DEPARTMENT FOR HEALTH AND SOCIAL CARE

MENTAL HEALTH AND WELLBEING PLAN

GAMBLEAWARE SUBMISSION

1. How can we help people to improve their own wellbeing?

Your ideas may include actions which can be taken by different types of organisations - such as national and local government, public services such as schools, and the NHS, employers and the private and voluntary sectors.

It can also include things that happen between family members and local communities.

GambleAware is the leading charity working to keep people safe from gambling harms. We are the leading commissioner of prevention and treatment services for gambling harms in Great Britain. We work in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other services like mental health, substance misuse and criminal justice, to ensure that the whole system works together to help people suffering from gambling harms.

Improving mental wellbeing is about preventing issues from developing and worsening in the first place. Primary prevention is therefore a key part of this. In relation to gambling and gambling harms, this includes education programmes such as the Education Hubs funded by GambleAware, which equip young people with the skills and information needed to navigate the world of gambling safely. GambleAware recently invested £2.5m to expand these hubs across England and Wales following a successful pilot in Scotland which reached nearly 16,000 young people.

In relation to gambling harms, prevention also includes information and awareness campaigns about the risks of gambling, ways of gambling more safely, and information about where to get help with gambling. GambleAware runs several public health awareness raising and prevention campaigns. In 2018 we launched our Safer Gambling Campaign 'Bet Regret' which was designed to raise awareness of gambling harms among young men aged 18-34 who gamble regularly on sport online. In January 2022, we also launched the first ever gambling harms awareness campaign focused on women. We know that gambling participation online has grown among women over the past five years, with research showing up to one million women are at risk of gambling harm. In 2022/23, we will run a major national information and communications campaign centred on breaking down the stigma around gambling problems, which will help people recognise the issue and empower them to talk about it and get help.

On an individual level, self-help tools and devices can also serve as resources to allow people who experience gambling harms to exercise their agency in reducing their gambling – which makes a prevention message in operator marketing and advertising key. The BeGambleAware.org website includes a range of information and tools to help people manage their gambling safely and avoid harm. Many operators include the BeGambleAware website to deliver this prevention message successfully, and the brand has 49% prompted awareness (increase from 43% in 2019) and is recognised as a destination for information, advice and support (Source: You Gov 2021). However, the National Lottery's decision not to include this branding presents a missed opportunity to greatly

expand the prevention message, which would ultimately lead to more people understanding the risks and helping people stay safe when gambling.

Since April 2016, the Gambling Commission has required all non-remote operators in the land-based arcade, betting, bingo and casino sectors to participate in Multi-Operator Self-Exclusion Schemes (MOSES), in addition to offering their own single-operator schemes. These schemes, which are at different stages of implementation, allow customers to exclude from multiple operators from a whole sector with a single request.[1] The sign-up process to MOSES is generally considered straightforward and the promotional materials for consumers are clear and easy to understand. There is a need, however, for improved visibility of those materials.[2] Generally, there is low public awareness that these schemes exist and a need for stronger promotion of the schemes, including cross promotion by operators.

However, primary prevention may also include stronger regulation of gambling products and establishments to reduce the risk of gambling problems developing. This is particularly important in light of the recent research funded by GambleAware on the Patterns of Play research programme, which has shown that certain types of online gambling – namely games such as online casinos and slots – are associated with higher rates of gambling harm.[3] The Gambling Commission also recognises that these may be higher-risk products.[4]

3. How can we support different sectors within local areas to work together, and with people within their local communities, to improve the populations wellbeing?

This includes a wide range of public services, including education settings, social care, the NHS, voluntary sectors, housing associations and businesses.

