

**NatCen**

**Social Research** that works for society

# Treatment Needs and Gap Analysis in Great Britain

Synthesis of findings from a  
programme of studies

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# Aims and Research Questions



1.

# Rationale and aims

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Previous research provides data on people experiencing gambling harms within the general population

- However, there is little (if any) research on the size and characteristics of those seeking, accessing or needing treatment and support for gambling harms
- There is also very little research on affected others and their need for treatment and support

In 2018, GambleAware commissioned a programme of studies to:

- Review the current need, demand and use of gambling treatment and support in England, Scotland and Wales
- Identify where there are geographic and demographic gaps in provision
- Detail the demand for treatment and support by gamblers and affected others in Britain

# Research questions

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The primary aim of this report is to synthesise findings across all strands of this programme of studies, addressing the following key objectives:

- To investigate the size, distribution and characteristics of the gambling population in Britain
- To explore the sociodemographic and geographical characteristics of gamblers in Britain accessing treatment and support
- To assess demand for treatment and support in Britain;
- To explore barriers and facilitators to treatment and support access and engagement
- To explore the size of the affected others population, the impact of gambling on their lives and their perceptions/experience of available treatment and support

# Methods and Strands



2.

Research Strand	Lead	Key features and considerations
<b>Strand 1: Two Rapid Evidence Assessments (REA)</b>	<b>ACT Recovery NatCen</b>	Identify evidence around population prevalence, its links to seeking treatment and support as well as those treatment and support pathways. Focus on evidence around population differences across different types of treatment and support (n=66 out of 10,649 papers).
<b>Strand 2: Assessing the experiences and needs of gamblers in (and not in) treatment, affected others, and wider stakeholders</b>	<b>ACT Recovery NatCen</b>	A combination of focus groups and in-depth interviews to explore perceptions and experiences of treatment and support from a) gamblers receiving gambling treatment (n=18), b) gamblers not in treatment (n=26), c) professionals who either come into contact with problem gamblers (n10) or provide gambling treatments (n=27) and d) affected others (n=12).
<b>Strand 3: Secondary analysis of Health Surveys in Scotland and England and the Data Reporting Framework (DRF)</b>	<b>ACT Recovery NatCen</b>	Use existing data to assess demographic and geographic patterns of gambling problems identified in the combined health surveys 2016 (n=21,130) and compared to those populations accessing treatment as identified through the DRF from 2015 to 2017 (n=8,147).
<b>Strand 4: National, representative population survey of gambling patterns and harms, and help-seeking behaviours</b>	<b>YouGov</b>	A two-phase study to address the question of unmet need. One population survey identified people with indicated gambling problems from the general population (and those who had been affected by others' gambling, n=12,161), whilst a second survey assessed this group's experiences of treatment and support (n=3,001).
<b>Strand 5: Mapping service use across Britain</b>	<b>UCL</b>	Mapping of gambling prevalence at local authority level across Britain by applying secondary analyses of data from the YouGov population survey on geographical distribution.

# Definitions

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## Measurement of Gambling Harms

- The gambling behaviour of respondents used for this programme was classified using the Problem Gambling Severity Index (PGSI):
  - Low risk (score 1 or 2)
  - Moderate risk (3 to 7)
  - Problem gambler (8+)

## Affected others

- People, described as affected others in this report, are those who know someone with a gambling problem, either now or in the past, and have experienced negative effects as a result of that person's gambling behaviour

## Treatment and support

- Treatment: formal treatment services including GPs, mental health services, social/youth/support worker, specialist treatment services, other addiction services
- Support: informal type of support including support groups, friends, family, online/printed materials, telephone helplines, self-help apps or tools



# Findings

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3.

