

# Gamblers at-risk and their help-seeking behaviour

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## ABSTRACT

This study investigated the help-seeking behaviour of gamblers in relation to their awareness and use of professional, non-professional and self-help for gambling-related problems, and associated motivators and barriers. Surveys and interviews were conducted with several samples of gamblers at different stages of change in their decision-making about seeking help for gambling problems. Indigenous and culturally and linguistically diverse (CALD) respondents were also included to examine cultural dimensions of help-seeking behaviour.

The study found that there is a remarkably low awareness of professional sources of gambling help; and a low willingness to use these sources before experiencing a severe financial crisis. Players prefer self-help strategies initially to avoid the shame and embarrassment of other treatments, and these self-help strategies are sometimes enough for success. Many of these strategies are financial, such as setting a budget and leaving credit and debit cards at home.

Thus, this research suggests that much more work (and research) should be directed at the fat-end of the tail of gambling problems, rather than focusing only on players with severe gambling problems. For people who are already experiencing problems, General Practitioners (GPs) are often a popular first point of contact for professional help, although clients often only admit to a co-morbid condition such as depression.

In short, therefore, the research suggests that a different policy focus should be directed to at risk gamblers and problem gamblers, with the former focusing on financial self-help resources and the latter focusing on facilitating access at preferred contact points such as GPs.

# EXECUTIVE SUMMARY

This is the research report for the project *Gamblers at Risk and Their Help-seeking Behaviour*, commissioned by Gambling Research Australia (GRA). In late-2009, GRA engaged the Centre for Gambling Education and Research (CGER) at Southern Cross University to undertake 'a national study to examine, identify and analyse gambler formal and informal help seeking behaviour. The study may assist jurisdictions to develop evidence based policy and program interventions regarding assistance for gamblers' (GRA, 2009).

The project specifications required the research team to:

- design and implement a research methodology that addresses the project specifications;
- review the published literature relevant to the project;
- investigate the behaviour of those who seek formal and informal help (according to risk profile, and taking into consideration the relevant elements of the natural recovery process);
- identify the barriers and motivators for help-seeking behaviour;
- examine the role of external factors (e.g. social support) and internal factors (e.g. motivation) in help-seeking behaviour;
- develop guidelines to enhance help-seeking behaviour by those at risk, including problem gamblers; and
- develop guidelines that may assist jurisdictions in developing policy for help-seeking behaviour enhancement.

## Research Methods

The empirical research for this study was conducted in several stages that reflect the various samples of gamblers recruited for data collection. To best understand the issues around help-seeking behaviour for gambling, it was important to gather data from people at different stages of change in their decision-making about seeking help for gambling problems. In line with the scope of the project, samples of gamblers were recruited across Australia. Indigenous and culturally and linguistically diverse (CALD) respondents were also included to examine cultural dimensions of help-seeking behaviour. Additionally, a mixed-methods approach was undertaken, involving both quantitative surveys and qualitative interviews.

The stages of empirical research, whether qualitative or quantitative, and the samples they focused on comprised:

- Stage 1: Quantitative: A national telephone survey of regular (at least weekly) gamblers (N = 242).
- Stage 2: Quantitative: A telephone survey of callers to gambling helplines across Australia (N = 218), including both gamblers (N = 170) and family members (N = 48).
- Stage 3: Quantitative: A telephone survey of clients in counselling for gambling problems (N = 110).
- Stage 4: Qualitative: Telephone interviews with recovered problem gamblers (N = 10) and family members (N = 4).
- Stage 5: Qualitative: Interviews with Indigenous Australian regular gamblers (N = 36) and family members (N = 11), Indigenous problem gamblers in treatment (4), and counsellors in some areas with high Indigenous populations (N = 14).

Stage 6: Qualitative: Interviews with CALD gamblers in treatment (N = 6) and with counsellors from culturally diverse services (N = 21).

Stage 7: Quantitative: A survey of gamblers from culturally diverse clubs in Sydney (N = 208).

Development of the survey and interview instruments was informed by a comprehensive literature review, prior studies of help-seeking for gambling-related problems, peer review of the instrumentation, pilot testing and subsequent refinement. The survey and interview instruments contained the following key sections, but there was some necessary variation according to salience to each sample:

- Respondent information: age, gender, place of birth, marital status, work status and metropolitan/regional/rural or remote residential location
- Gambling behaviour: frequency of gambling on non-lottery forms of gambling (keno, gaming machines, wagering, sports betting, casino games not on the Internet, casino games or poker on the Internet, private gambling for money).
- Professional sources of help: awareness, preferences, current and previous use of professional sources of help, motivators and barriers for using professional sources of help, how use of professional sources of help could be further encouraged.
- Non-professional sources of help: current use of non-professional sources of help, motivators and barriers for using non-professional sources of help, how use of non-professional sources of help could be further encouraged.
- Self-help strategies: use of self-help gambling measures, motivators and barriers for using self-help gambling strategies, how use of self-help measures could be further encouraged.
- Pathways to help-seeking: progression of using professional, non-professional and self-help measures.
- Stage of change: using the discrete categorisation measure developed by Prochaska et al., (1997) which asks four Yes/No questions to determine the stage of change of the respondent.
- The Problem Gambling Severity Index (PGSI) from the Canadian Problem Gambling Index (Ferris & Wynne, 2001).

The quantitative survey data sets were first subjected to individual analyses. Descriptive statistics were computed for key variables for each sample of gamblers and family members. The four gambler samples were then compared for between-group differences on a range of relevant variables – each sample, PGSI category, sex, age and location.

The qualitative interview data were analysed using thematic analysis, a method for identifying, analysing and reporting patterns (themes) within data, by organising and describing the data set in rich detail and by interpreting the various aspects of the research topic.

In considering the study's findings, summarised below, certain limitations should be borne in mind. The main one is that this study has been able to provide only a snapshot, cross-sectional picture of help-seeking behaviours for gambling problems, yet we know that development, maintenance and recovery from gambling problems is a process, and often a lengthy one. Additionally, this study relied on self-reported data, both in terms of behaviours around help-seeking, and also in identifying motivators and barriers to help-seeking. Self-reported data can, of course, suffer from problems of recall, interpretation and recall bias. Limitations of the survey samples must also be noted because it is not known how representative some of them are of the broader study populations, particularly where samples were recruited through help agencies and gaming venues. However, the selection of samples from across the various stages of behaviour change allowed breadth and triangulation of the research findings.

The main research findings are now summarised. The summary of quantitative results focuses mostly on the combined sample of gamblers comprised of the regular gamblers (Stage 1, n = 242), helpline gamblers (Stage 2, n = 170), gamblers in treatment (Stage 3, n = 110) and the gamblers from culturally diverse clubs in Sydney (n = 208). This combined sample is referred to below as 'the combined survey sample' (N = 730). Where individual survey samples are discussed, they are referred to as regular gamblers (from the Stage 1 national telephone survey), helpline callers (from the Stage 2 telephone survey), gamblers in treatment (from the Stage 3 online survey), and the CALD regular gamblers (from the Stage 7 on-site club survey). Where results of the qualitative research are summarised, the samples referred to are clearly identified.

### **Professional Help-Seeking Behaviour**

Professional sources of gambling help examined in this study comprise gambling-specific services, including face-to-face, online and telephone gambling help services, as well as mutual support groups (such as Gamblers Anonymous and Pokies Anonymous) and venue assistance for people with gambling problems (such as self-exclusion, information about counseling services). Professional help also includes generalist help services that may provide advice or assistance with a gambling problem. These include general practitioners, relationship, financial and legal services, alcohol and drug services, and migrant and ethnic support services. Key findings are now summarised in relation to awareness and use of these services.

For the five types of gambling-specific professional help services about which respondents were asked, overall awareness amongst the combined survey sample was low. Awareness was highest for gambling helplines (39%), followed by venue assistance (31%), face-to-face services (27%), mutual support groups (14%) and online services (10%). Please note, however, that the gamblers in treatment were not asked about their awareness of face-to-face counseling services, and the helpline callers were not asked about their awareness of gambling helplines, as both these groups were recruited through these services.

In relation to generalist help services, a little over one-quarter of the combined survey sample was aware that information and help for gambling issues were available from general practitioners (27%), relationship counsellors (27%), financial counsellors (26%), and alcohol and drug services (26%). Lower awareness was apparent for legal advisors (18%) and migrant and ethnic support services (12%).

In the combined survey sample (N = 730), there were 153 non-problem gamblers, 82 low risk gamblers, 117 moderate risk gamblers and 346 problem gamblers (32 missing cases). Amongst these four PGSI groups, the problem gamblers were most aware of the professional types of services available for gambling help, with the exception of face-to-face counselling services in their region. In relation to generalist help services, the problem gamblers were more aware than the other PGSI groups that financial counsellors can provide information or help for gambling issues.

There was also qualitative interview evidence that awareness of gambling help services amongst Indigenous regular gamblers was generally low and questions were also raised around the cultural appropriateness of online and telephone services, self-exclusion, mutual support groups and non-Indigenous face-to-face services. The CALD regular gamblers survey also revealed very low awareness of gambling-specific professional help services, but higher awareness of generalist help services as a source of advice or assistance for a gambling problem.

In summary, the findings point to low awareness of professional sources of gambling help overall, but particularly amongst the regular gamblers, CALD gamblers, Indigenous gamblers and older gamblers who were surveyed or interviewed.

The results also indicate that rates of help-seeking amongst the non-treatment survey samples (the regular gamblers and CALD regular gamblers) were very low. For example, in the national telephone survey, 27 people scored as problem gamblers on the PGSI, yet only 1 was currently receiving professional help for their gambling. In the same sample, 58 respondents scored as moderate risk gamblers, but none were currently receiving professional help for their gambling. However, the results for the survey samples recruited through professional help services (helpline callers and the gamblers in treatment) indicate that, once contact had been made with a service or helpline, the majority of these gamblers then used additional or alternative forms of professional help. Thus, it appears that once the gamblers had been motivated to reach out for professional help, many were willing to try a range of sources.

Amongst nearly all samples, face-to-face counselling was the most widely used type of professional gambling help, followed by telephone counselling, mutual support groups and self-exclusion, respectively. However, results from the Indigenous-focused interviews suggested that mutual support groups and self-exclusion were generally not considered culturally appropriate, and the CALD survey and interviews also indicated low use of these options. Few respondents had used the other types of professional gambling help examined in this study.

Clearly, there is scope to improve rates of professional help-seeking amongst problem and moderate risk gamblers, and particularly those from CALD and Indigenous populations.

### **Non-Professional Help-Seeking Behaviour**

Non-professional sources of gambling help refer to people a gambler may turn to who are not professionally trained, but who may provide support and guidance in relation to a gambling problem. These include partners, other family members, friends, work colleagues, religious and community leaders.

Most respondents in the combined survey sample (69%) indicated they would use non-professional sources of help if they had a gambling problem and did not want to use a professional help service, although a sizable minority (31%) would not seek this type of help at all. The most likely to report they would use non-professional sources of gambling help, if they felt they needed help for their gambling, were the regular gamblers (75%), followed by the helpline callers (59%), the gamblers in treatment (53%) and the CALD regular gamblers (40%). However, despite the fact that a lower proportion of the CALD regular gamblers reported they *would* use non-professional sources of gambling help if needed, the proportion who *had ever* sourced non-professional help for their gambling was higher ( $n = 35$  or 17% of the sample of 208) than the proportion of the regular gamblers who had ever used non-professional help ( $n = 24$  or 10% of the sample of 242). Of all the PGSI groups, the problem gamblers were the least willing to use non-professional help (53%).

The CALD survey and interviews revealed strong reticence by CALD people to confide in others about gambling problems and, when they do, strong family ties and a desire to keep the problem hidden can prompt family and friends to extend funds to the gamblers, often exacerbating the gambling problem.

In contrast, the Indigenous-focused interviews revealed that Indigenous gamblers may more readily seek help from family and friends, although a problem can be that these family and friends are also keen gamblers. Yet, many family members reported that they encouraged their significant others to seek help, although this advice was not often heeded.

Thus, the results suggest varying degrees of willingness to use non-professional sources of gambling help, and this was lowest amongst the CALD population, problem gamblers and younger people. Nevertheless, use of non-professional sources of gambling help appeared quite common for those

concerned about their gambling, with around one-half of those who had sought professional help for their gambling also seeking this assistance.

### **Self-Help Gambling Strategies**

Self-help strategies were widely used by the respondents. Amongst the combined survey sample, the most frequently used were to limit access to money for gambling (45%), set a budget for gambling expenses (42%), take up diversionary activities (40%), avoid being near their primary gambling venue (30%) and sourcing information about how gambling works (29%). Less frequently used were keeping records of gambling activities and expenditure (24%), sourcing information about excessive gambling (21%), avoiding others who gamble (21%) and using a checklist to self-assess a gambling problem (18%). However, use of self-help measures varied between samples.

The regular gamblers from the national telephone survey were the most likely to set a budget for gambling expenses, but the least likely to take up most of the other self-help measures. The CALD regular gamblers from the survey in Sydney clubs were the most likely to use a checklist to self-assess a gambling problem and made reasonably frequent use of most of the other self-help measures, although the interviews with CALD counsellors and clients suggested that self-help is rarely used during problem development.

Amongst the PGSI groups in the combined survey sample, the problem gamblers appeared particularly reticent to use some types of self-help. They were the least likely to set a budget for gambling expenses and to source information about how gambling works and the odds of winning. However, they were the most likely to avoid their primary gambling venue. The moderate risk gamblers were most likely to take up diversionary activities, limit access to cash for gambling, source information about why some people gamble excessively and how gambling works and the odds of winning, to set a budget for gambling expenses, record their gambling activities and expenditure and use a checklist to self-assess a gambling problem. The low risk gamblers were the least likely to avoid friends/family who gamble. The non-problem gamblers were the least likely to use most of the other self-help strategies. In the combined sample, women were more likely than men to set a budget for gambling expenses and to source information about why people gamble excessively.

Interviews focusing on Indigenous gambling revealed that self-help gambling strategies were sometimes used, with common ones identified as: taking up new hobbies and interests; learning new skills; taking care of health; employing budgeting skills; avoiding gambling venues; and avoiding family and friends who gamble.

Data from the combined sample revealed many more respondents made use of self-help gambling strategies than were problem and moderate risk gamblers. Thus, self-help measures appear to be used for preventative and harm minimisation purposes, as well as to regain control after a gambling problem has developed. Indeed, the interviews with the recovered problem gamblers revealed that the movement of help-seeking generally seemed to be a circular activity, beginning and ending with self-help behaviour. There was also a strong preference for self-help as the first type of help to be used if the respondent became concerned about their gambling. This appears largely due to the shame and embarrassment associated with a gambling problem.

Thus, there appears great potential for self-help measures to be a major tool in preventing gambling problems, minimising harm from gambling and assisting recovery. However, self-help gambling strategies (as defined here and not including mutual support groups such as GA) have received minimal research attention, and there is currently no evidence to support which types are efficacious and which are not.

## Motivators for Help-Seeking

Questions on motivators for seeking help from the three sources (professional, non-professional and self-help) were framed in two different ways. Those who had sought the type of help were asked what *had* motivated them to do so. Those who had not sought the type of help were asked what *would* motivate them to do so if they became concerned about controlling their gambling. The results below should be read with this in mind.

Amongst the combined survey sample of gamblers (N = 730), the most commonly reported motivators for all three types of help-seeking were: financial problems, concerns that your gambling might develop into a major problem, concerns that you had reached a point where you could not go on, negative emotions from your gambling, problems with your spouse or partner, and concerns about the welfare of those dependent on you. Thus, serious financial, emotional and relationship issues appear major factors that reportedly would prompt gamblers to seek help if they became concerned about controlling their gambling.

This was also reflected in the reasons that would or had motivated the problem gamblers in the combined survey sample to seek the three types of help. The main three motivators that had or would prompt them to seek professional, non-professional and self-help were: concerns that your gambling might develop into a major problem, negative emotions from your gambling and financial problems. Concerns for dependants, pressure from others, social isolation and reaching a point where they could not go on were other important reasons. However, the problem gamblers in the combined survey sample indicated lower agreement than the other PGSI groups with most motivators for professional and non-professional help-seeking.

Motivators of the problem gamblers in the combined survey sample who had not previously sought professional gambling help were compared with those of problem gamblers who had sought this help. The former were less likely to agree that they would be motivated because of most reasons provided, except for financial problems, negative emotions from their gambling, and concerns their gambling might develop into a major problem. They were equally as likely as the group who had sought professional help to agree that concerns that they had reached a point where they could not go on would motivate them to seek professional gambling help. Thus, the problem gamblers who had never sought professional help for their gambling appeared willing to wait until their gambling problems became severe financial and emotional issues before seeking help, and were less motivated to seek help by problems concerning their relationships and other aspects of daily living.

The importance of financial problems in triggering help-seeking was confirmed in the interviews with recovered problem gamblers, Indigenous gamblers and counsellors, and CALD counsellors and clients. It was generally following a crisis point, typically financial, that professional help was sought. However, reaching out for professional help is often preceded by seeking support from significant others. In the Indigenous population in particular, it appears that financial help for the gambler is often provided by loved ones, due to cultural expectations of reciprocity and strong kinship ties. In CALD populations, financial assistance for the gambler also appears common, driven by the desire to keep the problem private and a view of the problem as a financial rather than behavioural one. Yet, extending money to the gambler was reported to sometimes exacerbate the problem and delay professional help-seeking.

The motivators for help-seeking revealed in this study confirm the findings of previous studies (e.g., Bellringer et al., 2008; Productivity Commission, 2010), that problem gamblers do not tend to seek help until problems become severe and they hit 'rock bottom'.

## Barriers to Help-Seeking

Questions on barriers to seeking help from the three sources (professional, non-professional and self-help) were framed in two different ways. Those who had sought the type of help were asked what *had* delayed or discouraged them from doing so. Those who had not sought the type of help were asked what *would* delay or discourage them from doing so if they became concerned about controlling their gambling. The results below should be read with this in mind.

Amongst the combined survey sample of gamblers, the most common barriers to professional and non-professional help-seeking if the respondent was concerned about controlling their gambling were: wanting to solve the problem on your own, feeling ashamed for yourself or your family, being too proud to seek help, finding it difficult to believe that you had a gambling problem, and being concerned about being treated like an addict or mentally ill. Thus, help-seeking involving others causes considerable shame and embarrassment, highlighting the need for efforts to destigmatise help-seeking for gambling problems. For self-help, the main barriers were not wanting to stop gambling and not believing you had a gambling problem.

Amongst the PGSI groups in the combined survey sample, the problem gamblers indicated most agreement to the barriers of: wanting to solve the problem on your own, feeling ashamed for yourself or your family, being too proud to seek help, finding it difficult to believe that you had a gambling problem, and being concerned about being treated like an addict or mentally ill. The shame and stigma clearly attached to seeking help from others about a gambling problem is compounded when the barriers to using self-help measures are considered. The most prominent of these was not wanting to stop gambling, followed by lack of awareness of these measures, thinking the strategies would not work, thinking they were too much work and not believing you had a gambling problem. Thus, this reticence to recognise and act on a gambling problem, combined with reluctance to seek help from others due to shame and stigma, is reflected in low help-seeking rates and continuation of an often hidden problem. Further, the problem gamblers indicated higher agreement than the other PGSI groups with most barriers to all three types of help-seeking.

The problem gamblers in the combined survey sample who had not sought professional help also tended to agree more strongly than those who had sought help with the barriers of feeling ashamed for yourself or your family, and wanting to solve the problem on your own. They were equally as likely as the problem gamblers who had sought professional help to agree that being too proud to seek help was a barrier. Thus, the primary barriers for problem gamblers who had avoided professional help were shame and not wanting to tell other people.

The recovered problem gamblers who were interviewed emphasised problem denial as a major barrier to their help-seeking, compounded by a fear of being judged by service providers and others. The Indigenous interviewees identified strong barriers of lack of problem recognition, normalisation of gambling, opportunities to borrow funds, beliefs in luck and winning, lack of culturally appropriate services, inaccessibility of services in some locations, and concerns over confidentiality as undermining help-seeking help from professional sources. Like non-Indigenous gamblers, shame and stigma were also significant barriers. Amongst the CALD interview and survey respondents, strong cultural values of success, self-reliance and pride reportedly deter help-seeking, as do shame and fears over confidentiality. Thus, severe crises generally develop before professional help is sought. Further, once financial problems are resolved, some CALD gamblers seem reluctant to address the underlying cause, which is the gambling problem.

Amongst demographic groups in the combined survey sample, there was more resistance amongst the younger cohort to seeking professional and non-professional help for gambling issues and this was reflected in commonly endorsed barriers to help-seeking of shame, pride and wanting to solve



the problem on their own. Further, the younger age group was more likely to think that self-help measures would not work for them if they became concerned about controlling their gambling.

The barriers to help-seeking revealed in this study confirm the conclusions of prior research. For example, the Productivity Commission (2010) concluded from its inquiry and review of previous studies that social stigma associated with having a problem, denial of a problem or believing they can handle it themselves, are the main reasons why gamblers do not seek professional help. These barriers were found in the current study to also apply to seeking non-professional help and to utilising self-help measures.

### **Guidelines to Enhance Help-Seeking Behaviour by At-Risk/Problem Gamblers and Related Policy Development**

The following guidelines for help-seeking behaviour enhancement have been developed based on the empirical findings of this study and the improvements suggested by respondents:

#### *Guidelines relating to advertising and promotion of help services:*

- There is a clear need to raise the awareness of both gambling-specific and generalist services that can assist people with gambling problems.
- Consideration should be given to using additional advertising media, including social media, and more engaging advertising messages. The most effective of both of these may need to be established through specific research.
- Venue signage advertising gambling helplines is important and should be retained, although regular refreshment of signage and dynamic messages on gaming machine screens could help to raise awareness further.
- Awareness about face-to-face counseling, online counselling and self-exclusion was relatively low, suggesting a need for better publicity of these options.
- Advertising of services could also include information that controlled or reduced gambling may be an alternative goal to complete abstinence, so as not to deter help-seeking from those who are reluctant to abstain completely from gambling.
- Public education of the counselling process and its confidential and non-judgmental approach may help to encourage more professional help-seeking.
- Efforts to demystify counselling appear warranted, given that a major barrier to help-seeking was concern about being treated like an addict or mentally ill.
- Further emphasis on the free provision of gambling help services appears warranted.
- It is important that publicity of professional help services for gamblers and significant others, as well as self-help measures, is conducted in the general media as well as in venues.

#### *Guidelines relating to service provision:*

- Providing and promoting a range of help strategies is more likely to enhance help-seeking behaviour by at-risk and problem gamblers than a more restricted range would do.
- It is critical that general practitioners and other generalist services are trained and equipped to assist clients with gambling problems. This may require professional education of service personnel and further inter-agency links with gambling help services.
- Service provision within a more generic health context, rather than or as well as service provision through specific gambling help agencies, is also worth consideration. This approach

might assist gamblers with multiple problems and co-morbidities and perhaps remove some stigma attached to help-seeking from stand-alone gambling services.

*Guidelines relating to non-professional help and support for significant others:*

- Public education is needed to raise awareness for how people can best assist significant others with gambling problems, supported by resources to facilitate and guide non-professional help for gambling problems.
- Additional publicity of services that can help significant others of problem gamblers appears warranted. This needs to be conducted in the general media because significant others of problem gamblers may not patronise gambling venues where most information is currently provided.
- Counsellors of problem gamblers may be able to further encourage significant others to attend counselling to learn how they may best support the gambler and also how best to deal with demands on themselves.
- Elevated awareness of their legal rights and of practical strategies to protect themselves and their dependants would be beneficial for significant others of problem gamblers.

*Guidelines relating to self-help measures:*

- Given the willingness of gamblers to use self-help measures, much greater publicity of these measures appears important, as suggested by several respondents. In addition, resources could be developed to assist usage of these strategies.
- Minimal research has been conducted into the efficacy of self-help gambling measures, but is urgently needed to inform their development, refinement and dissemination.
- One of the distinguishing characteristics of problem gamblers compared with other PGSI groups was reticence by the former to set a budget for gambling expenses. Thus, ways to encourage budgeting for gambling are worth considering and it may be that future implementation of precommitment systems will encourage and facilitate this.

*Guidelines relating to public and consumer education:*

- Public education is needed about the addictive nature of some forms of gambling, particularly gaming machines, how easily some people develop a gambling problem and how hard it is to resolve. Current messages to 'gamble responsibly' do not convey these points and in fact may suggest that only irresponsible people develop gambling problems. More hard-hitting messages are likely needed to convey the gravity of these issues.
- Extension of the Consumer Voice program or similar to other jurisdictions would appear a promising mechanism to raise awareness of problem gambling, enhance understanding of its etiology, encourage help-seeking, and enhance recovery from gambling problems.
- Public and consumer education is clearly needed to assist gamblers and their significant others to recognise a gambling problem, its signs and symptoms and how to get help. This education would benefit from moving beyond superficial messages to 'gamble responsibly' or to 'bet with your head and not over it' to depict problem gambling as it is – a serious condition which can have devastating consequences.
- Serious efforts are needed to destigmatise problem gambling, to help lower the shame and embarrassment that keeps problem gambling a hidden issue for many and that deters help-seeking, even from significant others.

- Public education might also focus on changing the decisional balance of problem gamblers who do not want to stop gambling, by emphasising the long-term positive consequences of controlled or reduced gambling, over the short-term 'benefit' of uncontrolled gambling.
- If supported by appropriate consumer education, it appears that gamblers may accept a more proactive role for venues in helping them recognise to a gambling problem and to seek help.

*Guidelines relating to CALD-specific initiatives:*

- Targeted measures are needed to further educate the CALD population about problem gambling and encourage help-seeking in CALD populations.
- There may be value in CALD targeted education about what a gambling problem is, its signs and the risks of gambling.
- It is important to relay to CALD gamblers that gambling services are free, non-judgmental and confidential.
- CALD communities could be engaged to help develop culturally appropriate self-help measures and materials for use in those communities.
- Increased availability of CALD counsellors and services that provide help for gambling problems may be needed. This may not necessarily be through gambling-specific help services, but could be provided through existing CALD health services.
- CALD communities might be engaged in developing culturally specific programs similar to the Consumer Voice program.

*Guidelines relating to Indigenous-specific initiatives:*

- Working with Indigenous communities and services to develop strategies appears the most appropriate way forward to address the concerns and hardship related to problem gambling amongst Indigenous Australian gamblers.
- Indigenous participants in this study advocated providing culturally appropriate education about problem gambling, budgeting, help services and what counselling is to remove perceptions of judgment and lack of confidentiality, provision of cultural awareness training for counsellors and more Indigenous-specific signage and other materials.
- Increased availability of Indigenous counsellors and services that provide help for gambling problems may be needed. This may not necessarily be through gambling-specific help services, but could be provided through existing Indigenous health services.
- Indigenous communities might be engaged in developing culturally specific programs similar to the Consumer Voice program.

## **Conclusion**

In conclusion, this study has been the most comprehensive Australian investigation to date of help-seeking behavior for gambling-related problems. Through examining these behaviours amongst several samples of gamblers at different stages of change, extensive guidelines have been developed which will hopefully inform improvements in the provision of assistance to those affected by gambling problems. These are warranted, given the low awareness of professional sources of help and the low willingness to use these services before experiencing a severe financial crisis. Players prefer self-help strategies initially to avoid the shame and embarrassment of other treatments, and these self-help strategies are sometimes enough for success. Many of these strategies are financial,

such as setting a budget and leaving credit and debit cards at home. Thus, this research suggests that much more work (and research) should be directed at the fat-end of the tail of gambling problems, rather than focusing only on players with severe gambling problems. For people who are already experiencing problems, GPs are often a popular first point of contact for professional help, although players often only admit to a co-morbid condition such as depression. In short, therefore, the research suggests that a different policy focus should be directed to at risk gamblers and problem gamblers, with the former focusing on financial self-help resources and the latter focusing on facilitating access at preferred contact points such as GPs.

# CHAPTER 1

## INTRODUCTION

This is the research report for the project *Gamblers at Risk and Their Help-seeking Behaviour*, commissioned by Gambling Research Australia (GRA). GRA is responsible to the Ministerial Council on Gambling for managing and implementing a national gambling research agenda.

### 1.1 Aims and Scope

In late-2009, GRA engaged the Centre for Gambling Education and Research at Southern Cross University to undertake 'a national study to examine, identify and analyse gambler formal and informal help seeking behaviour. The study may assist jurisdictions to develop evidence based policy and program interventions regarding assistance for gamblers' (GRA, 2009).

In detailing the scope of the study, GRA (2009) noted the following:

#### Help-seeking behaviour

'Help-seeking behaviour' includes the behaviour of gamblers who look for help through specialised or formal treatment services (e.g. general or gambling specific counselling services, financial services etc.), and gamblers who seek help from informal sources (including friends, family, alternative recreation and leisure activities etc.).

#### Gamblers at risk

'Gamblers at risk' encompasses:

- gamblers who are recognised through formal screening or diagnostic instruments as 'problem' gamblers or 'at risk' of developing problem gambling; and
- gamblers who voluntarily seek help for their gambling, without a formal assessment of gambling severity.

#### Gambling activities

This study covers all forms of gaming and wagering.

#### Problem Gambling definition

The following definition of problem gambling was used because this is required by GRA:

*Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others or for the community<sup>1</sup>.*

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<sup>1</sup> *Problem Gambling and Harm: Towards a National Definition* prepared for the National Gambling Research Working Party by the South Australian Centre for Economic Studies together with the Department of Psychology, University of Adelaide, December 2005.

## **1.2 Statement of Requirements**

The project specifications required the successful tenderer to:

- design and implement a research methodology that addresses the project specifications;
- review the published literature relevant to the project;
- investigate the behaviour of those who seek formal and informal help (according to risk profile, and taking into consideration the relevant elements of the natural recovery process);
- identify the barriers and motivators for help-seeking behaviour;
- examine the role of external factors (e.g. social support) and internal factors (e.g. motivation) in help-seeking behaviour;
- develop guidelines to enhance help-seeking behaviour by those at risk, including problem gamblers; and
- develop guidelines that may assist jurisdictions in developing policy for help-seeking behaviour enhancement.

## **1.3 Structure of the Report**

This research report is structured into 13 chapters:

Section 1: Introduction, Literature Review and Methodology

- Chapter 1 has introduced the study by detailing its aims and scope, requirements and report structure.
- Chapter 2 reviews the published literature relevant to the project.
- Chapter 3 explains the project methodology.

Section 2: Quantitative Findings

- Chapter 4 presents and analyses results from a national telephone survey of regular gamblers on non-lottery forms of gambling.
- Chapter 5 presents findings from a telephone survey of gamblers who had recently called a gambling helpline about a gambling problem they were experiencing.
- Chapter 6 focuses on the results from a telephone survey of family members who had recently called a gambling helpline and who were seeking assistance for themselves and/or a significant other with a gambling problem.
- Chapter 7 presents and analyses results from a survey of clients in treatment for gambling problems, recruited through face-to-face counselling agencies.
- Chapter 8 presents findings from a survey of patrons of culturally diverse clubs.
- Chapter 9 conducts a cross-analysis of survey results.

Section 3: Qualitative Findings

- Chapter 10 analyses results from interviews with recovered problem gamblers.
- Chapter 11 focuses on results pertinent to help-seeking by Indigenous Australians, captured through interviews with Indigenous regular gamblers, problem gamblers, family members of gamblers and problem gamblers, and with Indigenous-focused counselling agencies.

- Chapter 12 focuses on results pertinent to help-seeking by CALD Australians, captured through interviews with CALD problem gamblers, family members of problem gamblers and CALD-focused counselling agencies.

#### Section 4: Discussion and Conclusions

- Chapter 13 summarises and discusses the research findings and presents guidelines to enhance help-seeking behaviour by problem and at risk gamblers and that may assist jurisdictions in developing policy for help-seeking behaviour enhancement.

# CHAPTER 2

## LITERATURE REVIEW

### 2.1 Introduction

It is estimated that only 10 per cent of problem gamblers in Australia seek formal assistance for their problems (Delfabbro, 2008). This is despite a range of free treatment services available in all states and territories. These treatment services collectively offer face-to-face, group, telephone, email and on-line counselling and provide services including financial counselling, legal advice, relationship counselling, addictions counselling and treatment for gambling behaviour. The most common explanation for the low use of formal help services is that gamblers only use help services as a last resort, when things have reached their most critical (Delfabbro, 2008; Productivity Commission, 2010). Untreated gambling problems have significant personal and social costs, estimated to be at least \$4.7 billion annually (Productivity Commission, 2010). However, there remain many unanswered questions regarding the help-seeking behaviour of problem gamblers.

There are a small number of published studies specifically examining the help-seeking behaviour of Australian problem gamblers. These have been jurisdiction specific and include the Australian Capital Territory (ACT) (McMillen, Marshall, Murphy, Lorenzen & Waugh, 2004), Victoria (New Focus, 2005); Queensland (Rockloff & Schofield, 2004), and South Australia (Evans & Delfabbro, 2005). The Productivity Commission (1999) included some items on help-seeking in their national survey but did not attempt to identify the barriers and enablers of help-seeking or assess the knowledge and experience of formal and informal sources of help. Similarly, prevalence studies in most Australian jurisdictions include a small number of items about help-seeking for gambling problems.

Internationally, the most comprehensive study of help-seeking behaviour is a recent New Zealand study by Bellringer, Pulford, Abbott, DeSouza and Clarke (2008). This large study also appears in the related publications by Clarke (2007), Clarke, Abbott, DeSouza, & Bellringer (2007), Pulford, Bellringer, Abbott, Clarke, Hodgins, & Williams, (2009a) and Pulford et al. (2009b). The Bellringer et al. (2008) study undertook a comprehensive review of the literature in the areas of health care access and help-seeking behaviour and conducted focus groups with key stakeholders in the areas of problem gambling and health care services. The information gathered was collated into a national survey of several groups including gamblers seeking help, family members of gamblers seeking help, gamblers from a range of cultural backgrounds, and gamblers not seeking help.

The present study recognises the quality of the work conducted in the New Zealand study and has adopted a similar approach. The first stage of this study is this literature review which extends that of the New Zealand study by adopting some of the recommendations that appear throughout the associated publications. For example, Clarke (2007) suggested that help-seeking needs to be examined from relevant theoretical frameworks to best understand the individual and contextual factors that interact in the decision-making process. Hence, the *Transtheoretical Model of Change* (TTM; Prochaska & DiClemente, 1982; Prochaska, DiClemente, & Norcross, 1997) figures prominently throughout most sections of this review.

This review initially discusses the definition of problem gambling, how problem gambling will be measured, and the prevalence of problem gambling among certain sectors of the Australian community. It will then move on to discuss the theory underpinning the study, including the intervention implications, assessment issues, and limitations of the theory. Following this, the formal



and informal pathways to change, along with the barriers and motivators to behaviour change, will be reviewed. These will then be considered in the light of age, gender and cultural issues before concluding with the aims of the current study.

## 2.2 Definitions, Measurement and Prevalence of Problem Gambling

The lack of consensus on a single definition of problem gambling has preoccupied research into problem gambling and the inconsistent application of working definitions makes generalisation and comparison of results difficult (Productivity Commission, 2010). In an attempt to reconcile these issues, Australian State and Territory Ministers agreed to the implementation of a National Gambling Research Programme in 2004. One of the priorities of this programme was to develop a National approach to the definition of problem gambling (Australian Gaming Council – AGC, 2004). Since this time, the Ministerial Council on Gambling has released a national definition of problem gambling and harm: ‘problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community’ (SA Centre for Economic Studies, 2005, p. i). As can be seen from this definition, there is no implication of etiology or process. Generically, problem gambling is considered to be gambling that is not successfully controlled or limited and results in harm to the individual or others. The definition does however imply difficulties in self-regulation on the part of the gambler, for whatever reason(s).

Whilst Australia has reached a national definition of problem gambling (the behaviour), there is a little less agreement on a definition of a problem gambler (the individual). Most studies however, tend to define two types of individuals who gamble at problematic levels, the *problem gambler* (Abbott, Williams, & Volberg, 2004; Petry et al., 2006) and the *pathological gambler* (Slutske, 2006; Suurvali, Cordingley, Hodgins & Cunningham, 2009). Some studies define a third type of gambler with the *potential* for problematic gambling, the *at-risk* gambler (Delfabbro, 2008). Briefly, problem gamblers experience sub-clinical levels of disordered gambling, experience less harm than pathological gamblers and are more prevalent amongst regular gamblers. Pathological gamblers are those gamblers who are considered as meeting certain clinical criteria, experience severe harm, and are less prevalent in the community. However, there is much debate over these terms and their meaning.

In the current study, the term *problem gambler* will be used to describe both gamblers considered problem gamblers and those gamblers who meet the criteria for pathological gambling. This is in keeping with Australian studies into problematic gambling behaviours (e.g., Evans & Delfabbro, 2005; McMillen et al., 2004; Productivity Commission, 1999; Tremayne, Masterman-Smith & McMillen, 2001), and consistent with the harm minimisation approach adopted in Australia, the PGSI problem gambling classification and with the continuum of risk discussed below.

Research indicates that there is a continuum of risk associated with gambling and the severity of gambling-related harms (Currie et al., 2006; Shaffer, 2005). Evidence indicates that individuals typically shift between levels of at-risk, problem and pathological gambling over time (Abbott, 2007; Abbott et al., 1999; Slutske, Jackson & Sher, 2003), further complicating the difficulties with defining gambling-related harms. Importantly, risk factors may change over time in relation to evolving patterns of gambling participation and attitudes towards gambling (Abbott, Volberg, & Roonberg, 2004). Finally, the diagnosis of pathological gambling is also likely set to change in the next version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; Petry, 2010), which may have significant implications for measurement and prevalence rates.

Similarly, there is much debate over the measurement of gambling problems (Abbott & Volberg, 2006; Delfabbro, 2008). The most common tool for measuring problem and at risk gambling in

Australia is the *Problem Gambling Severity Index* (PGSI) which forms part of the *Canadian Problem Gambling Index* (CPGI, Ferris & Wynne, 2001). The PGSI contains nine statements that the gambler rates on a four-point scale (from 'never applies to me' to 'almost always applies to me'; scored 0 - 3). In general, the higher the score on this scale the greater the risk of a gambling problem. When the scores are summed the results are interpreted to categorize individuals as either a non-problem gambler; low risk gambler; moderate risk gambler; probable problem gambler (Ferris & Wynne, 2001). The questions included in the PGSI provide a subjective assessment of the harms experienced, potentially making comparison between subjects difficult. However, despite its limitations, the PGSI is currently accepted as the most appropriate screen for problem gambling in Australia (McMillen & Wenzel, 2006; Neal, Delfabbro & O'Neil, 2005; Productivity Commission, 2010)

In the Productivity Commission's *Gambling Inquiry* (2010) it was estimated that almost 115,000 Australians are rated as problem gamblers with a further 280,000 reported to be at moderate risk. This translates to a prevalence rate of about 0.75 per cent of Australian adults being problem gamblers and 1.7 per cent being at moderate risk of developing problem gambling behaviour.

This general estimation of problem gamblers may hide important distinctions and differences in sub-groups of gamblers. Research has shown that demographics such as age and culture can influence membership of gambling groups (Delfabbro, 2008; Ladouceur, Blaszczynski, & Pelletier, 2009; Loo, Raylu, Oei, 2008). For example, a telephone survey into problem gambling among particular ethnic communities in Victoria showed that the rates of problem gambling exceeded 10% compared with 2% of the general population (Cultural Partners Australia Consortium, 2000). Further, prevalence studies have shown higher rates of gambling involvement among Indigenous groups from Australia (Dickerson, Baron, Hong, & Cottrell, 1996, Young et al., 2006), North America (Volberg & Abbott, 1997) and New Zealand (as reviewed by Clarke, et al., 2007; Volberg & Abbott, 1997).

Young males seem to be over-represented in problem gambling populations (AC Nielsen, 2007; Davidson & Rodgers, 2010) as do adolescents (Ladouceur, Blaszczynski, & Pelletier, 2009). Conflicting research exists on gender differences, with some studies finding males have higher gambling involvement (Productivity Commission, 1999; Hare, 2009), but there is other evidence that seems to suggest equal numbers of males and females engage in some gambling-related activities, including EGM playing, and problematic gambling behaviours (Queensland Government, 2010). However, studies on treatment services are only partially consistent with the results of problem gambling research. In a review of Australian research, Delfabbro (2008) reports disparities between identified problem gamblers, more likely to be young males, and those seeking treatment, who tend to be older and female. This research led the Productivity Commission (1999) to conclude that people who seek help are not necessarily representative of those with gambling problems in the general population. Therefore, what is clear from these studies is that factors such as age, gender and culture need to be carefully considered in an examination of help-seeking for problem gambling.

In terms of spending, problem gamblers were conservatively estimated to contribute at least one-third of the total revenue generated from gambling (Productivity Commission, 1999). In the more recent Productivity Commission report (2010), this estimate was increased to between 40 per cent and 60 per cent of gambling revenue. In essence, this means that around 15 per cent of all regular (at least weekly) gamblers account for around 50 per cent of all monies spent on gambling, given that the vast majority of problem gamblers are regular gamblers. Further, problem gamblers tend to be poker machine gamblers, racing punters, and/or casino table game players (Delfabbro, 2008). This finding suggests that involvement in certain forms of gambling (i.e., gaming and wagering) may be related to help-seeking behaviours for problem gambling. It is estimated that 70 to 90 per cent of

treatment seeking gamblers report problems to electronic gaming machines (Productivity Commission, 2010).

Estimates of the number of other people affected by a problem gambler range from seven to 15 (Lesieur, 1984; Public Health Association of Australia, 1997) and this too can affect help-seeking behaviour. The Productivity Commission (1999) lists the impacts of the problem gambler on the wider community as including reliance on social security, utilisation of treatment facilities and other public health sector services, material assistance from charity agencies, deferment or defaulting on bills, and costs related to contact with the criminal justice system. Around one in ten problem gamblers were reported to have committed a crime as a result of their gambling and about 40 per cent of those were charged and convicted (Productivity Commission, 1999). Clearly, engaging in help-seeking behaviour earlier in the development of problem gambling would have community as well as individual benefits if this resulted in reductions in the duration, severity and prevalence of gambling problems and related harms. There is some evidence that early intervention with problem gamblers, before severe consequences occur, results in a reduction in gambling behaviour (time, frequency and expenditure) as well as reduction in negative gambling-related consequences (Robson, Edwards, Smith, & Colman, 2002).

### **2.3 Amelioration – Transtheoretical Model of Change?**

Even amongst problem gamblers, the degree of gambling involvement varies in terms of frequency, expenditure and gambling session length (Abbott, 2001; Blaszczynski & Nower, 2002). Further, studies demonstrate that it is possible to engage in controlled gambling after experiencing a period of problem gambling (Abbott, 2001; Blaszczynski, McConaghy, & Frankova, 1991; Ladouceur, 2005), and recovery from problem gambling without intervention is possible (Hodgins & el-Guebaly, 2000; Walker, 2005).

An eclectic range of treatment interventions is available to problem gamblers and their families. This eclecticism partly reflects differing views on the conceptualisation and etiology of gambling. For example, if problem gambling is considered as pathological, then problem gambling is diagnosed as a mental disorder (under the classification of an impulse disorder) and treatment is couched in terms of the disorder being part of the person. If problem gambling is considered an addiction, then problem gambling is medicalised and considered to be a disease that exists outside the person's control. If gambling is considered the result of psychosocial factors, such as mood, coping, availability, and modelling, then these must be manipulated before recovery is possible.

Another reason for the eclectic range of treatment interventions is that treatment can be a very variable experience that leads to different outcomes for different people. That is, even one type of treatment, such as specialist gambling counselling, can lead to recovery for some clients but not others. And the actual experience of this counselling can vary from one client to another, and between counsellors. Nevertheless, it is worth noting that a meta-analysis of 22 outcome studies concluded that research has generally found efficacious short- and long-term outcomes for those completing formal gambling treatment (Pallesen, Mitsem, Kvale, Johnsen & Molde, 2005).

It is not the purpose of this review to evaluate treatment approaches or theoretical paradigms related to gambling; however as put eloquently by DiClemente (2003), '[a] theoretical perspective provides a useful heuristic to advance our knowledge of any phenomenon and our ability to influence its existence, development, and growth' (p.3). In this vein a theoretical perspective will be adopted by this research, that allows exploration, development, and growth in the area of help-seeking behaviour of gamblers, rather than a perspective that presupposes etiological or treatment paradigms.

There is no doubt that given the above problem gambling statistics and Australians involvement in regular gambling, that the help-seeking (and hence recovery attempts/completion) of gamblers who find themselves experiencing harmful consequences is an important area to advance our knowledge of gambling behaviour. Advancement in this area is important to inform policy and stakeholders of the best way to promote help-seeking by problem gamblers.

The theoretical framework adopted for the exploration of the help-seeking behaviour of at risk and problem gamblers is the *Transtheoretical Model of Change* (TTM; Prochaska & DiClemente, 1982; Prochaska, et al., 1997). The TTM is a stage model which describes five different stages people progress through on their way to intentionally changing their problematic gambling behaviour. The TTM is considered transtheoretical (or across theories) because it is less concerned with the causes of problematic behaviours and more concerned with the unique decisional considerations and choices that individuals make at each stage when they are intentionally changing their behaviour. Whether those decisions and choices are made as a result of environmental/contextual forces or internal/biological causes – or a combination of both – the decision to enter into, or leave, a maladaptive way of behaving does not occur without the individual making intentional changes to their behaviour. The strength and salience of the relative internal and external forces which are the impetus for change, will impact on the decisions made. The ability of the model to incorporate different factors and forces (psychological, physical, environmental, social) at different points in the process of intentional behaviour change, is what makes the current model transtheoretical (DiClemente, 2003). The stages of the TTM model will now be outlined as they pertain to a move away from problem gambling.

The first stage in the model is labelled *pre-contemplation*, and as the label suggests, at this stage the individual has not yet begun to contemplate making any change to their gambling behaviour. For empirical purposes, this period is measured by no intention to change the behaviour over the next six to 12 months. At this stage the current gambling behaviour is seen as functional and not seen as something that requires changing. Over time however, regular periods of large losses may make this behaviour no longer functional. This shift in concern is needed to envision the possibility of change (DiClemente, 2003).

The second stage, *contemplation*, sees the individual examining the costs and benefits of their current gambling behaviour. This analysis involves the individual contemplating the consequences of their gambling, both in the short and the long term. For the gambler to move forward, the decisional balance needs to fall on the side of adopting the new *healthy* behaviour. Therefore, the reasons to change the current behaviour need to be substantial. The outcome of this stage is an intention to change their problem gambling behaviour in the foreseeable future (operationalised as within the next six months).

Stage three is the *preparation* stage where the individual prepares to make changes within the next month. This stage may involve strategising on how best to make the necessary changes to their gambling activity. It is at this stage where the individual may decide what type of help is necessary to make the change, that is, whether formal or informal methods will be used. This stage requires energy and motivation to make and implement the plan of action.

Stage four, the *action* stage, is where the gambler has made the considered changes to their behaviour, but these changes have been in place for less than six months. This stage is where the changed behaviour (new behaviour) is not yet an integral part of the gambler's repertoire. For instance, if the new behaviour is complete abstinence from gambling activity, this new behaviour is not yet habitual and the benefits of this new behaviour may not yet be fully established. There may be a high risk of relapse at this stage (Burkholder & Nigg, 2002).

The move into the fifth stage, *maintenance*, sees the new behaviour solidified and the benefits of not gambling at problematic levels are realised. This is usually thought to occur after a period of six months. There is still some chance of relapse (Burkholder & Nigg, 2002) and the behaviour is only fully maintained when little effort is needed to sustain it (DiClemente, 2003).

Some conceptualisations of the TTM of intentional behaviour change include a final stage called *termination*. This is not so much a stage but an exit from the stages of change. A gambler reaches termination when they experience no temptation or urges to gamble at problematic levels. An individual is thought to reach this stage after a period of five years of changing the behaviour (Prochaska & Velicer, 1997), although there may be large individual variance for the time period required to reach this stage.

How one progresses from one stage to the next is determined by internal and external factors, which have been studied extensively in the treatment and intervention literature. Factors such as conditioning and counter-conditioning, reinforcement, environment, social context, and emotional arousal are all variables which may influence the decision to move forward through the stages. Within the TTM, these factors are labelled *processes of change* and are borrowed from the various competing theories on human behaviour change. These processes of change are further divided into experiential processes (e.g., consciousness raising, self-evaluation) and behavioural processes (e.g. helping relationships, stimulus control, reinforcement management). Individuals in earlier stages of change tend to rely on, and benefit from, experiential processes and those in action and maintenance stages tend to benefit from behavioural processes, to move forward (Perz, DiClemente, & Carbonari, 1996).

Change or movement towards a new behaviour such as gambling cessation is also affected by what Prochaska and DiClemente (1998) call *markers of change*. There are two markers of change, *decisional balance* or issues surrounding whether change is worth it or not, and *self-efficacy*, or, is the change achievable? These markers are experienced differentially during the stages of change. For example, at early stages when the gambler is considering changing their gambling behaviour, the pros and cons of changing are important motivators for change. At the later stages, when behavioural change has been initiated (i.e. at the action and maintenance stages) questions of self efficacy or personal ability to make and maintain the change are relevant. It is worth noting that both these markers have been adapted from prominent theories of behaviour change. The *decisional balance* marker comes from the much researched area of decision-making theory (in particular the work of Janis & Mann, 1977); and the *self-efficacy* marker is recognisably from Bandura's work on efficacy, expectation, and evaluation (see Bandura, 1998).

A fourth dimension of the TTM recognises the contextual nature of change and lists five areas in which individuals interact that can either *facilitate* or *complicate* change. These areas are labelled; current life situation, beliefs and attitudes, interpersonal relationships, social systems, and enduring personal characteristics. This aspect of the model recognises that change factors occur both internally and externally to the individual and that these contextual factors have a bearing on the intentional decision-making of the problem gambler.

The TTM model has been selected for three reasons. The first is the model's ability to synthesise a wide range of perspectives and theoretical positions concerning the etiology and treatment of gambling. Secondly, the model has robust standing in the area of behaviour change for the addictions and other health related behaviours (Armitage, 2009; Burkholder & Evers, 2002). Thirdly, the TTM does not pre-suppose professional intervention as necessary for change (DiClemente, 2003; Schellinck & Schrans, 2004) and it is posited that whether the individual ceases the addictive behaviour on their own, or with treatment, the process is very similar (DiClemente, 2003). Indeed this model encompasses change whether it be undertaken solely by the individual, or change

undertaken by the individual in conjunction with formal (e.g., professional interventions) or informal (e.g., family, community, clerical) supports.

The TTM is a relevant model under which to examine the processes of change that individuals progress through on their way to ameliorating their gambling problem (Hodgins, 2001; Hodgins & el-Guebaly, 2000; Petry, 2005e). Bellringer et al. (2008) concluded in their review of models of change, that the TTM had value as a conceptual framework for understanding change in public health research and intervention. In a longitudinal study of gambling problems, the majority of identified problem gamblers reported experiencing periods without gambling problems and half said they had stopped gambling at these times (Abbott, 2001; Abbott, Williams et al., 2004). This research found that the majority of individuals initially categorised as problem gamblers no longer reported significant problems seven years later. Greater change was evident for those with less serious problems and results suggested that problems gamblers experienced both periods free from gambling problems and periods of relapse (Abbott, Williams et al., 2004), consistent with the TTM.

The TTM has a long history of use within the health behaviour literature (DiClemente & Prochaska, 1998), and in particular the model can be applied to both the acquisition of addictive behaviours (Prochaska et al., 1997) and the recovery from addictive behaviours (DiClemente, 2003), although the research emphasis has been more on behavior change to address a health issue rather than behavior change in developing the health issue. The application of the same model to both acquisition and recovery appears paradoxical, but intentionally changing behaviour to incorporate an addiction, and intentionally changing behaviour to no longer participate in addictive behaviour, involves similar processes. They both involve intentional behaviour change. When an individual moves through the change process for recovery, they may do so independently or they may be facilitated by formal or informal sources. These sources, whether they are in the form of peer support programmes, social/familial encouragement, or professionally delivered skills-based interventions, simply facilitate the individual in their process of change; they do not cause the change. This is why the TTM can account for those who resolve their problems with professional treatment, those who reach this point through an informal supportive or self-help intervention, and those who are considered to *naturally* recover, without any intervention.

### **Matching Interventions to Stage of Change – Doing the Right Thing at the Right Time**

One of the appeals of the TTM, especially to treatment providers in the field, is its ability to prescribe the type of intervention that suits an individual at a particular stage in the process of changing their behaviour. In other words, 'doing the right thing [for the problem gambler] at the right time in the process of change' (Perz et al., 1996, p. 462). For example, problem gamblers in earlier stages of change may benefit from motivational strategies and informational sessions which help them weigh the pros and cons of their gambling behaviour, whereas problem gamblers in the action stage of change may benefit from behavioural strategies and skills such as those indicative of cognitive-behavioural interventions.

### **Assessing Process of Change and Stage of Change in Problem Gamblers**

Several methods exist for assessing the process and stages of change in help-seeking behaviour. The process of change refers to the strategies an individual undertakes to assist progress through the stages of change (e.g., rewarding yourself for not gambling). A review of these methods is provided by the authors of the TTM (DiClemente & Prochaska, 1998). In studies on change and gambling, processes and stages of change have been assessed by interview and questionnaire. In a study examining the processes of change undertaken by 37 Canadian gamblers who had 'recovered' from gambling, Hodgins (2001) implemented a modified version of the *Processes of Change Questionnaire* (Prochaska, Velicer, DiClemente, & Fava, 1988). A similar study examining change in a sample of 63

problem gamblers in Canada (Schellinck & Schrans, 2004), assessed their stage of change with a telephone interview asking about their current gambling situation, for example, the item *had they taken action on their VLT (video lottery terminal) problem within the last 6 months?* An affirmative answer to this question would indicate a problem gambler was at the action stage of change. This study also assessed the process of change using a similar instrument to that of Hodgins (2001).

### **A Treatment Career Perspective**

The TTM recognises that behavioral change occurs over time and that transition from one stage of change to another may not occur in a linear fashion. Thus, a treatment career perspective has been developed that attempts to capture the complex and dynamic patterns of treatment over time. Originating in the substance dependence field (Hser, Anglin, Grella, Longshore & Prendergast, 1997), the treatment career perspective promotes the long-term evaluation of multiple, sequential interventions. Hser et al. (1997) applied a longitudinal dynamic approach to identify and understand key factors influencing the development of, and transitions in the course of, drug dependence and its treatment.

The treatment career perspective has been applied to problem gambling (Jackson, Dowling, Thomas & Holt, 2008). Jackson et al. (2008) compared 374 new and 1,899 re-presenting clients to problem gambling treatment services in Victoria, Australia on a range of factors relating to demographic information, gambling activity, impact of gambling activity, and service activity. Although there were many similarities between the two client groups, re-presenting clients were more likely to report a range of factors relating to lower socio-economic status, to present to treatment with family problems, and to experience more positive treatment outcomes than new clients. The authors concluded that distinguishing between first treatment contact and subsequent entry to treatment is clinically relevant.

While examining problem gambling from a treatment career perspective is worthy of further attention and aligns with the TTM's focus on the stages and processes of behavior change over time, a longitudinal prospective research design is needed to best capture the complexity and dynamics of gambling treatment patterns over time.

### **Critique of the Transtheoretical Model of Change**

Despite being one of the most widely cited and researched models of health change (Armitage, 2009), and 'by far the most influential [model] in the addiction literature' (Davidson, 1998, p. 26), the TTM is not without its criticisms. Researchers such as Armitage (2009), Bandura (1998), Davidson (1998), Rollnick (1998), Sutton (2001), and West (2005), have all provided thoughtful critiques of the TTM and these references should be consulted for an in-depth review.

In summary however, the three main criticisms of the TTM are as follows; the first is that the stages of change do not actually represent qualitatively distinct stages, but that change within this model may be best conceptualised as existing on a continuum. Specifically, stages one to three may be an *intentional* dimension of change, stages four and five a *behavioural* dimension of change (e.g., Davidson, 1998) and artificially or arbitrarily breaking this change down into stages may be creating categories or pseudo-stages for what should be conceptualised as a continuous process (e.g., Bandura, 1998). Further, not all change has to be a result of a deliberate and conscious process of self-reflection as assumed by the TTM. Secondly, the evidence for the efficacy of matching stage of change with type of intervention is less than convincing (Armitage, 2000; Sutton, 2001). Lastly, some criticism has been levelled at the model's combining of, what could be considered, opposing theoretical positions (Davidson, 1998) resulting in an eclectic conceptualisation of behaviour change.

## 2.4 Behaviour Change in Problem Gamblers – Pathways to Change

Criticisms of the TTM acknowledged, it appears that it remains a useful paradigm under which to examine the behaviour change of problem gamblers. Within this framework then it is important to examine how problem gamblers come to change their behaviours, whether this is through formal avenues such as professional treatment, informal avenues such as recognised peer and community support services (e.g., Gambler's Anonymous), self-help programmes, through family and friends, or whether the gambler resolves gambling problems without any specific intervention, often referred to as 'natural recovery'.

### Formal Pathways

Formal treatment pathways include, but are not limited to, help-seeking from medical practitioners, psychological therapists, and other practitioners in the addiction field such as counsellors and social workers. Each service provider bases their intervention on the philosophical position associated with their profession – that is, the presupposition they have on the etiology of problem gambling. Research suggests that for those who complete treatment for their problem gambling, the outcomes (both short- and long- term) are good (Pallesen, Mitsem, Kvale, Johnson & Molde, 2005). Currently, cognitive behavioural therapy (CBT) interventions have the most empirical support (Ladouceur et al., 2001; Toneatto & Millar, 2004). There is also increasing empirical support for brief interventions (Hodgins, Ching & McEwen, 2009; Petry, Wienstock, Ledgerwood, & Morasco, 2008), which may be particularly useful for those who do not wish to be involved in a longer-term treatment program. Internet-based therapy, in which clients complete online modules and interact with therapists remotely typically via email, online-chat, or video-conferencing, also have increasing support as an effective form of therapy for problem gambling (Gainsbury & Blaszczynski, 2011).

### Informal Pathways

Informal pathways include help and support from community organisations and family and friends. These supports can include clergy, mutual support services such as Gamblers' Anonymous or other community outreach programmes, as well as the emotional and physical support offered by family and friends. Whilst social support (both instrumental and emotional) has been implicated in recovery in both the general health behaviour literature and addiction literature, little is known about the function of social support in the recovery of problem gamblers (Gomes & Pascuale-Leone, 2009). The most popular choice for problem gambling treatment in North America is Gamblers' Anonymous (GA; Gomes & Pascual-Leone, 2009; Petry, 2005a, 2005b), however research which looks at the benefits of participation in GA is mixed.

The most comprehensive study to date was conducted in Scotland on records from 232 attendees over 16 years (Stewart & Brown, 1988). This study found that only 7.5 per cent of GA attendees were still not gambling at one year follow-up. However, Petry (2005a; 2005b) found that problem gamblers who presented for treatment with a history of GA attendance showed significantly better outcomes than those with no GA history. Further, in a study of 60 problem gamblers presenting for treatment, GA involvement was associated with a *readiness for change*, but not with any other facilitator of change (Gomes & Pascuale-Leone, 2009).

Internet-based peer support programs have also been introduced, not intended as a treatment intervention, but to serve as a support for individuals with gambling-related problems (Monaghan & Wood, 2010). Preliminary reports from self-selected samples on various gambling peer-support sites show that the support provided by these forums is very helpful in maintaining changes to gambling behaviour (Cooper, 2004; Wood & Wood, 2009). This may be particularly important for individuals who are unable to access face-to-face treatment or peer-support groups.



Other studies have noted the importance of family and friends as referral sources to gambling help services. A recent Scottish study (Anderson et al., 2009) revealed the active role that friends and family play in not only promoting formal treatment for problem gamblers but also in helping manage the gambling treatment (e.g., controlling finances). In New South Wales (NSW), client data from problem gambling treatment services indicated that 16 per cent of clients report family and friends as the referral source and this figure has been reported as 8 per cent and 6 per cent for Victoria and Queensland respectively (Productivity Commission, 2010). A study in the ACT reported that problem gamblers were significantly more likely to talk to friends or family (34.8%) than to access a help service (16.9%) (Davidson & Rodgers, 2010).

### **Natural Recovery and Self Help Pathways**

Using the data obtained from two large epidemiological studies in the US, Slutske (2006) found that about one-third of each sample diagnosed with lifetime pathological gambling according to the DSM-IV criteria, had not experienced any gambling-related problems in the preceding year – despite receiving no formal treatment. Further, of the two samples of identified pathological gamblers ( $N=21$  and  $N=185$ ), only a small proportion ever sought formal treatment or attended a GA meeting (7 per cent and 12 per cent respectively).

Similarly in a follow-up study by Abbott, Williams and Volberg (2004), participants from a *New Zealand National Gambling Prevalence* survey were re-contacted seven years later to assess their current gambling status ( $N = 143$ ). Eighty-four percent of gamblers classified as lifetime problem gamblers in 1991, did not report any gambling related problems at the 1998 follow-up. Moreover, approximately two-thirds of those classified as *lifetime probable pathological gamblers* in 1991, were considered to be in the *non-problem* category seven years later.

When asked if they felt they had experienced ‘problems with gambling at sometime’ (p. 872), only 16 participants (11%) agreed that this was true for them. Out of these 16 respondents 13 reported experiencing periods of problem-free or largely problem-free periods. All 13 reported the problem-free periods as being a result of their own efforts and, when asked if help had been sought at anytime, only two of the 16 participants who reported problems answered in the affirmative. In both cases this help was from a family member or friend. In short, despite reporting problems with gambling, professional intervention was not sought and, in the majority, recovery was due to the effort of the individual. The power of this particular study lies in its longitudinal design as the preponderance of problem gambling investigations rely on cross-sectional data.

In one such cross-sectional study (Hodgins & el-Guebaly, 2000) that compared gamblers who had resolved their problem gambling ( $n = 43$ ) and current pathological gamblers ( $n = 63$ ), it was discovered that 53 per cent of the resolved group reported not seeking treatment in the resolution of their gambling problem. A total of 33 per cent of the resolved group reported receiving *significant* treatment, whilst the rest received moderate treatment or treatment they considered as not contributing to their recovery. Interestingly, of the predictors examined (including demographic factors and co-morbid status), only the severity of the problem predicted entry into treatment.

Self-help pathways can range from professionally designed workbooks intended for self administration (Petry, 2005c), to online support materials (Monaghan & Blaszczynski, 2009), to self exclusion practices (Townshend, 2007). Given the wide range of self help interventions and the varying degrees of professional input into these interventions, it is difficult to compare the efficacy of these approaches.

One of the most popular forms of self-help is self-exclusion, whereby an individual signs an agreement with a gambling operator that they will not enter the venue and, if detected, the venue has the right to exclude them. The Productivity Commission (2010) estimated that around 15,000

self-exclusion agreements are in place, suggesting that between 9 to 17 per cent of problem gamblers in Australia are excluded. Despite breaches reported, self-exclusion is generally found to be somewhat effective at promoting abstinence (30 per cent of  $N=220$  Ladouceur, Jacques, Giroux, Ferland, & Leblond, 2000), and in the minimum, reducing gambling (Ladouceur et al., 2000; Townshend, 2007; Tremblay, Boutin, & Ladouceur, 2008). However these results are confounded by some participants receiving adjunct treatments. In the Townshend (2007) self-exclusion study, all participants were also in contact with a treatment service, and in the Tremblay et al. (2008) research, 70 per cent attended a mandatory meeting, and 37 per cent attended a meeting to receive voluntary evaluation. Therefore, as a standalone self-help treatment, self-exclusion is difficult to evaluate. In fact, Blaszczynski, Ladouceur and Nower (2007) suggest that self-exclusion programmes should be used by stakeholders as a 'gateway and referral pathway' to further treatment (p60).

Self-help work books are predominantly based on cognitive-behavioural and motivational techniques and are compiled by professionals to follow a similar progression to that practised in face-to-face sessions (Dickerson, Hinchy, & Legg-England, 1990; Hodgins, Currie, & el-Guebaly, 2001; Petry, 2005c). For an example of such a workbook, the reader is referred to *Becoming a Winner: Defeating Problem Gambling* (Hodgins & Makarchuk, 1997).

### **Best Pathway for Change**

In an attempt to reconcile the efficacy of the three different treatment pathways, Petry and colleagues (2006) conducted a study of 231 gamblers who met the criteria for pathological gambling as set down in the DSM-IV (American Psychiatric Association, 2000). The participants were randomly assigned to one of three treatment groups; referral to GA; referral to GA + a self administered- 8 week-cognitive-behavioural workbook; and GA referral + 8 sessions of face-to-face cognitive-behavioural therapy.

Gambling problems for each group were assessed at recruitment, one month into the study, post-treatment, at six month follow-up, and again at 12 month follow-up. Reductions in gambling were evidenced for all three treatment groups. In keeping with the literature on treatment efficacy, both cognitive-behavioural groups showed less gambling-related problems on treatment completion, with the face-to-face treatment group showing the greatest improvement in the long term. The inclusion of GA referral for each of the conditions and the lack of control for therapist effect in both the *GA referral only* and *GA plus workbook* conditions make clear interpretation of the results more difficult. Indeed the authors conclude that the effect of the therapist may have driven the results gained in the CB conditions.

There is no doubt that the division of these treatment pathways into three categories is artificial and gamblers may utilise a combination of pathways at any one time, or over their lifetime, in order to manage or change their problematic gambling behaviour. Indeed different pathways may be implemented at different stages of change. For example, in the early stages of change where the problem gambler is weighing the pros and cons of gambling and contemplating change, informal supports may be invaluable; once the gambler moves from the preparation stage to the action and maintenance stages, formal interventions may be most beneficial in order to provide the gambler with the resources and skills required to increase self-efficacy for abstinence and resist temptation. Additionally, natural recovery processes may incorporate aspects of informal self-help initiatives such as online information gathering and personal reflection.

As alluded to previously, from a meta-analysis of 22 outcome studies conducted between 1966 and 2004, overall, research suggests that for those who complete formal psychological treatment, efficacious outcomes both in the short term and the long term are found (Pallesen et al., 2005). Moreover, research to date suggests the cognitive behavioural interventions are the most

efficacious (Toneatto & Millar, 2004). The hurdle however that needs to be overcome is the low number of problem gamblers who present for treatment, and related to this, the lack of participation in early interventions (Suurvali, Hodgins, Toneatto, & Cunningham, 2008). The research shows that problem gamblers generally present for treatment when the severity of their difficulties drive them to treatment as a last resort (Evans & Delfabbro, 2005; Suurvali, et al., 2008; Tavares, Martins, Zilberman, & el-Guebaly, 2002).

In the recent AC Nielsen (2007) report, from the original 5,026 telephone interviews conducted with NSW adults, 433 regular gamblers were identified as gambling at least once a week (in a gambling activity *other* than lottery games or scratch lottery tickets). Within this subgroup, 233 were identified as *non-problem gamblers*, 99 as *low risk gamblers*, and 111 as *at risk gamblers* (moderate to problem levels of gambling). Problem gambling was measured using the PGSI (Ferris & Wynne, 2001). When asked about help-seeking behaviour, 61 per cent of *problem gamblers* reported that they had tried to exclude themselves from gambling venues, and only 21 per cent of the *moderate gamblers* indicated this was true for them. This fits with the research that suggests gamblers only seek help when gambling problems become severe (Evans & Delfabbro, 2005; Suurvali et al., 2008).

Further, when the regular gamblers in this sample were asked if they considered they had a problem with gambling, 73 of the *regular gamblers* responded in the affirmative. From these 73 regular gamblers, only 13 per cent actually sought help outside of self-exclusion. The main sources of help sought were telephone helpline support or family and friends. Moreover, of these help seekers, none were in the *low risk* regular gambling category and the majority were in the *problem gambling* group, supporting the notion that gamblers rarely seek early intervention (Tavares et al., 2002).

On the issue of under-utilisation of help services, Cunningham (2005) presents a short, but thought provoking Letter to the Editor that references help-seeking statistics from a large US epidemiological study of over 43,000 people. Cunningham (2005) cites figures of about one in ten gamblers with severe problems actually seeking help (with help being defined as professional treatment and/or attendance at GA). If one takes *professional* help-seeking figures only, the rate drops to about 5 per cent. In this editorial, Cunningham (2005) calls for further investigation into the barriers that prevent gamblers seeking help.

So why don't problem gamblers seek help, and for the few that do, why don't they seek treatment earlier? This same question can be framed from the theoretical perspective of the TTM; what is preventing the problem gambler from reaching the decisional balance where the benefits of seeking help and ceasing to gamble problematically, outweigh the current benefits experienced by continuing to gamble? In other words, what factors are preventing a decisional shift?

## 2.5 Barriers to Help-Seeking

The discrepancy between the number of problem gamblers and clients who seek help for problem gambling indicates that there are barriers preventing individuals from seeking help. For example, a study of 2,060 adults in the ACT found that although 24.3 per cent of problem gamblers ( $n = 141$ ) reported wanting help only 16.9 per cent accessed one or more services (Davidson & Rodgers, 2010). In the last decade, research examining the barriers to help-seeking has begun to increase (e.g., Bellringer et al., 2008; Evans & Delfabbro, 2005; Ladouceur et al., 2004; McMillen et al., 2004; Pulford et al., 2009a; Rockloff & Schofield, 2004; Tavares, et al., 2002). This may be considered a response to the research gap and clinical need identified by researchers in the area of problem gambling treatment (e.g., Tavares et al., 2002). Additionally, and relevant here, is a review by Clarke (2007) which included links to the TTM, of the barriers to health care access for individuals with

mental health and substance use problems, and the implications these barriers have for problem gamblers.

Clarke (2007), in reviewing the literature on barriers to help-seeking for other health related problems, defined barriers as either intrinsic or extrinsic. Intrinsic barriers are psychological barriers of the individual such as denial, shame, or the belief that one can handle the problem on one's own. These various reasons for 'procrastinating', are 'perhaps the greatest intrinsic barrier to help-seeking at the *pre-contemplation* and *contemplation* stages of the TTM' (p. 282, emphasis added).

Extrinsic barriers to help-seeking include factors relating to accessibility, affordability, service appropriateness/effectiveness, and acceptability. Affecting these intrinsic and extrinsic barriers, several demographic characteristics come into play such as age, gender, culture, and socio-demographic position. From this examination of the research, Clarke (2007) suggested a series of research questions applicable to the exploration of intrinsic and extrinsic barriers to help-seeking for problem gambling populations. Moreover, Clarke (2007) suggested that explication of these research questions will lead to ways to reduce barriers to help-seeking for this group.

Another conclusion drawn by Clarke is that the *Social Behavioral Model* (SBM; Aday & Andersen, 1974, cited in Clarke, 2007) and the *Network-Episode Model* (NEM; Pescosolido, Gardener & Lubell, 1998) seem to better explain barriers to health care access and utilisation for the populations investigated. One of the criticisms given by Clarke (2007) of the TTM, is the model's failure to accommodate the dynamic interplay between individual and social contextual factors, and that this interplay is better conceptualised in the NEM. Whilst the NEM does have a stronger contextual focus than either the SBM or the TTM, the TTM's dimension - *Context of Change*, certainly incorporates the influences of environmental and individual contexts in which change occurs, e.g., *social systems, beliefs and attitudes, interpersonal relationships* etc. (DiClemente, 2003). Therefore, the current review continues to consider the TTM an appropriate model for investigating the help-seeking behaviour of gamblers.

Specific research into the barriers towards help-seeking for gamblers tends to find psychological barriers the most salient barriers to help-seeking (Hodgins & el-Guebaly, 2000; also see review by Suurvali et al., 2009). For example, a study by Pulford et al. (2009b), on help- and non help- seeking gamblers, found that *pride, shame* and *denial* were the three primary barriers to help-seeking. The study by Hodgins and el-Guebaly (2000) found similar psychological barriers along with the most highly endorsed barrier, *a desire to handle the problem on their own*. The Evans and Delfabbro (2005) research found similar barriers in both the closed response items and the open ended question response. Similarly, Davidson and Rodgers (2010), reported the most common reasons for not seeking help given by problem gamblers to be believing that they could beat the problem on their own (48.7%) and feeling that they did not need help (32.6%). Other reasons including being able to afford losses (5.7%), being too embarrassed to see a counsellor (4.9%), and not knowing where to go (2.9%), and no participants reported that the help they wanted was not available locally. Interviews with problem gamblers and their families in the ACT found that all self-identified problem gamblers and family members turned first to informal avenues for help and developed a range of creative self-help strategies to reduce the negative consequences of gambling on their lives (McMillen ., 2004). Furthermore, of those who had tried formal help services, these were reported to be ineffective in assisting with gambling problems (McMillen et al., 2004), suggesting that existing services either do not meet the needs of clients or are perceived this way.

Internal barriers to help-seeking can, in some cases, override external barriers. This may be a problematic situation as it is the external barriers to help-seeking (such as cost, access, and utility), that are more readily targeted by policymakers and help providers. However, in an Australian study by Rockloff and Schofield (2004), for respondents with multiple gambling problems, compared to

other respondents with few or no gambling problems, issues of *cost, availability, and effectiveness* (external barriers) were of importance. Additionally, in the Hodgins and el-Guebaly (2000) study, *ignorance of treatment availability* was judged as a moderately important barrier to why help was not sought. Longitudinal gambling data from New Zealand appears to confirm the impact of the availability of treatment services on help-seeking behaviour (Abbott, 2001). At the time when the first survey was conducted in 1991 there were no formal or specialist problem gambling services, however, by the time of the second survey in 1999 a national network of services had been introduced. In both studies half of those identified as problem gamblers did not report gambling problems, indicating the major intrinsic barrier of problem denial/lack of recognition. However, in 1991, eight per cent of those who recognised that they had problems sought help (informal sources) compared to one third of those who recognised their gambling problems in 1999, half of whom sought help from specialised and non-specialist health professionals. There, the availability of services and awareness of their existence appears to be important in driving help-seeking (Abbott, 2001).

For details on specific studies which examine barriers (both extrinsic and intrinsic), the reader is directed to the detailed reviews of the research which have been meticulously brought together by Clarke, Abbott, DeSouza, and Bellringer (2007) and Suurvali et al. (2009). Both reviews examine international and local research which, both research teams agree, is sorely needed to reconcile why so many problem gamblers do not present for treatment intervention (Suurvali et al., 2008). The Productivity Commission report probably best summarises why problem gamblers do not enter treatment with the proposition that the barriers to treatment are likely to be varied (Productivity Commission, 1999). However, despite the complexity of the issue, if the barriers identified can be ameliorated, this can only lead to an increase in help-seeking by problem gamblers.

Perhaps the antithesis to barriers which prevent problem gamblers presenting to treatment services, are the factors that motivate this population to seek treatment. Within the framework of the TTM, these motivators would be those factors that cause a decisional shift in the individual to the point where the costs of gambling are outweighed by the benefits of cessation, and the problem gambler begins to contemplate/plan for change and to take action. So what are the factors that cause this shift?

## 2.6 Motivators for Help-Seeking

Research seems to suggest that it is only when gambling problems become severe, that problem gamblers will seek help (e.g., Suurvali, et al., 2008; Tavares et al., 2002). This fits with the TTM, which posits that an individual will not make intentional behavioural changes until they consider the effort and motivation required to make that change, worthwhile.

In the South Australian study conducted by Evans and Delfabbro (2005), not only were the barriers to treatment examined, but also the motivators to treatment seeking. The study recruited 77 gamblers from treatment services and via the media. In this sample 16 gamblers reported relying on self-help pathways to manage their gambling, and the remaining 61 reported having sought professional help. Given the criterion that all participants had sought treatment or made intentional changes to their behaviour, Evans and Delfabbro (2005) classified all participants as in the *action* or *maintenance* stage of the TTM. Participants were measured on both pre and post treatment gambling measures.

Participants were offered a series of 24 items pertaining to motivations for initiating self help practice or seeking help for their gambling. The most important category of responses for seeking help (self or professional) was given as *concern for physical/mental health*; the next most important

motivation category was *financial pressure*. These two motivators were similarly rated in terms of importance, with *relationship issues* rated the third most important motivator, but it was some way behind the top two reasons. Further, on specific analysis of the 24 items, the top motivator endorsed at an item level was *depressed from losing money from gambling*. This item seems to incorporate both financial and health motivation categories. To further support this, when respondents were asked in an open ended format *What motivated you to seek help for your gambling problems?* and were allowed free response, financial motivations were rated as most important, even over health and relationship issues.

In a New Zealand study (Pulford et al., 2009b) that examined the experiences of gamblers who had sought help, and the perceptions of help services of those gamblers who had not sought help, motivators for help-seeking were reflective of the Evans and Delfabbro (2005) study. Pulford and colleagues recruited 125 gambling helpline users (*help-seekers*, HS) and 104 gamblers from the general population (*non-help-seekers*, NHS). Data were provided by the HS group on their help-seeking *experiences* and the NHS group provided data on their *perceptions* of help-seeking. The number of motivators that facilitate help-seeking were considered by both groups to be multiple, but the class of motivators most frequently reported (by both groups) for help-seeking were financial. Similarly, the primary reason given by the HS group for seeking help was fiscal.

The respondents in this study were provided with both an index of help facilitating items ( $N=15$ ), and the chance to provide their experience and perceptions in an open ended format. For both HS and NHS participants, financial motivators were most likely to be given as the primary help-seeking reason in both prompted (endorsement on the 15 item scale) and non-prompted response conditions (HS = 82 per cent overall endorsement as a motivator; NHS = 91 per cent overall endorsement as a motivator).

For those who sought help, in a combination of the response formats, the next four motivators given were a 77 per cent overall endorsement for emotional factors, 75 per cent for preventing escalation of problems, and 70 per cent for the costs of gambling outweighing the reasons to continue. Interestingly, whilst this item was the fourth most endorsed as a motivating factor for HS, NHS gave this their third lowest overall endorsement rating of the 15 factors, and only 2 per cent gave this as a motivator in the open responses.

These data fit with the TTM as help-seeking gamblers (in *action* and *maintenance* stages) are more likely to have reached the conclusion that the costs of their gambling outweighed the benefits in order to move to these stages. Non-help-seeking gamblers, thought to be mixture of *precontemplators*, *contemplators* and *preparers*, will show differential degrees of this motivation. As the model suggests, *precontemplators* are those who are not considering any changes to their gambling behavior. This may be because they do not have a problem with gambling or because they are not ready to change if they do. It is the *contemplators* who begin to weigh the pros and cons of their gambling and the decisional balance needs to shift in favour of behaviour change for them to move into the preparation stage.

Again for a thorough review of the literature on the factors that motivate help-seeking behaviour, the reader is directed to a recent review of 19 studies by Suurvali, Hodgins and Cunningham (2010). In particular, Suurvali and colleagues present the motivations to seek help for gambling across a range of studies in a table format for comparison reasons. In summary, 18 of the 19 studies identify financial difficulties as a *very common* or *moderately common* motivator for making a change in gambling behaviour. Only the participants in one study, where responses were open ended, rated financial difficulties as motivators for change, *rarely*. This study, by Marotta (1999, submitted as part requirement for Doctoral Degree, cited in Suurvali, Hodgins, & Cunningham, 2010) examined 58

problem and pathological gamblers who recovered either naturally or with treatment (via GA and/or treatment).

In combination, the majority of studies also rated emotional and relational factors as *very common* or *moderately common* motivators, however counter-intuitively, whilst rated as *very common* and *moderately common* motivators in the lists provided to participants in the both the Evans and Delfabbro (2005) and Pulford et al. (2009b) studies, this motivator was *rarely* endorsed when participants were given free responses in these studies. This result is surprising as problem gambling is known to affect not only the gambler, but a myriad of family, friends and community connections (McMillen et al., 2004; Productivity Commission, 1999).

In addition to the specificity of the motivator (e.g., financial, health and relationship issues), it is the severity of the gambling related consequences that seem to motivate treatment seeking (Davidson & Rodgers, 2010; Hodgins & el-Guebaly, 2000; Tavares, et al., 2002). In other words, how serious are the financial problems? How grave are the relationship breakdowns or health consequences? Research in the ACT found that participants who reported feeling suicidal because of problem gambling were significantly more likely to have received help (85%) compared to those who had not felt suicidal (9%) (Davidson & Rodgers, 2010). Similar, but less strong, associations were seen for relationship break up, being in trouble with the police or bankruptcy, and people's jobs being adversely affecting by their gambling problems.

It is for this reason that ways to motivate gamblers to seek treatment *before* the consequences become severe, are essential. Efforts promoting early intervention and help-seeking in this population are likely to be complicated by the findings that suggest common barriers to help-seeking are the psychological tendencies of denial that a problem exists, and the belief that the problem can be managed by the individual themselves (Evans & Delfabbro, 2005; Hodgins & el-Guebaly, 2000; Pulford et al., 2009b).

## **2.7 Demographic Correlates and Barriers/Motivators to Help-Seeking**

The barriers and motivators to help-seeking can be considered to be further challenged by demographic correlates which impact on treatment seeking by problem gamblers. The demographic correlates of age, gender and culture have all been implicated in a range of problem gambling research.

### **Age**

Age has often been found to have an inverse relationship with problem gambling (Ladouceur et al., 2004; Petry, 2005d). Australian studies indicate that young adults (aged 18 to 30 years) have the highest level of gambling-related problems than any other age cohort (Delfabbro & Winefield, 1996; Dickerson et al., 1996; NSW Office of Liquor, Gaming and Racing, 2007; Productivity Commission, 1999). School surveys in South Australia, NSW, Victoria and the ACT found that the majority of adolescents approve of gambling, 60-70% have gambled in the past year and 3-6.7% meet criteria for problem gambling (Delfabbro, Grabosky, & Lahn, 2005; Delfabbro & Thrupp, 2003; Moore & Ohtsuka, 1997; Splevins, Mireskandari, Clayton, & Blaszczyński, 2010).

Youth tend to grossly underestimate the severity of their gambling behaviour, most adolescents do not recognise gambling-related problems when they arise and few seek treatment (Derevensky & Gupta, 2002; Hardoon, Derevensky, & Gupta, 2003). Focus groups with Australian youth showed that young people had little appreciation of the potential negative effects of gambling and limited thoughts regarding how problem gambling may arise or be combated (McPherson Consulting, 2007). Youth also appear to be overly optimistic about the economic returns of gambling and the chances

of winning (Delfabbro et al., 2005). This lack of appreciation for the risks of gambling and potential negative consequences may make youth less likely to seek help than other age groups. This correlates with the findings reported above for adult gamblers that find it is the severity of the consequences that motivate problem gamblers to seek treatment. Australian research suggests that most people seeking help have been experiencing problems for some time, for example 17 per cent of males and 12 per cent of females in treatment in NSW report experiencing problems for more than five years (Productivity Commission, 2010). These findings suggest that youth are less likely to seek treatment than other adults as they may have had gambling-related problems for a shorter period of time. This is confirmed by research as, despite the significant negative consequences of gambling, few adolescents seek treatment and few parents and teachers report awareness of the presence of problem gambling among young people (Ladouceur et al., 2004).

Within the TTM paradigm, the motivation to change the current status quo needs to be significant enough to force change. If financial motivations are paramount to motivating change, as research suggests (Evans & Delfabbro, 2005; Pulford et al., 2009b), and this type of consequence is being buffeted by having parents meet the cost of living, there may be little motivation for change. Moreover, if it is the severity of consequences that motivates changes, and the financial outcome of problematic gambling remains low impact, again, there is little motivation to change. Young people have specific barriers when it comes to accessing mental health services (Owens et al., 2002), which are important to consider. These include both structural barriers of time, costs, and travel, and personal barriers such as being overwhelmed with unfamiliar issues. Because of these and other obstacles, the majority of adolescents who require services do not receive them. There is also evidence that adolescents prefer to seek help from informal sources, such as family and friends, than formal supports, including school counsellors and mental health professionals (King et al., 2006; Splevins et al., 2010). It is possible that adolescents hide gambling-related problems from parents and teachers due to shame (Splevins et al., 2010). Gupta and Derevensky (2000) argue that in adolescents, denial, fear of identification, negative perceptions of therapy, guilt and a belief that gambling can be self-managed, may account for the lack of help-seeking behaviours.

Adolescents also appear to be less likely to perceive themselves as having gambling problems (Hardoon et al. 2003; Splevins et al., 2010). A study in Sydney schools with 12 to 18 year olds (n = 252) found that of the 17 participants classified as probable problem gamblers by the DSM-IV-MR-J, only one participant recognised that they had a gambling problem (Splevins et al., 2010). Problem gamblers were significantly less likely seek help for gambling-problems and to approach their parents or counsellors for assistance. However, both groups reported that a counsellor would be a second option for a friend in need, suggesting that it is not a lack of knowledge about existing services accounting for the few young people accessing them (Splevins et al., 2010).

These results are consistent with studies on treatment services suggesting that those seeking treatment are more likely to be middle age (Davidson & Rodgers, 2010| Delfabbro, 2008), suggesting that groups at greatest risks for problem gamblers may be less likely to seek help.

## **Gender**

Gender has also been investigated as a possible demographic correlate which interacts with help-seeking behaviour (Boughton & Brewster, 2002; Petry, 2005d). In terms of prevalence, some studies find men as representing 60 per cent of problem gamblers and women at 40 per cent, with a similar gender representation amongst regular gamblers (Productivity Commission, 1999). In NSW males were found to be significantly over-represented in the low risk (66%), moderate risk (76%) and problem gambling (74%) samples compared with the total NSW adult population (46%; NSW of Liquor, Gaming and Racing, 2007). Nevertheless this slight gender imbalance found in the problem



gambling population is not seen in gamblers seeking treatment, with most studies finding almost equal numbers of men and women attending treatment services in Australia in 2007-2008 (Productivity Commission, 2010). The equal number of men and women seeking treatment is thought to be the result of a widespread gender difference in help-seeking behaviour (Parslow & Jorm, 2000) rather than a reflection of problem gambling gender distribution. Research suggests that men and women gamble for different reasons and that gambling has various impacts based on gender roles, including familial and employment responsibilities (McMillen et al., 2004).

Some prevalence studies seem to find a fairly equal distribution of genders amongst problem gamblers (Hraba & Lee, 1996) and others do not (Hawley, Glann, & Diaz, 2007). However, a gender difference that may be overlooked is the demographic profile of females who seek treatment compared to their male, treatment seeking counterparts. In a study conducted by Crisp et al. (2004), on 1,292 gamblers seeking help for their gambling from a state funded gambling service in Victoria, Australia, between July 1996 and June 1997, just under half were women (45%; 583). Whilst similar percentages of males and females in this study met the criteria for pathological gambling according to the DSM-IV (74.7% and 72.2% respectively), it was on characteristics such as marital status and living arrangements that differences were evident. Specifically, women in this study were significantly more likely than men to be married, older, born in Australia, reside with their family, and have dependent children. In support of these statistics, in an analysis of 1,072 callers to a gambling help line (Hawley et al., 2007), it was found that 49.5 per cent were male and 50.5 per cent were female; however on demographic characteristics, women were more likely to report existing mental health problems, and men were more likely than women to report a co-morbid substance abuse problem.

There are a number of factors that may impact the likelihood of men and women seeking treatment for gambling problems. Women seeking assistance from health and welfare professionals are less likely to be routinely assessed for gambling problems due to existing stereotypes that problem gamblers are more likely to be males (Dowing, 1991; Mark & Lesieur, 1992). Additionally, problem gambling treatment programs, such as Gamblers Anonymous, may be dominated by males and not meet the needs of women or make them feel uncomfortable in a male-dominated environment (McGowan, 2003). However, more generally public health research shows that men are less likely to seek help for medical, psychological and substance abuse problems than women (Addis & Mahalik, 2003). Men may be less comfortable discussing their emotions and problems in therapy than women (Rochlen & O'Brien, 2002). Gender differences also exist in the timing of help-seeking with men more likely to seek help only in response to severe problems, while women are more likely to seek early intervention (Addis & Mahalik, 2003).

### **Cultural Factors**

In multi-ethnic societies such as Australia and other major English-speaking countries, non-Caucasian ethnicity has been found to be a risk factor for gambling-related harm (Clarke, Abbott, Tse, Townsend, Kingi & Manaia, 2006; Gibbs Van Brunschot, 2000; Raylu & Oei, 2004). The issue of culture and gambling behaviour has been reported on via the work of Raylu and Oei (2004), Loo et al., (2008), McMillen et al., (2004), Cultural Perspectives (2005a; 2005b), Productivity Commission (1999), Petry (2005d), and Clarke et al. (2007). In their review of the role of culture in problem gambling, Raylu and Oei (2004) highlight the breadth of the issue and also gaps in the research that examines this variable in the area of problem gambling. The Productivity Commission (2010) acknowledged that evidence suggests that cultural differences can affect how gambling and gambling help are perceived. This highlights the importance of understanding specific cultural factors to increase the relevance of awareness campaigns and education for specific community groups.

To underscore the importance of research in this area, studies consistently find that certain cultural groups are at risk for the development of problem gambling (Petry, 2005d; Productivity Commission, 1999). In a multi-stage research project examining risk and protective factors for the development of problem gambling in adolescents and young adults, being born in Australia was consistently identified as a protective factor (Dowling Jackson, Thomas, & Frydenberg, 2010), indicating children in migrant families may be at greater risk of developing gambling problems. In NSW, those not speaking English as their main language at home are over represented among both non-gamblers and problem gamblers (NSW of Liquor, Gaming and Racing, 2007). Problem gamblers were more likely to say that Arabic is spoken in their household. Respondents who indicated that they were of Aboriginal or Torres Strait Islander descent were more likely to refuse to answer questions about problem gambling. These results indicate some degree of cultural variability in the reporting of gambling-related problems.

The Queensland Household Gambling Survey for 2006-2007 reported that Indigenous or Australian South Sea Islanders and those born overseas were somewhat over-represented among problem gamblers, although statistically significant differences from the adult population were not reported (Queensland Government, 2008). McMillen et al. (2004), report that representatives of multicultural agencies in the ACT believe that problem gambling is a serious concern in their communities, but the reluctance of people to talk about it has prevented evidence of this being presented. A longitudinal study of problem gambling in New Zealand found that people of non-European ethnicity manifested a worse prognosis at seven-year follow-up, however, these findings may be accounted for by other factors such as greater problem severity (Abbott et al., 2004). These various results highlight the importance of considering specific cultural factors related to problem gambling and help-seeking.

A recent Australian study (Stevens, Golebiowske, & Morrison, 2010), analysed measurement of gambling problems in the Australian Bureau of Statistics surveys captured using the Negative Life Events Scale. Although this is not a measure of problem gambling, it asks respondents if gambling has *...been a problem for you, your family or close friends during the last year*. This study reported that gambling problem estimates for the CALD population showed a statistically significant decrease between 2002 (3.3%) and 2006 (1.3%). Gambling problem estimates were significantly lower in the CALD population (1.3%) compared with the non-CALD population (3.5%) in 2006, while no difference was observed in 2002 (3.5% and 3.3% respectively). When adjusted for socio-demographic, socioeconomic, health and social connection characteristics, being born overseas and not speaking English at home were significantly associated with reporting fewer gambling problems, while being born in Oceania/New Zealand was significantly associated with more gambling problems. However, these results must be interpreted with caution as no measure of problem gambling was used.

Although there are many similarities across cultural groups for reasons for not seeking help with gambling problems (e.g., denial, shame, guilt), differences exist in patterns of help-seeking thought to be influenced by values and beliefs adopted by members of different ethnic groups. In particular, individuals may be reluctant to seek professional help because of the stigma associated with public disclosure and cultural resistance to discussing problems in support groups or in front of an unknown counsellor (Stevens et al, 2010). Many CALD clients may not be familiar with the concept of professional counselling and not consider this appropriate. For example, in a review of literature which examined gambling among Chinese samples across 25 studies (Loo et al., 2008), it was found that despite the prevalence of problem gambling increasing in this population, a difficulty in admitting to gambling problems and seeking professional help was evident, and was related to a fear in this population of losing respect.

Help-seeking may also be reduced due to a lack of culturally and linguistically appropriate services, or perception of this (Blaszczynski, Huynh, Dumlao & Farrell, 1998; Cultural Partners Australia, 2000;

Scull & Woolcock, 2005). CALD communities may not have a high awareness of the availability of problem gambling specific services, or lack the English language skills to sufficiently access information and treatment (Scull & Woolcock, 2005).

Culturally-specific gambling beliefs also include a perception that gambling is a newly gained freedom for migrants from countries where gambling is more heavily controlled or prohibited, that gambling is a way to integrate into Australian society or a way to demonstrate status and wealth (McMillen et al., 2004). It has also been suggested that the experience of migrating may trigger gambling problems when gambling is used as a means of coping with settlement problems such as language difficulties, varying cultural norms and values and financial problems (Brown, Johnson, Jackson, Fook, Wynn, & Rooke, 2000; Tran, 1999). Based on the Australian Bureau of Statistics surveys about negative life events, gambling problems in the CALD population appeared to be related to different factors than in the non-CALD population (Stevens et al., 2010). In 2002 CALD gambling problems were related to divorce or separation and knowing someone in a serious accident, while in 2006 gambling problems were most likely to co-occur with mental illness. In comparison, in 2002 and 2006, non-CALD gambling problems were associated with social transgressions such as abuse, violent crime, witnessing violence, alcohol and drug problems, and police trouble.

Two reports (Cultural Perspectives, 2005a) and Zysk (2002, cited in Delfabbro, 2008) suggest that the low rate of help-seeking by non-English speaking communities may be related to a greater degree of stigma and shame associated with mental illness in many CALD communities. These reports also listed extrinsic barriers to help-seeking for many CALD people, such as access, language difficulties, a lack of cultural sensitivity by service providers and a lack of information or misinformation about counselling services. McMillen et al. (2004) reported that CALD gamblers and their family members were extremely reluctant to seek help outside their family network due to suspicion of mainstream services, shame and 'loss of face', language barriers, concerns about trust and confidentiality, and a lack of culturally appropriate services.

Cultural Perspectives (2005b) noted that many Indigenous people may be unaware of counselling services or may not be comfortable with the communication style that most counselling situations involve (i.e., direct and open). The lack of Indigenous counsellors is also a possible barrier to help-seeking for this population. This sentiment was echoed in the Bellringer et al. (2008) study with the recommendation for greater Maori involvement in raising awareness of help services and de-stigmatising help-seeking behaviour, along with greater involvement in the design and provision of services. Furthermore, the 2001 *Needs Analysis* reported that Indigenous people may not identify gambling problems even when gambling-related harm is impacting their lives (McMillen et al., 2004).

## **2.8 Chapter Conclusion**

This review has attempted to cover a number of topics relating to the help-seeking behaviours of problem gamblers and position these findings within a TTM framework. The review began with an examination of the scope of problem gambling in Australia. The review then examined a model of behaviour change used throughout the addiction research and treatment research known as the *Transtheoretical Model of Change*. This model was then used to examine the help-seeking behaviour of problem gamblers, including the barriers and motivators for change along with the demographic correlates of age, gender, and ethnicity.

Overall, this review highlights that an Australian study of gamblers in relation to the TTM of change is needed. Recent overseas studies, particularly in New Zealand, highlight the importance of understanding the barriers and enablers to help-seeking amongst the mainstream population as well

as culturally and linguistically diverse people and the Indigenous community. With a range of government supported treatment options including face-to-face, telephone and online counselling available, understanding the reluctance to utilise these services by the majority of problem gamblers will greatly increase the efficacy of harm minimisation strategies and increase treatment utilisation.

The Productivity Commission (2010) concluded that research is required to develop policies to identify individuals with gambling-related problems before they reach significant life crises, to reduce stigma associated with gambling problems and increase help-seeking behaviours. The current study aims to examine, identify and analyse gambler formal and informal help-seeking behaviour. This national study may assist jurisdictions to develop evidence based policy and program interventions regarding assistance for gamblers (Gambling Research Australia, 2008). To best meet this aim, close attention was paid to the recent New Zealand study (Bellringer et al., 2008) due to the high quality of this research and the subsequent findings. A mixed-methods approach was undertaken, involving both qualitative interviews and quantitative surveys with samples of respondents across the five stages of change identified in the TTM (i.e., pre-contemplation, contemplation, preparation, action, maintenance). These samples include a community sample of regular (once weekly or greater) gamblers, helpline callers, gamblers in treatment and former problem gamblers. In addition, the sample includes Indigenous and CALD gamblers, their family members and gambling counsellors. Participants were asked about their awareness of formal and informal sources of help and the motivators and barriers to help-seeking.

# CHAPTER 3

## RESEARCH METHODS

### 3.1 Introduction

This chapter describes the research methods used in this study. It commences with an overview of data collection stages and samples, and then describes the instrumentation used. Each stage of research is then explained and a summary of samples provided. The chapter then explains the approach to analysing the quantitative and qualitative data sets.

### 3.2 Overview of Data Collection Stages and Samples

The empirical research for this study was conducted in several stages that reflect the various samples of gamblers recruited for data collection. To best understand the issues around help-seeking behaviour for gambling, it was considered vitally important to gather data from people at different stages of change in their decision-making about seeking help for gambling problems. In line with the scope of the project, samples of gamblers expected to be at different stages of change were recruited across Australia. Samples of Indigenous and CALD respondents were also included to examine cultural dimensions of help-seeking behaviour. Additionally, a mixed-methods approach was undertaken, involving both quantitative surveys and qualitative interviews. This allowed quantification of several aspects of help-seeking behaviour, while also allowing in-depth insights to be gained into respondents' experiences and perceptions around seeking help for gambling-related problems. Most quantitative data were gathered using telephone surveys to enable responses to be captured from across Australia. The qualitative data collection entailed a mix of telephone and face-to-face interviews. Whilst the latter is preferable to better establish rapport, the geographic location of some participants did not always allow for this.

The stages of empirical research and the samples they focused on comprised:

- Stage 1: A national telephone survey of regular gamblers (N = 242), with most expected to be in the pre-contemplation or contemplation stages of change.
- Stage 2: A telephone survey of callers to gambling helplines across Australia (N = 218), including both gamblers (N = 170) and family members (N = 48), with most gamblers expected to be in the preparation stage of change.
- Stage 3: A telephone survey of clients in counselling for gambling problems (N = 110), with most expected to be in the action stage of change.
- Stage 4: Telephone interviews with recovered problem gamblers (N = 10) and family members (N = 4), with most of the gamblers expected to be in the maintenance stage of change.
- Stage 5: Interviews with Indigenous Australian regular gamblers (N = 36) and family members (N = 11), Indigenous problem gamblers in treatment (4), and counsellors in some areas with high Indigenous populations (N = 14).
- Stage 6: Interviews with CALD gamblers in treatment (N = 6) and with counsellors from culturally diverse services (N = 21).
- Stage 7: A survey of gamblers from culturally diverse clubs in Sydney (N = 208).

### 3.3 Instrumentation

Development of the survey and interview instruments for this study was informed by:

- A comprehensive literature review to identify all possible sources of professional, non-professional and self help, and enablers and barriers to help-seeking behaviour for gambling problems, including for mainstream, Indigenous and CALD populations;
- The survey instrument and findings from a similar research project conducted in New Zealand – *Problem Gambling: Barriers to Help-seeking Behaviours* (Bellringer, Pulford, Abbott, DeSouza & Clarke, 2008);
- Survey instruments and interview schedules from other studies of help-seeking behaviour, including measures of enablers and barriers, sources of help, satisfaction and outcome measures, and culturally specific factors relating to help-seeking (e.g., Evans & Delfabbro, 2002; Rockloff & Schofield, 2004; McMillen et al., 2004; New Focus, 2005; National Centre for Education and Training on Addiction (NCETA), 1998; McDonnell-Phillips, 2005);
- Peer review of the survey instruments by two of the researchers for the New Zealand study (Bellringer and Abbott);
- Pilot testing amongst small samples of respondents.

All survey and interview instruments are contained in the appendices. An overview is provided below of their key sections, although these varied according to their salience to each sample.

Respondent information:

- For gamblers only: age, gender, place of birth, marital status, work status and metropolitan/regional/rural or remote residential location.
- For counsellors only: role of organisation, role of counsellor, services/treatment offered.

Gambling behaviour:

- For gamblers only: Frequency of gambling on non-lottery forms of gambling (keno, gaming machines, wagering, sports betting, casino games not on the Internet, casino games or poker on the Internet, private gambling for money).
- For counsellors only: client characteristics (number, age, gender, types of problematic gambling).

Professional sources of help:

- For gamblers only: Awareness of professional sources of help (face-to-face, Internet, telephone, mutual support groups, from gambling venues, generalist services).
- For gamblers only: Preferences for professional sources of help.
- For gamblers only: Current and previous use of professional sources of help (types used, most helpful type, satisfaction with outcome, how they found out about the service).
- Motivators for using professional sources of help.
- Barriers to using professional sources of help.
- How use of professional sources of help could be further encouraged.

Non-professional sources of help:

- Current use of non-professional sources of help (types used, most helpful type, satisfaction with outcome).
- Motivators for using non-professional sources of help.

- Barriers to using non-professional sources of help.
- How use of non-professional sources of help could be further encouraged.

Self-help strategies:

- Use of self-help gambling measures (types used, most helpful type, how they found out about the measure, satisfaction with outcome).
- Motivators for using self-help gambling strategies.
- Barriers to using self-help gambling strategies.
- How use of self-help measures could be further encouraged.

Pathways to help-seeking:

- Progression of using professional, non-professional and self-help measures.

Stage of change (survey respondents only):

- To identify stage of change in gambling behaviour. There are multiple ways to measure stages of change, but the measure used in this study was the discrete categorisation measure developed by Prochaska et al., (1997) which asks four Yes/No questions to determine the stage of change of the respondent. This was favoured over continuous measures due to parsimony. As discussed in Chapter 2, the available research supports the predictive utility of the stages of change in terms of outcomes and dropouts, the differential use of the processes of change at various stages of change, and the relative efficacy of diverse forms of treatment (Prochaska & Norcross, 2001). For evaluations of the psychometric properties of the stages of change scale, please see DiClemente, Schlundt and Gemmell (2004) and Forsberg, Halldin and Wennberg (2003).

Problem Gambling Severity Index (survey respondents only):

- Consisting of nine questions (*Problem Gambling Severity Index*) from the *Canadian Problem Gambling Index* (Ferris & Wynne, 2001). Response categories and scoring used were: Never = 0, Sometimes = 1, Most of the time = 2 and Almost always = 3. These are summed for a score between 0 and 27, where 0 = non-problem gambler; 1 or 2 = low risk gambler; 3 to 7 = moderate risk gambler; and 8 or more = problem gambler. For an evaluation of the psychometric properties of the PGSI, please see Holtgraves (2009), McReady and Adlaf (2006).

The next sections explain the data collection methods used for each empirical stage of this study.

### **3.4 Stage 1: National Telephone Survey of Regular Gamblers**

A national telephone survey was conducted with a sample of regular gamblers who, as a group, may be expected to have a higher likelihood than non-regular gamblers of developing gambling problems for which they may need help. In terms of the *Transtheoretical Model of Change* (TTM; Prochaska et al., 1997), these gamblers could theoretically be at any stage of decision-making, but are most likely to be at the pre-contemplation stage, where there is no intention to change their gambling behaviour, or at the contemplation stage, where they are intending to change in the next six months (Prochaska et al., 1997).

In order to capture this sample, a market research company (Reark Research) was engaged to administer the survey using a computer-assisted telephone interviewing (CATI) system to ensure responses were representative of each Australian jurisdiction, metropolitan and non-metropolitan areas, age group and gender. After appropriate screening questions to establish frequency of gambling on non-lottery forms of gambling, only regular gamblers were administered the survey.

Regular gamblers were defined as those who had gambled on one or more non-lottery gambling activities on 52 or more occasions in the previous 12 months. Seven per cent of those who agreed to participate in the survey met the criteria for regular gamblers.

The survey was administered in mid-2010. Please see Appendix A for the survey questionnaire which took about 35 minutes to administer.

### **3.5 Stage 2: Telephone Survey of Callers to Gambling Helplines**

A telephone survey was conducted with a sample of callers to gambling telephone help services in Australia. Gamblers in this sample are most likely at the preparation stage of the TTM, where people are intending to take action about their gambling problems in the immediate future (Prochaska et al., 1997).

This sample was recruited through the free-call gambling telephone help services in Australia over several months, commencing in January 2010. This service is operated in each of the eight Australian jurisdictions, as well as nationally. All these service providers were approached to assist in recruiting callers to participate in the survey and all agreed that their staff would publicise the survey to suitable callers and request their participation. Where callers' consent was given, the helpline staff gathered their contact names and telephone numbers using a spreadsheet supplied by the research team. A \$30 Starcash voucher, redeemable for petrol or any other goods sold at any Caltex service station Australia-wide, was offered to compensate participants for time to complete the telephone survey (about 20 minutes), and a \$10 Starcash voucher was offered to the helpline staff for each caller they recruited.

In total, 350 helpline callers agreed to participate in the survey, and their names and contact details were forwarded every 2-4 weeks as they were collected to the market research company who administered the survey (Reark Research). However, only 218 callers completed the survey when the market research company contacted them, with some recruits having changed their mind and others being non-contactable on the telephone number they had provided. Of these 218 survey respondents, 170 were gamblers who had called a helpline about their own gambling, while 48 were family members seeking assistance for themselves or a significant other whose gambling they were concerned about. The helpline caller surveys were completed by mid-2010. Appendix B contains the survey instruments used for both the gambler and family member callers to gambling helplines.

### **3.6 Stage 3: Survey of Clients in Counselling for Gambling Problems**

A survey was conducted with clients in counselling for gambling problems to capture a sample most likely at the action stage of the TTM, where they are modifying their behaviour so as to overcome their gambling problems (Prochaska et al., 1997).

This sample was recruited in two ways. First, following a presentation by members of the research team to Relationships Australia Queensland and signing of a memorandum of understanding between this organisation and Southern Cross University, the latter agreed to facilitate participant recruitment by allowing flyers about the survey to be mailed to and placed in their 18 counselling agencies in the state. When recruitment was somewhat slower than anticipated through this method, the research team also sent flyers to gamblers in treatment who had participated in recent studies conducted by the Centre for Gambling Education & Research (CGER) and who had consented to be contacted about participating in further research.

The flyers invited clients to participate in an online survey (Appendix C), estimated to take about 20 minutes. However, these clients could opt for a telephone survey instead if they wished, which was



then conducted by a researcher at the CGER. Survey respondents were compensated with a \$30 Starcash voucher and 110 responses were obtained. Of these, 96 were obtained online and 14 through telephone interviews. These online and telephone surveys were conducted between July and September 2010.

### **3.7 Stage 4: Telephone Interviews with Recovered Problem Gamblers and Family Members**

The final stage of the TTM is that of maintenance, where people work to prevent relapse and consolidate the gains made during the preceding action stage of change (Prochaska et al., 1997).

To access a sample likely to be in the maintenance stage of change, qualitative interviews were conducted by telephone with ten recovered problem gamblers, recruited through Consumer Voice in South Australia. The research team contacted Consumer Voice to ask for assistance in recruiting ten interviewees. Consumer Voice kindly contacted potential interview participants and then provided the research team with the contact details of ten participants who had agreed.

The Consumer Voice Project is an ongoing project of the Gambling Help Service, Relationships Australia (South Australia), with the aim of raising community awareness about problem gambling. It comprises a small group of recovered problem gamblers and family members of problem gamblers who share their experiences of gambling problems in forums such as gaming venues, community services, and counselling sessions of people affected by problem gambling.

The interviews were conducted by a qualified social worker and a member of the research team (Dr. Nuske) who also asked these interviewees whether they had a family member who would be willing to also be interviewed. Interviews with four family members were subsequently conducted by telephone. All participants were given a \$40 Starcash voucher as compensation for the interviews that lasted up to 60 minutes each. See Appendix D for the interview schedule used for the recovered problem gamblers and Appendix E for the interview schedules used for the family members.

### **3.8 Stage 5: Interviews with Indigenous Regular Gamblers, Family Members, Problem Gamblers and Counsellors**

Along with the samples representative of the five stages in the TTM, additional samples of Indigenous Australian regular gamblers, family members of regular gamblers and problem gamblers were interviewed. Counsellors in some areas with high Indigenous populations were also interviewed. Inclusion of these samples was considered important because Indigenous Australians can face particular barriers to help-seeking and their issues and concerns can be lost or diluted in a national survey. The interview approach provided an avenue for these issues to be heard.

Indigenous Australian regular gamblers and family members of regular gamblers were recruited through Indigenous community and health centres in Cairns and Darwin that were suggested by Gambling Help Cairns (Lifeline) and Amity House in Darwin. The research team sub-contracted Mr. Ashley Gordon, an Indigenous Australian gambling counsellor and gambling community educator, to recruit and interview this sample, accompanied by a CGER researcher. In total, 36 regular gamblers were interviewed – 16 in Cairns and 20 in Darwin. Eleven family members of regular gamblers were interviewed – six in Cairns and five in Darwin. All of these interviews were conducted face-to-face in the community centres where the interviewees were recruited and were recorded with the participants' permission. Participants were compensated with a \$20 Starcash voucher for the interviews that lasted 20-30 minutes each.

Gambling Help Cairns (Lifeline) and Amity House in Darwin were also asked to help recruit Indigenous problem gamblers in treatment. While both agencies agreed to assist, this recruitment proved difficult for them, with three interviewees recruited in Cairns but unfortunately none in Darwin. Two of the interviews in Cairns were conducted at the office of Gambling Help Cairns (Lifeline) and one at a café. To try to boost this sample, the research team sent flyers to all gamblers in treatment recruited in recent CGER studies, inviting people of Indigenous Australian descent to contact the research team if they were willing to be interviewed. This yielded only one interviewee, a woman from Melbourne, who was subsequently interviewed by telephone. Thus, four Indigenous gamblers in treatment were interviewed in total and compensated with a \$40 Starcash voucher each. All interviews were recorded with the participants' permission.

Additionally, 14 counsellors in areas with high Indigenous populations were also interviewed. Three of these were from Gambling Help Cairns (Lifeline), five from the Aboriginal Medical Centre in Darwin and two from the organisation Stolen Generation in Darwin. Four other gambling counsellors were interviewed – one from the Aboriginal Family Support Services in South Australia, one from the Statewide Gambling Therapy Service also in South Australia, one from a Mission Australia service in Taree and one from a gambling help service in Port Macquarie. The first three of these interviews were conducted by telephone and digitally recorded and the fourth provided a written response to the interview questions.

Appendices F to I contain the interview schedules used for the Indigenous Australian regular gamblers, family members, problem gamblers and relevant counsellors. All interviews were conducted in mid-2010.

### **3.9 Stage 6: Interviews with CALD Gamblers in Treatment, Family Members and Counsellors**

Because it was expected that CALD people face distinctive issues in help-seeking for gambling problems, the research team conducted interviews with CALD gamblers in treatment, family members and counsellors.

This stage commenced by arranging interviews with counsellors from CALD agencies in Sydney and Melbourne, with these locations selected due to their comparatively large CALD populations. Twenty-one gambling counsellors who work within CALD communities in Sydney and Melbourne participated. Eleven individual interviews were conducted and the remaining 10 counsellors were part of two focus groups, the first comprising three counsellors and the second, seven counsellors. Ten of the individual interviews and both focus groups were conducted face to face, using a series of open ended questions designed to explore motivations, barriers and pathways to help-seeking behaviour for clients who are involved with these counselling services. The final individual interview was conducted by telephone. All interviews were recorded and transcribed with respondents' permission.

To gain interviews with CALD gamblers in treatment and family members, the research team first asked the CALD counsellors who had been interviewed to recruit and interview participants on their behalf. This was considered necessary, as the interviews would likely need to be conducted in the interviewees' first language. The counsellors were offered a \$40 Starcash voucher for each interview, as were the interviewees. However, this strategy was unsuccessful, with the counsellors and their agencies explaining that they did not have sufficient resources to assist in this way. Alternatively, at the suggestion of the agencies, the research team provided recruitment flyers that could be placed in their agencies or given to suitable clients. The team also sent these flyers to all gamblers who had previously participated in recent CGER research and who had agreed to be

contacted about future research. These recruitment methods yielded interviews with six gamblers in treatment and one family member but it must be noted that we were only able to conduct these interviews in English. Because only one family member was recruited, the results from this interview were incorporated into those for Stage 4 which focus on the role of family members in recovery from problem gambling. Appendices J to L contain the interview schedules used for CALD gamblers in treatment, family members and counsellors.

### **3.10 Stage 6: Venue Survey of Gamblers in Culturally Diverse Clubs**

To provide further insights into help-seeking by CALD people, a survey of gamblers from different cultural groups was conducted in a sample of culturally diverse clubs in Sydney in August and September 2010. The survey was available in English, Chinese, Vietnamese, Arabic, Croatian and Serbian, after translation by a professional translation service.

Clubs NSW advised the research team on appropriate clubs in Sydney that had culturally diverse memberships and that would be likely to allow their patrons to be surveyed. After meetings with a member of the research team and provision of an information sheet, four clubs agreed to participate.

Two members of the research team conducted surveys on-site at these clubs over six days, at varying times of the day and night. A flyer was used to help recruit participants, with survey respondents compensated with a \$20 Starcash voucher. A total of 208 usable surveys were completed. The survey instrument (English version) is contained in Appendix M.

### **3.11 Summary of Samples**

Table 3.1 summarises the number of respondents for each empirical stage of the study by geographic area and expected stage of change.

**Table 3.1: Survey and Interview Respondents by Geographic Area and Expected Stage of Change**

Geographic Coverage	Project Stages	TRANSTHEORETICAL MODEL: STAGES OF CHANGE					Other
		Pre-Contemplation	Contemplation	Preparation	Action	Maintenance	
National	Stage 1 Telephone survey of regular gamblers	242 regular gamblers					
National	Stage 2 Telephone survey of helpline users			170 gamblers who called a helpline			48 family members who called a helpline
Mainly QLD	Stage 3 Online survey of problem gamblers in counselling				110 problem gamblers in counselling		
SA	Stage 4 Telephone interviews with recovered problem gamblers and family members					10 recovered problem gamblers	4 family members of recovered problem gamblers
Mainly QLD, NT	Stage 5 Interviews with Indigenous regular gamblers and family members problem gamblers in counselling & relevant counsellors	36 regular Indigenous gamblers			4 Indigenous problem gamblers in counselling		11 family members of regular gamblers 14 counsellors working with Indigenous clients
NSW & VIC	Stage 6 Interviews with CALD counsellors and gamblers in counselling				6 CALD problem gamblers in counselling		21 CALD counsellors
NSW	Stage 7 Survey of CALD gamblers in clubs	208 CALD gamblers in clubs					
	<b>TOTAL = 884</b>	<b>486</b>		<b>170</b>	<b>120</b>	<b>10</b>	<b>98</b>

### 3.12 Data Analysis

The quantitative survey data sets from gamblers and family members of gamblers are first subjected to individual analyses in the first five chapters in Section 2 of this report. The gambler data comprise those gathered from four surveyed groups of gamblers – 1) regular gamblers from the national telephone survey; 2) helpline gamblers (helpline callers contacting a helpline about their own gambling who then participated in a telephone survey); 3) gamblers in treatment from the online survey, and 4) regular gamblers in culturally clubs. The family member data comprise those gathered

from helpline callers who then participated in a telephone survey and who were family members of problem gamblers.

Descriptive statistics are provided for key variables for each sample of gamblers and family members. The four gambler samples are then compared in a cross-analysis chapter for between-group differences on a range of relevant variables – each sample, PGSI category, sex, age and location. Tests of statistical significance were performed using chi-square analysis for categorical variables and ANOVA for numeric variables. Missing data were coded as system missing and excluded from all analyses. For the PGSI, cases with missing data for any of the nine items were excluded. No specific hypotheses were tested; rather, the research was exploratory and not designed to test particular hypotheses.

The qualitative interview data are analysed using thematic analysis. Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data, by organising and describing the data set in rich detail and by interpreting the various aspects of the research topic (Braun and Clarke, 2006:79). It involves six identifiable stages – 1) familiarisation with the data by transcribing, then reading and re-reading, noting down initial ideas; 2) generating initial codes by coding pertinent features of the data in a systematic fashion across the entire data set and then collating data relevant to each code; 3) searching for themes by collating codes into potential themes and gathering all data relevant to each potential theme; 4) reviewing the themes by checking to see if the themes work in relation to both the coded extracts and the entire data set; 5) refining the specifics of each theme; and 6) writing up the results by relating the analysis back to the research objectives and the literature (Braun and Clarke, 2006:87). Use of thematic analysis also helped to protect participant anonymity, because results are grouped and presented by themes and sub-themes, rather than by case or narrative analyses of participants' individual accounts.

### **3.13 Chapter Conclusion**

This chapter has explained key aspects of the research methodology used in this study. Section 2 of this report focuses on the quantitative results. It commences with the next chapter, Chapter 4, which presents the results from the national telephone survey of regular gamblers.

# CHAPTER 4

## RESULTS FROM A NATIONAL TELEPHONE SURVEY OF REGULAR GAMBLERS

### 4.1 Introduction

This chapter presents the results from a national telephone survey (NTS) of regular gamblers (N = 242), who were expected to be mainly in the pre-contemplation or contemplation stages of change. It first describes the demographic characteristics of the respondents and their gambling behaviour in terms of frequency and *Problem Gambling Severity Index* (PGSI) categories. For each type of help with which this study is concerned – professional, non-professional and self-help measures – usage, helpfulness, and motivators and barriers to usage are reported.

Please note that detailed tables supporting the graphs and other figures in this chapter are contained in Appendix N, while Chapter 9 compares results for this sample with those for the other survey samples of gamblers, as well as by PGSI category, sex, age and location.

### 4.2 Participant Characteristics

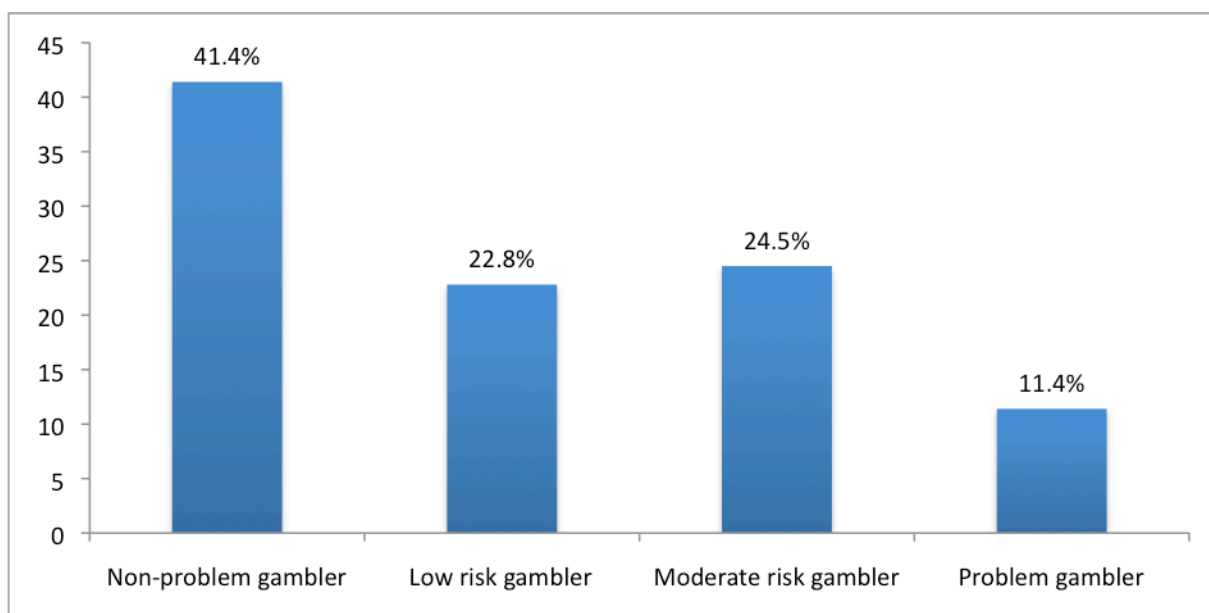
Most respondents were male (62%), aged between 45 and 64 years (51%), born in Australia (81%) and living in a metropolitan area (66%). Most respondents were from NSW (38.1%), while 31.5% resided in Victoria, 19% in Queensland, 3.2% in South Australia, 3.2% in Western Australia, 2.7% in Tasmania, 1.1% in the Australian Capital Territory and 1% in the Northern Territory. Respondents were more likely to be married (47%) and working full-time (32%) than to have alternative types of marital or work status. The mean age of respondents was 55.4 years and ranged from 20 to 88 years (std dev. = 15.7).

### 4.3 Gambling Behaviour

The most frequent type of non-lottery gambling during the last 12 months was playing gaming machines, which most respondents (54%) played at least fortnightly. On at least a weekly basis during the last 12 months, 45% played gaming machines, 37% wagered on the races, 22% gambled on sports betting, 14% played keno, 6% gambled on Internet casino games, 6% gambled privately for money, and 4% gambled on land-based casino games. Playing of lottery-type games was not asked about in the survey.

### 4.4 Problem Gambling Severity

Figure 4.1 categorises respondents according to their scores on the PGSI. As expected, given this was a sample of regular gamblers, problem and at-risk gambler rates are far higher than found in general population surveys. Problem gamblers accounted for 11% of the sample, while 25% were moderate risk gamblers, 23% were low risk gamblers and 41% were non-problem gamblers. The problem gambler rate is consistent with rates found amongst regular gamblers on non-lottery forms of 10.2% in NSW and 9% in Victoria as calculated by the Productivity Commission (2010). Respondents' scores on the PGSI ranged from 0 to 21 (from a possible range of 0-27), with a mean score of 2.81 (std dev. = 4.1) and a median score of 1.0. Cronbach's alpha for the PGSI was .886, demonstrating high reliability.



**Figure 4.1: NTS Sample: PGSI Categories of Respondents (%)**

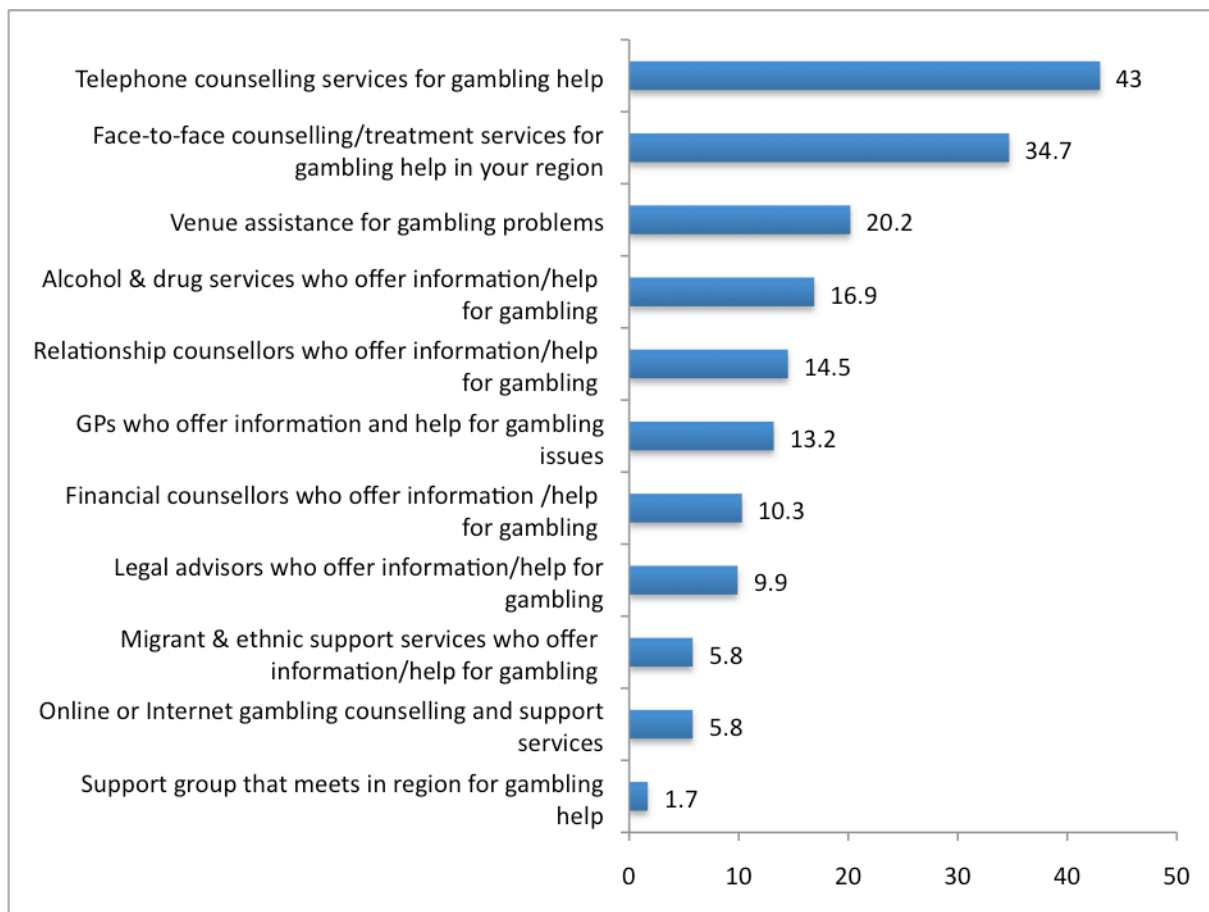
## **4.5 Professional Sources of Gambling Help**

This section focuses on the first type of help examined in this study, professional sources of help. These include gambling-specific services, including face-to-face, online and telephone gambling help services, as well as mutual support groups and venue assistance for people with gambling problems. Professional sources of help considered in this study also include generalist help services that may provide advice or assistance with a gambling problem. These include general practitioners, relationship, financial and legal services, alcohol and drug services, and migrant and ethnic support services.

### **4.5.1 Awareness of Professional Sources of Gambling Help**

Figure 4.2 shows the percentage of respondents who reported knowing the availability of various types of professional help services when prompted (e.g., ‘Do you know of any telephone counselling services for gambling help?’). Telephone counselling services were the most well known, although fewer than one-half of respondents (43%) had this knowledge. The next most well known was face-to-face services in the respondents’ region (35%), although this may be affected by actual availability of services. Surprisingly, only one-fifth of these regular gamblers reported being aware that gaming venues can provide assistance for a gambling problem. One in six respondents or fewer were aware of the other types of professional help services shown in Figure 4.2.

Overall, awareness of professional services was low, especially considering that regular gamblers would presumably be exposed to venue signage advertising gambling helplines and, often, local counselling services as well.



**Figure 4.2: NTS Sample: Awareness of Professional Sources of Gambling Help (%)**

The preceding figure indicates that awareness was highest for telephone and face-to-face services. When asked in an open-ended question which telephone gambling help services they knew of, 8% of the whole sample specifically nominated a gambling helpline, while another 7% nominated the services advertised at venues, which presumably refer to a gambling helpline.

When asked which face-to-face counselling/treatment services for gambling help they knew of in their region, 30% of respondents could nominate a service. The most frequently mentioned were gambling helplines (12% of the whole sample), Gamblers Anonymous (10.3%) and specific local counselling services (3%). Some confusion is evident here in respondents' understanding of the differences in telephone, face-to-face and mutual support sources of assistance.

#### **4.5.2 Use of Professional Sources of Gambling Help**

Only one respondent to the national telephone survey was currently using a professional source of help for gambling issues, and this was a face-to-face counselling service that the gambler had found out about from a friend. This respondent had also used telephone counselling in the past. This respondent scored as a problem gambler on the PGSI.

Only 11 respondents had previously used a professional source of help for gambling issues, with some using more than one source. Seven had used a face-to-face counselling service, 5 had used telephone counselling, 3 had participated in face-to-face support groups, 1 had used email counselling, 1 had used live online counselling, 1 had participated in a residential treatment program, 1 had used a general help service, 1 had accessed an online support group and 1 had self-excluded from one or more gaming venues (multiple responses allowed). Five of these 11



respondents scored as problem gamblers on the PGSI, 3 were moderate risk gamblers and two were low risk gamblers (1 missing case).

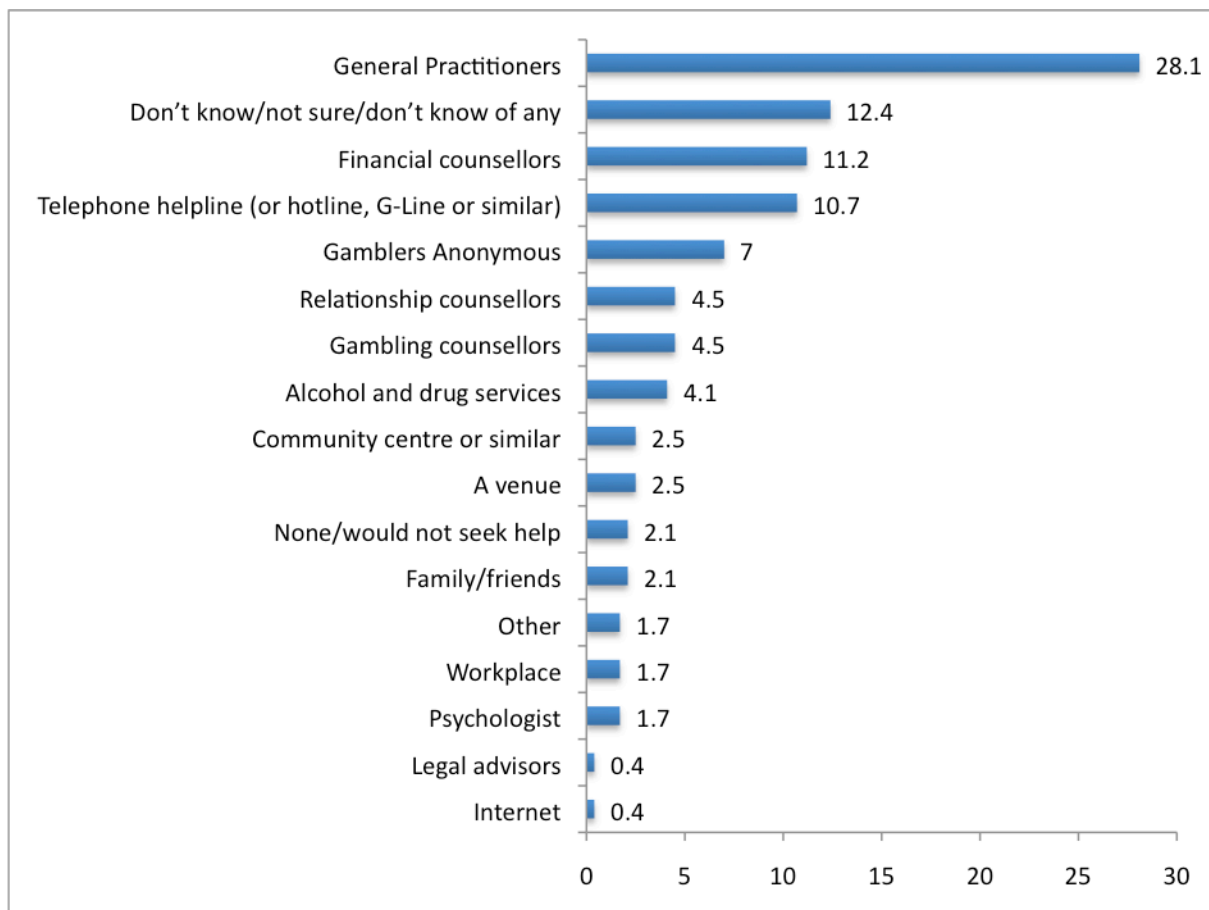
Thus, of the 27 problem gamblers in the sample, only 6 (22%) were currently or had previously sought professional help for their gambling. Of the 58 moderate risk gamblers in the sample, none were currently receiving professional help whilst 3 had sought professional help in the past.

#### **4.5.3 Helpfulness of Professional Sources of Gambling Help**

Most respondents who had used professional sources of gambling help had utilised only one service, so clearly this had been the most helpful. Of the 5 respondents who had used multiple types of professional gambling help, 2 nominated face-to-face counselling services as most helpful, 1 nominated telephone counselling and 2 could not say which was the most helpful. Of the 10 respondents who indicated their level of satisfaction with the outcome of professional help, 2 were extremely satisfied, 4 were satisfied and 4 were dissatisfied.

#### **4.5.4 Preferences for Professional Sources of Gambling Help**

Respondents were asked 'If you began to experience problems with your gambling and wanted to seek professional help, from any source, which source of professional help would you first choose?'. Figure 4.3 summarises the responses. Of interest is that the highest proportion of respondents (28%) would first seek help from their GP, a finding which emphasises the importance of GPs being knowledgeable about problem gambling. The second highest proportion of respondents (12%) did not know or were not sure, reflecting the low level of awareness of professional help services for gambling problems identified earlier. The third highest proportion of respondents (11%) nominated financial counsellors, a finding consistent with the importance of financial problems as a motivator to seek professional help (discussed below). The fourth highest proportion of respondents (11%) nominated a telephone helpline. Other types of professional help were each nominated by fewer than 10% of respondents.

