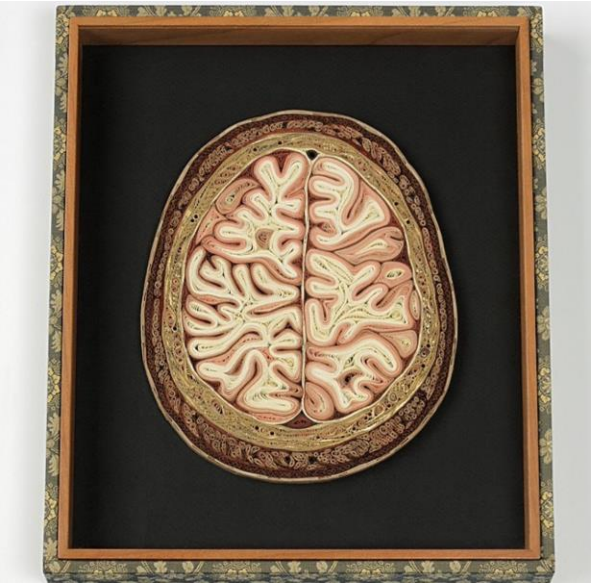

Gambling Disorder in Children and Young People: An Overview

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Royal College of Psychiatrists Spokesperson,Behavioural Addictions

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Overview of today's talk

Gambling Disorder

Signs in younger people

Data from our patients at the NPGC

Normalisation of gambling in young people

How big is the problem? Data on young people from GC

A bit about setting up the NPGC

How the service works

Data on young people treated by the NHS

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GAMBLING DISORDER in Diagnostic and Statistical manual of Mental Disorders 5th ed.

- Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting **four (or more) of the following in a 12-month period:**
  - Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
  - Is restless or irritable when attempting to cut down or stop gambling.
  - Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
  - Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).

DSM 5 Criteria: Gambling Disorder

- Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
  - After losing money gambling, often returns another day to get even ("chasing" one's losses).
  - Lies to conceal the extent of involvement with gambling.
  - Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
  - Relies on others to provide money to relieve desperate financial situations caused by gambling.

- The gambling behavior is not better explained by a manic episode.

Specify if*:*

Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder **for at least several months.**
Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if*:*
In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.
In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:
Mild: 4–5 criteria met.
Moderate: 6–7 criteria met.
Severe: 8–9 criteria met.

Treatment NHSE

- There are seven clinics now set up based on the original 2008 National Problem Gambling Clinic I founded.

One is the children's clinic and another is the National Centre for Gaming Disorders.

A further eight clinics are planned to open with RINGFENCED FUNDS over the next few years.

CBT is the main mode of delivering treatment but psychodynamic pathways exist as do pharmacological ones.

National Problem Gambling Clinic 2008-2021

- Founded in 2008. First NHS clinic designated to the treatment of gambling disorder.
- At that time 80 % of patients LANDBASED (bookmakers and casinos)
- 13 years of running the clinic. BIG expansion
- Now 90 % or more are gambling online. Sports and casino games eg roulette.

NPGC

- NHS England funding for young people's services 2019
- 13 to 25 year olds now funded by NHS England at the National Problem Gambling Clinic
- No very young patients have as yet been referred..

Exposure and Normalisation.

- Ipsos Mori 2019 report- 41,000 children followed Twitter gambling related accounts.
- Childen make up 17% of the eSports gambling accounts.
- Gambling Ads- Thee has been a gradual increase in volume and spend of gambling adverts. Up 23% in 3 years to 2018…
- Gambling Commission latest stats show there are 62,000 children who are problem gamblers with over Half a million children betting regularly.
- AGE VERIFICATION is letting children down.

IPSOS MORI 2020

- Almost all (96%) of the 11 to 24 year olds in the study had been exposed to gambling marketing messages in the LAST MONTH.
- What can we do to turn the tide? Watersheds are not enough.
- Gamblification of SPORT.

Gaming Disorders 2019

- For the first time in the history of the UK the National Health Service in its **NHS England Long Term 10 Year Plan included gaming Disorder** treatment amongst its remits.
- Funding from the national health budget was allocated to the National Centre for Gaming Disorders

As well as the children's Gambling Services

ARE YOUNG PROBLEMATIC GAMERS MORE LIKELY TO EXPERIENCE GAMBLING HARM? (Zendle et al Loot boxes)

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TREATMENT

- In 2011 Monash Guidelines looked at existing evidence base for treatment of PG. 10 RCTs were included.

Cognitive Behavioural Therapy is the evidence based treatment intervention of choice both for PG.

8 sessions are standard , group or 1:1. Authors found it superior to control groups in both reducing gambling severity , gambling behaviour and psychological distress.

- Psychodynamic Treatment for early life trauma and complex issues.

