

A hospital-based treatment programme for patients with gambling problems

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inspiring achievement

Context

- **South Australia**
- 1.6m people over a large area (1,000,000km²)
- ≈ 25% in rural areas
- ≈ 2% problem gambling
- a range of support services available
- rates of presentation
- treatment completion
- relapse and repeat cycles
- study funded by...The Independent Gambling Authority, SA









Defining the problem!

DSM-IV-TR criteria – pathological gambling

A persistent and recurrent maladaptive gambling behaviour is indicated if the individual meets five (or more) of the following criteria...

1. is preoccupied with gambling
2. needs to gamble with increasing amounts of money
3. has repeated unsuccessful efforts to control, cut back, or stop gambling
4. is restless or irritable when attempting to cut down or stop gambling
5. gambles as a way of escaping from problems or of relieving a dysphoric mood
6. after losing money gambling, often returns another day to get even (ie, “chasing one’s losses”)
7. lies to conceal the extent of involvement with gambling
8. has committed illegal acts to finance gambling
9. has jeopardised or lost an important relationship, job, or educational or career opportunity because of gambling
10. relies on others to provide money to relieve a desperate financial situation caused by gambling

Background

- the phenomenon of problem gambling
 - forms of gambling (ie 85% of clients - EGM associated problems)
 - extent of harm
 - rate of help seeking
 - emerging forms of gambling
- each gambler with problems affects 7-10 others
- gambling revenue & funding...Department for Communities and Social Inclusion through the Office for Problem Gambling in SA
- co-morbidity

The Statewide Gambling Therapy Service

- Office for Problem Gambling (OPG & GRF)
- Department for Communities and Social Inclusion
- > 400 new clients a year
- 8-10 treatment sessions on average
- therapy options...
 - manual-based graded exposure treatment
 - therapists...mental health nursing, social work and psychology
 - treatment compliance and completion rates

Business Model

- service delivery...sites and numbers
- treatment timeframe
- rural treatment options
- inpatient and outpatient models
- clients
- clinical / treatment outcomes

Research

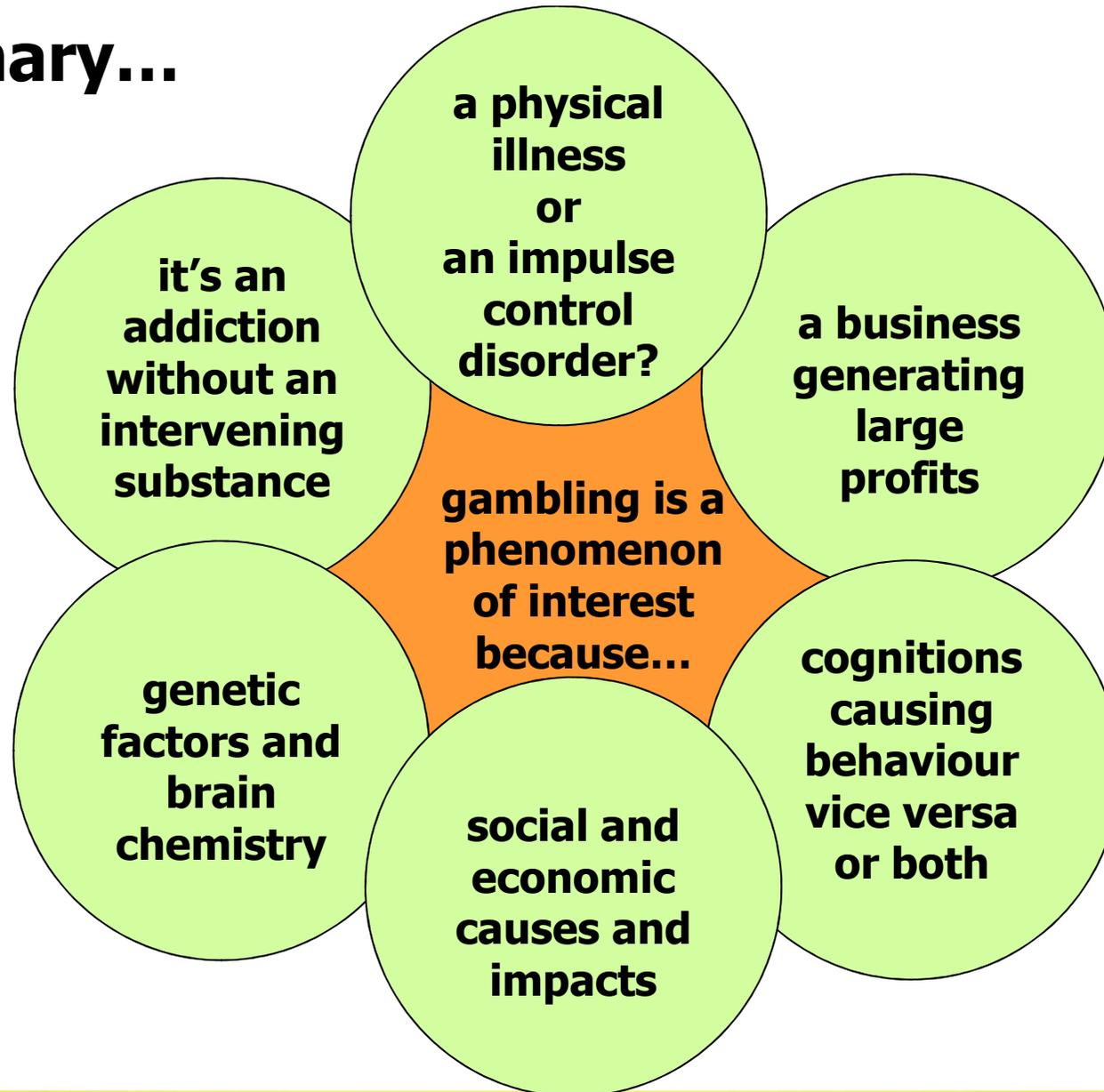
- ethics approvals
- longitudinal tracking & follow-up
- relapse study – predictors of relapse in PG
- naltrexone pilot study
- physiological measures (EEG scanning)
- inpatient review project

- pilot study in correctional services
- testing the SGTS model / best practice
- RCT (3 year study of CT/BT)
- emergency department admissions links
- Flinders Centre for Gambling Research
- Southgate Institute for Health, Society and Equity
- family violence study

Larger view

- wider population approaches (Southgate Institute)
- collaborative work with other agencies
- the on-line gambling phenomenon
- policy impacts and systems change
- improved outcome-based models of care

in summary...



This is a complex problem requiring a complex set of interventions across numerous levels of society...