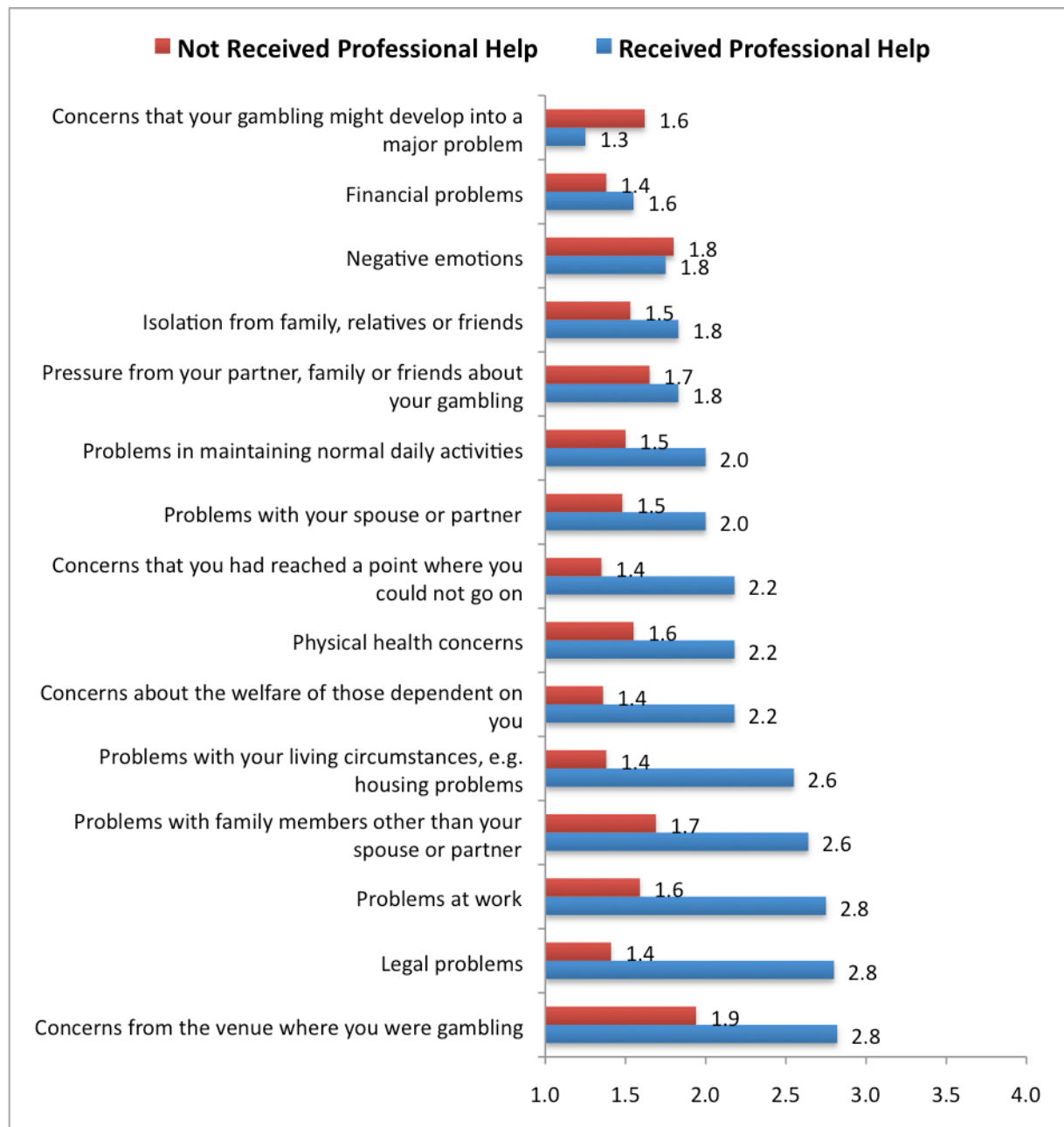


**Figure 4.3: NTS Sample: Preferred Sources of Professional Help for Gambling (%)**

#### 4.5.5 Motivators for Using Professional Sources of Gambling Help

There were 12 respondents with current (n=1) or previous (n=11) experience in seeking help for gambling from professional sources. The remaining 230 respondents had no current or previous experience with this.

The first group was asked their level of agreement that various reasons *had* prompted them to first seek professional help for their gambling, while the second group was asked their level of agreement that various reasons *would* prompt them to seek professional help if they became concerned about controlling their gambling. For each reason, respondents were asked to provide one of four responses, which were coded as: Strongly agree = 1, Agree = 2, Disagree = 3, Strongly disagree = 4. Mean scores were then calculated to facilitate comparisons, as shown in Figure 4.4. Note that the lower the mean, the higher the level of agreement that the reason did or would prompt respondents to seek professional help for their gambling.



**Figure 4.4: NTS Sample: Motivators for Using Professional Sources of Gambling Help by Respondents Who Have Received and Have Not Received Professional Help**

Figure 4.4 indicates that respondents with professional help-seeking experience strongly agreed or agreed with most reasons for them seeking professional help, except for problems with living circumstances, problems with other family members, problems at work, legal problems and concerns from the venue where they were gambling. Their most common five reasons to seek professional help, in descending order of agreement, were:

- Concerns that your gambling might develop into a major problem
- Financial problems
- Negative emotions from your gambling
- Isolation from family, relatives or friends
- Pressure from your partner, family or friends about your gambling

Respondents without professional help-seeking experience strongly agreed or agreed with all reasons they were asked about and in general indicated stronger agreement to most factors than did the respondents with professional help-seeking experience. The most common five reasons they would seek professional help if they were concerned about their gambling, in descending order of agreement, were:

- Concerns that you had reached a point where you could not go on
- Concerns about the welfare of those dependent on you
- Problems with your living circumstances, e.g. housing problems
- Financial problems
- Legal problems

Thus, the only common reason amongst the top five reasons for the two groups was financial reasons. It is also noteworthy that the lowest agreement for both groups was for the item concerns from the venue where they were gambling, which reflects either low expectations that venues would express these concerns or that, if expressed, these concerns would not be a primary motivator to seek help. However, only 12 respondents had professional help-seeking experience, limiting the interpretation of the reliability of differences.

### **Other Motivators for Professional Help-Seeking**

Three of the 12 respondents with previous professional help-seeking experience nominated additional reasons that had motivated them to seek this help, as did several of the 230 respondents with no current or previous professional help-seeking experience. These are presented in Box 4.1.

#### **Box 4.1: NTS Sample: Other Motivators for Professional Help-Seeking**

**Previous professional help-seeking experience:**

- *My son, I did not want to give a bad example to him and he started querying it.*
- *I realised I was addicted to the games.*
- *Depression.*

**No previous professional help-seeking experience:**

- *Marriage, wouldn't like to lose my job, marriage, house.*
- *At the moment I'm controlling what I'm playing but if I went over that I'd be looking for help.*
- *Being broke.*
- *Being enticed to gamble by the venue.*
- *Children, if they were affected.*
- *Depression.*
- *Family concerns, that is if my family became aware of problem.*
- *Financial, like I couldn't pay the bills.*
- *I would take advice from friends.*
- *If I found that I was getting isolated and it prevented me from doing other things that I wanted to do.*
- *If I had children and they were involved in gambling.*
- *If I was to become so depressed and felt like taking my own life.*
- *If it changed my mood swings.*
- *if it led me to drink.*
- *If you spent more than you're earning.*
- *If you started to have to borrow money from your family.*
- *My own self esteem possibly, how I felt about myself.*
- *Only if it starts to affect you mentally.*
- *Spending more than I could afford. Because my personal view is that if I'm causing those problems I've got to say enough is enough and cut it out in any of those. If I wasn't strong enough to do it myself then go with my wife.*
- *Spending more than what you could afford or selling things to gamble. Gambling without/before putting food on the table, or paying bills.*

#### 4.5.6 Barriers to Using Professional Sources of Gambling Help

The 12 respondents with current (n=1) or previous (n=11) experience in seeking help for gambling from professional sources were asked about the reasons that may have discouraged or delayed them from seeking professional help. The 230 respondents without this experience were asked about reasons that would discourage or delay them from seeking professional help if they became concerned about controlling their gambling. The same response categories and scoring were used as for the motivators to seek professional help, with mean scores shown in Figure 4.5. Note that the lower the mean, the higher the level of agreement.



**Figure 4.5: NTS Sample: Barriers for Using Professional Sources of Gambling Help by Respondents Who Have Received and Not Received Professional Help**

Figure 4.5 shows that the most common five barriers for respondents who had sought professional help for their gambling were:

- Want to solve the problem on their own

- Feel ashamed for yourself or your family
- Concern about being treated as an addict or mentally ill
- Too proud to seek help
- Only wanting help for financial problems

For those with no professional help-seeking experience, the most common five barriers would be:

- Want to solve the problem on your own
- Find it difficult to believe that you had a gambling problem
- Feel ashamed for yourself or your family
- Be too proud to seek help
- Only want help for financial problems

Thus, the two groups shared very common barriers to professional help-seeking. Indeed, the most common six barriers were identical for both groups, although in slightly different orders. Both groups appeared to have faith in trying to deal with the problem themselves before seeking professional help, which may reflect the shame and stigma reflected in the other main barriers for both groups. Given this perceived stigma, both groups expressed interest in only wanting help for financial problems.

#### **Other Barriers to Professional Help-seeking**

Both groups of respondents nominated other reasons that would or had delayed or discouraged help-seeking from professional sources of gambling help (Box 4.2).

## Box 4.2: NTS Sample: Other Barriers to Professional Help-seeking

### Previous professional help-seeking experience:

- *None of the professional avenues worked and a professional who has never had that problem cannot relate to it.*
- *I did not think I needed professional help, I just wanted support. I had a lot of wins and paid off bills and forced myself to stay away for 2 months and even though winning, I did not want it to become a habit. I won \$3000 one week.*
- *I did not want to even though I knew it was a problem.*
- *I feel that if you are going to open up your soul to another person the trust that is put in the other individual is enormous. They needed to understand the exact problem that I was experiencing where friends and family as well were not able to.*
- *Late acceptance and diagnosis of clinical depression.*
- *I thought I could take care of it myself without any help services.*

### No previous experience with professional help-seeking:

- *Awareness that you have a problem. All statements said that. I am aware and a lot of people I know are people who I would perceive would not be aware they have a problem. It's the persons' perception of themselves.*
- *Admitting you've got a problem.*
- *Apathy; couldn't be bothered*
- *Availability; like to fit in when people aren't working, things like that. To get there; I don't know where you'd have to go around here. I wouldn't know where to start*
- *Because you enjoy it.*
- *Embarrassment.*
- *Finance*
- *I am fairly independent but I was not strong enough to handle it myself though I did in the end.*
- *I might not realise that it was a problem.*
- *I suffer from anxiety so that may cause problems*
- *I'd try to work it out myself first.*
- *I'm a hard man. I like discipline. My man and myself play only once a week and I can lose a lot of money. Don't get me wrong, I'd be pissed off with a lot of money lost and I'd want to back off.*
- *If I came into a substantial amount of money, I'd feel like the pressure was off and I could continue gambling.*
- *If I had drug or alcohol problem I might not be able to reason properly.*
- *It's not advertised enough where they are.*
- *Just because like you can be somewhere and there's little cards around lying around to ring up. it like hard to find at that time or you tend to wallow in your loss. affects mind frame as well as pocket. No booth with little phone to go to.*
- *Long and complicated process, long treatment, once a addict always an addict.*
- *Need easy access.*
- *Other health concerns – procrastination.*
- *Overseas travelling may delay it.*
- *Physical ability to get to these services due to inaccessibility, transport and health problems.*
- *Physical disability.*
- *Self denial.*
- *The fact I really enjoy it. There's nothing better than sitting down at a poker game.*
- *Time constraint.*
- *Try reason and make excuses.*
- *Winning streak.*
- *You always think you can get it under control.*

## 4.5.7 What Could Encourage Earlier Professional Help-Seeking

When asked what, if anything, could have been done to encourage them to seek professional help sooner, the 12 respondents with professional help-seeking experience provided the following responses. These reflect a desire for additional, and more hard hitting, public education about potential serious consequences of gambling, improved telephone services and inclusion of more forms of gambling in consumer education efforts.

- *More public awareness. They don't really show the way it affects people. They only show people depressed. They should show more like the way they do with smoking. It's more than just getting depressed.*

- *If society recognised gambling as a disease just as bad if not worse, as drug and alcohol addiction. If the help that was available could offer feasible alternative highs similar to those you feel whilst gambling. Anything with adrenaline.*
- *Quicker access to a telephone counsellor. You ring through and someone has to call you back so it takes too long and you lose momentum.*
- *If I had have been more open with other people about it.*
- *More advertising, the website focused more on pokies and not everyday gambling activities that I was involved in.*
- *Having no money most of the time.*

When asked what, if anything, could be done to encourage people to seek professional help for gambling problems sooner, 106 of the 230 respondents with no professional help-seeking experience provided a response. These were categorised as follows (frequency percentages in brackets):

- More education campaigns (32.1%).
- More education about the signs of problem gambling (11.3%).
- Increased onus on venues to provide help (e.g. on-site counsellor) (8.5%).
- Encourage at-risk gamblers to talk to family or close friends (8.5%).
- Tighter government regulation of gambling (8.5%).
- More advertising about types of help available (7.5%).
- Provide more information/help at gambling venues (6.6%).
- Reduce/restrict number of gambling venues (2.8%).
- Other (14.2%) (e.g. 'a self-help program', 'conflict with the law', 'de-stigmatisation of the mental illness aspect', 'face to face meetings with fellow gamblers', 'going broke', 'if you could stop people who are getting government money like the dole on gambling', 'not being treated like an outcast because of it'.)

Thus, there was a strong message that greater consumer awareness is needed about potential negative consequences from gambling, how to recognise a gambling problem and services available, with venues to play a more proactive role in providing or directing people to help.

## **4.6 Non-Professional Sources of Gambling Help**

Non-professional sources of help are examined in this section, that is, people a gambler may turn to who are not professionally trained but who may provide support and guidance in relation to a gambling problem.

### **4.6.1 Use of Non-Professional Sources of Gambling Help**

Twelve respondents to the national telephone survey were currently receiving help from non-professional sources to better control their gambling. Two were receiving help from their partner, 5 from other family members, 5 from friends and 1 from an acquaintance from a Bible studies group (multiple responses allowed). None were receiving help from work colleagues, clergy/religious leaders or community leaders/elders, which were the other options presented in the survey. Some of these 12 respondents had also received informal help in the past – 1 from their partner, 1 from other family members, 3 from friends and 1 from clergy/religious leaders.

Another 12 respondents were not currently receiving any informal help, but had done so in the past. Of these, 4 had received informal help from their partner, 7 from family members, 4 from friends



and 1 from clergy/religious leaders. None had received help from work colleagues or community leaders/elders.

#### 4.6.2 Helpfulness of Non-Professional Sources of Gambling Help

Most of those who had used non-professional sources of help for their gambling turned to only one person, so clearly they were the most helpful. For the three who used more than one source, two nominated other family members and one nominated their partner as being most helpful. Of the 24 respondents who had ever used non-professional sources of help, 15 rated their satisfaction. Two were extremely satisfied, 10 were satisfied, two were dissatisfied, and 1 was neither satisfied nor dissatisfied.

#### 4.6.3 Preferences for Non-Professional Sources of Gambling Help

All 242 respondents to the national telephone survey were asked 'If you began to experience problems controlling your gambling, and did not want to access a professional help service, who would you turn to for help to better control your gambling?' Their open-ended responses were coded as shown in Figure 4.6.

Interestingly, turning to friends was nominated before spouse and other family members, perhaps reflecting a desire to keep a gambling problem hidden from those closest to the gambler. A further indication of this is that about one in eleven (9%) would not use any non-professional source. Other potential sources of non-professional help received little endorsement overall.

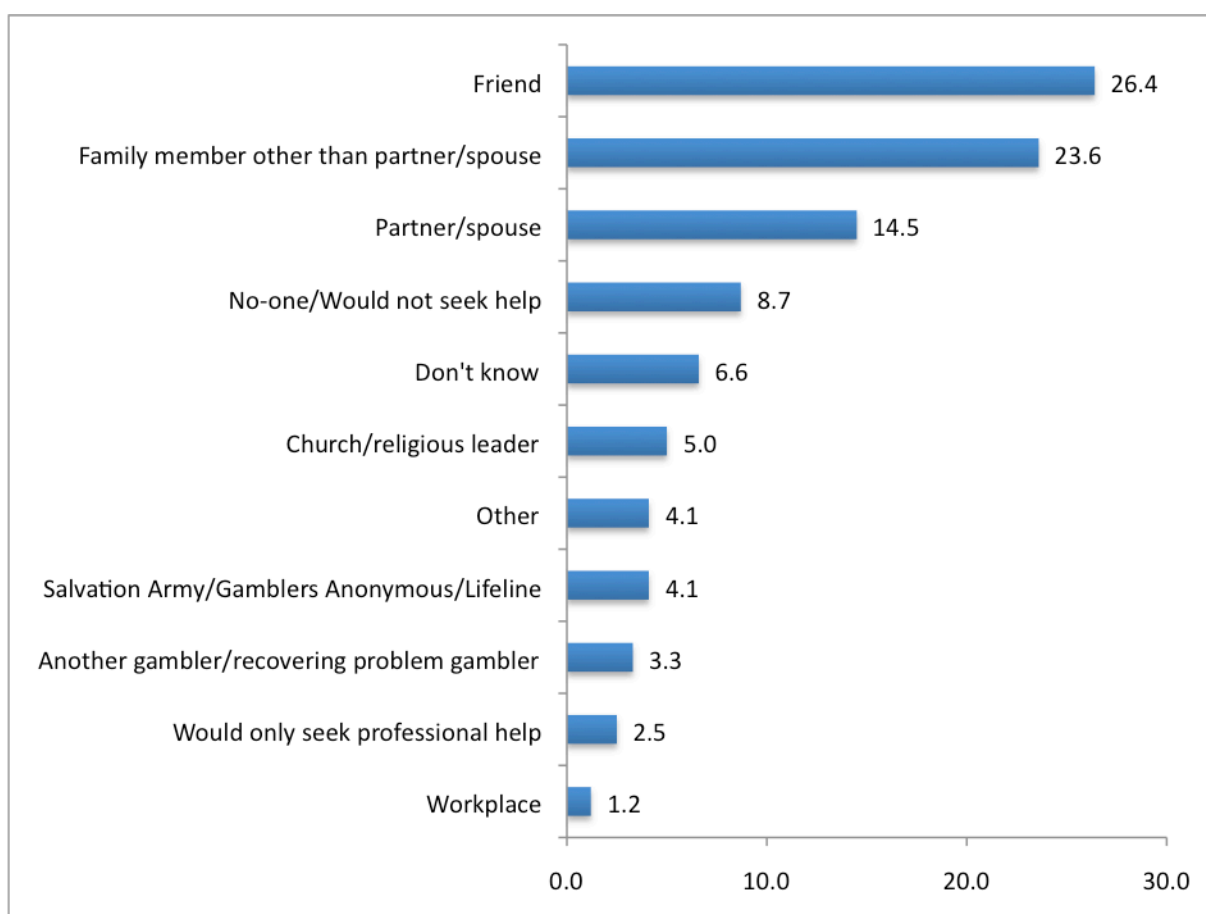


Figure 4.6: NTS Sample: Preferred Sources of Non-Professional Gambling Help (%)

#### 4.6.4 Motivators for Using Non-Professional Sources of Gambling Help

There were 24 respondents with current (n=12) or previous (n=12) experience in seeking help for gambling from non-professional sources. They, and the 218 respondents without non-professional help-seeking experience, were asked about the reasons they sought or would seek non-professional help for their gambling. Response categories were: Strongly agree = 1, Agree = 2, Disagree = 3 and Strongly disagree = 4 to the various reasons presented. Figure 4.7 shows agreement to each reason by both groups according to mean scores. Note that the lower the mean, the higher the level of agreement.



**Figure 4.7: NTS Sample: Motivators for Using Non-Professional Sources of Gambling Help by Respondents Who Have and Have Not Received Non-Professional Help**

For those with prior non-professional help-seeking experience, the most common five motivators were:

- Negative emotions from your gambling
- Concerns your gambling might develop into a major problem
- Financial problems
- Problems with family members other than spouse or partner
- Problems in maintaining normal daily activities

For those without non-professional help-seeking experience, the most common five potential motivators, if they became concerned about controlling their gambling, would be:

- Concerns about the welfare of those dependent on you
- Financial problems
- Problems with your spouse or partner
- Concerns you had reached a point where you could not go on
- Problems with your living circumstances, e.g. housing problems

Thus, the only common motivator to seek non-professional help in the top five for the two groups was financial problems.

#### **Other Motivators for Non-Professional Help-Seeking**

When asked whether there were any other reasons that had or would prompt them to seek non-professional help, six of the 24 respondents who had used this type of help, and several of the 218 who had not used this type of help, provided responses (Box 4.3).

#### **Box 4.3: NTS Sample: Other Motivators for Non-Professional Help-Seeking**

##### **Previous non-professional help-seeking experience:**

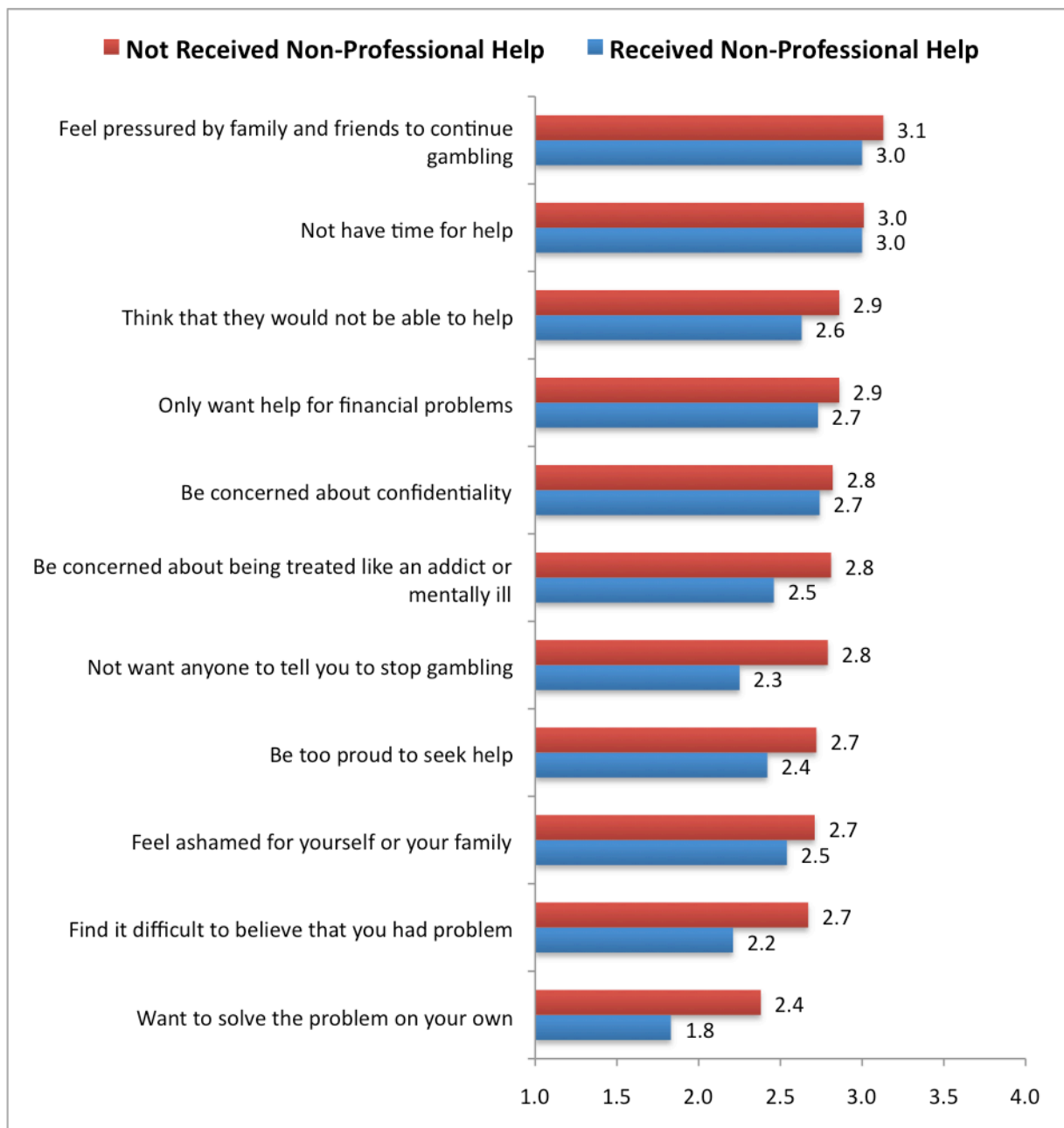
- *Family pressure and intervention.*
- *I like to be in control, I started to make a habit of going to hotel to gamble.*
- *I realised that I could not continue to proceed with the path that I was walking. On considering the state of my life, that lead to the point of no return and the ending of my existence. I trusted my family to help me.*
- *I turned to friend I could trust.*
- *More convenient than professional help.*

##### **No previous non-professional help-seeking experience:**

- *Being broke.*
- *Financial trouble.*
- *If my family found out.*
- *If my mate who I gamble with came to me and said they had a problem, it might make me re-assess my own gambling.*
- *If you started to lose too much money.*
- *It would only be my perception of self, self-esteem. If I felt that there was an issue I would seek help definitely. To me your first port of call is your family and friends, beyond that it is professional help.*
- *Only if I had children and they were gambling.*
- *Why does no one consider Tattsлото as a gambling problem? Sorry not relevant to this question...*

#### **4.6.5 Barriers to Using Non-Professional Sources of Gambling Help**

The 24 respondents with non-professional help-seeking experience and the 218 without this experience were asked about the reasons that had or would discourage or delay them from seeking non-professional help. The same Strongly agree – Strongly disagree scale and coding was used as before. Figure 4.8 shows agreement to each reason according to the mean scores for both groups. Note that the lower the mean, the higher the level of agreement.



**Figure 4.8: NTS Sample: Barriers to Using Non-Professional Sources of Gambling Help by Respondents Who Have and Have Not Received Non-Professional Help**

Those with non-professional help-seeking experience agreed more strongly to nearly all the barriers. Amongst those with previous experience in non-professional help-seeking, the most common five barriers that had delayed or discouraged them were:

- Wanting to solve the problem on your own
- Finding it difficult to believe that you had problem
- Not wanting anyone to tell you to stop gambling
- Being too proud to seek help
- Concern about being treated like an addict or mentally ill

Amongst those without previous experience in non-professional help-seeking, the most common five barriers that would delay or discourage them, if they were concerned about controlling their gambling, were:

- Wanting to solve the problem on your own
- Finding it difficult to believe that you had problem
- Feeling ashamed for yourself or your family
- Being too proud to seek help
- Not wanting anyone to tell you to stop gambling

The most common five barriers were very similar for the two groups. The shame and stigma of having a gambling problem, difficulties with problem recognition, and faith in being able to resolve it without involving others is reflected in these main barriers to seeking non-professional help.

### **Other Barriers to Non-Professional Help-Seeking**

When asked whether there were any other reasons that delayed or discouraged them from seeking non-professional help, six of the 24 respondents who had used this type of help provided responses. These related to not wanting or being able to stop gambling, lack of problem recognition, embarrassment, and little faith that non-professional help would assist.

- *Chase your losses and boredom and not want to stop.*
- *Did not think I had a problem deep down...felt strong willed, e.g. gave up smoking no problem after smoking 25 years.*
- *Embarrassment.*
- *I did not seek non professional help and thought that a service of this sort could not assist in resolving the issue that I was experiencing. Other associates could not fathom about the issue of gambling which they themselves did not experience.*
- *I thought I did not have a problem, got concerned when started to look fwd to it, only get \$130/wk for spending, the rest subsidised...wanted more spending money and felt I deserved it.*

The 218 respondents with no non-professional help-seeking experience were also asked if there were any other reasons that would discourage or delay them from seeking this type of help. Twenty-two responses were provided which were coded as follows (frequency % in brackets):

- Did not think a non-professional could help (40.1%)
- Concerns about confidentiality (9%)
- Pride (9%)
- Denial of the problem (9%)
- Other (32%) (e.g. 'Alcohol or drug problems may distort the reality and prevent you from seeing someone', 'If I was possibly travelling overseas', 'I don't like people telling me what to do', 'Lack of a suitable person to communicate with no one close by or with empathy or who would have the sense to undertake discussion with', 'The fact that I'm seen as the person who helps others and not the individual who would have a problem, I am seen as the responsible one'.

#### 4.6.6 What Could Encourage Earlier Non-Professional Help-Seeking

The 24 respondents with non-professional help-seeking experience were asked what, if anything, could have been done to encourage them to seek non-professional help sooner than they had. Seventeen had no suggestions, while seven provided responses. These suggest that more could be done to educate the general public about problem gambling so they are better equipped to assist significant others in recognising and acting on the problem.

- *Closer geographic availability to your home.*
- *For the general public to be more aware of how they can help gamblers.*
- *Get rid of the pokie machines out of pubs and clubs.*
- *Have to acknowledge you have a problem, so a friend alluding to it and accepting their evaluation may help.*
- *More media coverage, pushing there is help out there.*
- *More understanding of my situation with a disability, dog and cat and son visiting. It's not enough support on \$130 a week. I was winning and getting free coffee and sometimes food, so socially I did not have anywhere else to go. I am very isolated.*
- *Only that I didn't know I had a problem.*

The 218 respondents with no experience in seeking help for gambling from non-professional sources were also asked what could be done to encourage people to seek non-professional help sooner for a gambling problem. Seventy people provided responses, which were categorised as follows (frequency % in brackets):

- More education about the odds of winning/risks of gambling (31.4%)
- More advertising about help/services available (11.4%)
- Encourage more open discussion at a family level (10.0%)
- Encourage people to admit when they have a problem (10.0%)
- Increased monitoring of gambling behaviour in venues (5.7%)
- More information/help within gambling venues (4.3%)
- Destigmatise problem gambling (2.9%)
- Encourage open discussion about problem gambling (1.4%)
- Limit the amount of money individuals can gamble (1.4%)
- Other (21.4%) (e.g. 'They have to want to seek help first', 'Identifying the problem', 'Self acknowledge of problem to move on to getting support'.)

The responses above indicate that efforts are needed to destigmatise problem gambling if non-professional help-seeking is to increase. They also suggest a greater role for gambling venues in preventing, monitoring and helping patrons with gambling problems.

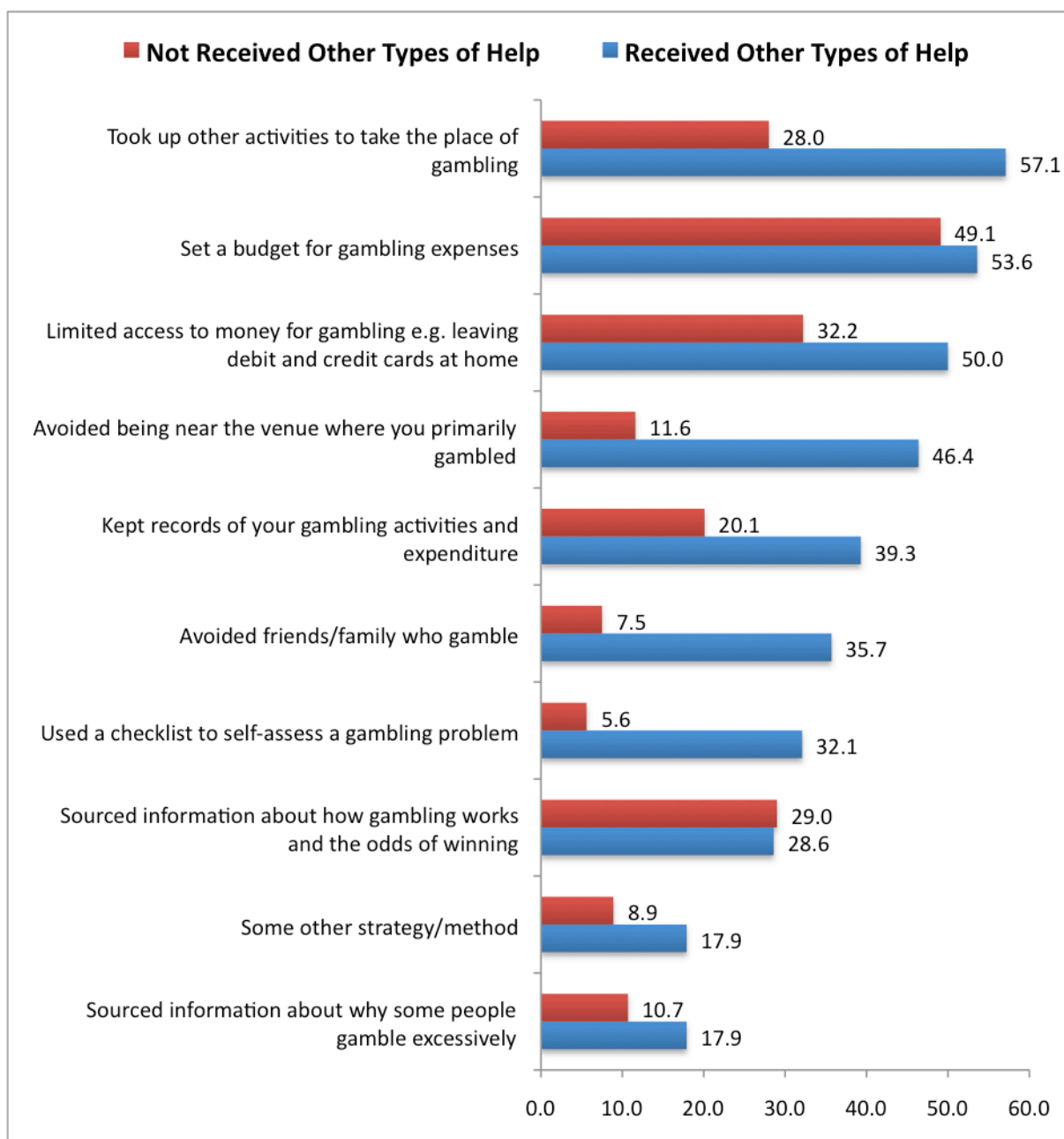
#### 4.7 Self-Help Strategies for Gambling

This section focuses on self-help gambling strategies. These are strategies or methods people might use to better control their gambling that they do themselves, without involving other people.

##### 4.7.1 Use of Self-Help Strategies for Gambling

The 242 survey respondents were asked if they currently use a range of self-help strategies, with the frequency of Yes responses shown in Figure 4.9. These responses are separated into two groups –

those who had received other types of help in the past (n = 28) and those who had not (n = 214) to see if receiving other types of help was associated with more or less use of self-help strategies.



**Figure 4.9: NTS Sample: Current Use of Self-Help Gambling Strategies by Respondents Who Have and Have Not Used Other Types of Help (%)**

Of the 28 who had received professional and/or non-professional help, 27 (96%) had also used self-help strategies. Of the 214 respondents who had not used professional or non-professional forms of help, 167 (78%) reported using one or more self-help measures. Thus, self-help strategies were more commonly utilised by those who had used other types of gambling help, but self-help strategies were nonetheless widely used in the absence of other types of help. Clearly, not all those using self-help strategies were problem gamblers. Thus, it appears that self-help strategies are used as measures to prevent or minimise harm from gambling before a problem develops.

The 27 respondents who used self-help and who had received other types of help used the following types of self-help the most:

- Took up other activities to take the place of gambling
- Set a budget for gambling expenses
- Limited access to money for gambling e.g. leaving debit and credit cards at home
- Avoided being near the venue where you primarily gambled
- Kept records of your gambling activities and expenditure

Those who only used self-help strategies favoured the following:

- Set a budget for gambling expenses
- Limited access to money for gambling e.g. leaving debit and credit cards at home
- Sourced information about how gambling works and the odds of winning
- Took up other activities to take the place of gambling
- Kept records of your gambling activities and expenditure

Clearly, there was considerable overlap in the most common types of self-help used by both groups.

### **Other Self-Help Strategies Used**

Five of the 27 respondents who had received professional or non-professional help nominated other self-help measures they had used (Box 4.4). Ten of these respondents had found out about these self-help methods mainly through their own commonsense and experience, while six learnt from family/friends, two from the Internet, three from the general media, one from a brochure in a gaming venue, one from a brochure from another source, while the remainder could not recall. It was interesting that none of them reported finding out about them from previous sources of professional help even though behavioural therapy is reportedly widely used in gambling treatment (Delfabbro, 2008).

Some of the 167 self-help only users also nominated a range of other measures they use to help control their gambling (Box 4.4), which related mainly to taking up alternative activities, limiting access to cash or time for gambling, and willpower. About half of these 167 self-help only users (48.6%) found out about them through commonsense and experience, while 40.5% could not recall how they found out. Very few of these self-help only users reported finding out about them through the Internet, the general media, brochures in gaming venues, brochures from elsewhere and family/friends. This suggests that further efforts may be needed to promote self-help strategies.



#### Box 4.4: Other Self-Help Strategies Used

##### Professional and non-professional help-seeking experience:

- *I spoke to the bank - fixed term rate - limited resources for gambling.*
- *I worked 7 days a week , longer hours and you obtained a mortgage to limit disposable income.*
- *Just stop.*
- *Talking to oneself and saying it's not right, especially for my kids as they got older and costing more.*
- *Visit a friend who does not gamble, instead of gambling.*

##### Self-help only users:

- *Allow myself \$50 a week. If I go the bank I'll put out the money to get my groceries and pay my bills. So I haven't got the money in my pocket. I only ever have enough to pay for my grocery bills. If I want to go to the club I pull my \$5.*
- *Allow myself one day a week to play.*
- *Go to a venue where they don't have pokie machines.*
- *Go walking.*
- *I do other activities.*
- *I limit the amount in my online account and I only use the money I have in there.*
- *I've seen the damage it can do to other people.*
- *Limit the amount of money you take to a gambling venue.*
- *Limit the time I spend doing it.*
- *Limit to once a week.*
- *Make sure the money is used, rents paid electricity paid all bills paid.*
- *Only put \$5 out.*
- *Pay bills first.*
- *Play a lot of sport, spend time with family and friends.*
- *Play lots of computer games.*
- *Play pool instead of going to the pokie area.*
- *Will power.*
- *Work.*
- *You can play games of chance without actually gambling with money.*

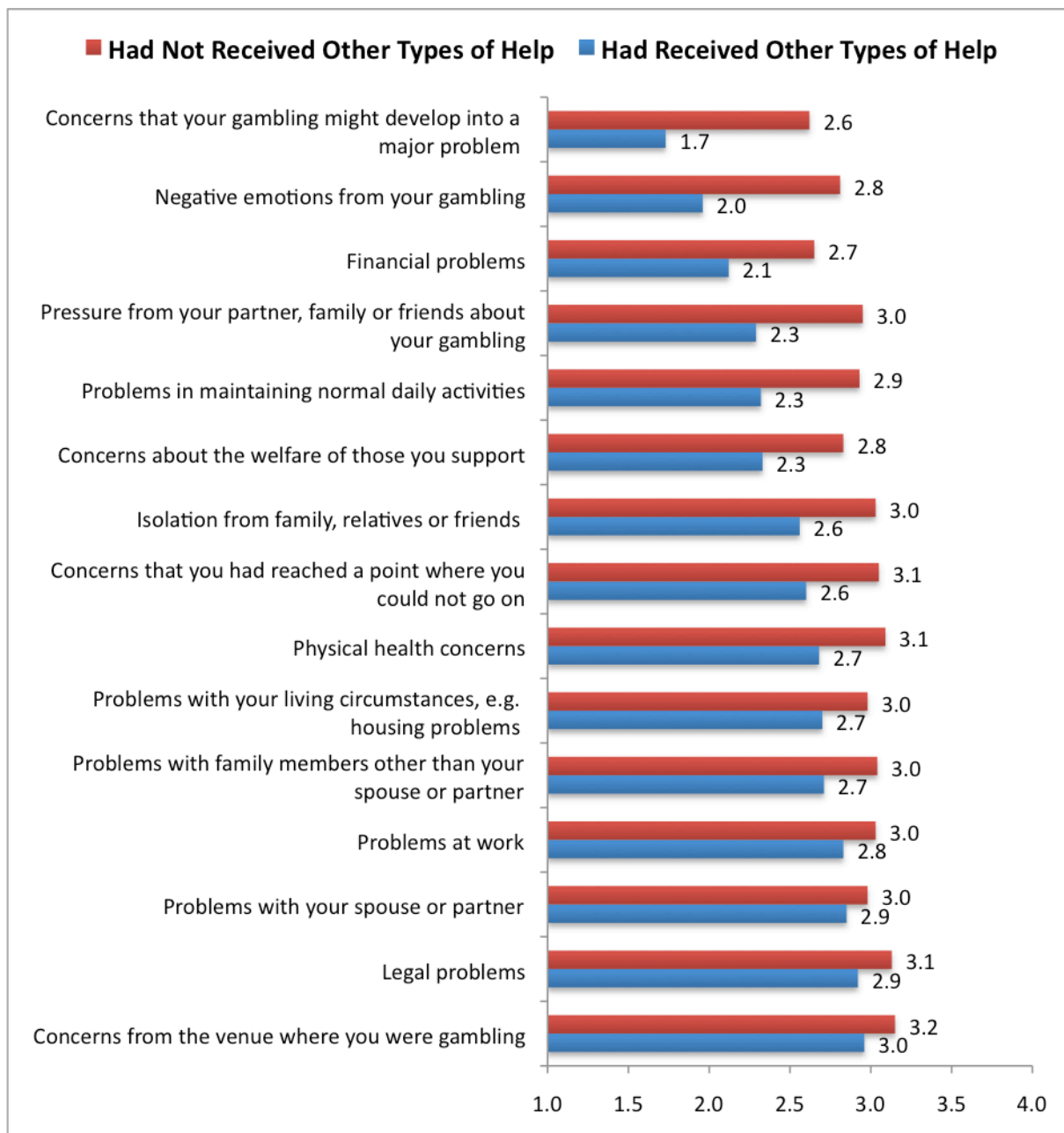
#### 4.7.2 Helpfulness of Self-Help Strategies for Gambling

When the 27 users of self-help strategies who had also sought other types of help were asked which ones had been most helpful to them, avoiding being near the venue where they primarily gambled, limiting access to money for gambling, and taking up other activities to take the place of gambling were equally nominated as most helpful (each by 17.4% of the 23 who responded). Keeping records of your gambling activities and expenditure and setting a budget for gambling expenses were equally nominated as next most helpful (each by 8.7% of the 23 who responded). The other strategies in Figure 4.9 were considered least helpful. Overall, most of these respondents were satisfied (59.3%) or extremely satisfied (29.6%) with the outcomes of their self-help strategies.

When the 167 self-help only users were asked which self-help strategies had been most helpful to them, the most helpful was nominated as setting a budget for gambling expenditure (40.2% of the 167), followed by limiting access to money for gambling (8.3%), and taking up other activities (4.1%). Only small proportions nominated the other self-help measures listed in Figure 4.9. These respondents were nearly equally divided between being satisfied (48%) and extremely satisfied (44%) with the outcomes of using self-help measures.

#### 4.7.3 Motivators for Using Self-Help Strategies for Gambling

The 27 respondents who had sought help from professional and/or non-professional sources and who had tried self-help strategies, as well as the 167 respondents who were self-help only users were asked about the reasons for trying these strategies, with the same response categories and coding used as previously reported in this chapter. Figure 4.10 shows agreement to each reason based on mean scores. Note that the lower the mean, the higher the level of agreement.



**Figure 4.10: NTS Sample: Motivators for Using Self-Help by Respondents Who Have Received and Not Received Other Types of Help**

The 27 respondents with previous professional/non-professional help-seeking experience agreed more strongly than those without this experience to all the motivators for using self-help gambling strategies. The most common five reasons for trying self-help gambling strategies amongst the 27 respondents with previous help-seeking experience were:

- Concerns your gambling might develop into a major problem
- Negative emotions from your gambling
- Financial problems
- Pressure from partner, family or friends about your gambling
- Problems in maintaining normal daily activities

The most common five reasons for trying self-help gambling strategies amongst the 167 self-help only users were:

- Concerns your gambling might develop into a major problem
- Financial problems
- Negative emotions from your gambling
- Concerns about the welfare of those you support
- Problems in maintaining normal daily activities

There was considerable overlap between the two groups in their main reasons for using self-help measures. It appears that thinking that their gambling might get worse, along with accompanying financial and emotional problems, are the main factors that prompt people to use self-help gambling strategies.

### **Other Motivators for Using Self-Help Gambling Strategies**

Five of the 27 respondents with previous help-seeking experience and 7 of the 167 self-help only users nominated additional reasons for trying self-help strategies (Box 4.5). Most of these reflect concerns about their gambling and financial and emotional problems. Interestingly, only one respondent commented that he/she had been prompted to use self-help measures by someone else, in this case, another gambler.

#### **Box 4.5: NTS: Other Motivators for Using Self-Help Gambling Strategies**

**Professional and non-professional help-seeking experience:**

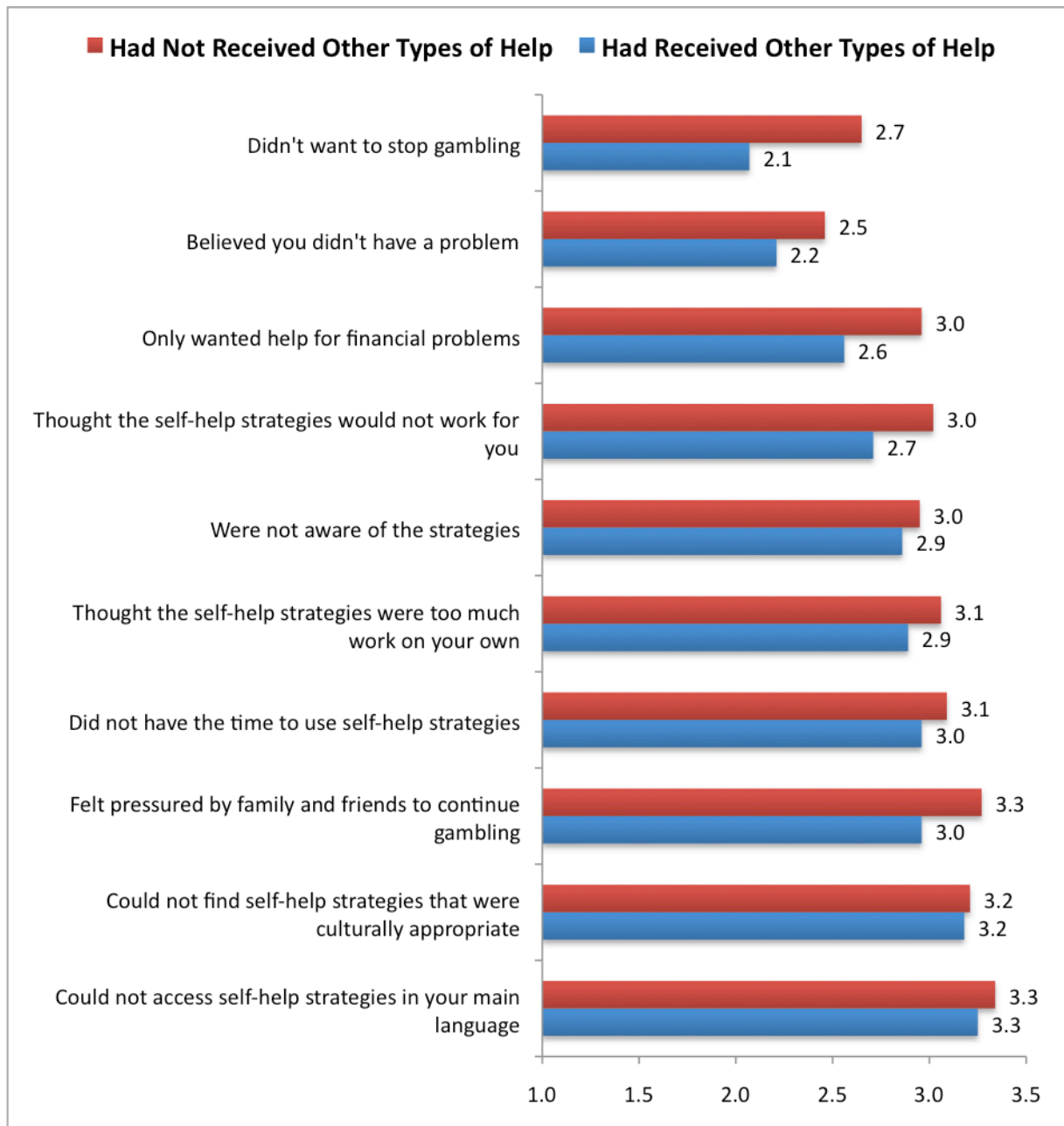
- *Feeling depressed, started to spiral down.*
- *I did not like the control it had over me.*
- *It's just common sense.*
- *Kids, wife were not too worried, but I realised they might be missing out.*
- *Spending too many hours at venues.*

**Self-help only users:**

- *Money could be better spent elsewhere. Wanted to keep track of gambling expenditure.*
- *To maintain personal dignity.*
- *Financial circumstances (e.g. pay cut).*
- *Wanted to avoid developing gambling problems in future.*
- *Desperation.*
- *Advice from other gambler. Seeing other gamblers lose.*
- *Losing more than I could afford.*

### **4.7.4 Barriers to Using Self-Help Strategies for Gambling**

The 27 respondents who had used self-help gambling strategies as well as seeking help from professional and/or non-professional sources, and the 167 respondents who only used self-help measures were asked about reasons that discouraged or delayed them from trying these strategies. The same response categories and coding were used as previously, with the resulting mean scores for both groups shown in Figure 4.11. Note that the lower the mean, the higher the level of agreement.



**Figure 4.11: NTS Sample: Barriers to Using Self-Help by Respondents Who Had and Had Not Received Other Types of Help**

As shown in Figure 4.11, those who had received other types of gambling help (professional or non-professional) indicated greater agreement than the self-help only users to nearly all the barriers to using self-help measures. The main five barriers for the 27 self-help users who had used other types of help were:

- Didn't want to stop gambling
- Believed you didn't have a problem
- Only wanted help for financial problems
- Thought the self-help strategies would not work for you
- Were not aware of the strategies

The five main barriers for the self-help only users were:

- Believed you didn't have a problem
- Didn't want to stop gambling
- Were not aware of the strategies
- Only wanted help for financial problems
- Thought the self-help strategies would not work for you

Thus, the most common five barriers that discouraged or delayed the use of self-help gambling strategies were identical for both groups, although given slightly different priority. Lack of problem recognition, not wanting to stop gambling and only wanting help for financial problems, and lack of awareness or faith in self-help measures, were the main barriers to using self-help gambling strategies. This suggests that the efficacy of self-help measures could be further explored and that those found to be effective could be better publicised.

### **Other Barriers to Using Self-Help Gambling Strategies**

Box 4.6 contains other barriers to using self-help measures, as described by respondents who had also used other sources of help and by self-help only users. These mainly reflect lack of commitment to using self-help measures and a questioning of whether they were needed or would work.

#### **Box 4.6: NTS Sample: Other Barriers to Using Self-Help Gambling Strategies**

##### **Previous professional or non-professional help-seeking experience:**

- *Depression, state of mind.*
- *Did not believe I needed them.*
- *There is no guarantee that those strategies would work.*

##### **No previous professional or non-professional help-seeking experience:**

- *If I really compare myself, we go to casino when we go to the footy. We watch people whack big money in big credits. I don't consider myself having a problem when I'm there. I'll bet \$1, they'll pay \$5.*
- *That having one big win and you think you're going to have another one. I like going in there and relaxing for a half an hour and then you find yourself there for 2 hours. It's probably the wrong place to go.*
- *Because it's fun and I use it as time out from other stress.*
- *Being a lazy bugger.*
- *Being in self-denial, the cultural thing irrelevant to gambling, it does not have a language. You have a problem regardless of language.*
- *Finding time to address the problem was an issue as a shift worker.*
- *I didn't think I was ready.*
- *I don't have a problem gambling.*
- *Ignorance.*
- *Mainly pride, I could ask a friend for help and they could be asking you.*
- *Making excuses to justify my behaviour.*
- *You could be unaware of the urgency involved that required a plan of action.*

### **4.7.5 What Could Encourage Earlier Use of Self-Help Gambling Strategies**

When asked what could have been done to encourage them to use self-help strategies sooner, 15 of the 27 who had received other types of help and also used self-help measures responded 'nothing', while the remainder provided the following responses. Many of these suggest that more awareness of self-help measures is needed, both by gamblers and by significant others.

- *Be able to talk to people who understood the problem.*
- *Earning more money somewhere else, so attractive as a way of getting more.*
- *For me to know I had a problem.*

- *Get someone to ring for a survey and that would definitely stop him.*
- *Having no money.*
- *More confidence in a positive outcome.*
- *More media output would have helped, e.g. not feel like you were committing an awful crime.*
- *More public awareness, the first step is always the hardest.*
- *Only a trusted friend.*
- *Public awareness of the effect. Showing people going to a mental hospital, losing their house or fighting with family and listing strategies people can use.*
- *There should be more advertising that lets you know that you can take control of your problems and help yourself.*
- *To make them aware that they have a problem.*

When the self-help only users were asked what could have been done to encourage them to use self-help strategies sooner, 117 of the 167 responded ‘nothing’. However, very few of the remaining 50 respondents could nominate specific ideas. Their coded responses are shown below (percentages in brackets), where it is evident that they also support greater publicity of self-help gambling strategies.

- Increase awareness of self-help strategies through advertising (7.4%)
- Encouragement to adopt self-help strategies by family (1.2%)
- Education about signs of problem gambling (0.8%)
- Encourage people to recognise when they are developing problem gambling behaviours (2.1%)
- More information about self-help strategies in gambling venues (0.8%)

## 4.8 Pathways to Help-Seeking

All 242 survey respondents were asked what source of help they would use first if they were concerned about their gambling and wanted to better control it – professional, non-professional or self-help. Over two-thirds of respondents (67.8%) nominated self-help strategies, 21.9% nominated professional sources of help and 9.9% nominated non-professional sources of help. One respondent reportedly would do none of these.

Table 4.1 shows this breakdown, along with their responses to what type of help they would use second and third.

**Table 4.1: NTS Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
Professional sources of help	53	21.9	95	39.4	84	37.0
Non-professional sources of help	24	9.9	99	41.1	79	34.8
Self-help strategies	164	67.8	33	13.7	33	14.5
None of these	1	.4	14	5.8	31	13.7
Total	242	100.0	241	100.0	227	100.0

Table 4.1 shows a clear preference for using self-help gambling measures first, which reflects the difficulties of acknowledging a gambling problem to others. This also suggests an opportunity for public health measures that educate gamblers about self-help gambling strategies. Professional sources of help were the second preference, followed by non-professional sources.

## 4.9 Stages of Change

Stage of change in gambling behaviour was measured amongst the 242 respondents using the discrete categorisation measure developed by Prochaska et al. (1997). The results are shown in Table 4.2 according to each PGSI group.

**Table 4.2: NTS Sample: Stage of Change in Help-Seeking Behaviour**

PGSI Category		Maintenance	Action	Preparation	Contemplation	Pre-	Total
						contemplation	
Non-problem gambler	No	11	5	0	0	82	98
	%	11.2%	5.1%	0.0%	0.0%	83.7%	100.0%
Low risk gambler	No	22	4	0	0	28	54
	%	40.7%	7.4%	0.0%	0.0%	51.9%	100.0%
Moderate risk gambler	No	26	6	2	1	23	58
	%	44.8%	10.3%	3.4%	1.7%	39.7%	100.0%
Problem gambler	No	15	7	3	0	2	27
	%	55.6%	25.9%	11.1%	0.0%	7.4%	100.0%
Total	No	74	22	5	1	135	237
	%	31.2%	9.3%	2.1%	0.4%	57.0%	100.0%

Table 4.2 indicates that:

- Most non-problem gamblers (84%) were in the pre-contemplation stage of change, although some (11%) had maintained changes to their gambling to better control it for longer than 6 months.
- Most low risk gamblers (52%) were also in the pre-contemplation stage of change, although a substantial minority (41%) reported having maintained changes to their gambling to better control it for longer than 6 months.
- Nearly half (45%) of moderate risk gamblers had maintained changes to their gambling to better control it for longer than 6 months, although a substantial minority (40%) were in the pre-contemplation stage.
- Most problem gamblers (56%) reported having maintained changes to their gambling to better control it for longer than 6 months, while 26% reported having made changes to their gambling to better control it within the last 6 months.

Thus, the results indicate that many of the regular gamblers reported implementing changes to their gambling to better control it, and that this was more likely amongst problem gamblers, followed by moderate risk gamblers, low risk gamblers and non-problem gamblers respectively (although tests for significant differences were not performed due to low numbers in some cells). This mainly occurred in the absence of any professional help (given that only 12 respondents had ever sought professional help) and is consistent with results reported earlier showing high usage of self-help

strategies and preferences for using these strategies before turning to professional or non-professional help. The high reported rates of using self-help measures also indicate that regular gamblers use these measures to prevent or minimise harm from gambling, before a severe gambling problem develops.

Interestingly, very few of the problem gamblers (7%) reported being in the pre-contemplation stage which may reflect that most have some degree of problem recognition. However, substantial proportions of low (52%) and moderate risk (40%) gamblers reported being in the pre-contemplation stage, suggesting they were not ready or willing to make any changes to better control their gambling.

#### **4.10 Chapter Conclusion**

The following conclusions can be drawn from the analyses in this chapter in relation to the regular gamblers:

- Moderate and severe problem gambling is common (36% of respondents), suggesting that the need for help is widespread in this population.
- There is low usage of professional sources of gambling help.
- There is low awareness of professional sources of gambling help, both of specialist services and generalist services, with many respondents considering that more public education about professional gambling help services is needed.
- General practitioners and financial counsellors would be the first source of help for many, emphasising the need for them to be equipped to assist clients with gambling problems. This may also reflect a stigma attached to seeking help from specific gambling help services.
- There is low usage of non-professional sources of gambling help, and seeking help from friends is preferred over seeking help from partners and other family members. Public education would assist in equipping people to better assist significant others with gambling problems.
- Self-help strategies are widely used and, in most cases, apparently to help prevent or minimise gambling-related harms before a serious problem develops. The most commonly used are taking up other activities to take the place of gambling, setting a budget for gambling expenses, limiting access to money for gambling, and keeping records of gambling activities and expenditure. Tools to assist these strategies may be worth considering.
- Many respondents considered that more publicity is needed about self-help measures that gamblers can use to better control their gambling.
- The most common reasons for seeking any of the types of help by those who had done so were concerns their gambling might become more serious and financial and emotional problems related to their gambling.
- Respondents who had not previously sought help (apart from using self-help measures) would reportedly be prompted by financial and legal problems, suicidality and problems with family relationships and daily living.
- The major barriers to seeking help from professional and non-professional sources are shame, pride, problem denial, not wanting to stop gambling and wanting to solve the problem alone. Thus, destigmatising problem gambling would encourage people to more readily seek help from both non-professional and professional sources.
- The preference for self-help gambling measures is reflected in preferred pathways to gambling help, with over two-thirds of respondents preferring self-help measures first.



- Use of self-help measures appeared to increase in line with problem gambling severity, suggesting an opportunity to identify and educate the public about the most efficacious of these.

# CHAPTER 5

## RESULTS FROM A TELEPHONE SURVEY OF GAMBLERS WHO HAVE RECENTLY CALLED A GAMBLING HELPLINE

### 5.1 Introduction

This chapter presents the results of a telephone survey of callers to telephone gambling helplines in Australia who were calling about their own gambling problem. These people were expected to be mainly in the preparation stage of change. With the cooperation of the helplines in all jurisdictions, as well as the National Gambling Helpline, we gained survey responses from 170 gamblers and 48 family members who called a helpline during the recruitment period. This chapter focuses on the 170 gamblers that participated in the gambling helpline survey (GHS), while the following chapter presents the findings from the survey of family members.

The chapter commences by describing the demographic characteristics of the respondents and their gambling behaviour, in terms of gambling frequency and prevalence of PGSI categories. It then presents the results pertaining to use of gambling helplines, including motivators and barriers to accessing this type of help. The respondents' usage of other types of professional sources of help is then analysed, along with their usage of non-professional sources of help and self-help measures. A chapter summary is then provided.

Please note that detailed tables supporting the graphs and other figures in this chapter are contained in Appendix N, while Chapter 9 compares results for this sample with those for the other survey samples of gamblers, as well as by PGSI category, sex, age and location.

### 5.2 Participant Characteristics

Most respondents were male (61%), aged between 25 and 54 years (67%), born in Australia (75%) and living in a metropolitan area (64%). They were more likely to be never married (34%) or separated/divorced (27%) and working full-time (51%) than to have alternative types of marital or work status. The mean age of respondents was 43.9 years and ranged from 19 to 84 years (std dev. = 14.4). It is not known how this profile of the sample compares with gambling helpline callers more generally.

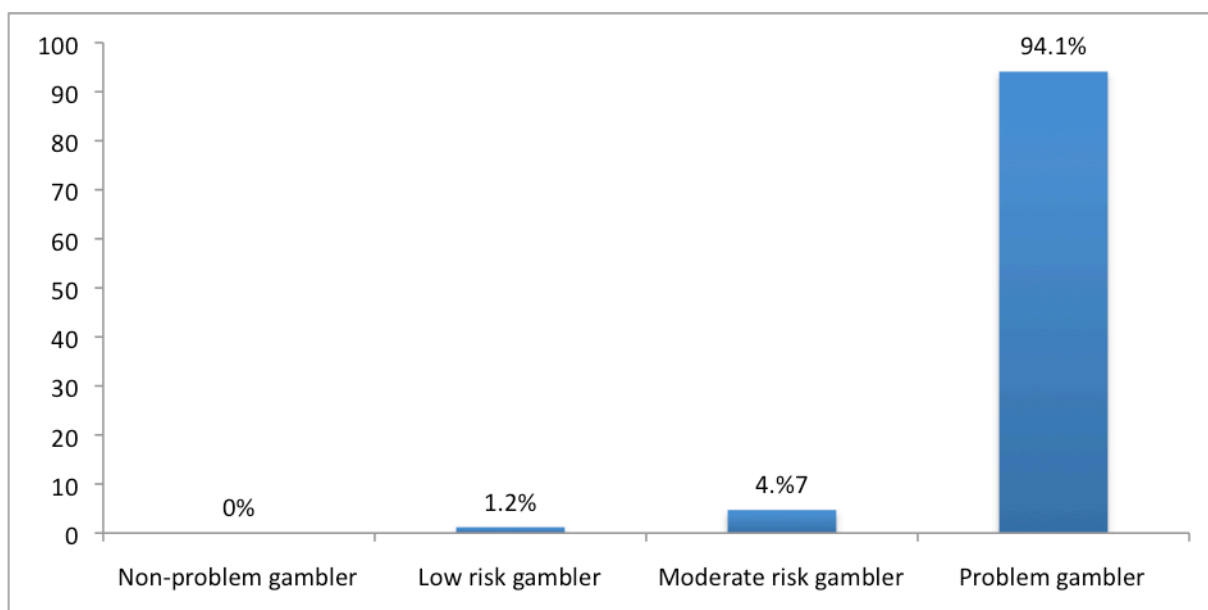
### 5.3 Gambling Behaviour

Respondents were asked their frequency of gambling on non-lottery forms. The most frequent type of gambling was playing gaming machines, which most respondents (51%) played on at least several days per week during the last 12 months. On at least a weekly basis during the last 12 months, 65% played gaming machines, 32% placed bets at a TAB, 15% gambled on sports betting, 8% played keno, 7% gambled on land-based casino games, 6% gambled on Internet casino games, 6% gambled privately for money, and 2% bet at a racetrack.

### 5.4 Problem Gambling Severity

Figure 5.1 categorises respondents according to their scores on the PGSI. As expected, given this was a sample of gamblers who had recently called a gambling helpline, problem and at-risk gambler

rates were very high. Problem gamblers accounted for 94% of the sample, while 5% were moderate risk gamblers, and 1% were low risk gamblers. None scored as non-problem gamblers. Their scores on the PGSI ranged from 2 to 26 , with a mean score of 15.1 (std dev. = 5.2) and a median score of 15.0. Cronbach’s alpha for the PGSI was 0.819 demonstrating high reliability of this scale.



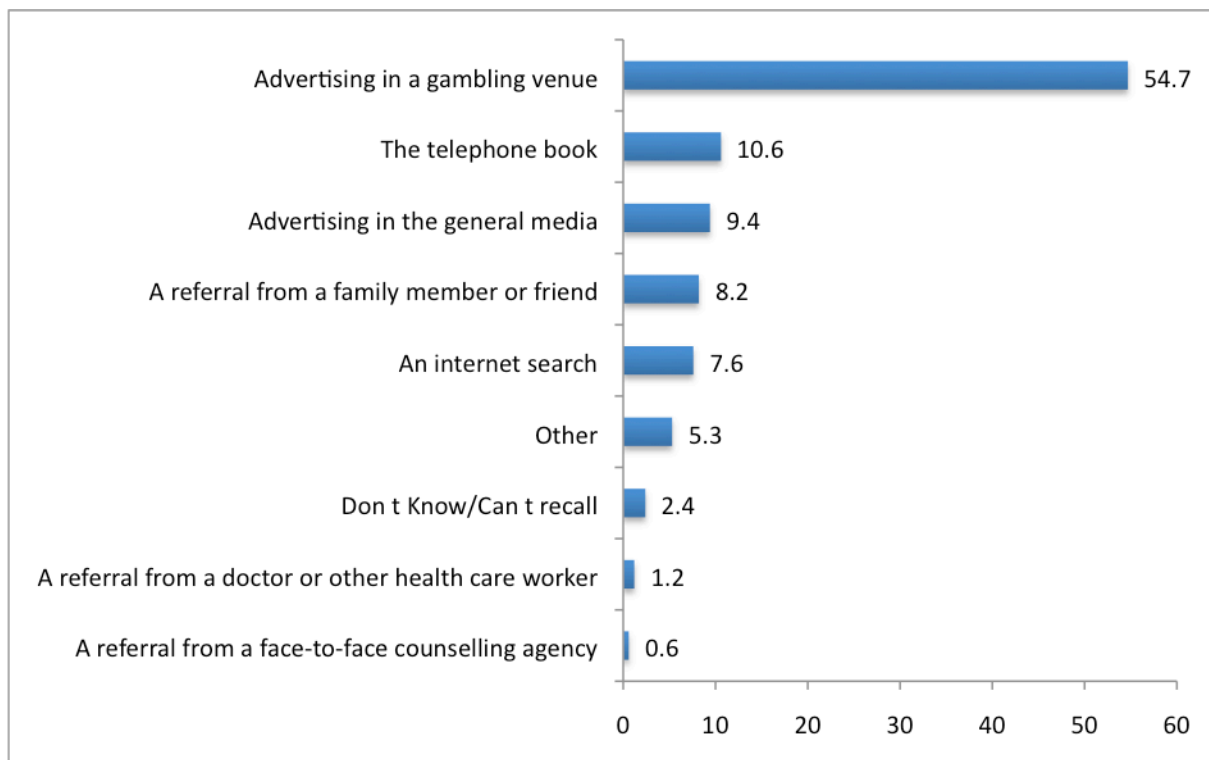
**Figure 5.1: GHS Sample: PGSI Categories of Respondents (%)**

## 5.5 Gambling Helplines as a Source of Professional Help

This section focuses on the respondents’ awareness, use, satisfaction, motivators and barriers in relation to gambling helplines.

### 5.5.1 Awareness, Use and Helpfulness of Gambling Helplines

The 170 respondents were asked how they had first found out about the gambling helpline they had recently called, with mean responses shown in Figure 5.2 in descending order. It shows that most respondents (55%) had found out about the helpline from advertising at a gaming venue, with others mainly finding out from the telephone book (11%), general media advertising (9%), family or friends (8%) and an Internet search (8%).



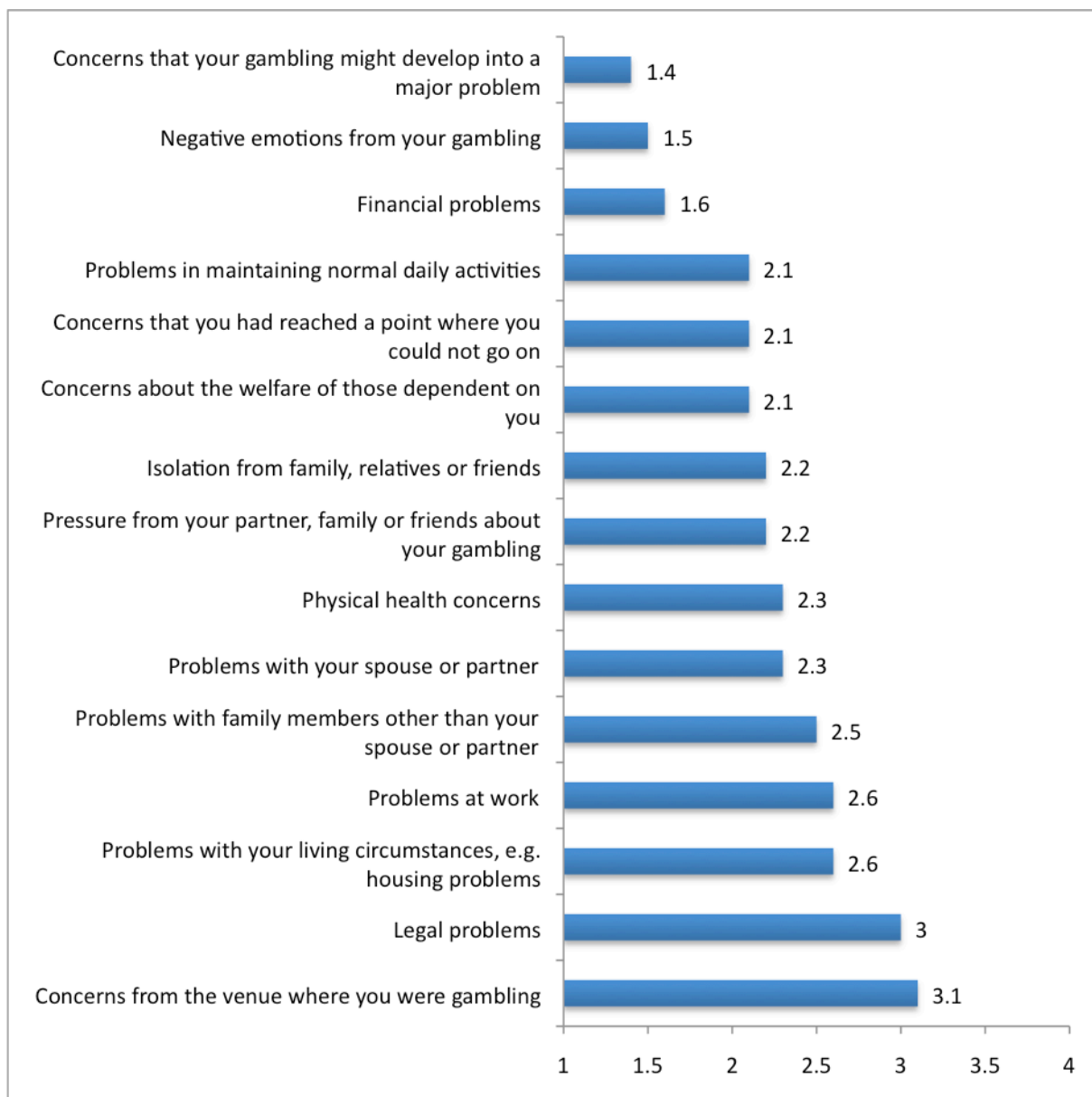
**Figure 5.2: GHS Sample: How Respondents First Found Out About the Gambling Helpline They Called (%)**

When asked what they were primarily seeking when they called the helpline, over one-third (39%) wanted general information about getting help for gambling problems, about one-third (33%) wanted referral to a face-to-face counselling service, and one-quarter (25%) wanted telephone counselling for their gambling. Other reasons included any or all of these types of help, how to self-exclude from gaming venues, and wanting to find out about hypnosis.

The vast majority of respondents were extremely satisfied (61%) or satisfied (32%) with the outcome of their call to a gambling helpline.

### 5.5.2 Motivators for Calling a Gambling Helpline

The respondents were asked about the reasons that had prompted them to call a gambling helpline. For each reason, respondents were asked to provide one of four responses, which were coded as: Strongly agree = 1, Agree = 2, Disagree = 3, Strongly disagree = 4. Mean scores were then calculated, as shown in Figure 5.3. Note that the lower the mean, the higher the level of agreement that the reason prompted them to seek help from a gambling helpline.



**Figure 5.3: GHS Sample: Motivators for Gamblers for Calling a Gambling Helpline**

Figure 5.3 indicates that the respondents strongly agreed or agreed with most reasons for them calling a gambling helpline, except for problems at work, problems with living circumstances, legal problems and concerns from the venue where they were gambling. Their most common five reasons to call a gambling helpline, in descending order of agreement, were:

- Concerns that your gambling might develop into a major problem
- Negative emotions from your gambling
- Financial problems
- Problems in maintaining normal daily activities
- Concerns that you had reached a point where you could not go on

It is also noteworthy that the lowest agreement was for the item concerns from the venue where they were gambling, which reflects either low expectations that venues would express these concerns or that, if expressed, these concerns would not be a primary motivator to seek help.

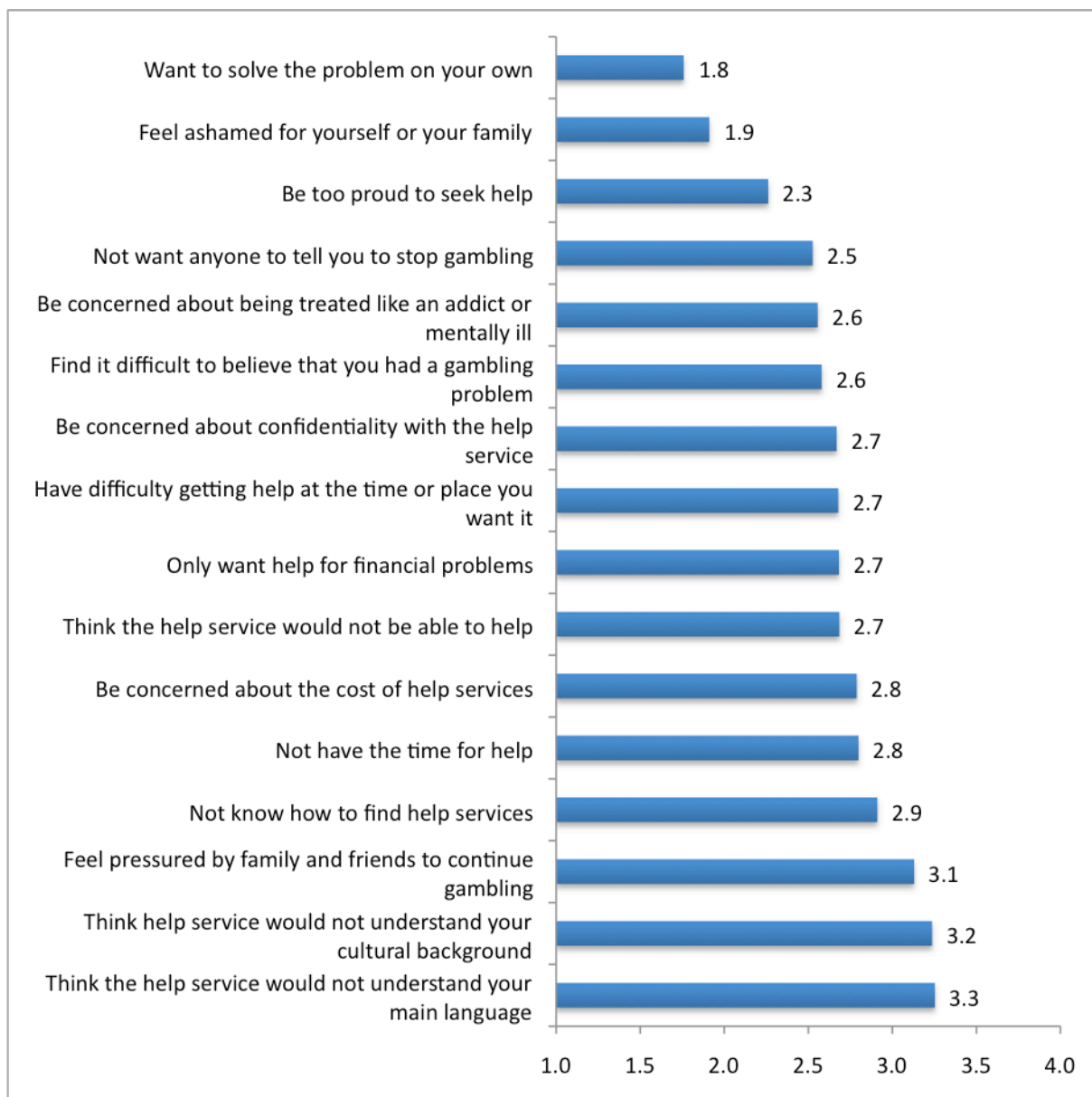
### **Other Motivators for Calling a Gambling Helpline**

Thirty-two of the gamblers who had recently called a gambling helpline nominated additional reasons that had motivated them to seek this help, and these were coded into the following categories (frequency % in brackets):

- Wanted to bring gambling under control (18.8%)
- Felt depressed/No options left (21.9%)
- Losing more money than could afford/wasting money (21.9%)
- Wanted to talk to someone other than family (6.3%)
- Gambling was interfering with other aspects of life (12.5%)
- Family/friend encouraged me to call (9.4%)
- Other reasons (9.4%) (e.g. 'I just kept denying to myself that I had a problem', 'Confidentiality -I don't like the local counsellor'.)

### **5.5.3 Barriers to Calling a Gambling Helpline**

The 170 respondents were asked about reasons that may have discouraged or delayed them from calling a gambling helpline. The same response categories and scoring were used as for the motivators for calling the helpline. Mean scores for each barrier are shown in Figure 5.4 in descending order of agreement. Note that the lower the mean, the higher the level of agreement.



**Figure 5.4: GHS Sample: Barriers to Calling a Gambling Helpline**

Figure 5.4 shows that the most common five barriers for respondents who had called a gambling helpline were as follows, with the top four being those that respondents tended to agree or strongly agree with:

- Wanting to solve the problem on your own
- Feeling ashamed for yourself or your family
- Being too proud to seek help
- Not wanting anyone to tell you to stop gambling
- Being concerned about being treated like an addict or mentally ill

These barriers suggest that the respondents appeared to have some prior confidence in dealing with the problem themselves before seeking professional help, which may reflect the shame and stigma that are reflected in the other barriers they prioritised. Given their heavy involvement with their gambling, as identified earlier in this chapter, it is not surprising that they generally did not want someone to tell them to stop gambling.

## Other Barriers to Calling a Gambling Helpline

Twenty-four respondents nominated other reasons that had delayed or discouraged them from calling a gambling helpline, which were categorised as follows (frequency % in brackets):

- Was chasing losses/thought I'd win the money back (4.7)
- Was enjoying gambling (1.8)
- Didn't think I had a problem (1.8)
- Didn't feel a need to seek help (2.4)
- Was not aware of the help available (0.6)
- Other (2.9) (e.g. 'Just being stubborn and independent and not wanting to admit I was wrong. I tried a helpline 5 years ago and because I had started gambling again I thought they would not help', 'I have had trouble finding a stable place to live , so until I had a stable home I was too worried about where I was going to live to bother with other things'.)

### 5.5.4 What Could Encourage People to Call a Gambling Helpline Sooner

When asked what, if anything, could have been done to encourage them to call a gambling helpline sooner, 54 respondents provided responses, which were coded into the following categories (frequency % in brackets):

- More advertising to raise awareness of help services available (6.5)
- More advertising to raise awareness about the risks of gambling (6.5)
- Encourage people to seek help before problems arise (4.1)
- Encourage support by family/friends (2.9)
- More information/help available in gambling venues (2.9)
- Educate people to recognise the signs of problem gambling (1.2)
- Destigmatise problem gambling (0.6)
- Other (7.1) (e.g. 'I felt too embarrassed to even pick up the cards with the help line number on it in case people knew I had a problem', 'If there were examples that showed the service worked, people that have stopped gambling should be more public to encourage others', 'Talking to someone who had experienced the same problems and had found the helpline useful'.)

Thus, these respondents clearly felt that more public education is needed about problem gambling, its risks and signs and about help services available.

## 5.6 Other Professional Sources of Gambling Help

This section focuses on other sources of professional help for gambling issues apart from gambling helplines.

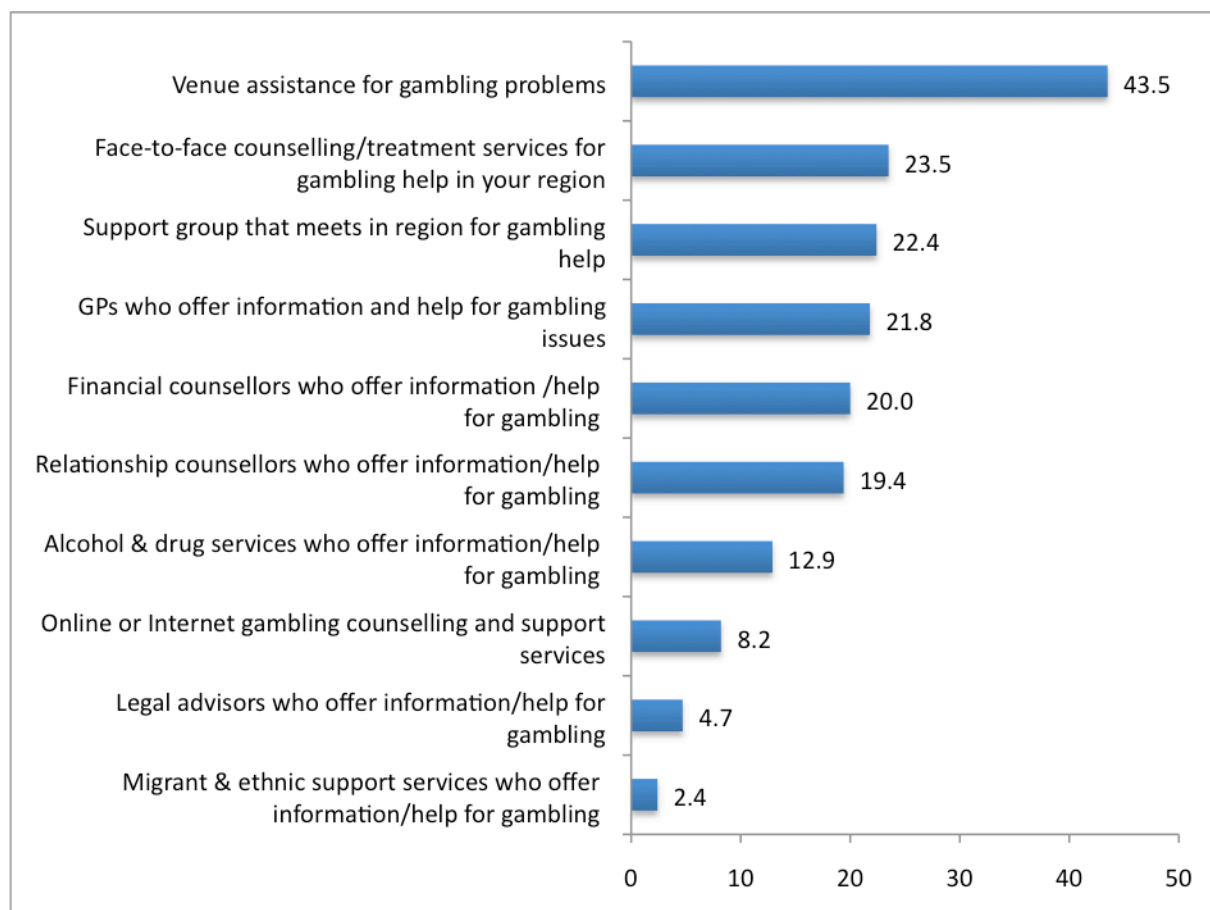
### 5.6.1 Awareness of Other Professional Sources of Gambling Help Before Calling a Helpline

Figure 5.5 shows the percentage of respondents who reported knowing of the availability of various types of professional help services before they rang a gambling helpline (e.g. 'Did you know of any face-to-face counselling or treatment services for gambling help in your region, before you rang the gambling helpline?').



The most well known was venue assistance for gambling problems, but fewer than half the respondents were aware of this (44%). The next most well known were face-to-face services in the respondents' region (24%), a gambling support group in their region (22%), and GPs (22%), financial counsellors (20%) and relationship counsellors (19%) who offer information/help for gambling. One in eight respondents (13%) were aware of alcohol and drug services who offer information/help for gambling, but fewer than one in 12 were aware of the other types of professional services listed in Figure 5.5.

Overall, awareness of professional services was low before respondents called a gambling helpline, with 49.9% of respondents not knowing of any of these services.

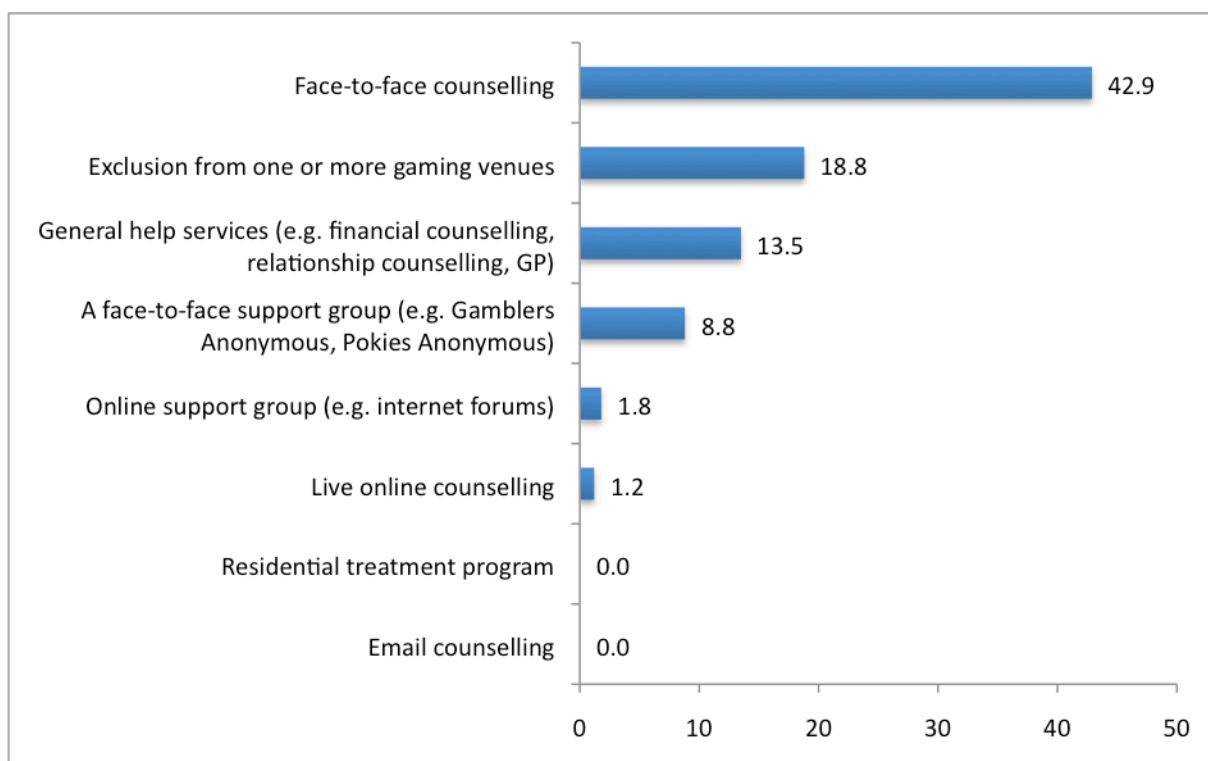


**Figure 5.5: GHS Sample: Awareness of Other Professional Sources of Gambling Help (%)**

The preceding figure shows that respondent awareness was highest for venue assistance, face-to-face services and mutual support groups. When asked what assistance venues could provide, 24% of all 170 respondents noted self-exclusion and 18% noted that venues provide information about gambling help services. When asked which face-to-face counselling/treatment services for gambling help they knew of in their region, 21% of all respondents could nominate a specific service. When asked which support groups they knew of in their region, awareness was highest for Gamblers Anonymous (17% of the 170 respondents). Thus, awareness of other types of professional help was low before calling a helpline and even lower in relation to specific services. While it is understandable that respondents had difficulties nominating specific services, it is concerning that fewer than one-quarter were aware of the availability of self-exclusion from gambling venues, suggesting greater publicity of this is warranted.

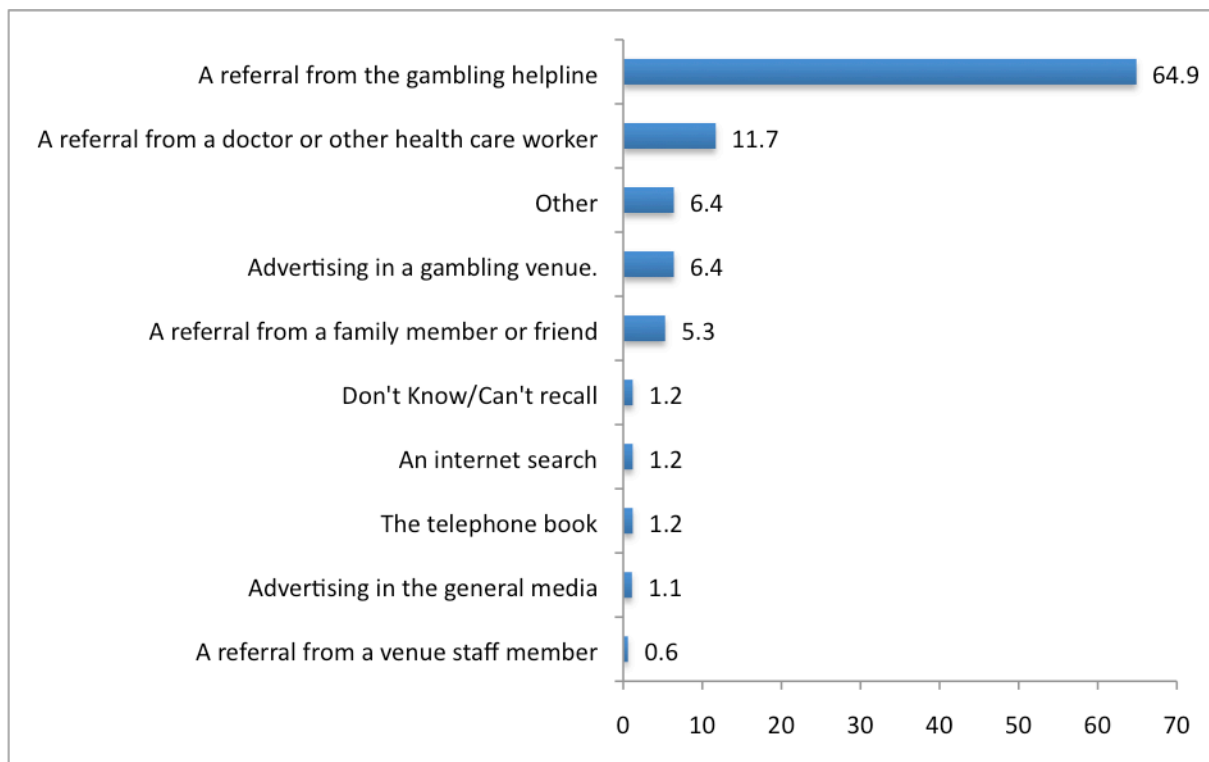
### 5.6.2 Current Use of Other Professional Sources of Gambling Help

The 170 respondents were asked whether they were currently using any other sources of professional help apart from a gambling helpline, with responses summarised in Figure 5.6. Most respondents (59%) were using some other form of professional help since calling a gambling helpline. The most commonly used were face-to-face counselling (used by 43% of respondents), self-exclusion (19%), general help services (14%) and face-to-face support groups (9%). These results suggest an opportunity for gambling helplines to better assist callers to take up face-to-face counselling, although it is not known how many referrals they currently make and how many of these are followed up by callers. If the lapse is between referral and take-up, then measures may need to be considered to increase this uptake, for example, by having local counselling agencies contact the helpline caller (with permission).



**Figure 5.6: GHS Sample: Current Use of Other Professional Sources of Gambling Help (%)**

The 100 respondents who were using other types of professional help since calling a gambling helpline found out about them through various means, as shown in Figure 5.7. Most common was a referral from the gambling helpline they called (65%), followed by a referral from a doctor/other health care worker (12%). This emphasises the need to ensure that generalist help services can assist people with gambling problems or direct them to appropriate sources of help.



**Figure 5.7: GHS Sample: How Respondents First Found Out About Other Professional Sources of Help (%)**

### 5.6.3 Past Use of Other Professional Sources of Gambling Help

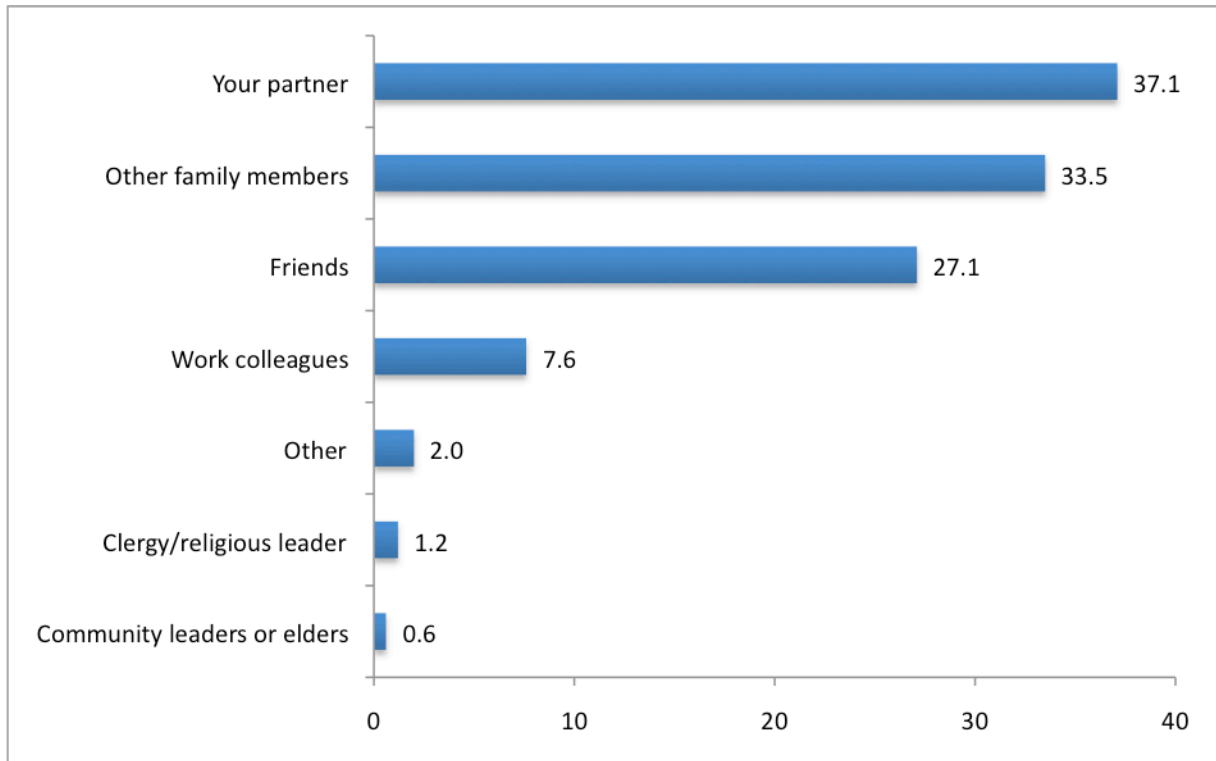
As noted above, 100 respondents were currently using other professional sources of help and 70 were not. Both groups were asked about their past use of professional help for their gambling. Of the 100 respondents who were currently using other professional sources of help, 23 (23%) had used other professional sources of help for their gambling in the past. Of the 70 respondents who were not currently using other professional help, 25 (36%) had used other professional sources of help for their gambling in the past. For these two groups, face-to-face counselling and face-to-face support groups were the most commonly used in the past.

## 5.7 Non-Professional Sources of Gambling Help

Non-professional sources of help are examined in this section in relation to the 170 gamblers who had recently called a gambling helpline.

### 5.7.1 Use of Non-Professional Sources of Gambling Help

Of the 170 respondents, 100 (59%) were currently receiving help from non-professional sources to better control their gambling, as shown in Figure 5.8, with the most common being partner (37% of all respondents), other family members (34%) and friends (27%) (multiple responses allowed). This high use of significant others suggests an opportunity to educate the general public on how they can best help a person close to them with a gambling problem.

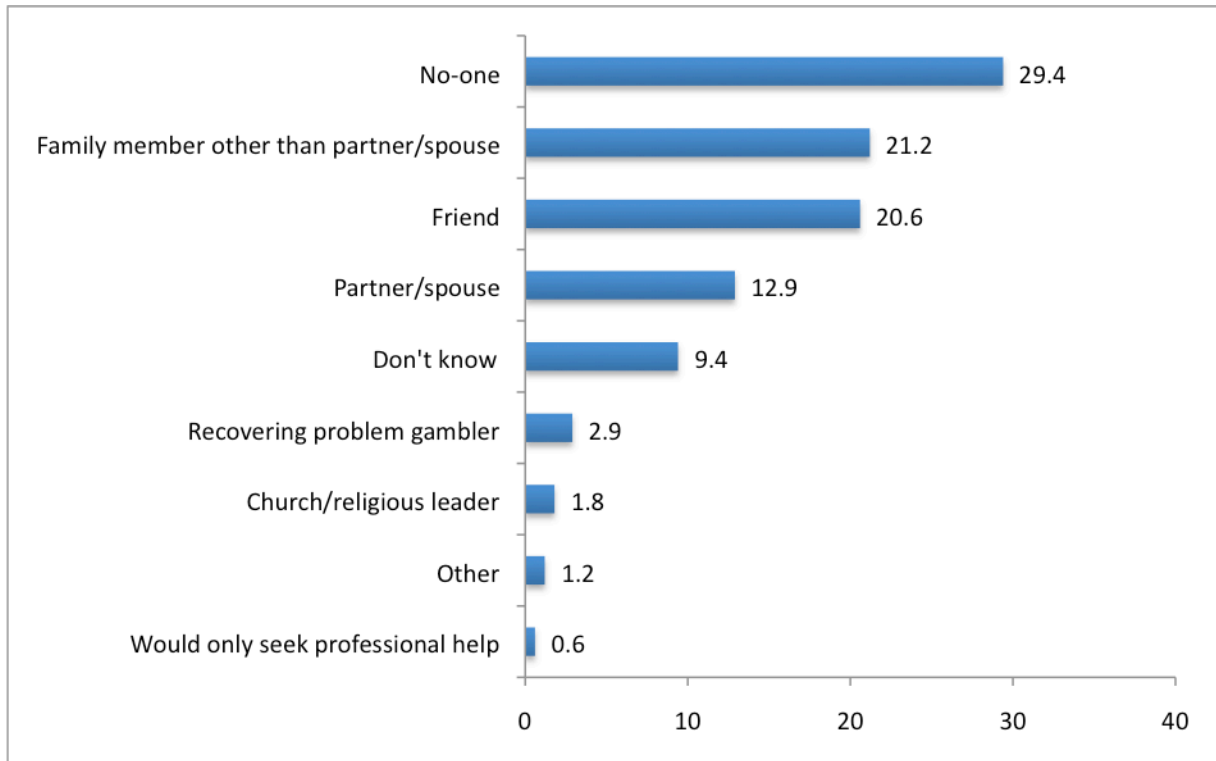


**Figure 5.8: GHS Sample: Current Use of Non-Professional Gambling Help (%)**

As noted above, 100 respondents were currently receiving non-professional help for their gambling, while 70 were not. Of the 100 respondents receiving current non-professional support, 17 (17%) had used this type of help in the past. Of the 70 respondents who were not currently using non-professional help, 12 (17%) had used this type of help in the past. For both these two groups, other family members were the most frequently used.

### **5.7.2 Preferences for Non-Professional Sources of Gambling Help**

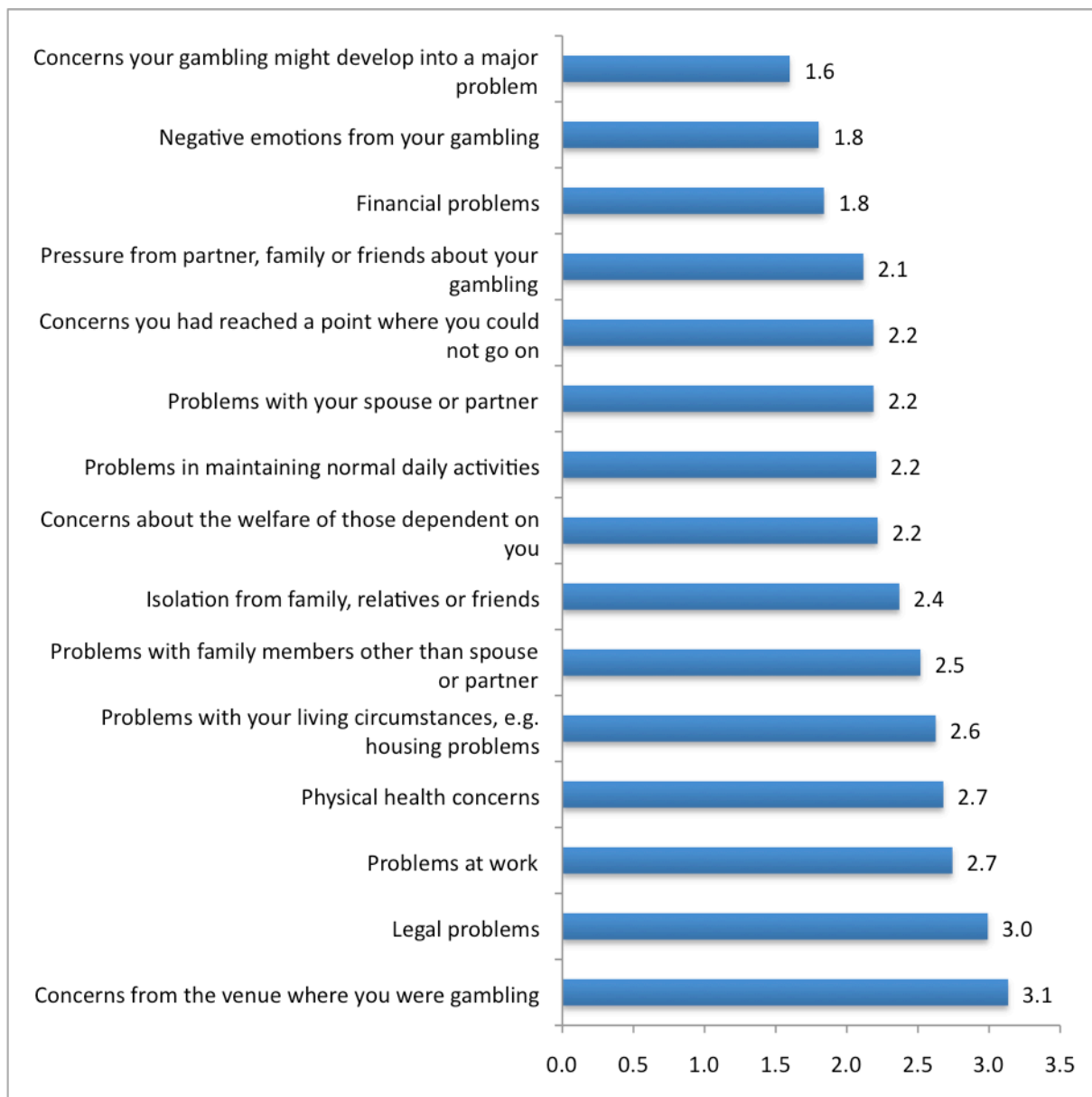
The 170 gambler helpline callers were asked 'If you did not want to access a professional help service, who would you turn to for help to better control your gambling?' Their open-ended responses were coded as shown in Figure 5.9. Of note is that the most common response (by 29% of the helpline callers) is that they would not seek non-professional help from anyone. This may reflect reticence to tell others about the problem or alternatively that they had no one available to turn to. About one-fifth (21%) would turn to a family member other than partner/spouse, or to a friend (21%), while 13% would seek help from their partner/spouse.



**Figure 5.9: GHS Sample: Preferred Sources of Non-Professional Gambling Help (%)**

### 5.7.3 Motivators for Using Non-Professional Sources of Gambling Help

There were 112 respondents with current (n=100) or previous (n=12) experience in seeking help for gambling from non-professional sources. They were asked the reason they sought non-professional help for their gambling. Response categories were: Strongly agree = 1, Agree = 2, Disagree = 3 and Strongly disagree = 4. Figure 5.10 shows agreement to each reason according to mean scores in descending order of agreement. Note that the lower the mean, the higher the level of agreement.



**Figure 5.10: GHS Sample: Motivators for Using Non-Professional Sources of Gambling Help**

As shown in Figure 5.10, the most common five motivators for seeking non-professional help were:

- Concerns your gambling might develop into a major problem
- Negative emotions from your gambling
- Financial problems
- Pressure from partner, family or friends about your gambling
- Concerns you had reached a point where you could not go on

#### **Other Motivators for Non-Professional Help-Seeking**

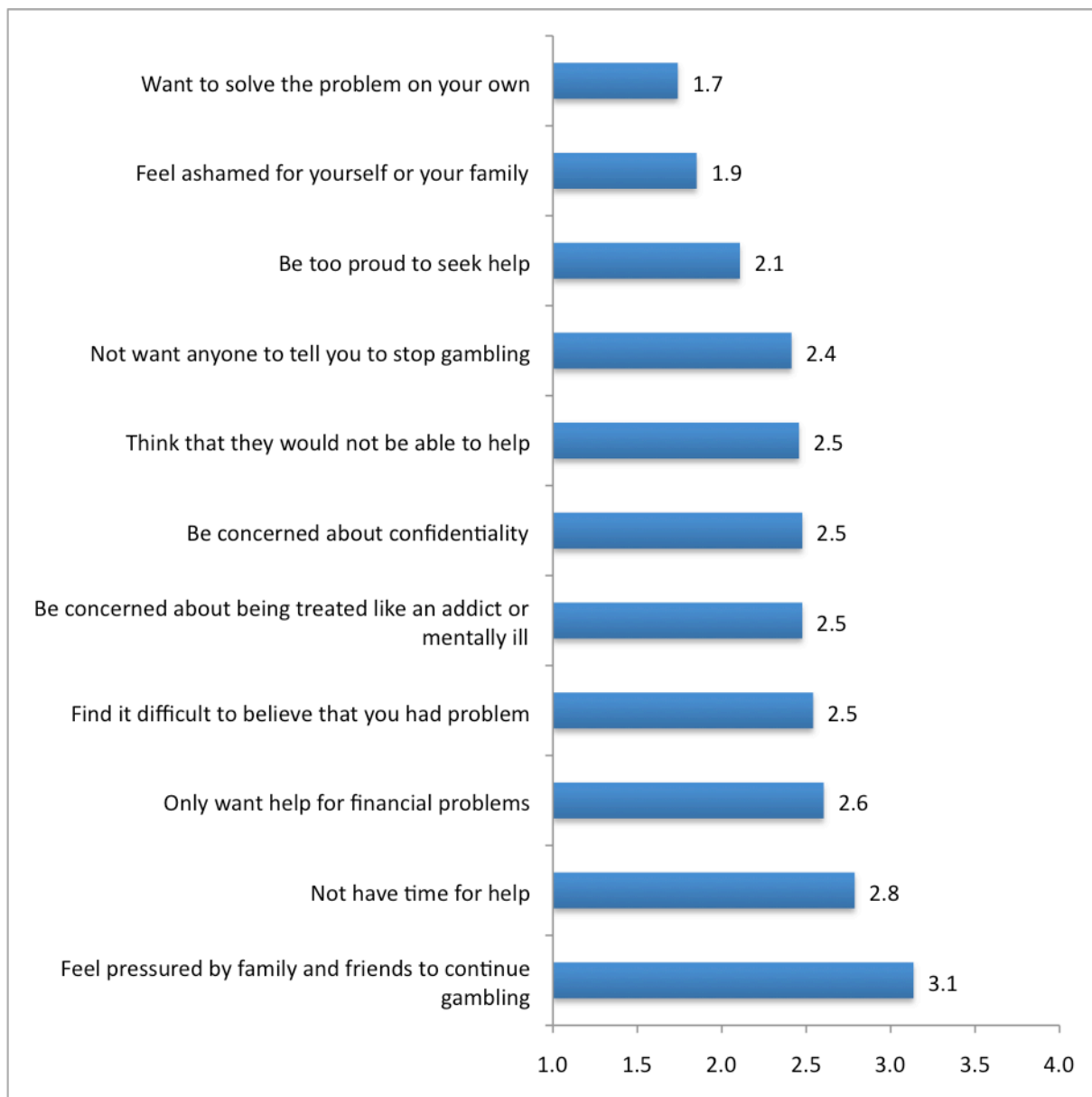
When asked whether there were any other reasons that prompted them to seek non-professional help, several respondents who had used this type of help provided responses. These are reproduced in Box 5.1 and reflect the respondents' wishes to control their gambling and maintain the respect and support of others. Two noted reticence or difficulties in accessing professional services.

### **Box 5.1: GHS Sample: Other Motivators for Non-Professional Help-Seeking**

- *A visit by extended family members who encouraged me to gamble and didn't know I had a problem.*
- *Destroying relationship with my partner.*
- *Easier because I live out of town way from professional help.*
- *I felt I was spending more than I could afford, I had to get food from a charity which was so embarrassing for me, my daughter would give me food too, which was also worrying, but it made me realise they cared about me which made me want to stop.*
- *I had enough of wasting my money and feeding those evil machines.*
- *I wanted support.*
- *I was not confident about getting professional help.*
- *I was putting pressure on myself to try and stop gambling so I did not want to put pressure on my friends.*
- *I was too stubborn, I did not want people to know.*
- *Mother told me to stop.*
- *My general depression.*
- *To be accountable to them -they can keep asking me about it.*
- *To stop being a slave to the cycle.*

#### **5.7.4 Barriers to Using Non-Professional Sources of Gambling Help**

All 170 respondents were asked about the reasons that may have discouraged or delayed them from seeking non-professional help. The same Strongly agree – Strongly disagree scale and coding was used as before. Figure 5.11 shows agreement to each reason according to the mean scores for both groups in descending order of agreement. Note that the lower the mean, the higher the level of agreement.



**Figure 5.11: GHS Sample: Barriers to Using Non-Professional Sources of Gambling Help**

As shown in Figure 5.11, the most common five barriers that had delayed or discouraged the respondents from seeking non-professional help were:

- Wanting to solve the problem on your own
- Feeling ashamed for yourself or your family
- Being too proud to seek help
- Not wanting anyone to tell you to stop gambling
- Thinking that non-professional sources would not be able to help

#### **Other Barriers to Non-Professional Help-Seeking**

When asked whether there were any other reasons that delayed or discouraged them from seeking non-professional help, 27 of the 170 respondents provided responses. These were coded as follows (frequency % in brackets) and reflect reticence to stop gambling, secrecy, and lack of problem recognition and denial:



- Didn't know what to do/who to go to (1.8)
- Did not want to stop gambling/was enjoying gambling (2.9)
- Did not want my family to know about my gambling (1.8)
- Lack of options (1.8)
- Thought I could control my gambling (0.6)
- Lack of trust in help services (2.4)
- Did not want to admit I had a problem/Did not think I had a problem (2.4)
- Didn't think a counsellor would understand my problem (0.6)
- Other (1.8) (e.g. 'I had a bad experience with a counselor – it puts you off seeking help', 'I might win instead of losing'.)

### **5.7.5 What Could Encourage Earlier Non-Professional Help-Seeking**

All 170 respondents were asked what, if anything, could be done to encourage people to seek non-professional help sooner. Forty provided responses which were coded as follows (frequency % in brackets):

- Encourage people with problems to talk to reformed gambling addicts (1.8)
- Encourage people to recognise signs of problem gambling (1.2)
- More advertising about the risks of gambling (0.6)
- Encourage people to seek help before problems arise (1.8)
- More information/help/signage in gambling venues (3.5)
- More accessible support groups (0.6)
- Encouragement by family/friends to seek help (2.4)
- More advertising about the range of help services available (1.8)
- Encourage self-exclusion from gambling venues (0.6)
- Encourage people to acknowledge when they have a problem and seek help (4.7)
- Other (4.7) (e.g. 'If you knew some people who can help', 'I thought self exclusion would work', 'If I met the right person to help me'.)

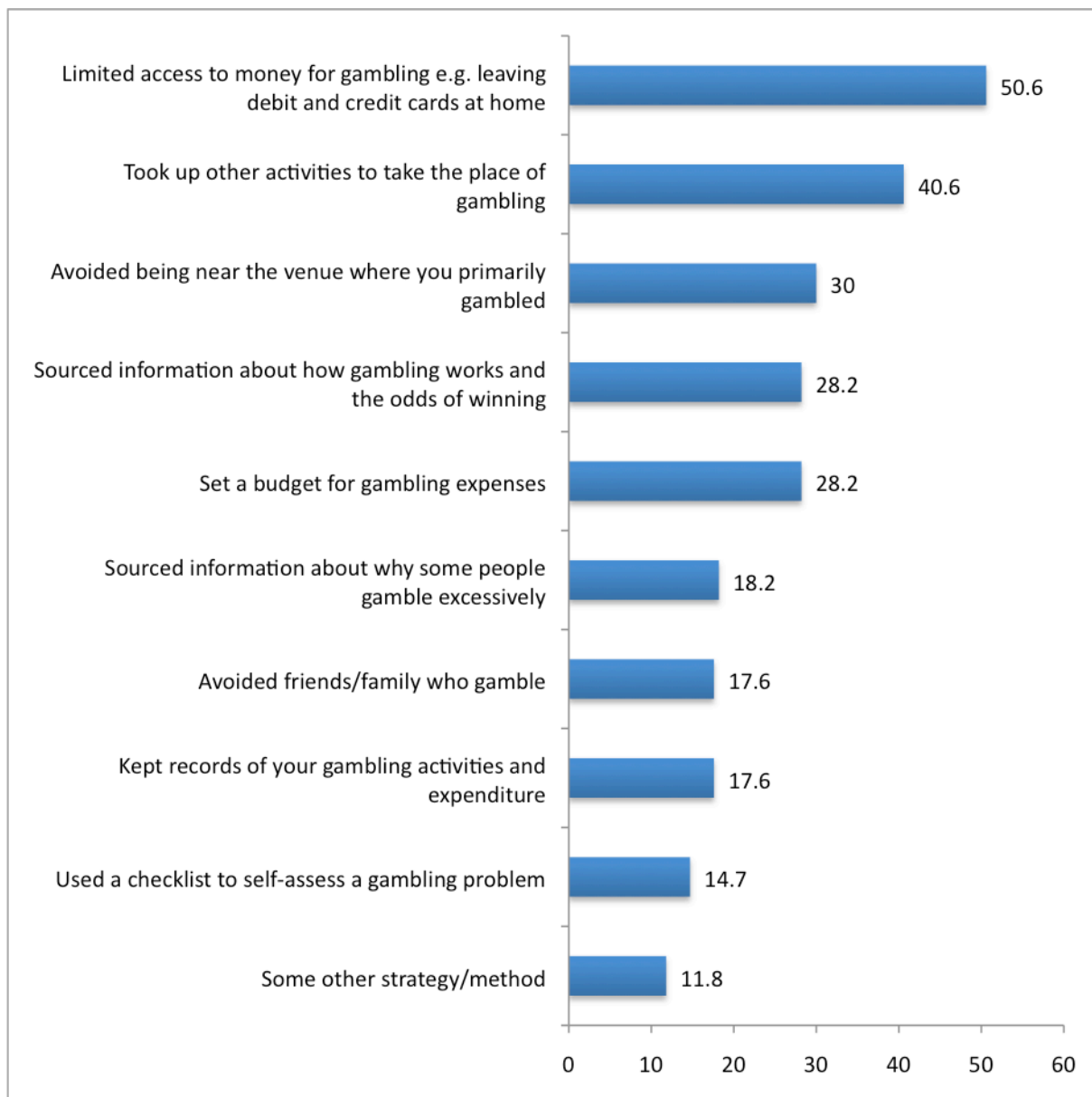
Thus, these respondents imply that non-professional help-seeking might be encouraged through more support from significant others, recovered problem gamblers, gambling venues and public education.

## **5.8 Self-Help Strategies for Gambling**

This chapter now turns to self-help gambling strategies, that is, measures people use to better control their gambling that they do themselves, without involving other people.

### **5.8.1 Use of Self-Help Strategies for Gambling**

The 170 survey respondents were asked 'Before you sought either professional or non-professional help, did you try any of the following self-help strategies to better control your gambling?', with the frequency of Yes responses shown in Figure 5.12. Of the 170 respondents, 132 (78%) had used self-help strategies before seeking other types of help, a finding which again emphasises the typical reticence of problem gamblers to seek professional help.



**Figure 5.12: GHS Sample: Use of Self-Help Gambling Strategies Before Seeking Other Types of Help (%)**

As indicated in Figure 5.12, the five self-help measures used most frequently amongst the respondents were:

- Limited access to money for gambling e.g., leaving debit and credit cards at home
- Took up other activities to take the place of gambling
- Avoided being near the venue where you primarily gambled
- Set a budget for gambling expenses
- Sourced information about how gambling works and the odds of winning

#### **Other Self-Help Strategies Used**

Several respondents explained other self-help measures they have used to better control their gambling. (Box 5.2). Most of these relate to diversionary activities, limiting access to cash for gambling, removing triggers and enablers for gambling, and self-reflection.

## Box 5.2: GHS Sample: Other Self-Help Strategies Used

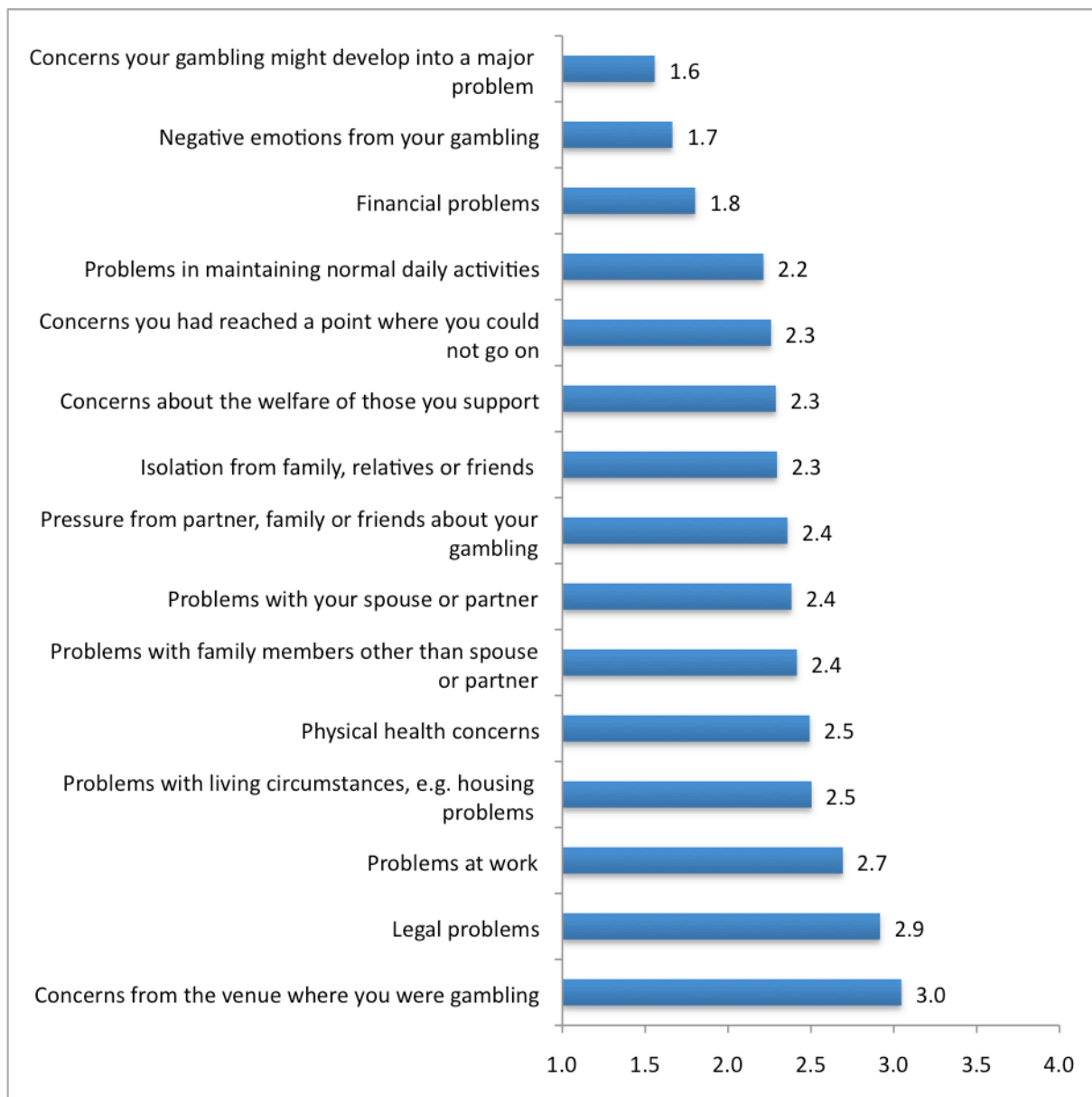
- *Affirmation.*
- *Going back to bed and sleeping, so I did not go out gambling.*
- *I am taking the form guide out of the paper so I cannot read it, I have disconnected the racing channel so I cannot see races.*
- *I gave money to my brother to look after.*
- *I got medical help for my medical problems, better accommodation, emotional help.*
- *I had a special gambling bank account that I could only use for gambling.*
- *I have removed software for online betting.*
- *I left town.*
- *I pay all bills up front, read about psychology of gambling, and I think of the consequences.*
- *I put more effort into my job.*
- *I spent money on other things, so I could not gamble it away.*
- *I study the psychology of gambling.*
- *I tried to think of my kids.*
- *I try not to think about gambling.*
- *I try to motivate myself to have a sense of purpose and value my money more, to believe I deserve it.*
- *I turned to meditation.*
- *I used to leave my membership card at home but they would still let me in as a temporary member.*
- *I went on a holiday.*
- *Less risky betting.*
- *Working more.*

### 5.8.2 Helpfulness of Self-Help Strategies for Gambling

When the 132 users of self-help strategies were asked which ones had been most helpful to them, the most common responses were limiting access to money for gambling (by 36% of respondents), taking up other activities to take the place of gambling (23%), and avoiding being near the venue where they primarily gamble (11%). Other measures were each rated as most helpful by fewer than 6% of respondents.

### 5.8.3 Motivators for Using Self-Help Strategies for Gambling

The 132 respondents who had used self-help strategies were asked about the reasons for trying these strategies, with the same response categories and coding used as previously reported in this chapter. Figure 5.13 shows agreement to each reason based on mean scores. Note that the lower the mean, the higher the level of agreement.



**Figure 5.13: GHS Sample: Motivators for Using Self-Help Gambling Strategies**

The most common five reasons for trying self-help gambling strategies were:

- Concerns your gambling might develop into a major problem
- Negative emotions from your gambling
- Financial problems
- Problems in maintaining normal daily activities
- Concerns you had reached a point where you could not go on

#### **Other Motivators for Using Self-Help Gambling Strategies**

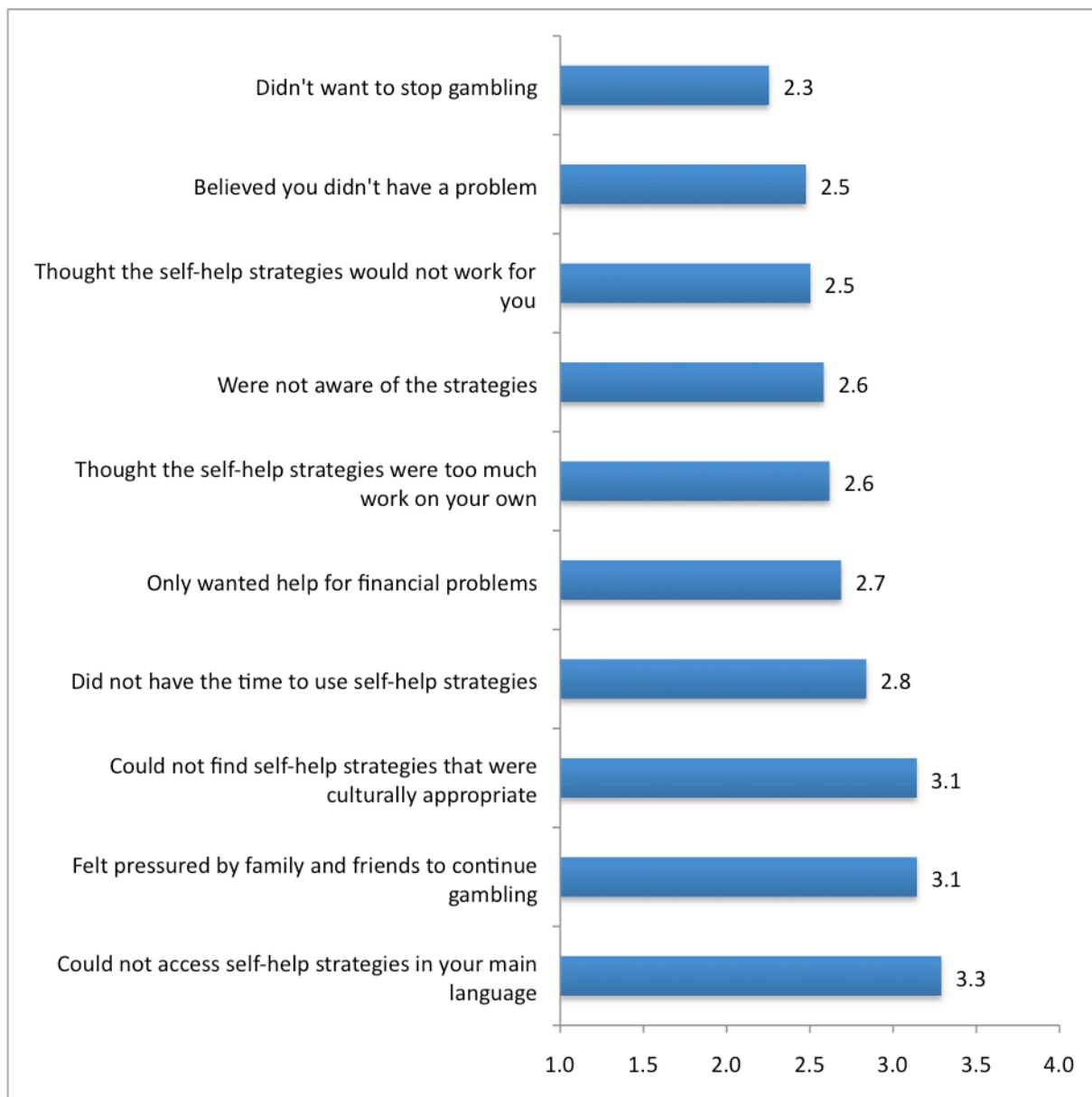
Several of the 132 respondents with previous self-help-seeking experience nominated additional reasons for trying self-help strategies, as presented in Box 5.3. These reflect negative emotions from their gambling, a desire to stop wasting money, realisations of their gambling’s effects on others, and wanting to solve the problem alone.

### **Box 5.3: GHS Sample: Other Motivators for Using Self-Help Gambling Strategies**

- *Depression.*
- *Feel better knowing I've avoided gambling, get support from boyfriend.*
- *Having financial problems, wasting money on gambling made me feel like an idiot.*
- *I felt I was not getting anywhere in life because of my gambling.*
- *I realised I wasted money, I thought it was stupid.*
- *I realised it was getting out of hand.*
- *I thought I could stop gambling alone.*
- *I wanted to see the odds of winning.*
- *I wanted to solve it myself.*
- *If I was feeling depressed, gambling would cheer me up.*
- *Improve success rate.*
- *It was affecting my marriage and everyone around me.*
- *It was an obsession, I had a lot of anxiety.*
- *Losing too much money that was needed.*
- *My depression.*

#### **5.8.4 Barriers to Using Self-Help Strategies for Gambling**

The 170 helpline callers were asked about reasons that discouraged or delayed them from trying self-help gambling strategies. The same response categories and coding were used as previously, with the resulting mean scores for both groups shown in Figure 5.14. Note that the lower the mean, the higher the level of agreement.



**Figure 5.14: GHS Sample: Barriers to Using Self-Help Gambling Strategies**

As shown in Figure 5.14, the main five barriers to using self-help measures were:

- Didn't want to stop gambling
- Believed you didn't have a problem
- Thought the self-help strategies would not work for you
- Were not aware of the strategies
- Thought the self-help strategies were too much work on your own

#### **Other Barriers to Using Self-Help Gambling Strategies**

Eighteen of the 170 respondents gave other reasons for delaying or being discouraged from using self-help gambling strategies. These were coded as follows (frequency % in brackets):

- Felt I was in control of my gambling (0.6)
- Could not admit that I had a problem (1.8)

- Sometimes I won (0.6)
- Had other personal issues (1.2)
- Didn't know what help was available (1.2)
- Was depressed/Was addicted to gambling (1.8)
- Didn't feel I needed help (1.2)
- Other (2.4) (e.g. 'I was too addicted to gambling', 'I had plenty of superannuation money - no financial pressure to seek help'.)

### 5.8.5 What Could Encourage Earlier Use of Self-Help Gambling Strategies

When asked what could have been done to encourage them to use self-help strategies sooner, 125 of the 170 respondents replied 'nothing', while the remaining 45 provided responses which were coded as follows (frequency % in brackets):

- More advertising about the risks of gambling (1.8)
- Encourage people to seek help before problems arise (2.9)
- More information/help/signage in gambling venues (4.1)
- Encouragement by family/friends to seek help (2.9)
- More advertising about the range of help services available (9.4)
- Encourage people to acknowledge when they have a problem and seek help (2.9)
- Other (2.4) (e.g. 'Get ATMs and EFTPOS out of the venues', 'Hit rock bottom'.)

Thus, these respondents saw a need for better publicity about self-help strategies, about the risks of gambling and help services available, as well as more encouragement from significant others to access help for a gambling problem.

## 5.9 Pathways to Help-Seeking

All helpline callers were asked what source of help they would use first if they were concerned about their gambling and wanted to better control it – professional, non-professional or self-help. Over one-half of respondents (51.2%) nominated self-help strategies, 37.1% nominated professional sources of help and 1.8% nominated non-professional sources of help.

Table 5.1 shows this breakdown, along with their responses to what type of help they would use second and third.

**Table 5.1: GHS Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
	Professional sources of help	63	37.1	66	38.8	40
Non-professional sources of help	20	11.8	57	33.5	40	25.6
Self-help strategies	87	51.2	33	19.4	18	11.5
None of these	0	0.0	14	8.2	58	37.2
Total	170	100.0	170	100.0	156	100.0

Table 5.1 shows a clear preference for using self-help gambling measures first, which may reflect the difficulties of acknowledging a gambling problem to others. This also suggests an opportunity for public health measures that educate gamblers about self-help gambling strategies. Professional sources of help were the second preference, followed by non-professional sources.

## 5.10 Stages of Change

Stage of change in gambling behaviour was measured using the discrete categorisation measure developed by Prochaska et al. (1997), with results shown in Table 5.2 according to each PGSI group.

