Problem Gamblers Receiving Counselling or Treatment in New South Wales

Baseline Survey

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At this time, little is known of the numbers of problem gamblers receiving counselling or treatment in New South Wales. For a number of reasons, it has become increasingly important that the number of problem gamblers in treatment be counted. Among those reasons is the decision to fund G-Line (a gambling hot-line and referral service) in New South Wales. G-Line is expected to become operational in the latter half 1997. The survey of problem gamblers in treatment reported here can function as a base line against which to measure the expected increase in numbers of gamblers receiving treatment as a result of the operation of G-Line. Another reason concerns the planning of services for problem gamblers. Supported by funds from the Community Benefit Trust Fund, it is anticipated that a network of services for problem gamblers will be set up in the next two years. Planning of such a network must be based in part on the need for services, and on the adequacy of existing services to meet current and future needs. Finally, knowledge of the numbers of problem gamblers receiving treatment will provide further information concerning the extent to which problem gambling is a major social problem in New South Wales.

METHOD

A list of agencies and individuals who provide counselling or treatment for problem gamblers in New South Wales was compiled based on the Keys Young Report (1995), and services funded by the Community Benefit Trust Fund since that report. A small number of agencies, primarily individual counsellors in private practice, was added to the list based on information elicited in the interviews conducted. A full list of the agencies and individuals contacted is provided in appendix 1.

Interviews

In general, interviews were conducted in person with the counsellors who provide advice and treatment to problem gamblers. Exceptions to this rule included agencies located in rural centres, and a small number of agencies in Sydney where because of distance or timing, interviews were conducted by telephone. All of the interviews were conducted by a qualified Psychologist with training and experience in interviewing skills. No agencies refused to provide the data requested, although, in one instance, the counsellor was absent and data for the past twelve months was not available. All of the interviews were conducted in the four week period from July 30th to August 26th, and all but three interviews were conducted in the first two weeks of that period.

The interview was designed to elicit information concerning:
(1) problem gamblers seen in the last seven days;
(2) appointments to see problem gamblers in the next seven days;
(3) problem gamblers waiting for an appointment to begin treatment;
(4) problem gamblers treated in the last twelve months.

The information obtained in face-to-face interviews was validated by reference to files, logs, and diaries for problem gamblers seen in the last week, appointments made for the next week, and waiting lists. The data for gamblers seen in the last twelve months are estimates without any requirement for supporting evidence. Where interviews were conducted by telephone, the validity of the information obtained must be assumed. In most of these interviews, the fact that the interviewees made frequent references to files and diaries constitutes some support for the assumed validity of the data. All interviews in which the data was not validated in person by the interviewer are marked by an asterisk in appendix 1.

Details Requested for Each Client

For each problem gambler counselled or treated in the last week, the following information was sought:

(1) The type of counselling received - addiction, problem solving, or financial;

'Addiction' refers to counselling or treatment aimed at enabling the gambler to cut down or stop gambling. 'Problem solving' refers to counselling aimed at enabling the gambler to cope with the problems, other than financial, caused by gambling. 'Financial' refers to counselling aimed at enabling the gambler to cope with the debts incurred by gambling.

(2) The main type of gambling causing problems - racing, machine games, casino, numbers games, stock market, other;

'Racing' included betting in any way on horses or dogs. 'Machine games' included mechanical and electronic machines of the traditional poker machine variety or card machines in all locations including the casino. 'Casino' refers to games, other than machine games, played in the Casino. 'Numbers games' includes lotto, lotteries, pools, and bingo.

(3) Category of gambler: compulsive, pathological, problem;

'Compulsive' refers to gamblers who meet criterion on the Gamblers Anonymous 20 questions screen. 'Pathological' refers to gamblers who meet the DSM-IV criterion or the South Oaks Gambling Screen criterion. 'Problem' refers to all other gamblers counselled or treated for gambling problems.

