

GAMBLING HARMS TREATMENT AND CARE PATHWAY

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PATHWAY SUMMARY

This pathway describes the goals, principles and key elements of a good system of treatment and care for people experiencing gambling harms identified by people with lived experience and others involved in the gambling harms and treatment and care pathway project.

- The pathway highlights key components needed in all systems: routine screening, consistent provision of essential information, mechanisms to identify and get the right treatment and care, support structures to enable safe, critical support from peers and other parts of the system (including programmes for 'affected others'), systematic follow-up after treatment, and clear routes to get help in case of mental health crisis or reoccurrence.
- Key factors that are needed to ensure the quality of the system include a meaningful role for people with lived experience, shared messages and narratives about gambling harm across the system, developing professional understanding of gambling disorder and standards (specialist and non-specialist) and more transparency about people's experiences and outcomes.
- It is underpinned by a shift to a public health approach that considers the determinants of harm and therefore the need for shared responsibility for action, and for communication that removes stigma and other barriers to getting the right help.
- This should enable people to stop gambling, have good mental health, feel understood and empowered, and reduce longer term impacts on lives and families.
- Gambling with Lives, in partnership with local providers, proposes to pilot the pathway in Greater Manchester to test and demonstrate how the elements can be implemented and evaluate the impact it can have.

FOREWORD

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“ As people with lived experience of gambling harms we were delighted to participate in leading the development of this care and treatment pathway.

We know how few people harmed by gambling currently access treatment and that too often they and people around them don't experience being helped. We also all know first hand that suicidal thoughts sit very closely with harm from gambling and that speedy appropriate help is the first line of prevention against suicide.

So we would like to dedicate our work on this project to all those who were not helped in time, who are not with us now and who we remember always. ”

- Nadine Ashworth, Zack Mceniry, Liz Ritchie, Steve Watts

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INTRODUCTION

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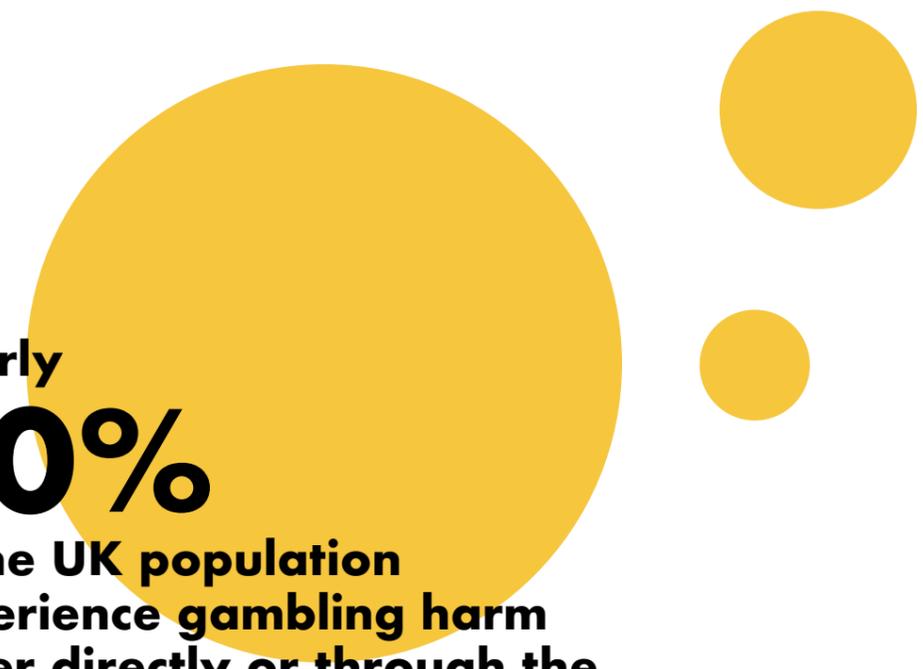
BACKGROUND

Gambling poses well recognised risks to individuals, families and communities in the UK. Nearly 20 per cent of the UK population experience gambling harm either directly through the addiction of another¹.

Gambling disorder is highly correlated with suicide². Yet unlike for other common mental health conditions, pathways that enable people to get the right treatment and support at the right time, based on agreed best practice, are not well-defined.

