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Gambling among forensic psychiatric patients

One example of a particularly vulnerable subpopulation

SNSUS conference 2025

The aims of study

A prevalence study

- 1) How common is gambling among forensic psychiatric patients?
- 2) How many suffer from gambling problems?
- 3) What characterizes those who do?



Who are forensic psychiatric patients?



Severely mentally ill



NOT
calculated criminals



Multiple trauma history

Highly vulnerable
human beings



"Not guilty by reason of insanity"



Low social capital



Scarcely educated



Institutionalized

Who are forensic psychiatric patients?



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Multiple trauma history

Aren't these patients
locked up?



"Not guilty by reason of insanity"



Low social capital



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Institutionalized

Who are forensic psychiatric patients?



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Multiple trauma history

Aren't these patients locked up?

Do they have access to
the internet?



"Not guilty by reason of insanity"



Low social capital



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Institutionalized

Who are forensic psychiatric patients?



Severely mentally ill



NOT
calculated criminals

Aren't these patients locked up?

Do they have access to the internet?

Is gambling even
available??



Multiple trauma history



Low social capital



Scarcely educated



"Not guilty by reason of insanity"



Institutionalized

Who are forensic psychiatric patients?



Severely mentally ill



NOT
calculated criminals



Multiple trauma history

Do they have access to the internet?
Is gambling even available??

Are they too sick to
gamble, maybe?



"Not guilty by reason of insanity"



Low social capital



Scarcely educated



Institutionalized

What to expect?

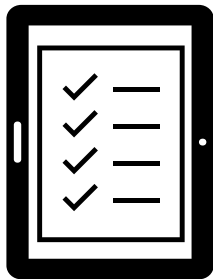
Study hypotheses

- 1) The prevalence of gambling problems among forensic psychiatric patients who do gamble is higher than in the gambling segment of the general population
- 2) If gambling is as common among forensic psychiatric patients as in the general population, then the overall past year prevalence of gambling problems in this patient population is higher than in the general population



How did we do?

Study methods – briefly!