# The size, distribution and characteristics of the gambling population in Britain

The YouGov population survey estimated that:

- Three-fifths (61%) of adults in Britain have participated in any type of gambling activity in the last 12 months
- Thirteen percent of adults scored one or higher on the PGSI scale

**7% were classified as a low risk gambler (a score of 1-2)**

**3% as a moderate risk gambler (a score of 3-7)**

**3% as a problem gambler (a score of 8 or higher)**

**Men, younger adults (aged 18-34) and adults from a lower socioeconomic or BAME backgrounds were more likely to be classified as experiencing some level of harm (PGSI 1+)**

# The size, distribution and characteristics of the gambling population in Britain

For each category, the proportion identified in the YouGov population survey was approximately three times the proportion reported by the combined health surveys (England, Scotland and Wales)

- Given the discrepancy, a separate independent methodological review was commissioned by GambleAware and concluded that probability estimates fall somewhere in the middle of the two estimates but the true value is likely to be closer to that of the combined health surveys
- Estimates on the experience of treatment and support use and demand, differences between groups and the degree of stability and change over time were concluded to be of value

	<b>YouGov 2019</b>	<b>Combined Health Surveys 2016</b>
<b>Non-gambler</b>	<b>38.9%</b>	<b>43%</b>
<b>Non-problem gambler (score 0)</b>	<b>47.9%</b>	<b>52.9%</b>
<b>Low-risk gambler (score 1-2)</b>	<b>7.2%</b>	<b>2.4%</b>
<b>Moderate-risk gambler (score 3-7)</b>	<b>3.3%</b>	<b>1.1%</b>
<b>Problem gambler (score 8+)</b>	<b>2.7%</b>	<b>0.7%</b>
<b>All gamblers with a score of 1+</b>	<b>13.2%</b>	<b>4.2%</b>

# The sociodemographic and geographical characteristics of gamblers in Britain accessing treatment and support

- Out of all gamblers who were PGSI 1+, approximately 2 out of 10 reported having used any type of treatment (e.g. mental health services) and support (e.g. friends/family) in the last 12 months
  - The primary driver of accessing treatment and support was the severity of gambling harm
  - While just 3% of those identifying as low risk gamblers reported using treatment and support, this increased to 54% for those whose PGSI score indicates problem gambling (PGSI 8+)
- Younger and BAME gamblers as well as gamblers from higher socioeconomic backgrounds experiencing gambling harm (PGSI 8+) were more likely to report accessing treatment and support
  - Amongst professional treatment services accessed, mental health services (e.g. counsellor, therapist) were the most commonly reported (5%)

# The sociodemographic and geographical characteristics of gamblers in Britain accessing treatment and support

- The three most common activities reported were online gambling, virtual gaming machines in bookmakers (e.g. casino), and online betting with a bookmaker
- Most gamblers in treatment were male, between 25-34 years and in employment
- Just 4% of those identifying as problem gamblers and 2% of those at moderate risk in gambling treatment were Scottish residents
  - Scottish residents make up 9% of the combined population of England and Scotland suggesting that levels of engagement in treatment is lower in Scotland
- Completion of treatment rates generally improved as age increased
  - Out of all 16-24-year olds who started treatment, just 55% completed it suggesting a significant issue with dropping out of treatment services at various stages between being assessed and completing treatment

# Types of informal support for managing gambling behaviour

## **Online information**

Gamblers had looked online for information about the nature of disordered or problematic gambling. This was perceived as supporting them to identify whether their own behaviour was problematic and what could be done to address this.

## **Self-imposed controls**

Gamblers had attempted to control or change their access to gambling by imposing a range of measures. Examples included changing jobs, to be further away from a gambling venue; or setting personal limits on the amount of money or time spent gambling.

## **Self-exclusion tools**

Gamblers used a range of tools to help control their gambling, including: self-exclusion schemes; spending limits on betting websites; time reminders to stop gambling after a set period; and arranging for their bank to block any gambling related transactions.

