# Expanding problem gambling screening environments: A public health approach to early identification of problem gambling in non-clinical settings

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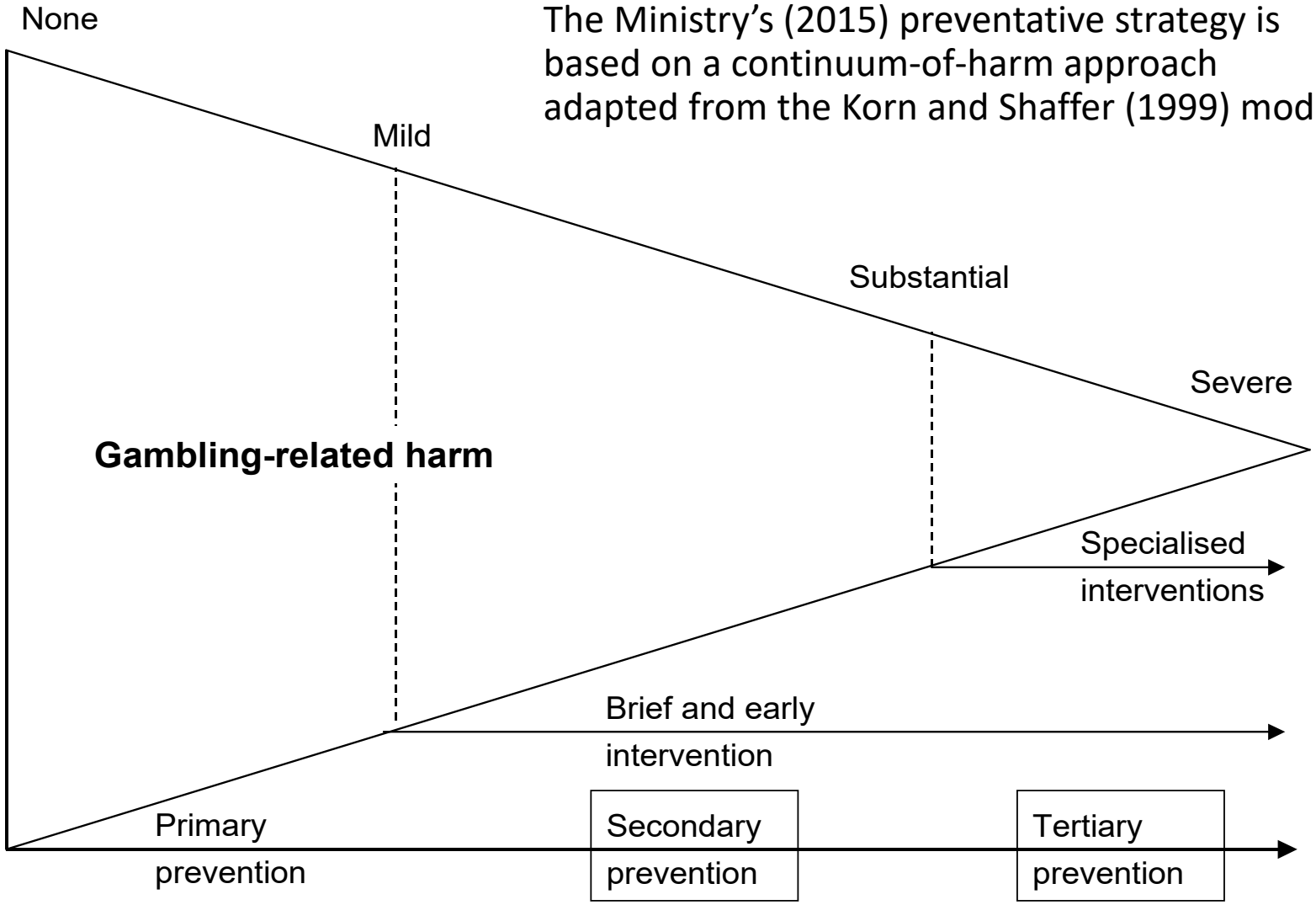
# Presentation objectives

- To share selected evaluation findings in relation to the *Effective Screening Environments* problem gambling public health (PGPH) service, funded by Ministry of Health, NZ
- Key aspects of practical relevance to similar public health initiatives are presented

# Public health approach to problem gambling

The Ministry's (2015) preventative strategy is based on a continuum-of-harm approach adapted from the Korn and Shaffer (1999) model.