Supporting different sectors to work together requires place-based multi-agency working across the voluntary, community and statutory sectors. This needs to be supported by a common understanding and ownership of the issue at hand, with different partners both incentivised and enabled to work together. Issues of funding, accountability and data sharing need to be managed to ensure that joint working can take place. Improving the evidence base on the scale of the issue locally, and the potential savings or costs that can be avoided by addressing the issue (and how these accrue to different agencies) is an important way to drive multi-agency collaboration. For example, investing in multi-agency partnerships to address gambling harms could deliver benefits to local authorities (in terms of housing and homelessness services, social care, or substance misuse services), health agencies (such as primary care, mental health or hospital admissions), police and criminal justice (through reduced offending or financial crime). There is a role for central government here to build and disseminate this evidence base in order to help local partners work together.

Governance arrangements also need to support joint working, which is why gambling treatment services should be aligned and collaborating with Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs). This feature will become part of a redesigned and recommissioned National Gambling Treatment Service from 2023/24.

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[1] Ipsos MORI, 2020, Process and Impact Evaluation of the Multi-Operator Self-Exclusion Schemes - Baseline report (Evaluation Phase 1)

[2] Ipsos MORI, 2020, Process and Impact Evaluation of the Multi-Operator Self-Exclusion Schemes - Baseline report (Evaluation Phase 1)

[3] https://www.begambleaware.org/news/gambleaware-publishes-findings-patterns-play-research

[4] https://www.gamblingcommission.gov.uk/manual/national-strategic-assessment-2020/the-gambling-product-what-are-the-issues-higher-risk-products

In relation to gambling harms, the overwhelming majority of treatment provision is provided by third-sector providers who are commissioned by GambleAware via Gamcare. However wider services and statutory services have a crucial role to play in identifying gambling problems early on or screening for them, and referring identified cases to treatment providers. In order to make these happen, these services need appropriate training on gambling harms and how to identify and respond to them, as well as information and evidence on the importance and benefits of doing so. This applies not just to primary care and healthcare professionals, but also to local authorities, housing services, criminal justice services, businesses such as financial institutions, and other third-sector organisations such as Citizens Advice.

Communities themselves also have an important role to play, especially among communities that have barriers to accessing services or distrust of services. GambleAware's Inequalities Framework, currently in development, has explored how community leaders can play a role in identifying gambling problems and supporting people with those problems to access early or informal support, as well as more structured service provision.

People who are more likely to experience poor wellbeing

People identified as having some mental health issues were twice as likely to participate in harmful gambling than people with no mental health issues. And vice versa, those who indicated they had a mental health condition were 2.4 times more likely to be a gambler experiencing gambling-related harms.[5]

People that are at greater risk of suicide

This is particularly relevant to gambling. Evidence suggests that people who experience gambling harm are at least twice as likely to die from suicide compared to the general population, with one overseas study showing that people with a gambling disorder had a 19 times increased risk of dying from suicide[6].

Groups who face additional barriers accessing MH support

In relation to gambling, we know that stigma or shame is the most common barrier to accessing support for those experiencing problem gambling (PGSI score of 8+). Approximately a quarter of this group (24%) mentioned this is a reason for not wanting treatment, advice or support in order to cut down their gambling.[7] This is why more work is necessary to break down stigma in society, the media, and in healthcare and support services. Reducing stigma is therefore one of GambleAware's key priorities for 2022/23 – including not just awareness campaigns, but also training programmes for frontline professionals to help them identify and respond to gambling harms in sensitive and non-stigmatising ways.

Furthermore, we know that certain disadvantaged or marginalised groups have higher rates of gambling harms and also lower rates of access or engagement with services. This often includes groups from minority racial, gender or sexual communities, and can be driven by cultural or language barriers as well as stigma and discrimination.

[5] [5] PHE Evidence Review, available at https://www.gov.uk/government/news/landmark-report-reveals-harms-associated-with-gambling-estimated-to-cost-society-at-least-1-27-billion-a-year
[6] IBID
[7] Briony Gunstone, Kate Gosschalk, Ewa Zabicka and Calla Sullivan-Drage, 2021, *The GB Treatment and Support survey 2021* (London: GambleAware)

4. What is the most important thing we need to address in order to reduce the number of people who experience mental ill-health?

