

Gambling harms account for the association between gambling involvement and wellbeing

What this research is about

In recent years, gambling has been increasingly viewed through a public health approach. Gambling-related harms extend beyond people who meet the diagnostic criteria for problem gambling (PG), as people who gamble at a lower risk level can also experience harms from gambling. A public health approach requires accurately measuring gambling harms, rather than relying on diagnostic criteria for PG.

The most widely adopted tool to measure gambling severity is the Problem Gambling Severity Index (PGSI). The PGSI is a brief measure to assess whether a person is at risk for PG. However, one of the limitations is that the PGSI fails to adequately separate harmful consequences from behavioural indicators for PG. Recent research suggests that it is the experience of gambling harms that impacts wellbeing. Thus, it is essential to separate harms from behavioural indicators for PG.

Moreover, different types of gambling pose varying levels of risk. For instance, electronic gaming machines (EGMs), race betting, and sports betting are known to pose a greater risk for harms than other forms of gambling such as lotteries. The exposure-to-wellbeing pathway suggests that engagement with gambling gives rise to harms, which then lead to reduced wellbeing.

The aim of the present study was to gain a better understanding of the exposure-to-wellbeing pathway. The researchers tested whether gambling harms account for the relationship between gambling involvement and wellbeing. Gambling

What you need to know

The exposure-to-wellbeing pathway suggests that engagement with gambling gives rise to harms, which then lead to reduced wellbeing. In this study, the researchers examined whether gambling harms can help to explain the relationship between gambling involvement and wellbeing. They analyzed survey responses from 4,001 Australian adults who participated in the 2019 Second National Study of Interactive Gambling in Australia. The researchers created an index of gambling involvement wherein forms of gambling more strongly associated with problem gambling were given a greater weight. It was found that greater gambling involvement was linked to more harms. In turn, experiencing gambling harms was associated with lower life satisfaction and poorer mental and physical wellbeing. However, gambling involvement did not have a direct effect on wellbeing. These findings suggest that gambling involvement appears to affect wellbeing mainly through the experience of harms.

involvement was examined by giving greater weight to forms of gambling more strongly associated with problem gambling. A second aim was to investigate whether using the 10-item Gambling Harms Scale (GHS-10) to measure harms would produce the same results as the longer 26-item scale (GHS-All).

What the researchers did

The researchers re-analyzed data from the 2019 Second National Study of Interactive Gambling in

Australia. This was a national telephone survey of 15,000 Australian adults. A total of 4,001 respondents completed questions on problem gambling and harms and were included in the analyses.

The survey included questions on engaging in 14 forms of gambling, the PGSI, the GHS-All, a question asking about life satisfaction, and the 12-item Short Form Survey (SF-12), which was used to measure physical and mental wellbeing. Participants also reported their demographics.

The researchers created an index of gambling involvement wherein forms of gambling more strongly associated with problem gambling were given a greater weight. This risk-weighted gambling involvement index was based on frequencies of engaging with different forms of gambling and PGSI scores. Gambling on EGMs was found to have the strongest contribution. By contrast, the contribution of lotteries and bingo to this index was negligible. The researchers then tested the role of gambling harms in the pathway from gambling involvement to wellbeing.

What the researchers found

First, the researchers looked at the demographic profile of the 4,001 respondents. This sample was found to be largely representative of the broader population, although people between 30 and 44 years old comprised the largest group (32%), and men were slightly over-represented (55%). According to the PGSI, most respondents were in the no-risk category (72.8%). Around 16.2% had low risk, 7.8% had moderate risk, and 3.1% experienced PG. The most common forms of gambling were lotteries, EGM gambling, horse or greyhound race betting, and scratch tickets.

The researchers next tested a model linking gambling involvement, harms, and wellbeing. As predicted, greater gambling involvement was associated with more harms, and harms in turn were associated with poorer mental wellbeing and lower life satisfaction. Harms were also associated with poorer physical wellbeing, though to a lesser extent. However, gambling involvement did not have a direct effect on wellbeing once harms were included in the model. This suggests that gambling

involvement affects wellbeing mainly through the experience of harms, not on its own. However, the cross-sectional survey is unable to confirm causation. The pattern was essentially the same when the GHS-10 was used to measure harms instead of the GHS-All.

How you can use this research

The findings may be of interest to researchers, clinicians, regulators, and policy makers working to reduce harms from gambling.

About the researchers

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