RESEARCH QUESTIONS
What is the relationship between gambling severity, depression and suicidality in treatment-seeking pathological gamblers?

PURPOSE
Researchers and health professionals consider pathological gamblers to be at increased risk for suicide compared to the general population. Many of the factors associated with pathological gambling, including depression, anxiety, substance abuse, marital and family disturbances, job loss, and involvement in criminal activity are also risk factors for suicide. Research shows that suicidal ideation and suicide attempts are more frequent in pathological gamblers than in the general population. However, it is difficult to determine the rate of completed gambling-related suicides because of the difficulty of determining a single “cause” of a suicide. This study investigated the relationship between gambling severity, suicidal behaviours, and depression.

HYPOTHESIS
None stated.

PARTICIPANTS
Participants were 85 treatment-seeking pathological gamblers (67% male, average age = 37 years). The majority of participants engaged in slot machine gambling.

PROCEDURE
Participants completed a semi-structured clinical interview and also completed three self-report questionnaires of gambling behaviour, depression, and suicide ideation.

MAIN OUTCOME MEASURES
Suicide ideation was assessed based on participants’ responses during the clinical interview and also using the Beck Scale for Suicide Ideation, a 21-item self-report questionnaire. Based on the interviews, participants were classified into three groups: no suicidal ideation, current suicidal ideation (had considered suicide within the past 24-hours) or past suicidal ideation (had considered suicide at some point in their lives). Problem gambling severity was assessed using the South Oaks Gambling Screen, a widely-used self-report measure of problem gambling severity. Depression was assessed using the Beck Depression Inventory.

KEY RESULTS
Suicidal ideation was a common feature of problem gambling with 34% of participants classified as having had past suicidal ideation and 13% classified as having current suicidal ideation. Past suicidal ideation tended to be more severe than current ideation. Fifteen percent of participants reported the presence of specific suicide plans, and participants with a specific plan reported greater intent to commit suicide than participants with no specific plan. Approximately 7% of participants reported a gambling-related suicide attempt. Participants with current suicidal ideation group did not differ from participants with no suicidal ideation with respect to age, number of years that they had acknowledged a gambling problem, weekly frequency of gambling or problem gambling severity. Participants with current suicidal ideation did not differ from participants with no suicidal ideation with respect to relationship problems or having committed illegal acts to finance gambling. Participants with current or past suicidal ideation were more depressed than participants with no suicidal ideation.

LIMITATIONS
Participants were all seeking treatment for pathological gambling. Therefore, the relationship between gambling severity and suicidality may differ in non-treatment seeking pathological gamblers.

CONCLUSIONS
These results support research that suggests that suicidality is common among treatment-seeking problem gamblers. Rates of suicidal ideation, plans, and attempts were higher in this sample of problem gamblers than in the general population. In addition, the study confirms a relationship between suicidality, gambling, and depression. However, there were no
consistent differences in gambling severity found between participants with current suicidal ideation and participants with no suicidal ideation, indicating that the relationship between gambling severity and suicide is complex.

**KEYWORDS:** gambling, suicide, pathological gambling, comorbid disorders, depression, suicidal ideation