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Gambling related suicide research - summary

Introduction

Gambling harms can take many forms, with possible negative impacts on peoples' health, relationships and resources. Suicide is one of the most serious harms associated with gambling.

The objectives of this research were to:

- A. provide greater insights into the association between suicide attempts, suicidal ideation and self-harm and problem gambling in England, and their relationship to loneliness by analysing existing data sets.
- B. inform the scope for a second phase of research to explore these relationships further, which may require new primary research and data collection.

A key requirement for the research was that it was informed by the views of people directly affected by suicide associated with gambling. To do this, the research team worked with the charity *Gambling With Lives*, and consulted others with lived experience of gambling harms through attendance at a workshop.

There are three outputs from this research, these are:

Report 1: Problem gambling and suicidal thoughts, suicide attempts and non-suicidal self-harm in England: evidence from the Adult Psychiatric Morbidity Survey 2007

Report 2: Exploring problem gambling, loneliness and lifetime suicidal behaviours: a cross-sectional study using the Adult Psychiatric Morbidity Survey 2007

Report 3: Scoping current evidence and evidence-gaps in research on gambling-related suicide

Method and constraints

The research was carried out by a consortium of researchers that included Dr Heather Wardle (London School of Hygiene and Tropical Medicine), Sally McManus (NatCen), Professor Simon Dymond and Professor Ann John (Swansea University). See Appendix A for more details. To meet objective 'A', analysis of the Adult Psychiatric Morbidity Survey [APMS] 2007 produced the first national estimates for England of the extent of:

- suicidal thoughts and attempts among problem gamblers living in the community

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- problem gambling among those who have experienced thoughts of suicide or attempted suicide.

Exploratory analysis also examined the extent to which these associations were underpinned by other things, like loneliness. The APMS is conducted every seven years. However, the 2014 survey did not include questions relating to problem gambling making the 2007 APMS the most recent and only data available to explore these issues. There are no other national studies in England which include measures of both problem gambling and suicidality. As with any national survey of health and lifestyle behaviours, analyses are often based on small sample sizes. The APMS 2007 data included 172 people who were at-risk gamblers and 41 who were problem gamblers, meaning there is a limit to the levels of insight that this dataset can give about these people's experiences. This should be borne in mind when reviewing results.

The views of stakeholders and people directly affected by gambling related suicide were gathered through a workshop to better understand the impact(s) and to identify the current evidence and knowledge gaps.

Recommendations from the research

In order to meet objective 'B' and scope what further research may be needed, a range of stakeholders including those with lived experience of gambling harms attended a one-day workshop. The views from the workshop culminated in the third report, which aimed to scope gaps in current evidence and knowledge relating to gambling-related suicidal behaviours and how these could be addressed using current sources of UK based data and in future studies to support prevention.

Key research recommendations:

- A psychological autopsy study to be conducted and which includes records of suicide where gambling is mentioned. This could be coupled with educational materials for coroners to raise their awareness of the issue.
- Advocate for the inclusion of questions relating to gambling in the next Adult Psychiatric Morbidity Survey planned for 2021, perhaps via mechanisms such as responding to any forthcoming consultation on its content.
- The gambling industry should continue to explore the potential of developing machine learning algorithms for better identification of those at risk of problem gamblers to enable earlier interventions.
- A UK-based longitudinal study to explore risk factors and trajectories to suicidal behaviours and allow for more robust causal inference.

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- Research to explore views of people who gamble and their carers regarding services and sources of support.
- A systematic review of evidence relating to current interventions relating to gambling and suicidal behaviours.
- Closer cooperation between mental health charities and organisations to foster collaboration and exploring ways to collect data and deliver interventions, sources of support and education at scale.

Key clinical practice recommendations:

- Suicide Bereavement Services exist or are under development. Within the context of supporting families bereaved by suicide there may be opportunities for data collection through working with bereaved friends and family, which can in turn inform preventative work.
- Develop educational packages for clinicians and other primary care providers to raise awareness of gambling and gambling-related suicide.