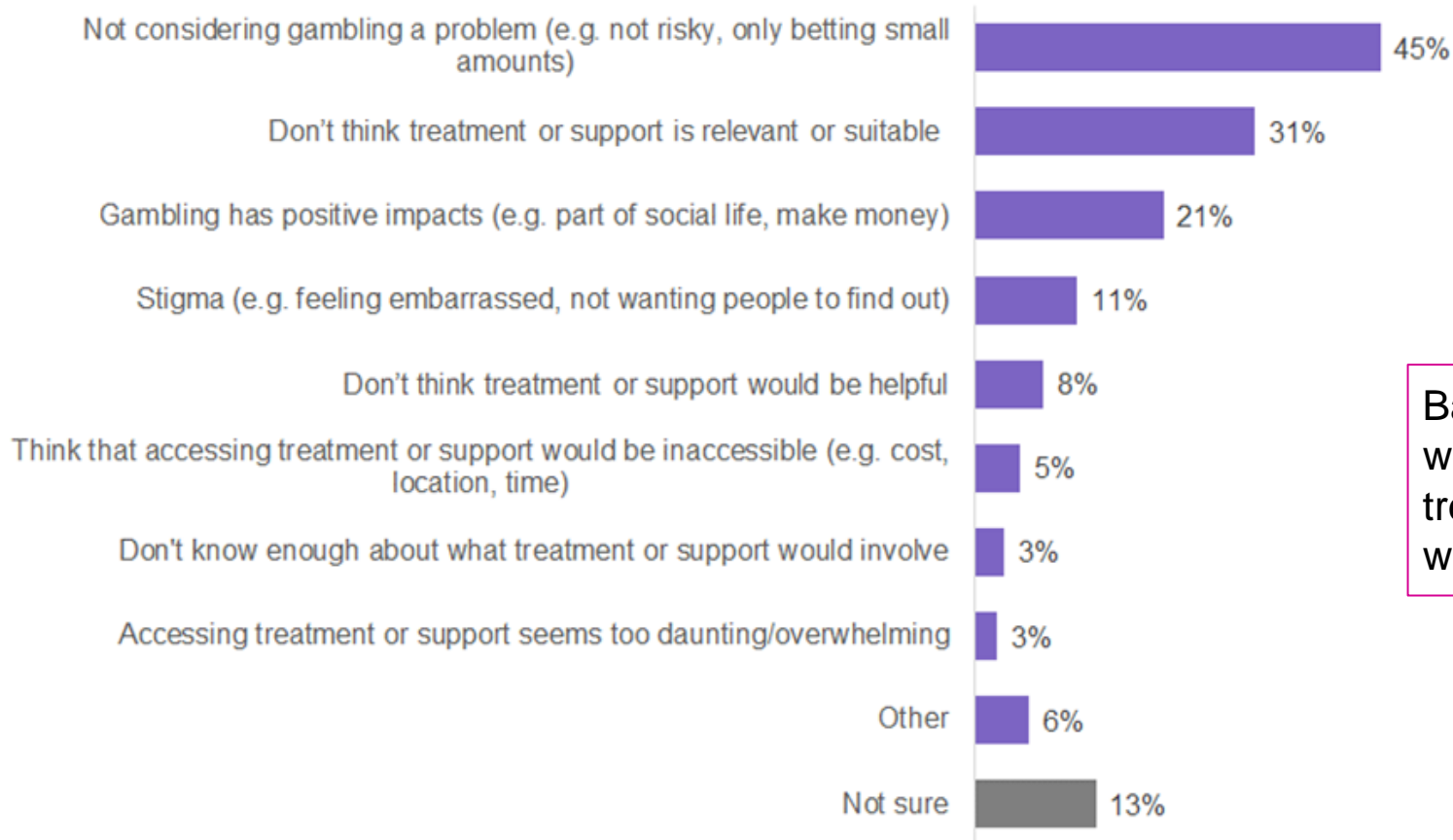
## **Support from social networks**

Gamblers received support to control their gambling from family members and friends. Family and friends were also recognised as an important source of emotional support.

# Demand for treatment and support

- Of all gamblers experiencing some level of harm (PGSI 1+) 18% stated they would like to receive some form of treatment or support in the next 12 months
- Over half (57%) of problem gamblers (PGSI 8+) would like to receive some form of treatment and support
- Those identifying as problem gamblers (PGSI 8+) expressed higher demand for treatment (e.g. mental health services), whereas those at low risk and moderate risk were more likely to want support from less formal sources (e.g. family/friends)
- Younger and BAME gamblers and gamblers from higher socioeconomic backgrounds who had higher PGSI scores on average, were much more likely to want treatment or support
- Demand was highest in the areas with higher proportions of gamblers (PGSI 1+). The highest demand found in London (e.g. 10% in Brent and 9% in Newham)