66-item self-report
questionnaire

19/20 completed via
tablets

The Problem Gambling Severity Index

Electronic patient
records



Diagnoses, medication & lenght of stay

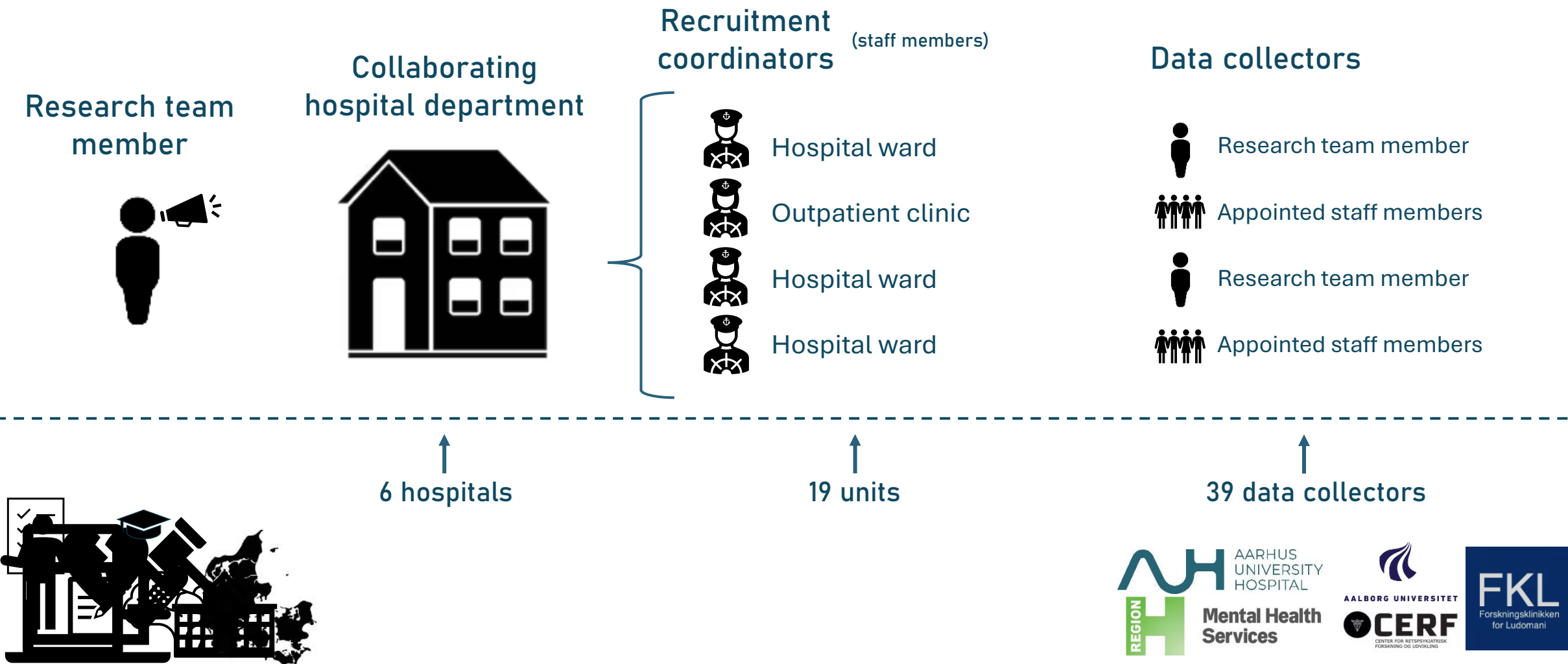
General population
data



The Problem Gambling Severity Index



Recruiting the patients



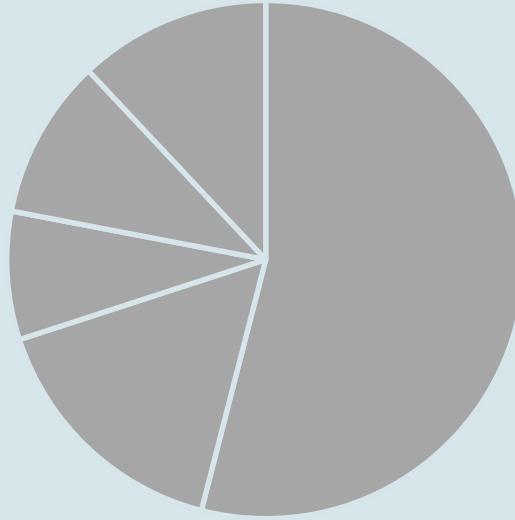
Let's get to the results!



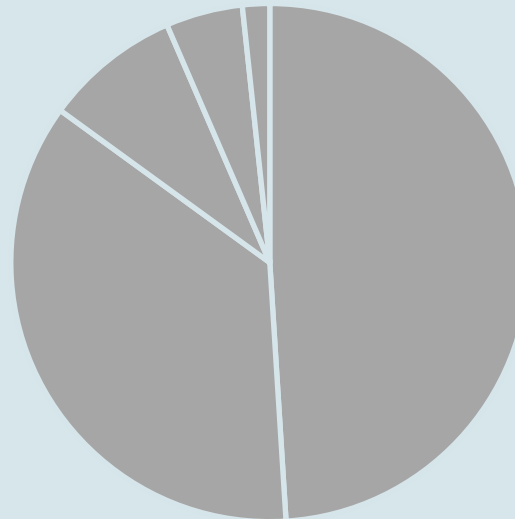
Gambling problems among forensic psychiatric patients