In relation to gambling harms, and the mental ill-health associated with it, these harms are not distributed equally across the population. We know these harms are generally higher or more prevalent in communities that are more deprived or disadvantaged. Tackling social and economic barriers is therefore crucial to reduce the number of people who experience gambling harms. GambleAware-commissioned research has shown that adults belonging to minority ethnic communities in Great Britain (GB) are more likely than white British people to be classified as experiencing some level of harm associated with gambling (Dinos et al 2020)[8]. However, within specialist gambling treatment services, individuals from ethnic minority communities are under-represented and there is evidence of a lack of suitable provision to address the requirements of these communities. The Treatment Needs and Gap Analysis in Great Britain (Dinos et al 2020: 7)[9] publication stresses that "the needs of specific groups (e.g. women, Black, Asian and Minority Ethnic and people from lower socioeconomic backgrounds) are not adequately met".

GambleAware's report, *Disproportionate Burdens of Gambling Harms Amongst Minority Communities*[10], highlights some of the underlying drivers of these disproportionate burdens of harm, driven by inequalities throughout society, notably: social exclusion, disenfranchisement, and discrimination.

GambleAware is currently developing an Inequalities Framework to better understand the full range of inequalities in gambling harms, and the needs and experiences of the various groups that are affected by them. This knowledge is required to ensure the services and interventions GambleAware commissions are better equipped to meet population need, and that the system as a whole can work to reduce inequalities in gambling harms.

We also believe that, to make the best long-term impact on people's mental health when it comes to gambling harms, we need sustainable funding that enables consistent and effective services. We are strongly in favour of a levy on the gambling industry as part of a long-term funding model to ensure the successful delivery of the research, treatment and prevention services needed to prevent and treat gambling harms. This kind of funding would allow providers like GambleAware to fund and commission gambling treatment services and early help services over a longer timeframe and offer more consistent support to a far greater number of people who are at risk of gambling-related harms to their mental health.

6. What is the most important thing we need to address in order to reduce the number of people who die by suicide?

The NHS Mental Health Implementation Plan[11] rightly acknowledges the importance of gambling problems as a factor that leads to poor mental health, and the importance of working with partner organisations including GambleAware to address this issue. The Mental Health and Wellbeing Plan

[8] Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, Treatment Needs and Gap Analysis in Great Britain Synthesis of Findings from a Programme of Studies (London: NatCen Social Research).
[9] Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, Treatment Needs and Gap Analysis in Great Britain Synthesis of Findings from a Programme of Studies (London: NatCen Social Research).
[10] Levy, O'Driscoll, Sweet, 2021, Disproportionate Burdens of Gambling Harms Amongst Minority Communities (London: GambleAware)
[11] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

should build on both of these foundations in order to reduce the link between gambling problems and mental ill-health or suicide.

Better treatment and mental health support for people experiencing gambling problems or gambling disorder has the potential make a considerable difference to risk of suicide among this group. Enabling access to treatment and support for this group requires not just greater provision of treatment and support, but also the means to ensure that people who need it know about it and can use it. This requires reducing stigma around gambling problems, improving the signposting and referral pathways for gambling treatment services in other settings (such as primary care and mental health services), and ensuring that professionals working in healthcare and other sectors have been trained on how to identify and respond to gambling harms.

Evidence suggests that people experiencing gambling harm are at least twice as likely to die by suicide compared to the general population, with one overseas study showing that people with a gambling disorder had a 19 times increased risk of dying from suicide.[12] The following studies, commissioned by GambleAware, demonstrate the strong link between gambling harms and risk of suicidal thoughts:

1. Gambling Harms and Suicide Publication 1: *Problem gambling and suicidal thoughts, suicide attempts and non-suicidal self-harm in England: evidence from the Adult Psychiatric Morbidity Survey 2007* Heather Wardle, Simon Dymond, Ann John, Sally McManus
    - "2007 Adult Psychiatric Morbidity Survey (APMS) is England's only general population survey with measures of both suicidality and problem gambling".
    - "One in five problem gamblers had thought about suicide (19.2%) and one in twenty (4.7%) had made a suicide attempt in the past year. These rates are far higher than those for at-risk gamblers (4.9% and 1.2%) and those with no signs of problem gambling (4.1% and 0.6%)."
    - "Problem gamblers are also shown to be more likely to experience a wide range of other adverse circumstances. However, even after accounting for this, the association between problem gambling and suicidal thoughts/attempts remains strong."
    - "Problem gamblers are a vulnerable group warranting targeted support who are more likely than others to have suicidal thoughts and to harm themselves."