**Table 5.2: GHS Sample: Stage of Change in Help-Seeking Behaviour**

PGSI Category		Maintenance	Action	Preparation	Contemplation	Pre-	Total
						contemplation	
Non-problem gambler	No	0	0	0	0	0	0
	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Low risk gambler	No	2	0	0	0	0	2
	%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Moderate risk gambler	No	2	5	1	0	0	8
	%	25.0%	62.5%	12.5%	0.0%	0.0%	100.0%
Problem gambler	No	43	90	24	2	0	159
	%	27.0%	56.6%	15.1%	1.3%	0.0%	100.0%
Total	No	47	95	25	2	0	169
	%	27.8%	56.2%	14.8%	1.2%	0.0%	100.0%

Table 5.2 indicates that:

- Both low risk gamblers reported having maintained changes to their gambling to better control it for longer than 6 months (maintenance stage).
- Most moderate risk gamblers (63%) were in the action stage, with 2 in the maintenance stage and 1 in the preparation stage.
- Most problem gamblers (57%) reported being in the action stage, 28% were in the maintenance stage and 1.3% were in the preparation stage.

Thus, the results indicate that most of the gamblers were in the action stage of changing their gambling behaviour to better control it and that some had progressed to the maintenance stage. Naturally, it was expected that most gamblers in this sample would have implemented some changes to their gambling, given they had all recently called a gambling helpline.

## 5.11 Chapter Conclusion

Drawing on the analyses in this chapter in relation to the gamblers who had recently called a gambling helpline, it can be concluded that:

- Venue signage is the most common way for them to find out about a gambling helpline, so this signage is clearly an important communication tool.
- The vast majority were satisfied or extremely satisfied with the outcome of their call to a gambling helpline, emphasising the efficacy of these services.



- Awareness of other professional services for gambling help was low before respondents called a gambling helpline, suggesting the need for greater publicity of these services, including venue self-exclusion.
- As fewer than 60% of helpline callers took up face-to-face counselling, there may be an opportunity for gambling helplines to better convert callers to face-to-face counselling, if it can be shown that the latter is more effective. If not, then telephone counselling provides a more cost effective option.
- Non-professional sources of help were used by most helpline callers and appear an important source of support, although a sizeable minority would not use this type of help.
- Self-help gambling strategies were widely used, with the most common being limiting access to money for gambling, taking up alternative activities, avoiding being near the venue where they primarily gambled, setting a budget for gambling expenses, and sourcing information about how gambling works and the odds of winning. These results suggest an opportunity to facilitate use of these self-help strategies and to publicise them more widely.
- The most common motivators to seek all forms of help were concerns their gambling problem might become more severe, financial and emotional problems from their gambling and suicidality. These indicate that these problem gamblers did not seek help until their gambling was causing severe problems.
- The most common barriers to all forms of help were wanting to solve the problem alone, shame, pride and not wanting to stop gambling. These emphasise the stigma associated with gambling problems and with seeking help for them. Thus, efforts to destigmatise problem gambling should better encourage problem gamblers to seek help.
- The preference for self-help as a first type of help underpins the importance of promoting self-help gambling strategies, particularly those that can be shown to be most effective.

# CHAPTER 6

## RESULTS FROM A TELEPHONE SURVEY OF FAMILY MEMBERS WHO HAVE RECENTLY CALLED A GAMBLING HELPLINE

### 6.1 Introduction

This chapter presents the results of a telephone survey of 48 family members who had recently called a telephone gambling helpline in Australia about a significant other's gambling problem.

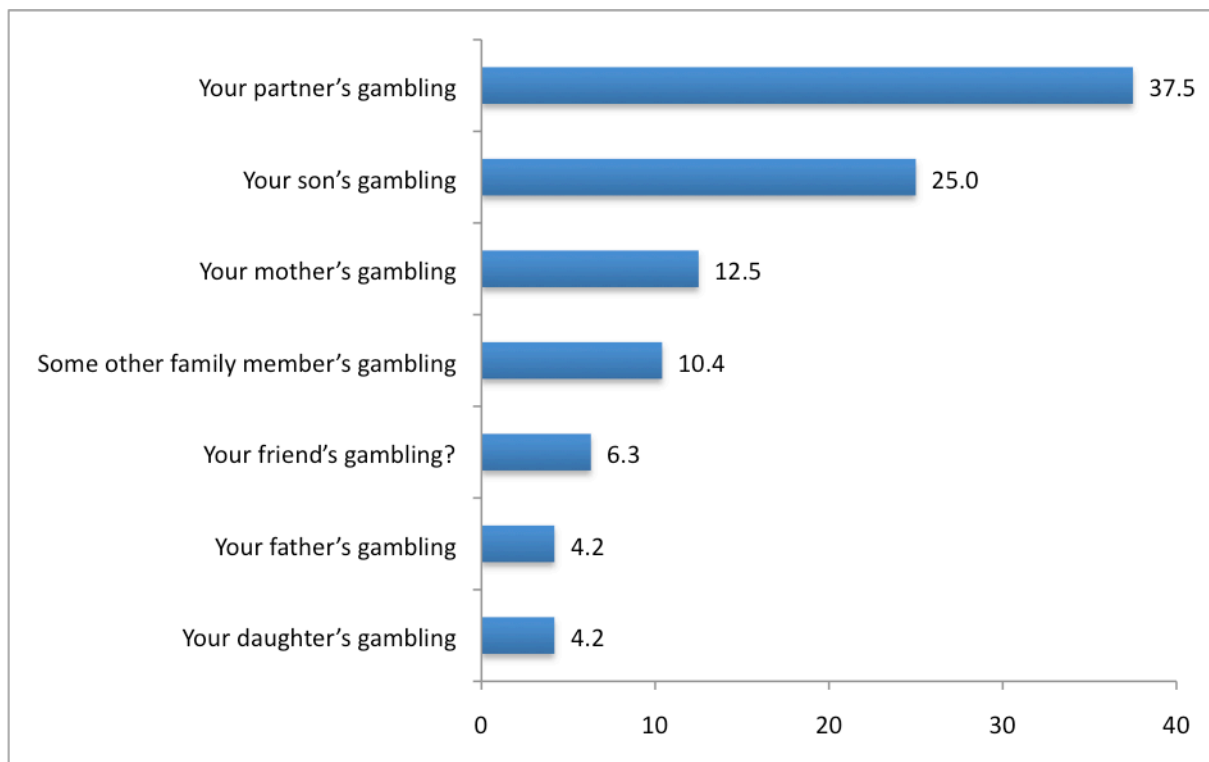
The chapter commences by describing the demographic characteristics of the family help-seeking (FHS) respondents, then presents the results pertaining to use of gambling helplines, including motivators and barriers to accessing this type of help. The respondents' usage of other types of professional sources of help are then analysed, along with their usage of non-professional sources of help and self-help measures. A chapter summary is then provided.

Please note that detailed tables supporting the graphs and other figures in this chapter are contained in Appendix N.

### 6.2 Participant Characteristics

Most respondents were female (75%), aged between 35 and 64 years (67%), born in Australia (85%) and living in a metropolitan area (60%). They were more likely to be married (48%) and working full-time (38%) than to have alternative types of marital or work status. The mean age of respondents was 46.9 years and ranged from 20 to 71 years (std dev. = 13.9). However, it is not known how the characteristics of this sample compare to the broader population of family members who call a gambling helpline, so the generalisability of the results cannot be assumed.

Figure 6.1 shows the family member's relationship to the gambler, where it is apparent that 38% called a helpline about their partner's gambling, one-quarter (25%) about their son's gambling and 13% about their mother's gambling. Very few called because of gambling by their daughter, father or a friend. About one in ten (10.4%) called the helpline about some other family member's gambling, including brother, sister, daughter's boyfriend, sister-in-law and son-in-law.



**Figure 6.1: FHS Sample: Relationship of Gambler to Family Member**

### **6.3 Gambling Helplines as a Source of Professional Help**

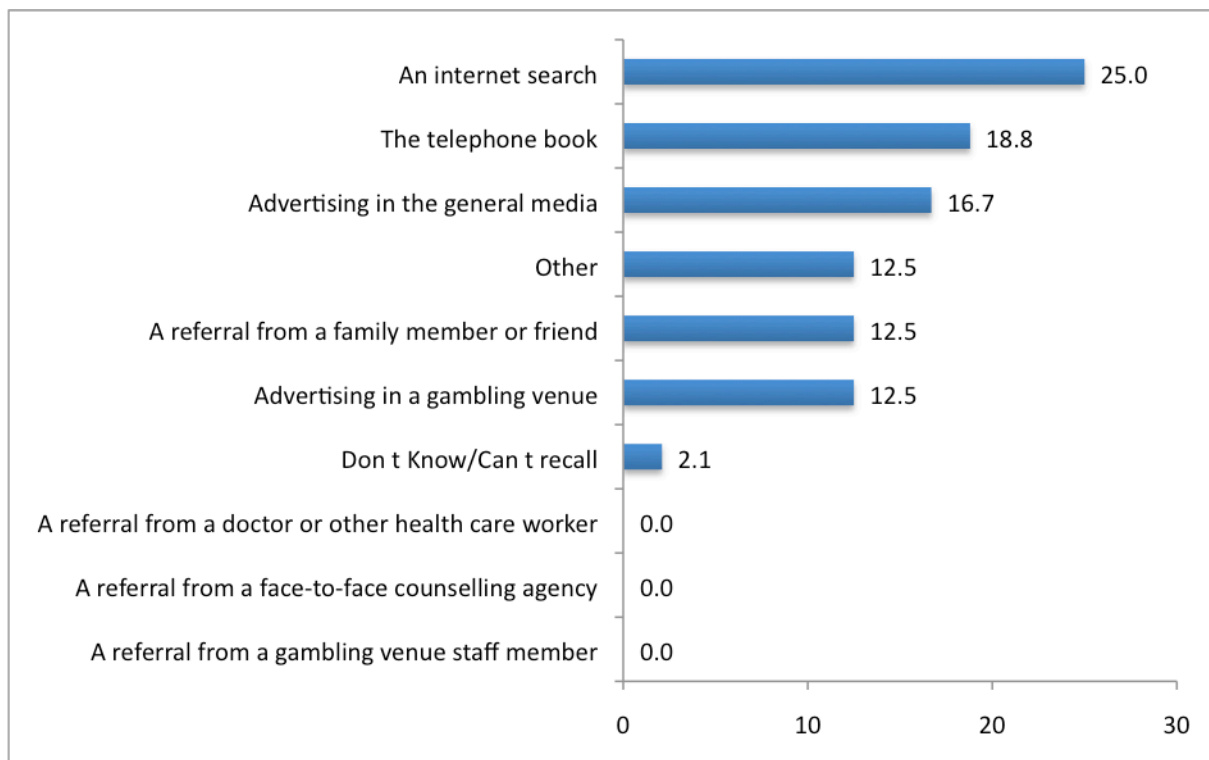
This section focuses on the respondents' awareness, use, satisfaction, motivators and barriers in relation to gambling helplines.

#### **6.3.1 Awareness and Use of Gambling Helplines**

The 48 family respondents were asked how they had first found out about the gambling helpline they had recently called, with mean responses shown in Figure 6.2 in descending order of frequency. It shows that most respondents (25%) had found out about the helpline from an Internet search, the telephone book (19%), advertising in the general media (17%), advertising at a gaming venue (13%) and referral from a family member or friend (13%). No respondents found out about the gambling helpline from staff at venues, counselling agencies, or doctor/other health care worker, which were the other response categories provided.

'Other' sources of knowledge about the gambling helpline were mentioned once each and included from a lotto ticket, from work colleagues, from a phone operator, from directory assistance, because the person worked in the hotel industry and from the gambler who had also rung the helpline which advised for the family member to also call.

The mix of responses above suggests the importance of general media advertising of gambling helplines, given that few family members found out about these services from gaming venues, which are currently the major source of advertising for these helplines.



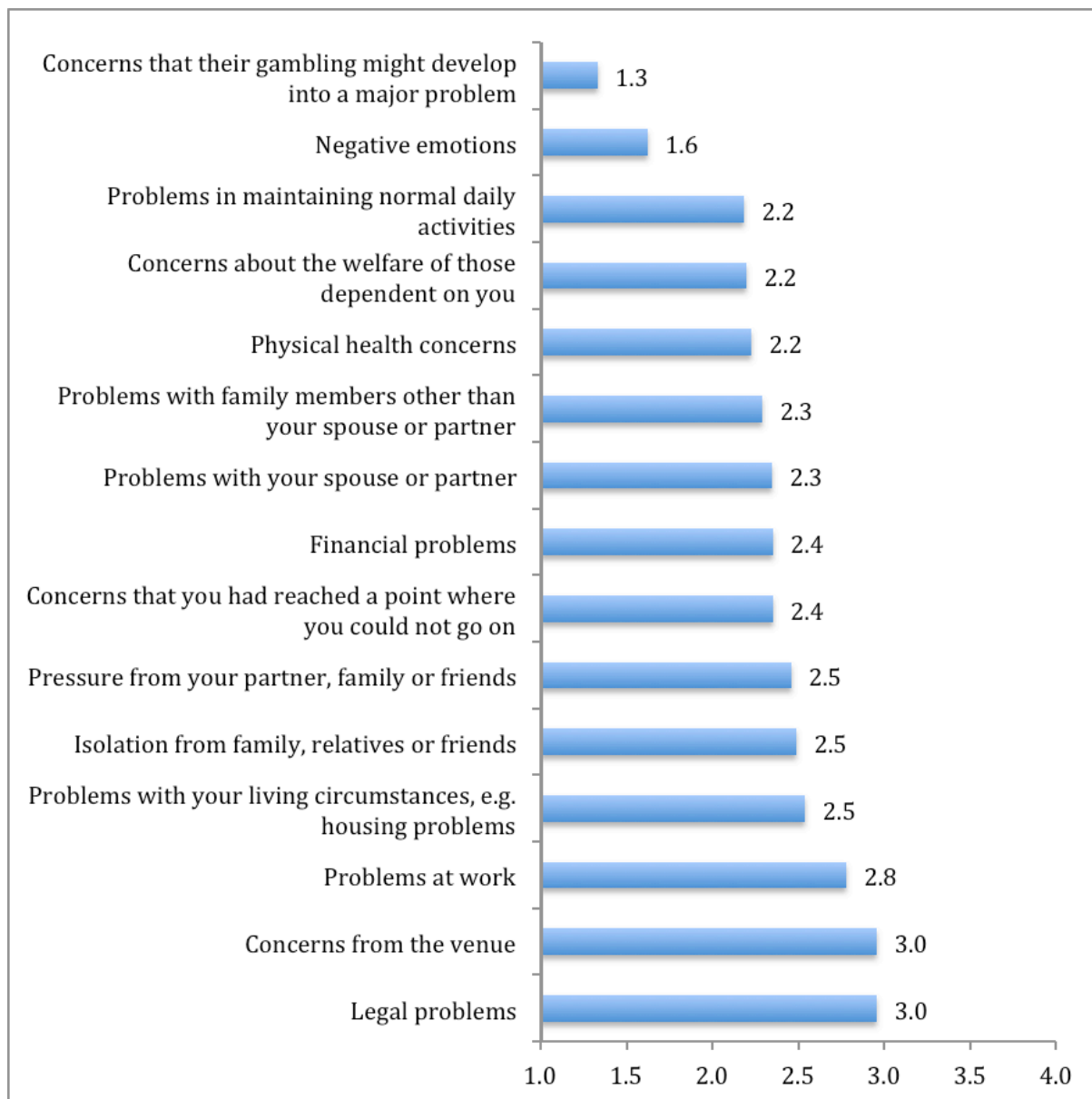
**Figure 6.2: FHS Sample: How Respondents First Found Out About the Gambling Helpline They Called (%)**

When asked what they were primarily seeking when they called the helpline, the vast majority (73%) reported they wanted general information about getting help for gambling-related problems, 19% wanted telephone counselling for the problems they were experiencing from the person's gambling and only 6% wanted referral to a face-to-face counselling service for the problems they were experiencing from the person's gambling.

The vast majority of respondents were extremely satisfied (57%) or satisfied (27%) with the outcome of their call to a gambling helpline, indicating the efficacy of these services for significant others affected by a person's gambling.

### **6.3.2 Motivators for Calling a Gambling Helpline**

The respondents were asked about the reasons that had prompted them to call a gambling helpline. For each reason, respondents were asked to provide one of four responses, which were coded as: Strongly agree = 1, Agree = 2, Disagree = 3, Strongly disagree = 4. Mean scores were then calculated, as shown in Figure 6.3. Note that the lower the mean, the higher the level of agreement that the reason prompted them to seek help from a gambling helpline.



**Figure 6.3: FHS Sample: Motivators for Gamblers for Calling a Gambling Helpline**

Figure 6.3 indicates that the respondents strongly agreed or agreed with most reasons for them calling a gambling helpline, except for problems at work, legal problems or concern from a gaming venue. Their top five reasons to call a gambling helpline, in descending order of agreement, were:

- Concerns that the person’s gambling might develop into a major problem
- Negative emotions
- Problems in maintaining normal daily activities
- Concerns about the welfare of dependents
- Physical health concerns

#### **Other Motivators for Calling a Gambling Helpline**

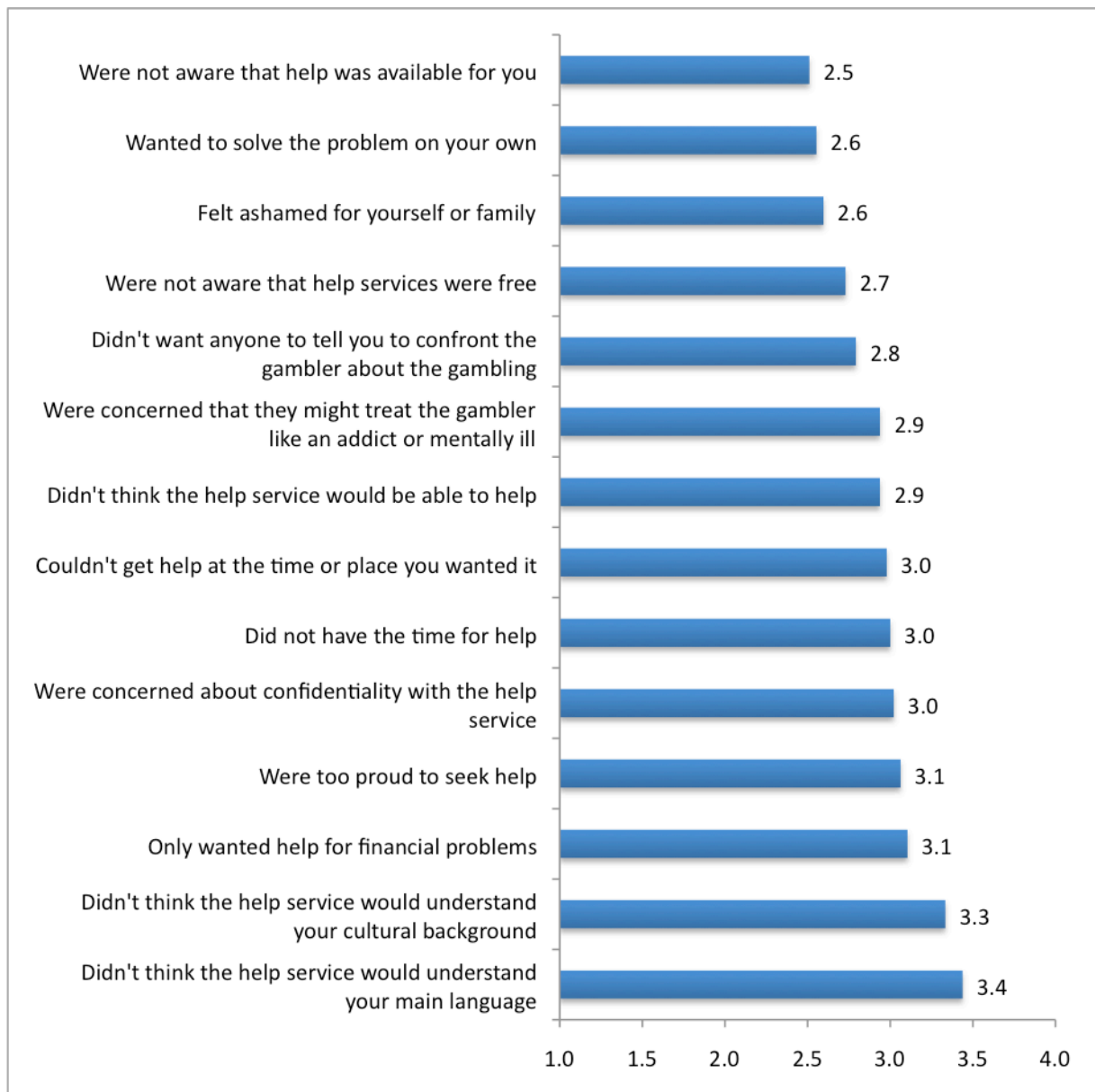
Nineteen of the family members who had recently called a gambling helpline nominated additional reasons that had motivated them to seek this help, and these were coded into the categories below

(frequency % in brackets) where it is evident that some of these reasons relate to concerns for the gambler and others relate to concerns for themselves:

- I was concerned about his/her welfare (4.2)
- I could not help him/her financially (2.1)
- He/she seemed to be in financial difficulty (4.2)
- To find out what help was available (4.2)
- He/she asked me for help (2.1)
- He/she would not seek help themselves (2.1)
- His/her gambling was affecting our family (8.3)
- Other (12.5) – including to find out legal options in preparation for divorce, whether they could get banks to ban the gambler from credit cards, fear, theft of a relative's money, and to find out about services that could help the gambler and the family member.

### **6.3.3 Barriers to Calling a Gambling Helpline**

The 48 family members were asked about reasons that may have discouraged or delayed them from calling a gambling helpline. The same response categories and scoring were used as for the motivators for calling the helpline. Mean scores for each barrier are shown in Figure 6.4 in descending order of agreement. Note that the lower the mean, the higher the level of agreement.



**Figure 6.4: FHS Sample: Barriers to Calling a Gambling Helpline**

Figure 6.4 shows that the five most common barriers for respondents who had called a gambling helpline were as follows, with the first one being the only one that respondents tended to agree more than disagree with:

- Were not aware that help was available for you
- Wanted to solve the problem on their own
- Felt ashamed for yourself or family
- Were not aware that help services were free
- Didn't want anyone to tell them to confront the gambler about the gambling

These barriers emphasise that more could be done to raise awareness that gambling helplines can assist family members, and that they are free to access, and that efforts could be made to destigmatise gambling problems so that people feel less ashamed to seek help for significant others.

## **Other Barriers to Calling a Gambling Helpline**

Fourteen of the 48 respondents nominated other reasons that had delayed or discouraged them from calling a gambling helpline, which were categorised as follows (frequency % in brackets):

- Thought he/she had a different problem (e.g. alcohol, drugs, depression) (4.2)
- Had my own problems to deal with (2.1)
- Was not aware of the help services available (6.3)
- Wasn't aware of how serious the problem was (4.2)
- Thought addressing the problem would cause family disruptions (2.1)
- Other (10.4) (e.g. 'Denial/Lack of urgency', 'I believed her denials', 'I tried to talk it through first, but it didn't work', 'Thought her problem had been dealt with'.)

### **6.3.4 What Could Encourage People to Call a Gambling Helpline Sooner**

When asked what, if anything, could have been done to encourage them to call a gambling helpline sooner, 34 respondents replied 'nothing' while the remaining 14 respondents provided responses. These were coded into the categories (frequency % in brackets) below and reflect lack of awareness of help that is available for significant others and the need for more advertising of this and of the risks associated with gambling:

- More advertising about the risks of gambling/help services available (12.5)
- Encourage people to seek help before problems arise (2.1)
- I wasn't aware of the help available for friends/family of gamblers (4.2)
- Encourage more open discussion about gambling problems at family level (2.1)
- Other (8.3) (e.g. 'I did not know it was an issue, but when I did I called the helpline straight away', 'If I knew I could speak to ex-gamblers it would be very helpful', 'If their advertising showed sharemarket gambling as well as pokies'.)

## **6.4 Other Professional Sources of Gambling Help**

This section focuses on other sources of professional help for gambling issues apart from gambling helplines.

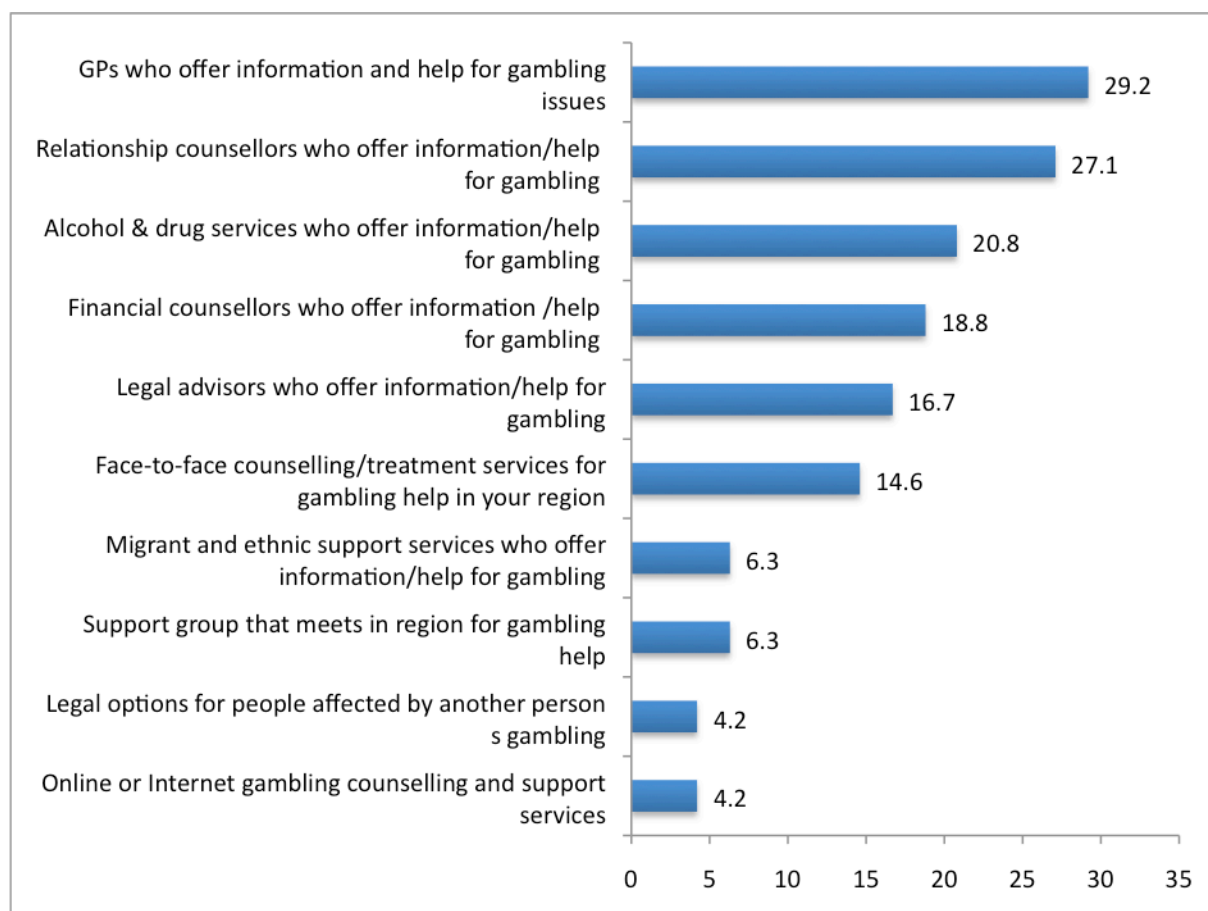
### **6.4.1 Awareness of Other Professional Sources of Gambling Help Before Calling a Helpline**

The family members were asked about awareness of other types of professional help for gambling before they called a gambling helpline (e.g., 'Did you know of any face-to-face counselling or treatment services for people affected by another person's gambling in your region, before you rang the gambling helpline?'). Their responses, shown in Figure 6.5, indicate that the most widely known was GPs (by 29% of respondents), followed by relationship counsellors (27%), alcohol and drug services (21%), financial counsellors (19%), legal advisors (17%) and face-to-face counselling for gambling help (15%). Very few were aware of the other types of services listed in Figure 6.5. These results emphasise the need for more generalist help services to be equipped to assist those affected by problem gambling.

Overall, awareness of professional types of gambling help, apart from a gambling helpline, was low with only 38% of respondents aware of any of these other sources of professional help. Further, there was very low awareness of legal options for people affected by another's gambling, with the



two respondents who were aware of these options nominating ‘not liable for debts’, ‘self-exclusion from a venue’ and ‘transfer of assets’ as options they knew of. This result demonstrates an opportunity increase awareness not only of gambling help available for significant others, but also their legal rights.



**Figure 6.5: FHS Sample: Awareness of Other Professional Sources of Gambling Help (%)**

#### 6.4.2 Current Use of Other Professional Sources of Gambling Help

The 48 respondents were asked whether they were currently using any other sources of professional help for the problems they were experiencing with the person’s gambling. Nine of the 48 respondents were receiving some other type of professional help, most commonly face-to-face counselling (used by 15% of all respondents) and general help services (4.2%). One respondent was currently receiving help from a face-to-face support group (2.1%).

The 9 respondents who were using other types of professional help since calling a gambling helpline found out about them through the gambling helpline they called (5 people), followed by an Internet search (2 people) and a referral from a doctor/other health care worker (1 person).

#### 6.4.3 Past Use of Other Professional Sources of Gambling Help

Only two of the 48 family members had previously used other professional sources of help for the problems experienced with the person’s gambling. These two people had both used face-to-face counselling services and one of these had also used a general help service.

## 6.5 Non-Professional Sources of Gambling Help

Non-professional sources of help are examined in this section in relation to the 48 family members who had recently called a gambling helpline.

### 6.5.1 Use of Non-Professional Sources of Gambling Help

Of the 48 respondents, 32 (67%) were currently receiving help from non-professional sources to better deal with the problems caused by another's gambling. Figure 6.6 indicates that the most common non-professional source of help currently being used was a partner (38% of all respondents), other family members (38%), friends (29%) and work colleagues (10%).

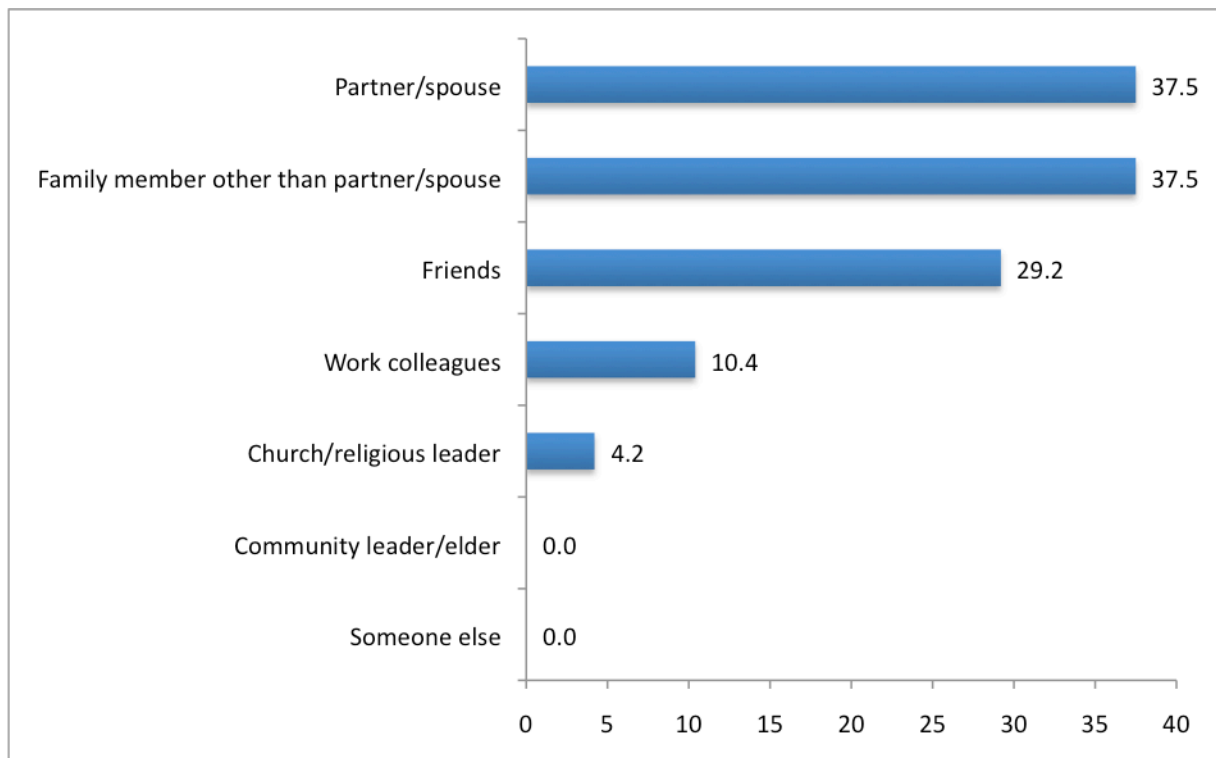
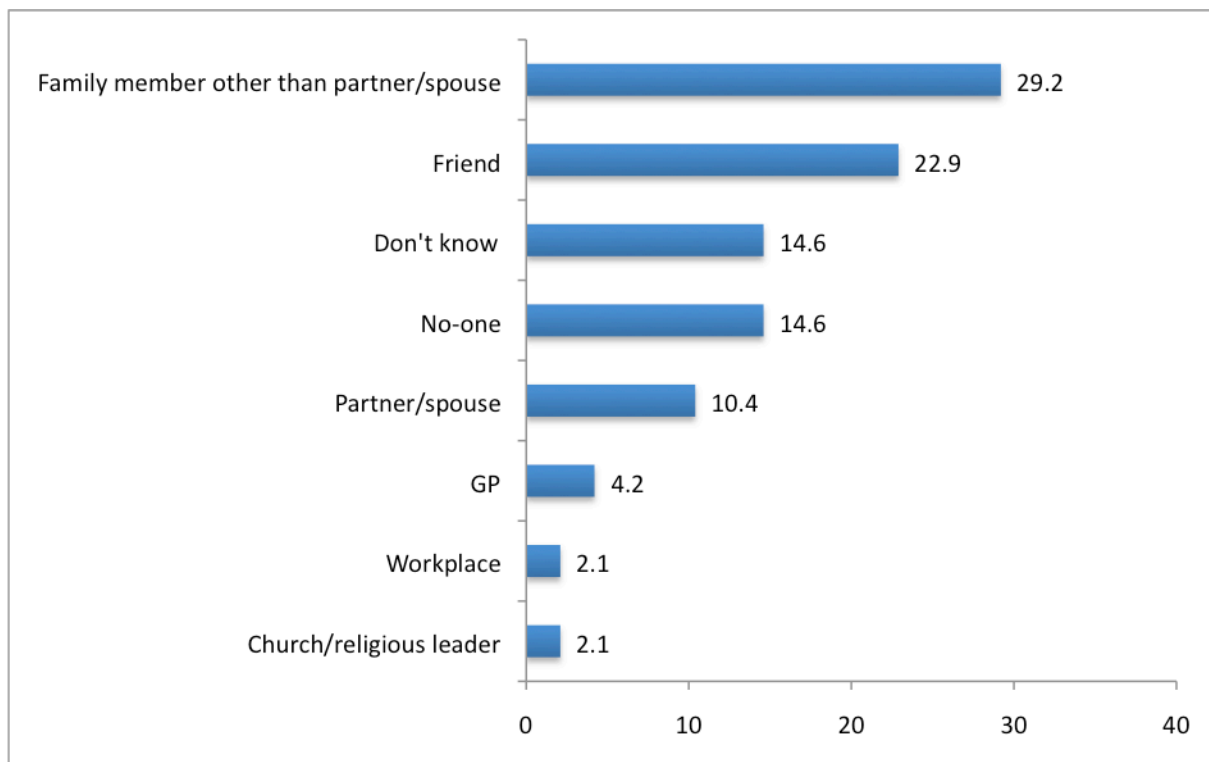


Figure 6.6: FHS Sample: Current Use of Non-Professional Gambling Help (%)

As noted above, 32 respondents were currently receiving non-professional help for their gambling, while 16 were not. Of the 32 respondents receiving current non-professional support, 6 (19%) had used this type of help in the past. Of the 16 respondents who were not currently using non-professional help, 2 (3%) had used this type of help in the past. For both these two groups, other family members were the most common non-professional sources of help in the past.

### 6.5.2 Preferences for Non-Professional Sources of Gambling Help

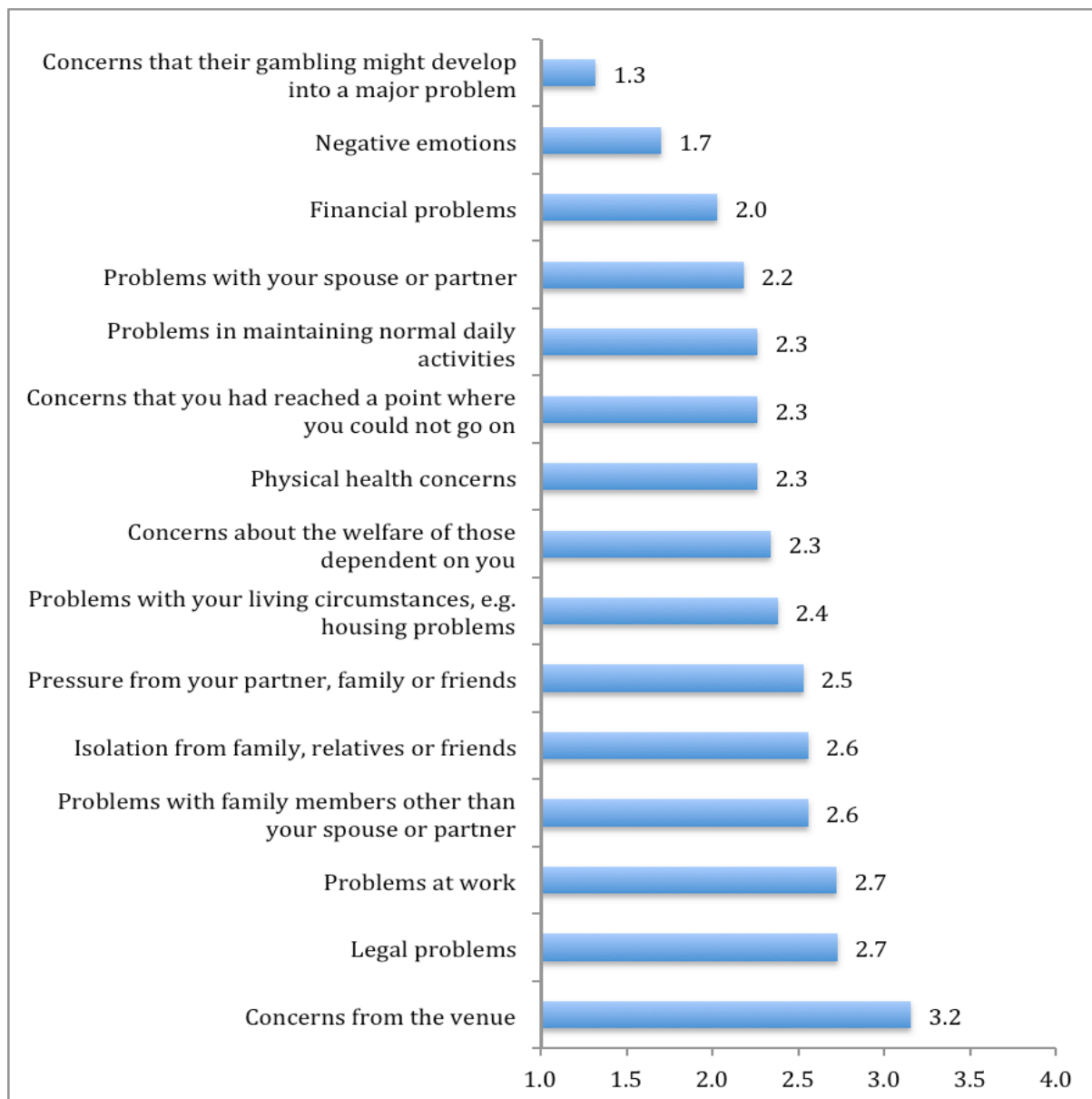
The 48 family helpline callers were asked who they would turn to for help about the person's gambling if they did not want to access a professional help service. Their open-ended responses were coded as shown in Figure 6.7. The most common responses were family members other than partner/spouse (29%), friend (23%), no one (15%) and partner/spouse (10%).



**Figure 6.7: FHS Sample: Preferred Sources of Non-Professional Gambling Help (%)**

### 6.5.3 Motivators for Using Non-Professional Sources of Gambling Help

There were 34 respondents with current (n=32) or previous (n=2) experience in seeking help for gambling from non-professional sources. They were asked the reason they sought non-professional help for the significant other's gambling. Response categories were: Strongly agree = 1, Agree = 2, Disagree = 3 and Strongly disagree = 4. Figure 6.8 shows agreement to each reason in descending order of agreement. Note that the lower the mean, the higher the level of agreement.



**Figure 6.8: FHS Sample: Motivators for Using Non-Professional Sources of Gambling Help**

As shown in Figure 6.8, the four most common motivators for seeking non-professional help were:

- Concerns that the person’s gambling might develop into a major problem
- Negative emotions
- Financial problems
- Problems with your spouse or partner

Problems in maintaining normal daily activities, concerns that they had reached a point where they could not go on, physical health concerns and concerns about the welfare of those dependent on you were ranked equal fifth as motivators for seeking non-professional help.

#### **Other Motivators for Non-Professional Help-Seeking**

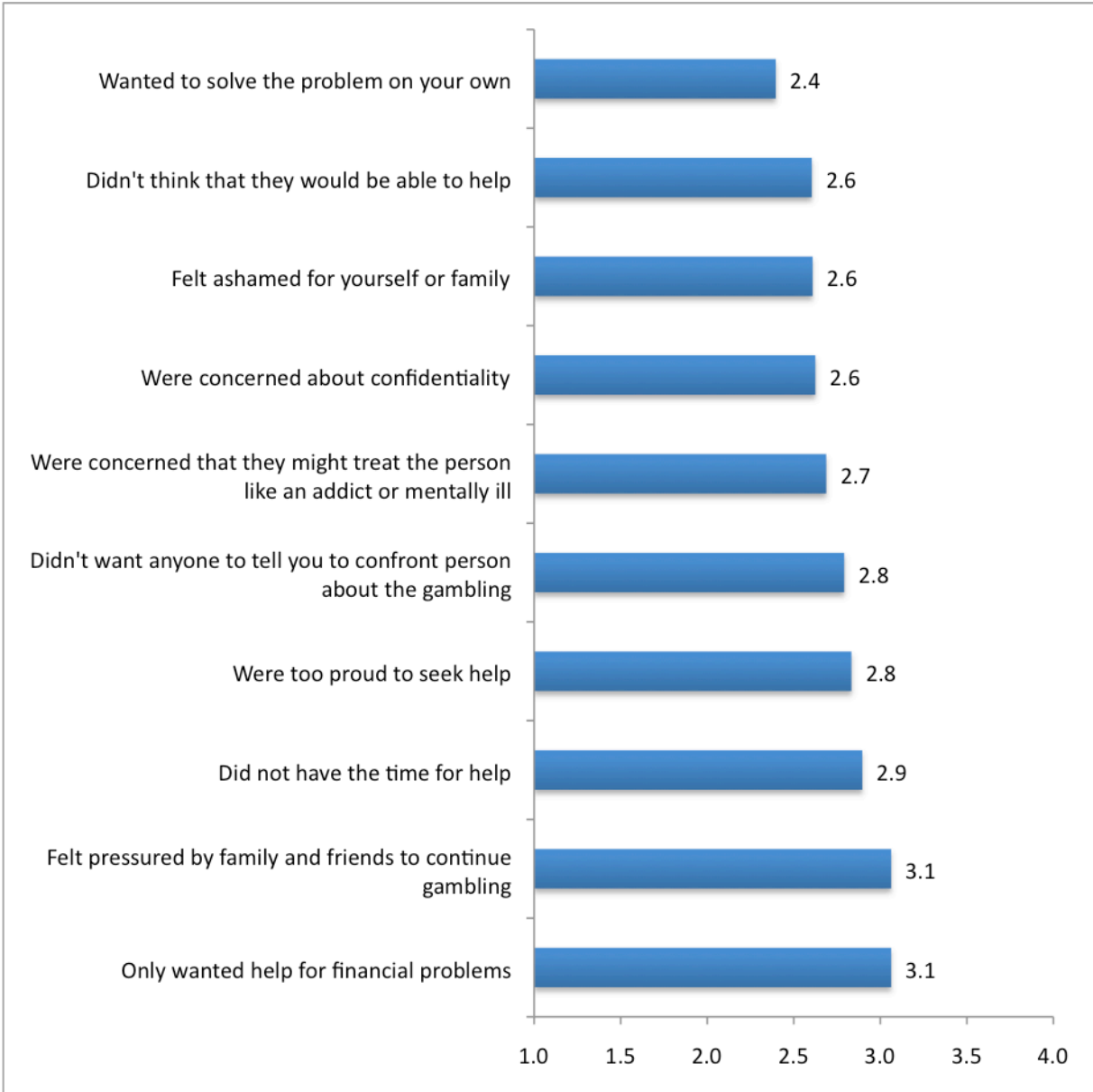
When asked whether there were any other reasons that prompted them to seek non-professional help, seven respondents who had used this type of help provided responses. These were as follows,

and reflect issues of shame and pride for family members, concerns for the wellbeing of the gambler and issues affecting relationships:

- *Fear.*
- *I needed to talk to someone.*
- *I wanted privacy to keep it in family.*
- *I was concerned for his health and well being as he was getting so depressed from his gambling addiction.*
- *It was destroying our relationship.*
- *Pride.*
- *Weren't sure if he was gambling so I spoke to others. He's gambled in the past and was getting in debt.*

#### **6.5.4 Barriers to Using Non-Professional Sources of Gambling Help**

All 48 respondents were asked about the reasons that may have discouraged or delayed them from seeking non-professional help. The same Strongly agree – Strongly disagree scale and coding was used as before. Figure 6.9 shows agreement to each reason according to the mean scores for both groups. Note that the lower the mean, the higher the level of agreement.



**Figure 6.9: FHS Sample: Barriers to Using Non-Professional Sources of Gambling Help**

As shown in Figure 6.9, the most common five barriers that had delayed or discouraged the respondents from seeking non-professional help were as follows, but the respondents agreed on average only to the first:

- Wanted to solve the problem on their own
- Didn't think that they would be able to help
- Felt ashamed for yourself or family
- Were concerned about confidentiality
- Were concerned that they might treat the person like an addict or mentally ill

**Other Barriers to Non-Professional Help-Seeking**

When asked whether there were any other reasons that delayed or discouraged them from seeking non-professional help, 9 of the 48 respondents provided responses. These were as shown in Box 6.1,

and reflect the shame and pride involved for family members, denial that their significant other had a problem, and in one case, the hidden nature of the problem.

#### **Box 6.1: FHS Sample: Other Barriers to Non-Professional Help-Seeking**

- *Denial, pride.*
- *I didn't know how to approach it.*
- *I didn't want to think it was a problem.*
- *I do not want his father to find out, because his father would blame me.*
- *I thought the problem had been dealt with.*
- *It is easier to ignore it, not to face it.*
- *It seems futile, my mother is in denial.*
- *Partner's pride.*
- *The relatives wouldn't believe me.*

### **6.5.5 What Could Encourage Earlier Non-Professional Help-Seeking**

All 48 respondents were asked what, if anything, could have been done to encourage them to seek non-professional help sooner. Forty responded 'nothing', while the other eight provided the following responses.

- *If his gambling got worse.*
- *If I knew earlier that help she was receiving from other family members wasn't effective.*
- *If I was not so busy working I might have had the time to relax and confide in friends.*
- *If I'd known earlier.*
- *If my life had not been so stressful I might have had the strength to do it.*
- *If you were aware of a local group or something.*
- *Realising that I needed help from others.*
- *TV advertising.*

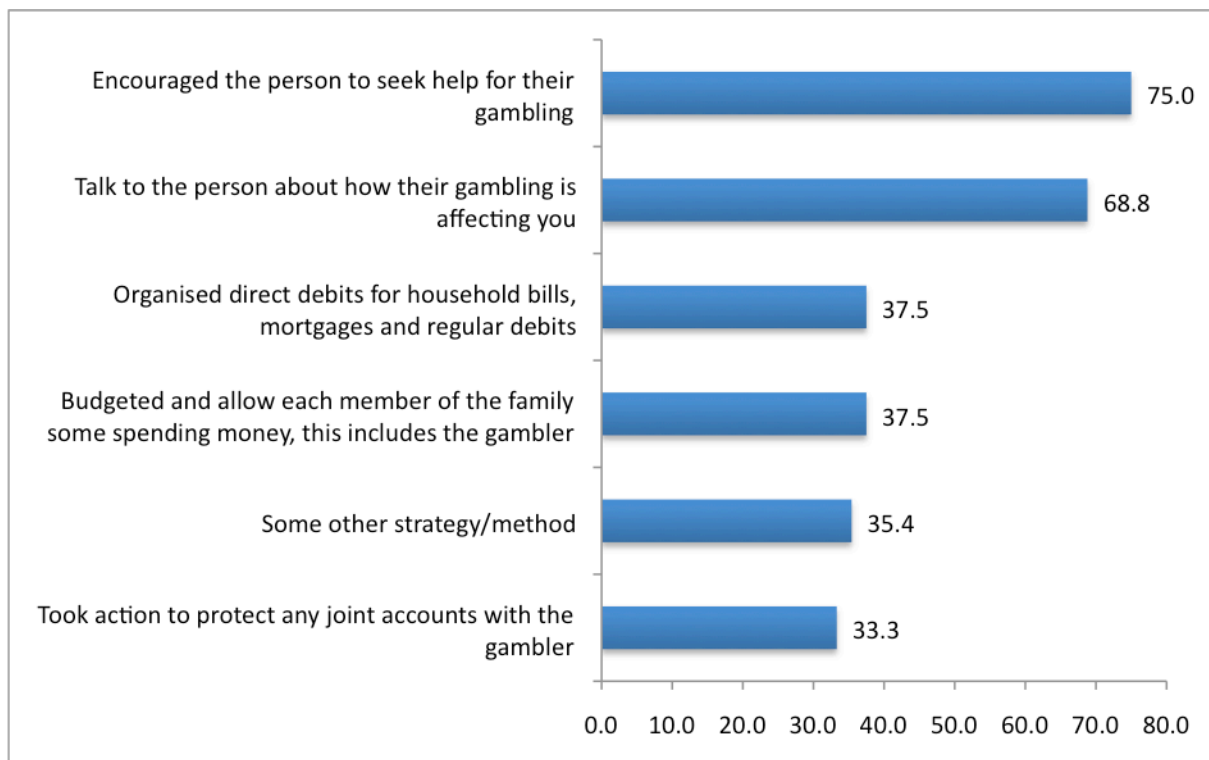
Thus, there was little faith that anything could encourage the family members to seek non-professional help earlier, which again reflects the shame and stigma that family members feel about a significant other's gambling problem.

## **6.6 Self-Help Strategies for Gambling**

Self-help gambling strategies are now considered, that is, measures that family members of gamblers might use to minimise the problems they were experiencing from the person's gambling.

### **6.6.1 Use of Self-Help Strategies for Gambling**

The 48 family members were asked 'Before you sought either professional or non-professional help, did you try any of the following self-help strategies to minimise the problems from the person's gambling?', with the frequency of Yes responses shown in Figure 6.10. Of the 48 respondents, 40 (83%) had used self-help strategies before seeking other types of help.



**Figure 6.10: FHS Sample: Use of Self-Help Gambling Strategies Before Seeking Other Types of Help (%)**

As indicated in Figure 6.10, three-quarters (75%) of the family members encouraged the person to seek help for their gambling and over two-thirds (69%) talked to the person about how their gambling was affecting them. About one-third of them tried each of the other self-help strategies which were mainly about protecting financial assets. These results imply that family members need to be cognisant of avenues of help for gambling problems that they can encourage significant others to use as well as ways to protect their finances from being gambled away.

### Other Self-Help Strategies Used

Eight respondents explained other self-help measures they have used, which were coded as follows (frequency % in brackets) and reflect behavioural responses to try to limit the person's gambling and encourage them to stop:

- Took control of some/all of his/her finances (18.8)
- Monitored his/her gambling more closely (2.1)
- Increased communication (2.1)
- Gave him/her information on how to quit gambling (2.1)
- Other strategies to restrict gambling (e.g. blocking gambling web sites, encouraging self-exclusion) (10.4)

### 6.6.2 Helpfulness of Self-Help Strategies for Gambling

When the 40 users of self-help strategies were asked which ones had been most helpful to them, the most common responses were encouraging the person to seek help for their gambling (17% of the 40 respondents), taking action to protect any joint accounts (13%), and talking to the person about how their gambling is affecting them (10%). These results suggest opportunities for facilitating these



self-help measures by family members, perhaps through providing information on how best to pursue them.

### 6.6.3 Motivators for Using Self-Help Strategies for Gambling

The 40 respondents who had used self-help strategies were asked about the reasons for trying these strategies, with the same response categories and coding used as previously reported in this chapter. Figure 6.11 shows agreement to each reason based on mean scores. Note that the lower the mean, the higher the level of agreement.

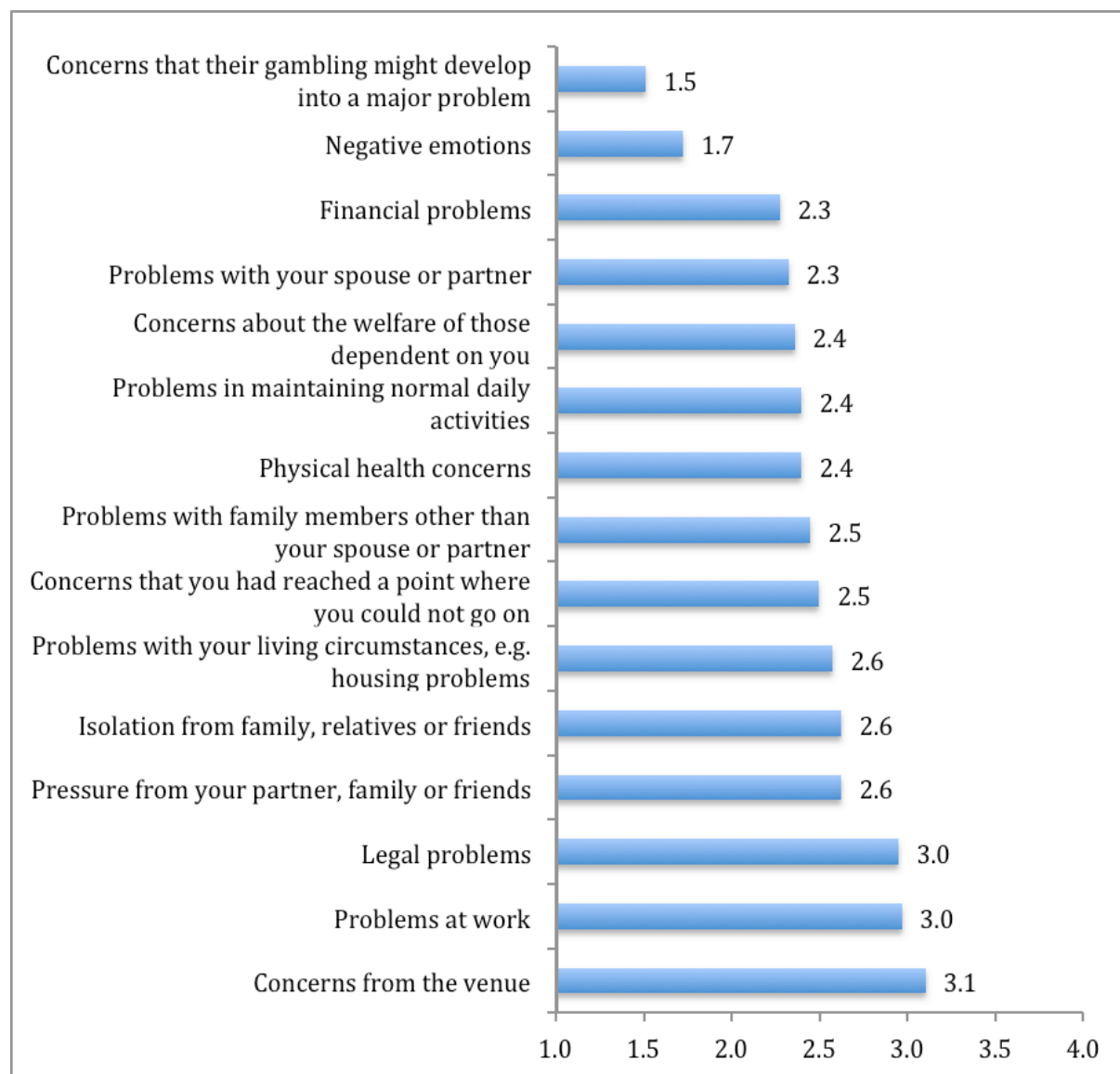


Figure 6.11: FHS Sample: Motivators for Using Self-Help Gambling Strategies

The most common five reasons for trying self-help gambling strategies were:

- Concerns that their gambling might develop into a major problem
- Negative emotions
- Financial problems
- Problems with your spouse or partner
- Concerns about the welfare of those dependent on you

## Other Motivators for Using Self-Help Gambling Strategies

Seven of the 40 respondents with previous self-help-seeking experience nominated additional reasons for trying self-help strategies, as shown in Box 6.2. Some respondents appeared to feel some responsibility for the person's gambling problem and so wanted to help resolve it, while others used self-help because they did not know of any alternatives, because they thought they could help, and because the gambler would not seek professional help

### Box 6.2: FHS Sample: Other Motivators for Using Self-Help Gambling Strategies

- *I didn't know of any available help.*
- *I felt depressed and bad about taking her to the gambling venue.*
- *I thought I could assist/help stop the way he was gambling.*
- *I was one of the few people who knew about her gambling so I felt a responsibility to do something.*
- *My guilt for possibly causing the problem.*
- *She wasn't willing to seek professional help.*
- *Trying to understand it.*

### 6.6.4 What Could Encourage Earlier Use of Self-Help Gambling Strategies

When asked what could have been done to encourage them to use self-help strategies sooner, 39 of the 48 respondents replied 'nothing', while the remaining 9 provided responses which were coded as follows (frequency % in brackets). These reflect the hidden nature of gambling problems, and the need for more public education about the serious consequences that gambling can have and how others can help:

- If I had known about his/her gambling problem sooner I could have helped (6.3)
- Increase awareness of how friends/family can provide help (6.3)
- More awareness about the impacts of problem gambling (4.2)
- Other (2.1) (e.g. 'Knowledge of the disease'.)

## 6.7 Pathways to Help-Seeking

The 48 family members who had called a gambling helpline were asked what source of help they used first when they decided they wanted help for the problems associated with the person's gambling – professional, non-professional or self-help. Over one-half of respondents (51.2%) nominated self-help strategies, 37.1% nominated professional sources of help and 1.8% nominated non-professional sources of help. Table 6.1 shows this breakdown, along with their responses to what type of help they would use second and third.

**Table 6.1: FHS Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
Professional sources of help	12	25.0	18	37.5	18	40.0
Non-professional sources of help	11	22.9	13	27.1	11	24.4
Self-help strategies	25	52.1	14	29.2	3	6.7
None of these	0	0.0	3	6.3	13	28.9
Total	48	100.0	48	100.0	45	100.0

Table 6.1 shows a clear preference for using self-help gambling measures first (by 52% of respondents). This also suggests an opportunity for public health measures that educate family and friends of gamblers about self-help gambling strategies. Professional sources of help were the second preference (25%), followed closely by non-professional sources (23%).

## 6.8 Chapter Conclusion

The following conclusions can be drawn in relation to the family members who had recently called a gambling helpline:

- If the high proportion of female respondents (75%) is reflective of the gender breakdown of family members who call gambling helplines about another person's gambling, there may be a need to better encourage use of this service by men.
- General media advertising (including through the Internet and telephone book) that gambling helplines can assist families and significant others concerned about a person's gambling is important, as family members may not attend gaming venues where the helplines are advertised the most.
- The vast majority of respondents were extremely satisfied (57%) or satisfied (27%) with the outcome of their call to a gambling helpline, demonstrating the efficacy of these services for family members of problem gamblers.
- Two main barriers to calling a gambling helpline were lack of awareness of these services for significant others of gamblers and being unaware these services are free. Thus, greater publicity of this role of gambling helplines and their free provision of these services appears warranted.
- Awareness of other types of professional gambling help was low and there was very low awareness of legal options for people affected by another's gambling, suggesting that more public education about both of these is needed.
- Given that some family members were reluctant to confront the gambler about the problem, advice about the best way to approach a significant other to assist them to address their gambling problem may be beneficial.
- Non-professional sources of gambling help were widely used, suggesting an opportunity for public education about how to best support significant others of problem gamblers, as well as the problem gamblers themselves.
- Self-help measures were also widely used, with the most common being encouraging the person to seek help for their gambling, talking to the person about how their gambling was affecting them, and taking actions to protect financial assets. These results imply that family members need to be cognisant of avenues of help for gambling problems that they can encourage significant others to use, as well as ways to protect their finances and assets from being gambled away.
- For all types of help, the two most common motivators for help-seeking were concerns that the other person's gambling might develop into a major problem and negative emotions.
- Barriers to help-seeking that were prioritised for both gambling helplines and non-professional sources of help were wanting to solve the problem on their own, and feeling ashamed for yourself or family. This suggests that efforts to destigmatise problem gambling and to encourage people, including significant others, to seek help may be needed.
- The clear preference for using self-help gambling measures first before other types of help identifies an opportunity for public health measures that educate family and friends of gamblers about self-help gambling strategies.

# **CHAPTER 7**

## **RESULTS FROM A SURVEY OF GAMBLERS IN TREATMENT FOR GAMBLING PROBLEMS**

### **7.1 Introduction**

This chapter focuses on the results of an online survey of problem gamblers in treatment (PGT), who were expected to be mainly in the action stage of change. With the cooperation of gambling counselling agencies, survey responses were gained from 110 gamblers in treatment for gambling problems. Because these respondents were self-selecting, it is not known how representative they are of the broader population of gamblers in treatment.

The chapter commences by describing the demographic characteristics of the participants, their frequency of gambling and PGSI categories. It then presents the survey results pertaining to their use of professional sources of gambling help, including motivators and barriers to accessing this type of help. The respondents' usage of non-professional sources of help and self-help measures are then presented, along with associated motivators and barriers. A chapter summary completes the chapter.

Please note that detailed tables supporting the graphs and other figures in this chapter are contained in Appendix N, while Chapter 9 compares results for this sample with those for the other survey samples of gamblers, as well as by PGSI category, sex, age and location.

### **7.2 Participant Characteristics**

Most respondents were female (54%), in contrast to the sample of helpline callers who were more likely to be male, living in a metropolitan area (58%) and aged 35-54 years (55%), although there was also a sizable minority of respondents aged 25-34 years (23%). They were more likely to be never married (37%) and working full-time (39%) than to have alternative types of marital or work status. Most were born in Australia (73%) and identified themselves as part of the mainstream Australian culture (78%).

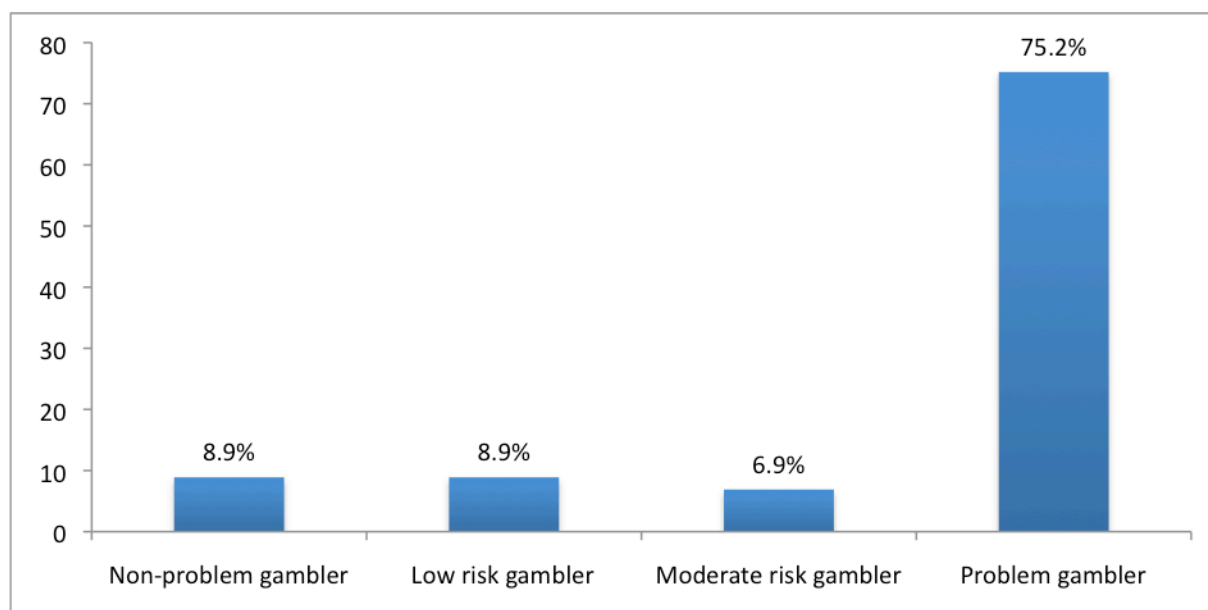
### **7.3 Gambling Behaviour**

The respondents were asked their frequency of gambling on non-lottery forms. On at least a weekly basis during the last 12 months, 48% played gaming machines, 11% played keno, 18% placed bets at a TAB, 10% bet at a racetrack, 13% gambled on sports betting, 8% gambled on land-based casino games, 5% gambled on Internet casino games, and 1% gambled privately for money. Gaming machines were clearly the most frequent form of gambling amongst this group, with nearly one-third of respondents (31%) playing these several days per week.

### **7.4 Problem Gambling Severity**

Figure 7.1 categorises respondents according to their scores on the PGSI. Problem gamblers accounted for 75% of the sample, while 7% were moderate risk gamblers, 9% were low risk gamblers, and 9% were non-problem gamblers. Their scores on the PGSI ranged from 0 to 27, with a

mean score of 13.40 (std dev. = 8.03) and a median score of 13.0. Cronbach's alpha for the PGSI was .940, demonstrating its high reliability.



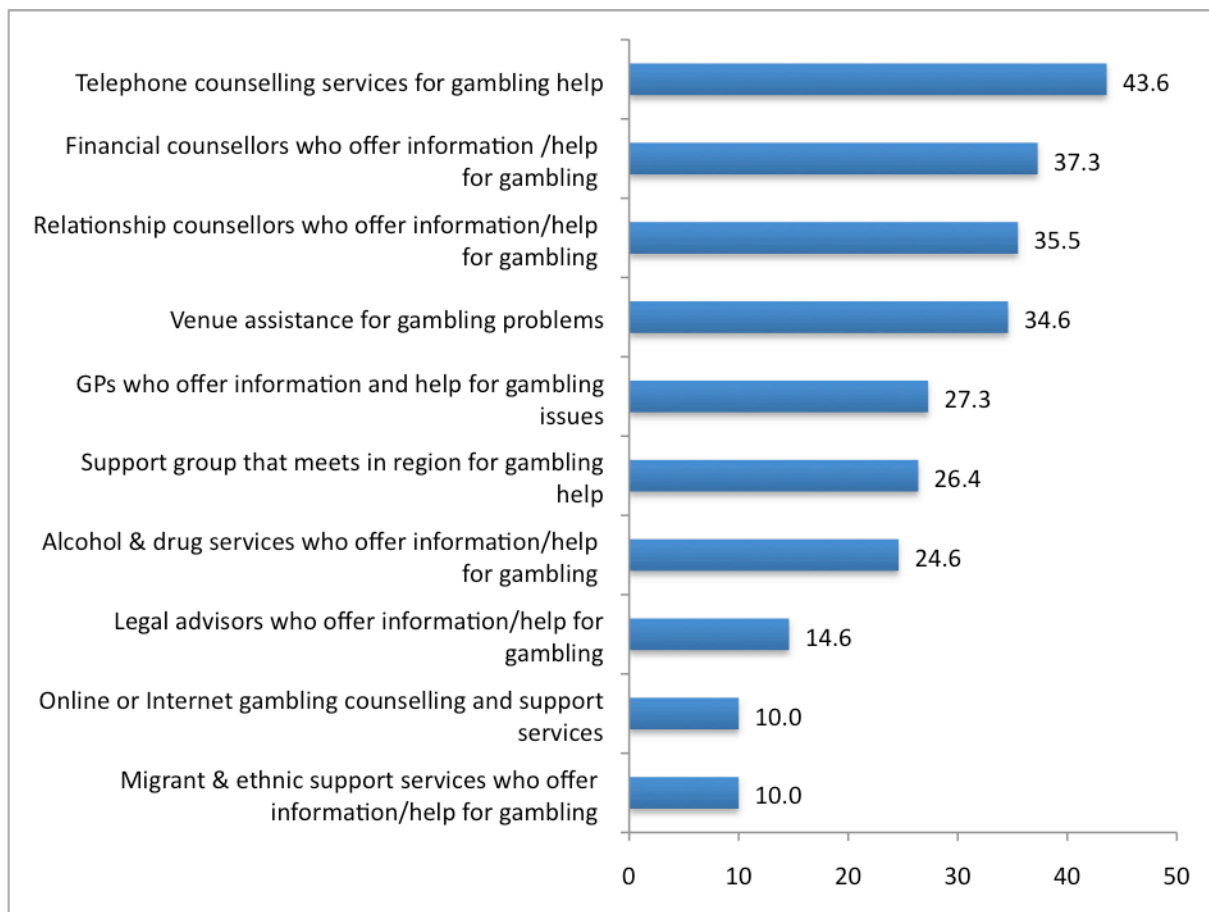
**Figure 7.1: PGT Sample: PGSI Categories of Respondents (%)**

## **7.5 Professional Sources of Gambling Help**

This section focuses on the respondents' awareness, use, motivators and barriers in relation to professional sources of gambling help.

### **7.5.1 Prior Awareness of Professional Sources of Gambling Help**

The 110 respondents were asked whether they were aware of the availability of various types of professional help services before contacting their current gambling help service. The frequency of Yes responses is shown in Figure 7.2 in descending order of frequency. It shows that awareness was highest for telephone counselling services (44%), followed by financial counsellors (37%) and relationship counsellors (36%) who offer information/help for gambling problems. About one-third (35%) were aware that venues can provide assistance for gambling problems. Around one-quarter of respondents were aware that help was available from GPs (27%), face-to-face support groups (27%) and alcohol and drug services (25%). Lower proportions of respondents were aware that legal advisors (15%), migrant and ethnic support services (10%) and online counselling and support (10%) are available.

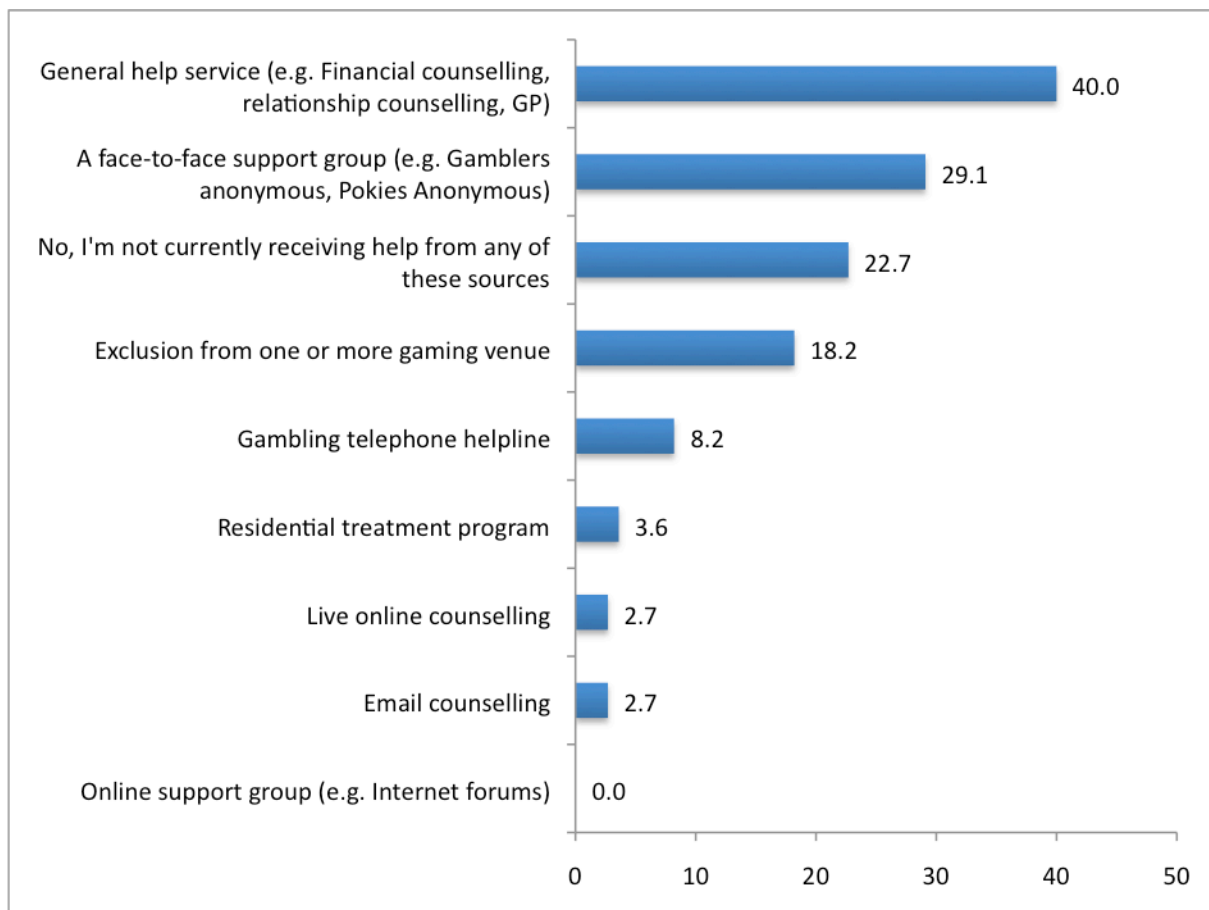


**Figure 7.2: PGT: Awareness of Professional Sources of Gambling Help (%)**

The preceding figure shows that respondent awareness was quite low for gambling-specific help services before they contacted their current service. When asked what specific services they knew of each type, most of the 44% of respondents who were aware of gambling helplines were able to identify the Gambling Helpline, the National Gambling Helpline number, or that a gambling helpline number was displayed in venues. However, awareness of specific mutual support groups was low, with 16 respondents nominating GA and 7 others nominating counselling agencies that presumably run group sessions. Only 16 participants (15%) reported being aware that venues can provide self-exclusion. These results imply that awareness of professional services that can provide assistance for a gambling problem could be raised, particularly self-exclusion.

### **7.5.2 Current Use of Professional Gambling Help**

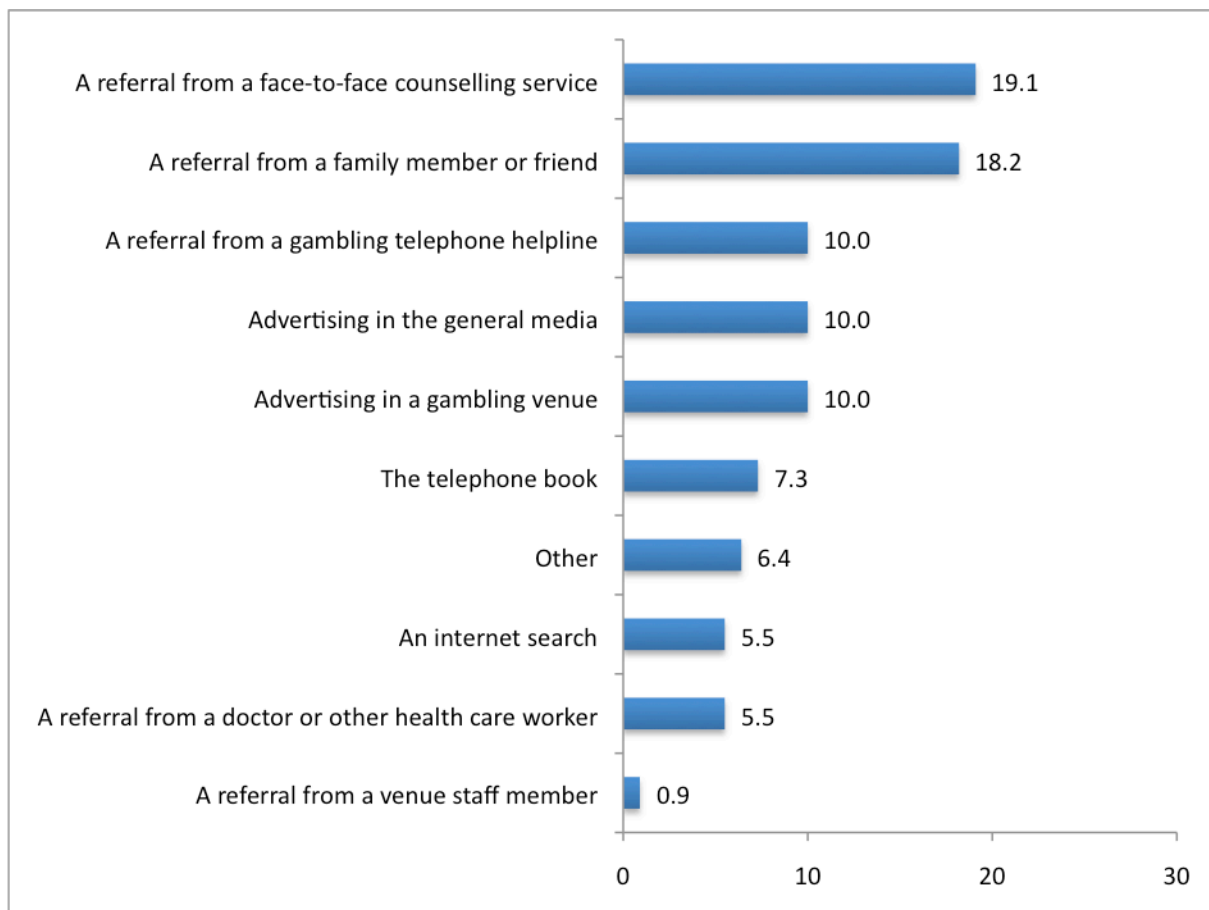
The survey participants were asked if they were currently receiving help from any of the professional sources of help listed in Figure 7.3. They were not asked about face-to-face counselling, as all respondents had been recruited through these services. While twenty-five respondents (23%) were not receiving help from any other professional sources, 40% were sourcing help from general services, followed by a face-to-face (mutual) support group (29%) and through self-exclusion (18%). Thus, it appears that using multiple sources of professional help is typical amongst these gamblers.



**Figure 7.3: PGT: Current Use of Professional Sources of Gambling Help (%)**

When asked which of the above services had been most helpful for them, 28% of the 110 respondents nominated general help services and 24% nominated a face-to-face support group. Lower proportions nominated helpline services (8%), self-exclusion (7%) and email counselling (2%). Less than 1% nominated other types of services as their most helpful. Please note that these figures also reflect use of these services. The majority of those who had used other types of professional services were extremely satisfied (40% of the 110 respondents) or satisfied (28% of the 110 respondents).

When asked how they had found out about their most helpful other type of professional service, a variety of sources were endorsed, as shown in Figure 7.4. The most common was referral from a face-to-face counselling service (19%), followed by being informed through family or friends (18%). Equally common were from advertising in a venue (10%), advertising in the general media (10%) and referral from a gambling helpline (10%). Other sources of this information were less endorsed. It therefore appears that general and venue advertising is resulting in limited awareness of other sources of professional help.

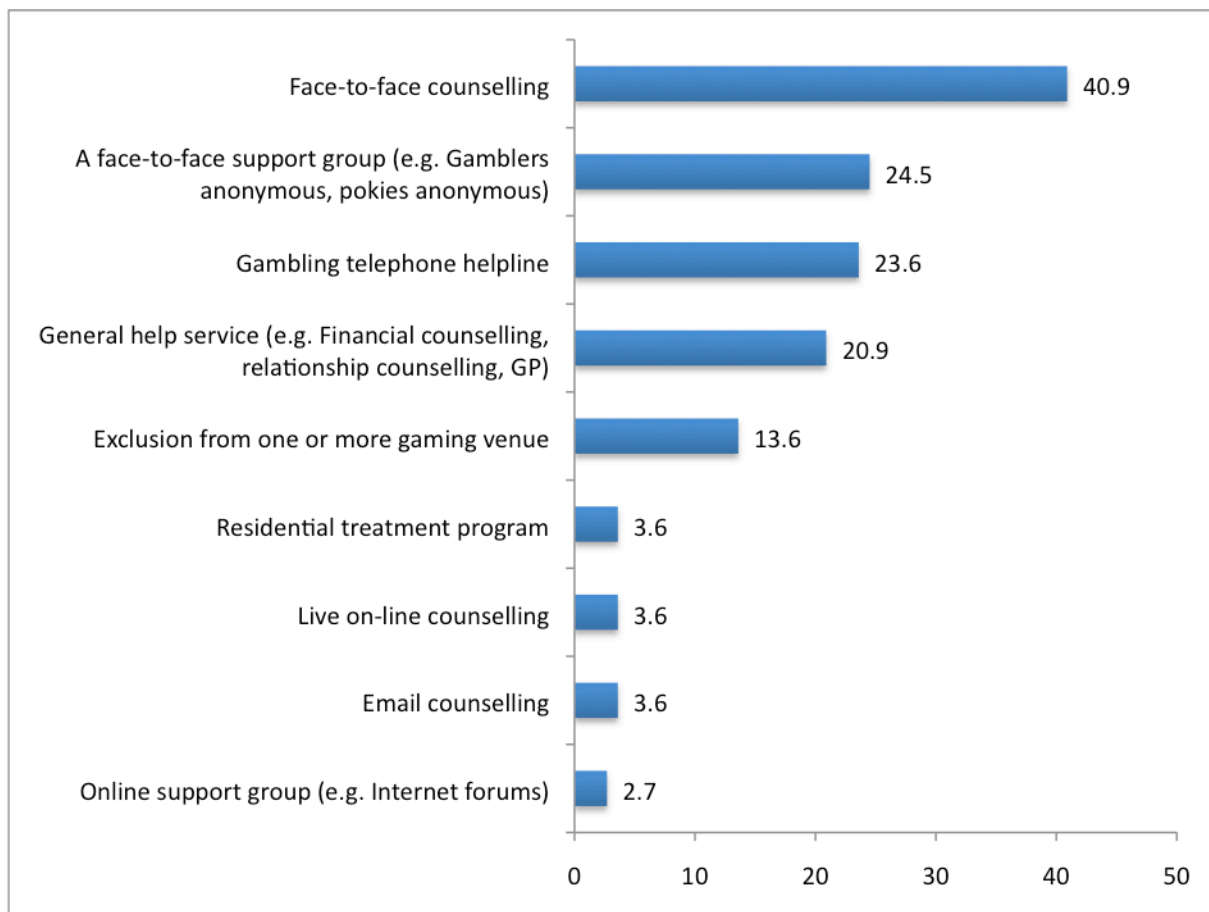


**Figure 7.4: PGT: How Respondents Found Out About Prior Professional Sources of Gambling Help (%)**

### 7.5.3 Prior Use of Professional Gambling Help

The survey participants were asked if they had received professional help in the past for their gambling, with the frequency of their 'Yes' responses shown in Figure 7.5 in descending order of frequency. The most commonly used in the past was face-to-face counselling services (41%), followed by a face-to-face support group (25%), a gambling helpline (24%) and general help services (21%). Exclusion was uncommon, with 14% having excluded from one or more gaming venues. Nearly one-third of respondents (30%) had not used any professional help service in the past.

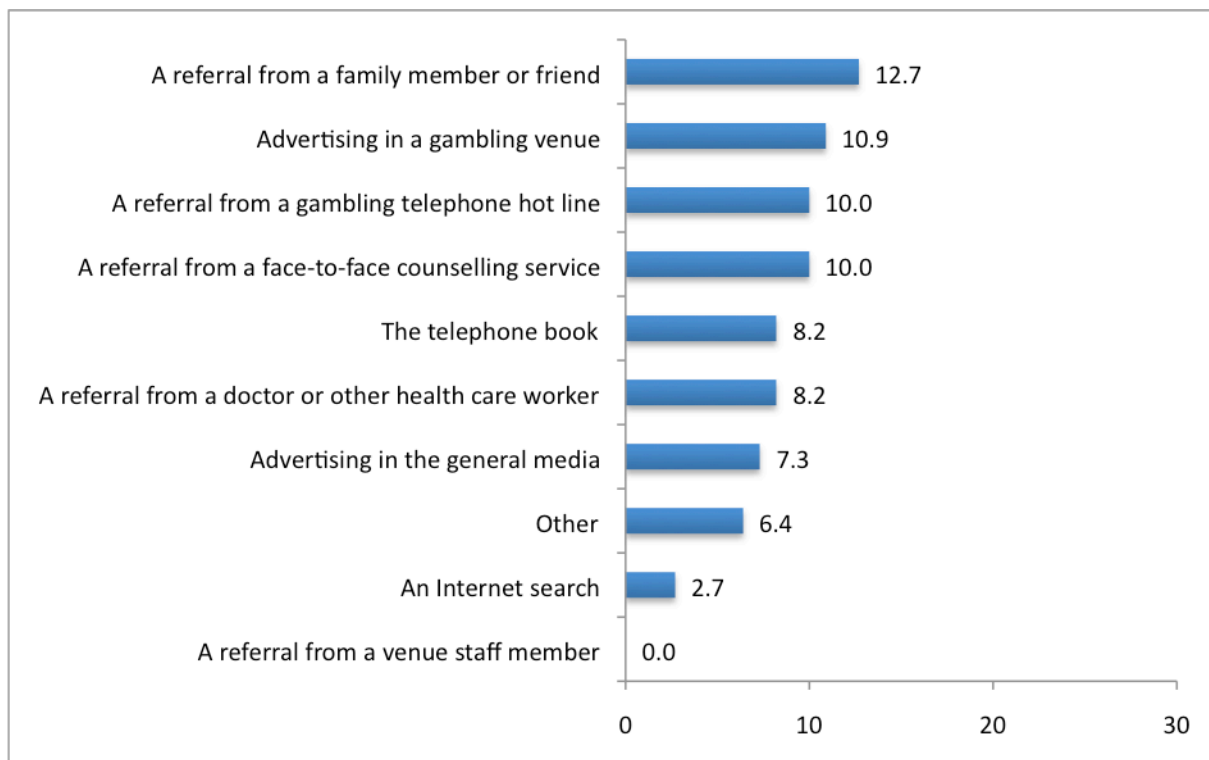




**Figure 7.5: PGT: Prior Use of Professional Sources of Gambling Help (%)**

When asked which of the above services had been most helpful for them, 31% nominated face-to-face counselling services, followed by a face-to-face support group (10%), general help services (8%), a gambling helpline (6%) and self-exclusion (5%). However, these figures also reflect use of these services. Satisfaction with the most helpful service nominated was high, with 25% of respondents extremely satisfied and 28% satisfied.

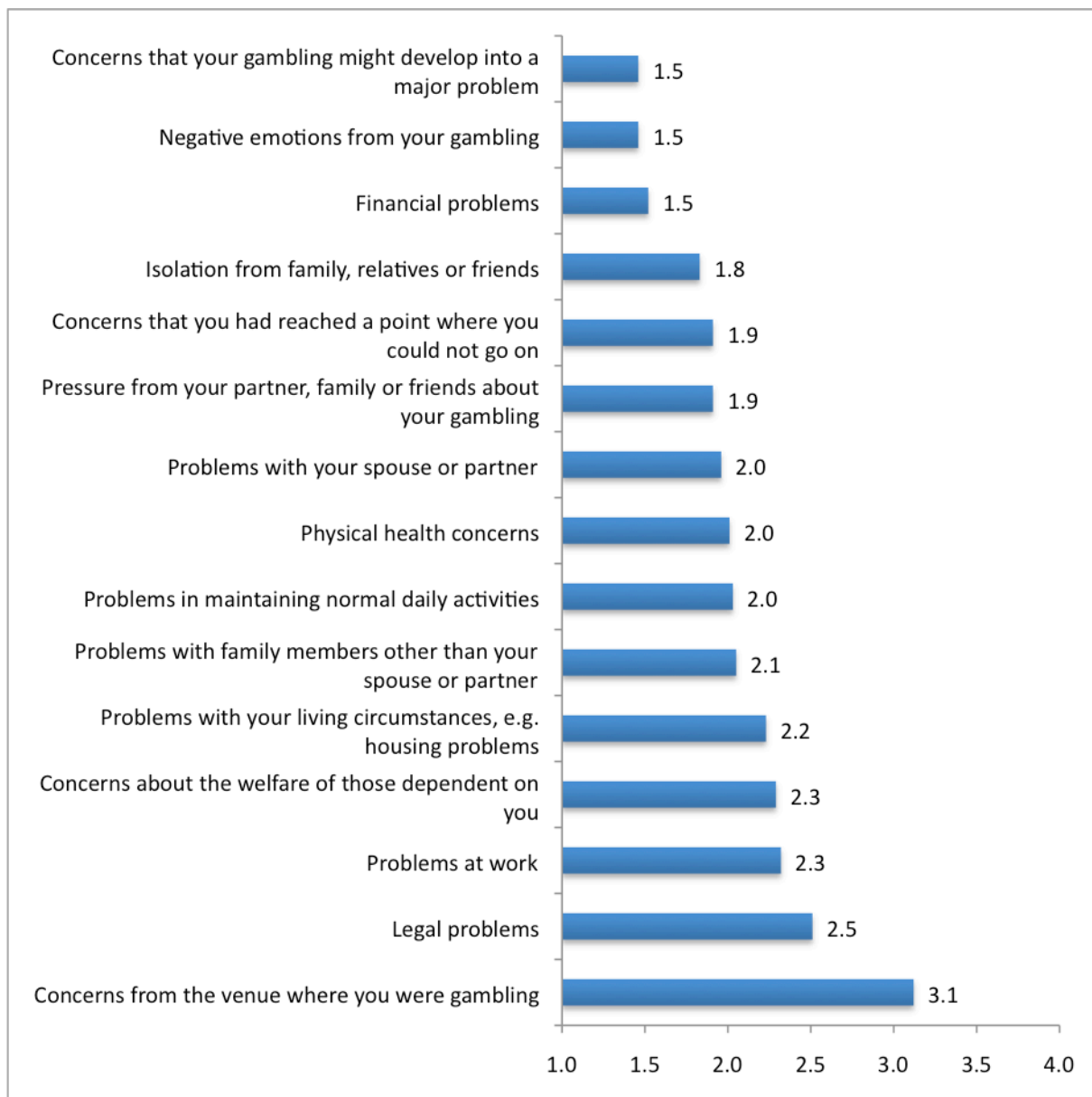
When asked how they had found out about the most helpful service they had used in the past, most had been informed by a family member or friend (13%), followed by advertising in a venue (11%), referral from a face-to-face counselling agency (10%) or referral from a gambling helpline (10%), as shown in Figure 7.6.



**Figure 7.6: PGT: How Respondents Found Out About Prior Professional Sources of Gambling Help (%)**

#### **7.5.4 Motivators for Seeking Professional Gambling Help**

The 110 respondents were asked about the reasons that had prompted them to seek professional help from the service they were currently using. For each reason, respondents were asked to provide one of four responses, which were coded as: Strongly agree = 1, Agree = 2, Disagree = 3, Strongly disagree 4. Mean scores were then calculated, as shown in Figure 7.7. Note that the lower the mean, the higher the level of agreement that the reason prompted them to seek professional help.



**Figure 7.7: PGT Sample: Motivators for Seeking Professional Help**

Figure 7.7 indicates that the respondents agreed, on average, with all reasons provided that might have prompted them to seek professional help for their gambling, except for concerns from the venue where they were gambling. The most common five motivators that prompted them to seek professional help, in descending order of agreement, were:

- Concerns that your gambling might develop into a major problem
- Negative emotions from your gambling
- Financial problems
- Isolation from family, relatives or friends
- Concerns that you had reached a point where you could not go on

## Other Motivators for Seeking Professional Gambling Help

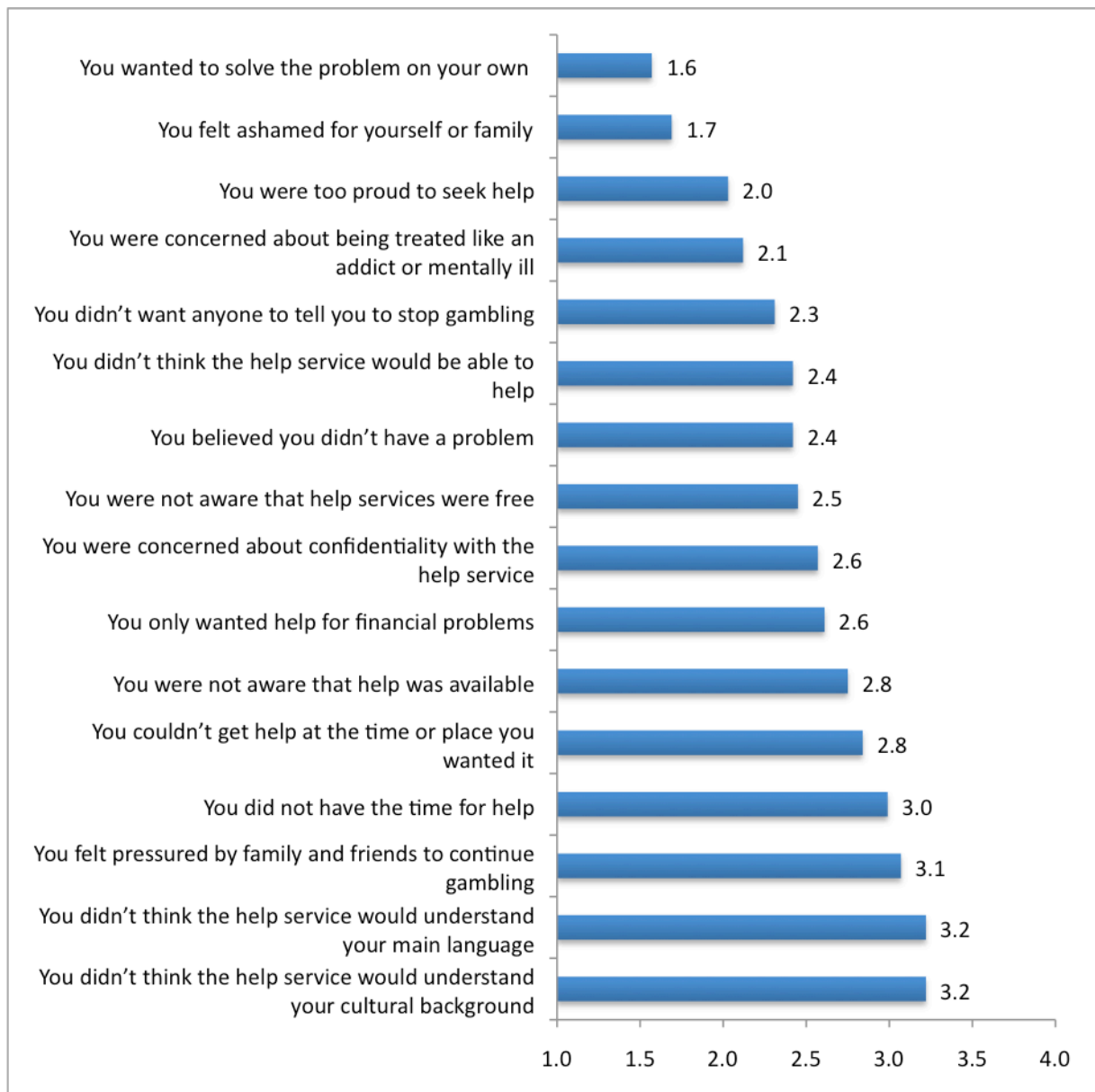
Several respondents nominated additional reasons that motivated them to seek professional help for their gambling and these are shown in Box 7.1. What is apparent is the severity of the issues the respondents were facing when they decided to seek professional gambling help.

### Box 7.1: PGT Sample: Other Motivators for Seeking Professional Gambling Help

- *High blood pressure – stress. Also rage after I had lost all my money and knowing well that I had bills yet to pay.*
- *Divorce.*
- *I was out of control with debt and feeling depressed.*
- *Help from support groups only available at night or they are too far away.*
- *The need to work on all the addictions at the same time.*
- *I used to hide away money and then have to explain why I haven't got any money.*
- *Lack of privacy.*
- *Fits in with the legal reason - Voluntary Protective Order - from community services placed regarding child.*
- *Uncontrolled urges to gamble.*
- *I was working shift work and 12hr shifts and then blowing my hard earned cash on the pokies. Made me feel very sick and depressed. So I kept chasing the losses but to no avail and was getting deeper into debt which was making me very moody at home, work and friends. Short fused.*
- *Grief. Did not want to feel or think so a poker machine provided hours of distraction. It wasn't even the case of money at the time. It became a way of coping. Obviously detrimental.*
- *My mum was sick for 13yrs & I was sole carer & to stay close to her, I would go to the closest one & just numb out. Lonely, depressed & I liked the noise around me, that way I didn't feel alone.*
- *Fell in love and wanted to feel worthy*
- *Having car/TV items repossessed.*
- *I was ashamed.*
- *Bad influence on my kids.*
- *It made my depression a lot worse.*
- *Frustration at animosity between counsellors/services towards other providers.*
- *Got caught, found out.*
- *My partner left me owing me over \$20,000 which put me into incredible financial stress and he had no intention of helping me despite him basically stealing my money to support his gambling habit.*
- *I realised I was getting older and I had stopped and then started gambling again. I was isolated and felt that I would never get a partner, because I would not allow anyone to get close to me in case they found out I had a problem and was drowning in debt.*
- *I had to do for myself.*
- *Financial support to buy food, pay bills that weren't paid because of gambling.*
- *Marriage break up, suicidal.*

## 7.5.5 Barriers to Seeking Professional Help

The 110 respondents were asked about reasons that may have discouraged or delayed them from seeking help from their current service. The same response categories and scoring were used as for the motivators in the preceding section. Mean scores for each barrier are shown in Figure 7.8. Note that the lower the mean, the higher the level of agreement.



**Figure 7.8: PGT Sample: Barriers to Seeking Professional Help**

Figure 7.8 shows that the respondents agreed with many of the barriers that were presented to them in the survey. The most common five barriers which deterred or delayed them in seeking professional help were:

- You wanted to solve the problem on your own
- You felt ashamed for yourself or family
- You were too proud to seek help
- You were concerned about being treated like an addict or mentally ill
- You didn't want anyone to tell you to stop gambling

#### **Other Barriers to Seeking Professional Help**

Several respondents nominated other reasons that would delay or discourage them from seeking professional help sooner and these are captured in Box 7.2. Common responses relate to problem denial, hope of winning back losses, the difficulties of curtailing their gambling, previous poor

experiences with counselling services, the costs of transport to counselling, shame and other complex issues.

### **Box 7.2: PGT Sample: Other Barriers to Seeking Professional Help**

- *My drinking alcohol did not help the cause.*
- *Needed support during the day.*
- *I was just putting it off.*
- *Laziness.*
- *Afraid to admit I have a problem with gambling.*
- *Thinking I can win back one day and use my will power to solve the problem.*
- *I spoke to my psychiatrist first that I might have a problem, his reply was you are winning you should be a professional gambler. At the time I was unwell with bi polar and took his word and thought I could be a professional gambler. Fortunately now wiser and trust my own judgment.*
- *Wantirna Club staff would just keep looking at me & laugh. I felt too ashamed to ask for help as I thought all venues were the same.*
- *Denial about having a gambling problem.*
- *Winning made me feel good. Didn't want to give it up.*
- *Knowing you have a problem but also knowing it's going to be overwhelming in trying to deal with it. Also knowing I needed help but feeling somewhat sad to know I would have to give gambling up as it was something I enjoyed before it got too destructive.*
- *Concern over repeated unknowledgeable counsellors regards what actually is my problem. over the years I am yet to meet someone that knows how I gamble (type of gambling style) when I gamble and how much (when I say I am having a major bust they just don't get it) and the last service told me to move from the district (I'm in a rural area) because what I require isn't found here re help.*
- *I've had so much gambling counselling that I felt that they couldn't help me anymore and I thought that I could control it myself. I can't though so am self excluded again.*
- *I didn't really understand the particular type of help that the service could offer me - my mind was clouded by help that I received a decade earlier.*
- *I thought it was just a minor problem, and eventually I'd get a big win.*
- *Refusal to admit I had a gambling problem.*
- *I had to rely on public transport and still do. I work in Melbourne but live in Geelong. The gambling counselling service is in the outer suburbs of Geelong. It was (and still is) a real effort to get to my counselling appointments. I know taxis are available - but I rarely have much money left over from my pay because of financial commitments (due to past gambling) - so spending \$40 (in total) to and from my home to the counselling session was just too costly. I have my sessions on a Wed night.*
- *I have been working in the public health field for many years and was worried about coming into contact with people who might know me or otherwise being identified – privacy.*
- *Earlier intervention from venue operators and banks, eg., see explanation below*
- *The main reason was the shame of being an idiot with money that I and my family needed to live on. I am on a DS Pension.*
- *When gambling I didn't have any other worries at the time.*

### **7.5.6 What Could Have Encouraged People to Seek Professional Help Sooner**

When asked what, if anything, could have been done to encourage them to contact their current gambling help services sooner, most survey participants provided a response. These were coded into the themes shown in Table 7.1. All accompanying comments are also provided for the further insights they provide into barriers to seeking professional help and how they might be lowered.

As indicated in the table, the respondents favoured more public education about problem gambling and available services, more and better services, for venues to be more interventionist, greater support from significant others, and the need for self-recognition of the gambling problem.

**Table 7.1: PGT Sample: Themes and Comments About What Could Have Encouraged Respondents to Seek Professional Help Sooner**

Theme	Comments
Advertising	<p><i>Better advertising</i></p> <p><i>Get a poster</i></p> <p><i>Ads on TV</i></p> <p><i>Ads on the radio and TV about gambling help available.</i></p>
Better services	<p><i>Gamblers anonymous did not offer me any help at all since I was not the gambler... and it took 4 messages before they even bothered to call me back!</i></p> <p><i>More continuity and better linkage between the telephone crisis counselling services and the substantive ongoing counselling service; i.e., it would have facilitated my access and uptake of gambling counselling if the person I spoke to could have made the referral to the gambling counselling service for me and provided an appointment or arranged for someone to ring me.</i></p>
Earlier crisis	<p><i>I'd reached a crisis point - I thought I could have controlled it on my own.</i></p> <p><i>The only things would have been: get into a serious financial crisis sooner; be caught by my daughters sooner</i></p> <p><i>Hit rock bottom sooner, family and spouse interference sooner, realise the problem sooner</i></p> <p><i>Financial problem, go bankruptcy</i></p> <p><i>If I had have been caught out with all the lies. I dug a deep hole for myself and gambling was the only I could see of getting out of debt</i></p>
Education about problem gambling	<p><i>Maybe a news letter sent home with stories about other people having gambling problems and losing their houses or families etc.</i></p> <p><i>Being aware that gambling is an addiction more serious than people think.</i></p> <p><i>Knowing where I was headed would have helped.</i></p> <p><i>Perhaps more awareness in society of how big a problem it is and that the help is there and free.</i></p> <p><i>Hearing about more success stories about people who have overcome problems.</i></p> <p><i>Deterrent and more statistical data in advertising giving odds, ratios, etc. to discourage, give realisation to Gamblers, so they realise the futility of gambling at all.</i></p>
Education about services	<p><i>Better understanding that one on one counselling services are available</i></p> <p><i>I needed to admit to myself that I had a problem. More information needed on available help services.</i></p> <p><i>If I was aware that a gamblers help counsellor was at the local community health service facility as a free service, I would have sought help much earlier than I actually did.</i></p> <p><i>More information on whats out there</i></p> <p><i>It could be explained that services are free</i></p> <p><i>If anyone can refer me to the service, I'll try to get help sooner.</i></p> <p><i>If I had known my current service was going to focus very specifically on talking more about my gambling.</i></p> <p><i>Know about more services</i></p> <p><i>Promoting the service I chose and explaining its a free service it's possible the best thing I've done I highly recommend this particular service &amp; delivery</i></p> <p><i>Provide better and more effective awareness of where to seek help, not just little signs on poker machines within venues that are totally ignored whilst in the gambling frame of mind, in other words there needs to be signs before you get to venues. TV Campaigns of how damaging the effective of gambling really are.</i></p> <p><i>If there had been more information/brochures with "local" contacts and details not just national.</i></p> <p><i>If it was free, I would have made contact earlier but at the time, I could not afford the fees.</i></p> <p><i>Advertising of gambling services is often negative and scare mongering on impact of families and self. This needs to be balanced with more information to the gambler on the range of services available or type of help. Also video screens on poker machines should switch to a screen message explaining services say every 30 minutes of play.</i></p> <p><i>Knowing that it was free and completely confidential</i></p> <p><i>More awareness of the various services being available</i></p> <p><i>Awareness that the gambling service finances to help with outstanding bills and food because of the gambling.</i></p> <p><i>I would like to have know about Gamblers Anonymous</i></p> <p><i>If I knew they could have helped - I am very satisfied</i></p>
More services	<p><i>More services available in the area.</i></p> <p><i>More knowledge of services - services not always available in the area needed.</i></p> <p><i>I did not know the service was free and the location was not convenient.</i></p>

Nothing	<p><i>Would not have mattered as I did not wish to admit that I had a problem.</i></p> <p><i>I don't think anything could have been done. You have to want to stop before anything will work</i></p> <p><i>Nothing would help I didn't have a problem I thought</i></p> <p><i>Don't think anything would have encouraged me</i></p> <p><i>Nothing until I became desperate enough and until if I didn't seek help I would either starve or take my life</i></p> <p><i>Nothing...I contacted the gamblers help line after running out of options , had one call....I missed the second re work commitments and haven't been contacted since</i></p> <p><i>Nothing really... I had to make that decision myself.</i></p> <p><i>Nothing I had to be ready</i></p> <p><i>No I have no problem contacting Wesley mission</i></p> <p><i>Nothing - had to hit rock bottom first</i></p> <p><i>Nothing u have to want to stop</i></p> <p><i>Not real sure. I had no choice in the end.</i></p> <p><i>Could not stop myself from gambling</i></p> <p><i>I heard about my gambling counselling service from my sister. I did phone the gambling help line and they provided my current counselling service's contact details too. I predominantly gambled in TAB's - so there was always literature about seeking help for gambling problems in view. I don't think there could be anything more done to encourage me to seek help.</i></p> <p><i>(An additional 8 respondents also said 'nothing', 'nil' or 'no, with no further comment.)</i></p>
Other support	<p><i>Support</i></p> <p><i>From friends' encouragement and support from family.</i></p> <p><i>Having someone I could trust to suggest it would be in my best interest to address the problem or potential problem</i></p> <p><i>My children finding out</i></p> <p><i>If my Family knew how much I was Gambling</i></p> <p><i>More understanding and support from friends and relatives</i></p> <p><i>An ultimatum from my specialist</i></p> <p><i>My sister contacted gamblers anon because I would not do it.</i></p> <p><i>They contact me through a friend referencing me to them</i></p> <p><i>Local doctor should see the signs and offer referral as being treated for depression and it is a common side effect and somehow pokies zone you out and you do not need to think.</i></p> <p><i>Friends and family who were more supportive.</i></p> <p><i>Help service contacting me firstly. Supported friend guiding me there. Appointment made for me.</i></p> <p><i>Seeing the GP earlier would have helped</i></p>
Self-recognition	<p><i>Self Committal Readiness to accept the problem</i></p> <p><i>Admit to myself I need help</i></p> <p><i>Owning up to my gambling and accepting help</i></p> <p><i>If I had found out earlier</i></p> <p><i>Owning up to having a problem</i></p> <p><i>Be prepared to accept I am a gambler</i></p> <p><i>My own realisation that this was getting worse</i></p> <p><i>Being aware that I had a serious problem</i></p>
Venue actions	<p><i>Gambling venue staff needed to say something because it seemed obvious that I had a gambling problem.</i></p> <p><i>On hand advice from the venues, staff should be more aware that people have a problem - they should know the indicators.</i></p> <p><i>Owners of gambling joints been more aware train their staff to see the problem patrons</i></p> <p><i>If pokie venues had a support staff member to assist those needing help with gambling I know I would've asked for assistance.</i></p> <p><i>Staff at venues could have been more proactive about the services on offer.</i></p> <p><i>Staff are well aware of the suffering &amp; most just do what they are paid to do. Very few that did say something like- Are you having trouble leaving? always seemed worried that they would get caught trying to me leave.</i></p> <p><i>If someone approached me while I was gambling and told me that help was easily available, I probably would be in a better position than I am today.</i></p> <p><i>Possibly the venues could have identified me as a problem gambler as I was there a lot in business hours.</i></p> <p><i>More notices in the clubs and pubs (eg., maybe counsellor are present or have an office at the casino) gambling helper</i></p> <p><i>1.If a patron of a venue is spending a long time and large amounts of money at the venue. or 2. If a</i></p>



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*person is withdrawing large, frequent amounts of cash from a bank account, should not this be questioned- it may have triggered a reality check for me.*

*More signs in clubs and, a linked computer system that self excludes me from all clubs/pubs.*

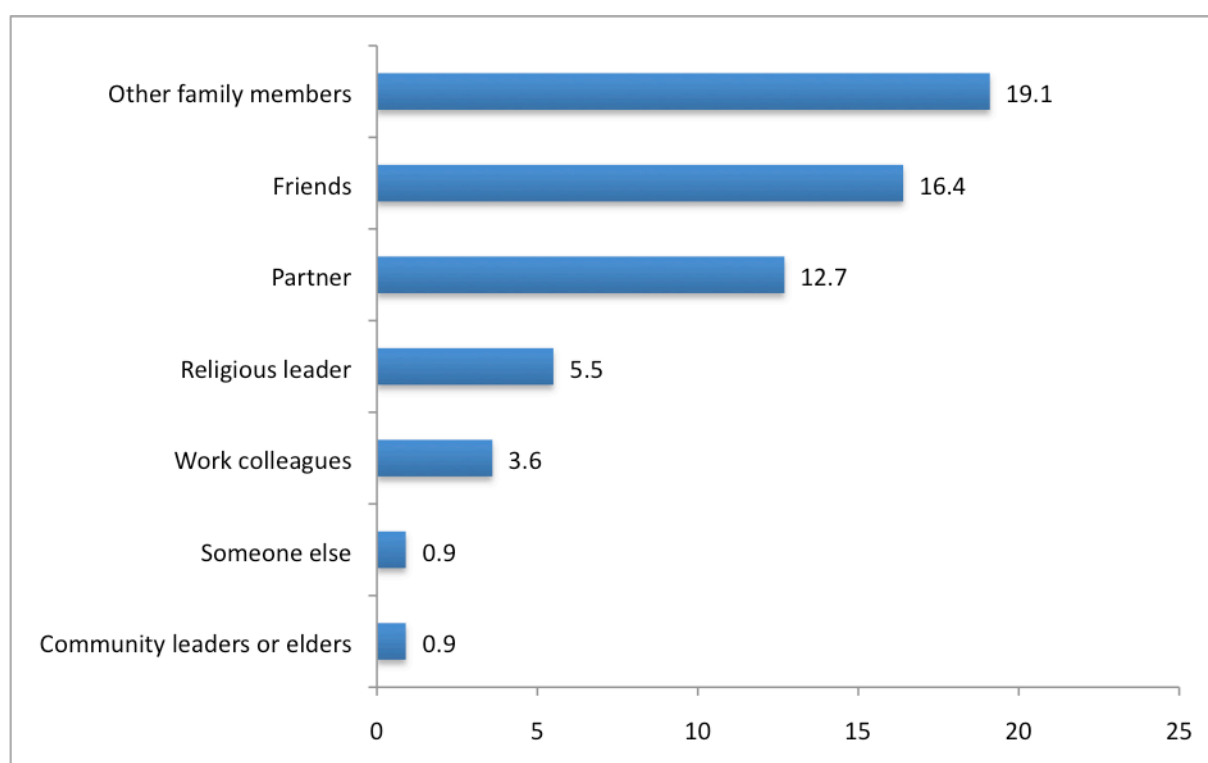
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## 7.6 Non-Professional Sources of Gambling Help

Non-professional sources of help are examined in this section in relation to the 110 gamblers who were in treatment for their gambling problems.

### 7.6.1 Past Use of Non-Professional Sources of Gambling Help

The respondents were asked if they had ever received non-professional help for their gambling, with about one-half (48%) indicating Yes. Sources of non-professional help used in the past are shown in Figure 7.9, where it is evident that the most frequently used were other family members (19%), friends (16%) and partners (13%).

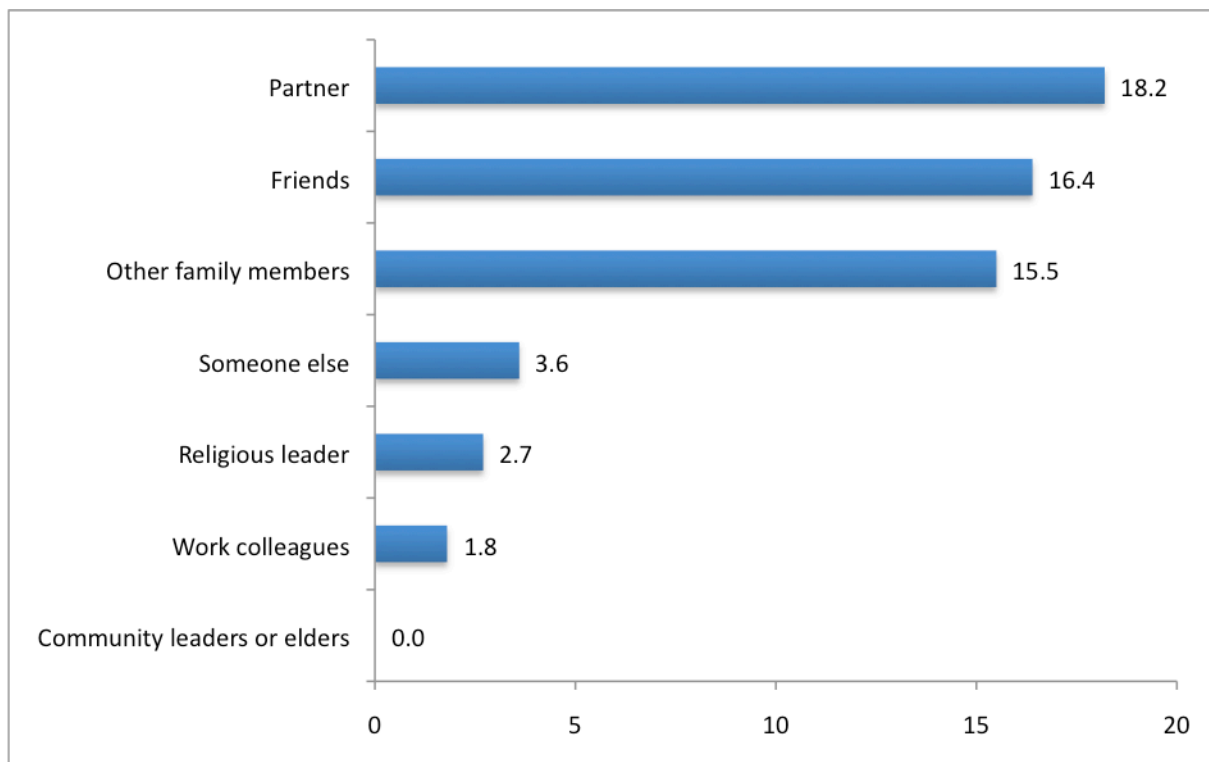


**Figure 7.9: PGT Sample: Past Sources of Non-Professional Gambling Help (%)**

The most helpful past sources of non-professional help were nominated as partner (by 10% of the 110 respondents), other family members (9%) and friends (5%), although these figures also reflect usage of these different sources of help.

### 7.6.2 Current Use of Non-Professional Sources of Gambling Help

The survey participants were then asked if they were currently using any non-professional sources of help, with the frequency of Yes responses for each type of help summarised in Figure 7.10. The most commonly used sources of non-professional help were partners (18% of the 110 respondents), friends (16%) and other family members (16%).

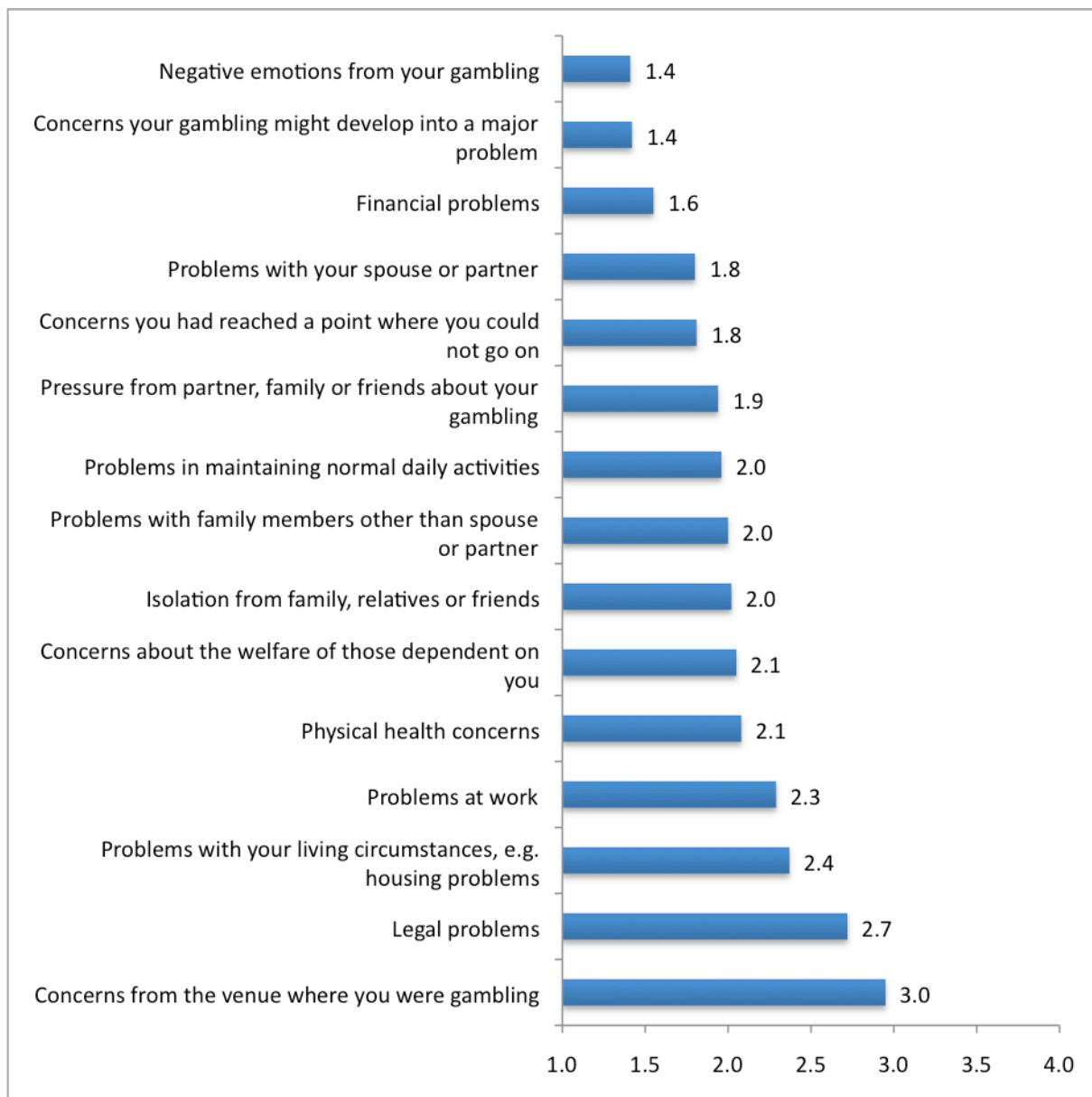


**Figure 7.10: PGT Sample: Current Sources of Non-Professional Gambling Help (%)**

Twelve per cent of the whole sample nominated their partner as the most helpful non-professional source of help, 8% nominated friends and 8% nominated other family members. These figures, however, also reflect usage of these non-professional sources of help for gambling. Of those who had used non-professional sources of help in the past 25% were extremely satisfied with the outcome of this help, 52% were satisfied and 14% were unsatisfied.

### **7.6.3 Motivators for Seeking Non-Professional Sources of Gambling Help**

Respondents who had previously sought non-professional help for their gambling (n = 52) were asked about the reasons that prompted them to seek this help. Response categories were: Strongly agree = 1, Agree = 2, Disagree = 3 and Strongly disagree = 4. Figure 7.11 shows agreement to each reason according to mean scores. Note that the lower the mean, the higher the level of agreement.



**Figure 7.11: PGT Sample: Motivators for Using Non-Professional Sources of Gambling Help**

As shown in Figure 7.11, the respondents agreed with all reasons they were presented with, except for legal problems and concerns from the venue where you were gambling. The most common five motivators for seeking non-professional help were:

- Negative emotions from your gambling
- Concerns your gambling might develop into a major problem
- Financial problems
- Problems with your spouse or partner
- Concerns you had reached a point where you could not go on

#### **Other Motivators for Non-Professional Help-Seeking**

When asked whether there were any other reasons that prompted them to seek non-professional help, the responses in Box 7.3 were given.

### Box 7.3: PGT Sample: Other Motivators for Non-Professional Help-Seeking

- *I don't like gambling and could not understand why I was doing it.*
- *I wanted to talk to someone that loved me and to judge how bad my problem was.*
- *It was a way of letting people back in as I had shut them out through being very secretive about my gambling; confiding in friends and family and seeking their support was part of my attempt to recover - being more honest with people who are important to me.*

#### 7.6.4 Barriers to Seeking Non-Professional Sources of Gambling Help

All survey participants were asked about reasons that may have discouraged or delayed them from seeking non-professional help. The same Strongly agree – Strongly disagree scale and coding was used as before. Figure 7.12 shows agreement to each reason according to mean scores on this scale in descending order of agreement. Note that the lower the mean, the higher the level of agreement.

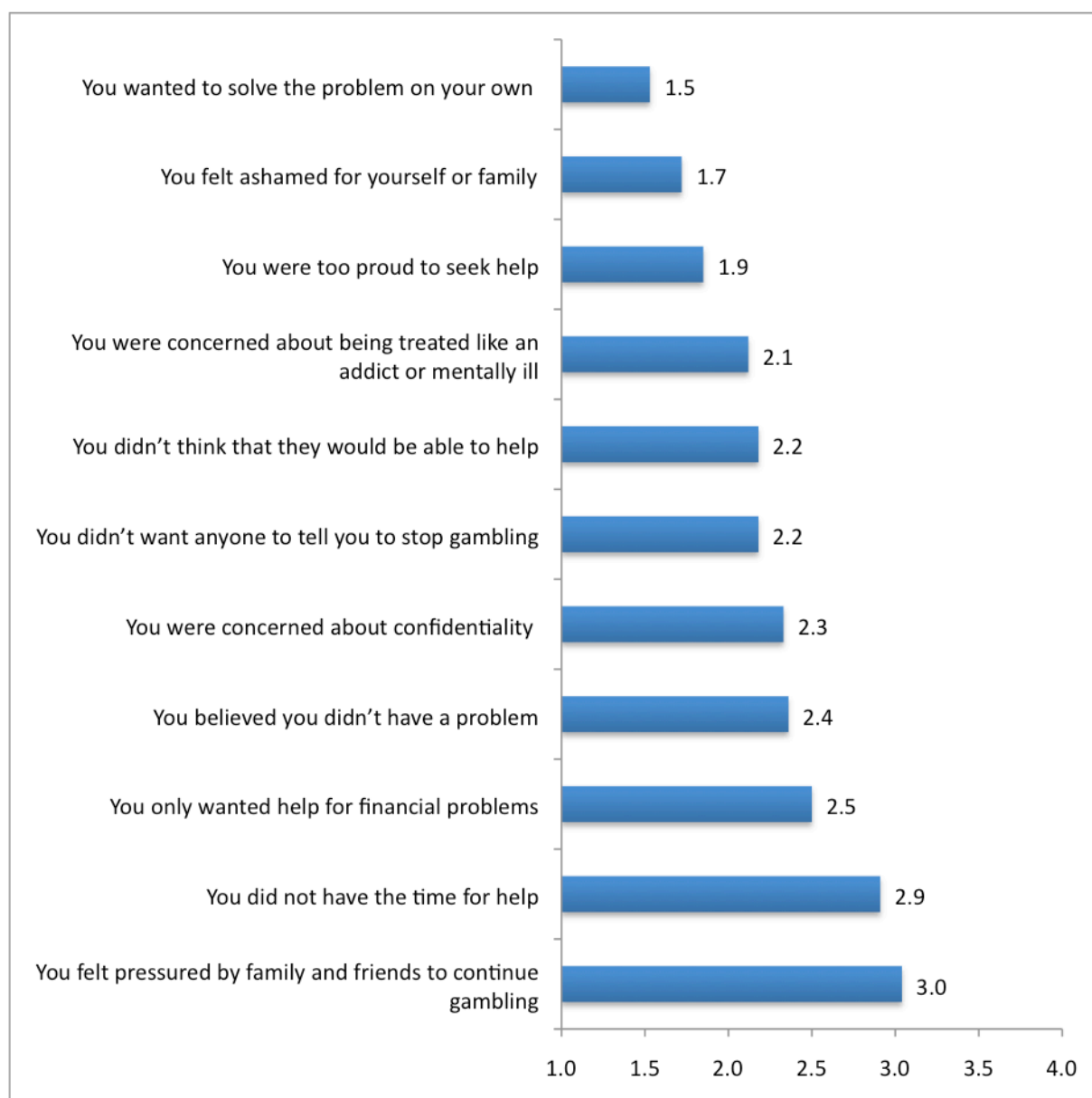


Figure 7.12: PGT Sample: Barriers to Using Non-Professional Sources of Gambling Help

As shown in Figure 7.12, the respondents generally agreed with all reasons that might deter or delay them from seeking non-professional help for their gambling, except that they did not have time to seek this help or felt pressured by family and friends to continue gambling. The most common five barriers were as follows:

- You wanted to solve the problem on your own
- You felt ashamed for yourself or family
- You were too proud to seek help
- You were concerned about being treated like an addict or mentally ill
- You didn't want anyone to tell you to stop gambling

### **Other Barriers to Non-Professional Help-Seeking**

When asked whether there were any other reasons that would delay or discourage them from seeking non-professional help, seven relevant responses were given (Box 7.4). These reflect shame, embarrassment and pride, faith in resolving the problem themselves, concerns about confidentiality, afraid of being judged or misunderstood, and other complex issues.

#### **Box 7.4: PGT Sample: Other Barriers to Non-Professional Help-Seeking**

- *I thought I was not far off sorting it out on my own.*
- *Embarrassed. Didn't want people knowing how much I gambled.*
- *I have always found ways to punish myself, ever since childhood. Abuse since the age of six that I was never allowed to talk about. No counselling in the Fifties.*
- *Embarrassment and fear of what loved ones might say or how they may judge me.*
- *Shame embarrassment thinking I was beyond help.*
- *Lack of understanding of my problem.*
- *I felt my sister (helper) may divulge my failings to others, including other siblings.*
- *Having money in my pocket.*
- *Enjoyed it too much and did not really want to stop only cut down.*
- *It was part of my illness that I felt entitled to gamble with MY money - I was angry with my former partner because he wasn't providing adequately for me and the kids and I was under pressure to earn to pay for things I did feel I should have to.*
- *I was afraid of being judged. I hate sharing my failures with strangers who I may not be able to help me anyway.*

### **7.6.5 What Could Have Encouraged Earlier Non-Professional Help-Seeking**

When asked what, if anything, could have been done to encourage the respondents to seek non-professional help sooner, the following suggestions were provided (Table 7.2). These comments suggest that support from family and friends and gambling venues could assist, along with more public education about problem gambling which might in turn increase self-recognition of gambling problems. Issues of shame and embarrassment and a desire for confidentiality also are apparent in the responses below.