# A public health approach to problem gambling in New Zealand

- Problem gambling – formally recognised as a public health issue in the *New Zealand Gambling Act 2003*
- *Act* requires an integrated problem gambling public health strategy – public health measures to prevent and minimise gambling harms, problem gambling treatment, socio-economic impacts research, and evaluation (New Zealand Government, 2013).
- The New Zealand Ministry of Health (the Ministry) is responsible for implementing this integrated strategy at a national level

# Problem Gambling Public Health (PGPH) Services

❶ Policy Development & Implementation – 17 providers

❷ Safe Gambling Environment – 15 providers

❸ Supportive Communities – 19 providers

❹ Aware Communities – 18 providers

❺ Effective Screening Environments – 18 providers

# Service objective & specifications

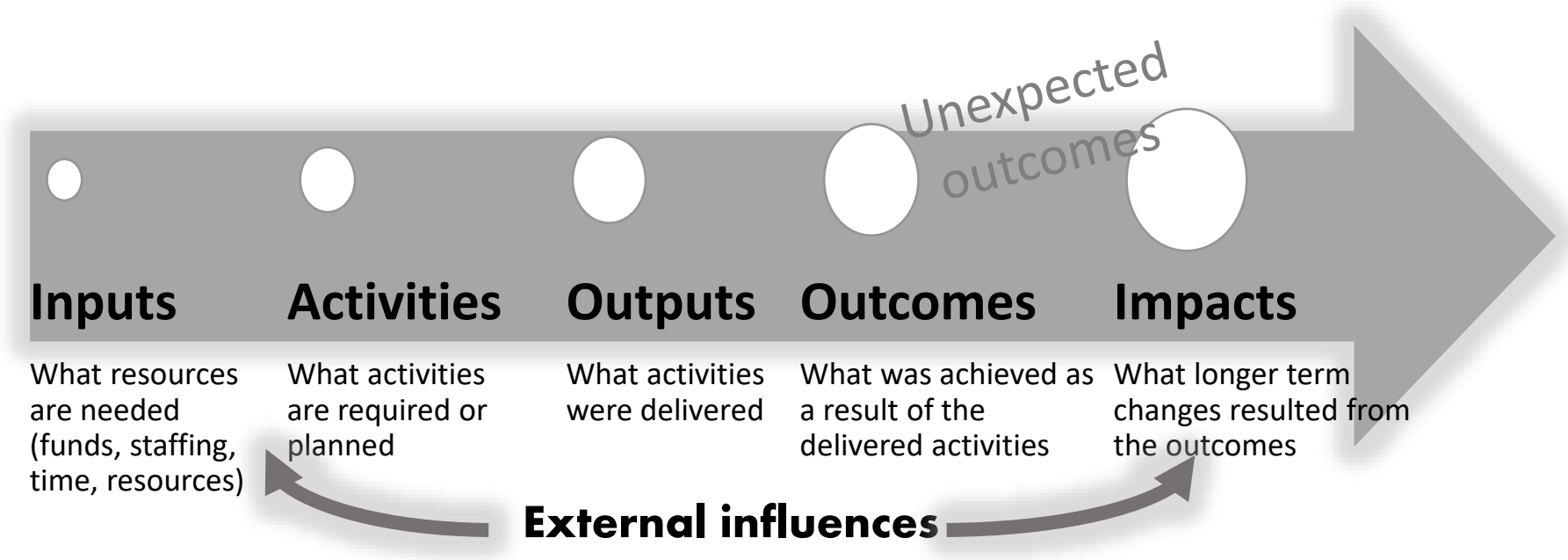
Aim: Encourage screening & referral practices among appropriate organisations, groups & sectors

