporting any gambling symptom/harm in the last 12 months (n=184).
†Everyone who accessed help identified as having a problem.

4.3 How do gambling behaviour, symptoms and harms relate to self-identification and service use?

This section provides a description of the groups outlined in Figure 4.2 in terms of gambling behaviour, symptoms and harms. Table 4.1 below shows the level of gambling intensity and CPGI scores amongst the three groups of interest. CPGI items were summed (excluding the item about self-identification). This Table shows that gambling frequency and financial losses are high amongst all groups of interest. Each of the three groups gambled more than once a week on average, with losses ranging from \$52-116 per week. On average all groups gambled on multiple activities.

People who did not self-identify as having problems had the lowest symptom scores. While differences were not statistically significant, they also lost the least money per week and gambled less frequently. In contrast, people who accessed services gambled 50% more often and reported double the financial losses on gambling (on average). Symptom scores were also extreme amongst this group, with the majority (92.3%) meeting the criteria for moderate risk/problem gambling.

Table 4.1 Gambling participation by self-identification and service use, amongst gamblers reporting any symptoms/harms during the past year (n=184).

Gambling participation	Never accessed services		Ever accessed services
	Did not self identify (68.8%)	Self-identified (23.1%)	All self identified (8.1%)
Median CPGI score (unweighted)†***	1	3	6
Median days gambling per year (unweighted all activities)†	88	118	108
Median financial losses per week (unweighted all activities)†	52	115	116
Mean number of gambling activities (excluding lottery and scratch tickets)**	2.9	2.8	1.8

† Statistical tests evaluated the significance in differences in mean scores across self-identification and service use categories
*p<.05; **p<.01; ***p<.001.

People who self-identified as having problems but had not accessed services were similar to people who accessed services (all of who self-identified in terms of gambling frequency and financial losses). This suggests that greater total financial losses and frequency of gambling may be involved in whether or not someone identifies as having problems. For people who self-identified but had not accessed services, symptoms scores on average were high (median=3), lying between those who did not identify as having problems (median=1) and those who accessed services (median=6). A large proportion (76.8%) of people who self-identified met the criteria for moderate risk/problem gambling.

Interestingly, people who accessed services gambled on *fewer* activities than the other two groups. It is possible that people who have accessed services have cut down their gambling activity. This argument is supported by the marginally (although not statistically significant) lower gambling days per year evident amongst people who have accessed services, when compared to those who self-identified as having a problem but who had not accessed services.

Overall, the findings support the argument that more severe symptoms, more frequent gambling and greater financial losses tend to be linked with the self-identification of problems, but higher symptom scores and *fewer* activities tend to be linked with accessing services.

Figures 4.3-4.6 profile gambling related harms amongst the three self-identification/service use groups. Figure 4.3 shows that a large proportion (60.5%) of people who had accessed a service for gambling problems reported having seriously thought about suicide because of gambling. A much smaller proportion of people who self-identified but had never accessed services (4.7%) and people who did not self-identify (0%) reported having seriously thought about suicide.

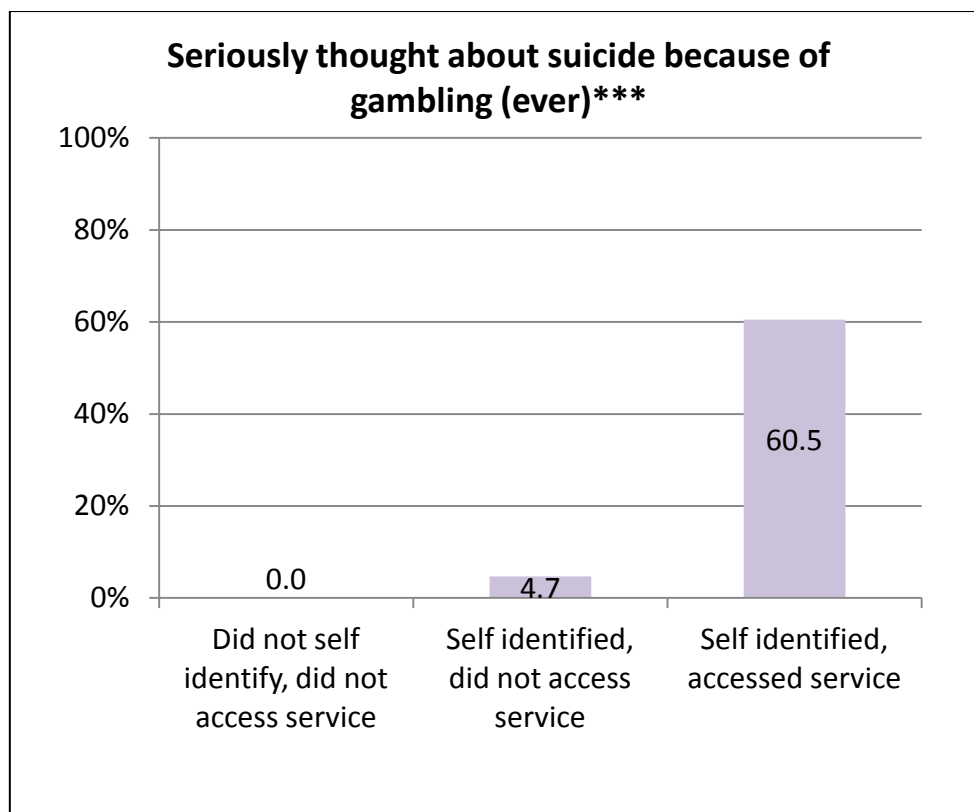


Figure: 4.3: A profile of suicidal thoughts because of gambling amongst gamblers reporting any symptoms/harms during the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.
***p<.001

Figure 4.4 shows that three in five (61.2%) people who accessed services reported experiencing a relationship break up or having neglected family because of gambling. This harm was much less frequently reported by people who self-identified but had not accessed a service (19.8%) and those who did not self-identify as having a problem.

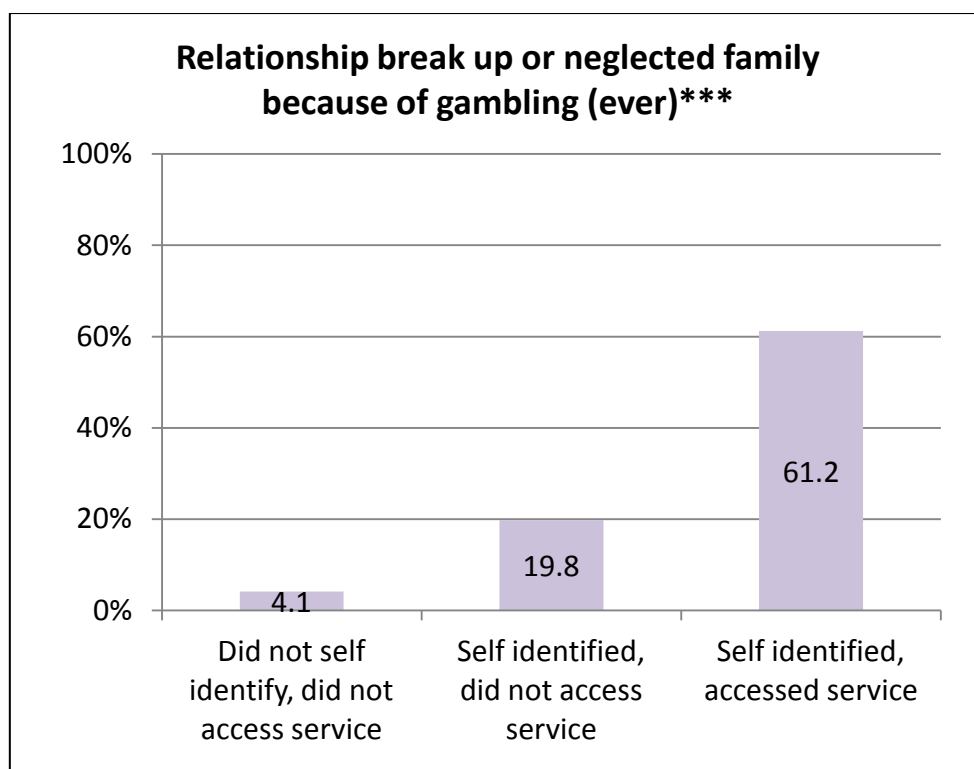


Figure: 4.4: A profile of relationship break ups and family neglect because of gambling, amongst gamblers reporting any symptoms/harms during the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.
***p<.001

Figure 4.5 shows that more than a third of people who had accessed services reported that gambling had adversely affected their job. However, this harm was almost never reported by people in the other self-identification/service use groups.

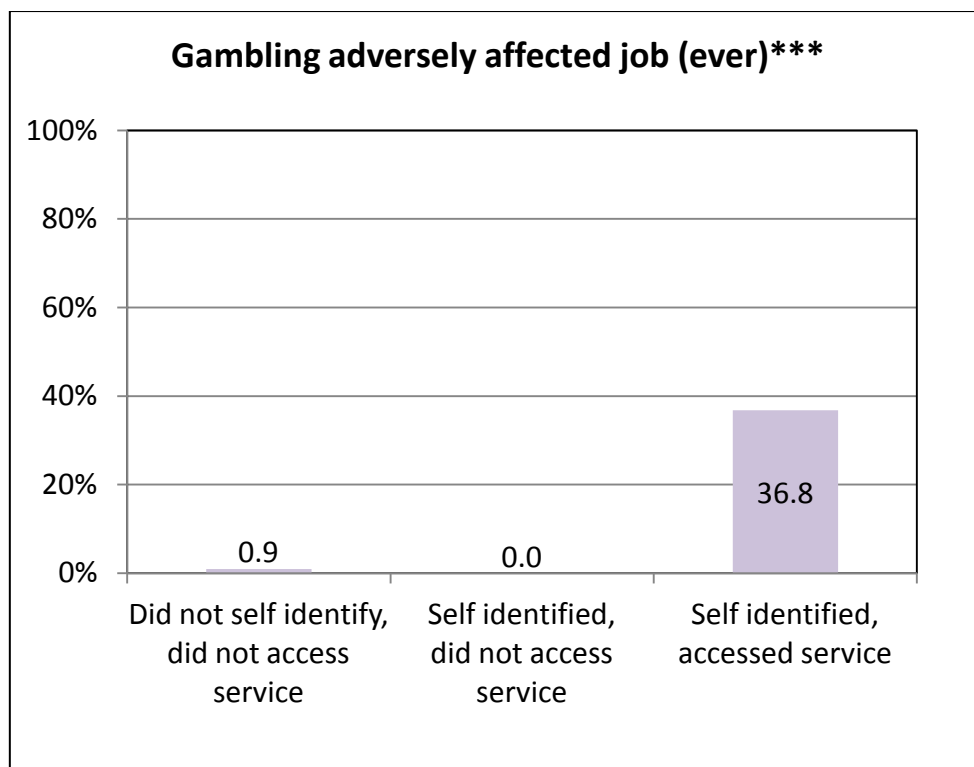


Figure: 4.5: A profile of adverse job consequences from gambling amongst gamblers reporting any symptoms/harms during the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

***p<.001

Figure 4.6 shows the proportion of the three self-identification/service use groups reporting having experienced any gambling harm. Note that any gambling harm also incorporates legal difficulties, covering bankruptcy and problems with the police. This figure demonstrates that the proportion of people reporting any harm was much greater amongst people who had accessed services (86.9%) compared to people who self-identified but had not accessed services (24.1%). People who did not self-identify were least likely to report gambling harms (5.3%).

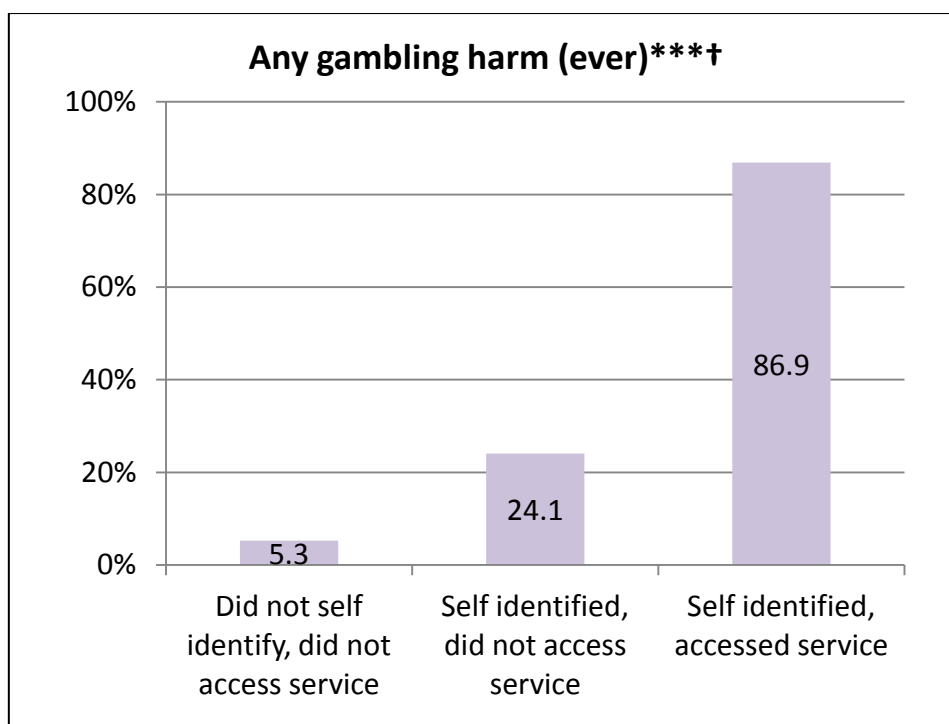


Figure: 4.6: A profile of any gambling harm[†] amongst people reporting any symptoms/harms during the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

[†]Any harm =seriously thought about suicide, relationship break up, family neglect, adverse affected job, bankruptcy and problems with the police-because of gambling.

***p<.001

Figures 4.3-4.6 profile the three self-identification/service use groups in terms of a range of gambling harms. Table 4.2 presents the findings from Figures 4.3-4.6 from a different perspective. Table 4.2 shows that, amongst people reporting any of the harms in the Table, the majority either self-identified (34.3%) or accessed a service (43.4%). Only 22.3% did not self-identify as having a problem with their gambling.

As reported in the 2009 ACT Prevalence Survey, suicidal thoughts were a strong predictor of service use. It is reassuring that 82% of people who had seriously thought about suicide had accessed a service.

Table 4.2: The association between gambling harms, self-identification and service use.

Gambling harms	Never accessed services		Ever accessed services
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)
Seriously thought about suicide because of gambling (ever)***			
Yes	0	18.1	81.9
No	73.2	23.4	3.4
Relationship break up or neglected family because of gambling (ever)**			
Yes	23.0	37.0	40.0
No	75.3	21.1	3.6
Gambling adversely affected job (ever)**			
Yes	9.3	0	90.7
No	71.5	24.1	4.4
Any harm***†			
Yes	22.3	34.3	43.4
No	77.8	20.9	1.3

† Also includes legal difficulties, including bankruptcy and problems with the police.

*p<.05; **p<.01; ***p<.001.

Multivariate analysis

Of all the gambling measures, symptoms (as indicated by CPGI score) and harms were identified as the most important (statistically significant) predictors of self-identification and service use. People who report harms have higher symptom levels (and vice versa). We needed to determine whether symptoms and harms reflect the same underlying problems, or whether they each relate independently to self-identification and service use. Multivariate models demonstrated that CPGI score ($p=.003$) and gambling harms ($p<.001$) were both strongly and independently associated with service use. These findings indicate that more severe gambling symptoms and harms are both important in predicting service use.

In contrast, only CPGI score ($p<.001$) was associated with self-identification in the multivariate models. This finding indicates that more severe symptom severity was a better indicator of self-identification when compared to gambling harms.

4.4 Socioeconomic and demographic characteristics of self-identification and service use

Table 4.3 gives a socioeconomic and demographic profile of each of the three self-identification and service use groups. Only age, marital history and employment status were significantly associated with self-identification and service use. Given the density of the findings in Table 4.3 the findings for these three significant socioeconomic and demographic characteristics are shown in Figures 4.7, 4.8 and 4.9 respectively. These findings are discussed in detail alongside the figures.

Table 4.3: A socioeconomic and demographic profile of gamblers reporting any symptoms/harms in the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

Socioeconomic and demographic characteristic	Never accessed services		Ever accessed services	<i>Total population[†]</i>
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)	
Sex				
Male	72.6	69.6	69.2	48.9
Female	27.4	30.4	30.8	51.1
Age*				
18-24	37.1	18.8	7.3	16.3
25-44	24.1	35.4	58.2	35.3
45-64	31.4	25.3	28.9	34.6
65+	7.5	20.6	5.6	13.8
Country of birth				
Australia	86.3	81.6	89.4	80.3
Other	13.7	18.4	10.6	19.7

Table 4.3 continued...

Socioeconomic and demographic characteristic	Never accessed services		Ever accessed services	<i>Total population</i> †
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)	
Highest completed qualification				
Year 10	11.3	16.4	33.8	10.4
Year 12 or certificate/diploma	67.8	57.0	63.1	44.5
Bachelors degree or higher	20.9	26.6	3.1	45.2
Marital status***				
Never married/defacto	55.6	26.4	8.1	26.6
Ever divorced	21.3	24.5	62.2	22.9
Married/widowed never divorced	23.1	49.1	29.8	50.5
Currently in paid workforce*				
Yes	83.2	67.3	54.2	70.8
No	16.9	32.7	45.8	29.2
Annual personal income				
less than \$40k	47.2	50.8	53.8	36.2
\$40-\$69k	25.1	28.5	36.9	30.0
\$70k or more	27.7	20.8	9.3	36.8

†The proportion amongst the study population is included for comparison

*p<.05; **p<.01; ***p<.001.

Age

Figure 4.7 shows the age distribution amongst the three self-identification and service use groups. It shows that people who did not self-identify tended to be younger and more than a third were aged 18-24. In contrast, only a very small proportion of people who accessed services were aged 18-24, with the majority being aged 25-44. People who self-identified had a more even age distribution than the other two groups.

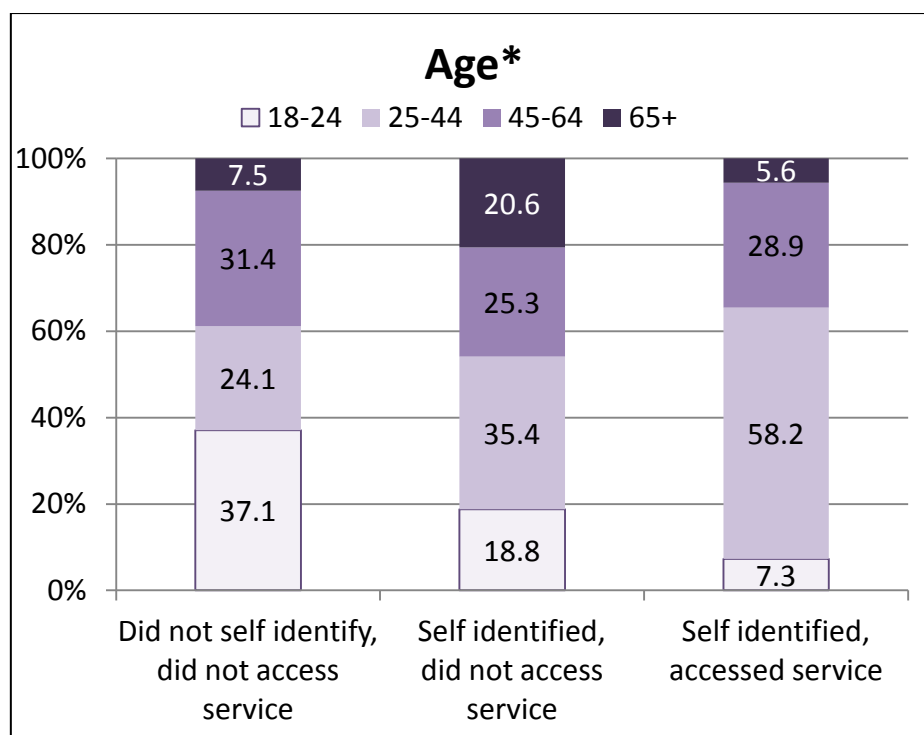


Figure: 4.7: Age of gamblers reporting any symptoms/harms during the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

*p<.05

Table 4.4 shows this association from another perspective. It indicates the proportion of each age group who: (i) did not self-identify; (ii) self-identified, but did not access a service; and (iii) accessed services. This perspective shows age as a risk factor for self-identification, as opposed to profiling the self-identification and service use categories. For example, amongst those aged 18-24, 83.8% of people with some symptoms did not identify as having a problem, 14.3% self-identified, but did not access services, and only 1.9% accessed services.