...in-patient treatment is one option

the model of care

SGTS treatment in general

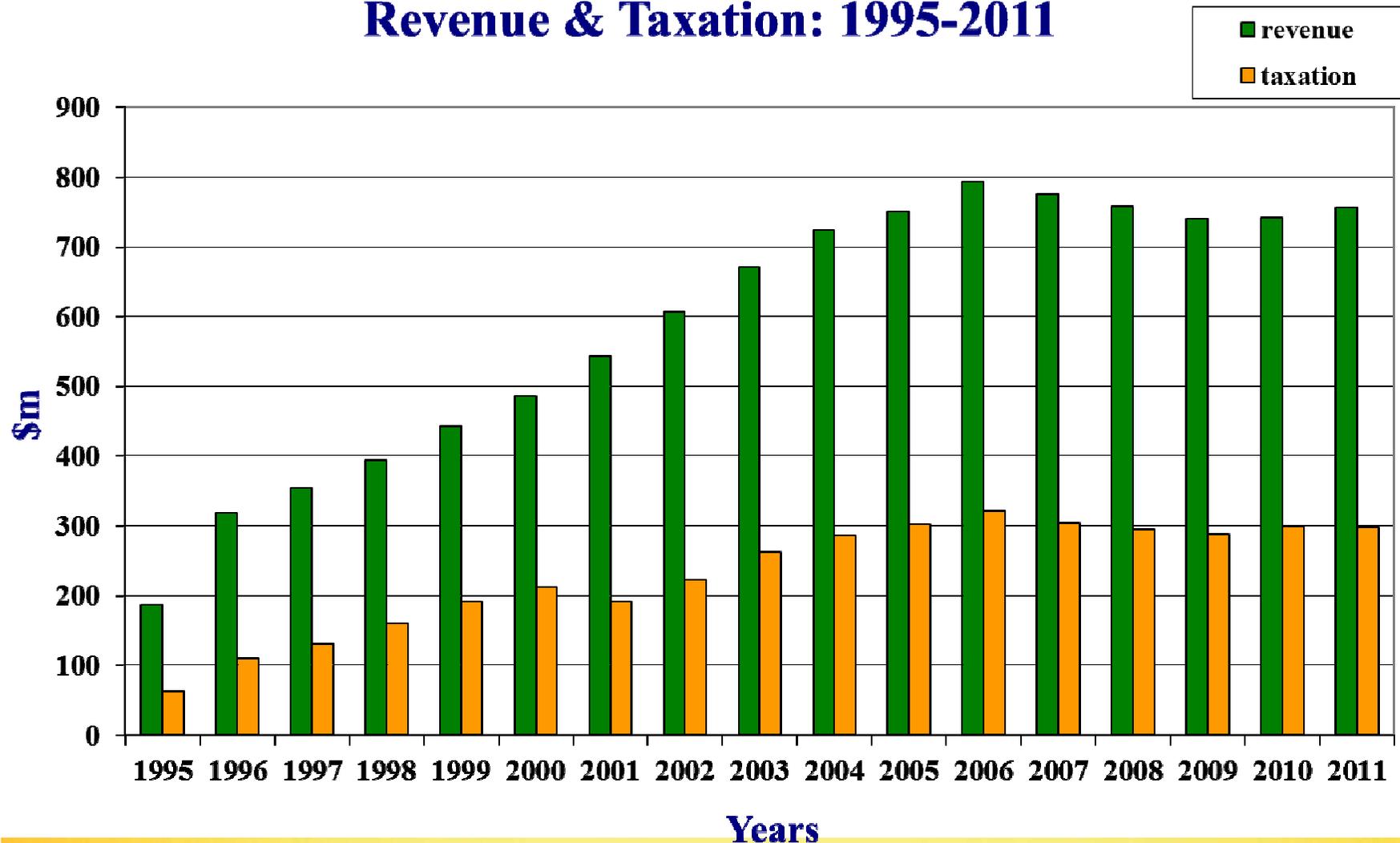
- Cognitive Behavioural Therapy (CBT) based treatment (with graded exposure therapy)
- therapists with social work, mental health nursing and psychology backgrounds and post graduate CBT qualifications (master of mental health sciences)
- 8-12 session (for both outpatient and inpatient models)
- often need to deal with other co-occurring conditions
- consumer support and relapse prevention programme

SGTS service outcomes (in-patient and out-patient combined)

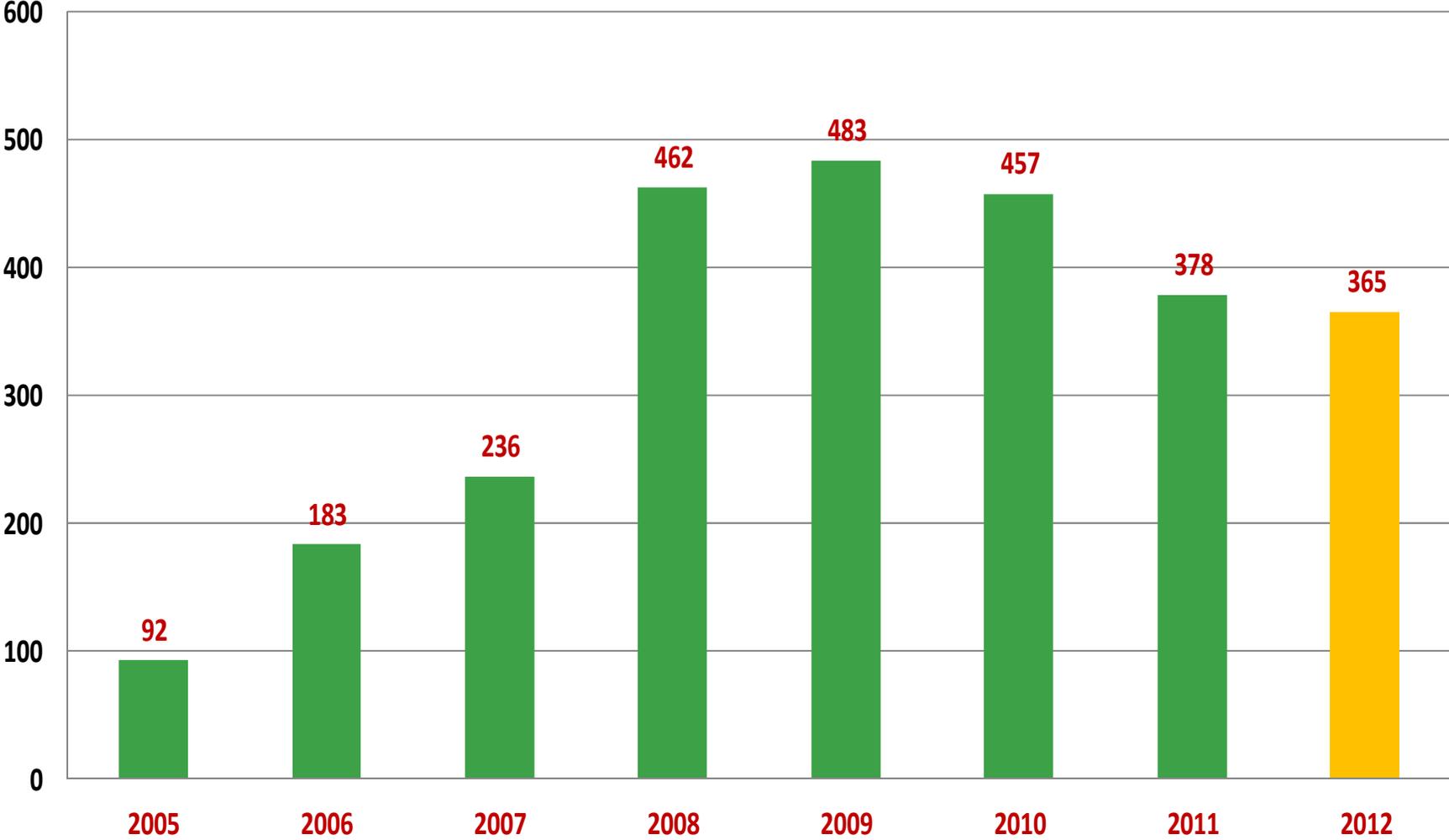
- > 800 clients treated per year (around half are ongoing cases)
- > 400 new clients each year
- > 90% of clients see a therapist within 3 weeks of contact
- > 70% of treated clients report reduced gambling behaviour or expenditure within 6 months
- 45% of clients complete a course of treatment
- > 80% of clients who complete treatment either fully or substantially achieved their treatment goals