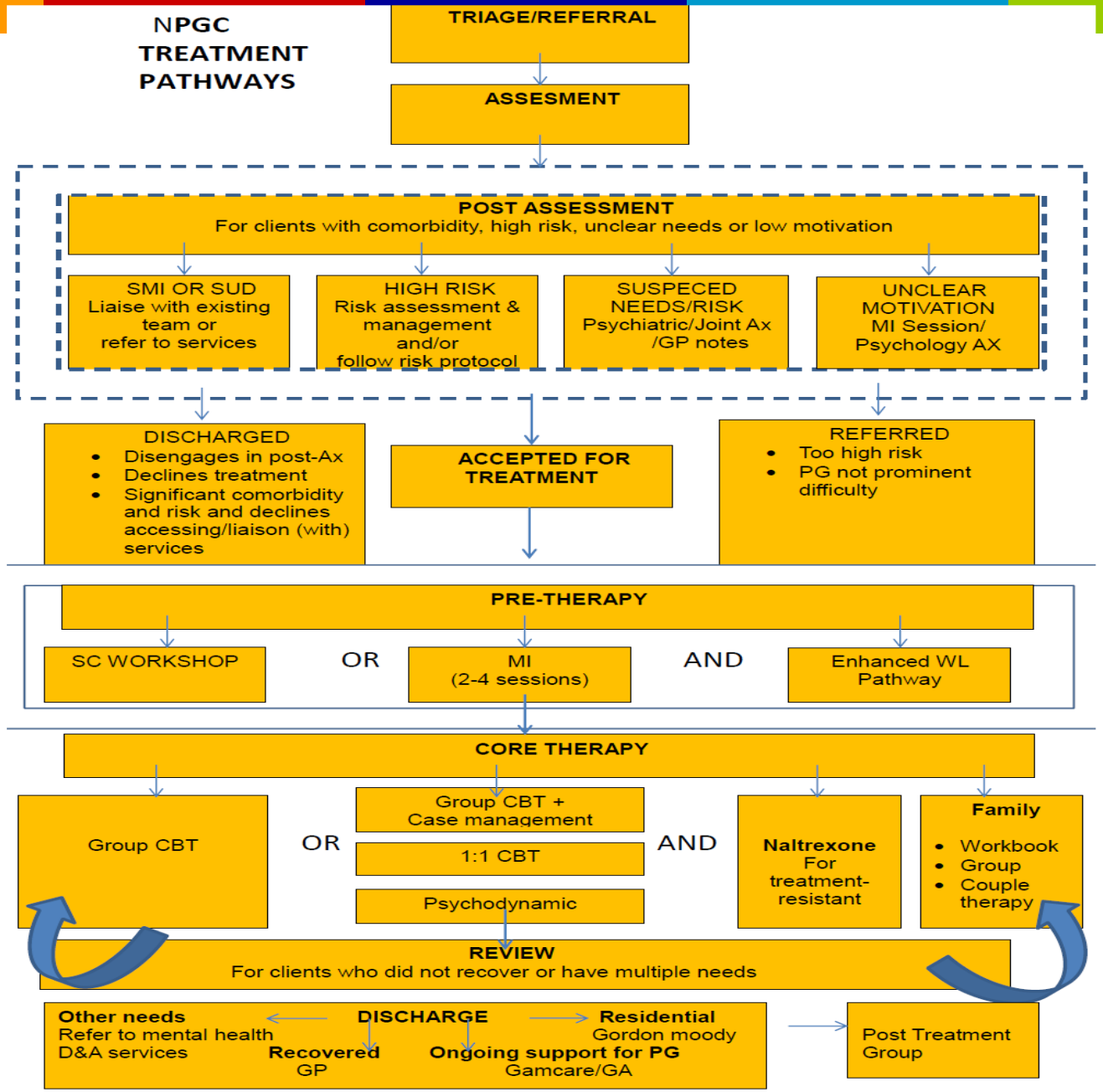
Treatment at NPGC

- NPGC Treatment Manual
- Family therapy manual
- Money Management
- Psychodynamic Treatment
- Homeless group
- Women's group
- In USA 12 step Minnesota Model is used for both of these behavioural addictions as well as CBT.
- GA as mutual aid adjunct with proven efficacy.

Staff

- Psychologists
- Psychiatrists
- Addictions Nurses
- Family Therapists
- Experts by Experience

NPGC TREATMENT PATHWAYS



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Signs of a gambling problem in a young person

- Constantly asking for/short of money or suddenly having large quantities of money
- Loss of interest in other hobbies
- Poor performance at school or school refusal
- Poor relationships with friends and family
- Poor attention to health and appearance.
- Lying about gambling or being secretive.