Table 4.4: The proportion of age groups who (i) did not self-identify as having gambling problems, (ii) self-identified but did not access services, and (iii) accessed services for gambling problems. n=184 people reporting any symptoms or harms in the last 12 months.

Socioeconomic and demographic characteristics	Never accessed services		Ever accessed services
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)
Age*			
18-24	83.8	14.3	1.9
25-44	56.2	27.8	16.0
45-64	72.5	19.7	7.9
65+	49.8	45.8	4.4

*p<.05

Marital history

In the current study we investigated marital history, by incorporating an item asking ‘how many times, if any, have you been married or lived in a defacto relationship’. We used this item to identify people who had been married or lived in a defacto relationship more than once. Essentially they reflect people who have experienced a major relationship separation. For the rest of the report this group will be referred to as ‘divorced’. Similarly, in our report the term ‘married’ also encompasses defacto relationships.

Combining the marital status items, we identified people who:

- 1) had never been married (‘never married/defacto’);
- 2) were married or widowed, but had never experienced divorce (‘married, never divorced’) and
- 3) had a history of divorce (‘ever divorced’).

With regard to marital history, Figure 4.8 (below) shows that the majority of people who did not identify as having problems had never been married or been in a defacto relationship. Only a quarter of people who self-identified had never been married. The majority of people who had accessed services had a history of divorce.

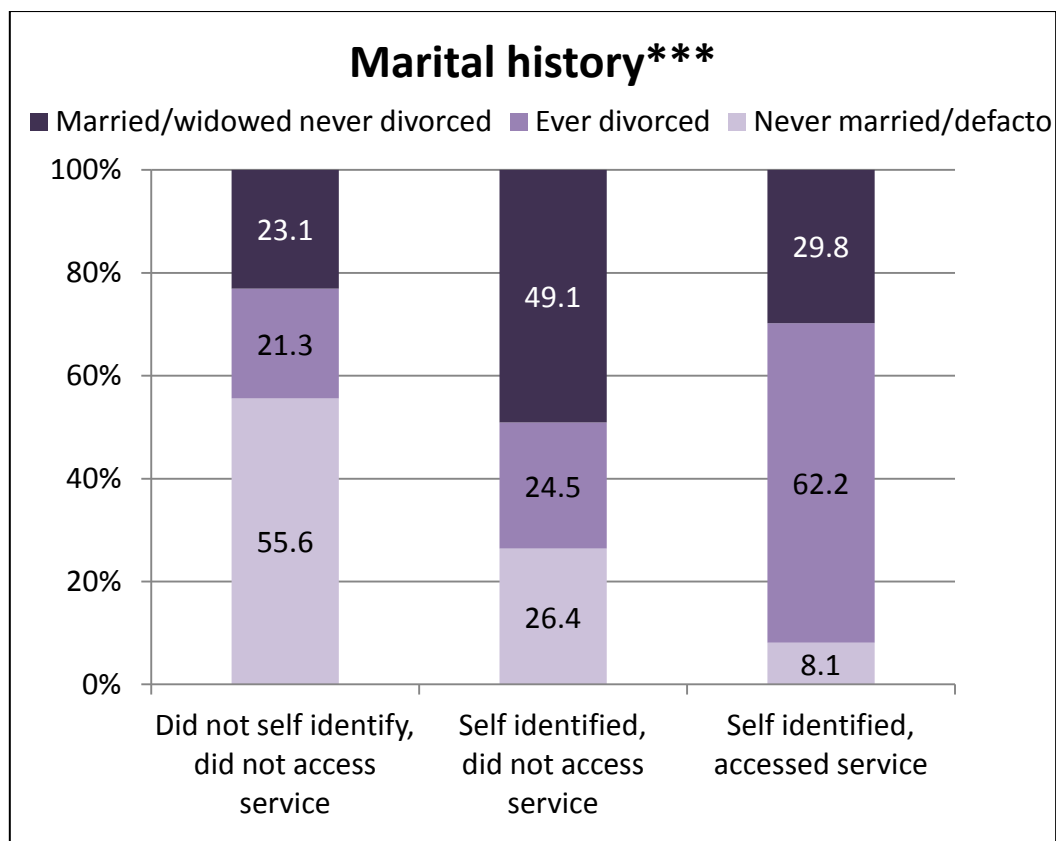


Figure: 4.8: Marital history of gamblers reporting any symptoms/harms in the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.
***p<.001

Table 4.5 below shows the findings in Figure 4.4 (on page 37) from another perspective. Only 1.5% of people who had never married or been in a defacto relationship had ever accessed services and only 13.6% self-identified as having a problem. Having ever been divorced was associated with the greatest likelihood of accessing services, with nearly 20% of this group reporting having used a service for gambling problems. More than a third of people who were married/widowed and had never divorced self-identified as having a problem.

Table 4.5: The proportion of marital history groups who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems. n=184 people reporting gambling symptoms/harms in the last 12 months.

Socioeconomic and demographic characteristics	Never accessed services		Ever accessed services
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)
Marital history***			
Never married/defacto	85.0	13.6	1.5
Ever divorced	57.9	22.3	19.8
Married/widowed never divorced	53.7	38.2	8.1

***p<.001.

Current employment status

Figure 4.9 below profiles the employment status of the self-identification/service use groups. Compared to people who did not self-identify, the proportion of people not in the paid work force was greater amongst those self-identifying as having a problem, and greater still amongst those accessing services.

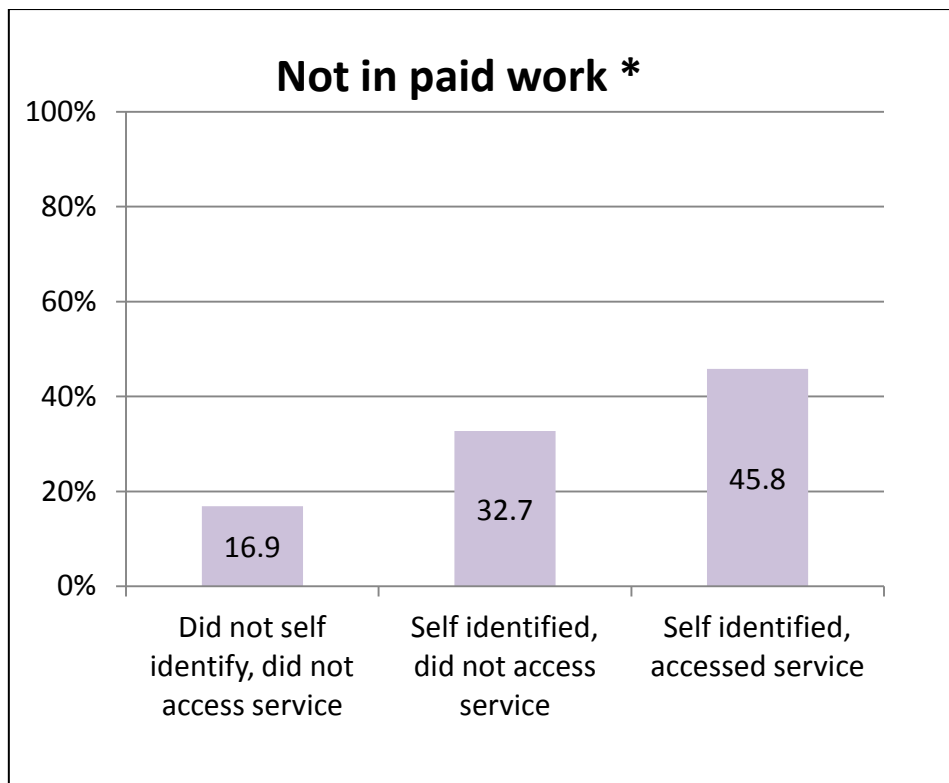


Figure: 4.9: Employment status of gamblers reporting any symptoms/harms in the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

*p<.05

Looking at employment status from another perspective, Table 4.6 below shows that three quarters of people with paid work did not self-identify as having problems, one in five self-identified as having a problem, and nearly 6% had accessed services. In contrast, a much greater proportion of people not in the paid work force self-identified as having a problem (33.0%) and had accessed services (16.2%).

Table 4.6: The proportion of people in the paid workforce who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems. n=184 people reporting gambling symptoms/harms in the last 12 months.

Socioeconomic and demographic characteristics	Never accessed services		Ever accessed services
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)
Currently in paid workforce*			
Yes	74.2	20.1	5.7
No	50.8	33.0	16.2

*p<.05

Multivariate models

Of all the socioeconomic and demographic measures in this report, marital history, age and employment status were the most important (statistically significant) predictors of self-identification and service use. However, these socioeconomic and demographic measures tend to be correlated with each other. For instance, younger people were more likely to have never married than to have been married or divorced. In the current study, younger people were also less likely to self-identify as having problems and to have accessed help. Being young could explain why people who have never been married are less likely to self-identify as having problems and to access help.

Multivariate models indicated that never having been married or in a defacto relationship was strongly associated with both not self-identifying ($p=.007$) and not having accessed services ($p=.012$), after taking into account age and employment status. Age and employment status were no longer statistically significant after adjusting for marital history ($p>.05$).

4.5 Health and wellbeing in relation to self-identification and service use

Table 4.7 profiles the health and wellbeing of each of the three self-identification and service use groups. Mental health and smoking were both significantly associated with self-identification and service use, but hazardous/harmful alcohol consumption, financial problems and physical health, were not. The findings for mental health and smoking are graphed and discussed in more detail below.

Table 4.7: A profile of the health and wellbeing of gamblers with any symptoms/harms in the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

Health and wellbeing measures	Never accessed services		Ever accessed services	<i>Total population</i> [†]
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)	
Poor mental health (last 4 weeks)***				
Yes (MHI>7)	4.5	21.8	60.6	12.4
No (MHI≤7)	95.5	78.2	39.4	87.6
General physical health				
Fair or poor	7.1	13.0	22.1	8.7
Excellent, very good or good	92.9	87.0	77.9	91.3
Financial problems (last year)				
Yes	10.4	15.7	30.8	10.7
No	89.6	84.3	69.2	89.3
Hazardous harmful alcohol consumption				
Yes	11.0	17.1	25.6	4.8
No	89.0	82.9	74.4	95.2
Smoking*				
Yes	22.9	44.1	55.9	12.4
No	77.1	56.0	44.1	87.6

[†]The proportion amongst the study population is included for the purposes of comparison

*p<.05; **p<.01; ***p<.001.

Mental health

The interview included a five-item measure (MHI-5: Berwick, 1991) that assesses mental health in the last four weeks. These items asked how often people felt: (i) nervous, (ii) so sad nothing could cheer them up, (iii) down, (iv) calm and peaceful, and (v) happy. A 5 point response scale was used, ranging from all of the time, to none of the time. We summed across responses, reversing the scores for the last two items, so that a high score reflects poorer mental health (scores ranged from 0 to 20). Those scoring more than 7 on the MHI-5 were identified as having poor mental health, having the highest (12.4%) scores in the sample. Figure 4.10 shows that poor mental health, as indicated by high mental health inventory (MHI-5) scores, was more prevalent amongst people who self-identified, and extremely prevalent amongst people who had accessed services.

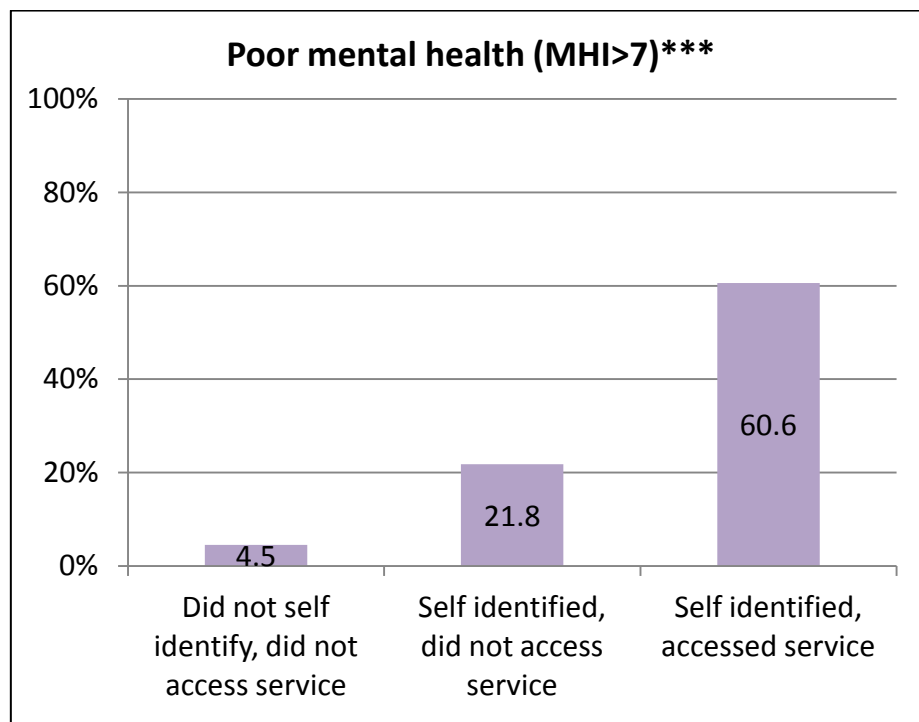


Figure: 4.10: Poor mental health amongst gamblers reporting any symptoms/harms in the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

***p<.001.

Table 4.8 shows the association between mental health and self-identification/service use from another perspective. In total, nearly three quarters of people with poor mental health self-identified as having gambling problems (44.6% self-identified but had not accessed services and 28.3% had accessed services). In contrast, only a quarter of people with poor mental health did not self-identify as having problems.

Table 4.8: The proportion of people with poor and good mental health who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems. n=184 people reporting gambling symptoms/harms in the last 12 months.

Health and wellbeing measures	Never accessed services		Ever accessed services
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)
Poor mental health***			
Yes (MHI>7)	27.1	44.6	28.3
No (MHI≤7)	74.0	20.4	5.6

***p<.001

Smoking

Smoking was also associated with self-identification and service use. Figure 4.11 shows that the proportion of smokers was lowest amongst people who did not self-identify as having gambling problems and was highest in people who had accessed services for gambling problems.

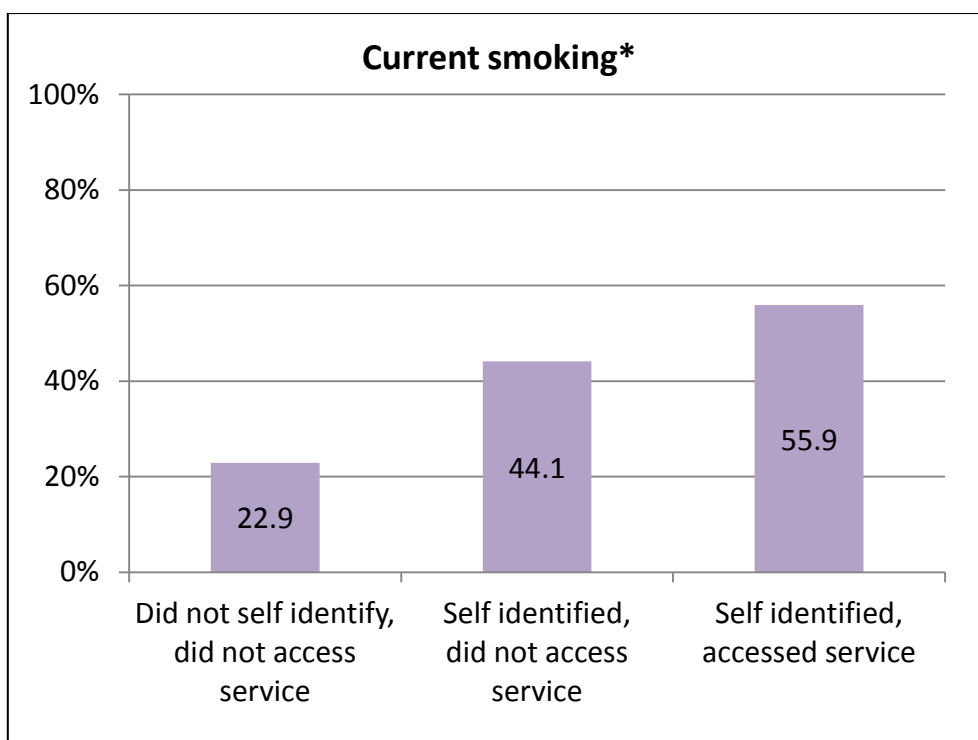


Figure: 4.11: Smoking status of gamblers reporting any symptoms/harms in the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

*p<.05

Table 4.9 shows the association between smoking and self-identification/service use from another perspective. Half the smokers did not self-identify as having gambling problems, whereas three quarters of the non-smokers did.

Table 4.9: The proportion of smokers who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems. n=184 people reporting gambling symptoms/harms in the last 12 months.

Health and wellbeing measures	Never accessed services		Ever accessed services
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)
Smoking*			
Yes	51.8	33.4	14.9
No	76.3	18.6	5.1

*p<.05

Multivariate models

People with poor mental health are more likely to smoke (and vice versa). It is possible that poor mental health could account for the increased recognition of gambling problems amongst smokers. A multivariate model was used to identify which characteristic was most important in predicting self-identification and help-seeking behaviour for gambling problems. This model demonstrated that poor mental health was associated with significantly increased likelihood of self-identification ($p=.020$) and accessing help ($p=.002$) after accounting for smoking. In this model, smokers were marginally more likely to access help ($p=.047$) but not self-identify as having a problem ($p=.068$).

4.6 Do gambling symptoms and harms explain self-identification and service use?

In section 4.3 above we found that gambling symptoms and harms were significantly associated with self-identification and service use, but that gambling frequency and losses were not. This means that reporting at least one of the serious gambling harms (feeling suicidal, relationship breakdown, legal problems or difficulties with their job) and severity of symptoms (CPGI) might explain the service use and self-identification patterns found for mental health, smoking and marital history, as reported in the previous sections. To test this possibility, a series of multivariate models were investigated including various combinations of mental health, smoking status, marital history, gambling harms and symptoms. The first model investigated all of these measures in the model together (see Appendix I). In this model smoking was no longer associated with self-identification or service use. This means that at least one of the other characteristics was underlying and explaining the higher service use and self-identification of smokers. Smoking was therefore removed from the analysis.

A final model investigated the independent effects of mental health, marital history, gambling harms and symptoms. This model was used to determine which of these factors was most important in predicting self-identification and service use. As might be expected, high gambling symptoms was the strongest predictor of both self-

identification and service use. Marital history, that is never having been married or in a defacto relationship, was also strongly associated with not self-identifying and not accessing services. While gambling harms predicted service use, symptom severity underlay and explained the link between gambling harms and self-identification (see section 4.3 above). Poor mental health predicted self-identification but not service use.