The National Strategy to Reduce Gambling Harms highlights the discrepancy between the numbers of people in treatment compared to the potential need (estimated to be only 2 per cent). This is linked with lack of awareness within wider health and social services, underdeveloped referral routes into treatment and support, and a lack of national availability³. The Advisory Board on Safer Gambling observes that services are not comprehensive, nor sufficiently integrated with the NHS⁴.

Gambling with Lives has heard how this is reflected in people's experiences of finding and getting help. People experiencing gambling harms have told us they faced low awareness of gambling disorder in mainstream services. They felt expected to identify their condition and navigate the treatment system themselves, without key information and advice provided early on. While some have found care and support that played a positive role, often the options



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available, and their quality and effectiveness, were not clear. Many found that treatment was too short term and unable to specifically address gambling. And people encountered judgement and lack of understanding that contribute to self-blame and further harm to mental health.

This has led GwL to bring together experts by experience and other partners with the aim to show how the system of treatment and support can be more accessible, relevant and effective for those who need it.

¹ Briany Gunstone & Kate Gosschalk, YouGov March 2020: 'Gambling Treatment and Support'

² Anna Karlsson and Anders Håkansson 2018: 'Gambling disorder, increased mortality, suicidality, and associated comorbidity: A longitudinal nationwide register study'

³ Gambling Commission 2019 'National Strategy to Reduce Gambling Harms'

⁴ Advisory Board for Safer Gambling 2020, 'Advice to the Gambling Commission on a statutory levy'

INTRODUCTION

This document was produced as part of the gambling harms treatment and care pathway project which is working with partners in Greater Manchester to demonstrate what a good system of treatment and follow-on support, and the routes into it, look like for people experiencing gambling harms.

The pathway design aims to describe – from the perspective of people experiencing gambling harms – the goals, principles and key elements that are best practice for a system of treatment and care, and what people need from their experience of interacting with the system.

This will in turn inform specifications, performance standards and frameworks, delivery models/plans and professional competencies to enable the pathway to be implemented, commissioned and provided locally. It is intended that this pathway can be embedded in health and care systems through local leadership, collaboration and commissioning.

PATHWAY AIMS

The pathway aims to ensure that:

- Understanding of lived experience is at the heart of the system of treatment and support
- More people with gambling disorder get professional help
- Gambling harm is identified early
- People can find appropriate help easily and quickly
- People's experience of getting help meets their needs
- The system is effective, enabling people to achieve the outcomes that matter to them
- Gambling-related suicides are prevented
- Navigation to appropriate specialist treatment is embedded within existing health, care and public service provision
- Frontline professionals across services are aware of gambling harm and understand what to do
- There is visibility and understanding of the outcomes and quality of the system and services within it to enable learning, improvement and accountability

HOW WE DEVELOPED THE PATHWAY

The process of collaboratively designing the pathway has been guided by a steering group including experts by experience and representatives from the health and care system including public health and mental health.

The process of designing the pathway included:

- Focus groups with people with lived experience
- Co-design workshops including experts by experience and providers of gambling and other relevant support services
- A rapid literature review to identify existing evidence in relation to gambling harms pathways
- Input from clinicians familiar with the evidence base on gambling disorder treatment
- Reflection on Gambling with Lives' analysis on a public health approach to gambling harms and its implications for treatment
- Meetings with expert by experience groups to gather feedback on the emerging design and further insights

KEY PRINCIPLES AND OUTCOMES

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Stakeholders in the project identified some of the principles that a system of treatment and care should support.

- Timely recognition of gambling harm and its severity
- Recognition and appropriate responses in primary care (general practice)
- A clear pathway to navigate appropriate treatment
- Build on what works well
- Follow the best available evidence when offering therapeutic interventions
- Clear information for individuals about the harm they may be experiencing
- 'Affected others' and the network around the person who gambles need to be involved and supported
- Peer support plays a role throughout
- After-care is critical
- Transparency of quality and outcomes of the treatment options
- More focus on personal and forward-looking outcomes
- A pathway should reflect shared responsibility that acknowledges all the determinants of harm rather than focusing responsibility on individuals
- Language and messaging matters
- Strong professional standards in the treatment of gambling disorder

KEY OUTCOMES

People experiencing gambling harms identified some of the outcomes that a system of treatment and care should support, with common themes emerging from this:

I NO LONGER GAMBLE

To stop gambling

I HAVE GOOD MENTAL HEALTH

Prevent suicide
Not having the urges
Regaining control
Feeling positive and confident