Activities:

- Identify relevant organisations & develop relationship
- Enhance awareness of gambling harm significance
- Enhance appreciation of screening and referral practices' relevance to their core business
- Facilitate relations between screening organisations & intervention services
- Support development of screening and referral practices
- Monitor and follow-up

Outcome: Increased screening, early identification & referral of individuals to appropriate gambling intervention services

# Evaluation guided by a logical framework




(Curnan, et al. 2004; Stufflebeam, 1999; Knowlton & Phillips, 2013)

# Evaluation criteria based on:

1. Service specifications
   - recommended activities and processes
   - expected outcomes
2. Set of evaluation standards agreed with the Ministry
   - overall contract compliance
   - compliance with reporting requirements
   - extent of outputs
   - aspects such as innovativeness & community engagement

# Data Sources

1. Primary data source – over 100 six-monthly provider progress reports (submitted July 2010 - June 2013).
2. Staff survey (7 providers) – quantitative & qualitative data
3. Focus group interview with 8 public health staff

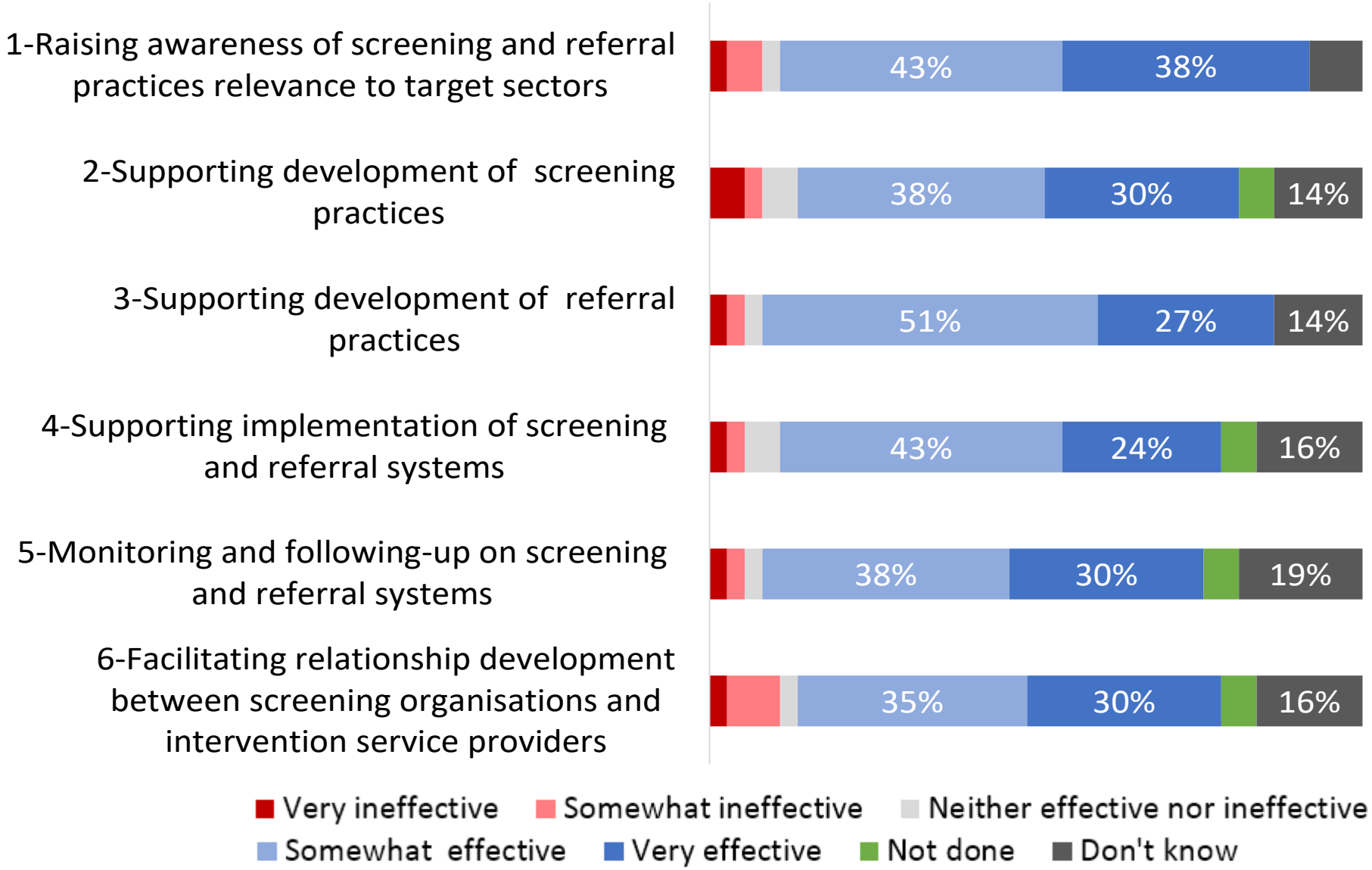
Review of Literature

# Literature review

- AUSTRALIA: GPs* informed of problem prevalence in their community and given information on problem gambler identification and referral services
  - insufficient for changing practice.
  - adequate training necessary (Tolchard, Thomas & Battersby, 2007)
- NEW ZEALAND: GPs received training on screening (*Eight Gambling Screen* and *Concerned Others Gambling* Screen) and intervention.