4.7 Talking to family and friends, self-identification and service use

The primary focus of this chapter has been exploring self-identification and use of formal services for gambling problems. However, talking to family and friends can also be viewed as a form of informal help-seeking. Furthermore, family and friends may play a pivotal role in whether or not an individual identifies as having a problem and goes on to access formal services. In the 2009 ACT Prevalence Survey we asked participants if they had ever talked to family or friends about problems related to their gambling. In the initial report we found that a greater proportion of moderate risk/problem gamblers reported that they had talked to family or friends (33.9%) than had accessed formal services (21.0%) (Davidson and Rodgers, 2010: p97). Further to findings included in the initial report, a greater proportion of people reporting any symptom or harm in the last 12 months (13.1%) reported having ever talked to family or friends about their gambling problems than having accessed a service (8.1%). Given that the current report has highlighted the importance of marital history in self-identification of problems and service use, this section further investigates the potential role of talking to family or friends in the help-seeking process.

Figure 4.12 shows the findings relating to talking to family or friends amongst the three self-identification and service use groups. It is not surprising that people who do not identify as having a problem do not tend to talk to family or close friends. Of more interest, only a quarter of people who self-identified as having a problem but who had not accessed a service had ever talked to family or friends about their

problem. In contrast, the majority (84%) of people who accessed services had talked to family or friends.

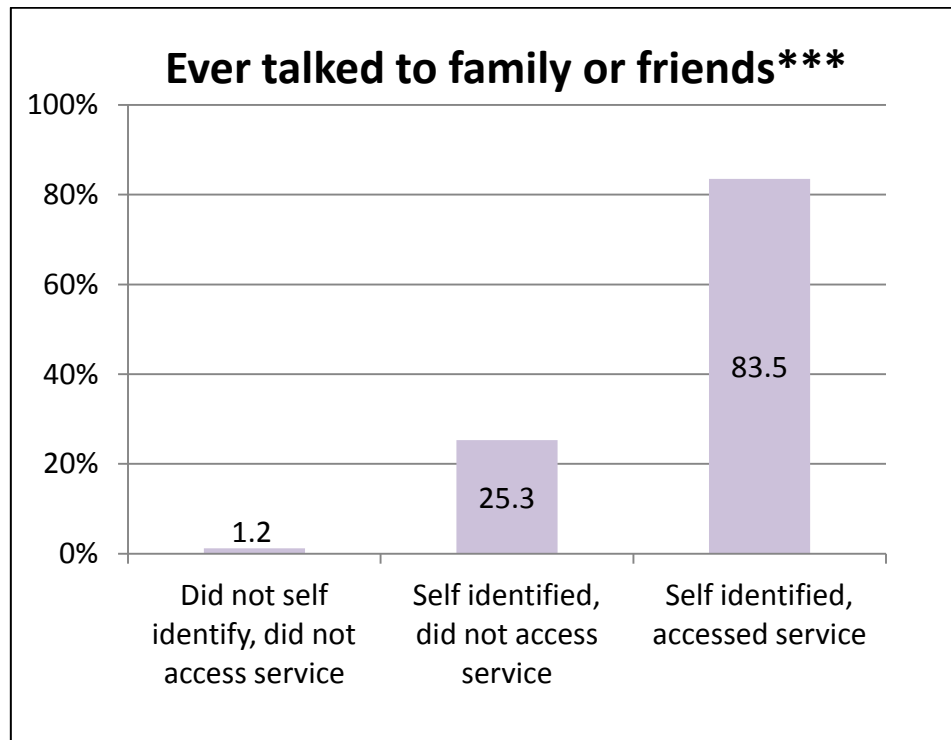


Figure: 4.12: Talking to family or friends about problems related to gambling amongst gamblers reporting any symptoms/harms in the last 12 months (n=184). Subgroups include people who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems.

***p<.001

Table 4.10: The proportion of people who had ever talked to family or friends about problems related to gambling who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems. n=184 people reporting gambling symptoms/harms in the last 12 months.

	Never accessed services		Ever accessed services
	Did not self identify (68.8%)	Self identified (23.1%)	All self identified (8.1%)
Talked to family or friends (ever)***			
Yes	6.1	43.5	50.3
No	78.6	19.9	1.5

***p<.001

Table 4.10 shows that the large majority of people with symptoms who reported having ever talked to family or friends about gambling problems self-identified as having problems and 50% had accessed services. In contrast, people who have problems but who have not talked to family or friends did not access services. Furthermore, nearly 20% of people with symptoms who reported having talked to family or friends self-identified as having a problem but had not accessed services.

We don't know the context or content of the conversations about gambling problems. For instance, 'talking to family or friends' may not have been prompted by a desire to seek help. It is also possible that the conversation was confrontational. We also do not know whether service use followed or preceded talking to family and friends. Some services may instigate or facilitate people with problems talking to and connecting with family and/or friends.

Key Findings of Chapter 4:

Key findings of this chapter were:

1. Only a small proportion of moderate risk/problem gamblers (21%) accessed services for gambling problems.
2. Of people reporting any symptoms or harms, 23% self-identified that they might have a problem with their gambling and 8% access services, but the majority (69%) did neither.
3. People who accessed services had the most severe gambling problems. They were most likely to be aged 25-44, have had a history of divorce, and not be in the paid work force. They were also most likely to have poor mental health and to smoke. Most (84%) had talked to family or friends about gambling problems.
4. People with symptoms who did not self-identify were most likely to be young, to have never married or been in a defacto relationship, and to be in the paid work force. Only 1% had talked to family or friends.
5. People who self-identified as having problems but who had not accessed services lay between those who did not self-identify and those who accessed services, in terms of gambling symptoms and harms. A quarter had talked to family or friends.
6. Poor mental health was a key feature of self-identification.
7. Symptom severity was the strongest predictor of self-identification and service use.
8. Even after taking symptom severity, harms, and mental health into account, people who had never been married or in a defacto relationship were highly unlikely to self-identify as having gambling problems or to access help.

STUDY 2: PERSPECTIVES OF SERVICE PROVIDERS

5. Help-seeking by people with gambling problems

The previous chapter presented findings about self-identification and help-seeking using a general population survey. The following chapters present findings from our qualitative research. In chapters 5 through 7 we present findings from qualitative interviews with a range of service providers, including problem gambling specialists and other professionals (see chapter 3, page 22). Then in chapters 8 through 10 we present findings from interviews with clients of services who identify as having gambling problems. The interviews were designed to provide a more detailed description of peoples' gambling problems and service use histories than was available in the 2009 ACT Prevalence Survey.

5.0 Chapter aims

The main aim for this chapter was to investigate what service providers know about the help-seeking pathways of people with gambling problems. More specific aims included describing:

- 1) The issues – or presenting problems - that people with gambling problems first present with when they seek help from various agencies.
- 2) How service providers from various agencies identify people with gambling problems.
- 3) Service providers' perceptions about the help-seeking pathways of people with gambling problems.

5.1 Presenting problems

The most common presenting problems identified by service providers were economic problems, relationship problems, and alcohol and other drug problems. It is also worth noting that while the 2009 ACT Prevalence Survey found that suicidal thoughts were a strong predictor of service use, Service Providers who brought up the

subject of suicidal thoughts amongst people with gambling problems tended to view suicidality as an impact of problem gambling and a risk amongst some people with gambling problems rather than as a prompt to service use.

Presenting at services for help with economic problems

Service providers reported that people with gambling problems presented with two main types of economic problems. These we refer to as money problems and financial problems. Money problems refer to day-to-day money problems experienced by people with gambling problems - where they are unable to pay for basic items like food and meet regular expenses like rent. Financial problems refer to larger debts that may lead to loss of significant assets, like the family home, and accumulated debts, like debt on multiple credit cards. These problems can sometimes be experienced by people with good incomes and accumulated assets who may risk losing their assets when their debt burden becomes too large to service.

Service providers said that clients presenting at welfare agencies with money problems often presented with an immediate need for food and other basic necessities, for example: *'quite often they have no food for their kids'* (Service Provider 3). People with gambling problems who sought financial counselling commonly approached services requesting help and advice about how to sort out their finances and debts and how to take relief through bankruptcy:

Quite often the reason they come to us, as we've seen, is bankruptcy. They want to go bankrupt because they can't pay their creditors, but they're not, and it's quite often that at the end of that talk, through discussion of bankruptcy and stuff like that, that the gambling issue will come up. (Service Provider 14)

Presenting at services for relationship problems

Relationship problems were another common motivation for seeking counselling. During counselling the client may have disclosed that their gambling problems caused the relationship problems that brought them into counselling:

...they might actually present for relationship problems, and that's in a sense, all that's mentioned, until they come in here and it turns out that the relationship problem is 'yes, my wife left me because I've been gambling too much' or something like that. (Service Provider 7)

On the other hand, those who present for counselling and do disclose their gambling problem may be preoccupied with relationship and financial difficulties. This may be a clue as to why so many people with gambling problems typically seek help from services that provide help for financial and family/relationship problems:

... So the partner's just discovered it, and it may have been discovered in the context of a lot of money missing out of the bank, and therefore, a lot of guilt around the things that have happened in the family situation. So, again as with many other addictions, it's often the issues that happen around the problem, that then bring it to a head, that someone then does something about it. (Service Provider 9)

Presenting at services for alcohol and other drug problems

In addition, service providers reported that people with gambling problems present at alcohol or other drug services though they usually do not disclose gambling problems until they have built some rapport with the counsellor or group facilitator:

... once they've come to the program for a few, three or four weeks sometimes, then they admit to actually 'oh I'm actually here not for drugs it's for addictions per se' ... (Service Provider 26)

5.2 How service providers come to identify people with gambling problems

Community-based and government welfare services

Service providers from agencies providing ongoing support, as well as material help like food vouchers, said they sometimes recognised gambling problems and other addictions amongst their clients when they received frequent requests for emergency

relief. Repeated requests provide an opportunity to explore underlying issues that can cause reliance on emergency assistance:

... for example, they'll ring and they'll ask for food, and food is the first request that most people ring and ask for, and we go and provide them the food and then you find they're ringing up a fortnight later and they're asking can we give them some more food or another food voucher, and if that happens three or four times, then you start to realise, well, there's a problem here. And you suggest to them that it's time for us to sit down and just work out your income and your expenses and let's sort this out because we can't be part of your budget every fortnight by providing you with a \$50 or a \$100 dollar voucher for food. (Service Provider 27)

Welfare agencies also identified how some clients who use services for a long time can become 'very developed at using the system' (Service Provider 29), in order to deal with the financial consequences of their gambling or other addictions, rather than seeking help for their addiction:

And they'll often juggle the different charities as well, so they'll go to [Charity] one fortnight and then they'll go to [another Charity] the fortnight after that, um you know, that's what gamblers will do ... but they're also big users of [pawn shop]. You know, anything they can sell or get down very quickly for some cheap money to go get back and try and get ahead again. You know we've heard um, there's a lot of grants and stuff out there at the moment for fridges and stuff like that. You know, we hear stories about people who will get these different items and then take them immediately to [pawn shop] and then use the cash to put back into gambling habits or drug habits.

Question: Sorry, so where are they getting the money for the white goods?

There'll be grants and stuff that the government will release, specifically for white goods or for new bedding or for new furniture or whatever it might be, so they get it from these agencies so, I mean, they get very developed at using systems, basically, to supplement their other costs, so as much cash as they can will go then into the gambling habits, and that's, you know, and that often is how we will first be in contact with them, is for them seeking support for everything else but the gambling. (Service Provider 29)

While service providers reported that they were sometimes able to identify gambling problems amongst their clients, they were unable to quantify the prevalence of gambling problems amongst the client group they serve. However, they tended to suspect that gambling problems are a significant - if hidden - problem for many of their clients:

Question: ... do you have any idea of the percentage of the people you see where there might be a person with a gambling problem?

Um, a lot of them, I sense, I sense there's more than actually tell us. It's a big hidden thing that they don't like to talk about. (Service Provider 3)

Another service provider also said that clients were unlikely to disclose that they have a gambling problem until they have reached a crisis point:

And the other one is when it gets to the point where, like I said, that end point where they're so deeply in debt that they then have to say, 'I've got a major problem, I need to, I need some help to address it'. (Service Provider 29)

Financial counselling services

Service providers reported that people with gambling problems also seek help from financial counselling services as a result of being unable to pay accumulated debts, including mortgages. However, these clients present with a debt problem rather than a gambling problem. Even so, seeking financial counselling is commonly a last resort after all other avenues of raising money are exhausted, such as: '*increase[ing] credit card limits*' and '*borrow[ing] money from family*'; and by the time they seek formal financial help '*they end up here almost bankrupt*' (Service provider 12).

Alcohol and other drug services

Service providers often observed that people with gambling problems who have co-morbid or co-occurring alcohol or drug problems rarely seek specialist help for gambling problems prior to seeking help for their substance abuse:

Uh, some people, they usually go to counselling and stuff but it's very rare that they have come in to try to get help with their gambling before. If they're coming in to us usually they've gone to ... rehab or they've been to some other service but it's very rare that they've gone to like a GA meeting or something like that ... (Service Provider 23)

One service provider observed that for some clients who seek alcohol or other drug counselling and then subsequently disclose a gambling problem, the gambling often turns out to be a consequence of the drug or alcohol abuse (that is, they don't gamble problematically when they're not under the influence of alcohol or other drugs) and, thus, they perceived that the gambling problem may resolve if their substance abuse can be overcome:

I mean, clearly, in an assessment, I would be interested in teasing out those instances where the gambling exists in and of itself to try to get a ranking, but I have to say, for the most part, in the instances I've seen, it does come at the point when they have been abusing the substance and not as a problem, in and of itself.

Question: Okay, so they're not likely to gamble when they're straight?

Exactly! (Service Provider 2)

However, another alcohol and other drug service provider reported that even when clients have gambling problems that are not solely a consequence of their substance abuse they still experience gambling problems as merely secondary to their substance abuse problems. This provides some insight into why they present at drug and alcohol services rather than specialist problem gambling services:

It's interesting because... there's a question during the assessment phase, that have they had any trouble with gambling? Or have they had an issue with gambling? and I've gotta be honest and say, there isn't too many people that answer 'yes' to that. So, the people that I've been in contact with that have had a gambling problem, uh, their gambling was severe, to a degree... like for example, the drugs and alcohol will come first, and then, possibly, the gambling will come second. (Service Provider 4)

Another service provider noted that for a few clients of alcohol and other drug services, gambling problems turn out to be the more pressing and distressing issue, with the substance use – usually alcohol – being comparatively minor. These are also the clients who are most likely to be successfully referred on to specialist problem gambling counselling:

... those three guys presented with drug and alcohol issues ... I get the feeling that I'm talking to them, that the gambling was causing them more discomfort and distress than the drug and alcohol issues ... So, I think that yeah, in those three cases the gambling needed to be addressed before any drug and alcohol work took place ... and in the course of the conversation I go: 'is gambling an issue' and you could just see from the body language okay, when you go there, and after discussing it with them, I was able to say, well you know you're drinking alcohol and you're gambling, which of the two would you consider more of a distress factor for you ... And alcohol might be a three or a four, but gambling for them personally, in their perception is a seven, eight, nine, so I go okay, you need to look at the gambling first, and refer them on. (Service Provider 26)

Informal help-seeking

Service providers knew little about informal help-seeking by people with gambling problems, beyond that people tried to get help for their economic problems by borrowing money, sometimes from family members (Service Provider 8). One service provider thought some clients may try avenues such as help from their Church, but also thought help-seeking was a last resort brought on by '*real financial difficulty*':

I think some of them, a percentage of them, would access things like church support, so if they're a member of a congregation they might talk to their minister, or a pastor or somebody like that. I think occasionally they talk to, um, people like a doctor before coming here, but generally I think, most people, until they're in real financial difficulty, I don't think they even face it. That's why they end up here almost bankrupt or their partners are in so much trouble ... (Service Provider 12)

5.3 What service providers know about help-seeking pathways

We found no evidence in our interviews with service providers to suggest that clients were on a conscious pathway towards gambling help when they navigate their way through agencies. In fact, our data suggests that people with gambling problems were more likely to seek help for the consequences of their gambling problems, or help for their co-occurring problems (such as economic problems, relationship problems, or addictions) and rarely consciously or explicitly sought help for their gambling problems.

Help-seeking pathways vary from client to client. While service providers had a good idea of the problems with which clients who subsequently reveal a gambling problem are most likely to present, many reported knowing little, if anything, about the help-seeking history of their clients prior to attending their agency. This was often because they did not ask clients about their previous use of agencies. Some service providers and agencies made a conscious choice to focus on the issue that their clients presented with rather than probing into their past.

Specialist problem gambling counsellors also knew little about their clients' prior help-seeking. Their clients rarely told them if they ever made any prior attempts to get help or what issues they may have tried to get help for:

You know, they're not telling me very much at all. I'm not hearing... I hear, once they have accessed this service, that they might, as an ongoing thing, use a telephone service. But I don't, they're not telling me that they have done anything before they come here.

Question: So this is usually their first port of call?

Yeah, absolutely. And these are my [pause], the clients that I have seen. And I've asked them, you know: 'how did you find out about us?' And there's been different things like friends, phonebook, internet. (Service Provider 1)

Our interviews with service providers indicate that many people who seek help from specialist problem gambling services only do so when they reach a point of desperation - so they are unlikely to offer a comprehensive account of their prior use of services:

'My feeling is that they don't acknowledge that they have a problem, really, until they hit that -- whatever their rock bottom is.'

Question: So you never see people who they think might, be developing a problem and come in early? ...

No, I have not seen those people. I have not seen those people. That would be fantastic! (Service Provider 1)

In the next chapter, we outline the barriers, as observed by service providers, to people with gambling problems getting specialist problem gambling help.

Key Findings of Chapter 5:

The key findings of this chapter were:

1. Service providers had limited knowledge about the help-seeking activities of their clients prior to presenting at their agencies.
2. According to service providers, people with gambling problems typically present with economic problems (such as inability to pay for food, bills and debts), relationship problems and drug and alcohol problems.
3. Service providers reported that presenting problems such as money problems or relationship problems can be indicators of gambling problems. However, clients who attend services often have these problems even if they don't have a gambling problem.
4. Service providers typically observed that people with gambling problems who access services typically seek help for everything else but their gambling problems.

6. Barriers to getting specialist help for gambling problems

6.0 Chapter aims

As discussed in the previous chapter, clients of services (other than specialist problem gambling services) rarely disclosed that they had gambling problems to service providers. However, service providers reported that they can, and sometimes do, identify gambling problems amongst their clients, but most of these clients do not proceed to specialist problem gambling help, or at least not in a timely manner. The aim of this chapter was to explore service providers' views about barriers for clients in seeking help from services and reasons why they do not seek help from specialist problem gambling services.

6.1 Individual barriers

Our interviews indicated that many personal factors prevent people from disclosing their gambling problems when they seek help from service providers. These included: denial; false belief and false hopes about winning; seeing gambling as an escape; and the absence of guidelines and recommendations regarding responsible behaviour for gambling as there is for alcohol consumption.

Denial

Service providers identified denial as a reason why people who access services don't present with or disclose gambling problems during their help-seeking journey:

.... it is well known in the community sector that people have to acknowledge they have a problem, that often solutions aren't found unless the person acknowledges they have a problem in the first place and is actually ready and wants to do something about it. So I guess the person themselves are a barrier to themselves. (Service Provider 6)

In addition, denial at the individual level makes it impossible for service providers to engage their clients in order to explore how they may be able to help them with their gambling problems, let alone refer them to specialist problem gambling services. In the meantime, service providers felt that they could only help their clients with the consequences of their gambling problems. As one service provider explained:

Question: Is there ways of encouraging people to realise that gambling is impacting so negatively on their lives?