I AM EMPOWERED

Accept that willpower is not enough
Empower through knowledge
Cognitive and behavioural skill-set
Understand the process and triggers
Practical tools
Feel able to support my partner
'Affected others' find empowerment to help the individual

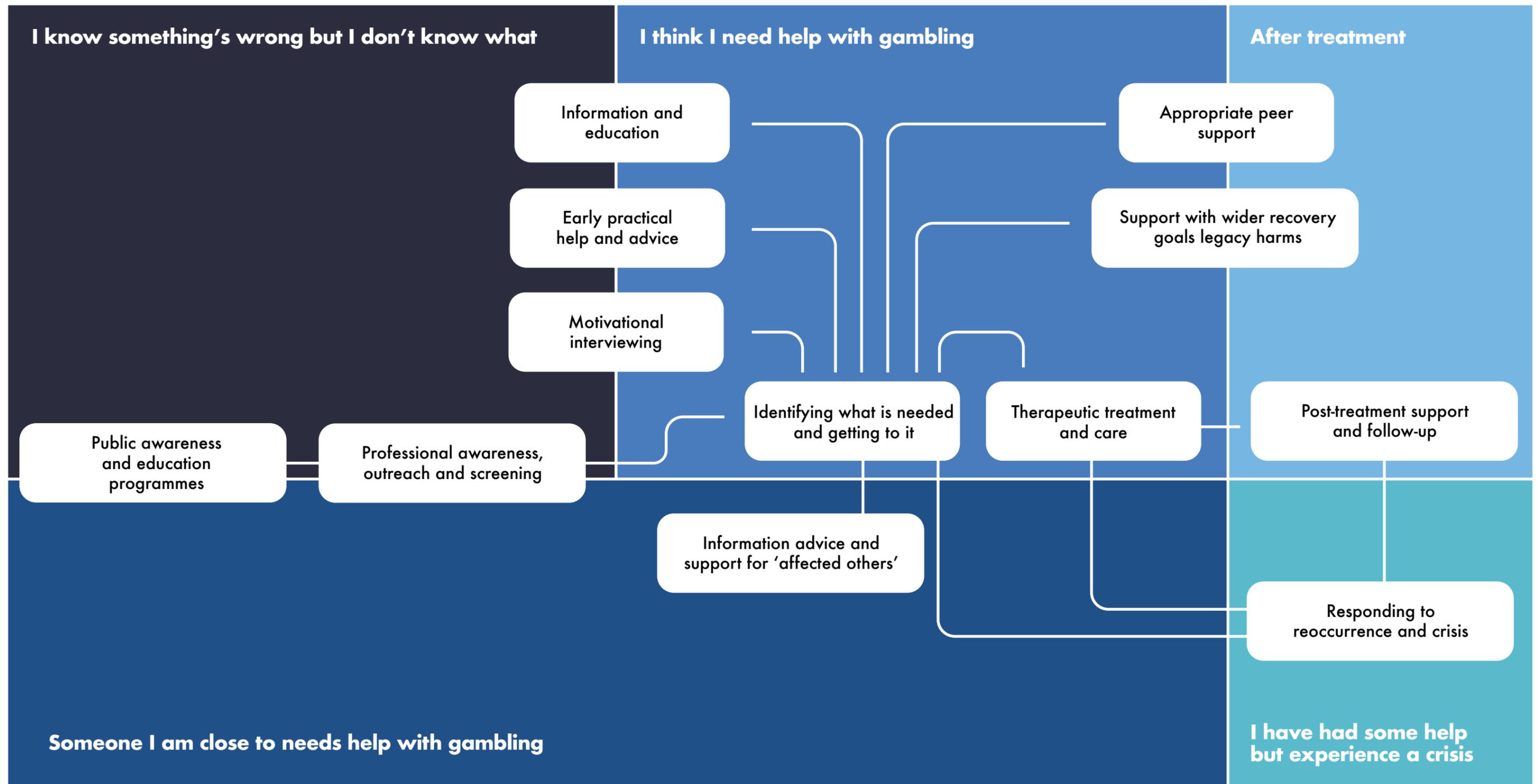
I FEEL UNDERSTOOD AND SUPPORTED

To not feel like a burden
Understanding them better
Not blaming them
Not to feel alone in tackling the problem
For people around me to understand why this was happening