What existing data shows about problem gambling and suicidality

The 2007 APMS data found that problem gamblers had elevated rates of suicidal thoughts, attempts and non-suicidal self-harm. Key findings for those identified as problem gamblers were that:

- They had higher levels of lifetime suicidal thoughts (42.2% vs. 17.5%), non-suicidal self-harm (22.4% vs. 5.0%) and suicide attempts (27.0% vs. 5.4%) than non-problem gamblers.
- 19.2% had thought about suicide in the past year. The equivalent estimate among those with no signs of problem-gambling was 4.1 %.
- 20.9% had felt that life was not worth living in the past year, compared to the equivalent rate of 6.0% among those with no signs of problem-gambling.
- 17.1% had wished they were dead while the equivalent rate was 4.7% among those with no signs of problem-gambling.
- One in twenty had made a suicide attempt in the past year (4.7%). The equivalent estimate among those with no signs of problem-gambling was 0.6%.
- Problem gamblers and at-risk gamblers were more likely than the rest of the population to be male, younger, single, living in rented accommodation, and to have few qualifications.
- Among people who had made a suicide attempt in the past year, about one in twenty were problem gamblers (5.2%) and another one in twenty were at-risk gamblers (4.9%).
- Suicidal thoughts and attempts often have multiple causes, yet the association between current problem gambling and suicidal attempts/thoughts remained once a range of other

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things, like experience of other common mental disorders or substance misuse, were taken into account.

What current data shows about loneliness and suicidality

APMS 2007 data shows an association between problem gambling, suicidal behaviours and perceived loneliness/isolation that warrants further investigation. Problem gamblers:

- Were more likely to feel lonely and isolated from other people compared to non-gamblers or gamblers who show no sign of problem-gambling.
- Appeared to have smaller networks of people they felt close to compared to non-gamblers.
- Were less likely to perceive that family and friends gave them encouragement and support.
- Subjective loneliness appeared consistently to be a prominent factor for problem gamblers, as did poor physical health, smoking, alcohol and substance misuse, and poor mental health.
- While the relationship between suicide attempts and problem gambling may be mediated through perceived loneliness, the relationship persists independent of it.

Conclusion

The APMS is a cross-sectional survey, which means it can look at associations between different experiences but cannot look at causation. However, documenting and mapping associations between problem gambling and suicidal ideation is important as it creates the foundations to explore these issues further. Results show that problem gamblers are more likely than others to have attempted suicide, to have suicidal thoughts and to harm themselves. When suicide occurs, it has devastating consequences for families, friends and communities. This project was intended to allow progress to be made on understanding this important issue and to provide recommendations for research which could be conducted to include those with lived experience and further develop our understanding of other areas of gambling-related harm.

As a vulnerable group, problem gamblers and at-risk gamblers warrant targeted support. Addressing loneliness may reduce the risk of suicide attempts in some problem gamblers, but this is an emerging field and evidence-based interventions for loneliness are yet to be fully evaluated. The wider health community and, especially, organisations which are likely to be in contact with gamblers, for example those working in the gambling industry, should be aware of the risk of suicidal behaviours and should have appropriate policies, responses and safeguarding procedures in place.

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Appendix A

Disclosure statements

Heather Wardle is an Assistant Professor at the London School of Hygiene and Tropical Medicine, working on a project funded by Wellcome. She runs a research consultancy that provides research services for public and third sector bodies and works with Geofutures on public and third sector funded contracts. She does not provide consultancy services for industry. She is the Deputy Chair of the Advisory Board for Safer Gambling, an advisory group who provides independent advice to the Gambling Commission, and through them, to government on gambling policy.

Sally McManus worked on this report in her capacity as an independent researcher. She is also an associate affiliated with the National Centre for Social Research (NatCen), where she led the Adult Psychiatric Morbidity Survey programme.

Simon Dymond is Professor of Psychology and Behaviour Analysis at Swansea University. He has received funding from GambleAware and the National Council for Responsible Gaming (US) and has contributed to funded reports on gambling-related harm for Public Health Wales and Forces in Mind Trust.

Ann John is a clinical Professor of Public Health and Psychiatry at Swansea University Medical School and Chair of the National Advisory Group to Welsh Government on Suicide and Self-harm prevention. She is currently funded by MQ and the Medical Research Council with a focus on health informatics, suicide, self-harm and children and young people's mental health. She is a trustee of the Mental Health Foundation and co-Director of the Cochrane satellite on Suicide and Self-harm Prevention.