(4) Sex of client: male or female;

(5) Age: number of years;

(6) Ethnicity: country of origin as recorded by the counsellor;

(7) Source of referral - medical, legal, another treatment agency, family or friends, Lifeline, G-Line, advertising, gambling industry, GA, parole service, self, other;

(8) Any other agency which is treating the gambler at the same time.

RESULTS

The results of the survey are organised into four sections according to the periods of treatment listed previously.

Problem Gamblers Seen in the Last Seven Days

Service providers were asked to provide information on gamblers that they had counselled or treated individually in the last week. Table 1 provides statistical information on the 154 problem gamblers who fell into that category.

Table 1:
Problem Gamblers Seen Individually in the Last Seven Days

		Men	Women	Total
Number of problem gamblers		123	31	154
Location	Sydney	96	26	122
	Rural	27	5	32
Average age	All	35.0	44.0	36.8
Ethnicity	Anglo-Australian	88	22	110
	Other English	7	6	13
	NESB non-Asian	20	3	23
	Asian	5	0	5
	Islander	2	0	2
	Other	1	0	1
Type of gambling	racing	25	1	26
	machines	84	30	114
	casino	9	0	9
	numbers	0	0	0
	stock market	0	0	0
	all forms	5	0	5
Category of gambler	Compulsive	44	7	51
	Pathological	22	3	25
	Problem	57	21	78
Counselling	Addiction	96	19	115
	Financial	12	4	16
	Problems	15	8	23
Source of referral	self	29	8	37
	advertising	19	11	30
	Lifeline	22	3	25
	medical	19	2	21

	family or fiends	15	1	16
	Another agency	7	3	10
	other Govt agency	5	1	6
	parole service	5	1	6
	gambling industry	2	1	3
	GA	0	0	0

Of the 154 problem gamblers seen, 52 also attended Gamblers Anonymous (GA) meetings. Validated information is not available for the total number of gamblers who attend GA, but a spokesperson for the organisation estimated that attendance at meetings throughout New South Wales in a typical week is approximately 550. Table 1 also does not include two psychotherapeutic groups containing 23 gamblers run by counsellors in addition to their individual case loads.

In summary,

- 154 problem gamblers received individual counselling or therapy during a one week period in August, 1997.
- A further 23 problem gamblers received group psychotherapy in the same period.
- Approximately 550 compulsive gamblers attend GA meetings.
- Of these 177 problem gamblers, a total of 70 attend a second service, whether GA or another therapist, and one problem gambler attended GA and saw a second therapist.
- Thus, it is estimated that 656 gamblers (550 gamblers attending GA and 177 gamblers attending agencies other than GA, less 71 for gamblers who double up) seek help for gambling problems in a given week.

Problem Gamblers with Appointments for the Next Seven Days

The appointments data shown in table 2 is very similar to that shown in table 1 for appointments kept in the last week.

Table 2:
Problem Gamblers with Appointments for the Next Seven Days

		Men	Women	Total
Number of problem gamblers		84	32	116
Region	Sydney	76	30	106
	Rural	8	2	10
Average age		36.7	40.2	37.7
Ethnicity	Anglo-Australian	57	21	78
	Other English	6	6	12

	NESB non-Asian	13	5	18
	Asian	3	0	3
	Islander	2	0	2
	Other	3	0	3
Type of gambling	racing	27	1	28
	machines	48	30	78
	casino	9	1	10
	other	0	0	0
Category of gambler	Compulsive	21	7	28
	Pathological	14	2	16
	Problem	49	23	72

Overall there are smaller numbers which may reflect the fact that appointments may continue to be made over the next five working days. The data in table 2 does not include appointments for assessment, nor does it include individuals scheduled to take part in psychotherapeutic groups.

Estimated Numbers of Gamblers Seen in a Twelve Month Period

The data presented in table 3 required no supporting evidence, and in many cases may be no more than a rough estimate based on memory. Nevertheless, the figures give an overall idea of the volume of gamblers seeking help in a twelve month period for problems related to their gambling. The Gamblers Anonymous estimates are included for completeness. The overall numbers are then reduced by a factor of 0.401 (= 71/177) based on the evidence of doubling up on treatments obtained for gamblers counselled in the previous week (table 1).