# Barriers to seeking treatment and support



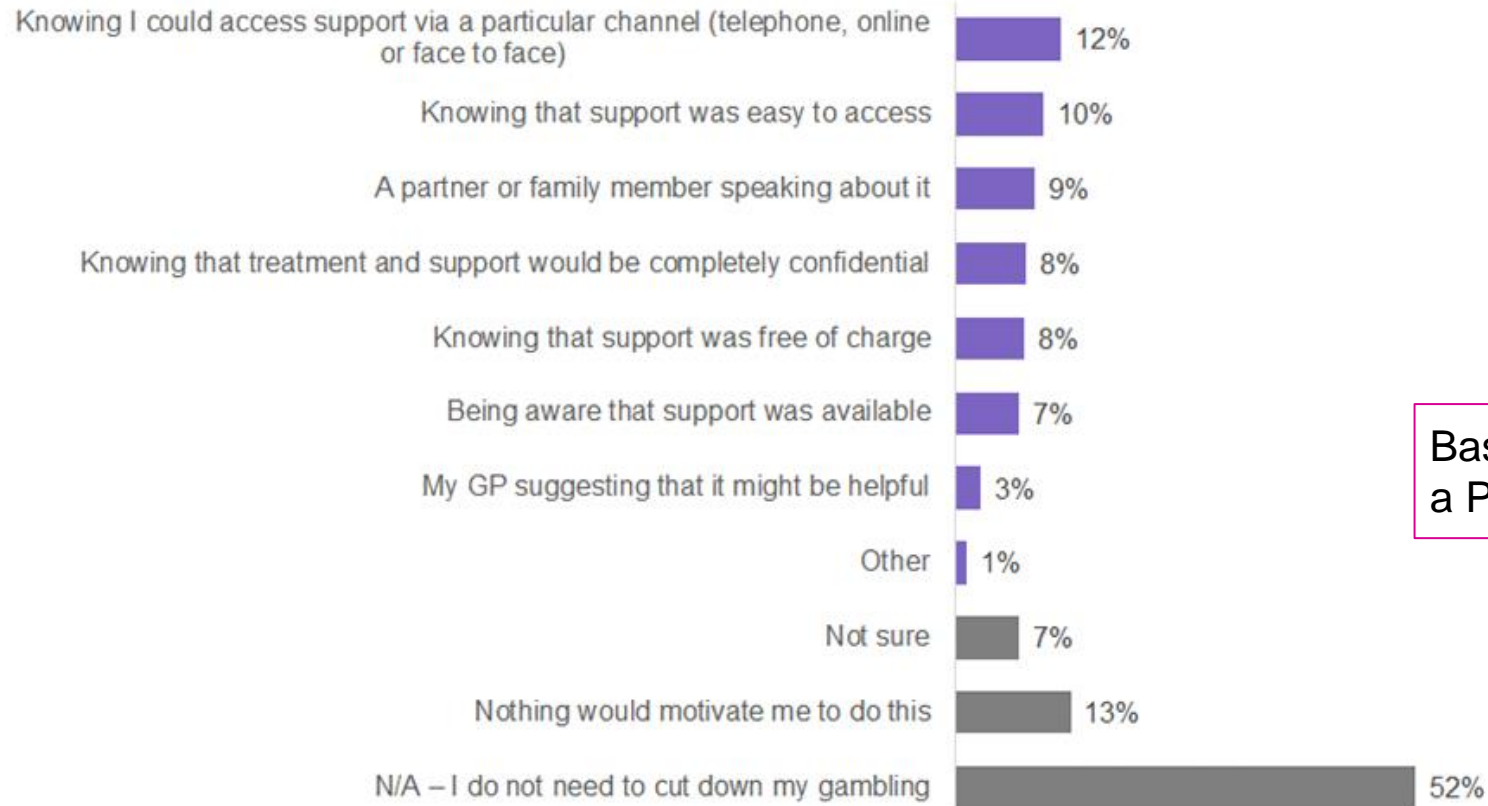
Base: all gamblers who would not want treatment or support with a PGSI 1+