EGMs

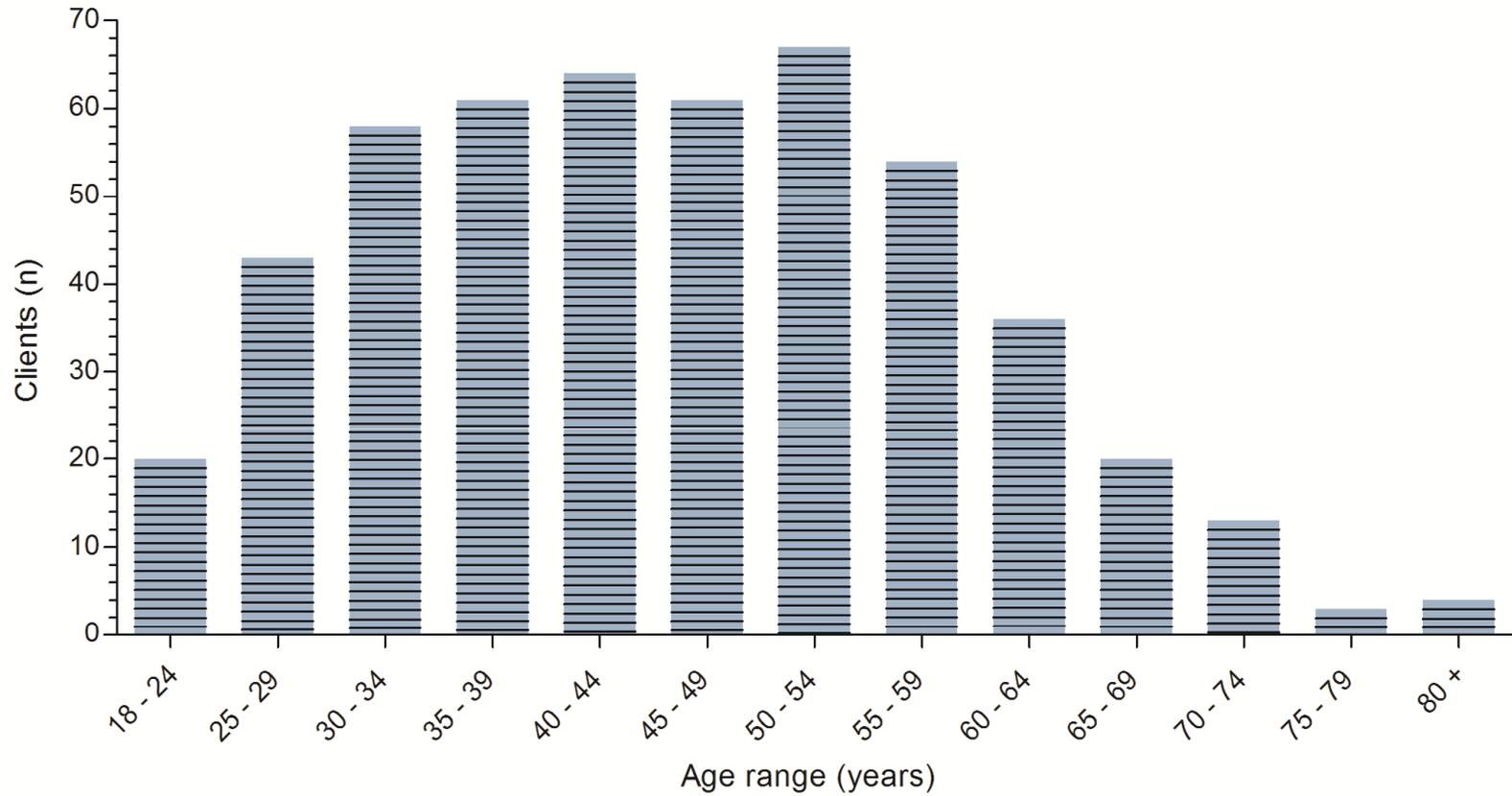
Revenue & Taxation: 1995-2011



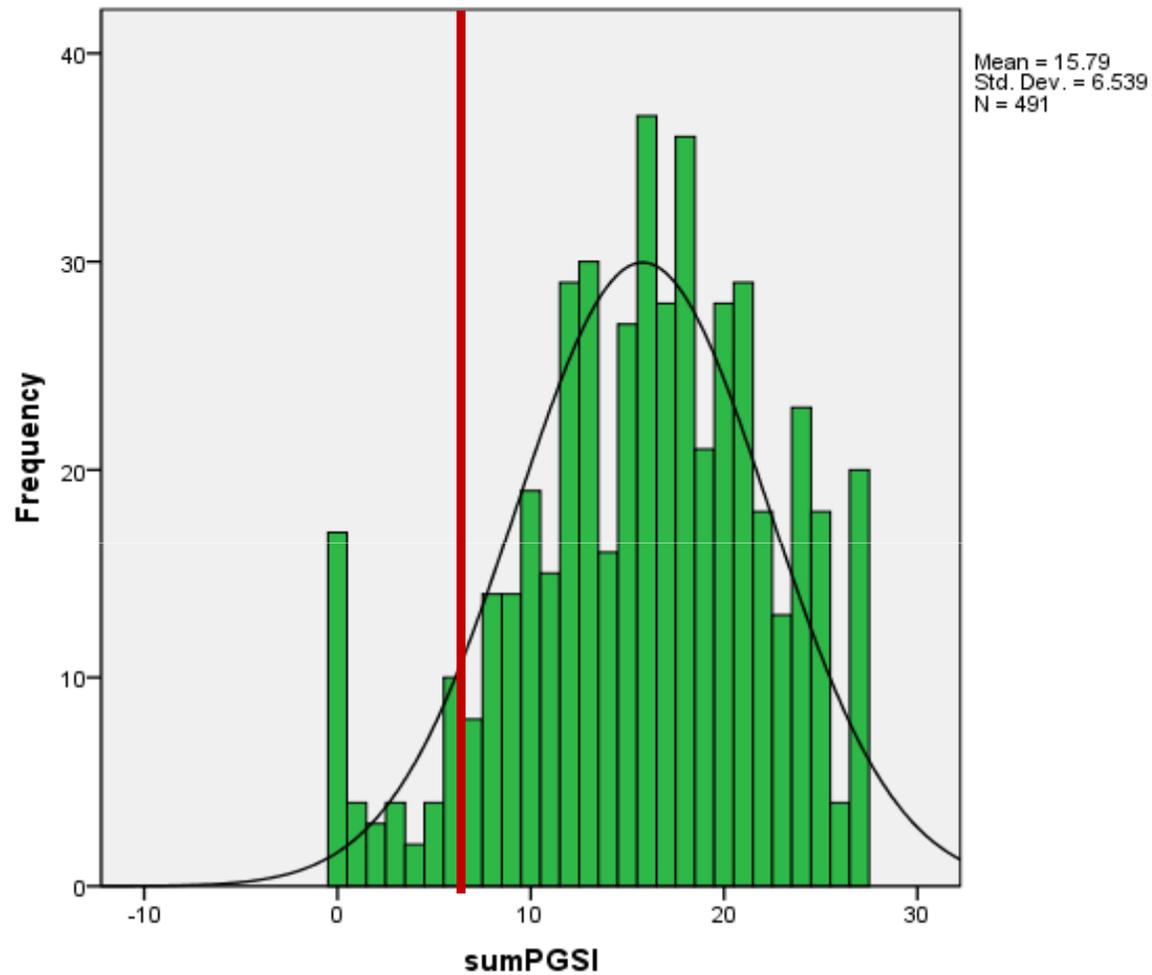
treatment clients - new registrations, 2005-2012