Table 3:
Gamblers Receiving Help in a Twelve Month Period

	Currently in treatment	**Completed treatment**	**Discontinued treatment**	**Total seen**
Individual & group counselling	509	511	412	1432
In-patient treatment	70	338	132	540
Gamblers Anonymous	550	0	n/a	550
Total	1129	849	544	2522
Total corrected for doubling up	676	509	326	1511

The data presented in table 3 should be treated with caution. Nearly all of the numbers provided by different agencies were estimates, often based on no more than memory. Furthermore, several counsellors were reluctant to agree that any of their clients had discontinued: their files remained open in the belief that the problem gambler might return to resume treatment. Finally, there are no estimates of the numbers of gamblers who discontinue attendance of GA in a year. Nevertheless, despite the unreliability inherent in the data presented in table 3, the overall estimate of the number of problem gamblers seeking help in the course of twelve months is in good agreement with the population based estimate (N=1500) made in Study 2 (Dickerson et. al., 1996).

Capacity of the Existing Services to Treat Problem Gamblers

Interviewees were asked to estimate the maximum number of problem gamblers that they could counsel or treat adequately in a one week period. This question was rephrased where necessary as the maximum case load that the service provider could manage while maintaining his or her standards of treatment and record keeping. Comparison of the number of gamblers actually seen in a given week with the maximum number that could be seen while maintaining standards provides information on the capacity of current services to cope with an expected increase in numbers following the introduction of the G-Line referral service.

Table 4:
Capacity of existing agencies to provide counselling for problem gamblers

	Capacity	Usage	% usage	waiting list
Sydney agencies	355	126	38	22
Rural agencies	187	51	27	0
All agencies	542	177	34	22

In a small number of instances, estimates of capacity were not available because the service had not yet started (although funded), or because the counsellor was absent. In order to estimate capacity to treat problem gamblers, the individuals concerned were assumed to be able to treat 12 problem gamblers in a week. The figure of 12 is the average capacity of all individuals who provided estimates. Usage figures combine the individual counselling analysed in table 1 (N=154) with the two psychotherapy groups (N=23) to give an overall usage of services in a one week period of 177.

The figures presented in table 4 do not show the range in usage of services that exists. A small number of agencies are working at close to capacity levels, whereas most agencies are well below their indicated capacities. The small number of problem gamblers on waiting lists is further evidence that the existing services are not stretched to meet needs at this point in time. Details of the capacity and usage of each agency are shown in appendix 2.

DISCUSSION

The data collected allow estimates to be made of the numbers of gamblers seeking help week by week and over the duration of a year. In a one week period in August, 1997, 154 problem gamblers received counselling or treatment on an individual basis. Appointments for the following week suggest that this is a typical, rather than atypical, rate for gamblers seeking help with gambling related problems. The figure includes in-patient care but does not include telephone counselling, assessments conducted for courts, or gamblers attending groups whether self help or psychotherapeutic. Approximately 550 gamblers attend GA meetings each week, although a significant number of GA members also receive individual counselling. When allowance is made for doubling up, the best estimate of the number of problem gamblers receiving help in a given week is 656. Over the course of a year, it is estimated that 1511 gamblers will seek help for gambling related problems. However, this figure is relatively unreliable since it assumes that the weekly attendance at GA meetings is also the annual attendance, and it relies on invalidated estimates from other service providers.

