

research snapshot

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Referrals and treatment services for gambling disorder in Ireland

What this research is about

Gambling disorder can lead to many negative consequences. These consequences may include financial, health, and relationship difficulties. Gambling disorder is increasingly recognized among healthcare professionals and the general public. In Ireland, the Gambling Control Bill 2013 was discussed by the government in 2018. The Bill brings forth a new framework to regulate gambling in Ireland. It also intends to fund more treatment services for and research into gambling disorder in the country.

Little is known about what treatment services are provided for gambling disorder in Ireland. A recent survey had looked into services provided by the National Health Service (NHS) in the UK. The results showed that 97% of the NHS Trusts did not provide any service for gambling disorder. This study was adapted from the UK study. The aim was to understand how referrals for gambling disorder treatment are managed within the Irish health care system and what services are available.

What the researchers did

The researchers sent out email requests for information between November 2017 and April 2018. They contacted the nine Community Healthcare Organizations (CHOs) in Ireland. These CHOs provide a broad range of services outside the acute hospital system. There are 32 Local Health Offices (LHOs) that operate within the CHOs at the local level. These CHOs and LHOs have Community Mental Health Teams that cover specific regions. Seven CHOs responded to the email requests. The researchers contacted the LHOs of the remaining two CHOs. In total, data were collected from eight CHOs.

What you need to know

The aim of this study was to determine how referrals for gambling disorder treatment are managed in the Irish Healthcare System and what services are available. The researchers sent out requests for information to Community Healthcare Organizations (CHOs), Regional and Local Drug Task Forces, and primary care services. Four CHOs that responded to the email request offered some service for gambling disorder as part of their Community Mental Health Team. CHOs that did not offer any service might refer patients to other services, such as addiction services, residential programmes or self-help groups. Four Drug Task Forces that responded to the email request offered some service for gambling disorder. Most of these Drug Task Forces also forwarded referrals to a residential programme or self-help group. Primary care services did not provide any service for gambling disorder. Most of the CHOs and Drug Task Forces offered gambling disorder service to adults only. These results suggest a need for a consistent referral pathway and treatment service for gambling disorder in Ireland.

The researchers also contacted Regional and Local Drug Task Forces in Ireland. Data were collected from eight of the 24 Drug Task Forces. In addition, the researchers contacted primary care services.

Each email request asked about the types of service provided for gambling disorder, job title, and number of gambling disorder specialists in the area. The email also asked about the lowest age limit for referral, number of referrals in the past 12 months, and where

patients would be referred to if the service did not offer its own gambling disorder treatment.

What the researchers found

Service offered

Four of the eight CHOs offered some service for gambling disorder as a part of their Community Mental Health Team. In most cases, patients met with a Clinical Nurse Specialist in Addictions. Two of these CHOs had a comprehensive service for gambling disorder. Both CHOs had counsellors specialized in gambling disorder. Treatment service for gambling disorder could vary greatly within the same CHO. For example, one of the Community Mental Health Teams within a CHO offered treatment, but the other teams referred patients to other services such as addiction services, residential programmes, or self-help groups.

Four of the eight Drug Task Forces offered some service for gambling disorder. Three of these Drug Task Forces also forwarded referrals to a residential programme or self-help group. The other four Drug Task Forces did not provide any service for gambling disorder. These Drug Task Forces stated that gambling disorder had not been identified as a major issue for their service or did not fall under their remit.

Primary care services had no specific service for gambling disorder. They were also unaware of any general practitioner trained in gambling disorder.

Age limit and number of referral

Only one CHO and one Drug Task Force offered gambling disorder service for patients under the age of 18. The other CHOs and Drug Task Forces offered service to adult patients only.

Three CHOs reported the number of referrals received for gambling disorder. The number of referrals varied from 10 to 39 referrals in a 12-month period. The number of referrals also varied greatly within the same CHO. For example, one region received 32 referrals whereas another region within the same CHO received two referrals. One Drug Task Force reported receiving six referrals in a 12-month period.

How you can use this research

This study can inform the Irish government and other stakeholders. The researchers suggest a need for a consistent referral pathway and treatment service for gambling disorder in Ireland. They also suggest further research into gambling disorder among Irish adolescents. This research would be beneficial for planning early intervention and treatment.

About the researchers

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Citation

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