GREO EVIDENCE EXCHANGE – DECEMBER 2019

STIGMA AND GAMBLING

STIGMA: OVERVIEW

Stigma is an emerging topic of interest in the gambling harm reduction field, with most of the research in this area completed in the last five years. Stigma occurs when negative attitudes and judgements are formed about attributes of a specific group (including their diseases or behaviour), which then creates stereotypes that lead to discriminatory behaviours.[2, 3]

While few efforts have been made to date to address the societal stigma associated with problem gambling,[4] its far reaching negative impacts[4, 5] make it a significant mental health challenge.[5] As tensions between traditional responsible gambling and public health approaches increase[6], the influence of labelling, stereotypes, and messaging on stigma are being explored.

This evidence exchange provides a brief overview of why stigma occurs, types of stigma, its relationship to the personal responsibility narrative, the impact of stigma on problem gamblers, and an examination of stigma and mental health in the UK.

WHY DOES STIGMA OCCUR?

Stigmatizing attitudes towards those with problem gambling behaviour are based on the belief that gambling is a choice that is entirely under the individual's control. [8] Therefore, the individual should bear personal responsibility for any harm they experience. The belief that problem gambling is a result of poor character [4] and personal failing[1] leads to blaming individuals for their condition.[9] This contributes to stereotypes that problem gamblers are impulsive,[9] irrational,[9] irresponsible,[10] and lack control.[10]

GENERAL FACTORS THAT INFLUENCE THE DEVELOPMENT OF STIGMA

There are six major factors that influence whether and how groups experience stigma:[2]

- **Concealability**: the degree to which the condition can be easily masked or hidden from others
- **Aesthetics**: the degree to which there are visible signs of a condition
- **Disruptiveness**: the degree to which the condition is seen to impact the life of the gambler, affected others, and society

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- **Peril**: the degree to which the condition is seen as dangerous to the individual, affected others, and society at large; greater perceived peril (and fear) leads to increased social distancing from affected individuals

- **Course/recoverability**: the degree to which a condition is treatable. Treatable conditions may result in pity and decreased stigma towards affected individuals. However, if a condition is treatable but an individual is not seeking treatment, this can increase stigma.

- **Origin**: the degree to which the condition is seen as being within or outside an individual's control. If the condition is seen to be within an individual's control, others may feel anger and believe that the condition is a result of a personal failing; when it is seen to be outside an individual's control, others may feel pity

RISK FACTORS

Higher levels of self-stigma have been found to be associated with being female, being older, having lower self-esteem, a higher problem gambling severity score, greater use of secrecy to conceal gambling activities,[11] and having electronic gaming machine use as their most problematic form of play.[9] Public stigma is also associated more with casino gambling than internet gaming.[12]

Culture can also influence whether and how stigma is experienced.[13, 14] Some cultural groups may associate gambling problems with a significant amount of stigma,[15] leading to shame and secrecy about problematic gambling.[15] For example, Asian cultures may experience particularly significant shame if they feel as though their gambling resulted in financial hardship for their families.[13] Asian cultures also stigmatize problem gambling more than Caucasians,[14] reflecting in part that collectivistic cultures carry more shame or stigma because of their concern about the impact on the family.[15] This stigma may also sometimes influence some people to not gamble at all.[15]

TYPES OF STIGMA

Three types of stigma have been identified in gambling: public stigma, perceived stigma, and self-stigma

PUBLIC STIGMA

- Occurs when society reacts negatively towards individuals based on negative beliefs and attitudes towards the stigmatized group[16]
- These negative beliefs and attitudes manifest in stereotypes, labelling, social distancing, discrimination, prejudice, and social status loss[16]
- Involves a social process that distinguishes between what is considered 'normal' and 'not normal'[16]

PERCEIVED STIGMA

- Perceived stigma occurs when stigmatized individuals are aware of the negative beliefs and attitudes others have about those with their condition[16]
- Among problem gamblers, perceived stigma is high.[16] Fears of being discriminated against deter help-seeking behaviours.[9]

SELF-STIGMA

- Self-stigma comes from the negative viewpoints and beliefs that stigmatized individuals hold after they internalize negative public stereotypes about themselves[16, 17]
- Examples of self-stigmatizing beliefs include feeling ashamed, guilty, like a failure, completely to blame for their struggle,[9] and disruptive,[5] which contribute to reluctance to seek help[17]
- Self-stigma increases with increased expectations of perceived stigma[5] and may be driven by similar mechanisms that create self-stigma in other mental health disorders (i.e., lower self-esteem, higher depression, higher symptom severity)[11]
- Perceived and experienced stigma increase as problem gambling behaviour increases, creating more barriers for individuals with gambling problems[9]
- Episodes of relapse increase self-stigma[9]

LABELLING AND NARRATIVES OF PERSONAL RESPONSIBILITY

The labels used to categorize and explain problematic gambling behaviour may inadvertently lead to stigmatizing labels and narratives that emphasize problem gambling as a personal failure.