**Table 7.2: PGT Sample: What Could Have Encouraged Earlier Non-Professional Help-Seeking**

Theme	Comment
Confidentiality	<p><i>Mainly just having the confidence in the person that they will keep it confidential and not judge you or react negatively</i></p> <p><i>The reason I haven't seeked 'non-professional' help is because of confidentiality and believing they wouldn't fully understand.</i></p> <p><i>If I wasn't so fearful of my business being divulged to others - if I had placed more trust in others &amp; if I valued myself more back then.</i></p>
Education - problem gambling	<p><i>The reality of how much the machines pay out cash wise, compared to how much is fed into them. When I saw the figures I was staggered.</i></p> <p><i>Knowing more about the problem of gambling</i></p> <p><i>More awareness in society of the enormity of the problem gambling can be.</i></p>
If family & friends did not gamble	<p><i>The family and people around me are all into gambling I needed professional advice</i></p> <p><i>If I'd realised the people I was mixing with family and friends were gamblers and because of loneliness I was keeping their company</i></p> <p><i>All my family gambles and still does if they didn't have issues with gambling I would have asked them for help</i></p>
Financial problems	<p><i>Get financial advisor to do an assessment on my financial situation.</i></p> <p><i>Financial problems</i></p> <p><i>Financial Issues and shame</i></p>
Nothing	<p><i>I wanted to rely on myself for help.</i></p> <p><i>Nothing. You have to be honest with yourself before any help will assist you.</i></p> <p><i>Nothing. Has to be me</i></p> <p><i>I don't really know</i></p> <p><i>Nothing I had to chose to get help</i></p> <p><i>I did not want to stop at that time</i></p> <p><i>I was scared and ashamed</i></p> <p><i>Don't think anything could have been done at this stage</i></p> <p><i>Nothing... I had to believe I had a problem first.</i></p> <p><i>Non - I really think the best that they can do is point you to professional help</i></p> <p><i>Nothing really</i></p> <p><i>Nothing, too ashamed</i></p> <p><i>Nothing as I thought I could handle it on my own.</i></p> <p><i>(an additional 21 respondents answered 'nil', 'nothing' or 'none')</i></p>
Other	<p><i>Pride</i></p> <p><i>Keeping in touch with the professionals that helped last time</i></p> <p><i>A support group or counsellor closer to my area of residence. Better &amp; more discouraging advertising.</i></p> <p><i>It was difficult for me to ask for help from a professional so I didn't think a non-professional could help me.</i></p> <p><i>No, due to shame and nobody like people have debt from gambling</i></p> <p><i>If I had of discussed this problem with an ex partner, I probably would have gambled less or not at all.</i></p> <p><i>Once I realised I am a worthy person after seeking help for food addiction.</i></p> <p><i>Knowing where to seek help</i></p> <p><i>Motivating myself</i></p> <p><i>If the help was free. At the time I wanted to see someone I had to wait until I could afford it.</i></p> <p><i>Incentive</i></p> <p><i>If I wasn't so self proud. I was scared!</i></p> <p><i>More aware of these services</i></p> <p><i>Not been so scared to ask for help and seek advice from those who have been through it</i></p>
Support from family & friends	<p><i>Friend</i></p> <p><i>My gambling friend admitting we both had a problem</i></p> <p><i>Confidentiality; Cost of the treatment &amp; location of venue</i></p> <p><i>Love from people. Although they are not professional, but they have love on me</i></p> <p><i>Pressure from family. Listen to my family</i></p> <p><i>Knowing that you will not be judged</i></p> <p><i>Friends approaching me about my problem</i></p> <p><i>Recommended by friends</i></p> <p><i>If my family/friends noticed I had a problem and approached me about it sooner.</i></p>

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	<p><i>Maybe only from an ex-problem gambler.</i></p> <p><i>If they knew how much I was Gambling</i></p> <p><i>My family</i></p> <p><i>More support from family and friends</i></p> <p><i>My sister tried to help stop the gambling but it did not work so she rang the help line for help</i></p> <p><i>If people had approached me first</i></p> <p><i>Intervention from the family</i></p> <p><i>Trust</i></p> <p><i>Having someone to turn to who believed in me.</i></p> <p><i>If my family came to me.</i></p> <p><i>Not been able to have any money at all only for coffee</i></p> <p><i>If I got completely out of hand and family reacted strongly</i></p> <p><i>Perhaps if I felt people were likely to be more understanding about gambling addiction and</i></p> <p><i>There wasn't so much stigma attached it may have been easier to speak with someone sooner. I</i></p> <p><i>still feel people don't know that much about gambling addiction let alone understand it or Have</i></p> <p><i>any idea how they could help someone trying to get out of its grip.</i></p> <p><i>Friends never saw it as a problem and it's a guy thing - no worries mate- you will win the next</i></p> <p><i>race and win your money back -I can lend you money if you need it - just pay me back when you</i></p> <p><i>win etc.</i></p> <p><i>Family and friends who were more supportive</i></p> <p><i>Ongoing communication generally</i></p> <p><i>Confiding in my partner or a friend</i></p>
Self-recognition	<p><i>Readiness to accept that I got a problem</i></p> <p><i>I should be more honest to myself.</i></p> <p><i>If I had come to the conclusion that it was damaging me to the extent it has.</i></p> <p><i>Admitting I have a problem</i></p> <p><i>Have to realise I had a problem first.</i></p> <p><i>To own up to my problem</i></p> <p><i>Accepting that it is impossible to stop on my own.</i></p> <p><i>I need to say that I had a problem but that was hard</i></p>
Venue actions	<p><i>Get all poker machines out of pubs</i></p> <p><i>Venues could have identified me as a problem gambler</i></p> <p><i>More personal concern from venue operators and banks that can see evidence of a possible</i></p> <p><i>gambling problem eg,. time spent at venues and large amounts spent on machines, and banks</i></p> <p><i>Should adopt a sense of duty to a customer that is drawing large and frequent amounts of</i></p> <p><i>money from accounts and especially when the evidence shows in bank statements where</i></p> <p><i>frequent withdrawals are made from gaming venue A.T.Ms</i></p> <p><i>The venue telling me</i></p>

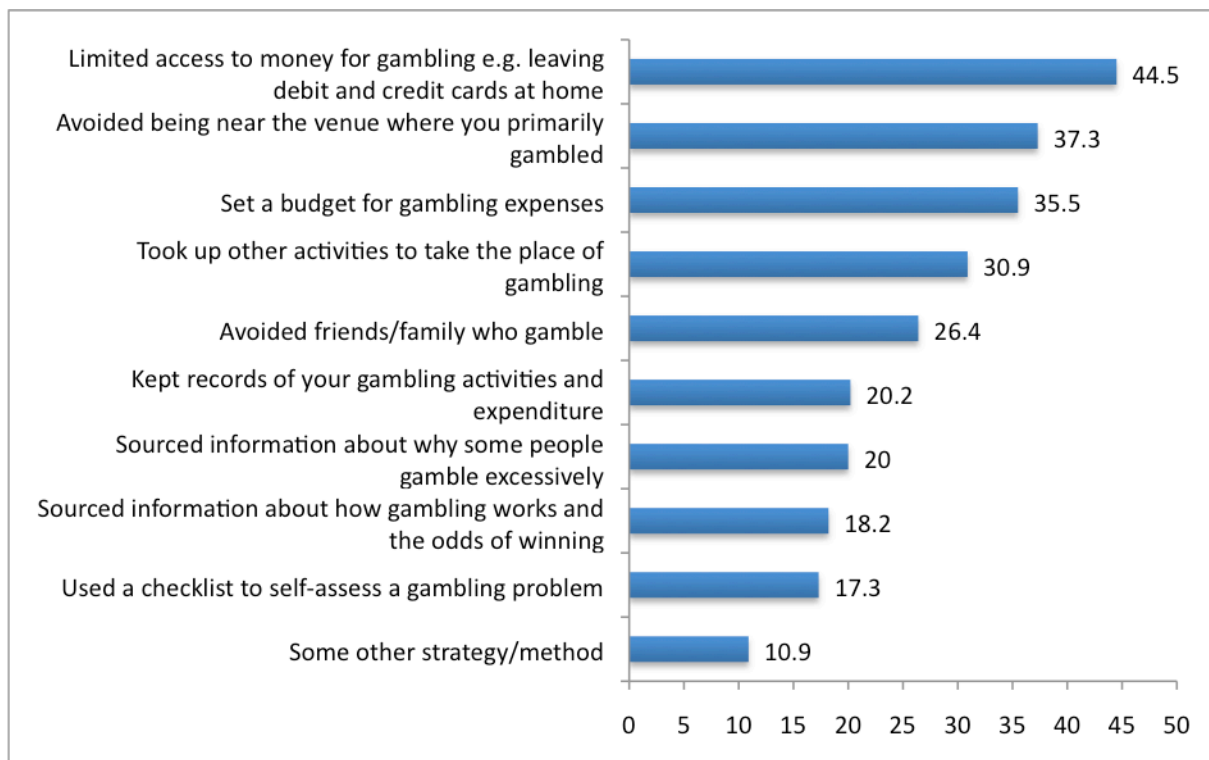
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## **7.7 Self-Help Strategies for Gambling**

This section focuses on use of self-help gambling strategies amongst the 110 gamblers in treatment.

### **7.7.1 Use of Self-Help Strategies for Gambling**

The survey asked whether respondents had used any self-help strategies to better control their gambling before they sought professional or non-professional help, with a range of options provided (multiple responses allowed). Seventy-four (67.3%) of respondents indicated that they had used some type of self-help measure. These results are shown in Figure 7.13.



**Figure 7.13: PGT Sample: Past Use of Self-Help Gambling Strategies (%)**

As indicated in Figure 7.13, the five self-help measures reportedly used most frequently amongst the respondents were:

- Limited access to money for gambling e.g., leaving debit and credit cards at home
- Avoided being near the venue where you primarily gambled
- Set a budget for gambling expenses
- Took up other activities to take the place of gambling
- Avoided friends/family who gamble

When asked which of these self-help gambling strategies were most helpful, 22% nominated limiting access to money for gambling, 13% nominated avoiding being near the venue where they primarily gambled, and 10% nominated taking up other activities to take the place of gambling. Fewer than 5% of respondents nominated any of the other self-help measures listed in the preceding table.

When asked how satisfied they were with the outcome of their most helpful self-help strategy, 21% of respondents who had used a self-help measure (74 respondents) reported they were extremely satisfied, 38% reported they were satisfied, 31% reported they were dissatisfied and 10% reported they were extremely dissatisfied. Thus, it appears that the use of self-help measures met with varying degrees of success.

### **Other Self-Help Strategies Used**

Several respondents explained other self-help measures they use to better control their gambling, and these are presented in Box 7.5. Many of these focused on alternative activities, paying bills first, limiting access to cash for gambling, removing triggers or mechanisms for gambling, including self-exclusion, and other types of treatment.

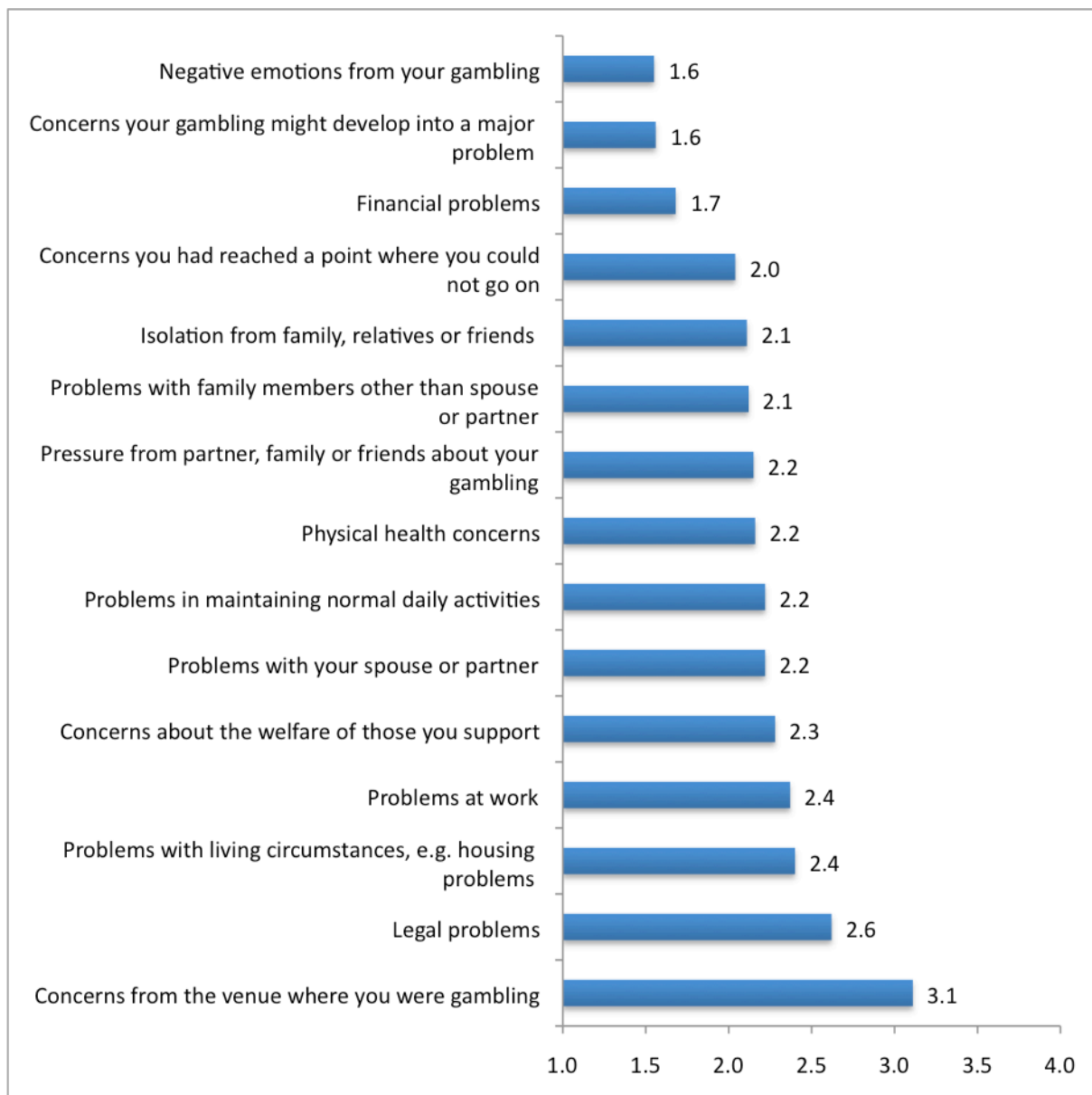


### Box 7.5: Other Self-Help Strategies Used

- *Played PC pokie video games while at work.*
- *I tried to avoid walking/driving past a venue when I'm on my own. Breathing exercises. Listen to instrumental music.*
- *Will power.*
- *Woke up one day and said to myself this is going to be the day I start to change my life around. And I did. I am so proud.*
- *Once I had \$80 & really wanted to gamble, but I knew I would feel bad after, So I brought 2 x \$40 gift vouchers & gave them to my good neighbours - Because they deserved it. I didn't deserve it if I was going to spend it on the pokies.*
- *Put restrictions on online betting account.*
- *Join up to gym.*
- *Exclusion from gaming venues. Destroy membership cards.*
- *I wanted to keep gambling, so I did not even try to stop.*
- *Tried to pay bills online straight out of my bank account so I wouldn't be tempted with cash in hand.*
- *Got a family member and girlfriend to control all of my finances which helped immensely.*
- *Numerous, naltrexone trials, hypnosis, church.*
- *Made my children Powers of Attorney of my affairs. Drastic but I only have an allowance of \$200 per week for food, smokes, entertainment etc. They pay all of my bills. Only having an allowance is the only thing that DOES control my gambling. I have had heaps of counselling and I have found I still have NO control over my gambling.*
- *I obtained internet banking access so that I could pay my rent and bills online, before I went to work. I live in the country but I work less than 200 metres from Crown Casino - so I tried to get rid of my wages (on bills) before I gambled my wages. This did not always work, because I would have food and travel money left over, but would often gamble that money (for necessities).*
- *Not having keys to my car when wife goes out.*
- *Prayed.*

### 7.7.3 Motivators for Using Self-Help Strategies for Gambling

The survey participants who had ever used self-help measures were asked about the reasons that had prompted them to use these strategies. The same response categories and coding was used as previously reported in this chapter. Figure 7.14 shows agreement to each reason based on mean scores. Note that the lower the mean, the higher the level of agreement.



**Figure 7.14: PGT Sample: Motivators for Using Self-Help Gambling Strategies**

As evident from Figure 7.14, there was general agreement that all reasons provided prompted the respondents to use self-help gambling strategies, except for legal reasons and concerns from the venue where they were gambling. The most five most frequently endorsed reasons were:

- Negative emotions from your gambling
- Concerns your gambling might develop into a major problem
- Financial problems
- Concerns you had reached a point where you could not go on
- Isolation from family, relatives or friends

#### **Other Motivators for Using Self-Help Gambling Strategies**

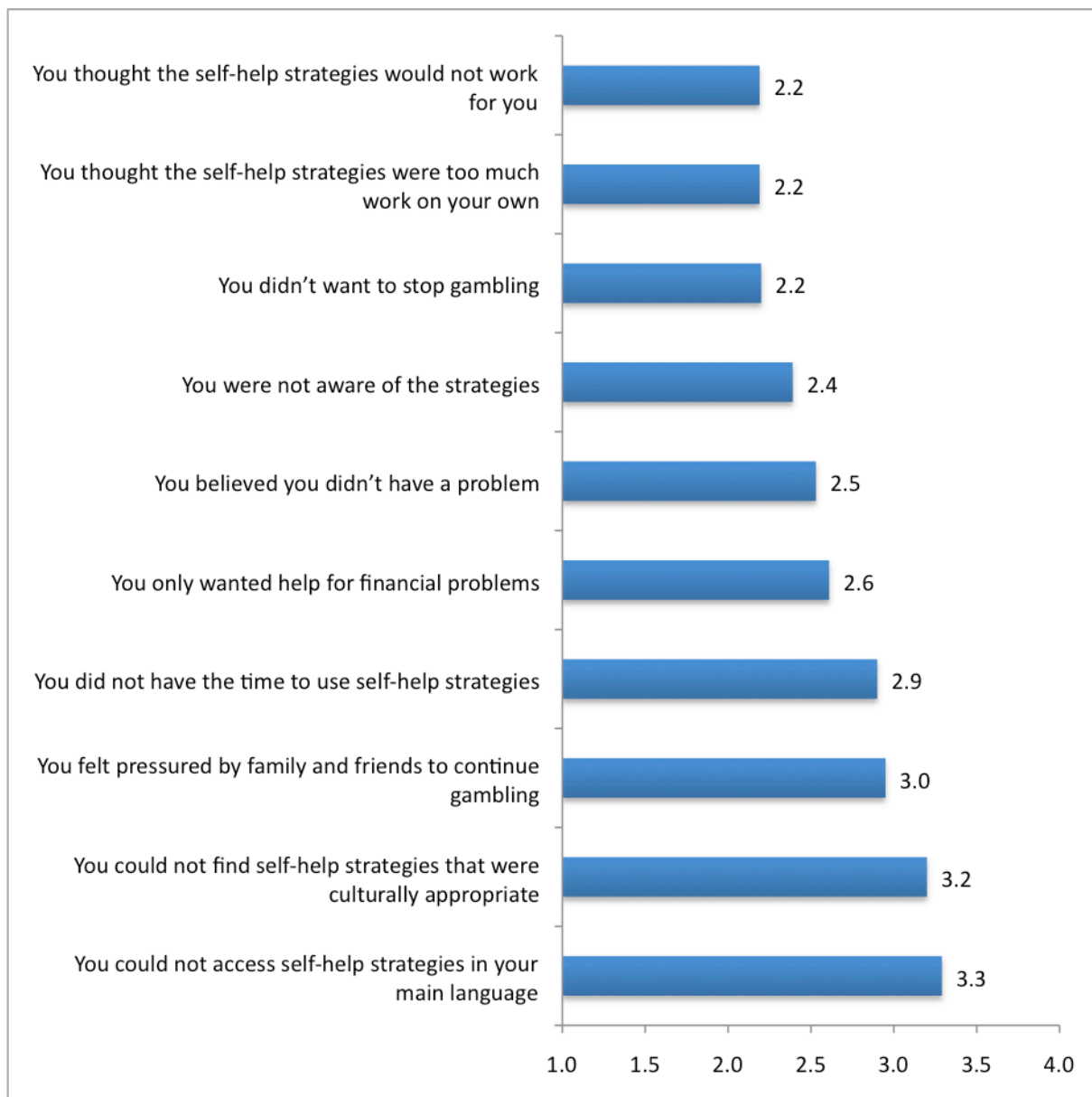
Only six respondents nominated other motivations that would prompt them to use self-help gambling strategies. These are presented in Box 7.6, with some reflecting the financial losses incurred and others the emotional toll of having a gambling problem.

### **Box 7.6: PGT Sample: Other Motivators for Using Self-Help Gambling Strategies**

- *Just hated losing any money. Wasteful.*
- *Winning & losing were the same in the end. I didn't care if I won or lose as I was crying because I was there in the first place. I haven't had a holiday since 1985 & I would save then blow the lot.*
- *Losing too much money too quickly, lack of sleep due to spending so much time online.*
- *Depressed from gambling.*
- *I noticed a change in my behaviour when I gambled at home. I would often hear myself swearing often (which is unlike me) and feeling angry more often (my horses had a habit of continually running 4th, and the tab does not pay on 4th place getters).*
- *A friend who was an AA member insisted that I had to join GA and facilitated this; although there is a difference in the approach. GA is abstinence based whilst formal counselling and support services take a harm minimisation approach - this is a conflict.*

#### **7.7.4 Barriers to Using Self-Help Strategies for Gambling**

All 110 survey participants were asked about reasons that may have discouraged or delayed them from trying self-help gambling strategies for their gambling. The same response categories and coding were used as previously, with the resulting mean scores shown in 7.15. Note that the lower the mean, the higher the level of agreement.



**Figure 7.15: PGT Sample: Barriers to Using Self-Help Gambling Strategies**

Figure 7.15 shows that there was general agreement that the first five barriers delayed or discouraged the respondents from using self-help gambling strategies. These barriers were:

- You thought the self-help strategies were too much work on your own
- You thought the self-help strategies would not work for you
- You didn't want to stop gambling
- You were not aware of the strategies
- You believed you didn't have a problem

#### **Other Barriers to Using Self-Help Gambling Strategies**

Eight respondents nominated other reasons that had delayed or discouraged them from utilising self-help gambling strategies (Box 7.7). The most common reasons related to the enjoyment derived from gambling even despite its harmful consequences, while others relate to embarrassment, easy access to gambling, hoping to win their way out of problems, and other complex issues.

### Box 7.7: PGT Sample: Other Barriers to Using Self-Help Gambling Strategies

- *Was earning good money.*
- *I didn't care as I was not planning on living long after mum died.*
- *I was in financial trouble and foolishly thought I could win myself out of it.*
- *I was just too addicted to gambling and enjoying it to an extent that even though I was losing everything around me, I still just wanted to gamble more and more and therefore had no real motivation to stop.*
- *When I gambled, I felt a release of pressure and a sense of enjoyment. I was unwilling at the time to give up gambling. I justified it by saying "I travel long hours each day to and from work", "I work hard for my money" - "I'm entitled to gamble; it's my money".*
- *Whilst I could see gambling was a destructive force in my life, I really did (and still do) enjoy it and have been reluctant to give it up - although it is obvious to me that I cannot control my gambling and I continue to lose far more than I can afford and am way too distracted by gambling rather than being otherwise productive in my life.*
- *Access to gaming venues too easy and opening hours too long.*
- *Embarrassed by banning myself.*

### 7.7.5 What Could Have Encouraged Earlier Use of Self-Help Gambling Strategies

When asked what, if anything, could have been done to encourage them to use self-help strategies for gambling problems sooner, several respondents provided responses that provide further insights into barriers to using self-help measures and how these might be lowered. These are grouped into themes, along with all quotes, in Table 7.3. Overall, the respondents advocated more information about self-help measures, support from others including family, friends and recovered problem gamblers, and more interventionist and proactive venue actions. Measures that might facilitate self-recognition of a gambling problem also appear beneficial.

**Table 7.3: PGT Sample: What Could Have Encouraged Earlier Use of Self-Help Gambling Strategies**

Theme	Comments
Financial problems	<i>Get financial advisor to do an assessment on my financial situation. Financial problems</i>
Information about self-help gambling strategies	<i>More information That the self help program exist; Self help program are easily accessible More awareness, I have not seen them anywhere More awareness of self-help strategies that others gamblers have found useful. Receive brochures I don't see anything in Chinese More awareness of gambling support available If they knew how much I Gambled More exposure to self-help strategies may have been good Knowing what to do If someone had proved that the strategies would work To know how much money I was losing - Diary Knowing they were there. Had I seeked professional help earlier I am sure more of the self help strategies would have been educated to me Maybe if I was aware they existed If someone suggested it to me Education Better access to professional support earlier on could have had a role in facilitating uptake of self help strategies and support options. Presenting oneself in a self help type situation can be difficult; having a support person who can break the ice and facilitate the gambler's entry into new situations or making connections with new sources of support could be helpful, even if this means facilitating conversations between family members, significant friends or attending the first GA meeting If I had known about them I would have used them More advertisements Being aware of them</i>
Nothing	<i>Nothing helped until I started at EACH with one on one, then into a Tuesday night group at EACH.</i>

	<p>Through EACH I got involved with Gabi Byrne. <a href="http://www.remakingmeaning.ning.com/">www.remakingmeaning.ning.com/</a> I am still doing all three &amp; have never looked back. In fact I enjoy supporting others now &amp; hope to find something permanently. We now have a social group &amp; we don't judge each other. They say they gambled this week &amp; we talk through it. "It works for us"</p> <p>Probably nothing as I always knew you could limit things on an online account, it was mostly in myself not thinking the problem was big enough or not being ready to stop</p> <p>Nothing. Different things tried but without support from professional I don't believe they work properly</p> <p>Nothing I didn't have a problem</p> <p>Nothing would have helped</p> <p>I don't believe self help strategies would work. I am too ashamed to let anyone know I have a problem</p> <p>(An additional 26 respondents said 'nothing', 'nil', 'none' or don't know.)</p>
Other	<p>They didn't work anyhow.</p> <p>Proven results</p> <p>Understanding my gambling problem more.</p> <p>Advertise the service is for free</p> <p>See a counsellor</p> <p>Wasn't interested in stopping my gambling</p> <p>I tried self-help but it did not work</p> <p>Sms messages</p> <p>Incentive</p> <p>Debts</p>
Other support	<p>Testimonials from those who have been successful at stopping gambling.</p> <p>Testimonies by those affected by gambling, &amp; promoted more frequently through the media..</p> <p>Having someone close to advise me I needed help</p> <p>My little family should be spend more time with me</p> <p>Encouragement from friends and families and things learnt from church, our sin will be forgiven.</p> <p>Love of my family and responsibility to them</p> <p>Through church help</p> <p>If my loved ones had found out about my gambling earlier</p> <p>Encouragement from partner.</p> <p>Listen to people.</p> <p>More support</p> <p>Maybe spoken to friends and or family sooner</p>
Self-recognition	<p>Readiness to accept that I have gambling problem</p> <p>It a personal if he/she wants to do it he/she will self assessment and where they are in their life is important, gamblers will never say they have a problem as they are one day off a massive win I believed and was in denial that I had a gambling issue at all until it started to hurt me in a financial sense</p> <p>To have the willingness to change and believe that you will be free of gambling.</p> <p>Clearer thinking, better judgment skills, if I had emphasis placed on achievable goals, rather than "How am I going to get out of this financial situation". I looked to gambling to solve my problems, without realising that it was gambling in the first place, that lead to my financial woes.</p> <p>Realise and accept that gambling is not a sport and highly addictive.</p> <p>If I wasn't in so much debt. I could only see getting a big win as the way out.</p> <p>Acknowledge that I was out of control earlier</p> <p>Motivate myself</p> <p>Realising that I had a problem</p> <p>Nothing. Until I could admit that I had a problem nothing would help me.</p> <p>Nothing really. It was only up to me to admit to the problem and do something about it.</p> <p>Nothing I had to admit to myself that I had a problem</p>
Venue actions	<p>Venue staff didn't give support or care.</p> <p>Once again training staff that work at the locations that provide these machines</p> <p>Venues as stated before.</p> <p>System link for me to be able to self exclude from all Clubs/Pubs at one place</p> <p>If the people at the venues had noted that I was there so often and approached you – I felt invisible</p> <p>Not have the venues open 7 days and shorten the hours open</p> <p>Better control on self exclusion as I still gambled when excluded</p>

## 7.8 Pathways to Help-Seeking

The survey participants were asked what source of help they used first when they decided they wanted to better control their gambling – professional, non-professional or self-help. Nearly one-half of respondents (47%) nominated professional sources of help, 44% nominated self-help strategies and 10% nominated non-professional sources of help.

Table 7.4 shows this breakdown, along with their responses to what type of help they would use second and third.

**Table 7.4: PGT Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
Professional sources of help	47	46.5	37	36.6	29	28.7
Non-professional sources of help	10	9.9	33	32.7	14	13.9
Self-help strategies	44	43.6	23	22.8	20	19.8
None of these	0	0.0	8	7.9	38	37.6
Total	101	100.0	101	100.0	101	100.0

## 7.9 Stages of Change

Stages of change in gambling behavior was cross-tabulated with PGSI category (Table 7.5).

**Table 7.5: PGT Sample: Stage of Change in Help-Seeking Behaviour**

PGSI Category		Maintenance	Action	Preparation	Contemplation	Pre-	Total
						contemplation	
Non-problem gambler	No	7	1	0	0	1	9
	%	77.8%	11.1%	0.0%	0.0%	11.1%	100.0%
Low risk gambler	No	9	0	0	0	0	9
	%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Moderate risk gambler	No	7	0	0	0	0	7
	%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Problem gambler	No	44	22	7	1	2	76
	%	57.9%	28.9%	9.2%	1.3%	2.6%	100.0%
Total	No	67	23	7	1	3	101
	%	66.3%	22.8%	6.9%	1.0%	3.0%	100.0%

Table 7.5 indicates that:

- The highest proportion of non-problem gamblers (78%) reported being in the maintenance stage of change.
- All low risk gamblers (100%) reported being in the maintenance stage of change.
- All moderate risk gamblers (100%) also reported being in the maintenance stage of change.

- Most problem gamblers (58%) reported being in maintenance stage, with 29% in the action stage, 9% in the preparation stage, 1% in the contemplation stage and 3% in the pre-contemplation stage.

Given that the sample was comprised of people in treatment for gambling problems, it was not surprising that (66%) were found to be in the maintenance stage of change, having sustained changes to better control their gambling for longer than six months. About 23% were in the action stage, having made changes to better control their gambling within the last 6 months. Some (7%) were still in the preparation, contemplation (1%) and pre-contemplation (3%) stages of change and so had not taken action to change their gambling behaviour and therefore appeared at varying stages of readiness to change.

## 7.10 Chapter Conclusion

The following conclusions can be drawn from the analyses in this chapter in relation to the sample of problem gamblers in treatment:

- The respondents' awareness of professional help for gambling problems before they contacted their current treatment agency was limited, especially about self-exclusion, suggesting that public education would be beneficial in lifting these awareness rates. It appears that general and venue advertising is currently resulting in limited awareness of sources of professional gambling help.
- Most respondents were receiving multiple types of professional help, not just from the counselling agency they were recruited through. Thus, providing alternative professional services appears important to these people, as does ensuring generalist services can assist people with gambling problems.
- Non-professional sources of help were widely used in addition to professional sources. This provides an opportunity to educate the general public about how family and friends can best assist significant others with gambling problems.
- Most of the gamblers in treatment also used self-help strategies, although with varying degrees of satisfaction with their outcomes. The most helpful were nominated as limiting access to money for gambling, avoiding being near the venue where they primarily gambled, and taking up other activities to take the place of gambling. This emphasises the need to research which types of self-help measures have the best outcomes and then to educate gamblers about these and facilitate their use.
- Motivations for seeking any type of help were nearly identical. Negative emotions from gambling, concerns their gambling might develop into a major problem, financial problems, and concerns they had reached a point where you could not go on were amongst the main reasons for seeking professional, non-professional and self-help. These reasons reflect the serious circumstances of the gamblers before they were likely to seek any form of help.
- The main barriers to seeking help were wanting to solve the problem on their own, feeling ashamed for yourself or family, being too proud to seek help, concern about being treated like an addict or mentally ill, and not wanting anyone to tell them to stop gambling. These results reinforce the need to destigmatise problem gambling to help lower the shame and embarrassment felt by those affected.



# CHAPTER 8

## RESULTS FROM A SURVEY OF REGULAR GAMBLERS FROM CULTURALLY DIVERSE CLUBS

### 8.1 Introduction

This chapter presents the results of an on-site survey of regular gamblers from culturally diverse clubs in Sydney NSW. With the cooperation of four venues, usable survey responses were gained from 208 gamblers from a variety of cultural backgrounds. These gamblers were expected to be mainly in the pre-contemplation or contemplation stages of change.

The chapter commences by describing the demographic characteristics of the respondents and their gambling behaviour, in terms of gambling frequency and prevalence of PGSI categories. It then presents the results pertaining to use of professional sources of gambling help, including motivators and barriers to accessing this type of help. The respondents' usage of non-professional sources of help and self-help measures are then presented, along with associated motivators and barriers. A chapter summary completes the chapter.

Please note that detailed tables supporting the graphs and other figures in this chapter are contained in Appendix N, while Chapter 9 compares results for this sample with those for the other survey samples of gamblers, as well as by PGSI category, sex, age and location.

In considering the results in this chapter, it is important to note how the respondents' cultural identity was ascertained. The survey question on which we had intended to identify cultural affiliation was 'Do you primarily identify yourself as someone in the mainstream Australian culture or as part of another culture?'. However, the majority of respondents answered "Australian", including most of those who chose to answer the surveys in one of the non-English versions we had available – Chinese, Vietnamese, Serbian, Croatian and Arabic – and including most of those who reported mainly speaking a language other than English at home. Clearly, the survey question did not gain a reliable indicator of cultural background. Thus, we asked each respondent where they were born when they handed back their completed survey and recorded this on each completed survey. We also collected data on what language they mainly spoke at home. We then classified respondents into cultural groups based on language spoken at home *or* where they were born *or* the language in which they answered the survey. This seemed a more reliable method than their reported cultural identification, but clearly still has limitations.

### 8.2 Participant Characteristics

Most respondents were female (54%), aged 55 years or over (51%) and living in a metropolitan area (81%). They were more likely to be married (45%) or separated/divorced (20%), and a pensioner (34%) or working full-time (26%) than to have alternative types of marital or work status. Most were not born in Australia (64%), with other main countries/regions of birth being Vietnam (31%), other Asia (10%), other Europe (7%), Serbia/Croatia (6%) and Arabic-speaking countries (6%). Over one-third (36%) mainly spoke a language other than English at home, although most (71%) identified themselves as part of the mainstream Australian culture. Thus, there was substantial cultural diversity amongst the respondents.

### 8.3 Gambling Behaviour

The participants were asked their frequency of gambling on non-lottery forms. On at least a weekly basis during the last 12 months, 55% played gaming machines, 39% played keno, 34% placed bets at a TAB, 29% bet at a racetrack, 27% gambled on sports betting, 27% gambled on land-based casino games, 23% gambled on Internet casino games, and 20% gambled privately for money. Thus, sizable proportions of the respondents were weekly gamblers on all non-lottery forms of gambling.

### 8.4 Problem Gambling Severity

Figure 8.1 categorises respondents according to their scores on the PGSI. Problem gamblers accounted for 41% of the sample, while 19% were moderate risk gamblers, 11% were low risk gamblers, and 30% were non-problem gamblers. Their scores on the PGSI ranged from 0 to 27, with a mean score of 6.63 (std dev. = 6.1) and a median score of 7.0. Cronbach's alpha for the PGSI was .934, demonstrating its high reliability.

The PGSI scores indicate that the proportion of problem gamblers in this sample (41%) is far higher than in the sample of regular gamblers from the national telephone survey (11%), although the proportions of moderate and low risk gamblers and of non-problem gamblers are lower. This might indicate a higher prevalence of gambling problems amongst CALD regular gamblers than amongst non-CALD regular gamblers, or it may be an artifact of the survey administration method which was on-site in gaming venues. This is because problem gamblers were more likely to be on-site at a venue when the survey was conducted. Alternatively, the PGSI may not provide accurate results when used in a CALD setting. Nevertheless, the very high problem gambling rate amongst this group is of concern in that it reflects respondents' reported frequency of various harms arising from their gambling.

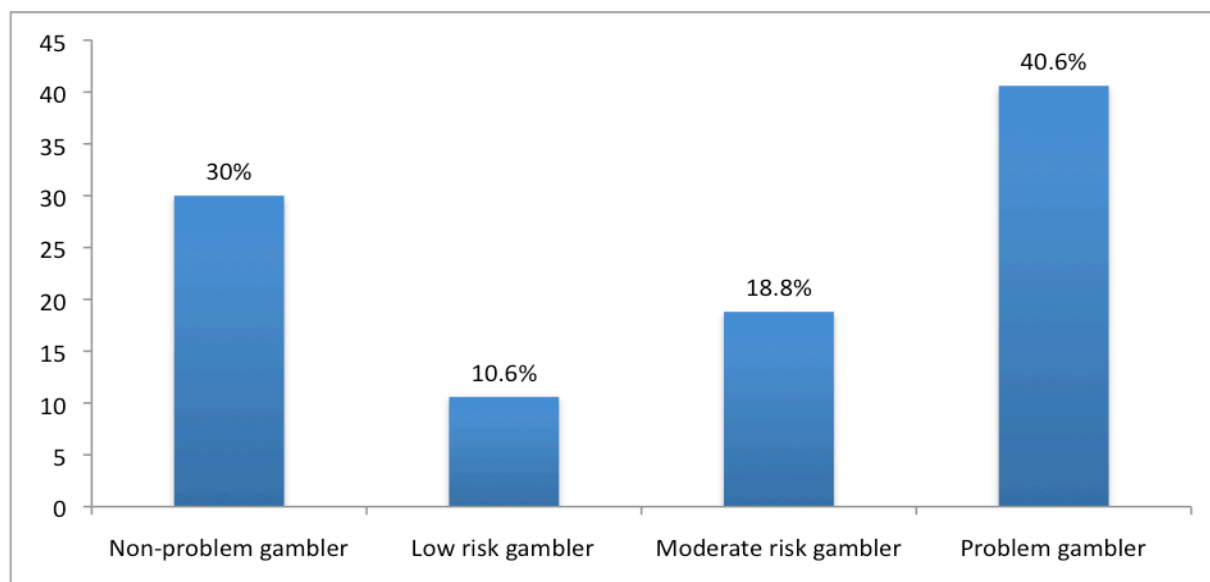


Figure 8.1: CALD Sample: PGSI Categories of Respondents (%)

Table 8.1 shows PGSI category by country/region of birth, where it is apparent that the highest proportions of problem gamblers are from Serbia/Croatia (67%), followed by Other Asia (47%), Arabic-speaking countries (46%), Vietnam (43%) and Australia/New Zealand (36%). However, these percentages are based on small numbers so should be interpreted cautiously.

**Table 8.1: CALD sample: PGSI Categories of Respondents by Country/Region**

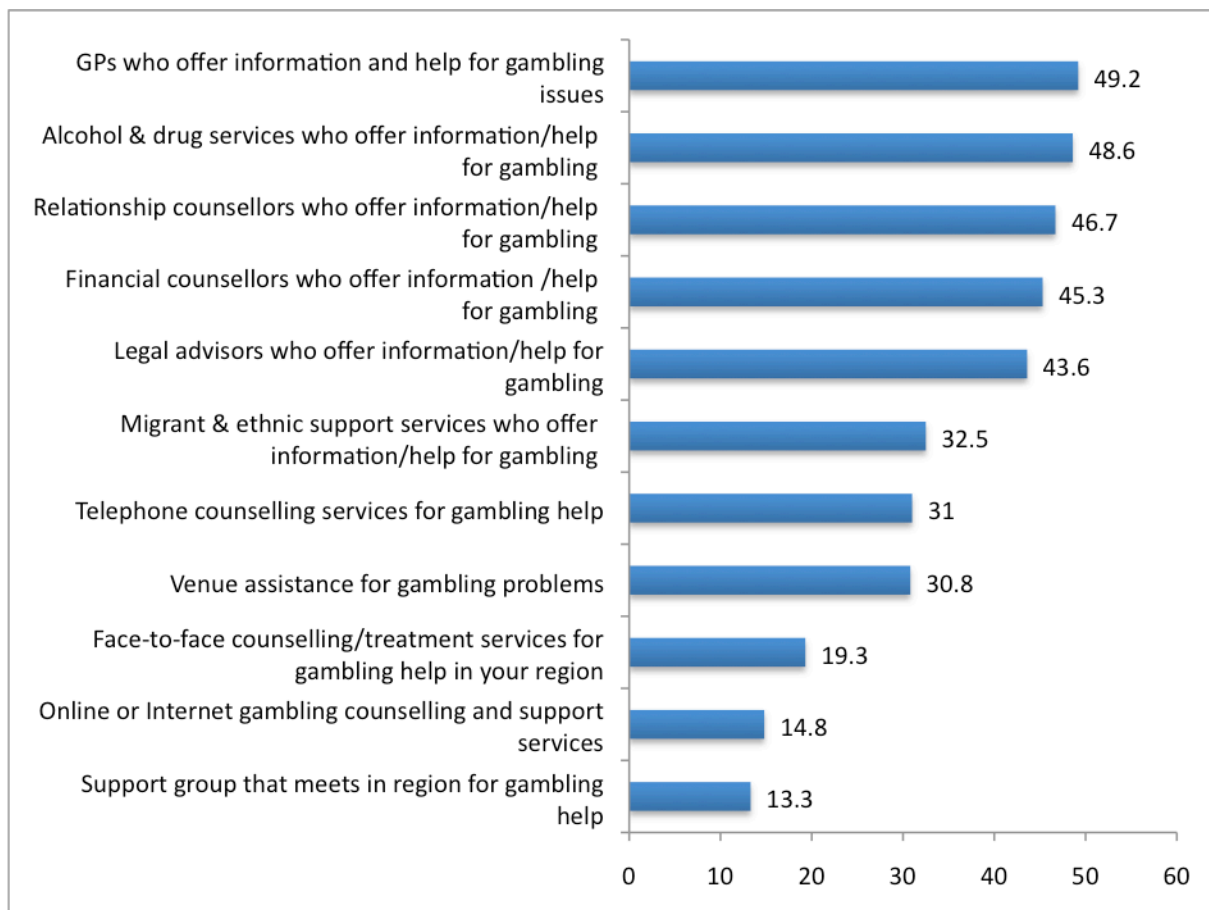
		Non-problem gambler	Low risk gambler	Moderate risk gambler	Problem gambler	Total
Arabic-speaking country	No.	3	0	3	5	11
	%	27.3%	.0%	27.3%	45.5%	100.0%
Australia/NZ	No.	23	9	13	25	70
	%	32.9%	12.9%	18.6%	35.7%	100.0%
Other	No.	2	1	1	2	6
	%	33.3%	16.7%	16.7%	33.3%	100.0%
Other Asia	No.	5	1	4	9	19
	%	26.3%	5.3%	21.1%	47.4%	100.0%
Other Europe	No.	4	3	4	3	14
	%	28.6%	21.4%	28.6%	21.4%	100.0%
Serbia/Croatia	No.	4	0	0	8	12
	%	33.3%	.0%	.0%	66.7%	100.0%
Vietnam	No.	15	6	13	26	60
	%	25.0%	10.0%	21.7%	43.3%	100.0%
Total	No.	62	22	39	84	207
	%	30.0%	10.6%	18.8%	40.6%	100.0%

## 8.5 Professional Sources of Gambling Help

This section focuses on the respondents' awareness, use, motivators and barriers in relation to professional sources of gambling help.

### 8.5.1 Awareness and Use of Professional Sources of Gambling Help

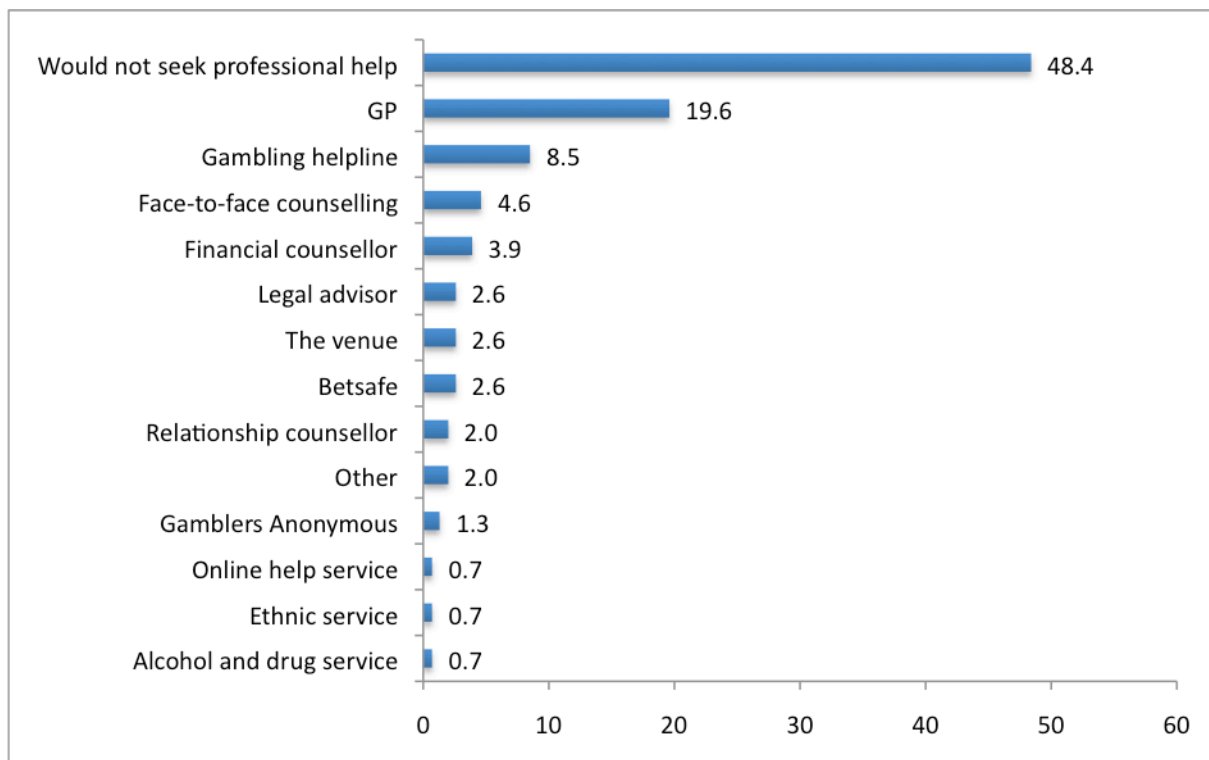
The 208 respondents were asked whether they were aware of the availability of various types of professional help services, with Yes responses shown in Figure 8.2 in descending order of frequency. It shows that awareness was highest for non-gambling specific services, including GPs (49%), alcohol and drug services (49%), relationship counsellors (47%), financial counsellors (45%), legal advisors (44%) and migrant and ethnic support services (33%). Fewer than one-third of respondents were aware of telephone gambling help services (31%) and of venue assistance for gambling problems (31%). Fewer than one-fifth were aware of face-to-face gambling counselling services in their region (19%), online gambling counselling (15%) and mutual support groups for gambling (13%).



**Figure 8.2: CALD Sample: Awareness of Professional Sources of Gambling Help (%)**

The preceding figure shows that respondent awareness was low for gambling specific help services. Further, when asked what face-to-face gambling counselling services they knew of, only 10% could nominate a specific service, with the most common being Betsafe (8 respondents). Awareness was higher for a specific gambling helpline, with most of the 31% of respondents who were aware of gambling helplines being able to identify G-Line, the National Gambling Helpline number, Betsafe or that a gambling helpline number was displayed in venues. When asked what types of assistance for gambling problems that gaming venues provided, only 5 respondents nominated self-exclusion, 4 nominated Betsafe, and 6 identified signage advising of counselling services.

The 208 respondents were asked ‘If you began to experience problems with your gambling and wanted to seek professional help, from any source, which source of professional help would you first choose?’. 152 people provided responses, which were coded as shown in Figure 8.3. This indicates that nearly one-half of respondents (48%) would not seek professional help at all. For those who would, the largest proportion (20%) would seek help from their GP, followed by a gambling helpline (9%). Thus, this sample showed a clear reticence to seek professional help for gambling problems, despite high rates of problem gambling.

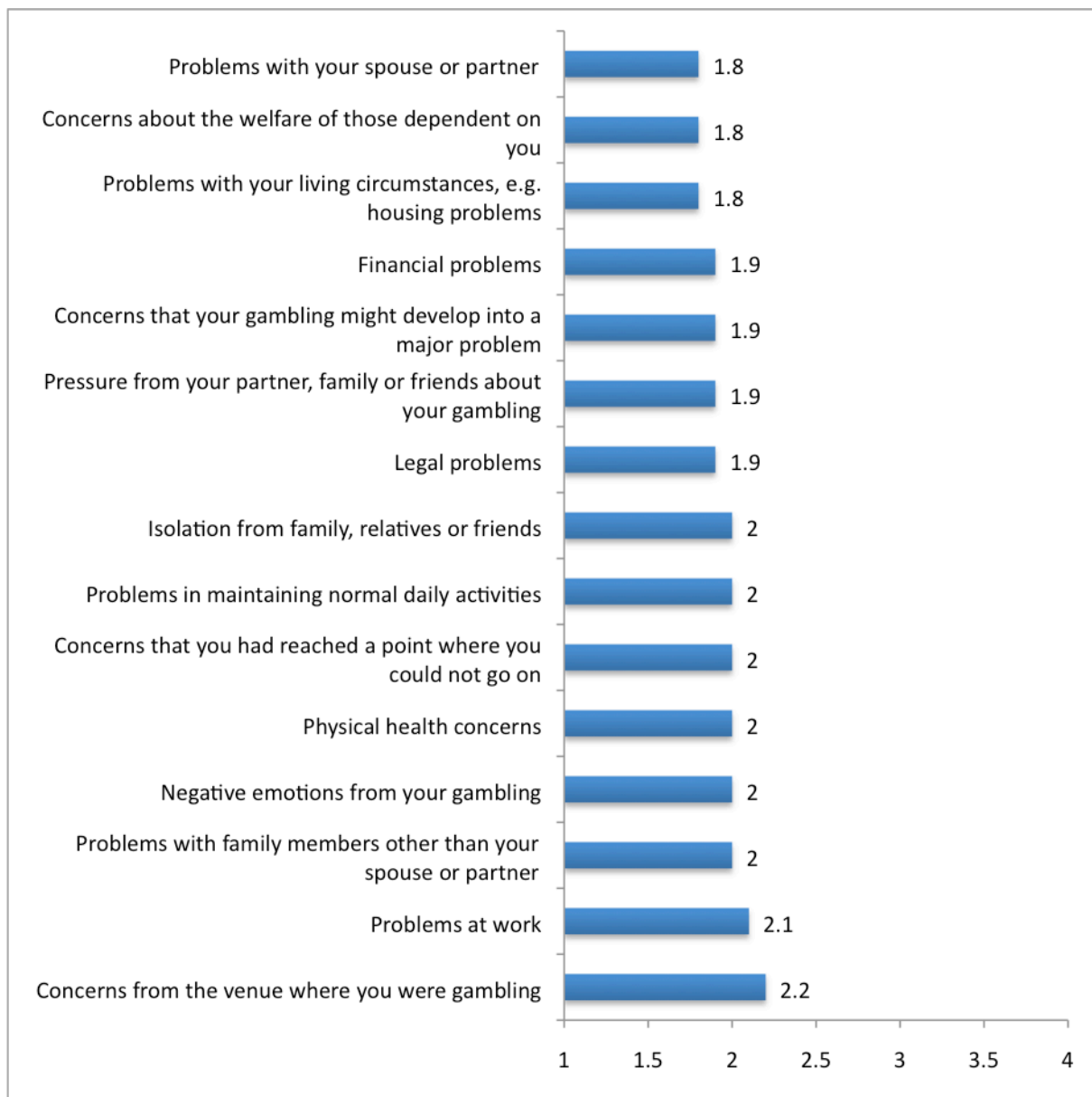


**Figure 8.3: CALD Sample: Preferred Sources of Professional Gambling Help (%)**

When asked if they had ever used a professional source of help for their gambling, 18 of the 208 respondents (9%) answered Yes, although when asked what type of help they had used, only 4 people provided a response. Two had sought help from the Salvation Army, one from the National Gambling Helpline, and one from both a helpline and GA.

### **8.5.2 Motivators for Seeking Professional Gambling Help**

The 208 respondents were asked about the reasons that would prompt them to seek professional help for their gambling. For each reason, respondents were asked to provide one of four responses, which were coded as: Strongly agree = 1, Agree = 2, Disagree = 3, Strongly disagree 4. Mean scores were then calculated, as shown in Figure 8.4. Note that the lower the mean, the higher the level of agreement that the reason would prompt them to seek professional help.



**Figure 8.4: CALD Sample: Motivators for Seeking Professional Help**

Figure 8.4 indicates that the respondents agreed, on average, with all reasons provided that might prompt someone to seek professional help for their gambling. Their most common five motivators that would prompt them to seek professional help, in descending order of agreement, were:

- Problems with your spouse or partner
- Concerns about the welfare of those dependent on you
- Problems with your living circumstances, e.g., housing problems
- Financial problems
- Legal problems

Thus, concerns for family members, financial and legal factors were the main reasons the respondents reportedly would seek professional gambling help.

### Other Motivators for Seeking Professional Gambling Help

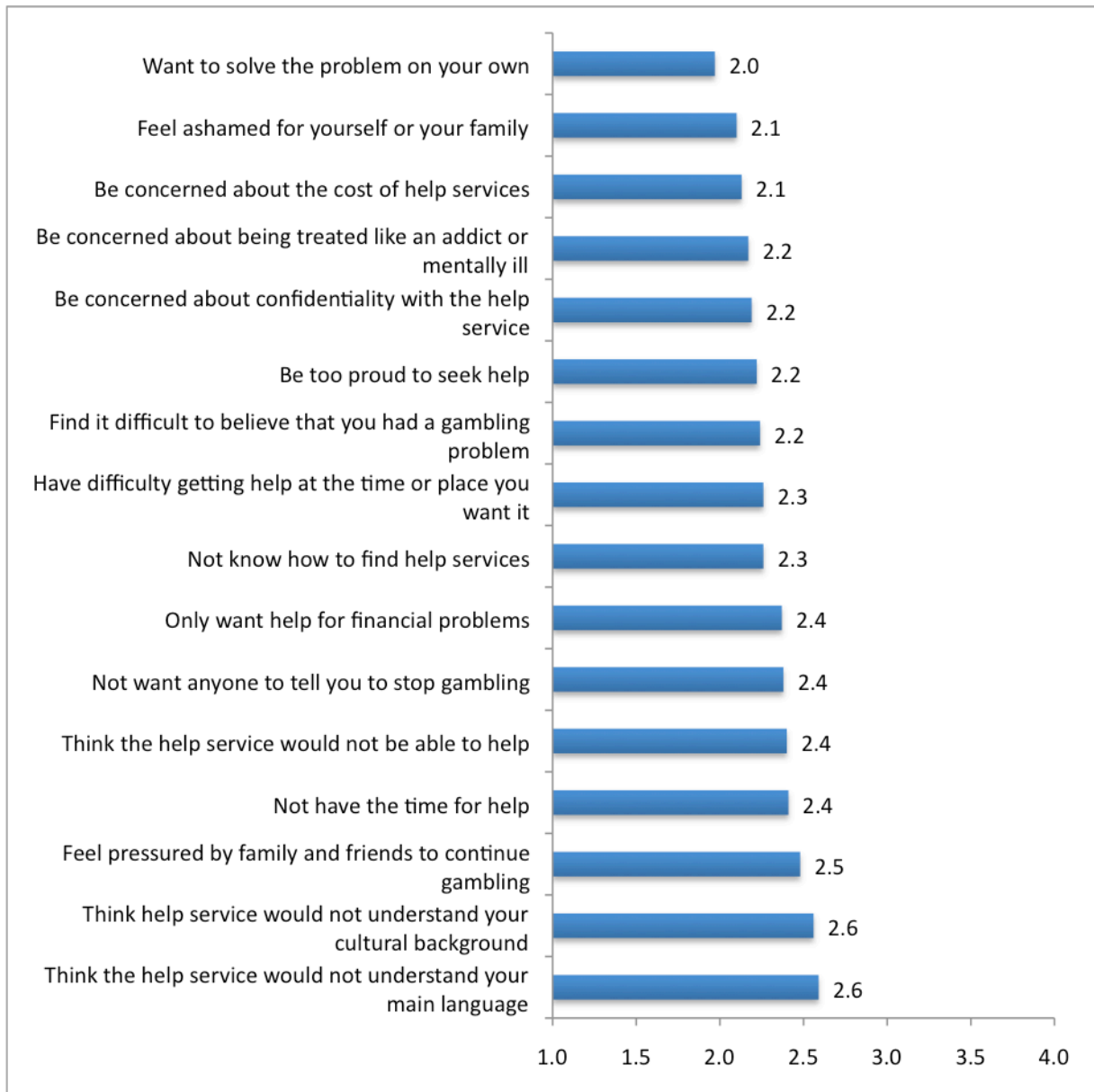
Eight respondents nominated additional reasons that would reportedly motivate them to seek professional help, which generally reflect a variety of serious circumstances, as shown in Box 8.1.

#### Box 8.1: CALD Sample: Other Motivators for Seeking Professional Gambling Help

- *Becoming dependent on the need to gamble*
- *Feeling addicted*
- *Mental health concerns*
- *Not eating properly*
- *Run out of money*
- *Self esteem*
- *Uncontrollable addiction, you would not want anyone to know*
- *When I have no more money by the end of the week to buy milk or bread*

### 8.5.3 Barriers to Seeking Professional Help

The 208 respondents were asked about reasons that would discourage or delay them from seeking professional gambling help if they became concerned about their gambling. The same response categories and scoring were used as for the motivators above. Mean scores for each barrier are shown in Figure 8.5 in descending order of agreement. Note that the lower the mean, the higher the level of agreement.



**Figure 8.5: CALD Sample: Barriers to Seeking Professional Help**

Figure 8.5 shows that the respondents agreed with most of the barriers that were presented to them in the survey, although surprisingly not with the two items that relate to cultural barriers – that the help service would not understand their main language or cultural background. The most common five barriers which would deter or delay seeking professional help were as follows:

- Want to solve the problem on your own
- Feel ashamed for yourself or your family
- Be concerned about the cost of help services
- Be concerned about being treated like an addict or mentally ill
- Be concerned about confidentiality with the help service



## Other Barriers to Seeking Professional Help

Several respondents nominated other reasons that would delay or discourage them from seeking professional help, which comprise issues involving confidentiality, pride and perceived difficulties with cost, time and transport needed to attend services (Box 8.2).

### Box 8.2: CALD Sample: Other Barriers to Seeking Professional Help

- *Again you would want to keep it personal, nobody would know*
- *Cost of getting help*
- *Finding time in a busy lifestyle*
- *I gamble because I don't get a job and I get bored*
- *Love to gamble, can't stop it*
- *People finding out*
- *Proud*
- *Proximity of help locations to transport*

## 8.5.4 What Could Encourage People to Seek Professional Help Sooner

When asked what, if anything, could be done to encourage people to seek professional help for gambling issues sooner, 41 respondents provided responses, which were coded into the following categories (frequency % in brackets), with the most frequently endorsed ones relating to more proactive venue measures and public education:

- Venues to be more proactive (e.g. limit expenditure on gaming machines, intervene with problem gamblers, better staff-patron interaction, provide venue-based counselling services) (3.4)
- Education campaigns in general (2.9)
- Education campaigns about problem gambling (2.0)
- Education campaigns using media advertisements (1.9)
- Family/community/other gambler support to seek help (1.9)
- Education campaigns about help services (1.5)
- Encourage self-control (1.4)
- More help services (1.0)
- Refreshed signage (1.0)
- Destigmatise problem gambling (1.0)
- Raise GP awareness of problem gambling (0.5)

## 8.6 Non-Professional Sources of Gambling Help

Non-professional sources of help are examined in this section in relation to the 208 gamblers who were surveyed at culturally diverse clubs in Sydney.

### 8.6.1 Use of Non-Professional Sources of Gambling Help

The respondents were asked if they had ever received non-professional help for their gambling, with 35 (17%) indicating Yes. However, only 18 identified who this was, with 8 respondents indicating their partner, 7 indicating family and 3 indicating friends.

### 8.6.2 Preferences for Non-Professional Sources of Gambling Help

The respondents were asked who they would turn to if they were experiencing problems with their gambling but did not want to seek professional help. 124 people provided a response. The most common response was partner (37% of the 124 respondents), no one (25%) and family (21%), as shown in Figure 8.6.

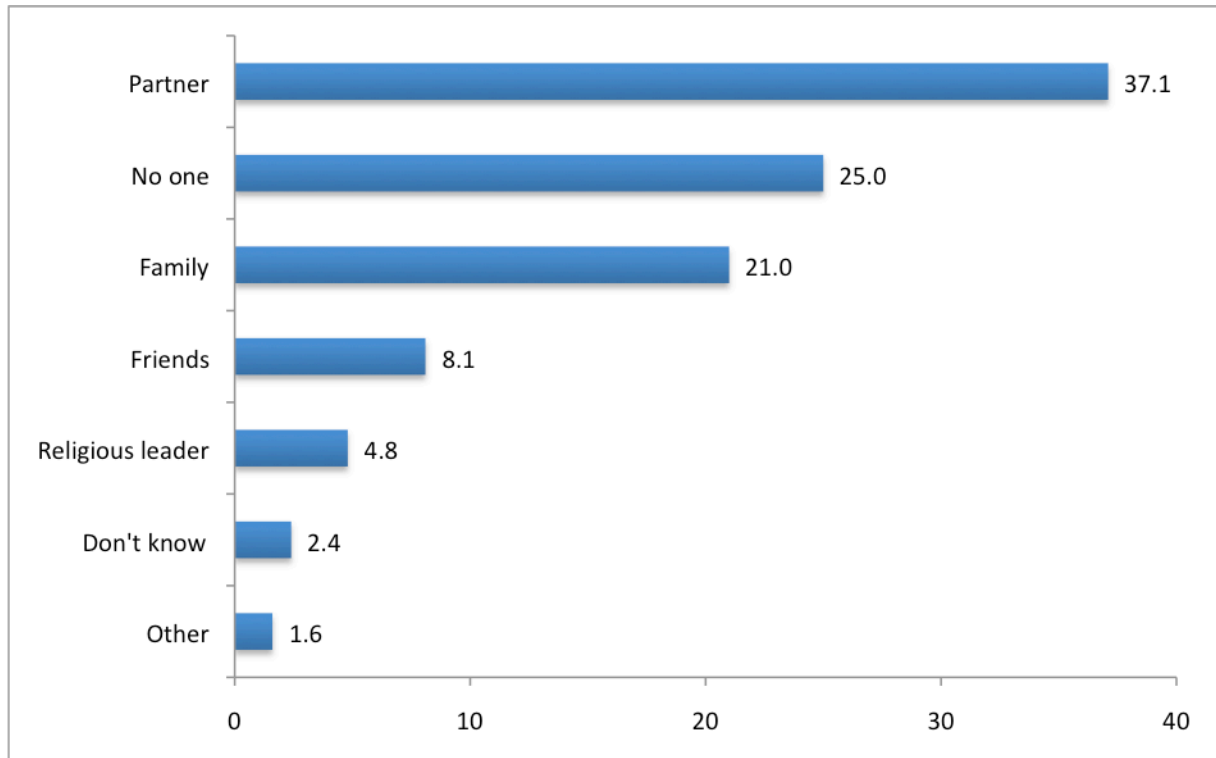
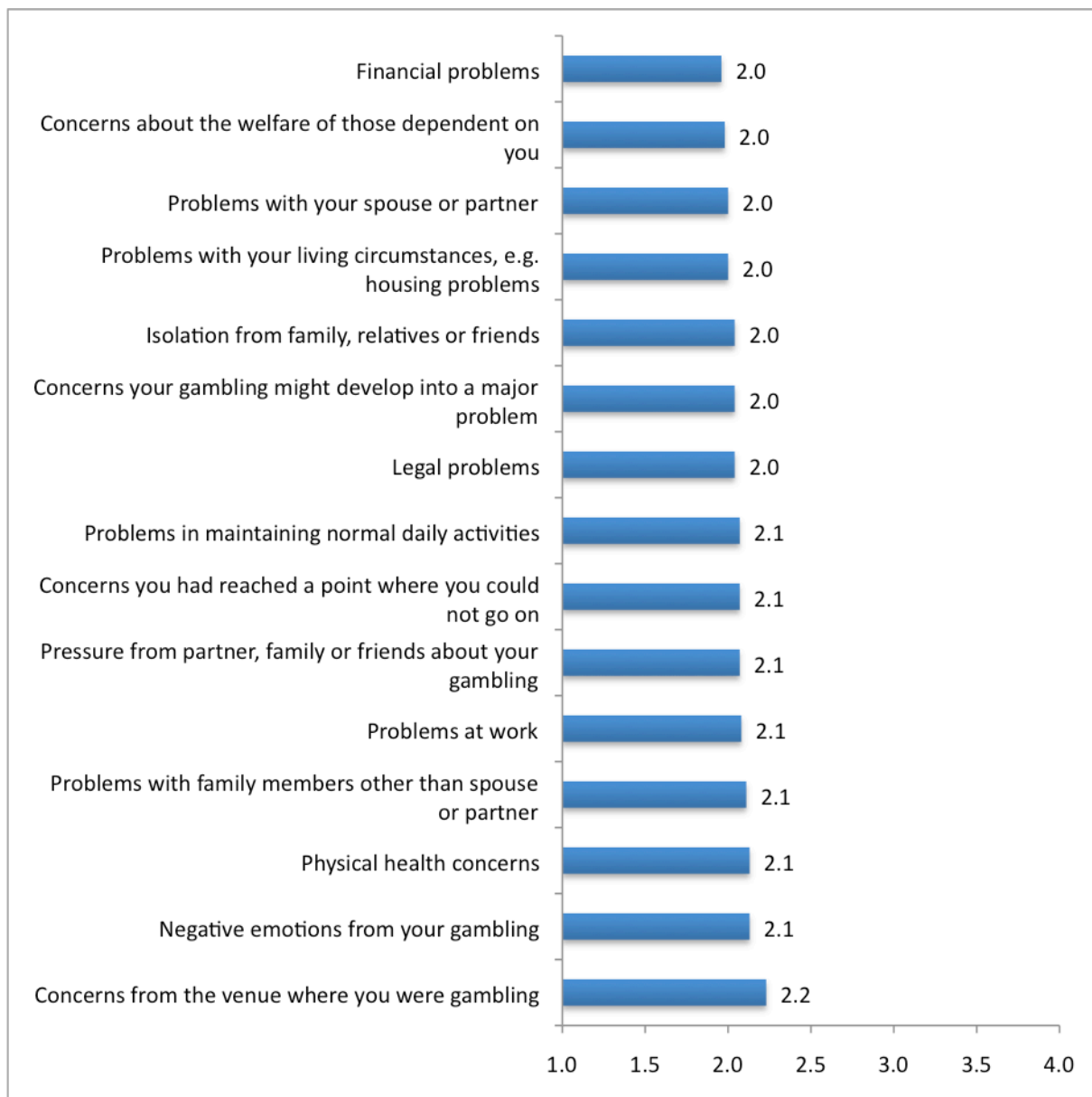


Figure 8.6: CALD Sample: Preferred Sources of Non-Professional Gambling Help (%)

### 8.6.3 Motivators for Seeking Non-Professional Sources of Gambling Help

All respondents were asked about the reasons that would prompt them to seek non-professional help for their gambling. Response categories were: Strongly agree = 1, Agree = 2, Disagree = 3 and Strongly disagree = 4. Figure 8.7 shows agreement to each reason according to mean scores. Note that the lower the mean, the higher the level of agreement.



**Figure 8.7: CALD Sample: Motivators for Using Non-Professional Sources of Gambling Help**

As shown in Figure 8.7, the respondents agreed with all reasons they were presented with, with little difference in mean scores for all of these. Nevertheless, the most common five motivators for seeking non-professional help, by a small margin, were:

- Financial problems
- Concerns about the welfare of those dependent on you
- Problems with your living circumstances, e.g. housing problems
- Problems with your spouse or partner
- Legal problems

#### **Other Motivators for Non-Professional Help-Seeking**

When asked whether there were any other reasons that would prompt them to seek non-professional help, the following responses were given, most of which suggest lack of awareness that many gambling help services are free (Box 8.3).

### Box 8.3: CALD Sample: Other Motivators for Non-Professional Help-Seeking

- *Cost of professional help*
- *Money*
- *Run out of money*
- *See if it works, try everything first if no success get professional help*
- *Services too expensive*
- *Too ashamed*

#### 8.6.4 Barriers to Seeking Non-Professional Sources of Gambling Help

The survey participants were asked about reasons that would discourage or delay them from seeking non-professional help if they became concerned about their gambling. The same Strongly agree – Strongly disagree scale and coding was used as before. Figure 8.8 shows agreement to each reason according to mean scores on this scale in descending order of agreement. Note that the lower the mean, the higher the level of agreement.

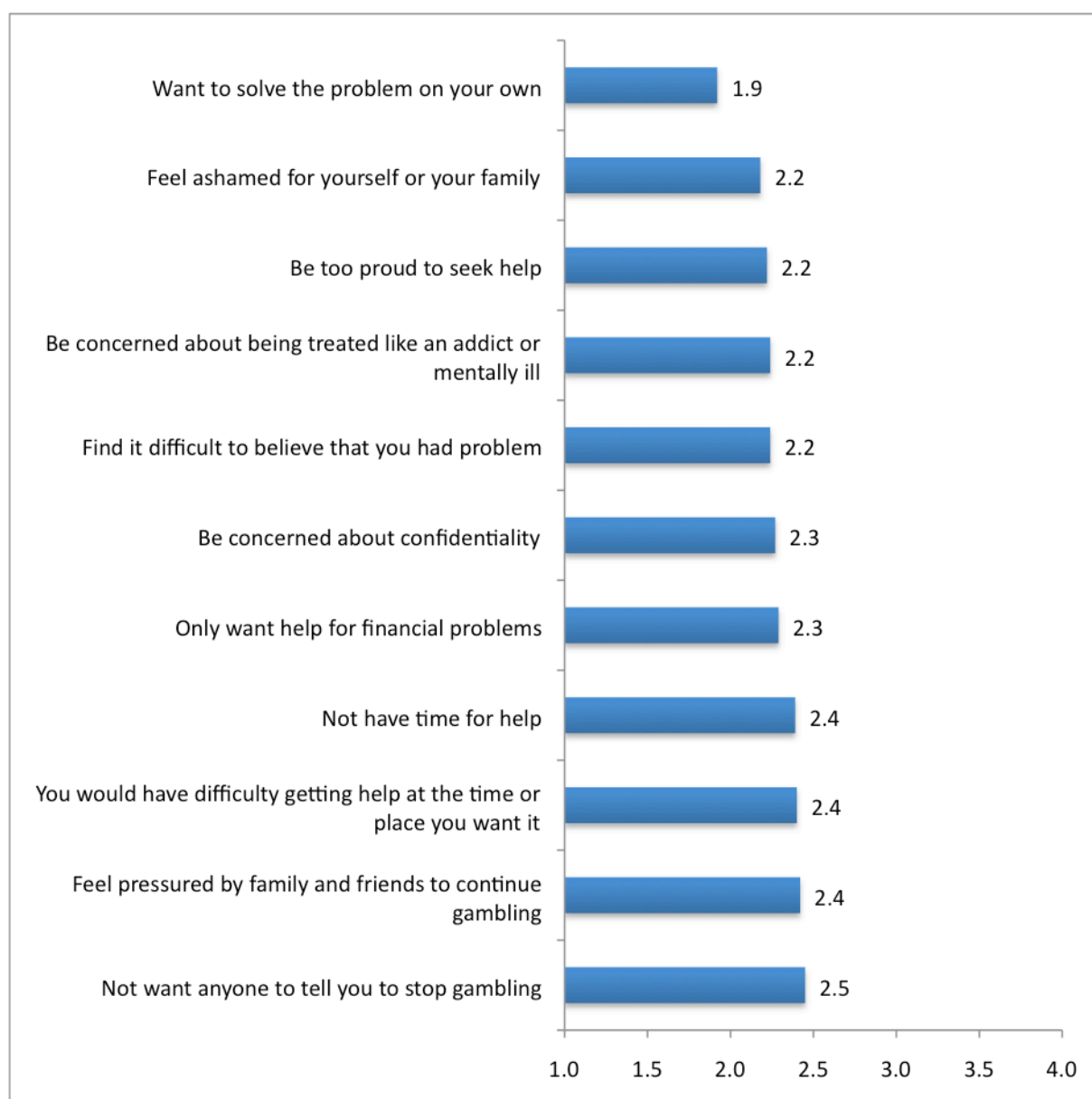


Figure 8.8: CALD Sample: Barriers to Using Non-Professional Sources of Gambling Help

As shown in Figure 8.8, the respondents generally agreed with all reasons that might deter or delay them from seeking non-professional help for their gambling. The most common five barriers were as follows:

- Want to solve the problem on your own
- Feel ashamed for yourself or your family
- Be too proud to seek help
- Find it difficult to believe that you had problem
- Be concerned about being treated like an addict or mentally ill

#### **Other Barriers to Non-Professional Help-Seeking**

When asked whether there were any other reasons that would delay or discourage them from seeking non-professional help, seven relevant responses were given, as reproduced in Box 8.4. These related mostly to shame, pride, concerns about confidentiality and reluctance to give up an enjoyable activity.

#### **Box 8.4: CALD Sample: Other Barriers to Non-Professional Help-Seeking**

- *Ashamed*
- *Bad example for children*
- *Enjoying gambling*
- *I like coming to the club*
- *I'm not seeking non-professional one because I don't trust them that they will keep my secret*
- *People finding out*
- *Proud*

#### **8.6.5 What Could Encourage Earlier Non-Professional Help-Seeking**

When asked what, if anything, could be done to encourage people to seek non-professional help if they became concerned about their gambling, the suggestions shown in Box 8.5 were provided. These relate primarily to interventions by gaming venues, public education and advertising about problem gambling, and more open communication about gambling problems.

#### **Box 8.5: CALD Sample: What Could Encourage Earlier Non-Professional Help-Seeking**

- *Awareness of problem gamblers (notification from clubs/pubs)*
- *Concerned friends*
- *Encouragement from staff member at venues*
- *Enrol into your local church*
- *Make sure your partner has access to your bank statements so they can identify the problem sooner*
- *More advertising on the problem*
- *Negative ads on gambling*
- *Open communication between family*
- *Promoting by word of mouth, more signage*
- *Recognise that it is a problem by letting people know others have the same problem, they are not alone*
- *Seminars and little notes on books handed out for each partner or for both*
- *Signs on walls*
- *Talk to people*
- *Understanding more*
- *When a partner is very supportive*

## 8.7 Self-Help Strategies for Gambling

This chapter now turns to the third type of help examined in this study - self-help gambling strategies.

### 8.7.1 Use of Self-Help Strategies for Gambling

The 280 survey respondents were asked 'If you began to experience problems controlling your gambling, and wanted to manage it without involving other people, what would you do to better control your gambling?'. Only 69 people provided responses, and these were coded and summarised in Figure 8.9. The most common response was to stop going to gambling venues (16%), followed by limiting access to cash at the venue (e.g. leaving wallets and bankcards at home or only taking small amounts of cash) (7%), and budgeting (3%).

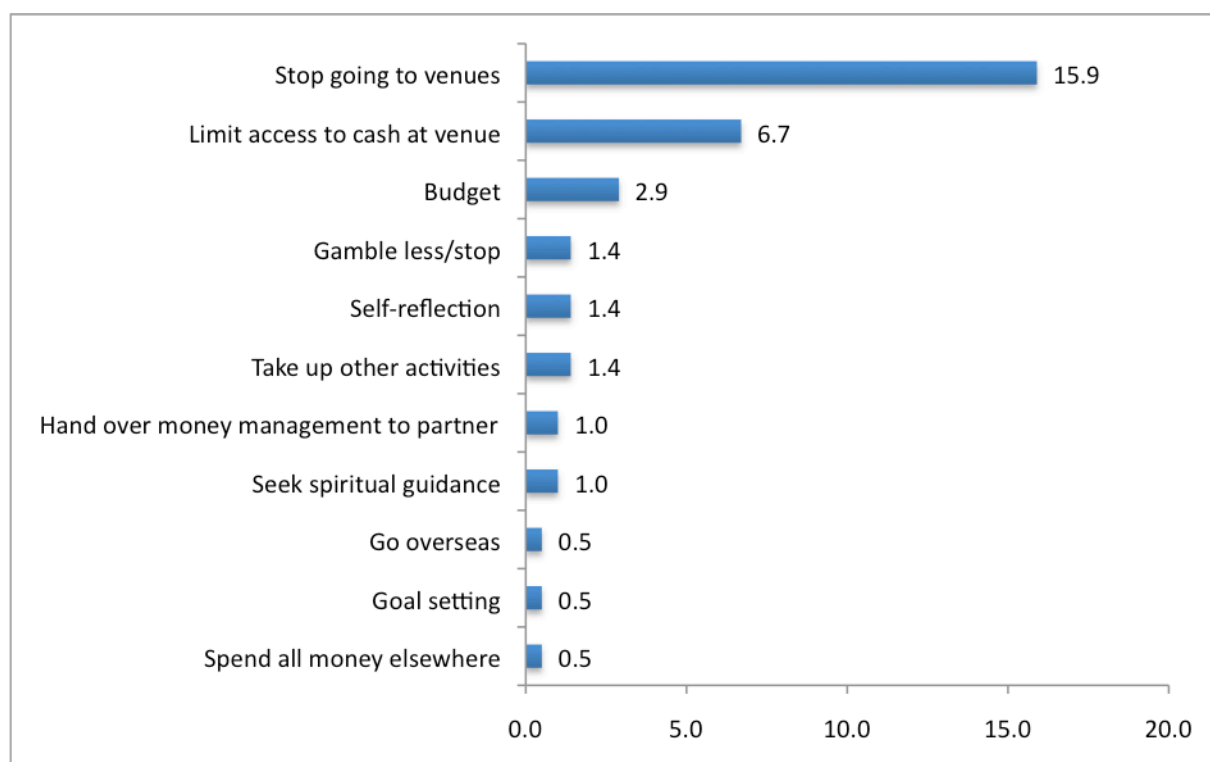
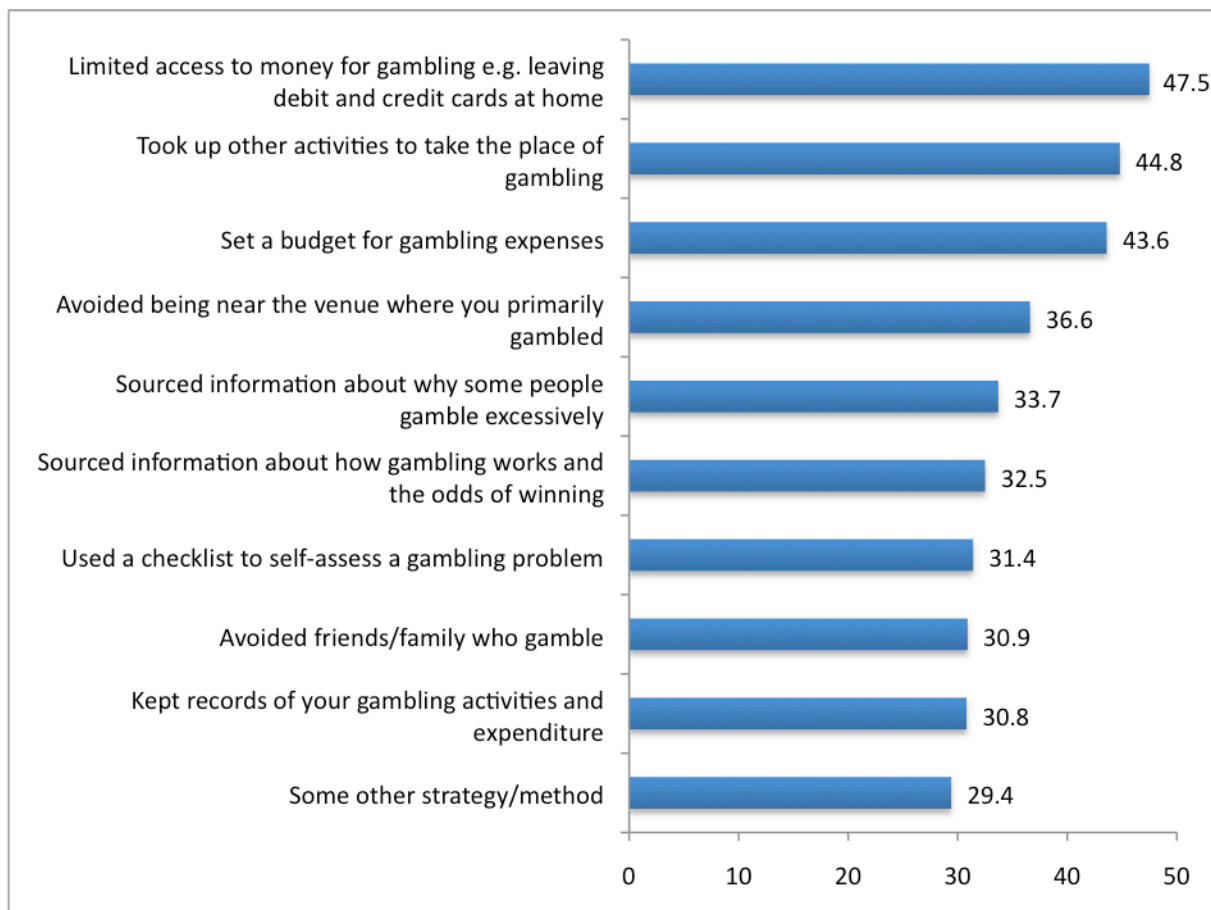


Figure 8.9: CALD Sample: Use of Self-Help Gambling Strategies: Unprompted Responses (%)

The survey then asked whether respondents currently used any self-help strategies, with a range of options provided (multiple responses allowed). Most respondents (61.2%) currently used at least one of the types of self-help gambling measures listed in Figure 8.10.



**Figure 8.10: CALD Sample: Current Use of Self-Help Gambling Strategies (%)**

As indicated in Figure 8.10, the five self-help measures reportedly used most frequently amongst the respondents were:

- Limiting access to money for gambling e.g., leaving debit and credit cards at home
- Taking up other activities to take the place of gambling
- Setting a budget for gambling expenses
- Avoiding being near the venue where you primarily gambled
- Sourcing information about why some people gamble excessively

#### **Other Self-Help Strategies Used**

Several respondents explained other self-help measures they use to better control their gambling, as shown in Box 8.6. These related mainly to alternative activities and money management strategies.

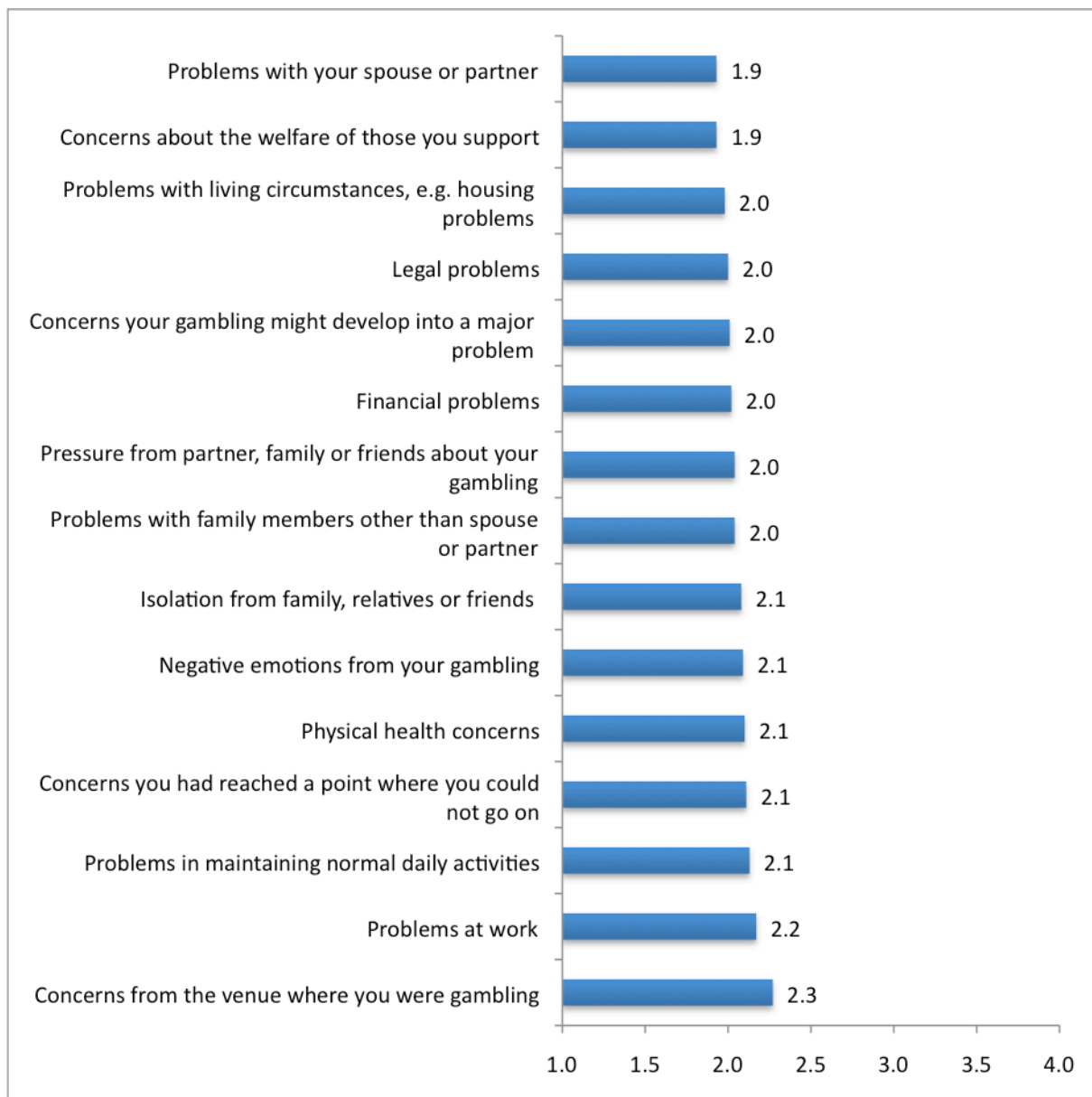
### **Box 8.6: CALD Sample: Other Self-Help Strategies Used**

- *Computer games*
- *Crosswords, reading*
- *Go out with my sons*
- *Goal setting*
- *Going out with family*
- *Have your partner control bank card and ration out money, I did it through a 3-4 month period, maybe 5 months*
- *No play*
- *Play on a balance*
- *Reading*
- *Sleep*
- *Take my partner with me*
- *Talk with friends and find out more*
- *Will power*

### **8.7.3 Motivators for Using Self-Help Strategies for Gambling**

The 208 respondents were asked about reasons that would prompt them to use strategies if they were concerned about their gambling. The same response categories and coding was used as previously reported in this chapter. Figure 8.11 shows agreement to each reason based on mean scores. Note that the lower the mean, the higher the level of agreement.





**Figure 8.11: CALD Sample: Motivators for Using Self-Help Gambling Strategies**

As evident from Figure 8.11, there was general agreement that all reasons provided would prompt respondents to use self-help gambling strategies. The most five most frequently endorsed reasons were:

- Concerns about the welfare of those you support
- Problems with your spouse or partner
- Problems with living circumstances, e.g. housing problems
- Legal problems
- Concerns your gambling might develop into a major problem

#### **Other Motivators for Using Self-Help Gambling Strategies**

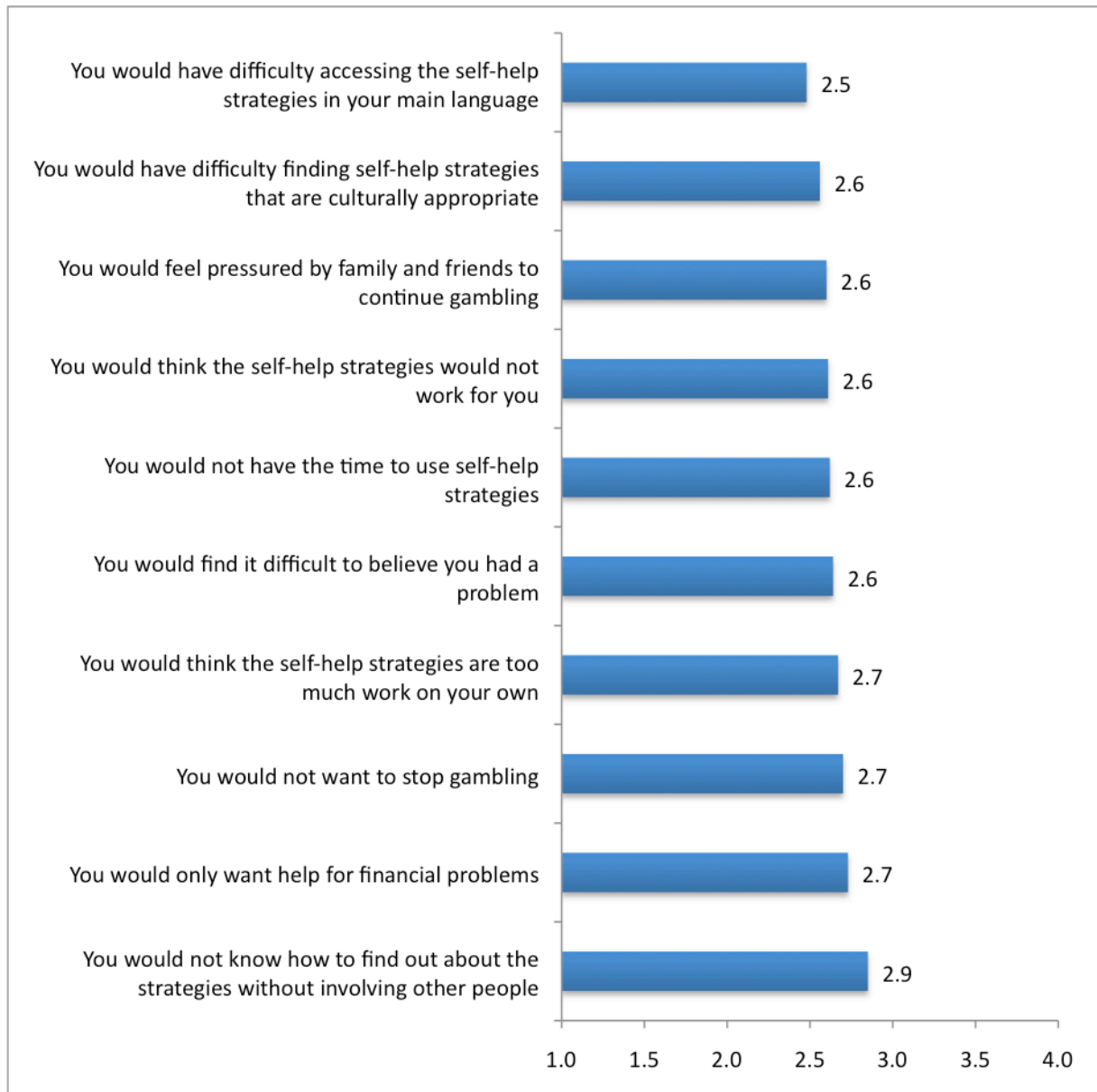
Only two respondents nominated other motivations that would prompt them to use self-help gambling strategies. These were:

- Major financial problems

- You don't want others to know

#### 8.7.4 Barriers to Using Self-Help Strategies for Gambling

The survey participants were asked about reasons that would discourage or delay them from trying self-help gambling strategies if they began to experience problems with their gambling. The same response categories and coding were used as previously, with the resulting mean scores shown in Figure 8.12. Note that the lower the mean, the higher the level of agreement.



**Figure 8.12: CALD Sample: Barriers to Using Self-Help Gambling Strategies**

As shown in Figure 8.12, there was limited agreement that the barriers identified would delay or discourage the respondents from using self-help gambling strategies. The five most frequently endorsed barriers were:

- You would have difficulty accessing the self-help strategies in your main language

- You would have difficulty finding self-help strategies that are culturally appropriate
- You would feel pressured by family and friends to continue gambling
- You would think the self-help strategies would not work for you
- You would not have the time to use self-help strategies

### **Other Barriers to Using Self-Help Gambling Strategies**

Despite limited agreement with the reasons provided that may deter or delay people in using self-help gambling measures, only two respondents nominated other reasons. These were:

- Pride of anyone finding out (it all comes out in the end)
- Yes I get a kick out of it (presumably gambling)

### **8.7.5 What Could Encourage Earlier Use of Self-Help Gambling Strategies**

When asked what could be done to encourage people to use self-help strategies for gambling problems sooner, only 13 respondents provided relevant responses. Of these, 7 suggested that venues could provide advice on self-help measures (e.g., through a venue counselling service or through staff) and 6 suggested more public education on self-help measures, (e.g. a pamphlet or DVD delivered to all households or more information being generally available).

## **8.8 Pathways to Help-Seeking**

The survey participants were asked what source of help they would use first if they were concerned about their gambling and wanted to better control it – professional, non-professional or self-help. Fewer than one-half of respondents (44.2%) nominated professional sources of help, 27.9% nominated self-help strategies and 10.1% nominated non-professional sources of help. Of concern is that 17.3% nominated ‘None of these’.

An earlier finding was that 52% of respondents would reportedly seek some type professional help if they became concerned about their gambling, but Table 8.2 indicates that some would not necessarily seek professional help as a first response. Similarly, an earlier finding was that over 60% of respondents reported currently using at least one self-help strategy; however, Table 8.2 indicates that, if they were concerned about their gambling and wanted to better control it, only 27.9% would use self-help as a first strategy. One possible explanation for this seemingly conflicting result is that people use self-help strategies as a preventative measure, and not necessarily only in response to becoming concerned about controlling their gambling.

Table 8.2 shows this breakdown, along with their responses to what type of help they would use second and third.

**Table 8.2: CALD Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
	Professional sources of help	87	44.2	52	26.4	79
Non-professional sources of help	21	10.7	51	25.9	43	21.8
Self-help strategies	55	27.9	60	30.5	35	17.8
None of these	34	17.3	34	17.3	40	20.3
Total	197	100.0	197	100.0	197	100.0

## 8.9 Stages of Change

Stage of change in gambling behaviour was measured, with results shown in Table 8.3 according to each PGSI group.

**Table 8.3: CALD Sample: Stage of Change in Help-Seeking Behaviour**

PGSI Category		Maintenance	Action	Preparation	Contemplation	Pre-	Total
						contemplation	
Non-problem gambler	No	18	1	4	14	23	60
	%	30.0%	1.7%	6.7%	23.3%	38.3%	100.0%
Low risk gambler	No	5	1	0	2	13	21
	%	23.8%	4.8%	0.0%	9.5%	61.9%	100.0%
Moderate risk gambler	No	13	3	2	4	16	38
	%	34.2%	7.9%	5.3%	10.5%	42.1%	100.0%
Problem gambler	No	18	6	2	22	34	82
	%	22.0%	7.3%	2.4%	26.8%	41.5%	100.0%
Total	No	54	11	8	42	86	201
	%	26.9%	5.5%	4.0%	20.9%	42.8%	100.0%

Table 8.3 indicates that:

- The highest proportion of non-problem gamblers (38%) reported being in the pre-contemplation stage, with sizable minorities being in the maintenance (30%) and contemplation (23%) stages of change.
- The highest proportion of low risk gamblers (62%) reported being in the pre-contemplation stage, with a sizable minority (24%) reporting having maintained changes to their gambling to better control it for longer than 6 months (maintenance stage).
- The highest proportion of moderate risk gamblers (42%) were in the pre-contemplation stage, with 34% in the maintenance stage.
- The highest proportion of problem gamblers (42%) reported being in the pre-contemplation stage, 27% were in the maintenance stage and 21% were in the contemplation stage.

Of concern is the low numbers of problem and moderate risk gamblers who were taking any action, or preparing to take action, to better control their gambling. While sizable minorities of both groups

were reportedly in the maintenance stage of behaviour change, they nonetheless scored as moderate risk or problem gamblers on the PGSI.

## 8.10 Chapter Conclusion

The following conclusions can be drawn in relation to the sample of CALD regular gamblers:

- Problem gambling rates were very high (41%) and much higher than the problem gambling rate found amongst the non-CALD regular gamblers in the national telephone survey (11%). While this might be partially explained by the on-site administration of the survey and perhaps the PGSI itself, this extremely high problem gambling prevalence is very concerning and suggests the need for targeted measures to encourage help-seeking in CALD populations.
- This is especially the case, given that awareness of professional sources of help for gambling was low, especially for gambling-specific services. Thus, there appears a need to publicise these services more effectively to this population.
- Awareness was higher for non-gambling specific services, with general practitioners nominated as the most commonly preferred source of help for gambling problems, emphasising a need for these non-gambling specific help services to be equipped to assist CALD Australians with gambling problems.
- Of concern is that nearly one-half of the CALD respondents reported they would not seek professional help at all for a gambling problem and in fact only 9% of those categorised as problem gamblers from their PGSI scores had ever sought this type of help. Given this clear reticence to seek professional gambling help, consideration needs to be given to how best to encourage CALD problem gamblers to seek professional help or to provide the type of help they are most likely to access. Because concerns about the cost, attitude and confidentiality of services were reported as major barriers to their use, a challenge is to relay to CALD problem gamblers that these services are free, non-judgmental and confidential.
- There was also some reticence to use non-professional sources of help, with about one-quarter of respondents reporting they would not do so. Thus, there seems a strong desire by many to keep gambling problems to oneself. Nevertheless, education of the CALD population about how best to assist a significant other with a gambling problem appears a potentially useful measure.
- Use of self-help measures for gambling was quite high (60%), with the most common being limiting access to money for gambling, taking up alternative activities, setting a budget for gambling and avoiding being near the venue where they primarily gambled. Given the reticence to use professional help services, this reasonably high willingness to use self-help measures provides an opportunity to raise awareness about these, to better understand which ones are most effective, and to facilitate their use.
- The main motivators for seeking any type of help were problems with spouse or partner, concerns about the welfare of dependants, problems with living circumstances, legal problems and financial problems. This contrasts to the findings for the other survey samples, where concerns their gambling might develop into a major problem was found to be a key motivator. This suggests that there may be value in CALD targeted education about what a gambling problem is, its signs and the risks of gambling. This suggestion is also prompted by a certain naivety evident in open-ended responses, where people suggested they would just stop gambling and/or stop going to gambling venues if they developed a gambling problem.
- The main barriers to seeking help from professional and non-professional sources were wanting to solve the problem on their own, feeling ashamed for themselves or their families,

and concern about being treated as an addict or mentally ill. Clearly, problem gambling requires destigmatisation if these barriers are to be lowered.

- The main barriers to using self-help gambling strategies were difficulty accessing the self-help strategies in their main language, difficulty finding self-help strategies that are culturally appropriate, feeling pressured by family and friends to continue gambling, and thinking the self-help strategies would not work for them. This adds further weight to the previous suggestion for education about self-help measures. Individual CALD groups might be consulted about developing self-help measures that are culturally appropriate.

# CHAPTER 9

## COMPARATIVE ANALYSES OF SURVEY RESULTS

### 9.1 Introduction

This chapter conducts some selected analyses on the combined samples of gamblers and for particular groupings within the combined sample. These analyses are restricted to awareness and use of the various types of help (professional, non-professional and self-help) and the motivators and barriers to using these.

While these comparisons allow the results for each sample to be viewed relative to the results for the other samples, there are associated limitations. Factors such as the different recruitment and survey administration methods used for each sample, the different timing of the surveys, and some slight variations in wording across questionnaires may present confounding factors that mask or create different findings amongst the samples. Thus, the results should be interpreted with some caution.

In this chapter, the combined sample (CS) refers to the combination of the four samples of gamblers surveyed (N = 730). These were the national telephone survey of regular gamblers (N = 242), the on-site survey of regular gamblers in culturally diverse clubs (N = 208), the telephone survey of gamblers who had called a helpline about their own gambling (N = 170), and the online survey of problem gamblers in treatment (N = 110).

When cross-sample analyses are conducted, the groupings are referred to as regular gamblers (from the national telephone survey), the CALD regular gamblers (from the on-site club survey), helpline callers (gamblers only) and gamblers in treatment (from the online survey).

When cross-PGSI analyses are conducted, these are based on PGSI categories of respondent. In the combined sample (N = 730), there were 153 non-problem gamblers, 82 low risk gamblers, 117 moderate risk gamblers and 346 problem gamblers (32 missing cases). For some analyses, the problem gamblers are split into two groups – those who have ever received professional gambling help and those who have not. Analyses are also conducted by sex, age (18-39 years and 40 years or over) and by location (urban and non-urban).

Please note that detailed tables to support the figures and graphs in this chapter are contained in Appendix N.

### 9.2 Professional Sources of Gambling Help

In this section, comparative analyses are conducted of respondents' awareness and use of professional sources of gambling help, and motivators and barriers to using these. These analyses are based on the combined sample, followed by analyses across samples, across PGSI groups, and across certain demographic factors.

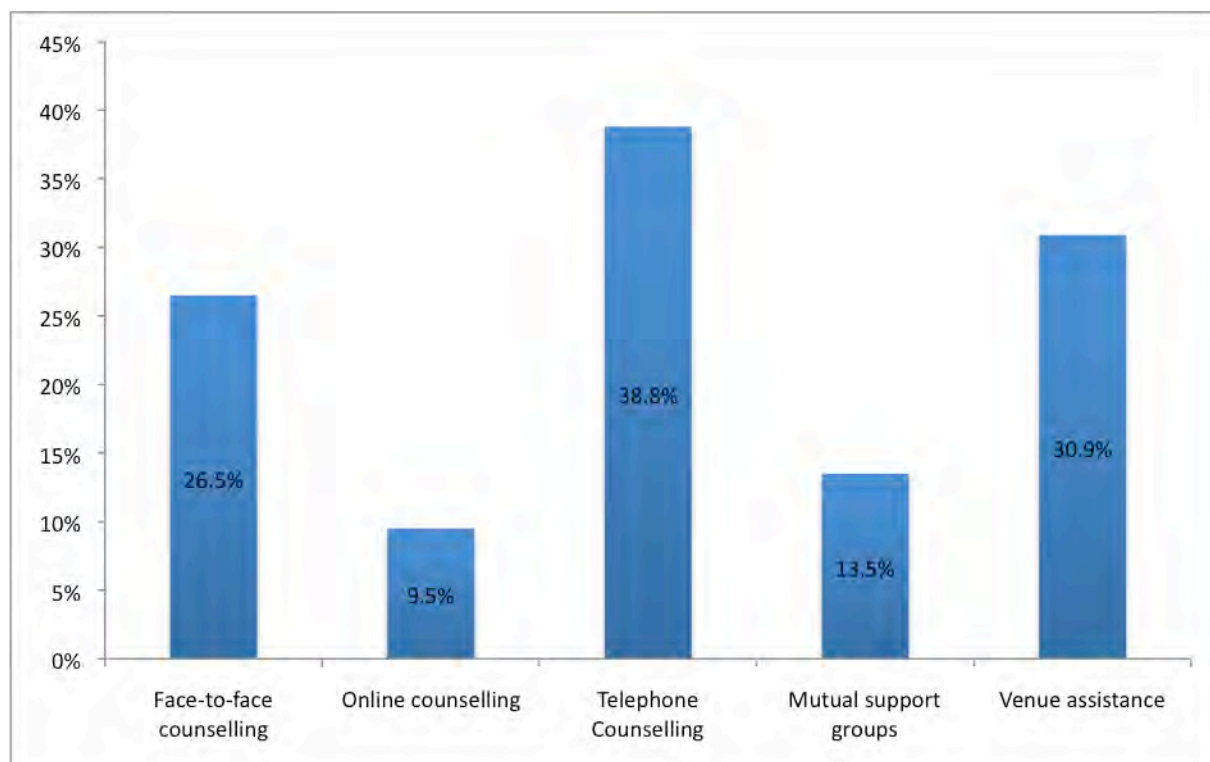
#### 9.2.1 Awareness of Professional Sources of Gambling Help: Gambling-Specific Services

The gambling-specific sources of professional help examined in the surveys comprised face-to-face, telephone and online help services, mutual support groups for gambling and assistance that gaming venues can provide for someone with a gambling problem.

### Awareness of Gambling Specific Help Services: Combined Sample

Figure 9.1 shows awareness of the five different types of gambling-specific professional help services about which respondents were asked. Respondents were not asked their awareness of face-to-face counselling if they were recruited through these services (gamblers in treatment sample). Similarly, respondents were not asked their awareness of telephone gambling help services if they were recruited through a helpline (helpline callers). Thus, Figure 9.1 depicts awareness of services by those not recruited through them at the time of the surveys.

Figure 9.1 shows that overall awareness was highest for gambling helplines (39%), followed by venue assistance (31%), face-to-face services (27%), mutual support groups (14%) and online services (10%).



**Figure 9.1: CS: Awareness of Gambling Specific Help Services: Combined Sample**

### Awareness of Gambling Specific Help Services: Comparison By Sample

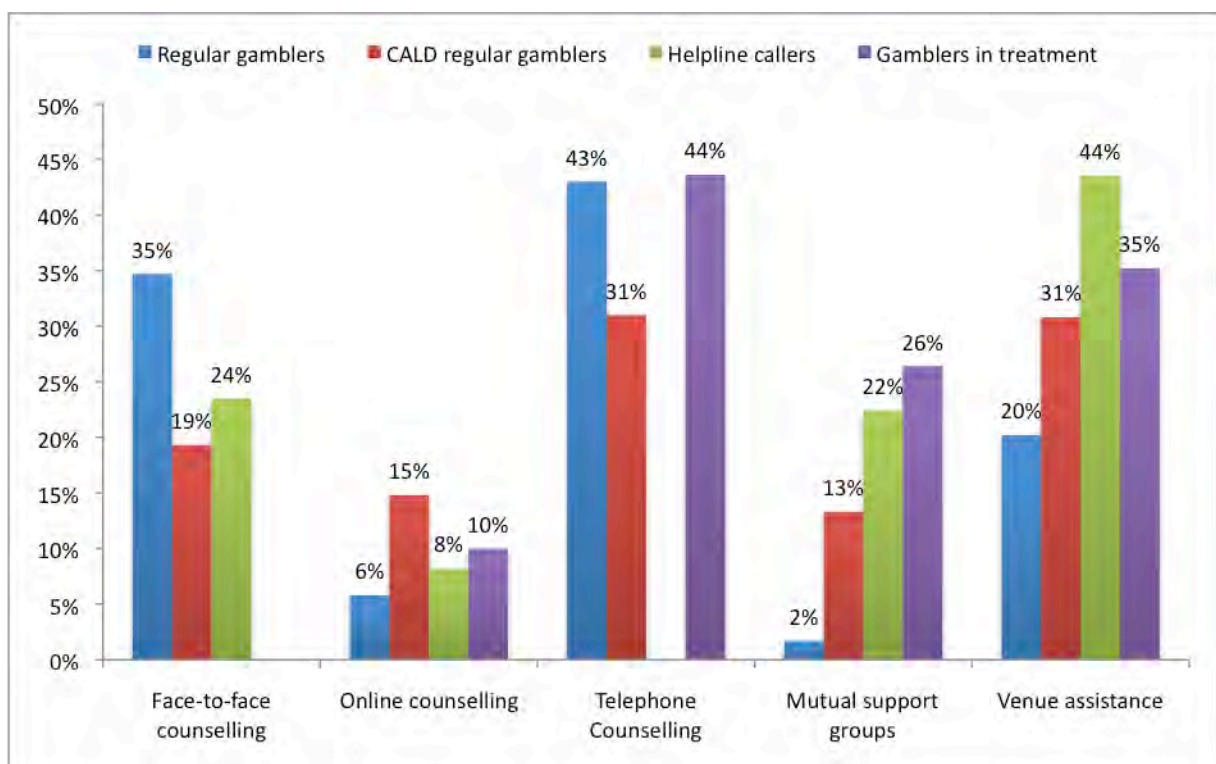
Figure 9.2 compares awareness of gambling specific help services amongst the four survey groups. Both samples of regular gamblers were asked 'Do you know of any (type of service)...' while the treatment and helpline samples were asked if they knew of these services before contacting their current service/before they contacted a gambling helpline.

- For face-to-face counselling or treatment services in their region, overall awareness was 27%, with highest awareness amongst the regular gamblers from the national telephone survey (35%), followed by helpline callers before they called a helpline (24%) and CALD club patrons (19%). Respondents to the online survey of problem gamblers in treatment are not included as they were recruited through face-to-face services, so it can be assumed they were all aware of these services.
- For online counselling and support services, awareness was low at 10% overall. Awareness was highest amongst CALD club patrons (15%), followed by the problem gamblers in treatment (10%) and regular gamblers from the general population (6%).



- For telephone counselling services, overall awareness was 39%, with highest awareness amongst the treatment sample (44%), followed by the regular gamblers (43%) and the CALD sample (31%). Respondents to the helpline caller survey were not included as it can be assumed they were all aware of these services.
- For mutual support groups in their region, only 14% of all survey participants were aware of such groups, with awareness highest amongst the treatment sample, followed by helpline callers (22%), CALD club patrons (13%) and regular gamblers (2%).
- For venue assistance for gambling problems, overall awareness was 31%, with highest awareness being amongst helpline callers (44%), then the treatment sample (35%), CALD patrons (31%) and regular gamblers (20%).

Awareness of most of these services was particularly low amongst the regular gamblers recruited from both the general population and culturally diverse clubs, as shown in Figure 9.2. All differences between groups were statistically significant at the  $p \leq .05$  level.



**Figure 9.2: CS: Awareness of Gambling Specific Help Services: Comparison By Sample**

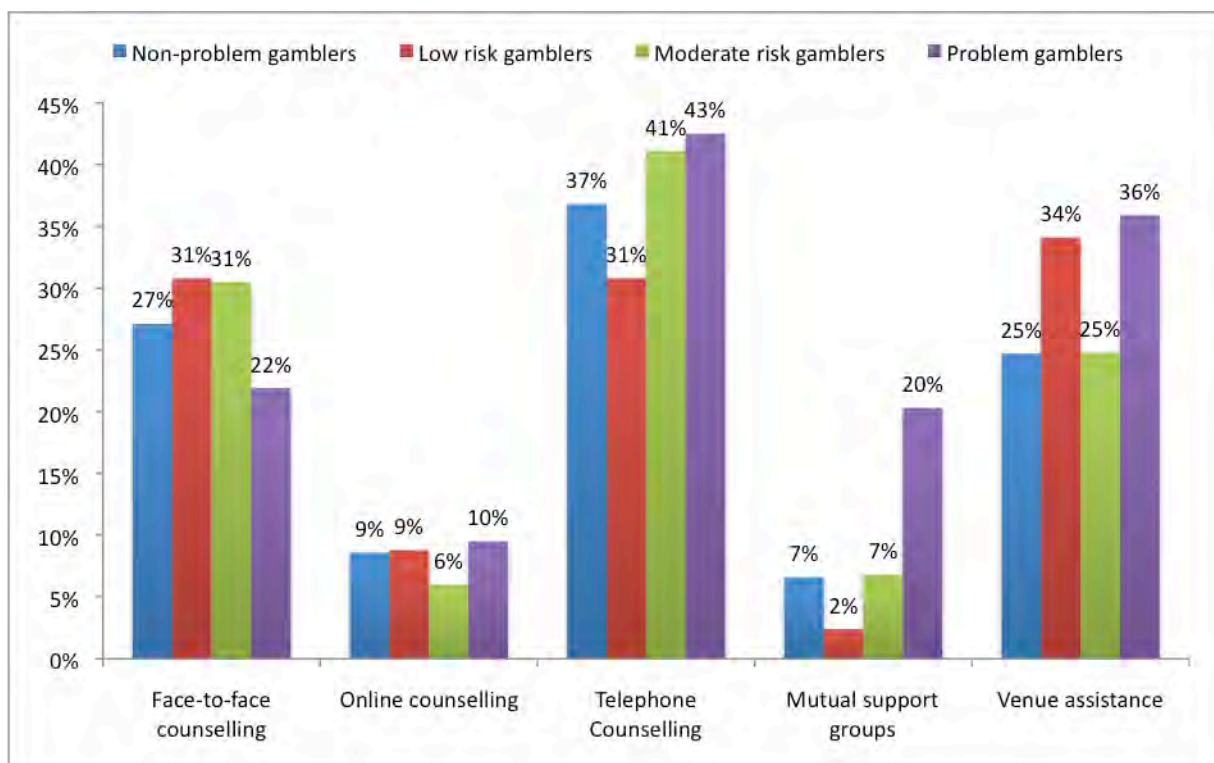
#### **Awareness of Gambling Specific Help Services: Comparison by PGSI Group**

Figure 9.3 compares awareness of gambling specific help services amongst the four PGSI groups, where it is evident that:

- For face-to-face counselling or treatment services in their region, highest awareness was amongst the low risk (31%) and moderate risk (31%) gamblers, with 27% of non-problem gamblers and 22% of problem gamblers being aware of these services. Respondents to the online survey of problem gamblers in treatment are not included as they were recruited through face-to-face services, so it can be assumed they were all aware of these services.

- For online counselling and support services, awareness was highest amongst the problem gamblers (10%), followed by the low risk gamblers (9%), non-problem gamblers (9%) and moderate risk gamblers (6%).
- For telephone counselling services, awareness was highest amongst the problem gamblers (43%), followed by the moderate risk gamblers (41%), non-problem gamblers (37%) and low risk gamblers (31%). Respondents to the helpline caller survey are not included as it can be assumed they were all aware of these services.
- For mutual support groups, awareness was highest amongst the problem gamblers (20%), followed by the moderate risk gamblers (7%), non-problem gamblers (7%) and low risk gamblers (2%).
- For venue assistance with a gambling problem, awareness was highest amongst problem gamblers (36%), low risk gamblers (35%), moderate risk gamblers (25%) and non-problem gamblers (25%).

Thus, amongst all four PGSI groups, the problem gamblers were most aware of the professional types of services available for gambling help, with the exception of face-to-face counselling services in their region (not including those recruited through face-to face counselling agencies). However, most differences in awareness amongst the PGSI groups were not statistically significant.



**Figure 9.3: CS: Awareness of Gambling Specific Help Services: Comparison by PGSI Group**

#### **Awareness of Gambling Specific Help Services: Comparison by Sex**

Awareness of gambling-specific professional sources of help were compared between male and female respondents. There were no significant differences for awareness of face-to-face counselling services, telephone counselling services, mutual support groups, and venue assistance for a gambling problem. A higher proportion of the men (11%) were aware than the women (7%) of online counselling services ( $\chi^2=8.994, df=1, p=.048$ ), but awareness is clearly low amongst both sexes.

### Awareness of Gambling Specific Help Services: Comparison by Age

The combined sample was split into two age groups – those 18-39 years and those 40 years or over. No significant differences were found in their awareness of face-to-face counselling services, online services, and mutual support groups. Higher proportions of those in the 18-39 year old age group (52.3%) were aware of telephone gambling help services than those in the 40 years or over group (35.2%) ( $\chi^2=12.001, df=1, p=.000$ ). The younger age group was also more aware (37.5%) that venues can offer assistance for a gambling problem than were the older group (28.2%) ( $\chi^2=5.781, df=1, p=.011$ )

### Awareness of Gambling Specific Help Services: Comparison by Location

Knowledge of gambling-specific professional sources of help were compared between respondents living in urban and non-urban areas (regional, rural and remote combined). Those living in urban areas were less aware of face-to-face counselling services in their region ( $\chi^2=9.546, df=1, p=.002$ ). No significant differences were observed for awareness of the other gambling-specific professional help services.

### 9.2.3 Awareness of Professional Sources of Gambling Help: Generalist Services

Awareness of six types of generalist services that can provide advice or help for a gambling-related problem are considered below.

#### Awareness of Generalist Help Services: Combined Sample

Figure 9.4 charts the overall awareness amongst the combined sample of the various generalist services that can provide information or assistance for a gambling problem. It shows that a little over one-quarter of respondents were aware that information and help for gambling issues were available from general practitioners (27%), relationship counsellors (27%), financial counsellors (26%), and alcohol and drug services (26%). Lower awareness was apparent for legal advisors (18%) and migrant and ethnic support services (12%).

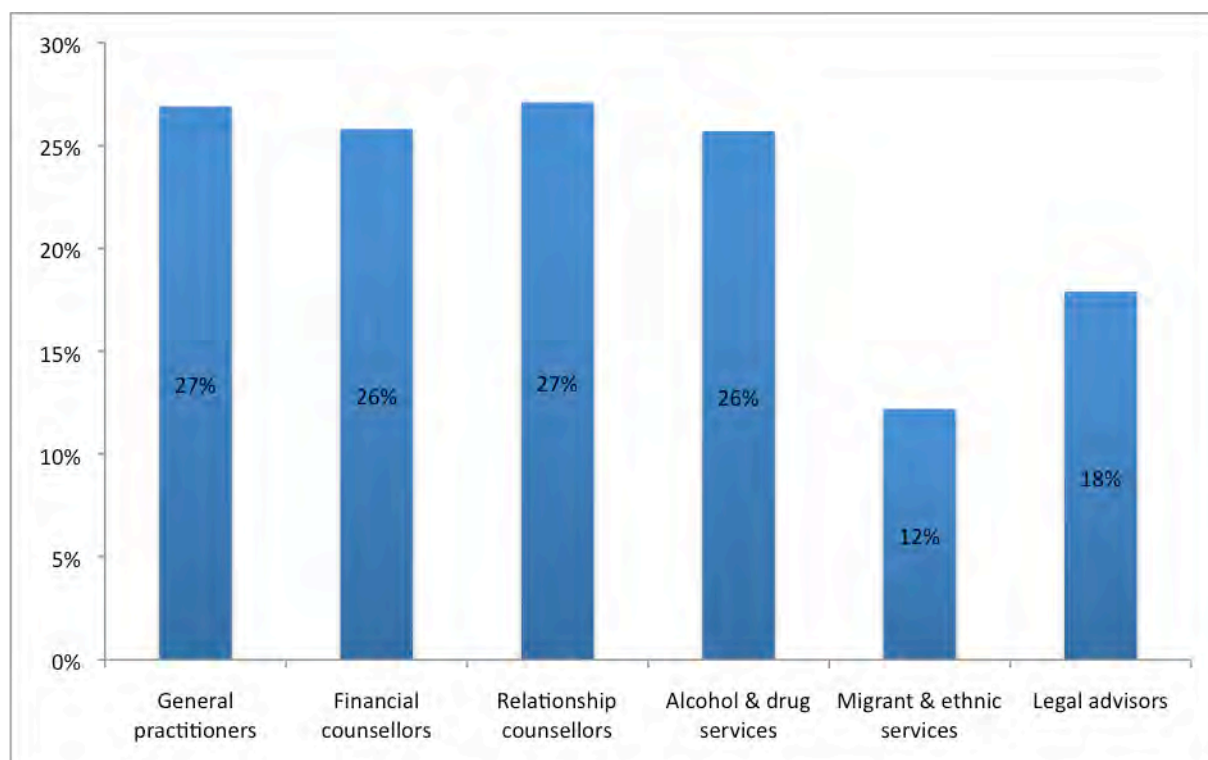


Figure 9.4: CS: Awareness of Generalist Help Services: Combined Sample

### Awareness of Generalist Help Services: Comparison by Sample

Figure 9.5 compares awareness of generalist sources of help for gambling-related issues amongst the four samples.

- For general practitioners, overall awareness was 27%, with the highest being amongst CALD regular gamblers (49%), followed by gamblers in treatment (29%), helpline callers (22%) and regular gamblers (13%).
- For financial counsellors, overall awareness was 26%, with highest awareness amongst CALD regular gamblers (47%), followed by the treatment sample (39%), helpline callers (20%) and the regular gamblers (10%).
- For relationship counsellors, overall awareness was 27%, with highest awareness amongst CALD regular gamblers (47%), followed by the treatment sample (37%), helpline callers (19%) and the regular gamblers (15%).
- For alcohol and drug services, overall awareness was 26%, with highest awareness amongst CALD regular gamblers (49%), followed by the treatment sample (26%), the regular gamblers (15%) and helpline callers (13%).
- For migrant and ethnic services, overall awareness was 12%, with highest awareness amongst CALD regular gamblers (33%), followed by the regular gamblers (17%), helpline callers (13%) and the treatment sample (11%).
- For legal advisors, overall awareness was 18%, with highest awareness amongst CALD regular gamblers (44%), followed by the treatment sample (15%), the regular gamblers (10%) and helpline callers (5%).

Awareness of generalist services was highest amongst the CALD regular gamblers, reflecting much higher awareness than they had of the gambling specific services. Awareness of most of these services was lowest amongst the regular gamblers drawn from the general population. All differences between samples were significant.

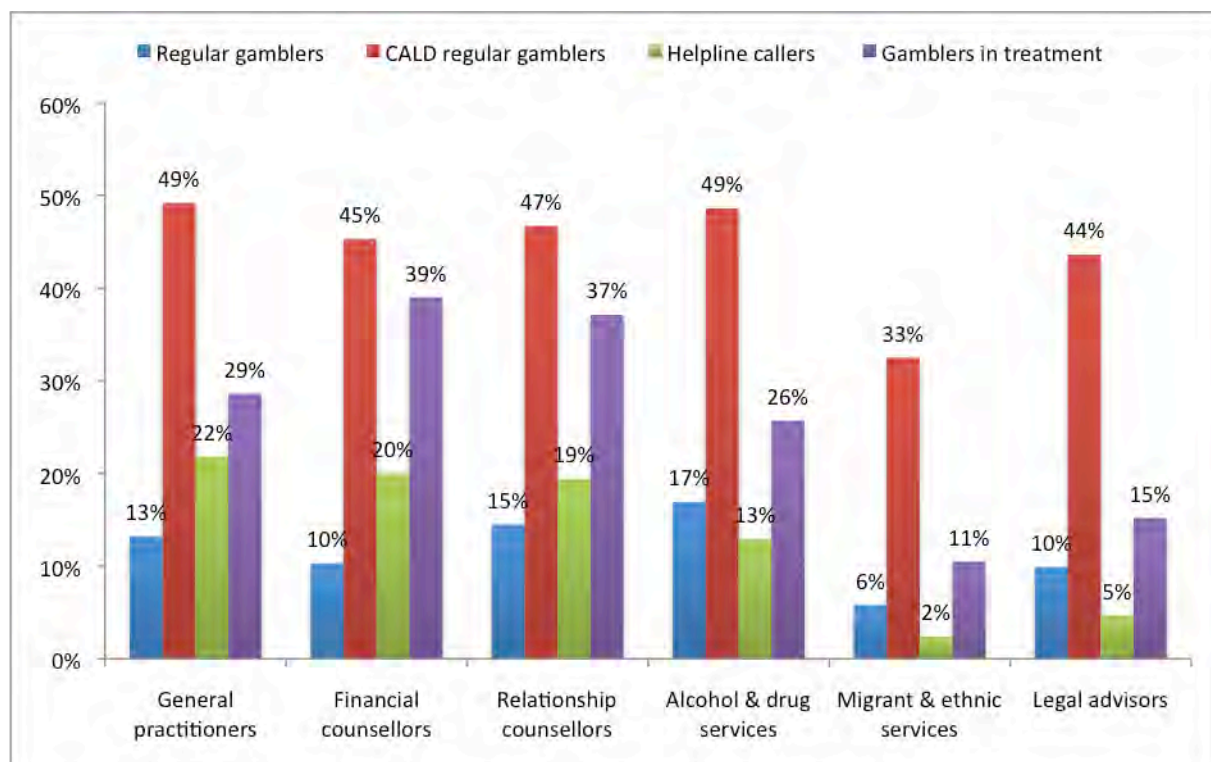


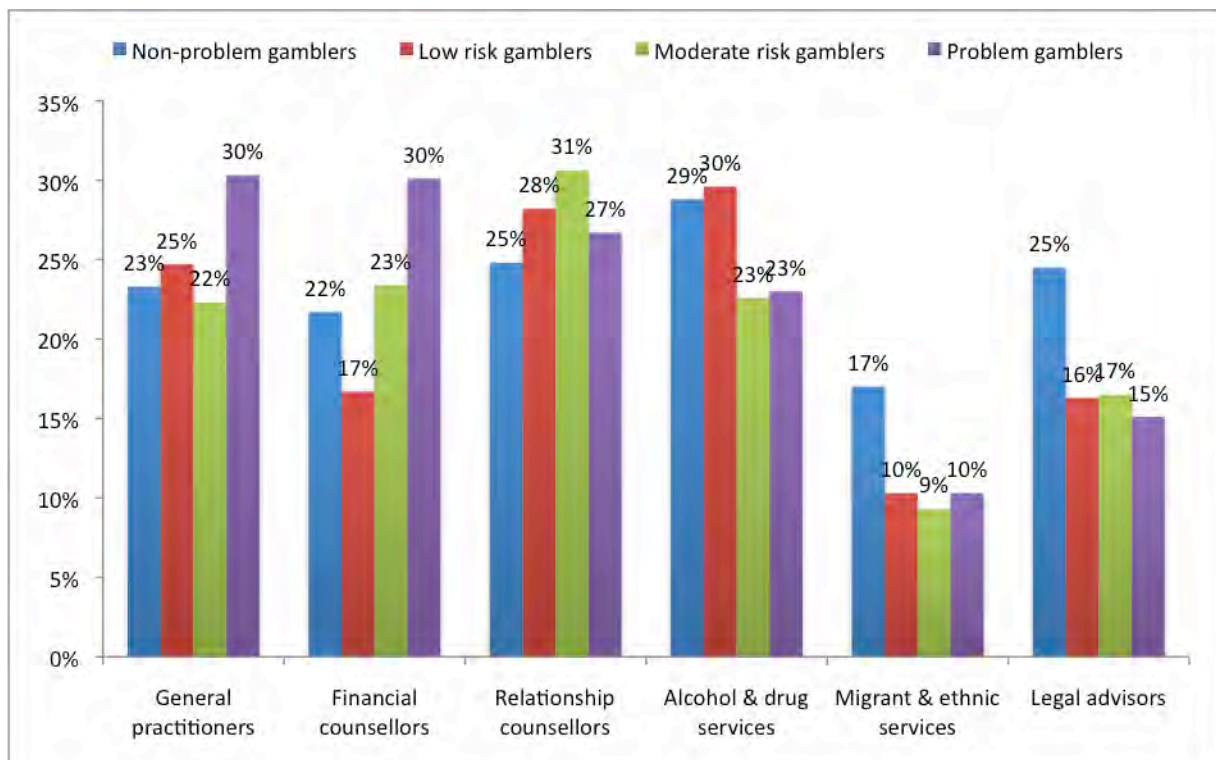
Figure 9.5: CS: Awareness of Gambling Help from Generalist Help Services: Comparison by Sample

### Awareness of Generalist Help Services: Comparison by PGSI Group

Figure 9.6 compares awareness of generalist sources of help for gambling-related issues amongst the four PGSI groups of gamblers.

- For general practitioners, awareness was highest amongst the problem gamblers (30%), followed by the low risk gamblers (25%), non-problem gamblers (24%) and moderate risk gamblers (22%).
- For financial counsellors, awareness was highest amongst the problem gamblers (30%), followed by moderate risk gamblers (23%), non-problem gamblers (22%) and low risk gamblers (17%).
- For relationship counsellors, awareness was highest amongst the moderate risk gamblers (31%), followed by the low risk gamblers (28%), problem gamblers (27%) and the non-problem gamblers (25%).
- For alcohol and drug services, awareness was highest amongst the low risk gamblers (30%), non-problem gamblers (29%), problem gamblers (23%) and moderate risk gamblers (23%).
- For migrant and ethnic support services, awareness was highest amongst non-problem gamblers (17%), followed by the problem gamblers (10%), low risk gamblers (10%) and moderate risk gamblers (9%).
- For legal advisors, awareness was highest amongst the non-problem gamblers (25%), followed by the moderate risk gamblers (17%), low risk gamblers (16%) and problem gamblers (15%).

The results again emphasise the overall low awareness amongst all PGSI groups of gambling help available from generalist help services. The only significant differences amongst PGSI groups was for awareness that financial counsellors can provide information or help for gambling issues, with problem gamblers clearly most aware of this.



**Figure 9.6: CS: Awareness of Gambling Help from Generalist Help Services: Comparison By PGSI Group**

### **Awareness of Generalist Help Services: Comparison by Sex**

No significant differences were found amongst the male and female respondents in awareness of general practitioners, financial counsellors, relationship counsellors, alcohol and drug services, and legal advisors. Higher proportions of female (14.5%) than male (9.2%) respondents were aware of help from migrant and ethnic support services ( $\chi^2=4.485$ ,  $df=1$ ,  $p=.023$ ).

### **Awareness of Generalist Help Services: Comparison by Age**

No significant differences were found between the 18-30 and 40+ years age groups in their knowledge of generalist professional services that can provide advice or assistance for a gambling problem.

### **Awareness of Generalist Help Services: Comparison by Location**

The urban dwellers were more aware than their non-urban counterparts that legal advisors can provide help or advice for gambling issues ( $\chi^2=3.523$ ,  $df=1$ ,  $p=.037$ ). No other significant differences between the two groups were found for awareness of generalist professional help service.

## **9.2.4 Use of Professional Sources of Help**

Of particular interest are the characteristics of respondents who had received professional help compared to those who had not. Respondents to the helpline caller survey and the survey of problem gamblers in treatment who scored as problem gamblers on the PGSI were included in the former group, along with those from the national telephone survey and respondents to the CALD regular gambler survey who had sought professional help for gambling problems and who also scored as problem gamblers on the PGSI. Of the 346 problem gamblers in the combined sample, there were 104 problem gamblers who had received professional help for their gambling (30.1%) and 242 problem gamblers who had not (69.9%).

When the group which had *not* sought professional help was considered, it was apparent that:

- 72.3% of the male problem gamblers and 68.9% of the female problem gamblers had never sought professional help, but these differences were not statistically significant.
- 78.6% of problem gamblers aged 18-39 years and 65.1% of problem gamblers aged 40 years or over had not sought professional gambling help ( $\chi^2=6.870$ ,  $df=1$ ,  $p=.006$ ).
- 81.9% of problem gamblers who were employed and 58.7% of problem gamblers who were unemployed had not sought professional gambling help ( $\chi^2=22.175$ ,  $df=1$ ,  $p=.000$ ).
- about three-quarters of never married (75.0%), de facto (74.4%) and separated/divorced problem gamblers (75.3%) had never sought professional gambling help compared with 60.4% of married and 42.9% of widowed problem gamblers ( $\chi^2=11.704$ ,  $df=4$ ,  $p=.020$ ).
- 66.1% of problem gamblers living in urban areas had not sought professional gambling help, compared to 78.3% of problem gamblers living in non-urban areas ( $\chi^2=5.412$ ,  $df=1$ ,  $p=.013$ ).

Thus, professional help-seeking for a gambling problem was less common amongst younger people, unmarried people, employed people and those living in non-urban areas. This suggests a need for strategies to better encourage help-seeking by these demographic groups.

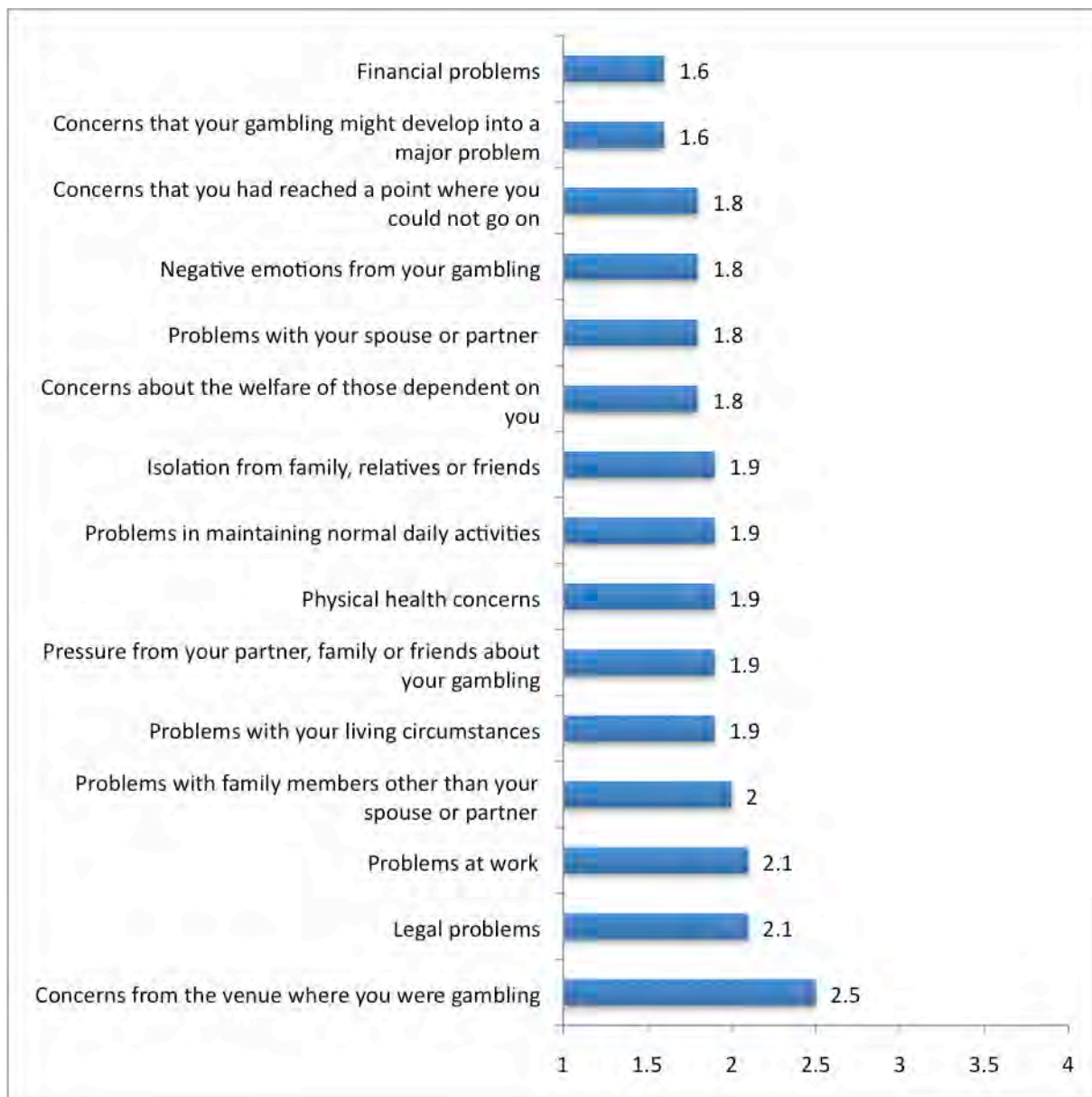
## 9.2.5 Motivations for Seeking Professional Gambling Help

### Motivations for Seeking Professional Gambling Help: Combined Sample

Motivations for seeking professional help were first compared for the merged sample of the four gambler groups, as shown in Figure 9.7. Those who had sought professional gambling help (treatment sample, helpline caller sample and those in the CALD and national telephone surveys who had previously sought this help) were asked about the motivators that had prompted them to do so. Those without professional help-seeking experience were asked what would motivate them to seek this help if they began to experience problems controlling their gambling.

The respondents, overall, agreed that all motivators would or had prompted them to seek professional help for their gambling, with the most common being (in descending order of agreement):

- Financial problems
- Concerns that your gambling might develop into a major problem
- Concerns that you had reached a point where you could not go on
- Negative emotions from your gambling
- Problems with your spouse or partner
- Concerns about the welfare of those dependent on you.