  - GPs positive about their roles & patients receptive towards interventions
  - Time consuming process - barrier for GPs (Sullivan et al. 2006)
- The *Eight Screen* (developed for GPs) has since been adopted by the New Zealand Department of Corrections as an assessment tool for prisoners. (Sullivan, Brown & Skinner, 2008)

*General Practitioners (doctors)

# Staff survey findings (n=37)



# Identified target sectors

Gambling venues + The Police & Corrections Facilities

Health Care services + Community & Social services / Public sector

- AOD counselling services
- Māori Mental Health Service (nurse assessors, social workers, service co-ordinators & doctors)
- Public health tertiary students
- Primary health care service (doctors & nurses)

- WINZ
- Food banks
- Budgeting services
- Relationship services
- Child & family services
- Marae
- Schools
- Women's Refuge

# Reported Inputs, Outputs & Outcomes

| Inputs | Outputs | Outcomes |
| --- | --- | --- |
| Staff knowledge / capacity in brief screening | Awareness-raising presentations | Increased awareness among stakeholders |
| Understanding contexts & pressures within which other sectors operate | Training on brief screening | Screening practices among some organisations |
| Understanding pre-existing knowledge, training needs & training interest | Connections between screening organisations & providers' intervention services established | |
| Understanding existing screening practices | Screening tools tailored to meet stakeholder needs (minimal implementation time) | |
| Develop appropriate promotional approaches & resources | | |