N = 214

Forensic psychiatric patients



General population Gender-and-aged-matched



Gambling problems within gender-and-aged-matched population

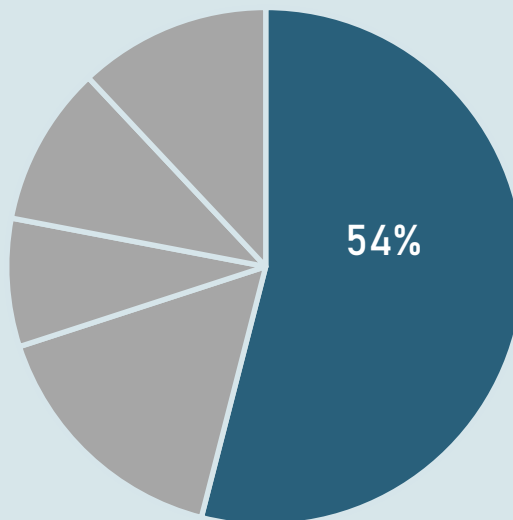
N = 2,090

Gambling problems among forensic psychiatric patients

N = 214

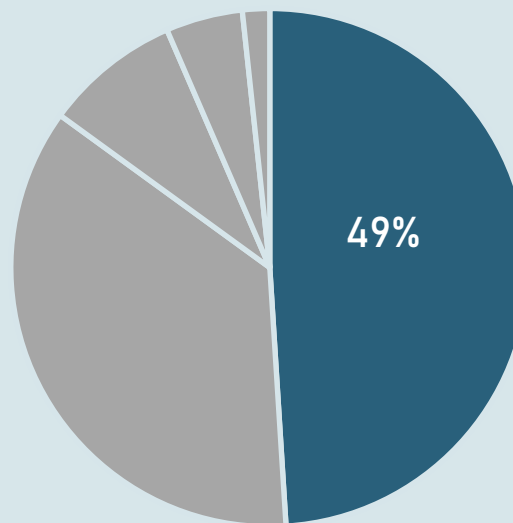
Past year gambling 46%

Forensic psychiatric patients



Non-gamblers

General population Gender-and-aged-matched



Gambling problems within gender-and-aged-matched population

N = 2,090

Past year gambling 51%

Gambling problems among forensic psychiatric patients

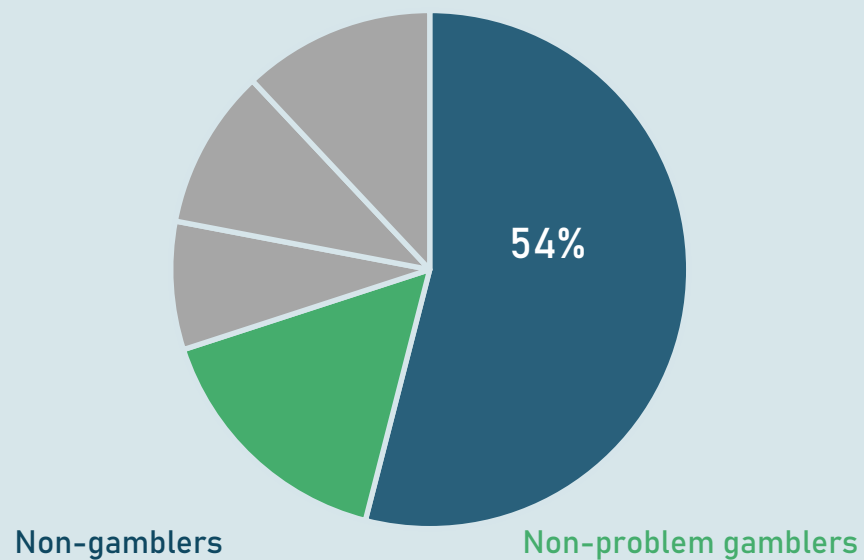
N = 214

Past year gambling 46%

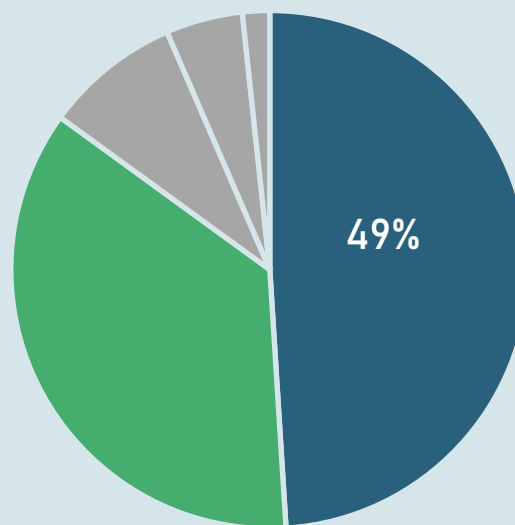
Non problem gamblers 16%