2. Gambling Harms and Suicide Publication 2: *Exploring problem gambling, loneliness and lifetime suicidal behaviours: a cross-sectional study using the Adult Psychiatric Morbidity Survey 2007* Ann John, Sze Chim Lee, Heather Wardle, Sally McManus, Simon Dymond

    - "We aimed to explore the extent to which loneliness may be associated with gambling and suicidal thoughts, non-suicidal self-harm (NSSH), self-harm and suicide attempts".
    - "Among the 6941 respondents, there were 41 participants meeting the criteria for problem gamblers (0.7%), 172 (2.5%) at-risk gamblers and 6,728 (96.8%) non-gamblers or gamblers who did not report experiencing any Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM) symptoms (a DSM score of 0)."
    - "Problem gamblers had higher levels of lifetime suicidal thoughts (42.2% vs. 17.5%), NSSH (22.4% vs. 5.0%) and suicide attempts (27.0% vs. 5.4%) than nongamblers."
    - "Whilst the association between suicide attempts and problem gambling may be mediated through perceived loneliness, the association persists independent of it".

[12]PHE Evidence Review, available at https://www.gov.uk/government/news/landmark-report-reveals-harms-associated-with-gambling-estimated-to-cost-society-at-least-1-27-billion-a-year

- "Our results are therefore highly preliminary. Nevertheless, we believe that the consistency of the association between loneliness, gambling and suicidal behaviours warrants further investigation".

8. How can the rest of society (beyond the NHS) better identify and respond to signs of mental ill-health?

In relation to gambling, it is important to improve the awareness of gambling harms as a public health issue in order to ensure that more people and professionals talk about it and recognise it. This requires information campaigns, education programmes, and training for professionals. It also requires improving public awareness of the risk factors and warning of signs of gambling problems, as well as supportive and sensitive ways to talk to people who may be at risk.

Reducing stigma around gambling harm and gambling disorder is also crucial. Research commissioned by GambleAware has demonstrated that stigma is a key barrier for people seeking help for gambling harms.[13] [14] We know there are communities of people who are underrepresented in services despite bearing disproportionate burdens of gambling harm.[15] We also know that stigmatisation itself creates harm and reduces people's wellbeing because of the discrimination that it can lead to in society, media and culture.[16] [17]

9. How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?

You might want to consider barriers faced by individuals, as well as how health and social care services engage with those people.

In relation to gambling, it is important to improve the awareness of gambling harms as a public health issue in order to ensure that more people and professionals talk about it and recognise it. This requires information campaigns, education programmes, and training for professionals. It also requires improving public awareness of the risk factors and warning signs associated with harmful gambling, as well as supportive and sensitive ways to talk to people who may be at risk.

We know that stigma is a significant barrier to accessing service and healthcare provision for stigmatised communities.[18] A recent report from GambleAware[19] established that the stigmatisation process for people who struggle with gambling is similar to stigmatisation in the context of other health behaviours and conditions, notably including mental health, drug and alcohol use, cancer, obesity, and HIV. It also found that stigma and stigmatising terminology were frequently identified in

