Routine screening for gambling disorder and gambling-related harm within mental health and drug and alcohol services: A feasibility and pilot study

Dr Rebecca Clarke, University of Lincoln, UK

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- Rebecca Clarke has no conflicts to declare

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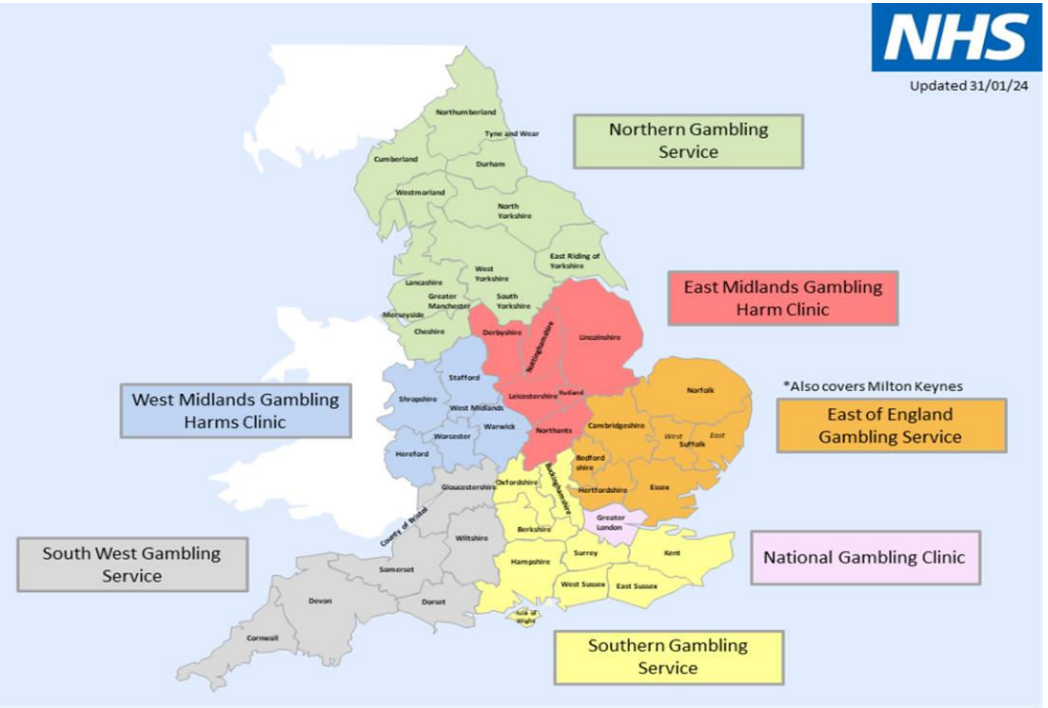
Context: Screening for Gambling Harms



- In the UK, health professionals do not routinely ask people about gambling (e.g. GP study)
- However, gamblers do overuse health services
- Lack of spontaneous disclosure
- Crisis driven help seeking
- How, and where, do we identify people experiencing gambling harm?
- Can we identify harm pre-crisis?
- NHS Gambling services - undersubscribed

What do we want to find out? (Aims)

- ✓How appropriate mental health and drug and alcohol services are for screening
- ✓What are the best tools to use for screening
- ✓Prevalence rates and who may be most at risk of harmful gambling in each of the services.
- ✓To identify what is known about the existing referral pathways for those that need help.

Study Overview

STUDY 1

Interviews/Focus Groups
Overall (n=88)

To find out what staff and clients think about screening – what screens should be included, how best to screen in services.