Some risk of problems 30%

Forensic psychiatric patients



General population Gender-and-aged-matched



Gambling problems within gender- and-aged-matched population

N = 2,090

Past year gambling 51%

Non problem gamblers 36%

Some risk of problems 16%

Gambling problems among forensic psychiatric patients

N = 214

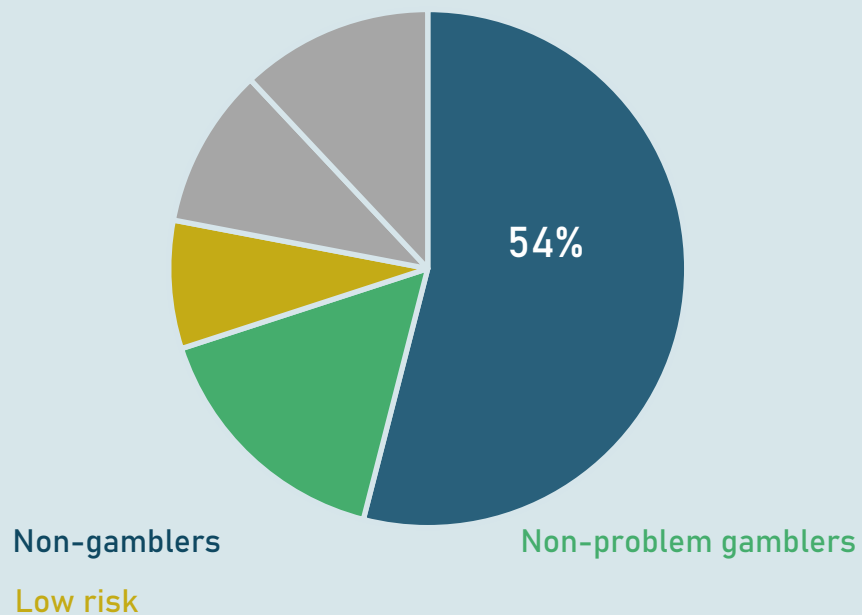
Past year gambling 46%

Non problem gamblers 16%

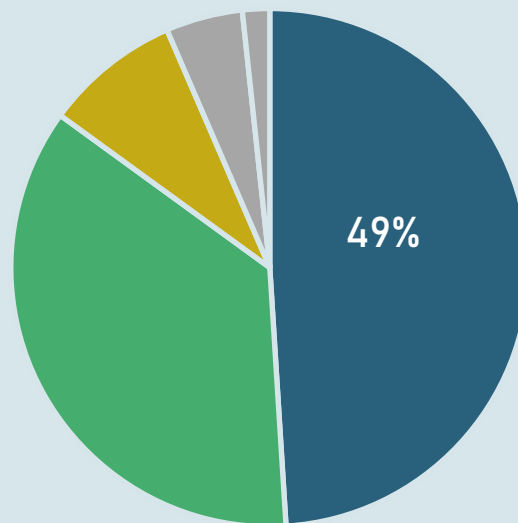
Some risk of problems 30%

Low risk of problems 8%

Forensic psychiatric patients



General population Gender-and-aged-matched



Gambling problems within gender- and-aged-matched population

N = 2,090

Past year gambling 51%

Non problem gamblers 36%