I've tried. I've tried lots of different things. [pause] Um.. It's um [pause]. And it's interesting because with debts you can actually help them sort that; the gambling is such an addiction, it's like a drug addiction. They've actually got to acknowledge it, come to terms with it, and want to change it. If they don't get to that point, nothing's going to change. (Service Provider 3)

Denial on the part of clients with gambling problems can be very strong and act as a barrier to helping clients who engage in risky or self-destructive behaviours as a consequence of their gambling losses. One service provider gave an example of a client who had experienced major consequences because of his gambling but who had not been able to admit he had a gambling problem:

If he lost he just went and got himself drunk into oblivion and got arrested and got locked up. (Service Provider 21)

This service provider saw the gambling, rather than the drinking, as the underlying cause of his client's problem, with risky behaviour being the consequence of the gambling problem. However, he was at a loss as to how his client could have been helped if his client couldn't admit he had a gambling problem:

... this is a really nice person ... and he just got caught up with the guilt and the shame of the gambling, and I just wonder how that could have been avoided. (Service Provider 21)

False beliefs and false hopes

According to service providers, clients from all socio-economic backgrounds can view gambling as the way out of their financial problems and this can prevent people with gambling problems realising they have a gambling problem, let alone admit to having one.

False beliefs about the likelihood of winning - and false hopes that one big win will solve all their problems - can be entrenched:

... I mean we'll still have people that are homeless, living off a dole cheque every fortnight, that still think it's okay to gamble and that's part of their budget because it'll get them more money. (Service Provider 29)

These clients experience a strong emotional need to keep believing that they can do things to increase their luck and their likelihood of winning:

... and you know, there's a lot of information out there about the reality of gambling, about how poker machines work and what the real odds are and that sort of stuff, but people just won't believe it. Um, they're so deeply entrenched with the old wives tales and the myths about lucky machines and bad runs and high runs and all that sort of stuff that they will, they'll keep to that, as long as they possibly can. (Service Provider 29)

This same service provider had doubts about the effectiveness of trying to educate clients out of their false beliefs while they are still in denial:

Question: So how useful is it to try and explain how the odds work and how unlikely it is to win in gambling?

It's real hit and miss. And again I think it comes down to whether people are ready to hear it. You know, it comes to that point of whether or not they've reached that low yet, where it's gone that bad for that long that they're ready to actually listen. Because, no one's going to listen to that when they're winning. You know, if they've got these beliefs about lucky machines and randomly it's working for them, they're not going to listen to you sit there and

telling them 'it's completely random and you're going to lose one day, you're going to lose all your money'. (Service Provider 29)

One service provider noted that some clients with gambling problems also have concurrent problems with money management and accumulate debt from buying goods, such as electrical items, on credit. They can also see a big win as a solution to their problems, although even if they do win a jackpot they may not use the money to pay back debts:

And that big elusive jackpot – Well, sometimes they do win it, they win a big jackpot and they'll go and buy a big TV or something, they don't actually pay it off their debts ... Or else they'll put it all back in. That happens too. (Service Provider 3)

The hope of winning can also cause people to delay seeking formal help for financial problems because they see their gambling as the solution to, rather than being the cause of, their troubles:

And for people with gambling issues in particular, they see gambling as part of the solution to their problem, I mean if you gamble, 'I'm going to solve my financial problem'. So in fact, they would, it would be an even longer journey for them to get here because they are using gambling as way, looking for the 'magic win' to get out of debt. (Service provider 8)

... it's also 'the only way I can see of getting out of this mess is winning something' you know, because everything's too big for them to get out of any other way ... (Service provider 10)

Clients of charities who may have been recipients of benefits for a long time and who may not see any prospects of financial independence or future prosperity are particularly vulnerable to the allure of the jackpot because it seems their only hope of ever improving their economic circumstances:

I mean the last point that's probably worth pointing out from my perspective is that the real difficulty is that sometimes these people see the gambling as a way to get out - you know their life is just this endless thing of they've just got the dole cheque fortnight to fortnight and there's always the dream that one day they'll get the big cash cow, you know, and they'll be able to get out and they'll be able to afford whatever they want and whatever and there's that constant play on their lack of self esteem and their lack of hope that comes with being, you know, a perceived dole bludger, sort of thing, and that really is hard for them to break out of that cycle as well, they don't want to have to give up that hope. And if they have to stop gambling then that means in a way giving up that hope that one day they'll completely break out of this cycle when they win the jackpot. (Service Provider 29)

Gambling is seen as an escape

Service providers described that for other clients, gambling is not seen as a problem but as an escape from the difficulties of life:

To some of them it's their um, it's their outlet, their way of relaxing, I've heard some say: 'that's the only enjoyment I have, playing the pokies.' (Service Provider 3)

The feeling that gambling is an escape - or even a way of coping with stress – was also noted as preventing people with gambling problems from seeing that gambling contributes to their stress and their problems:

... there's not that great ability for them sometimes to see: 'Oh this is actually making things worse, not just helping with my stress', it actually causes these problems like that, yeah, they can't often see, and often they don't see any other choice, just to have to cope with their stress. (Service Provider 13)

No responsible gambling guidelines

Another problem identified by service providers is the absence of clear guidelines and recommendations for responsible gambling, as there is for alcohol consumption (National Health and Medical Research Council, 2001). With no guidelines many people may not realise that they have a gambling problem:

With alcohol you know the benchmark ... with gambling there's nothing that actually says you've got problem gambling. The bloke goes to work and makes his \$700 a week and then goes to the races on the weekend and gambles \$500 and scrapes through the rest of the week, no one sees him suffering, and understands that he is spending the \$500 on the weekend, because he is not acting out or doing anything crazy, other than to himself. So I mean for people to know that that's abnormal, they probably think everyone does the same thing on the race day, but it would be nice for them to know that that's abnormal. It would also be nice for poker machine addicts to know that going down and spending all their money, their pay on payday in a poker machine and living off, you know, a dollar for the rest of the fortnight isn't what normal people do. (Service Provider 23)

6.2 Barriers to service providers identifying gambling problems

It's a hidden problem

Time and time again, service providers referred to problem gambling as hidden or used other words to the same effect:

But it's a real iceberg one - I have found over more than 10 years because, again, unlike ah, a florid mental health issue or substance use, it's just not overt. (Service Provider 28)

In addition, some clients seek to hide their gambling problems even though they might disclose other serious, and sometimes shameful, problems:

It's really hard when you're talking about gambling, cause I mean, it is the most hidden issue the clients will ever have. You will literally have clients readily admit to a heroin addiction before they'll admit to a gambling addiction. (Service Provider 29)

Indeed, the actual word 'hidden' was very often used by service providers in their descriptions of problem gambling. Not only is it difficult for service providers to identify problem gambling but even family members of people with gambling problems may not realise until they face serious financial problems. For example, in

answering the question ‘does gambling create conflict in a relationship?’ - one service provider responded:

Um, yeah, can create a lot of conflict, um, but it often can be hidden. It seems more often than not it's a hidden, within a relationship or the amount of gambling that goes on, and the amount of loss is hidden. Maybe their winnings aren't hidden but the loss can be very often hidden and just the fact of the person doing gambling can be very often hidden from the partner until it comes to a crux of something big like not being able to pay the rent or the mortgage, or even to the point of actually having to sell the family home, so, to that point of it being really serious. (Service Provider 13)

Non-disclosure

People with gambling problems who seek help from services for a variety of other issues often do not disclose their gambling problem at intake or assessment stages. When the period of contact with the client is short, there may be little opportunity for disclosure or for the service provider to notice clues that the client may have gambling problems. Even in long-term work with clients, the client may never disclose. Therefore, some people with gambling problems may never be identified as having a gambling problem by the service providers that they encounter:

There would be a number of people that will tell you straight out, even over the phone, but we cannot really gauge the people who don't tell you
(Service Provider 16)

Lack of overt anti-social behaviour

Although one service provider said sometimes people with gambling problems will act out by ‘*bashing the machine or they're throwing a drink down the chute*’ (Service provider 29) it is uncommon for people with gambling problems, unlike people with substance abuse issues, to act in public spaces in anti-social ways that may get them in trouble with authorities. Of course, trouble with authorities can subsequently lead to mandated alcohol and other drug treatment and an opportunity to receive help:

It's very hard because we notice that people who take drugs or alcohol, the police will pick them up, they will notice and pick them up, there is no picking someone up because they have abused gambling for the night, there is nothing that says to the person that they're doing deviant behaviour ... (Service Provider 23)

However, a mandate to attend some form of treatment for the abuse of alcohol and other drugs, as a result of illegal behaviour, provides the possibility of identifying problem gambling so that appropriate help can be offered. For people with gambling problems who do not have co-occurring problems that may lead to anti-social behaviours, this opportunity may never arise.

6.3 Barriers to helping and referring clients to specialist problem gambling services

Service providers reported that even when clients eventually disclose having gambling problems, they may then take an even longer time to be willing to talk about their gambling:

Sometimes I've had clients I've had for months, in some other jobs, and they've never talked about gambling until something came up and then it's like, 'oh, that's interesting, let's talk more about that'. And, but it was a long time before it came out. And even though I could ask lots of questions, if there's a denial there and they know it's not an issue we should talk about, then they will do a lot of things to not talk about it. So they're very - guarded - because they're already probably feeling that it is problematic ... (Service Provider 17)

Therefore service providers can rarely make a speedy referral to a specialist problem gambling service but can only try to build a rapport with their clients in the hope that the client will eventually feel comfortable enough to address their gambling problems. In addition, just because a client eventually discloses their gambling problem to one service provider does not necessarily mean they will be prepared to disclose it to

another service provider or engage with a specialist problem gambling service, as often they are too ashamed to let someone else know.

Shame

Some service providers with clients who had overcome the first hurdle of seeking help for problems other than gambling thought that many clients found it too shameful to admit they had a gambling problem. For example, one counsellor thought gambling was particularly shameful because it's '*not a cool addiction*' as she explained:

There's trends in the world where, you know, if you go out drinking and you've got an alcoholism, it's really cool to have your first few drinks out with your mates out at a pub or something. Same with drugs, same as sex, same as shopping. There's always something that having a gambling addiction means I sit in front of something, or I get obsessed with going to the TAB or whatever the part is which is never a very cool place to be. (Service Provider 35)

Even when a client admits they have a gambling problem, shame felt by the client can make it difficult for service providers to refer them on to specialist problem gambling services for treatment. This suggests that the uptake of referrals to specialist problem gambling services is extremely low. One service provider reported it was impossible to brief other agencies - such as financial counsellors - when their client have gambling problems:

I've even taken some [clients] to financial counselling and they won't, won't talk about it with them ... I don't know if it makes them feel like a bad person or... It's a real taboo thing with them, it's like it's a bad thing, and it's not easy for them to own up to it and talk about it. (Service Provider 3)

But is it shame, or is it denial?

While many service providers talked about the shame associated with admitting to a gambling problem, one service provider questioned whether shame was a factor or simply reflected an inability on the part of clients with gambling problems to see that their gambling is causing their problems:

Well it's not necessarily shame, it's just that they don't see it's a problem, because it's not, I mean if you've got a heroin addiction everyone knows it's a bad thing – now that is a stigmatised dirty thing people don't admit to that - whereas people don't see their gambling as much, as an addiction or as a really bad thing, it's a part of everyday life, so people don't think that they've got an addiction or that it is affecting their life badly they just think they're on a bad run ... (Service Provider 29)

Other service providers also observed that clients with gambling problems often don't see their gambling as a problem, and one service provider observed that they often had a 'diminished view' of their gambling:

... ... And people don't often see it as a problem for a number of reasons; you're not intoxicated in the overt way you are with substances, so a lot of people have a, I guess have a diminished view of how significant the issue is. (Service Provider 28)

Being overwhelmed by referrals

Many clients, and in particular clients with complex and multiple needs, may not respond well to being referred to yet another agency:

... one of the kind of difficulties that happen in our healthcare system is clients actually, in some instances are too readily referred here, there and everywhere because we tend to silo off, you know you go here for your depression, you go here for your substance use, and you go here for your gambling, when actually I think we would do well if people had fewer kind of, people that they're trying to engage in a therapeutic relationship with that actually sat and worked through, you know a number of those things, particularly if they exist together - which goes in part to the confidence and training and so-on of the clinicians, but yeah I feel that certainly with our client group they are usually accountable to a number of authorities ... it's a full time job for them going to appointments ... so it's not hard for me to imagine how people don't follow through on things. (Service Provider 2)

In addition, when clients have complex and multiple problems, particularly if they involve safety risks to the person or their family, gambling may receive limited attention:

... there were other things that were prioritised before the gambling like drug and alcohol addictions, homelessness, domestic violence. So it was kinda like, we had to get to the gambling when the bigger issues of risk and safety were [dealt with]. (Service Provider 17)

6.4 Social acceptability

Another barrier that prevented clients from recognising that they have a gambling problem, according to many service providers, is that gambling is considered socially acceptable. It appears that some people with gambling problems see gambling as just something that people do and, as such, as an acceptable behaviour. This prevents them from noticing when they develop gambling problems.

Some service providers talked about how people with gambling problems were introduced to gambling by family and friends with a typical entree to gambling being:

... A lot of them say they started at 18 and it's a fairly common presentation that their mates took them to the club, gave them a stake to start, and they started winning. (Service Provider 34)

People with gambling problems may also have their gambling behaviours approved of and reinforced by their friends or family of origin - to the detriment of partners who might be trying to make them understand that their gambling is causing negative consequences for their family. One service provider described the experience of a client whose partner had gone bankrupt and had almost lost the family home due to his gambling to illustrate the point:

... the partner grew up with gambling, it was a family thing, everyone did it, it was seen as an okay thing. All his friends associate with gambling his family's saying um—'it's just life, it's how it is in Australia,

it's what we do here'. But she thinks it's not practical, it's not working for her, and it's not working for the children, and they could be homeless if he continues to do this, but, um, so family and friends are kind of saying 'he's a good bloke, he's working hard, he's'-- it shouldn't be a problem for her but it is a problem for her... .. there isn't anyone out there that she's talking to -- because he's a good bloke, because he works hard it's almost like it's her problem. 'You need to -- it's not going to change, get a grip, it's your problem'. And he thinks it's her problem too. (Service Provider 17)

Many service providers also thought that the social acceptability of gambling was reinforced by the amount of advertising for gambling that appears on television - particularly during transmission of football games.

Gambling and the social environment

The social environment in Australia may act as a cover for problem gambling because gambling is considered to be a common, normal and widespread activity. Many opportunities to gamble are presented within the mainstream environment:

... our society is structured in such a way that when people go out it's often to the clubs or the pubs and gambling is pretty much everywhere you go, and I think people find it hard to imagine a life where they would abstain, because it's all pervasive in a way. (Service Provider 30)

However, problem gambling is not entirely socially determined and people with gambling problems will gamble regardless of the status of gambling in mainstream society:

Now having said that a compulsive gambler, a true compulsive gambler, will seek out a gambling activity regardless of whether those triggers are pervasive in society or not, but it certainly doesn't help. (Service Provider 30)

The social acceptability of gambling makes it difficult for people trying to give up gambling to keep their resolve. Another service provider pointed out that, in one

sense, people trying to give up illicit substances were at an advantage compared to those giving up gambling and alcohol because it was easier for people with illicit addictions to keep away from temptation:

... Some ways actually, giving up illicit drugs can be somewhat easier in the sense that you have to be in an antisocial group in order to be doing that, but when you actually are part of what is a social group, so drinking, gambling, they're you know... they're in the mainstream society - that actually is what's harder in lots of ways. Because um, because you're having to change whole lifestyles, you're having to change friendship groups, and certainly people who use illicit drugs do too, but it's, often it's not as all encompassing of their lives as people who are within circles where licit substances and licit activities are part of the problem.

Question: Is that because, um, the people if you're doing legal behaviours, is that because those people might be sort of family and friends and a bit more respectable?

Often, also it, you know, again, it's kind of part of a social system. You know, Thursday night, pay night, people might go to the club, even if -- you know there'll be certain habits that people have and so if it's teamed with some of those habits, so Thursday night after payday they go to the club, they put some money through the pokies -- they're the difficulties, they're the kind of connections that are harder to break. (Service Provider 9)

Gambling and gaming venues also provide people who may find it difficult for whatever reason to socialise with a place where they can go. Some of these people may be vulnerable to developing gambling problems:

And it comes back to – particularly with poker machines – the ease with which you can use them, whether you are disabled, whether you are illiterate, whether you're socially anxious or not, you can still have a fairly robust relationship with a poker machine regardless of whether you have those sorts of disabilities or cultural backgrounds or not. By which I mean, if you can stick money into a poker machine then you're having a... robust and multimedia relationship with it. (Service Provider 28)

Socially acceptable, but not sociable?

Despite gambling being legal and socially acceptable in Australian society, several service providers observed that people with gambling problems gambled alone. While gambling may have started as a social activity, many service providers felt people with gambling problems tended to be - or to become - loners. This makes them unlikely to seek help for their gambling problem because it requires them to engage with others:

I think with gambling - with drinking and drug use it's usually a lot more sociable than it is with gambling. If someone's a gambling addict they don't socialise and the whole thing. They walk into a TAB, they're there just fixated on the screen, they don't actually talk to each other or laugh about how much they're gambling or whatever, they don't, it's very sneaky and in the dark sort of thing. (Service provider 23)

I think it means there's less admission of the problem. (Service provider 25)

Yeah, admission of the problem, and um, also being able to go into a [12 step] meeting, there's no accompanying desire to get back to seeing people, [they are] a lot more introverted, in the way they do things, I think. (Service provider 23)

6.5 Barriers to providing specialist help for gambling problems

One specialist problem gambling counsellor observed that sometimes people who phoned specialist problem gambling services feel too ashamed to proceed and attend a counselling session:

... I guess a barrier for a lot of people is embarrassment, um, and that they certainly report that 'I'm too ashamed, do I have to come in? I'm too ashamed to see anybody' – that sort of thing. So getting people through the door hopefully is that first step. (Service Provider 34)

Another specialist problem gambling counsellor reported barriers to helping clients when their clients have serious co-morbid problems; for example, if the client appears

to have an undiagnosed or untreated mental illness or they are non-compliant with medication:

... Some people definitely seemed to have undiagnosed mental illness where they came in and they seemed so much better after being on medication for a week and then they just didn't refill their script and you just saw that they were so at risk of suicide the gambling was then seeming like a less, lesser issue than the mental illness (Service Provider 13)

The same service provider also reported that they can be working in the dark with some clients because they don't have enough information about other serious co-morbid problems:

... .. there was just some very convoluted stories of some clients that like 'oh, I might have schizophrenia' or 'I might have had bi-polar' or and, like not a lot, like a lack of follow through ... (Service Provider 13)

For clients with suspected but undiagnosed mental illness it can also be difficult to determine if their behaviour is the result of a mental illness or being under the influence of drugs. Either way, it creates difficulties providing counselling:

... .. because people had moved around you really didn't have a clear idea of what services they'd had and what diagnoses they'd had, so, um, and some people that had done a lot of um particularly it seemed to be marijuana -- where that was an ongoing thing that, you sort of thought well is that um, yeah, am I just seeing them when they're continually using marijuana - and people come in to sessions actually stoned, and going well, yeah, am I seeing someone who's stoned or with a mental illness or both. So having to -- not always being sure what you were working with. (Service Provider 13)

In the next chapter we outline service providers' views on how to increase opportunities for people with gambling problems to access specialist problem gambling services.