MANY HAVE LOW MOOD AND HIGH LEVELS OF ANXIETY
SOME BECOME SUICIDAL
GWL CHARITY – SON JACK

COVID…Remote Treatment

- Lockdown reduced DNAs!
- Allowed us to swiftly change the way we interact with people
- Online groups
- 1-1 Zoom calls
- Especially beneficial for our young Gambling patients

Summary of findings from the Gambling Commission Survey 2019

- 2,943 pupils surveyed aged **11-16**
- 11% had spent their own money on gambling in the last 7 days. (7% girls, 13% boys)
- 67% are with their parents at the time of placing a bet
- 50% have had someone talk to them about problem gambling
- 1.7% are problem gamblers
- 2.7% are “at risk” gamblers

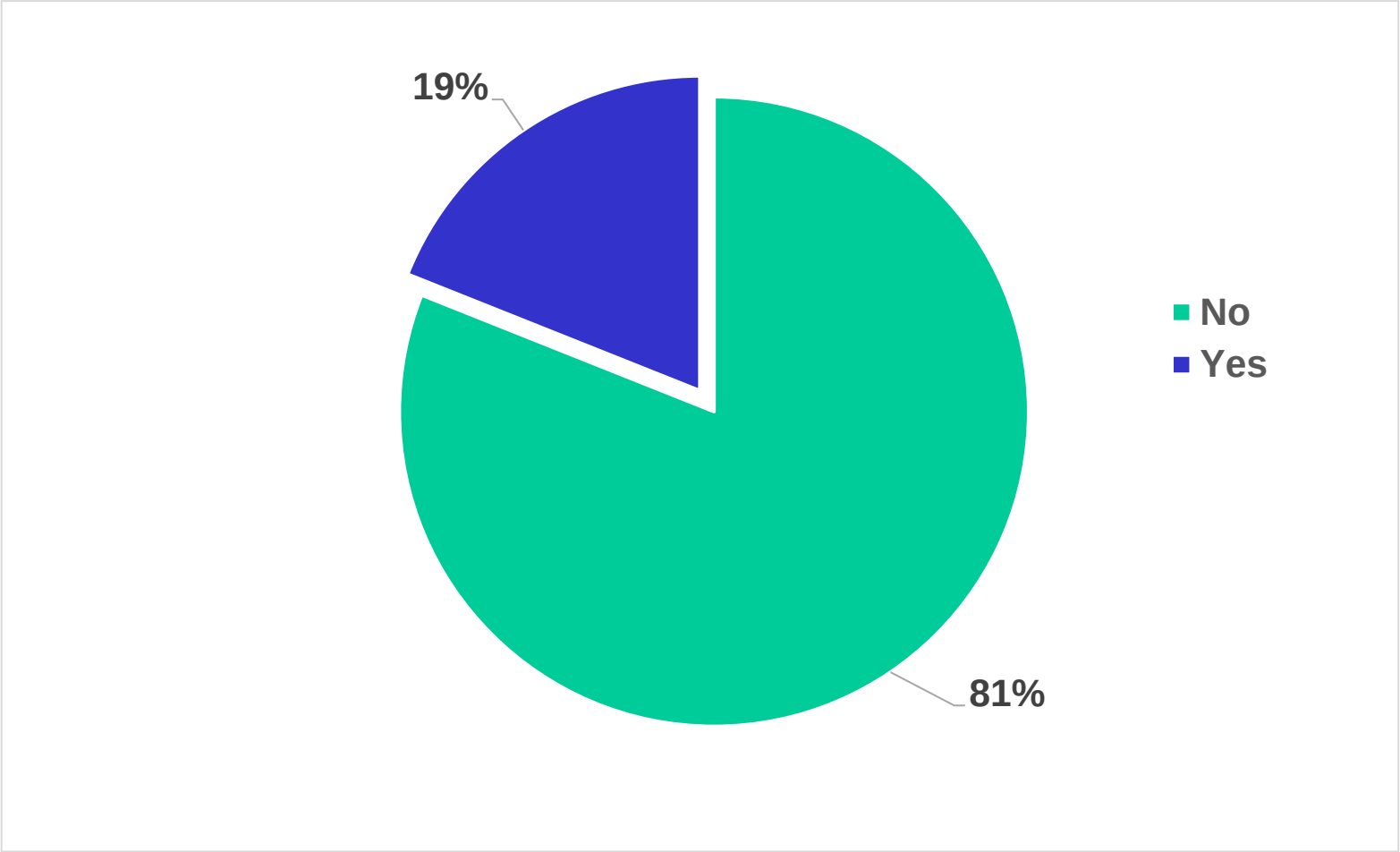
Summary of findings from the Gambling Commission Survey 2019

- Online:7% spent their own money gambling online
- **6% used their parents account to gamble online**
- 12% have ever played online gambling-style games. Of these 47% did so via an app.
- In-game items: 52% have heard of these and 6% have bet with in-game items outside of the game or privately.