THE IMPACT OF GAMBLING HARM ON MY LIFE AND THOSE AROUND ME IS ALLEVIATED

Regaining control over other parts of my life - legacy harms
Personal goals such as 'being the person I was'
Protecting my family's finances
Getting time/money back

OVERVIEW OF THE PATHWAY



COMPONENTS OF THE PATHWAY

COMPONENTS OF THE PATHWAY

01

“ I know something's wrong but I don't know what ”



AWARENESS, OUTREACH AND SCREENING

The pathway should include:

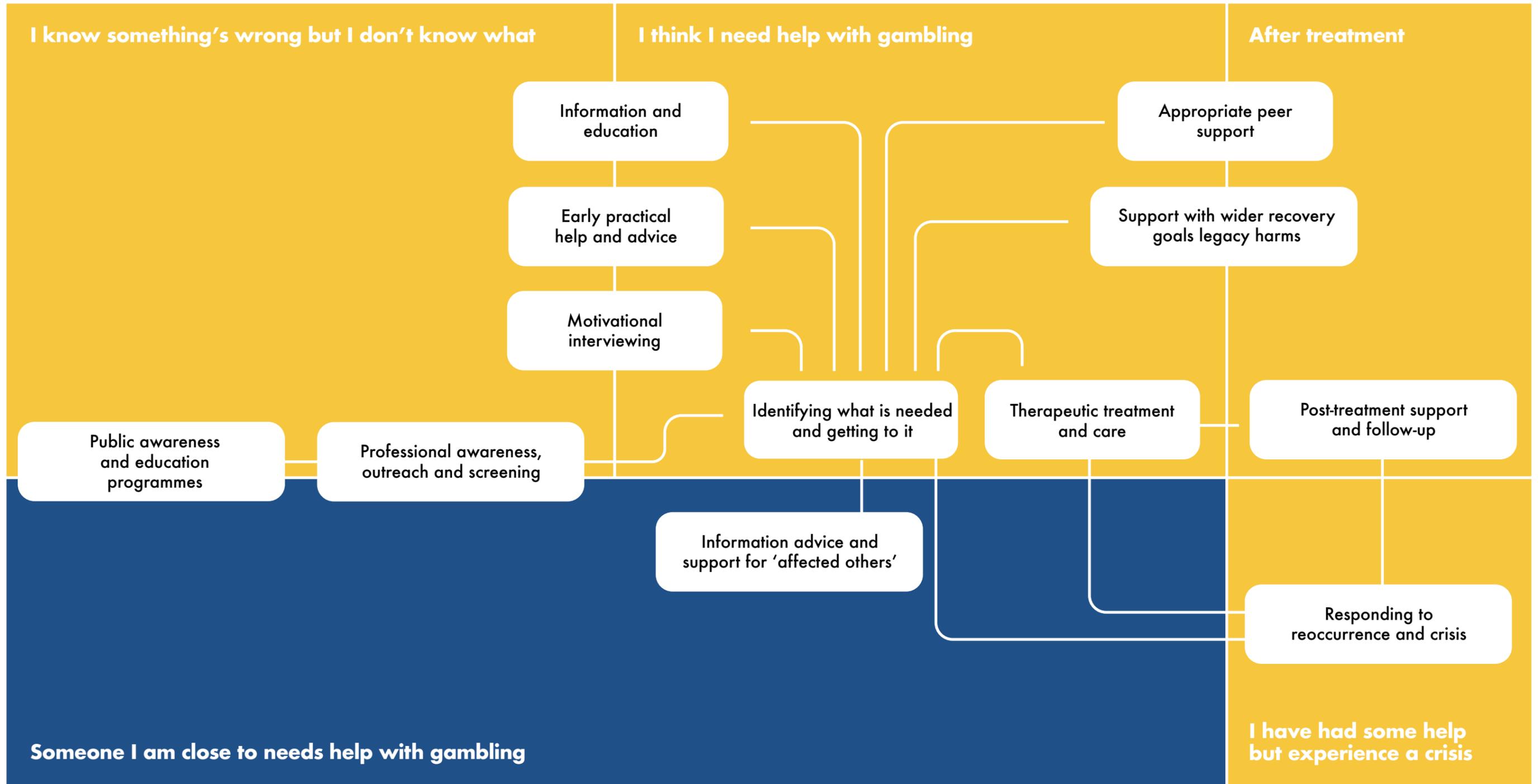
- Universal awareness and education campaigns to raise the basic level of gambling harm awareness
- Public health information campaigns, visible in gambling and other relevant environments, that connect gambling with harms and symptoms
- Specific outreach to groups that are more likely to experience harm or less likely to access treatment
- Routine screening to determine potential harm in key settings:
 - General practice
 - Financial organisations
 - Credit counselling/debt advice settings
 - Justice pathways (police, probation and parole)
 - Improving access to psychological therapies services (IAPT)
 - Around transition to higher education
- Educating relevant professionals so frontline services know how to talk about gambling harms with clients and regularly 'ask the question'