Key Findings of Chapter 6:

The key findings from this chapter were that service providers considered there were multiple barriers to people with gambling problems receiving specialist problem gambling help, including:

1. Individual barriers such as: denial, false beliefs and false hopes about winning, clients viewed gambling as an escape, and the absence of responsible gambling guidelines as there are for alcohol consumption.
2. Barriers that prevented service providers from identifying problem gambling such as: clients hiding their gambling problems, clients not disclosing their gambling problems, and that people with gambling problems rarely engage in overt anti-social behaviour that may lead them to mandated referral for help.
3. Barriers that prevented service providers from helping clients with their gambling problems or referring them to specialist problem gambling services, such as shame and denial.
4. The social acceptability of gambling made it difficult for people with gambling problems to realise they had a gambling problem.
5. Barriers that prevented clients from receiving specialist problem gambling help, such as difficulty in getting some clients to attend appointments, and serious co-morbid problems such as mental illness and drug use.

7. Increasing opportunities for accessing specialist help for gambling problems.

7.0 Chapter aims

The main aim of this chapter was to explore possible ways in which the service system can encourage people with gambling problems to identify and disclose their gambling problems and seek suitable and timely help. It is important to note, however, that this chapter does not assess treatment methods or propose suitable clinical treatments for problem gambling. Rather, we explored suggestions service providers gave about how people with gambling problems can be encouraged to find and engage with specialist problem gambling help.

7.1 Intake and ongoing opportunities to disclose gambling problems

Some service providers thought that screening for gambling problems at intake wasn't routinely performed at many agencies, but that it should be. While many service providers found that it was rare for clients to disclose gambling problems at initial assessment, they stressed the importance of asking clients about their gambling and providing ongoing opportunities for clients to disclose gambling problems.

While service providers found that disclosure of gambling problems was rare during the assessment phase they thought that it is still important to broach the subject because it gives people with gambling problems an opportunity to unburden themselves:

... I think that, generally, with most of the kinds of mental health issues that clients have, generally clients are pretty happy to be able to relieve themselves of that burden. You know, if I'm feeling suicidal it's nice that someone can say to me, 'are you feeling suicidal?' so you can go, 'yes, can you help me?'

But you might not disclose that otherwise. I think it's similar with gambling.
(Service Provider 28)

Another service provider said the way you ask the question is important, because in his experience if you ask a new client outright whether they have a gambling problem then they are likely to say no. It would then take some time after assessment for many people with gambling problems to be willing to talk about their gambling:

... it sort of depends on how you ask the question, like if you say 'have you ever had a problem with gambling?' They'll say 'no'. But if you dig a little deeper and say like, 'have you ever gambled?' they'll say 'yes, of course I've gambled.' And you'll say 'how bad was it?' and they'll say 'aw, maybe like, every month I played a poker machine.' So it's about the questions we ask. Um, but we've also, we've also found where people have come into our program and haven't informed us of their gambling problem and we've found out down the track that they've spent all their money on gambling, so, and borrowed money. So they're the things that come out after the assessment, when they don't sort of, admit to all their addictions. (Service Provider 4)

It is only by keeping up a dialogue that provides opportunities for the client to bring up their gambling problems that the issue will eventually be disclosed:

And we find that when we speak to clients who've not disclosed gambling on their assessment forms, as we speak to them, all of a sudden it comes out that they're either doing online gambling, or they're at the TAB gambling, or they are doing the pokies. It often comes out later, but they didn't talk about that on their assessment. It's only through the work that the staff do here with working and the talking and the probing, and all those questions, that it comes out that these things are an issue, that it's been smoothed over. (Service Provider 21)

Such disclosures require the building of trust and rapport with the client over a few sessions, as another service provider pointed out:

Sometimes people have to know me for more than the one session before they'll answer the question. I think, in one of them, I said 'is gambling an

issue?’ and he said ‘no’, and then it took another two sessions before he said ‘you remember when we talked about gambling? Well I wasn’t actually....’ So that was about, I think, comfort and trust. (Service Provider 26)

7.2 Engaging people with gambling problems

Some service providers who were not specialist problem gambling counsellors often found themselves working with their clients to address gambling problems because their clients were not prepared to tell another service provider about their gambling problems.

Some service providers felt more confident than others in their ability to help their clients with their gambling problems, depending on whether they had prior training or experience in working with people with gambling problems. These service providers were most likely to be specialist alcohol and other drug counsellors who treated problem gambling as another addiction or compulsive behaviour:

... so I would try to work with them on that part of them being here as well and just deal with that as another kind of compulsive behaviour. And I could say that certainly a percentage of my clients here would approach it on that basis as well, and try to actively engage. (Service Provider 2)

Another alcohol and other drug counsellor with experience and interest in problem gambling said people with substance use addictions and co-morbid gambling problems can be encouraged to address their gambling problems through motivational interviewing:

It’s a very simple technique about changing someone’s perspective on the balance of issues, whether they’re a problem or not, I think that’s an effective tool. (Service Provider 28)

He also suggested exploring with clients how their life could be better - or how their other problems could be lessened - without the negative consequences of problem gambling, for example:

... [If] you're gambling \$300 a fortnight. What else could your life....um, what other opportunities could arise if you weren't doing that? ... You know, those little things. Ah, the relationship of that gambling to peoples self esteem, to their confidence, to their -- even to the degree of suicidality, you know, your mental health could be better if you're not gambling. And equally, could your substance use be different, or better, you know, without interacting with gambling? (Service Provider 28)

7.3 Providing attractive, accessible and suitable specialist problem gambling services

Many service providers identified service gaps or deficiencies in the present service system. Below we consider the gaps identified by service providers as well as their ideas on how the service system could attract and better respond to the needs of people with gambling problems.

Lack of services

Many service providers at different agencies felt that there weren't enough services for people with gambling problems in the ACT. Typical comments included: *'there certainly needs to be more services available.'* Some service providers also felt there was a need for more, and better, specialist problem gambling counselling:

I think to start you need more counsellors out there, there's not many and there is not good ones also. You need, there needs to be sort of, a practice that is very focussed on that, it's not just a simple counsellor. (Service Provider 19)

Specialist financial counselling for people with gambling problems

While service providers had a high opinion of, and received positive feedback from, their clients who had used financial counselling services in the ACT, many referred to a service gap regarding specialist financial counselling for people with gambling

problems. This had been available in the past, but was unavailable during the interview phase of this research.

One service provider felt that the provision of specialist financial counselling from a specialist problem gambling service may also act as a way of engaging people with gambling problems as potential counselling clients:

Certainly around the financial counselling would be a clear part of that. Often that's at the back end and maybe one of the first ways to engage them, you know, so they can see the benefit of it. (Service Provider 2)

Improved capacity within existing agencies to assist people with gambling problems in-house

Many service providers expressed the view that rather than referring all the clients they see with co-morbid gambling problems to a specialist problem gambling service, agencies dealing with co-morbid problems should be assisted in enhancing their in-house capacity to assist clients with gambling problems.

In addition, some expressed a view that current services need to have the in-house capacity to help their existing clients with gambling problems in concert with their other issues - this would require the presence of specialist practitioners in their agency to provide specialist problem gambling counselling:

Maybe we should have a counsellor, a specialist in gambling in here as well, so that it's seen as an addiction issue, not you're 'you've got an alcohol problem', or 'you've got a speed', 'oh you've got a gambling problem' - it's like that, to a certain extent -it's the difference between mental health and addiction, right, they're seen as two very separate things, whereas I very rarely come across someone who has a difficult or severe drug and alcohol problem, that doesn't have a mental health problem at the same time, and maybe we need to understand that we shouldn't be talking about maybe gambling as a separate issue It seems to be gambling itself is on its own little area, but it's not, it's an addiction. (Service Provider 26)

Another service provider at another agency expressed a similar view, noting that providing in-house specialist problem gambling help was a way of encouraging clients who present with other issues to disclose their gambling problems:

... ... I think we need more funding within our agency to fund for a full time [specialist problem gambling] worker here, and I think we would have more people seeking more support if we had that. (Service Provider 21)

Similarly, another service provider saw a need for training to improve the skills of the alcohol and other drug service and mental health service workforce in providing help to people with co-morbid gambling problems:

Perhaps some collaborative training, for example mental health and drug and alcohol workers collaborating around gambling. That would be nice. Little things like that... (Service Provider 28)

Others saw a need for agencies providing generic counselling to up-skill their staff so that they could gain proficiency in identifying and engaging people with gambling problems:

... ... similar to being able to pick up violence in a relationship or, you know, working in a basic way with sexual abuse, you know, so it's like it's on people's radar to be looking for, that can actually then maybe be a bit more proactive in conversations around it given that I suspect most of the time it isn't going to come up as a presenting issue ... (Service Provider 17)

Appropriate service models for different client groups

Service providers received contradictory feedback from clients who had received specialist problem gambling help. Some service providers received positive feedback from clients whom they had referred while others had received mixed or negative feedback. Some service providers reported that their clients wouldn't go to specialist problem gambling services, or that they suspected that their clients didn't follow up referrals. It would appear from these mixed experiences and the general observations of many service providers that: problem gambling counselling is a very specialised

area of practice; there aren't enough specialist services available in the ACT for people with gambling problems; and there is a need for a flexible service delivery model that can attract different client groups.

For example, a person with secure employment may feel comfortable going to an office for a session with a counsellor or psychologist while a person with a history of long-term homelessness and associated problems may prefer a less formal environment and vice versa. One service provider - whose service caters to people with very long-term and entrenched homelessness, drug and alcohol problems, and mental illnesses - said:

Question: do you find that the people who come here are more amenable to going to welfare services, rather than going to see a counsellor?

Mmm... very much so, don't know why that is, it could well be fear I guess, fear of what people might find out or what they might find out, or are they so used to being in that welfare system that that's how you deal with things. I don't know the answer to that. (Service Provider 31)

Specialist problem gambling help for her client group would therefore require a flexible service delivery model and some outreach to the services that her client group already attend:

..... From the client group that I see, what seems to work the best is more services in [this] space, and running the services here, if people want to talk to them, and creating a relationship that way. That takes time and it's a lot more resource intensive and it's difficult to do. (Service Provider 31)

Another service provider, who often works with women who have experienced trauma and domestic violence, identified a need for a specific support group for women with gambling problems:

The thing I would do is actually get a self help group for women gamblers. So making that loud so that if women gamble they've actually got somewhere they can go speak about it. So, you know, some sort of group where they go and

chat about it, you know, to break the silence, I think it's the silence that is the bit that women really struggle to break. That they're in the domestic violence or they're scared, or they've got no money, or they can't feed their children, so then family services can be involved, so all of it's such a, um, a merry go round of destruction. So as a place where women could go and actually speak about it freely without that going anywhere.

Question: So you feel women would be helped by having a women's space?

I think so. Well I think then they'd acknowledge and they'd go 'oh, this really doesn't work, actually I really need to do something about it and now what can I do' ...

Question: and would that be less confronting if there wasn't men do you think?

Absolutely, absolutely, because women, domestic violence with men, if they're going to sit in the room and go, 'oh well my partner bashes me for something', or 'if I don't go and get my dole out of the bank, these are the consequences', they won't speak that in front of a male. (Service Provider 35)

As people with gambling problems are often socially isolated, another service provider saw a need for services that could provide clients with opportunities to socialise in order to help them be more connected to the community:

Maybe like a community sector [service] where there were other kind of supports in place. Not just going in [for] sort of like a psychology appointment, but going into a program, like an art program or something that was going to keep them, um, you know, a little bit more connected ...(Service Provider 13)

In addition, service providers reported a need for services that will appeal to, and appropriately meet, the needs of specific cultural groups:

I think it's worth noting as some of [my] staff mentioned, is that there's also a very big cultural factor to gambling as well. Like a lot of cultures, it's much more common and normal than others, especially Asian cultures. It's extremely common, in terms of gambling, you know, more so than you find in

Western cultures even and you need sometimes, there needs to be culturally-specific gambling support for that just so you've got more awareness and understanding on that. (Service Provider 29)

7.4 Promotion of specialist problem gambling services and problem gambling awareness

Some service providers expressed a view that current advertising for specialist problem gambling services was ineffective and that there needed to be more effective awareness-raising campaigns to educate the public about problem gambling. For instance, while information promoting help for people with gambling problems is present in gaming venues it seemed to one service provider that it was ineffective:

... the barriers would be marketing, you know so that, the message isn't out there ...

Question: In what sense do you mean the message isn't out there because they do have signs in clubs?

Yes, and I think like a lot of signs, um... you just don't read it after a while, do you? (Service Provider 1)

This same service provider also felt that there might be lessons to be learned from other campaigns, giving the example of a recent anti-domestic violence campaign:

... .. remember the 'Australia says No'? ... I was one of those counsellors ... those ads seemed to be quite good, because a lot of people, I think culturally or whatever, didn't realize that what was going on in their lives was domestic violence.. They were phoning us and saying 'I've seen those ads', or 'I've read the ad in a magazine', and 'I think this is it?'

Question: So this was people who were facing domestic violence?

Yes, and weren't recognizing it as such. So I think those ads were very... seemed to be very good, very good. (Service Provider 1)

Other service providers also thought there were lessons to be learned from anti-domestic violence campaigns and public health campaigns in order to warn people of the signs of problem gambling:

You know getting those messages out also as they do with tobacco smoke and so on, you know, I think is yeah, gonna be important around community education, you know, the risks that people take with gambling. (Service Provider 2)

However, the advertising of specialist problem gambling services needs to be presented in a way that doesn't make people with gambling problems feel stigmatised:

So we need to sort of have a campaign to allow people to admit it, and to actually not to feel guilty or embarrassed to, about approaching help or asking for help. (Service Provider 19)

7.5 Helping partners and families of people with gambling problems

Service providers expressed a great deal of concern for the partners and families of people with gambling problems because problem gambling has such negative impacts on their lives. When a person with gambling problems is unwilling to get help, their partner and family members need support. Service providers said that while many partners and family members find out where to get specialist problem gambling treatment for their loved one and urge them to go to counselling, some later report that the counselling was ineffective:

Quite a few women have contacted me and said: 'I rang that organisation and he went to counselling there and he's still gambling, it hasn't worked.' (Service Provider 33)

This is perhaps not surprising given that so many service providers talked about people with gambling problems being in denial.

Given the pervasiveness of denial amongst people with gambling problems and their resultant reluctance to seek or engage with specialist problem gambling help some service providers thought that providing help to the families of people with gambling problems is a priority. According to one service provider:

... usually the person in addiction is the last to know that they are in addiction. It would be better off to have some family support, for someone that's referred there asking 'are you affected by a problem gambler?', and giving them a place that's safe for them to come in and um, pour out their stories

... .. and it needs to come from I think some sort of support network first, that um, helps out the people that are affected by it, and then maybe going on from there to look after the person with the addiction. (Service Provider 23)

Partners and families may need financial advice in order to protect their assets and to stop the person with gambling problems from selling jointly-owned assets. However, they may also need support and validation from professionals because their friends may not be sympathetic to their plight or their friends may even take sides with the person with the gambling problem:

Yep, she's gone and got help ... she's changed some things around, so she's kind of taken more control over the finances but she's never spoken, uh, well she's tried to talk to her friends about it but they kind of say, she's got the problem. (Service Provider 17)

Key Findings of Chapter 7:

The key findings of this chapter were that service providers:

1. Thought that specialist problem gambling services could make themselves more attractive to people with gambling problems by:
 - Providing attractive, accessible and suitable services for different client groups with different needs.
 - Increasing flexibility in their service delivery (for example, seeing new clients at services they already attend such as drop-in services).
 - Liaising with and providing training for staff working at other services in identifying, engaging, and encouraging clients to seek specialist problem gambling help.
 - Facilitating financial counselling as a gateway to specialist problem gambling services.
2. Reported a need for:
 - More effective promotion of specialist problem gambling services and problem gambling awareness campaigns; and
 - Better support for partners and families of people with gambling problems.
3. Felt opportunities for clients to receive help for gambling problems would be increased if they:
 - Asked clients about their gambling at intake and gave them ongoing opportunities to disclose gambling problems.
 - Encouraged clients to talk about their gambling when they sought help for other problems.

STUDY 3: PERSPECTIVES OF CLIENTS WITH GAMBLING PROBLEMS

8. Help-seeking by people with gambling problems

In the previous study we presented the views and experiences of service providers in the ACT. The following three chapters present findings from interviews with people who self-identified as having gambling problems who were attending non-specialist problem gambling services in the ACT. While we sought to recruit clients from the specialist problem gambling service, none volunteered to be interviewed. The results therefore reflect the views of clients attending a limited range of services who were not currently attending a specialist problem gambling service.

8.0 Chapter aims

The main aims of this chapter were to describe (i) help-seeking behaviour amongst people who self-identify as having a gambling problem and (ii) what prompted them to seek help. The nineteen research participants –referred to as clients in the following chapters - were recruited and interviewed during June 2011 from services in the ACT.

8.1 History of seeking specialist problem gambling counselling

None of the 19 clients had received specialist problem gambling counselling in the ACT. Four (4) clients had phoned a gambling helpline. Of these, one client had phoned once, two had phoned twice, and one had phoned '*probably about 4 times*'. Two clients did not elaborate on their experience but reported that they didn't go on to engage in specialist problem gambling counselling.

With regard to gambling helplines, one client reported that it had been '*relatively helpful*' but he only rang twice and hadn't phoned in over a year. While he said he would do so again he would need to: '*... increase my sense of like, I've got to feel less hopeless.*' (Client D)

The client who phoned about four times reported that he found it useful: ‘... *but as soon as I drank again, I gambled straight away*’. He thought he might ring again in future if he ever felt the urge to gamble late at night:

If I do feel the urge and it’s like late at night, and I can play poker overseas, you know, on the internet I could ring -- they still have G line don’t they?

Interviewer: Yeah.

I haven’t used that for a while now. But I’m pretty sure that I’ll be able to find something that is 24 hours to use. (Client R)

8.2 History of seeking informal gambling help

Three clients reported that they had excluded themselves from gaming venues. However, one had done this when he lived interstate and was not currently excluded from gaming venues in the ACT (and had no intention to do so). Another had only excluded himself from one venue. All reported that they found self-exclusion helpful.

Many of the clients who had co-occurring drug or alcohol problems had also attended 12 Step Fellowships (Alcoholics Anonymous [AA], or Narcotics Anonymous [NA]) but only three clients had attended Gamblers Anonymous (GA) meetings. While they may have gone to AA or NA primarily for their alcohol or other drug problems they also found these Fellowships helpful with their gambling problem:

Question: And what’s good about AA?

You get to hear about other people’s stories One, when you’ve let, you get to say what you need, what you have been through and once you’ve said it, um, you feel a sense of you’ve let it out, you feel really good, you know like, um, I’ve shared with people what I’ve been keeping to myself, and they’ve been going through the same thing, you leave there with your head held high and feeling stronger

Question: And did you go to AA because of gambling or because of drinking?

It's all - the two go together with me. (Client D)

Five clients talked about receiving support from family members or friends and two spoke about a family member or partner helping them with their money management. Another four clients talked about helping themselves by keeping away from gambling venues or trying to cut down on their gambling.

8.3 History of seeking formal help from other services

When asked about services from which they had received help, fifteen clients disclosed that they had received help from alcohol and other drug services, five reported receiving free food from one or more service and four reported receiving past or present help from charities. Other clients reported seeing a counsellor, a psychologist, or attending a youth service. Four reported having received help from services to find accommodation.

8.4 Reasons for seeking help

Only two clients reported that gambling was their main problem but neither had sought specialist problem gambling help. All other clients disclosed another problem as being their primary problem and the reason they had sought help from services; the most common by far being co-occurring problems with alcohol and/or illicit drugs. Most other reasons for seeking help appeared to be related to the consequences of either substance use or gambling rather than their gambling or substance use behaviour per se, for example: debts and legal problems; the negative impact on their partners and children; and, in the case of substance use, physical health problems.