YOUNG PEOPLE Psychiatric co-morbidity 2015-19

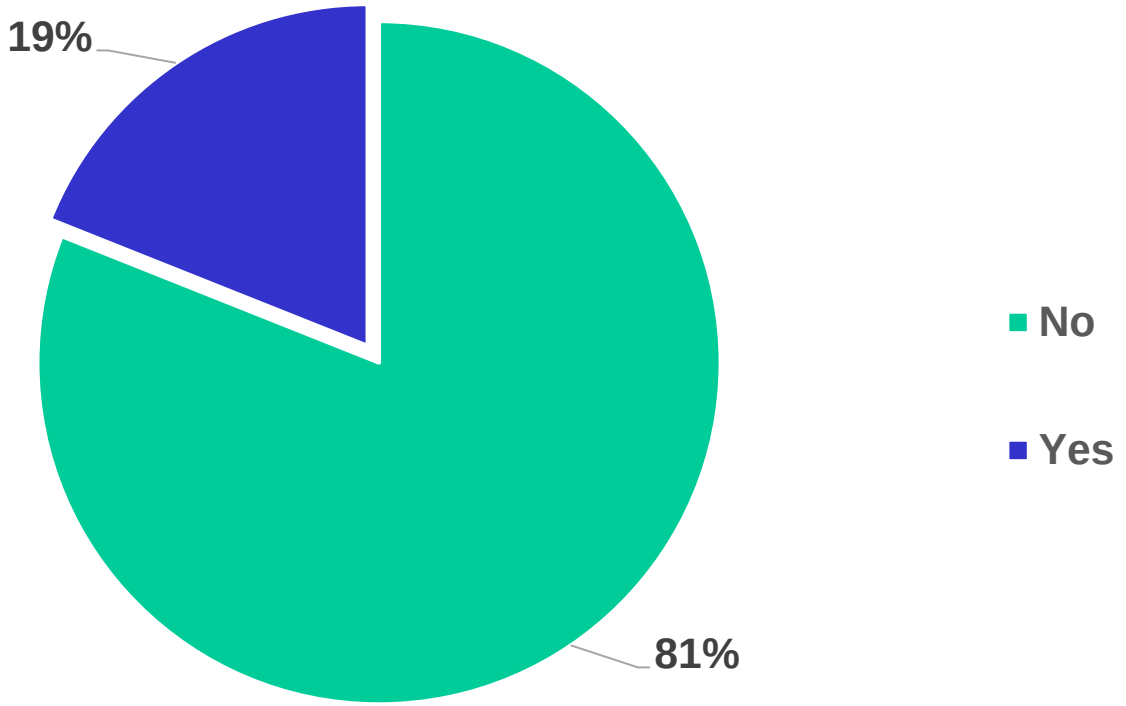
Psychiatric comorbidity	Count	Percentage
No	28	48.28
Depressive Episode	10	17.24
Mixed Anxiety and Depression	8	13.79
Anxiety Disorder	3	5.17
Bipolar Affective Disorder	2	3.45
Obsessive-Compulsive Disorder	2	3.45
ADHD	1	1.72
Psychotic Disorder	1	1.72
PTSD	1	1.72
Asperger's Syndrome	1	1.72
Emotional Unstable Personality Disorder	1	1.72
	58	100.00