Problem Gambling in New South Wales: The Size of the Problem

A major conceptual issue preventing definitive statements about gambling as a social problem involves precisely what is meant by the term "problem gambler". For a variety of reasons, State Governments in Australia have avoided the use of alternative terms such as "compulsive gambler" and "pathological gambler", and have preferred the more general (and less medical) label "problem gambler". However, the defining characteristics of problem gambling are not known. Where the problems caused by excessive gambling are severe, the label clearly applies. However, any amount of gambling may cause personal problems. Even a $50 loss may be the basis for a domestic argument and depression. Thus, there is a practical issue in deciding what will be the kind and severity of problems sufficient for a gambler to be categorised as a "problem gambler". In view of the ill-defined nature of problem gambling, claims that there is a large hidden problem in the community resulting from excessive gambling are difficult to evaluate. In the Study 2 Report (Dickerson et al., 1996), the assumption is made that only 3% of the gamblers with severe gambling-related problems seek help. This assumption yields an annual estimate of the number of problem gamblers seeking treatment of 1500, which is very similar to the estimate of 1541 reported here. However, the "iceberg" assumption, that only a small part of a much larger problem is visible, is not necessarily an accurate representation of the relationship between the numbers of gamblers seeking help and the actual number of problem gamblers needing help.

If it is assumed that gambling, through financial loss, generates problems for most gamblers, then we can assume that there is some probability that any given gambler will seek counselling or treatment for those problems. For the large majority of gamblers, the probability of seeking help is very low. For a minority of gamblers, the probability of seeking help increases until some set of events precipitates a call for help. This single event (seeking help) defines a category of problem gamblers seeking treatment, which can be labelled unambiguously as "problem gamblers". According to this view, the majority of gamblers have gambling-related problems with which they cope as a part of their everyday life. By contrast, only a relatively small number of gamblers seek help for the problems caused by gambling, estimated here as 1511 in a

given year. This group can be labelled as problem gamblers for the purposes of providing counselling and treatment services where they are required.

The Impact of G-Line on Counselling and Treatment of Problem Gamblers

In the near future it is anticipated that a 24-hour telephone referral service, G-Line, will operate in New South Wales. The service will be operated from Melbourne and will make referrals to service providers in New South Wales. In Victoria, the introduction of G-Line was associated with a surge in the numbers of problem gamblers seeking treatment. An increase in the numbers of problem gamblers seeking treatment in New South Wales would be expected when the service becomes operational. This survey provides a baseline measure of the number of problem gamblers using counselling and treatment services prior to the introduction of G-Line. Similar surveys conducted at suitable intervals after G-Line becomes operational will allow the impact of G-Line on the usage of services to be estimated. In this survey, no referrals were made via G-Line although, in principle, it was possible for gamblers to seek help via the 1800 number listed in the Casino Help Line service. Lifeline, which also operates a telephone referral service in New South Wales, was responsible for 17% of the referrals made in the one week period surveyed. Advertising of services, in the Yellow Pages and elsewhere, was responsible for 20% of the referrals in the same week. It is likely that the impact of G-Line on service usage will depend on the extent to which the service is advertised.

Capacity of the Problem Gambling Services in New South Wales

Given that an increase in the number of problem gamblers seeking help can be expected following the introduction of the G-Line referral service, it is important to evaluate the capacity of existing services to accommodate more clients. Based on the responses of service providers to questions concerning the maximum number of gamblers they could counsel or treat while maintaining standards, it is estimated that the current capacity of the Sydney based services is 355 problem gamblers in a given week. Given that 126 problem gamblers were actually seen in the week surveyed, there is a considerable capacity for more problem gamblers to be accommodated if the less used services are given more referrals. In this respect, it should be noted that the Wesley Gambling Counselling Service is the main agency providing counselling for problem gamblers and is operating at close to full capacity. A straightforward and cost effective way of increasing the capacity of services for problem gamblers in Sydney would involve increasing the number of counsellors working within that agency.

Services in rural centres are mostly located in Newcastle and Wollongong. Many of these services are not limited to counselling for problem gamblers but include addictions of all kinds. Thus, the capacity of these rural services is difficult to estimate. The capacity data in table 4 is based on the scenario where all of the existing services are dedicated to problem gambling. The relatively low usage rate of 27% should be interpreted in this context.