Money problems

Nearly all clients disclosed that they had lost all their money, or lost significant amounts, gambling. Most reported their gambling had created financial problems. Typical comments included:

Once you'd finished work and you'd sit at the pub and, yeah, by the next day you were pretty much broke. (Client B)

Yeah, there's been time after time when I've put my whole pay cheque in, over an hour. And otherwise I'd have money. I think the biggest I lost was about twelve hundred dollars in, about forty five minutes. (Client P)

Some clients also talked about lost opportunities as a result of their heavy gambling such as working and having nothing to show for it:

I was just spending all my money, I had a good job and I wasn't able to achieve the things I want because I was broke and drunk. (Client I)

Well I got hardly anything, I've got nothing basically for the 10, 12 years that I have been working. (Client S)

In addition, others talked about debts they accumulated as a consequence of problem gambling:

Yeah because through gambling I am in debt, because I went and got loans out and stuff like that, and just 'cos I've yeah, gambling problems, and lending money off my family and having to pay it back, yeah, which isn't good ... (Client C)

Only one client (who was working in a low-paying job) said that he didn't think losing money was a problem. While he self-identified as having a gambling problem when he volunteered for the research, and when he described his gambling behaviour it was apparent he had a gambling problem, he still reported that he didn't want help for his gambling problem:

Question: So, do you think you are likely in the future to go to some services and ask for help with gambling?

I don't know, like I said I don't see a problem. I never leave myself short. Sometimes I feel upset I might come out empty handed, but, you know.

Question: And does that ever happen to you, that you spend all your money and you haven't got money for things.

No, I've always got money, my old lady helps with things. Money always comes. (Client L)

Another client (who previously had a well-paid job) reported that he lost large amounts of money gambling when he was using methamphetamines but he wasn't so concerned about the lost money as he was disturbed by his behaviour:

I mean when I'd use I'd, ah -- the last time I used -- a thousand, um fifteen hundred dollars a day. So that's a problem for some people, it wasn't for me, I had the money but, you know I think what right-minded person would do that? (Client K)

Another two clients reported losing a lot of money when using alcohol or other drugs but were more concerned about their substance abuse because they did not feel the same urge to gamble large amounts of money when they were sober. According to one client:

I find when I'm sober and of sound mind, I'm not so willing to spend my money on gambling, it's not really a problem for me when I'm sober. (Client M)

Homelessness

Five clients reported being homeless or experiencing homelessness in the past. However, given the erratic nature of their lives it was difficult to determine to what extent their homelessness was caused by their gambling problem. One client nominated his gambling problem as a contributing factor for having being homeless in the past:

because of my gambling problems and stuff like that because I've ended up blowing all my money and that and hadn't paid rent and I got kicked out ...
(Client F)

Another reported nearly losing his rental housing and having to pay significant rental arrears:

I'm just about to finish paying off my arrears on my rent with housing, after just about a year and a half. I didn't pay my rent that many times in a row, they were this close to kicking me out ... (Client D)

Relationship problems

One client reported that their marriage ended because of their gambling problems and others also mentioned that their gambling problems had caused them problems in past and present relationships and in some cases led to family breakdowns:

... I've got ... little kids with my partner. Ummm. She left me because of me alcohol and gambling, stuff like that. I used to constantly lie. And also, when I got on the drink and I'd just take the whole money out of me bank and spend \$500 at a time ...

Question: Okay, so quite significant problems with her then?

Definitely, and me children. (Client R)

In addition, some reported that their gambling problems had been responsible for problems with other family members:

... due to my Dad leaving ... and I was the only male in the family, and I've always been big, and so, my Mum struggles with, sort of confronting me about it.

Question: About your gambling, or your substance use as well?

Ohr, just everything. Where my money was going to and stuff like that.

Question: Did that cause fights with your Mum too?

Yeah. Hitting her up for a loan and that. (Client P)

Wanting to be a better parent, and to set a good example for their children, was also a motivation for some clients to seek help:

Because I want to get help for everything, because I've got ... young kids, and I want to make the best life for them and gambling and drinking alcohol and using drugs isn't the way to go for me, I don't want them growing up thinking they can do that.

Question: Okay, so you were largely prompted by a desire to give a good example to your kids, is that right?

Yes, I am. (Client C)

Health

Some clients reported that they wanted to get help for the health consequences of their alcohol and other drug use. However, they also felt that overcoming their gambling problem was necessary for living a healthy lifestyle because problem gambling can lead back to alcohol and other drug abuse:

Yeah, I've got a lot of health problems.

Question: So you're very concerned about your physical health?

And I don't want the lifestyle of the gambling and the drinking and trying to find the money for both. It goes hand in hand, I swear to God.

Question: Am I right in thinking the physical problems are the result of the alcohol, or does gambling have physical problems for you too?

Oh, a lot of my problems are from the alcohol, but the gambling part, it's [pause] there's something that you've got to do, if you know what I mean, you drink, you gamble, you smoke. If I don't drink I gamble to make money for drinking, but if I drink, I gamble because I just gamble anyway. (Client O)

Key Findings of Chapter 8:

The key findings from this chapter were that clients with gambling problems interviewed for this research:

1. Had other co-occurring problems.
2. Sought help for other issues before seeking help for their gambling problems (if they had sought help for gambling problems at all).
3. Were more likely to have sought help for the consequences of their gambling problems than to try and access specialist problem gambling counselling.
4. Mostly wanted help for their gambling problems alongside their other problems - especially if their other problems involved alcohol or other drugs.

9. Barriers to receiving specialist problem gambling counselling

9.0 Chapter aims

This chapter aims to describe barriers that prevented clients from seeking help for their gambling problems, and reasons clients gave for not seeking specialist problem gambling counselling.

9.1 Individual barriers

Didn't realise they had a gambling problem

Some clients with co-occurring drug or alcohol problems reported that it took them a long time to realise that they had a gambling problem. It also appears that substance use may have masked gambling problems for some clients, for example one client reported:

... I'd stayed absent (sic) from alcohol for a bit, and then, went to a club for dinner and I said I'll put \$20 in [poker machine] and ended up putting about \$250 in and,

Question: So was that the first time you had a significant gamble?

No, but it was the first time I realised that I was only going to put, like I actually said I'm only going to put \$20 in, and then ended up, you know, spending more money than I was able to -- Not than I was able to, but than I should of, and have access to.

Question: Okay, so you had, um, a gambling problem before that, but that was the moment you realised?

Yep.

Question: Is that right?

Yes, and I think it was mostly because I wasn't drinking. -- Normally before when I was gambling I was drinking, and you just sort of wake up and check your bank balances and I wasn't really sure what I'd spent on what anyway, but I knew I was putting a lot of, more money than I should of in the poker machines, but it was when I stopped drinking that I realised, that I, you know, I'd certainly put a lot more in than I intended to ... (Client I)

Denial

Many clients reported that they had not sought help for gambling problems earlier because they had been in denial about having a gambling problem. Similarly, some clients with co-occurring problems with alcohol and other drugs also reported that they had initially been in denial about their substance use addictions and, consequently, delayed seeking help from alcohol and other drug services. However, it took them even longer to disclose that they also had gambling problems. One client who had sought help for his alcohol problem and only recently disclosed having a gambling problem described gambling problems as being swept under the carpet:

I speak to a lot of drunks -- But the gambling one seems to get pushed under the carpet, if you know what I mean?

Interviewer: Okay

Like you can get drunk at a pub and people, it's normal you know, but if you've got a gambling problem, it's not normal, and they try to sweep it under the carpet. -- A lot of people don't want to admit it, that they've got both. (Client O)

While some clients reported that they had been in denial about their gambling problems, one client still appeared to be in denial about the consequences of his gambling. Despite disclosing that he gambled heavily when he volunteered for the research, and disclosing in the interview that he regularly used a free food service, he said he didn't pursue specialist problem gambling counselling because he didn't see his gambling as being problematic:

Question: So, do you think you are likely in the future to go to some services and ask for help with gambling?

I don't know, like I said I don't see a problem. I never leave myself short. Sometimes I feel upset. I might come out empty handed, but, you know.
(Client L)

Delaying disclosure

Another client had been receiving help for his alcohol problem for a number of years but had only recently disclosed to a caseworker that he also had a gambling problem:

Question: ... was there a reason why you worked on the alcohol but not on the gambling?

Um, I guess I saw alcohol being detrimental to my health.

Question: So your physical health?

My physical health, ah whereas gambling wasn't -- and um, I was in denial.
(Client G)

Shame

Clients also said that they felt ashamed of their gambling problem:

... I have a lot of shame around that time, a lot of guilt of what I put my partners through for gambling. (Client S)

At the same time, some found it embarrassing to have a gambling problem, which also discouraged them from disclosing:

Sort of, you tend to keep it quiet I think because you feel, once it's a problem you feel pretty stupid, embarrassed about it You don't want to let people know. (Client A)

Not serious about getting help

One client reported that he did not seek help because for a long time he wasn't serious about getting help:

I've never really been serious about giving up until about six months ago -- Gambling, drinking or the lifestyle If you don't want to do it, and it's a funny thing that want. Because you just think you can keep clinging on and until you hit rock bottom and then you can't. (Client O)

Another client, who had only recently sought help, was of the view that it is possible to find help if you really want it:

... if I had of been looking for that I would have found it, yeah, it's there's stuff out there, I know there is because you go in the toilet and on the back of the doors or in the bathrooms there's stickers and there's pamphlets or if you're in hospitals or um, counselling offices there is plenty of brochures around and magnets and um, you hear there's ads on television, there's ads on the radio and, but I tend to um, you sort of have a glance at them or, you hear the ad come off (sic), I sort of tend to turn it off or look away. Because you don't want to realise and admit you've got a problem. (Client A)

Wanting to work on other problems first

As mentioned above, the majority of clients had sought help for another problem before disclosing that they had a gambling problem. This was sometimes a conscious tactic because they wanted to work on one problem at a time. For example, this client had been motivated to seek help for his alcohol and drug addictions because he had developed physical health problems. Now that he had successfully given up alcohol and drugs he felt ready to seek help for his gambling, but he hadn't disclosed his gambling problems to the drug and alcohol services he had used:

Question: So is this something that you've talked about with drug and alcohol workers, the gambling?

Ah, no, I've never really mentioned it - I've sort of kept it under wraps.

Question: Okay, and what was the reason for not telling them?

Um, well I figured I've had enough to sort of deal with as it was trying to deal with the drugs and the alcohol situation so it was easier to basically just cut one at a time and work on that, sort of work on that problem, once I've got that one under control work on the next one, and that's what I've been doing, sort of working my way through my problems and trying to get them all under control, yeah. And the one I haven't got under control so far is my gambling. (Client F)

9.2 Service related barriers

Some clients reported that they didn't know what specialist problem gambling help was available. Of these, some were ambivalent about receiving specialist problem gambling help but others reported that they would go if they could find out where they could get help:

Question: Is there anything else that you are contemplating trying to help with the gambling?

Um, I don't really know a great deal about it, like I knew of Gamblers Anonymous that was the only one I really knew of so. And, yeah if there are any other places that can help them yeah, I'd be interested in trying to get in and see them. (Client F)

Another client reported that he had seen advertising about problem gambling but was confused as to how to go about finding help:

... for me I am not aware of any outside support groups for gambling, ah that's, I've seen some ads around on billboards or on newspaper, but I don't really understand those kinds of things. And all the political stuff earlier in the year, I don't understand what the benefits of changing all these lock out rules and. I don't understand, or I wish they would be more clear and simple. Like if I've got a problem with alcohol, I could pick up a phone, or got to a [AA] meeting or -- Yeah I, I don't really understand, it seems a bit confusing to me. And the only way I know for gambling, is not to gamble, and not to put money in the machine, yeah, that's my only thing.

Question: So you don't feel that you understand the ...

The support network. (Client S)

9.3 Ambivalence about seeking specialist problem gambling counselling

Ten out of the nineteen clients had heard of the gambling helpline but six out of those ten had never used it. Three of these six clients didn't give any reason for not using the helpline. One client reported that as he hadn't gambled heavily for several years *'because of financial constraints'* he therefore *'didn't see the need to ring that number'* (Client G). However, he reported that he would ring the gambling helpline if gambling became a problem for him again.

One other client reported thinking about ringing the helpline, but in the end, decided *'no I just want to do it myself'* (Client J) though later in the interview they reported that they wouldn't be able to ring the number anyway because they would have to go back into a gaming venue to get the number. As they had been able to stay away from gaming venues for several weeks they didn't want to do that.

Another client reported that he didn't know much about the specialist problem gambling help available. When asked if he knew what happens when you ring the gambling helpline he replied *'I think they just talk to you'*. When asked if he would be interested in this he said no: *'... most of the time I'm not the biggest talker so, yeah'* [laughs] (Client B).

Key Findings of Chapter 9:

The key findings of this chapter pertain to clients who identified as having gambling problems, were in touch with a range of agencies, but were not attending specialist problem gambling services. The key findings were:

1. That many clients had not disclosed or sought help for gambling problems because they had been in denial about their gambling or didn't identify as having a gambling problem.
2. Some clients were unsure what specialist problem gambling help was available, or how to find it.
3. Most clients didn't want to seek, or were ambivalent about seeking, the specialist help that was available.

10. What do people with gambling problems think about services?

10.0 Chapter aims

The aims of this chapter were to explore the kind of help that clients would like for their gambling problems and what they thought might be done to encourage help-seeking for gambling problems.

10.1 What services do they want

Clients were asked what kind of services they would like to help them with their gambling problems and specifically if they would like specialist problem gambling counselling. Nine clients didn't express interest in any specialist problem gambling services and three of these were not interested in receiving any help for their gambling problems. The most frequently mentioned services involved: (i) self-help groups (14); and (ii) gambling help incorporated within their alcohol or other drug treatment (13). Only two of the nineteen clients expressed a strong interest in specialist problem gambling counselling with a further six expressing a slight interest.

Specialist services for gambling problems

Twelve of the nineteen clients knew that specialist problem gambling help was available because they had seen notices on poker machines, TAB cards or pamphlets in waiting rooms. However, eight of these clients showed no interest in receiving specialist problem gambling counselling and four showed some interest or gave conflicting answers. For example, one client clearly stated that '*I just want to do it by myself*' at the beginning of the interview, but, when asked towards the end of the interview '*do you think maybe at some stage you will get counselling for gambling?*', replied '*yep, yep*' (Client J). None of the twelve expressed any enthusiasm for receiving specialist problem gambling counselling.

Of the seven clients who were not sure where to get specialist problem gambling help, four showed interest in contacting a specialist problem gambling service. However, two merely stated an interest in trying a specialist problem gambling service: ‘*Yeah, I’d give it a go, not a problem*’ (Client F). Only two appeared particularly keen on the idea of going to specialist problem gambling counselling. One of the two clients felt strongly that he had to give up both alcohol and gambling in order to stay sober and he had to give up alcohol because he had serious health problems, stating: ‘*I don’t want to die*’ (Client O). The other client also articulated a strong motivation for wanting to take this step:

Question: Do you think you’d be interested in getting any gambling specific help?

Yeah, I would, because my girlfriend, she don’t gamble, she don’t drink, she don’t smoke, she doesn’t do anything, you know. She’s a very good girl. And I just go out and splurge on everything, and I can’t lose me relationship with her. Yeah, it’s pretty hard.

Question: And what kind of help do you think you’d want. Do you want like a self-help group or one-on-one counselling?

Yeah, probably one-on-one.

Question: So you’d like to see a person who specialised in gambling counselling?

Yeah, yeah, I would. Yeah, one on one. (Client C)

Co-occurring treatment for alcohol and other drugs

Many of the clients with co-occurring alcohol addiction viewed their help-seeking for alcohol problems as help-seeking for their gambling problems as well. Many clients described their drinking and gambling problems as being ‘*hand in hand*’. As many drinking venues are gaming venues and most gaming venues are now located in premises that serve alcohol they felt they had to give up gambling in order to maintain their sobriety and vice versa:

There's no use walking out and still having the gambling problem, because it's going to lead straight back to the drinking problem, because they go hand in hand.

Question: So you think you have to tackle both?

Yes, I do, I do, I really do, because, there's hardly any TABs around anymore, they're all in pubs, you know, so if I don't tackle the gambling problem, I have to go to the pub to have a bet, but you wouldn't see me in a pub. I don't care how long I've been sober. You know ... So I never want to go into one again, I never want to gamble again. (Client O)

These clients often saw their gambling problems as being significant but felt it was a consequence of their alcohol addiction. Many expressed similar views:

Question: So you feel that you do need, um, fairly significant support to be able to stay sober?

Yes I do, and in turn that helps my, ah gambling, because when I don't use I don't gamble I don't take those risks. (Client K)

I'm hoping that when ... I get alcohol out of my life, gambling, for me should just disappear with it. (Client A)

Clients with amphetamine or methamphetamine addictions also reported having gambling problems when they were using these drugs - one methamphetamine user reported gambling losses of over \$1,000 in a night. However, they reported that they only really felt the compulsion to gamble heavily when under the influence of drugs. They also thought that if they could overcome their substance addiction their gambling problem would go away:

Question: But you feel like if you kick the habit then the gambling will go away on its own?

Yes ... I say that because I was never really compelled to gamble, with ahhh, before the drugs, without the drugs, so. (Client Q)

Self-help groups

Several clients reported that they would like to receive help with their gambling problems in a group setting. All of these clients had co-occurring alcohol problems and all but one had reported attending AA meetings.

I know you can get help 24 hour on the phone line. But -- that's the last thing an addict wants to do, ring someone, call out for help, to ring someone. We want more meeting-related things. (Client K)

Some specifically reported that they would like to attend GA meetings. However, other clients preferred to go to AA meetings where they could work on their alcoholism and their gambling problems at the same time, re-iterating their desire to address their gambling problems concurrently with their alcohol problems.

Another client said he would like to attend groups with social activities:

Question: So what kinds of things do you think would help you overcome your difficulties with gambling and drinking?

Um, perhaps, I've thought about this, um, like, like a gambling, like a gambling people. People..... I'm not that good with my words, sorry. People who have problems with gambling perhaps getting together and having a day where you play touch footy or something like that. You know. Just group thing, like you, know.

Question: But do you think that if you were with a group of other people with gambling problems that would be preferable than just doing it with another group of people?

Actually, yeah, I think it might help more to do it, maybe a bit of both. But yeah, to do it with people that don't have a gambling problem, that don't have somewhere to go, 'cos when you lose, lose your group of friends, it's kind of like this is my routine now, with this group, with the pokies and that. You kind of need to be given a nudge sort of thing, with the right crowd to experience it again. (Client D)

While not expressing a desire to be in a group per se, one client who had received counselling for his alcohol problem from a drug and alcohol service went on to attend an addictions group at the same service when he noticed that he was starting to have a problem with his gambling after giving up drinking. While the group wasn't a gambling-specific program - but was based on working on addictions in general - he reported being very satisfied with the program and wished to continue with it. (He was also the only client who hadn't attended a 12-step fellowship who expressed a desire to receive help in a group setting).

10.2 How can services better attract people with gambling problems?

Clients were also asked if they had any views on how other people with gambling problems could be encouraged to seek help and what services could do to make them more attractive to people with gambling problems. Few clients felt they could answer these questions; but those who did thought there was a need to raise awareness about gambling problems and a need for better advertising of available services.

For instance, one client specifically suggested more advertising of specialist services for gambling problems at free food services:

Question: So, for gambling services out there, what do you think they could do, um, to reach people in your situation so that you knew that they were there?