STUDY 2

Screening Questionnaire

Overall (n=2827 total)
n=2327 from NHS trusts
N=500 from third sector services

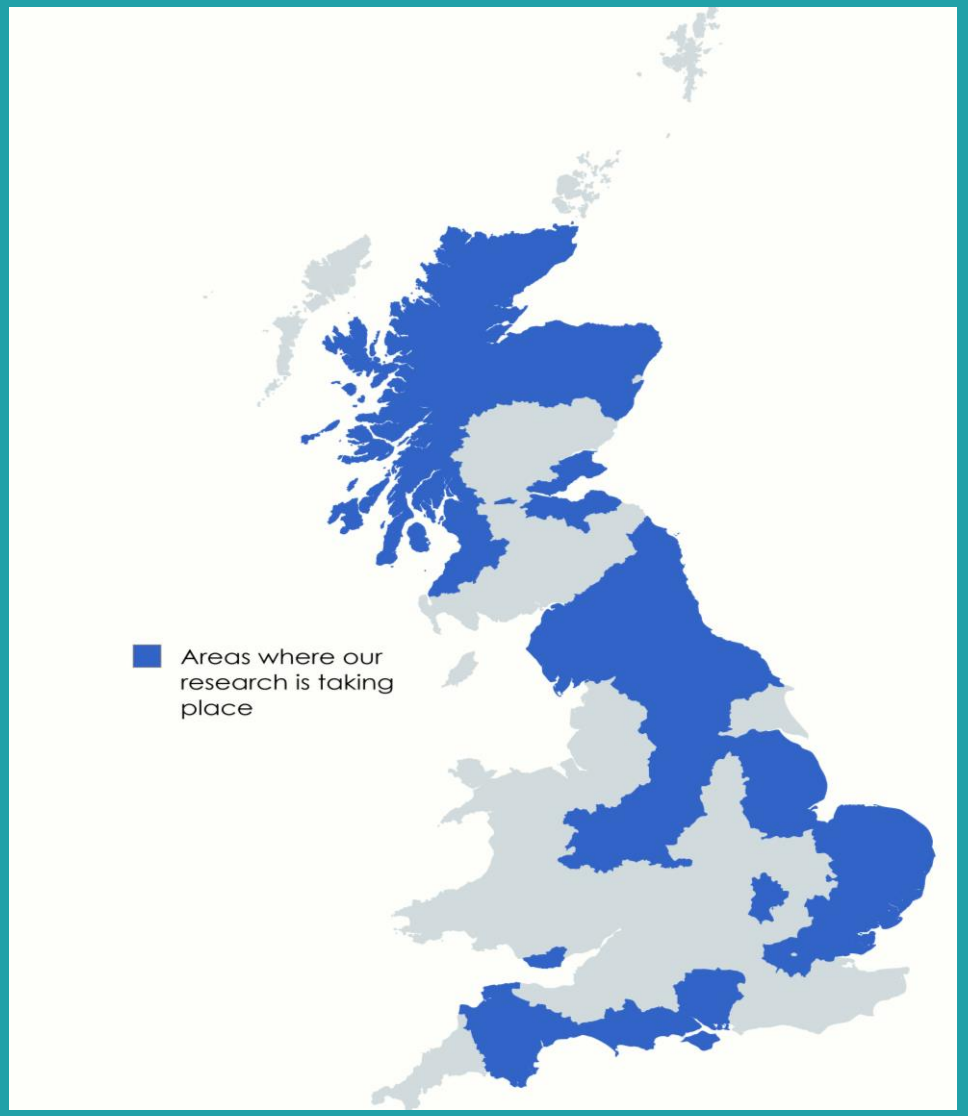
STUDY 3

Interviews/Focus Groups
Overall (n=36; staff and clients)

How did the screening go? What worked well? What are the barriers?

Where are we Screening?

- In England, Scotland and Wales there are currently 253 regional NHS Trusts and Health Boards
- This research is taking place in 25 trusts and health boards across England, Scotland and Wales
- We also have three ‘third sector’ partners who have services across England.



The Screening Questionnaire

Validated Screens used:

- **Problem Gambling Severity Index (PGSI)** (*Ferris, Ferris and Wynne, 2001)*
- **Brief Problem Gambling Screen (BPGS)** (Volberg and Williams, 2011)
- **National Opinion Research Center Diagnostic Screen for Gambling Disorders, Loss of Control, Lying, and Preoccupation screen (NODS-CLiP)** (Toce-Gerstein, Gerstein and Volberg, 2009)
- **Brief Biosocial Gambling Screen (BBGS)** (Gebauer, LaBrie and Shaffer, 2010)
- **The Lie/Bet Questionnaire (Lie-Bet)** (Johnson and Hamer et al., 1997)

Gambling Harms Question:

Gambling-related harms are the adverse (bad/ negative) impacts from gambling on individuals, families, communities, and society. Examples can include loss of employment, crime, homelessness, breakdown of relationships, domestic violence, self-harm, and the worsening of physical and mental health.

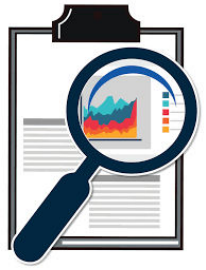
Have you experienced any Gambling-related harms ?

