

knowledge snapshot



Screening for problem gambling in community and health care settings

What this article is about

Early detection of problem gambling is important. In the UK, there is no nationally recognized treatment pathway for problem gambling. The National Health Service Long Term Plan is planning around 15 clinics in the next three years to expand on the services available. One consideration is the role of community and health care settings in providing screening and brief interventions, as well as referral for further treatment where appropriate. This article is a review of interventions delivered in community and health care settings to screen for problem gambling.

What was done?

The authors did a systematic search for studies published in English since 2012. Their focus was on screening and brief interventions for people in the general population. They excluded interventions for people known to have problem gambling and those offered by the gambling industry. Peer-reviewed studies and grey literature sources were included. Grey literature is produced outside of traditional academic publishing and has not been peer reviewed. The authors found nine peer-reviewed studies and 13 grey literature sources that were available online.

What you need to know

Of the nine peer-reviewed studies, three described interventions delivered in general practice, mental health service, and substance use treatment service. The other six studies explored the possibility of screening for problem gambling in various settings.

General practice

One intervention was a two-day training for general practitioners in Sweden to deliver screening and brief

Why is this article important?

This article is a review of screening and brief interventions for problem gambling in community and health care settings. The authors found nine research studies and 13 grey literature sources. Three studies described interventions delivered in general practice, mental health service, and substance use treatment service. The other six studies explored the possibility of screening for problem gambling in various settings. The grey literature sources were examples of interventions that had been adapted from substance use by practitioners. Overall, screening for problem gambling in community and health care settings is possible. There is a need for evaluation of success.

interventions for problem gambling. Practitioners reported that the training had been valuable. There was some concern that patients might not be entirely truthful when answering the screening questions. Also, uptake of support among patients was low.

Two studies explored the possibility of screening for problem gambling in general practice. One study reported that most Swedish practitioners thought problem gambling was an important issue, but few screened for problem gambling in their daily practice. The other study in the UK found that over 75% of practitioners could identify symptoms of problem gambling. However, only 35% were able to name a problem gambling treatment provider.

Substance use treatment service

The second intervention evaluated brief screens for problem gambling in outpatient treatment service for substance use disorders in the USA. It suggested that

brief screening for problem gambling could be used in this setting. However, 15% of patients with gambling problems felt uncomfortable answering the screening questions. Patients might have concern that their answers would be shared with the clinical team.

Mental health service

The final intervention compared the use of several screening tools for problem gambling in a mental health service in Australia. This study identified a five-item tool as being best for use in this setting.

However, it was unclear how to guide patients who had been screened as having problem gambling.

One study sought the views of mental health service clinicians and managers in Australia. It reported that only 10% had received training on how to respond to problem gambling. Another study reported that most Canadian mental health professionals were able to identify the characteristics of problem gambling in youth. Few professionals had knowledge of gambling-related policies, but there was a strong interest in receiving education and training.

Consumer credit counselling

According to one study in the USA, most credit counsellors felt that screening for problem gambling was easy to include in their work. There was some discomfort about offering brief intervention. Counsellors also felt that additional resources would be needed to facilitate referral to treatment.

Social work

One study argued that social workers in the UK provide more support to people with addiction problems than other professions. However, training on addictions in social work is limited.

Evidence from grey literature

The 13 grey literature sources described interventions that had been adapted from substance uses by practitioners. This was usually done with no evidence to support their use in problem gambling. The interventions took place in a range of settings, including mental health service, substance use service, social work, and others. The sources included tool kits, training materials, webinars, and reports.

Who is it intended for?

This review is for health care practitioners, treatment providers, researchers, and other stakeholders. The authors suggested that it is feasible to include screening and brief interventions for problem gambling in community and health care settings. However, evaluation of the interventions is needed.

About the researchers

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About Gambling Research Exchange (GREO)

Gambling Research Exchange (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in safer gambling policies, standards, and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

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