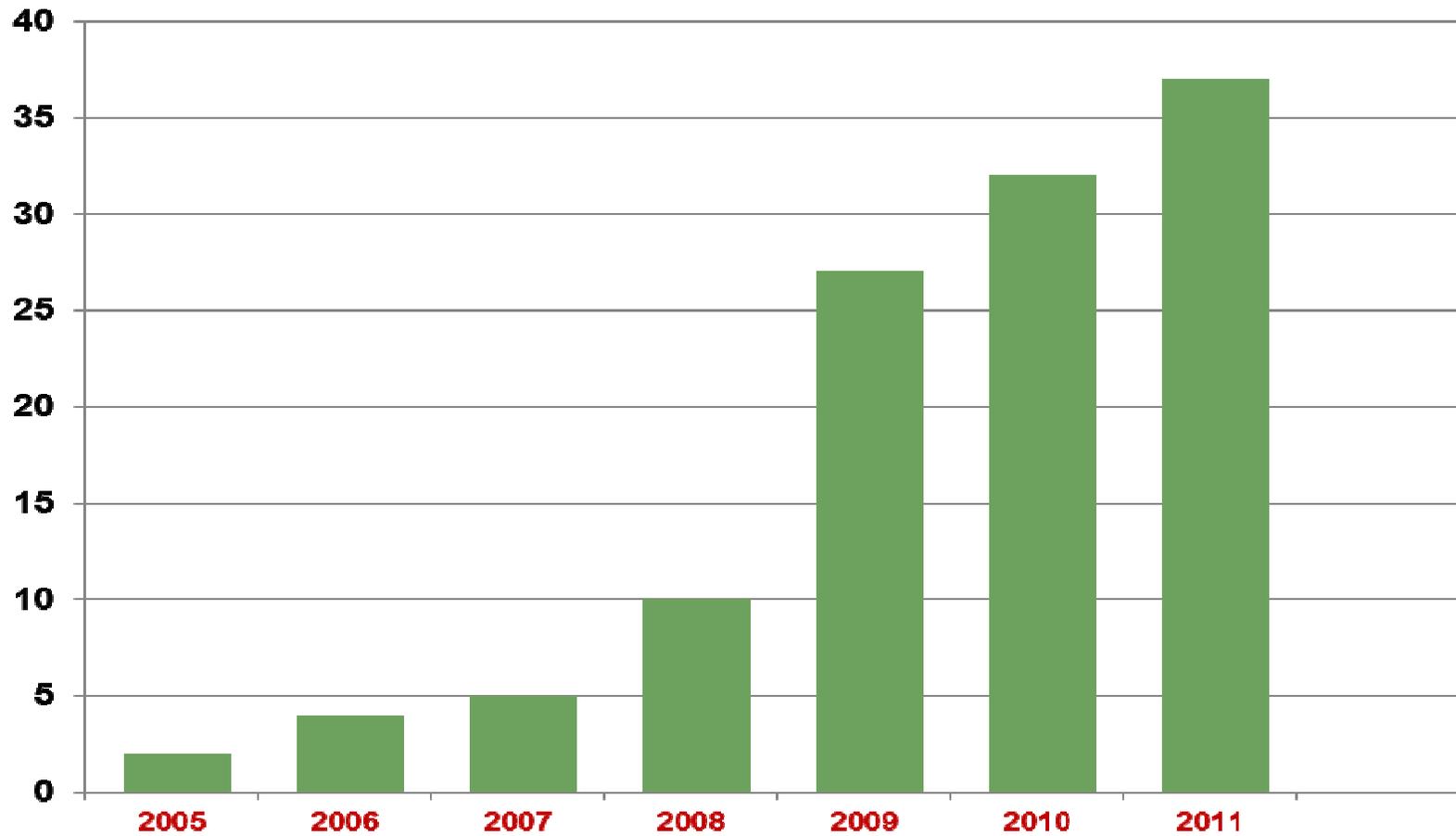
Age distribution



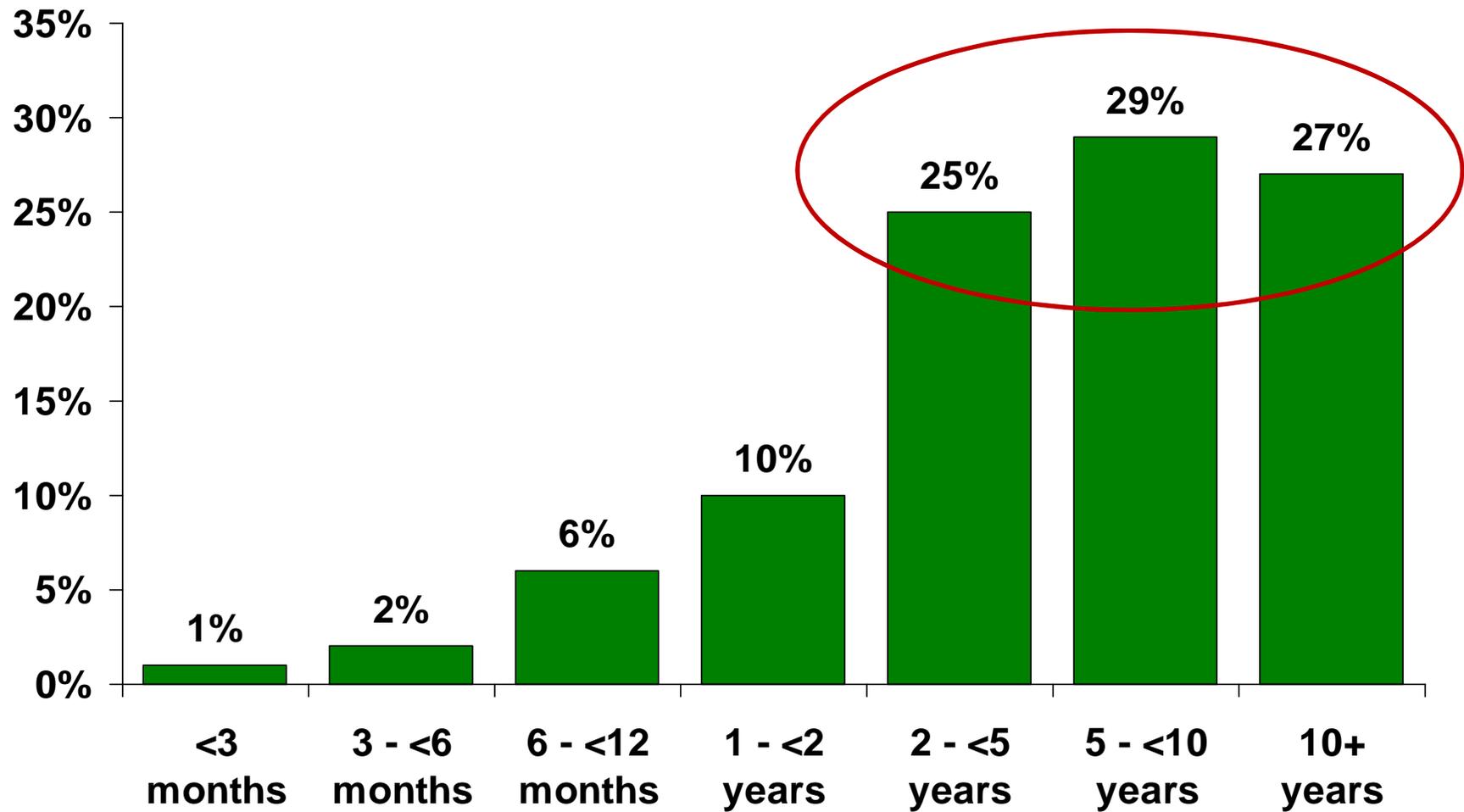
PGSI profile for standard cohort 2011



Indigenous client numbers increasing

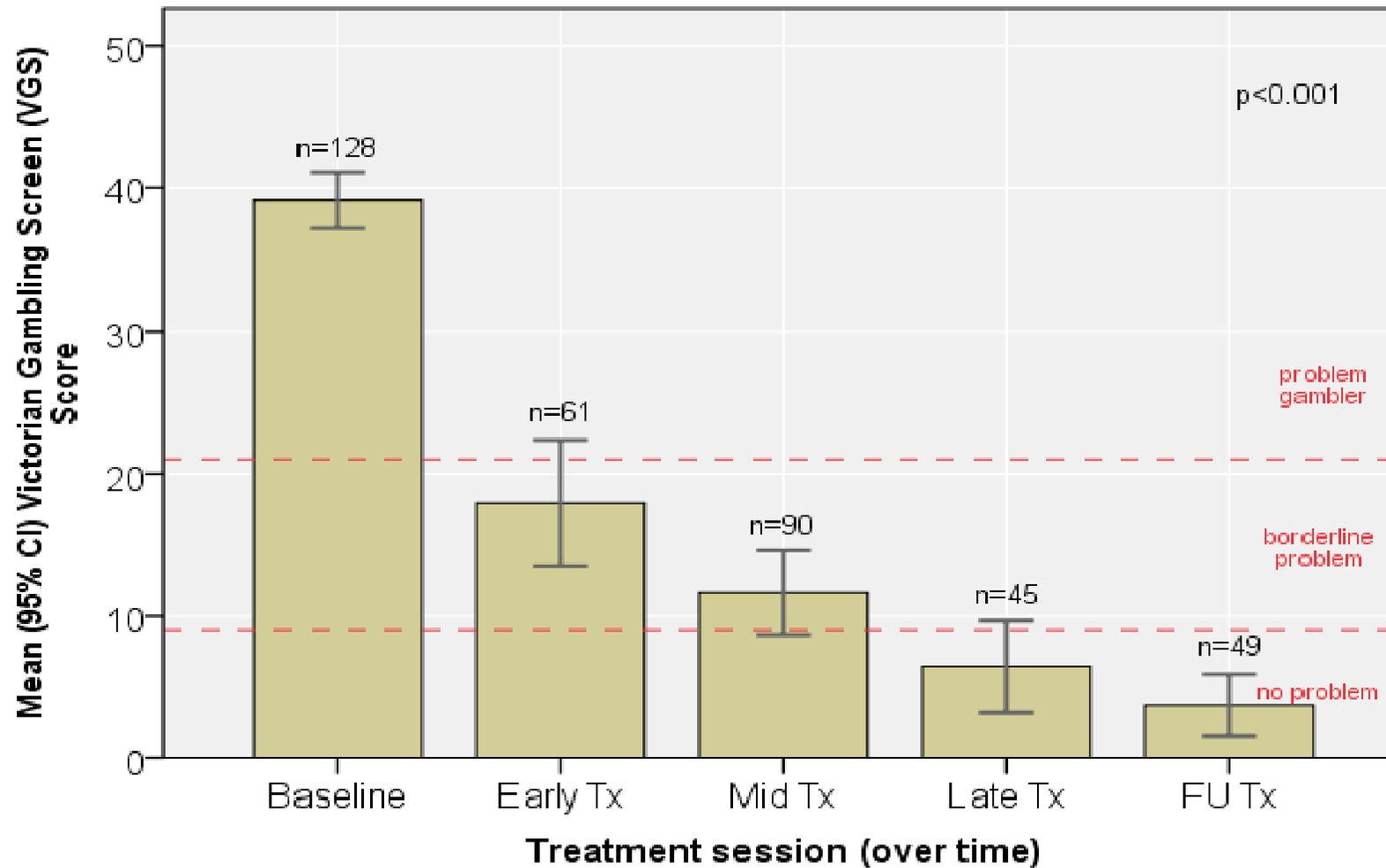


Time to seeking help