Provision of Services for Problem Gamblers from Non-English Speaking Backgrounds

Since nearly all counselling and treatment for problem gamblers is conducted in English, there is a concern that problem gamblers whose dominant language is not English are disadvantaged with respect to the gambling services available. Approximately 30% of the problem gamblers counselled in a one week period stated their ethnicity as other than Australian. Of these clients, two thirds came from non-English speaking backgrounds. This suggests that problem gamblers from different ethnic groups are using the existing services. In this regard, it may be important to note that a number of the counsellors providing services for problem gamblers are bilingual. However, since only five problem gamblers from Asian backgrounds sought face-to-face counselling, it is possible that this section of the community is under-represented. Since services for Chinese-Australian problem gamblers are available, the explanation for the apparently low usage of these services must be sought elsewhere than non-availability.

RECOMMENDATIONS

The main purpose of this survey involved estimating the number of problem gamblers currently receiving counselling or treatment in New South Wales. In conducting the survey, it became clear that there is little uniformity in the assessment of gambling related problems, and a range of different practices in recording details of the counselling or therapy used. In some instances, service providers were unable to provide basic information concerning the numbers of clients who had completed treatment or who had dropped out of treatment in a twelve month period. Others found that the exercise required too much time, implying that their records were not computerised or not summarised in any convenient form. With growing public awareness of the problems which excessive gambling may cause, and concern that effective rehabilitation be made available, it becomes increasingly important that minimum standards in record keeping be maintained. The following recommendations are made in this context.

(1) From the perspective of evaluation of treatment effectiveness, it would be of great value to have a uniform assessment procedure for problem gambling. In the current survey, service providers used a variety of approaches: GA 20 questions, the SOGS, and DSM-IV. DSM-IV is becoming the recognised standard in diagnosing pathological gambling. Without necessarily accepting the underlying rationale, it is recommended that all service providers assess problem gambling with the DSM-IV criteria. (The DSM-IV criteria are reproduced in appendix 3).

(2) If DSM-IV is adopted as the appropriate set of criteria for assessing problem gambling, a brief structured interview is preferred to a global assessment. Research in New Zealand (Abbott & Volberg, 1992) suggests that forming an impression of whether or not the DSM-IV criteria are met based on a free flowing unstructured interview can be seriously unreliable. In place of an unstructured interview, it is recommended that a brief structured interview is used, such as the S.C.I.P. (Anjoul, Milton & Walker, 1997).

(3) It is standard practice to maintain files on all clients assessed, counselled, or treated in relation to any maladaptive behaviour. With respect to problem gambling, such files should contain a record of the assessment of the problem

gambling, a record of the counselling or treatment provided, and a history of attendance. While service providers may wish to organise their files in any given way, it is recommended that certain data (listed below) be readily available in their files for each problem gambler:

(a) demographic details: sex, age at start of counselling, cultural background;
(b) main form of gambling causing problems;
(c) overall debt;
(d) the number of counselling or treatment sessions provided;
(e) the status of the client: currently receiving counselling or treatment on a regular basis; dropped out before completing counselling or treatment; counselling and treatment completed; assessment only;
(f) for each counselling or treatment session, the main kind of help provided:
    (i) control over gambling - helping the gambler to cut back or stop gambling;
    (ii) financial advice - helping the gambler in relation to debts;
    (iii) coping with other problems - helping the gambler cope with relationship problems, employment problems, or personal problems.
    (Legal advice may be a separate fourth category.)

(4) Where funding for a service is provided by the Casino Community Benefit Trust Fund, it is recommended that the requirement to maintain proper files and a minimal data set on each client be made part of the funding agreement.

REFERENCES

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2. American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Washington, DC: American Psychiatric Association.

3. Anjoul, Milton & Walker, (1997). An Evaluation of Three Approaches to the Treatment of Problem Gambling. Interim report to the Community Benefit Fund Trustees, April.