[13] Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, Treatment Needs And Gap Analysis In Great Britain Synthesis Of Findings From A Programme Of Studies (London: NatCen Social Research)
[14] Drucker, E., Lurie, P., Wodakt, A., Alcabes, P., 1998, Measuring harm reduction: the effects of needle and syringe exchange programs and methadone maintenance on the ecology of HIV. *AIDS* 12: 5217-5230
[15] Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, Treatment Needs And Gap Analysis In Great Britain Synthesis Of Findings From A Programme Of Studies (London: NatCen Social Research)
[16] Jürgens, R., Csete, J., Amon, J. J., Baral, S., Beyrer, C., 2010, People who use drugs, HIV, and human rights. *The Lancet*: DOI:10.1016/S0140-6736(10)60830-6
[17] Logie, C. H. James, L, Tharao, W, Loutfy, M. R., 2011, HIV, Gender, Race, Sexual Orientation, and Sex Work: A Qualitative Study of Intersectional Stigma Experienced by HIV-Positive Women in Ontario, Canada. *PLoS Med* 8,11: e1001124. doi:10.1371/journal.pmed.1001124
[18] Ahern, J., Stuber, J., Galea, S., 2007, Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* 88: 188-196
[19] Triantafyllos Pliakas, Anne Stangl, Mariana Siapka, 2022, *Building knowledge of stigma related to gambling and gambling harms in Great Britain A scoping review of the literature* (London: GambleAware)

healthcare and research settings. This illustrates the challenge that must be resolved of ensuring that support services for people with gambling problems are open and welcoming to all communities, without contributing to or reinforcing stigma.

This report recommends:

- Raising awareness among the public, healthcare providers, the third sector, policy makers and the gambling industry of what gambling stigma is and how it is harmful to people who struggle with gambling, as well as their families. Campaigns should also note the intersectional nature of gambling stigma, which often co-occurs with other forms of stigma (e.g. age, gender, race, socioeconomic status), other existing health conditions (e.g. mental health challenges, chronic illnesses) and other health behaviours (e.g. drug and alcohol use).
- Training healthcare providers on gambling stigma (including how it acts as an obstacle care and treatment), and on strategies they can use for helping users cope with gambling-related stigma, as well as gambling harms.

12. What should be our priorities for future research, innovation and data improvements over the coming decade to drive better treatment outcomes?

In Great Britain, there is limited research available on gambling and the lived experience of minority communities and women. Improving the data that exists on this groups is incredibly important from the perspective of reducing inequalities: existing evidence suggests the burdens of gambling harms are higher amongst minority ethnic communities and these communities are less likely to access specialist gambling harm services compared with white communities. There is also evidence indicating participation in gambling and the rate of women who experience gambling disorder is increasing more quickly than amongst men, but reasons for this are unclear. Women and people from minority communities are also more likely to be an 'affected other' - someone who reports being negatively affected by someone else's gambling behaviour.

Furthermore, much more longitudinal evidence is needed to understand the trajectories of gambling harms over time. This would enable us to understand how and when gambling harms first develop, and would provide better evidence on the predictors, early indicators and future consequences of harmful gambling and gambling disorder.

At the moment the evidence on the scale of harms associated with gambling, and how those harms accrue to people and wider society, is very limited. Data linking projects to link health, financial or mortality data with gambling account data would provide a much better indication of the overall harms associated with gambling. This would also provide much better evidence on the scale of premature death or suicide associated with gambling. Data linking across individuals within families would also provide important new evidence on the harms to other people (affected others) as a result of someone's gambling.

17. While NHS treatment can play an important part in helping people to recover and live well with a mental health condition, social circumstances have an equal role to play. Different sectors can influence our social circumstances, including housing, education, social care, the voluntary sector and businesses in the private sector. We want our new plan to ensure different sectors work more closely together to improve the lives of people living with a mental health condition.

How can we support sectors to work together to improve the quality of life for people living with mental health conditions?

As a public health issue, reducing gambling harms requires action at a variety of levels throughout the public sector, the private sector, the third sector and communities themselves. This is particularly important when considering the wider social determinants of health and commercial determinants of health, which apply to gambling as well as other health issues. We know that disadvantaged communities or those with additional needs and vulnerabilities bear a disproportionate burden of gambling harms. In many cases this is compounded by other factors – for example, people on low incomes living in deprived areas where there tends to be a greater concentration of betting establishments and few other economic opportunities.[20] This underlines the need to examine how all sectors and agencies contribute to the environment and life experiences of people at risk of gambling harm. In line with this, research commissioned by GambleAware shows that online gamblers from the poorest areas accounted for a disproportionate share of gambling industry revenue, and were over-represented among the group of people suffering heavy losses from online gambling.[21] It also means that health policies must be integrated within broader economic and social policies, including local planning, housing and regulation. The private sector, namely gambling operators, has a key role to play by increasing the safety of their products – which is a key part of prevention of harm.