Some risk of problems 16%

Low risk of problems 9%

Gambling problems among forensic psychiatric patients

N = 214

Past year gambling 46%

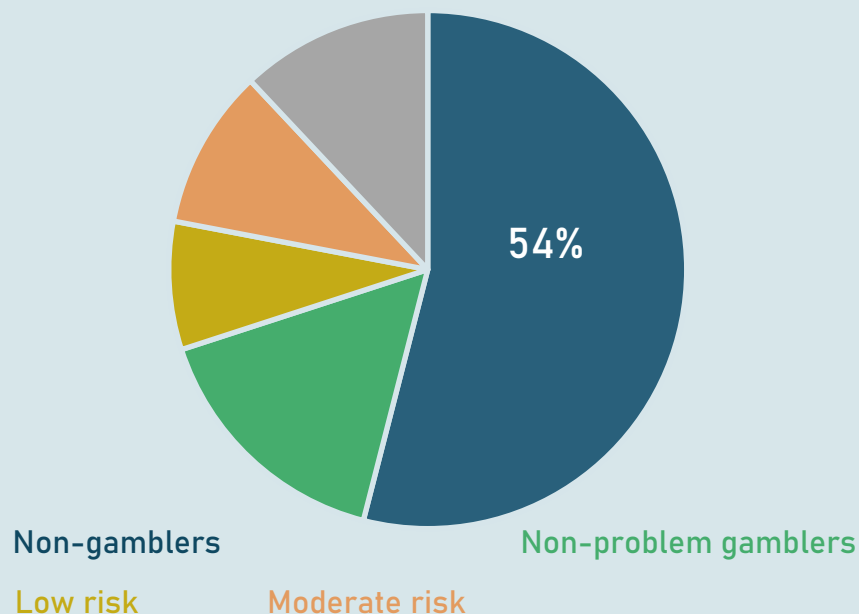
Non problem gamblers 16%

Some risk of problems 30%

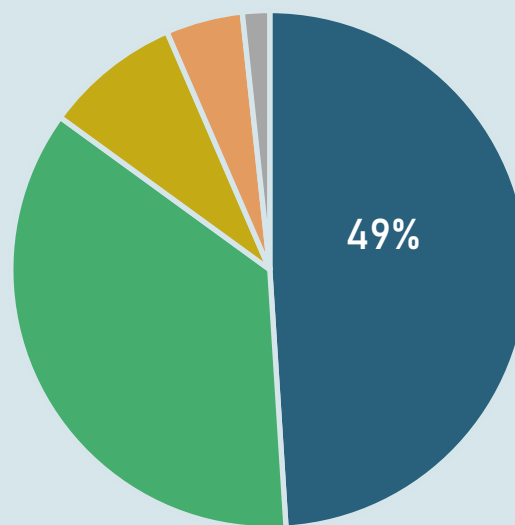
Low risk of problems 8%

Moderate risk of problems 10%

Forensic psychiatric patients



General population Gender-and-aged-matched



Gambling problems within gender-and-aged-matched population

N = 2,090

Past year gambling 51%

Non problem gamblers 36%

Some risk of problems 16%

Low risk of problems 9%

Moderate risk of problems 5%

Gambling problems among forensic psychiatric patients

N = 214

Past year gambling 46%