History of suicide attempts



Forensic history

- Drunk and disorderly
- Aggression
- Theft
- Fraud

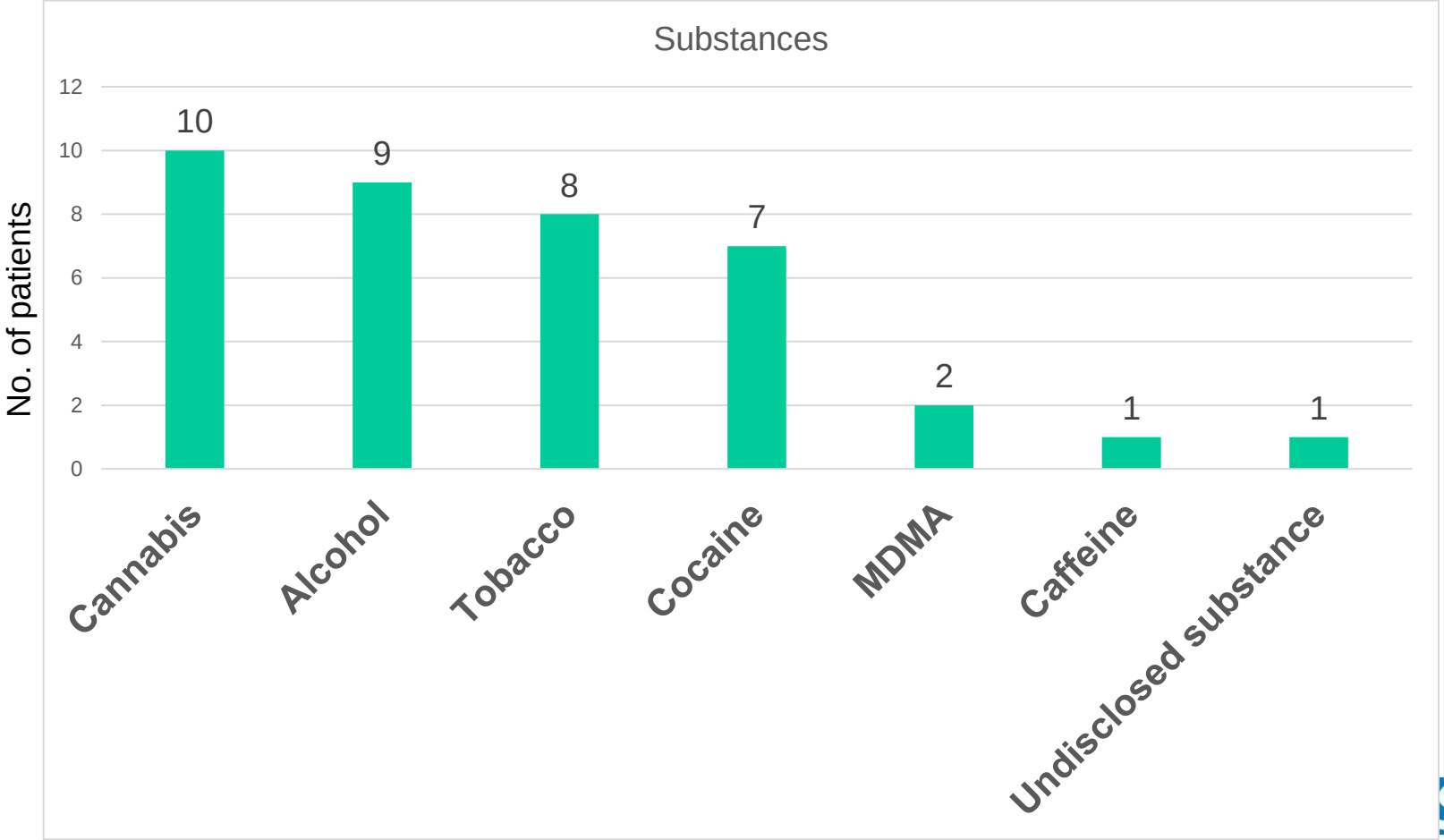


Other compulsive behaviours

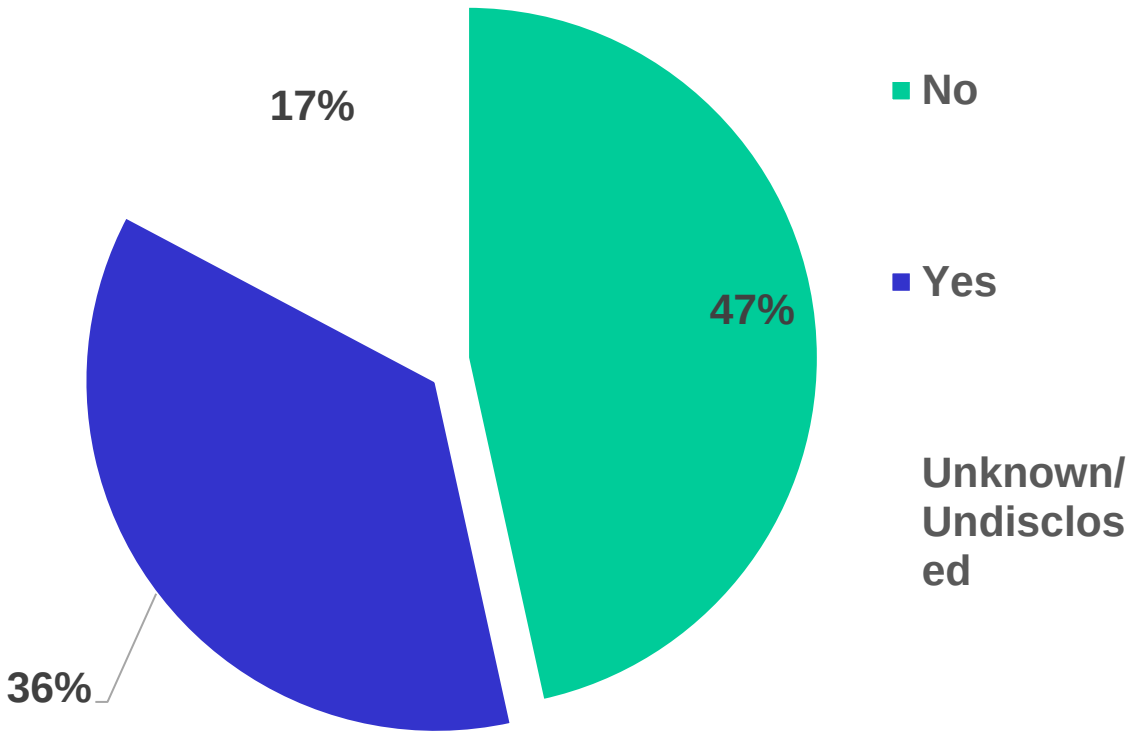
- 17 %

Current substance misuse

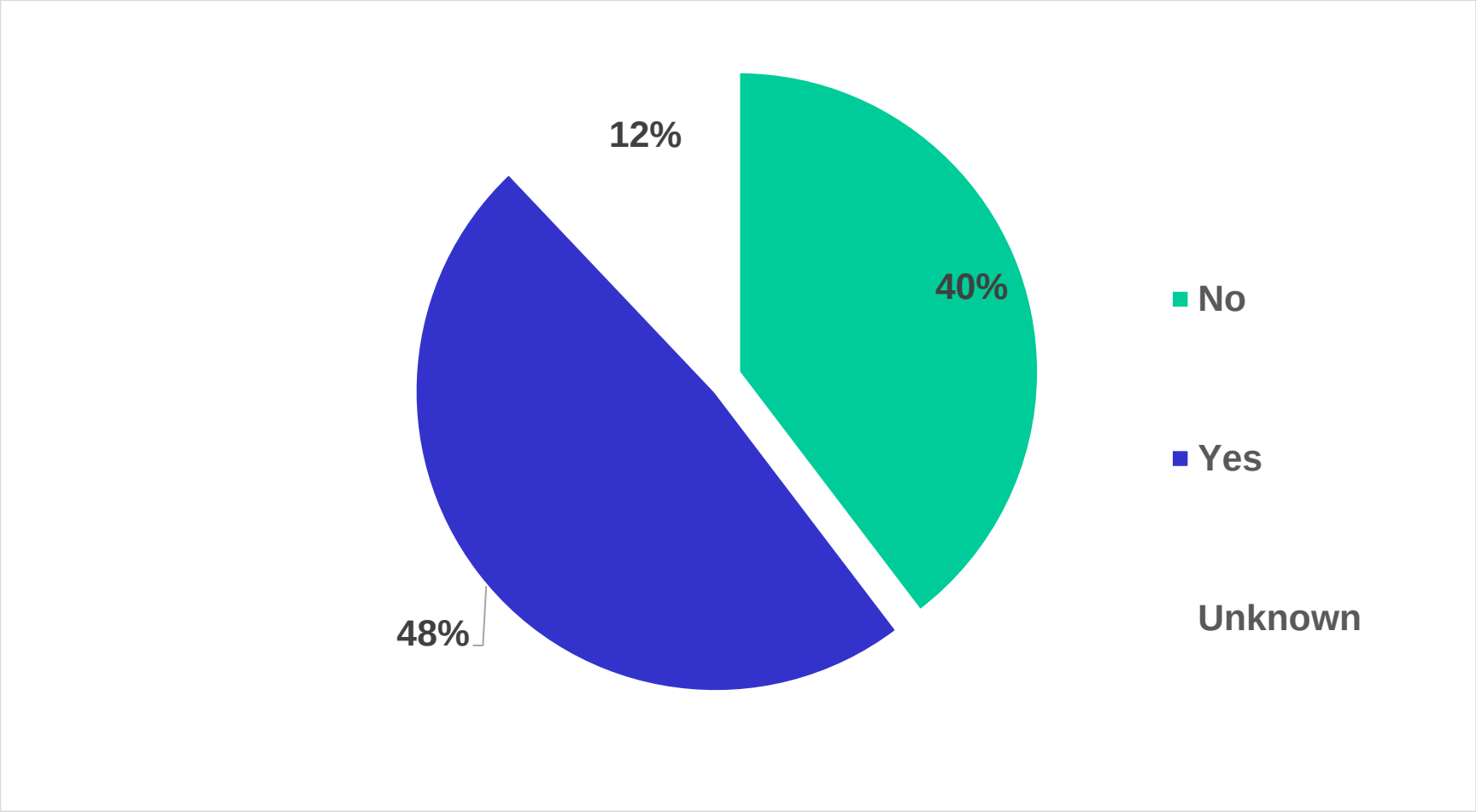
Almost 50%



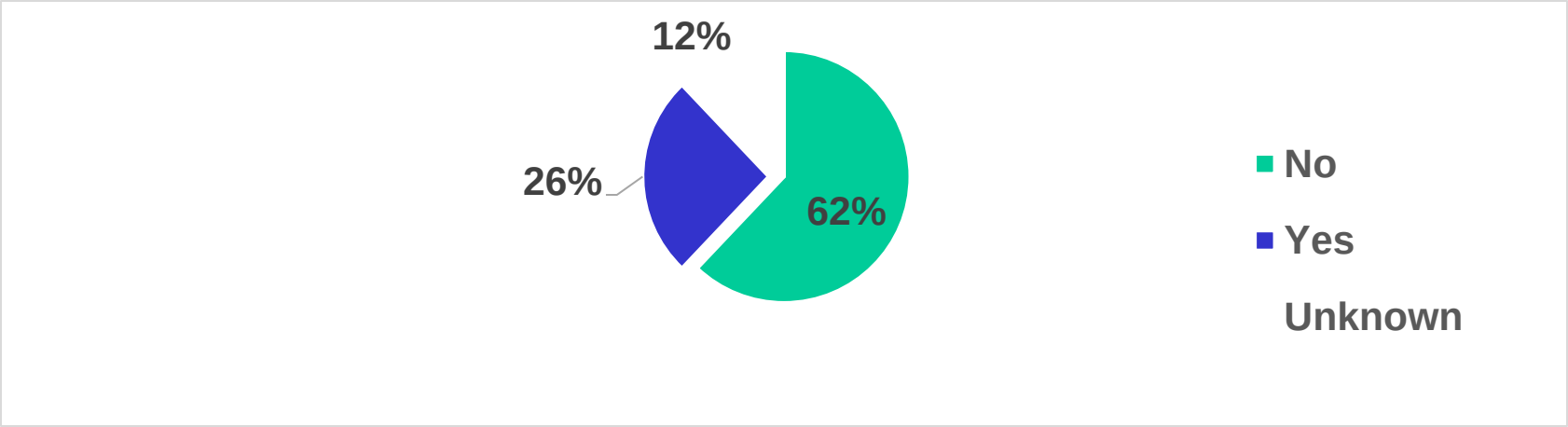
History of trauma



Family history of mental illness



Family history of substance misuse



NPGC YP
OLD DATA
2015-2019

Summary of findings

Sports betting was the most common type of gambling activity

Most people gambled *online*

62% of problem gamblers had not sought any treatment before referral

