GambleAware

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Building the Quality and Capacity of Treatment Services: Ensuring interventions are sustained and well targeted

On 23rd April 2018, Health and Social Care Secretary Jeremy Hunt announced that £6 million would be made available to support children living with alcohol-dependent parents, specifically to help identify at-risk children and to give fast access to support and advice in collaboration with local authorities and non-governmental organisations.

The £6 million is a joint funding initiative from the Department of Health and Social Care and the Department for Work and Pensions and is intended to help an estimated 200,000 children in England living with alcohol-dependent parents.

The measures include:

- fast access to support and mental health services for children and their families where there is a dependent drinker
- quicker identification of at-risk children, including those undertaking inappropriate care responsibilities
- the provision of outreach programmes to get more parents successfully through addiction treatment
- early intervention programmes to reduce the numbers of children needing to go into care.

Local authorities will be invited to bid for funding by coming up with innovative solutions based on local need, with priority given to areas where more children are affected. Public Health England will be responsible for working with the funded areas to monitor progress. This funding allocation was preceded by an additional £500,000 in 2017 to expand national helplines for children with alcoholic parents.

Health and Social Care Secretary Jeremy Hunt said:
"The consequences of alcohol abuse are devastating for those in the grip of an addiction – but for too long, the children of alcoholic parents have been the silent victims. This is not right, nor fair. These measures will ensure thousands of children affected by their parent's alcohol dependency have access to the support they need and deserve."

The Health and Social Care Secretary has also appointed a dedicated minister with specific responsibility for children with alcohol-dependent parents. Steve Brine MP will lead this work in addition to his role as public health minister, and he said:
"All children deserve to feel safe — and it is a cruel reality that those growing up with alcoholic parents are robbed of this basic need. Exposure to their parent's harmful drinking leaves children vulnerable to a host of problems both in childhood and later in life — and it is right that we put a stop to it once and for all. I look forward to working with local authorities and charities to strengthen the services that make a real difference to young people and their families."

Why is this relevant to a discussion about gambling-related harms, specifically the quality and the capacity of treatment services? Well, it seems to me to be helpful when considering the broader

questions this session raises about whether gambling-related harms ought to be thought of as a significant health issue, and whether the State has a responsibility to provide leadership and funding. The estimated number of alcohol-dependent adults in England potentially in need of specialist assessment and treatment is estimated to be around 595,000, equivalent to 1.4% of the 18+ population.

The estimation of the number of problem gamblers in England is lower at 300,000, equivalent to 0.7% of the 16+ population. However, given the self-report nature of the methodology underpinning this estimation it is likely that the numbers maybe significantly higher. For Britain as a whole the number of problem gamblers is estimated to be 430,000 with a further 2 million at risk. Furthermore, 370,000 11 to 16 year-old children spend their own money gambling every week, including 25,000 'problem gamblers'.

Gambling problems tend to be framed within a medical-psychological perspective in terms of identifying particular behaviours and symptoms, rather than considering the broader harms that arise from gambling that affect not only individual gamblers but also their family, friends, communities and society. These broader harms are not captured within current definitions of problem gambling and so the cost to society is likely to be higher than a simple cost associated with the number of problem gamblers. Indeed, the Institute of Public Policy Research (IPPR), focusing on just four areas – health; welfare and employment; housing and criminal justice - has estimated annual gambling-related harms costs of between £260 million and £1.6 billion.

It is a priority to better understand what we identify as gambling-related harms and how such harms might be measured and mitigated against via effective interventions. The first step towards achieving this is to establish a framework for commissioning meaningful research and this is a project that is being funded by GambleAware and will be published before the summer.

In any event, the comparison with alcohol-dependency does seem to me to be worthwhile in terms of giving a sense of scale and importance of problem gambling and gambling-related harms as a health issue as well as a precedent of the sort of strategic partnership approach between a range of government and non-government agencies that, in my view, is necessary to ensure interventions are well targeted and sustained.

What of the interventions that are in place today? Continuing the comparison with alcohol dependency may be helpful. Of the 595,000 alcohol-dependent adults in England, just 80,000, or 13%, are receiving treatment; treatment funded by the State.

Pryce et al. (2017) in research published by PHE in March 2017 say there is evidence to suggest that not all of those who could potentially benefit will necessarily seek treatment or perceive the need for it, and further, some will remit from alcohol dependence without formal intervention. There is a consensus that this is generally similar for problem gamblers.

Pryce et al. go on to say that "For these reasons, it would not be a good use of scarce resources to provide enough treatment for the entire alcohol dependent population; rather it is necessary to have an indication of the proportion who might be amenable to treatment at a given time and to scale

service provision accordingly. For a number of years, the commonly accepted 'rule of thumb' in England has been that there should be sufficient capacity for 15% of the prevalent population."