Non problem gamblers 16%

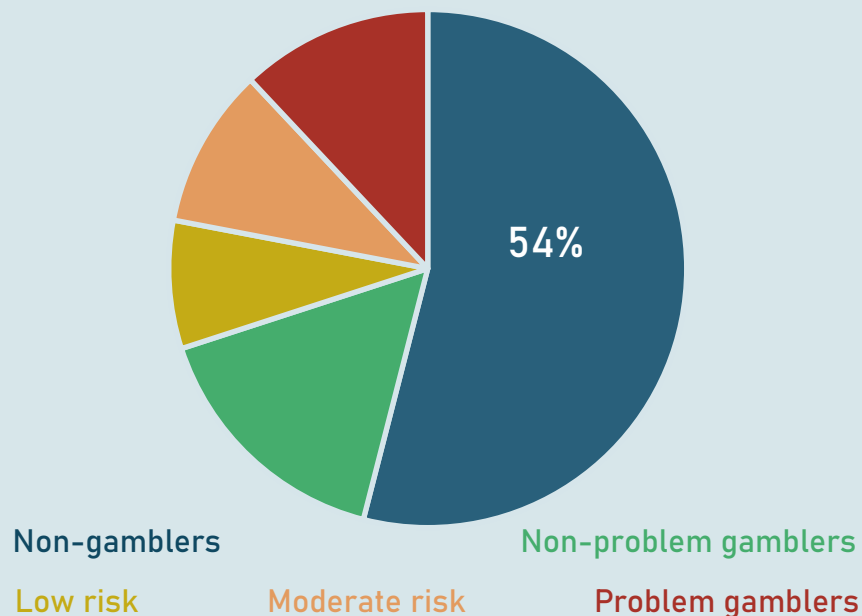
Some risk of problems 30%

Low risk of problems 8%

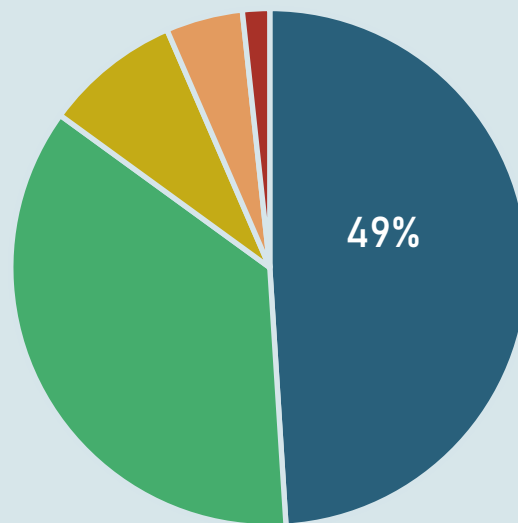
Moderate risk of problems 10%

Problem gamblers 12%

Forensic psychiatric patients



General population Gender-and-aged-matched



Gambling problems within gender-and-aged-matched population

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Past year gambling 51%

Non problem gamblers 36%

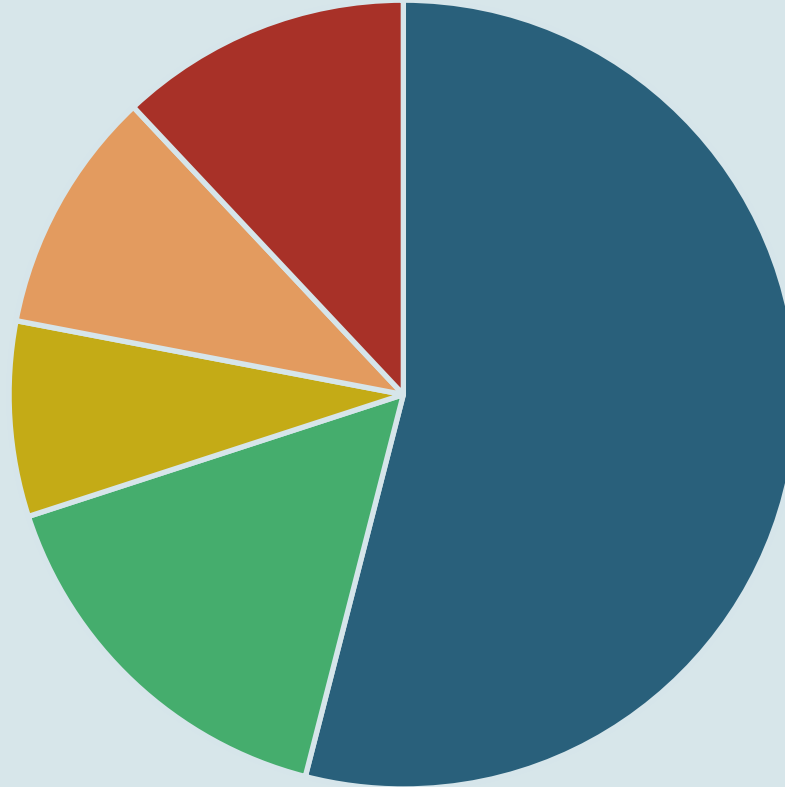
Some risk of problems 16%

Low risk of problems 9%

Moderate risk of problems 5%

Problem gamblers 2%

Forensic psychiatric patients



Does high risk and low risk
gambling forensic psychiatric
patients differ?

