knowledge snapshot

Changes in gambling behaviour and mental health after enrolling in land-based self-exclusion

What this article is about

Problem gambling is defined as repetitive gambling behaviour that leads to negative consequences. Consequences can include personal and financial distress. To prevent problem gambling, gambling venues offer self-exclusion programs. These programs allow gamblers to voluntarily ban themselves from entering a venue for a period of time. The agreements usually involve conditions such as being removed if detected in the venue, or giving up your winnings if you win a jackpot.

Research has identified a need to study how well self-exclusion programs work. This article is a review of existing studies on land-based self-exclusion programs (e.g., at casinos). The article summarizes the demographic characteristics of self-excluders. It reviews changes to gambling behaviour, gambling problems, and mental health after the exclusion.

What was done?

The researchers did a systematic literature review. They searched six databases for relevant studies in September 2016. Articles were included in the review if they described: 1) the demographics; 2) gambling behaviour; 3) problem gambling severity; 4) mental symptoms (e.g., anxiety, depression); or 5) mental health (e.g., general health, quality of life) of land-based self-excluders. The researchers identified 19 studies that met the inclusion criteria. They summarized the findings and assessed the quality of each study.

What you need to know

Eight of the 19 studies were longitudinal in design and included up to four follow-up examinations. No study examined the characteristics of self-excluders before program enrollment. Only one study included a comparison group of individuals who used counselling services. Most studies (12 out of 19) used surveys to ask participants to recall their gambling behaviour.

There were 11 articles that focused on casino exclusion programs in Canada, USA, and Europe. The other articles examined different types of land-based exclusion programs such as hotels, pubs, and community centers. These studies were based in Canada, Australia and New Zealand. Many of the studies were considered moderate quality due to flaws in methodology. Studies focusing on casino exclusion were of slightly higher quality.

Demographics

Most studies included more male self-excluders, although larger studies tended to report an equal

Why is this article important?

This review article summarizes existing studies on land-based self-exclusion programs. It describes the demographic characteristics, gambling behaviour, problem gambling severity, and mental health of self-excluders. Most of the 19 reviewed studies were of moderate quality. Self-excluders were mainly men in their early to mid-forties. At enrollment, most self-excluders had symptoms of anxiety, depression, tobacco and alcohol use disorders. After self-exclusion, improvement in problem gambling severity and mental health was observed. This review could be used by gambling venues and treatment providers to improve the efficacy of self-exclusion programs.

number of men and women. The average age of self-excluders was early to mid-forties. Five studies reported employment rates, with most self-excluders being employed. Only two studies reported income. No study reported socioeconomic status.

Gambling behaviour and problem gambling severity

The studies reported a wide range in the percentage of self-excluders who abstained or reduced their gambling. Some studies reported about half of the self-excluders returned to the excluded venue after the ban was over. Some studies reported a high percentage of self-excluders who went to a different venue to gamble or attempted to breach their ban by entering the excluded venue during the exclusion. While most self-excluders reduced their gambling, a small percentage of self-excluders increased their gambling since enrolling in the program.

At enrollment, the majority of self-excluders met the criteria for problem or pathological gambling. Thus, most but not all self-excluders were problem/pathological gamblers. After self-exclusion, rates of problem gambling decreased significantly.

Mental symptoms and mental health

Most studies used broad screening tests for mental symptoms or self-generated tests which were not validated. Overall, there were high rates of up to 73% of self-excluders having symptoms of anxiety and depression. A smaller proportion reported tobacco use, alcohol use, and other substance use. Five studies assessed mental symptoms before and after self-exclusion. These studies showed decreases in anxiety and depressive symptoms after enrolling in a self-exclusion program. Mixed results were found for changes in alcohol and substance use. Tobacco use generally remained about the same.

Seven studies reported changes in aspects of mental health (e.g. quality of life, general wellbeing). Only one of the studies used validated measures to assess the changes. The other six studies used their own self-generated measures. A general improvement in mental health was observed after self-exclusion.

Who is it intended for?

This review could be used by gambling venues to improve self-exclusion programs. For example, venues could enforce ID checks, and provide multi-venue exclusion so self-excluders can't simply go to another venue. Researchers should evaluate self-exclusion programs using comparison groups as there is the lack of comparators in the current literature.

About the researchers

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Keywords

Prevention, self-exclusion, evaluation, casino, comorbidity, gambling

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