- Yes in my lifetime
- Yes, in the past 12 months
- No

If yes, what were they?

_____

Study 2 – Initial Findings



Questionnaires completed to date (n=900 approx.)

	Total in sample	Mental Health	Talking Therapies/ IAPT	Drug and Alcohol
PGSI 0	66.7%	69.1%	67.2%	59.9%
PGSI 1-2	13.4%	12.6%	19.0%	12.9%
PGSI 3-7	9.3%	9.2%	1.7%	12.4%
PGSI 8+	10.7%	9.2%	12.1%	14.9%

Gambling Harms Question

Inclusion of this question was recommended by our Lived experience experts

	Total	Mental Health	Talking therapies	Drug and Alcohol
Yes in the last 12 months	4.3%	3.9%	1.9%	6.6%
Yes, in my lifetime	10.4%	9.9%	7.7%	12.6%

Gambling-related harms are the adverse (bad/ negative) impacts from gambling on individuals, families, communities, and society. Examples can include loss of employment, crime, homelessness, breakdown of relationships, domestic violence, self-harm, and the worsening of physical and mental health.

Have you experienced any Gambling-related harms ?

- Yes in my lifetime
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- No

GamLEARN
Lived Experience And Recovery Network

Study 1 – Qualitative Study

- 68 participants involved from across NHS & third sector
- Clients difficult to recruit – around half of clients recruited did not respond to emails to arrange interviews

Staff Interviews	Client Interviews	Focus Groups	TOTAL n=67
18	12	4 Groups 38 participants	68

Insights from staff Interviews/Focus Groups

- All participants favourable to asking about gambling
- Low awareness of gambling – not talked about.
- Staff felt that gambling should be asked about – but how? Lack of confidence to ask.
- Low knowledge about gambling – few staff had ever had training around gambling
- Lack of awareness of gambling support services – even NHS services.
- Third sector more aware and responsive (less constraints)

Staff need adequate training and support!

Study 1 – Qualitative Insights

Where is best to Screen?

Mental Health Services

Many favoured MH services as they have wider reach, and also many individuals in touch with drug and alcohol services are likely to also be known to MH services

Drug and Alcohol Services

"it makes sense since most people who gamble have other addictions and vice versa"

Both?

Common opinion that screening is important in both services to maximise identification

When to screen?

Participants held a range of views about when would be best to screen, for professionals this often depended on the pressures of the service.

Some indicated that screening should be a staged approach – with questions about gambling asked at various points in the patient journey

Third sector services appeared to have more flexibility

Difficulties of screening in Initial Assessment:

- Too many questions already asked
- Timely for the clinician
- Patient overwhelmed
- Lack of trust – better once a trusting relationship is formed
- *"opening a can of worms"* not wanting to have to deal with disclosures at this point

Screening Tools – What works well?

- Different preferences for type and length of screens
- Some thought an open-ended question would be more holistic and encourage people to open up, whilst others thought this might be too personal and shut people down.
- The ‘right’ tool to use may depend on the situation (time of screening) as well as the preferences of both the patient and the clinician

“Probably Lie-Bet, I think it is snappy and quick, and it incorporates the lying element which is common”

Qualitative Insights

What Happens After Screening?

- Concern that there are not enough services to refer into
- Little knowledge about Gambling, and referral pathways for gambling support
- Concerns over level of responsibility for determining if someone needs support and referring them on
- Low levels of people accepting onward referrals

"Signposting may be ineffective or even a barrier to treatment. You need active, direct referral."

"Signposting doesn't always work. In my case, if you give people a list of places, to actually approach can be really difficult. You need that support to get to the services."

"People often don't self refer even when they say they will. There is a need for services to refer rather than self referral"

Time to start thinking holistically?

Holistic approach

V

Siloed approach approach

Divide between those who felt gambling was a related issue that could be identified and even treated within their service, and those that thought it should be dealt with separately.
Concerns often driven by service delivery and constraints (e.g. funding, waiting lists, conflict of dual treatments)

Summary

- PGSI scores for disordered gambling higher in drug and alcohol services (14.9%)
- than Mental Health (9.2%) and talking therapy (12.1%) Services
- Most staff positive about screening, but lack confidence and need clear guidance (training, guidelines, referral pathways)
- Siloed ways of working prevent staff from thinking holistically about gambling
- Application to other health services – e.g GP practices

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Contact: rclarke@lincoln.ac.uk