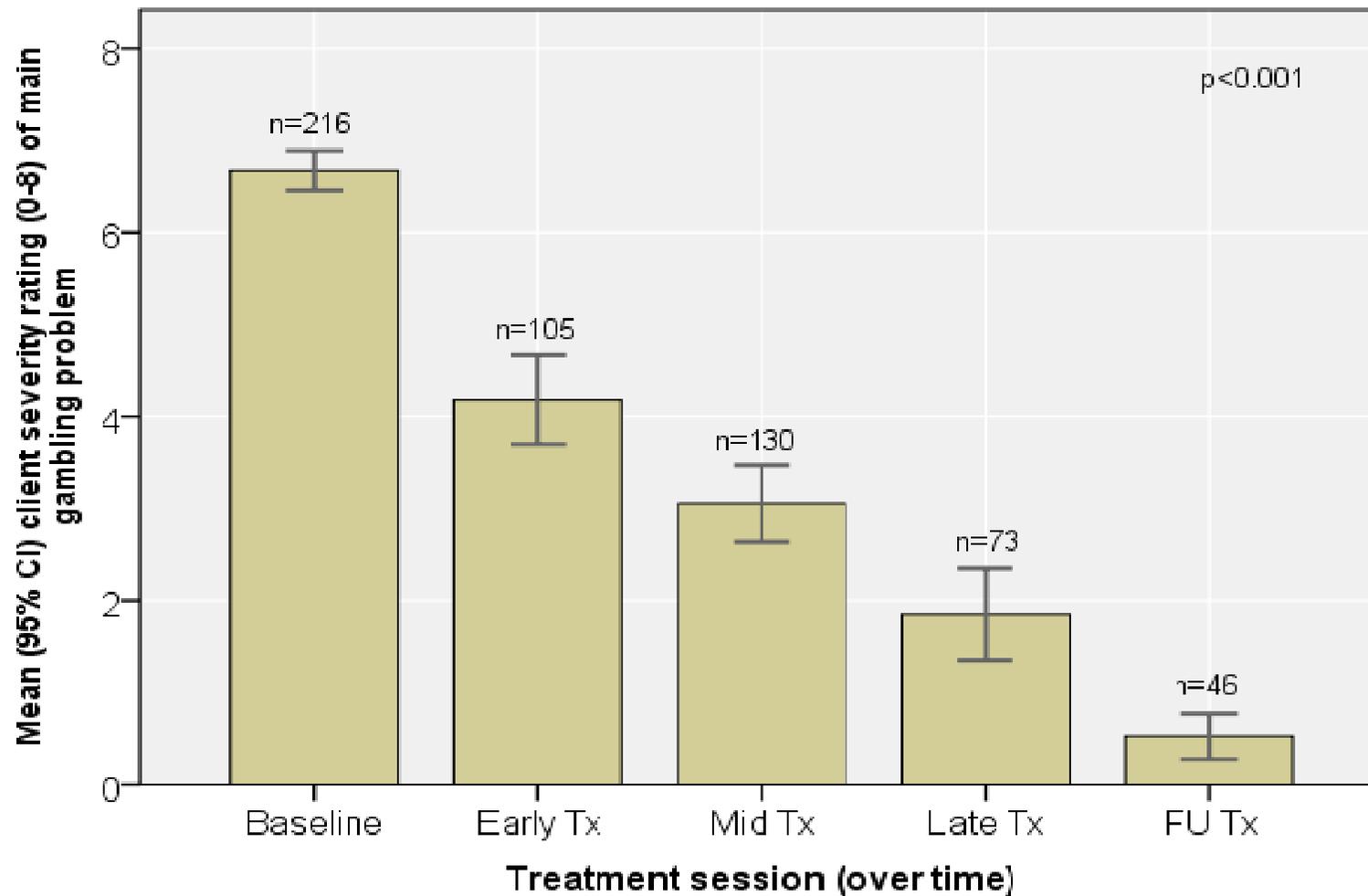


Outcomes for whole service: 2010-11 for clients newly registered in that year

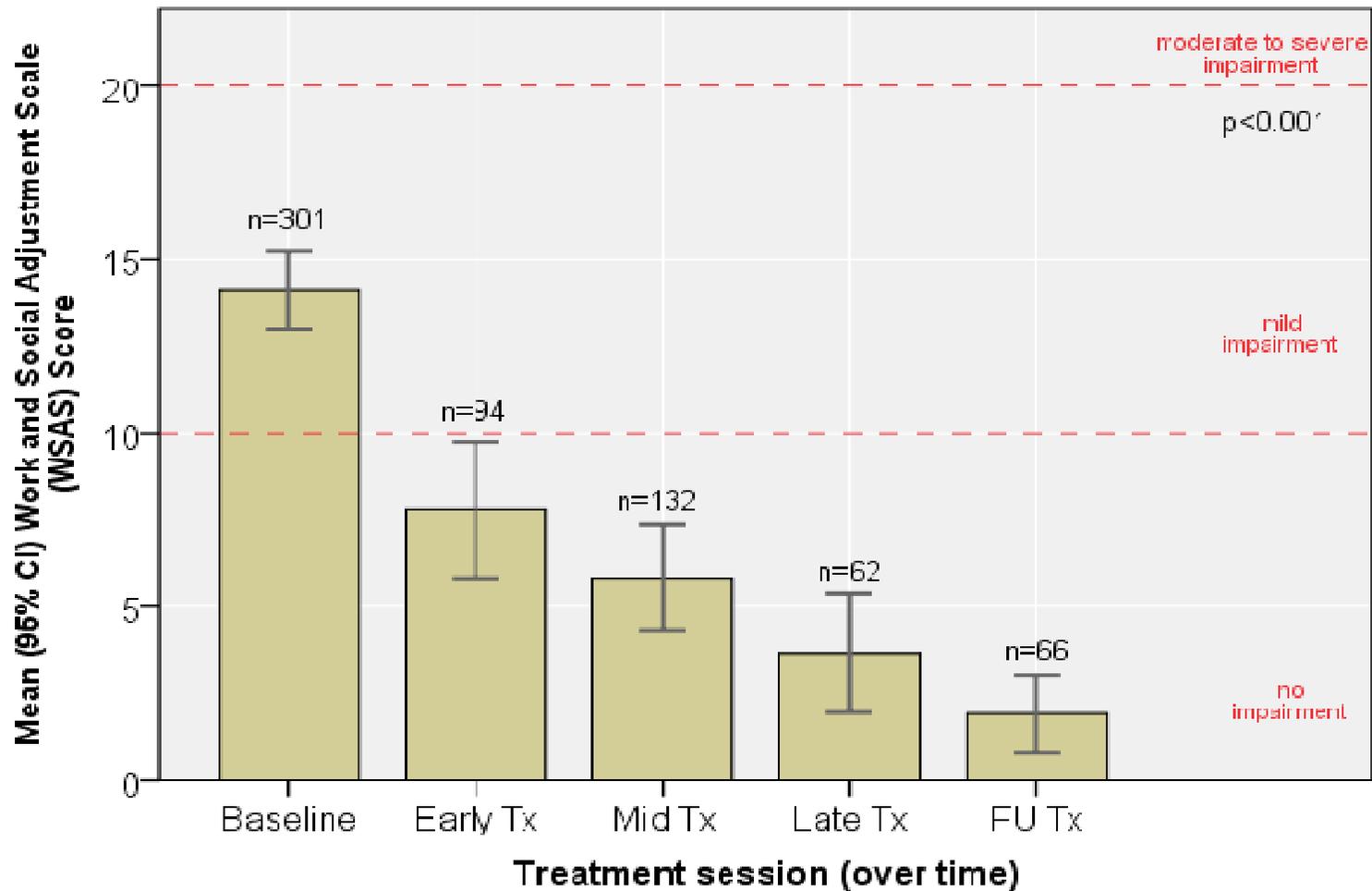
mean Victorian Gambling Screen (VGS)



mean problem rating



mean Work and Social Adjustment Scale (WSAS)



key in-patient components

- same treatment as for out-patient programme
- the co-morbidity issues
- compressed to 2 weeks
- daily sessions
- outcomes to date

the in-patient treatment context...