High risk group characteristics



Mean age: 36



9% / 91%



Danish-born: 75%



9%



Groundschool+: 22%



SUD: 43%



Monthly savings: 41%



Consumer loans: 42%



Self-exclusion: 47%

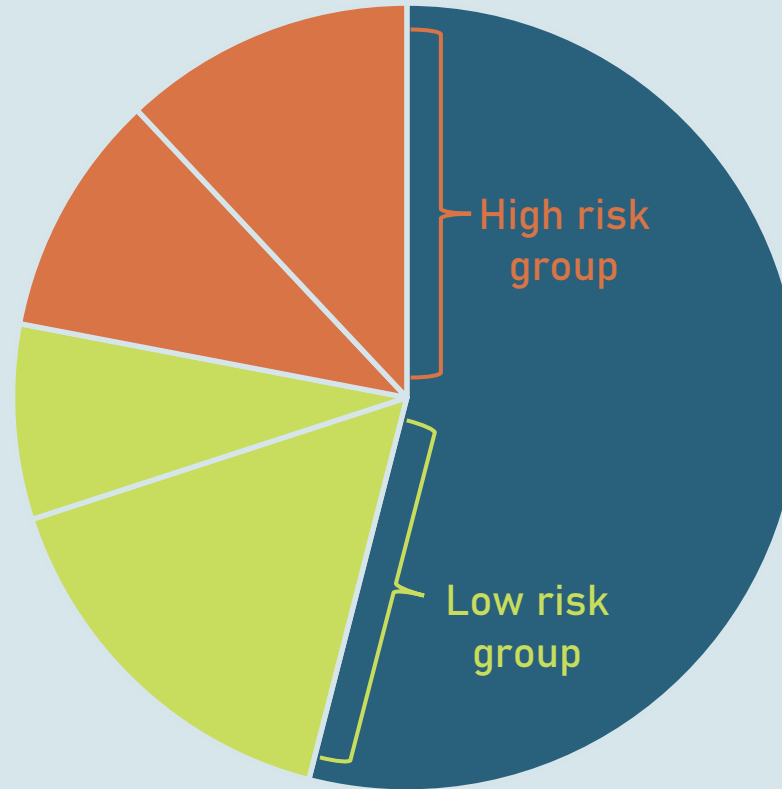


Former PG: 49%



Criminal urges: 21%
(due to gambling)

Forensic psychiatric patients



Does high risk and low risk
gambling forensic psychiatric
patients differ?

Low risk group characteristics



Mean age: 36



26% / 74%



Danish-born: 82%



11%



Groundschool+: 40%



SUD: 33%



Monthly savings: 76%



Consumer loans: 21%



Self-exclusion: 12%



Former PG: 10%



Criminal urges: 0%
(due to gambling)

High risk group characteristics



Monthly savings: 41%



Consumer loans: 42%



Self-exclusion: 47%

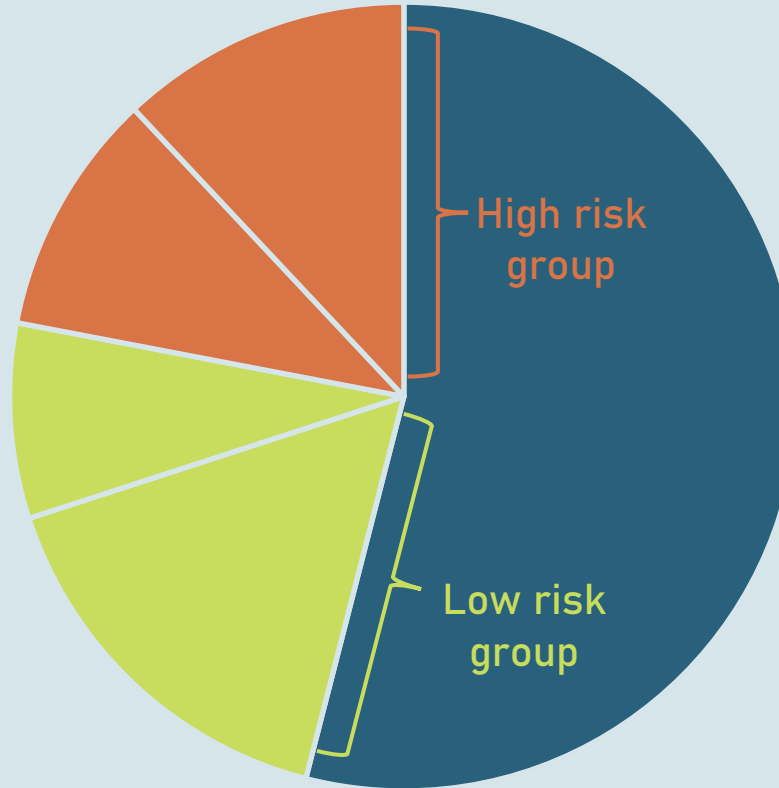


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Forensic psychiatric patients



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Low risk group characteristics



Monthly savings: 76%



Consumer loans: 21%



Self-exclusion: 12%



Former PG: 10%



Criminal urges: 0%
(due to gambling)

Perspectives

How do we establish prevention initiatives for such vulnerable groups of patients or citizens?

- Can we expect such individuals to gamble responsibly upon brief advice?
- Can we expect information campaigns to regulate behavior in such populations?
- Is duty of care geared to protect those individuals who need protection the most.
- Are care callers within the industry educated to spot if more intensive care is required
- Is prevention even realistic?

Educational campaigns targeting the health care and social system or central groups of practitioners from within these systems?

Thank you for
listening!



Perspectives

How do we establish prevention initiatives for such vulnerable groups of patients or citizens?