More advertising about it, [would] probably help, because there's not a great deal of advertising about it, or anything like that. Um, probably some of the - well I go to the free breakfasts Even signs up around there would be good, like just little posters or something like that around some of the free feeds and places like that'd probably help, because I know quite a few people that have a lot of gambling problems, around there. (Client F)

In answer to the second question several clients suggested that there needed to be more education in schools about the potential risks of gambling as they had not been given this information when they were at school:

There could have been things during school, because when I went through school there wasn't much and they didn't tell us much about gambling. They told us about alcohol and drugs, but gambling wasn't a very big issue back then. It would be good to let the younger generation know how bad gambling really is. Because it is an addiction. (Client C)

Yeah I think it could be part of the curriculum, having people who have been down the road and have come out of the other ends, I think having their story as part of the curriculum, you know, a few horror stories chucked in there, kids always like that I suppose, or I did anyway. But more part of the curriculum like alcohol and drugs. (Client M)

Key Findings of Chapter 10:

The key findings of this chapter were that:

1. Very few clients expressed a strong interest in specialist problem gambling counselling.
2. People with co-occurring alcohol and other drug problems often expressed a preference for help for gambling problems to be incorporated within their alcohol and drug treatment.
3. Some people who had a history of attending self-help groups for alcohol and other drug problems also expressed a desire to receive help for gambling problems in a group setting.
4. Some people with gambling problems suggested there should be more advertising of specialist problem gambling services and education in schools about the dangers of problem gambling.

11. Discussion

11.0 Introduction

A summary of the main findings of the report is provided at the end of each chapter. Below we discuss how the research findings relate to existing research, limitations of the study, and implications for service delivery, policy and future research. First we discuss the findings in relation to environmental and systemic factors, predisposing characteristics, enabling resources, need and service use.

11.1 Characterising service use for gambling problems

As mentioned in the introduction, the findings from this report will be discussed using core components of Andersen's Behavioural Model of Health Services, encompassing environmental and systemic characteristics, predisposing characteristics, enabling resources and need (Andersen, 1995).

Environmental & systemic factors

According to Andersen (1995) environmental and systemic factors include the interplay between the health care system and the external environment in which the individual lives. We found three levels encompassing the interplay between (i) the external environment, (ii) the broad service system (which includes both health and welfare services), and within this, (iii) specialist problem gambling services. We found that specialist problem gambling services are generally available. For instance, they do not have waiting lists, are free of charge and are centrally located. While service providers in the broader service system know how to refer clients to the service, none of the clients interviewed for the current study had used the specialist problem gambling service. For example, two of the services used by clients were within a few blocks from the specialist problem gambling service. Furthermore, many clients reported not knowing about that particular service (though many did have some idea that there was specialist problem gambling help available because

they knew about the Gambling Helpline or had seen advertisements in venues etc). Some clients simply did not want to attend a specialist problem gambling service or did not want to attend formal counselling. The formal office environment of the specialist service may also not have been appealing to some socially disadvantaged clients who were attending drop-in services. Overall, systemic barriers would appear to be social and psychological as opposed to economic or geographic.

Predisposing characteristics

A core aim of the current report was to describe people who access services and people who do not. Pre-disposing characteristics are those that influence the likelihood that people will need health services, including demographic factors (e.g. age and gender), social structure (e.g. education, occupation, and ethnicity) as well as a person's health beliefs. While socioeconomic and demographic factors are related to levels of gambling participation and problems (Davidson and Rodgers, 2010) most are not as strongly related to help-seeking once people have problems. For instance, in the 2009 ACT Prevalence Survey we found major differences in some predisposing characteristics amongst people who accessed services compared to those who had not. For instance, compared to people aged 25-64, young adults and older adults with gambling problems were much less likely to have accessed services. People in paid work were under-represented in terms of service use. However, the strongest predisposing indicator of service use was marital history. People who had never been married (or in a defacto relationship) were highly unlikely to have accessed services for gambling problems. In contrast, 62% of people who had accessed services had a history of divorce. More specifically, 61% reported having experienced a significant relationship breakup, or neglecting family because of problems related to their gambling. Overall, this demonstrates the importance of family with regard to whether or not an individual accesses services. However, it also indicates the significant relationship strains amongst people who are accessing services for gambling and their families. The complex and important role of family in the help-seeking process is reinforced by the finding that 84% of people who had accessed services had talked to family or friends about their gambling problems in the last 12 months.

Interviews with clients and service providers also highlighted the importance of family with regard to help-seeking. For instance, some clients expressed feeling guilty because their issues (e.g. gambling and/or substance abuse) had caused relationship problems and some wanted to overcome these issues in order to be a better parent. For these clients the impact of their gambling on family was an underlying motive for seeking help. Overall the findings indicate the importance of family in terms of whether or not people with gambling problems access services.

Health beliefs

Andersen (1995: p2) defines health beliefs as the '*attitudes, values, and knowledge that people have about health and health services that might influence their subsequent perception of need and use of health services*'. A highly prominent health belief identified both by service providers and people with gambling problems was that their gambling was normal, that they didn't have a gambling problem. This was particularly the case for people who had sought help for drug and alcohol addictions – they took much longer to realise they had a gambling problem as well as a substance use problem. This is of interest because there is significant stigma and social approbation for substance abuse in general, and heroin and intravenous drug abuse in particular. Furthermore, in the current study clients of services had a wide understanding and knowledge about services for alcohol and other drug problems but were unclear about services that might be available for gambling problems, including what that help might involve.

Enabling resources

Enabling resources include the accessibility of services within the community but also the ability of the individual to seek out and use these resources. We had limited capacity to address enabling resources in the survey data. However, the interviews with clients indicated some barriers in being able to access services. Specialist problem gambling services in the ACT are free and do not have waiting lists, enabling people on low incomes equal access to the service as those on middle or high incomes. However, having regular and ongoing contact with helping professionals, such as general practitioners, case workers or psychologists, may act as gateways to

services for people with gambling problems by providing an opportunity for the individual to have their gambling problem identified by a professional. Should this happen, they may either be helped where appropriate by that health professional or receive referrals and encouragement to access specialist problem gambling services.

A lack of access to health and welfare services, for example long waiting lists for government or community sector services, or an inability to pay for services from private practitioners, may hinder the identification of gambling problems amongst socially and economically disadvantaged groups. Therefore, some people with gambling problems may not be referred to specialist problem gambling services because they are not able to access general health and welfare services. We do not claim a causal relationship between the well known unmet need for primary health (ACT GP Taskforce, 2009) and welfare services (Australian Council of Social Service, 2011) in the ACT and the lack of uptake of specialist problem gambling services. However, barriers in accessing health and welfare services for problems such as physical illness or homelessness may act as barriers to gambling problems being identified by service providers and timely referral to specialist problem gambling services.

Need

The severity of an illness is an important and often immediate reason for service use. For instance, help-seeking tends to be more delayed for problems where the onset of symptoms is gradual than for problems where the onset of symptoms is acute and severe (Goldberg and Huxley, 1992). One of the consistent findings across the three studies in this report was the confirmation that higher symptom levels were the strongest predictors of service use. Harms such as family breakdown and feeling suicidal because of gambling problems were also associated with increased service use after taking symptom level into account. Overall, the findings indicated that gambling harms and symptom severity were both important in contributing to service use.

However, a large body of literature has demonstrated that people who access services do not necessarily reflect people in the community with that problem (Goldberg and Huxley, 1992, Rose, 1993). It has long been established that higher rates of co-morbid problems are often evident amongst people who access services (Berkson, 1946). Another consistent finding across all three studies presented in this report is the importance of co-morbidity in the uptake of service use. For instance, the 2009 ACT Prevalence Survey findings indicated that higher levels of mental health problems were associated with increased service use amongst people with gambling problems (Davidson and Rodgers, 2010). In the present report service providers noted the significance of co-occurring problems with regard to planning acceptable treatment options for their clients, while clients of services often stressed alcohol and other drug problems as underlying their gambling problems, with gambling problems being of secondary concern. These findings demonstrate that further to the severity of the gambling problems and their consequences, broader mental health and wellbeing issues play an important role in determining who accesses services and who does not. The findings also suggest that people with gambling problems are highly likely to present at services for other problems regardless of whether they identify as having a gambling problem.

Level of need is also a social phenomenon as it reflects a perception of need amongst individuals with problems. Self-identification of problems is an important component of an individual's perceived need for services (Andersen and Newman, 1973). In the current study nearly 100% of people who had accessed services self-identified as having problems with gambling. Self-identification of problems was a necessary part of the pathway to accessing services however it was not sufficient to guarantee help-seeking would take place. In the 2009 ACT Prevalence Survey nearly a quarter of people with symptoms of problem gambling self-identified, but had never sought help. Indeed the majority of people who self-identified had not accessed services. Similar to people who had accessed help, people who identified as having problems but had not accessed services reported high levels of problem gambling symptoms and harms with three quarters meeting the criteria for moderate-risk/problem gambling. People who self-identified but had not accessed services also tended to report having poor mental health and smoking. The significant gambling problems

evident amongst this group mean they are an important target group for problem gambling services, particularly because they have already recognised that they have gambling problems, an important component of the help-seeking process.

Compared to people who had accessed services, a greater proportion of people who self-identified but had not accessed services (i) were either young adults aged 18-24 (18.8% vs 7.3%) or aged over 64 (20.6% vs 5.6%), (ii) had never been married or in a defacto relationship (26.4% vs 8.1%), and (iii) had paid work (67.3% vs 54.2%). However, it is important to remember that people who *did not self-identify* as having problems were most likely to report many of these characteristics (aged 18-24=37.1%; never married/defacto=55.6%; having paid work=83.2%). People who self-identified but had not accessed services were the group most likely to be married and never divorced (49%). Furthermore, three quarters had not talked to family or friends about problems related to gambling.

The importance of family in self-identification of gambling problems was reinforced by investigating whether or not people with gambling symptoms had talked to family or friends about problems related to their gambling in the last 12 months. It is perhaps not surprising that amongst people with gambling symptoms nearly everyone (94%) who had talked to family or friends self-identified that they might have a problem with gambling. Of this 94%, 44% had not accessed services and 50% had accessed services. In contrast, people (with symptoms) who *had not* talked to family or friends were less likely to identify as having a problem (21% self-identified). However, it is important to keep in mind that 75% of people who self-identified as having a problem but had not accessed services, had also not talked to family or friends.

11.2 Barriers for service use and self-identification

Beliefs and symptoms

There was some evidence to suggest specific beliefs around gambling may act as a barrier for people in terms of accessing services. For instance, the belief that a big win would *fix the problem* was reported as a barrier to seeking help. Other beliefs around

lucky machines and lack of knowledge about the real odds of winning (or simply not wanting to know) also act as barriers to people with gambling problems coming to terms with their gambling problem. Also, other addictions such as alcohol and other drugs are harmful for physical health. Health concerns and symptoms can motivate people with substance abuse problems to seek help. However, a person with gambling problems does not necessarily have physical health concerns and symptoms to prompt them to seek help from services.

Stigma

While gambling is a legal activity and a socially acceptable activity it appears to be one steeped in stigma for those who have gambling problems. One service provider said that despite the stigma associated with heroin use, he had clients who would tell him about their heroin addiction before they would disclose anything about their gambling problems. People with gambling problems interviewed for the research also talked about the shame and embarrassment they felt because of their gambling problem. Similarly they were often quite open in talking about their alcohol and drug abuse and usually sought help for their drug and alcohol problems years in advance of disclosing to anyone that they had a gambling problem.

Denial

One of the most consistent findings of this report was a reticence of people with gambling problems to acknowledge or disclose that they have a gambling problem. While service providers reported that people with gambling problems present at services with problems that people may find embarrassing or shameful, such as not being able to buy food for their children, being in rental arrears, experiencing dysfunction in their relationships, or experiencing drug and alcohol problems, they rarely divulged their gambling problems. The level of denial linked to problem gambling was so strong that clients sought help for any number of the above problems before seeking to address their gambling problems. Furthermore, clients were willing to accept referrals to other agencies for a range of problems, such as specialist financial counselling or drug and alcohol services. However, some service providers

observed a reticence in most clients to talk about their gambling problems to another service provider.

11.3 Strengths and limitations

Several limitations of this report need noting. First, while service providers interviewed for this study provided us with valuable insights we are aware that there are sections of the service system that were under-represented in our study. For example, some service providers touched on the presence of co-morbid mental health problems amongst people with gambling problems. However, we were unable to explore the engagement of people with gambling problems within the mental health system.

Our interviews with people with gambling problems provided us with rich information. However, individuals were recruited from a limited number of services and do not necessarily reflect all people in the community with gambling problems. Furthermore, we are aware that there was significant homogeneity amongst clients, for example all but one individual was male and all but three disclosed having co-morbid alcohol or other drug problems.

We used the 2009 ACT Prevalence Survey to investigate people with gambling problems who do not seek help. However, it is not possible to determine the degree to which our sample represented all people with gambling problems in the community. For instance, general population telephone surveys tend to reflect people who are contactable and who also agree to be interviewed. People have to have a home telephone to have a chance of being contacted. In contrast, a strength of this study is the mixed-methods approach incorporating findings from three different samples, including service providers, clients of services (including people who are homeless) and people in the general population who had gambling problems.

Finally, only a small number of people in the 2009 ACT Prevalence Survey reported symptoms and very few had ever accessed services. This meant we had limited

statistical power to detect differences. The limited statistical power might mean that associations we did not highlight could be significant in a bigger sample. That is, we may have failed to detect associations that are actually important. On the other hand, our significant results are likely to reflect robust and strong findings. Even though statistical power was limited we believe the findings from the prevalence survey to be descriptively important because they reflect the experiences of nearly 200 people with gambling problems from the general population.

11.4 Service provider and client perspectives on policy and service delivery

One of the aims of this report was to investigate ways of encouraging people with gambling problems to seek help and increasing the likelihood that they do so. The following provides an overview of service provider and client perspectives. First, service providers discussed ways of increasing the likelihood that people with gambling problems might identify or disclose their problems within a service use setting. Help-seeking for problems that are known to be co-morbid with gambling problems (such as alcohol and other drug abuse) or concrete consequences of problem gambling (such as financial problems or relationship problems) provide opportunities for service providers to engage clients in discussion about their gambling, including disclosure if trust can be established. Several service providers from a range of agencies stressed the importance of asking clients about their gambling activities and patterns rather than directly asking if they have a gambling problem. They also stressed the importance of maintaining ongoing opportunities for clients to talk about gambling because disclosure may take time.

Service providers discussed the suitability of the specialist services for gambling problems (available during the study period). While some service providers reported positive feedback from clients they had referred to specialist problem gambling services, others reported negative feedback. Overall, the findings indicated that the service was accessible and suitable for some people with gambling problems but not for others.

None of our clients with gambling problems had received specialist problem gambling counselling. While some people with gambling problems didn't know how to access specialist problem gambling counselling many showed no interest in doing so. Many service providers also noted a lack of interest in specialist services for problem gambling amongst their clients. First, this may suggest that problem gambling services may not have been attractive to some people with gambling problems, particularly those with alcohol and other drug problems, and those with entrenched problems that cluster around long term homelessness (such as social isolation, mental illness and long term alcohol and other drug problems). Increased flexibility in the service delivery model may be necessary to attract people with gambling problems from varying backgrounds and who seek help in different ways. Second, people with co-occurring alcohol and other drug problems expressed a preference for problem gambling services to be incorporated within alcohol and drug treatment. Those who had attended self-help groups for alcohol and other drug problems also expressed a desire to receive help for gambling problems in a group setting. Overall, the provision of specialist problem gambling services through delivery models that appeal to different clients was considered vital.

Promotion and public awareness were also recurring themes in interviews with service providers and clients. Both service providers and people with gambling problems reported a need for more effective promotion of specialist problem gambling services and awareness campaigns aimed at encouraging people with gambling problems to recognise they are experiencing symptoms while at the same time not making them feel stigmatised or ashamed to seek help. People with gambling problems also suggested school education programs designed to alert young people about the potential harms associated with gambling.

Finally, service providers stressed the importance of helping partners and families. The serious impact of gambling problems on partners and families make this support important in itself. However, supporting families was also viewed by some service providers as a potential first step to increasing the likelihood that people with gambling problems might access formal help.

11.5 Implications for policy and service provision

Public awareness

Further to the barriers discussed above, a fundamental reason underlying why people with gambling problems might not identify as having a problem or access services is that they do not recognise gambling problems. To our knowledge there is no research investigating the general public's knowledge about problem gambling in terms of symptoms and signs. However, there is a substantial literature on more common mental health problems such as depression (Jorm *et al.*, 2006). More than 10 years ago Australian research demonstrated that the general public lacked understanding about mental health problems and effective treatment options. This research sparked a public health awareness campaign targeting common mental health problems, namely depression and anxiety. Knowledge about these problems in the general community has since improved (Jorm *et al.*, 2006).

A consistent finding across the three studies of this report is that people with gambling problems often do not identify as having problems. For instance, a large proportion (68.8%) of people with symptoms in the prevalence survey did not identify that they *might have a problem* with their gambling. We found that people with problems who did not identify as such were disproportionately likely to be aged 18 to 25, in the paid work force, to have never married or been in a defacto relationship. They also tended to have lower symptom levels and few reported experiencing harms from gambling. Only 1.2% of this group had talked to family or friends about their gambling problems. This group is 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'.

Pathways to treatment

This report has found that pathways through the service system to specialist problem gambling help are indirect and unclear. Previous attempts to model pathways to specialist problem gambling treatment have argued that most people do not seek help until they have experienced a crisis (Evans and Delfabbro, 2005). High levels of stigma and a lack of self-identification of problems are noted as barriers in this

process (Smith and Harvey, 2010). Models outlining pathways to specialist treatment for many other problems are comparatively more detailed and developed. For instance, in 1992 Goldberg and Huxley described pathways to treatment for mental health problems from the general community through to psychiatric in-patient admission (Goldberg and Huxley, 1992). This model, if somewhat dated, still demonstrates points of early intervention systemically designed for people with other mental health problems, namely primary care/general practitioners. Since this time research has confirmed that the Australian public prefers general practitioners as their point of first professional contact for mental health problems, such as depression (Highet *et al.*, 2002) and perceives them as helpful. However, this is not the case for gambling problems. For example, a recent Australia-wide poll found that gambling helpline, the internet and Gamblers Anonymous were nominated most often, with family doctors being identified as a potential resource by less than 1% of the population (Mond *et al.*, 2011). Furthermore, when prompted to indicate how helpful various resources and professions would be, family doctors were nominated less often (49%) than close family/friends (70%). It is apparent that in the mind of the general public potential pathways for help-seeking for gambling problems differs from that of other health and wellbeing problems.

It was beyond the scope of the current study to suggest a service delivery model incorporating early intervention approaches. However, our findings suggest that providing integrated help for gambling problems for people attending other services, such as mental health, and alcohol and other drug services may facilitate earlier identification and intervention for gambling problems. It may also increase the likelihood of referral to specialist problem gambling services. Indeed, service providers and clients with gambling problems actually suggested integrated treatment options as a possible means of providing help at earlier stages for people with gambling problems. Services addressing co-morbidity including gambling problems may also prevent clients falling through gaps in service delivery.

Service providers reported that presenting problems such as money problems or relationship problems can be indicators of gambling problems. However, clients who

attend services often have these problems even if they don't have a gambling problem. Therefore, they did not always feel confident about raising gambling as a potential problem, particularly if clients had not identified, were in denial or were simply not interested in help for gambling problems. That is, service providers from general services may need support when they perceive that gambling might be an issue for their clients. It is beyond the scope of the current study to specify what sort of support might assist service providers engaging with clients experiencing such complex circumstances.

11.6 Future research

As noted in the limitations section above, the experiences of other people with gambling problems in the general community and from a wider range of services need to be incorporated within research investigating service use pathways for gambling problems. It is also important to better understand the views and experiences of people with symptoms in the general community who are gambling at intensities that might put them at risk of gambling problems. These are key groups to explore in future research.