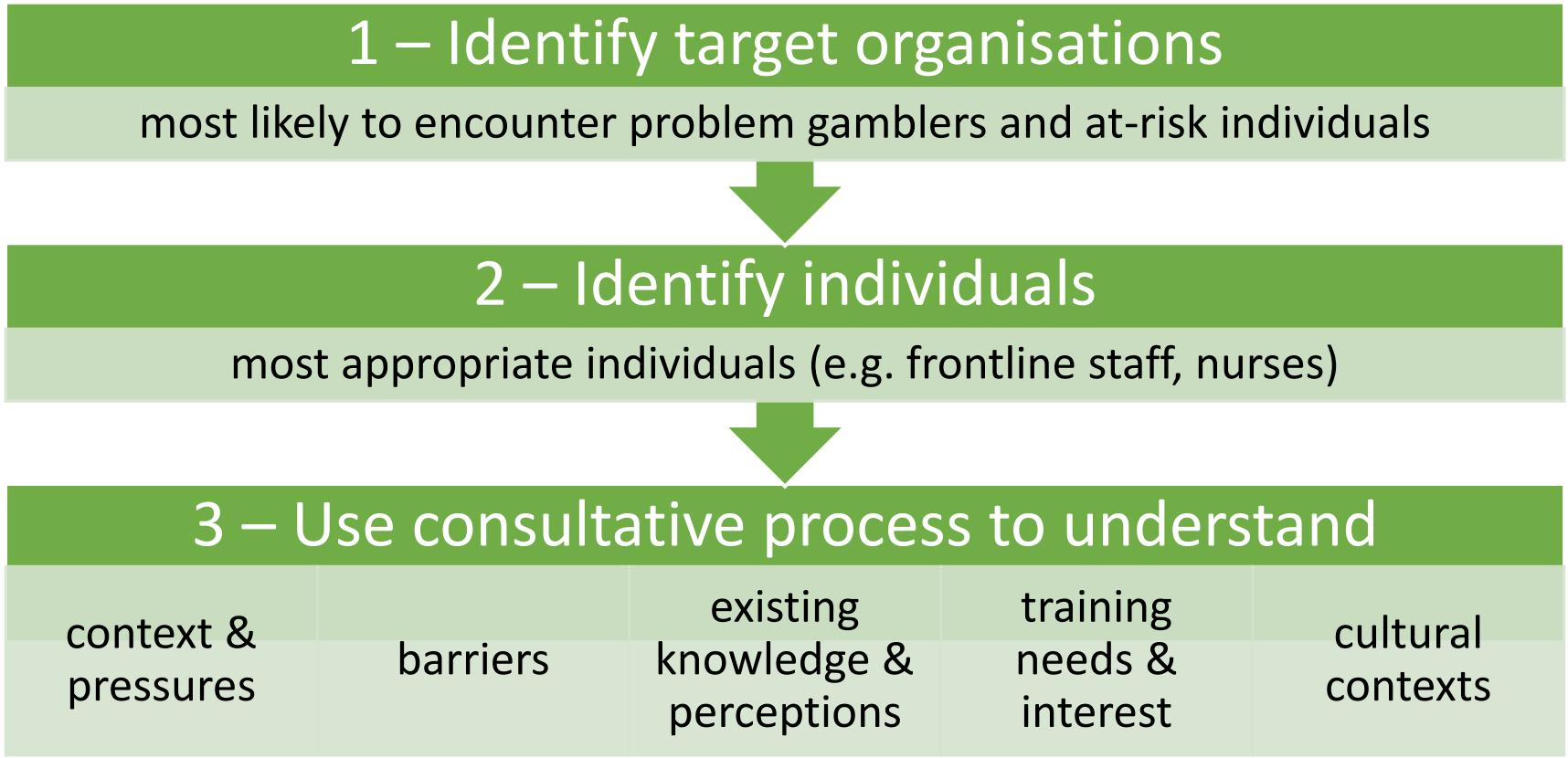
# Reported measurements of outcomes

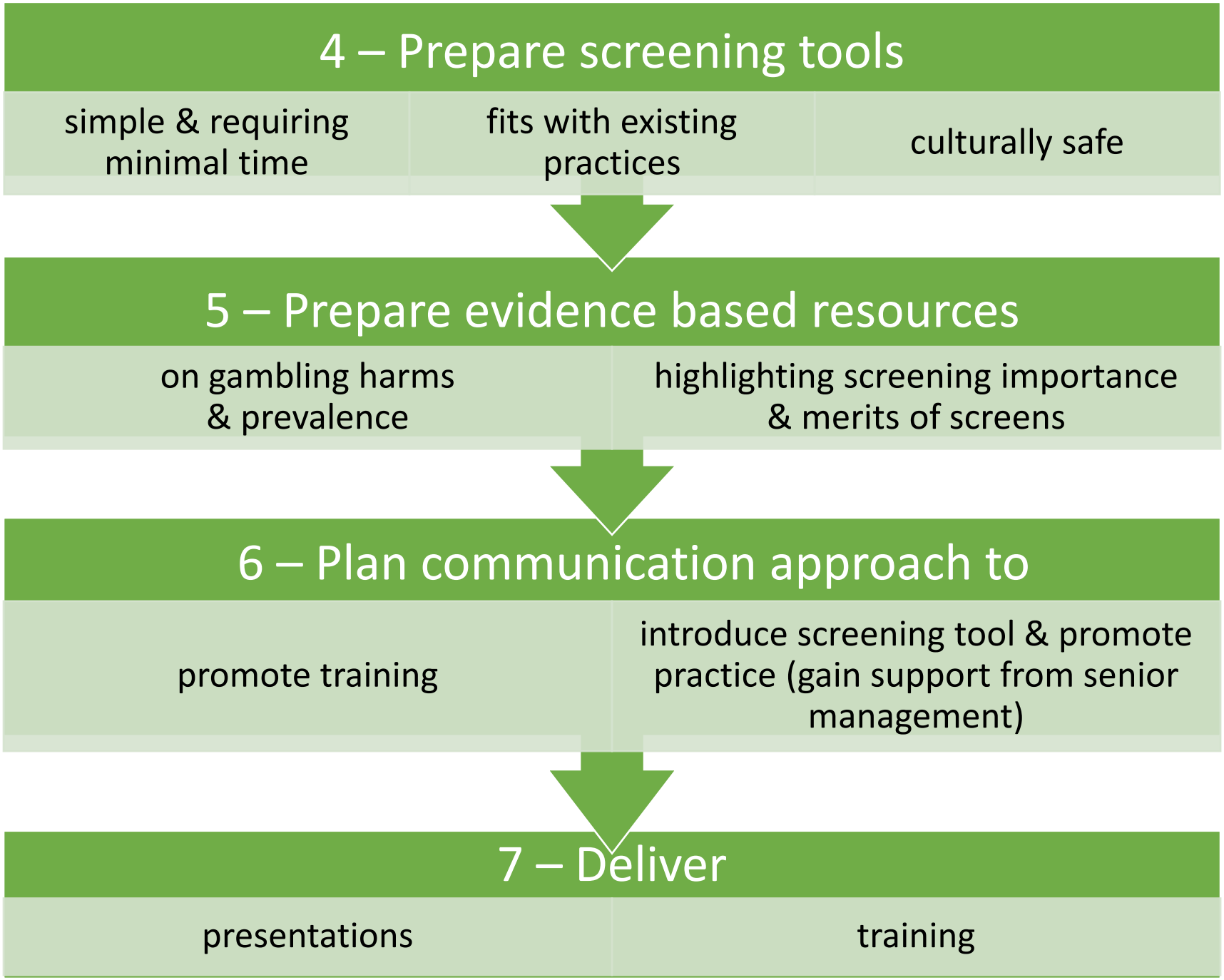
- **Knowledge Outcomes:** Positive comments from trainees indicated increased knowledge about:
  - gambling activities
  - problem gambling
  - gambling harms and its potential 'life threatening' effects
  - referral pathways
- **Practice Outcomes:**
  - Post training feedback from trainees that they regularly included gambling harm assessments in their general assessment
  - Through six-monthly reviews of initiative

# Reported challenges

1. Lack of knowledge about gambling harms
2. Problem gambling perceived as non-life-threatening
3. Time consuming relationship building process - multiple visits to gain trust, alter pre-existing perceptions about screening irrelevance and encourage interest in uptake
4. Problem gambling screening not a high priority (due to other pressing public health issues)
5. Screening viewed as time-consuming or as additional burden
6. Lack of response to and initial uptake of training
7. Ensuring training time and date to maximise attendance
8. Culture-related challenges - screening in conflict with Māori cultural norm of refraining from causing shame or embarrassment to another (being exposed as a problem gambler)