How we will know it is working well:

- People who gamble and those who are close to them can connect gambling and symptoms they may be experiencing
- There are conversations about gambling harms within family/social groups reflecting greater awareness that anyone can become addicted to addictive products
- Screening is routine within key parts of the system
- Practitioners take responsibility for referring people for help with gambling harms
- People do not experience stigma, blame or judgement from services as a barrier to getting help
- People feel understood

02

Someone I am close to needs help with gambling



ADVICE, EDUCATION AND SUPPORT FOR 'AFFECTED OTHERS'

The pathway should include:

- Information and advice to understand the condition and the factors that cause it, appreciate the risks and know what they can do in the short and long term. This includes practical advice on barriers to gambling and taking control of finances, and dealing with long-term impacts such as debt, employment and family relationships
- Practical guidance on helping the person who gambles in a non-judgemental way when they are not accessing treatment:
 - How to create a safe platform for disclosure
 - How to have the conversation about accessing help
 - Information for the person who gambles
- Options for counselling and peer support. Counselling should be trauma-informed and based on experience and understanding of gambling
- Specialised bereavement support for people who are impacted by gambling related suicide

How we will know it is working well:

- 'Affected others' understand what the individual is going through, recognise it is a mental health disorder, and what they can do on a day-to-day basis – uncertainty and lack of knowledge do not add to the stress affected others experience
- Affected others' own emotional needs and wellbeing are supported
- People who gamble and those closest to them feel able to communicate about gambling
- People are surrounded by others who understand the problem, the addictive nature of products and environmental factors that contribute, and do not feel they are dealing with it on their own
- Communication, coping skills and support facilitate higher levels of family involvement in the process, which is associated with better reported treatment outcomes

“ I think I need help with gambling ”



IDENTIFYING WHAT IS NEEDED AND GETTING IT

The pathway should include:

- Access to gambling harm expertise to assess severity and risk, understand what people need and provide guidance/support to access treatment, care and support. This can be accessed through:
 - Facilitation/introduction from points of initial screening
 - Publicised points of contact for local services (phone, online, face to face)
 - A digital access point where information, self-screening, the ability to ask questions anonymously, and make contact about getting help are gathered together in one place
 - Welcoming/known places
- Prompt holistic assessment of severity, harm and risk and a conversation about priorities and goals to match to the right treatment and support options
- Assessment for self harm and suicide risk and actively maintained safety plans developed with individuals
- Mechanisms for visibility of the quality and effectiveness of service and intervention options
- Coordination of clinical therapy, lived experience, practical and other support, joined up with other health and care services
- Specific approaches to assessment and coordination for children and young people who are experiencing harm

IDENTIFYING WHAT IS NEEDED AND GETTING IT

How we will know it is working well:

- Responsibility for identifying what is needed and getting it shared by services
- The first contact is the 'right' one, meaning that wherever you go, you will be listened to, understood and find the way to access specialist support
- Getting from screening, or asking for help, to treatment and support is not complicated or time-consuming
- No one falls in the gaps between services
- Routes in take account of different levels of awareness and capacity of people who require treatment
- People can always find a listening ear
- It is understood where people are in terms of severity of gambling harm and the factors that increase and decrease risk so that treatment and family support reflects this
- Everyone's plan is designed for them individually, thinking of their needs and priorities
- People are enabled to design their own recovery
- Things get started straight away and clinical decisions are made promptly
- Everyone's 'roadmap' considers what happens after treatment

TREATMENT, CARE AND SUPPORT OPTIONS

There is a full range of care, treatment and support available:

Essential information and practical help

Practical help and advice on how to stop gambling and to manage any immediate crisis

Information and education to understand gambling disorder and what is happening

Establishing networks of support

Advice, education and support for 'affected others' and support network

Peer support that is safe and relatable

Appropriate therapeutic interventions and mental health care

Evidence-based gambling-specific therapies

Gambling-linked therapeutic care

Treatment and care for any co-existing conditions

Management of suicide risk

Further support with recovery and legacy harms

Family and couples relationship support - including children

Wellbeing and recovery support that may not be gambling-specific

Help with related/legacy harms e.g financial and legal advice

EARLY PRACTICAL HELP

From first contact help should include:

- Information, advice and advocacy to address any immediate crises affecting day-to-day living - such as threat of eviction
- Comprehensive information, and advice and support to use tools and schemes to stop and avoid gambling (online and offline self-exclusion schemes, banking blocks, blocking software and tools to avoid online marketing exposure)
- There is also direct access to:
 - Information about the problem (see information and education)
 - Online guidance and help for affected others
 - Validated self-help materials or online resources which act as pathways to further support
 - Appropriate (online) spaces to talk to peers and others who understand
 - Gambling-informed services that can help with issues such as money management

How we will know it is working well:

- Everyone is given accurate information about tools and schemes from the outset
- There is positive feedback about the information, resources and advice offered from those who access it

INFORMATION AND EDUCATION

Information is provided from the start that enables people to understand and make sense of what is happening to them. This education is offered to both people who gamble and those around them.

This education includes:

- The nature of addiction to gambling and the role of the environment in forming it, including how gambling products and marketing practices work, and how they affect the brain
- The prevalence of gambling harms
- Key characteristics of gambling disorder including its intermittent nature and risks of suicide
- The risks associated with gambling products and narratives
- When, how and why people experiencing harm should seek abstinence from gambling

People also have essential information on:

- The services and tools that are available to help people with gambling disorder and affected others
- The local pathway and how to access treatment and support options, documented in one place

How we will know it is working well:

- The information feels clear and relevant to the people getting it
- It reaches people around those who gamble as well as people who gamble
- People feel empowered and better understood
- There is a shared understanding between professionals and people affected by gambling harms
- Information is kept up-to-date reflecting the development of products and practices

MOTIVATIONAL INTERVIEWING

- Interim and brief interventions for gambling harms closely reflect the evidence about what works
- Specifically, motivational interviewing can be helpful when people are not thinking they have a problem or to maintain motivation. It can be used as a stand-alone intervention for those with lower level problems, or added before more intensive structured treatment for those with gambling disorder. (For people experiencing immediate mental health crisis, other short-term support is needed)
- These interventions are delivered with empathy by people who understand the difficulty and fears of stopping and are qualified to provide motivational interviewing in a gambling context (given the role of products, environmental determinants and risks of stigmatising messages)

How we will know it is working well:

- At any time, people can get help to stop gambling harms
- People have hope and can see a way forward
- More people take up further support that is offered
- Monitoring and further evidence confirms that short-term interventions are helping

THERAPEUTIC TREATMENT AND CARE

- Therapeutic interventions and care are recommended following best available evidence of what works to treat gambling disorder and other presenting conditions in a gambling context:

Evidence-based gambling-specific therapies

Gambling-linked therapies where gambling is a symptom of other conditions

- Treatment is joined up with care for other mental health conditions and addictions, recognising that anxiety and depression can make reoccurrence more likely
- The intensity of therapeutic interventions is matched to the level of harm and risk and to what the individual needs in order to engage
- Access to treatment is determined by need and clinical priority
- Interventions are available in a choice of settings

- Treatment provision follows evidence-based standards
- Interventions are not time bound. Duration is based on what is needed to achieve the goals of therapy and ensure that the benefits can be sustained

THERAPEUTIC TREATMENT AND CARE

How we will know it is working well:

- Essential elements of care and treatment are available straight away due to capacity of gambling harm to accelerate and risk of death that can be high and sudden
- There is common understanding of the options for intervention, what we mean by them (common standards) and how effective they are
- Therapists develop good relationships with the people they support
- Therapy reflects people's evolving needs and motivations
- People experience services that reflect how they want to be treated:
 - They understand me
 - They demonstrate respect
 - They are non-judgemental and offer unconditional support
- Professionals are credible including demonstrating that:
 - They recognise the problem (treatment addresses gambling, not just the symptoms)
 - They understand what the condition is, and what it is not – (e.g. how it is different from drug and alcohol addiction)
 - They understand the impact of trauma
- The interventions delivered are demonstrated to be effective