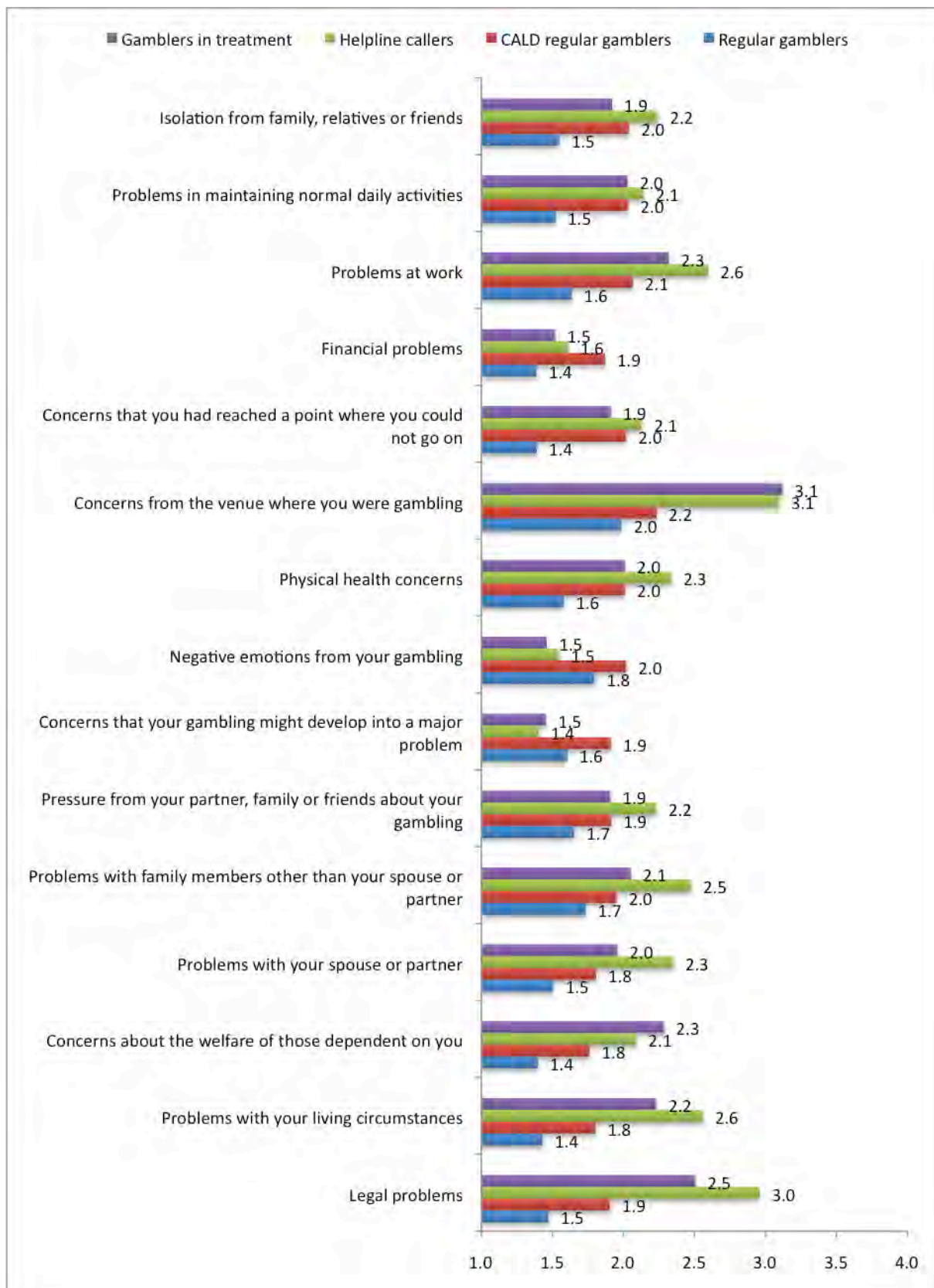


**Figure 9.7: CS: Motivators for Seeking Professional Gambling Help: Combined Sample**

**Motivations for Seeking Professional Gambling Help: Comparison by Sample**

Figure 9.8 compares the motivators for seeking professional gambling help amongst the four samples of gamblers. The sample of regular gamblers showed highest agreement to most potential motivators, while the helpline callers tended to show the least agreement. Note that the lower the mean, the higher the level of agreement.





**Figure 9.8: CS: Motivators for Seeking Professional Gambling Help: Comparison by Sample**

**Motivations for Seeking Professional Gambling Help: Comparison by PGSI Group**

Motivators for professional help-seeking are now compared amongst PGSI groups, with comparisons between means shown in Figure 9.9, where that the lower the mean, the higher the level of

agreement. For most motivators, agreement that they would prompt or had prompted professional help-seeking for gambling problems was highest amongst non-problem gamblers and lowest amongst problem gamblers. It appears that agreement with factors that might motivate a gambler to seek professional help for a gambling problem declines with problem gambling severity.

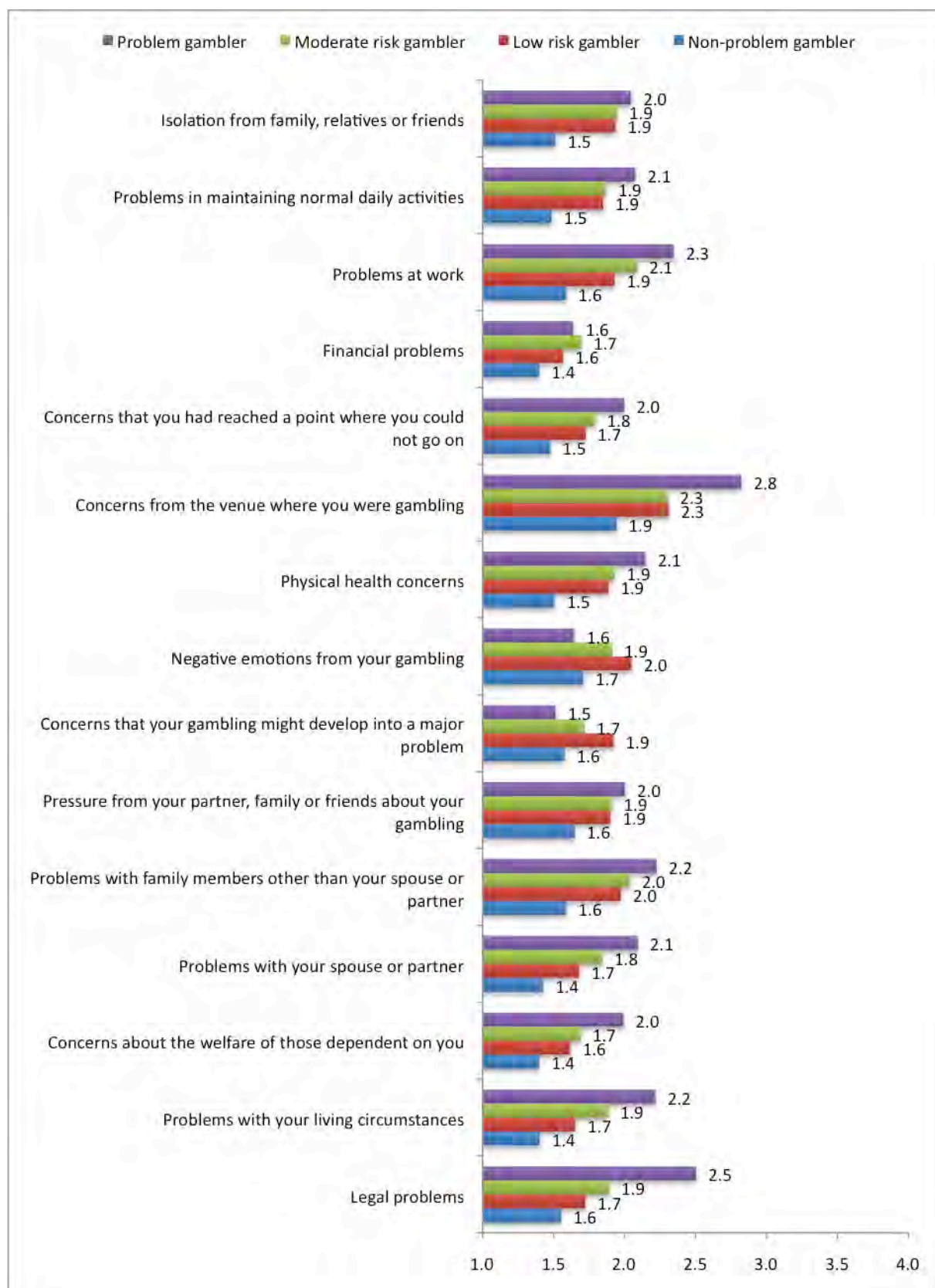


Figure 9.9: CS: Motivators for Seeking Professional Gambling Help: Comparison By PGSI Group

### Motivations for Seeking Professional Gambling Help: Amongst Problem Gamblers

Even though agreement that various factors motivate gamblers to seek help declines as problem gambling severity increases, the problem gamblers still tended to agree that all motivators they were asked about would have or did encourage them to seek professional help for their gambling, except for one - concerns from the venue where you were gambling. As shown in Figure 9.10, amongst the problem gamblers, the strongest motivators to professional help-seeking, that is, those they tended to agree most with, were:

- Concerns that your gambling might develop into a major problem
- Financial problems
- Negative emotions from your gambling
- Concerns about the welfare of those dependent on you
- Pressure from your partner, family or friends about your gambling
- Concerns that you had reached a point where you could not go on
- Isolation from family, relatives or friends

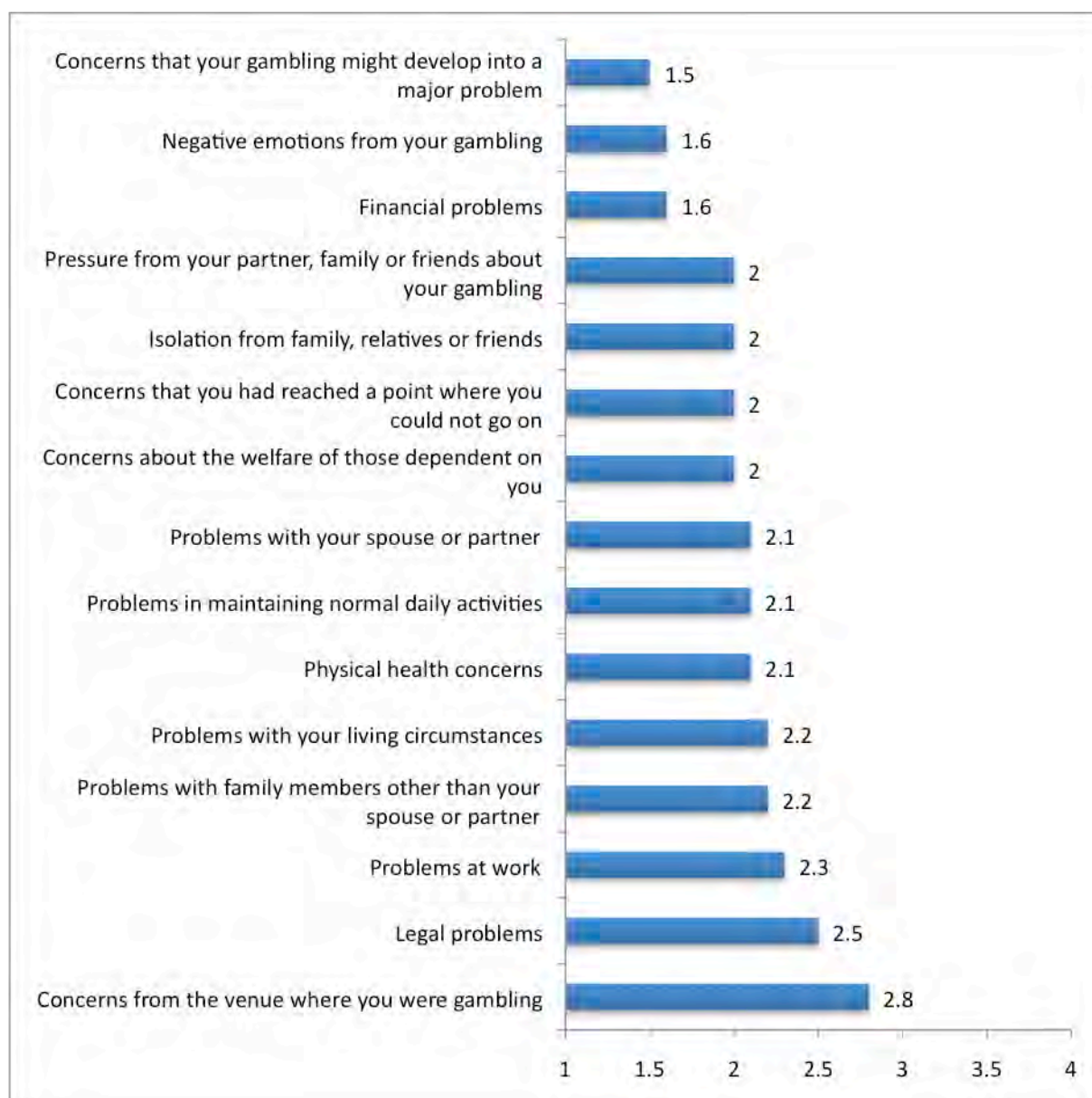
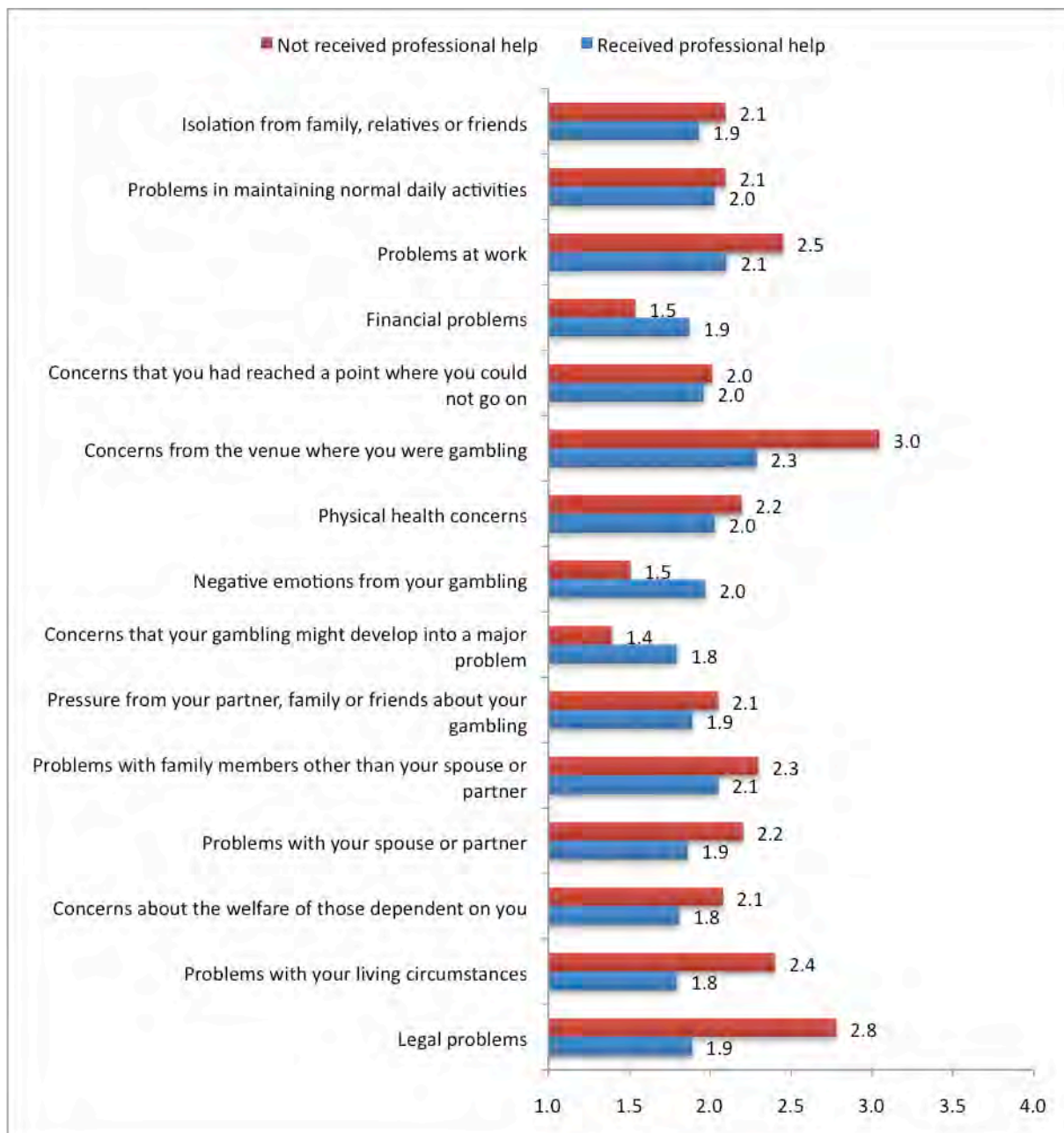


Figure 9.10: CS: Motivators for Professional Help-Seeking by Problem Gamblers

### **Motivations for Seeking Professional Gambling Help: Problem Gamblers by Ever Having Received Professional Gambling Help**

Of particular interest is whether motivations to seek professional gambling help varied between the problem gamblers who had previously sought professional help for their gambling and those who had not. Figure 9.11 shows some distinct differences. The problem gamblers who had never sought professional help for their gambling were less likely to agree they would be motivated to seek this type of help because of most reasons provided, except for financial problems, negative emotions from their gambling, and concerns that their gambling might develop into a major problem. They were equally as likely as the other group to agree that concerns that they had reached a point where they could not go on would motivate them to seek professional gambling help. Disruptions to daily activities and work, legal problems, and problems with partners, family, friends, dependants and living circumstances were less likely to motivate them to seek professional help.

Thus, the problem gamblers who had never sought professional help for their gambling appeared willing to wait until their gambling problems became financial and emotional issues before seeking help and were less motivated to seek help by problems concerning their relationships and other aspects of daily living.



**Figure 9.11: CS: Motivations for Professional Help-Seeking: Comparison by Having Received Professional Help or Not**

#### **Motivations for Seeking Professional Gambling Help: Comparison by Sex**

When compared between the male and female survey respondents, no significant differences were apparent in motivators for professional help-seeking.

#### **Motivations for Seeking Professional Gambling Help: Comparison by Age**

The older age group (40 years +) was more likely than the younger age group (18-39 years) to agree with the following motivators: legal problems ( $t=2.740, df=679, p=.006$ ), problems with family members other than your spouse or partner ( $t=2.092, df=683, p=.037$ ), physical health concerns ( $t=4.690, df=694, p=.000$ ), concerns from the venue ( $t=5.490, df=674, p=.000$ ), and problems maintaining normal daily activities ( $t=2.179, df=701, p=.030$ ).

### **Motivations for Seeking Professional Gambling Help: Comparison by Location**

The motivators for seeking professional gambling help were compared between respondents living in urban and non-urban areas. No significant differences were found.

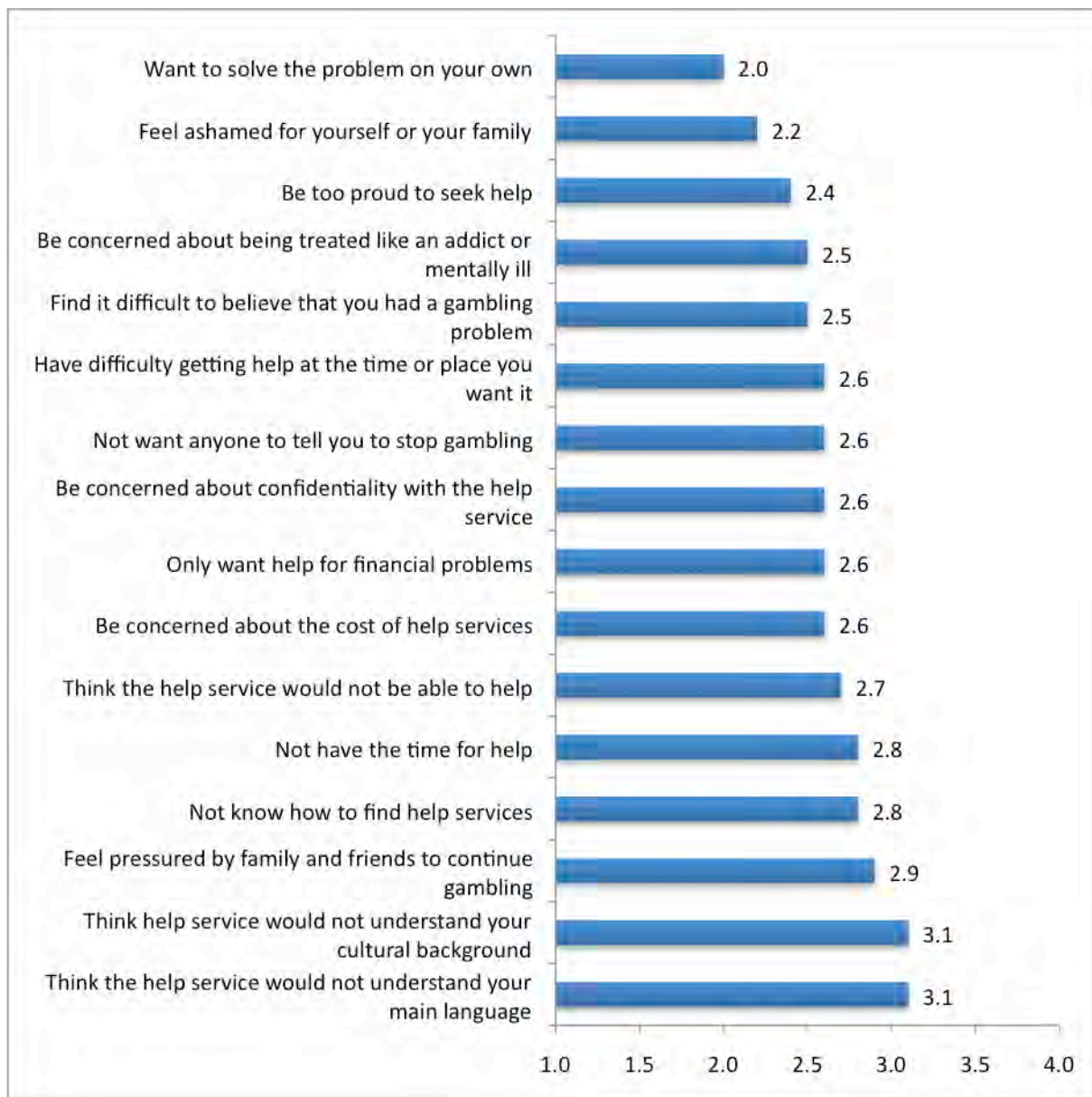
### **9.2.6 Barriers to Seeking Professional Gambling Help**

#### **Barriers to Seeking Professional Gambling Help: Combined Sample**

Barriers to seeking professional help were first compared for the merged sample of the four gambler groups, as shown in Figure 9.12, where that the lower the mean, the higher the level of agreement. As with the motivators, those who had sought professional help before were asked about what had discouraged or delayed them in seeking this help, whilst those without this experience were asked what would discourage or delay them if they began to experience problems controlling their gambling.

Overall, the respondents tended to agree only with the top five barriers, which were:

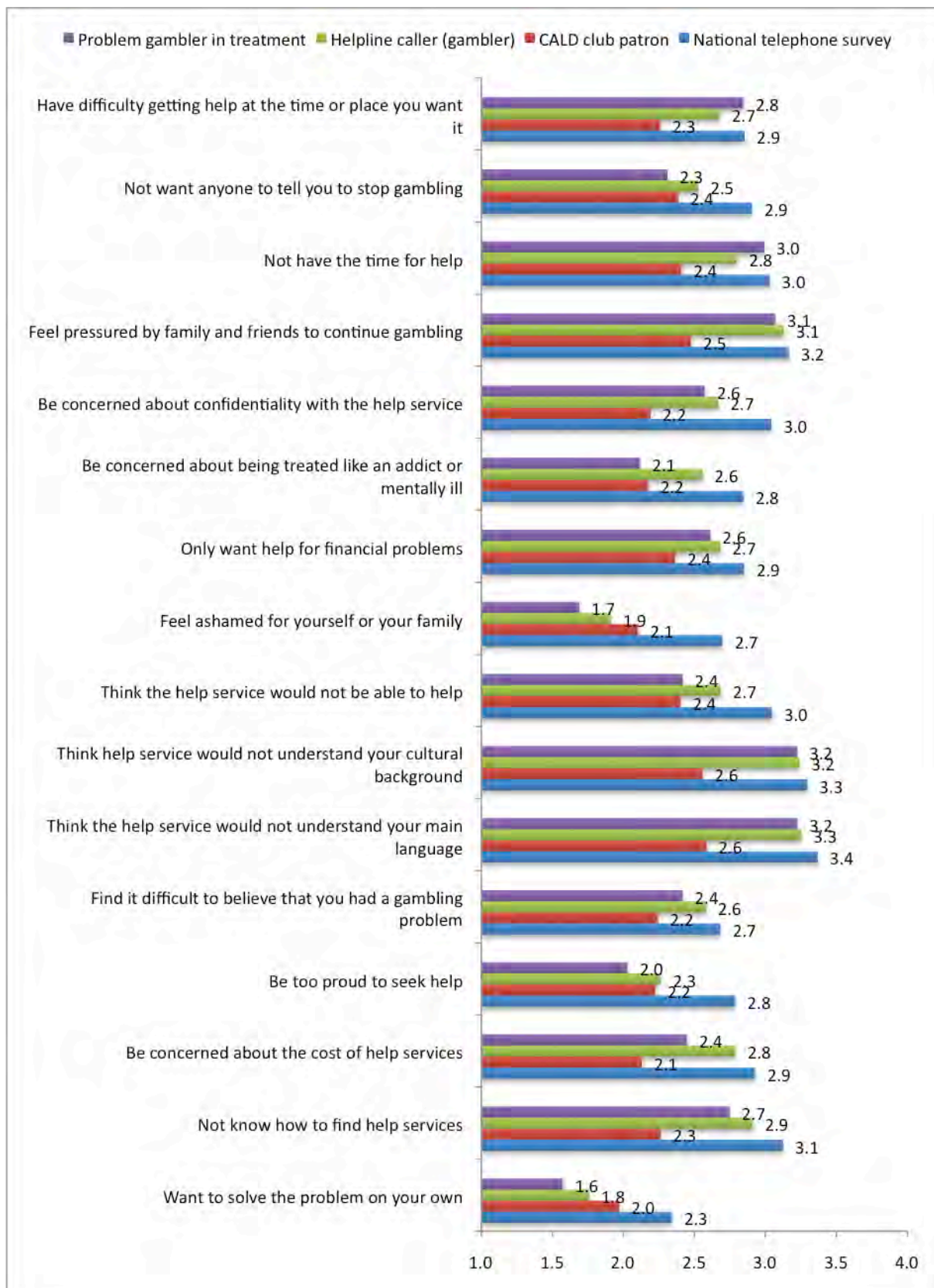
- Want to solve the problem on your own
- Feel ashamed for yourself or your family
- Be too proud to seek help
- Find it difficult to believe that you had a gambling problem
- Be concerned about being treated like an addict or mentally ill



**Figure 9.12: CS: Barriers to Seeking Professional Gambling Help**

**Barriers to Seeking Professional Gambling Help: Comparison by Sample**

Barriers to professional help-seeking were then compared amongst the four gambler samples, with results shown in Figure 9.13. Overall, the sample of gamblers in treatment showed most agreement that the barriers would delay or discourage professional help-seeking for a gambling problem, while the sample of regular gamblers showed least agreement. Note that the lower the mean, the higher the level of agreement.



**Figure 9.13: CS: Barriers to Seeking Professional Gambling Help: Comparison by Sample**

**Barriers to Seeking Professional Gambling Help: Comparison by PGSI Group**

Barriers to help-seeking from professional sources are compared amongst PGSI groups in Figure 9.14. This shows that the problem and moderate risk gamblers indicated highest agreement that the



barriers presented to them would or did discourage or delay them from seeking professional help for their gambling. Note that the lower the mean, the higher the level of agreement.

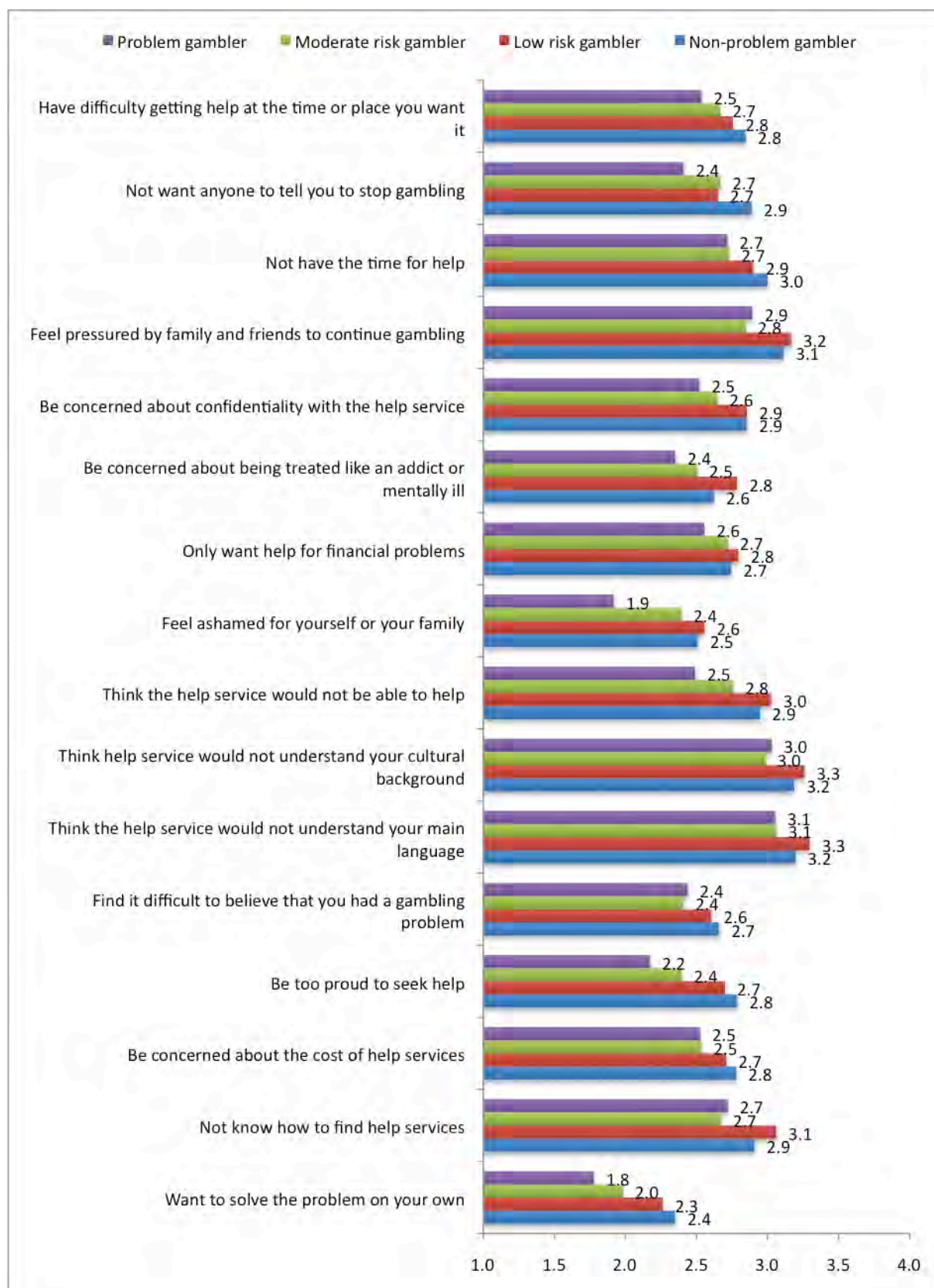


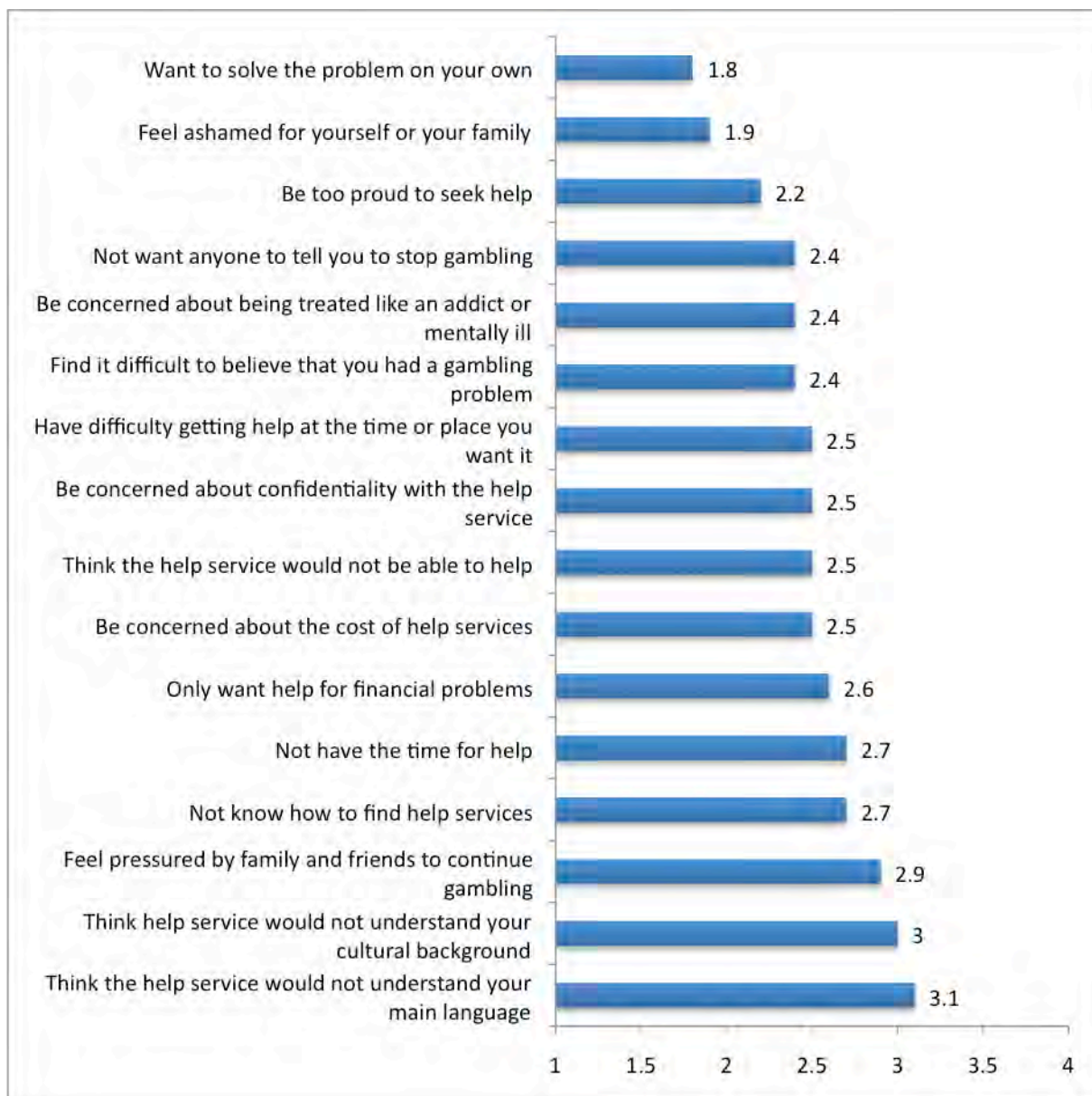
Figure 9.14: CS: Barriers to Seeking Professional Gambling Help: Comparison by PGSI Group

### **Barriers to Seeking Professional Gambling Help: Amongst Problem Gamblers**

Even though agreement to the barriers to professional help-seeking were highest amongst the problem gamblers, compared to the other PGSI groups, they still tended to agree with most barriers presented to them, as shown in Figure 9.15. Note that the lower the mean, the higher the level of agreement.

For the problem gamblers, the main barriers to professional help-seeking which they tended to agree did or would delay or discourage them if they became concerned about controlling their gambling were:

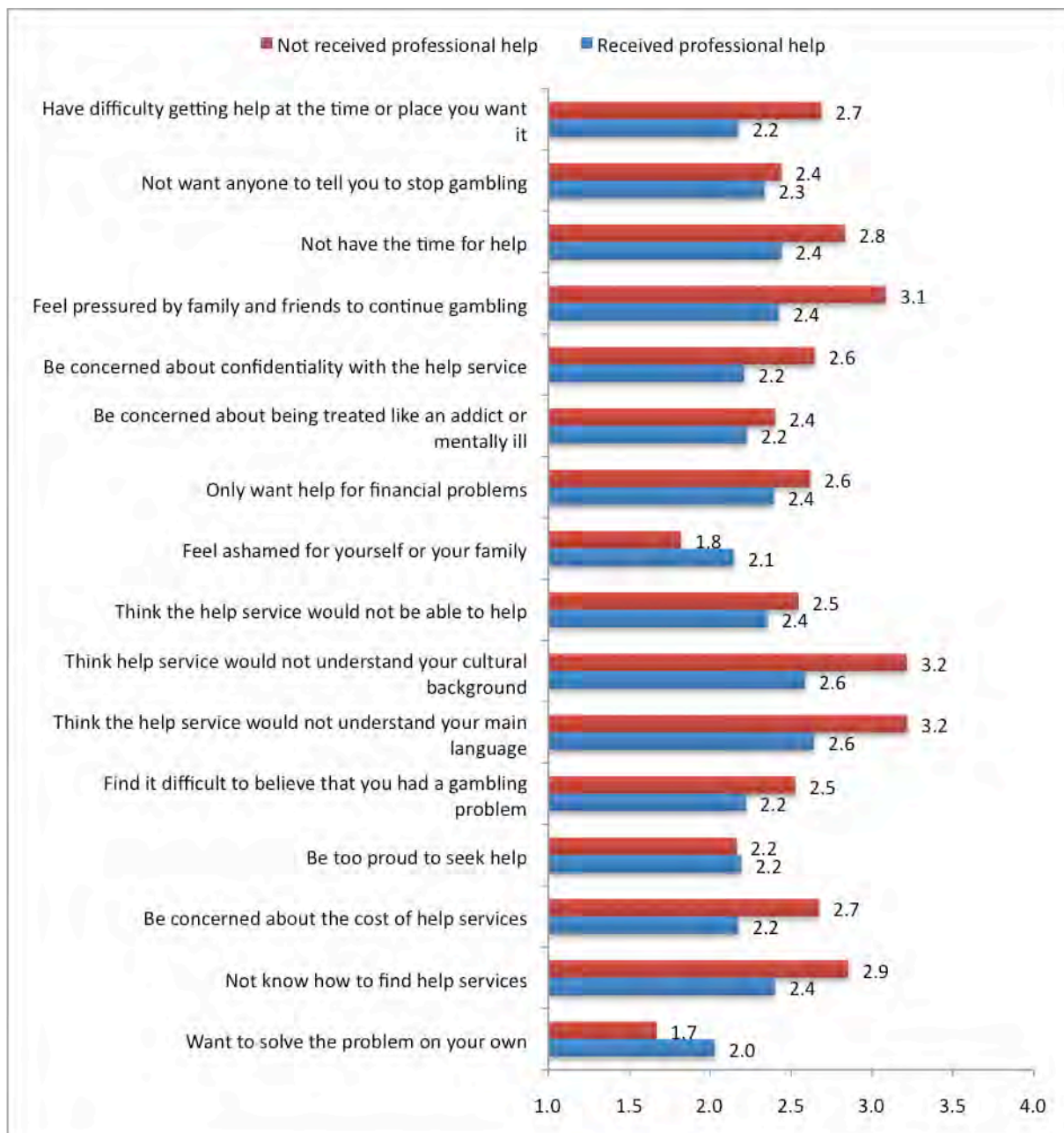
- Want to solve the problem on your own
- Feel ashamed for yourself or your family
- Be too proud to seek help
- Find it difficult to believe that you had a gambling problem
- Be concerned about being treated like an addict or mentally ill
- Not want anyone to tell you to stop gambling
- Be concerned about the cost of help services
- Think the help service would not be able to help
- Be concerned about confidentiality with the help service
- Have difficulty getting help at the time or place you want it



**Figure 9.15: CS: Barriers to Seeking Professional Gambling Help: Problem Gamblers**

### **Barriers to Seeking Professional Gambling Help: Problem Gamblers by Ever Having Received Professional Gambling Help**

Barriers to professional help-seeking were compared between the problem gamblers who had received this type of help and those who had not (Figure 9.16). When the problem gamblers who had not sought professional help were considered, it was apparent that they tended to agree more strongly with the barriers of feeling ashamed for yourself or your family, and wanting to solve the problem on your own. They were equally as likely as the problem gamblers who had sought professional help to agree that being too proud to seek help was a barrier to professional help-seeking for gambling problems. Thus, the primary barriers for problem gamblers who had avoided professional help were shame and not wanting to tell other people.



**Figure 9.16: CS: Barriers to Professional Help-Seeking: Comparison by Having Received Professional Help or Not**

#### **Barriers to Seeking Professional Gambling Help: Comparison by Sex**

The female respondents were more likely than the male respondents to agree that feeling ashamed for themselves or their family would or had delayed or discouraged them from seeking professional help ( $t=3.035$ ,  $df=704$ ,  $p=.002$ )

#### **Barriers to Seeking Professional Gambling Help: Comparison by Age**

The younger age group (18-39 years) was more likely to agree with the barrier of feeling ashamed for yourself for your family ( $t=-2.291$ ,  $df=704$ ,  $p=.005$ ). No other significant differences between age groups were found.

### Barriers to Seeking Professional Gambling Help: Comparison by Location

The urban dwellers were more likely than their non-urban counterparts to be concerned about the cost of help services ( $t=-2.332$ ,  $df=702$ ,  $p=.020$ ).

## 9.3 Non-Professional Sources of Gambling Help

In this section, cross-analyses are conducted of various aspects of non-professional sources of gambling help.

### 9.3.1 Use of Non-Professional Sources of Gambling Help

In the combined sample, 69% of respondents indicated they would use a non-professional source of help if they had a gambling problem and did not want to use a professional help service. However, this varied considerably amongst the four samples of gamblers. The most likely to use non-professional sources of gambling help were the regular gamblers surveyed in the national telephone survey (75.2%), followed by the CALD regular gamblers (58.8%), the helpline callers (52.7%) and the gamblers in treatment (39.6%), as shown in Figure 9.17. Note that the lower the mean, the higher the level of agreement. These differences were significant ( $\chi^2=223.848$ ,  $df=9$ ,  $p=.000$ ).

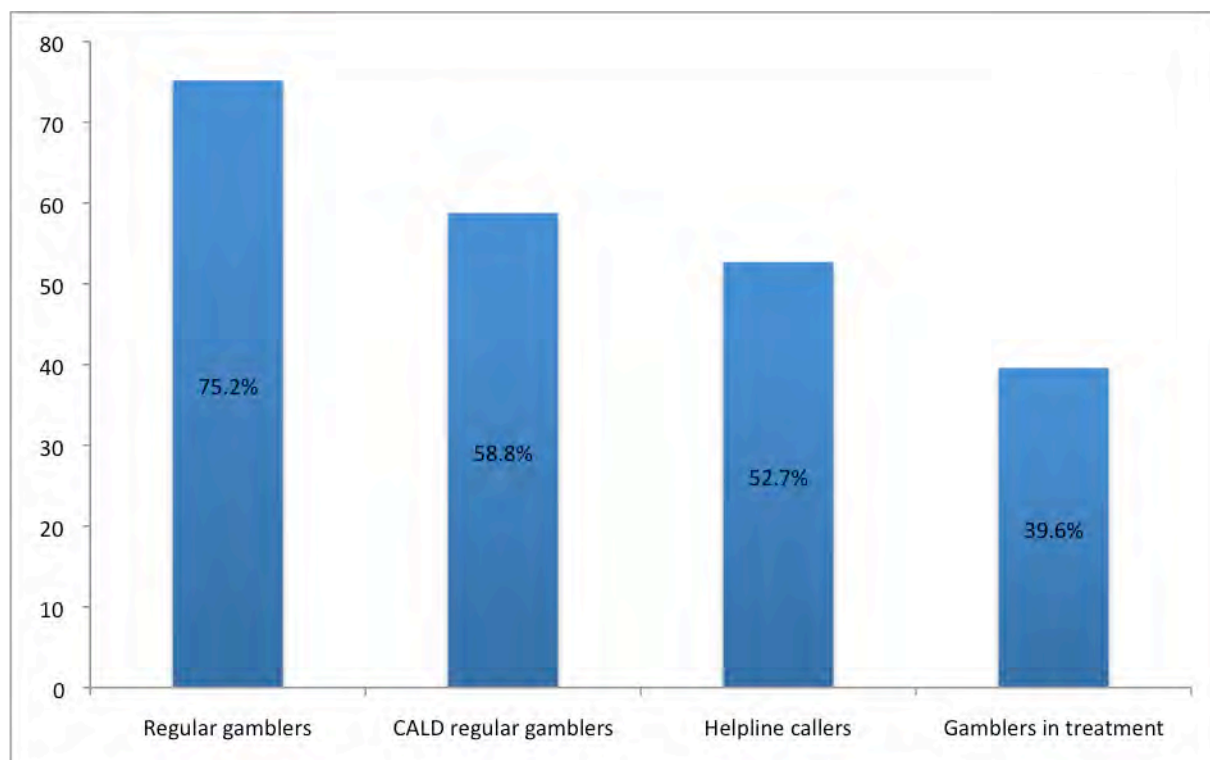
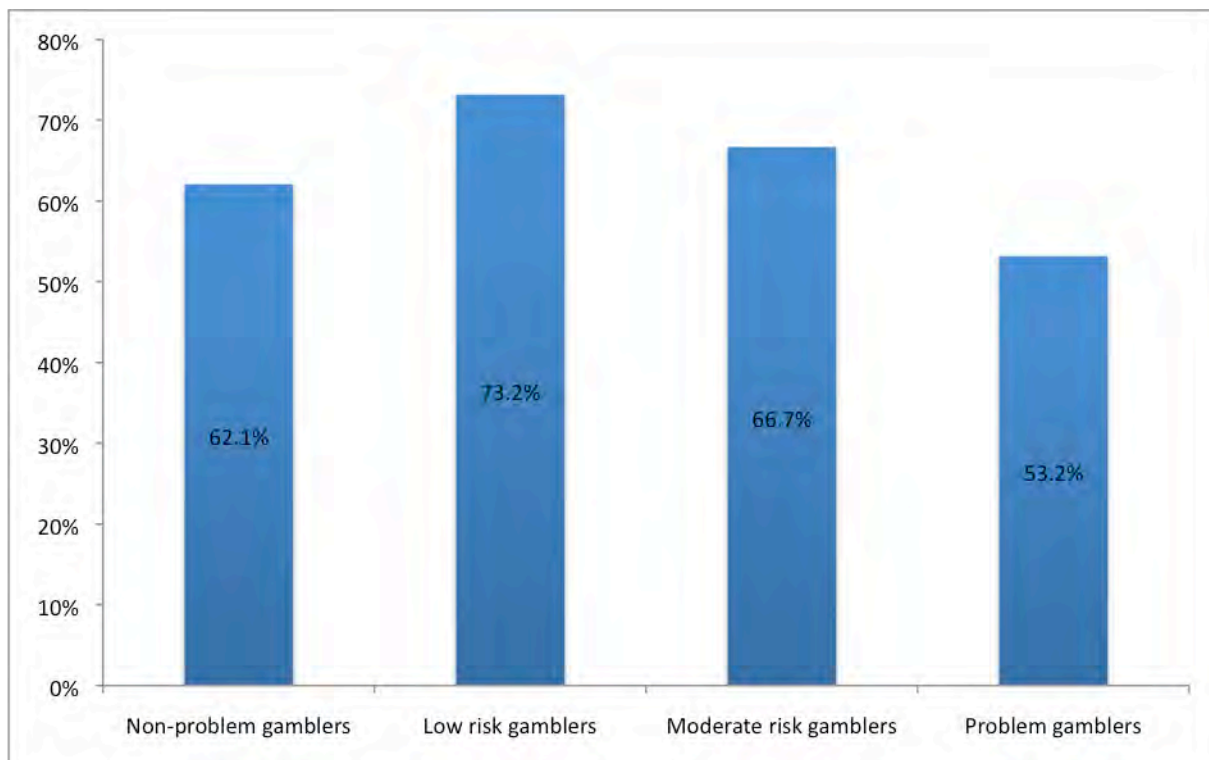


Figure 9.17: CS: Willingness to Use of Non-Professional Gambling Help: Comparison by Sample

Significant differences ( $\chi^2=21.494$ ,  $df=9$ ,  $p=.011$ ) were also apparent in willingness to use non-professional help amongst the PGSI groups of gamblers, as shown in Figure 9.18, with the problem gamblers least willing.



**Figure 9.18: CS: Willingness to Use of Non-Professional Gambling Help: Comparison by PGSI Group**

No significant differences in willingness to use non-professional sources of gambling help were found between the male and female survey respondents, nor between urban and non-urban residents. However, there were differences based on age. Respondents aged 40 years or over were more willing to use non-professional gambling help (53.8%) than respondents who were under 40 years of age (34.3%).

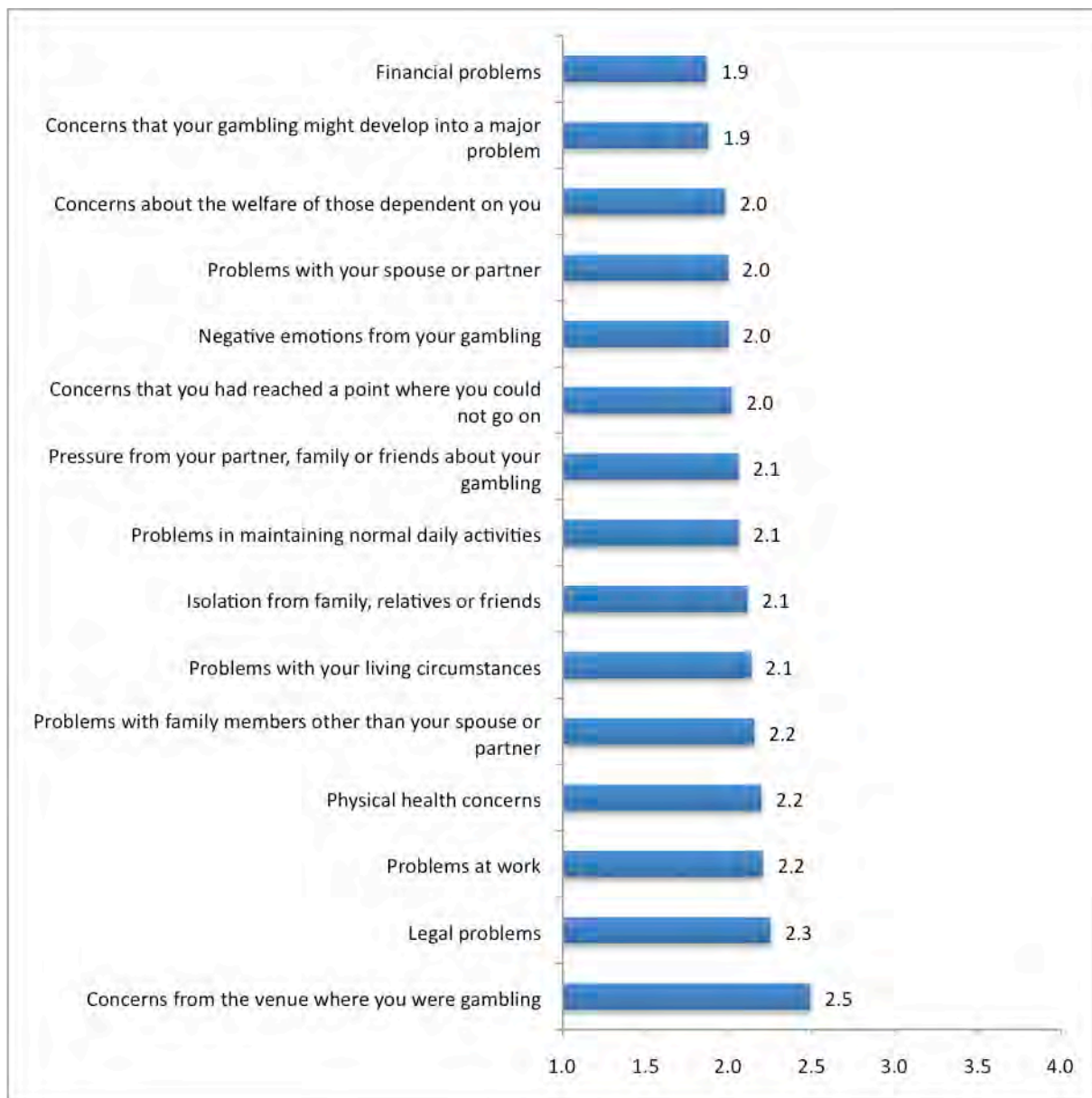
### 9.3.2 Motivations for Seeking Non-Professional Sources of Gambling Help

#### Motivations for Seeking Non-Professional Gambling Help: Combined Sample

Motivations for seeking non-professional help were first compared for the merged sample, with results shown in Figure 9.19. As for professional sources of help, those with non-professional help-seeking experience were asked about what prompted them to seek this help, while those without this experience were asked what would prompt them if they became concerned about controlling their gambling. Note that the lower the mean, the higher the level of agreement.

The respondents, overall, agreed with all motivators that would or had prompted them to seek non-professional help for their gambling, with the most common being:

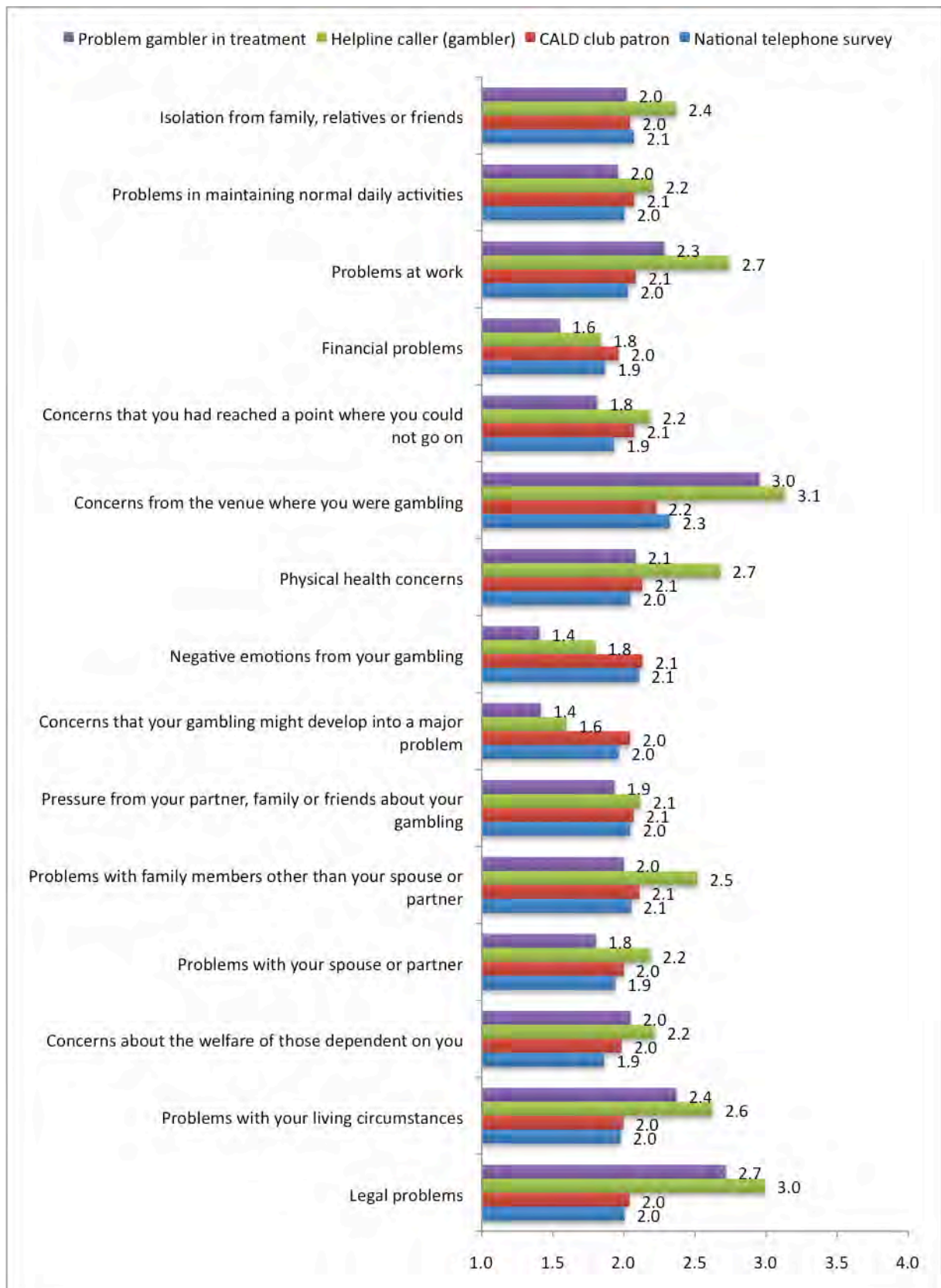
- Financial problems
- Concerns that your gambling might develop into a major problem
- Concerns about the welfare of those dependent on you
- Problems with your spouse or partner
- Negative emotions from your gambling
- Concerns that you had reached a point where you could not go on



**Figure 9.19: CS: Motivators for Seeking Non-Professional Gambling Help: Comparison by Sample**

**Motivations for Seeking Non-Professional Gambling Help: Comparison by Sample**

Motivators for seeking non-professional help were compared amongst the four samples, with results shown in Figure 9.20. The helpline callers were least likely to agree that most motivators would or had prompted them to seek non-professional help, while the treatment sample was the most likely to agree that financial problems, concerns they had reached a point they could not go on, negative emotions from gambling, concerns their gambling might develop into a major problem, pressure from partner, family or friends, and problem with spouse or partner would or had prompted them to seek non-professional help. Note that the lower the mean, the higher the level of agreement.



**Figure 9.20: CS: Motivators for Seeking Non-Professional Gambling Help: Comparison by Sample**

**Motivations for Seeking Non-Professional Gambling Help: Comparison by PGSI Group**

As shown in Figure 9.21, the non-problem gamblers showed the highest agreement that most of the motivators would encourage them to seek help for a gambling problem if they became concerned



about controlling their gambling. However, the exceptions to this were for the following motivators which the problem gamblers agreed most with: financial problems, negative emotions and concerns their gambling might turn into a major problem.

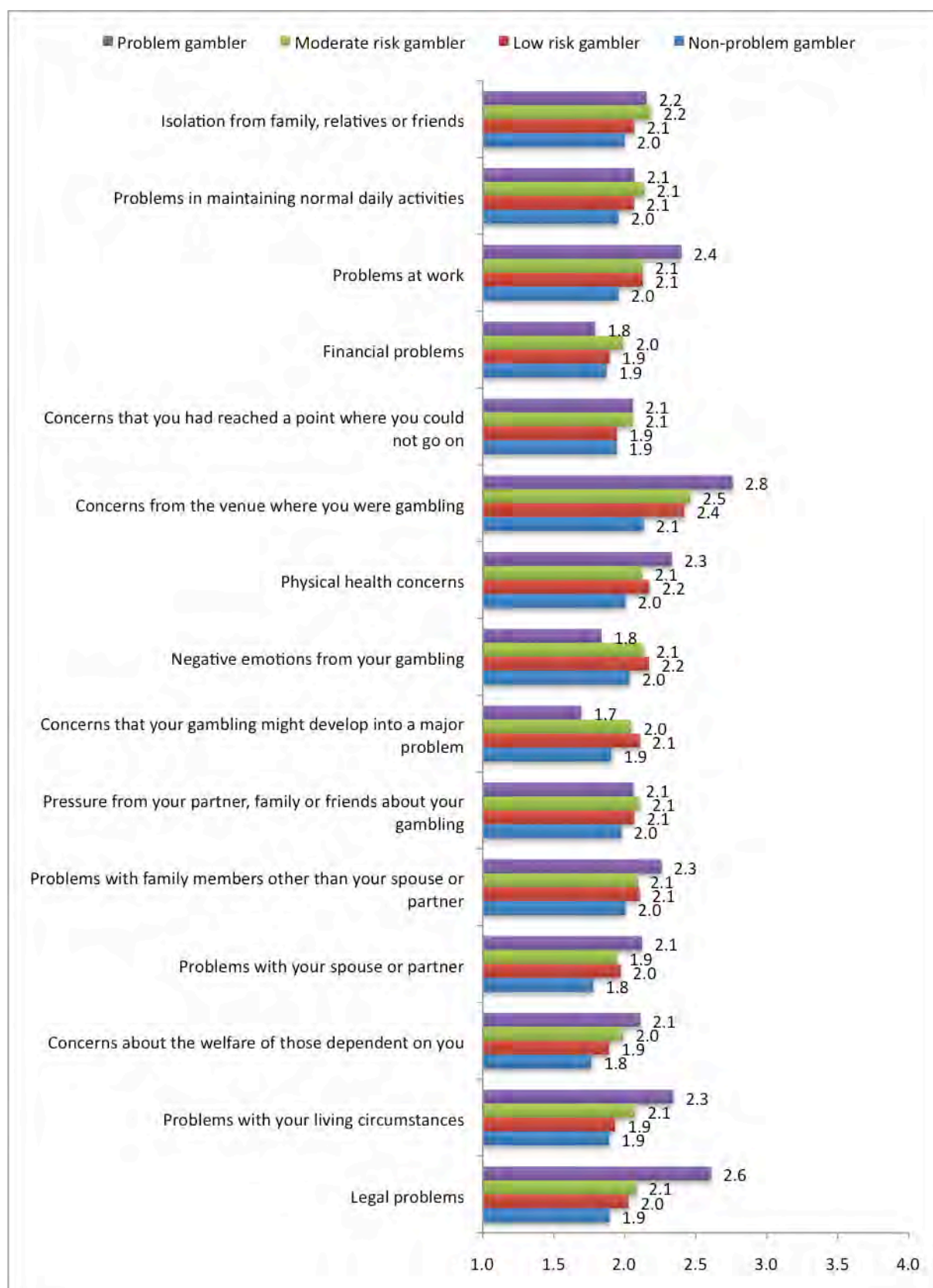


Figure 9.21: CS: Motivators for Seeking Non-Professional Gambling Help: Comparison by PGSI Group

### Motivators for Seeking Non-Professional Gambling Help: Amongst Problem Gamblers

Figure 9.22 shows the motivators for seeking non-professional help amongst the problem gamblers, in descending order of agreement. It indicates that the problem gamblers agreed with all motivators presented to them, except for legal problems and concerns from the venue where they were gambling. The most highly endorsed motivators by the problem gamblers were:

- Concerns that your gambling might develop into a major problem
- Negative emotions from your gambling
- Financial problems
- Concerns about the welfare of those dependent on you
- Problems with your spouse or partner
- Pressure from your partner, family or friends about your gambling
- Concerns that you had reached a point where you could not go on
- Problems in maintaining normal daily activities

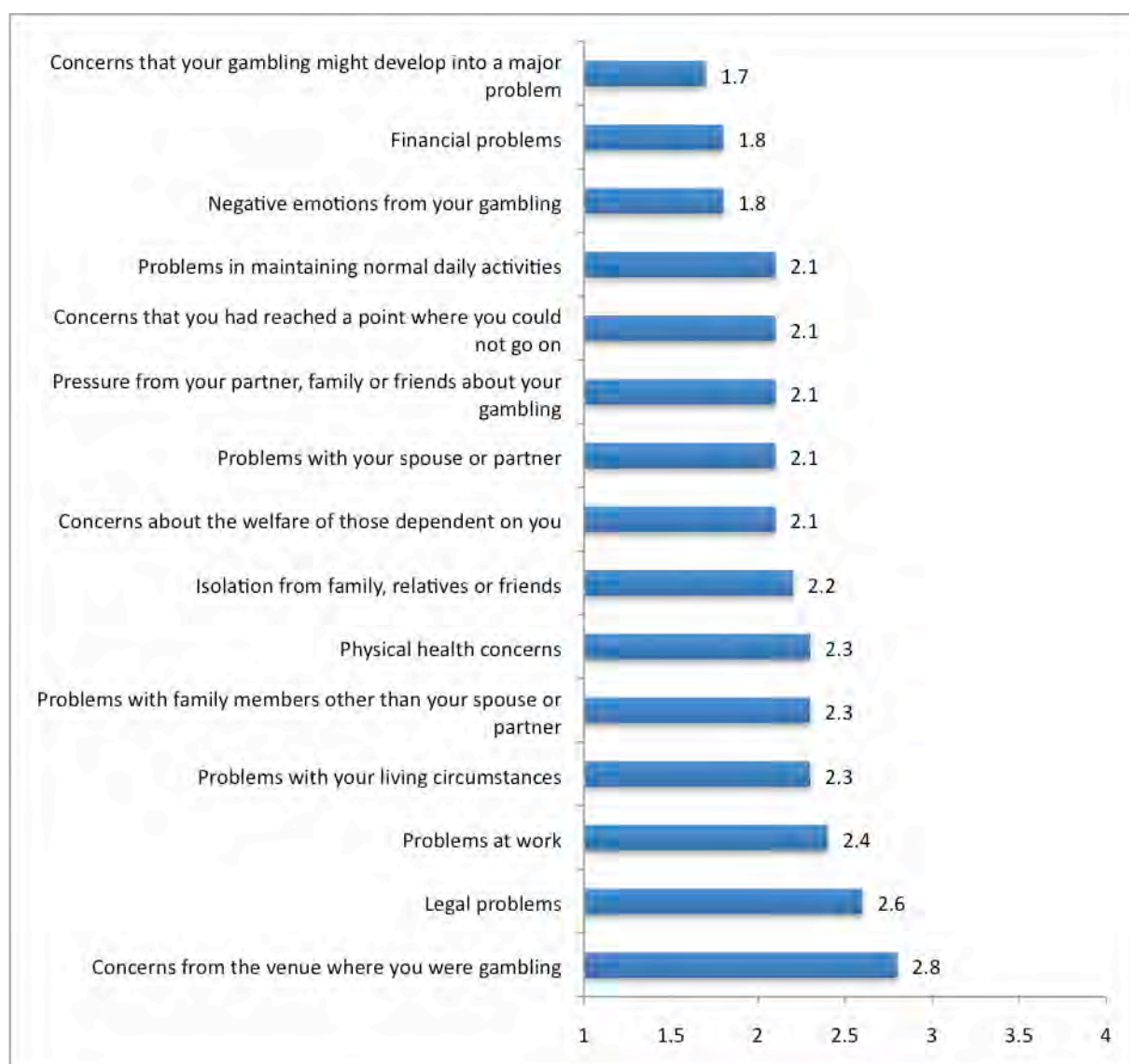


Figure 9.22: CS: Motivators for Seeking Non-Professional Gambling Help: Among Problem Gamblers

### **Motivations for Seeking Non-Professional Gambling Help: Comparison by Sex**

Three significant gender differences were found. The female respondents were more likely to agree that physical health concerns ( $t=2.343$ ,  $df=545$ ,  $p=.019$ ), concerns from the venue where they primarily gambled ( $t=3.227$ ,  $df=580$ ,  $p=.001$ ), and concerns they had reached a point where they could not go on ( $t=2.325$ ,  $df=590$ ,  $p=.020$ ) would or had motivated them to seek non-professional help for their gambling.

### **Motivations for Seeking Non-Professional Gambling Help: Comparison by Age**

Five significant differences were found amongst the two age groups. Higher proportions of respondents aged 40 years or over agreed that legal problems ( $t=3.490$ ,  $df=581$ ,  $p=.001$ ), problems with living circumstances ( $t=2.187$ ,  $df=589$ ,  $p=.029$ ), concerns for those dependent on them ( $t=2.965$ ,  $df=540$ ,  $p=.003$ ), physical health concerns ( $t=3.646$ ,  $df=585$ ,  $p=.000$ ), and concerns from the venue where they primarily gambled ( $t=3.333$ ,  $df=580$ ,  $p=.001$ ) would or had prompted them to seek non-professional gambling help.

### **Motivations for Seeking Non-Professional Gambling Help: Comparison by Location**

Only one significant difference was found between urban and non-urban residents. This was that urban residents were more likely to agree that concerns for those dependent on them would or had prompted them to seek non-professional sources of gambling help ( $t=-2.347$ ,  $df=542$ ,  $p=.019$ ).

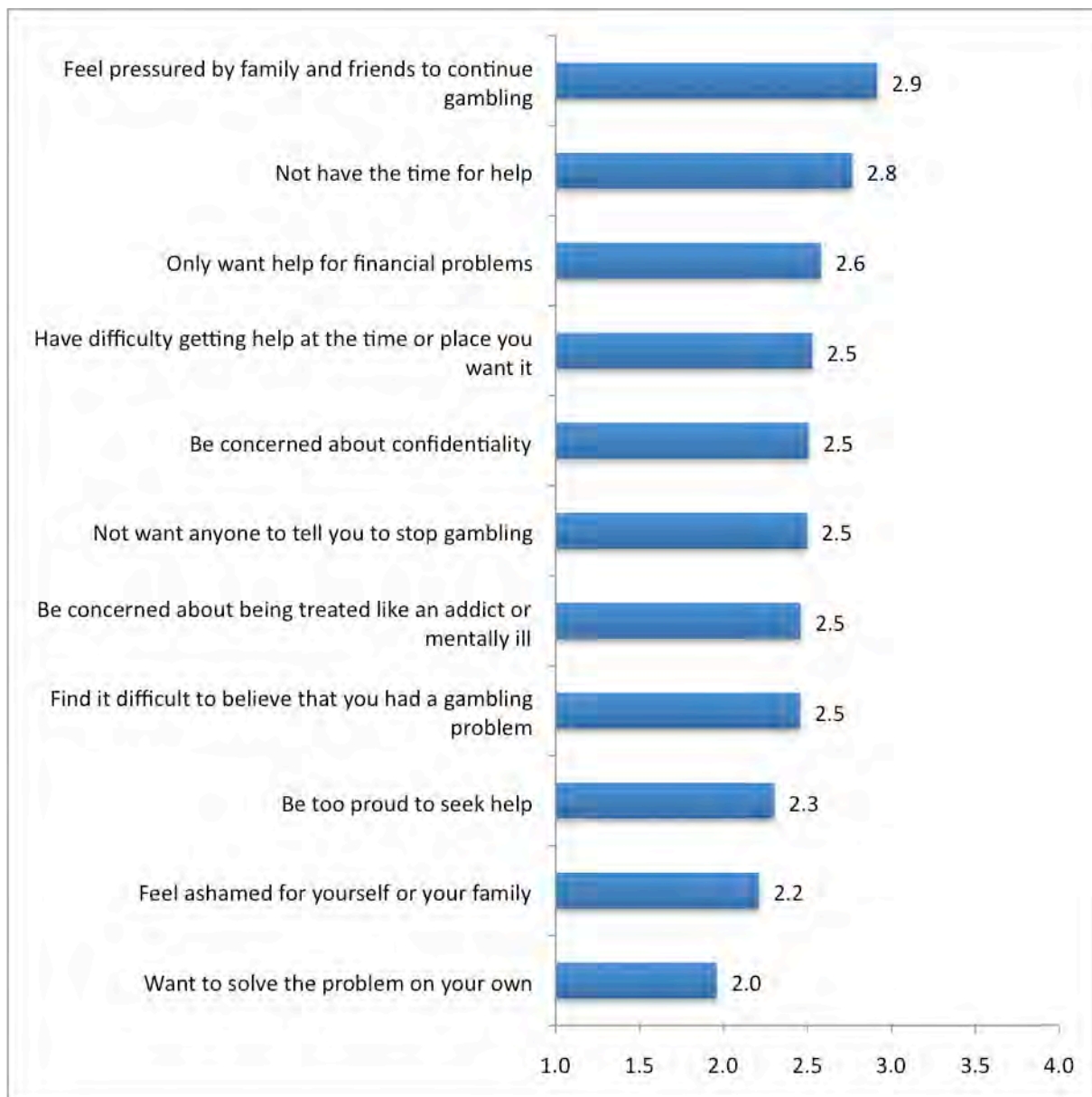
## **9.3.3 Barriers to Seeking Non-Professional Sources of Gambling Help**

### **Barriers to Seeking Non-Professional Gambling Help: Combined Sample**

Barriers to seeking non-professional help were first compared for the merged sample, with results shown in Figure 9.23. Again, those with experience in non-professional help-seeking were asked about what had delayed or discouraged them, while respondents without this experience were asked what would delay or discourage them. Note that the lower the mean, the higher the level of agreement.

The respondents, overall, agreed with eight barriers that would or did delay or discourage them from seeking non-professional help for their gambling, if they became concerned about controlling their gambling:

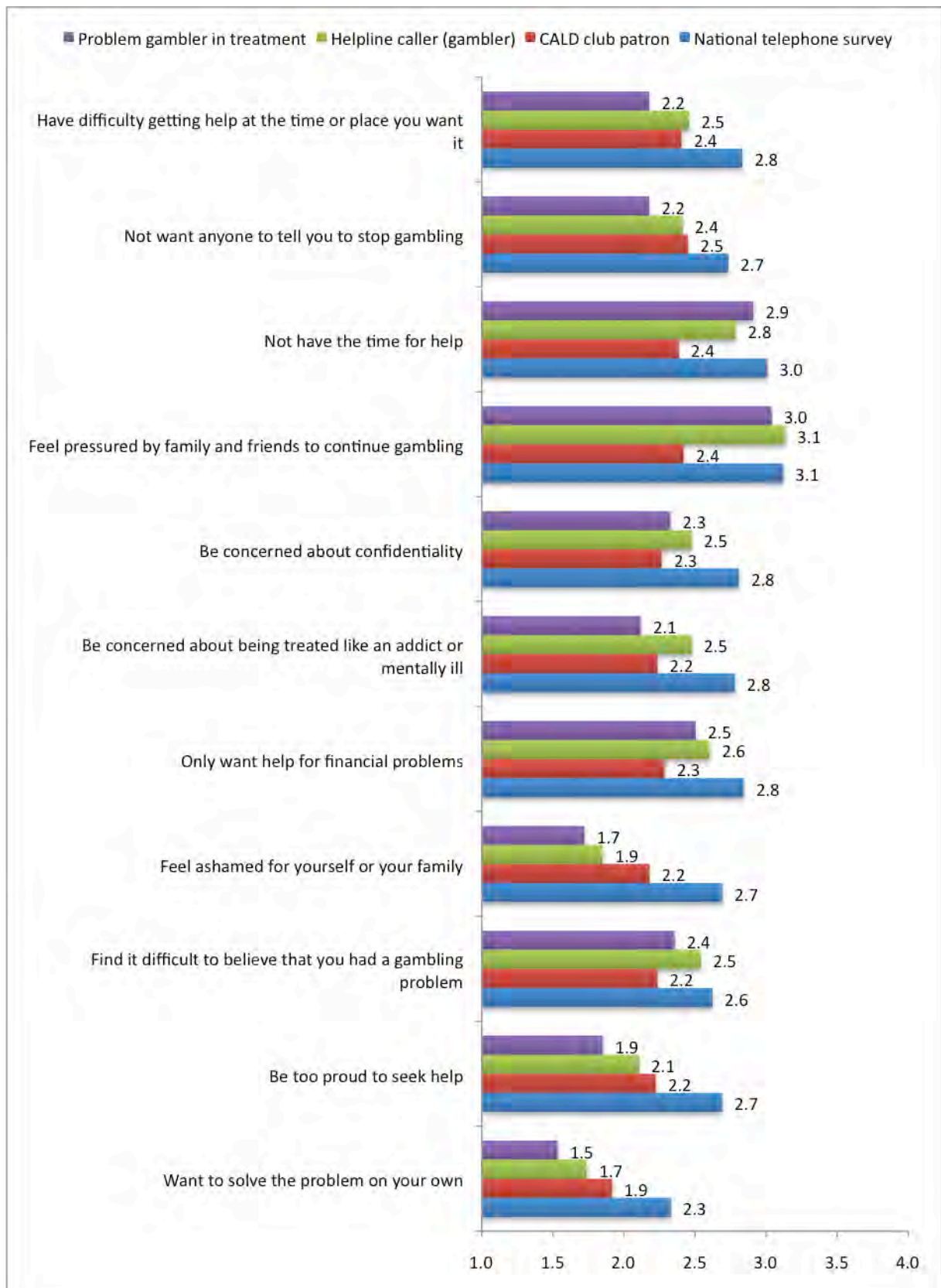
- Want to solve the problem on your own
- Feel ashamed for yourself or your family
- Be too proud to seek help
- Find it difficult to believe that you had a gambling problem
- Be concerned about being treated like an addict or mentally ill
- Not want anyone to tell you to stop gambling
- Be concerned about confidentiality
- Have difficulty getting help at the time or place you want it



**Figure 9.23: CS: Barriers to Seeking Non-Professional Gambling Help: Combined Sample**

**Barriers to Seeking Non-Professional Gambling Help: Comparison by Sample**

Comparisons in Figure 9.24 show that the treatment sample was the most likely to agree with several of the barriers, except for those that were particularly prominent amongst the CALD regular gamblers. The latter were most likely to agree that they would be delayed or discouraged from seeking non-professional help if they were concerned about controlling their gambling due to difficulties believing they had a gambling problem, only wanting help for financial problems, concerns about confidentiality, not having time for help, and feeling pressured by family and friends to continue gambling.



**Figure 9.24: CS: Barriers to Seeking Non-Professional Gambling Help: Comparison by Sample**

**Barriers to Seeking Non-Professional Gambling Help: Comparison by PGSI Group**

The comparisons shown in Figure 9.25 indicate that the problem gamblers were more likely to agree than the other three PGSI groups that all barriers would or had delayed or discouraged them from

seeking non-professional help for their gambling. There was one exception. This was that the moderate risk gamblers were marginally more likely to agree that difficulties in believing they had a gambling problem would be a barrier to seeking this type of help.

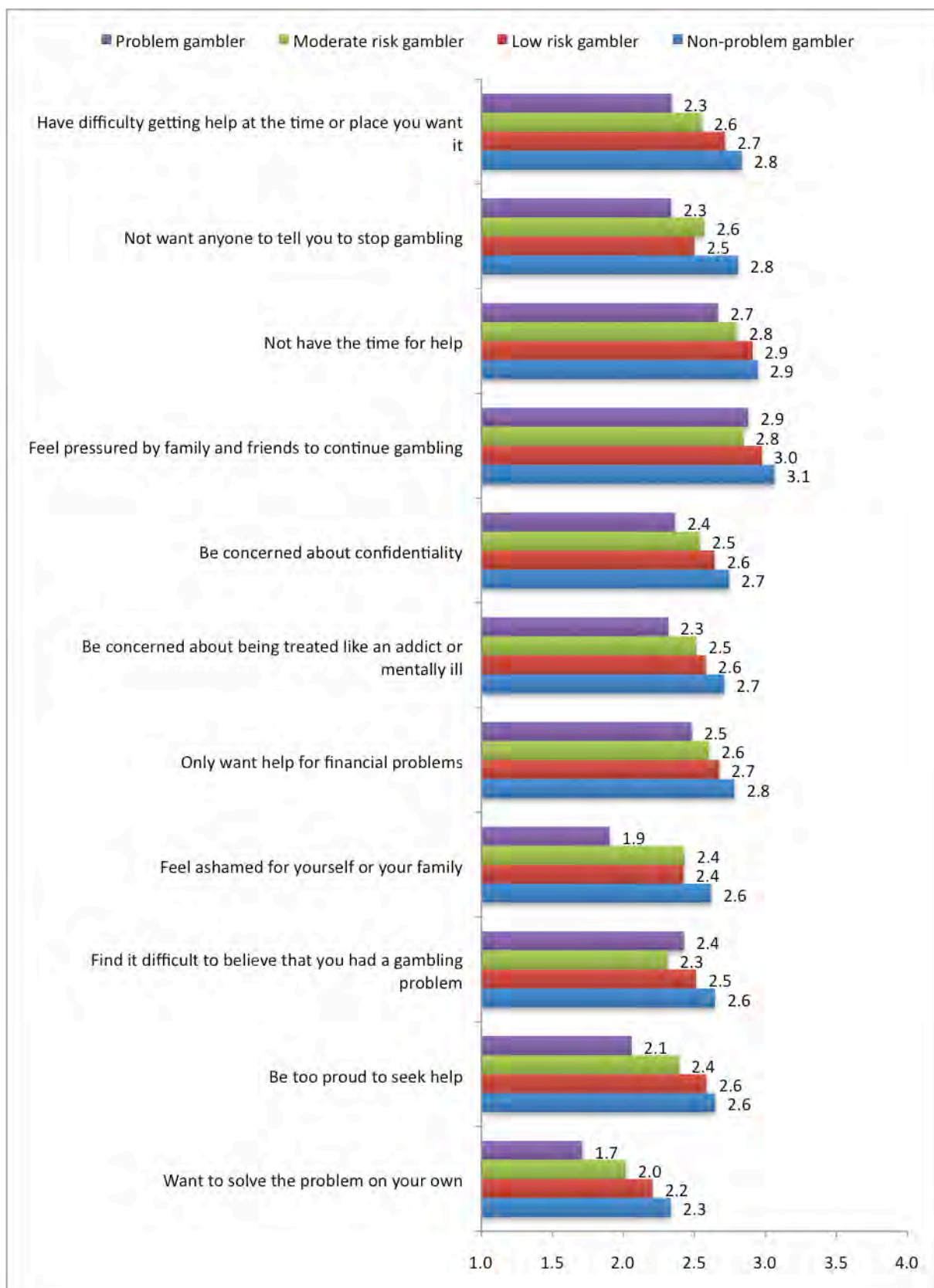


Figure 9.25: CS: Barriers to Seeking Non-Professional Gambling Help: Comparison by PGSI Group

### Barriers to Seeking Non-Professional Gambling Help: Amongst the Problem Gamblers

Figure 9.26 presents the barriers to seeking help from non-professional sources as reported by the problem gamblers in the combined sample. They agreed with all barriers presented to them, except that they did not have time to seek this help and that they were pressured into continuing gambling by family and friends. The barriers they agreed had or would delay or discourage them from seeking non-professional help for their gambling were:

- Want to solve the problem on your own
- Feel ashamed for yourself or your family
- Be too proud to seek help
- Be concerned about being treated like an addict or mentally ill
- Not want anyone to tell you to stop gambling
- Have difficulty getting help at the time or place you want it
- Find it difficult to believe that you had a gambling problem
- Be concerned about confidentiality
- Only want help for financial problems

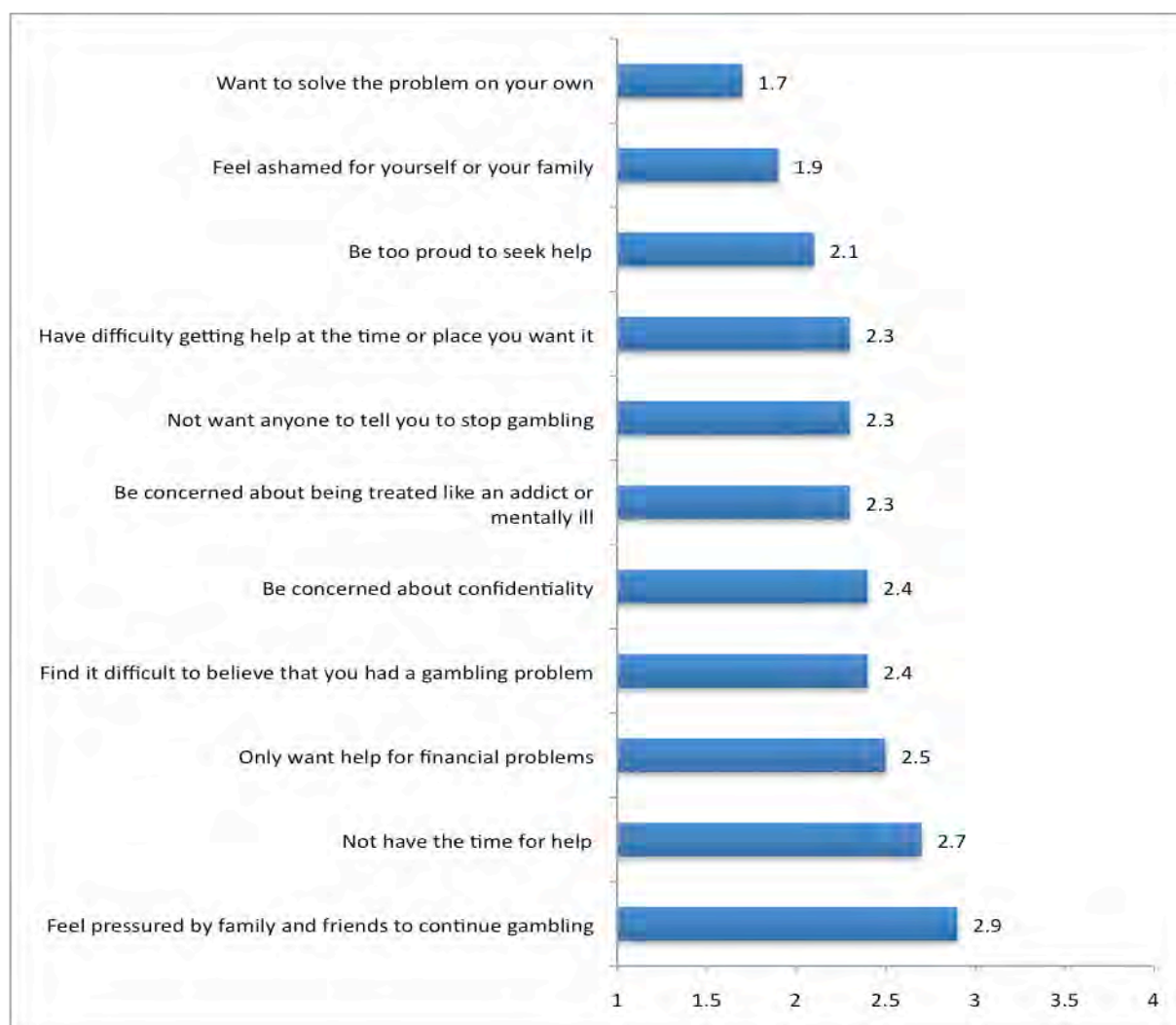


Figure 9.26: CS: Barriers to Seeking Non-Professional Gambling Help: Amongst the Problem Gamblers

### **Barriers to Seeking Non-Professional Gambling Help: Comparison by Sex**

When barriers to non-professional help-seeking were compared by sex, one significant difference was found. Higher proportions of women than men agreed that being ashamed for themselves or their family would or had delayed or discouraged them from seeking this type of help if they became concerned about controlling their gambling ( $t=2.240$ ,  $df=700$ ,  $p=.025$ ).

### **Barriers to Seeking Non-Professional Gambling Help: Comparison by Age**

Five significant differences were observed between the two age groups. The younger age group was more likely than the older age group to agree with the following barriers: wanting to solve the problem on your own ( $t=-2.365$ ,  $df=443$ ,  $p=.018$ ), too proud to seek help ( $t=-3.021$ ,  $df=430$ ,  $p=.003$ ), feeling ashamed for yourself or your family ( $t=-2.461$ ,  $df=402$ ,  $p=.014$ ), concerns about confidentiality ( $t=-2.064$ ,  $df=706$ ,  $p=.039$ ), and difficulty of getting help at the time and place you want it ( $t=-2.553$ ,  $df=701$ ,  $p=.011$ ).

### **Barriers to Seeking Non-Professional Gambling Help: Comparison by Location**

No significant differences were found in the barriers to non-professional help-seeking between urban and non-urban residents.

## **9.4 Self-Help Gambling Strategies**

Similar cross-analyses were conducted for self-help gambling strategies as for the other two types of help reported in this chapter.

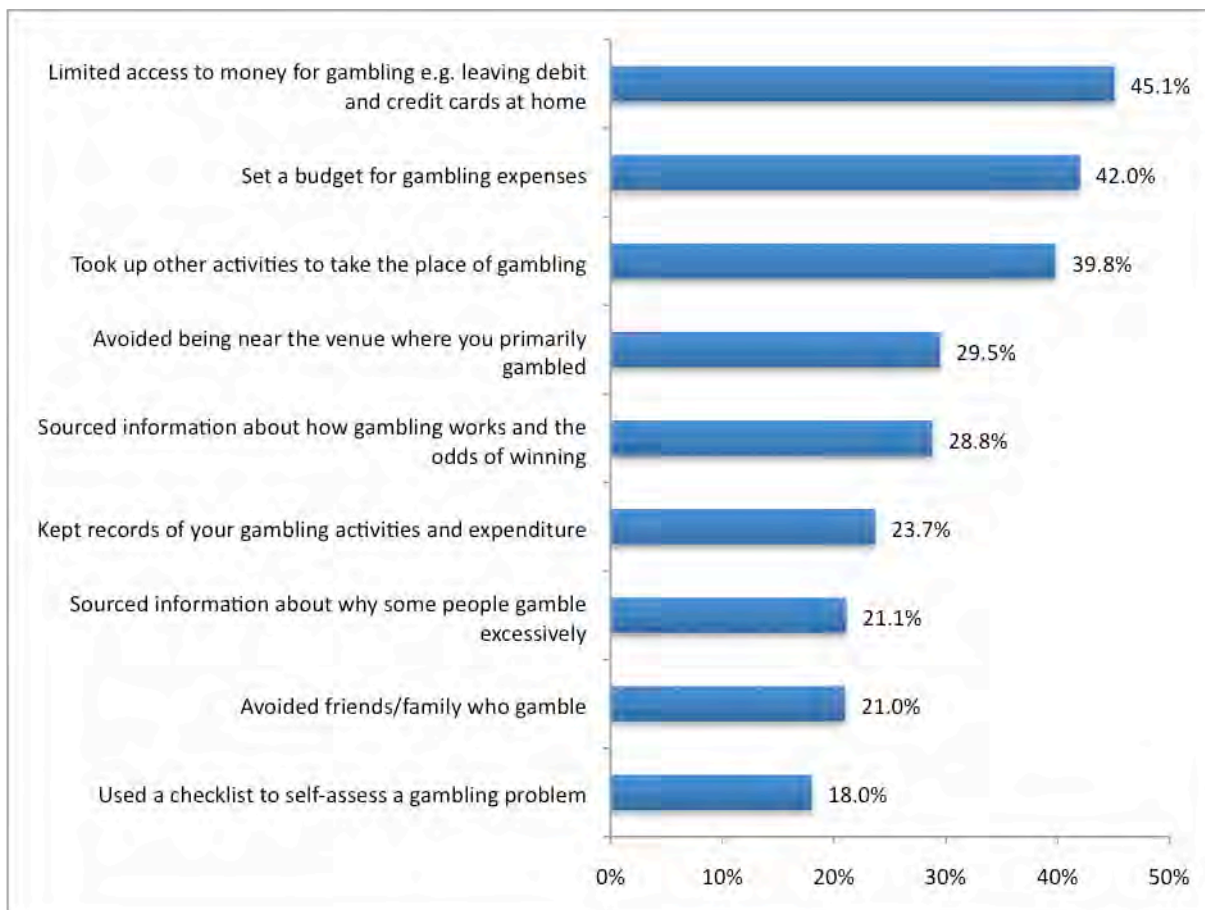
### **9.4.1 Use of Self-Help Gambling Strategies**

#### **Use of Self-Help Gambling Strategies: Combined Sample**

Figure 9.27 charts the uses of self-help gambling strategies amongst all respondents. The treatment and helpline caller samples were asked if they had used self-help measures before contacting their current help service or a gambling helpline, while results for the other samples reflect if they had ever used self-help gambling strategies.

- The most frequently used strategies, used by around two-fifths of respondents, were to limit access to money for gambling (45%), to set a budget for gambling expenses (42%) and to take up diversionary activities (40%).
- A little under one-third of respondents avoided being near their primary gambling venue (30%) and sourced information about how gambling works (29%).
- Around one-fifth kept records of their gambling activities and expenditure (24%), sourced information about excessive gambling (21%), avoided others who gamble (21%) and used a checklist to self-assess a gambling problem (18%).





**Figure 9.27: CS: Use of Self-Help Gambling Strategies: Combined Sample**

### Use of Self-Help Gambling Strategies: Comparison by Sample

Figure 9.28 compares the four samples for their use of self-help gambling measures. These indicate that:

- The regular gamblers were the most likely to set a budget for gambling expenses but the least likely to take up most of the other self-help measures.
- The CALD regular gamblers were the most likely to use a checklist to self-assess a gambling problem and made reasonably frequent use of most of the other self-help measures.
- The helpline caller sample was the least likely to set a budget for gambling expenses.
- The treatment sample was the most likely to take up diversionary activities, limit their access to money to gamble with, avoid being near their primary venue and avoid others who gamble.

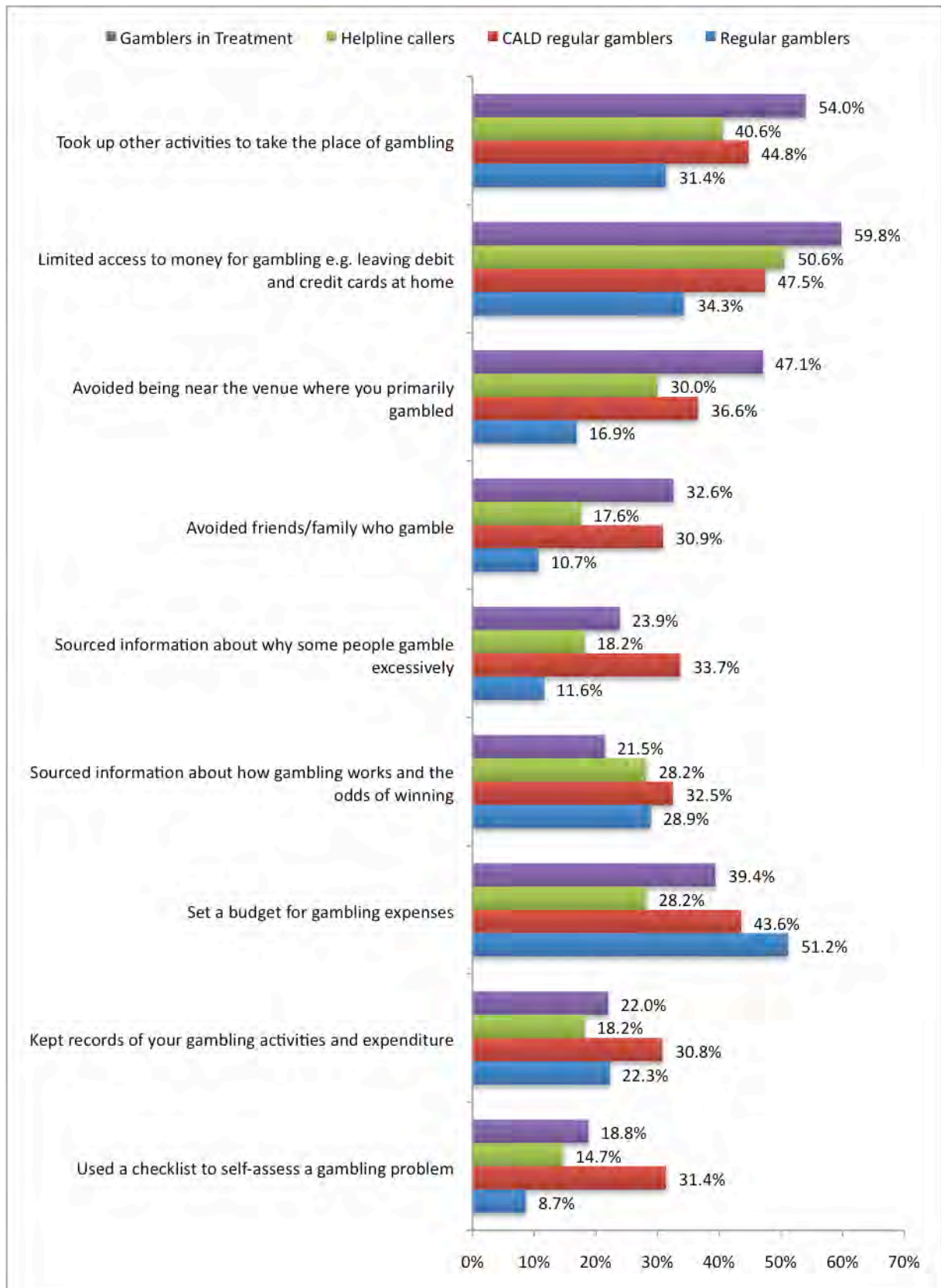


Figure 9.28: CS: Use of Self-Help Gambling Strategies: Comparison by Sample

### **Use of Self-Help Gambling Strategies: Comparison by PGSI Group**

Figure 9.29 shows the use of self-help strategies by PGSI group. They indicate that:

- The problem gamblers were the least likely to set a budget for gambling expenses and to source information about how gambling works and the odds of winning. However, they were the most likely to avoid their primary gambling venue.
- The moderate risk gamblers were most likely to take up diversionary activities, limit access to cash for gambling, source information about why some people gamble excessively and how gambling works and the odds of winning, to set a budget for gambling expenses, record their gambling activities and expenditure and use a checklist to self-assess a gambling problem.
- The low risk gamblers were the least likely to avoid friends/family who gamble.
- The non-problem gamblers were the least likely to use most of the other self-help strategies.

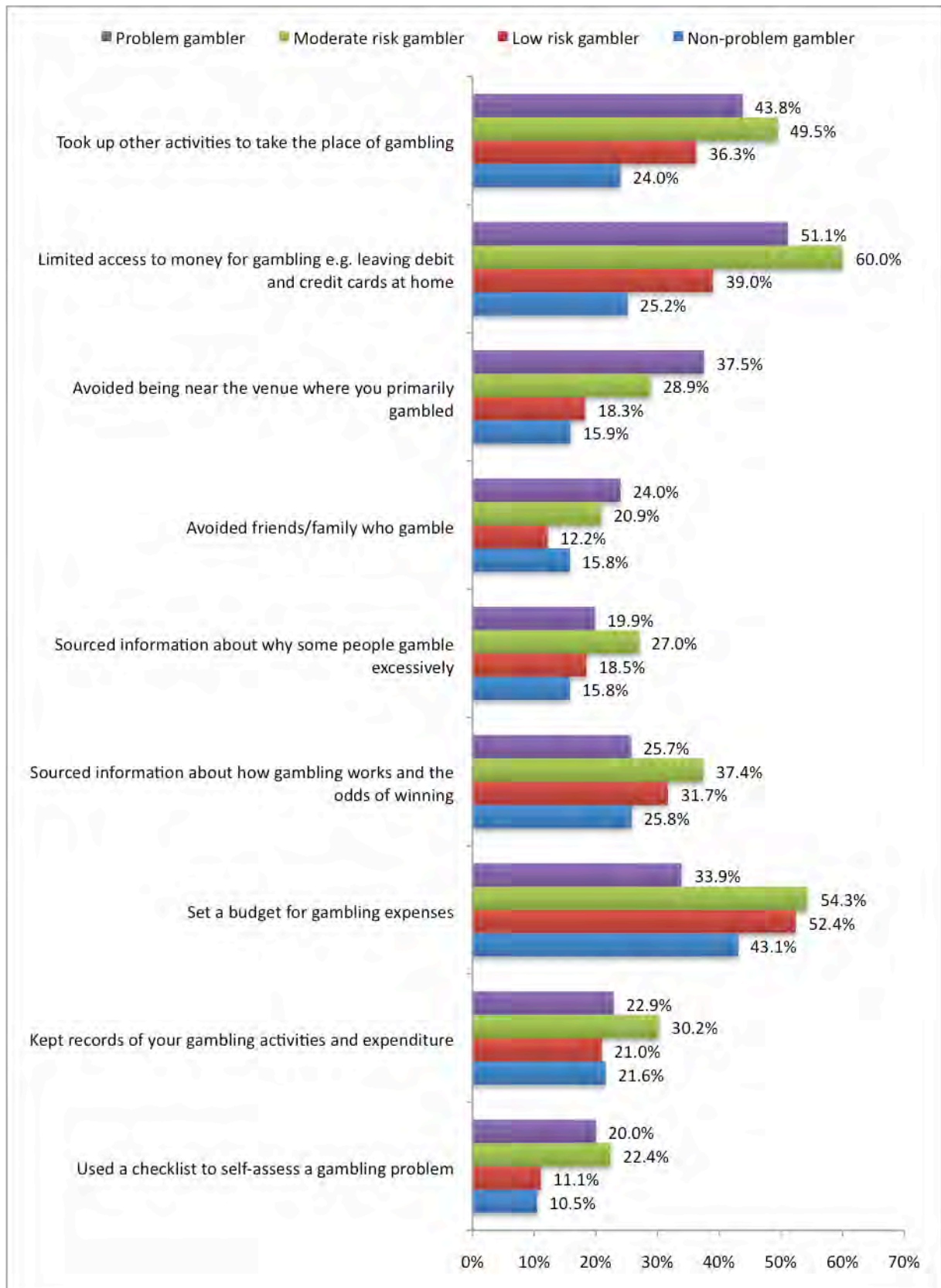


Figure 9.29: CS: Use of Self-Help Gambling Strategies: Comparison by PGSI Group

#### Use of Self-Help Gambling Strategies: Comparison by Sex

Women were more likely than men to set a budget for gambling expenses ( $\chi^2=3.256$ ,  $df=3$ ,  $p=.042$ ) and source information about why people gamble excessively ( $\chi^2=3.523$ ,  $df=3$ ,  $p=.037$ ). However, these differences were small and no other significant differences were observed.

### **Use of Self-Help Gambling Strategies: Comparison by Age**

No significant differences were found between use of self-help gambling strategies based on comparisons between the 18-35 and 40+ age groups.

### **Use of Self-Help Gambling Strategies: Comparison by Location**

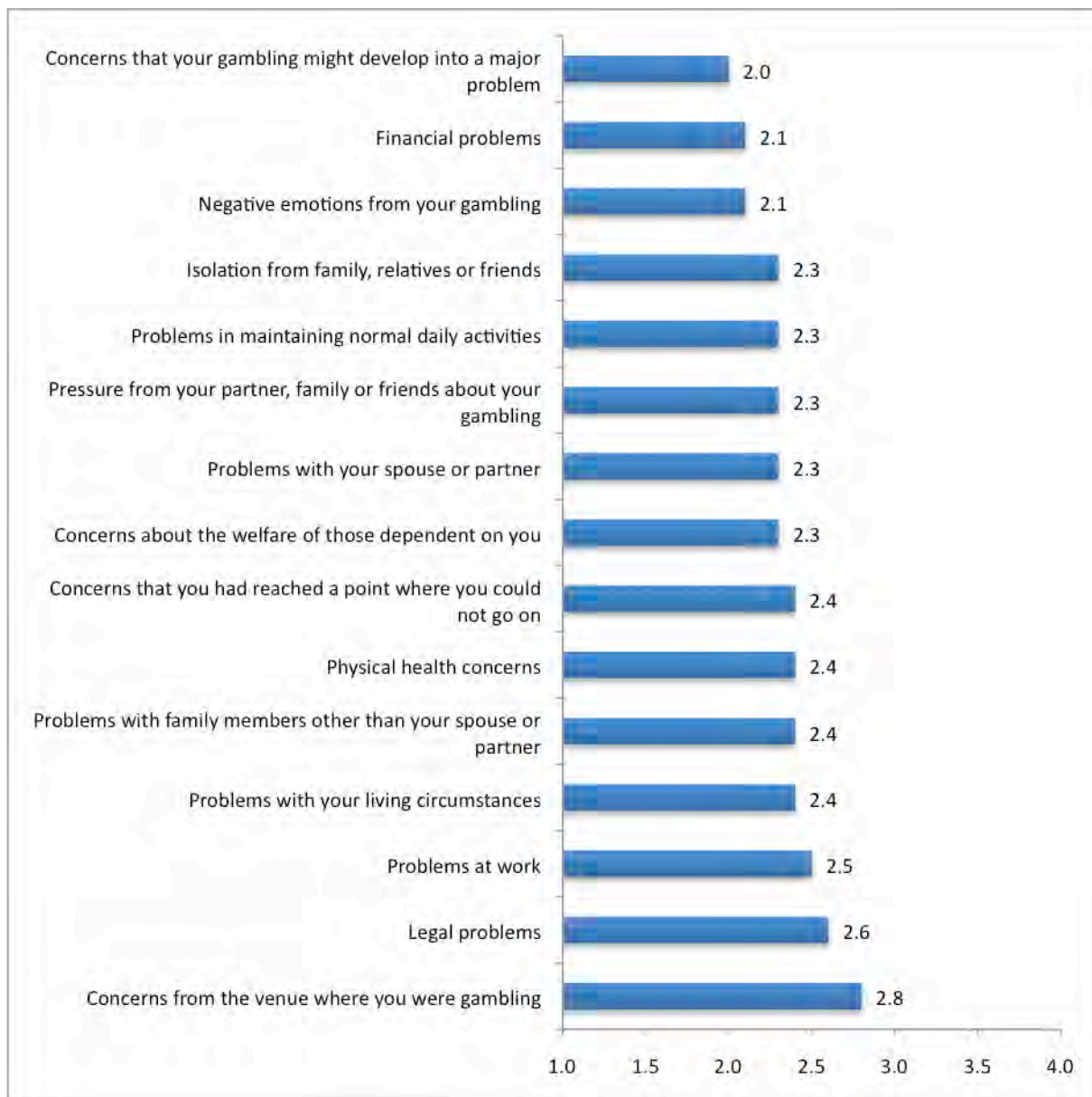
No significant differences were found between use of self-help gambling strategies based on comparisons between urban and non-urban residents.

## **9.4.2 Motivations for Using Self-Help Gambling Strategies**

### **Motivations to Use Self-Help Gambling Strategies: Combined Sample**

Figure 9.30 charts agreement that various motivators would or had prompted respondents to use self-help gambling strategies if they became concerned about controlling their gambling. Note that the lower the mean, the higher the level of agreement. The survey participants agreed that most motivators would do this, except for legal problems and concerns from the venue where they were gambling. The motivations they endorsed were:

- Concerns that your gambling might develop into a major problem
- Negative emotions from your gambling
- Financial problems
- Concerns about the welfare of those dependent on you
- Problems with your spouse or partner
- Pressure from your partner, family or friends about your gambling
- Problems in maintaining normal daily activities
- Isolation from family, relatives or friends
- Problems with your living circumstances
- Problems with family members other than your spouse or partner
- Physical health concerns
- Concerns that you had reached a point where you could not go on
- Problems at work



**Figure 9.30: CS: Motivations to Use Self-Help Gambling Strategies: Combined Sample**

### **Motivations to Use Self-Help Gambling Strategies: Comparison by Sample**

Figure 9.31 compares motivations to use self-help strategies amongst the four survey groups. They indicate that:

- The regular gamblers were the least likely to agree that the various motivators would prompt them to use self-help gambling strategies.
- The CALD regular gamblers were the most likely to agree that certain motivators would prompt them to use self-help gambling strategies. These were legal problems, problems with their living circumstances, concerns about the welfare of dependants, physical health concerns, concerns from the gambling venue, problems in maintaining normal daily activities and social isolation.
- The helpline callers were equally likely to agree as the problem gamblers in treatment that concerns their gambling might develop into a major problem had prompted them to take up self-help gambling strategies.

- The problem gamblers in treatment were the most likely to agree that certain motivators had prompted them to use self-help gambling strategies. These were negative emotions from gambling, concerns they had reached a point where they could not go on, financial problems, and social isolation.

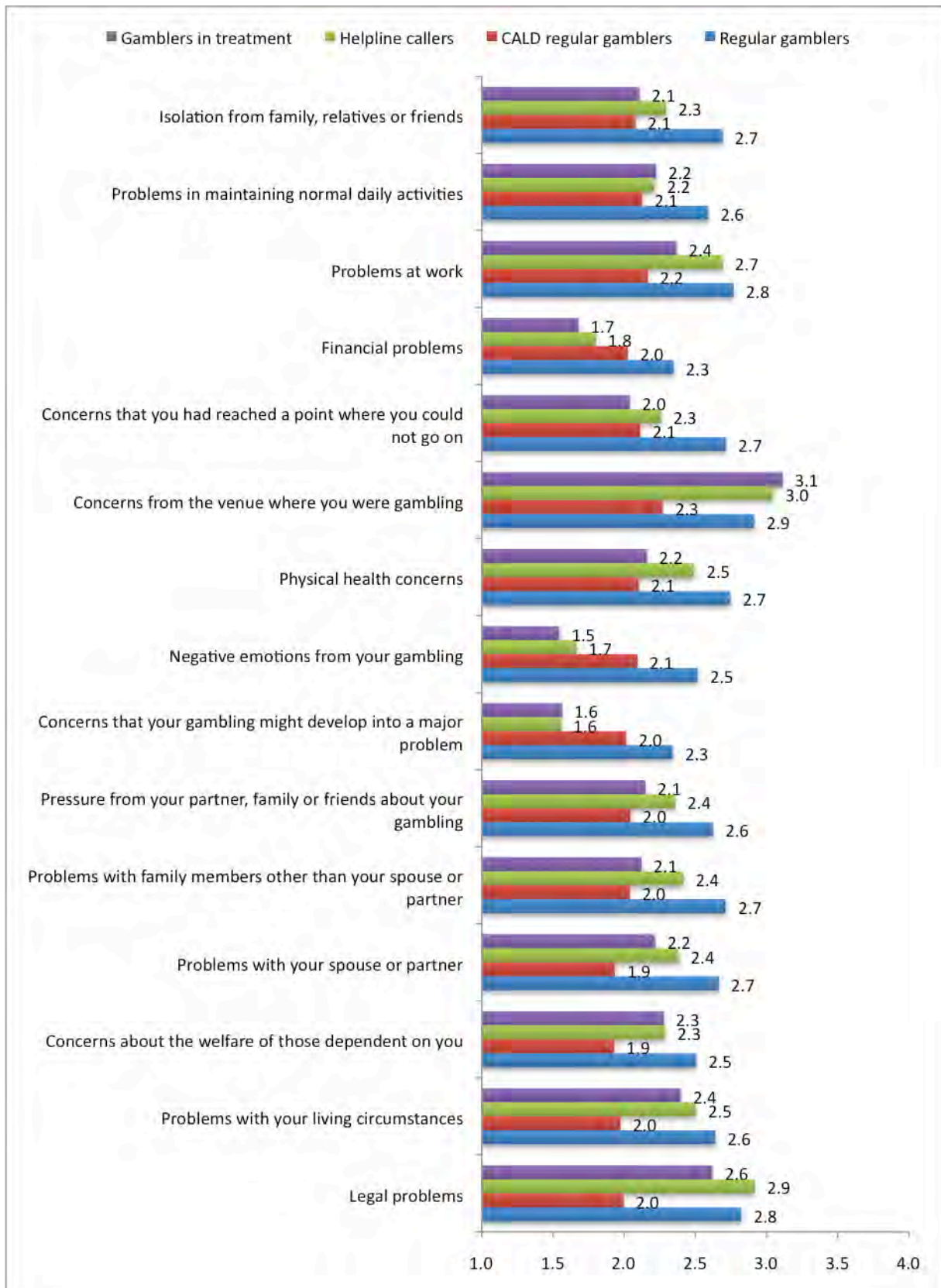


Figure 9.31: CS: Motivators for Using Self-Help Gambling Strategies: Comparison by Sample

### Motivations to Use Self-Help Gambling Strategies: Comparison by PGSI Group

Comparisons were conducted by PGSI category in relation to motivations to use self-help strategies. Figure 9.32 displays the results, where it is evident that:

- The problem gamblers were most likely to agree with all motivations for using self-help strategies, except for concerns from the venue they were gambling at.
- The low risk gamblers were the least likely to agree with all motivations for using self-help.

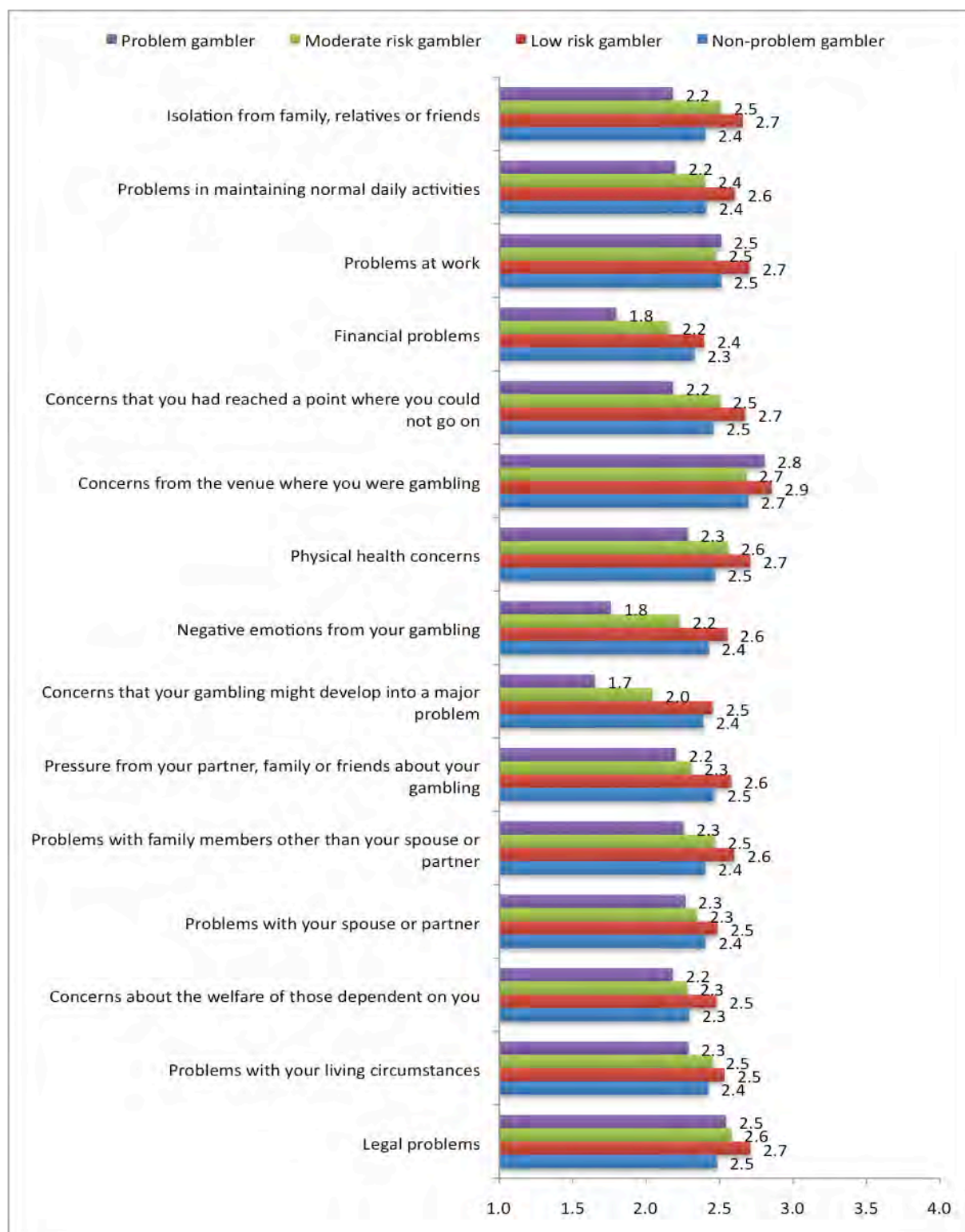


Figure 9.32: CS: Motivators for Using Self-Help Gambling Strategies: Comparison by PGSI Group



### Motivations to Use Self-Help Gambling Strategies: Amongst Problem Gamblers

Figure 9.33 shows agreement with various motivators that would or have prompted the problem gamblers in the sample to use self-help gambling strategies. They agreed with all motivators, except concerns from the venue where they were gambling.

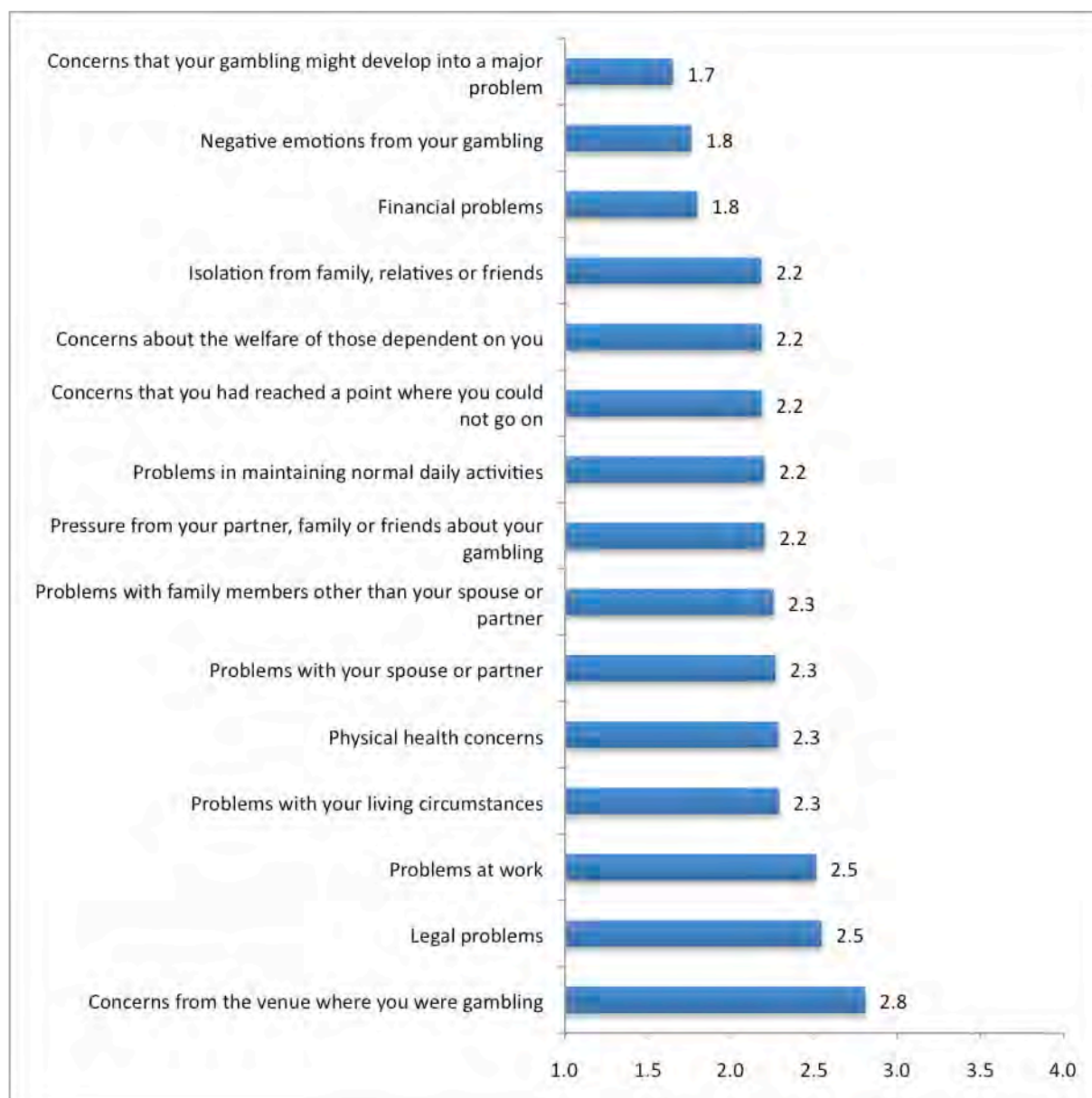


Figure 9.33: CS: Motivators for Using Self-Help Gambling Strategies: Amongst Problem Gamblers

### Motivations to Use Self-Help Gambling Strategies: Comparison by Sex

Three significant differences were observed between the male and female survey respondents. The women were more likely than the men to agree that problems with family members other than spouse or partner ( $t=2.095$ ,  $df=629$ ,  $p=.037$ ), concerns from the venue where they were gambling ( $t=2.223$ ,  $df=617$ ,  $p=.027$ ), and isolation from family and friends ( $t=2.134$ ,  $df=630$ ,  $p=.033$ ) would or had prompted them to use self-help measures if they became concerned about controlling their gambling.

### **Motivations to Use Self-Help Gambling Strategies: Comparison by Age**

The 18-39 year old group was more likely to agree than the older age group that concerns your gambling might develop into a major problem ( $t=-3.741$ ,  $df=639$ ,  $p=.000$ ), negative emotions from gambling ( $t=-2.762$ ,  $df=632$ ,  $p=.006$ ), and financial problems ( $t=-2.737$ ,  $df=634$ ,  $p=.006$ ) would or had prompted them to use self-help measures if they became concerned about controlling their gambling.

### **Motivations to Use Self-Help Gambling Strategies: Comparison by Location**

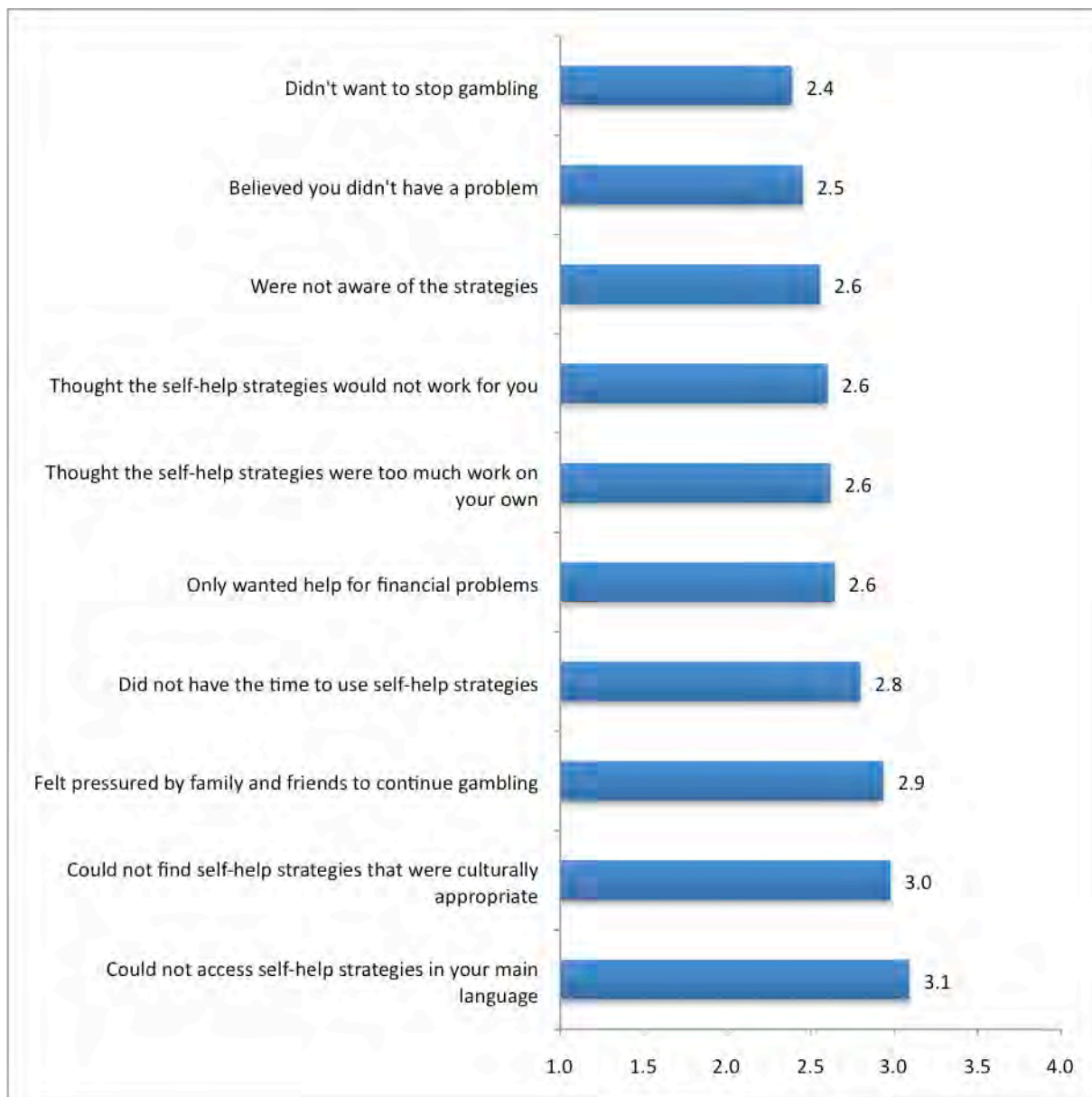
No significant differences were observed between urban and non-urban residents for motivations to use self-help gambling measures.

### **9.4.3 Barriers to Using Self-Help Gambling Strategies**

#### **Barriers to Using Self-Help Gambling Strategies: Combined Sample**

The combined sample was analysed in terms of barriers to use of self-help strategies if the respondent became concerned about controlling their gambling. Agreement was evident for only two of these, as shown in Figure 9.34, where that the lower the mean, the higher the level of agreement.

- Didn't want to stop gambling
- Believed you didn't have a problem

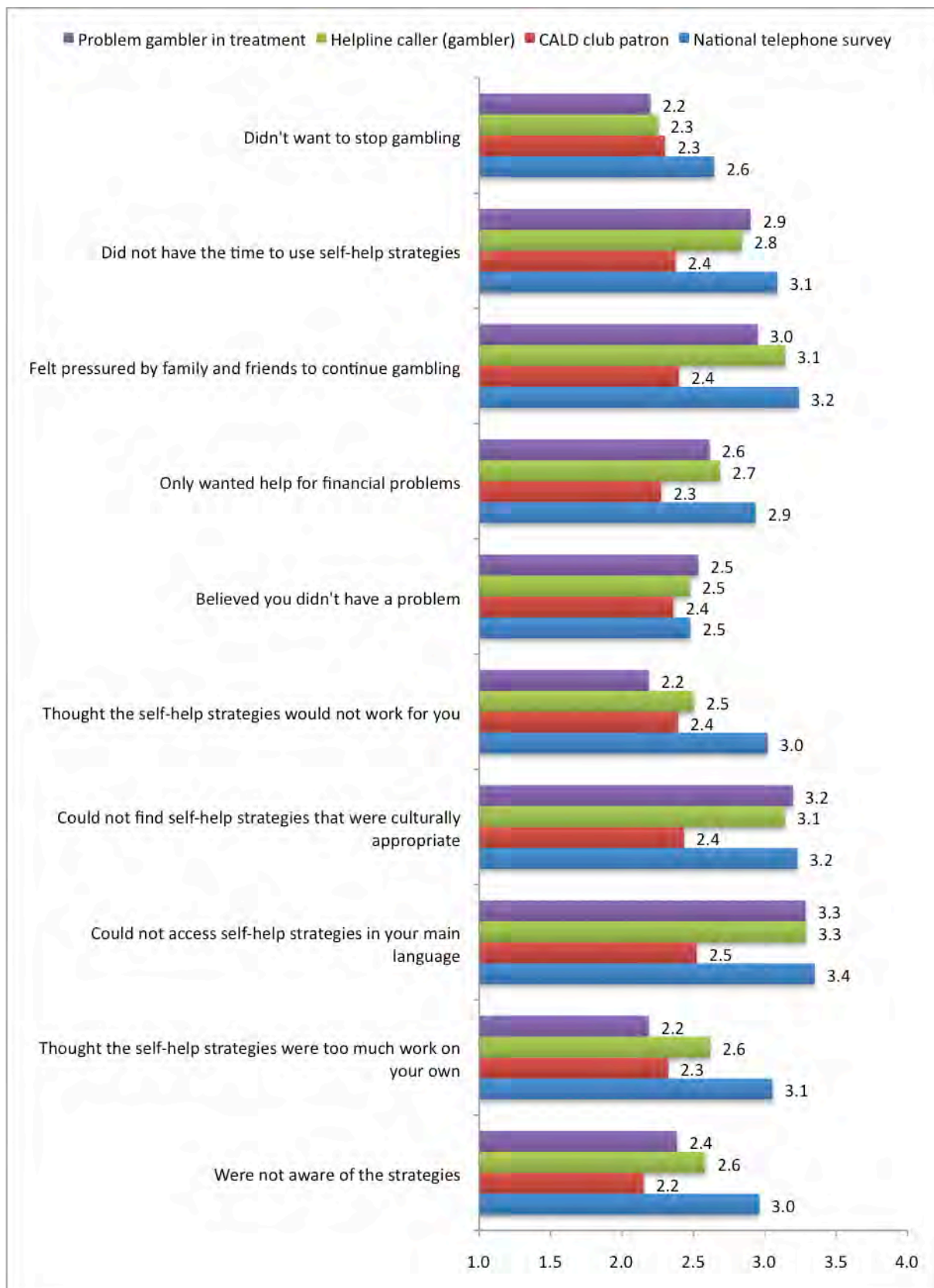


**Figure 9.34: CS: Barriers to Using Self-Help Gambling Strategies: Combined Sample**

#### **Barriers to Using Self-Help Gambling Strategies: Comparison by Sample**

Barriers to using self-help gambling measures if concerned about controlling their gambling were compared amongst the four samples, as shown in Figure 9.35. Note that the lower the mean, the higher the level of agreement.

- The regular gamblers agreed least with all barriers to using self-help strategies to better control their gambling.
- The CALD regular gamblers agreed most with certain barriers: not having time to use self-help measures, feeling pressured by others to gamble, only wanting help for financial problems, believing they did not have a problem, difficulties finding self-help strategies that were culturally appropriate or in their main language and not being aware of the strategies.
- The treatment sample was most likely to agree with other barriers: not wanting to stop gambling, thinking the self-help measures would not work for them, and considering the strategies too much work on their own.



**Figure 9.35: CS: Barriers to Using Self-Help Gambling Strategies: Comparison by Sample**

**Barriers to Using Self-Help Gambling Strategies: Comparison by PGSI Group**

When PGSI groups were compared in relation to barriers to using self-help measures (Figure 9.36):

- The problem gamblers, followed by the moderate risk gamblers, were the most likely to agree with all barriers to using self-help measures, except for those relating to language and cultural difficulties.