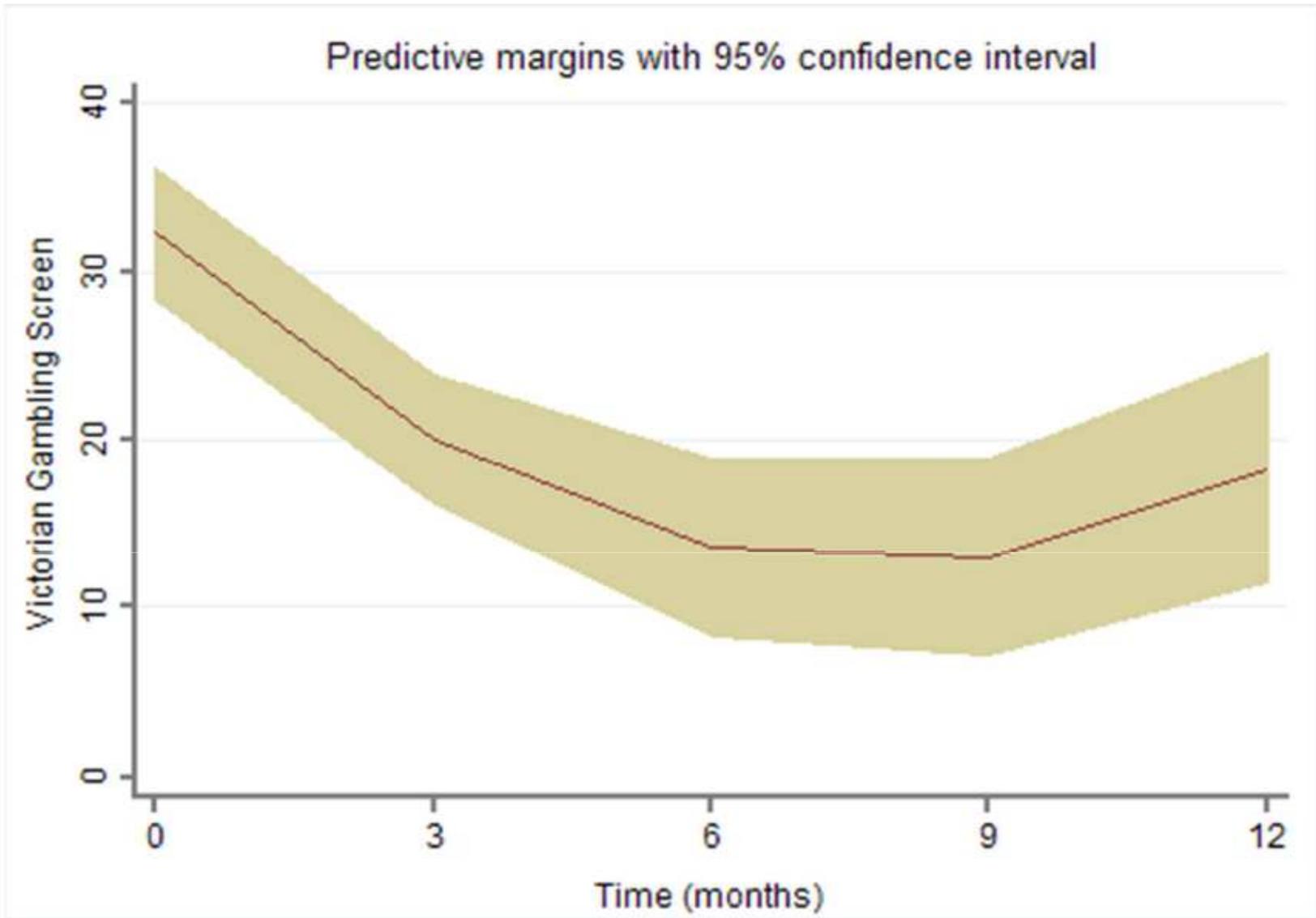
- funding for 2 patient beds in FMC
- client access
- co-morbidity
- rate of help seeking
- treatment outcomes

in-patient study (2 years)

- $n = 53$ retrospective cohort study
- co-occurring conditions
- range of mental health problems
- gambling not always the main problem...hence the need for intensive treatment
- support options post treatment
- clients show improvement over time
- the respite factor

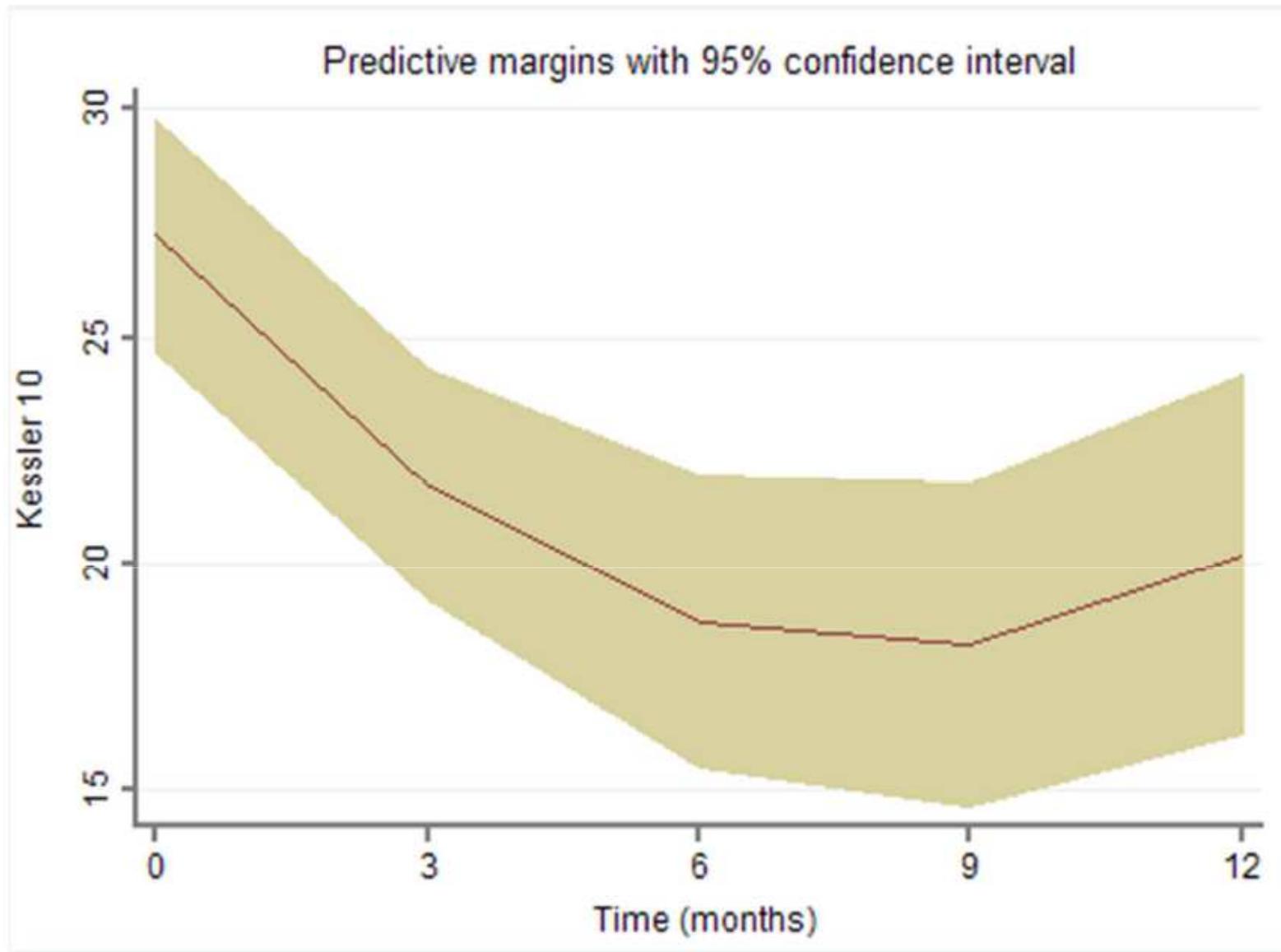
Victorian Gambling Screen (VGS)