GambleAware's research has highlighted that underlying drivers of disproportionate burdens of gambling harms intersect and are grounded in structural and social determinants. For example, disproportionate burdens of harm amongst minority communities are driven by nuanced and variable religious and cultural attitudes towards gambling that may impact on experiences of gambling harm amongst members of minority communities.[22] In addition, we have identified that migration status can contribute to isolation and exclusion from society which can influence gambling behaviours. Furthermore, language barriers can compound difficulties in accessing gambling treatment services.

18. For people living with co-occurring issues in addition to their mental health conditions, there are particular challenges for us (the government) to address to ensure joined up support and treatment is available to people. This includes people in the criminal justice system.

What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support?

In relation to gambling, we are mindful of the co-occurring factors or 'comorbidities' that commonly arise alongside gambling and which can exacerbate the issue or make recovery more challenging. Mental health issues and drugs and alcohol issues are all over-represented among people who gamble, and GambleAware also funds gambling treatment services for people with complex needs particularly drug and alcohol problems. This provision is currently commissioned from Gordon Moody and Adferiad. While this provision is important, it is essential that gambling receives the same status and parity of esteem in service provision as mental health, and drugs and alcohol, so these issues are all considered jointly. Framing these issues together would help to ensure that adjacent services such as mental health or substance misuse also consider gambling and the harms associated with it.

[20] https://www.financialfairness.org.uk/en/media-centre/media-centre-news-article/geography-of-gambling
[21] https://natcen.ac.uk/our-research/research/patterns-of-play/
[22] Levy, O'Driscoll, Sweet, 2021, Disproportionate Burdens of Gambling Harms Amongst Minority Communities (London: GambleAware)

We also know that people involved in the criminal justice system are more likely to experience harm from gambling: research by the Forward Trust has estimated that a quarter of prisoners experience gambling harm.[23] GambleAware has commissioned the Surrey Prisons Gambling Service which provides screening and support for harm from gambling among offenders within these prisons.

At a system level, better integration is needed between different services. Governance arrangements also need to support joint working, which is why gambling treatment services should be aligned and collaborating with Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs). This feature will become part of a redesigned and recommissioned National Gambling Treatment Service from 2023/24. Furthermore, it has previously been recommended to integrate gambling treatment provision within existing drug and alcohol treatment services.[24] Given that most gambling treatment provision is provided outside of the NHS, however, this underlines the importance of effective partnership working and collaboration between the statutory and third sectors, and also the importance of place-based multi-agency arrangements to address gambling harms.

21. What would enable local services to work together better to improve support for people during and after an experience of mental health crisis?
We would like you to consider the range of public services involved in crisis support, including the police and NHS services, as well as voluntary and community sector and businesses.

In relation to gambling, aftercare support in the community is crucial in terms of supporting sustained recovery and preventing relapse into gambling problems. This requires a multi-agency approach to ensure people's needs are taken account of holistically. A mixture of psychological and practical support is needed to ensure that good recovery capital is accessible to all. For example, employment and skills support may be an important part of an aftercare package – the solution is not always clinical and gambling treatment does not work in isolation.

This underscores the need for gambling treatment provision to be integrated with wider public and local services. The same local services that have a role to play in prevention and the wider determinants of gambling harms also have a key role to play in supporting recovery capital and aftercare. Therefore this comes back to the issues raised above of how statutory and non-statutory bodies can be supported, encouraged and incentivised to work together on shared objectives.

22. What do you think are the most important issues that a new, 10-year national mental health plan needs to address?

Select up to 3 options

Please explain your choices

(a) Stigma

In relation to gambling harms, we know that stigma and shame are the main barriers preventing people with gambling problems from accessing support or treatment. Therefore reducing stigma around gambling would make a large difference to the number of people with gambling problems who feel able and empowered to come forward and seek help.