THE "PROBLEM GAMBLER"

It has been suggested that the re-categorization of gambling disorder (from the DSM's impulse control disorder category to the non-substance related disorder) as the first behavioural addiction has contributed to stigma.[2] This is because it now aligns more closely with negative stereotypes of being "an addict". Similarly, the use of the term "problem gambler" has been identified as potentially stigmatizing, because it implies that those with a gambling addiction are the problem.[2] Individuals that are described as meeting the criteria for a gambling disorder, as defined by the DSM-5 (explicitly labelled or not), have been found to be stigmatized more than those who gamble recreationally. This provides some support for the argument that diagnostic labels may contribute to stigmatization.[18]

RESPONSIBLE GAMBLING MESSAGING

Responsible gambling messaging can contribute to stigma by:[17]

- Focusing on personal responsibility
- Creating norms around gambling behaviour
- Perpetuating negative stereotypes associated with problem gambling behaviour

The narrative of a personal failing may be reinforced in responsible gambling messaging that can emphasize personal responsibility.[19] The emphasis on individual responsibility is typically seen in messaging that focuses on individual behaviour change as the primary strategy to prevent or reduce harms. These messages can increase gamblers' self-stigma, as well as societal stigma towards these individuals.[9, 19-21] This is because responsible gambling messages may imply that most people can enjoy gambling without losing control or experiencing harm, and those who do lack control and are irresponsible[10] and to blame.[17] These messages can create norms about what gamblers 'should' be able to do, which can result in those who are not able to control their gambling being viewed as problematic.[17] It is this focus on the individual's responsibility, rather than social responsibility, that creates stigma.[22, 23]

IMPACT OF STIGMA ON PROBLEM GAMBLERS

While the impact of stigma on problem gamblers is extensive, there are three major ways in which it can have a negative impact:

- **Reduced help seeking**[12, 13, 16] and participation in programs such as self-exclusion,[9, 16] as well as using secrecy as a coping mechanism.[16] It has been estimated that less than 10% of those experiencing gambling harm seek treatment, and stigma is a barrier that contributes to this.[24]
- **Decreased self-esteem and self-worth,**[16] which results in feeling stressed,[16] defeated,[16] worthless,[16] angry,[16] ashamed,[16] and depressed[16]
- **Social ostracism and discrimination,**[1, 13] which can result in loss of relationships ,[11, 25] social status,[11, 13] jobs,[13] and create barriers to accessing employment and housing[13]

REDUCING STIGMA: CONSIDERATIONS

Two complementary strategies, moving away from narratives of personal responsibility and changing the focus of education campaigns, may be promising practices for contributing to reduce stigmatization of people with gambling problems. Additionally, evaluating the impact of strategies to reduce stigma on multiple levels is important.[20]

In both strategies, engaging those with lived experience[21] and challenging negative stereotypes about gambling are important.[20] This is reflected in research on stigma interventions which draws attention to approaches that are contact-based (e.g., in-person testimonies from those with lived experience), rather than national media campaigns.[26, 27] Although there is little research done on these interventions, what evidence does exist shows success for this approach, although it may not be long-term.[28, 29]

MOVING AWAY FROM LABELLING AND NARRATIVES OF PERSONAL RESPONSIBILITY

It has been suggested that describing problematic gambling behaviour in terms of heavy use, instead of addiction, could decrease stigma, because it severs the commonly held association of addiction as a moral shortcoming.[1] Disrupting the narrative of problem gambling as a personal failing[30] could also be aided in part by explicit discussion of the addictive nature of gambling products,[21] a strategy that has been supported by those with current or past gambling problems.[31] Additionally, connecting those with lived experience to researchers may better inform both research and policy,[30] and help to reduce stigma through enhanced understanding.

CHANGING THE FOCUS OF EDUCATION CAMPAIGNS

Shifting the focus away from individual behaviour is important to develop messaging that counters the stigma associated with gambling.[30] Similarly, avoiding perpetuating stereotypes in the media and in education campaigns may also help reduce stigma.[1]

Specific strategies to modify education campaign messages to be less stigmatizing include:

- Avoiding using language such as “responsible gambling” or “problem gambling”[30]
- Discussing how harms can occur with gambling even when problem gambling is not present[32]
- Providing accurate messaging about the costs and risk of gambling[30]
- Providing information on where and how to access help[30]
- Engaging those with lived experience to help develop effective prevention and treatment messaging[30]
- Emphasizing factors that increase vulnerability to gambling harms[30]

STIGMA IN THE UNITED KINGDOM

Reducing stigma has been an increasing focus of UK public health policy.[33] In a 2008 survey of individuals living in the UK with mental health issues, 87% reported experiencing stigma and discrimination.[34] This issue was reflected in the UK Department of Health’s 2011 cross-government mental health outcomes strategy, ‘No health without mental health’, in which one of the six key objectives was to have fewer people experience stigma as a result of a mental illness.[33]It has been shown that there are differences in receiving mental health treatment across groups, even after adjusting for differing levels of mental illness. The largest differences were related to age, sex, and ethnic group.[35] Those in mid-life were three times more likely than young people to receive treatment, and black, Asian, and minority ethnic (BAME) groups were less likely to receive treatment than the rest of the population.[35] Additionally, men were less likely than women to seek treatment, possibly due to stigma and reluctance to talk about mental health issues.[35]