4. Dickerson, M., et al. (1996). Casino Community Benefit Fund Study 2. Sydney: Department of Gaming and Racing.

5. Keys Young (1995). Casino Community Benefit Fund Study 1. Sydney: Department of Gaming and Racing.

Appendix 1: Service Providers and Individuals Contacted

	Service Providers		Name of Person Interviewed
	Bowes Family Counselling Service		Laurie Bowe
	Centacare	Blacktown	Remy Matias
		Parramatta	Laurie Bowe/Mark Milic
	Chinese Australian Services Society		Ruby Chan
	Christian Community Aid		Adriana Hoare
	Cumberland Hospital		Clive Allcock
*	Gamblers Personal Counselling		Nina Moss
	Greek Orthodox Community		Chris Mitsios
	Liverpool Hospital		Alex Blaszczynski
*	Macquarie Drug and Alcohol Service		Donna Powell/John Gordon
*	Newcastle City Mission		Chester Carter
	Odyssey House		Steve Eastway
*	Relationships Australia, Newcastle		Pat Wakeley
*	Relationships Australia, Wollongong		Inci Khoury
*	Royal Prince Alfred Hospital Counselling Service		Chris Patchet
*	Society of St Vincent de Paul, Armidale		Alan Kennedy/Tony Murphy
*	South Pacific Private Hospital		Ron Kelley
	St Edmunds Private Hospital		John Baldwin Stuart Hooper Paul Symond
	St John of God Hospital		Albert McDermott

*	The Salvation Army, Bridge Program, Newcastle	Gary Belk
	The Salvation Army, William Booth Institute	Gerard Byrne
*	The Salvation Army Youth Crisis & Training Service, Newcastle	David Glazebrook
	The University Of Sydney	Fadi Anjoul Simon Milton
	Wesley Gambling Counselling Service	Mitchell Brown Jim Connolly Kel Knox Wendy Luckett Barbara Shelley
*	Wollongong City Mission	Pamela Bruce

Note: * indicates that the data was obtained without validation against files, log books and diaries.

Appendix 2: Capacity and Usage of Service Providers

Service Providers	Usage	Capacity	Region
Macquarie Drug and Alcohol Service, Dubbo	0	12	Rural
Newcastle City Mission	23*	58	Rural
Relationships Australia, Newcastle	0	12	Rural
Relationships Australia, Wollongong	4	4	Rural
Society of St Vincent de Paul, Armidale	4	33	Rural
The Salvation Army, Bridge Program, Newcastle	17	60	Rural
The Salvation Army Youth Crisis & Training Service	0	2	Rural
Wollongong City Mission	3	6	Rural
Bowes Family Counselling Service	0	5	Sydney
Centacare	18*	55	Sydney
Chinese Australian Services Society	0	10	Sydney
Christian Community Aid	8	20	Sydney
Cumberland Hospital	5	11	Sydney
Gamblers Personal Counselling	10	12	Sydney
Greek Orthodox Community	0	12	Sydney
Liverpool Hospital	4	2	Sydney
Odyssey House	1	34	Sydney
South Pacific Private Hospital	0	31	Sydney
St Edmunds Private Hospital	17	31	Sydney
St John of God Hospital	0	16	Sydney
The Salvation Army, William Booth Institute	11	38	Sydney

The University of Sydney	4	18	Sydney
Wesley Gambling Counselling Service	48	60‡	Sydney

***** Includes psychotherapeutic group

‡ This figure may vary depending on the case load

Appendix 3: Diagnostic Criteria For Pathological Gambling

A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

(1) is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble

(2) needs to gamble with increasing amounts of money in order to achieve the desired excitement

(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 (e.g., feelings of helplessness, guilt, anxiety, depression)

(6) After losing money gambling, often returns another day to get even ("chasing" one's losses)

(7) lies to family members, therapist, or others to conceal the extent of involvement with gambling

(8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

(9) has jeopardized or lost a significant 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

B. The gambling behavior is not better accounted for by a Manic Episode.

(American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Washington, DC, American Psychiatric Association, 1994, p.618).