FURTHER SUPPORT

People are connected to further support that is needed to maintain recovery, rebuild lives and cope with the wider impact of gambling:

- Finances - including from banks
- Families and couples relationships - considering family therapy
- Legal and advocacy
- Personal safety
- Employment
- Criminal justice
- Social care and safeguarding
- Wider wellbeing

- Further support is provided by organisations, professionals or peers that have core understanding of gambling disorder, and of the other services that can help so that they can support people who have experienced harm appropriately

How we will know it is working well:

- Wider services demonstrate empathy, understanding of gambling disorder as a mental health condition, awareness of risks including suicide and do not stigmatise
- Wider services use the right messages and language and understand the need to support abstinence
- There are better outcomes in terms of the longer term effects of gambling on lives and families

PEER SUPPORT AND MUTUAL AID

There are opportunities to talk to someone who has had the experience at any point in the pathway – for both people who gamble and ‘affected others’.

This should include:

- Structured peer support programmes provide a safe space and ensure the wellbeing of participants with training and professional support to inform and protect both parties.
- Programmes that are relevant to different cultural and demographic groups or profiles.
- Opportunities for participation in improving the system using their lived experience

How we will know it is working well:

- Anyone who needs it can be matched to peer support that they can relate to and that is non-judgemental
- People are empowered and experience hope through peer support
- The wellbeing of those providing peer support is also enhanced

04

“ After treatment ”



POST-TREATMENT SUPPORT AND FOLLOW UP

Post-treatment support should include:

- Aftercare that is individualised, considering the types of harm experienced
- Routine monitoring following treatment, reviewing not only abstinence but other key outcomes and indicators of harm/risk
- Sustainable and day-to-day follow-on support built in early – including a range of peer-based mutual aid activities and supportive (family/friend) networks. Someone you can trust, and build a relationship with, is assigned to provide continuity along the journey
- Support to address ongoing harms (e.g. to finances, relationships, careers, long-term mental health)
- Communication of the risk and possibility of reoccurrence and route to come back quickly for support

How we will know it is working well:

- Outcomes from treatment are sustained
- Gambling-related suicides related to reoccurrence are prevented

05

“ I have had some help but experience a crisis ”



RESPONSE TO REOCCURRENCE AND CRISIS

Post-treatment support should include:

- The person who gambled and those around them are trained on the reoccurrence process, including awareness of the circumstances and signs, understand that it is normal and know how to get help
- Responsive care is available for those who experience a crisis or reoccurrence, with options for how to access this, combining professional and peer support and involving affected others
- People who have previously accessed support can 'drop in' without the need to go through full referral / assessment processes again
- The response offered should recognise the high suicide risk from reoccurrence - including communicating this risk and who to contact if suicidal feelings arise
- Crisis support can be accessed online, by phone or through face-to-face services

How we will know it is working well:

- Individuals know that they can get help before things escalate and it doesn't matter how many times they use it
- People don't have to keep retelling their story

UNDERPINNING A GOOD SYSTEM OF SUPPORT

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Expert by experience leadership

People with lived experience have a meaningful role in the development and improvement of the system of support that recognises the essential role they play in reducing gambling harm.

Appropriate common language and key messages

Conversations about gambling throughout the pathway (including non-specialist settings) convey key messages and use appropriate language to remove stigma/discrimination and self-blame as barriers.

Recognition and parity of gambling disorder within the health and care system

Gambling disorder is recognised as a mental health condition by people working in the health and care system. As part of their duties they promote timely and equal access to effective treatment, as with other health issues.

Professional and peer support competencies

There is professional training, development and standards for the delivery of interventions and management of the condition. Those in non-specialist settings and peer supporters also have the confidence and competence to talk about gambling and know when to ask for specialist help.

Understanding outcomes

Holistic qualitative and quantitative data is collected about people's experiences and outcomes. This means practitioners can respond to individual needs. It is also reported so that there is learning and accountability across the system and transparency for people making choices about treatment and support.