One of the most consistent findings, across the qualitative and quantitative components of this report was the potential importance of family in the identification of problems and help-seeking pathways for people with gambling problems. Families appear to play an important role in bringing gambling problems into the open. However, it was not possible to unpack the complex roles family and friends might play in this process. Future research needs to include the experiences of the roles of families in terms of pathways to service use. Public awareness campaigns might also benefit from recognising the important role of families in whether or not an individual with gambling problems identifies and accesses help for gambling problems.

There has also been no research investigating community perceptions about treatment options and outcomes. Overall, understanding public attitudes and knowledge about

gambling problems and treatment has enormous capacity to inform and increase the impact of services for people with gambling problems.

11.7 Conclusions

A main aim of the current study was to investigate why people do not seek help, or only do so after gambling problems are extreme. Whether or not someone seeks help results from a complex interplay between individual, family, community and service characteristics. Any efforts to encourage uptake of services would benefit from recognising and addressing help-seeking across multiple levels.

Service providers perceived problem gambling as a hidden problem, and clients saw it as a problem they hide. High levels of community stigma, failure to recognise problems and lack of knowledge about treatment options were reported as fundamental barriers to help-seeking for gambling problems. Whether or not someone seeks help for a gambling problem relies upon their identifying that they have a problem, but also requires being willing to seek, disclose problems, and receive help.

Self-identification of gambling problems was a necessary component of the pathway to accessing services, but it was not sufficient. This study found that a quarter of people with symptoms self-identified as having problems but had not accessed services. This group were characterised by high levels of gambling problems and harms, smoking and poor mental health. Compared to people who did not self-identify, people who self-identified (but had not accessed services) tended to be older and more likely to be married and to have never been divorced. However, only a quarter of this group had talked to family or friends about their gambling problems. They are an important target group for intervention because they have already recognised they have gambling problems.

Early intervention relies upon people recognising problems at early stages when they may be experiencing a few issues or symptoms from gambling, prior to serious and

more obvious financial, personal and family impacts. Service providers and clients stressed the importance of providing a range of service options including gambling help integrated within the broader health and welfare system. Overall, the findings highlight the importance of planning and embedding early intervention service delivery options within service delivery models.

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13. Appendices

Appendix A

Date

Service Provider Address

Dear ,

My name is Annie Carroll and I am a postdoctoral researcher at the Australian National University's (ANU) Centre for Gambling Research. I am writing to you to seek the participation of your organisation in our research into the availability, accessibility and suitability of services for people with gambling problems in the ACT. This research seeks to gain a better understanding of how problem gambling comes to light in various service settings; and whether clients are proactive, receptive or reluctant to accept formal help. We intend to interview practitioners in social and health services across the ACT.

I am writing to you because we would like to interview staff at your service who encounter clients with gambling problems in order to ask them questions about their client's experiences of seeking help, and issues that arise in referring people with gambling problems to other services. The duration of the interview will depend on the level of involvement your staff have with clients with gambling problems and may take as little as 15 minutes, however we anticipate a typical interview will take between 30-45 minutes. I attach a detailed participant information sheet, consent form and interview schedule, which we will make available to all potential research participants.

Findings from this study will be used to inform policy makers in the ACT, as well as provide feedback to practitioners, about ways in which people developing gambling problems can be encouraged to seek help.

The ANU Centre for Gambling Research has been commissioned to conduct this research by the ACT Gambling and Racing Commission. The ACT Gambling and Racing Commission is an independent statutory body responsible for regulation of gambling and racing activities in the ACT.

I would be grateful if you could nominate relevant staff in your organisation so that I can invite them to take part in this research. I look forward to hearing from you soon, and I can be contacted on: 6125 2659, or by email: annie.carroll@anu.edu.au .

Kind Regards,

Annie Carroll BA, BSW
Postdoctoral Research Fellow
ANU Centre for Gambling Research

Appendix B

INFORMATION SHEET

The Availability, Accessibility and Suitability of Problem Gambling Services in the ACT

We are studying the availability, accessibility and suitability of problem gambling services in the ACT. This research is being conducted by the Australian National University's (ANU) Centre for Gambling Research, and has been commissioned by the ACT Gambling and Racing Commission. The ACT Gambling and Racing Commission are an independent statutory body responsible for regulation of gambling and racing activities in the ACT.

Why are we carrying out this research?

This research builds on preliminary research by the ANU Centre for Gambling Research (*2009 Survey of the Nature and Extent of Gambling, and Problem Gambling, in the ACT*; <http://www.gamblingandracing.act.gov.au/Publications/Research.htm>), which found that only about 1 in 5 people with gambling problems had ever received formal help for their problems. This research seeks to gain a better understanding of how problem gambling comes to light in various service settings; and whether clients are proactive, receptive or reluctant to accept formal help.

Findings from this study will be used to inform policy makers, as well as to provide feedback to practitioners in ways in which people developing gambling problems can be encouraged to seek help.

What does the research involve?

We would like to interview people from your organisation because you have experience helping people with gambling problems and therefore you have insights and an understanding of the strengths and weaknesses of the social service system and its ability to respond to the needs of people with gambling problems. Participation in this project is voluntary, and there will be no adverse consequences if you decide not to participate.

If you agree to participate in this research project, we will ask you to attend an interview. The duration of the interview will depend on your circumstances and could be as little as 15 minutes, though we anticipate a typical interview will take between 30-45 minutes. This will involve you providing consent to be interviewed and answering questions about your experiences in helping people with gambling problems, and the experiences of your members in seeking help from services in the ACT. We can hold the interview at your office or at the ANU, at a time convenient to you. If you agree, we may record the interview on audio tape. In preparation for the interview, you will be sent a list of questions indicating the issues to be covered.

Your personal information, such as your name, will be kept confidential so far as the law allows. Recordings of your interview and transcripts, should you agree to be recorded, will be de-identified and stored securely at the Australian National University on a computer accessible only by password, by a member of the research team.

You may withdraw from participation in the project at any time, and you do not need to provide any reason to us. If you decide to withdraw from the project we will not use any of the information you have provided, and we will delete your data.

The results of this study will be reported to the ACT Government Gambling and Racing Commission (who we anticipate will make the report available to the public via their website). The researchers will also seek to publish research findings in peer-reviewed academic publications. However, the names of individuals and organisations will not be reported in connection with any of the information obtained in interviews. A summary of research findings will be sent to all research participants.

Are there any risks if I participate?

We do not intend to seek any information in interviews which is particularly sensitive or confidential. It is possible that because the ACT social service sector is relatively small, others may be able to guess the source of information provided in interviews, even though it will not be attributed to any person or organisation. Accordingly, it is important that you do not tell us information which is of confidential status, or which is sensitive or defamatory.

Below you will find contact details and phone numbers in case you have questions or concerns about the study.

Contact Names and Phone Numbers

If you have any questions or complaints about the study please feel free to contact:

Dr Tanya Davidson, Director, ANU Centre for Gambling Research

Tel: 02 6125 7839

Email: Tanya.Davidson@anu.edu.au

If you have concerns regarding the way the research was conducted you can contact:

The Human Ethics Officer

Human Research Ethics Committee

Australian National University

Tel: 02 6125 3427

Email: Human.Ethics.Officer@anu.edu.au

Appendix C

INTERVIEW SCHEDULE

The Availability, Accessibility and Suitability of Problem Gambling Services in the ACT

Please Describe:

- 1) The services you offer
- 2) Your clients and the issues they present with
- 3) The severity of their gambling problems
- 4) Help-seeking pathways clients might have negotiated before attending your service
- 5) How long, typically, do clients access your service? Are there time limits?
- 6) How do clients who have exited your service re-access if they need to?
- 7) Are there any barriers to providing people with gambling problems with the services they need?
- 8) Are there any barriers to referring people with gambling problems to the services they need?

Appendix D

CONSENT FORM

The Availability, Accessibility and Suitability of Problem Gambling Services in the ACT

Researchers: Ms Annie Carroll, Dr Tanya Davidson, Prof Bryan Rodgers, Prof David Marsh,
Ms Sharryn Sims, Aurore Chow, ANU

1. I (please print) consent to take part in the **Availability, Accessibility and Suitability of Problem Gambling Services in the ACT research project**. I have read the information sheet for this project and understand its contents. The information provided explains the nature and purpose of the research project, so far as it affects me, to my satisfaction. My consent is freely given.
2. I understand that if I agree to participate in the research project I will be asked to take part in an interview that may take as little as 15 minutes, but typically will take 20-30 minutes, depending on the time I have available.
3. I understand that while information gained during the research project may be published in reports to the ACT Gambling and Racing Commission, and in peer-reviewed academic publications, my name, position title and organisation will not be used in relation to any of the information I have provided.
4. I understand that personal information, such as my name and work contact details, will be kept confidential so far as the law allows. This form and any other identifying materials will be stored separately in a locked office at the Australian National University. Data entered onto a computer will be de-identified and kept in a computer accessible only by password. All data will be securely stored for a minimum of 5 years, in accordance with the ANU Responsible Practice of Research Policy, and only members of the ANU Centre of Gambling Research team (Dr Tanya Davidson, Prof Bryan Rodgers, Prof Davis Marsh, Ms Annie Carroll & Ms Sharryn Sims) will have access to the data.
5. I understand that although any comments I make will not be attributed to me in any report or publication it is possible that others may guess the source of information, and that I should avoid disclosing information to the researchers which is of confidential status within my organisation or which is defamatory of any other person or organisation.
6. I understand that I may withdraw from the research project at any stage, without providing any reason and that this will not have any adverse consequences for me. If I withdraw, the information I provide will not be used by the project, and the researchers will delete my data.

Signed Date

Audio taping

I consent to have my interview (if any) audio-taped by the interviewer. I understand that the tapes will be stored securely at the Australian National University.

Signed Date

Appendix E

HAVE YOU SOUGHT HELP FOR GAMBLING PROBLEMS?

- THEN WE NEED YOUR HELP!

What is this research for?

The ANU Centre for Gambling Research has been asked by the ACT Gambling and Racing Commission (an independent statutory body responsible for the regulation of gambling and racing activities in the ACT) to find out about the Availability, Accessibility and Suitability of services for people with gambling problems in the ACT.

We would like to interview people who have sought help for their gambling problems so that we can advise policy makers on the best ways to encourage other people with gambling problems to seek help, and what kind of help and services best suit their needs.

We'd like to talk to you!

We would like to interview you at a date and time that suits you, at a pre-agreed location (this could be a private office at the ANU, a private room at a Public Library, or perhaps at your Service Provider's office if you feel more comfortable meeting there). The interview will take 30-45 minutes, and you will be given a gift voucher as a token of our appreciation for your participation.

What we want to know:

What we would like to ask you:

- How you went about finding help for your gambling problems
- What services you used
- How you first made contact with these services
- How easy or difficult it was to find and access help
- What prompted you to decide to look for help
- If there are there any services you would have liked, but were unavailable
- What the government and services can do to encourage people to seek help for their gambling issues; and
- What services can do to make themselves more attractive to other people who need help

Are the results confidential?

Yes! We will keep all your personal information confidential (as far as the law allows). While we will use the information you give us in our reports and publications, we will not name you or include any information that would make you identifiable. While we will ask you if we can record our conversation, we will not include your name on the recording, and we will keep the recording private. We will not record your interview if you do not want us to.

If you would like to be interviewed for our study, please call us on:

1800 251 880 (free call)

or email: **annie.carroll@anu.edu.au**

Will you tell my counselling service about what I said about them?

No. We have asked your counselling service to ask their clients if they would like to take part in our research, but we will not be telling them about what you told us, and they will not have access to the recording of our conversation. While we will be providing your counsellor with a summary of our research results – this will contain information from lots of clients (from the service you use, and from other services) and we will not tell anyone what was said about any particular service.

What happens to my information?

Your information will be de-identified and securely stored at the ANU Centre for Gambling Research Office for a minimum of 5 years, and will only be accessible by the researchers at the ANU Centre for Gambling Research who are working on this particular project. We will not store any information that can be used to identify you or to find you.

Do I have to take part?

No. Participation in this research is completely voluntary. Should at any time during the interview you decide you want to stop, we will stop the interview and we will erase any information you have given us and we will not use any of your information in our report. However, because your information is anonymous, you will not be able to withdraw your consent after the day of the interview.

If I decide not to participate will it affect the help I get?

No. Refusal to take part will not limit your ability to access services from the agency who gave you this invitation.

Can I find out about the findings?

Yes! When the report is complete, a summary of findings will be published on the ANU Centre for Gambling Research Website (<http://sociology.cass.anu.edu.au/centre-gambling-research>), and we anticipate that the ACT Gaming and Racing Commission will make the report available to the public via their website (<http://www.gamblingandracing.act.gov.au/Publications/Research.htm>). If you prefer, you can call us on 6125 2659 to arrange to have a copy sent to you (we won't have your details, so you will need to contact us). It will take a few months before the report is released, but results should be available in the second half of 2011.

Any questions?

If you have any questions or concerns about this research, or any concerns about how our interview with you was conducted, please contact our Supervisor, Dr Tanya Davidson at the ANU Centre of Gambling Research: email tanya.davidson@anu.edu.au, or phone 6125 7839.

If you have concerns regarding the way the research is being conducted you can contact:

The Human Ethics Officer
Human Research Ethics Committee
Australian National University
Tel: 02 6125 3427
Email: Human.Ethics.Officer@anu.edu.au

If you would like to be interviewed for our study, please call us on:

1800 251 880 (free call)
or email: annie.carroll@anu.edu.au

Appendix F

INTERVIEW SCHEDULE

The Availability, Accessibility and Suitability of Problem Gambling Services in the ACT: Service User Views

- 1) How did you go about finding help?
- 2) What services have you used?
- 3) How and when did you first make contact with these services?
- 4) Was it easy or difficult to find services?
- 5) Was it easy or difficult to access services?
- 6) What prompted you to decide to look for help?
- 7) Are there any services you would have liked, but were unavailable?
- 8) What do you think the government and services can do to encourage people to seek help for their gambling issues?
- 9) What can services do to make themselves more attractive to other people who might need help?
- 10) Is there anything else that you would like to say?
- 11) What was it like being interviewed?

Appendix G

ORAL CONSENT FORM

The Availability, Accessibility and Suitability of Problem Gambling Services in the ACT: Service User Views

Researchers: Ms Annie Carroll, Dr Tanya Davidson, Prof Bryan Rodgers, Prof David Marsh, Ms Sharryn Sims, Ms Aurore Chow at the ANU Centre for Gambling Research

This interview was conducted by: (interviewer to insert name)

1. I have given you an information sheet about this project and explained the purpose of this research to you. Do you agree?
2. I have explained that your participation is voluntary, and you can stop this interview at any time without giving me a reason. Do you agree?
3. Because your participation is anonymous, you will not be able to withdraw your consent unless you tell me you wish to withdraw your consent today. Do you agree?
4. I have explained that information from this interview may be used in published reports and academic publications, but identifying information (such as your name) will not be used. Is that okay with you?
5. I will keep all the information you give me confidential as far as the law allows. Is that okay with you?
6. I would like to make an audio recording of this interview. I will not include your name on the recording, and the recording will be kept confidential and securely stored on a password protected computer at the ANU Centre for Gambling Research. Do you agree to be recorded?
7. Do you have any further questions?
8. Can we start the interview now?

7. Appendix H



Australian
National
University

HAVE YOU EVER SOUGHT HELP FOR GAMBLING PROBLEMS? THEN WE NEED YOUR HELP!

The ANU's Centre for Gambling Research is conducting research on services for people with gambling problems in the ACT. We hope to learn from the experiences of people who have sought help for their gambling problems so that we can advise policy makers and service providers about what kind of help and services best suit people's needs.

So if you have ever wanted help for problems related to your gambling we would like to interview you!

For information about the study, and what would happen if you volunteer to participate, please take and read one of the information sheets, or call Annie Carroll on 1800 251 880, or email annie.carroll@anu.edu.au

Please be assured that we will treat any information you give us in the strictest confidence.

Contact Annie Carroll at the ANU Centre for Gambling Research:

1800 251 880 (free call)

annie.carroll@anu.edu.au

Appendix I

The proportion of socioeconomic and demographic groups who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems. n=184 people reporting gambling symptoms/harms in the last 12 months.

Socioeconomic and demographic characteristics	Never accessed services		Accessed services - All self identified (8.1%)
	Did not self identify (68.8%)	Self identified (23.1%)	
Sex			
Male	69.8	22.4	7.8
Female	66.5	24.8	8.8
Age*			
18-24	83.8	14.3	1.9
25-44	56.2	27.8	16.0
45-64	72.5	19.7	7.9
65+	49.8	45.8	4.4
Country of birth			
Australia	69.5	22.0	8.5
Other	64.9	29.2	5.9
Highest completed qualification			
Year 10	54.5	26.4	19.1
Year 12 or certificate/diploma	71.9	20.3	7.9
Bachelors degree or higher	69.3	29.5	1.2
Marital status***			
Never married/defacto	85.0	13.6	1.5
Ever divorced	57.9	22.3	19.8
Married/widowed never divorced	53.7	38.2	8.1
Currently in paid workforce*			
Yes	65.3	25.0	9.7
No	58.3	30.0	11.7
Annual personal income			
less than \$40k	60.3	28.6	11.1
\$40-\$69k	57.8	28.9	13.3
\$70k or more	65.9	27.3	6.8

Appendix J

The proportion of health and wellbeing groups who (i) did not self-identify as having gambling problems, (ii) self-identified but had never accessed services, and (iii) had accessed services for gambling problems. n=184 people reporting gambling symptoms/harms in the last 12 months.

Health and wellbeing measures	Never accessed services		Accessed services - All self identified (8.1%)
	Did not self identify (68.8%)	Self identified (23.1%)	
Mental health Inventory (last 4 weeks)***			
>6	27.1	44.6	28.3
≤6	74.0	20.4	5.6
General physical health			
Fair or poor	50.5	31.0	18.6
Excellent, very good or good	70.7	22.3	7.0
Financial problems (last year)			
Yes	53.9	27.3	18.8
No	71.1	22.4	6.5
Hazardous harmful alcohol consumption			
Yes	55.4	29.2	15.3
No	70.7	22.3	7.0
Smoking*			
Yes	51.8	33.4	14.9
No	76.3	18.6	5.1

*p<.05; **p<.01; ***p<.001.

Appendix K

Significance levels (p-values) of characteristics in relation to (i) self-identification and (ii) service use in a multivariate model. NB Shading is used to denote reference categories.

Multivariate model 1	Did not access services		Accessed services -
	Did not self identify (68.8%)	Self identified (23.1%) p-value	All self identified (8.1%) p-value
Smoking			
Yes		.091	.463
No			
Poor mental health (last 4 weeks)***			
Yes (MHI>7)		.015	.111
No (MHI≤7)			
Marital status***			
Never married/defacto		.001	.003
Ever divorced		.099	.762
Married/widowed never divorced			
CPGI score>2			
Yes		<.001	<.001
No			
Any gambling harm			
Yes		.134	<.001
No			

*p<.05; **p<.01; ***p<.001.

Appendix L

Significance levels (p-values) of characteristics in relation to (i) self-identification and (ii) service use in a multivariate model. NB Shading is used to denote reference categories.

Multivariate model 1	Did not access services		Accessed services -
	Did not self identify (68.8%)	Self identified (23.1%) p-value	All self identified (8.1%) p-value
Poor mental health (last 4 weeks)***			
Yes (MHI>7)		.001	.131
No (MHI≤7)			
Marital status***			
Never married/defacto		.001	.001
Ever divorced		.079	.635
Married/widowed never divorced			
CPGI score>2			
Yes		<.001	<.001
No			
Any gambling harm			
Yes		.145	<.001
No			

*p<.05; **p<.01; ***p<.001.