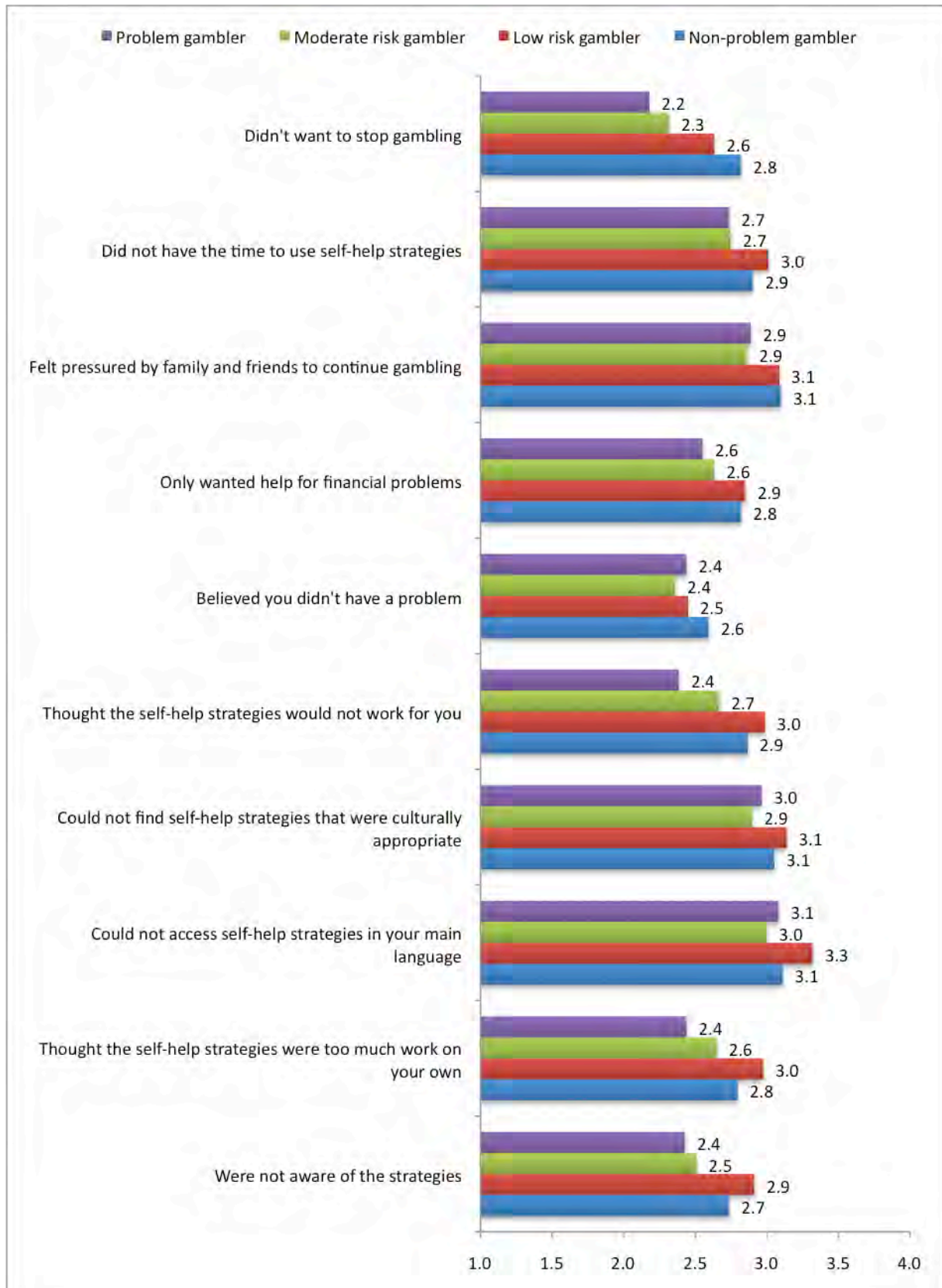


Figure 9.36: CS: Barriers to Using Self-Help Gambling Strategies: Comparison by PGSI Group

### Barriers to Using Self-Help Gambling Strategies: Amongst Problem Gamblers

The problem gambler data were analysed separately in relation to barriers to using self-help gambling strategies to better control their gambling, with results depicted in Figure 9.37. They agreed with five of the barriers:

- Didn't want to stop gambling
- Were not aware of the strategies
- Thought the self-help strategies were too much work on your own
- Thought the self-help strategies would not work for you
- Believed you didn't have a problem

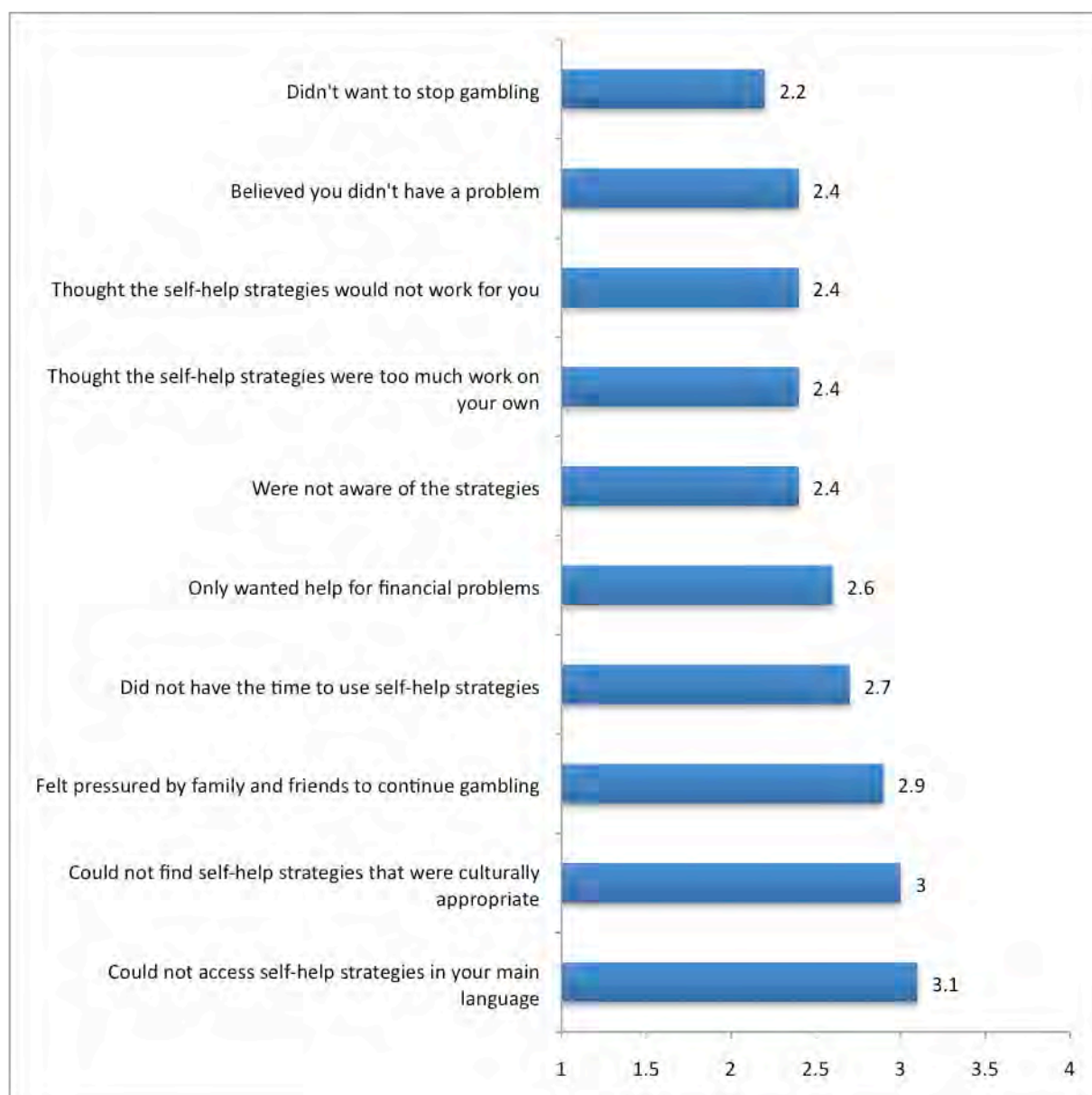


Figure 9.37: CS: Barriers to Using Self-Help Gambling Strategies: Amongst Problem Gamblers

### **Barriers to Using Self-Help Gambling Strategies: Comparison by Sex**

No significant differences were found for barriers to using self-help strategies based on sex.

### **Barriers to Using Self-Help Gambling Strategies: Comparison by Age**

The 18-39 year old group was more likely than the 40+ year old group to agree that a barrier was not thinking the self-help measures would work for them ( $t=-2.435$ ,  $df=696$ ,  $p=.014$ ). The older age group was more likely to agree than the younger age group that they would not be able to find self-help measures that were culturally appropriate for them ( $t=-2.665$ ,  $df=700$ ,  $p=.008$ ). This last result probably reflects the older average age of the CALD regular gambler sample.

### **Barriers to Using Self-Help Gambling Strategies: Comparison by Location**

No significant differences were found for barriers to using self-help strategies based on urban/non-urban residents.

## **9.5 Chapter Conclusion**

This chapter has presented analyses on the combined samples of gamblers and for particular groupings within the combined sample – the four different samples, the four PGSI groups, problem gamblers who had sought help vs. problem gamblers who had not sought help, and by sex, age and urban/non-urban residency. Key results for each of these groups are now summarised.

### **The Combined Sample and Cross-Sample Comparisons**

For the five different types of gambling-specific professional help services about which respondents were asked, overall awareness of the combined sample was highest for gambling helplines (39%), followed by venue assistance (31%), face-to-face services (27%), mutual support groups (14%) and online services (10%). While these levels are low anyway, awareness of most of these services was particularly low amongst the regular gamblers recruited from both the general population and culturally diverse clubs. These results suggest that efforts are needed to further raise awareness of professional gambling help services, especially amongst the CALD population, and perhaps to refresh venue signage so it is readily noticed by regular gamblers.

In relation to generalist help services, a little over one-quarter of all respondents were aware that information and help for gambling issues were available from general practitioners (27%), relationship counsellors (27%), financial counsellors (26%), and alcohol and drug services (26%). Lower awareness was apparent for legal advisors (18%) and migrant and ethnic support services (12%). Awareness of generalist services was highest amongst the CALD regular gamblers, reflecting much higher awareness than they had of the gambling specific services. Awareness of most of these services was lowest amongst the regular gamblers drawn from the general population. Thus, there is an opportunity to raise awareness of generalist services through gaming venues, given that regular gamblers frequently patronise these venues.

In terms of non-professional sources of help, most respondents (69%) indicated they would use this type of help if they had a gambling problem and did not want to use a professional help service. The most likely to use non-professional sources of gambling help were the regular gamblers (75%), followed by the helpline callers (59%), the problem gamblers in treatment (53%) and the CALD regular gamblers (40%). Thus, the CALD sample was very reticent to confide in others about issues they may be having with their gambling.

Self-help strategies were widely used by the respondents. The most frequently used were to limit access to money for gambling (45%), set a budget for gambling expenses (42%), take up diversionary activities (40%), avoid being near their primary gambling venue (30%) and sourcing information about how gambling works (29%). Less frequently used were keeping records of gambling activities and expenditure (24%), sourcing information about excessive gambling (21%), avoiding others who gamble (21%) and using a checklist to self-assess a gambling problem (18%).

The regular gamblers were the most likely to set a budget for gambling expenses but the least likely to take up most of the other self-help measures. The CALD regular gamblers were the most likely to use a checklist to self-assess a gambling problem and made reasonably frequent use of most of the other self-help measures. The helpline caller sample was the least likely to set a budget for gambling expenses. The treatment sample was the most likely to take up diversionary activities, limit their access to money to gamble with, avoid being near their primary venue and avoid others who gamble.

The most common motivators for all three types of help-seeking were: financial problems, concerns that your gambling might develop into a major problem, concerns that you had reached a point where you could not go on, negative emotions from your gambling, problems with your spouse or partner, and concerns about the welfare of those dependent on you. Thus, serious financial, emotional and relationship issues appear major factors in prompting help-seeking.

The most common barriers to professional and non-professional help-seeking were: wanting to solve the problem on your own, feeling ashamed for yourself or your family, being too proud to seek help, finding it difficult to believe that you had a gambling problem, and being concerned about being treated like an addict or mentally ill. Thus, help-seeking involving others causes considerable shame and embarrassment, highlighting the need for efforts to destigmatise help-seeking for gambling problems. For self-help, the main barriers were not wanting to stop gambling and not believing you had a gambling problem. This suggests a role for public education on recognising and acknowledging a gambling problem.

### **PGSI Group Comparisons**

In the combined sample (N = 730), there were 153 non-problem gamblers, 82 low risk gamblers, 117 moderate risk gamblers and 346 problem gamblers (32 missing cases).

Amongst the four PGSI groups, the problem gamblers were most aware of the professional types of services available for gambling help, with the exception of face-to-face counselling services in their region. In relation to generalist help services, the problem gamblers were more aware than the other PGSI groups that financial counsellors can provide information or help for gambling issues.

Of all the PGSI groups, the problem gamblers were the least willing to use non-professional help (53%) and showed reticence to use some types of self-help. They were the least likely to set a budget for gambling expenses and to source information about how gambling works and the odds of winning. However, they were the most likely to avoid their primary gambling venue. The moderate risk gamblers were most likely to take up diversionary activities, limit access to cash for gambling, source information about why some people gamble excessively and how gambling works and the odds of winning, to set a budget for gambling expenses, record their gambling activities and expenditure and use a checklist to self-assess a gambling problem. The low risk gamblers were the least likely to avoid friends/family who gamble. The non-problem gamblers were the least likely to use most of the other self-help strategies.

There was much overlap in the reasons that would motivate the problem gamblers in the sample to seek the three types of help. The main three motivators for seeking professional, non-professional



and self-help were: concerns that your gambling might develop into a major problem, negative emotions from your gambling and financial problems. Concerns for dependants, pressure from others, social isolation and reaching a point where they could not go on were other important motivators. However, the problem gamblers indicated lower agreement than the other PGSI groups with most motivators for professional and non-professional help-seeking.

Barriers to professional and non-professional help-seeking also overlapped. The problem gamblers indicated most agreement to: wanting to solve the problem on your own, feeling ashamed for yourself or your family, being too proud to seek help, finding it difficult to believe that you had a gambling problem, and being concerned about being treated like an addict or mentally ill. The shame and stigma clearly attached to seeking help from others about a gambling problem is compounded when the barriers to using self-help measures are considered. The most prominent of these was not wanting to stop gambling, followed by lack of awareness of these measures, thinking the strategies would not work, thinking they were too much work and not believing you had a gambling problem. Thus, this reticence to recognise and act on a gambling problem themselves combined with reluctance to seek help from others due to shame and stigma is reflected in low help-seeking rates and continuation of an often hidden problem. Further, the problem gamblers indicated higher agreement than the other PGSI groups with most barriers to all three types of help-seeking.

### **Problem Gamblers Who Had and Had Not sought Professional Gambling help**

An interesting comparison was between the problem gamblers who had not previously sought professional gambling help and those who had. The former were less likely to agree that they would be motivated because of most reasons provided, except for financial problems, negative emotions from their gambling, and concerns their gambling might develop into a major problem. They were equally as likely as the group who had sought professional help to agree that concerns that they had reached a point where they could not go on would motivate them to seek professional gambling help. Disruptions to daily activities and work, legal problems, and problems with partners, family, friends, dependants and living circumstances were less likely to motivate them to seek professional help. Thus, the problem gamblers who had never sought professional help for their gambling appeared willing to wait until their gambling problems became financial and emotional issues before seeking help and were less motivated to seek help by problems concerning their relationships and other aspects of daily living.

The problem gamblers who had not sought professional help also tended to agree more strongly with the barriers of feeling ashamed for yourself or your family, and wanting to solve the problem on your own. They were equally as likely as the problem gamblers who had sought professional help to agree that being too proud to seek help was a barrier. Thus, the primary barriers for problem gamblers who had avoided professional help were shame and not wanting to tell other people.

### **Demographic Group Comparisons**

When comparing awareness of professional help services based on demographic factors, men were more likely than women to know about online counselling services, but awareness was very low amongst both sexes. Respondents in the 18-39 year old age group were more likely than those aged 40 years or over to know about telephone gambling help services and that gaming venues can offer assistance for a gambling problem. Those living in urban areas were less aware than non-urban residents of face-to-face counselling services in their region.

In relation to generalist help services, higher proportions of female than male respondents were aware of help available from migrant and ethnic support services, and urban dwellers were more

aware than their non-urban counterparts that legal advisors can provide help or advice for gambling issues. No differences in awareness of generalist help services were discernable by age group.

Use of professional help services for gambling was less common amongst younger people, unmarried people, employed people and those living in non-urban areas. This suggests a need for strategies to better encourage help-seeking by these demographic groups.

No significant differences in willingness to use non-professional sources of gambling help were found between the male and female survey respondents, nor between urban and non-urban residents. However, respondents aged 40 years or over were more willing to use non-professional gambling help (53.8%) than respondents who were under 40 years of age (34.3%).

In terms of self-help gambling strategies, women were more likely than men to set a budget for gambling expenses and source information about why people gamble excessively. No differences were found between age groups or urban and non-urban residents in their use of self-help gambling measures.

Thus, there was more resistance amongst the younger cohort to seeking professional and non-professional help for gambling issues and this was reflected in commonly endorsed barriers to help-seeking of shame, pride and wanting to solve the problem on their own. Further, the younger age groups were more likely to think that self-help measures would not work for them. Therefore, consideration appears warranted of better ways to encourage younger people to seek help for gambling problems.

Few significant differences were found between motivators and barriers to help-seeking amongst the men compared to women and the urban and non-urban dwellers, although the female respondents appeared more sensitive to feeling ashamed for themselves or their family about seeking help for a gambling problem.

# CHAPTER 10

## RESULTS FROM INTERVIEWS WITH RECOVERED GAMBLERS AND FAMILY MEMBERS

### 10.1 Introduction

This chapter is the first of three that analyse the qualitative data collected for this study. This chapter focuses on interviews with recovered problem gamblers and some of their family members. These recovered problem gamblers were expected to be mainly in the maintenance stage of change.

### 10.2 Findings from the Interviews with Recovered Problem Gamblers

This first half of this chapter analyses data collected from ten recovered problem gamblers who were interviewed in relation to the types of help they used to address their gambling problems. They were recruited with assistance from Relationships Australia South Australia via its Consumer Voice Project, in which all interviewees were involved. As noted in Chapter 3, The Consumer Voice Project is an ongoing project which aims to raise community awareness about problem gambling. It comprises a small group of recovered problem gamblers and family members of problem gamblers who share their experiences of gambling problems in forums such as gaming venues, community services, and counselling sessions of people affected by problem gambling.

Relationships Australia (SA) sent letters to Consumer Voice participants to seek their interest in being interviewed for this study. All of these contacts had previously indicated a willingness to participate in research relating to problem gambling. The letters requested interested persons to contact the CGER at Southern Cross University to arrange an interview. All of the nine who made contact were interviewed via telephone, using a series of questions designed to follow their help seeking journey. The remaining participant contacted the CGER independently as he was interested in being part of a gambling research project.

The interview questions were designed to identify and explore a sequence of help seeking behaviours that included professional help (counselling, self-barring from a venue, professional group counselling services, General Practitioners); non-professional help (turning to family, friends, religious or spiritual community leaders, GA support groups); and self help (e.g., budgeting, taking up new interests or avoiding gambling venues or friends who gamble). In relation to the different types of help, they were asked about the sequence of activities, the type of help they were seeking and about motivators or barriers to these help seeking activities. In addition they were asked about their involvement with Consumer Voice and finally if they had any suggestions for improvements in any of the above types of help provided to problem gamblers.

Their responses are analysed according to the interview questions. A summary section then discusses overlying patterns of movement through the different types of help used by this cohort.

#### 10.2.1 First Type of Help Used

##### Self-Help

Six of the ten interviewed said that they tried to manage their gambling behaviour themselves in the beginning. They recognised they had a problem but were not at this early stage able to admit the seriousness of this to themselves or others.

They often used techniques that had worked in other areas of their life. Thus, one person described how they tried the same technique that had worked when stopping smoking:

*I wrote down, it's quite simple really, all the reasons why I shouldn't. And the reasons why I should give something up. I then translated that into little symbols. I think I had something like 10 different reasons. For example your lungs go pink after 5 years if you stop smoking. So I had a little symbol of a pair of lungs there just to remind me. And I had another one where the colour in your eyes comes back so I had a little eye. I had these 10 little symbols and I put them on a business card which I then carried in my wallet. Every time I felt like a cigarette I'd pull out my little card and looked at my 10 symbols. I had a little \$ sign there too to remind me of how much money I would save! I'd look at the card ... I did a similar thing with the gambling. A little \$ sign there and a little unhappy face because I used to be so miserable and upset when I lost my money. That was like a little help thing.*

Another recognised the importance of books in managing and changing behaviour:

*I'm very much into personal development so I had lots of books and things and I'd go back over those and I'd try to write down what I wanted in my life and that's where I came unstuck. I couldn't work out what it was I wanted anymore because I had completely lost my identity, for me.*

The following are general comments that include aspects that show how difficult it is to manage problem gambling behaviour alone:

*I tried for many years to give it away and manage my money but hadn't been successful at that stage.*

*So all the self-talk, all the putting plans in place, making sure I only took X amount of money with me, things like that.*

One said he reverted to self-help each time he relapsed:

*Usually I'd try to do something and this was consistent right through my stop-gambling attempts and after I'd have a big loss.*

At this early stage in help seeking, the participants recounted how they tried to avoid the problem, to rationalise it or convince themselves they were in control. The following are typical comments:

*My stomach would churn and I would think, what am I doing here? And then I would rationalise it.*

And:

*I thought I was strong and I could beat anything ... So without really recognising or admitting to myself fully at that time, I obviously must have instinctively known I was getting a problem. Not really, no. And that was probably the scariest thing because I pretended it did so today yes it's worked, I've only spent the \$20. I'd come home and think, how clever am I, that worked. I might go back tomorrow then. It was that ridiculous.*

### **Non-Professional Help**

Using non-professional help was not a prioritised help seeking activity in the early stages. Only two of those interviewed mentioned this as their first type of help seeking behaviour, and that it was very short lived.

One interviewee related how she had reached out to her partner first, but he had immediately insisted that she see a counsellor. This was a bad experience for the interviewee who said:

*He made an appointment to see a counsellor and he came along with me and the counsellor was male and between him and my husband and the counsellor's attitude, I felt intimidated and bullied. It was not a good experience.*

The other had approached his local minister who also referred him to Relationships Australia. However this proved to be a positive experience.

### **Professional Help**

The remaining two participants used professional help first. One self-barred from local venues, but found this was not sufficient for their needs, and went on later to more intensive professional counselling. The second was referred to a counsellor via the court system, as his gambling had brought him into contact with the law. This, however, was difficult for him to accept at this early stage. Thus, he said:

*I was told by the court to go and get professional help. When I went there truthfully my attitude was "why am I here? I can sort out myself". I knew it all.*

Professional help was much more prevalent as the second type of help used, rather than the first.

#### **10.2.2 Second Type of Help Used**

Eight of those interviewed used professional help as their second help seeking activity and two used the non-professional support group GA. The two (above) who had already accessed professional help moved onto different sources, but still remained within the professional domain.

Four said they had rung the gambling telephone helpline services, with two of them moving onto seek individual counselling with Relationships Australia and one accessing hypnotherapy. Two contacted Relationships Australia directly, two attended GA support groups and two received help from the residential unit at Flinders Hospital.

### **Motivators**

Motivators were largely similar to earlier help seeking attempts but were identified as being more urgent in nature. A typical comment was:

*It became unstuck. This took about probably 18 months, almost 2 years to a point where I was stealing money from grocery money, bill money and got to a point where I suddenly realised ... because it was always "I'll win it back and I'll put it back and I'll be okay". And it just bit by bit got worse and worse until the point where I got myself completely back in a corner where I had spent the bill money and most of the food money. And I just lost it completely. I was hysterical.*

This participant continued by describing anguish and pain:

*And like a lot of people, it's probably the point where you try to work out how to get rid of yourself. It seemed so overwhelming and too big to deal with and the shame and the embarrassment and all of that. And I kept thinking, my husband's gone through hell with me with my health and that's just a minor thing compared to what I'm doing now. I'm destroying us.*

It does seem that at this stage, the impact of the gambling on others starts to become more obvious and more central to help seeking motivations. Thus, one person commented:

*And then my husband, he knew because I was staying out longer. He had his suspicions. He spoke to our daughter about it and my husband was becoming quite angry and my daughter*

*said "mum will you do it for me, go and see a counsellor again" and I said yes so I went and saw the counsellor.*

And another commented:

*All of a sudden in my mind came such an incredible strong image of my granddaughter and she had just been born and I just kept thinking, "What am I doing? How can I leave her? How can I leave this legacy?"*

For some, reading brochures or newspaper articles proved the motivating force at this time.

*I saw this brochure for Relationships Australia and they were offering a course for ... I can't exactly remember the wording but it was something they were doing for gamblers.*

The program at Flinders Hospital seems to have been important for two of those interviewed and is clearly expressed by one person who said:

*I actually ended up in the in-patient program there. That was a two week program. The Flinders experience, I have to also tell you gave me a process called mindfulness. So ... , the guy there, took me through mindfulness and I believe that has really helped me too. I've integrated that into some of my thinking and I believe that's been very helpful. I still see ... at Relationships Australia, I've been seeing her since late 2007.*

### **Barriers**

One of the biggest fears of those interviewed was fear of loss of the gambling itself as it met a need within them and their situation which they were reluctant to relinquish. This is vividly expressed by one participant who said:

*I'm sure now looking back, I was terrified that I would have to stop gambling and then I wouldn't be able to cope ... I think I was afraid to admit to myself that I had such a big problem and also I was afraid that (if) I admitted to someone else then I'd have to do something about it.*

And another said:

*The thought of having to give that away was like a drug addict trying to give up drugs. You think you're going to but then you go a day without it and you just have to get it back.*

In addition, there was still a sense that the winnings could be regained.

*It was always "I'll win it back and I'll put it back and I'll be okay".*

One person commented on how hard it was to actually get to see a counsellor once the initial contact had been made, and this was a factor inhibiting help seeking. Thus, it was commented that:

*I did ring them a couple of times but it didn't answer. I couldn't get through, I can't exactly remember what happened but both times I tried.*

### **10.2.3 Third Type of Help Used**

The third type of help accessed proved to be a mixture of professional, non-professional and self-help. The defining moment that resulted in significant change for the person was seen as being able to share their stories with others. This included others who were seeking help for their gambling, professionals and industry staff, and the general public.

## Professional Help

Individual counselling remained significant, but this moved to including family in the counselling setting. In addition, the Flinders Program was identified again as an important third source of help. Thus, apart from the two who had noted Flinders as their second source of help, two others named this service as important in the latter part of their journey.

*When I first went to the program, on the very first morning of the first session, I was confident there was a good chance it was going to work for me. What they told me was really confidence inspiring. I'd already been doing cognitive behaviour (therapy) for depression and I knew that had worked well for me so I knew there was a good chance it was going to work. As a result of being on that program, I then started getting treatment for post-traumatic stress disorder. So that in itself was a big step towards me for not gambling again. Well it was, and once I got into it I found it so interesting and I started finding out so much about myself and so much about things that had happened in the past that I had felt guilty about all fell into place.*

Thus it is seen here that a combination of different types of therapy were of assistance.

Information relayed through newspapers and television was of most significance at this stage for the participants in terms of motivating them to seek professional help. Thus according to one person interviewed:

*I saw the article in the paper at the end of 2003. I phoned up and went for an assessment, got accepted into the program.*

And another said:

*Like I said I knew I had a problem and I was watching television one night and there was a segment in the news and they spoke about this therapy service at Flinders Hospital which was having success with problem gambling.*

## Non-Professional Help

Two interviewees noted that family had been the motivating factor to address the gambling problem and were crucial in offering continued support.

Thus as one said:

*It was just through support. I made sure I told them all about it first. They just wanted to support me in whatever way they could and they did. They just gave me support.*

One said how a partner had prompted a call to the helpline at this stage:

*He made me ring the Gambling Helpline and they gave me the Relationships Australia number and I did ring.*

Only one participant said that religious or spiritual assistance had been crucial. He very strongly considered that this was central to his overcoming his gambling problem. He said:

*The only way you're going to change is you've got to find spiritual help.*

## Self-Help: Consumer Voice Activities

Self-help is highly evident at this third stage of help-seeking, notably working through Consumer Voice. Those interviewed saw their work for Consumer Voice as the best way they had of helping themselves to sustain their journey away from gambling.

Nine of those interviewed had participated in Consumer Voice, a program that offers both support to those with gambling problems and provides an educational service to industry and the community. This activity was clearly extremely powerful for all those interviewed and was the defining component of their journey to rid themselves of their gambling addiction. It seems that the telling of their stories to others is both therapeutic to them and extremely helpful to those listening.

Below are samples of comments that show the important role that Consumer Voice had for those nine interviewees who participated in the program.

*It's not normally like me to talk in front of groups of people. Well it certainly did. It certainly helped me and it helped me to accept some of the things that I did when I was gambling. It was so shameful. It's helped me to accept that they weren't quite as bad as I built them up to be.*

*My counsellor said they have this program in place where they give you an opportunity to get extra training to help understand the gambling a little bit more and it could be quite cathartic and at the end of it, it's not compulsory, but they would encourage you to go out and be a speaker. And this was my first talk. I was beside myself. And then I just thought, I've just got to trust in myself and trust in my own strength here that I can do this.*

And finally and most vividly:

*I talk to venues and I talk to the industry and I go to gaols and talk to prisoners now. It's mainly just talking and spreading the word and helping educate. It still does, definitely does (help to control my gambling) It's like if you've got a bad infection you take antibiotics and if you never take them again. Eventually that infection might come back. I use all my talks as ongoing medicine for me because I always say that with a gambling addiction, you're never cured. You're only in remission.*

#### **10.2.4 Suggested Improvements**

There were many strong comments made by the interviewees about ways that problem gambling services could be improved.

These included more community education to remove stigma; more frequent follow-up on the behalf of counsellors, especially in the early stages of the problem gamblers' help seeking journey; more designated problem gambling counsellors as opposed to generalist counsellors; counsellors directly accessing venues to provide information to staff and patrons; some more direct approaches to be made by staff in venues to those who appear to be gambling too much; brochures to be bigger and brighter; notices on gaming machines to be more obvious and direct in their telling of the dangers of gambling too much; family and friends to be included more in counselling and support groups; more opportunity on television for recovered problem gamblers to tell their stories; and finally for counsellors to address complications of co-morbidity more directly.

Below are a few examples to illustrate the above comments:

*I wondered if professionals might have some access to the venues to actually be able to talk to people in the venues in an education booth.*

*Education on the TV, I think those ads, the ads with the children, I think they hit home a bit. It's like that smoking ad where the father says he won't be around or something.*

*One thing I've thought as far as the venues go, they should employ recovered problem gamblers in their host responsibility team.*

*I think the brochures are a great idea. There was one brochure, I haven't got it in my hand right now, it was fantastic. It was a big brochure, just had very simple things on it as you*



*opened it up and it said things like “poker machines are programmed to win” and then it went on. The next statement when you opened up the next one “poker machines are a form of entertainment, you pay for this entertainment” and the last thing it said was “the more you play, the more you pay”. And you can’t argue with that.*

*With it being such a big secret is hard, but we have had people bring in their partners to group meetings and I think they get a better understanding if they come and they listen to other people’s stories as well. It helps them understand better as to why.*

### **10.2.5 Summary of Findings from Interviews with Recovered Problem Gamblers**

Ten recovered problem gamblers were interviewed and asked to tell their story of recovery around different types of help seeking behaviour. Three aspects of help seeking behaviour were asked about: professional help including counselling, going to a GP or self barring; non-professional help such as attending mutual support groups like GA, turning to family and friends, religious or spiritual leaders or other community leaders; and self-help activities such as budgeting, avoidance behaviour or taking up new activities. In addition, interviewees were asked about their involvement with Consumer Voice and were given the opportunity to make suggestions for how services could be improved to assist those trying to address their problem gambling behaviour.

In general the movement of help seeking seemed to be a circular activity, beginning and ending with self-help behaviour. Thus, the barriers, mainly related initially to denial, then fear of being judged made it hard for professional help to be accessed.

It was generally following a crisis point, typically financial, that counselling or group support was sought. Often this did not meet the ongoing needs of the gambler, who reverted to problematic behaviour.

It appears that at this stage, family and friends became dominant, with the gambler seeing the impact of their behaviour on others, and thus beginning to take responsibility for personal change. However, movement through different types of professional help was evident, with the support of these family members of great significance for some.

The impact of Consumer Voice involvement was, towards the end of the help seeking journey, crucial. The telling of their narratives became the most significant factor for those seeking help. It helped them define who they were and what they wanted to achieve, and the sense of assisting others was of great benefit. The one factor that looms within all the stories told in the interviews is the need for these narratives to be heard more openly within the general community, with a much wider use of education and media to give voice to these painful journeys.

## **10.3 Findings from the Interviews with Family Members of Recovered Problem Gamblers**

All of the Consumer Voice interviewees were asked if they had a family member who would be willing to be interviewed in relation to the help they and their family member had received. Four responded to this request. Two family members subsequently interviewed identified themselves as husbands of the problem gamblers, one was a wife, and one was a sister. The latter was from a culturally diverse background.

The interview questions focused on several issues. First, interviewees were asked how and when they had first discovered the family member had a problem with gambling and what help they knew that the gambler had received (if any) before talking to them. Then they were asked about their own role in helping that person. Finally, the interviewees were asked if they could suggest any possible

improvements in the help offered to family members of problem gamblers. Their responses are analysed below under these respective areas.

### **10.3.1 How the Problem Gambling Emerged and Previous Help Accessed by the Problem Gambler**

For three of those interviewed, the problem seemed to emerge as family arguments became more frequent and the gambler began spending more time away from home. All of these three participants said that they began with general suspicions which grew steadily over time.

Thus one said:

*She'd go out to the supermarket in the afternoon and say "I'll be back, just going down to the supermarket" and then she wouldn't ... after this happened several times you put two and two together. So anyway, we realised and I covered it with my grandson because he's only young and I was trying to cover it up.*

Another described how the gambler spent more and more time at the venue, even staying away overnight:

*Then he would go twice a week then he would be away all night and then I knew there was a problem ... So that went on for quite some time but it did cause problems between us because then he started to go every day.*

And similarly:

*She didn't want to leave (the venue) sometimes.*

Arguments were something that became more obvious between partners. As one participant noted:

*I think it was to do with the relationship, arguments and everything when it came out.*

And according to another:

*I can't remember exactly, I remember we did have a big argument.*

The fourth interviewee discovered about the gambling as her brother began to have problems paying bills. It had been well hidden prior to this time. Thus she said:

*Whenever there was shortage of money like he wouldn't be able to fix bills, he'd take it all and waste money on poker because he is into gambling.*

None of the problem gamblers had had any professional help prior to the discovery of their gambling problem by their relative. They had kept the extent of their gambling secret, even denying it to themselves. This was described by one, who said:

*At that stage he didn't (get any help) because he believed that there wasn't a problem.*

### **10.3.2 The Family Member's Role in Helping the Problem Gambler**

Three of those interviewed instigated the gambler getting professional help. They went along to counselling initially with their partner. The fourth saw the initiative to go for counselling as coming specifically from his wife.

One person was involved with her partner in counselling for eight years. This assisted both the problem gambling behaviour and the couple's relationships issues. Two of the family members talked about how they put specific safeguards in place for their partner to assist the process of recovery. Thus one described how:

*We had to put things in place. Lucky enough I'd always controlled the household money, his wages and everything. He wasn't interested in the money side of things. I always had total control of that ... But one of the things we had to put in place was when he was still gambling, before he'd actually stopped, he'd actually have to have a boundary. They put in boundaries so he knew he would only be gambling for a certain amount of time and I would know what time he would be home so I wasn't pacing up and down. Because I always knew when he was gambling, he always told me where he was going so there was that.*

And another commented that:

*We tried putting a limit on what we would lose as you know I gambled a little bit as well. We tried to put a limit on it and it worked sometimes but other times it didn't.*

For the young man whose sister helped him, she was vital to his recovery. She says clearly that he could not have done it without her:

*I used to go with him every counselling session in the community centre. I used to be with him everywhere. Whenever he needed help I was always there and whenever there were sessions with the lady in the community health centre, our counsellor, we both would go together. And he even took me to Crown Casino and after that he started that, I'm already going with him and we used to be together ... My cousin gambled. She told me there are some people who help, who are relaxed in mind and she invited us to this gambling and she said "you must go to them." So I searched on Google and found them and called them.*

She even took him for job interviews to help him build up his finances again:

*My brother was even going through a new job. He doesn't have a job so he went to interviews. I used to go with him for his interviews.*

### **10.3.3 Help for the Family Member**

Two interviewees said that they in some ways blamed themselves for their partner's problems. Thus, one said:

*I guess I'm partly to blame because I would allow it to happen because we would go out and we'd go to a place where there were pokies like a hotel and I was comfortable just having a smoke or reading the paper while she played. It got too much in the end.*

And another said:

*I blame myself a lot too because we were on good money and I'd never take any notice of what she'd bought and she'd go on those bus trips buying.*

However, there was not much support around for the family members who dealt with so much.

*There's nothing apart from leaving home. There's only one way I know how I could fix this and that's just to leave.*

And again, this was something powerfully expressed:

*That would have been really important for me. For those eight or ten years, the days when I was desperate, really desperate to talk to someone who'd actually either had experienced the same thing or just to be able to sit with other people and you could just talk about stuff without having to worry about, is this the right thing or is this going to upset someone ... There wasn't the opportunity. There wasn't anything. I did ask the counsellor if there was anything locally but there wasn't at that stage then.*

One interviewee seemed to get support from the group sessions that were aimed primarily at the problem gambler. He said:

*No, I didn't (get any support myself) but I did go along to a couple of sessions with (L) as support and for me to just find out a bit more about it as well. They were group sessions, not counselling.*

Family and friends were not considered appropriate support networks, as it was not seen as appropriate to involve them. Thus:

*Support from friends No because I didn't tell anyone.*

It was nice to see one of those interviewed was still able to look at the situation with some humour. He said:

*Support outside family - No. I don't have any friends. I was joking, sorry! It was something that I thought was private and I was confident and we were confident that with the support or the information (L) was getting from Relationships Australia and people like that that we were confident we would solve the problem.*

The sister interviewed felt it was her role to support her brother, and that she saw herself as a strong person who did not need help herself. This seemed to have a cultural emphasis. Thus, she said:

*I would keep it to myself. I'm not one to make an issue out of something. It's my own family issue. I handle that part of it.*

#### **10.3.4 Suggested Improvements**

One of those interviewed had a negative view of possible improvements:

*I can't suggest anything, for me there's nothing. There's no-one you can talk to this about. I suppose if there's someone you could talk to, how can they really help you?*

One felt that the community needed to be 'bombarded' with information to change public opinion. He said with passion:

*I think you have to bombard people, I think people have to be conditioned and that sounds like a terrible thing but people can be conditioned and if you haven't tried enough in an obvious place like the paper and the media.*

One person looked at improvements for his partner, and he felt that it was her that had made the difference, regardless of professions involved. He said also that that hearing other's stories was a powerful tool:

*The help in the end has ultimately been successful because (L)'s in control of the situation now. And another thing too is it's good hear stories like this from the people who have been through it. (L)'s now relaying her experience, or our experience to other people and she talks to groups. That's great. I think it's very important to people to hear real stories about what's happened and particularly stories that end in a good outcome.*

The final comment is regarding the support offered by the counsellor, where both the partner and the gambler seemed to have gained from the relationship. The comment below shows this clearly:

*To be very honest I don't think any improvement is necessary. She did all her efforts with whatever was in her hand, she did every single thing for us. It's a big word to say but she was like a mother to us. She helped really well, she was the one who was supporting us all the*

*time, she even managed to call us and ask us if everything was okay. We used to attend every week one session which was enough for one hour. It was nice, we used to be normal, we used to be good, we used to discuss what all the differences have been in one week and we used to discuss everything that's been happening, what's not been happening, what's wrong with him, what's wrong with me, why are we fighting – everything.*

### **10.3.5 Summary of Findings from Interviews with Family Members of Recovered Problem Gamblers**

Four family members were interviewed to allow for an understanding of the experience for them in supporting a problem gambler on their journey to recovery. All expressed the stresses involved and the lack of specific support services for them. Three of the four felt they had a significant role in their family member's recovery, with the other saying that he considered the work was done solely by his wife. All did have some counselling, but it was always with the problem gambler as the focus. Two said they would have liked services specifically aimed at supporting them, but two did not see this as important. Two still retained some sense of blame for their family member's gambling problems, thus indicating that there remained a need for personal support for the strong emotions involved.

## **10.4 Chapter Conclusion**

This chapter has presented some powerful insights into the journey of recovery for 10 former problem-gamblers and some family members. The results emphasise the role of self-help in gambling recovery, particularly before and after professional help is sought. They also emphasise the supportive role that family members can play, in encouraging the gambler to both seek professional help and to utilise and adhere to self-help measures. However, these family members may also require support for themselves from professional sources. The role of the Consumer Voice program and the therapeutic power of telling their stories and helping others were key factors in the recovery of these former problem gamblers.

However, it must be noted that this sample was small and self-selecting. Thus, there is potential bias in both the sample selection and due to retrospective recall and interpretation.

# CHAPTER 11

## RESULTS FROM INTERVIEWS WITH INDIGENOUS COUNSELLORS, PROBLEM GAMBLERS IN TREATMENT, REGULAR GAMBLERS AND FAMILY MEMBERS

### 11.1 Introduction

This chapter presents and analyses the findings from interviews with four groups of people – counsellors who assist Indigenous Australian gamblers (n = 14), Indigenous problem gamblers in treatment (n = 4), Indigenous regular gamblers (n = 36), and family members of Indigenous regular gamblers (n = 11). These 65 interviews collectively illuminate issues around help-seeking for gambling issues amongst Indigenous Australians, including usage of professional help, non-professional help and self-help strategies, motivators and barriers to help-seeking, distinctive cultural aspects of help-seeking behaviour and suggested improvements.

### 11.2 Findings from Interviews with Counsellors of Indigenous Gamblers

This section analyses data collected from 14 counsellors with a wide variety of experiences in counselling and assisting Indigenous gamblers. Seven individual interviews were conducted with three counsellors from Queensland, two from South Australia and two from New South Wales. A focus group was conducted with seven counsellors in the Northern Territory. Of the 14 counsellors interviewed, three were Indigenous Australians. All interviews were recorded and transcribed with permission.

The counsellors worked in a range of positions providing gambling counselling, gambling therapy, gambling education, general counselling, financial counselling, family intervention, and community, health and welfare case work. Seven people worked almost exclusively with Indigenous clients while seven worked with a range of clients of all cultural backgrounds.

A set of open ended questions was used to explore with counsellors their Indigenous client demographics, and their motivations, barriers and pathways to help-seeking. These questions guide the analysis.

While unable to report in detail all the individual differences noted across jurisdictions or across different counselling modes, this analysis extracts general comments that apply to most Indigenous clients to develop a sound understanding of their help-seeking processes. Specific examples of issues that impact on different groups are provided to reveal their particular help-seeking behaviours. Also, Indigenous counsellors are identified where their responses are distinctively different from other counsellors.

#### 11.2.1 Client Characteristics

Unlike the specific gambling counsellors, identifying the exact number of clients seeking gambling help was difficult for most general counsellors. Every counselling service kept statistics on numbers of clients presenting for the first time, but few kept accurate records of cross-referrals within a service or of the number of times a client visited one or more counsellors. However, it should be noted that the intention was not to gather firm statistics on the numbers of Indigenous gamblers presenting to treatment services, but instead to gain a sense of how much interaction and

experience the non-Indigenous gambling help services had with Indigenous clients, and how much gambling problems featured in the interactions of Indigenous-specific services with their clients.

Where numbers of Indigenous clients were kept at a large general counselling agency with a well-known gambling help service, the coordinator stated:

*We see 700 clients in the six months period ... possibly about 20% of them would be Indigenous clients ... (and about) 50% of the Indigenous clients would have a gambling problem.*

A gambling therapist who provided individual and group counselling noted:

*We would probably have ... 8 or 10 one-on-one clients in various areas. We would probably come into contact with 100-150 people that we deliver the (gambling therapy) program to ... the program was developed specifically for the Aboriginal community ... it's an activity based program ... more often than not from those we tend to get a few people who come to us and say "I've got a family member" or "I've got a problem" and then we'd sit down and deal with that.*

In contrast, there were small numbers reported from one regional centre as identified by this gambling counsellor:

*Not sure of the overall number of Aboriginal clients using (our) services, however in the five plus years that I have worked with (our service) ... I would have seen less than ten Aboriginal clients.*

Regarding client demographics, most counsellors reported the average gender split for Indigenous gamblers seeking treatment was 60% female, 40% male. Although the client age range varied from 20-50 years for both women and men, two age/gender groups obvious to the counsellors were middle aged women and younger men.

Every counsellor said that poker machines were the main form of commercial gambling used by their Indigenous clients. Additional forms of gambling mentioned, although only by three people, were wagering and keno. However in Darwin, traditional Indigenous card games were said to be a very popular collective activity but ambiguous in regards to developing gambling problems.

For one counsellor, the value of card gambling was participating in a shared communal activity:

*... you have your card games in the community ... they feel like that's raising money for themselves to help out other families ... if someone gets the money they usually borrow the money back somehow and it's going back.*

For another it was worrying when children were playing with adults for money:

*... in this community the card playing initially in the past was a way to be able to raise funds to help other families ... a family was in need and if there was a death ... raise funds for the funeral ... In communities in the Territory, I've seen children as young as 10 years old or younger, playing cards with the adults ... with money.*

Yet an Indigenous counsellor reported that commercial gambling was a bigger danger:

*One of our board members had this big talk to me one day saying she's Stolen Generation and the ladies are into the gambling that she's with. She thinks it's very negative because they're going to the casino and the pokies now and the white men, they're getting the money. In the community it's (cards) not so bad because it does get circulated and it is an activity and they do come together and they laugh and have a good time. So she thinks the evil of it now is that the big corporations are taking the money right away.*

### 11.2.2 Stage in Development of Gambling Problems When Professional Help is Sought

All counsellors agreed that Indigenous clients arrive for counselling when their gambling was causing them severe difficulties or they were facing a crisis. Even their family support, the foundation of most collective cultures, was exhausted in many cases.

A crisis was identified by one person as being:

*... what I call the bottom of the cycle when they hit rock bottom ... usually when they've gotten to the point where they don't know where to turn and they can't get any more family support or family help because nobody in the family is prepared to help them anymore.*

And for another:

*There will be some form of ruction with the family, money missing, relationship problems, threatening to breakup, so it's normally a crisis.*

### 11.2.3 Motivators for Professional Help-Seeking

For Indigenous gamblers seeking help, common motivators were reported to be financial crises, the influence of family or friends, or a referral from another source such as a health or welfare agency, rehabilitation centre or the legal system. Two counsellors at one service identified triggers in their current client base as being roughly: 40% in severe financial distress, 20% with relationship and family breakdowns, 20% in court for illegal activities related to their gambling problems, 10% having lost jobs and 10% dealing with severe mental health issues associated with the stress of gambling.

A common comment was:

*No-one typically comes in here because they have a gambling problem ... usually for something else ... when you go through the problems you find out that's the reason why they don't have any money for food because of the gambling.*

In the same vein:

*... from my experience, my Aboriginal clients sought help when their gambling had an adverse effect on their ability to manage financially.*

Describing a downward spiral of financial and family triggers, one counsellor observed:

*... (some) have thought seriously about committing crimes in order to finance their gambling or it may be that they've lost so much money and it's caused so much stress that finally someone else in their family has said "you've got to go along" or the relationship is busted up or on the brink of busting up.*

In contrast, this client's profile was described as a parent motivated to seek help by her children's physical needs:

*She was a young mum, early 30's with seven kids ... three or four of them were at boarding school. So she was trying to pay for boarding school and make ends meet and she was a really good mum, very family orientated and saw that her kids were missing out ... that was a primary motivator ... they were cold in winter and she couldn't afford to buy them a jumper, so it's some of that sort of stuff which planted the seed for her.*

Although the influence of family and friends was often an important motivation to seek help, initially family can be unknowingly instrumental in facilitating gambling. One counsellor commented on the collective tradition of sharing that was common in some Indigenous communities:



*... (gamblers) would probably be around lending stuff and when the money is lent they can keep going from one person to another to borrow money ... because of the collective community, they'll be able to get a loan from someone and get it topped up and keep going.*

When gambling was recognised by family and friends as a continuing problem with increasingly negative effects, then access to help was encouraged. However, the gambler still may not see their dilemma, as demonstrated by this remark:

*Often when the people come (in) they think they haven't got a problem or they just think the family's over-reacting.*

Yet, it was often the immediate and extended family who forced the trigger for counselling as they suffered the most:

*... from the impact of gambling losses on the family budget and their actions (the gambler came) under scrutiny from partners ... family members.*

And:

*... (gambling problems) show in different forms and emotions ... you may have a family member that says he's concerned about his uncle or grandparents.*

With little action taken by the gambler, the family sometimes acted on their behalf:

*... family referrals where the family has told them ... (and) they ring up on their behalf.*

Referrals from other sources were identified as from alcohol, tobacco and other drug services, rehabilitation centres, health and mental health services, homeless centres, correctional services and law courts. These agencies may identify gambling as an underlying cause or a consequence of the presenting problem. Taking legal motivations as an example, gamblers might be motivated to seek counselling at the beginning of legal proceedings, as this counsellor observed:

*By way of legal support or advocacy the most likely reason an Indigenous client will come in for counselling ... is they can't fix their problem/situation without the help of a service. I do not believe it is common practice yet to seek the service just for counselling as such ... need a practical and urgent motivation.*

In contrast, towards the end of their legal journey, others might be motivated to attend counselling to meet their parole conditions:

*If somebody is gambling and they're on probation or parole ... Corrective Services sends him along because he's got to meet whatever they have to identify.*

The counsellors in one large organisation which included a medical centre agreed:

*About 50% of our referrals have come from our own GPs and health workers and nurses from over the other side ... the other 50% would be family, self and other agencies.*

One counsellor summarised the options for some gamblers as:

*Unfortunately ... it would be nice to see people earlier but basically people come in when they feel like they've got no more choices.*

#### **11.2.4 Barriers to Professional Help-Seeking**

There were barriers for Indigenous gamblers in seeking professional help with their gambling, particularly in acknowledging they had a gambling problem. Culturally, the availability of loans, a historical tradition of gambling, shame and the lack of appropriate gambling help services appeared

as substantial barriers for Indigenous gamblers. Lack of recognition that gambling was a problem remained a barrier that was loaded with health and historical implications.

A typical counsellor comment was:

*They don't see it as a problem and if they do they acknowledge it's a problem, it's not to a point where they want to make a change in their lives.*

Another reflected on two recent clients:

*One of them thought it wasn't a major concern for them and the other one, even though that person acknowledged that they were spending more money than they could afford ... it was a problem with depression that they didn't see associated with gambling and not something they wanted to address.*

Yet underlying this lack of recognition was an important perceptual barrier about understanding the role of counselling:

*I still get from clients that they think they're crazy if they just walk in the door here. There's some sense that you are mad or crazy if you attend a counsellor.*

This was supported by another:

*... a lack of understanding ... we try and educate and let people know that we're not here to judge and nobody is here to judge.*

A poor understanding of counselling was compounded by concern about the imposition of control over people's lives. This could be related to recent and past experience of experts dictating how Indigenous people should live and act. One counsellor clearly stated:

*There is a sense that the counsellor is going to be the expert, and that the counsellor will be imposing their expectations on the client, rather than the client being supported through their own choices.*

Gambling was seen as a historically acceptable activity by many; thus another key barrier was the perceived lack of seriousness in addressing gambling problems:

*... a lot of time it's joked about. It's not taken real seriously. They say, it's gambling and for people who go to the casino every day, it's like "I'm going to my other house" something like that. It's made light of.*

Historically, one counsellor observed:

*It's seen as the thing to do in the Aboriginal community, to gamble ... grown up with it.*

Based on Indigenous kin networks, the availability of loans allowed gambling to be extended for people who had exhausted their own funds. Borrowing was a genuinely high barrier mentioned by most counsellors. Several counsellors saw clients who obtained loans to continue gambling:

*Because of the collective community, they'll be able to get a loan ... keep going.*

With regard to extended family:

*... gambling ... always have an aunty or an uncle who will give you \$20 or you can go somewhere for a feed or somewhere to sleep.*

One counsellor commented on the strength of collective bonds built around survival:

*Aboriginal folks, it's in their blood to help each other because that's how you survive. And so if someone is down, regardless, they'll help. Sometimes it's not money, it's food for the kid.*

Of equal concern was the shame, secrecy and guilt associated with gambling problems which acted as a barrier to help-seeking. This was mentioned by all but one counsellor. One counsellor expressed this general sentiment that:

*Shame is really huge. The way to recovery is honesty ... a problem gambler can be a very good liar ... keeping everything away.*

Feeling guilty was recognised by others:

*... a guy who didn't want to tell his partner ... didn't want the repercussions ... that stress in his relationship ... another person who didn't want to tell her frail, aged parents ... didn't want to place that burden on them because they've got enough issues.*

Secrecy was linked to attempts by gamblers to control gambling by themselves, but relapse was evident for those with severe problems. One response indicating this theme was:

*A lot of people think they can get over it themselves and they tell themselves they're not going to gamble. They say "I'm not going to do this, I'm going to have some money, I'm going to stop doing it" but they'll continue to gamble. These are the people who are in trouble.*

Thus, as another said:

*People see ... gambling is something they should ... have control over. They should be able to deal with it themselves so they keep trying to do that and sometimes they might have a bit of a break from it or it slows up a bit and then it seems to come back so it's really hard for them. They're seeing it as a failure on their part to control themselves, you're less likely I think to come in and get help if you don't think it's that type of problem but it's something that you should be able to do something about.*

In contrast, one counsellor saw no perceptible differences between cultural groups, they all experienced shame with gambling problems:

*To be honest, I don't know that their barriers are any different to the wider community ... I don't think it matters where you come from there's always a certain amount of shame involved in admitting you've got a problem. The vast majority of my clients, both Aboriginal and non-Aboriginal, indicate that they feel ashamed of their behaviour and prefer to keep the matter secret rather than run the risk of judgement.*

A lack of culturally appropriate gambling help services was also seen as a barrier. This theme included any agency with no Indigenous staff, any agency which was not an Indigenous specific service and poor cross-cultural communication. An Indigenous counsellor explained why having Indigenous staff was so important:

*They don't see any Aboriginal people working there. When you walk through the door if you see someone who looks like you, you're more relaxed. You don't have to deal with the stresses that exist out in the greater community. I have a theory that talks about the underlying stress that most Aboriginal people have to deal with and you deal in two worlds, so you have traditional Aboriginal life and then you have the Western life ... when you walk into a place and there's someone that you can relate to automatically you don't have that layer of stress that you have to deal with. Most people wouldn't be able to identify exactly what it is because we know it feels different ... you feel that you're accepted.*

In regard to accessing mainstream gambling help services, barriers were raised as being based on past experiences and perceptions of the value of the service to Indigenous clients. For example:

*Aboriginal people are often pretty reluctant to access ... the mainstream type service. Sometimes they ... haven't been well treated if they have had treatment from a service, a health service or a hospital service.*

Another person felt:

*there may be a lack of understanding of the services that are provided ... prefer... something that they know.*

A lack of access to providing gambling help to gamblers, whatever the form, was a barrier that some counsellors agreed required addressing. Restricted access was seen as leaders being reluctant to have gambling emerge as an issue for that community group:

*... where you try to get into the community but you can't because so many of the leaders are gamblers.*

Or, as another counsellor remarked:

*Gatekeepers ... might have their own agenda or personal reasons for not letting us in ... political infighting which can also compound things ... maybe they're wanting to demonstrate their own capacity.*

Poor communication was sometimes an impediment for Indigenous clients seeking help from non-Indigenous counsellors. Cross-cultural communication skills needed were the use of appropriate language and conversation styles, active listening and creating understanding. Culturally, one counsellor felt two-way conversations were sometimes problematic:

*... a slight language barrier with clients, sometimes I find it difficult and I'm sure they do too. Our intentions are good and I try and do my active listening but ... there's definitely times when ... there are some slight barriers.*

Another counsellor raised different language barriers in remote areas:

*Language in some areas is a bit of a barrier ... certainly in Coober Pedy and some of the more remote communities.*

Numeracy was also said to be an occasional obstacle:

*... that barrier around numeracy and literacy. Going out and giving a talk to a group of people in a rehab centre (where) I've tried to really simplify the odds ... the feedback was I sounded like someone from university.*

In the main, non-Indigenous counsellors acknowledged that counselling for Indigenous gamblers:

*... needs to be more culturally acceptable.*

### **11.2.5 Pathways to Professional Help**

The counsellors were asked whether there were any consistent pathways for Indigenous clients in getting professional gambling help: were most clients referred or was their help-seeking self-initiated?

There was general agreement that, apart from family referrals as explained earlier, most referrals were made from other services with few clients self-initiating gambling counselling. Other services

included Indigenous and non-Indigenous services, with Indigenous organisations being the most prominent.

In Darwin, access to Stolen Generation counselling and their support group was discussed specifically as a cultural pathway to help for gamblers. A typical pathway was described by Indigenous counsellors as follows:

*Most people come and talk to you about being part of that Stolen Generation ... though we do network with the organisations and we do bring up the topic briefly, most of the time it's when we do our assessments and counselling that we pick up these big issues ... then they go through the whole family ... They're very concerned about their children and great grandkids ... sometimes see the whole family.*

And similarly:

*We may get clients from (Stolen Generation) reunions who want to talk to someone and get support.*

This appeared to be strongly linked to the Indigenous staff and nature of Stolen Generation organisations. One counsellor declared:

*If it's an Aboriginal organisation, the likelihood is that they would attend ... if they have some sort of relationship with an organisation they might come and talk to someone that way. If it's a non-Aboriginal organisation they probably would not attempt to go to those types of services. I don't think they would come in to talk about problems in general or specifically gambling.*

In another jurisdiction, Indigenous health workers were reported as being important partners in pathways to gambling help. A partnership between health and gambling services resulted in finding much common ground. This counsellor found:

*The trust that people put in Aboriginal field workers is really important. They don't work for our (gambling) service, they work for health services, Aboriginal health services ... as a path to referral. They receive funding as well for gambling and they were having a hard time getting their project off the ground. I was in the same area so we actually partnered up and that's been really a fantastic partnership, it really has.*

In direct contrast, a different counsellor reflected that they did not receive many referrals from Indigenous organisations:

*I don't come across many referrals from Indigenous agencies ... I get them from the non-Indigenous agencies.*

Some counsellors reported their gambling clients had sometimes accessed other forms of help as a pathway to gambling help services. Financial counselling was one service mentioned:

*I'm linked in with some the financial counsellors so can just work through it slowly in regards to budgeting ... link in with other services to cover that side of things ... more financial than anything.*

A further pathway to help came from medical services. Some had been referred by their doctors in relation to suffering from depression, illness or addiction. Thus as one said:

*GPs, doctors for depression or some other form of illness but generally not counselling ... the difficulty with people who are already attached to agencies is that they've often got multiple issues.*

Other pathways were identified as follows:

*The primary pathway would be through a referral from other services ... the Indigenous services or the likes of the Alcohol Diversion Program, Ozcare, they're the homeless shelter, or some of the residential places ... none of the pathways or referrals (here) were initiated by clients.*

Other pathways each mentioned by a single counsellor included the local neighbourhood centre, emergency services, family support agencies, housing support and word of mouth from other clients.

### **11.2.6 Treatment Methods**

The counsellors were asked about the types of treatment they provided to clients and how effective this was in helping to resolve a person's gambling problem. Most counsellors used cognitive behaviour therapy (CBT), sometimes combined with other therapies when appropriate. Several used family based therapy and group support networks. Importantly, many counsellors adapted their treatment to suit the needs of their Indigenous clients.

One counsellor spoke in detail about CBT combined with gambling exposure therapy tailored for Indigenous gambler clients:

*... mainly cognitive behavioural therapy. It works really well but I have had to do it differently than I would with other clients ... The big difference has been ... if we can get an Aboriginal person to actually come in and have that first appointment, I don't do a lot of it first appointment apart from letting them tell me what's going on, how they see it's a problem. At some stage I warn them that I'm going to ask them a whole lot of questions and some of them might seem a bit silly but I ask them to recall a recent gambling incident and I go through and find out what they were thinking, what sort of behaviours they had in place, any sort of superstitions ... I ask them about the way in which they were feeling, how their body was reacting. I'm trying to get a sense of whether they're right for the program that we offer ... if they're a pokie player I'll say "ok, now you're sitting at the machine, you've chosen your machine, you put the coin in, your hand's up there, how hard would it be to take your hand off the machine and not press that button?" If ... they do get a high level of arousal they're often sitting there and imagining that they're there and they're hearing the sounds and so I talk about this overwhelming urge, this uncontrollable urge that they get and then I let them know that that's the kind of thing that we'll be doing in the treatment. It's probably the first time anyone has identified this feeling that they feel is crazy. But they don't tell anyone about that feeling and when you've got that feeling at the time there's a fair amount of adrenaline running through your system so you're going to have pretty confused thinking. All those thoughts about "I should walk out, I've done my \$50 I should go" all that. That voice gets closed down. And it's not their fault. That would happen to anyone who's sitting there who's getting that kind of adrenaline running through their system so I think it's something that at that first appointment, if we can get that point, a lot of people then actually believe that we might have something. We're the first person who's helped them identify this strange thing that happens to them ... if we do manage to get them to recall really well a recent gambling experience and feel like they're there a bit, then we've got a really good chance that they'll actually participate in the program. For a lot of the Aboriginal clients, we use some imagery tasks and they think that's a bit wanky I reckon. They suit more an accompanied task, like to live venues. We try to do that. It makes more sense.*

An Indigenous counsellor explained a more individual treatment based on combining cultural models:

*Through my training I've adopted a Western model ... combined with culture, that's how I work ... stress based motivation ... role plays, relaxation techniques ... appropriate to the underlying issues.*

A family based treatment had been developed specifically for Indigenous gamblers at one organisation. This was explained as:

*... an eight step program which is a family based program. There wasn't a lot out there when I first started doing this 3 ½ years ago, we actually wrote our own program ... it is more about giving them some understanding about what affects them, their family and their close friends, what steps they can take to overcome it and just put things in place, do a bit of goal setting with them ... deliver financial planning and management with them and just support them in other areas of concern in their life because most of them have got co-morbidity issues whether it's violence at home and that sort of thing.*

A different counsellor in the same organisation continued to explain the effectiveness of this family based therapy:

*... because we talk a lot about a sense of right and wrong and the Aboriginal community at large has got a very, very strong sense of right and wrong in my opinion and we talk a lot about ... the sense of doing the right thing with family and family members and the effect their behaviour is having and what they can do about it ... we find that to be a lot more effective ... of being able to give them the empowerment to do something ... we don't tell them how to go about it ... what they should do or say "you've got to do this, you've got to do that, we just make suggestions, we put things in front of them and let them make their own decisions.*

One counsellor was attempting to combine group work with individual counselling to build a network of support among Indigenous women in a particular region:

*There've been groups in the past, I've only got one group running at the moment, the one in the country... Aboriginal women only ... a couple of the women didn't want men to come into the group ... we've had three meetings so far ... a bit early to tell ... it will be a long road ... it's hard for me too because I'm trying to make sure that the whole group idea works ... what we're trying to do at the moment is that I do a second visit each month and on that second visit I go around and see people individually ... (but) whether we'll get the funding for that ... the country doesn't really get the funds.*

Others revealed a more general narrative approach useful for any client regardless of cultural background but one based on individual introspection :

*... invite the client to tell their story, past or present, whatever the client is comfortable with and ... I accept all that the client says, without judgement, as this is their life and their experience which requires respect. Along the way I may reflect back ... to check my understanding of their circumstances ... then I may adopt a curious approach ... ask them that given their current circumstances ... what do they think they could change ... doesn't necessarily need to be gambling related ... I suggest that a start can be anything ... that was doable. And so the process begins. Validating, wondering, enquiring, listening ... helping the client to develop a greater awareness of their self ... wants ... needs and how that is for them and ... for others. Seeing clients re-empower their self, increase their self confidence, and become more accepting of their self is why I do what I do.*

In terms of follow up, one organisation who did this shortly after treatment hoped to return to evaluate its long term effectiveness:

*We do a 6 week follow-up on how they're going, but more long term, we don't really know ... hoping this year ... to look at people over the last four years ... we've got a whole lot who we did the DSMIV screen on (and) we're going to find out if we've got permission to contact them ... we're going to go back and ask them what difference it makes.*

### **11.2.7 Use of Other Professional Sources of Gambling Help**

Other specialised gambling help services were discussed in relation to their availability and appropriateness for Indigenous clients. Several organisations were identified including the Aboriginal Family Support Service (AFSS), Gambling Helpline, and GA, as well as the public health material available in gambling venues. Only one organisation, the AFSS, was an Indigenous specific organisation and likely to be known by clients, but only in South Australia.

The AFSS is a state based organisation with offices and staff in many regions. They deal with difficult issues arising in families, including gambling. They also cooperate with other agencies and refer people to them for specialist services:

*Aboriginal Family Support Services ... they're in Adelaide but they're also ... Port Augusta ... Coober Pedy, a couple of regions ... they've actually referred a couple of clients on ... more like a referral service, they don't have counsellors themselves for gambling.*

Another gambling help service was identified as the Gambling Helpline. However counsellors were unsure whether this was appropriate for Indigenous gamblers. They felt that counselling depended on the rapport established between client and counsellor and this may not develop in a telephone consultation. Generally, counsellors felt that Indigenous people were not likely to call the telephone helplines because trust and confidentiality was vital, as this remark shows:

*They don't like talking to people they don't know ... they're afraid that those people are going to give information away to somebody else.*

This was important for one counsellor who, after speaking to a couple of Indigenous people on this topic, recognised that historical issues of family removal were ever present:

*... very, very much a big trust factor ... because a lot of them are really scared about ... having kids taken away.*

Another issue raised by two counsellors was the cost of telephone landlines and mobile phone calls. One person explained:

*A lot ... don't have telephones at home ... we're talking about the poorest of the poor here (some) have mobile phones but not to do that ... the communities in this place have been classed as ... (the) poorest places in Queensland.*

This was supported by another:

*... and if you've got a mobile it's too expensive, this would impact on Indigenous people a lot more than it would for (others).*

From a regional perspective, one counsellor said the gambling helplines were probably more appropriate for isolated people who could not access face-to-face services:

*There's us and there's the 1800 number ... I don't think I've had a referral for an Indigenous client from the 1800 number, except one ... he was up (on the islands) it's a long way away ... remote clients are more likely to use the 1800 number, but locally, very few.*

Additionally, there appeared to be confusion about gambling helplines. One person said:



*The national number is the correct number but unfortunately a lot of the advertised material and stuff that's out there ... will still have the old number on it.*

Internet counselling was also identified as a source of professional help, but considered unsuitable in remote areas mainly due to a lack of access and the high costs involved:

*Not ... in (remote locations) ... many services don't have offices so I couldn't expect people in those communities to access the Internet ... I seriously doubt that people would have a good Internet connection ... it's not available to the majority.*

And:

*There would be individuals who might but ... because of the poverty and the lack of money ... really rare.*

In contrast, in an urban setting another counsellor recalled:

*There was one guy who was going down to the library using the Internet there ... we didn't actually bring up Internet counselling ... perhaps I could have with him because he was interested in learning about the Internet.*

One counsellor stated that issues other than location might preclude Internet use, such as trust and confidentiality:

*I haven't had an Indigenous client with Internet access... the education and ability and the trust.*

Privacy was important for people seeking gambling help, thus:

*... the Internet ... don't have that access and the only place they can use it is either at schools or libraries and they're not going to go in there and do that.*

In summary:

*Internet counselling ... is only new and it's not been promoted so I don't think people even know about it.*

GA was another avenue for help that was raised, but it may be more appropriate for religious people:

*I had one Indigenous guy ... who was a Christian ... he was Indigenous and he was homosexual so he felt quite isolated and he wanted to ... get a Gamblers Anonymous up and running because of his Christian faith.*

In regard to awareness of other services, a few counsellors said that public health promotion material on responsible gambling was available in venues, although they did not comment on its effectiveness:

*They see the brochures everywhere, in every club, pub, Casino.*

### **11.2.8 Use of General Help Services**

Counsellors were asked if general help services were available for assisting an Indigenous gambler in need of support for their gambling problems. Further, were these services appropriate and would clients know about them? Most responses concentrated on financial counselling.

According to one counsellor financial counselling uncovered gambling problems if they existed:

*... budgeting ... money management ... looking at what they're spending their money on ... for gambling most of the clients... they're behind in their rent; they're just about ready to be kicked out.*

An Indigenous financial counsellor confirmed this with:

*I have referred financial counselling (clients) here to our (gambling) service and they tend to go.*

In contrast, another counsellor was not sure whether parallel services were appropriate for Indigenous gamblers. This person explained that her home visits to new clients appeared to reduce some complexity about help-seeking:

*... referred a couple of Aboriginal clients ... to financial counselling elsewhere and that generally hasn't worked out ...even ... where I take them to the other service and ... sit in on the first meeting ... it's really hard to get them to go to other services ... they've got two appointments a week rather than one and transport might be difficult ... home visits ... if people need them and particularly at the start when I'm first meeting with people if they're uncomfortable coming into the clinic.*

With regard to more general help services, counsellors pointed to a variety of available services:

*... lots of other Aboriginal organisations ... Aboriginal Legal Service ... Aboriginal Community Services interagency ... Aboriginal Medical Service with AOD and Mental Health services ... it just depends on what sort of approach they want to take.*

Other services included:

*Aboriginal liaison workers with the Council, Centrelink, the police and community health.*

Yet, the appropriateness of an Indigenous only service providing or referring clients to gambling counselling appeared to be complicated by staff gambling as reported by one financial counsellor:

*... the reason why I was asked to go over there to do budgeting sessions with them, that's because the staff were gambling and so they needed money; asking for subs on their wages.*

This was also the case for a gambling counsellor in a different state:

*So many existing services have staff with gambling issues ... and for that reason struggling with their own issues and are not willing to promote and refer to gambling counselling services for fear of being seen as hypocritical.*

This was compounded by the question of appropriateness of a non-Indigenous general counselling service providing help to Indigenous gamblers. For example, time constraints and flexibility were seen as problematic in mainstream services:

*Most of the mainstream services are on time constraints ... if ... they've got to be there at ten o'clock and their appointment was to 10.45 whereas I hate to use this terminology but Aboriginal time doesn't mean that you get there at ten and go at 10.45... having those time constraints and try to get them to fit into those specific times just doesn't work very well.*

Emergency services were mentioned as a source of general help, more because they provide essential items to help the gambler live during difficult times. The majority of counsellors mentioned ties and cooperation with the Salvation Army, St Vincent de Paul, Uniting Care, Wesley, Anglicare, Mission Australia, Lifeline and local agencies as suppliers of food parcels and relief. However one counsellor raised concerns about the appropriateness of services provided by one organisation in saying:

*I felt that the way they were treating some of the clients was not appropriate ... I've had a few run-ins with them in regards to the way they approach some of these families.*

### **11.2.9 Help Seeking From Non-Professional Sources**

There were various reasons why counsellors thought that Indigenous gamblers would use informal sources of gambling help, such as family and friends, religious leaders and self-help groups. Cultural differences were apparent to some counsellors but not to others.

#### **Family and Friends**

Families appear the first and most common informal networks called on by Indigenous gamblers for assistance. However families experienced tension as the full extent of gambling losses were revealed. Some counsellors saw the influence of family and friends as:

*... go to family members, they may get a close friend who can refer them ... encourage them to go and get help.*

And similarly:

*It comes back to the family ... because they've lost everything ... they're in a financial situation where ... that negativity comes back on the family ... the family will encourage them to come here (to counselling), not necessarily bring them here.*

One respondent reported seeing family pressure take precedence over the personal shame of admitting to a problem with gambling:

*What we see ... type of family pressure ... a family member will say "you need to get some help, go and talk to someone". It takes pressure otherwise it's a shame to have to say you've lost all your money.*

However stress levels can rise when losses are exposed:

*The family don't know ... the depth of the problem ... it's being in a family where somebody's taking an unfair share of the resources like stealing mum's credit card and belting up ten grand before Mum finds out.*

#### **Religious Leaders**

Indigenous gamblers were also known to seek informal help from religious leaders, although responses were mixed and contrasting. Several counsellors commented help came:

*... through the church ... that seems fairly strong ... the religious side of it ... they will go ... talk to them.*

Yet another person observed that religious help may be ambiguous:

*The church can help some people but can't help everybody. Clients that I see ... even if they go to church they still gamble ... even some church people have issues with gambling.*

#### **Aboriginal Support Groups**

Counsellors suggested that men's groups and women's groups were culturally appropriate information centres where people get together and could discuss gambling issues. Such groups, it was felt, build on family and community strengths. These groups also respect Indigenous boundaries regarding gender and age roles. One counsellor saw such groups thus:

*Aboriginal support groups that are slowly developing in communities might work ... get that discussion of gambling, the effect on the community, what's good about the gambling, what's bad about the gambling as an issue in communities ... because I don't think that conversation's going on yet ... more group input with community programs.*

An Indigenous counsellor gave an example of the power of advocacy by a local Indigenous youth group:

*... getting their own little youth group together ... to be able to sleep in Parliament House because they are lobbying for the homeless youth ... being able to change the system.*

Another Indigenous man explained the benefit of Indigenous groups as knowing and respecting cultural roles:

*We respect that ... I can't go to a group of older women and say "this is what we ought to do" ... it's not appropriate.*

### **11.2.10 Cultural Differences in Non-Professional Help-Seeking**

Counsellors were asked if they had noticed any particular differences in seeking informal help between Indigenous and non-Indigenous clients. Family involvement was reported to be important for Indigenous gamblers. One counsellor responded:

*In my experience ... with Indigenous people, families find out about it and try to deal with it where ... within the general European population the gamblers crash and burn and then the family finds out about it.*

Similarly, another counsellor noted:

*Mainstream clients would go straight to the counsellor because they like to keep their business quiet ... whereas I think Indigenous people, they like to have that family orientation thing.*

To the contrary, another person saw most problem gambler clients as being similar in their secrecy:

*(Indigenous) secretive (but) had some very secretive non-Indigenous gamblers too who do it for a long time without anyone knowing ... it crosses cultures ... they're no physical signs.*

The effectiveness of family as a source of help for Indigenous gambler clients compared to non-Indigenous gambler clients was explained this way:

*The people that I deal with, the Indigenous, their partners hang in there, they don't approve but they do hang in ... the trend is that if you're a non-Indigenous person and you gamble you're running away from somebody ... having someone less judgmental is definitely ... the bonus.*

### **11.2.11 Pathways to Non-Professional Help**

Counsellors were asked whether Indigenous gamblers seek informal help before or after seeking professional help. The progression from self-help to informal help and then professional help or vice versa appeared a complex individual pathway. Indigenous problem gamblers seemed to try to solve gambling problems themselves.

Several Indigenous counsellors relayed this recent conversation with gamblers about self-help and abstinence:

*We were talking to four people yesterday and they were saying they never would seek a counsellor. And they had issues with going to Aboriginal services, then everyone will know. I*

*said “what are you going to do”? and they ... just stop, they just don’t go to the casino. So they’re doing self-help strategies ... fix it yourself first.*

However, if that was proving too difficult, several counsellors suggested gamblers would then ask for family help:

*They would try within the family and if that’s not working then ... if the family supports accessing professional help, that’s a progression.*

Further, professional help may be the next step as this person suggested:

*... more of a progression of family and friends and moving on then to some professional help ... maybe family are feeling at a loss too in regards to what to do or how to help.*

A counsellor recounted the progression of one client as follows:

*One of my client’s relatives worked within a service so she had gone to the relative first so it was sort of semi-referral ... then the relative sourced me ... there’s probably a greater reluctance to seek services and I think things may need to be fairly dire by the time people get to us.*

Alternatively, one counsellor saw informal help as a drawcard into formal counselling:

*... gently drawing people in who might be curious about addressing their gambling issue without them being threatened ... community days where presentations are given, free BBQs and yarn days etc.*

### **11.2.12 Motivators for Seeking Non-Professional Help**

Counsellors were asked about differences between motivations or triggers for seeking professional compared to non-professional help. These triggers or motivators were essentially the same – facing a crisis, faltering relationships, borrowing and having no money for essentials:

*The trigger is crisis, it’s getting into trouble ... partners threatening to leave ... theft.*

One very experienced counsellor observed:

*... there’s more chance of being noticed in Indigenous (circles) if you’re going through your pay on the horses or popping through a poker machine ... there’s always someone around, there’s a lot more interaction with family, like “mum can you lend me \$20” and if that goes on and on then (people will ask) what’s happening here.*

Comparing Indigenous and non-Indigenous crises, one counsellor noted the difference in absolute size of their losses; although relevant to each person’s circumstances the size of losses may be of equal value:

*(An) issue that I have with my non-Indigenous clients is they’re going to lose their house ... Indigenous people, they have nothing like that big to lose other than the electricity and their phone and their rent but ... non-Indigenous people they have houses and cars to lose.*

### **11.2.13 Barriers to Seeking Non-Professional Help**

Barriers to seeking non-professional help arose within families where gambling was a common social norm, where there was a strong belief in winning, where gambling was positively reinforced by others and where negative gambling consequences were not recognised.

Gambling was sometimes a social family norm and this may present as a barrier to informal help-seeking:

*Sometimes the barrier might be that the rest of the family gambles ... they might know they're not going to get any help ... everyone else is going to gamble too.*

One counsellor revealed details about this client who was described as strong and resilient:

*She was quite a strong individual ... was really aggressive in that she kind of told everyone ... she was really impressive but maybe an exception ... her family were gambling so she was getting very little support ... they were continually trying to get her to go and gamble and her answer was "I'm giving it up".*

Another barrier hindering some Indigenous gamblers seeking non-professional help was their strong belief in winning and positive reinforcement by others. One counsellor said:

*They think they're going to win, gamblers always think they're going to win ... "yes I lost but I can go again next week and I'm going to win."*

Winning was positively reinforced when winnings were shared or when a person was perceived as a lucky gambler:

*When they win it's "here, here, \$20 – go buy your stuff" or "here I hope you win".*

There was an important gap between Indigenous and non-Indigenous gamblers in their varied use of winnings:

*That's the difference with the non-Indigenous clients ... when they have their money if they win they keep it to themselves ... (for Indigenous clients) that's where that family connection comes in because when you win, you give it out, you share it.*

One counsellor explained how perceptions of luck evolved and were kept alive:

*There's one particular lady I work with, her family all called her lucky ... Cheryl, we'll use that name ... they'd all say "Cheryl's really lucky, she's always winning, she always wins lots on pokies". Cheryl came to me because she had a huge problem because she couldn't feed her family and she had no money ... she was perceived as being lucky in the community because everyone knew she was winning ... they didn't know how much she was losing when they weren't around ... she couldn't go to them and tell them she had a problem with her gambling because they all perceived her to be the lucky one.*

There appeared to be some lack of recognition of the link between gambling losses and other problems. It was apparent to one counsellor that some:

*... don't recognise if a person has gambled ... behind in the rent, then what follows on ... if it's a husband who's gone and gambled the money ... they don't see that because he's ... feeling bad, he's either beating up on the kids or beating his wife, they don't see the connection.*

It was a difficult situation to address when positive outcomes were recognised but negative outcomes were ignored:

*... the consequences ... they recognise all the good things but when it's the bad things they don't see the domino effect.*

#### **11.2.14 Suggested Improvements**

The counsellors raised three issues in relation to encouraging Indigenous people to seek help at any earlier stage of their gambling problems. These were ways to educate the community about problem gambling and its consequences, ways in which counsellors can become more culturally aware, and provision of more services and funding.

## Community Education

Suggested improvements for community education and awareness were provided by all counsellors interviewed. These suggestions largely focused on highlighting the far reaching and broad consequences of problem gambling and the range of options available for gambling assistance.

There was a need for exposing the links between problem gambling with its consequences, as seen in this response:

*More educational awareness around gambling ... (show) its impacts, the problems it can cause so they can see the signs ... "your children aren't going to school because you've got no bread because you're gambling".*

The importance of community education was stressed by one counsellor as empowerment:

*Build that awareness of gambling as a bigger issue ... (as) the consequences are spread across the whole community (and) they're less visible ... a lot more community education ... not formalised education but finding ways to impart information ... gain the knowledge ... gain the understanding ... a bit of empowerment.*

A comparison was provided with other community education promotion campaigns:

*Notice what they've done ... with diabetes and alcohol and some of the other issues that the Aboriginal population has had to endure ... gambling needs to be done at an earlier level and maybe even a little bit more with teenagers and the kids coming through so you break the cycle.*

In contrast, an Indigenous counsellor countered this argument with:

*The biggest one is smoking ... regardless of the problems, people smoke. Everyone is aware of that so you can't say it's a lack of education or knowledge. Everyone knows but yet that's a huge problem. Gambling is seen as entertainment, it's a distraction from the realities, the other problems. When people are in the zone ... at the machine you can't talk to them, you just leave them alone ... they're in their own little world ... it's their escape ... there are no problems ... I've been somewhere where they talked about the percentage of what a person could win and the odds of winning. It doesn't mean anything.*

When asked about what would actually work, this same person responded:

*More Aboriginal staff, just being visible and obviously assisting Aboriginal people to feel welcome at an organisation when they visit.*

A further avenue of focus for community education was informing gamblers about counselling options and their availability. But one counsellor warned that this would first need to start with:

*... better relationships with Aboriginal organisations.*

This was recognised by others but continuous work was needed on relationship building efforts, especially when staff turnover was high:

*Historically we've done okay here with our relationships and it's probably the continuity of workers ... it's about showing your face on an ongoing basis.*

In terms of counselling and building relationships, some counsellors advocated improved pathways based on explaining the variety of counselling available rather than just what one agency provided:

*We should be telling them the different types of help available, if they preferred financial counselling or ... they might say "I've tried this and that hasn't worked, maybe I'll try that".*

Similarly, being open to clients' ideas and promoting all types of counselling was supported by others:

*... to hear stories of ... Aboriginal people who have gone through with different types and what they liked about it and what they didn't ... they would actually know what their options are ... we need to be more open about what's available and promote it.*

Cooperation with other organisations was suggested:

*Anyone who works in the mental health field and counsellors or even support workers ... should have gambling as part of their assessment or part of their overall service delivery ... that will probably assist them with their enquiries.*

Yet another person contended that the positive example set by role models was a very effective community education process. This personal account is from that counsellor:

*... a situation where I went out to her home, there was a woman and it took a long time for her to say I could come out and see her as we'd been in contact over the phone. We'd met face-to-face but she had pretended I wasn't someone she was seeking, pretended it was just her role in the community to get information but she was actually wanting help for herself. When she finally decided she said, "oh bugger it, you come up and I don't care who sees me." She got mocked for coming in, it's a lovely community and the people are gorgeous, but she really got razzed for coming in and getting help. They had a good laugh behind her back and she told me what they were laughing at. It's changed now because I've continued to see her and some of those other people are actually thinking of getting help. It would have been hard to be the first in her community.*

### **Raising Cultural Awareness of Counsellors**

In discussing ways to improve counselling through raising cultural awareness, an initial point made was having a proper introduction:

*It is important that you have someone to vouch for you, and offer those all important introductions. Trust is slow to build and you are regarded as an outsider.*

This was followed by a description of the personal experience of one person learning in the field:

*Cultural awareness ... there needs to be better education of the counsellors towards the Aboriginal population especially I'm talking about time management and eye contact, just some of the basic stuff ... been doing it for 3 ½ years but I learnt a hell of a lot in a very short space of time from the Aboriginal people as to what works and what didn't work and how to make them feel comfortable, not me, but to make them feel comfortable ... it's a different approach we've got to have ... being able to approach and deal with the Aboriginal people so they don't get intimidated, so they don't get scared.*

An Indigenous financial counsellor felt that being broad-minded, stepping outside the gambling role might encourage early help-seeking:

*We should have holistic support too when we're working with our people because ... you're doing more than one thing ... (clients) were getting evicted and she didn't have any bandages for her wounds and so my role is a financial counsellor and I find that as an Indigenous worker here, I tend to step out of that role and so here I am ringing up the hospital and the community health service to get bandages ... I would do that for my Indigenous clients most of the time ... I step outside my financial counselling role too as well.*

In terms of cultural sensitivity and promotion of gambling education and awareness, several approaches were identified as being useful:



*To improve ... referrals and education ... promote the services that are here ... developing Aboriginal advertising posters ... brochures and so on ... focusing on that cultural sensitivity and showing that this service does cater for Aboriginal people.*

Using combinations of audio and visual aids with multiple messages was also found to be helpful by allowing the message to be conveyed in a more objective way:

*More visual things like DVDs or anything like that that ... you're not there preaching ... it just lets you step away ... for me in my budgeting sessions, if you have a DVD on gambling and how that can affect (people), you can put it in with budgeting.*

### **Improving Help Services and Funding**

An important issue was improving services through funding and resources. This was brought up in most interviews.

Counselling organisations simply had to make the best use of the resources they were given. Country areas with smaller Indigenous populations experienced funding cuts first. One counsellor explained how this was done:

*We've got three sites in the metropolitan area ... we have had up to eight sites in the country areas but at the moment the funding is not allowing that so there're three areas ... I work at the three metropolitan sites ... where an Aboriginal client might want to come into, where they're living closest to and I also do a run into the country or towns that have a fairly high proportion of Indigenous residents.*

Another counsellor believed their provision of services would grow with more funds:

*I think that we could be a lot bigger and a lot more involved than what we are and that's not through lack of trying ... it's through a lack of funding ... there's only so much we can do with the money we've got ... the money that we receive through our funding is quite minimal ... for us to really get out into the community and do what we need to do to raise our profile and the awareness in the community of what we're about and how we can help people, we would need triple what we get ... that's just not going to happen.*

In regard to sources of funding, comments by Indigenous counsellors suggested the industry should provide more help:

*Those gambling places should provide funding to employ counsellors ... gamblers all know that those institutions ... like your leagues clubs and casinos, they're built on profits ... profits alone ... people go in there and feed it ... it's time for those fellas to put back and help us to get out of this cycle ... by funding to get us out.*

This idea was extended by the need for specific funding for the education and training of Indigenous counsellors and development of gambling help programs.

*We need Aboriginal counsellors ... funding for at least two or three persons ... if we're talking specifically for local people, local people would be good ... you'd want funding to start up programs that are for our own people run by our own people.*

### **11.2.15 Summary of Findings from Interviews with Counsellors**

This section has discussed responses from 14 Indigenous and non-Indigenous counsellors about help-seeking by Indigenous gamblers. Counsellors were based in Queensland, New South Wales, South Australia and the Northern Territory. They focused on issues related to gambling problems faced by their Indigenous clients and their subsequent patterns of help-seeking.

It appeared that most clients first sought help because they faced a crisis, mainly a financial crisis. Family members, those who bore the burden of negative gambling consequences very quickly, tended to provide informal assistance initially and then encouraged gamblers to seek formal counselling as their patience and resources were exhausted. However, certain cultural barriers seemed to hinder the gambler's help-seeking progress. As a social norm, card gambling had a long tradition in some families, thus Indigenous gamblers may not recognise that they have a gambling problem. Opportunities to borrow funds and share resources for extended gambling were based in the mostly collective nature of Indigenous society. Strong beliefs in luck, winning, and the sharing of winnings reinforced barriers preventing help-seeking for some gamblers. Additionally, shame and guilt inhibited their ability to seek out help, while a lack of culturally appropriate gambling help services was reported to exacerbate any gambling crisis. Confidentiality was also a barrier that posed a threat to help-seeking; whether it was with Indigenous or non-Indigenous services, people did not want to be identified in their community and publicly shamed as a problem gambler.

Clients did not readily seek help themselves as their gambling problems deepened. Self-help strategies were rarely mentioned although self-help groups were seen as being culturally appropriate. Aside from their family and friends, most referrals to counsellors came from health and welfare services, the most frequently mentioned being financial counselling. Gambling counsellors used a range of techniques and therapies with clients, the most popular being cognitive behavioural therapy. Some therapies had been adapted specifically for Indigenous gamblers, but it was considered too early to evaluate their effectiveness. Generally, follow-up evaluations were short-term. The use of gambling helplines and internet gambling help services was unknown, but thought to be minimal by Indigenous gamblers due to barriers of cost, confidentiality and trust.

More frequently used general counselling and help services were said to include emergency relief, community organisations, medical and mental health services, legal aid, local councils, Centrelink and liaison officers in mainstream organisations. However, there was some evidence that gambling among Indigenous staff in these organisations made the difficult situation of help-seeking more complex.

An important cultural difference between Indigenous and non-Indigenous gamblers observed by gambling counsellors was family support. Indigenous gamblers, in the main, were seen to have earlier and stronger family support than non-Indigenous gamblers seeking help.

Suggested improvements focused on education of the Indigenous community about problem gambling impacts and counselling options and having strong role models. Education of gambling counsellors would be improved with heightened cultural awareness training and the creation of Indigenous specific materials. Additional funding would see some promising services develop and grow and hopefully address some of the needs raised in this chapter.

### **11.3 Help Seeking Amongst Indigenous Gamblers in Treatment**

This section analyses data collected from four Indigenous problem gamblers who live in communities in Cairns and Melbourne. Interviews were conducted face-to-face and by telephone. All interviews were recorded and transcribed with participants' permission.

An interview schedule designed to examine the experiences of Indigenous people who gamble problematically was used, with all interviewees confirming they have a gambling problem. The questions used in the interview schedule guide this analysis.

This section concentrates on the comments and experiences expressed by the four participants to develop a sound understanding of their help-seeking experiences. Examples of issues that impact on Indigenous gamblers are provided to reveal the participants' help-seeking behaviours. Participants'

responses from the Cairns and Melbourne regions are combined as responses did not differ significantly between the two regions. However, it should be noted that all participants were from urban areas and there are potential differences in both gambling and gambling help-seeking behaviours between urban and remote Indigenous people.

### **11.3.1 Client Characteristics**

There were four participants interviewed for this section – two women and two men. Three telephone interviews were conducted with two women and one man, and one face-to-face interview was conducted with one man. The ages of participants ranged from their thirties to their sixties. The majority said that their most frequent gambling activity was poker machines. Other forms of gambling identified were wagering and card gambling. All participants were currently in treatment for gambling-related problems.

### **11.3.2 Current Use of Professional Help**

When asked about participants' current help services, three reported they were being counselled by telephone counsellors of the Lifeline Gambling Help Service for gambling-related problems while the other participant was receiving face-to-face counselling. Participants had heard about the services they were accessing through a range of sources including gaming venues, the Yellow Pages and one was referred to face-to-face counselling through the National Gambling Helpline. All participants were satisfied with their counselling provider.

### **11.3.3 Treatment Methods**

When participants were asked about the type of help provided by the counselling services responses included: learning new skills and tools to cope with stress; learning to take responsibility for decisions; recognising the existence of a problem; and diary writing. Some of these help strategies are reflected in the following responses:

*Counselling for my gambling addiction gave me the tools to get through it.*

*I learnt I was accountable for myself.*

*I had to write stuff down. At first I thought it wouldn't work but it actually does work writing how you feel. When I started counselling I found that sitting down and writing what I wanted out of counselling and where I want to be in a year was very helpful. And even through the counselling when I had bad days, I wrote about it and went back over it an hour or two later. I was just writing it out ... what I was thinking ... and read it later and it was a coping tool which is really good and actually works for me.*

And:

*I thought I didn't have a problem with gambling. After I realised that I had a problem [my counsellor] kept me focused so I'm not getting too addicted and gambling again. ... I've just got to make sure these sorts of problems don't intercept anymore.*

### **11.3.4 Cultural Appropriateness of Professional Help Services**

When asked whether or not they found the counselling service to be culturally appropriate, participants agreed they are. For instance, one participant said:

*They take notice [of cultural aspects].*

Another said:

*I found talking to [my counsellor] was great because we really got on like a house on fire ... we joked and laughed and I was very happy.*

Only one concern emerged - the issue of confidentiality when the counsellor involved was known to the person seeking help. One participant noted:

*In a way there are some particular areas like you're looking at an Indigenous side too ... a lot of them [Indigenous people] are finding it hard when there are certain people you know and that's where they pull back.*

### **11.3.5 Reason for Choice of Professional Service**

Reasons for choosing a particular service included service costs (it was considered important that the service was free) and familiarity of the service. One participant acknowledged that he was required to attend counselling as part of his probation.

One participant noted:

*Once I decided to go to counselling, I just went to them because they're popular.*

Another said:

*I was aware of them [this service] and a lot of them you have to pay for but this one is a free service.*

### **11.3.6 Awareness and Use of Other Professional Help Services**

Only one participant reported being aware of any other professional gambling support services. The others only knew of the one they were currently attending. This view was noted by the following comment:

*Lifeline, I knew of them and they were good.*

None of the participants had sought professional help for gambling-related problems in the past other than from the service they were currently attending.

### **11.3.7 Motivators and Barriers to Professional Help-Seeking**

Most interviewees said the main reasons for seeking help were not having any money, lying to family and friends, not having time to socialise with family and friends, not being in control of their lives due to gambling, denial of a gambling problem and embarrassment involved about admitting to a problem.

Comments included:

*Not having money every week and the social stuff ... actually spending time with my family and friends and being cut off from everyone was the trigger for me. The gambling got out of control to the point of ... when you're in that habit it makes you lie a lot, lie about stuff such as money, where you've been and all that stuff.*

And:

*I had to do it [seek help] for the kids, just providing for my kids because I know my gambling was taking control of everything.*

One participant linked denial and embarrassment together, noting that these were key barriers to seeking help:

*I didn't realise I had a problem; I didn't want to admit I had a problem, that was a real barrier. And I was embarrassed because I didn't like asking for help*

One participant noted that his seeking help was part of his parole conditions:

*Parole said I had to go and get counselling.*

### **11.3.8 Non-Professional Sources of Help**

Informal sources of help appeared to provide both positive and negative experiences for participants. Interviewees acknowledged the difficulty involved in speaking to family members about their gambling problems. One person noted:

*It's hard talking to your family because they don't want to acknowledge you have a problem and when you're acknowledging that you have a problem ... they don't want to talk to you about it. ... They get tense and change the subject. ... When I was looking to get help it was very, very hard.*

However, two others found that speaking to their sisters about their gambling was helpful. One said:

*My eldest sister was the one person that really helped me. Even though she gambles herself, she can see that I really wanted to stop so she was the main person that helped me to get counselling ... set everything up and I just went.*

One respondent was adamant that it was important for Elders in communities to take a lead:

*This is where the Elders have to step in and give a few pointers to help out because once boredom has set in it becomes like a really ... I'll put it this way, when you think like drugs and alcohol is a big problem, this [gambling] is a problem too. ... Gambling is a cycle you know, it's a cultural thing, it's the same thing you see out here. A lot of them, they meet in groups and gamble in groups too because there's a lack of education, there's no job. The only way to get that help is to be together.*

### **11.3.9 Motivators for Non-Professional Help-Seeking**

The main reason or trigger for participants when deciding to approach a family member for help concerned trust. One participant explained that:

*I knew he [my uncle] was somebody to trust, to talk to. When I was a young boy I grew up without a father and he was a father figure for us and I looked up to him and followed that same footpath. ... He was always there for me ... He was very helpful.*

### **11.3.10 Barriers to Non-Professional Help-Seeking**

In general, participants believed that shame was a key barrier to help-seeking. One participant asserted that:

*It might be a bit of shame of what you're doing and what it is doing to you. I feel ashamed because you're gambling and wasting all your money and you feel ashamed to tell someone that you do have a problem.*

Again denial of a gambling problem emerged as a barrier that delayed help-seeking. The denial can be linked to gambling being a socially accepted activity, as noted in the following response:

*It's hard for Indigenous gamblers to recognise it could be a problem because everyone is doing it, it's advertised all the time, it's in your face, and it's really hard.*

### **11.3.11 Use of Self-Help Strategies**

Several self-help strategies were identified by participants including: taking up new hobbies; becoming involved with new interests; learning new skills; taking care of health, employing budgeting skills; avoiding gambling venues; and avoiding family and friends who gamble.

Taking up new hobbies or interests as a strategy to control gambling appeared very helpful. For instance, the following participants said:

*We have activities at church, craft groups and that sort of thing.*

And:

*I went back to TAFE and I look after my grandchildren a lot now.*

One respondent suggested that looking after her health was a strategy she used:

*I had to have something because when I started counselling I was getting very stressed and that's all I was thinking about. Because I also had a weight issue, I went to Weight Watchers as well [to] concentrate on my health. It also improved my self esteem and it still works.*

Similarly, another interviewee also identified looking after her health as a useful self-help strategy:

*I try to keep myself occupied. I want to get back to small things like cleaning up and exercising ... I'm just starting to go to the gym. I do a lot of walking too.*

Budgeting was another important strategy identified. For instance, one participant noted:

*Budgeting and keeping records were some of the tools that they [counsellors] showed us to work with. Working out a plan for what I'm doing that day ... and what I'm actually going to do on my payday, like a schedule. I'm going into town and I'm going to do the shopping at this time ... so that I'm not in there doing nothing.*

All interviewees believed it was difficult to avoid being with family and friends who gamble. This view was summed up by one participant who explained:

*What wouldn't work was ... trying to stay away from everyone who has the problem because they're my family and I still have to be there but I need to have ways to control not being where the gambling is happening. I tell them and some of them ask me "are you going to come with us" and I say "where you going?" ... they say "we can have a cup of coffee and lunch up here [gambling venue]". I just tell them I've got a particular area where I'm restricted to and can't go ... "alright then, we will respect that" and I say "that's fine, I'm happy with that."*

In relation to avoiding family and friends who gamble, another respondent said:

*One of the main things is when you're playing the pokies you have isolation but because we have the family going you went with the family. Now I don't go many places because I don't have anyone to go with. Even to the point where my partner, he's a gambler as well ... we don't go to the pokies anymore and we don't spend a lot of time together which puts a lot of strain on all my relationships with all my friends and family.*

While none of the respondents had barred themselves from any venues, it was suggested that it was helpful to avoid being in or near them. The following participant explained that:

*Most of them [venues] serve alcohol and have gaming. I stayed away from them for the first eight months of my counselling, I was going back and having lunch. Then a month ago I found in that month I was actually going there a lot and that's probably why I ended up having a lapse. I can go there now and have dinner but I don't go in the pokie rooms ... mainly I go there for dinner and have lunch with friends.*

### 11.3.12 Pathways to Help-Seeking

When discussing their approach to help-seeking for gambling-related problems, participants explained the various avenues and pathways they had taken.

One interviewee explained that:

*My first [path to help] was Corrective Services where they put me in. [Therefore], counselling was the first help and I learned a lot of tools which kept me ... what it takes to try and beat it ... from the venues and the cycles from which I'm getting caught up in.*

Another said the first step to help-seeking taken was talking to a family member (an uncle):

*It was helpful to tell my uncle all about it and plus I've got another uncle up there who gives out advice too and because he's a former police sergeant and Black Tracker, he wants to take me out bush ... the hunting and fishing is the other side I sort of miss too ... I come from the bush area.*

Another interviewee said the pathways she took to help were: informal sources; professional sources; and then self-help strategies. She explained:

*To put them in order, I did the informal source of help first by talking to my sister, and then I went to professional help and now I'm doing self help strategies as well.*

Another respondent explained that:

*In the past I tried it by myself and then obviously that didn't work, then I go seek professional help and then my family because you have to let family know what's going on.*

### 11.3.13 Suggested Improvements

The interviewees agreed that improvements were needed regarding help-seeking including: education about the harms of gambling and community education with the help of role models and community Elders; and government's role in bringing about change. For instance, the following participant said in relation to community awareness:

*A lot of our people need education awareness about gambling and the problems it can cause because the consequences are very, very severe ... physical abuse, domestic violence, problems because it breaks up a lot of relationships, broken promises. There's a problem now with the drinking ... all these small things, drinking, drugging and if one person keeps all these things cooped up he's got to do something. It spoils a lot of relationships with friends, old friends.*

Another participant articulated that along with education about the harms of gambling, there was also a need for community education to educate people about the signs of problematic gambling behaviour, and the help services that are available. This person also suggested it would be beneficial to speak to people with gambling-related problems who had experienced it first hand:

*Everyone thinks you just chuck in a bit of money and they don't realise how much, or what happens after a while. There is a lack of education in identifying you've got a problem, lack of education in what services are available to them. You've got to have some sort of community education and in a certain, a particular area where it is you know ... can have a talk ... there should be a place for people to go and talk about gambling issues and problems. It would be good for those communities for someone [ex-gambler] maybe to go and talk to people and be that kind of role model.*

Another respondent identified the need for Indigenous people to have education in schools as noted by the following comment:

*People need education when they're young in the schools because there is a need to know who you have to talk to ... we need someone to help you, a family member.*

Conversely, another interviewee was doubtful that education in schools would be useful. They asserted:

*I'm not sure how it would work in the school setting. It'd probably a lot easier to maybe try and target some of the schools out in the community ... the kids at the school through to the parents.*

In relation to the cultural appropriateness of services, and of counsellors in particular, there were various views. For instance, one interviewee said:

*You need Aboriginal counsellors.*

Conversely, another asserted:

*Even though some people would probably prefer Murri counsellors, for me it wasn't a problem. I reckon it depends on if they're local or in town or in cities ... it depends on where they grow up because I reckon there would be a difference in the community to an urban ... me, I grew up in a town near cities ... we have more contact with white people. Mainstream counsellors just need to be more aware of Aboriginal needs. You don't necessarily have to be Indigenous ... you have to have a combination of knowing.*

One interviewee believed that one way of moving forward was to have good role models generally:

*We need good role models for our people.*

In regard to making it easier for Indigenous people to seek help for a gambling problem, the need for confidentiality was also identified. For instance, one participant explained:

*It's important to make our people more aware that there is help there and that it is confidential.*

The recognition that governments have a role in improving help-seeking for Indigenous people was also acknowledged. One participant said:

*There is a big pokies problem ... the government has a big part in that I guess and they need to start educating and making our people more aware of the dangers of gambling and what the consequences are. Indigenous people need education to understand that it's not just you who suffers but your family suffers.*

Some noted the generational link involved in gambling. For instance the following participant explained:

*The biggest thing with Indigenous families is gambling comes from generation passed down to the next one because the kids are going to look at the parents thinking that's alright, they gamble on pokies and TAB all the time, why shouldn't I do it? It's going to be a bit hard to change it if your parents have been gambling all their lives. There's got to be education right through because the young people see that their parents gamble and they become that ... the next generation down.*

It was also suggested that Elders need to play a role in the education of gambling-related problems:

*Elders most definitely have to get involved. We need to give back to education the strength in our culture and teach more of our people the cultural side. We need to go back to our ways of hunting and fishing and just spending time with our Elders and spending time with each other rather than off gambling and drinking. This is important for the next generation.*



#### **11.3.14 Summary of Findings From Interviews with Indigenous Problem Gamblers**

Four problem gamblers (two men and two women) from the Cairns and Melbourne areas were interviewed regarding their help-seeking experiences in relation to gambling problems. The most popular form of gambling was playing poker machines, with other forms including gambling on cards and horse races.

Three participants were being counselled by telephone counsellors and one was receiving face-to-face counselling. Participants had heard about their service providers through venues, the Yellow Pages and referral from the National Gambling Helpline. All participants were satisfied with their counselling service provider.

The type of help provided by the counselling services included: learning new skills to cope with stress; learning to take self-responsibility for decisions; recognising the existence of a problem; and diary writing. All agreed that their service providers were culturally appropriate. Reasons given for choosing that service were that the service was free, and knowledge of the service. None of the participants had sought professional help for gambling-related problems earlier in their lives.

The majority of the participants identified the main reasons for seeking help as: lack of money; lying to family and friends; lack of socialising time with family and friends; and not being in control of their lives due to gambling. Trust was identified as an important factor when deciding to approach a family member for help.

Participants generally believed that shame and embarrassment were the key barriers to seeking formal and informal help. Denial of a gambling problem was another factor that delayed help-seeking.

The various pathways to their help-seeking included talking to trusted family members, seeking professional help and self-help strategies. Several self-help strategies were identified as: taking up new hobbies and interests; learning new skills; taking care of health; employing budgeting skills; avoiding gambling venues; and avoiding family and friends who gamble.

Interviewees agreed that improvements were needed in: education about the harms of gambling and community education with the help of role models and Elders; and a government role in bringing about change.

#### **11.4 Findings from Interviews with Indigenous Regular Gamblers**

This section analyses data collected from 36 Indigenous Australians who were regular gamblers. Individual face-to-face interviews were conducted with 20 participants living in and around Darwin and with 16 participants from the Cairns region. All interviews were recorded and transcribed with participants' permission. The samples were recruited through gambling help agencies and Indigenous health and community services. As such, they are convenient samples, so the results cannot be interpreted as necessarily representative.

An interview schedule designed to examine the experiences of people who gamble regularly was used, with all interviewees confirming they gambled at least once a fortnight; however the majority gambled at least once weekly. None of the interviewees was accessing a gambling help service or any other professional help for gambling problems at the time of the interviews.

This section concentrates on the comments and experiences expressed by the 36 participants to provide insights into their help-seeking experiences. Examples of issues that impact on Indigenous regular gamblers are provided to reveal the participants' help-seeking behaviours. Differences

between participants' responses from the Darwin and Cairns regions are noted only when relevant; otherwise the responses from participants in the two regions are combined.

#### **11.4.1 Characteristics of the Interviewees**

Of the 36 interviewees, 22 were women and 14 were men. Their ages ranged from 18 to 80 years. Eight were aged between 18 and 30 years, 14 were in their thirties, eight were in their forties, five were aged in their fifties and one was 80 years of age. Twenty-five participants were employed, nine were not in paid employment, one participant was retired and two did not disclose their employment status. Thirteen of those interviewed were married, one was in a de facto relationship, one was divorced, 12 were single and nine did not make their marital status known. The majority (27) reported that their most frequent gambling activity was playing poker machines. Other gambling activities included wagering, sports betting and playing blackjack and keno.

#### **11.4.2 Awareness of Professional Sources of Help**

##### **Telephone and Face-To-Face Counselling Services**

When asked about their awareness of help services for people with gambling problems, most interviewees said they knew about the National Gambling Helpline, with only six participants reporting they had not heard of it. Around one-third of participants said they had also heard of GA and Lifeline.

For the Darwin participants, approximately half had heard of specific gambling help services in the region, with an additional four participants noting that, while they were aware of local gambling help services, they could not recall their names. In contrast, there was only one Cairns participant who had heard of any gambling help service in that region.

Participants were then asked how they had first heard of these services.

A common response across both regions was:

*1800 Gambling Helpline, it's advertised at the casino, pubs ... there's stickers, posters, pamphlets; you see them in the toilets.*

Others reported they had:

*... heard of the services through the media ... in local papers, they used to be on TV too.*

And:

*The numbers for the Gambling Helpline are sitting around everywhere, on the back of pub toilets, posters on the walls as you're walking in or walking out of the gaming rooms, business cards.*

In relation to whether any of the services identified are more culturally appropriate than others, respondents predominantly believed the services were inclusive as indicated by this comment:

*They're for everybody, not just Indigenous people; it's for everybody who needs help.*

Nevertheless, around one-third of respondents in both Darwin and Cairns commented that they would rather speak to someone face-to-face rather than on the telephone. This expressed view, at least in part, appeared to reflect a cultural preference for face-to-face counselling as reflected in one participants' response:

*I wouldn't access them [the National Gambling Helpline] because I don't know who is on the line ... I'd rather face-to-face because I would never, ever trust them because I don't know*

*who I'm talking to. I'd rather talk to a black person in person, only as long as they could keep confidentiality though.*

Similarly, another participant was unsure if telephone counselling services are culturally appropriate for Indigenous people because:

*Some Indigenous people prefer to talk to an Indigenous person. And Aboriginal people can feel more comfortable speaking to them face-to-face.*

One person noted that:

*Indigenous people need things in front of them, to be visual.*

In contrast, other respondents noted they would be willing to seek help over the telephone from non-Indigenous telephone counsellors as long as they were culturally aware of Indigenous people's needs, with one participant commenting that:

*I would speak to a non-Indigenous person but only if they're aware of the cultural needs and how to talk to Aboriginal people, if they were culturally sensitive or they knew ... say they grew up with Indigenous people, it doesn't matter with me.*

A reason identified by several participants for helplines being considered inappropriate for Indigenous people was the shame that could be associated with problem gambling, especially if the person does not know who they are talking to. For instance, one participant asserted:

*It's the shame and admitting to saying you have got a problem and spending the time to make that call. I would be too ashamed.*

### **Internet Counselling Services**

Only two respondents, both from Cairns, had heard of Internet-based counselling services. When asked to comment on whether such services would be helpful, the participants generally believed internet services would be inappropriate for Indigenous problem gamblers. This inappropriateness was mainly concerned with lack of access to internet services, because:

*Not everyone has access to the Internet. Like, I don't have access to an internet outside of work hours so I'm not going to be going to have a look.*

Once again it was noted that face-to-face counselling is the preferred type of counselling for Indigenous people:

*Indigenous people would rather talk to a counsellor face-to-face, not the Internet.*

### **Support Groups**

When asked about awareness of mutual support groups such as GA, more than half the respondents said they had never heard of any. Furthermore, there was a common belief that such groups would not be culturally appropriate. For instance, one participant said:

*They're not run by Aboriginal people. Indigenous people need their own support groups because there are a lot who don't feel comfortable talking with non-Indigenous people.*

Another explained:

*I had a bad gambling problem there for a bit and I never used to go into the group because they were all non-Indigenous people ... I felt embarrassed. I would rather talk to somebody that was in the community, somebody I knew.*

When asked how they had first heard of gambling support groups, for those who had, three Cairns participants reported they had seen them advertised in gaming venues.

### **Venue-Based Help**

Around two thirds of the participants believed that gambling venues provided only limited help for people with gambling problems, mainly restricted to providing the National Gambling Helpline number. This view is reflected in the following response:

*The venues don't go out of their way to discourage gambling because it's an income for them and part of their revenue. They only provide support in terms of information and where to go if you need help. They mostly just promote the number but that's it.*

Seventeen respondents (six from Darwin and 11 from Cairns) knew about self-exclusion but many had limited knowledge about what the process involved, with obvious confusion reflected in participants' responses. For instance, participants variously thought the length of time that people could exclude from venues ranged from three months to two years. One person explained that:

*You can write a letter. The casino is the main place. You can go there and tell them you don't want to be gambling. You can do that for two years. You can go there for nightclubs or for a drink or whatever. If security sees you gambling they can kick you out.*

And:

*I've heard of self-exclusion, it is for three months ...*

Several people believed that self-exclusion is not culturally appropriate for Indigenous people and this cultural inappropriateness could act as a barrier to seeking this type of help. This cultural inappropriateness was largely concerned with the shame involved when admitting a gambling problem, especially to a non-Indigenous person:

*The self-exclusion isn't culturally appropriate for our people because they make you feel shame.*

### **General Help Services**

It was widely suggested there are few general help services available and no-one identified any general help services specifically for Indigenous people. It was typically acknowledged by participants that they do not know enough about what services are available in their region. However, general services offering information about gambling help were identified by around one-quarter of participants and these included Lifeline, financial services, relationship counsellors, medical centres, and doctors.

Some comments included:

*As for general services around here there's nothing that addresses gambling, nothing unless it's hidden within the help services, not that I'm aware of anyway.*

*There's Lifeline but not much else.*

*There's no-one around here that I know of that actually specifically targets that [gambling].*

#### **11.4.3 Motivators for Professional Help-Seeking**

None of the interviewees was currently utilising any professional source of help for gambling problems. However, insights into their likely use and what might motivate this were gauged by asking about how to recognise a gambling problem and what they would do if they developed one.

Most interviewees felt that they would know if someone was experiencing gambling related problems and suggested some signs would be: having no money; being nervous; becoming secretive; having no food; unpaid bills; neglecting children; asking for loans; hocking items; losing track of time; absenteeism from work; anxiety; and relationship problems.

One interviewee explained that for them:

*The sign would be definitely with the family, not feeding the family, not taking care of my own responsibilities at home first and shifting the priorities ... instead of schooling, education, home, I'm shifting it in other directions. Because you're spending too much time there at the gambling venue and you forgot everything else you want to do; it's something too when you can't provide for your family.*

Another two respondents also indicated that a sign of problem gambling would be 'a shift in priorities' such as not paying bills, the rent and so forth:

*Probably if I'm spending money before putting food in the kids' mouth or paying my rent and obviously priorities changing. As soon as my priorities change, I guess that would be it ... those bills, things like that ... my priorities changing of where I spend the money.*

*It's definitely a wakeup call if you're evicted from your house if you're not paying the rent or you get behind in car payments where they could re-possess your vehicle, so when it starts impacting the family in that way, shape or form.*

When participants were asked what they would do if they noticed these signs in themselves, a variety of comments were related to self-help strategies including budgeting and setting limits, and keeping busy.

Some comments included:

*I would try to help myself by setting a money limit and budgeting my money.*

*I'd do other things to keep myself busy; like just stay home and clean.*

Another said she would ask the family to help:

*If I see I'm starting to get a problem then I just back off, but if it comes to that stage where I start borrowing money, what I do, I give my children my keycard because they don't gamble.*

Only around one-third of the interviewees said they would seek professional help if they noticed signs of having a gambling problem themselves. Commonly, people said they would speak to family first rather than accessing professional help.

Most participants believed it would take a crisis situation for them to seek professional help and that they would need to hit 'rock bottom'. For instance, one said:

*That's when you hit rock bottom ... realising things are really getting to rock bottom and you've got nowhere to turn. ... That's the last resort to seeking that professional help because it's that self evaluation, people sit on that all their life, that denial, they'll deny it all the time.*

#### **11.4.4 Barriers to Professional Help-Seeking**

There were mixed responses when the interviewees were questioned why they might delay or avoid seeking professional help for a gambling problem. Reasons included denial of the problem, shame and embarrassment, lack of Indigenous counsellors and confidentiality concerns.

Some comments about lack of problem recognition as a barrier to help-seeking included:

*That is the hardest thing, the biggest thing. The first step to getting help is admitting you have a problem.*

And:

*A lot of our people won't admit to having a [gambling] problem.*

Of equal concern was the shame associated with gambling problems. Many participants were opposed to seeking professional help due to shame and embarrassment, with one noting:

*I would be too ashamed to go and talk to someone and I'd probably be too embarrassed.*

And:

*There is the shame of going for help. Shame is a big thing.*

To encourage Indigenous people to seek professional help for a gambling problem it was generally believed that services needed to be culturally appropriate and aware of Indigenous people's needs, including the importance of confidentiality. Confidentiality was said to be particularly important in small communities as evidenced by the following comment:

*I have to be comfortable with who I'm talking to and that it'll be confidential. Confidentiality is really important in a community like this one.*

#### **11.4.5 Non-Professional Sources of Help**

More than three-quarters of the interviewees agreed they would seek help from other people, such as family members, friends and other Indigenous people, before seeking professional help.

Comments included:

*I would go to immediate friends and family because you're close [to them].*

*My first port of call would be best friends, closest friends that you've grown up with because we don't get judged from friends.*

*Definitely family and friends. I would trust them.*

However, concern was raised by several participants about the reaction from family members if help was sought. For instance, one participant said:

*I'd be worried what families would say if I told them I had a serious gambling problem. There's also that shame factor too ... as soon as they knew the gossiping [would] start ripping through the family.*

It was also highlighted by several participants that they would not seek help from families due to other members of the family having gambling problems themselves. One respondent spoke about this aspect thus:

*I would never, ever go to my family because I will get a negative feedback because they all gamble too.*

Therefore, several participants commented that, because gambling is seen as a normal and acceptable social activity by many in their communities, this can act as a barrier to seeking help from family and friends.

#### 11.4.6 Self-Help Strategies

Several self-help strategies to control or abstain from gambling were identified by participants including: taking up new hobbies or interests; learning new skills, especially budgeting skills; avoiding gambling venues; and avoiding family and friends who gamble.

Taking up new hobbies or interests in an attempt to control gambling was the most common response with suggestions including bushwalking, fishing, undertaking volunteer work, playing sport and learning new skills.

One typical response was:

*To get over the urge [to gamble] I go out bush, go fishing.*

In relation to budgeting, one respondent said:

*It would help maybe sitting down figuring out how much I do spend and not just on a fortnightly basis, but on a yearly one because when you look at it it's pretty scary especially if you go and you spend like \$100 a fortnight which is \$200 a month which is \$2400 a year. If I knew that before I went in [gambling], then maybe I could go okay, I could save up \$2400 for a holiday or save it up for a car or let it sit in a bank.*

Avoiding gambling venues was another strategy spoken about by more than half of the participants, in both the Darwin and Cairns regions. A typical response was:

*I'd avoid the venues, just stay away from them. I would certainly just not go near the place.*

However, five participants (three from Cairns and two from Darwin) said that avoiding the venue would not be a useful strategy for them. For these five, gambling was thought of as a social activity that they do with family and friends. One of these participants explained that:

*I don't think I could stay away because it's a social place and you go there and you know everyone and you chat with them so I probably wouldn't do that [avoid the venue]. That's what we do, me and my friends, we go to the casino.*

Several participants spoke about avoiding family and friends who gamble as a self-help strategy with one participant stating that:

*I would avoid being with family and friends who gambled; I'd just have to stop being with them because they were everyday going in there just wasting more money and time.*

However, some people noted the difficulty of avoiding family and friends who gamble, as succinctly summed up in the following response:

*It's pretty hard to avoid people if they're close friends and family because it's part of our culture to be close knit.*

#### 11.4.7 Suggested Improvements

There were several suggestions to encourage Indigenous people to seek help for a gambling problem. These included: education and community awareness campaigns; teaching of budgeting skills; knowledge of available services; restricting accessibility to poker machines; and making gambling reforms a government priority.

Most interviewees thought that education and community awareness campaigns that are culturally appropriate, respectful and relevant would be beneficial and encourage help-seeking, particularly for the younger generation. Comments included:

*We need more community awareness, posters, TV telecasts and make the information more user friendly for Indigenous people so they can understand. This needs to be culturally appropriate too. And respectful [because] we've got a lot of pride too in our culture as well ...*

*More education campaigns so that our people learn what can happen with gambling.*

*Have a big day about it [gambling], to educate people. You're bound to get black fellas coming*

Another also emphasised the need for cultural relevance:

*We need Aboriginal programs, Aboriginal counsellors. We need to have better support within the community, preferably with people we're familiar with.*

It was noted that education needs extending to raise awareness about services available to people with gambling-related problems, including financial and relationship problems. Indeed, the lack of awareness about available services was identified as a key barrier to help-seeking. This point was succinctly spoken about by one person thus:

*People need to know where the services are, where the help is. Maybe set up a health centre that would link gambling help in with the local services and promote them more.*

Several younger interviewees in both Darwin and Cairns believed there should be education for Indigenous people at school about budgeting skills, the harms of gambling and erroneous beliefs about the likelihood of winning large sums of money. For instance, one participant said:

*There should be education at school with some financial budgeting so the kids know at high school that gambling is a problem and you might start off socially doing it and then you ... it's like you've got nothing else to do so you get into the habit where every time you get money you go and gamble.*

Another participant highlighted the erroneous beliefs that some gamblers she knows have about gambling and the hope it raises about solving their financial difficulties. She believes that education campaigns need to be directly targeted so that people have realistic expectations about winning money and knowledge that gambling is most likely not going to be the solution to financial problems:

*Many Indigenous people gamble to win money to pay bills because they think if you actually do win some money you're like wow, you can relax for a fortnight or a month with that money. We might think its entertainment but it's not, because for the majority of the time, you've got to put thousands of dollars in before you win a couple of hundred back.*

It was widely thought that community support networks are needed, as summed up in the following comment:

*There needs to be lots of support to help to monitor our money ... more awareness for Indigenous people and support networks [to] help in communities, along with education on the impacts it has on family and friends.*

Some participants commented that people are socialised by family to gamble and so education and community awareness campaigns need to be targeted on a broad community level, as noted by one participant:

*To break the gambling cycle.*



Many interviewees reported that gambling was an activity carried down from generation to generation and that families tend to gamble together as a normal social activity. One participant explained 'the gambling cycle' thus:

*Our mother and father, they never did anything else, they just had their card games. And then bingo came along so they all went to bingo and they're not doing the card games anymore and then pokies came along. That's how they all start off. Just the mothers and the fathers and grownups play and they let the little ones sit in with them and then they learn to play cards, they know how much money is brought in. That's where it all starts off.*

It was believed by several participants that the most helpful approach to education is for Indigenous people who have experienced a gambling problem themselves to tell their stories, including how they stopped gambling. For instance, one participant said:

*If you found someone who has hit rock bottom and they went back out, they got themselves out of that hole and stopped gambling, bring them along to a group and get them to talk to the people.*

It was suggested that some people have a gambling problem due to lack of activities and things to do generally. Therefore, it was felt that providing a range of activities would encourage people to seek help for gambling problems. Education about the problems that can be gambling-related could be incorporated into such activities. The younger interviewees, in particular, considered boredom problematic within their communities as reported in the following comments:

*There are no things set up where people can go and do stuff around here and it's pretty sad that it's so boring. We'd like a place where you could just go in and have a chat and afternoon tea and have group things and do activities, go out together. It could also encourage them to learn and talk about it [problem gambling].*

And:

*Our people just like gambling because there's nothing else for them to do. Even out on communities there are gambling rings. And there are kids involved in the community gambling as well ... no-one stopping them. They learn from school age and it continues on.*

Gambling was viewed by many participants as entertainment, and as a way to relax and forget their problems. Consequently, this view obscured the realisation for some that their gambling had become problematic. Therefore, it was thought that many Indigenous people consider gambling as a fun, social activity, rather than a problem. It was therefore noted that education about gambling needs to highlight that, while gambling can begin as a social activity and is indeed often considered as such, it may turn into a problem for some people.

This view was summed up by the following participant, who also said that gambling provides people with the opportunity to win money:

*Many Indigenous people use gambling as a way to get away from those other problems, and to be social to begin with. Gambling is fun, you've got the big screen ... and you could win. So we need education to show people the problems [with gambling].*

Conversely, it was understood by the following participant that:

*It's not social when you're sitting there zoned into that machine because quite often people don't want to talk to anybody else. They don't want anybody to bump, annoy them, talk or anything ... .*

Several interviewees asserted that many of the gambling problems amongst Indigenous people were due to the ready availability of poker machines at venues. Thus, restricting access was considered beneficial. The following comment reflects a view that poker machines should be banned entirely from venues:

*The government should take all the machines away because there are too many pokie machines everywhere for people, it's too easy to access them, too easy to press, it's just too easy.*

Interviewees also strongly felt that government policy needs to concentrate on problem gambling and prioritise gambling reforms, as explained by one participant:

*Actually working and concentrating on gambling is vital because at the moment there are alcohol reforms ... and things like but gambling doesn't get the respect or the acknowledgement from state and federal and territory governments.*

All respondents agreed that Indigenous gambling is related to a range of complex issues and needs. One participant explained the situation thus:

*Gambling is linked to other issues such as domestic violence and alcoholism. But it gets lost with all the other things like alcohol and drugs and doesn't seem to be taken as serious as some of the other issues.*

In a similar vein, another said:

*Gambling causes a raft of issues. Gambling is actually affecting all that broader stuff, whether it's through housing, overcrowding along with other stuff that could be also seen as the stress related stuff. It's all that stuff you don't see directly sitting at a poker machine that affects big time such as health, eating ... going away during your lunch break to try win an extra \$50.*

#### **11.4.8 Summary of Findings from Interviews with Indigenous Regular Gamblers**

Thirty-six Indigenous regular gamblers living in communities in and around Darwin and Cairns were interviewed regarding their views and experiences of help-seeking for gambling problems. All participants confirmed they gambled at least fortnightly with most reporting they gambled at least weekly.

Most participants in both Darwin and Cairns had heard of the National Gambling Helpline. While approximately half of the Darwin participants had heard of specific professional help services in the Darwin area, only one Cairns participant had heard of any gambling help service in the Cairns region.

Around one-third of respondents commented that telephone counselling was culturally inappropriate because Indigenous people reportedly tend to prefer to speak to someone face-to-face. Nevertheless, this view was not across the board, with some other respondents noting they would be willing to seek help over the telephone.

Awareness of other professional help services, such as gambling support groups, internet counselling and self exclusion was limited. Some interviewees believed these help services are not culturally appropriate for Indigenous people due to the shame and embarrassment involved when admitting to a gambling problem, especially to a non-Indigenous person. It was noted that more education about available services was needed.

Most participants believed that gambling venues provided only limited help for people with gambling problems. People, commonly felt that venues predominantly provide information about

the gambling helpline number. Around one-half of the participants had heard of self-exclusion, but responses reflected that the details of the process were unclear.

It was widely suggested that there are few general help services available and no-one identified any general help services specifically for Indigenous people. Thus, it was generally acknowledged that participants do not know enough about services available in their region and this lack of awareness is a barrier to help-seeking. However, general services offering information about gambling help that were identified included Lifeline, financial services, relationship counsellors, medical centres and doctors.

Most participants felt they would know the signs of gambling-related problems, including: having no money; being nervous; becoming secretive; having no food; unpaid bills; neglecting children; asking for loans; hocking items; losing track of time; absenteeism from work; anxiety; and relationship problems.

However, most interviewees believed it would take a crisis situation for them to seek professional help and that they would need to hit 'rock bottom'. To encourage Indigenous people to seek professional help for a gambling problem it was generally believed that services need to be culturally appropriate and aware of Indigenous people's needs, including the importance of confidentiality. More than three-quarters of the interviewees agreed that they would seek help from other people such as family members, friends and other Indigenous people before seeking professional help. Conversely, it was highlighted by several participants that they would not seek help from families due to other members of the family having gambling problems themselves.

Many participants noted that gambling is largely seen as a normal and acceptable social activity. Thus, this normalisation of gambling is a key barrier to recognising a gambling problem, and in turn, to seeking help.

Several self-help strategies were identified by participants. These included: taking up new hobbies and interests; learning new skills, especially budgeting skills; avoiding gambling venues; and avoiding family and friends who gamble.

There were several suggestions to encourage Indigenous people to seek various forms of help for a gambling problem. These included: culturally appropriate education and community awareness campaigns; teaching of budgeting skills; raising awareness of available services; restricting the accessibility of poker machines; and making gambling reforms a government priority.

## **11.5 Findings from Interviews with Family Members of Indigenous Regular Gamblers**

This section analyses data collected from face-to-face interviews with 11 family members of regular Indigenous gamblers. Six were from the Cairns region and five from the Darwin region. An interview schedule designed to examine the experiences of family members' in relation to gambling problems of a significant other. In contrast to the focus in Chapter 6, the family members interviewed for this chapter focused on their role in helping the problem gambler, rather than in seeking help for themselves. All interviews were recorded and transcribed with participants' permission.

This section focuses on the comments and experiences expressed by the 11 family members to provide insights into help-seeking behaviour. Examples of issues that impact on Indigenous regular gamblers from the point of view of the family members are provided. Responses from participants in the two regions are combined, as they did not differ significantly between the two regions.

### 11.5.1 Characteristics of Interviewees

All participants confirmed they had a close family member who gambled at least once a fortnight, with frequency ranging from almost daily to once a week, with payday being the most likely day. Amongst the 11 interviewees, all but one believed their family member had a problem with gambling. The types of preferred gambling activities included poker machines, card games, wagering and keno, with the most popular type reported as poker machines. Family relationships were wide ranging and included parents, spouses, siblings, in-laws, cousins, children and an aunt.

### 11.5.2 Encouragement to Use Professional Sources of Help

Participants were asked if their family members developed a problem that was impacting on themselves or the family what they might do to try to help them. Various sources of professional help were discussed.

#### Counselling and Other Agencies

In relation to seeking professional help such as counselling, relationship or legal advice, calling the gambling helpline or going to a GP or other professional, ten of the 11 participants said they had previously encouraged the gambler to seek professional help. They reported that all the gamblers' responses to suggestions of professional help were negative. There were various reasons given for not taking up this type of help, including the gamblers' denial they had a problem, lack of available services, lack of awareness about available services, refusal to seek help, the shame associated with problem gambling and, from a cultural perspective, the inappropriateness of suggesting help to an Elder because it would indicate a lack of respect.

Some interviewees explained their family member simply refused to seek professional help. This sentiment was expressed in the following comment thus:

*I tried to refer him to someone, to Lifeline, but he had no interest in it. He just said, "No, don't be stupid".*

Not recognising a problem existed was a common reason for not seeking professional help. For instance, one participant talked about their family member being in denial about their gambling problem and noted that:

*We always tell him we know he has a problem with it [gambling] but he doesn't listen and I don't think he'd ever go to professional help. He just thinks there's nothing wrong with it. He says that [his gambling] is his lifestyle and what he does.*

Others noted that they did not know that services specifically for gambling-related problems existed, with a typical comment being:

*I know there're men's groups around where men can sit down and discuss things, but I didn't know that was for gambling or whatever. I didn't know there are services for the gambling problems.*

Shame was another reason given for family members not seeking professional help with one participant, who had encouraged the family member to seek help, noting that:

*They knew what it [counselling service] was all about and knew what to expect, but they wouldn't go to it because of the shame.*

The inappropriateness of suggesting help to an Elder, as it would indicate a lack of respect, was another reason given for not taking up professional help. The following comment reflects this situation:

*Given the culture side of things, it's not appropriate for me to do that to him ... to say you have a problem; you need to go and see a counsellor.*

### **Support Groups**

Seeking help for a gambling problem through mutual support groups was not viewed as a popular choice of help for the majority of the family members, even if they had heard of them. Reasons included cultural inappropriateness, shame and location constraints. One interviewee explained:

*I actually rang GA and got all the information sent to her [the family member] and she actually received it when we were home. However, she just threw it away, didn't want nothing to do with it.*

The following participant commented:

*I didn't realise there was such a thing as self-help groups like Gamblers' Anonymous. I knew about Alcohol Anonymous*

While several participants reported they knew of support groups for gamblers, it was commonly believed that such groups are often not culturally appropriate. One participant asked:

*How many black people have you seen in AA or GA?*

Similarly, one participant believed joining a self-help group such as GA would be helpful for their family member if there were other Indigenous people attending the group:

*It would definitely be a very good help mechanism for him [family member]. If there were other Indigenous people that he could associate with to go to those sort of forums, he'd probably feel more relaxed and comfortable.*

Another respondent, who knew what GA groups were all about, noted that shame was the reason their family member would not seek help through a mutual support group:

*They [their family member] wouldn't do it; they wouldn't go to GA because of shame.*

Geographic location was also believed to make seeking help through groups difficult because, as one participant whose family member lived in a remote area suggested:

*The issue is, where she is they don't have access to GA and those sort of groups. There just aren't any.*

### **Self-Exclusion**

Three interviewees had encouraged their family member to exclude themselves from the gambling venues they frequent. For instance, one respondent said:

*I could advise her on that [self-barring from venues] but whether she takes that option is up to her. I'm aware that some people have barred themselves.*

However, the suggestion to self-exclude as a useful strategy for their family member was met with mixed responses. For instance, it was reported by one respondent that self-exclusion would not be an effective strategy for their family member because:

*He sees going to the venue as a social thing and a place to have a yarn, they all eat there and there's family there.*

There were various other reasons why respondents would not encourage their family member to avoid or exclude themselves from the venue including venue accessibility, cultural influences and doubt about venue enforcement. One person explained:

*She has her own car and the club is like right next to her work.*

Another interviewee believed it would be futile to suggest self-exclusion to their family member due to cultural influences:

*It's like that cultural thing too. The other siblings, they're the Elders now in our age group because our grandparents have passed away, we wouldn't ... I wouldn't even be game enough to say that. With the kids, yeah it would be important to encourage avoiding venues, organising support because one or two have started to show those behaviours now.*

Another person was doubtful that self-exclusion would be effective due to uncertainty about venue enforcement:

*From what I can see, I think they [the venues] wouldn't enforce the rules. ... The bottom line is they want to make a dollar.*

### **11.5.3 Encouragement to Use Non-Professional Sources of Help**

When participants were asked about providing help for a family member or friend who had developed a gambling problem, most said they would seek help to find out what assistance they could give. For instance, one respondent believed they would:

*Get some education of a support group if it was available that would enable me to gain more knowledge and understanding so that I could make (family member) aware of the difficulties and risks that are associated with gambling.*

Another said:

*I just try and give her my support and talk to her because I guess I know a bit about gambling. I could talk her through some of the stuff and give her information and where to get help.*

One interviewee was concerned about intergenerational gambling and how addressing problem gambling needs to be made a priority in Indigenous communities:

*You see them with alcohol and drugs. But gambling ... you're losing money. Something has to get done sooner rather than later or it's just going to go through the generations.*

One person firmly believed that support within communities was vital:

*It is important that we are supporting each other and being there for each other. It's been a support mechanism to say 'There's more to life than this gambling on pokies, there's a beautiful world out there'.*

Another interviewee thought it was essential to openly discuss gambling issues and inform their family member because:

*Gambling isn't only affecting him [the family member] but those around him. I'd say to him this is how you're affecting your sister, your mother, your father and in turn it even affects me too being outside the immediate family group.*

There were mixed responses as to whether participants would encourage family members to turn to other people, such as family, friends, church ministers, community leaders or Elders, for help. Some interviewees considered that trust is an important factor in seeking help and that people may be

more likely to trust a family member, for example, rather than someone they did not know. For instance, one interviewee thought:

*When he discussed his gambling problems with people that he trusted, family members, friends, it went alright, it was obvious at that time that he gave up gambling because he was coming home quite regularly, waiting for his wife at my place.*

Conversely, another said:

*We've asked his aunty to go and speak to him [but] if anybody speaks to him, family members, it falls on deaf ears. [So] help would have to come from an outside influence because speaking to family goes in one ear and out the other.*

Nevertheless, it generally appeared that gamblers often preferred to talk to people they know, such as family, due to issues of trust, as well as confidentiality concerns and shame. One participant noted:

*They talk with family members they know because in a small community there's confidentiality [concerns] and shame.*

For others, it was pointed out that seeking help for a gambling problem from family members was not useful because some families gamble together and gambling is considered to be an acceptable and normal social activity. This view is highlighted in the following comment:

*Her other siblings are just as bad as what she is, so when they gamble they gamble together ... the other siblings, well they reinforce that behaviour to gamble. For her, talking with her siblings wouldn't be helpful.*

#### **11.5.4 Encouragement to Use Self-Help Strategies**

The interviewees revealed several tactics in attempting to encourage family members to use self-help strategies such as better budgeting and taking up different interests.

