A hospital-based treatment programme for patients with gambling problems

Dr Kirsten Dunn, Ms Kate Morefield & David Smith
research fellows
Professor Peter Harvey
Director: Flinders Centre for Gambling Research
Context

- South Australia
- 1.6m people over a large area (1,000,000km^2)
- ≈ 25% in rural areas
- ≈ 2% problem gambling
- a range of support services available
- rates of presentation
- treatment completion
- relapse and repeat cycles
- study funded by... The Independent Gambling Authority, SA
Defining the problem!
DSM-IV-TR criteria – pathological gambling

A persistent and recurrent maladaptive gambling behaviour is indicated if the individual meets five (or more) of the following criteria:

1. is preoccupied with gambling
2. needs to gamble with increasing amounts of money
3. has repeated unsuccessful efforts to control, cut back, or stop gambling
4. is restless or irritable when attempting to cut down or stop gambling
5. gambles as a way of escaping from problems or of relieving a dysphoric mood
6. after losing money gambling, often returns another day to get even (i.e., “chasing one’s losses”)
7. lies to conceal the extent of involvement with gambling
8. has committed illegal acts to finance gambling
9. has jeopardised or lost an important relationship, job, or educational or career opportunity because of gambling
10. relies on others to provide money to relieve a desperate financial situation caused by gambling
Background

• the phenomenon of problem gambling
  • forms of gambling (ie 85% of clients - EGM associated problems)
  • extent of harm
  • rate of help seeking
  • emerging forms of gambling

• each gambler with problems affects 7-10 others

• gambling revenue & funding...Department for Communities and Social Inclusion through the Office for Problem Gambling in SA

• co-morbidity
The Statewide Gambling Therapy Service

- Office for Problem Gambling (OPG & GRF)
- Department for Communities and Social Inclusion
- > 400 new clients a year
- 8-10 treatment sessions on average
- Therapy options...
  - Manual-based graded exposure treatment
  - Therapists...mental health nursing, social work and psychology
  - Treatment compliance and completion rates
Business Model

- service delivery...sites and numbers
- treatment timeframe
- rural treatment options
- inpatient and outpatient models
- clients
- clinical / treatment outcomes
Research

- ethics approvals
- longitudinal tracking & follow-up
- relapse study – predictors of relapse in PG
- naltrexone pilot study
- physiological measures (EEG scanning)
- inpatient review project
• pilot study in correctional services
• testing the SGTS model / best practice
• RCT (3 year study of CT/BT)
• emergency department admissions links
• Flinders Centre for Gambling Research
• Southgate Institute for Health, Society and Equity
• family violence study
Larger view

- wider population approaches (Southgate Institute)
- collaborative work with other agencies
- the on-line gambling phenomenon
- policy impacts and systems change
- improved outcome-based models of care
in summary...

- It’s an addiction without an intervening substance.
- A physical illness or an impulse control disorder?
- A business generating large profits.
- Genetic factors and brain chemistry.
- Cognitions causing behaviour vice versa or both.
- Social and economic causes and impacts.

Gambling is a phenomenon of interest because...
This is a complex problem requiring a complex set of interventions across numerous levels of society...

...in-patient treatment is one option
the model of care
SGTS treatment in general

- Cognitive Behavioural Therapy (CBT) based treatment (with graded exposure therapy)

- Therapists with social work, mental health nursing and psychology backgrounds and post graduate CBT qualifications (master of mental health sciences)

- 8-12 session (for both outpatient and inpatient models)

- Often need to deal with other co-occurring conditions

- Consumer support and relapse prevention programme
SGTS service outcomes  (in-patient and out-patient combined)

• > 800 clients treated per year  (around half are ongoing cases)

• > 400 new clients each year

• > 90% of clients see a therapist within 3 weeks of contact

• > 70% of treated clients report reduced gambling behaviour or expenditure within 6 months

• 45% of clients complete a course of treatment

• > 80% of clients who complete treatment either fully or substantially achieved their treatment goals
EGMs

Revenue & Taxation: 1995-2011

Years

Flinders University
inspiring achievement
treatment clients - new registrations, 2005-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Registrations</th>
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<tr>
<td>2005</td>
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<td>2011</td>
<td>378</td>
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<tr>
<td>2012</td>
<td>365</td>
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</table>
Age distribution
PGSI profile for standard cohort 2011

Mean = 15.70
Std. Dev. = 8.539
N = 491
Indigenous client numbers increasing
Time to seeking help

- <3 months: 1%
- 3 - <6 months: 2%
- 6 - <12 months: 6%
- 1 - <2 years: 10%
- 2 - <5 years: 25%
- 5 - <10 years: 29%
- 10+ years: 27%
Outcomes for whole service: 2010-11 for clients newly registered in that year
mean Victorian Gambling Screen (VGS)

Treatment session (over time)

Baseline: n=128
Early Tx: n=61
Mid Tx: n=90
Late Tx: n=45
FU Tx: n=49

p<0.001

problem gambler
borderline problem
no problem

Mean (95% CI) Victorian Gambling Screen (VGS) Score
mean problem rating

![Graph showing mean problem rating over treatment sessions with different sample sizes and p-value.](image-url)
mean Work and Social Adjustment Scale (WSAS)

![Graph showing mean WSAS scores across different treatment sessions.](image-url)
key in-patient components

- same treatment as for out-patient programme
- the co-morbidity issues
- compressed to 2 weeks
- daily sessions
- outcomes to date
the in-patient treatment context...

- funding for 2 patient beds in FMC
- client access
- co-morbidity
- rate of help seeking
- treatment outcomes
in-patient study (2 years)

- n = 53 retrospective cohort study
- co-occurring conditions
- range of mental health problems
- gambling not always the main problem...hence the need for intensive treatment
- support options post treatment
- clients show improvement over time
- the respite factor
Victorian Gambling Screen (VGS)

A statistically significant model (Wald $\chi^2=32.24$, df=2, $p<0.001$) showed improvements over time for VGS scores.
Kessler 10 Scale: K10...general psychological distress

A statistically significant model (Wald $\chi^2=22.67$, df=2, $p<0.001$) showed improvements over time on K10.
Work & Social Adjustment Scale

A statistically significant model (Wald $\chi^2=15.74$, df=2, $p<0.001$) showed improvements over time on WSAS.
Discussion

- treatment benefits demonstrated
- a clear need for a respite / in-patient option
- inpatient programme provides access to a wider range of clinical services for co-morbidities
- complex cases and support for co-morbidity
- ongoing support on discharge
- rural and remote options
sustainability

- cost / benefit analysis
- mental health service cost pressures
- bed distribution to meet need
- triage from emergency to outpatient to reduce hospital demand (option for an ongoing study of re-presentations to emergency department)
- option for rural communities
- options for families in crisis
Statewide Gambling Counselling treatment for pokies and other gambling addiction in South Austr - Mic...

Statewide Gambling Therapy Service

Is gambling a problem for you or someone close to you?

Gambling becomes a problem when it disrupts personal, family or job-related activities. People can find it difficult to resist the urge to gamble even when they want to stop. People may hide their gambling from others and severe financial problems can arise.

Statewide Gambling Therapy Service provides assessment, evidence-based treatment and follow-up counselling for problem gambling and other problems that can be related, like depression and anxiety. Treatment is available for the different forms of gambling e.g. pokies, TAB, card games, and Keno.

It is a free, effective and confidential service that will help you get control of your life.
SGTS

Thank You