KEY MESSAGES

Key messages from the point of screening and throughout the pathway include:

- Here is information about the problem
- It's not your fault though you will need to work (alongside professionals and support networks) at recovery
- It can affect anyone – anyone can become addicted to addictive products
- Help is available
- It is legitimate to need help
- Seeking help is 'not a big thing'
- It's normal and OK to feel the way you do (guilt, relief)
- Reoccurrence can happen and can mean that you need more help to manage the risks to your mental health
- Referring to mental health rather than addiction

ASSURING QUALITY AND ONGOING IMPROVEMENT

- Positive outcomes are defined by people who are experiencing harm. This can include medium and long-term outcomes, and how life has improved, not only changes in gambling
- Qualitative data about people's experiences of the system are also captured and reported as part of a genuine feedback loop to service improvement
- Tracking during treatment enables practitioners and other parts of the system to identify and respond where interventions may not be working and there is a risk of not completing treatment
- Reporting a full range of data to stakeholders provides transparency to understand what is working and what needs improvement locally
- The governance of the system is set out and it is clear who is accountable if things go wrong
- The voice of people with lived experience is part of the governance of the system

How we will know it's working well:

- People are able to compare treatment options and make informed choices
- People can see how treatment outcomes, feedback and incidents result in learning and improvement within the system



WHAT NEXT?

WHAT NEXT?



WHAT NEXT?

Gambling with Lives proposes to pilot a pathway based on this design in Greater Manchester as the next phase of this project. This will enable us to test and demonstrate how the elements can be implemented in practice and evaluate the impact of the pathway.

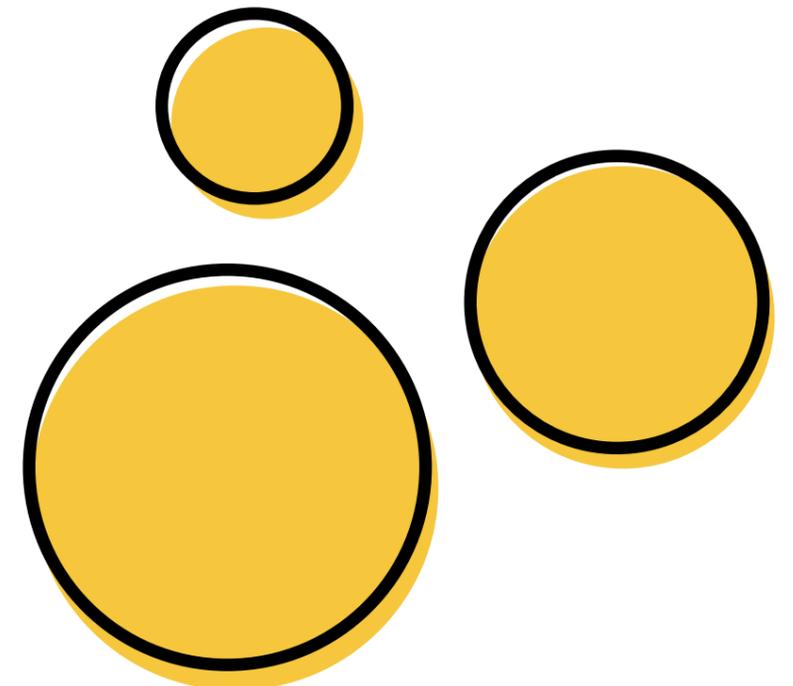
Learning from this will be used to refine the pathway design and offered to other stakeholders to contribute to their ongoing efforts to raise the standard of the system of gambling treatment and care nationally. This will include offering a model for making treatment and care for gambling harms a part of integrated care systems.

Gambling harm is a growing public health crisis, and we would urge all health and care systems to start taking measures described in the pathway.

Questions for further exploration:

In the pilot and proposed further projects, learning from people with lived experience would also help to further develop understanding of what good looks like in areas such as:

- Can screening for gambling harms be effectively targeted?
- What help is most important for people with a Problem Gambling Severity Index score below 8?
- What culturally-specific support is critical?
- What are the specific needs of children and young people who experience gambling harms?



A golden, textured background with a faint image of a bird in flight. The bird is positioned in the upper left quadrant, facing right. The overall tone is warm and celebratory.

ACKNOWLEDGEMENTS

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We are very grateful for the invaluable insight and feedback contributed by all the experts by experience who contributed to the development of this pathway.

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