Report Summary

Exploring the health-harm paradox in problem gambling

What this report is about

Inequalities in gambling harms are well established, with some people being more likely to suffer harms due to social determinants like age, culture, and socioeconomic status. There is, however, a relative lack of information on health-related determinants and risk factors.

Mental health and gambling tend to be viewed as policy silos, despite problem gambling being a recognized mental health disorder. People with poor mental health may be overlooked in terms of prevention of gambling harms as they are somewhat less likely to gamble than the general population. However, people with poor mental health are more likely to experience problem gambling if they gamble.

The purpose of this report is to investigate the "mental wellbeing-harm paradox" in gambling. This paradox recognizes that people with poor mental health are less likely to gamble, but those who do gamble are more likely to experience problem gambling than those with better mental health. This report explores different gambling behaviours and health-related risky behaviours as potential explanations for the greater risk of problem gambling faced by those with poor mental health.

What was done?

The researchers analyzed data from the Health Survey for England (HSE) and the Scottish Health Survey (SHeS). These are nationally representative surveys of people living in private households in England and Scotland. The data were obtained from the 2015 and 2016 HSE and SHeS, as well as combined data from the 2017 SHeS and the 2018 HSE. The aim was to investigate whether gambling frequency, engagement in specific gambling activities or other high-risk behaviours explained the relationship between poor mental health and moderate risk/problem gambling amongst people who gamble in England and Scotland.

The following measures were analyzed in this study:

- Mental wellbeing was assessed using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the General Health Questionnaire (GHQ-12). The analysis also looked at doctor diagnosis of a mental health condition.

Why is this report important?

This research can help us understand whether higher rates of problem gambling among people with poor mental health can be explained by particular types of gambling or health behaviour patterns, which could themselves be addressed to tackle problem gambling.

The findings of this report suggest that the higher rates of moderate risk and problem gambling amongst people with poor mental health cannot be fully accounted for by differences in gambling behaviours or other risky health behaviours. People with poor mental health are more likely to experience gambling harms. This is regardless of how often they gamble, the types of gambling activities they engage in, and whether they smoke or drink. These findings offer insights into the "health-harm paradox" in problem gambling. It is recommended that gambling be embedded within the broader mental health strategies.

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- Moderate risk and problem gambling were assessed using the Problem Gambling Severity Index (PGSI). A score of 3 or higher indicated moderate risk or problem gambling.
- Gambling behaviours were captured as participation in various gambling activities and frequency.
- Other high-risk behaviours included alcohol use and smoking.

What you need to know

This analysis shows that people with poor mental wellbeing or a diagnosed mental health condition were less likely to gamble. However, they were significantly more likely to experience moderate risk or problem gambling if they did gamble.

The associations between moderate risk and problem gambling and both "mental distress" per the GHQ and "probable depression" per the WEMWBS were not fully accounted for by differences in gambling frequency, engagement in different types of gambling activity or other risky health behaviours. People with mental distress or probable depression were more likely to experience moderate risk and problem gambling compared to people without. This was regardless of how often they gambled, the types of gambling activities they engaged in, and whether they drank or smoked. Therefore, when it comes to these two measures of mental wellbeing (GHQ and WEMWBS), gambling and other high-risk behaviours do not appear to fully explain the health-harm paradox observed.

However, the relationship between having a doctor-diagnosed mental health condition and moderate risk or problem gambling was no longer significant when smoking and drinking behaviours were considered. This implies that the relationship may be explained by other co-occurring health behaviours. Specifically, people with a doctor-diagnosed mental health condition were more likely to drink and smoke than those without. This contributed to their higher chance of experiencing moderate risk or problem gambling.

Who is it intended for?

This report is intended for policy makers, public health officials and regulators, health professionals, and other stakeholders. The information presented in this report could be used to inform their work to better understand the relationship between mental health conditions and gambling behaviours. This could help design interventions to reduce gambling harms.

What does the report recommend?

The findings of this report suggest that the relationship between poor mental wellbeing and moderate risk/problem gambling is not driven by differences in gambling preferences or other high-risk behaviours. This is particularly true amongst people experiencing mental distress or depression.

Although other factors, not measured in study, may explain this relationship, it is concerning that people with poor mental wellbeing are more likely to experience moderate risk/problem gambling , despite being less likely to gamble. Therefore, gambling should be embedded within broader mental health strategies. Mental wellbeing should be considered as both a potential cause and consequence of moderate risk and problem gambling to help deepen our undersanding of and address the health-harm paradox.

The findings of this study also highlight the need for additional research into specific doctor-diagnosed mental health conditions that increase the risk of moderate risk/problem gambling. Further investigations into the causal pathway between both mental distress and depression and moderate risk/problem gambling are also warranted.

About the researchers

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