Over 50% of problem gamblers had a *psychiatric co-morbidity*

19% had attempted suicide

During and Post Covid

- **March 2020 to Nov 2021**
- 79 referrals of under 25s (5 are carers)
- Youngest 18 (3 of them) 2 engaed and 1 did not.
- Mean age of referrals at YPS =22.5
- 64% employed.
- 58% white British
- Average PGSI at assessment = 19.7 (8+=PG)
- 86% were accessing treatment for the first time.
- 64% attended at least one appointment

APPG on Gambling Harm

- Reducing the amounts players can stake on online gambling activities will reduce the likelihood of overspending.
- Free bets must stop
- The targeting of players via messages and offers must stop
- Improved affordability checks.
- **Statutory Levy of 1%**
- Gambling Disorder to be treated by the NHS whilst less harm to be dealt with in non-stat settings with counselling.

PRIMARY CARE GAMBLING SERVICES

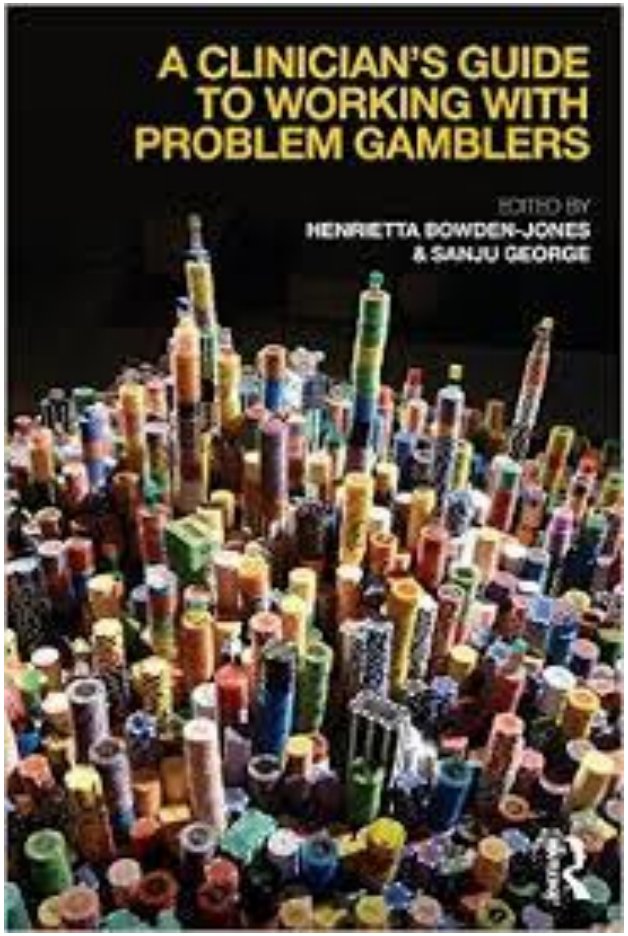
- CLARE GERADA ET AL 2020
- Big step in ensuring consistent identification at national level of any gambling harm in PRIMARY CARE. Not just people suffering from gambling disorder but family members affected by harm- DV, debt, etc
- The pilot is going very well and will hopefully be rolled out nationally.
- Linking it to NHS services must now be a priority for its success and longevity.