There are also regional differences in stigma across the UK. In an analysis of data from the 2014 Health Survey for England, London had the most negative attitudes towards people in the community with mental illness, while the North East had the most positive attitudes.[26] Factors associated with more positive attitudes included being older, having greater educational attainment, and having more familiarity with mental illness.[26] Those who identified

as “white” has the most positive attitudes of any ethnic group, followed by mixed ethnicity, then black, Asian people, and the “other” ethnic category respectively.[26]

Regional differences in stigma could be related to:[26]

- Media coverage of mental illness
- Funding differences for mental illness
- Availability of mental illness services
- Accessibility of educational opportunities

Given that the degree of stigma can vary from region to region, data like this could be used to refine stigma policies and programming based on regional differences.[26] For example, some regions may have more need for stigma interventions, and some regions may be more resistant to interventions than others.[26] More detailed research on the regional differences of stigma in the UK could help inform the design of future targeted stigma interventions.[26]

BAME, VULNERABLE POPULATIONS, AND STIGMA

- Experiencing stigma and fear of talking about mental health issues can prevent black, Asian, and minority ethnic (BAME) community members from seeking help[7, 34]
- In a 2017 NHS Community Mental Health Survey, people who were black, Asian, non-British White, or of mixed or other ethnicity were less likely to obtain treatment for common mental health disorders than those in the white British group.[35]
- A 2013 study of 740 members of BAME communities with mental health issues in England, found that over 90% of respondents reported experiencing stigma and discrimination as a result of their mental health issues, and 28% had experienced racial discrimination in the past 12 months[7]
- A study of African-descended faith communities in the UK found that the belief that mental illness was an individual failing created stigma within those communities against those experiencing mental illness.[36] Those who had a family member with mental illness also experienced shame, in part due to the fear of becoming “tainted” by their association with that individual. Some members of these communities saw mental illness as a form of demonization, creating significant stigma that prevented open discussion about mental illness, and the creation and access of supportive care.

- BAME community members with mental health issues may face dual discrimination, in which they face the additive effects of both racial discrimination and discriminatory behaviour towards mental health issues[7]

- Suggestions to reduce stigma in BAME communities include:[37]

    - Improving mental health literacy in individuals from BAME communities

    - Ensuring healthcare providers receive training to deliver culturally sensitive interventions

    - Connecting individuals from BAME communities with decision makers to help design and deliver more effective and culturally sensitive mental health services

PUBLIC EDUCATION CAMPAIGNS

Public education efforts to reduce the stigma of mental health and other health issues (i.e., HIV, cancer, etc.) have been occurring in the United Kingdom since the early 1990s.[38, 39] The largest national mental health stigma campaign to date since its inception in 2007, is Time to Change. Initially it had the goal of creating a 5% positive shift in public attitudes about mental health problems and a 5% reduction in discrimination over a 5-year period.[40] The campaign used media activities and events that promoted social contact between those with and without mental illness.[41] The program had an 18 million pound budget, and was comprehensive in scope and detail. However, a large scale evaluation of the program, in partnership with university researchers, showed no significant overall improvement in knowledge, attitudes, or intended behaviours.[41] Campaign messages were successful in some areas with specific sub-groups, such as employers and medical students, although some of these improvements in attitudes were short-lived.[42] Public evaluations suggested that attitudes are slow to change in response to media campaigns, whether the campaign targets a specific health issue, or tackles mental health in general.[41] The need for ongoing programming was also highlighted.[42]

This evaluation of the Time to Change program was based on a definition of stigma that consisted of difficulties related to knowledge, attitudes, and behaviour.[43] A drawback of this individually-focused approach to stigma-reduction is the omission of outcomes of change that are structural, such as institutional policies, procedures, or practices that unintentionally disadvantage those with a mental illness.[44] So even if the Time to Change program had an effect at reducing structural stigma, this impact may not have been captured.

Scotland's See Me campaign is an example of an anti-stigma program that has evolved to include some goals specifically aimed at reducing structural stigma. Launched in 2002 and still ongoing, it focuses on mobilizing people to lead a movement against mental health stigma, fighting for the human rights of those with mental health problems, and working to change negative behaviour towards those with mental health issues.[41] Some of their recent activities

have involved building partnerships with health and other organizations, to help them become stigma-free in their work. Findings from an evaluation completed in 2019 do not provide in-depth information about impact on structural outcomes of change. However, the evaluation does state that contact-based interventions have been an effective overall driver of change in the See Me programs.

Mental health organizations active in stigma reduction:

- Mental Health Foundation – The UK's leading charity for mental health, with a focus on prevention.
- Mind – A registered charity in England that promotes mental health.
- Stamp out Stigma – Run by the NHS North West Boroughs Healthcare. Aims to reduce the stigma associated with mental health problems and learning disabilities.
- YoungMinds – A UK charity focused on improving mental health in children and young people, runs a campaign called WiseUp.
- State of Mind Sport – A charity in England that uses a contact-based approach to promote "mental fitness" in rugby players and communities.
- Don't Bottle It Up – A campaign to reduce stigma around men's mental health issues.

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