



Report Summary

Problem gambling, suicidal thoughts, suicide attempts, and non-suicidal self-harm

What this report is about

During the past decade, suicide rates in Britain have increased. As part of a UK government priority to prevent suicide, this report examines whether there is a relationship between problem gambling and suicidality. This report is also part of a wider public health agenda to reduce harms from gambling.

Suicidality includes suicidal thoughts, attempts, and non-suicidal self-harm. At present, there is a limited amount of research showing a link between problem gambling and suicidality. Further, many of these studies have drawbacks like few participants, varying definitions, and relying on people with gambling problems who are in treatment programs as opposed to those in the community who are not.

The goal of this report is to investigate whether a relationship exists between problem gambling, suicidal thoughts, suicidal attempts, and non-suicidal self-harm. It also examines if, and how, any of these potential relationships are influenced by other factors like economic, health, and demographic characteristics.

What was done?

This report is a secondary analysis of the UK Adult Psychiatric Morbidity Survey (2007). The researchers looked at prevalence rates of problem and at-risk gambling and any potential links to suicidality, taking into consideration other factors that might have an effect. Although newer data that examined gambling problems and suicidality would have been preferred, especially given increasing suicide rates and changes to the gambling industry in recent years, no more recent national survey has collected this information.

Why is this report important?

New findings from analysis of the Adult Psychiatric Morbidity Survey show that problem gamblers are more likely than rest of the population to have thought about suicide, made a suicide attempt, or self-harmed. These relationships remained strong even when other factors like substance abuse and mental health disorders were taken into account.

People who are in regular contact with problem gamblers, including gambling operators, treatment providers, and community groups need to recognize their vulnerability and the risk of suicide. Policies and procedures could be implemented or adapted to ensure that appropriate safeguards are in place to reduce suicidal behaviours and self-harm.

What you need to know

Seven thousand people, age 16 and older, completed the survey. Using the DSM-IV-Multiple Response screen, 41 were identified as problem gamblers (0.7%) and another 172 as at-risk gamblers (2.5%).

Almost one in five problem gamblers (19.2%) thought about suicide in the past year compared to 4.9% of at-risk gamblers and 4.1% of people with no problem gambling symptoms. About one in twenty problem gamblers (4.7%) attempted suicide in the past year, which is much higher than among at-risk gamblers (1.2%) and people with no gambling problems (0.6%). Problem gamblers also self-harmed more often than at-risk gamblers and others. Relationships between problem gambling and suicide thoughts and suicidal



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attempts and were halved when other factors were taken into account. Still, they were much higher than for the other groups.

Some of the demographic factors found more often among problem gamblers were being male, younger in age, not partnered, and living in rental accommodations. Health factors that were common among people with gambling problems were substance dependence and poor mental health, including depression, anxiety, and posttraumatic stress disorders. Problem gamblers felt more socially isolated, and experienced higher levels of intimate partner violence and violence at work. They also reported stressful situations such as homelessness and debt far more often than others.

Overall, 13.7% of adults had suicidal thoughts during their lifetime, and 4.8% had attempted suicide. During the past year, 4.3% reported suicidal thoughts and 0.7% had attempted suicide. Problem and at-risk gamblers accounted for 6.1% of people who had suicidal thoughts in the past year, and 10.1% of all suicide attempts were made by people with problem or at-risk gambling behaviour. This is much higher than the general population rate for suicidal thoughts and suicide attempts (both at 0.5%).

Who is it intended for?

This report is intended for policy makers, health professionals, community groups, gambling operators, and others who could use the information to inform strategies for harm prevention, reduction, and treatment for people who gamble.

What does the report recommend?

The report shows that harm from gambling can lead people to think about and attempt suicide. When considering the relationship between gambling and suicidality, it is important to take factors beyond mental health and substance use issues into account. These can include social support and life circumstances. People who are in contact with problem gamblers need to be sensitive to their vulnerability and an increased risk of suicidality.

About the researchers

Heather Wardle is affiliated with the Department of Public Health, Environments and Society at the London School of Hygiene and Tropical Medicine in England. **Simon Dymond** and **Ann John** are affiliated with the Department of Psychology and Behaviour Analysis at Swansea University in Wales. **Sally McManus** is an independent researcher and also affiliated with the National Centre for Social Research (NatCen) in London, England where she led the Adult Psychiatric Morbidity Survey programme. For more information about this report, please contact Heather Wardle at Heather.Wardle@lshtm.ac.uk.

Citation

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Study disclosures

The research questions were set by the Responsible Gambling Strategy Board, who are independent advisors to the Gambling Commission. The project was commissioned by GambleAware through a competitive funding process.

Gambling Research Exchange (GREO)

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