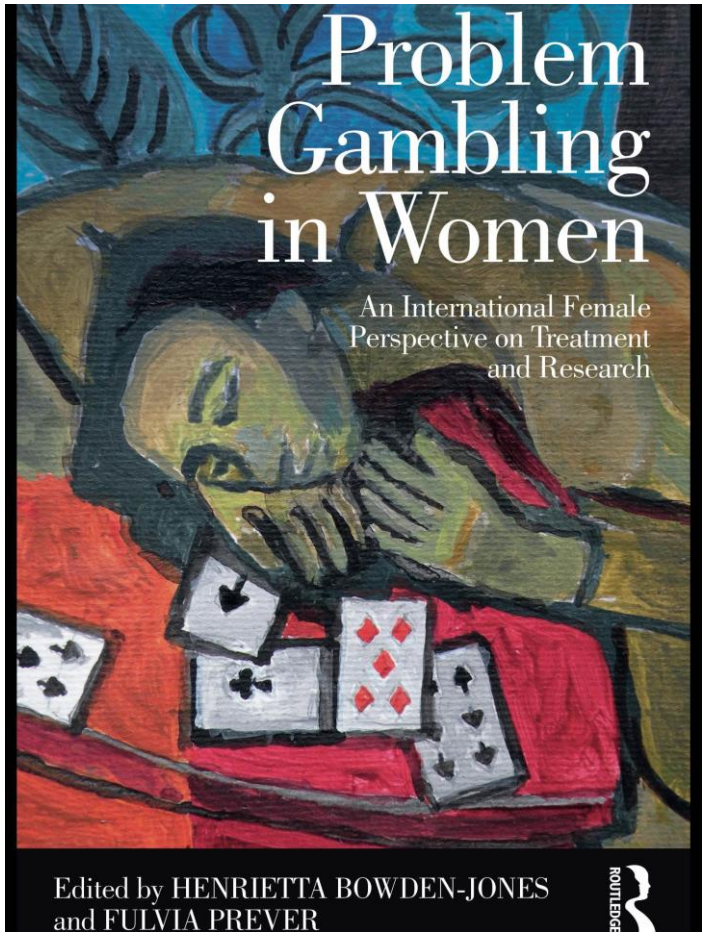
HoL report.

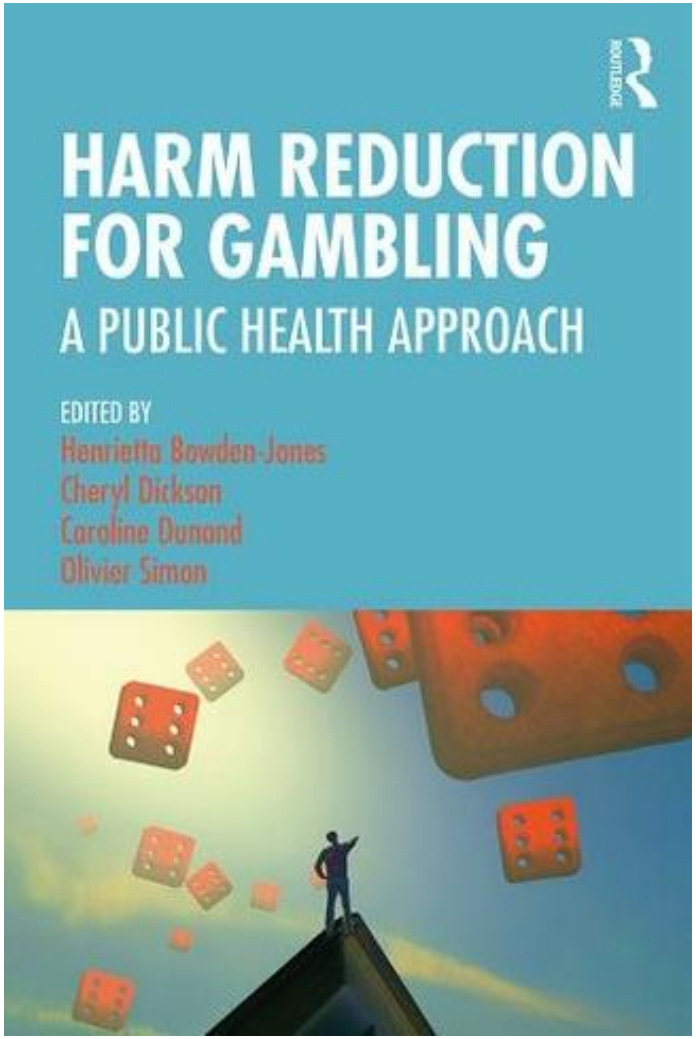
- Independent Ombudsman to settle disputes
- Affordability checks by operators
- Speed of play checks with respect to online gambling
- Harm of products scale with accountability
- Loot boxes to be brought under GC
- NHS must open the 15 new clinics by 2024 (parity of esteem with other psychiatric illnesses)

STATUTORY LEVY

- BIGGEST AND GREATEST CHANGE THAT CAN HAPPEN NOW.
- Strong support form clinicians and researchers as well as many politicans.
- NO ECONOMIC LOSS AS ORIGINALLY USED AS EXCUSE NOT TO IMPLEMENT (HOL COMMISSIONED REPORT by NERA MAY 2021)
- Introducing this would allow impartial, evidence based commissioning of treatment, prevention education and research.


A CLINICIAN'S GUIDE TO WORKING WITH PROBLEM GAMBLERS
EDITED BY
HENRIETTA BOWDEN-JONES
& SANJU GEORGE


Problem Gambling in Women
An International Female Perspective on Treatment and Research
Edited by HENRIETTA BOWDEN-JONES and FULVIA PREVER
ROUTLEDGE



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Any questions?

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