In relation to budgeting one interviewee explained:

*I always try to encourage budgeting, especially with my family anyway, because we all have big families so it's hard to depend on each other because we have the same amount of kids. I suggested we try things like, if you're going to go to the casino you're only allowed to go there with a \$100 strategy and I told them to leave the keycard at home.*

Taking up different interests was another popular strategy identified by participants. One interviewee described how:

*We tried to look at other activities to take up that gambling time because sometimes we need to look at a different activity that gives him the same sort of thrills, so we tried fishing.*

Another said:

*I've been in this situation myself. The biggest thing is to take yourself away from the situation ... the environment. After a while you don't miss it. As humans I think we're very habitual so if we can do something for a while we get into the habit of it but if we don't do it for a while you don't miss it. All you can do is try to put something else in place to cater for their needs.*

#### **11.5.5 Motivators for Help Seeking**

The main motivators and triggers identified for family members seeking help for gambling problems included if the person involved: had no money; they were not going to work; they were borrowing

money; and they experienced a change in personality, for instance changes in their mental health. Participants tended to believe they would only seek help for their family member when the situation was at crisis point. For instance, one participant noted that:

*If it got so bad where he's stealing stuff to sell then I would get help for him.*

For one participant whose family member's gambling was becoming problematic related how their concern over mental health had been the trigger for help-seeking:

*It was getting serious, to the serious end where he got frustrated and fed up. The trigger to seek help was that they were on the verge of ... I think suicide might be too strong a word, but his mental health was suffering.*

### **11.5.6 Barriers to Help Seeking**

According to the interviewees, there were several barriers that would delay Indigenous people from seeking help for family members with gambling problems. These included cultural factors, shame, not feeling it is appropriate to approach an Elder who has a gambling problem, and denial of a gambling problem.

One interviewee said:

*People find it really hard to raise to an older person the fact that they might have a gambling problem. In some families the person with a gambling problem could be a senior person, an Elder, and the younger family member doesn't want to approach that person because of the status.*

Indeed, it was generally agreed there are cultural factors that come into play when dealing with gambling issues and help-seeking. These cultural issues, along with the inappropriateness of approaching an Elder about a gambling problem, were reported to include the shame of admitting to a gambling problem. One person noted:

*There are cultural influences in addressing those issues and probably a lot of the delay in addressing those issues is the shame factor.*

It was also clear that the interviewees believed a significantly common barrier to help-seeking was denial of a gambling problem. One participant explained that:

*They don't see it as a problem because it could happen only twice a fortnight in terms of payday comes and payday goes. So the next fortnight payday comes and they're doing the same thing again, wasting all their money.*

Two participants believed there were no barriers for them to seek help because of the supportive relationship they have with their family member. They said:

*I can talk to him already, support him, trying to help him out the best way I can, I suppose.*

And:

*I'd jump in pretty quick because we're such a close knit family; we're always there to support each other no matter what.*

### **11.5.7 Suggested Improvements**

All interviewees agreed that avenues for gambling help for Indigenous people could be significantly improved. Suggestions included: raising awareness about the effects of gambling through education and community campaigns; education about financial management; attending to concerns about



confidentiality; addressing gambling as one of a range of issues; raising awareness of services; instilling self esteem and confidence; and amendments to government policy.

Comments about raising awareness of the effects of problem gambling included:

*We need to try to make the awareness of gambling and the effects of gambling known through education.*

*What we probably need to do to help members of our communities is to get more education and knowledge of the problems of gambling ... especially pokies. So then we could sit down with them to let them know the risks that are associated with pokies and gambling ... so more education and understanding.*

*It just comes back to that awareness and education and it should be starting with the young ones.*

Interviewees commented on the potential of developing awareness campaigns geared to local Indigenous people. Suggestions included:

*An awareness campaign could be through sport as a vehicle [with] high profile sports people.*

*We could do stuff that's culturally appropriate, that's pictorial instead of reading and writing ... we could do DVDs that's shown around to the communities or through promoting on the TV.*

The importance of providing culturally appropriate education programs was also noted by the following participant:

*We need more education programs and awareness that's relevant; it should also be culturally appropriate to the communities and just try not to have the one shoe size fits all approach. Individualise it, tailor it too for the different communities.*

A lack of education, particularly regarding financial management, emerged as an issue. As noted by one family member:

*There's nothing at school about managing finances [and] if you don't learn it in your family then you miss out.*

Of concern to several participants was the need to address gambling problems in combination with a range of issues and complex needs. This was clearly explained by a family member thus:

*What is needed is to show how gambling could be seen as a symptom with a whole range of things, whether it's people who are homeless, a whole range of issues stem from gambling. Gambling is just one of many issues so we can't just fix the gambling. We have to fix the alcohol, we might have to fix the money management, we might have to fix drug problems, we might have to fix domestic violence or mental health or families, relationships. We've got to try and design programs that cover the field of issues.*

It was also a common contention that people are unaware of what services are available, as highlighted in the following responses:

*People really don't know where they could go for help because it's not widely publicised.*

And:

*Services need to be out in the community and more visible.*

The general lack of culturally appropriate services was also raised. It was thought that:

*For Indigenous people that's the biggest problem out there, access to services ... access to culturally applicable services out there. They're flat out just getting normal government services like Centrelink and basic counselling services.*

*At the moment there's nothing. But it's important that Indigenous people have somewhere to go where the environment's right, the cultural aspect's right, the venue ... so people can approach a comfortable place to say 'I'm struggling with this part of my life.'*

And:

*We need more Indigenous specific people out there to help setting up support networks and Indigenous services. That's really, really important to improve access to help.*

Confidentiality concerns were viewed as being part of the cultural appropriateness of services. For instance, one respondent believed:

*It's important that there is confidentiality ... because that's one of the big issues about feeling comfortable with confiding.*

Several interviewees believed it is essential that services work together to provide much needed services for Indigenous people. Comments included:

*More Indigenous service providers should all come together and just work together to actually say, 'hey our people do have a [gambling] problem, what are we going to do about it? Let's start doing something.'*

*Services should work together. Other help services should involve gambling in their screening with other problems because alcohol and drugs are out there whereas gambling is not really out there ... it's hidden. How're you going to identify a problem gambler if it's hidden?*

It was thought that many Indigenous issues, including gambling, are related to low self esteem and lack of confidence and skills. This point was raised by several participants and is reflected in the responses below:

*It comes back to self esteem and building yourself up to take on the opportunities when they present themselves.*

*Indigenous people need to have the confidence and the skills too, I suppose. For example, if there's a program or a project ... there's a building project for the houses, that individual who has self esteem could take the responsibility for those projects and transfer the skills over. So they've got some sort of sustainability for later on in life.*

A final avenue of improvement identified was that governments urgently need to reform policy to address issues surrounding problem gambling. This sentiment was clearly asserted by the following participant:

*Governments aren't even seeing it. If governments aren't seeing it how can we expect people in the community to see it? It needs to be taken to high level politicians to say, this is a social issue and it's important.*

### **11.5.8 Summary of Findings from Interviews with Family Members of Indigenous Regular Gamblers**

Eleven family members of regular Indigenous gamblers, all living in communities in Darwin and Cairns, were interviewed. All participants confirmed they had a close family member who gambled at least once a fortnight with frequency ranging from almost daily to once a week.

Most participants reported they had previously encouraged their family member to seek professional help; however responses to suggestions of professional help were negative. Reasons given for not taking up professional help included denial of a gambling problem, lack of available services, lack of awareness about available services, the shame associated with problem gambling, inaccessibility to services due to geographic location and, from a cultural perspective, the inappropriateness of suggesting help to an Elder because it would indicate a lack of respect.

Seeking help for a gambling problem through mutual support groups was not viewed as a popular choice of help by most participants. Reasons included cultural inappropriateness, shame and location constraints. Similarly, self-exclusion was not considered by most to be culturally appropriate.

There were mixed responses as to whether participants would encourage family members to turn to other people such as family, friends and community leaders for help. Some reported that people may be more likely to trust a family member, rather than someone they did not know. Conversely, others suggested that talking to family and friends would not be helpful as family members themselves may gamble.

Participants suggested several approaches to encourage family members to use self-help strategies such as better budgeting and taking up alternative interests. The main motivators for seeking help for gambling problems included having no money; absence from work; borrowing money; and change in personality. Participants tended to believe they would only seek help for their family member when the situation was at crisis point.

All participants agreed that avenues for gambling help for Indigenous people could be considerably improved. Suggestions included: raising awareness about the effects of gambling through education and community campaigns; financial management; attending to concerns about confidentiality; addressing gambling as one of a range of issues; raising awareness of services; instilling self esteem and confidence; and amendments to government policy.

## **11.6 Chapter Conclusion**

This chapter has provided a range of perspectives and experiences from the viewpoints of Indigenous-focused counsellors, Indigenous problem gamblers in treatment, Indigenous regular gamblers and family members. There were more similarities than differences amongst these perspectives.

Clearly, Indigenous gamblers appear to rarely seek help before a crisis, which is typically financial. Thus, the negative impacts of their gambling are sustained and borne by themselves and their families and underpinned by a cultural tradition of helping one another. Strong barriers of lack of problem recognition, normalisation of gambling, opportunities to borrow funds, beliefs in luck and winning, lack of culturally appropriate services, inaccessibility of services in some locations, and concerns over confidentiality undermined seeking help from professional sources. Like non-Indigenous gamblers, shame and stigma were also significant barriers. It was often significant others, financial counsellors, other services or the court system that prompted people to seek professional gambling help. Given the apparent interlinkages of problems, including those which are gambling-related, a more integrated model of service delivery that address multiple problems in a broader family or community context and that places more emphasis on agencies working together and avoiding silos, would appear potentially beneficial. Further, there was also evidence that awareness of gambling help services amongst Indigenous regular gamblers was generally low. Questions were also raised around the cultural appropriateness of online and telephone services, self-exclusion, mutual support groups and non-Indigenous face-to-face services, even though, of the four gamblers

in treatment, three were using telephone counselling and one was using a face-to-face counselling service.

However, it appears that Indigenous gamblers more readily seek help from family and friends, although a problem can be that these people also gamble. Yet many family members reported that they encouraged their significant others to seek help, although this advice was not often heeded. Thus, there is an opportunity to better educate the general Indigenous population about how best to assist significant others with a gambling problem.

Self-help gambling strategies were sometimes used, with common ones identified as: taking up new hobbies and interests; learning new skills; taking care of health; employing budgeting skills; avoiding gambling venues; and avoiding family and friends who gamble.

Suggestions to improve help-seeking for gambling problems by Indigenous Australians included providing culturally appropriate education about problem gambling, budgeting, help services and what counselling is to remove perceptions of judgement and lack of confidentiality. Cultural awareness training for counsellors was advocated as well as more Indigenous-specific signage and other materials and better Indigenous role models, especially by Elders. Several interviewees called for gambling reforms, including restricting poker machine gambling itself.

However, it must be noted that the Indigenous Australians who participated in this study were recruited in urban areas. It is likely that there are differences in both the gambling behaviours and help-seeking behaviours of urban compared to non-urban Indigenous people. For example, Indigenous Australians in remote areas may not have access to many forms of commercial gambling and may gamble more on card games, and they may also not have access to gambling help-services. These factors could impact significantly on help-seeking behaviour for gambling problems.

# **CHAPTER 12**

## **RESULTS FROM INTERVIEWS WITH CALD COUNSELLORS AND CLIENTS**

### **12.1 Introduction**

This chapter is the last of the qualitative chapters and indeed all results chapters. It focuses on interviews with counsellors working with CALD people and some of their clients.

### **12.2 Findings from Interviews with CALD Counsellors**

This section analyses data collected from 21 problem gambling counsellors who work within CALD communities in Sydney and Melbourne. Eleven individual interviews were conducted and the remaining ten counsellors were part of two focus groups, the first comprised of three counsellors and the second, seven counsellors. Ten of the individual interviews and both focus groups were conducted face-to-face, using a series of open ended questions designed to explore motivations, barriers and pathways to help seeking behaviour for clients who are involved with these counselling services. The final individual interview was conducted by telephone. All interviews were recorded and transcribed with respondents' permission.

The responses are discussed below using the broad questions asked of the respondents as the focus of analysis. These questions focused on the key characteristics of the counsellors and their clients; help seeking patterns (stage of seeking help, motivators and barriers); pathways to help seeking (referral process, earlier forms of help accessed, treatment provided); other services accessed by clients (specialised gambling services, general professional services); informal sources of help accessed (self help, family, friends, religious or spiritual groups) and finally, suggestions for improvements to services. Within the body of this chapter, general summary comments are followed by individual quotes that add depth and meaning to the analysis.

#### **12.2.1 Counsellor Characteristics**

Of the 11 counsellors interviewed individually, most reported that they saw clients predominantly from one cultural group. Two counsellors worked mainly with Chinese clients, two with Italian clients, two with a variety of Yugoslavian cultural groups, one with the Greek community, one with Vietnamese clients, and one was a general financial counsellor with no specific cultural affiliation. Another two identified themselves as seeing clients from a range of cultural backgrounds. In addition, one interviewee had a primary role as manager of a multicultural resource centre. Some of those interviewed worked in specific cultural support agencies and some worked within generalist community resource centres.

Eight different cultural groups were represented in the two focus groups: Arabic, Serbian, Turkish, Bosnian, Vietnamese, Sri Lankan, Egyptian, and Lebanese. The focus group in Melbourne was conducted with counsellors who offered problem gambling services to CALD clients within a large generalist community service centre. In Sydney the counsellors interviewed in the focus group were part of a large mental health centre. They serviced a wide range of cultural groups across NSW.

All those interviewed (apart from the financial counsellor) saw their role as incorporating an element of community education in addition to face-to-face counselling.

Although it was generally acknowledged that each counsellor did have a specific cultural knowledge, clients were often seen from across the broad range of cultural groups. Further, even within specific cultural groups, it must be noted that there are different regional and religious groupings and different waves of migration that impact upon help seeking behaviours and attitudes.

It is not possible in this report to detail all the differences noted across cultures. However, it is prudent to extract general comments that apply to more than one cultural group that enrich understanding of the help seeking process, and then to provide examples of specific issues that impact upon certain cultures in their quest for help with their gambling.

### **12.2.2 Counsellors' Client Characteristics**

Most interviewees found it hard to say definitively how many clients they saw over a specific period of time. Referral and intake statistics are taken initially, but many clients are referred within a service, thus making it difficult to know how many clients are seen by a single counsellor. In addition for two of those interviewed, the service was within its first twelve months of operation so client statistics were not available.

It was generally considered that gambling was a large problem area, often hidden and not addressed until a crisis occurs. Thus one counsellor from the Greek community commented that:

*I can't give you a number just that it is a very significant problem in our community and that I think it's worse than having a drug and alcohol problem because there's so much shame attached to it. I actually think the numbers don't reflect what's out there.*

However, it was possible to identify some significant differences across different cultural groups. All the counsellors indicated that it was rare to see anyone under 30 years of age, with some groups (Italians, Chinese and Greeks) identifying those over 50 years of age as particularly well represented within their clients.

From the Chinese community it appears that men seem to dominate the client numbers, but in the other cultural groups the numbers are more balanced. It is notable that women mostly play poker machines whereas men are more likely to access multiple types of gambling. Thus, gambling at the TAB, on card games, at casinos and on gaming machines were all well represented in most male groups. Bingo ranks highly for Italian women, whereas Chinese men seem to gravitate towards the casino and gaming machines more frequently, together with betting on horse racing. In addition, this latter group engages with family members in card playing and Mah-jong. However, it must be acknowledged that these are simply anecdotal and not verified statistics.

### **12.2.3 Stage in the Development of Gambling Problems When Professional Help is Sought**

Without exception, all the counsellors indicated that their clients come to them at a stage when their gambling is causing major problems for them. They have often engaged their families in assisting with financial support but have generally reached crisis point.

One counsellor commented that:

*Nobody and I mean nobody comes too early. That's across cultures. People come when they're being evicted.*

And from another:

*Most of them come late so there's already been a fair amount of financial stress so their day to day living would have been affected*

#### 12.2.4 Motivators for Professional Help Seeking

There was much similarity across the different cultural groups in regard to motivating factors. Thus financial stress and subsequent crises seemed to be crucial factors that brought clients and family members to counselling.

A typical comment was:

*Their day to day living would have been affected, they may be behind in bills, they may have some credit cards that they're struggling with or there may have been a loss of job or reduction in hours and they're not coping. It's usually financial and particularly with men it's almost always a financial trigger.*

Similarly:

*When they're bottoming out. They realise they can no longer avoid the problem, they have to face it.*

One counsellor noted health concerns as a trigger:

*The elders they have nightmares and their life, their health ... so when they start fighting, they start questioning their health like "why am I so nervous, why am I so angry, why I can't sleep anymore" and then they start to ... because they're already old. They start going to the GP but they don't say what they have so the GP tries to help them but it's very hard.*

Often family members provide the motivation for the client to attend, once the gambling problem has been exposed to the family. The gambler will have engaged the family members in helping financially to a point where the family is being adversely affected and then insists on the gambler seeking some help. Many counsellors commented that it was parents of adult children who initiated this rather than partners.

One counsellor commented specifically in regard to the Greek community that:

*Typically I've seen parent/child interestingly rather than couples so the son or daughter might come in with mum or dad or may have referred mum or dad and they would be the contact or the child has a problem and the parent comes in with them. They might be living at home and so that's how it's impacting on the parents so they may have, in a couple of cases there may be ... "if you get help I can support you to pay off your debts and I'll give you some financial help to get out of debt but you've got to go and see somebody and I'll make sure you see somebody because I'll come in with you".*

In regard to the involvement of family members in prompting help seeking one other comment suggested that families are at times complicit in preventing acknowledgement of the problem but then when the crisis looms, they do assist the gambler to seek help.

Thus as one comment suggested:

*If a member who has problem gambling, most family members like brother or sister or wife or husband or their parents, they give them money to pay off the debt. And this has a further consequence on the gambler's side which is they do need to take responsibility for their gambling behaviour. So you're just nurturing the gambler to gamble, to gamble progressively and more and more until to the point that the family's finance gradually worsens and become affected and they just ask the gambler to seek help from a problem gambling counsellor and also to contact us about the gambling in their family.*

However there was a sense that for some, they really didn't want to stop the gambling, not seeing this as a problem, they just wanted either help managing their money or they simply wanted to stop losing.

One counsellor said succinctly:

*A lot of them don't want to stop gambling. They want to stop feeling poor.*

Similarly, again from the Chinese community, it seems that the motivation to come to counselling is not specifically to stop gambling, but to stop the problems that are filtering through to the family.

Thus:

*Because most Chinese people, if they have families in debt, the cause is family difficulty, not for their gambling problems. So if their finances are all fixed up they just disappear, we can't contact them anymore. It may be about 70% of such people they never think they have problem gambling. What they admit is the gambling, from the gambling they lose a lot of money and because of the gambling they also commit some crime and they may be sorry about that. But after that but after the crisis is over, they think they don't have any commitment to sort their problem gambling.*

A counsellor who specialised in financial assistance saw that the prime motivator was financial help but encouraged the clients to look beyond this to personal counselling.

He said:

*So when they arrive to a point that they're struggling so they come because they understand, they know that the resource is also some kind of help for financial help. So they come for that and sometimes they become involved for their emotional parts so we offer counselling.*

### **12.2.5 Barriers to Professional Help Seeking**

Barriers to seeking help for problem gambling were concentrated around issues of shame, guilt and fear of blame. However there were some specific cultural issues that impacted on these barriers.

All the counsellors expressed that their clients were afraid of being recognised within their communities as having a gambling problem, and this made them reluctant to reach out for help due to fear of recriminations and feelings of shame and guilt. Thus, confidentiality was a major component of any initial counselling session, being necessary to allow trust to develop between counsellor and client.

A typical comment was:

*You might live somewhere that there are a lot of Greek people who see you in the neighbourhood and they might see you here and that creates a little bit of anxiety for some people.*

And consequently:

*As a person as someone you can trust and I'm not going to talk to Steve who knows you from church or whatever. I guess that's affirmed if we've had a good relationship and then you've gone off and then you've told the next person.*

Another counsellor said:

*Because the community is a huge community, the Italians, they are afraid that they might see them coming here or just talking to me could be something that would tell the population they have a gambling problem. So anonymity and confidentiality is a huge thing. I think face-to-face contact, it's very important.*



This was compounded by a fear of bureaucracy and government involvement in people's lives. This could be related to prior experiences in their country of origin particularly for those seeking refuge in Australia from terrorist activities.

Thus, as one comment clearly stated:

*I think the big thing is confidentiality and perception of government services as well, so we're not perceived as a government service. We might get funding from the government but sometimes there's a lot of suspicion and suspicion about how their information is going to be used or will Centrelink know what's going on and will it affect their income if you tell this other government organisation about whatever.*

And similarly from another counsellor:

*Another thing that I found very difficult is to let them sign the contract. This may include permission in case of urgent matters or to just to update the address that we have. It's very hard when it comes to signing. They're very sceptical with the signing.*

Guilt or sense of failure is another real barrier that was mentioned by a large majority of counsellors interviewed.

Thus as one said:

*It is expected for the parents to be good bread providers, to do the right thing all the time, to keep it all together and somehow when they reach 50, middle age crisis, they can't keep it all together for different reasons.*

And another:

*It's guilt. The Italians, especially this generation they are proud of being good workers and good housewife. That's the way they're proud of themselves. So if they admit to having a problem with gambling obviously their identity shakes and they're not going to be good workers or good housewife. That's what stops them. The guilt and the community, the fact that the community ... their families ... it's shameful to have a son to admit, especially for the women. Shame and guilt.*

Stigma was related to this, and connected to a lack of understanding about what counselling is, with the latter followed up in later comments about how to improve counselling services for problem gamblers.

The stigma associated with counselling is expressed in the following comment:

*A stigma. "If I go and see her, I'm not sick. I'm not mad." But probably someone who is not a psychologist but a counsellor can provide at least the first help and then it's referred to other people.*

Below, a comment from within the Chinese community specifically indicated how there appears a lack of understanding and consequent resistance to seek counselling help.

*Because gambling problem in Chinese culture is a very strong stigma and also counselling is a very strong stigma in Chinese culture. It's not quite like in Western countries. A non-Chinese person, they may try to see a counsellor for advice to improve themselves, to get better understanding, to just talk about their future. They're quite willing to see a counsellor but Chinese people think counsellors are useless. What the counsellor tells them, they already know. It wastes time to see a counsellor.*

Interestingly the Chinese community seems to have a specific view of gambling and gambling problems that affects their help seeking behaviour. For Chinese men, gambling in itself is not a

problem, indeed it is considered a positive thing. There is a sense that by gambling and winning money you are 'beating' the government and not paying tax. Thus, gambling is encouraged by families.

For example:

*By winning money or do some business otherwise you're just winning a small parcel of money and pay a large amount of tax to the government, you never get rich. This is the way.*

Within the Muslim community gambling is taboo and forbidden within the Koran, thus admitting to gambling behaviour, let alone a problem, is very difficult.

*It's more complex to go into that. For them to accept, to let you know they have a problem because gambling is culturally taboo. They are ashamed also to come forward. So my role is more extreme and preventative ... they are ashamed of what their neighbours and people in the community might be saying. People from their communities might be playing Lotto but they don't know this is gambling also. It's more passive. So they're afraid of being judged by their peers.*

One counsellor talked about the problems of the worker in this situation, and how it could be addressed:

*You see, gambling's forbidden. We can't be going out and talking about gambling in a poster. We've got to make straight up front, it's forbidden, and it's in the Koran. ... And in the end we had to negotiate with them because they wanted something quite extreme and we thought, well it's a government funded campaign and we had to negotiate it so we said that gambling can threaten your faith. That's the way we got around it. We found that especially through the research phase in the Muslim communities, we found that even though there are strong prohibitions against gambling, that it actually made problem gambling even more hidden. And we found that in the Iraqi community there were stories about the men in particular going off to, on the other side of Melbourne to gamble because they were afraid that in their community areas they might be seen.*

Finally, one counsellor considered that the barriers were general human conditions rather than related to specific cultural issues:

*I think it's very similar to barriers to other things; shame and stigma and the feeling that they should be able to do this by themselves .... It doesn't matter whether they're from East Heidelberg or Timbuktu. I think that's very much part of the human condition. There might be some instances where it's heightened sense of shame because they're not meant to be doing it in the first place. I wouldn't make too much of that.*

### **12.2.6 Referral Pathways to Professional Sources of Help**

The way in which clients move into professional counselling is now discussed in relation to the referral process and the earlier help they have sought. There was general consensus amongst those interviewed that clients tend to seek help (financial) from family first, or visit a financial counsellor prior to being referred to personal counselling services.

Thus as one counsellor commented:

*They're pretty much family orientated and probably the family will be the first one to ask for help and support.*

With regard to financial counselling, many had been referred through financial counsellors, as is illustrated below:

*It depends on the financial counsellor, how skillful they are, I get referrals from them. Yes, definitely. They are less ashamed to talk about their finances than their personal issues.*

However one counsellor suggested that they do not receive enough referrals from other agencies in general:

*My gut feeling is we don't get a lot of referrals from other agencies who should be referring people to us. We don't get many referrals from the relief network type operations but we should be. Or homeless agencies or things like that. Whether it's because it's not the presenting issue and it's like "ok we need to get this one fixed before we fix this problem." I don't know what it is but we should be seeing more people coming across from family services type arrangements. We should be seeing more people coming through from domestic violence.*

Some clients do come via self exclusion programs, but not many:

*Yes, some of my clients somehow learn about self exclusion program and then they're referred to self exclusion. They have self exclusion and then they decide to come to counselling.*

Others come directly from general practitioners, who they seem to visit as they identify themselves as suffering from depression:

*They have some general talk with their GPs, just general about depression without disclosing the gambling issues. They have some support from their GPs or some from their psychiatrists. But it's interesting, they don't disclose gambling. Even to the GP or psychiatrist.*

Other pathways to help were identified by specific counsellors, but these did not seem to relate to culturally based issues.

For those who did a lot of community based work, this was a rich source of referral:

*Many are from the media, from the radio, newspaper.*

And from another:

*I did lots of interviews on the radio and I did lots of articles in the newspaper because of that limited amount of time and I advertised my phone number so initially my clients contacted me directly and they would keep the number for months before they picked up the phone.*

And another included gambling helpline in her discussion of referring agencies:

*Sometimes they call the Gambling Help and then Gambling Help refers to me. The majority of the time they've heard my voice and they have read the newspaper or the newsletter that we send to the community itself. I think radio and newspaper are the greatest source.*

For the Vietnamese counsellor, the referral and intake process was discussed quite specifically:

*There are two priority pathways. Because it's a bilingual response, the e-checking model goes straight to me. It doesn't go to Central Intake. So when a person who requires assistance, they can call a Central Intake number which goes directly to me and they can speak to me whether it be in English or Vietnamese and then I initiate an initial appointment and then they come in for an assessment. Some of my clients are justice related so they've done something illegal and they've gone through the justice system and they're referred through by their correctional officer or parole officers.*

This same counsellor commented that clients seen had not been referred via self exclusion:

*My clients do not self exclude. A couple have with me but none of them have self excluded previously.*

Only one counsellor said that the priest or self help groups are a source of referral.

### **12.2.7 Treatment Methods**

The prime method of treatment used was based on a Cognitive-Behavioural approach to counselling.

For the Italian clients, the counsellor spoke in some detail about the approach used:

*They're very visual people so I find that I use a lot of whiteboard. I draw the behavioural chain ... I go with them and I try to see what happened before they gambled, before and after they gamble. So I try to make it visual as much as I can because there's also another component, they have a very low education or they don't have education at all. So they often think that I'm a doctor. You have to make it very simple and at the same time it has to be effective. I make it very simple for them but visually it's very important because they can see it and they can remember what they do. When you draw what they do, their behaviour, their feelings and thoughts. It's amazing how they just realise and say "Wow, this is exactly what I do" and then they go home and think about this. Some of them, they want the copies so if they want I can give them copies depending if the partner knows about it. And it's very interesting because then you can really play with that.*

Most counsellors said they were able to see clients on an ongoing basis, allowing them to offer long term and follow up sessions. However, for the Chinese culture, the stigma of counselling impacts strongly on the role of the counsellor, who is unable in many cases to involve the client in long term counselling.

This is expressed below:

*Gambling in Chinese is a stigma too so they try to minimise the number of times they visit. They're not like the Western people where a gambling family member may have 5-7 sessions. Chinese may attend 2, they don't think they need it so they usually come for 1 or 2 sessions and then we lose contact.*

One counsellor described working with family members:

*The family member is the primary contact. So if both the family member and also the gambler are willing to come and see us, on the second session we may see them separately, maybe by two different counsellors but most likely the family member usually comes to see us for the first time only and the second time maybe just the gambler.*

Others had a more general humanistic approach, or were more inclined to be eclectic in approach:

*Well it's client focused so our staff obviously do an assessment and understanding the needs of what the client wants, what they want to achieve, what they're concerned about, assessing financial, behavioural, social kind of issues, looking at family of origin, looking at family structure, health background and all the rest of it and then working from a very base foundation of their safety first.*

And:

*They may for example, a relaxation course, they can do something for the garden or some art group or something that puts your mind ...*

Also, education was a role incorporated by many of the counsellors within the counselling treatment program as indicated below:

*I think the major thing is each counselling session needs to have a component of education about the gambling industry, the chances of winning, how machines operate. Just an educational part. It puts people in a better place to make an informed decision.*

### **12.2.8 Other Professional Sources of Help**

The counsellors were asked about clients' awareness, and the cultural appropriateness, of other professional services in their localities. A number commented on general gambling counselling services but acknowledged that they were not culturally specific and thus their clients would neither know of them nor use them.

For example, as one counsellor from the Greek community said:

*Well there're the mainstream gambling services like Wesley and Lifeline and all the usual gambling mainstream services. There's also the Multi-Cultural Problem Gambling Service which is based in Cumberland Hospital. They don't do Greek but I think they can do Greek if a Greek person doesn't want to see us for whatever reason; they might know someone or it's too close. I think they can support other languages.*

Some of the counsellors themselves worked in generalised agencies but with a multicultural focus. This seemed to work well as it reduced the sense of stigma attached for a client who was either referred or self referred.

Thus:

*Yes, so there's nothing out the front that says problem gambling service and if you sit in the reception area there's cancer care, there's home care. So you could really be coming for any number of reasons so you're not identified. You're coming because it's Greek and that's okay. You can be coming to us about your mother's pension or something really not emotionally laden.*

Some areas had good agency cooperation, and clients benefited from this holistic approach within a cultural grouping. However the extent of services is acknowledged as still lacking in many areas.

Thus, talking about professional services to the Macedonian community, one counsellor acknowledged what was available but also the need for an increase in service provisions:

*Four or five GPs. Just GPs, not a health service in general. Just GPs. My GP is Serbian and she's brilliant but I go to her for that reason. You have to wait four hours to see her. They are inundated with clients from all these ex-Yugoslavs. I think there are five in the region who are GPs. No health services, nothing specific. In this region we have a Macedonian welfare association. It's a help for older people, they provide some planned activities groups for the older people and we have some in this region, planned activities groups, adult day care centres for older clients. We have all that support, just age care support, respite services, in-culture respite. So we have all that for the aged population but not health service. It's a big one. And we don't even have nursing home unfortunately ... there's a big need in the community but with all this multiculturalism, whoever has the money, they do it multicultural nursing and then it's very hard to get funding just for the specific culture.*

Another comment highlighted the integrated approach of professions in the area:

*I refer to Sydney Uni when I had people from different background and very severe problems. When there're financial problems I'm in contact with Wesley Mission. Luckily I never had people with legal problems but I have a list of legal aids that they can use. I'm very well in contact with the Greek community so we do things together. We do cross-culture activities.*

*I'm not aware of any other service. Ah, multi-cultural gambling at Parramatta. But they generally, if something happened to them they'd pass it to me.*

### **12.2.9 Help Seeking Behaviour from Non-Professional Sources of Help**

Family seem to be the most common informal support networks accessed, with many of the counsellors interviewed commenting on the importance of family support. However, in the early stages of help seeking, family can compound the problem by lending money and keeping 'the secret' from others.

Thus as one counsellor said:

*If you can call alleviating a problem by borrowing money for rent from friends and family to the point where their friends and family no longer want anything to do with them, yes. They're just saying they're in financial difficulty and borrowing money and burning their bridges at the same time. When the family finds out why the money was being lent or just realising then it's not being paid back and never will be paid back then ... maybe that's a trigger.*

However, on a more positive note, one counsellor expressed how family members can be crucial for clients:

*A mum would typically present to her doctor and start crying of chest pains and say how stressed she is about her son's gambling or the financial situation or whatever's happening. She might have a similar conversation with someone in the church. I think she may do that a few times and it might take a few goes before she's actually then moved on a bit to see if she's strong enough to seek help. And often it's a bit of a process as well so someone might get some information and give it to the person first and then they might have a think about it and then that person might come with them.*

Similarly, local volunteers can act in a similar role:

*I had a woman the other week, she's a volunteer and she brought someone that lives in her neighbourhood. She actually came with her and introduced him and did the kind of setting up, facilitating, making it easy sort of stuff. So I think there's probably for the family, there are a few steps that happen and things probably escalate as well. So things are escalating and then they're trying to see where they can go and then through the community and through trying a few different things they're getting the same sort of direction.*

The church and other spiritual supports are not generally used by clients. Many cultures have experienced religious 'splits' within their church and religious groupings and this has caused some problems for those seeking help.

Thus, specifically within the Greek community it can be seen that:

*... there are very few Greeks who consider religion to be an important part of their lives. Very few of them are practising Christians or Orthodox. They may go to church Christmas Eve, the weddings, funerals but they don't actually, they couldn't tell you anything about the Bible, they couldn't tell you anything about significant days and religion doesn't play an active role in their lives.*

However, the same issue for the Chinese community is viewed very differently:

*Their religious leaders are a great source of support and resources for a whole range of things including their problem gambling and we work very closely with the Chinese community and spiritual leaders to educate and get the message across about feeling confident about seeking help with the confidentiality.*

A more general comment was made by one counsellor in relation to spirituality, support and help seeking:

*I suppose they offer guidance as any spiritual leader would and if the clients find that they want to rediscover their spirituality then I recommend that they go and attend formal sermons or things like that. Well I don't know if they'd actually go to the church leader for counselling or for anything to do with their gambling, I think they'd go there as a way to, as an alternative to gambling behaviour.*

GA was mentioned by a few of those interviewed but, although many clients did know of this organisation, only one had been a member largely due to language barriers:

*Yeah I know Gamblers' Anonymous for gamblers. All of them know about them, it's in English. I think if they speak English obviously they would check it out. I would agree with you because of all the shame and stigma.*

However, one counsellor talked about a client who had been a member of GA for many years, but this was unique amongst those interviewed:

*One out of the ten clients is an avid attendee of Gambler's Anonymous. He's been attending for years and he swears by that and it works for him and he's also becoming involved through my recommendation in a therapeutic facilitated group and he's doing very well there and also in the re-making meeting program that we have through the service here. He's very open and he's a very social person and quite an extrovert and I think it says as much about his personality as it says about his gambling.*

### **12.2.10 Suggested Improvements**

When asked about improvements that could be made, four main issues arose: ways in which counsellors can become more culturally aware, ways to educate the community about problem gambling and available services, education about the nature of counselling, and more services and funding to be provided.

#### **Ways to Improve Counsellor Training**

Suggested improvements in counsellor training largely focused on sharing of knowledge by those working in or identifying with specific cultural groups. Thus it was emphasised that:

*I guess it's because we're aware of the roadblocks, we're trying to remove them by being flexible and constantly being mindful that it's not an individual, it's family, it's community and all that sort of stuff around individualist culture versus collectivist culture, so that's kind of automatic with us.*

Cross-cultural training is highly valued by this counsellor:

*If I go out and I educate the community about services but I come back to my team and I share a lot of little details with my colleagues ... So what we did, once a fortnight we go and have a cross-culture training day. We bring things from our culture: food, music, costumes and little bit of history, the values, the family, how family operate and we would just teach our colleagues and that secondary consultation it's always so ... the learning opportunity to learn from each other is priceless. That's something we have in our team and I think that was the purpose of multicultural group as well to provide the resources and knowledge for other people in the service.*

## **Community Education – Gambling and Available Services**

This counsellor felt the frustration of not having the time or resources to commit to a clear community education program:

*There are always more that you want to be doing. I think we're not doing really well with the young people so it would be great to be able to focus specifically and access places where they go to and be able to give them information or education or promotion, whatever. Women again, I think we can still be doing more work with women and a lot of it is promotion, education, it's that kind of balance between do you stay here and make appointments and see clients or do you take time out? It's that juggle of trying to do all of it.*

Knowledge of what gambling is and the problems it can cause was another area widely mentioned in terms of improvements:

*Probably more discussion about gambling. I feel like I'm the only one that talks about this, my voice is coming back all the time. Probably more talks. Even on the radio. It doesn't have to be me.*

## **Education about the Nature of Counselling**

This is problematic for some cultures that see it as a failure to have to go for counselling. This is highlighted within the Chinese culture by one of the counsellors:

*I think to make them know what counselling is, it's not the counsellor who fixes the problem. You would have to commit yourself to have a therapeutic relationship with the counsellor and also to be responsible for your own behaviour. Because most Chinese people think that going to see a counsellor they have done something wrong, they are very bad people, they can't help themselves. In China there is a saying that "for your own body, for your own business".*

## **Resources and Funding**

Always an important issue, this was frequently raised by those interviewed as is shown in this comment:

*I would say more ... it all goes with funding. More community workers to promote the service, more counsellors to promote the service because it's not easy to engage with the community to pass the message on. I would say more funding. More resources but more translated materials. More workers.*

A general comment summarises the importance of engaging with the community in order to improve the ability of services to meet the needs of different cultural groups:

*I think if these people trust us, they will surely ask for help if it's identified as a problem. But community education is crucial. It's not only educating them about problem gambling, about risks associated with gambling, but we try to divert their attention to offers and other services. I'm encouraging them, for example this organisation has projects. If they don't have soccer shoes we try and give them some money. Even if it's not to buy the whole shoes, just help them and give them some shorts or t-shirts, socks, shin guards or pay part of their registration, negotiate with the embassy for example.*



### **12.2.11 Summary of Findings from Interviews with CALD Counsellors**

The preceding analysis has discussed responses from counsellors representing a range of different cultural groups in both Melbourne and Sydney. They raised issues relating generally to the problems encountered by their target population in their patterns of help seeking for gambling problems.

It appears that most clients experience shame and guilt in regard to their problem gambling, inhibiting their ability to seek out informal sources of help prior to the gambling causing major problems for themselves and their families. Family members, when approached by problem gamblers, tend to offer financial support to alleviate the immediate problem and only reach for help to stop the gambling once a financial crisis has emerged.

Some cultural groups do not see the gambling as a problem in itself, and once the financial crisis is resolved, fail to continue with counselling, and often fall into a repeat pattern of problematic behaviour. Some cultures have major problems with religious or spiritual taboos that present them with a dilemma in admitting to their behaviour. Other cultural groups experience a lack of religious or spiritual guidance due to philosophical conflicts that cause major splitting of religious groups in their community. For all clients, confidentiality is a major stumbling block as they are concerned about being identified within their community and the subsequent shame experienced.

Clients do not generally seek to help themselves whilst the gambling problem is developing, either believing that gambling is not a problem or that they do not have a problem with the extent of their gambling. Thus, self-help measures appear not to be used at all during problem development.

Help seeking is generally sought for financial assistance with little understanding of the underlying problems. Thus, clients are more concerned that they don't want to be poor than wanting to change their behaviour.

Improvements suggested focus around education, of counsellors and of the communities in regard to the nature of problem gambling and the nature of counselling, together with increases in funding and resources being made available.

Finally a single quote from one counsellor, recording a client's comments is indicative of the lack of awareness and need for change within many CALD communities:

*I had this lady, she came to me and she said "my nephew stopped smoking three years ago and he just used patches." She asked if I had patches for gambling to stop gambling. So there is no awareness of what gambling is.*

## **12.3 Findings from Interviews with CALD Clients**

Interviews were conducted with six problem gamblers who identified themselves as from CALD cultures. The following analysis is organised around the responses to questions asked of each participant. The questions included information on the client; the type of help currently being received; motivators and barriers to help seeking behaviour; previous professional help services used; informal sources of help used; self help strategies used; and suggested improvements to services. Included within these questions were aspects of help seeking specific to their cultural group.

However, as the numbers interviewed from specific cultural groups was small, the following analysis does not identify issues specific to each culture represented. Instead, it is noted that there were some very similar issues commented upon that seemed to be common across those interviewed.

### 12.3.1 Client Characteristics

All six people were interviewed by telephone. All approached the researcher after being informed of the research by their counsellor in Melbourne. Two were Italian, two were Samoan (they were a married couple), one was Chinese and one was an Indian Muslim. Four were in their thirties; one was 20 and one 46 years of age. Four were married and two were single. Three worked part time (one of whom was also a full time student), two worked full time and one was unemployed. Five of those interviewed identified poker machines amongst their most prevalent type of gambling. One mentioned only gambling on casino poker games. Two only used poker machines, and three participated in multiple types of gambling including, TAB, illegal card games, internet gambling, blackjack online and in the casino, Texas Hold'em poker, Tatts lotto and Keno.

### 12.3.2 Professional Sources of Help and Referral Pathways

All the participants had been, at some point, engaged in face-to-face counselling. Five were currently receiving counselling. Four had been to counselling at least once with a relative or friend. Two had seen the notices in venues and had rung the Gambling Helpline who had then referred them to local face-to-face counselling services; the others had gone along to an agency that had been found by their relative or friend. One noted this was a community based gambling service for their specific cultural group. One had received multiple types of help over the years, including medication (Naltrexone) and a hospital based treatment program. One had moved from face-to-face individual counselling to a group based therapy setting that was very costly but worthwhile.

Only two of those interviewed had received help previously. One had self-excluded from the casino, which had worked for that venue, but the problem remained and thus counselling had been initiated. One had a long history of help seeking activity over a number of years, including as indicated above, medication, hospital therapy services and individual counselling.

Three noted that the location of the face-to-face counselling was of great significance, in that being nearby and easily accessible was very important to them. One was dissatisfied with counselling and had found problems with availability of counsellors; one specifically said that the counsellor was not knowledgeable about the specific cultural issues that were important. The participant who had been on medication had found it difficult to obtain a continuation of scripts and found that problematic. Four had found the counselling to be beneficial overall. All had been offered ongoing face-to-face counselling with no limitations on how many sessions were available. Two were seeing a counsellor once a week and four were seeing the counsellor fortnightly at the time of the interview. One did note that it would be good if there was access to support outside of the counselling session, and three were aware of online or telephone support available to them for immediate support if needed.

Below is a sample of comments from the problem gamblers interviewed in regard to the service they were currently receiving or had in the past received.

*Why this one? I took a pragmatic approach. It's my local service and it's only about 10 minutes drive from where I live so that was the main reason. The accessibility issue of not having to travel too far and in different times of day.*

Similarly according to another participant:

*Someone else I knew had actually done the course and they recommended that I do it because they knew what I was ... what my problems were. It really helped them so they recommended it to me. Obviously I had to pay for it. It cost me about \$1600. It was basically all group stuff. There was a practical component and that was one on one with them. It was for three days full-time.*

The participant who had been involved with a hospital based program noted concern that the focus was on poker machine gambling predominantly. Thus he said:

*Satisfied - Little things. The biggest thing and my big bugbear, bearing in mind you're talking to someone who's been through the gambling hospitalisation course at Flinders Medical Centre and their outpatient program. That was to address my poker machine issues. Initially I signed up to address all forms of gambling but it specifically targets only, and this is my biggest bugbear, only the poker machine side of things.*

Others talked about the counselling process:

*Individual counselling, it was just me and my sister-in-law attending the counselling session along with me.*

And:

*I rang up the Gambler Helpline, that's when they started helping me. Things were getting worse and then I rang them up again and that's when I started to really get the help. From here they actually put me through to a counsellor to help because I was behind in my rent.*

### **12.3.3 Motivations and Triggers for Help Seeking**

Interestingly, only three of the six interviewed identified financial issues as the prime motivating force behind them seeking help. For four, family issues dominated, although one did include shortage of money as an additional precipitating force.

Thus one of those interviewed was very concerned about the effect gambling was having on time spent with family members:

*I realised it took up a lot of my time and I would prefer to spend that time with my husband and my son as opposed to what my father did and deserted his family. I didn't want to do that. Because it got to a point where I was just ready to leave my husband and I didn't want to leave my husband knowing that it was my fault and that my son was going to suffer the consequence without having dad around.*

The same person acknowledged that a similar situation had arisen in her family of origin and she didn't want to repeat that pattern. Thus she said with great emotion:

*I've just realised how much it's affected my family. Because my parents broke up over it predominantly. So I didn't want my family to end up in the same boat. Oh it is, it is. But I think I'm just strong enough to do it on my own now.*

Two participants said they had been motivated when they heard the stories retold by reformed problem gamblers. One had found an internet support site that included such narratives, and the other had seen a TV program that showcased the stories of problem gamblers:

*One of the things on a current affairs program they talked about, I remember one thing that sticks in my mind, I heard of some tragic stories, there was one girl who gambled away her parent's property at the pokies. There have been people who committed suicide because they lost money in the casino that kind of thing. These kinds of things stick in your mind. These stories tend to stick with you when you hear that.*

And the other said:

*It's more I think just reading about people's personal stories online. People who have gotten help and who had a problem before. There are different websites where people have testimonies online so it's mainly online reading I think.*

For others, it was family or community members who prompted the help seeking activity as is illustrated here:

*I did try myself and stubbornly refused to see a counsellor until my mother insisted that it would be a good idea.*

Similarly, when asked if they had stopped before, one of those interviewed said:

*Anything stopped you before? - No, no. Just my wife said this and I agreed with my wife.*

A similar story was recounted by another participant who said:

*For me, one of my major triggers is basically through my gambling I lost my daughter. My ex-partner took off with my daughter, I haven't seen her in 10 years.*

One young man had been trying to hide his gambling, but a member of the community, who he owed money to, had notified his family of his debt and this prompted him to seek help. He recalled how:

*I was hiding it. But unfortunately there were some elements around or just trying to take revenge on me so they just let my family know about it. The thing is, it worked good for me.*

Financial problems still loomed high on the list of motivating factors however as can be seen in the following comments:

*Just financial. I had trouble paying bills and there were accountability issues around money and just noticing that I was spending more time on it and not comfortable with the amount of money I was spending on it. Those were alarm bells ringing that I needed to see someone to talk about it. In this case, seeking this kind of help, being accountable to someone and also how you spend your money. For instance if bills are coming, you need to budget for them and other expenses and gambling should always in the background. It shouldn't be focused on. It's more the accountability, being responsible with how you spend your money in a responsible way.*

And:

*I've got two young kids, I need food on the table, I need to pay my rent, I need to pay my bills so that's the mindframe I'm getting into now.*

#### **12.3.4 Barriers to Help Seeking**

The most significant barriers for those interviewed were pride, shame and embarrassment. This can be seen as related to specific cultural issues including religious, spiritual and general cultural mores. It was considered embarrassing to have let down family and community and this made it hard to admit to the gambling and associated problems. This was expressed clearly by one participant who said:

*Asian culture, particularly in Chinese culture, luck is something that's a major factor, it's a part of the culture. Chinese people have certain beliefs. I'm sure you're aware the number 8 is lucky and the number 4 in Chinese means "death". All these are superstitious beliefs mind you. I'm sure you may have heard of them ... Just other things like in the Asian culture obviously the way that the family structure in Chinese families emphasises achievement. Achievement is very important and another thing is not to bring shame upon the family. Another term that is commonly used is if you're losing face, you have to appear to the community in a positive way, it's important not to bring shame upon the family.*

More generally stubbornness, shame and embarrassment were expressed:

*It was more the stubbornness preventing me from taking the first step.*

And:

*Island people, they have a lot of pride and are too scared to ask for help because the pride gets in their way. And it's the pride that gets in the way and they're too ashamed to ask from my experience.*

### **12.3.5 Informal Sources of Help**

As indicated above, family and community were very significant in prompting access to services; however it was rare for the problem gambler to approach them until it was a crisis situation. For example, comments made were definite about approaching family and friends for help:

*Family and & friends - No.*

And:

*Family and friends - No, not really.*

This was related for one person to religious upbringing. She said:

*It depends on how the families view the activity of gambling. I know in my case my mother had a very strict Catholic upbringing and she is very against gambling so that would be different for someone else who had maybe a different kind of upbringing.*

One person expressed a lack of understanding being shown by family when he said:

*And he just says to me "Oh, I don't think you've had lots of wins, why do you want to stop?"*

Another tried to talk to friends but found them lacking in understanding:

*I spoke to my friends and then I said to my friends, I'm not allowed to play pokies anymore. Me and my wife we called the city and banned ourselves. And they said "why did you do that?" I said "me and my wife we needed help, if we still do it, we can't feed our kids, we can't pay the bills, we can't pay the rent, they'll kick us out for something like that."*

However one participant did find support from the local community as expressed below:

*I told my work colleagues and that's how they supported me. We do go to church and our pastor gave us support and we have gone down that line and he has helped us out at one point because know that things got worse and that we have gone to counselling because we tell our pastor and we know whatever we tell is in confidence.*

### **12.3.6 Self-Help Measures**

When asked what sort of things they did to help themselves before reaching out to counselling, some expressed how they had tried various self help techniques, but with little success.

Thus one said:

*Hobbies - Yes, that was one of the problems I used to have. I used to spend a lot of time in the TAB years ago, not lately but this is going back a number of years and that was because at that time it filled some sort of void. That's important. At that stage I didn't take up activities which was a problem. To some extent, just trying to do different hobbies and activities that I'm interested in.*

Some had done very little to help themselves

*Not take credit card - I've done that a few times. Budget - no. Hobbies – no. Not go out with friends - I try to now. I don't go out with my neighbour. She has a very big gambling problem. She's lost like, probably something ridiculous like \$60,000 / \$70,000 in one year. Avoid venues – no*

And as another of those interviewed said, many things had been tried but to no avail:

*Pretty much the full gamut over the years. Bearing once again that I'm approaching 46. Books - That's why I went to uni. As far as that I think it would be pretty difficult to even do any more than that because I used to immerse myself in that information and that was actually a very good deterrent because it was a stigma. Avoid venues - Yes. Helpful - No. They all could be but for very limited periods of time.*

### **12.3.7 Suggested Improvements**

There were some concrete suggestions regarding possible improvements to services. For one participant, cultural awareness was an important element for counsellors. Thus he said:

*Maybe the counsellors need to have more experience maybe in their training to expose them to different cultural paradigms before they become counsellors so when they start to meet the people in the community who have these problems.*

He also thought bilingual counsellors were needed; however it is notable that this was not mentioned by any other of those interviewed here:

*Bi-lingual people are important*

According to another cultural awareness was also of significance:

*If they understand the cultural link. I don't just mean one culture from another, I mean across the board. I know for a fact that the Asian culture, massive in their gambling, it's not the gambling, it's the cultural relevance.*

Two participants thought that follow up was lacking and important for them. For example one said:

*The counsellors could consider in the initial stages regular follow ups. Even just a phone call to see how the clients are doing just to show that they're connected to someone who can help them. Initially it's difficult so they need that greater follow up at the start. Not an emergency number just a 1800 number and they put you through to a different person each time so there's no connection there in terms of what stage you're at so maybe that's something they can look at.*

Similarly one other participant said:

*Those periods when, for example the other day, there was no-one at Centacare. Other than ringing up and knocking on their door and it's closed and then you go in on a Wednesday for example and it's a training day and there is only one gambling counsellor between Swan Hill and Renmark so there's about 150 miles and everything in-between.*

Hearing stories was again mentioned and the importance of those stories being from within the community was highlighted here:

*I think maybe even actually having some of the actual Italians who have gone through those issues. Like as a spokesperson within a group. I think that would be very beneficial because obviously the support there is a big thing. And if it's someone that comes from ... that's of the same culture I think would make a big difference. No. Like I said, I think if you had a group session that actually had an Italian person that had gone through the experience, Italians*

*seem to listen to Italians. I've been in the wedding industry and I have lots of Europeans come to me because they seem to deal with each other a bit better.*

Finally, it was thought by one person that family members' support is vital within the counselling setting. He said:

*Just ask for one family member who should be there because people around him should know what they are doing and obviously they have their eye on the gambler, they get drawn.*

### **12.3.8 Summary of Findings from Interviews with CALD Clients**

Problem gamblers from across four different cultures were interviewed regarding their journey of help seeking. Although it is not possible from this to form definite conclusions regarding specific cultural issues, it is possible to draw out some general points for consideration.

Help seeking is an activity that occurs very late in the problem gambler's career and is often precipitated by family or community. Often face-to-face counselling occurs together with another person, either family or friend, as a support.

It is not simply finances that prompt this help seeking activity, it is often the fear of losing family or community respect, or fear of loss of family time or membership that finally prompts the problem gambler to reach for help.

The pathways for the problem gamblers interviewed were through either initial telephone contact to face-to-face help, or via family and friends to local community based services.

Although it is interesting to note here that concern regarding cultural issues were not specifically dominant in the interviews conducted, this was still seen as a priority when improvements were suggested. Story telling appears of importance to some, who benefited from hearing the stories of recovered problem gamblers. Access and availability was crucial, with a lack of follow up in between sessions noted as a problem. All those receiving counselling received a minimum of fortnightly sessions and there seemed to be no restrictions on the time that counselling could continue. This is an important element in service delivery options.

The journey to seek help for CALD problem gamblers is therefore seen to be compounded by cultural values that emphasise success, pride and responsibility. These factors need to be understood by the community, workers and counsellors in order to address and encourage earlier referral to counselling services

## **12.4 Chapter Conclusion**

The focus in this chapter has been on help-seeking amongst the CALD community, as drawn from interviews with counsellors working with CALD communities and some of their clients.

Professional help-seeking for gambling problems appears to invariably occur late in problem development, if at all, and is usually triggered by financial crisis. In fact, problems associated with gambling appear to be framed as financial problems, with clients typically wanting a solution to their debts rather than help to resolve a gambling problem. This lack of problem recognition appears to stem from beliefs that gambling is a good strategy to make money and religious taboos on gambling itself, coupled with cultural values that emphasise success, self-reliance and pride. However, help-seeking is also prompted by fear of damage to family relationships and community respect, but often delayed due to shame and fears over confidentiality. Further, once the financial problems are resolved, some clients seem reluctant to address the underlying cause, which is the gambling problem.

There was also evidence that strong family ties and a desire to keep the problem hidden prompt family and friends to extend funds to the gamblers, often exacerbating the gambling problem. There also appears limited use of self-help measures during problem development. Thus, severe crises generally develop before professional help is sought.

Suggestions to improve help-seeking by CALD gamblers focused around education of both counsellors and the communities about the nature of problem gambling and the nature of counselling, along with increased funding and resources for CALD services.



# CHAPTER 13

## DISCUSSION AND CONCLUSIONS

### 13.1 Introduction

This chapter is the last of this report and brings the study's results together to explicitly address the requirements of this project, as established by Gambling Research Australia in the project specifications.

### 13.2 Help-Seeking Behaviour

This section summarises and discusses the findings in relation to the first of the requirements for this project, which was to investigate the behaviour of those who seek formal and informal help for their gambling behaviour. For the purposes of this study, formal help is referred to as professional help, while informal help is separated into non-professional help and self-help.

#### 13.2.1 Professional Help-Seeking Behaviour

Professional sources of gambling help examined in this study comprise gambling-specific services, including face-to-face, online and telephone gambling help services, as well as mutual support groups and venue assistance for people with gambling problems. Professional help also includes generalist help services that may provide advice or assistance with a gambling problem. These include general practitioners, relationship, financial and legal services, alcohol and drug services, and migrant and ethnic support services. Key findings are now summarised in relation to awareness and use of these services.

#### Awareness of Professional Sources of Gambling Help

For the five different types of gambling-specific professional help services about which respondents were asked, overall awareness amongst all respondents was low. It was highest for gambling helplines (39%), followed by venue assistance (31%), face-to-face services (27%), mutual support groups (14%) and online services (10%). Awareness was generally higher amongst the two samples recruited through help agencies (helpline callers and problem gamblers in treatment), but lower amongst the two samples of regular gamblers (NTS and CALD samples).

In relation to generalist help services, a little over one-quarter of all respondents were aware that information and help for gambling issues were available from general practitioners (27%), relationship counsellors (27%), financial counsellors (26%), and alcohol and drug services (26%). Lower awareness was apparent for legal advisors (18%) and migrant and ethnic support services (12%).

Amongst the four PGSI groups, the problem gamblers were most aware of the professional types of services available for gambling help, with the exception of face-to-face counselling services in their region. In relation to generalist help services, the problem gamblers were more aware than the other PGSI groups that financial counsellors can provide information or help for gambling issues.

Men were more likely than women to know about online counselling services, but awareness of online counselling was very low amongst both sexes. Respondents in the 18-39 year old age group were more likely than those aged 40 years or over to know about telephone gambling help services

and that gaming venues can offer assistance for a gambling problem. Those living in urban areas were less aware than non-urban residents of face-to-face counselling services in their region.

There was also evidence that awareness of gambling help services amongst Indigenous regular gamblers was generally low, and questions were also raised around the cultural appropriateness of online and telephone services, self-exclusion, mutual support groups and non-Indigenous face-to-face services. The CALD survey and interviews also revealed very low awareness of gambling-specific professional help services, but higher awareness of generalist help services as a source of advice or assistance for a gambling problem.

The above findings point to low awareness of professional sources of gambling help overall, but particularly amongst regular gamblers, CALD gamblers, Indigenous gamblers and older gamblers. Although all forms of gambling help could benefit from more publicity, this is particularly warranted for face-to-face counselling agencies, online counselling and self-exclusion, which have low levels of awareness amongst gamblers, but offer potentially effective forms of help.

### **Use of Professional Sources of Gambling Help**

Help-seeking rates from professional sources of gambling help were examined in relation to the five survey samples and the samples with whom interviews were conducted. Key findings were that:

- Of the 242 regular gamblers in the national telephone survey, 0.4% were currently seeking professional help, and 5% had ever sought professional help.
- Of the 170 gamblers who had recently called a helpline, 59% were currently using some other form of professional gambling help and 28% had used professional gambling help in the past.
- Of the 48 family members who had recently called a helpline, 19% were currently using some other form of professional gambling help and 4% had previously used professional help.
- Of the 110 problem gamblers in treatment through face-to-face counselling agencies, 77% were currently receiving help from at least one other professional source and 70% had previously received professional gambling help.
- Of the 208 CALD regular gamblers, 9% had ever sought professional help for their gambling. The interviews with CALD counsellors and client revealed that professional help-seeking for gambling problems appeared to invariably occur late in problem development, if at all, and was usually triggered by financial crisis.
- The 10 recovered problem gamblers had all sought professional help as they were recruited through Consumer Voice, but had tried self-help first, reached a crisis point and then had family or friends support them to seek professional help.
- Data from the Indigenous regular gamblers, gamblers in treatment, family members and counsellors indicated that seeking help from professional sources was very low amongst Indigenous gamblers, and often precipitated by financial counselling, by attending other services or by the court system.

The preceding results indicate that rates of help-seeking amongst the non-treatment samples (NTS and CALD samples) were very low. Only 4% of the problem gamblers and none of the moderate risk gamblers in the NTS sample were currently receiving professional help for their gambling, while 22% of the problem gamblers and 5% of the moderate risk gamblers had ever sought professional help. Only 8% of both the problem gamblers and moderate risk gamblers in the CALD survey had ever sought professional gambling help. The results also show that professional help-seeking amongst problem gamblers was less common amongst younger people, unmarried people, employed people and those living in non-urban areas.

However, the results for the survey samples recruited through professional help services (helpline callers and the treatment sample) indicate that once contact had been made with a service or helpline, the majority of these gamblers then used additional or alternative forms of professional help. Thus, it appears that once the gamblers had been motivated to reach out for professional help, many were willing to try a range of sources.

Amongst nearly all samples, face-to-face counselling was the most widely used type of professional gambling help, followed by telephone helplines, but it would be misleading to provide exact figures because many respondents were recruited through these services. The next most commonly used types of professional help were mutual support groups, used by 7% of all respondents, and self-exclusion, also used by 7% of all respondents. However, results from the Indigenous-focused interviews suggested that mutual support groups and self-exclusion were generally not considered culturally appropriate, and the CALD survey and interviews also indicated low use of these options. Few respondents had used the other types of professional gambling help examined in this study.

Clearly, there is scope to improve rates of professional help-seeking amongst problem and moderate risk gamblers, and particularly those from CALD and Indigenous populations. The low rates of professional help-seeking for gambling problems found in this study align with previous studies that have found that fewer than 10% of people with gambling problems in any one year seek professional help for their gambling (Delfabbro, 2008; Productivity Commission, 2010). They also confirm findings that rates of help-seeking from professional sources appear particularly low amongst Indigenous and CALD populations (Cultural Perspectives, 2005a, 2005b).

Low awareness of help services is no doubt an impediment to seeking professional help and suggestions are made later about raising this awareness. However, this study indicates that the advertising of gambling helplines is probably the most effective current strategy for raising awareness of professional gambling help, as concluded earlier by Delfabbro (2008). However, this is not to suggest that advertising of other types of professional help for gambling-related problems should be ignored. Indeed, gamblers who do seek help tend to use more than one type of help and there is evidence that particular cultural groups prefer some types of help over others. Although there is only moderate evidence to support the efficacy of different types of professional help for gambling problems, the Productivity Commission (2010) concluded that any type of treatment seems better than none, irrespective of its form. Further, a meta-analysis of 22 outcome studies concluded that research has generally found efficacious short- and long-term outcomes for those completing formal gambling treatment (Pallensen et al., 2005). Thus, raising awareness of professional sources of gambling help and encouraging use of these services is a worthwhile goal.

### **13.2.2 Non-Professional Help-Seeking Behaviour**

In this study, non-professional sources of gambling help refer to people a gambler may turn to who are not professionally trained but who may provide support and guidance in relation to a gambling problem. These include partners, other family members, friends, work colleagues, religious and community leaders.

#### **Willingness to Use Non-Professional Sources of Gambling Help**

In terms of non-professional sources of help, most respondents (69%) indicated they would use this type of help if they had a gambling problem and did not want to use a professional help service, although a sizable minority (31%) would not seek this type of help at all. The most likely to reportedly use non-professional sources of gambling help were the regular gamblers (75%), followed by the helpline callers (59%), the problem gamblers in treatment (53%) and the CALD regular gamblers (40%). Of all the PGSI groups, the problem gamblers were the least willing to use non-professional help (53%).

The CALD survey and interviews revealed strong reticence by CALD people to confide in others about gambling problems and when they do, strong family ties and a desire to keep the problem hidden can prompt family and friends to extend funds to the gamblers, often exacerbating the gambling problem.

In contrast, the Indigenous-focused interviews revealed that Indigenous gamblers may more readily seek help from family and friends, although a problem can be that these family and friends are also keen gamblers. Yet, many family members reported that they encouraged their significant others to seek help, although this advice was not often heeded.

No significant differences in willingness to use non-professional sources of gambling help were found between the male and female survey respondents, nor between urban and non-urban residents. However, respondents aged 40 years or over were more willing to use non-professional gambling help (54%) than respondents who were under 40 years of age (34%).

Thus, the results suggest varying degrees of willingness to use non-professional sources of gambling help, although this was lowest amongst the CALD population, problem gamblers and younger people. Further, the results suggest that not all types of non-professional help may be appropriate to best help the gambler recognise and address a gambling problem, as discussed above.

### **Use of Non-Professional Sources of Gambling Help**

Help-seeking rates from non-professional sources of gambling help were examined in relation to the five survey samples and the samples with whom interviews were conducted:

- Of the 242 regular gamblers in the national telephone survey, 5% were currently using non-professional sources of gambling help, while 5% had received this type of help in the past.
- Of the 170 gamblers who had recently called a helpline, 59% were currently using non-professional sources of gambling help, while 5% had received this type of help in the past.
- Of the 48 family members who had recently called a helpline, 67% were currently using some other form of professional gambling help and 17% had previously used non-professional help.
- Of the 110 problem gamblers in treatment through face-to-face counselling agencies, 48% had received non-professional gambling help.
- Of the 208 CALD regular gamblers, 17% had received non-professional help for their gambling.
- The interviews with the 10 recovered problem gamblers and 3 family members revealed the crucial role that family and friends had often played in encouraging the gambler to seek professional help and pursue self-help gambling strategies.
- Data from Indigenous regular gamblers, gamblers in treatment, family members and counsellors indicated that help may be readily sought from non-professional sources but questions were raised over its effectiveness.
- The main sources of non-professional gambling help were partners, other family members and friends. Very few people turned to the other sources of non-professional help examined.

Thus, use of non-professional sources of gambling help appeared quite common for those concerned about their gambling, with around one-half of those who had sought professional help also seeking this assistance. While social support has been found to be beneficial in the recovery process of substance abusers (Booth et al., 1992; Dobkin et al., 2002; Hogan et al., 2002), little is known about the function of social support in the recovery of problem gamblers and whether this tends to be instrumental or emotional support. However, one study of 60 problem gamblers in treatment found that emotional support influenced self-efficacy for treatment and motivation for change (Gomes & Pascuale-Leone, 2009). Petry and Weiss (2009) examined social support in

pathological gamblers and its relationship with treatment outcomes. They found that low baseline social support was associated with increased severity of gambling, family, and psychiatric problems and poorer post-treatment outcomes. In addition, social support assessed post-treatment was significantly related to severity of gambling problems at the 12-month follow-up. The authors noted that these findings demonstrate that social support plays an important role in moderating outcomes, and that enhancing social support may be an important aspect of effective gambling treatments. There is also preliminary evidence to suggest that use of online support groups for problem gambling, alcohol and smoking cessation are effective in providing emotional support, facilitating behavioural change, and increases use of other treatment services (Cooper, 2004; McGowan, 2003; Monaghan & Blaszczynski, 2009; Monaghan & Wood, 2010).

Anderson et al. (2009) revealed the instrumental role that significant others can play by encouraging the gambler to seek other types of help and in contributing to gambling recovery through practical means such as managing the family finances. Certainly the recovered problem gamblers in this study revealed the critical role that loved ones provided during their journey to recovery and there appeared a general willingness amongst respondents to turn to family and friends for help. Suggestions are made later in this chapter about ways to better ensure that this type of help supports recovery from problem gambling and also for significant others to gain the help they need to cope with the impacts of the person's gambling. However, knowledge in this area is underdeveloped, so further research may be needed to link the behavior of significant others to the outcomes of the problem gambler.

### **13.2.3 Self-Help Gambling Strategies**

Self-help strategies were widely used by the respondents. The most frequently used were to limit access to money for gambling (45%), set a budget for gambling expenses (42%), take up diversionary activities (40%), avoid being near their primary gambling venue (30%) and sourcing information about how gambling works (29%). Less frequently used were keeping records of gambling activities and expenditure (24%), sourcing information about excessive gambling (21%), avoiding others who gamble (21%) and using a checklist to self-assess a gambling problem (18%). However, use of self-help measures varied between groups.

The regular gamblers were the most likely to set a budget for gambling expenses but the least likely to take up most of the other self-help measures. The CALD regular gamblers were the most likely to use a checklist to self-assess a gambling problem and made reasonably frequent use of most of the other self-help measures, although the interviews with CALD counsellors and clients suggested that self-help is rarely used during problem development.

Amongst the PGSI groups, the problem gamblers appeared particularly reticent to use some types of self-help. They were the least likely to set a budget for gambling expenses and to source information about how gambling works and the odds of winning. However, they were the most likely to avoid their primary gambling venue. The moderate risk gamblers were most likely to take up diversionary activities, limit access to cash for gambling, source information about why some people gamble excessively and how gambling works and the odds of winning, to set a budget for gambling expenses, record their gambling activities and expenditure and use a checklist to self-assess a gambling problem. The low risk gamblers were the least likely to avoid friends/family who gamble. The non-problem gamblers were the least likely to use most of the other self-help strategies.

Women were more likely than men to set a budget for gambling expenses and source information about why people gamble excessively. No differences were found between age groups or urban and non-urban residents in their use of self-help gambling measures.

Interviews focusing on Indigenous gambling revealed that self-help gambling strategies were sometimes used, with common ones identified as: taking up new hobbies and interests; learning new skills; taking care of health; employing budgeting skills; avoiding gambling venues; and avoiding family and friends who gamble.

Many more respondents made use of self-help gambling strategies than were problem and moderate risk gamblers. Thus, self-help measures appear to be used for preventative and harm minimisation purposes, as well as to regain control after a gambling problem has developed. Indeed, the interviews with the recovered problem gamblers revealed that the movement of help-seeking generally seemed to be a circular activity, beginning and ending with self-help behaviour. There was also a strong preference for self-help as the first type of help to be used if the respondent became concerned about their gambling. This appears largely due to the shame and embarrassment associated with a gambling problem, as discussed later in this chapter.

Thus, there appears great potential for self-help measures to be a major tool in preventing gambling problems, minimising harm from gambling and assisting recovery. However, self-help gambling strategies have received minimal research attention, and there is currently no evidence to support which types are efficacious and which are not. Comparing the efficacy of self-help approaches is inherently difficult given their wide variation and the likelihood that people may also be undergoing other types of intervention. Thus, self-help measures as a stand-alone treatment have not been rigorously assessed nor integrated into other steps in problem gambling recovery. However, if they can be shown to be efficacious (for example, through prospective studies), self-help measures provide an accessible, cost-effective and less stigmatising alternative to professional treatment.

There is some evidence that interventions can assist gamblers with the self-help process. For example, CBT-based self-help workbooks coupled with telephone-based therapist support have demonstrated effectiveness in reducing problem gambling (Hodgins et al., 2001; Hodgins et al., 2004). Simply providing automatic, tailored feedback to responses to a problem gambling questionnaire, including a summary of how one's gambling compares to a peer group has been shown to encourage gamblers to modify their behaviour and reduce gambling (Cunningham, Hodgins, Toneatto & Cordingly, 2009; Wood & Williams, 2009). The Productivity Commission (2010) concluded that people can recover from gambling problems without professional help and that the evidence suggests that many do. They further noted that relatively low-cost interventions have the capacity to increase self-recovery, with self-help measures being one possible intervention tool. However, the role of self-help strategies was found in this study to extend beyond a tool to enhance recovery from problem gambling, to also be used as a preventative and harm minimisation measure, aligning with previous findings that gamblers use a range of strategies to limit their gambling (Schottler Consulting, 2011). Suggestions are made later in this chapter about publicising and facilitating the use of self-help gambling strategies.

### **13.3 Motivators and Barriers for Help-Seeking**

This section summarises and discusses the findings in relation to the second of the requirements for this project, which was to identify the barriers and motivators for help-seeking behaviour.

#### **13.3.1 Motivators for Help-Seeking**

Amongst the whole sample of gamblers (N = 730), the most commonly reported motivators for all three types of help-seeking were: financial problems, concerns that your gambling might develop into a major problem, concerns that you had reached a point where you could not go on, negative emotions from your gambling, problems with your spouse or partner, and concerns about the

welfare of those dependent on you. Thus, serious financial, emotional and relationship issues appear major factors that reportedly would prompt gamblers to seek help.

This was also reflected in the reasons that would or had motivated the problem gamblers in the sample to seek the three types of help. The main three motivators for seeking professional, non-professional and self-help were: concerns that your gambling might develop into a major problem, negative emotions from your gambling and financial problems. Concerns for dependants, pressure from others, social isolation and reaching a point where they could not go on were other important reasons. However, the problem gamblers indicated lower agreement than the other PGSI groups with most motivators for professional and non-professional help-seeking.

Motivators of the problem gamblers who had not previously sought professional gambling help were compared with those of problem gamblers who had sought this help. The former were less likely to agree that they would be motivated because of most reasons provided, except for financial problems, negative emotions from their gambling, and concerns their gambling might develop into a major problem. They were equally as likely as the group who had sought professional help to agree that concerns that they had reached a point where they could not go on would motivate them to seek professional gambling help. Disruptions to daily activities and work, legal problems, and problems with partners, family, friends, dependants and living circumstances were less likely to motivate them to seek professional help. Thus, the problem gamblers who had never sought professional help for their gambling appeared willing to wait until their gambling problems became severe financial and emotional issues before seeking help and were less motivated to seek help by problems concerning their relationships and other aspects of daily living.

The importance of financial problems in triggering help-seeking was confirmed in the interviews with recovered problem gamblers, Indigenous gamblers and counsellors, and CALD counsellors and clients. It was generally following a crisis point, typically financial, that professional help was sought. However, reaching out for professional help is often preceded by seeking support from significant others. In the Indigenous population in particular, it appears that financial help for the gambler is often provided by loved ones, due to cultural expectations of reciprocity and strong kinship ties. In CALD populations, financial assistance for the gambler also appears common, driven by the desire to keep the problem hidden from others and a view of the problem as a financial rather than behavioural one. Yet, extending money to the gambler seems to exacerbate the problem and may delay professional help-seeking.

Few significant differences were found between motivators to help-seeking amongst the men compared to women and the urban and non-urban dwellers, although the female respondents appeared more sensitive to feeling ashamed for themselves or their family about seeking help for a gambling problem.

The motivators for help-seeking revealed in this study confirm the findings of previous studies that problem gamblers do not tend to seek help until problems become severe and they hit rock bottom (Delfabbro, 2008; Productivity Commission, 2010; Suurvali, et al., 2008; Tavares et al., 2002). Prominent motivators for all types of help-seeking in this study align with those found in previous studies – a severe gambling problem, financial crisis and emotional problems including suicidality (Evans & Delfabbro, 2005; Pulford et al., 2009b; Suurvali et al., 2010). The current finding also support research that has found that the severity of the problem also influences help-seeking (Davidson & Rodgers, 2010; Hodgins & el-Guebaly, 2000; Tavares, et al., 2002), with the mean PGSI scores much higher amongst the helpline and treatment samples than the other samples in this study.

### 13.3.2 Barriers to Help-Seeking

Amongst the whole sample of gamblers, the most common barriers to professional and non-professional help-seeking were: wanting to solve the problem on your own, feeling ashamed for yourself or your family, being too proud to seek help, finding it difficult to believe that you had a gambling problem, and being concerned about being treated like an addict or mentally ill. Thus, help-seeking involving others causes considerable shame and embarrassment, highlighting the need for efforts to destigmatise help-seeking for gambling problems. For self-help, the main barriers were not wanting to stop gambling and not believing you had a gambling problem.

Amongst the PGSI groups, the problem gamblers indicated most agreement to the barriers of: wanting to solve the problem on your own, feeling ashamed for yourself or your family, being too proud to seek help, finding it difficult to believe that you had a gambling problem, and being concerned about being treated like an addict or mentally ill. The shame and stigma clearly attached to seeking help from others about a gambling problem is compounded when the barriers to using self-help measures are considered. The most prominent of these was not wanting to stop gambling, followed by lack of awareness of these measures, thinking the strategies would not work, thinking they were too much work and not believing you had a gambling problem. Thus, this reticence to recognise and act on a gambling problem, combined with reluctance to seek help from others due to shame and stigma, is reflected in low help-seeking rates and continuation of an often hidden problem. In fact, of all the PGSI groups, the problem gamblers were the least willing to use non-professional help and the least likely to use the self-help strategies of setting a budget for gambling expenses and sourcing information about how gambling works and the odds of winning. Reticence to use non-professional and some types of self-help may reflect the shame and stigma they feel is associated with a gambling problem and/or denial of the gambling problem. Further, the problem gamblers indicated higher agreement than the other PGSI groups with most barriers to all three types of help-seeking.

The problem gamblers who had not sought professional help also tended to agree more strongly than those who had sought help with the barriers of feeling ashamed for yourself or your family, and wanting to solve the problem on your own. They were equally as likely as the problem gamblers who had sought professional help to agree that being too proud to seek help was a barrier. Thus, the primary barriers for problem gamblers who had avoided professional help were shame and not wanting to tell other people.

The recovered problem gamblers emphasised problem denial as a major barrier to their help-seeking, compounded by a fear of being judged by service providers and others. The Indigenous interviewees identified strong barriers of lack of problem recognition, normalisation of gambling, opportunities to borrow funds, beliefs in luck and winning, lack of culturally appropriate services, inaccessibility of services in some locations, and concerns over confidentiality as undermining help-seeking from professional sources. Like non-Indigenous gamblers, shame and stigma were also significant barriers. Amongst CALD respondents, strong cultural values of success, self-reliance and pride reportedly deter help-seeking, as do shame and fears over confidentiality. Thus, severe crises generally develop before professional help is sought. Further, once the financial problems are resolved, some CALD gamblers seem reluctant to address the underlying cause, which is the gambling problem.

Amongst demographic groups, there was more resistance amongst the younger cohort to seeking professional and non-professional help for gambling issues and this was reflected in commonly endorsed barriers to help-seeking of shame, pride and wanting to solve the problem on their own. Further, the younger age group was more likely to think that self-help measures would not work for them. These findings generally align with previous studies which have found lower help-seeking



rates amongst younger gamblers, and associated explanations that youth tend to grossly underestimate the severity of their gambling behaviour, most do not recognise gambling-related problems when they arise (Derevensky & Gupta, 2002; Hardoon, Derevensky, & Gupta, 2003), that young people have little appreciation of the potential negative effects of gambling and limited thoughts regarding how problem gambling may arise or be combated (McPherson Consulting, 2007), and that they appear to be overly optimistic about the economic returns of gambling and the chances of winning (Delfabbro et al., 2005).

The barriers to help-seeking revealed in this study confirm the conclusions of prior research. For example, the Productivity Commission (2010) concluded that social stigma associated with having a problem, denial of a problem or believing they can handle it themselves, are the main reasons why gamblers do not seek professional help. These barriers were found to also apply to seeking non-professional help and to utilising self-help measures. Similarly, pride, shame and denial were the three primary barriers to help-seeking found by Pulford et al (2009b), while a desire to handle the problem on their own and belief that they could beat the problem on their own were the most highly endorsed barriers in studies by Hodgins and el-Guebaly (2000) and Davidson and Rodgers (2010), respectively. Further, ability to recognise a gambling problem appeared more limited in some particular groups in the current study, namely in the Indigenous and CALD samples. Thus, the problem was framed as a financial problem which then appeared the most likely to prompt help-seeking. Suggestions are made later in this chapter about reducing the stigma attached to problem gambling and enhancing problem recognition.

### **13.4 Role of External and Internal Factors in Help-Seeking Behaviour**

A third requirement for this project was to examine the role of external factors and internal factors in help-seeking behaviour for gambling problems. Motivators and barriers to help-seeking can be considered as intrinsic (internal) or extrinsic (external) (Clarke, 2007). Intrinsic motivators and barriers can include psychological factors of the individual, such as denial, shame, or the belief that one can handle the problem on one's own. Extrinsic motivators and barriers to help-seeking can include factors relating to service accessibility and social support.

The discussion in the preceding section has clarified that the main motivators for help-seeking are concerns about the gambling problem itself, financial and emotional factors, while the main barriers are problem denial, lack of problem recognition, a desire or belief in handling the problem alone, shame, stigma and pride. Both of these sets of motivators and barriers reflect that it is largely internal factors that appear to determine the decision to seek help, a finding consistent with the discussion in Chapter 2 on the importance of readiness for change in help-seeking behaviour. That is, a decisional shift in the individual is needed to the point where the costs of gambling are perceived as outweighed by the benefits of cessation (Prochaska et al., 1997).

However, external factors can help to shift this decisional balance, with problems with spouse/partner, concerns for those dependent on you and pressure from partner, family or friends about your gambling reasonably strong motivators for help-seeking found in the current study. Indeed, the problem gamblers who had not sought professional help for their gambling were less motivated to seek help by problems concerning their relationships and other aspects of daily living than those who had sought professional help. This suggests the important role of significant others in encouraging help-seeking behaviour, a finding confirmed in the interviews with the recovered problem gamblers. Significant others might help to shift the gambler's decisional balance in favour of help-seeking by assisting problem recognition, by rejecting the gambler's denial of the problem, and by emphasising the financial, emotional and relationship costs of the gambler's behaviour. Suggestions are made later in this chapter about better equipping significant others to help the

gambler in constructive ways that should facilitate help-seeking, whilst avoiding the types of support that may reinforce problem denial, exacerbate the problem, extend the harms and delay help-seeking.

Other external factors may also help to shift a problem gambler's decisional balance towards the point where they are ready to take action about their gambling. Relevant measures suggested by respondents included public education that helps people recognise a gambling problem, that points to the serious negative consequences of a worsening problem, and that familiarises consumers about the often progressive nature of gambling problems. Relaying gamblers' stories of problem development and recovery was another mechanism considered potentially valuable. Some suggested that gambling venues could play a more proactive role in helping patrons to recognise a gambling problem, although the likely efficacy of this remains unknown.

Certainly, some external factors appear to keep some problem gamblers in denial about their problem or to cloud problem recognition. Extending funds to help the gambler out of financial difficulties, the normalisation of heavy gambling in some communities, and cultural barriers to framing the problem as a behavioural one, are examples found in the current study.

It appears that external factors may have their most useful role in supporting people's self-efficacy to achieve and maintain changes in their gambling behaviour, by enhancing their personal ability to do so once a decision to change has been made, as suggested by the TTM (Prochaska & DiClemente, 1982; Prochaska et al., 1997). Awareness of and access to self-help gambling strategies, and other behavioural strategies and skills, can help to increase self-efficacy and facilitate the changed behaviour. Most respondents in the current study reported using self-help gambling measures, apparently to both prevent and minimise gambling-related harm, and also to help regain control over their gambling after a gambling problem had developed. Further, most respondents reported they would use self-help measures before seeking other types of help. Suggestions are made later in this chapter for external resources to be directed towards facilitating the use of self-help measures.

Significant others also appear critical as external agents who can enhance people's self-efficacy to change their gambling behaviour. As well as helping the gambler to recognise a gambling problem and its serious effects in order to prompt a decision to change their behaviour, they can support the gambler to maintain behavioural change through practical strategies, for example, to avoid gambling and gambling venues and to limit the cash they have available for gambling. Many examples of this were provided in the interviews and open-ended responses gathered in this study.

Finally, a key external factor influencing help-seeking behaviour is the services which provide help for gambling problems. If people are to use help services, they need to be aware of their existence, and to be able to access them, afford them, have faith in their professionalism and confidentiality, and find them culturally appropriate and non-threatening. While not prioritised as major barriers to help-seeking, this study's respondents raised several issues around service delivery for gambling help. Lack of awareness of these services was apparent, as well as lack of awareness that the services are free. Concerns about the confidentiality of services were raised, as well as fears they would be judgmental and culturally inappropriate for some. It is important to address these issues to optimise help-seeking behaviour, and suggestions are made later in this chapter for how this can be done.

### **13.5 Guidelines to Enhance Help-Seeking Behaviour by At-Risk/Problem Gamblers and Related Policy Development**

This section focuses on the final requirements for this project, which were to develop guidelines to enhance help-seeking behaviour by those at risk, including problem gamblers, which may assist

jurisdictions in developing policy for enhancing help-seeking behaviour. These are developed below and draw on the study's results and the suggestions made by participants.

There is little doubt that the need for gambling help is widespread amongst regular gamblers, given their high rates of at-risk and problem gambling. The majority of regular gamblers from the general population (59%) scored as at-risk or problem gamblers on the PGSI, with 23% scoring as low risk gamblers, 25% scoring as moderate risk gamblers and 11% scoring as problem gamblers.

Help-seeking is considered broadly, encompassing not just treatment for those most severely affected by gambling problems, but also non-professional and self-help measures that might help to prevent or minimise gambling harm. The large proportion of regular gamblers affected negatively by their gambling, and the differing degrees to which they are affected, suggests that providing and promoting a range of help strategies is more likely to enhance help-seeking behaviour by at-risk and problem gamblers, than a more restricted range would do. Further, most of the problem gamblers in treatment and helpline callers used multiple sources of gambling help, suggesting they may benefit from several types of help, that some types of help may reinforce others, or that individuals need to try several forms of help to find the type most suitable to them and their particular situation.

However, very low usage of professional sources of gambling help was apparent in the samples of regular gamblers, CALD gamblers and Indigenous gamblers. This may be partly due to low awareness of professional sources of gambling help, both of specialist services and generalist services. Despite existing efforts made by State Governments, venues and service providers, there is a clear need to raise the awareness of both gambling-specific and generalist services that can assist people with gambling problems. Indeed, many respondents considered that more public education about professional gambling help services is needed. It appears that current forms of advertising are resulting in limited awareness of sources of professional gambling help. Thus, consideration should be given to using additional advertising media and more engaging advertising messages. The most effective of both of these may need to be established through specific research.

The gambling helplines were the most widely known of all gambling help services, with most helpline callers finding out about them from gaming venue signage. Clearly this signage is important and should be retained, although regular refreshment of signage and dynamic messages on gaming machine screens could help to raise awareness further. That most helpline callers were extremely satisfied or satisfied with the outcome of their calls emphasises the important role that these services perform. In contrast, awareness about face-to-face counselling and self-exclusion were lower, suggesting a need for better publicity of these options.

General practitioners and financial counsellors would be the first source of help for many gamblers, if they became concerned about their gambling, which may reflect limited awareness about specific gambling help services, and also a stigma attached to seeking help from them. Indigenous people appeared particularly reluctant to use gambling-specific services, due to the lack of Indigenous counsellors and questions over the cultural appropriateness of other professional types of help, such as telephone counselling, self-exclusion and mutual support groups. The CALD regular gamblers reported much greater likelihood of using generalist services than gambling-specific help services, which may reflect concerns about confidentiality and a reported tendency to frame a gambling problem mainly in financial terms. Thus, it is important that general practitioners and other generalist services are trained and equipped to assist clients with gambling problems. This may require professional education of service personnel and further inter-agency links with gambling help services.

Not all gamblers appear willing or able to use non-professional sources of gambling help, and there was particular reticence shown by the CALD sample. However, the stories of the recovered problem

gamblers demonstrate the critical role that significant others can play in supporting the gambler to get professional help, and to effectively use self-help strategies to better control their gambling. The interviews with the family members of these recovered gamblers also showed how attending treatment with the gambler can assist significant others to provide the most helpful kind of support. However, some opposite effects were observed in the Indigenous and CALD samples, where families extending funds to the gambler appeared to exacerbate the gambling problem, lead to more widespread harm, and delay professional help-seeking and use of self-help measures. Thus, non-professional help can be critical to recovery from a gambling problem, but it can also be a barrier if inappropriate help is given. Therefore, public education is needed to raise awareness for how people can best assist significant others with gambling problems, supported by resources to facilitate and guide non-professional help for gambling problems.

Related to the preceding point is the need for significant others to be supported in their difficult role of coping with, and perhaps assisting, the gambler to recover. In recognition that significant others may not frequent gambling venues, it is important that publicity of professional help services for gamblers and significant others, as well as self-help measures, is conducted in the general media as well. Given several family members noted that they were not aware that services can also help significant others until the gambler's problems had become very serious, additional publicity of these services to significant others appears warranted. Additionally, counsellors of problem gamblers may be able to further encourage significant others to attend counselling, to learn how they may best support the gambler and also how best to deal with the demands on themselves. Further, there was evidence of limited knowledge of legal rights by significant others, and how to protect the family's assets and income from being gambled away. Elevated awareness of these rights and practical strategies to protect themselves and their dependants would be beneficial.

Self-help gambling strategies are widely used and, in many cases, apparently to help prevent or minimise gambling-related harms before a serious problem develops, as well as to better control gambling after problem development. The most commonly used are taking up other activities to take the place of gambling, setting a budget for gambling expenses, limiting access to money for gambling, and keeping records of gambling activities and expenditure. Given the willingness of gamblers to use self-help measures, much greater publicity of these measures appears important, as suggested by several respondents. In addition, resources could be developed to assist usage of these strategies, such as booklets designed to record gambling expenditure or to facilitate budgeting of gambling expenses, greater publicity of the availability of player expenditure statements, tips on how to limit cash availability for gambling, and the like. However, minimal research has been conducted into the efficacy of self-help gambling measures, but is urgently needed to inform their development, refinement and dissemination.

One of the distinguishing characteristics of problem gamblers compared with other PGSI groups was reticence by the former to set a budget for gambling expenses. Thus, ways to encourage budgeting for gambling are worth considering, and it may be that future implementation of precommitment systems on gaming machines will encourage and facilitate this.

The main motivators for seeking any type of gambling help include concerns that your gambling might develop into a major problem, negative emotions from your gambling, financial problems and suicide ideation. Thus, it is clear that problem gamblers typically do not seek help for their gambling until they reach crisis point, which was confirmed through the interviews with recovered problem gamblers and the surveys and interviews with those currently in treatment. Yet, it is reasonable to expect that they have caused a great deal of harm to themselves and others by this point. Compounding this is a desire to solve the problem on one's own, which may reflect a hope that they can gamble their way out of the problem or otherwise resolve it without involving others. These

findings suggest several issues that need to be addressed. There is an apparently limited understanding of what problem gambling is, how it develops, how it may progress, how severe its impacts can be and the difficulties of resolving it. The regular gamblers who were not problem gamblers showed a certain naivety in their responses and lack of understanding of the addictive nature of some forms of gambling, for example, reporting that they would just stop gambling or stop going to venues if they became concerned about their gambling. Thus, more effective public education is needed about the addictive nature of some forms of gambling, particularly gaming machines, how easily some people develop a gambling problem and how hard it is to resolve. Current messages to 'gamble responsibly' do not convey these points and in fact may suggest that only irresponsible people develop gambling problems. More hard-hitting messages are likely needed to convey the gravity of these issues.

A potentially effective strategy in raising consumer awareness of problem gambling is people sharing their stories of their battles with gambling problems. Several survey respondents suggested this, including Indigenous and CALD respondents who felt this would be especially effective if it involved people from their own culture. These stories can act as cautionary messages, develop understanding of the nature of gambling problems and their impacts, help destigmatise problem gambling, and encourage and advise people on help-seeking. Further, this sharing of stories can have therapeutic benefits for the recovering problem gambler, as the Consumer Voice participants verified. Thus, extension of the Consumer Voice program, or similar, to other jurisdictions would appear a promising mechanism to raise awareness of problem gambling, enhance understanding of its etiology, encourage help-seeking, and enhance recovery from gambling problems. Indigenous and CALD communities might also be engaged in developing culturally specific programs of this kind.

The key barriers to professional and non-professional help-seeking are wanting to solve the problem on your own, feeling ashamed for yourself or your family, being too proud to seek help, and finding it difficult to believe that you had a gambling problem. Thus, lack of problem recognition, problem denial, shame and embarrassment are major hurdles for people in seeking help. Public and consumer education is clearly needed to assist gamblers and their significant others to recognise a gambling problem, its signs and symptoms and how to get help. This education would benefit from moving beyond superficial messages to 'gamble responsibly' or to 'bet with your head and not over it' to depict problem gambling as it is – a serious condition which can have devastating consequences.

Further, serious efforts are needed to destigmatise problem gambling, to help lower the shame and embarrassment that keeps problem gambling a hidden issue for many and that deters help-seeking, even from significant others. This destigmatisation requires a long-term timeframe, but Beyondblue's efforts to destigmatise depression, to bring it out into the open, to discuss it and to show that it can happen to ordinary people, as well as elite athletes and celebrities, shows that this can be done. Additionally, with a common barrier to help-seeking being a reluctance to stop gambling, advertising of services could also include information that controlled or reduced gambling may be an alternative goal to complete abstinence. Public education might also focus on changing the decisional balance of problem gamblers who do not want to stop gambling. As implied by the TTM, public education could emphasise the long-term positive consequences of controlled or reduced gambling, over the short-term 'benefit' of uncontrolled gambling.

Efforts to demystify counselling also appear warranted, given that a major barrier to help-seeking was concern about being treated like an addict or mentally ill. Public education about the counselling process, and its confidential and non-judgmental approach, may help to encourage more professional help-seeking. The CALD and Indigenous respondents in particular appeared to have a strong aversion to counselling, particularly if not provided by someone from their cultural group.

Thus, another response may be to increase the availability of Indigenous and CALD counsellors and services that provide help for gambling problems. This may not necessarily be through gambling-specific help services, but could be provided through existing Indigenous and CALD health services. Co-locating gambling help services within medical centres may also heighten public confidence that these services are professional and confidential.

Service provision within a more generic health context, instead or as well as service provision through specific gambling help agencies, is also worth consideration. This approach might assist gamblers with multiple problems and co-morbidities and perhaps remove some stigma attached to help-seeking from stand-alone gambling services.

Some barriers to help-seeking also related to the perceived cost of help services. While advertisements for the gambling helplines note that these services are free, this message may not always be conveyed in relation to face-to-face counselling services. Thus, further emphasis on the free provision of gambling help services appears warranted.

Concerns from a person's primary gambling venue was the least likely motivator for help-seeking, yet this is where most problem gamblers spend a great deal of time. Many qualitative comments provided to open-ended questions in the surveys advocated a more proactive and interventionist role for gambling venues in gambling problem recognition, and in providing assistance for those who need help. Despite venue concerns that a more interventionist approach would be resisted by patrons, comments by several respondents suggest otherwise. If supported by appropriate consumer education, it appears that gamblers may accept a more proactive role for venues in helping them recognise to a gambling problem and to seek help.

Problem gambling rates amongst the CALD regular gamblers was extremely high (41%). While this might be partially explained by the recruitment of CALD gamblers from clubs, this extremely high problem gambling prevalence is very concerning, and suggests the need for targeted measures to further educate this population about problem gambling and encourage help-seeking in CALD populations. Unlike the non-CALD respondents, the CALD participants did not prioritise concerns their gambling might become a major problem as a motivator for seeking help. The interviews with CALD counsellors and clients revealed that gambling problems tend to be framed in terms of financial problems. This suggests that there may be value in CALD targeted education about what a gambling problem is, its signs and the risks of gambling. Further, because concerns about the cost, attitude and confidentiality of services were reported as major barriers to their use, a challenge is to relay to CALD problem gamblers that these services are free, non-judgmental and confidential.

However, it may be that this apparently strong reticence to attend counselling amongst the CALD population is resistant to change, with nearly one-half of the CALD respondents reporting they would not seek professional help at all for a gambling problem. In contrast, there was reasonably high willingness to use self-help measures. This provides an opportunity to raise awareness about these, to better understand which ones are most effective, and to facilitate their use. CALD communities could be engaged to help develop culturally appropriate self-help measures and materials for use in those communities.

Although problem gambling was not directly measured amongst the Indigenous participants in this study, there is little doubt that gambling problems are causing concern and hardship for Indigenous gamblers, families and communities. In fact, cultural traditions of reciprocity and strong kinship relations suggest that the negative impacts of gambling problems extend more widely in Indigenous than non-Indigenous circles. Coupled with low awareness of help services, reticence to use many types of help and limited availability of Indigenous gambling help services, gambling problems amongst Indigenous Australians appear particularly difficult to address. Targeted strategies are

needed to reverse perceptions that gambling is an appropriate way to cope with other problems, to dispel erroneous beliefs around gambling, to encourage community leaders, parents and others to be positive role models, and to somehow de-normalise heavy gambling. Working with Indigenous communities and services to develop these strategies appears the most appropriate way forward. Some measures suggested by the Indigenous participants in this study were to provide culturally appropriate education about problem gambling, budgeting, help services and what counselling is to remove perceptions of judgment and lack of confidentiality, to provide cultural awareness training for counsellors and more Indigenous-specific signage and other materials.

In developing guidelines to enhance help-seeking, it is also important to heed what this study's respondents have suggested. They sent a strong message that greater consumer awareness is needed about the risks of gambling, the potential serious negative consequences from gambling, how to recognise a gambling problem and services available. This may involve more prominent advertising, more widespread advertising, harder-hitting messages and stories from those seriously affected by gambling. Many advocated for venues to play a more proactive role in monitoring gambling behaviour and providing or directing people to help, and for education about how significant others can encourage more open discussion of gambling problems and best help gamblers with gambling problems. The respondents also called for more public and venue-based education about self-help gambling strategies, and for tools to help someone recognise if they have a gambling problem. In relation to service provision, respondents' suggestions included more problem gambling specific counsellors, more proactive follow-up by counselors, especially in the early stages of treatment, more involvement of significant others in the counselling process, for counselling to be available in venues, cultural awareness training for counselors, and for more culturally specific services for Indigenous and CALD populations. These issues have been addressed in the preceding discussion and are now incorporated into the guidelines for help-seeking enhancement provided in Box 13.1.

### **Box 13.1: Guidelines for Help-Seeking Enhancement**

The following guidelines for help-seeking behaviour enhancement have been developed based on the empirical findings of this study and the improvements suggested by respondents:

#### *Guidelines relating to advertising and promotion of help services:*

- There is a clear need to raise the awareness of both gambling-specific and generalist services that can assist people with gambling problems.
- Consideration should be given to using additional advertising media, including social media, and more engaging advertising messages. The most effective of both of these may need to be established through specific research.
- Venue signage advertising gambling helplines is important and should be retained, although regular refreshment of signage and dynamic messages on gaming machine screens could help to raise awareness further.
- Awareness about face-to-face counseling, online counselling and self-exclusion was relatively low, suggesting a need for better publicity of these options.
- Advertising of services could also include information that controlled or reduced gambling may be an alternative goal to complete abstinence, so as not to deter help-seeking from those who are reluctant to abstain completely from gambling.
- Public education of the counselling process and its confidential and non-judgmental approach may help to encourage more professional help-seeking.

- Efforts to demystify counselling appear warranted, given that a major barrier to help-seeking was concern about being treated like an addict or mentally ill.
- Further emphasis on the free provision of gambling help services appears warranted.
- It is important that publicity of professional help services for gamblers and significant others, as well as self-help measures, is conducted in the general media as well as in venues.

*Guidelines relating to service provision:*

- Providing and promoting a range of help strategies is more likely to enhance help-seeking behaviour by at-risk and problem gamblers than a more restricted range would do.
- It is critical that general practitioners and other generalist services are trained and equipped to assist clients with gambling problems. This may require professional education of service personnel and further inter-agency links with gambling help services.
- Service provision within a more generic health context, rather than or as well as service provision through specific gambling help agencies, is also worth consideration. This approach might assist gamblers with multiple problems and co-morbidities and perhaps remove some stigma attached to help-seeking from stand-alone gambling services.

*Guidelines relating to non-professional help and support for significant others:*

- Public education is needed to raise awareness for how people can best assist significant others with gambling problems, supported by resources to facilitate and guide non-professional help for gambling problems.
- Additional publicity of services that can help significant others of problem gamblers appears warranted. This needs to be conducted in the general media because significant others of problem gamblers may not patronise gambling venues where most information is currently provided.
- Counsellors of problem gamblers may be able to further encourage significant others to attend counselling to learn how they may best support the gambler and also how best to deal with demands on themselves.
- Elevated awareness of their legal rights and of practical strategies to protect themselves and their dependants would be beneficial for significant others of problem gamblers.

*Guidelines relating to self-help measures:*

- Given the willingness of gamblers to use self-help measures, much greater publicity of these measures appears important, as suggested by several respondents. In addition, resources could be developed to assist usage of these strategies.
- Minimal research has been conducted into the efficacy of self-help gambling measures, but is urgently needed to inform their development, refinement and dissemination.
- One of the distinguishing characteristics of problem gamblers compared with other PGSI groups was reticence by the former to set a budget for gambling expenses. Thus, ways to encourage budgeting for gambling are worth considering and it may be that future implementation of precommitment systems will encourage and facilitate this.

*Guidelines relating to public and consumer education:*

- Public education is needed about the addictive nature of some forms of gambling, particularly gaming machines, how easily some people develop a gambling problem and how hard it is to resolve. Current messages to 'gamble responsibly' do not convey these points and in fact may suggest that only irresponsible people develop gambling problems. More hard-hitting messages are likely needed to convey the gravity of these issues.



- Extension of the Consumer Voice program or similar to other jurisdictions would appear a promising mechanism to raise awareness of problem gambling, enhance understanding of its etiology, encourage help-seeking, and enhance recovery from gambling problems.
- Public and consumer education is clearly needed to assist gamblers and their significant others to recognise a gambling problem, its signs and symptoms and how to get help. This education would benefit from moving beyond superficial messages to 'gamble responsibly' or to 'bet with your head and not over it' to depict problem gambling as it is – a serious condition which can have devastating consequences.
- Serious efforts are needed to destigmatise problem gambling, to help lower the shame and embarrassment that keeps problem gambling a hidden issue for many and that deters help-seeking, even from significant others.
- Public education might also focus on changing the decisional balance of problem gamblers who do not want to stop gambling, by emphasising the long-term positive consequences of controlled or reduced gambling, over the short-term 'benefit' of uncontrolled gambling.
- If supported by appropriate consumer education, it appears that gamblers may accept a more proactive role for venues in helping them recognise to a gambling problem and to seek help.

*Guidelines relating to CALD-specific initiatives:*

- Targeted measures are needed to further educate the CALD population about problem gambling and encourage help-seeking in CALD populations.
- There may be value in CALD targeted education about what a gambling problem is, its signs and the risks of gambling.
- It is important to relay to CALD gamblers that gambling services are free, non-judgmental and confidential.
- CALD communities could be engaged to help develop culturally appropriate self-help measures and materials for use in those communities.
- Increased availability of CALD counsellors and services that provide help for gambling problems may be needed. This may not necessarily be through gambling-specific help services, but could be provided through existing CALD health services.
- CALD communities might be engaged in developing culturally specific programs similar to the Consumer Voice program.

*Guidelines relating to Indigenous-specific initiatives:*

- Working with Indigenous communities and services to develop strategies appears the most appropriate way forward to address the concerns and hardship related to problem gambling amongst Indigenous Australian gamblers.
- Indigenous participants in this study advocated providing culturally appropriate education about problem gambling, budgeting, help services and what counselling is to remove perceptions of judgment and lack of confidentiality, provision of cultural awareness training for counsellors and more Indigenous-specific signage and other materials.
- Increased availability of Indigenous counsellors and services that provide help for gambling problems may be needed. This may not necessarily be through gambling-specific help services, but could be provided through existing Indigenous health services.
- Indigenous communities might be engaged in developing culturally specific programs similar to the Consumer Voice program.

## 13.6 Limitations of the Study

In concluding this report, it is important to acknowledge the limitations of this study. The major one is that it has only been able to provide a snapshot, cross-sectional study of help-seeking behaviours for gambling problems, yet we know that development, maintenance and recovery from gambling problems is a process, and often a lengthy one. Prospective studies are needed to enhance our understanding of this process.

Further, the cross-sectional design of the study precluded a truly holistic examination of help-seeking behaviour for gambling problems. While the qualitative interviews, particularly with the recovered problem gamblers, were able to illuminate some aspects of help-seeking over the life course, the surveys necessarily had to separate out people's use of different types of help and report them individually. Further qualitative research with a longitudinal timeframe may help to further explain the process of help-seeking and its determinants.

This study relied on self-reported data, both in terms of behaviours around help-seeking, and also in identifying the motivators and barriers to help-seeking. Self-reported data can, of course, suffer from problems of recall, interpretation and recall bias.

Limitations of the survey samples must also be noted because it is not known how representative they are of the broader study populations, particularly where samples were recruited through help agencies and gaming venues. However, the selection of samples from across the various stages of behaviour change allowed breadth and triangulation of the research findings.

## 13.7 Chapter Conclusion

This chapter completes this report on *Gamblers at risk and their help-seeking behaviours*. It has summarised key findings from the study and explicitly addressed the project's specific requirements, as identified by the funding agency.

It is hoped that this study has contributed to the knowledge base on help-seeking behaviour for gambling problems, and more importantly, that it prompts improvements in the provision of assistance to those affected by gambling problems. Improvements are warranted, given the low awareness of professional sources of help and the low willingness to use these services before experiencing a severe financial crisis. Players prefer self-help strategies initially to avoid the shame and embarrassment of other treatments, and these self-help strategies are sometimes enough for success. Many of these strategies are financial, such as setting a budget and leaving credit and debit cards at home. Thus, this research suggests that much more work (and research) should be directed at the fat-end of the tail of gambling problems, rather than focusing only on players with severe gambling problems. For people who are already experiencing problems, GPs are often a popular first point of contact for professional help, although players often only admit to a co-morbid condition such as depression. In short, therefore, the research suggests that a different policy focus should be directed to at risk gamblers and problem gamblers, with the former focusing on financial self-help resources and the latter focusing on facilitating access at preferred contact points such as GPs.

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## **Appendix A: Survey instrument for the national telephone survey of regular gamblers**

"Good Morning / Afternoon / evening. My name is \_[Q0IV]\_ from Reark Research and at the moment we are talking to people around Australia who are 18 years or older about 'popular gambling activities'.

May I speak to the person in this household, who is 18 years or older and whose birthdate is closest to today's date.

\_If necessary, arrange time for call-back\_

\_IF LOOKING FOR QUOTA:\_ May I speak to the (..man/woman..) in this household, who is 18 years or older and whose birthdate is closest to today's date. (If necessary, arrange time for call-back)

\_IF QUOTA FULL\_ Thank you but unfortunately our quota is now full. Thank you for your time anyway.

\_PROCEED WITH SELECTED RESPONDENT\_ This is a national study conducted on behalf of Southern Cross University and your responses will remain anonymous and confidential. It takes approximately 20 minutes.

#### \*SECTION A: RESPONDENT'S GAMBLING

##### Q99A1L TYPES OF GAMBLING

"Firstly we need to understand how often you may, or may not, have been involved in various types of gambling activities \_in the last 12 months\_ ... that is, since this time last year.

"

RND

1. Keno
2. Gaming machines
3. Betting on horses or greyhounds
4. Betting on sporting events
5. Casino games not on the internet
6. Casino games or poker on the internet
7. Private gambling for money (e.g. cards, mahjong).

FOR EACH

##### Q99A1 OFTEN GAMBLE

"A1 \_During the last 12 months\_, how often did you gamble on \_[Q99A1L]\_?"

\_If necessary:\_ Would it have been (..read out scale..)?"

1. At least once a day
2. Several days a week
3. About once a week
4. About once a fortnight
5. About once a month
6. Once every two or three months
7. Three or four times in the last 12 months
8. Once or twice in the last 12 months
9. Not in the last 12 months
10. Never
11. Don't know/Can't say

COMPUTE

1. Regular Gambler
2. Non-regular gamblers

USE 1 IF >=52 Q99ADD

USE 2 IF 0-51 Q99ADD

\*CHECK 20-36 "Sorry but unfortunately we have filled our quota now. Thank you for your time anyway."

\*ABORT "QUOTA FULL"

\*SECTION B: RESPONDENT CHARACTERISTICS

Q99B1 BORN IN AUSTRALIA

"Firstly some questions to help us classify your answers in this study ....

B1 Were you born in Australia?"

1. Yes
2. No

Q99B2 YEAR BORN

"B2 In what year (were you born)?"

IF 1900-2000 Q99B2 SKIP Q99B3J

Q99B2A AGE GROUPS

"B2A Into which of these age-groups do you fall

1. 18 to 19 years
2. 20 to 24 years
3. 25 to 29 years
4. 30 to 34 years
5. 35 to 39 years
6. 40 to 44 years
7. 45 to 49 years
8. 50 to 54 years
9. 55 to 59 years
10. 60 to 64 years
11. 65 to 69 years
12. 70 years or more

Q99B3J

=0

IF NOT 2 Q99B1 SKIP Q99B4

Q99B3 ARRIVE IN AUSTRALIA

"B3 In what year did you arrive in Australia?"

Q99B4 PRIMARILY IDENTIFY YOURSELF AS MAINSTREAM AUSTRALIAN CULTURE OR AS PART OF ANOTHER CULTURE

"B4 Do you primarily identify yourself as someone in the mainstream Australian culture or as part of another culture?

\_If not 'mainstream Australian', ask:\_ Which culture is that?"

1. Mainstream Australian
2. Other culture (SPECIFY Q99B40)

GO Q99B5  
Q99B40 OTHER

Q99B5 GENDER

"B5 What is your gender?"

1. Male
2. Female

Q99B6 MARITAL STATUS

"B6 What is your marital status.. are you

1. Married?
2. Widowed?
3. Separated or Divorced?
4. a de facto partner?
5. Or have you never married?

Q99B7 BEST DESCRIBES CURRENT WORK STATUS

"B7 Which of the following best describes your current work status.. are you

1. Working full-time?
2. Working part-time?
3. Home duties?
4. Student?
5. Self-funded retiree?
6. Pensioner?
7. Unemployed (looking for work)?
8. Or something else? (SPECIFY Q99B70)

GO Q99B8  
Q99B70 OTHER

Q99B8 LIVE AS A METROPOLITAN, REGIONAL, RURAL OR REMOTE AREA

"B8 Would you describe where you live as a metropolitan, regional, rural or remote area?"

1. Metropolitan?
2. Regional?
3. Rural?
4. Remote?
5. Don't know



\*SECTION C: PROFESSIONAL SOURCES OF GAMBLING HELP

Q99C1 KNOW ANY FACE-TO-FACE COUNSELLING OR TREATMENT SERVICES FOR GAMBLING HELP IN REGION

"I'd now like to ask you about your knowledge of \_professional help services\_ for people experiencing problems with their gambling ... that is, those help services that involve professionally trained people, such as counsellors

C1 Do you know of ANY \_face-to-face counselling or treatment services\_ for gambling help in your region?"

1. Yes
2. No

IF 2 Q99C1 SKIP Q99C3

Q99C2 ONES KNOW OF IN REGION

"C2 Which one or ones in your region do you know of?  
\_Probe:\_ Any others?"

MR

1. Record 1st mentioned: (SPECIFY Q99C2O1)
2. Record others mentioned: (SPECIFY Q99C2O2)

GO Q99C3

Q99C2O1 FIRST MENTIONED

Q99C2O2 SECOND MENTIONED

Q99C3 KNOW OF ANY ON-LINE OR INTERNET GAMBLING COUNSELLING AND SUPPORT SERVICES FOR GAMBLING HELP

"C3 Do you know of ANY \_on-line or internet\_ gambling counselling and support services for gambling help?"

1. Yes
2. No

IF 2 Q99C3 SKIP Q99C5

Q99C4 ONES KNOW OF

"C4 Which one or ones do you know of?  
\_Probe once:\_ Any others?"

MR

1. Record 1st mentioned: (SPECIFY Q99C4O1)
2. Record others mentioned: (SPECIFY Q99C4O2)

GO Q99C5

Q99C4O1 OTHER

Q99C4O2 OTHER

Q99C5 KNOW OF ANY TELEPHONE COUNSELLING SERVICES FOR GAMBLING HELP

"C5 Do you know of ANY \_telephone\_ counselling services for gambling help?"

1. Yes
2. No

IF 2 Q99C5 SKIP Q99C7

Q99C6 ONES KNOW OF

"C6 Which one or ones do you know of?

\_Probe once:\_ Any others?"

MR

1. Record 1st mentioned: (SPECIFY Q99C6O1)
2. Record others mentioned: (SPECIFY Q99C6O2)

GO Q99C7

Q99C6O1 FIRST MENTIONED

Q99C6O2 SECOND MENTIONED

Q99C7 KNOW OF ANY SUPPORT GROUP THAT MEETS IN REGION FOR GAMBLING HELP

"C7 Do you know of ANY \_support group that meets in your region\_ for gambling help?"

1. Yes
2. No

IF 2 Q99C7 SKIP Q99C9

Q99C8 KNOW OF ONES THAT MEET IN REGION

"C8 Which one or ones that meet in your region do you know of?

\_Probe once:\_ Any others?"

MR

1. Record 1st mentioned: (SPECIFY Q99C8O1)
2. Record others mentioned: (SPECIFY Q99C8O2)

GO Q99C9

Q99C8O1 FIRST MENTIONED

Q99C8O2 SECOND MENTIONED

Q99C9 AWARE THAT GAMBLING VENUES CAN OFFER ASSISTANCE FOR GAMBLING PROBLEMS

"C9 Are you aware that \_gambling venues\_ can offer assistance for gambling problems?"

1. Yes
2. No

IF 2 Q99C9 SKIP Q99C11

Q99C10 TYPES OF ASSISTANCE KNOW OF

"C10 What type or types of assistance do you know of?

\_Probe once:\_ What others?"

MR

1. Record 1st mentioned: (SPECIFY Q99C10O1)
2. Record others mentioned: (SPECIFY Q99C10O2)

GO Q99C11

Q99C10O1 FIRST MENTIONED

Q99C10O2 SECOND MENTIONED

Q99C11 AWARE FOLLOWING SERVICES OFFER INFORMATION AND HELP FOR GAMBLING ISSUES

"C11 Are you aware that the following services may offer information and help for gambling issues?"

1. General Practitioners?
2. Financial counsellors?
3. Relationship counsellors?
4. Alcohol and drug services?

5. Migrant and ethnic support services?
6. Legal advisors?
- 
7. No - not aware of any
8. Don't know/not sure

Q99C12 SOURCE OF PROFESSIONAL HELP YOU FIRST CHOOSE

"C12 If you began to experience problems with your gambling and wanted to seek professional help, from ANY source, which source of professional help would you first choose?

\_RECORD FIRST CHOICE ONLY\_

\*CURRENTLY/PREVIOUSLY EXPERIENCED PROFESSIONAL HELP

Q99C13 CURRENTLY RECEIVING HELP FOR GAMBLING FROM ANY OF THE FOLLOWING PROFESSIONAL SOURCES OF HELP

"C13 Are you \_currently\_ receiving help for your gambling from any of the following \_professional\_ sources of help?

1. Face-to-face counselling?
2. Telephone counselling?
3. Email counselling?
4. Live on-line counselling?
5. Residential treatment program?
6. General help services (e.g. financial counselling, relationship counselling, GP)?
7. On-line support group (e.g. internet forums)?
8. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
9. Exclusion from one or more gaming venues?

----

10. No/None of these

IF 10 Q99C13 SKIP Q99C16

IF NOT ", " Q99C13 SKIP Q99C15

Q99C14 ONE MOST HELPFUL

"C14 Which one is the most helpful?

1. Face-to-face counselling?
2. Telephone counselling?
3. Email counselling?
4. Live on-line counselling?
5. Residential treatment program?
6. General help service (e.g. financial counselling, relationship counselling, GP)?
7. Online support group (e.g. internet forums)?
8. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
9. Exclusion from one or more gaming venues?
10. No one most helpful
11. Don't know which one

USE Q99C13

USE 10-11

IF 10-11 Q99C14 SKIP Q99C17

Q99C15 FIND ABOUT THIS TYPE OF HELP

"C15 And how did you find about this type of help?

1. Advertising in a gambling venue.
2. Advertising in the general media
3. A referral from the gambling helpline
4. A referral from a doctor or other health care worker
5. A referral from a family member or friend
6. A referral from a venue staff member
7. The telephone book
8. An internet search
9. Other (SPECIFY Q99C150)
- 
10. Don't Know/Can't recall

GO Q99C16J

Q99C150 OTHER

Q99C16J

=0

SKIP Q99C17

Q99C16 RECEIVED HELP IN THE PAST FOR GAMBLING FROM ANY OF THE FOLLOWING PROFESSIONAL SOURCE

"C16 Have you received help \_in the past\_ for your gambling from any of the following \_professional\_ sources?

1. Face-to-face counselling?
2. Telephone counselling?
3. Email counselling?
4. Live on-line counselling?
5. Residential treatment program?
6. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
7. Online support group (e.g. internet forums)?
8. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
9. Exclusion from one or more gaming venues?

---

10. No/None of these

IF 10 Q99C16 SKIP Q99C28L

SKIP Q99C18J

Q99C17 RECEIVED HELP IN THE PAST FOR GAMBLING FROM ANY PROFESSIONAL SOURCES

"C17 Apart from the professional help you are \_currently\_ receiving from \_[Q99C13]\_, have you received help \_in the past\_ for your gambling from any of the following \_professional\_ sources?

1. Face-to-face counselling?
2. Telephone counselling?
3. Email counselling?
4. Live online counselling?
5. Residential treatment program?
6. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
7. Online support group (e.g. internet forums)?
8. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
9. Exclusion from one or more gaming venues?

----

10. No/None of these

NOT Q99C13

USE 10

IF 10 Q99C17 SKIP Q99C21L

Q99C18J

=0

IF NOT ( "," Q99C16 OR "," Q99C17 ) SKIP Q99C19

Q99C18 ONE MOST HELPFUL

"C18 Which one was most helpful

1. Face-to-face counselling?
2. Telephone counselling?
3. Email counselling?
4. Live on-line counselling?
5. Residential treatment program?
6. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
7. Online support group (e.g. internet forums)?
8. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
9. Exclusion from one or more gaming venues
10. No one most helpful
11. Don't know which one

USE Q99C16

USE Q99C17

USE 10-11

IF 10-11 Q99C18 SKIP Q99C21L

Q99C19 SATISFIED WITH THE OUTCOME OF THIS HELP

"C19 And how satisfied were you with the outcome of this help? Would you say you were...

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99C20 FIND ABOUT THIS TYPE OF HELP

"C20 And how did you find about this type of help?

1. Advertising in a gambling venue.
2. Advertising in the general media
3. A referral from the gambling helpline
4. A referral from a doctor or other health care worker
5. A referral from a family member or friend
6. A referral from a venue staff member
7. The telephone book
8. An internet search
9. Other (SPECIFY Q99C200)

----

10. Don't Know/Can't recall

GO Q99C21L

Q99C200 OTHER

Q99C21L REASONS

"Next, I am going to read out a list of reasons people may give for seeking \_professional help\_ for their gambling. As I read each one, I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree.

\_INTERVIEWER INSTRUCTION\_ READ OUT RATING SCALE FOR RESPONDENT TO WRITE DOWN.

Do you have a pen and paper to write this down?

Let's get started."

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99C21 FIRST SOUGHT PROFESSIONAL HELP

"C21. The reason you first sought professional help was because your gambling started to cause you \_[Q99C21L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99C22 ANY OTHER REASON

"C22 Was there any other reason, not included in the list I read out, that lead to first seeking professional help for your gambling?"

1. Yes
2. No

IF 2 Q99C22 SKIP Q99C24L

Q99C23 WHAT WAS THAT

"C23 What was that?"

\_Probe once:\_ What else?"

Q99C24L REASONS

"This time I'm going to read out a list of reasons people may give that \_discourage or delay them from seeking professional help\_ for their gambling ... and using the same scale as before I would like

you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Wanted to solve the problem on your own
2. Were not aware that help was available
3. Were not aware that help services were free
4. Were too proud to seek help
5. Believed you didn't have a problem
6. Didn't think the help service would understand your main language
7. Didn't think the help service would understand your cultural background
8. Didn't think the help service would be able to help
9. Felt ashamed for yourself or family
10. Only wanted help for financial problems
11. Were concerned about being treated like an addict or mentally ill
12. Were concerned about confidentiality with the help service
13. Felt pressured by family and friends to continue gambling
14. Did not have the time for help
15. Didn't want anyone to tell you to stop gambling
16. You couldn't get help at the time or place you wanted it

FOR EACH

Q99C24 DID NOT SEEK PROFESSIONAL HELP SOONER FOR GAMBLING

"C24. The reason you did not seek professional help sooner for your gambling was because you \_[Q99C24L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99C25 OTHER REASONS PLAYED A ROLE IN DELAYING FROM SEEKING PROFESSIONAL HELP

"C25 Was there any other reason, not included in the list I read out, that may have played a role in delaying you from seeking professional help?"

1. Yes
2. No

IF 2 Q99C25 SKIP Q99C27

Q99C26 WHAT WERE THEY

"C26 What is that?"

\_Probe once:\_ Anything else?"

Q99C27 DONE TO ENCOURAGE TO SEEK PROFESSIONAL HELP SOONER

"C27 What, if anything, could have been done to encourage you to seek professional help sooner?"

\_Probe once:\_ Anything else?"

1. Nothing
2. Other (SPECIFY Q99B270)

GO Q99C28J  
Q99B270 OTHER  
Q99C28J  
=0  
SKIP Q99D1

\*NO CURRENT/PREVIOUS PROFESSIONAL HELP EXPERIENCE

Q99C28L REASONS

"Next, I am going to read out a list of reasons that people may give for seeking \_professional help\_ for their gambling. As I read each one, I would like you to tell me how strongly you agree or disagree with each as reasons that would prompt you to seek professional help if YOU were to become concerned about your level of gambling. You can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99C28 WOULD SEEK PROFESSIONAL HELP TO CONTROL GAMBLING

"C28. You would seek professional help to control your gambling if your gambling started to cause you \_[Q99C28L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99C29 ANY OTHER REASONS

"C29 Are there any other reasons, not included in the list I read out, that would prompt you to seek professional help to control your gambling?"

1. Yes
2. No

IF 2 Q99C29 SKIP Q99C31L



Q99C30 WHAT WERE THEY

"C30 What was that?

\_Probe once:\_ What else?"

Q99C31L REASONS

"I am now going to read out a list of reasons that may \_discourage or delay you from seeking professional help\_, if you became concerned about controlling your gambling ... and using the same scale as before I would like you to tell me how strongly you agree or disagree with each. ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Want to solve the problem on your own
2. Not know how to find help services
3. Be concerned about the cost of help services
4. Be too proud to seek help
5. Find it difficult to believe that you had a problem
6. Think the help service would not understand your main language
7. Think the help service would not understand your cultural background
8. Think the help service would not be able to help
9. Feel ashamed for yourself or your family
10. Only want help for financial problems
11. Be concerned about being treated like an addict or mentally ill
12. Be concerned about confidentiality with the help service
13. Feel pressured by family and friends to continue gambling
14. Not have the time for help
15. Not want anyone to tell you to stop gambling
16. Have difficulty getting help at the time or place you want it

FOR EACH

Q99C31 DELAY SEEKING PROFESSIONAL HELP IF EXPERIENCED PROBLEMS CONTROLLING GAMBLING

"C31. If you began to experience problems controlling your gambling... you would delay seeking professional help because you would \_[Q99C31L]\_?

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99C32 OTHER REASONS, MAY PLAY A ROLE IN DELAYING FROM SEEKING PROFESSIONAL HELP

"C32 Are there any other reasons, not included in the list I read out, that may play a role in delaying you from seeking professional help if you were to develop a problem with gambling?"

1. Yes
2. No

IF 2 Q99C32 SKIP Q99C34

Q99C33 WHAT WERE THEY

"C33 What is that?

\_Probe once:\_ Anything else?"

Q99C34 PROBLEMS THINK COULD BE DONE TO ENCOURAGE PEOPLE TO SEEK PROFESSIONAL HELP FOR GAMBLING PROBLEMS SOONER

"C34 What, if anything, do you think could be done to encourage people to seek professional help for gambling problems sooner?

\_Probe once:\_ Anything else?"

1. Nothing
2. Other (SPECIFY Q99C34O)

GO Q99D1  
Q99C34O OTHER

\*SECTION D: NON-PROFESSIONAL SOURCES OF GAMBLING HELP

Q99D1 EXPERIENCE PROBLEMS CONTROLLING GAMBLING, TURN TO FOR HELP TO BETTER CONTROL GAMBLING

"I'd now like to ask you about your knowledge of \_non-professional\_ sources of help for people experiencing problems with their gambling. That is, those people a gambler may turn to who are not professionally trained but may provide support and guidance.

D1 If you began to experience problems controlling your gambling, and did not want to access a \_professional help service\_, who would you turn to for help to better control your gambling?

\_Probe once:\_ Who else?"

1. Record 1st mentioned (SPECIFY Q99D1O1)
2. Record others mentioned (SPECIFY Q99D1O2)

GO Q99D2  
Q99D1O1 FIRST MENTIONED  
Q99D1O2 OTHER MENTIONED

\*CURRENTLY/PREVIOUSLY EXPERIENCED NON-PROFESSIONAL HELP

Q99D2 RECEIVING HELP OR SUPPORT TO BETTER CONTROL GAMBLING FROM ANY NON-PROFESSIONAL SOURCES

"D2 Are you \_currently\_ receiving help or support to better control your gambling from any of the following \_non-professional\_ sources of help?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (specify Q99D2O)

---

8. No/None of these

GO Q99D3J  
Q99D2O OTHER  
Q99D3J

=0

IF 8 Q99D2 SKIP Q99D4  
IF NOT ", " Q99D2 SKIP Q99D5

Q99D3 MOST HELPFUL

"D3 Who is most helpful?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Other
8. No one is most helpful
9. Don't Know which one

USE Q99D2

USE 8-9

Q99D4J

=0

SKIP Q99D5

Q99D4 RECEIVED HELP TO BETTER CONTROL GAMBLING FROM ANY OF THE FOLLOWING NON-PROFESSIONAL SOURCES

"D4 Have you received help to better control your gambling from any of the following \_non-professional\_ sources of help in the \_past\_?"

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (SPECIFY Q99D4O)

---

8. No/None of these

GO Q99D5J

Q99D4O OTHER

Q99D5J

=0

IF 8 Q99D4 SKIP Q99D15L

SKIP Q99D6J

Q99D5 RECEIVED HELP TO BETTER CONTROL GAMBLING FROM NON-PROFESSIONAL SOURCES OF HELP IN THE PAST

"D5 Apart from the help you are currently receiving from \_[Q99D2]\_ have you received help to better control your gambling from any of the following \_non-professional\_ sources of help in the \_past\_?"

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (specify Q99D4O)

--

8. NO

NOT Q99D2

USE 7-8

Q99D6J

=0

IF 8 Q99D5 SKIP Q99D8L

IF NOT ( "," Q99D4 OR "," Q99D5 ) SKIP Q99D7

Q99D6 MOST HELPFUL

"D6 Who was most helpful?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Other

----

8. No one is most helpful

9. Don't Know which one

USE Q99D4

USE Q99D5

USE 8-9

Q99D7J

=0

IF 8-9 Q99D6 SKIP Q99D8L

Q99D7 SATISFIED WITH THE OUTCOME OF THIS HELP

"D7 And how satisfied were you with the outcome of this help? Would you say you were ... \_read out\_"

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99D8L REASONS

"Next, I'm going to read out a list of gambling related reasons that prompt some people to seek \_non-professional\_ help ... I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions from your gambling
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99D8 SOUGHT NON-PROFESSIONAL HELP

"D8 The reason you sought \_non-professional\_ help was because your gambling started to cause you \_[Q99D8L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99D9 ANY OTHER GAMBLING RELATED REASON THAT PROMPTED TO SEEK NON-PROFESSIONAL HELP FOR GAMBLING

"D9 Was there any other gambling related reason, not included in the list I read out, that prompted you to seek \_non-professional\_ help for your gambling?"

1. Yes
2. No

IF 2 Q99D9 SKIP Q99D11L

Q99D10 WHAT WERE THEY

"D10 What is that?  
\_Probe once:\_ Anything else?"

Q99D11L REASONS

"I'm now going to read you out a list of reasons that may discourage or delay people from seeking non-professional help for their gambling ... and would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Wanted to solve the problem on your own
2. Were too proud to seek help
3. Believed you didn't have a problem
4. Felt ashamed for yourself or family
5. Only wanted help for financial problems
6. Were concerned about being treated like an addict or mentally ill
7. Were concerned about confidentiality
8. Felt pressured by family and friends to continue gambling
9. Did not have the time for help
10. Didn't want anyone to tell you to stop gambling
11. Didn't think that they would be able to help

FOR EACH

Q99D11 DID NOT SEEK NON-PROFESSIONAL HELP SOONER FOR GAMBLING

"D11 The reason you did not seek \_non-professional\_ help sooner for your gambling was because you \_[Q99D11L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?

2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99D12 REASONS PLAYED A ROLE IN DELAYING, OR DECIDING NOT TO SEEK, NON-PROFESSIONAL HELP FOR GAMBLING

"D12 Was there any other reason, not included in the list I read out, that may have played a role in you delaying, or deciding not to seek, \_non-professional\_ help for your gambling?"

1. Yes
2. No

IF 2 Q99D12 SKIP Q99D14

Q99D13 WHAT WERE THEY

"D13 What is that?

\_Probe once:\_ Anything else?"

Q99D14 COULD HAVE BEEN DONE TO ENCOURAGE TO SEEK NON-PROFESSIONAL HELP SOONER

"D14 What, if anything, could have been done to encourage you to seek non-professional help sooner?

\_Probe once:\_ What else?"

1. Nothing
2. Other (specify Q99D14O)

GO Q99D15J

Q99D14O OTHER

Q99D15J

=0

SKIP Q99E1J

\*NO CURRENT/PREVIOUS NON-PROFESSIONAL HELP EXPERIENCE

Q99D15L REASONS

"Next, I'm going to read out a list of reasons people may give for seeking \_non-professional\_ help to control their gambling... I would like you to tell me how strongly you agree or disagree with each if YOU were to become concerned about controlling your gambling... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99D15 SEEK NON-PROFESSIONAL HELP TO CONTROL GAMBLING

"D15 You would seek \_non-professional\_ help to control your gambling if your gambling started to cause you \_[Q99D15L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99D16 OTHER REASONS, NOT INCLUDED IN THE LIST I READ OUT, WOULD PROMPT TO SEEK NON-PROFESSIONAL HELP FOR GAMBLING

"D16 Are there any other reasons, not included in the list I read out, that would prompt you to seek \_non-professional\_ help for your gambling?"

1. Yes
2. No

IF 2 Q99D16 SKIP Q99D18L

Q99D17 WHAT WAS THAT

"D17 What is that?"

\_Probe once:\_ Anything else?"

Q99D18L REASONS

"I'm now going to read out a list of reasons that may discourage or delay you from seeking non-professional help if you became concerned about controlling your gambling ... and would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Want to solve the problem on your own
2. Be too proud to seek help
3. Find it difficult to believe that you had problem
4. Feel ashamed for yourself or your family
5. Only want help for financial problems
6. Be concerned about being treated like an addict or mentally ill
7. Be concerned about confidentiality
8. Feel pressured by family and friends to continue gambling
9. Not have time for help
10. Not want anyone to tell you to stop gambling
11. Think that they would not be able to help

FOR EACH

Q99D18 BEGAN TO EXPERIENCE PROBLEMS CONTROLLING GAMBLING WOULD DELAY SEEKING NON-PROFESSIONAL HELP

"D18. If you began to experience problems controlling your gambling...you would delay seeking \_non-professional\_ help because you would \_[Q99D18L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?

2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99D19 REASONS PLAY IN DELAYING FROM SEEKING NON-PROFESSIONAL HELP IF WERE TO DEVELOP A PROBLEM WITH GAMBLING

"D19 Are there any other reasons, not included in the list I read out, that may play a role in delaying you from seeking \_non-professional\_ help if you were to develop a problem with gambling?"

1. Yes
2. No

IF 2 Q99D19 SKIP Q99D21

Q99D20 WHAT WAS THAT

"D20 What is that?

\_Probe once:\_ Anything else?"

Q99D21 THINK COULD BE DONE TO ENCOURAGE PEOPLE TO SEEK NON-PROFESSIONAL HELP FOR GAMBLING PROBLEMS SOONER

"D21 What, if anything, do you think could be done to encourage people to seek non-professional help for gambling problems sooner?

\_Probe once:\_ What else?"

1. Nothing
2. Other (SPECIFY Q99D21O)

GO Q99E1J

Q99D21O OTHER

Q99E1J

=0

\* IF NOT "No/None of these" IN C16 AND D4 GO TO E1 OTHERWISE GO TO E12

IF NOT ( 10 Q99C16 AND 8 Q99D4 ) SKIP Q99E1

SKIP Q99E12J

\*SECTION E: SELF-HELP GAMBLING STRATEGIES

Q99E1 TRY ANY SELF-HELP STRATEGIES TO BETTER CONTROL GAMBLING

"I am now going to ask you some questions about \_self-help\_ for gambling issues. That is, strategies or methods people might use to better control their gambling that they do themselves, without involving other people.

E1 Before you sought either professional or non-professional help, did you try any of the following self-help strategies to better control your gambling

1. Used a checklist to self-assess a gambling problem?
2. Kept records of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Sourced information about how gambling works and the odds of winning?
5. Sourced information about why some people gamble excessively?
6. Avoided friends/family who gamble?
7. Avoided being near the venue where you primarily gambled?
8. Limited access to money for gambling e.g. leaving debit and credit cards at home?
9. Took up other activities to take the place of gambling?



10. Some other strategy/method? (SPECIFY Q99E10)

---

11. No/None of these

GO Q99E2J

Q99E10 OTHER

Q99E2J

=0

IF 11 Q99E1 SKIP Q99E8L

IF NOT ", " Q99E1 SKIP Q99E3

Q99E2 ONE MOST HELPFUL

"E2 Which one was most helpful?

1. Used a checklist to self-assess a gambling problem?
2. Kept records of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Sourced information about how gambling works and the odds of winning?
5. Sourced information about why some people gamble excessively?
6. Avoided friends/family who gamble?
7. Avoided being near the venue where you primarily gambled?
8. Limited access to money for gambling e.g. leaving debit and credit cards at home?
9. Took up other activities to take the place of gambling?
10. Other

----

11. No one strategy/method

12. Don't know which one

USE Q99E1

USE 11-12

Q99E3J

=0

IF 11-12 Q99E2 SKIP Q99E4

Q99E3 FIND ABOUT THIS STRATEGY/METHOD

"E3 And how did you find about this strategy/method?