A statistically significant model (Wald $\chi^2=32.24$, $df=2$, $p<0.001$) showed improvements over time for VGS scores.



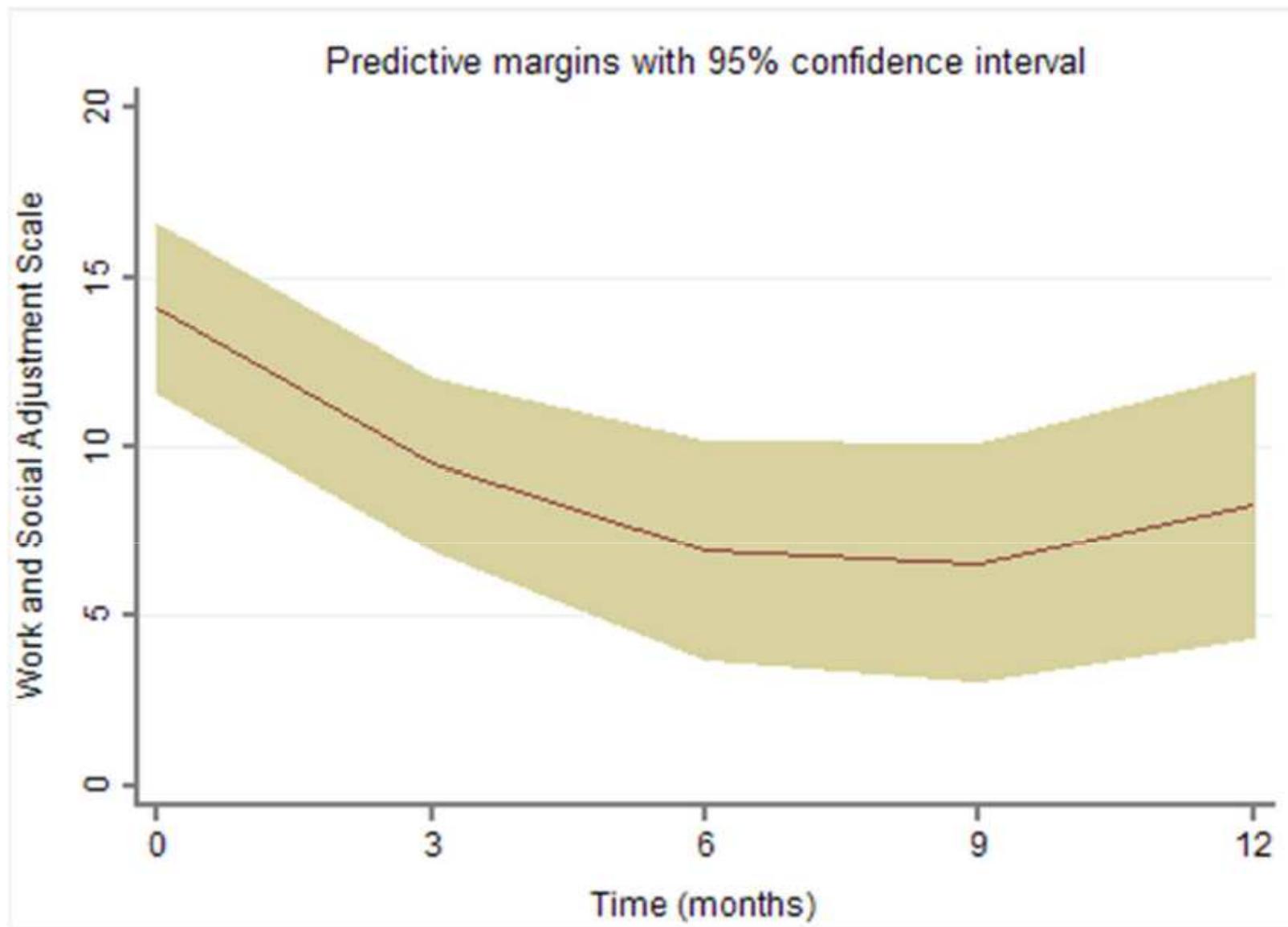
Kessler 10 Scale: K10...general psychological distress

A statistically significant model (Wald $\chi^2=22.67$, $df=2$, $p<0.001$) showed improvements over time on K10.



Work & Social Adjustment Scale

A statistically significant model (Wald $\chi^2=15.74$, $df=2$, $p<0.001$) showed improvements over time on WSAS.



Discussion

- treatment benefits demonstrated
- a clear need for a respite / in-patient option
- inpatient programme provides access to a wider range of clinical services for co-morbidities
- complex cases and support for co-morbidity
- ongoing support on discharge
- rural and remote options

sustainability

- cost / benefit analysis
- mental health service cost pressures
- bed distribution to meet need
- triage from emergency to outpatient to reduce hospital demand (option for an ongoing study of re-presentations to emergency department)
- option for rural communities
- options for families in crisis

Statewide Gambling Therapy Service



- Home
- Getting Help
- Our Team
- Real Stories
- Contact Details
- FAQ
- Links
- Recently

Is gambling a problem for you or someone close to you?

Gambling becomes a problem when it disrupts personal, family or job-related activities. People can find it difficult to resist the urge to gamble even when they want to stop. People may hide their gambling from others and severe financial problems can arise.

Statewide Gambling Therapy Service provides assessment, **evidence-based treatment** and **follow-up counselling** for problem gambling and other problems that can be related, like depression and anxiety. Treatment is available for the different forms of gambling e.g. pokies, TAB, card games, and Keno.

It is a **free, effective** and **confidential service** that will help you get control of your life.

Contact Us



Call, email, or use our Contact & Enquiry Form

• More •

Need Help?



One on one therapy, support groups and other services

• More •

Gambling Helpline



Get help 24 hours a day

Research



Outcomes research improving services

• More •



SGTS

<http://www.sagamblingtherapy.com.au/>

Thank You

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inspiring achievement