[23] https://www.forwardtrust.org.uk/news-story/almost-a-quarter-of-prisoners-have-a-gambling-problem-survey-says/
[24] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4887725/

(b) Prevention

Prevention is a key part of public health and arguably the most challenging to deliver. However it is even more important when existing health services are under strain. In relation to gambling harms, prevention can take a number of forms including information and awareness campaigns, education, and regulation of gambling products. In can also include broader economic, social or health policies which can address the wider determinants of health and gambling harms. This is important not only for addressing problems upstream in more cost-effective ways, but it is also important in terms of addressing underlying drivers and causes of gambling problems.

(c) Early intervention and service access

Current gambling treatment provision is very effective for the people who access it, leading to reduced gambling problems for 92% of people who complete treatment. However, it often takes people several years of experiencing gambling problems before they finally get support – during which time problems can worsen and harms can accumulate. More needs to be done to enable to people to access lighter touch gambling support earlier on, rather than clinical or specialist treatment later on. This requires improving the capacity of wider health and local systems to identify gambling harms and signpost or refer as needed.

23. What 'values' or 'principles' should underpin the plan as a whole?

'Principles' and 'values' can help us to agree what the purpose of a plan should be, and what it should be seeking to achieve for people. For example, the NHS is underpinned by the principle that access to the NHS is based on clinical need, not an individual's ability to pay.

It is imperative to build capacity across the sector regarding addressing stigma, social exclusion, and discrimination. In relation to gambling harms, reducing stigma would be a key principle as that would unlock considerable progress in helping people access support.

Another key principle should also be meaningful involvement of lived experience communities. Their voices and experiences should inform the plan. It is especially important to build on the lived experience those who bear disproportionate burdens of harm and difficulties, particularly minority communities, communities of women, and other marginalised and stigmatised communities. This relates to another principle that should be at the heart of the plan: tackling inequalities. The Inequalities Framework currently being developed by GambleAware will help inform how to reduce inequalities in gambling harms.

Another important principle is that of collaboration. DHSC and NHS organisations can only achieve so much and are less well placed to provide non-clinical or community-based support. This means that prevention, early intervention and aftercare cannot be delivered without working with and supporting other agencies as well as community organisations.

24. How can we support local systems to develop and implement effective mental health plans for their local populations?
You might want to consider barriers local systems currently face, as well as enablers which would support more effective ways of working.

A key part of this is improving the evidence base locally on the prevalence of needs, how those needs are distributed across the population, and what works to address those needs. In relation to gambling, GambleAware's GB Treatment and Support Survey[25] provides an up-to-date overview of gambling participation and prevalence each year, usage and reported demand for T&S, as well as barriers and facilitators to accessing support for those experiencing gambling harms. This data is available locally at a range of geographies in the form of maps published on the GambleAware website.[26] Local areas should be encouraged to make use of this data to inform their local plans and needs assessments.

Implementing these plans then requires effective collaboration and partnership with other agencies, which touches upon the issues and challenges for joint working that have been outlined above.

25. How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

In relation to gambling, prevalence surveys exist (such as GambleAware's Treatment and Support Survey) with enough data points to provide annual measures of improvements in gambling harms at a local area level. However administrative data from a range of services is also part of the picture. For example, primary care services could collect data on how often they identify gambling harms among patients (based on simple and quick screening tools); the rates of prevalence of gambling harms based on those screening tools; and how often they make referrals to gambling support services. Collecting these metrics and tracking them over time would be a considerable step forward in terms of measuring system progress to reduce gambling harms. Similar information could be collected from a range of other agencies, including local authority departments and criminal justice settings.

[25] Briony Gunstone, Kate Gosschalk, Ewa Zabicka and Calla Sullivan-Drage, 2021, *The GB Treatment and Support survey 2021* (London: GambleAware)

[26] https://www.begambleaware.org/gambleaware-gb-maps