

A review of referral and treatment pathways for gambling-related harm

What this research is about

Gambling-related harm is increasingly recognized as a public health challenge. Treatment options exist; however, research has found that most people who experience gambling harm do not seek formal treatment. The reasons are complex and include both personal and systemic barriers. Personal factors may include shame and stigma, leading to reluctance to seek help. Broader systemic barriers may include lack of access to care, fragmented services, and lack of staff training.

The framing of responsibility can also influence how care is delivered. In this review, framing of responsibility is defined as how gambling harm is explained across different domains such as public policy and regulation, industry marketing, and health care. It captures who is thought to be responsible for preventing and addressing gambling harm (i.e., people who gamble, gambling operators, or broader institutions).

Despite the growth of online gambling, clear referral pathways to channel people who experience gambling harm from online gambling platforms to formal treatment are absent. The researchers conducted a systematic review to explore the barriers and mechanisms that influence how people are referred to, and supported within, formal treatment services. The review addresses these key research questions: (1) What structures are, or are not, in place to support referral to formal gambling treatment? (2) What structural or organizational features exist within formal gambling treatment? (3) How is responsibility for harm framed across people who gamble, industry, and healthcare systems?

What you need to know

The aim of this review was to explore the barriers and mechanisms that influence how people are referred to, and supported within, formal gambling harm treatment services. A total of 39 studies were included in the review. Ten core themes were identified and organized according to the Antecedents–Decision–Outcomes (ADO) framework. The framing of responsibility is a cross-cutting factor that shapes the recognition of and response to gambling harm. The results point to a need for better integration of referral and treatment pathways for gambling harm.

What the researchers did

This review was conducted in line with the PRISMA 2020 guidelines. The researchers conducted bibliometric mapping and thematic synthesis. The thematic synthesis was based on the Antecedents–Decision–Outcomes (ADO) framework. Antecedents are the conditions that shape people's awareness of gambling harm and their readiness to seek help. Decision refers to the triggers, barriers, or referral processes that prompt help-seeking. Outcomes describe whether people are successfully linked to formal treatment services, remain engaged in treatment, and receive meaningful support.

The researchers searched across three databases: Medline, Web of Science, and PsycInfo. Only peer-reviewed studies published between January 2014 and May 2024 were considered. Studies had to examine referral, treatment seeking, or engagement with formal support systems (e.g., healthcare

services, helplines). Studies that looked at structures or mechanisms that linked people from gambling environments to formal care were also included.

What the researchers found

A total of 39 studies were included in the review. Most studies came from English-speaking Western countries, with over two-thirds of studies from Australia, Canada, the UK, and the USA.

Antecedents: Recognition and awareness of harm is a critical antecedent to help-seeking. Yet, recognition is often delayed due to various personal, social, and institutional factors. The framing of responsibility also matters. When emphasis is placed on individual responsibility, it can foster stigma and self-blame and reduce help-seeking. Framing gambling harm as a structural issue can shift attention towards proactive screening, the design of gambling games, and industry responsibility.

The visibility and accessibility of treatment services influence help-seeking. Key barriers include limited awareness of gambling harm among practitioners, fragmented services, and unclear referral pathways. Readiness is another antecedent, which involves institutional support, staff training, and willingness of gambling operators to engage in harm reduction. Readiness has been argued to be more a matter of political and ethical orientation toward public health responsibility than a matter of technical capacity.

Decision: Help-seeking is often triggered by financial or emotional crises. Digital interventions, such as pop-up messages, self-exclusion systems, and online self-help tools, can play a role. But their implementation and impact vary, and success may depend on their fit with users' needs and contexts.

Referral to formal treatment depends on gatekeepers such as general practitioners and helpline counsellors. However, referral pathways tend to be unclear and informal, and operator-initiated referral pathways to link people to formal treatment have rarely been documented.

Outcomes: Personalized and structured treatment approaches work better than generic or one-size-fits-all approaches. Many people drop out of treatment early due to both personal and system-

level factors, such as low readiness to change and a long waiting time. In terms of impact, treatment approaches with therapist support have consistently led to greater decreases in gambling. Treatment outcomes are influenced by sociodemographic and contextual factors. Tailoring treatment to fit the needs of users improves treatment success.

How you can use this research

This review can inform the gambling industry, public health institutions, policy makers, and clinicians. The findings point to a need for better integration of referral and treatment pathways for gambling harm.

About the researchers

Nathan Lakew and **Philip Lindner** are affiliated with the Department of Clinical Neuroscience, Centre for Psychiatry Research, Karolinska Institutet, Solna, Sweden. Philip Lindner is also affiliated with Stockholm Health Care Services, Region Stockholm, Sweden. For more information about this study, please contact Nathan Lakew at nathan.lakew@ki.se.

Citation

Lakew, N., & Lindner, P. (2026). Structural gaps in referral and treatment pathways for gambling-related harm: A systematic review of health system responses using the antecedents–decision–outcomes framework. *Frontiers in Public Health*, 14, 1823843. <https://doi.org/10.3389/fpubh.2026.1823843>

Study Funding

Funding was provided by the Swedish Research Council for Health, Working Life, and Welfare.

About Greo Evidence Insights

Greo Evidence Insights is an independent, non-profit organization specializing in research, knowledge mobilization, and evaluation in the health and well-being sectors. Greo transforms research and insights into actionable strategies to prevent and reduce harm related to gambling, gaming, technology use, and substance use. To learn more about funding for Research Snapshots visit [our website](#).

