

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

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To: Health Reform and Public Health Cabinet Committee

Date: 22 November 2018

Subject: **Impact of Gambling on Public Mental Health**

Classification: Unrestricted

Previous Pathway: N/A

Future Pathway: N/A

Electoral Division: All

Summary:

This paper briefs cabinet members on the links between gambling and public mental health and other harms. The paper summarises the Gambling Commission's position on why gambling-related harm should be considered as a public health issue and makes recommendations for how this agenda could be advanced at a local level.

The supply of gambling outlets is the responsibility of the licencing authorities. The Gambling Commission is a national body that is set up to support the Department of Culture, Media and Sport to ensure UK gambling is legal, is fair and does not exploit the vulnerable.

The Gambling Commission has briefed local councils on taking a public health approach to gambling and set out key recommendations to council public health teams. These are summarised in this briefing. A plan of action is identified as a result of the national briefing which includes:

- Strategically working with Borough Council's licencing plans to challenge threats to vulnerable people
- Raise awareness by understanding gambling vulnerability via available data sources and front-line workers
- Raise awareness with communities by clear pathway to services and support.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to:

- a) **NOTE** the briefing on problem gambling and the issues involved in tackling these in Kent; and
- b) **COMMENT** on and **ENDORSE** the contents of the report and make suggestions to strengthen future delivery.

1. Introduction

- 1.1 Gambling-related harms are often not recognised. The legislative framework for gambling recognises it as a legitimate leisure activity that many people enjoy. It generates income, employment and tax revenue. However, it also contributes to harm in the more vulnerable, e.g. working days lost through disordered gambling, the cost of treatment for ill-health caused by stress related to gambling debt, poor family relationships, stress on psychological development of children. The negative impacts are hard to assess and measure and currently Kent County Council does not collect data of harm in this way.
- 1.2 The national briefing to Local Authorities in 2018 from the Independent Gambling Commission says that a public health response should begin with effects on young and vulnerable people, aiming to reach them before they have gambled.
- 1.3 They urge for a strategy that not only focuses on individual risks to problem gambling but that tackles supply of products, environments and marketing and the wider context in which gambling occurs.
- 1.4 National research shows those who are likely to be more vulnerable to gambling harm. Amongst the groups where the evidence base for vulnerability is strongest are the following:
 - Ethnic groups
 - Youth
 - Learning Disabilities
 - Substance Abuse/Misuse
 - Poor Mental Health

2.0 The Scale of the Problem

- 2.1 There are approximately 373,000 problem gamblers in England. To give a sense of the scale of the problem there are approximately 293,000 crack and opium addicts in England. However, there is no evidence that gambling alone leads to debt, mental illness, relationship breakdown and criminality –it is believed these issues are interrelated and are more prevalent in young males.
- 2.2 **Significant public health risks but as yet little known**
There are national experts who are developing a standard public health response to gambling. Leeds City Council found the following:

“With a few exceptions, and unlike other areas of advice and guidance in Leeds, these services (generic advisory services such as Citizens Advice Leeds, voluntary and charitable agencies, specialist addictions and recovery services) are not well joined up for problem and at-risk gamblers. Potential cross-referral pathways are patchy and informal and held back by a lack of understanding about who does what and may suffer capacity constraints. In both the generic and specialist addiction services, there is an almost total lack of any assessment or screening for gambling related harm and this misses opportunity for early (or any) diagnosis of specialist.”

2.3 Mental health harms

- **Financial harms:** overdue utility bills; borrowing from family, friends and loan sharks; debts; pawning or selling possessions; eviction or repossession; defaults; committing illegal acts like fraud, theft, embezzlement to finance gambling; bankruptcy; etc
- **Family harms:** preoccupied with gambling so normal family life becomes difficult; increased arguments over money and debts; emotional and physical abuse, neglect and violence towards spouse/partner and/or children; relationship problems and separation/divorce
- **Health harms:** low self-esteem; stress-related disorders; anxious, worried or mood swings; poor sleep and appetite; substance misuse; depression, suicidal ideas and attempts; etc
- **School/college/work harms:** poor school, college or work performance

2.4 Co-morbidity with other addictions and conditions

In most cases, problem gambling can be co-morbid with other conditions such as mental health problems or substance misuse. It is often not recognised and/or undiagnosed. Data from the 2012 Health Survey for England on problem gambling as a co-morbidity shows that:

- For male gamblers, alcohol consumption is heavier in those classified as problem or at-risk gamblers with 17% drinking over 35 units versus 11% of male non-problem or non-at-risk gamblers.
- Problem gamblers are more likely to be smokers (33% versus 20% for non-problem or non-gamblers) and they are also more likely to be heavy smokers (11% for problem gamblers versus 4% for non-problem or non-gamblers).
- For self-reported anxiety and/or depression; 47% of problem gamblers said they are moderately or severely anxious or depressed versus 20% of non-problem or non-gamblers.
- For diagnosed disorders 11% of problem gamblers have a diagnosed mental health disorder versus 5% of non-problem or non-gamblers

2.5 Poor data and little known

Data is simply not collected in a way that is accurate enough to assess the issue in Kent. National studies will yield better recommendations later in 2019. It is safe to say this is not an area that is prioritised by current service delivery. However, it is important to note that the services that are available are 'person centred' and will tackle the range of issues with an individual when they come to light in one to one or group working but gambling is currently unlikely to be the primary focus of these services commissioned outcomes.

- One You services
- Kent Substance Misuse Services
- Kent and Medway partnership Trust – Mental Health Services
- Live Well Kent services
- Kent Social Services and Troubled Families/Early Help
- Treatment for young people with gambling problems needs separate consideration to adult treatment. In most cases it is likely to require lower-threshold intervention and to address other, co-occurring problematic

behaviours

3.0 What Treatment is Available for Problem Gamblers?

- 3.1** The majority of treatment for those affected by gambling-related harm in Britain is funded via GambleAware and currently consists of three main services offering psychosocial interventions ranging from brief information and advice, through counselling and Cognitive Behavioural Therapy (CBT), psychiatric care and residential treatment.
- 3.2** The largest of the funded providers is GamCare, which operates the National Gambling Helpline and a partner network of 15 treatment organisations across Great Britain providing counselling. The Gordon Moody Association offers 12 week residential care at centres in Dudley, West Midlands, and Beckenham, Kent. The National Problem Gambling Clinic, based within the Addictions Service at Central North West London NHS Trust, offers CBT and psychiatric care and is also largely funded by GambleAware. There is no other dedicated NHS provision.
- 3.3** The briefing from the Independent Commission states that GambleAware spent around £4.8 million on treatment services in 2016-17 and the services it funds saw around 8,800 clients across Britain. Waiting lists at GambleAware funded treatment agencies are relatively short. However only a very small proportion of adults who would be classified as problem gamblers access such treatment.
- 3.4** Not everyone wants or needs structured treatment. Some may be attempting self-help, for example through attending meetings of Gamblers Anonymous. Others will be receiving some form of intervention through the NHS or Councils, more usually directed at co-morbidities associated with problem gambling rather than at problem gambling itself. It is likely, however, that a significant number of those who would benefit from treatment are not receiving it. A screening tool is being piloted by GamCare and will be available in 2019.

4.0 Recommendations from the Independent Commission to Local Authority Public Health Teams

- 4.1**
- That local public health teams recognise gambling-related harm as a public health issue and consider it as a key issue when assessing risk to the wellbeing of their communities
 - Whilst public health is not listed as a responsible authority under the Gambling Act, we consider that they can have an important strategic role in informing the way that licensing authorities carry out their gambling responsibilities.
 - LAs are required to publish a Statement of Principles as a part of their duties under the Act. The next Statement is required to be published in January 2019. The current Guidance to Licensing Authorities (Sept 2015) encourages LAs to develop a local area profile – currently Kent Council works with Borough Councils – who are the licencing authority.
 - Inspection and enforcement are important alongside good data and intelligence to protect vulnerable people.
 - Train front line professionals. Those working in agencies where problem

or at risk gamblers may present themselves, such as debt advice centres and CABs, should be trained to identify the signs of gambling issues. (For example, Newport, South Wales CAB delivers training to their staff along these lines and Sheffield Safeguarding Board deliver training to gambling staff and others on the protection of young people.

- Ensure KCC services are aware of GamCare services and are able to refer.
- Ensure safeguarding boards are equipped to understand and tackle gambling related issues and vulnerabilities for young people and families.
- Addiction and mental health services can screen for other addictions such as gambling at assessment.

5.0 Recommendation

5.1 The Health Reform and Public Health Cabinet Committee is asked to:

- a) **NOTE** the briefing on problem gambling and the issues involved in tackling these in Kent; and
- b) **COMMENT** on and **ENDORSE** the contents of the report and make suggestions to strengthen future delivery.

6.0 Background Documents

6.1 <https://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2017/reports/The-nature-of-gambling-related-harms-for-adults-at-risk-a-review.pdf>

7.0 Contact Details

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