# Expanding problem gambling screening in non-clinical settings: Lessons learned




4 – Prepare screening tools
simple & requiring minimal time
fits with existing practices
culturally safe
5 – Prepare evidence based resources
on gambling harms & prevalence
highlighting screening importance & merits of screens
6 – Plan communication approach to
promote training
introduce screening tool & promote practice (gain support from senior management)
7 – Deliver
presentations
training

## 8 – Evaluate immediate outcomes

conduct evaluation

seek participant feedback → modify / adapt training

## ideally trainees should

- appreciate gambling harm seriousness
- regard screening as important
- have skills in screening
- have confidence in screening
- know where to & how to refer
- see screening as a normalised part job

## 9 – Encourage practice

maintain collaborative working relationship

simple & easily accessible referral process

## 10 – Follow up contacts

to ensure problem gambling remains on the agenda

to identify external factors: time lack, staffing, role or procedural changes

## 11 – Monitor long term outcomes

number of screening organisations

number of referrals received

# Key points

- Types of screen for use in non-clinical settings
  - Brief gambler screen, affected other whānau screen, and EIGHT screen mentioned in some provider reports
  - Others discussed development of more user-focused screens – while this may raise questions on screen validity this was important for ensuring uptake and implementation
- Encouraging uptake was a challenge – a strategic approach that combines the *Effective Screening Environments* public health service with the *Policy Development & Implementation* services which encourages workplace gambling policies could offer a solution

# We thank


- the New Zealand Ministry of Health who provided the funding for this evaluation research and access to provider progress reports
- the 18 service providers whose reports served as a valuable data source for this study
- public health staff (of the 7 selected services) who participated in our focus group and completed our survey
- the conference organisers for providing the opportunity and arena to share our findings
- the audience here today for your presence and interest

# References


- Curnan, S., LaCava, L., Sharpsteen, D., Lelle, M., & Reece, M. (eds.) (2004). *W.K. Kellogg Foundation Evaluation Handbook*. Retrieved from http://cyc.brandeis.edu/pdfs/reports/EvaluationHandbook.pdf
- Knowlton, L.W., & Phillips, C.C. (2013). *The logic model guidebook: Better strategies for great results (2nd Edition)*, Thousand Oaks, CA: SAGE Publications, Inc.
- Korn, D., & Shaffer H.J. (1999.) Gambling and the health of the public: adopting a public health perspective. *Journal of Gambling Studies.* 15(4), 289-365.
- Ministry of Health. 2015. *Strategy to Prevent and Minimise Gambling Harm 2016/17 to 2018/19: Consultation document*. Wellington: Ministry of Health.
- New Zealand Government. (2013). *Gambling Act 2003 (Public Act 2003 No 51)*. The New Zealand Government, Wellington, New Zealand.
- Stufflebeam, D.L. (1999). *Foundational models for 21st century program evaluation*. The Evaluation Center Occasional Papers Series. Western Michigan University, USA.
- Sullivan, S., Brown, R., & Skinner, B. (2008). Pathological and sub-clinical problem gambling in a New Zealand prison: A comparison of the Eight and SOGS gambling screens. *International Journal of Mental Health and Addiction, 6*(3), 369-377.
- Sullivan, S.G., McCormick, R.N., Lamont, M.K., & Penfold A.A. (2006). Problem gamblers and their families can be helped by their GP. *New Zealand Family Physician (NZFP), 33*(3), 188-191.
- Tolchard, B., Thomas, L., & Battersby, M. (2007). GPs and problem gambling: Can they help with identification and early intervention? *Journal of Gambling Studies, 23*, 499-506.