

# research snapshot

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## E-mental health programme for people who are affected by others' gambling problems

### What this research is about

Affected family members (AFMs) of people with a gambling disorder face many harms. These include psychological distress, financial problems, family conflicts, and various health problems. Studies suggest that 1 out of 5 people may be affected by someone else's gambling problems. Several programmes currently exist to help AFMs. These programmes include couples therapy and individual therapy for AFMs. Recently, internet-delivered treatments have also been developed for AFMs.

In this study, the researchers developed a web-based intervention for AFMs in Germany. The web-based program was called EfA, which is the German acronym that roughly translates to: "Don't gamble away my life – Support for Affected Others". The researchers aimed to answer three questions. The first question was how AFMs could be made aware of the programme. The second was to look at how long AFMs would stay on the website and how many would turn into programme participants. The last question was to examine the characteristics of participants who used the programme.

### What the researchers did

The researchers created an e-mental health programme called EfA for AFMs. The programme was designed for anyone who was concerned and affected by someone else's gambling. EfA was adapted from an in-person intervention designed for AFMs and consisted of an introductory module and five other modules. The introduction module provided basic knowledge about gambling. The first module was about stress and coping. The second module was on responsibility and accountability. The third module focused on communication. The fourth module was

### What you need to know

In this study, the researchers developed and tested if an e-mental health programme could reach people affected by someone else's gambling in Germany. A total of 6357 visits to the website were logged. The majority of participants found out about the site through leaflets that were distributed to the public. The average time spent on the site was just over 7 minutes. More than half the visits lasted less than 30 seconds. About 3.5% of the visitors to the site became participants in the e-mental health programme. Of the 126 participants, about one-third completed all modules. One-third of the participants did not finish the programme, and one-third did not start the programme. Two-thirds of participants had not sought professional support or self-help before the programme. Those who started but did not complete the programme reported the highest levels of psychological distress. The results suggest that e-mental health programmes could reach and be helpful for affected family members.

on social support. The fifth and last module was about reviewing the programme and future planning.

The researchers advertised the programme in several ways, including distributing leaflets to the public. They also introduced the programme to health care professionals. The number of page views, visits, and distinct visitors were recorded by a server software from June 2013 to February 2014. Visitors who were interested in participating in the programme could sign up with only a valid email address.

Potential participants were sent a link to a survey. The survey included questions about participants'

demographic characteristics, such as age, gender, and relationship to the person who gambled. They were asked about prior help-seeking, frequency of internet use, and psychological distress. They were also asked how often they argued and the amount of trust they had with the person who gambled. Lastly, they were asked about the strain the gambling had put on them.

### What the researchers found

A total of 6357 visits to the website were logged. The majority of participants found out about the site because of the leaflets. Most participants reached the site via direct access such as typing in the URL. The most common search engine term was the name of the project website.

The average time spent on the site was 7 minutes and 14 seconds. More than half the visits lasted less than 30 seconds. A third of the visits lasted longer than 2 minutes. On average, 16.1 new potential participants registered for the programme per month. This represented a conversion rate of 3.5%.

A total of 126 participants signed up for the programme. The average age was 38.8 years. The programme was mostly used by partners (73%) and parents (13.5%) of someone who gambled. Most participants were women and lived with the person who gambled. About two-thirds of the AFMs had never received prior professional treatment. About half of the AFMs reported the person who gambled had sought professional treatment in the past. Most of the AFMs (88.9%) reported using the Internet daily.

About one-third of the participants completed all modules. One-third did not finish the programme, and one-third did not start the programme. On average, it took 34.7 days to complete all of the modules. Those who completed the programme were less likely to use the Internet daily. Those who started but did not complete the programme reported higher psychological distress. No other differences were found between the groups.

### How you can use this research

This research could be used in other regions to provide web-based interventions for AFMs.

### 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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