The NHS does not provide specialised treatment services for problem gambling. People with gambling problems may present to primary care or other NHS services, such as mental health services. As such, individuals may be treated alongside other conditions that do qualify for NHS treatment but, although recognised by the World Health Organisation under ICD-10 (International Classification of Diseases, 10th edition) as a Mental and Behavioural Disorder, the NHS does not fund any specialised clinics such as the National Problem Gambling Clinic located at Central North West London Foundation Trust (CNWL); this is funded by GambleAware.

Indeed, GambleAware is currently the largest commissioner of treatment for problem gambling in Great Britain funding around £6 million of service provision annually; money that is raised entirely from British gambling businesses via a voluntary donation system.

Our objectives are to:

- commission safe, effective treatment that meets the needs of individuals, wherever they live in GB
- work across organisational boundaries so that:
    - the different providers that we commission form a coherent joined-up treatment system
    - the treatment system for problem gambling works in conjunction with the NHS to ensure joined-up treatment for people with co-morbidities.

Currently we fund:

- GamCare – is a prime provider which provides services in London and operates the Helpline and has a network of partner agencies across England, Scotland and Wales.
- Gordon Moody Association – operates as a therapeutic community which provides residential treatment and step-down support for those people who need to move away from home if they are to be successful in addressing their gambling problems – perhaps because they're being pursued by creditors, or they need to build up their social capital or life skills.
- The National Problem Gambling Clinic at CNWL NHS Foundation Trust provides individual and group work CBT-based treatment to clients with complex needs from across Britain.

Wherever people come into contact with this emerging system, we want to ensure that they get routed to the provider who can best meet their needs, and to the best team for them within a given provider: which is why we're developing common tools for screening, for assessment, and for outcome monitoring.

In this way, data systems which were originally developed for performance management are now being extended to drive improvements in clinical practice.

Aftercare and relapse prevention are also important, and we want those people who will benefit to get signposted to mutual aid and other peer support.

We also recognise that problem gambling by an individual can cause problems for their families and friends. That is why the services that we commission make provision for helping affected others.

Problem gambling can lead people to thoughts of suicide. The providers within this treatment system are working to ensure that people in this situation are identified and get the mental health support that will reduce the risk of suicide.

As the primary commissioner of services in Britain, we're acutely aware of the need to build the evidence base. That is why we have a substantial research programme to build up the research capacity in Britain to study problem gambling and to commission research to address the most significant gaps in the evidence. Specifically, we have commissioned research to identify:

- the size and characteristics of the population that needs help
- the treatment that is most clinically-effective and cost-effective.

GambleAware is monitoring the outcomes of existing treatment services it funds, and as the evidence-base builds will work to ensure that the treatment it commissions is effective and offers value for money.

We are pleased that the Department of Health, working with Public Health England, is considering what scope there is for commissioning further research to better understand the impacts of gambling-related harms on health and well-being. We understand that similar work is emerging in both Wales and Scotland.

The 2018 remit letter from DHSC to PHE commits PHE to "inform and support action on gambling-related harm as part of the follow up to the Department for Digital, Culture, Media & Sport-led review of gaming machines and social responsibility". This represents a significant milestone.

More significantly, has been the announcement that this month, gambling and other non-chemical addictions were officially referred by NHS England to the National Institute for Health and Care Excellence (NICE) for development of treatment guidance. Having treatment guidelines would indeed promote the earlier identification of problem gamblers and improve access to help. We look forward to contributing to this work, just as we are collaborating with the Local Government Association as they prepare, in conjunction with PHE, updated guidance to local authorities about harmful gambling.

Strategic partnership working and collaboration is vital. GambleAware has commissioned the Royal Society of Public Health to develop an eLearning programme aligned to Making Every Contact Count to promote awareness amongst GPs and other health professionals of the advice they can give to someone who presents with a gambling problem. Also, we are in the process of commissioning a significant initiative in and around Leeds as a pilot to explore closer working between gambling treatment providers, GPs, Leeds & York Partnership Mental Health Trust, Citizens Advice and others.

Effective treatment of problem gambling is likely to reduce demand for mental health services. For someone with multiple needs, their care pathway is likely to have to include services commissioned by statutory agencies and by GambleAware.

We know there are 430k problem gamblers and only 2% are in treatment. We do not yet know what percent of 430k is amenable to treatment, but we know that people accessing some of our providers face long waiting times.

Our ambition is to triple the number of places in treatment within 3 years. However, 6% is still less than half of the 15% we are informed may be a more appropriate target for Britain as a whole.

The NHS Constitution has an overarching principle: "The NHS provides a comprehensive service, available to all. It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard."

Except if you have a gambling problem: public policy on treatment for problem gambling may be characterised currently as 'polluter pays'.

It seems to me that the challenges of Building the Quality and Capacity of Treatment Services to ensure interventions are sustained and well targeted require much more funding than is currently available from the 'polluter'. Not that the industry must be let off the hook, rather an appropriate mix of funding support from both the industry and the State is necessary.

Progress is being made but I look forward to the day when it is widely understood that problem gambling is a health issue for the individual concerned, and that reducing gambling-related harms more broadly requires a public health approach led by the State.