# Barriers to treatment and support access and engagement

- Perceiving one's gambling as not problematic was one of the main reasons for not seeking treatment or support
- Low and moderate risk gamblers were more likely to report that their gambling was not harmful or only involved small amounts of money (53% and 51% respectively)
- However, this proportion declined to 17% of those in the 'problem gambler' category (PGSI 8+)
- People identifying as problem gamblers (PGSI 8+) were more likely to report experiencing stigma or shame, which may impact on help seeking
- Women (PGSI 1+) were more likely than men to cite practical barriers such as cost, time or location in relation to accessing treatment or support (9% vs. 3%)
- Older gamblers (PGSI 1+) aged 55 and over were more likely to report that treatment or support was not relevant or suitable for them, 38% compared with 26% of 35-54s

# Facilitators to seeking treatment and support



Base: all gamblers with a PGSI score of 1+

# Facilitators to treatment and support access and engagement

- Gamblers (PGSI 1+) from higher socioeconomic backgrounds were more likely than those from lower socioeconomic backgrounds to report that they might be motivated to seek treatment and support if they had knowledge of, and ease of access to, treatment and support as well as it being confidential
- Gamblers (PGSI 1+) from BAME communities were particularly likely to report that knowing support was available by telephone was helpful
- For people identifying as problem gamblers (PGSI 8+), three in ten (31%) suggested that they might be motivated by knowing support was available via a particular channel, e.g. online or face to face, and a fifth (22%) by a partner or family member speaking to them about their gambling behaviours
- Supportive evidence was found around self-exclusion as a facilitator to accessing support albeit tempered by concerns around implementation and effective engagement by gambling operators

## The size of affected others, the impact on their lives and their experience of available treatment and support

- 7% of people across Britain were identified as an affected other. The majority were the partner or close family member of a gambler (61%)
- Affected others were more likely to be women (57% vs.43%), BAME (16% vs.12%) and those from lower socioeconomic backgrounds (51% vs. 46%)
- Twenty percent of affected others also reported experiencing gambling harms themselves (PGSI 1+)
- Half (48%) of those negatively affected by the gambling of a spouse or partner described the impact as “severe” and the proportion was also high when the gambler was a parent (41%) or the child of an affected other (38%)
- Among affected others, 45% had tried to get treatment or support, either for themselves or on behalf of the gambler (partner, relative, friend, colleague)
- Affected others felt that there was a lack of treatment and support for affected family members and that there was not enough signposting

**Concluding remarks**



**4.**

# Concluding remarks

- **Men, younger adults** (aged 18-34), **BAME** and adults from **lower socioeconomic background** are more likely to identify as gamblers experiencing some level of harm (PGSI 1+)
- The proportion of all gamblers (PGSI 1+) across Great Britain using any type of treatment and support was 17%, although this **increases to 54% of those scoring PGSI 8+**
- **Women**, people from **BAME** communities and from a **lower socioeconomic background** are being affected the most. A significant number of affected others also reported experiencing **gambling harms themselves** (PGSI 1+)
- **Younger adults** and people from **BAME** communities are more likely identify as problem gamblers but are also more likely to have used treatment or support and more likely to report that they would like to receive more treatment or support
- **Lack of awareness** and/or reluctance to admit problematic behaviour was a particularly salient **barrier**, often associated with the **stigma** attached to gambling problems and seeking treatment and support

# Treatment and support recommendations

**Develop new and/or streamline and strengthen existing services offered**

**Involve service users in the design and delivery of treatment and support**

**Targeted support for groups that are less likely to access treatment and support services (or complete treatment)**

**Develop education programmes and campaigns to increase awareness and reduce stigma**

**Ensure gambling companies continue to strengthen responsible management tools**

# Future research recommendations

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**Prevalence estimates:** accurate estimates of the size of the population experiencing gambling harms

**Treatment data:** monitor treatment use and drop-out rates year-on-year to investigate patterns of use

**Affected others:** investigate the complexity of the relationship between being both a 'gambler experiencing gambling harms' and an 'affected other'

**Access to treatment and support:** identify motivations for choosing to access specific treatment services as opposed to others

**Targeted treatment and support needs:** investigate treatment relevance and/or reach for specific segments of the population including women, young people and BAME communities

**Aftercare:** this is an area that future research will need to explore in terms of mapping, access/use and effectiveness



# Any questions?

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For any further questions please contact:

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