1. Internet
2. General media (radio, television, newspaper)
3. Brochure from gambling venue
4. Brochure from other source (e.g. GP waiting room)
5. Friends/family
6. Other (SPECIFY Q99E30)

----

7. Don't know/can't recall/just knew it

GO Q99E4

Q99E30 OTHER

Q99E4 SATISFIED WITH THE OUTCOME OF THIS SELF-HELP

"E4 And how satisfied were you with the outcome of this self-help. Would you say you were ...  
\_read out\_"

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?

5. Or neither satisfied or unsatisfied?

#### Q99E5L REASONS

"Next, I'm going to read out a list of gambling related reasons that prompt some people to use self-help strategies ... I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those you support (children, elderly parents)
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions from your gambling
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

#### Q99E5 TRIED SELF-HELP STRATEGIES

"E5. The reason you tried self-help strategies was because your gambling started to cause you \_[Q99E5L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

#### Q99E6 ANY OTHER GAMBLING RELATED REASON THAT PROMPTED TO TRY SELF-HELP STRATEGIES FOR GAMBLING

"E6 Was there any other gambling related reason, not included in the list I read out, that prompted you to try self-help strategies for your gambling?"

1. Yes
2. No

IF 2 Q99E6 SKIP Q99E8L

#### Q99E7 WHAT WAS THAT

"E7 What is that?"

\_Probe once\_: Anything else?"

#### Q99E8L REASONS

"Next I'm going to read out a list of reasons that may \_discourage or delay people from using self-help strategies\_ to control their gambling ... .. and using the same scale as we used before I would

like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Were not aware of the strategies
2. Thought the self-help strategies were too much work on your own
3. Could not access self-help strategies in your main language
4. Could not find self-help strategies that were culturally appropriate
5. Thought the self-help strategies would not work for you
6. Believed you didn't have a problem
7. Only wanted help for financial problems
8. Felt pressured by family and friends to continue gambling
9. Did not have the time to use self-help strategies
10. Didn't want to stop gambling

FOR EACH

Q99E8 DELAYED OR DECIDED NOT TO USE SELF-HELP STRATEGIES OR METHODS FOR GAMBLING

"E8 The reason you delayed or decided not to use self-help strategies or methods for your gambling was because you \_[Q99E8L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99E9 ANY OTHER REASON

"E9 Was there any other reason, not included in the list I read out, that may have played a role in discouraging or delaying you from using self-help strategies for your gambling?"

1. Yes
2. No

IF 2 Q99E9 SKIP Q99E11

Q99E10 WHAT IS THAT

"E10 What is that?"

\_Probe once:\_ Anything else?"

Q99E11 COULD HAVE BEEN DONE TO ENCOURAGE TO USE SELF-HELP STRATEGIES SOONER

"E11 What, if anything, could have been done to encourage you to use self-help strategies sooner?"

1. Nothing
2. Other (SPECIFY Q99E110)

GO Q99E12END

Q99E110 OTHER

Q99E12END

=0

SKIP Q99F1

Q99E12J

=0

IF ( 10 Q99C16 AND 8 Q99D4 ) SKIP Q99E12

SKIP Q99F1

Q99E12 DO TO MANAGE GAMBLING WITHOUT INVOLVING OTHER PEOPLE

"E12 If you began to experience problems controlling your gambling, and wanted to manage it without involving other people, what would you do to better control your gambling?

\_Probe once:\_ Anything else?"

1. Record 1st mentioned: (SPECIFY Q99E12O1)
2. Record others mentioned: (SPECIFY Q99E12O2)

GO Q99E13

Q99E12O1 FIRST MENTIONED

Q99E12O2 OTHER MENTIONED

Q99E13 CURRENTLY USE ANY SELF-HELP STRATEGIES TO CONTROL GAMBLING

"E13 Do you currently use any of the following self-help strategies to control your gambling? Do you

1. Complete a checklist to self-assess for a gambling problem?
2. Keep a record of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Use information about how gambling works and the odds of winning?
5. Use Information about why some people gamble excessively?
6. Avoid friends/family who gamble?
7. Avoid being near the venue where you primarily gambled?
8. Limit access to money for gambling e.g. leaving debit and credit cards at home?
9. Take up other activities to reduce the time available to gamble?
10. Use some other strategy/method to control your gambling? (SPECIFY Q99E13O)

----

11. No/None of these

GO Q99E14J

Q99E13O OTHER

Q99E14J

=0

IF 11 Q99E13 SKIP Q99E16

IF NOT ", " Q99E13 SKIP Q99E15

Q99E14 ONE IS MOST HELPFUL IN CONTROLLING GAMBLING

"E14 Which one is most helpful in controlling your gambling?

1. Complete a checklist to self-assess for a gambling problem?
2. Keep a record of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Information about how gambling works and the odds of winning?
5. Information about why some people gamble excessively?
6. Avoid friends/family who gamble?
7. Avoid being near the venue where you primarily gambled?
8. Limit access to money for gambling e.g. leaving debit and credit cards at home?
9. Take up other activities to reduce the time available to gamble?
10. Other
11. No one strategy/method
12. Don't know which one

USE Q99E13

USE 11-12

Q99E15J

=0

IF 11-12 Q99E14 SKIP Q99E17

Q99E15 FIND ABOUT THIS STRATEGY/METHOD

"E15 And how did you find about this strategy/method?

1. Internet
2. General media (radio, television, newspaper)
3. Brochure from gambling venue
4. Brochure from other source (e.g. GP waiting room)
5. Friends/family
6. Other (SPECIFY Q99E15O)
- 
7. Don't know/can't recall/just knew it

GO Q99E16J

Q99E15O OOTHER

Q99E16J

=0

SKIP Q99E17

Q99E16 EVER USED IN THE PAST ANY SELF-HELP STRATEGIES TO CONTROL GAMBLING

"E16 Have you ever used in the past any of the following self-help strategies to control your gambling ...

1. A checklist to self-assess for a gambling problem?
2. Kept a record of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Information about how gambling works and the odds of winning?
5. Information about why some people gamble excessively?
6. Avoided friends/family who gamble?
7. Avoided being near the venue where you primarily gambled?
8. Limited access to money for gambling e.g. leaving debit and credit cards at home?
9. Took up other activities to take the place of gambling?
10. Some other strategy/method to control your gambling? (SPECIFY Q99E16O)

-----

11. No/None of these

GO Q99E17J

Q99E16O OTHER

Q99E17J

=0

IF 11 Q99E16 SKIP Q99E28L

SKIP Q99E18J

Q99E17 EVER USED IN THE PAST ANY SELF-HELP STRATEGIES TO CONTROL GAMBLING

"E17 Apart from \_[Q99E13]\_ that you are currently using have you ever used in the past any of the following self-help strategies to control your gambling ...

1. A checklist to self-assess for a gambling problem?
2. Kept a record of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Information about how gambling works and the odds of winning?
5. Information about why some people gamble excessively?
6. Avoided friends/family who gamble?
7. Avoided being near the venue where you primarily gambled?
8. Limited access to money for gambling e.g. leaving debit and credit cards at home?
9. Took up other activities to take the place of gambling?
10. Some other strategy/method to control your gambling? (SPECIFY Q99E16O)

---

11. None of these

NOT Q99E13

USE 10-11

Q99E18J

=0

IF 11 Q99E17 SKIP Q99E21L

IF NOT ( "," Q99E16 OR "," Q99E17 ) SKIP Q99E19

Q99E18 ONE HAS BEEN MOST HELPFUL IN CONTROLLING GAMBLING

"E18 Which one has been most helpful in controlling your gambling?

1. A checklist to self-assess for a gambling problem?
2. Kept records of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Information about how gambling works and the odds of winning?
5. Information about why some people gamble excessively?
6. Avoided friends/family who gamble?
7. Avoided being near the venue where you primarily gambled?
8. Limited access to money for gambling e.g. leaving debit and credit cards at home?
9. Took up other activities to take the place of gambling?
10. Other

---

11. No one strategy/method

12. Don't know which one

USE Q99E16

USE Q99E17

USE 11-12

Q99E19J

=0

IF 11-12 Q99E18 SKIP Q99E21L

Q99E19 FIND ABOUT THIS STRATEGY/METHOD

"E19 And how did you find about this strategy/method?

1. Internet
2. General media (radio, television, newspaper)
3. Brochure from gambling venue
4. Brochure from other source (e.g. GP waiting room)
5. Friends/family
6. Other (SPECIFY Q99E190)

---

7. Don't know/can't recall/just knew it

GO Q99E20

Q99E190 OTHER

Q99E20 SATISFIED WITH THE OUTCOME OF THIS SELF-HELP

"E20 And how satisfied are you with the outcome of this self-help. Would you say you were ... \_read out\_"

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?

5. Or neither satisfied or unsatisfied?

#### Q99E21L REASONS

"Next, I'm going to read out a list of gambling related reasons that prompt some people to use self-help strategies ... I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those you support (children, elderly parents)
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions from your gambling
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

#### Q99E21 USED SELF-HELP STRATEGIES

"E21 The reason you used self-help strategies was because your gambling started to cause you \_[Q99E21L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

#### Q99E22 PROMPTED TO TRY SELF-HELP STRATEGIES FOR GAMBLING

"E22 Was there any other gambling related reason, not included in the list I read out, that prompted you to try self-help strategies for your gambling?"

1. Yes
2. No

IF 2 Q99E22 SKIP Q99E24L

#### Q99E23 WHAT IS IT

"E23 What is that? Probe once: Anything else?"

#### Q99E24L REASONS

"Next I'm going to read out a list of reasons that may \_discourage or delay people from using self-help strategies\_ to control their gambling ... .. and using the same scale as we used before I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Were not aware of the strategies
2. Thought the self-help strategies were too much work on your own
3. Could not access self-help strategies in your main language
4. Could not find self-help strategies that were culturally appropriate
5. Thought the self-help strategies would not work for you
6. Believed you didn't have a problem
7. Only wanted help for financial problems
8. Felt pressured by family and friends to continue gambling
9. Did not have the time to use self-help strategies
10. Didn't want to stop gambling

FOR EACH

Q99E24 REASON DID NOT TO USE SELF-HELP STRATEGIES SOONER FOR GAMBLING

"E24. The reason you did not to use self-help strategies sooner for your gambling was because you  
\_[Q99E24L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99E25 ANY OTHER REASONS

"E25 Was there any other reason, not included in the list I read out, that may have played a role in discouraging or delaying you from using self-help strategies for your gambling?"

1. Yes
2. No

IF 2 Q99E25 SKIP Q99E27

Q99E26 WHAT IS THAT

"E26 What is that?  
\_Probe once\_: Anything else?"

Q99E27 DONE TO ENCOURAGE TO USE SELF-HELP STRATEGIES SOONER

"E27 What, if anything, could have been done to encourage you to use self-help strategies sooner?"

1. Nothing
2. Other (SPECIFY Q99E27O)

GO Q99E28J

Q99E27O OTHER

Q99E28J

=0

SKIP Q99F1

\*NO CURRENT/PREVIOUS SELF HELP EXPERIENCE

Q99E28L REASONS

"Next, I'm going to read out a list of reasons that prompt some people to use self-help strategies to control their gambling... I would like you to tell me how strongly you agree or disagree with each if YOU became concerned about controlling your gambling ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.



RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99E28 SEEK OUT SELF-HELP STRATEGIES TO CONTROL GAMBLING

"E28. You would seek out self-help strategies to control your gambling if your gambling started to cause you [Q99E28L]?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99E29 ANY OTHER REASONS

"E29 Are there any other reasons, not included in the list I read out, that would prompt you to use self-help strategies to better control your gambling?"

1. Yes
2. No

IF 2 Q99E29 SKIP Q99E31L

Q99E30 WHAT IS THAT

"E30 What is that?"

\_Probe once:\_ Anything else?"

Q99E31L REASONS

"Next I'm going to read out a list of reasons that may \_discourage or delay you from using self-help strategies\_ if you became concerned about controlling your gambling ... .. and using the same scale as we used before I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

1. Not know how to find out about the strategies without involving other people
2. Think the self-help strategies were too much work on your own
3. Have difficulty accessing the self-help strategies in your main language
4. Have difficulty finding self-help strategies that were culturally appropriate
5. Think the self-help strategies would not work for you
6. Find it difficult to believe you had a problem

7. Only want help for financial problems
8. Feel pressured by family and friends to continue gambling
9. Not have the time to use self-help strategies
10. Not want to stop gambling

FOR EACH

Q99E31 DELAY SELF HELP STRATEGIES

"E31. If you began to experience problems controlling your gambling... you would delay using self-help strategies because you would \_[Q99E31L]\_?"

Do you (..read scale if necessary..)?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99E32 ANY OTHER REASONS

"E32 Was there any other reason, not included in the list I read out, that may discourage or delay you from using self-help strategies for your gambling?"

1. Yes
2. No

IF 2 Q99E32 SKIP Q99E34

Q99E33 WHAT IS THAT

"E33 What is that?  
\_Probe once:\_ Anything else?"

Q99E34 ENCOURAGE PEOPLE TO SEEK SELF-HELP STRATEGIES FOR GAMBLING PROBLEMS

"E34 What, if anything, do you think could be done to encourage people to seek self-help strategies for gambling problems sooner?"

1. Nothing
2. Other (SPECIFY Q99E34O)

GO Q99F1

Q99E34O OTHER

\*SECTION F: PATHWAYS TO HELP-SEEKING

Q99F1 DO FIRST TO BETTER CONTROL GAMBLING

"In this questionnaire we have asked about the three ways people can seek help for their gambling, these were ... \_read out list\_"

- 1 Professional sources of help (e.g. counselling, treatment, etc provided by professionally trained people)
- 2 Non-professional sources of help (e.g. from partner, family, friends, etc)
- 3 Self-help strategies (e.g. budgeting, sourcing information on gambling)

F1 If you were concerned about your gambling, which of these three would you do first to better control your gambling?"

1. Professional sources of help?
2. Non-professional sources of help?

3. Self-help strategies?
4. None of these

IF 4 Q99F1 SKIP Q99G1

Q99F2 DO SECOND TO BETTER CONTROL GAMBLING

"F2 And which, if any, would you do second?"

1. Professional sources of help?
2. Non-professional sources of help?
3. Self-help strategies?
4. None of these

NOT Q99F1

IF 4 Q99F2 SKIP Q99G1

Q99F3 DO THIRD TO BETTER CONTROL GAMBLING

"F3 And which, if any, would you do third?"

1. Professional sources of help?
2. Non-professional sources of help?
3. Self-help strategies?
4. None of these

NOT Q99F1

NOT Q99F2

\*SECTION G: STAGES OF CHANGE

Q99G1 MAINTAINED ANY CHANGES TO GAMBLING TO BETTER CONTROL IT FOR LONGER THAN THE LAST 6 MONTHS

"Next, some questions about any changes to your gambling behaviour...

G1 Have you maintained any changes to your gambling to better control it \_for longer than the last 6 months\_?"

1. Yes
2. No

IF 1 Q99G1 SKIP Q99H1L

Q99G2 WITHIN THE PAST SIX MONTHS MADE ANY CHANGES TO GAMBLING TO BETTER CONTROL IT

"G2 \_Within the past six months\_, have you made any changes to your gambling to better control it?"

1. Yes
2. No

IF 1 Q99G2 SKIP Q99H1L

Q99G3 IN THE NEXT MONTH INTENDING TO MAKE ANY CHANGES TO GAMBLING TO BETTER CONTROL IT

"G3 \_In the next month\_, are you \_intending\_ to make any changes to your gambling to better control it?"

1. Yes
2. No

IF 1 Q99G3 SKIP Q99H1L

Q99G4 IN THE NEXT 6 MONTHS INTENDING TO MAKE ANY CHANGES TO GAMBLING TO BETTER CONTROL IT

"G4 \_In the next 6 months\_, are you \_intending\_ to make any changes to your gambling to better control it?"

1. Yes
2. No

\*SECTION H: PROBLEM GAMBLING SEVERITY INDEX

Q99H1L STATEMENTS

1. How often have you bet more than you could really afford to lose?
2. How often have you needed to gamble with larger amounts of money to get the same feeling of excitement?
3. How often have you gone back another day to try to win back the money you lost?
4. How often have you borrowed money or sold anything to get money to gamble?
5. How often have you felt that you might have a problem with gambling?
6. How often have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
7. How often have you felt guilty about the way you gamble, or what happens when you gamble?
8. How often has your gambling caused you any health problems, including stress or anxiety?
9. How often has your gambling caused any financial problems for you or your household?

FOR EACH

Q99H1 OFTEN

"H1 Thinking about the past 12 months \_[Q99H1L]\_"

Would you say (..read scale..)?"

1. Never
2. Sometimes
3. Most of the time
4. Almost always
5. Don't Know

\*SECTION I: CLOSURE

Q99END

edit

"Thank-you, that's the end of the interview. As this is University research it has been approved by the Southern Cross University Human Research Ethics Committee. Would you like to know more about this project or about services for people experiencing problems with their gambling.

\_READ OUT IF WANTED:\_ The ethics approval number for this project is 09-095 and the ethics officer is Sue Kelly. Her phone number is 02 6626 9139. There is a national gambling helpline that provides free and confidential counselling advice. Their number is 1800 858 858.

\_READ TO ALL:\_ As part of quality control procedures, someone from Reark Research may wish to re-contact you to ask a couple of questions verifying some of the information we just collected. Can I confirm your phone number:

Q99END2

"Thanks again for your time, just to remind you, I am from Reark Research. If you have any queries you can call the Chief Investigator of this project Professor Nerilee Hing on 02 6620 3928."

**Appendix B: Survey instrument for helpline callers**

## Survey Instrument for Gambler Helpline Callers

Good (morning/afternoon/evening). My name is \_[Q0IV]\_. from Reark Research, may I speak to \_[Q0REC[2]]\_ please?

\_If necessary:\_ \_[Q0REC[2]]\_'s name was provided to us as someone who had volunteered to participate in a national survey we are conducting on behalf of Southern Cross University, may I speak to him/her please.

\_IF NAME NOT KNOWN:\_ Verify telephone number - if number not valid, record as 'invalid number'  
\_IF NAMED RESPONDENT NOT AVAILABLE:\_ Arrange suitable time for call-back."

Q99BEG1 CONTACTED BECAUSE RANG A GAMBLING HELPLINE

"Firstly, I just need to confirm how we came to contact you ...we contacted you because you rang a gambling helpline because of your own gambling and volunteered to participate in this study."

1. Yes
2. No

IF 2 Q99BEG1 ABORT "Q99BEG1 FAILED AT SCREENER"

\*SECTION A: RESPONDENT CHARACTERISTICS

Q99A1 BORN IN AUSTRALIA

"Firstly some questions to help us classify your answers in this study.

A1 Were you born in Australia?"

1. Yes
2. No

Q99A2 YEAR BORN

"A2 In what year (were you born)?"

IF 1900-2000 Q99A2 SKIP Q99A3J

Q99A2A AGE

"Q2A Into which of these age-groups do you fall

1. 18 to 19 years
2. 20 to 24 years
3. 25 to 29 years
4. 30 to 34 years
5. 35 to 39 years
6. 40 to 44 years
7. 45 to 49 years
8. 50 to 54 years
9. 55 to 59 years
10. 60 to 64 years
11. 65 to 69 years
12. 70 years or more

Q99A3 YEAR ARRIVED IN AUSTRALIA

"A3 In what year did you arrive in Australia?"

Q99A3A PRIMARILY IDENTIFY AS SOMEONE IN THE MAINSTREAM AUSTRALIAN CULTURE OR AS PART OF ANOTHER CULTURE

"A3A Do you primarily identify yourself as someone in the mainstream Australian culture or as part of another culture?

\_If not 'mainstream Australian', ask:\_ Which culture is that?"

1. Mainstream Australian
2. Other culture (SPECIFY Q99A3AO)

GO Q99A3B

Q99A3AO OTHER CULTURE

Q99A3B GENDER

"A3B What is your gender?"

1. Male
2. Female

Q99A4 MARITAL STATUS

"A4 What is your marital status.. are you

1. Married?
2. Widowed?
3. Separated or Divorced?
4. a de facto partner?
5. Or have you never married?

Q99A5 CURRENT WORK STATUS

"A5 Which of the following best describes your current work status.. are you

1. Working full-time?
2. Working part-time?
3. Home duties?
4. Student?
5. Self-funded retiree?
6. Pensioner?
7. Unemployed (looking for work)?
8. Or something else? (SPECIFY Q99A5O)

GO Q99A6

Q99A5O SOMETHING ELSE

Q99A6 DETAILS

"A6 So that we can mail you the \$30 we have promised for your participation in this study I need to record your name and your home address...

what is your \_say item from list\_?

GO Q99A7

Q99FN FIRST NAME

Q99SN LAST NAME

Q99SNAN STREET NUMBER AND NAME

Q99ST SUBURB / TOWN

Q99STA STATE

Q99PC POSTCODE

Q99A7 LIVE AS A METROPOLITAN, REGIONAL, RURAL OR REMOTE AREA

"A7 Would you describe where you live as a metropolitan, regional, rural or remote area?"

1. Metropolitan?
2. Regional?
3. Rural?
4. Remote?
5. Don't know

Q1TSA TIME STAMP A  
=TSTAMP

\*SECTION B: RESPONDENT'S GAMBLING

Q99B1L TYPES OF GAMBLING ACTIVITIES

"Firstly we need to understand how often you may, or may not, have been involved in various types of gambling activities \_in the last 12 months\_... that is, since this time last year.

\_During the last 12 months\_,

1. Lotto/ Scratchies/ Lottery/ Soccer Pools
2. Bingo
3. Keno
4. Gaming machines
5. TAB betting
6. Racetrack betting
7. Casino games not on the internet
8. Sports betting
9. Casino or poker on the internet
10. Private gambling for money (e.g. cards, mahjong)

FOR EACH

Q99B1 OFTEN GAMBLE

"B1 How often did you gamble on \_[Q99B1L]\_?"

\_If necessary:\_ Would it have been \_read out scale\_?"

1. At least once a day
2. Several days a week
3. About once a week
4. About once a fortnight
5. About once a month
6. Once every two or three months
7. Three or four times in the last 12 months
8. Once or twice in the last 12 months
9. Not in the last 12 months
10. Never
11. Don't know/Can't say

Q1TSB TIME STAMP B  
=TSTAMP

\*SECTION C: PROFESSIONAL SOURCES OF GAMBLING HELP

Q99C1 KNOW ANY FACE-TO-FACE COUNSELLING OR TREATMENT SERVICES FOR GAMBLING HELP IN REGION



"I'd now like to ask you about your knowledge of \_professional gambling help services\_ BEFORE you rang the gambling helpline telephone service... That is, those gambling help services that involve professionally trained people, such as counsellors.

C1 Did you know of ANY \_face-to-face counselling or treatment services\_ for gambling help in your region, before you rang the gambling helpline?"

1. Yes
2. No

IF 2 Q99C1 SKIP Q99C3

Q99C2 TREATMENT SERVICES KNOW OF

"C2 Which one or ones in your region did you know of?  
\_Probe:\_ Any others?"

1. Record 1st mentioned (SPECIFY Q99C2O)
2. Record others mentioned (SPECIFY Q99C2O1)

GO Q99C3

Q99C2O 1ST MENTIONED

Q99C2O1 OTHER MENTIONED

Q99C3 KNOW OF ANY ON-LINE OR INTERNET GAMBLING COUNSELLING AND SUPPORT SERVICES FOR GAMBLING HELP

"C3 Did you know of ANY \_on-line or internet\_ gambling counselling and support services for gambling help, before you rang the gambling hotline?"

1. Yes
2. No

IF 2 Q99C3 SKIP Q99C5

Q99C4 ON-LINE SERVICES KNOW OF

"C4 Which one or ones did you know of?  
\_Probe once:\_ Any others?"

1. Record 1st mentioned (SPECIFY Q99C4O)
2. Record others mentioned (SPECIFY Q99C4O1)

GO Q99C5

Q99C4O 1ST MENTIONED

Q99C4O1 OTHER MENTIONED

Q99C5 KNOW OF ANY SUPPORT GROUP THAT MEETS IN REGION FOR GAMBLING HELP

"C5 Did you know of ANY \_support group that meets in your region\_ for gambling help, before you rang the gambling hotline?"

1. Yes
2. No

IF 2 Q99C5 SKIP Q99C7

Q99C6 SUPPORT GROUPS KNOW OF

"C6 Which one or ones that meet in your region did you know of?  
\_Probe once:\_ Any others?"

1. Record 1st mentioned (SPECIFY Q99C6O)
2. Record others mentioned (SPECIFY Q99C6O1)

GO Q99C7

Q99C60 1ST MENTIONED

Q99C601 OTHER MENTIONED

Q99C7 AWARE THAT GAMBLING VENUES CAN OFFER ASSISTANCE FOR A GAMBLING PROBLEM

"C7 Were you aware that \_gambling venues\_ can offer assistance for a gambling problem, before you rang the gambling hotline?"

1. Yes
2. No

IF 2 Q99C7 SKIP Q99C9

Q99C8 TYPES OF ASSISTANCE KNOW OF

"C8 What type or types of assistance did you know of?"

\_Probe once:\_ What others?"

1. Record 1st mentioned (SPECIFY Q99C80)
2. Record others mentioned (SPECIFY Q99C801)

GO Q99C9

Q99C80 1ST MENTIONED

Q99C801 OTHER MENTIONED

Q99C9 AWARE SERVICES MAY OFFER INFORMATION AND HELP FOR GAMBLING ISSUES

"C9 Before calling the gambling helpline were you aware that the following services may offer information and help for gambling issues?"

1. General Practitioners?
2. Financial counsellors?
3. Relationship counsellors?
4. Alcohol and drug services?
5. Migrant and ethnic support services?
6. Legal advisors?

----

7. No - not aware of any
8. Don't know/not sure

Q99C10L REASONS

"Next, I am going to read out a list of reasons people may give for seeking \_professional help\_ from the helpline for their gambling. As I read each one, I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions from your gambling
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work

14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99C10 FIRST SOUGHT HELP FROM GAMBLING HELPLINE

"C10 The reason you first sought help from the gambling helpline was because you were experiencing \_[Q99C10L]\_?"

Do you \_read scale if necessary\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99C11 OTHER REASON, NOT INCLUDED IN THE LIST I READ OUT, THAT LEAD TO FIRST CALL OF THE GAMBLING HELPLINE

"C11 Was there any other reason, not included in the list I read out, that lead to your first call of the gambling helpline?"

1. Yes
2. No

IF 2 Q99C11 SKIP Q99C13L

Q99C12 WHAT WAS REASON

"C12 What was that?"

\_Probe once:\_ What else?"

Q99C13L REASONS

"This time I'm going to read out a list of reasons people may give that \_discourage or delay them from calling the gambling helpline\_ for their gambling ... and using the same scale as before I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Wanted to solve the problem on your own
2. Were not aware that help was available
3. Were not aware that help services were free
4. Were too proud to seek help
5. Believed you didn't have a problem
6. Didn't think the help service would understand your main language
7. Didn't think the help service would understand your cultural background
8. Didn't think the help service would be able to help
9. Felt ashamed for yourself or family
10. Only wanted help for financial problems
11. Were concerned about being treated like an addict or mentally ill
12. Were concerned about confidentiality with the help service
13. Felt pressured by family and friends to continue gambling
14. Did not have the time for help
15. Didn't want anyone to tell you to stop gambling
16. You couldn't get help at the time or place you wanted it

FOR EACH

Q99C13 DID NOT CALL THE GAMBLING HELPLINE SOONER FOR GAMBLING

"C13 The reason you did not call the gambling helpline sooner for your gambling was because you \_[Q99C13L]\_?"

Do you \_READ SCALE IF NECESSARY\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99C14 OTHER REASON THAT MAY HAVE PLAYED A ROLE IN DELAYING CALLING THE GAMBLING HELPLINE

"C14 Was there any other reason, not included in the list I read out, that may have played a role in delaying you from calling the gambling helpline?"

1. Yes
2. No

IF 2 Q99C14 SKIP Q99C16

Q99C15 WHAT WERE THOSE REASONS

"C15 What is that?"

\_Probe once:\_ Anything else?"

Q99C16 DONE TO ENCOURAGE TO CALL THE GAMBLING HELPLINE SOONER

"C16 What, if anything, could have been done to encourage you to call the gambling helpline sooner?"

\_Probe once:\_ Anything else?"

1. Nothing
2. Other (SPECIFY Q99C16O)

GO Q99C17

Q99C16O OTHER

Q99C17 FIRST FIND OUT ABOUT THE GAMBLING HELPLINE

"C17 Thinking about your call to the gambling helpline ... how did you \_first\_ find out about the gambling helpline?"

1. Advertising in a gambling venue.
2. Advertising in the general media
3. A referral from a face-to-face counselling agency
4. A referral from a doctor or other health care worker
5. A referral from a family member or friend
6. A referral from a gambling venue staff member
7. The telephone book
8. An internet search
9. Other (SPECIFY Q99C17O)
10. Don't Know/Can't recall

GO Q99C18

Q99C17O OTHER

Q99C18 PRIMARILY SEEKING WHEN CALLED GAMBLING HELPLINE

"C18 And when you called the gambling helpline, were you \_primarily\_ seeking..."

1. Telephone counselling for your gambling?
2. Referral to a face-to-face counselling service?
3. General information about getting help for gambling problems? or
4. Something else? (SPECIFY Q99C18O)

GO Q99C19

Q99C18O OTHER

Q99C19 SATISFIED WITH THE OUTCOME OF TELEPHONE CALL TO THE GAMBLING HELPLINE

"C19 And how satisfied were you with the outcome of your telephone call to the gambling helpline?

Were you ... \_READ OUT\_"

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99C20 CURRENTLY RECEIVING HELP FOR GAMBLING FROM ANY PROFESSIONAL SOURCES OF HELP

"C20 Are you \_currently\_ receiving help for your gambling from any of the other following \_professional\_ sources of help?

1. Face-to-face counselling?
2. Email counselling?
3. Live on-line counselling?
4. Residential treatment program?
5. General help services (e.g. financial counselling, relationship counselling, GP)?
6. On-line support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
8. Exclusion from one or more gaming venues?

--

9. None of these

IF 9 Q99C20 SKIP Q99C23

IF NOT ", " Q99C20 SKIP Q99C22

Q99C21 MOST HELPFUL SOURCE

"C21 Which one is the most helpful?

1. Face-to-face counselling?
2. Email counselling?
3. Live on-line counselling?
4. Residential treatment program?
5. General help service (e.g. financial counselling, relationship counselling, GP)?
6. Online support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
8. Exclusion from one or more gaming venues?

---

9. No one most helpful
10. Don't know which one

USE Q99C20

USE 9-10

IF 9-10 Q99C21 SKIP Q99C24

Q99C22 FIND OUT ABOUT THIS TYPE OF HELP

"C22 And how did you find out about this type of help?

1. Advertising in a gambling venue.
2. Advertising in the general media
3. A referral from the gambling helpline
4. A referral from a doctor or other health care worker
5. A referral from a family member or friend
6. A referral from a venue staff member
7. The telephone book
8. An internet search
9. Other (SPECIFY Q99C22O)

---

10. Don't Know/Can't recall

GO Q99C23J

Q99C22O OTHER

Q99C23J

=0

SKIP Q99C24

Q99C23 RECEIVED HELP IN THE PAST FOR GAMBLING FROM ANY PROFESSIONAL SOURCE

"C23 Have you received help IN THE PAST for your gambling from any of the following PROFESSIONAL sources?

1. Face-to-face counselling?
2. Email counselling?
3. Live on-line counselling?
4. Residential treatment program?
5. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
6. Online support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
8. Exclusion from one or more gaming venues?

----

9. No/None of these

IF 9 Q99C23 SKIP Q99SECD

SKIP Q99C25J

Q99C24 APART FROM CURRENT SOURCE HAVE RECEIVED HELP FOR GAMBLING FROM ANY PROFESSIONAL SOURCE

"C24 Apart from the professional help you are currently receiving from [Q99C20], have you received help in the past for your gambling from any of the following professional sources?

1. Face-to-face counselling?
2. Email counselling?
3. Live online counselling?
4. Residential treatment program?
5. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
6. Online support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
8. Exclusion from one or more gaming venues?

---

9. No/None of these

NOT Q99C20

USE 9

IF 9 Q99C24 SKIP Q99SECD

Q99C25J

=0

IF NOT ( "," Q99C23 OR "," Q99C24 ) SKIP Q99C26

Q99C25 MOST HELPFUL

"C25 Which one was most helpful

1. Face-to-face counselling?
2. Email counselling?
3. Live on-line counselling?
4. Residential treatment program?
5. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
6. Online support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
8. Exclusion from one or more gaming venues
9. No one most helpful
10. Don't know which one

USE Q99C23

USE Q99C24

USE 9-10

IF 9-10 Q99C25 SKIP Q99SECD

Q99C26 SATISFIED WITH THE OUTCOME OF THIS HELP

"C26 And how satisfied were you with the outcome of this help?

Would you say you were... \_READ OUT\_"

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99C27 FIND ABOUT THIS TYPE OF HELP

"C27 And how did you find about this type of help?

1. Advertising in a gambling venue.
2. Advertising in the general media
3. A referral from the gambling helpline
4. A referral from a doctor or other health care worker
5. A referral from a family member or friend
6. A referral from a venue staff member
7. The telephone book
8. An internet search
9. Other (SPECIFY Q99C27O)

---

10. Don't Know/Can't recall

GO Q99SECD

Q99C27O OTHER

Q99SECD

=0

Q1TSC TIME STAMP C

=TSTAMP

\*SECTION D: NON-PROFESSIONAL SOURCES OF GAMBLING HELP

Q99D1 DID NOT WANT TO ACCESS A PROFESSIONAL HELP SERVICE WOULD TURN TO FOR HELP TO BETTER CONTROL OF GAMBLING

"I'd now like to ask you about \_non-professional\_ sources of help for gambling. That is, people who are not professionally trained but may provide support to help you with your gambling issues.

D1 If you did not want to access a \_professional help service\_, who would you turn to for help to better control your gambling?

\_Probe once:\_ Who else?"

1. Record 1st mentioned (SPECIFY Q99D1O)
2. Record others mentioned (SPECIFY Q99D1O1)

GO Q99D2

Q99D1O 1ST MENTIONED

Q99D1O1 OTHER MENTIONED

Q99D2 CURRENTLY RECEIVING HELP OR SUPPORT TO BETTER CONTROL GAMBLING FROM ANY NON-PROFESSIONAL SOURCES OF HELP

"D2 Are you \_currently\_ receiving help or support to better control your gambling from any of the following \_non-professional\_ sources of help?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (SPECIFY Q99D2O)

---

8. NO

GO Q99D3J

Q99D2O OTHER

Q99D3J

=0

IF 8 Q99D2 SKIP Q99D4

IF NOT "," Q99D2 SKIP Q99D4J

Q99D3 MOST HELPFUL

"D3 Who is most helpful?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Other
8. No one is most helpful
9. Don't Know which one

USE Q99D2

USE 8-9

Q99D4J

=0

SKIP Q99D5J



Q99D4 RECEIVED HELP TO BETTER CONTROL GAMBLING FROM ANY NON-PROFESSIONAL SOURCES OF HELP IN THE PAST

"D4 Have you received help to better control your gambling from any of the following \_non-professional\_ sources of help in the \_past\_?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (SPECIFY Q99D4O)

---

8. NO

GO Q99D5J

Q99D4O SOMEONE ELSE

Q99D5J

=0

IF 8 Q99D4 SKIP Q99D11J

IF 8 Q99D2 SKIP Q99D6J

Q99D5 APART FROM THE HELP CURRENTLY RECEIVING RECEIVED HELP TO BETTER CONTROL GAMBLING FROM ANY NON-PROFESSIONAL SOURCES

"D5 Apart from the help you are currently receiving from \_[Q99D2]\_ have you received help to better control your gambling from any of the following \_non-professional\_ sources of help in the \_past\_?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (SPECIFY Q99D4O)

---

8. NO

NOT Q99D2

USE 8

Q99D6J

=0

IF 8 Q99D5 SKIP Q99D8

IF NOT ( "," Q99D4 OR "," Q99D5 ) SKIP Q99D7

Q99D6 WHO WAS MOST HELPFUL

"D6 Who is most helpful?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Other

8. No one is most helpful
9. Don't Know which one

USE Q99D4

USE Q99D5

USE 8-9

Q99D7J

=0

IF 8-9 Q99D6 SKIP Q99D8L

Q99D7 SATISFIED WERE WITH THE OUTCOME OF THIS HELP

"D7 And how satisfied were you with the outcome of this help? Would you say you were...

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99D8L REASONS

"Next, I'm going to read out a list of gambling related reasons that prompt some people to seek \_non-professional\_ help... I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions from your gambling
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99D8 REASON SOUGHT NON-PROFESSIONAL HELP WAS BECAUSE GAMBLING WAS CAUSING TO EXPERIENCE

"D8 The reason you sought \_non-professional\_ help was because your gambling was causing you to experience \_[Q99D8L]\_?"

Do you \_READ SCALE IF NECESSARY\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99D9 OTHER GAMBLING RELATED REASON, THAT PROMPTED TO SEEK NON-PROFESSIONAL HELP FOR GAMBLING

"D9 Was there any other gambling related reason, not included in the list I read out, that prompted you to seek \_non-professional\_ help for your gambling?"

1. Yes
2. No

IF 2 Q99D9 SKIP Q99D11J

Q99D10 REASONS

"D10 What is that?"

\_Probe once:\_ Anything else?"

Q99D11J

=0

Q99D11L REASONS

"I'm now going to read you out a list of reasons that may discourage or delay people from seeking non-professional help for their gambling ... and would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Wanted to solve the problem on your own
2. Were too proud to seek help
3. Believed you didn't have a problem
4. Felt ashamed for yourself or family
5. Only wanted help for financial problems
6. Were concerned about being treated like an addict or mentally ill
7. Were concerned about confidentiality
8. Felt pressured by family and friends to continue gambling
9. Did not have the time for help
10. Didn't want anyone to tell you to stop gambling
11. Didn't think that they would be able to help

FOR EACH

Q99D11 NOT SEEK NON-PROFESSIONAL HELP FOR GAMBLING

"D11 The reason you delayed or did not seek \_non-professional\_ help for your gambling was because you \_[Q99D11L]\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99D12 ANY OTHER REASONS MAY HAVE PLAYED A ROLE IN DELAYING, OR DECIDING NOT TO SEEK, NON-PROFESSIONAL HELP

"D12 Was there any other reason, not included in the list I read out, that may have played a role in you delaying, or deciding not to seek, \_non-professional\_ help for your gambling?"

1. Yes
2. No

IF 2 Q99D12 SKIP Q99D14

Q99D13 REASONS

"D13 What is that?

\_Probe once:\_ Anything else?"

Q99D14 DONE TO ENCOURAGE TO SEEK NON-PROFESSIONAL HELP SOONER

"D14 What, if anything, could have been done to encourage you to seek non-professional help sooner?

\_Probe once:\_ What else?"

1. Nothing

2. Other (SPECIFY Q99D14O)

GO Q99SECE

Q99D14O OTHER

Q99SECE

=0

Q1TSD TIME STAMP D

=TSTAMP

\*SECTION E: SELF-HELP GAMBLING STRATEGIES

Q99E1 TRY SELF-HELP STRATEGIES TO BETTER CONTROL GAMBLING

"I am now going to ask you some questions about \_self-help\_ for gambling issues. That is, strategies or methods people might use to better control their gambling that do not involve other people.

E1 Before you sought either professional or non-professional help, did you try any of the following self-help strategies to better control your gambling...

1. Used a checklist to self-assess a gambling problem?
2. Kept records of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Sourced information about how gambling works and the odds of winning?
5. Sourced information about why some people gamble excessively?
6. Avoided friends/family who gamble?
7. Avoided being near the venue where you primarily gambled?
8. Limited access to money for gambling e.g. leaving debit and credit cards at home?
9. Took up other activities to take the place of gambling?
10. Some other strategy/method? (SPECIFY Q99E1O)
11. None of these

GO Q99E2J

Q99E1O OTHER

Q99E2J

=0

IF 11 Q99E1 SKIP Q99E8

IF NOT ", " Q99E1 SKIP Q99E3

Q99E2 ONE MOST HELPFUL

"E2 Which one is most helpful?

1. Used a checklist to self-assess a gambling problem?
2. Kept records of your gambling activities and expenditure?
3. Set a budget for gambling expenses?
4. Sourced information about how gambling works and the odds of winning?
5. Sourced information about why some people gamble excessively?
6. Avoided friends/family who gamble?

7. Avoided being near the venue where you primarily gambled?
8. Limited access to money for gambling e.g. leaving debit and credit cards at home?
9. Took up other activities to take the place of gambling?
10. Other
11. No one strategy/method
12. Don't know which one

USE Q99E1

USE 11-12

GO Q99E3J

Q99E3J

=0

IF 11-12 Q99E2 SKIP Q99E4

Q99E3 FIND ABOUT THIS STRATEGY/METHOD

"E3 And how did you find about this strategy/method?

1. Internet
2. General media (radio, television, newspaper)
3. Brochure from gambling venue
4. Brochure from other source (e.g. GP waiting room)
5. Friends/family
6. Other (SPECIFY Q99E3O)
- 
7. Don't know/can't recall/just knew it

GO Q99E4

Q99E3O OTHER

Q99E4 SATISFIED WITH THE OUTCOME OF THIS SELF-HELP

"E4 And how satisfied were you with the outcome of this self-help. Would you say you were ...

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99E5L REASONS

"Next, I'm going to read out a list of gambling related reasons that prompt some people to use self-help strategies ... I would like you to tell me how strongly you agree or disagree with each .... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those you support (children, elderly parents)
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends about your gambling
7. Concerns that your gambling might develop into a major problem in the future
8. Negative emotions from your gambling
9. Physical health concerns
10. Concerns from the venue where you were gambling
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work

14. Problems in maintaining normal daily activities

15. Isolation from family, relatives or friends

FOR EACH

Q99E5 REASON TRIED SELF-HELP STRATEGIES WAS BECAUSE GAMBLING WAS CAUSING TO EXPERIENCE

"E5 The reason you tried self-help strategies was because your gambling was causing you to experience \_[Q99E5L]\_?"

Do you \_read scale if necessary\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99E6 ANY OTHER GAMBLING RELATED REASON PROMPTED TO TRY SELF-HELP STRATEGIES FOR GAMBLING

"E6 Was there any other gambling related reason, not included in the list I read out, that prompted you to try self-help strategies for your gambling?"

1. Yes
2. No

IF 2 Q99E6 SKIP Q99E8L

Q99E7 REASONS

"E7 What is that?"

\_Probe once:\_ Anything else?"

Q99E8L REASONS

"Next I'm going to read out a list of reasons that may \_discourage or delay people from using self-help strategies\_ to control their gambling ... and using the same scale as we used before I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Were not aware of the strategies
2. Thought the self-help strategies were too much work on your own
3. Could not access self-help strategies in your main language
4. Could not find self-help strategies that were culturally appropriate
5. Thought the self-help strategies would not work for you
6. Believed you didn't have a problem
7. Only wanted help for financial problems
8. Felt pressured by family and friends to continue gambling
9. Did not have the time to use self-help strategies
10. Didn't want to stop gambling

FOR EACH

Q99E8 REASON DELAYED OR DECIDED NOT TO USE SELF-HELP STRATEGIES OR METHODS FOR GAMBLING

"E8 The reason you delayed or decided not to use self-help strategies or methods for your gambling was because you \_[Q99E8L]\_?"

Do you \_READ SCALE IF NECESSARY\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99E9 OTHER REASON MAY HAVE PLAYED A ROLE IN DISCOURAGING OR DELAYING USING SELF-HELP STRATEGIES FOR GAMBLING

"E9 Was there any other reason, not included in the list I read out, that may have played a role in discouraging or delaying you from using self-help strategies for your gambling?"

1. Yes
2. No

IF 2 Q99E9 SKIP Q99E11

Q99E10 REASONS

"E10 What is that?"

\_Probe once:\_ Anything else?"

Q99E11 DONE TO ENCOURAGE TO USE SELF-HELP STRATEGIES SOONER

"E11 What, if anything, could have been done to encourage you to use self-help strategies sooner?"

1. Nothing
2. Other (SPECIFY Q99E110)

GO Q99SECF

Q99E110 OTHER

Q99SECF

=0

Q1TSE TIME STAMP E

=TSTAMP

\*SECTION F: PATHWAYS TO HELP-SEEKING

Q99F1 DO FIRST WHEN DECIDED TO BETTER CONTROL GAMBLING

"In this questionnaire we have asked about the three ways people can seek help for their gambling, these were ...

1. Professional sources of help (e.g. counselling, treatment, etc provided by professionally trained people)
2. Non-professional sources of help (e.g. from partner, family, friends, etc)
3. Self-help strategies (e.g. budgeting, sourcing information on gambling)

F1 Which of these three did you do first when you decided you wanted to better control your gambling?"

1. Professional sources of help?
2. Non-professional sources of help?
3. Self-help strategies?
4. None of these

IF 4 Q99F1 SKIP Q99SECG

Q99F2 DO SECOND WHEN DECIDED TO BETTER CONTROL GAMBLING

"F2 And which, if any, did you do second?"

1. Professional sources of help?
2. Non-professional sources of help?
3. Self-help strategies?
4. None of these

NOT Q99F1

USE 4

IF 4 Q99F2 SKIP Q99SECG

Q99F3 DO THIRD WHEN DECIDED TO BETTER CONTROL GAMBLING

"F3 And which, if any, did you do third?"

1. Professional sources of help?
2. Non-professional sources of help?
3. Self-help strategies?
4. None of these

NOT Q99F1

NOT Q99F2

USE 4

Q99SECG

=0

Q1TSF TIME STAMP F

=TSTAMP

\*SECTION G: STAGES OF CHANGE

Q99G1 MAINTAINED ANY CHANGES TO GAMBLING TO BETTER CONTROL IT FOR LONGER THAN THE LAST 6 MONTHS

"Next, some questions about any changes to your gambling behaviour..."

G1 Have you maintained any changes to your gambling to better control it \_for longer than the last 6 months?\_"

1. Yes
2. No

IF 1 Q99G1 SKIP Q99SECH

Q99G2 WITHIN THE PAST SIX MONTHS MADE ANY CHANGES TO GAMBLING TO BETTER CONTROL IT

"G2 \_Within the past six months\_, have you made any changes to your gambling to better control it?"

1. Yes
2. No

IF 1 Q99G2 SKIP Q99SECH

Q99G3 IN THE NEXT MONTH INTENDING TO MAKE ANY CHANGES TO GAMBLING TO BETTER CONTROL IT

"G3 \_In the next month\_, are you \_intending\_ to make any changes to your gambling to better control it?"

1. Yes
2. No

IF 1 Q99G3 SKIP Q99SECH



Q99G4 IN THE NEXT 6 MONTHS INTENDING TO MAKE CHANGES TO GAMBLING TO BETTER CONTROL IT

"G4 \_In the next 6 months\_, are you \_intending\_ to make any changes to your gambling to better control it?"

1. Yes
2. No

Q99SECH

=0

Q1TSG TIME STAMP G

=TSTAMP

\*SECTION H: PROBLEM GAMBLING SEVERITY INDEX

Q99H1L STATEMENTS

RND

1. How often have you bet more than you could really afford to lose?
2. How often have you needed to gamble with larger amounts of money to get the same feeling of excitement?
3. How often have you gone back another day to try to win back the money you lost?
4. How often have you borrowed money or sold anything to get money to gamble?
5. How often have you felt that you might have a problem with gambling?
6. How often have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
7. How often have you felt guilty about the way you gamble, or what happens when you gamble?
8. How often has your gambling caused you any health problems, including stress or anxiety?
9. How often has your gambling caused any financial problems for you or your household?

FOR EACH

Q99H1 OFTEN DONE IN PAST 12 MONTHS

"H1 Thinking about the past 12 months \_[Q99H1L]\_?

Would you say \_READ SCALE\_?"

1. Never
2. Sometimes
3. Most of the time
4. Almost always
5. Don't Know

\*SECTION I: CLOSURE

Q99END

"Thank-you that's the end of the interview. As this is University research it has been approved by the Southern Cross University Human Research Ethics Committee. Would you like to know more about this project or about services for people experiencing problems with their gambling.

\_ READ OUT IF WANTED: \_ The ethics approval number for this project is 09-095 and the ethics officer is Sue Kelly. Her phone number is 02 6626 9139. There is a national gambling helpline that provides free and confidential counselling advice. Their number is 1800 858 858.

\_ READ TO ALL: \_ As part of quality control procedures, someone from Reark Research may wish to re-contact you to ask a couple of questions verifying some of the information we just collected. Can I confirm your phone number:

Thanks again for your time, just to remind you, I am from Reark Research. If you have any queries you can call the Chief Investigator of this project Professor Nerilee Hing on 02 6620 3928."

## Survey Instrument for Family Helpline Callers

Good (morning/afternoon/evening). My name is \_[Q0IV]\_. from Reark Research, may I speak to \_[Q0REC[2]]\_ please?

\_If necessary:\_ \_[Q0REC[2]]\_'s name was provided to us as someone who had volunteered to participate in a national survey we are conducting on behalf of Southern Cross University, may I speak to him/her please.

"Firstly, I just need to confirm how we came to contact you ... we contacted you because ... you rang a gambling helpline because of the gambling of a friend or family member and volunteered to participate in this study."

1. Yes
2. No

IF 2 Q99BEG1 ABORT "Q99BEG1 FAILED AT SCREENER"

### \*SECTION A: RESPONDENT CHARACTERISTICS

#### Q99A1 BORN IN AUSTRALIA

"Firstly some questions to help us classify your answers in this study.

A1 Were you born in Australia?"

1. Yes
2. No

#### Q99A2 YEAR BORN

"A2 In what year (were you born)?"

IF 1900-2000 Q99A2 SKIP Q99A3J

#### Q99A2A AGE GROUP

"A2A Into which of these age-groups do you fall ...

1. 18 to 19 years
2. 20 to 24 years
3. 25 to 29 years
4. 30 to 34 years
5. 35 to 39 years
6. 40 to 44 years
7. 45 to 49 years
8. 50 to 54 years
9. 55 to 59 years
10. 60 to 64 years
11. 65 to 69 years
12. 70 years or more

Q99A3J

=0

IF NOT 2 Q99A1 SKIP Q99A3A

#### Q99A3 YEAR ARRIVED IN AUSTRALIA

"A3 In what year did you arrive in Australia? (record year)"

Q99A3A PRIMARILY IDENTIFY AS SOMEONE IN THE MAINSTREAM AUSTRALIAN CULTURE OR AS PART OF ANOTHER CULTURE

"A3A Do you primarily identify yourself as someone in the mainstream Australian culture or as part of another culture?"

\_If not 'mainstream Australian', ask:\_ Which culture is that?"

1. Mainstream Australian
2. Other culture (SPECIFY Q99A3AO)

GO Q99A3B

Q99A3AO OTHER

Q99A3B GENDER

"A3B What is your gender?"

1. Male
2. Female

Q99A4 MARITAL STATUS

"A4 What is your marital status ... are you

1. Married?
2. Widowed?
3. Separated or Divorced?
4. a de facto partner?
5. Or have you never married?

Q99A5 BEST DESCRIBES CURRENT WORK STATUS

"A5 Which of the following best describes your current work status ... are you

1. Working full-time?
2. Working part-time?
3. Home duties?
4. Student?
5. Self-funded retiree?
6. Pensioner?
7. Unemployed (looking for work)?
8. Or something else? (SPECIFY Q99A5O)

GO Q99A6

Q99A5O OTHER

Q99A6 DETAILS

"A6 So that we can mail you the \$30 voucher we have promised for your participation in this study I need to record your name and your home address ...

Q99A7 LIVE AS A METROPOLITAN, REGIONAL, RURAL OR REMOTE AREA

"A7 Would you describe where you live as a metropolitan, regional, rural or remote area?"

1. Metropolitan?
2. Regional?
3. Rural?
4. Remote?
5. Don't know

\*SECTION B: GAMBLER RELATIONSHIP

Q99B1 CALLED THE GAMBLING HELPLINE

"B1 When you called the gambling helpline was it because of issues related to

1. Your partner's gambling?
2. Your son's gambling?
3. Your daughters gambling?
4. Your mother's gambling?
5. Your father's gambling?
6. Some other family member's gambling? - ask for relationship (SPECIFY Q99B10)
7. Your friends gambling?

GO Q99B2

Q99B10 OTHER

Q99B2 FIRST NAME

"B2 To help us keep on track throughout the interview, I just want to confirm the first name of this person?"

\*SECTION C: PROFESSIONAL SOURCES OF GAMBLING HELP

Q99C1 KNOW ANY FACE-TO-FACE COUNSELLING OR TREATMENT SERVICES FOR PEOPLE AFFECTED BY ANOTHER PERSON'S GAMBLING IN REGION

"I'd now like to ask you about your knowledge of \_professional gambling help services\_ BEFORE you rang the gambling helpline telephone service ... that is, those gambling help services that involve professionally trained people, such as counsellors.

C1 Did you know of ANY \_face-to-face counselling or treatment services\_ for people affected by another person's gambling in your region, before you rang the gambling helpline?"

1. Yes
2. No

IF 2 Q99C1 SKIP Q99C3

Q99C2 ONE'S KNOW OF IN REGION

"C2 Which one or ones in your region did you know of?

\_Probe:\_ Any others?"

1. Record 1st mentioned (SPECIFY Q99C20)
2. Record others mentioned (SPECIFY Q99C201)

GO Q99C3

Q99C20 1ST MENTIONED

Q99C201 OTHER MENTIONED

Q99C3 KNOW OF ANY ON-LINE OR INTERNET GAMBLING COUNSELLING AND SUPPORT SERVICES

"C3 Did you know of ANY \_on-line or internet\_ gambling counselling and support services for people affected by another person's gambling, before you rang the gambling hotline?"

1. Yes
2. No

IF 2 Q99C3 SKIP Q99C5

Q99C4 ONE'S KNOW OF

"C4 Which one or ones did you know of?

\_Probe once:\_ Any others?"

1. Record 1st mentioned (SPECIFY Q99C40)
2. Record others mentioned (SPECIFY Q99C401)

GO Q99C5

Q99C40 1ST MENTIONED

Q99C401 OTHER MENTIONED

Q99C5 KNOW ANY SUPPORT GROUP THAT MEETS IN REGION FOR PEOPLE AFFECTED BY ANOTHER PERSONS GAMBLING

"C5 Did you know of ANY \_support group that meets in your region\_ for people affected by another person's gambling, before you rang the gambling hotline?"

1. Yes
2. No

IF 2 Q99C5 SKIP Q99C7

Q99C6 ONE'S KNOW OF IN REGION

"C6 Which one or ones that meet in your region did you know of?

\_Probe once:\_ Any others?"

1. Record 1st mentioned (SPECIFY Q99C60)
2. Record others mentioned (SPECIFY Q99C601)

GO Q99C7

Q99C60 1ST MENTIONED

Q99C601 OTHER MENTIONED

Q99C7 AWARE OF ANY LEGAL OPTIONS FOR PEOPLE AFFECTED BY ANOTHER PERSON'S GAMBLING

"C7 Were you aware of any \_legal options\_ for people affected by another person's gambling, before you rang the gambling hotline?"

1. Yes
2. No

IF 2 Q99C7 SKIP Q99C9

Q99C8 OPTIONS KNOW OF

"C8 What options did you know of?

\_Probe once:\_ What others?"

1. Record 1st mentioned (SPECIFY Q99C80)
2. Record others mentioned (SPECIFY Q99C801)

GO Q99C9

Q99C80 1ST MENTIONED

Q99C801 OTHER MENTIONED

Q99C9 AWARE THAT THE FOLLOWING SERVICES MAY OFFER INFORMATION AND HELP FOR PEOPLE AFFECTED BY ANOTHER PERSON'S GAMBLING

"C9 Before calling the gambling helpline were you aware that the following services may offer information and help for people affected by another person's gambling?"

1. General Practitioners?
2. Financial counsellors?
3. Relationship counsellors?

4. Alcohol and drug services?
5. Migrant and ethnic support services?
6. Legal advisors?

----

7. No - not aware of any
8. Don't know/not sure

#### Q99C10L REASONS

"Next, I am going to read out a list of reasons people may give for seeking \_professional help\_ from the helpline for issues related to another person's gambling. As I read each one, I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends
7. Concerns that their gambling might develop into a major problem in the future
8. Negative emotions
9. Physical health concerns
10. Concerns from the gambling venue
11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

#### Q99C10 FIRST SOUGHT HELP FROM THE GAMBLING HELPLINE

"C10 The reason you first sought help from the gambling helpline was because \_[Q99NA]\_'s gambling was causing you to experience \_[Q99C10L]\_?"

Do you \_read scale if necessary\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

#### Q99C11 OTHER REASON, NOT INCLUDED

"C11 Was there any other reason, not included in the list I read out, that prompted you to first call the helpline because of \_[Q99NA]\_'s gambling?"

1. Yes
2. No

IF 2 Q99C11 SKIP Q99C13L

#### Q99C12 WHAT WERE THEY

"C12 What was that?"

\_Probe once:\_ What else?"

Q99C13L REASONS

"This time I'm going to read out a list of reasons people may give that \_delay them from calling the helpline\_ when they experience problems related to another person's gambling ... and using the same scale as before I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Wanted to solve the problem on your own
2. Were not aware that help was available for you
3. Were not aware that help services were free
4. Were too proud to seek help
5. Didn't think the help service would understand your main language
6. Didn't think the help service would understand your cultural background
7. Didn't think the help service would be able to help
8. Felt ashamed for yourself or family
9. Only wanted help for financial problems
10. Were concerned that they might treat friend like an addict or mentally ill
11. Were concerned about confidentiality with the help service
12. Did not have the time for help
13. Didn't want anyone to tell you to confront friend about the gambling
14. Couldn't get help at the time or place you wanted it

FOR EACH

Q99C13 DID NOT CALL THE GAMBLING HELPLINE SOONER FOR THE PROBLEMS WERE EXPERIENCING

"C13 The reason you did not call the gambling helpline sooner for the problems you were experiencing from \_[Q99NA]\_'s gambling was because you \_[Q99C13L]\_?

Do you \_read scale if necessary\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99C14 OTHER REASON, NOT INCLUDED IN THE LIST I READ OUT, THAT MAY HAVE PLAYED A ROLE IN DELAYED THE GAMBLING HELPLINE CALL

"C14 Was there any other reason, not included in the list I read out, that may have played a role in delaying you from calling the gambling helpline?"

1. Yes
2. No

IF 2 Q99C14 SKIP Q99C16

Q99C15 WHAT WERE THEY

"C15 What is that?"

\_Probe once:\_ Anything else?"

Q99C16 DONE TO ENCOURAGE TO CALL THE GAMBLING HELPLINE SOONER

"C16 What, if anything, could have been done to encourage you to call the gambling helpline sooner?"

\_Probe once:\_ Anything else?"

1. Nothing
2. Other (SPECIFY Q99C16O)

GO Q99C17  
Q99C160 OTHER

Q99C17 FIRST FIND OUT ABOUT THE GAMBLING HELPLINE

"C17 Thinking about your call to the gambling helpline ... how did you \_first\_ find out about the gambling helpline?

1. Advertising in a gambling venue.
2. Advertising in the general media
3. A referral from a face-to-face counselling agency
4. A referral from a doctor or other health care worker
5. A referral from a family member or friend
6. A referral from a gambling venue staff member
7. The telephone book
8. An internet search
9. Other (SPECIFY Q99C170)
10. (Don't Know/Can't recall)

GO Q99C18  
Q99C170 OTHER

Q99C18 PRIMARILY SEEKING WHEN CALLED THE GAMBLING HELPLINE

"C18 And when you called the gambling helpline, were you \_primarily\_ seeking

1. Telephone counselling for the problems you were experiencing from friend's gambling?
2. Referral to a face-to-face counselling service for the problems you were experiencing from friend's gambling?
3. General information about getting help for gambling related problems? or
4. Something else? (SPECIFY Q99C180)

GO Q99C19  
Q99C180 OTHER

Q99C19 SATISFIED WITH THE OUTCOME OF TELEPHONE CALL TO THE GAMBLING HELPLINE

"C19 And how satisfied were you with the outcome of your telephone call to the gambling helpline?

Were you ... \_READ OUT\_

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99C20 CURRENTLY RECEIVING HELP FOR THE PROBLEMS EXPERIENCING

"C20 Are you \_currently\_ receiving help for the problems you were experiencing from \_[Q99NA]\_ gambling from any of the other following \_professional\_ sources of help?

1. Face-to-face counselling?
2. Email counselling?
3. Live on-line counselling?
4. Residential treatment program?
5. General help services (e.g. financial counselling, relationship counselling, GP)?
6. On-line support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?

---

8. None of these



IF 8 Q99C20 SKIP Q99C23J  
IF NOT ",," Q99C20 SKIP Q99C22

Q99C21 MOST HELPFUL

"C21 Which one is the most helpful?

1. Face-to-face counselling?
2. Email counselling?
3. Live on-line counselling?
4. Residential treatment program?
5. General help service (e.g. financial counselling, relationship counselling, GP)?
6. Online support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
8. No one most helpful
9. Don't know which one

USE Q99C20

USE 8-9

IF 8-9 Q99C21 SKIP Q99C24

Q99C22 FIND ABOUT THIS TYPE OF HELP

"C22 And how did you find about this type of help?

1. Advertising in a gambling venue.
2. Advertising in the general media
3. A referral from the gambling helpline
4. A referral from a doctor or other health care worker
5. A referral from a family member or friend
6. A referral from a venue staff member
7. The telephone book
8. An internet search
9. Other (SPECIFY Q99C22O)  
----
10. Don't Know/Can't recall

GO Q99C23J

Q99C22O OTHER

Q99C23J

=0

IF NOT 8 Q99C20 SKIP Q99C24

Q99C23 RECEIVED HELP IN THE PAST FOR THE PROBLEMS EXPERIENCING FROM PROFESSIONAL SOURCES

"C23 Have you received help \_in the past\_ for the problems you were experiencing from \_[Q99NA]\_ gambling from any of the following \_professional\_ sources?

1. Face-to-face counselling?
2. Email counselling?
3. Live on-line counselling?
4. Residential treatment program?
5. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
6. Online support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?

---

8. No/None of these

IF 8 Q99C23 SKIP Q99SECD  
SKIP Q99C25J

Q99C24 APART FROM THE PROFESSIONAL HELP CURRENTLY RECEIVING RECEIVED HELP FROM  
PROFESSIONAL SOURCES

"C24 Apart from the professional help you are currently receiving from [Q99C20], have you received help in the past for your gambling from any of the following professional sources?

1. Face-to-face counselling?
2. Email counselling?
3. Live online counselling?
4. Residential treatment program?
5. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
6. Online support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?

---

8. No/None of these

NOT Q99C20

USE 8

IF 8 Q99C24 SKIP Q99SECD

Q99C25J

=0

IF NOT ( "," Q99C23 OR "," Q99C24 ) SKIP Q99C26

Q99C25 MOST HELPFUL

"C25 Which one was most helpful

1. Face-to-face counselling?
2. Email counselling?
3. Live on-line counselling?
4. Residential treatment program?
5. General help service (e.g. financial counselling, relationship counselling, GP, etc)?
6. Online support group (e.g. internet forums)?
7. A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)?
8. No one most helpful
9. Don't know which one

USE Q99C23

USE Q99C24

USE 8-9

IF 8-9 Q99C25 SKIP Q99SECD

Q99C26 SATISFIED WITH THE OUTCOME OF THIS HELP

"C26 And how satisfied were you with the outcome of this help? Would you say you were...

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99C27 FIND ABOUT THIS TYPE OF HELP

"C27 And how did you find about this type of help?

1. Advertising in a gambling venue.
2. Advertising in the general media

3. A referral from the gambling helpline
4. A referral from a doctor or other health care worker
5. A referral from a family member or friend
6. A referral from a venue staff member
7. The telephone book
8. An internet search
9. Other (SPECIFY Q99C270)
10. Don't Know/Can't recall

GO Q99SECD  
 Q99C270 OTHER  
 Q99SECD  
 =0

\*SECTION D: NON-PROFESSIONAL SOURCES OF GAMBLING HELP

Q99D1 TURN TO FOR HELP ABOUT FRIENDS GAMBLING

"I'd now like to ask you about non-professional sources of help for gambling. That is, people who are not professionally trained but may provide support to help you with the problems you were experiencing from [Q99NA]'s gambling.

D1 If you did not want to access a professional help service, who would you turn to for help about [Q99NA]'s gambling?

Probe once: Who else?"

1. Record 1st mentioned (SPECIFY Q99D10)
2. Record others mentioned (SPECIFY Q99D101)

GO Q99D2  
 Q99D10 1ST MENTIONED  
 Q99D101 OTHER MENTIONED

Q99D2 CURRENTLY RECEIVING HELP OR SUPPORT FOR THE PROBLEMS EXPERIENCING FROM FRIENDS GAMBLING

"D2 Are you currently receiving help or support for the problems you were experiencing from [Q99NA]'s gambling from any of the following non-professional sources of help?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (SPECIFY Q99D20)

----

8. NO

USE 1 IF NOT 1 Q99B1  
 USE 2-8  
 GO Q99D3J  
 Q99D20 OTHER  
 Q99D3J  
 =0

IF 8 Q99D2 SKIP Q99D4  
 IF NOT ", " Q99D2 SKIP Q99D5J

Q99D3 MOST HELPFUL

"D3 Who is most helpful?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Other
8. No one is most helpful
9. Don't Know which one

USE Q99D2

USE 8-9

SKIP Q99D5J

Q99D4 RECEIVED HELP FOR THE PROBLEMS EXPERIENCED FROM FRIENDS GAMBLING FROM ANY NON-PROFESSIONAL SOURCES

"D4 Have you received help for the problems you were experiencing from \_[Q99NA]\_'s gambling from any of the following \_non-professional\_ sources of help in the \_past\_?

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (SPECIFY Q99D4O)

---

8. NO

USE 1 IF NOT 1 Q99B1

USE 2-8

GO Q99D5J

Q99D4O OTHER

Q99D5J

=0

IF 8 Q99D4 SKIP Q99D11J

IF 8 Q99D2 SKIP Q99D6J

Q99D5 RECEIVED HELP FOR THE PROBLEMS EXPERIENCING FROM FRIENDS GAMBLING FROM NON-PROFESSIONAL SOURCES

"D5. Apart from the help you are currently receiving from \_[Q99D2]\_ have you received help for the problems you were experiencing from \_[Q99NA]\_ gambling from any of the following \_non-professional\_ sources of help in the \_past?\_

1. Your partner?
2. Other family members?
3. Friends?
4. Work colleagues?
5. Clergy/religious leader?
6. Community leaders or elders?
7. Someone else? (SPECIFY Q99D4O)

----

8. NO

NOT Q99D2  
NOT 1 IF 1 Q99B1  
Q99D6J  
=0  
IF 8 Q99D5 SKIP Q99D8L  
IF NOT ( "," Q99D4 OR "," Q99D5 ) SKIP Q99D7

Q99D6 MOST HELPFUL  
IF 1 Q99B1  
"D6 Who is most helpful?  
1. Your partner?  
2. Other family members?  
3. Friends?  
4. Work colleagues?  
5. Clergy/religious leader?  
6. Community leaders or elders?  
7. Other  
8. No one is most helpful  
9. Don't Know which one

USE Q99D4  
USE Q99D5  
USE 8-9  
GO Q99D7J  
Q99D6O OTHER  
Q99D7J  
=0  
IF 8-9 Q99D6 SKIP Q99D8L

Q99D7 SATISFIED WITH THE OUTCOME OF THIS HELP  
"D7 And how satisfied were you with the outcome of this help? Would you say you were \_READ  
OUT\_"  
1. Extremely satisfied?  
2. Satisfied?  
3. Unsatisfied?  
4. Extremely unsatisfied?  
5. Or neither satisfied or unsatisfied?

Q99D8L REASONS  
"Next, I am going to read out a list of reasons people may give for seeking \_non-professional help\_  
for issues related to another person's gambling. As I read each one, I would like you to tell me how  
strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or  
Strongly Disagree. Let's get started.  
1. Legal problems  
2. Problems with your living circumstances, e.g. housing problems  
3. Concerns about the welfare of those dependent on you  
4. Relationship problems with your spouse or partner  
5. Problems with family members other than your spouse or partner  
6. Pressure from your partner, family or friends  
7. Concerns that their gambling might develop into a major problem in the future  
8. Negative emotions  
9. Physical health concerns  
10. Concerns from the gambling venue

11. Concerns that you had reached a point where you could not go on
12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99D8 NON PROFESSIONAL HELP FRIENDS GAMBLING CAUSED TO EXPERIENCE

"D8 The reason you first sought \_non-professional help\_ was because \_[Q99NA]\_'s gambling was causing you to experience \_[Q99D8L]\_?"

Do you \_read scale if necessary\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99D9 ANY OTHER REASON, NOT INCLUDED IN THE LIST I READ OUT, THAT LEAD TO FIRST SEEK NON-PROFESSIONAL HELP

"D9 Was there any other reason, not included in the list I read out, that lead you to first seek \_non-professional\_ help because of \_[Q99NA]\_ gambling?"

1. Yes
2. No

IF 2 Q99D9 SKIP Q99D11J

Q99D10 WHAT IS THAT

"D10 What is that?"

\_Probe once:\_ Anything else?"

Q99D11J

=0

Q99D11L REASONS

"I'm now going to read you out a list of reasons that may discourage or delay people from seeking non-professional help problems associated with another person's gambling ... and would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree. Let's get started.

RND

1. Wanted to solve the problem on your own
2. Were too proud to seek help
3. Felt ashamed for yourself or family
4. Only wanted help for financial problems
5. Were concerned that they might treat friend like an addict or mentally ill
6. Were concerned about confidentiality
7. Felt pressured by family and friends to continue gambling
8. Did not have the time for help
9. Didn't want anyone to tell you to confront friend about the gambling
10. Didn't think that they would be able to help

FOR EACH

Q99D11 REASON DELAYED OR DID NOT SEEK NON-PROFESSIONAL HELP FOR PROBLEMS ASSOCIATED WITH FRIENDS GAMBLING

"D11. The reason you delayed or did not seek non-professional help for problems associated with \_[Q99NA]\_'s gambling was because you \_[Q99D11L]\_?"

Do you \_read scale if necessary\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?

Q99D12 OTHER REASONS PLAYED A ROLE IN DELAYING, NON-PROFESSIONAL HELP FOR THE PROBLEMS ASSOCIATED WITH FRIENDS GAMBLING

"D12 Was there any other reason, not included in the list I read out, that may have played a role in you delaying, or deciding not to seek, \_non-professional\_ help for the problems associated with \_[Q99NA]\_'s gambling?"

1. Yes
2. No

IF 2 Q99D12 SKIP Q99D14

Q99D13 WHAT WAS THAT

"D13 What is that?"

\_Probe once:\_ Anything else?"

Q99D14 DONE TO ENCOURAGE TO SEEK NON-PROFESSIONAL HELP SOONER

"D14 What, if anything, could have been done to encourage you to seek non-professional help sooner?"

\_Probe once:\_ What else?"

1. Nothing
2. Other (SPECIFY Q99D14O)

GO Q99SECE

Q99D14O OTHER

Q99SECE

=0

\*SECTION E: SELF-HELP STRATEGIES.

Q99E1 TRY ANY OF THE FOLLOWING SELF-HELP STRATEGIES TO MINIMISE THE PROBLEMS FROM FRIENDS GAMBLING

"I am now going to ask you some questions about self-help for gambling issues. That is, strategies or methods you may have used to minimise the problems you were experiencing from \_[Q99NA]\_'s gambling.

E1 Before you sought either professional or non-professional help, did you try any of the following self-help strategies to minimise the problems from \_[Q99NA]\_'s gambling ...

1. Talk to friend about how their gambling is affecting you.
2. Encouraged friend to seek help for their gambling.
3. Organised direct debits for household bills, mortgages and regular debits
4. Budgeted and allow each member of the family some spending money, this includes friend.
5. Took action to protect any joint accounts with friend
6. Some other strategy/method? (SPECIFY Q99E1O)

---

7. None of these

GO Q99E2J

Q99E10 OTHER

Q99E2J

=0

IF 7 Q99E1 SKIP Q99E8

IF NOT ", " Q99E1 SKIP Q99E3J

Q99E2 MOST HELPFUL

"E2 Which one was most helpful?

1. Talk to friend about how their gambling is affecting you.
2. Encouraged friend to seek help for the gambling.
3. Organised direct debits for household bills, mortgages and regular debits
4. Budgeted and allow each member of the family some spending money, this includes friend.
5. Took action to protect any joint accounts with friend
6. Other
- 
7. No one strategy/method
8. Don't know which one

USE Q99E1

USE 7-8

Q99E3J

=0

IF 7-8 Q99E2 SKIP Q99E4L

Q99E3 SATISFIED WITH THE OUTCOME OF THIS SELF-HELP

"E3 And how satisfied were you with the outcome of this self-help.

Would you say you were ... \_read out\_"

1. Extremely satisfied?
2. Satisfied?
3. Unsatisfied?
4. Extremely unsatisfied?
5. Or neither satisfied or unsatisfied?

Q99E4L REASONS

"Next, I am going to read out a list of reasons people may give for using \_self-help\_ strategies for issues related to another person's gambling. As I read each one, I would like you to tell me how strongly you agree or disagree with each ... you can say you Agree or Disagree or Strongly Agree or Strongly Disagree

RND

1. Legal problems
2. Problems with your living circumstances, e.g. housing problems
3. Concerns about the welfare of those dependent on you
4. Problems with your spouse or partner
5. Problems with family members other than your spouse or partner
6. Pressure from your partner, family or friends
7. Concerns that their gambling might develop into a major problem in the future
8. Negative emotions
9. Physical health concerns
10. Concerns from the gambling venue
11. Concerns that you had reached a point where you could not go on



12. Financial problems
13. Problems at work
14. Problems in maintaining normal daily activities
15. Isolation from family, relatives or friends

FOR EACH

Q99E4 FIRST TRIED SELF-HELP STRATEGIES WAS BECAUSE FRIENDS GAMBLING

"E4. The reason you first tried self-help strategies was because \_[Q99NA]\_'s gambling was causing you to experience \_[Q99E4L]\_?"

Do you \_read scale if necessary\_?"

1. Strongly agree?
2. Agree?
3. Disagree?
4. Strongly disagree?
5. or do you Neither Agree nor Disagree?
6. or Not Applicable (e.g. no dependents/partner)

Q99E6 ANY OTHER REASONS

"E6 Was there any other reason, not included in the list I read out, that prompted you to try self-help strategies because of \_[Q99NA]\_'s gambling?"

1. Yes
2. No

IF 2 Q99E6 SKIP Q99E8

Q99E7 WHAT WERE THEY

"E7 What is that?"

\_Probe once:\_ Anything else?"

Q99E8 COULD HAVE BEEN DONE TO ENCOURAGE TO USE SELF-HELP STRATEGIES SOONER

"E8 What, if anything, could have been done to encourage you to use self-help strategies sooner?"

1. Nothing
2. Other (SPECIFY Q99E8O)

GO Q99SECF

Q99E8O OTHER

Q99SECF

=0

\*SECTION F: PATHWAYS TO HELP-SEEKING

Q99F1 DO FIRST WHEN DECIDED WANTED HELP FOR THE PROBLEMS ASSOCIATED WITH FRIENDS GAMBLING

"In this questionnaire we have asked about the three ways people can seek help for problems associated with another person's gambling, these were..."

1. Professional sources of help (e.g. counselling, treatment, etc provided by professionally trained people)
2. Non-professional sources of help (e.g. from partner, family, friends, etc)
3. Self-help strategies (e.g. financial protection)

F1 Which of these three did you do first when you decided you wanted help for the problems associated with \_[Q99B2]\_'s gambling?"

1. Professional sources of help?
2. Non-professional sources of help?
3. Self-help strategies?
4. None of these

IF 4 Q99F1 SKIP Q99SECG

Q99F2 DO SECOND WHEN DECIDED WANTED HELP FOR THE PROBLEMS ASSOCIATED WITH FRIENDS GAMBLING

"F2 And which, if any, did you do second?"

1. Professional sources of help?
2. Non-professional sources of help?
3. Self-help strategies?
4. None of these

NOT Q99F1

USE 4

IF 4 Q99F2 SKIP Q99SECG

Q99F3 DO THIRD WHEN DECIDED WANTED HELP FOR THE PROBLEMS ASSOCIATED WITH FRIENDS GAMBLING

"F3 And which, if any, did you do third?"

1. Professional sources of help?
2. Non-professional sources of help?
3. Self-help strategies?
4. None of these

NOT Q99F1

NOT Q99F2

USE 4

Q99SECG

=0

\*SECTION G: CLOSURE

Q99END

"Thank-you that's the end of the interview. As this is University research it has been approved by the Southern Cross University Human Research Ethics Committee. Would you like to know more about this project or about services for people experiencing problems with their gambling.

\_ READ OUT IF WANTED: \_ The ethics approval number for this project is 09-095 and the ethics officer is Sue Kelly. Her phone number is 02 6626 9139. There is a national gambling helpline that provides free and confidential counselling advice. Their number is 1800 858 858.

\_ READ TO ALL: \_ As part of quality control procedures, someone from Reark Research may wish to re-contact you to ask a couple of questions verifying some of the information we just collected. Can I confirm your phone number:

Thanks again for your time, just to remind you, I am from Reark Research. If you have any queries you can call the Chief Investigator of this project Professor Nerilee Hing on 02 6620 3928."

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## **Appendix C: Online survey of clients in counselling for gambling problems**

## **GAMBLERS AT RISK AND THEIR HELP SEEKING BEHAVIOUR**

This survey is being conducted by the Centre for Gambling Education and Research at Southern Cross University. It is funded by Gambling Research Australia. You may have already participated in a telephone interview about gambling helpline callers that was conducted earlier this year. If so, please do not continue with this survey.

The research examines peoples' experiences in seeking help for gambling-related problems. The results will help improve help services and other types of assistance for gamblers.

If you complete this survey, please be assured that only the researchers will handle the information. Your individual responses to the survey will remain anonymous and confidential. Your information will be combined with that from other respondents. A research report on the results will be provided to Gambling Research Australia and available on their website at a later date.

The survey should take you about 20 minutes to complete. If any unwelcome issues about gambling arise while you are completing the survey, you should consider terminating the questionnaire and speaking to your counsellor or contacting the National Gambling Helpline (ph. 1800 858 858).

As a thank you for your time in completing the questionnaire, we will reimburse you with a \$30 StarCash voucher redeemable for petrol or goods at any Caltex outlet in Australia. At the end of the survey, you will be asked to email or send us your postal address in order to receive your voucher.

If you have any questions about this project, feel free to ask the Project Manager.

Professor Nerilee Hing  
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School of Tourism and Hospitality Management  
Southern Cross University, P.O. Box 157 Lismore NSW 2480  
Email: [nerilee.hing@scu.edu.au](mailto:nerilee.hing@scu.edu.au) ph. 02 6620 3928 fax 02 6620 3565

The ethical aspects of this study have been approved by the Southern Cross University Human Research Ethics Committee (HREC). The Approval Number is 09-095. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the HREC through the Ethics Complaints Officer, telephone [02] 6626 9139, fax [02] 6626 9145. Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

### **National Gambling Helpline**

**Is gambling a problem for you? Call the Gambling Helpline. A confidential & free counselling service. Free Call 1800 858 858.**

## ELIGIBILITY TO ANSWER SURVEY

1. Did you complete a telephone survey on help-seeking behaviour earlier this year as a gambling helpline caller? (please tick one box)

- Yes (if 'Yes", terminate interview as the respondent has already answered it earlier this year)
- No

## THREE WAYS OF HELP SEEKING

In this questionnaire we ask about the three ways people can seek help for a gambling problem:

1. **Professional sources of help** – that is, counselling, treatment or therapy provided by professionally trained people.
2. **Non-professional sources of help** – such as from your partner, family, friends or other people who are not professionally trained in gambling help.
3. **Self-help strategies** – such as budgeting, sourcing information on how to control gambling, or taking up new hobbies or interests to replace gambling.

We then have some questions about your gambling and about you. Let's get started with some questions about professional sources of gambling help.

## SECTION A: PRIOR KNOWLEDGE OF PROFESSIONAL SOURCES OF GAMBLING HELP

The first few questions ask about your knowledge of professional gambling help services **BEFORE** you contacted the service **you are currently using**.

2. **Before** you contacted your current gambling help service, did you know of ANY **telephone counselling or treatment services** for gambling help? (Please tick one box)

- Yes
- No

3. If 'yes', please list all the telephone gambling help services you knew of. (Please write here)

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4. **Before** you contacted your current gambling help service, did you know of ANY **online or internet gambling counselling and support services** for gambling help? (Please tick one box)

- Yes
- No

5. If 'yes', please list all the online gambling help services you knew of. (Please write here)

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6. **Before** you contacted your current gambling help service, did you know of ANY **support group that meets in your region** for gambling help? (Please tick one box)

- Yes
- No

7. If 'yes', please list all the local support groups you knew of. (Please write here)

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8. **Before** you contacted your current gambling help service, were you aware that **gambling venues** can offer assistance for a gambling problem? (Please tick one box)

- Yes
- No

9. If 'yes', please list all the types of venue assistance you knew of. (Please write here)

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10. **Before** you contacted your current gambling help service, were you aware the following services may offer information and help for gambling issues? (Please tick one box on each line)

- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| General Practitioners               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Financial counsellors               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Relationship counsellors            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol and drug services           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Migrant and ethnic support services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Legal advisors                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## SECTION B: MOTIVATORS AND BARRIERS TO SEEKING PROFESSIONAL GAMBLING HELP

11 How strongly do you agree or disagree that the following reasons **prompted** you to **first** seek help from your **current** gambling help service? (Please tick one box on each line)

- |  | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Legal problems   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Problems with your living circumstances, e.g. housing problems               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Concerns about the welfare of those dependent on you                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems with your spouse or partner   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems with family members other than your spouse or partner               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Pressure from your partner, family or friends about your gambling            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Concerns that your gambling might develop into a major problem in the future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Negative emotions from your gambling   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Physical health concerns   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Concerns from the venue where you were gambling                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Concerns that you had reached a point where you could not go on              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Financial problems   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Problems at work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems in maintaining normal daily activities                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Isolation from family, relatives or friends                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

12 If there were any **other reasons**, not included in the list above, that **prompted** your first contact with your **current** gambling help service, please write them here.

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13 How strongly do you agree or disagree that the following reasons **discouraged** or **delayed** you from **first** seeking help from your **current** gambling help service? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree
You wanted to solve the problem on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were not aware that help was available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were not aware that help services were free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were too proud to seek help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You believed you didn't have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You didn't think the help service would understand your main language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You didn't think the help service would understand your cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You didn't think the help service would be able to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You felt ashamed for yourself or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You only wanted help for financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were concerned about being treated like an addict or mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were concerned about confidentiality with the help service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You felt pressured by family and friends to continue gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You did not have the time for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You didn't want anyone to tell you to stop gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You couldn't get help at the time or place you wanted it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 If there were any **other reasons**, not included in the list above, that **discouraged** or **delayed** your first contact with your **current** gambling help service, please write them here.

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- 15 What, if anything, could have been done to encourage you to contact your **current** gambling help service **sooner**? (Please write here)

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### SECTION C: YOUR CURRENT GAMBLING HELP SERVICE

- 16 How did you **first** find out about your **current gambling help service**? (Please tick as many boxes as apply)

- Advertising in a gambling venue
- Advertising in the general media
- A referral from a gambling telephone helpline
- A referral from a doctor or other health care worker
- A referral from a family member or friend
- A referral from a gambling venue staff member
- The telephone book
- An internet search
- Other (*please specify*): \_\_\_\_\_

- 17 How satisfied are you with the **outcome** of the counselling or treatment provided by your **current gambling help service**? (Please tick only one box)

- Extremely satisfied
- Satisfied
- Unsatisfied
- Extremely unsatisfied

### SECTION D: YOUR CURRENT USE OF OTHER SOURCES OF PROFESSIONAL HELP

- 18 Are you **currently** receiving help for your gambling from any of the following **professional** sources of help? (Please tick as many boxes as apply)

- Gambling telephone helpline
- Email counselling
- Live online counselling
- Residential treatment program
- General help service (e.g. financial counselling, relationship counselling, GP)
- Online support group (e.g. internet forums)
- A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)
- Exclusion from one or more gaming venues
- No, I'm not currently receiving help from any of these sources (Please go to Question 22)

## SECTION E: HELPFULNESS OF YOUR CURRENT PROFESSIONAL HELP

19 Which **one** of these **current** professional sources of help has been the **most helpful** for you? (Please tick only one box)

- Gambling telephone helpline
- Email counselling
- Live online counselling
- Residential treatment program
- General help service (e.g. financial counselling, relationship counselling, GP)
- Online support group (e.g. internet forums)
- A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)
- Exclusion from one or more gaming venues

20 And how satisfied are you with the **outcome** of this help? (Please tick only one box)

- Extremely satisfied
- Satisfied
- Unsatisfied
- Extremely unsatisfied

21 And how did you **first** find about this type of help? (Please tick as many boxes as apply)

- A referral from a face-to-face counselling service
- Advertising in a gambling venue
- Advertising in the general media
- A referral from a gambling telephone helpline
- A referral from a doctor or other health care worker
- A referral from a family member or friend
- A referral from a venue staff member
- The telephone book
- An internet search
- Other (*please specify*): \_\_\_\_\_

## SECTION F: YOUR PAST USE OF OTHER SOURCES OF PROFESSIONAL HELP

22 Have you received help **in the past** for your gambling from any of the following **professional** sources? (Please tick as many boxes as apply)

- Face-to-face counselling
- Gambling telephone helpline
- Email counselling
- Live on-line counselling
- Residential treatment program
- General help service (e.g. financial counselling, relationship counselling, GP, etc)
- Online support group (e.g. internet forums)
- A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)
- Exclusion from one or more gaming venues
- No, from none of these sources (Please go to Question 26)

## SECTION G: HELPFULNESS OF YOUR PAST PROFESSIONAL HELP

23 Which **one** of these **past** professional sources of help was the **most helpful** for you? (Please tick only one box)

- Face-to-face counselling
- Gambling telephone helpline
- Email counselling
- Live on-line counselling
- Residential treatment program
- General help service (e.g. financial counselling, relationship counselling, GP, etc)
- Online support group (e.g. internet forums)
- A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)
- Exclusion from one or more gaming venues

24 And how satisfied were you with the **outcome** of this help? (Please tick only one box)

- Extremely satisfied
- Satisfied
- Unsatisfied
- Extremely unsatisfied

25 And how did you **first** find about this type of help? (Please tick as many boxes as apply)

- A referral from a face-to-face counselling service
- Advertising in a gambling venue
- Advertising in the general media
- A referral from a gambling telephone helpline
- A referral from a doctor or other health care worker
- A referral from a family member or friend
- A referral from a venue staff member
- The telephone book
- An internet search
- Other (*please specify*): \_\_\_\_\_

### SECTION H: YOUR CURRENT USE OF NON-PROFESSIONAL SOURCES OF GAMBLING HELP

Our next questions are about **non-professional** sources of help for gambling – that is, people who are not professionally trained but may provide support to help you address your gambling issues.

26 If you did not want to access a professional help service, **who** would you turn to **for help** to better control your gambling? (Please write here)

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27 Have you **ever** used **non-professional** sources of help for your gambling – such as from your partner, family, friends or other people who are not professionally trained in gambling help? (Please tick one box)

- Yes
- No (Please go to Question 35)

### SECTION I: CURRENT SOURCES OF NON-PROFESSIONAL HELP

28 Are you **currently** receiving help or support to better control your gambling from any of the following **non-professional** sources of help? (Please tick as many boxes as apply)

- Your partner
- Other family members
- Friends
- Work colleagues
- Clergy/religious leader
- Community leaders or elders
- Someone else (*please specify*): \_\_\_\_\_
- No, from none of these (Please go to Question 30)

29 Which **one** of these **current** non-professional sources of help has been the **most helpful** for you? (Please tick only one box)

- Your partner
- Other family members
- Friends
- Work colleagues
- Clergy/religious leader
- Community leaders or elders
- Someone else (*please specify*): \_\_\_\_\_

### SECTION K: YOUR PAST USE OF NON-PROFESSIONAL HELP

30 Apart from any non-professional help you are currently receiving, have you received help to better control your gambling from any of the following **non-professional** sources of help **in the past**? (Please tick as many boxes as apply)

- Your partner
- Other family members
- Friends
- Work colleagues
- Clergy/religious leader
- Community leaders or elders
- Someone else (*please specify*): \_\_\_\_\_
- No, from none of these (Please go to Question 33)

### SECTION L: HELPFULNESS OF PAST NON-PROFESSIONAL HELP

31 Which **one** of these **past** non-professional sources of help was the **most helpful** for you? (Please tick only one box)

- Your partner
- Other family members
- Friends
- Work colleagues
- Clergy/religious leader
- Community leaders or elders
- Someone else (*please specify*): \_\_\_\_\_

32 And how satisfied were you with the **outcome** of this help? (Please tick only one box)

- Extremely satisfied
- Satisfied
- Unsatisfied
- Extremely unsatisfied

### SECTION M: MOTIVATORS TO SEEKING NON-PROFESSIONAL HELP

33 If you have sought help for your gambling from non-professional sources, how strongly do you agree or disagree that the following reasons **prompted** you to seek help from **non-professional sources**? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with your living circumstances, e.g. housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns about the welfare of those dependent on you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with family members other than your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure from your partner, family or friends about your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that your gambling might develop into a major problem in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Negative emotions from your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns from the venue where you were gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that you had reached a point where you could not go on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems in maintaining normal daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation from family, relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

34 If there were any other reasons, not included in the list above, that prompted you to seek **non-professional** help for your gambling, please write them here.

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**SECTION N: BARRIERS TO SEEKING NON-PROFESSIONAL HELP**

35 How strongly do you agree or disagree that the following reasons **discouraged** or **delayed** you from seeking **non-professional help** for your gambling? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree
You wanted to solve the problem on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were too proud to seek help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You believed you didn't have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You felt ashamed for yourself or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You only wanted help for financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were concerned about being treated like an addict or mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were concerned about confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You felt pressured by family and friends to continue gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You did not have the time for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You didn't want anyone to tell you to stop gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You didn't think that they would be able to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36 If there were any other reasons, not included in the list above, that **discouraged** or **delayed** you from seeking **non-professional help**, please write them here.

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37 What, if anything, could have been done to encourage you to seek **non-professional help sooner**? (Please write here)

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## SECTION O: SELF-HELP GAMBLING STRATEGIES

The next questions focus on **self-help** for gambling problems – that is, strategies or methods people might use to better control their gambling that do not involve other people.

38 **Before** you sought either professional or non-professional help, did you try any of the following **self-help strategies** to better control your gambling? (Please tick as many boxes as apply)

- Used a checklist to self-assess a gambling problem
- Kept records of your gambling activities and expenditure
- Set a budget for gambling expenses
- Sourced information about how gambling works and the odds of winning
- Sourced information about why some people gamble excessively
- Avoided friends/family who gamble
- Avoided being near the venue where you primarily gambled
- Limited access to money for gambling e.g. leaving debit and credit cards at home
- Took up other activities to take the place of gambling
- Some other strategy/method (*please specify*): \_\_\_\_\_
- No, none of these self-help strategies (Please go to Question 44)

## SECTION P: HELPFULNESS OF SELF-HELP STRATEGIES

39 Which **one** of these **self-help strategies** was the **most helpful** for you? (Please tick only one box)

- Used a checklist to self-assess a gambling problem
- Kept records of your gambling activities and expenditure
- Set a budget for gambling expenses
- Sourced information about how gambling works and the odds of winning
- Sourced information about why some people gamble excessively
- Avoided friends/family who gamble
- Avoided being near the venue where you primarily gambled
- Limited access to money for gambling e.g. leaving debit and credit cards at home
- Took up other activities to take the place of gambling
- Some other strategy/method? (*please specify*): \_\_\_\_\_

40 And how did you **first** find out about this **self-help** strategy/method? (Please tick as many boxes as apply)

- Internet
- General media (radio, television, newspaper)
- Brochure from a gambling venue
- Brochure from other source (e.g. GP waiting room)
- Friends/family
- Other (*please specify*): \_\_\_\_\_



41 And how satisfied were you with the **outcome** of this self-help? (Please tick only one box)

- Extremely satisfied
- Satisfied
- Unsatisfied
- Extremely unsatisfied

## SECTION J: MOTIVATORS TO USING SELF-HELP GAMBLING STRATEGIES

42 How strongly do you agree or disagree that the following reasons **prompted** you to use **self-help** strategies for your gambling? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with your living circumstances, e.g. housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns about the welfare of those you support (children, elderly parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with family members other than your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure from your partner, family or friends about your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that your gambling might develop into a major problem in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Negative emotions from your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns from the venue where you were gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that you had reached a point where you could not go on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems in maintaining normal daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation from family, relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

43 If there were any **other reasons**, not included in the list above, that **prompted** you to use **self-help** strategies for your gambling, please write them here.

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**SECTION R: BARRIERS TO USING SELF-HELP GAMBLING STRATEGIES**

44 How strongly do you agree or disagree that the following reasons **discouraged** or **delayed** you from using **self-help strategies** for your gambling? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree
You were not aware of the strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You thought the self-help strategies were too much work on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You could not access self-help strategies in your main language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You could not find self-help strategies that were culturally appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You thought the self-help strategies would not work for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You believed you didn't have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You only wanted help for financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You felt pressured by family and friends to continue gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You did not have the time to use self-help strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You didn't want to stop gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45 If there were any **other reasons**, not included in the list above, that **discouraged** or **delayed** you from using **self-help** gambling strategies, please write them here.

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46 What, if anything, could have been done to encourage you to use **self-help** gambling strategies **sooner**? (Please write here)

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## SECTION S: PATHWAYS TO HELP-SEEKING

In this questionnaire we have asked about three ways people can seek help for their gambling:

1. **Professional sources of help** – that is, counselling, treatment or therapy provided by professionally trained people.
2. **Non-professional sources of help** – such as from your partner, family, friends or other people who are not professionally trained in gambling help.
3. **Self-help strategies** – such as budgeting, sourcing information on how to control gambling, or taking up new hobbies or interests to replace gambling.

47 Which of these three did you use **first** when you decided you wanted to better control your gambling? (please tick only one box)

- Professional sources of help
- Non-professional sources of help
- Self-help strategies

48 And which, if any, did you use **second**? (please tick only one box)

- Professional sources of help
- Non-professional sources of help
- Self-help strategies
- None of these

49 And which, if any, did you use **third**? (please tick only one box)

- Professional sources of help
- Non-professional sources of help
- Self-help strategies
- None of these

## SECTION T: CHANGES IN YOUR GAMBLING

Our next few questions are about any changes to your gambling behaviour.

50 Have you maintained any changes to your gambling to better control it **for longer than the last 6 months**?

- Yes (Please go to Question 54)
- No

- 51 **Within the past six months**, have you made any changes to your gambling to better control it?
- Yes (Please go to Question 54)
- No
- 52 **In the next month**, are you **intending** to make any changes to your gambling to better control it?
- Yes (Please go to Question 54)
- No
- 53 **In the next 6 months**, are you **intending** to make any changes to your gambling to better control it?
- Yes
- No

## SECTION U: ABOUT YOUR GAMBLING

Now we would like to know how often you may, or may not, have been involved in various types of gambling activities **in the last 12 months**, that is, since this time last year.

- 54 **During the last 12 months**, how often did you gamble on Lotto/ Scratchies/ Lottery/ Soccer Pools? (Please tick only one box)
- At least once a day
- Several days a week
- About once a week
- About once a fortnight
- About once a month
- Once every two or three months
- Three or four times in the last 12 months
- Once or twice in the last 12 months
- Never in the last 12 months
- 55 **During the last 12 months**, how often did you gamble on bingo? (Please tick only one box)
- At least once a day
- Several days a week
- About once a week
- About once a fortnight
- About once a month
- Once every two or three months
- Three or four times in the last 12 months
- Once or twice in the last 12 months
- Never in the last 12 months

56 **During the last 12 months**, how often did you gamble on keno? (Please tick only one box)

- At least once a day
- Several days a week
- About once a week
- About once a fortnight
- About once a month
- Once every two or three months
- Three or four times in the last 12 months
- Once or twice in the last 12 months
- Never in the last 12 months

57 **During the last 12 months**, how often did you gamble on gaming machines? (Please tick only one box)

- At least once a day
- Several days a week
- About once a week
- About once a fortnight
- About once a month
- Once every two or three months
- Three or four times in the last 12 months
- Once or twice in the last 12 months
- Never in the last 12 months

58 **During the last 12 months**, how often did you gamble on TAB betting? (Please tick only one box)

- At least once a day
- Several days a week
- About once a week
- About once a fortnight
- About once a month
- Once every two or three months
- Three or four times in the last 12 months
- Once or twice in the last 12 months
- Never in the last 12 months

59 **During the last 12 months**, how often did you gamble on racetrack betting? (Please tick only one box)

- At least once a day
- Several days a week
- About once a week
- About once a fortnight
- About once a month
- Once every two or three months
- Three or four times in the last 12 months
- Once or twice in the last 12 months
- Never in the last 12 months

- 60 **During the last 12 months**, how often did you gamble on casino games **not** on the internet? (Please tick only one box)
- At least once a day
  - Several days a week
  - About once a week
  - About once a fortnight
  - About once a month
  - Once every two or three months
  - Three or four times in the last 12 months
  - Once or twice in the last 12 months
  - Never in the last 12 months
- 61 **During the last 12 months**, how often did you gamble on sports betting? (Please tick only one box)
- At least once a day
  - Several days a week
  - About once a week
  - About once a fortnight
  - About once a month
  - Once every two or three months
  - Three or four times in the last 12 months
  - Once or twice in the last 12 months
  - Never in the last 12 months
- 62 **During the last 12 months**, how often did you gamble on casino or poker **on the internet**? (Please tick only one box)
- At least once a day
  - Several days a week
  - About once a week
  - About once a fortnight
  - About once a month
  - Once every two or three months
  - Three or four times in the last 12 months
  - Once or twice in the last 12 months
  - Never in the last 12 months
- 63 **During the last 12 months**, how often did you gamble on private gambling **for money** (e.g. cards, mahjong)? (Please tick only one box)
- At least once a day
  - Several days a week
  - About once a week
  - About once a fortnight
  - About once a month
  - Once every two or three months
  - Three or four times in the last 12 months
  - Once or twice in the last 12 months
  - Never in the last 12 months

64 We'd now like to ask you the following questions about your gambling. (Please tick one box on each line):

	Never	Sometimes	Most of the time	Almost always
Thinking about the past 12 months, how often have you bet more than you could really afford to lose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you gone back another day to try to win back some of the money you lost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you felt that you might have a problem with gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you felt guilty about the way you gamble, or what happens when you gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often has your gambling caused you any health problems, including stress or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often has your gambling caused any financial problems for you or your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION V: ABOUT YOU

Finally, we have some questions to help us classify your answers in this study.

65 What is your gender? (Please tick one box)

- Male  
 Female

66 How old are you? (Please tick one box)

- 18 to 19 years
- 20 to 24 years
- 25 to 29 years
- 30 to 34 years
- 35 to 39 years
- 40 to 44 years
- 45 to 49 years
- 50 to 54 years
- 55 to 59 years
- 60 to 64 years
- 65 to 69 years
- 70 years or more

67 Were you born in Australia? (Please tick one box)

- Yes (please go to Question 69)
- No

68 If you were not born in Australia, what year did you arrive in Australia? (Please write here)

\_\_\_\_\_

69 Do you primarily identify yourself as someone in the mainstream Australian culture or as part of another culture? (Please tick one box)

- Mainstream Australian
- Other culture (*please specify*): \_\_\_\_\_

70 What is your marital status? (Please tick one box)

- Married
- Widowed
- Separated or Divorced
- A de facto partner
- Never married



71 Which of the following best describes your current work status ? (Please tick one box)

- Working full-time
- Working part-time
- Home duties
- Student
- Self-funded retiree
- Pensioner
- Unemployed (looking for work)
- Other (*please specify*): \_\_\_\_\_

72 Would you describe where you live as a metropolitan, regional, rural or remote area? (Please tick one box)

- Metropolitan
- Regional
- Rural
- Remote

**THIS IS THE END OF THE SURVEY. THANK YOU VERY MUCH FOR COMPLETING IT.**

To obtain your \$30 StarCash voucher, please email your name and address to [cger@scu.edu.au](mailto:cger@scu.edu.au) and we will send you your voucher. Alternatively, you can post your name and address to Professor Nerilee Hing, Centre for Gambling Education and Research, School of Tourism and Hospitality Management, Southern Cross University, P.O. Box 157 Lismore NSW 2480

## **Appendix D: Interview schedule for recovered problem gamblers**

## INTERVIEW SCHEDULE FOR CONSUMER VOICE RESPONDENTS

This study on Gamblers at Risk and their Help-Seeking Behaviour is being conducted by the Centre for Gambling Education and Research at Southern Cross University. The research is funded by Gambling Research Australia. The research examines peoples' experiences in seeking help for gambling-related problems.

In this interview, I'd like to focus on three types of help people sometimes use:

- **Professional help**, such as counselling, support groups like Gamblers' Anonymous, going to a GP or other professional, or self-barring from a venue.
- **Non-professional help**, such as turning to family, friends, or perhaps a religious or community leader.
- **Self-help**, such as information or strategies people use to try to control their gambling, perhaps through budgeting, taking up new interests, avoiding gambling venues or friends who gamble.

### **A First Type of Help Used (either professional, non-professional or self-help)**

- A.1. Thinking back to when you were dealing with a gambling problem, which of these types of help did you try first?
- A.2. And what were the main reasons for your decision to use this type of help? That is, were there specific problems or trigger that led you to seek this type of help?
- A.3. Were there any reasons or barriers that delayed you from seeking this type of help?
- A.4. Why did you decide to use this type of help first?
- A.5. Can you please tell me about the type of help you received from this source?
- A.6. And was this help effective for you? Why or why not?
- A.7. Are you still using this type of help to assist in maintaining control over your gambling? Why or why not?
- A.8. And did you seek this type of help from any other sources? Please tell me more about that experience.
- A.9. Repeat A8 until no further sources of that type of help were used.

### **B Second Type of Help Used (either professional, non-professional or self-help)**

- B.1. After you had sought the type of help we've just been discussing, did you turn to any other types of help?
- B.2. And what were the main reasons for your decision to use this type of help? That is, were there specific problems or trigger that led you to seek this type of help?
- B.3. Were there any reasons or barriers that delayed you from seeking this type of help?
- B.4. Why did you decide to use this type of help first?
- B.5. Can you please tell me about the type of help you received from this source?
- B.6. And was this help effective for you? Why or why not?
- B.7. Are you still using this type of help to assist in maintaining control over your gambling? Why or why not?
- B.8. And did you seek this type of help from any other sources? Please tell me more about that experience.
- B.9. Repeat A8 until no further sources of that type of help were used.

**C Third Type of Help Used (either professional, non-professional or self-help)**

- C.1. After you had sought the type of help we've just been discussing, did you turn to any other types of help?
- C.2. And what were the main reasons for your decision to use this type of help? That is, were there specific problems or trigger that led you to seek this type of help?
- C.3. Were there any reasons or barriers that delayed you from seeking this type of help?
- C.4. Why did you decide to use this type of help first?
- C.5. Can you please tell me about the type of help you received from this source?
- C.6. And was this help effective for you? Why or why not?
- C.7. Are you still using this type of help to assist in maintaining control over your gambling? Why or why not?
- C.8. And did you seek this type of help from any other sources? Please tell me more about that experience.
- C.9. Repeat A8 until no further sources of that type of help were used.

**D Any other sources of help**

- D.1. Were there any other sources of help used that we've not talked about?  
(If yes, repeat questions C2-C7)

**E. Improvements**

- E.1. How might professional avenues of gambling help be improved?
- E.2. How might non-professional avenues of gambling help be improved?
- E.3. How might self-help gambling help materials or strategies be improved?
- E.4. What could be done to encourage people to seek help at an earlier stage of a gambling problem?

**F. Consumer Voice**

- F.1. Can you tell me about your role In Consumer Voice?
- F.2. How do you think it helps other people or the community better deal with gambling issues?
- F.3. Do you find it helps you maintain control over your own gambling? Why or why not?

**G. About you**

- G.1. About how long ago did you first seek help for a gambling problem?
- G.2. And over about how long did you continue to seek help for a gambling problem?
- G.3. When you had a gambling problem, what type of gambling was most problematic for you?

**H. Any other comments**

- H.1. Are there any other comments you'd like to make about help seeking for a gambling problem?

## **Appendix E: Interview schedule for family members of recovered problem gamblers**

## INTERVIEW SCHEDULE FOR CONSUMER VOICE FAMILY

This study on Gamblers at Risk and their Help-Seeking Behaviour is being conducted by the Centre for Gambling Education and Research at Southern Cross University. The research is funded by Gambling Research Australia. The research examines peoples' experiences in seeking help for gambling-related problems, including those of family or friends of people with a gambling problem. In this interview, I'd like to focus on three types of help family or friends sometimes use to help them cope with a family member's gambling problem:

- **Professional help**, such as counselling, relationship or legal advice, support groups like Gam-Anon, going to a GP or other professional.
- **Non-professional help**, such as turning to family, friends, or perhaps a religious or community leader.
- **Self-help**, such as strategies people use to help them cope, such as managing family finances differently, taking up new interests together, approaching the gambling venues they go to, or just talking to the gambler about how the gambling is affecting you.

### A. Relationship to the gambler

- A.1 Can I please ask what relationship you are to the person we interviewed with a gambling problem? (e.g. husband, mother, sister, etc).
- A.2 And just to keep us on track during this interview, can I please have the first name of this person?

### B. Their gambling

- B.1 How did you first learn that (name) had a problem with gambling?
- B.2 Do you know if (name) had done anything to try to better control their gambling before telling you about it? E.g. sought professional help, non-professional help or used self-help strategies?

### C. Your role in helping the gambler

- C.1 What did you do when your first learnt that (name) had a gambling problem?
- C.2 Can you tell me about anything you did to help (name) address their gambling problem. It would be very helpful if you can me about this in the order of what you did?
- E.g. through professional sources of help?
  - E.g. through non-professional sources of help?
  - E.g. through self-help strategies?

### D. Help for yourself

- D.1 In what ways, if any, was (name's) gambling impacting on you and your family?
- D.2 Did you seek any help for yourself in dealing with these impacts? If so, can you please tell me about these, again in order of what you did?
- E.g. through professional sources of help?
  - E.g. through non-professional sources of help?
  - E.g. through self-help strategies?
- D.3 And what were the main reasons for your decision to use these types of help? That is, were there specific problems or triggers that led you to seek these types of help?
- D.4 Were there any reasons or barriers that delayed you from seeking these types of help?
- D.5 Why did you decide to use these types of help?

- D.6 And were they effective for you? Why or why not?
- D.7 Are you currently using any sources of help or any other strategies to help you and (name) cope with any ongoing gambling issues?

**E. Improvements**

- E.1 How might professional avenues of gambling help be improved?
- E.2 How might non-professional avenues of gambling help be improved?
- E.3 How might self-help gambling help materials or strategies be improved?
- E.4 What could be done to encourage people to seek help at an earlier stage of a gambling problem?
- E.5 What could be done to encourage family members to seek help for themselves to deal with the impacts of someone's gambling?

**F. Any other comments**

- F.1 Are there any other comments you'd like to make about help seeking for a gambling problem?

## **Appendix F: Interview schedule for Indigenous regular gamblers**



## INTERVIEW QUESTIONS FOR REGULAR INDIGENOUS GAMBLERS

This study on Gamblers at Risk and their Help-Seeking Behaviour is being conducted by the Centre for Gambling Education and Research at Southern Cross University. The research is funded by Gambling Research Australia. The research examines peoples' experiences in seeking help for gambling-related problems. Thank you for agreeing to an interview. Please be assured that your identity will remain anonymous and confidential. With your permission, we would like to tape this interview please.

### Section A: About you

- A.1 Can you please confirm for us that you gamble **regularly** (at least once a fortnight on any type of gambling). *(If no, terminate interview).*
- A.2 Can you please tell us about your **involvement** in gambling over the 12 months?
- What **type** of gambling did you do?
  - How **often** did you gamble on the various types?
  - **Which** was the most often?
- A.3 Are you currently accessing a gambling help service or any other **professional help** for gambling? **(If yes, use Interview Schedule A).**
- A.4 Can you also tell us a little bit **about yourself** – your age group, employment status, marital status?

### Section B: Help services for gamblers

We're interested to know how aware Indigenous people are about help services for people with gambling problems.

- B.1 Do you know of any **professional help services** in your region for people with gambling problems (e.g. gambling counselling services)?
- B.2 Which ones? *(Prompt: Any others?)*
- B.3 How did you first hear about these?
- B.4 Are any of these more culturally appropriate than others? Why or why not?
- B.5 Are you aware of any **telephone or internet based counselling services** to help people with gambling problems?
- B.6 Which ones? *(Prompt: Any others?)*
- B.7 How did you first hear about these?
- B.8 How appropriate are these for Indigenous people?
- B.9 Are you aware of any **mutual support groups** for gambling help (e.g. Gamblers Anonymous, online forums)?
- B.10 Which ones? *(Prompt: Any others?)*
- B.11 How did you first hear about these?
- B.12 How appropriate are these for Indigenous people?
- B.13 Do you know of any help **gambling venues** can provide for people with gambling problems?
- B.14 What kind of help do you think can they provide?
- B.15 How appropriate are these for Indigenous people?

### Section C: General help services

- C.1 Do you know of any **general services** that are starting to offer information, help, and referral for gambling issues? (e.g. doctors, financial advisors, relationship counsellors)

- C.2 Which ones? *(Prompt: Any others?)*
- C.3 Do you know of any **general services specifically for Indigenous people** that are starting to offer information, help, and referral for gambling issues?
- C.4 Which ones? *(Prompt: Any others?)*

#### Section D: Recognising a Gambling Problem

- D.1 How do you think someone might **know** if they have a problem with their gambling? What **signs** would they be able to notice?
- D.2 If you noticed these signs in yourself, **what would you do**?

#### Section E: Professional Help

Sometimes, people seek professional help if they think they have a gambling problem, like going to a counsellor, GP, psychologist or other professional or by calling the Gambling Helpline.

- E.1 If you noticed signs of having a gambling problem yourself, **would you seek professional help**?
- E.2 If yes, **where** would you seek help from? *(Prompt: Any others?)*
- E.3 And what would **trigger** you to do this? Would you do this at the first signs of a problem or would you wait till things got pretty bad?
- E.4 And what are the reasons you might **delay or even decide not to** seek professional help for a gambling problem?
- E.5 What could be done to **encourage** Indigenous people to seek help for a gambling problem?

#### Section E: Informal Help

Sometimes, people seek informal help if they think they have a gambling problem, like turning to other people, maybe family, friends, church minister, Elder, etc.

- E.1 You've said that you would/would not seek professional help if you thought you had a gambling problem. But would you seek help from **other people**? If so, **who**?
- E.2 And would you consider joining a **group**, like Gamblers Anonymous or an Internet forum?
- E.3 And what would be the **triggers** for you to seek informal help from others for your gambling?
- E.4 Would you seek this type of help **before or after** seeking professional help?
- E.5 Would there be any reasons that might make you **delay or hesitate** in seeking informal help?

#### Section F: Self-Help Strategies

Sometimes, people use self-help strategies if they think they have a gambling problem.

- F.1 If you thought you had a gambling problem, would you be likely to access **books or information** on how to control gambling? **Why** or why not?
- F.2 And would you take any actions to better **control your gambling expenditure**? **Why** or why not?
- F.3 Would you be likely to take up **new hobbies or interests** to try to control your gambling? **Why** or why not?
- F.4 Would you actively try to **avoid being with family or friends who gamble**? **Why** or why not?
- F.5 Would you actively try to **avoid being near the venue/s** where you gamble or to bar yourself from these venues? **Why** or why not?
- F.6 Are there **any other self-help strategies** you would use to try to control your gambling?

#### Section G: Improvements

- G.1 How might avenues for gambling help for Indigenous people be **improved**?
- G.2 Any **other comments** about help seeking for Indigenous people?

## **Appendix G: Interview schedule for family members of Indigenous regular gamblers**

## INTERVIEW QUESTIONS FOR FAMILY MEMBERS OF REGULAR INDIGENOUS GAMBLERS

This study on Gamblers at Risk and their Help-Seeking Behaviour is being conducted by the Centre for Gambling Education and Research at Southern Cross University. The research is funded by Gambling Research Australia. The research examines peoples' experiences in seeking help for gambling-related problems, including those of family or friends of people with a gambling problem. Thank you for agreeing to an interview. Please be assured that your identity will remain anonymous and confidential. With your permission, we would like to tape this interview please.

### A. About you

- A.1 Can you please confirm for us that you have a close family member who gambles **at least once a fortnight**.
- A.2 Can I please ask what **relation** you are to this person? (e.g. husband, mother, etc).
- A.3 And just to keep us on track during this interview, can I please have the **first name** of this person?

### B. Their gambling

- B.1 Can you please tell us about (name's) **involvement** in gambling over the 12 months?
- What **type** of gambling did they do?
  - How **often** did they gamble on the various types?
  - **Which** was the most often?
- B.2 Do you feel that (name) has a **problem** with their gambling? **Why** or why not?
- B.3 What **signs** would alert you that (name) had a gambling problem, if they were to develop one?

### C. Your role in helping the gambler

If (name) developed a gambling problem that was impacting on you or the family, we're interested to know **what you might do to try to help them**.

- C.1 Would you encourage them to seek **professional** help, such as counselling, relationship or legal advice, the Gambling Helpline or going to a GP or other professional? **Why** or why not?
- C.2 Would you encourage them to join a **self-help group**, like Gamblers Anonymous or an online forum? **Why** or why not?
- C.3 Would you encourage them to turn to **other people**, maybe family, friends, church minister, community leader or Elder? **Why** or why not?
- C.4 Would you encourage them to use **self-help strategies**, such as better budgeting, taking up different interests, or avoiding other people who gamble? **Why** or why not?
- C.5 Would you encourage them to avoid or **bar** themselves from the gambling venues they go to? **Why** or why not?
- C.6 Is there **anything else** you would do that we haven't already talked about?

### D. Help for yourself

If (name) developed a gambling problem that was impacting on you or the family, we're interested to know **what you might do to cope with this yourself**.

- D.1 Would you seek **professional** help for **yourself**, such as counselling, relationship or legal advice, the Gambling Helpline or going to a GP or other professional? **Why** or why not?
- D.2 Would you join a **self-help group**, like Gam-Anon or an online forum? **Why** or why not?
- D.3 Would you turn to **other people**, maybe family, friends, church minister, community leader or Elder? **Why** or why not?

- D.4 Would you use **self-help strategies**, such as managing family finances differently, taking up new interests together, or just talking to the gambler about how the gambling is affecting you? **Why** or why not?
- D.5 Would you approach the gambling venues they go to see if they can do anything? **Why** or why not?
- D.6 Is there **anything else** you would do to help you better cope with (name's) gambling that we haven't already talked about?

**E. Motivators and barriers to help seeking**

We'd like to know at what point you would seek help in the ways we've talked about.

- E.1 Would you seek help at the **first** signs of a problem or would you wait till things got pretty **bad**?
- E.2 What specific **problems or triggers** would lead you to seek these types of help?
- E.3 Are any reasons or barriers that would **delay** you from seeking these types of help?

**F. Improvements**

- F.1 How might avenues for gambling help for Indigenous people be improved?
- F.4 What could be done to encourage Indigenous people to seek help at an **earlier** stage of a gambling problem?
- F.5 What could be done to encourage Indigenous **family** members to seek help for themselves to deal with the impacts of someone's gambling?

**G. Any other comments**

- G.1 Are there any other comments you'd like to make about help seeking for Indigenous people for a gambling problem?

## **Appendix H: Interview schedule for Indigenous problem gamblers**

## INTERVIEW QUESTIONS FOR INDIGENOUS GAMBLERS IN TREATMENT

This study on Gamblers at Risk and their Help-Seeking Behaviour is being conducted by the Centre for Gambling Education and Research at Southern Cross University. The research is funded by Gambling Research Australia. The research examines peoples' experiences in seeking help for gambling-related problems. Thank you for agreeing to an interview. Please be assured that your identity will remain anonymous and confidential. With your permission, we would like to tape this interview please.

### A Your current gambling help service

- A.1 How did you **first hear about** the help service you are currently using?
- A.2 What **sort of help** is your current service providing to you?
- A.3 Are you **satisfied** with the help they are providing? Why or why not?
- A.4 Do you find the service **culturally appropriate**? Why or why not?
- A.5 **Why** did you decide to use this service instead of other services?
- A.6 Were you aware of any **other** professional services that could have provided you with gambling help? If so, **which ones**? (*Prompt: Are there any others?*)

### B Motivators and Barriers to Professional Help

- B.1 What were the main **reasons or triggers** for your decision to seek professional help for your gambling? (*Prompt: Are there any others?*)
- B.2 Amongst these reasons that you've sought help now for your gambling, which is the **single biggest reason** for you?
- B.3 Were there any reasons or **barriers that delayed you** seeking professional help? If so, what were they? (*Prompt: Are there any others?*)
- B.4 Amongst these barriers to seeking help for your gambling, which was the **single biggest barrier** for you?

### C Previous help services used

- C.1 Have you sought professional help for gambling **in the past**? If so, where? (*Prompt: Anywhere else?*)
- C.2 What **sort of help** did you receive from them?
- C.3 Were you **satisfied** with the help you received? Why or why not?
- C.4 Did you find them **culturally appropriate**? Why or why not?

### D Informal Sources of Help

Sometimes, people seek informal or non-professional help to stop or control gambling. This could be from family, friends or perhaps a community or religious leader.

- D.1 Have you **ever** done this? If so, from **whom**? (*Prompt: Are there any others?*)
- D.2 What were the main **reasons or triggers** for your decision to approach this person/people for help for your gambling?
- D.3 Were there any reasons or **barriers that delayed you** approaching this person/people for help for your gambling? I.e. what might have made you uncomfortable about this?
- D.4 What **sort of help** did they provide?
- D.5 How **helpful** was this? Why?

## **E Self-Help Strategies**

Sometimes, people use certain strategies or tools to help themselves control their gambling.

- E.1 Have you ever accessed **books or information** on how to control gambling?
- Why or why not?
  - If so, where did you seek this information from?
  - How helpful was this? Why?
- E.2 Have you ever tried to **control your gambling expenditure** by keeping records of how much you were spending, setting a budget or leaving your bank cards at home?
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?
- E.3 Have you ever taken up **new hobbies or interests** to try to control your gambling?
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?
- E.4 Have you ever actively tried to **avoid being with family or friends who gamble?**
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?
- E.5 Have you ever actively tried to **avoid being near the venue/s** where you gambled or to **bar** yourself from them?
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?
- E.6 Have you ever used **any other self-help strategies** to try to control your gambling?
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?

## **F Pathways to help seeking**

In this interview, we have asked about the three ways people can seek help for their gambling. These were:

- a. Professional sources of help (e.g. counselling, treatment by professionally trained people)
- b. Informal sources of help (e.g. from partner, family, friends, community leaders, etc)
- c. Self-help strategies (e.g. budgeting, sourcing information on gambling)

- F.1 Which of these three did you do **first** when you decided you wanted to better control your gambling?
- F.2 And which, if any, did you do **second**?



F.3 And which, if any, did you do **third**?

**G Improvements**

G.1 How might avenues for gambling help for Indigenous people be **improved**?

G.2 What could be done to **encourage** Indigenous people to seek help for a gambling problem?

G.3 Do you have any **other comments** about help seeking for Indigenous people?

**H About you**

H.1 What type of gambling has been most **problematic** for you? (*Prompt: Any others?*)

H.2 Can you please tell me your **age group, employment status and marital status**?

## **Appendix I: Interview schedule for counsellors of Indigenous gamblers**

## INTERVIEW QUESTIONS FOR GAMBLING COUNSELLORS OF INDIGENOUS CLIENTS

This study on Gamblers at Risk and their Help-Seeking Behaviour is being conducted by the Centre for Gambling Education and Research at Southern Cross University. The research is funded by Gambling Research Australia. The research examines peoples' experiences in seeking help for gambling-related problems. Thank you for agreeing to an interview. Please be assured that your identity will remain anonymous and confidential. With your permission, we would like to tape this interview please.

### A: Your organisation and your role

- A.1 Can you please tell us about the **role of this organisation** in providing gambling help services to Indigenous clients?
- A.2 Can you tell us about **your role** in this organisation, especially in relation to Indigenous clients?

### B: Indigenous clients

- B.1 About **how many** Indigenous clients would your organisation see each year for gambling-related problems?
- B.2 Can you give me an idea of their **gender** and **age** breakdown?
- B.3 And what **type(s) of gambling** do they tend to have problems with?

### C: Help seeking patterns of Indigenous clients

- C.1 At what **stage** in the development of their gambling problems do your Indigenous clients typically seek help?
- C.2 What are the main **motivators** for clients seeking help? That is, what **triggers** this help seeking? (*Prompt: Any others?*)
- C.3 Are some of these motivators or reasons **more common** than others?
- C.4 What are the **barriers** to Indigenous clients seeking professional help for a gambling problem? That is, why might they **delay or decide against** this? (*Prompt: Any others?*)
- C.5 Are some of these barriers **more common** than others?

### D: Pathways to help

- D.1 Are there any consistencies in the **pathways** to getting professional help amongst Indigenous clients, e.g. are most clients referred or do they initiate the treatment process themselves?
- D.2 Have they generally accessed **other forms of help** before coming to you? If so, which types?
- D.3 What **kind of treatment** do you provide for your clients? What does this typically involve? How **effective** is this usually in resolving a person's gambling problem?

### E: Other specialised gambling help services

- E.1 Are there **other specialised gambling help services** in this region?
- E.2 How **appropriate** are they to Indigenous gamblers?
- E.3 Is there an **awareness** of these other services among your clients?

### F: General help services

- F.1 Are there other more **general help services** in the region that someone might turn to for help with a gambling problem, e.g. Indigenous specific health centres or support services, GPs, financial counsellors?
- F.2 How **appropriate** are they to Indigenous gamblers?

F.3 Is there an **awareness** of these general help services among your clients?

**G: Other help services**

G.1 Are there any **other services** where Indigenous people could seek formal help for their gambling problems in the region that we haven't already mentioned?

G.2 What about **telephone helplines** and **internet** counselling? Would they be likely to use these? Why or why not?

**H: Informal sources of help**

H.1 What can you tell me about **informal sources of gambling help** that may be used by Indigenous gamblers? E.g.:

- Family and friends
- Religious leaders or Elders
- Self-help groups or materials?

H.2 Are there any particular **differences** in seeking informal help for Indigenous compared to non-Indigenous clients?

H.3 At what **stage** during the development of gambling related problems would Indigenous people seek informal help? Would this be **before** or **after** seeking professional help? Is there a **progression** from professional to informal help or vice versa?

H.4 Would there be **differences in the motivators or triggers** for seeking **informal** help compared to **formal** help for Indigenous peoples?

H.5 Are there **different barriers** to seeking informal help for Indigenous compared to non-Indigenous people?

H.6 Do you think there are **differences in the effectiveness** of these informal sources of help for Indigenous compared to non-Indigenous clients? Would they be more or less successful?

**I: Improvements**

I.1 What could be done to **better encourage** Indigenous people to seek help at any earlier stage of a gambling problem?

I.2 How might **avenues for gambling help** for Indigenous people be improved?

I.3 Any **other comments** about help seeking for Indigenous people?

**Appendix J: Interview schedule for CALD gamblers in treatment**

## INTERVIEW QUESTIONS FOR CALD GAMBLERS IN TREATMENT

This study on Gamblers at Risk and their Help-Seeking Behaviour is being conducted by the Centre for Gambling Education and Research at Southern Cross University. The research is funded by Gambling Research Australia. The research examines peoples' experiences in seeking help for gambling-related problems. Thank you for agreeing to an interview. Please be assured that your identity will remain anonymous and confidential. With your permission, we would like to tape this interview please.

Record client's cultural group \_\_\_\_\_

### A Your current gambling help service

- A.1 How did you **first hear about** the help service you are currently using?
- A.2 What **sort of help** is your current service providing to you?
- A.3 Are you **satisfied** with the help they are providing? Why or why not?
- A.4 Do you find the service **culturally appropriate**? Why or why not?
- A.5 **Why** did you decide to use this service instead of other services?
- A.6 Were you aware of any **other** professional services that could have provided you with gambling help? If so, **which ones**? (*Prompt: Are there any others?*)

### B Motivators and Barriers to Professional Help

- B.1 What were the main **reasons or triggers** for your decision to seek professional help for your gambling? (*Prompt: Are there any others?*)
- B.2 Amongst these reasons that you've sought help now for your gambling, which is the **single biggest reason** for you?
- B.3 Were there any reasons or **barriers that delayed you** seeking professional help? If so, what were they? (*Prompt: Are there any others?*)
- B.4 Amongst these barriers to seeking help for your gambling, which was the **single biggest barrier** for you?

### C Previous help services used

- C.1 Have you sought professional help for gambling **in the past**? If so, where? (*Prompt: Anywhere else?*)
- C.2 What **sort of help** did you receive from them?
- C.3 Were you **satisfied** with the help you received? Why or why not?
- C.4 Did you find them **culturally** appropriate? Why or why not?

### D Informal Sources of Help

Sometimes, people seek informal or non-professional help to stop or control gambling. This could be from family, friends or perhaps a community or religious leader.

- D.1 Have you **ever** done this? If so, from **whom**? (*Prompt: Are there any others?*)
- D.2 What were the main **reasons or triggers** for your decision to approach this person/people for help for your gambling?
- D.3 Were there any reasons or **barriers that delayed you** approaching this person/people for help for your gambling? I.e. what might have made you uncomfortable about this?
- D.4 What **sort of help** did they provide?
- D.5 How **helpful** was this? Why?

## **E Self-Help Strategies**

Sometimes, people use certain strategies or tools to help themselves control their gambling.

- E.1 Have you ever accessed **books or information** on how to control gambling?
- Why or why not?
  - If so, where did you seek this information from?
  - How helpful was this? Why?
- E.2 Have you ever tried to **control your gambling expenditure** by keeping records of how much you were spending, setting a budget or leaving your bank cards at home?
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?
- E.3 Have you ever taken up **new hobbies or interests** to try to control your gambling?
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?
- E.4 Have you ever actively tried to **avoid being with family or friends who gamble?**
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?
- E.5 Have you ever actively tried to **avoid being near the venue/s** where you gambled or to **bar** yourself from them?
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?
- E.6 Have you ever used **any other self-help strategies** to try to control your gambling?
- Why or why not?
  - If so, what did you do?
  - How helpful was this? Why?

## **F Pathways to help seeking**

In this interview, we have asked about the three ways people can seek help for their gambling. These were:

- a. Professional sources of help (e.g. counselling, treatment by professionally trained people)
  - b. Informal sources of help (e.g. from partner, family, friends, community leaders, etc)
  - c. Self-help strategies (e.g. budgeting, sourcing information on gambling)
- F.1 Which of these three did you do **first** when you decided you wanted to better control your gambling?

F.2 And which, if any, did you do **second**?

F.3 And which, if any, did you do **third**?

**G Improvements**

G.1 How might avenues for gambling help for people from your cultural group be **improved**?

G.2 What could be done to **encourage** people from your cultural group to seek help for a gambling problem?

G.3 Do you have any **other comments** about help seeking for people from your cultural group ?

**H About you**

H.1 What type of gambling has been most **problematic** for you? (*Prompt: Any others?*)

H.2 Can you please tell me your **age group, employment status and marital status**?



## **Appendix K: Interview schedule for family members of CALD gamblers in treatment**

## INTERVIEW QUESTIONS FOR FAMILY MEMBERS OF CALD GAMBLERS IN TREATMENT

In this interview, I'd like to focus on three types of help family or friends sometimes use to help them cope with a family member's gambling problem:

- **Professional help**, such as counselling, relationship or legal advice, support groups like Gam-Anon, going to a GP or other professional.
- **Non-professional help**, such as turning to family, friends, or perhaps a religious or community leader.
- **Self-help**, such as strategies people use to help them cope, such as managing family finances differently, taking up new interests together, approaching the gambling venues they go to, or just talking to the gambler about how the gambling is affecting you.

Record interviewee's cultural group \_\_\_\_\_

### A. RELATIONSHIP TO THE GAMBLER

- A.1 Can I please ask what relationship you are to the person with a gambling problem? (e.g. husband, mother, sister, etc).
- A.2 And just to keep us on track during this interview, can I please have the first name of this person?

### B. THEIR GAMBLING

- B.1 What types of gambling have been most problematic for (name)?
- B.2 How did you first learn that (name) had a problem with gambling?
- B.3 Do you know if (name) had done anything to try to better control their gambling before telling you about it? E.g. sought professional help, non-professional help or used self-help strategies?

### C. YOUR ROLE IN HELPING THE GAMBLER

- C.1 What did you do when you first learnt that (name) had a gambling problem?
- C.2 Can you tell me about anything you did to help (name) address their gambling problem. It would be very helpful if you can tell me about this in the order of what you did?
- E.g. through professional sources of help?
  - E.g. through non-professional sources of help?
  - E.g. through self-help strategies?

### D. HELP FOR YOURSELF

- D.1 In what ways, if any, was (name's) gambling impacting on you and your family?
- D.2 Did you seek any help for yourself in dealing with these impacts? If so, can you please tell me about these, again in order of what you did?
- E.g. through professional sources of help?
  - E.g. through non-professional sources of help?
  - E.g. through self-help strategies?
- D.3 And what were the main reasons for your decision to use these types of help? That is, were there specific problems or triggers that led you to seek these types of help?
- D.4 Were there any reasons or barriers that delayed you from seeking these types of help?
- D.5 Why did you decide to use these types of help?

- D.6 And were they culturally appropriate for you? Why or why not?
- D.7 And were they effective for you? Why or why not?
- D.7 Are you currently using any sources of help or any other strategies to help you and (name) cope with any ongoing gambling issues?

**E. IMPROVEMENTS**

- E.1 How might avenues for gambling help for people from your cultural group be improved?
- E.4 What could be done to encourage people from your cultural group to seek help at an earlier stage of a gambling problem?
- E.5 What could be done to encourage family members from your cultural group to seek help for themselves to deal with the impacts of someone's gambling?

**F. ANY OTHER COMMENTS**

- F.1 Do you have any other comments about help seeking for people from your cultural group?

## **Appendix L: Interview schedule for CALD counsellors**

## INTERVIEW QUESTIONS FOR GAMBLING COUNSELLORS OF CALD CLIENTS

This study on Gamblers at Risk and their Help-Seeking Behaviour is being conducted by the Centre for Gambling Education and Research at Southern Cross University. The research is funded by Gambling Research Australia. The research examines peoples' experiences in seeking help for gambling-related problems. Thank you for agreeing to an interview. Please be assured that your identity will remain anonymous and confidential. With your permission, we would like to tape this interview please.

### A: Your organisation and your role

- A.1 Can you please tell us about the **role of this organisation** in providing gambling help services to CALD clients?
- A.2 Can you tell us about **your role** in this organisation, especially in relation to CALD clients?

### B: Clients from your cultural group

- B.1 About **how many** clients from your cultural group would your organisation see each year for gambling-related problems?
- B.2 Can you give me an idea of their **gender** and **age** breakdown?
- B.3 And what **type(s) of gambling** do they tend to have problems with?

### C: Help seeking patterns of clients from your cultural group

- C.1 At what **stage** in the development of their gambling problems do your clients from your cultural group typically seek help?
- C.2 What are the main **motivators** for clients seeking help? That is, what **triggers** this help seeking? (*Prompt: Any others?*)
- C.3 Are some of these motivators or reasons **more common** than others?
- C.4 What are the **barriers** to clients from your cultural group seeking professional help for a gambling problem? That is, why might they **delay or decide against** this? (*Prompt: Any others?*)
- C.5 Are some of these barriers **more common** than others?

### D: Pathways to help

- D.1 Are there any consistencies in the **pathways** to getting professional help amongst clients from your cultural group, e.g. are most clients referred or do they initiate the treatment process themselves?
- D.2 Have they generally accessed **other forms of help** before coming to you? If so, which types?
- D.3 What **kind of treatment** do you provide for these clients? What does this typically involve? How **effective** is this usually in resolving a person's gambling problem?

### E: Other specialised gambling help services

- E.1 Are there **other specialised gambling help services** in this region?
- E.2 How **appropriate** are they to gamblers from your cultural group?
- E.3 Is there an **awareness** of these other services among your clients?

**F: General help services**

- F.1 Are there other more **general help services** in the region that someone might turn to for help with a gambling problem, e.g. culturally specific health centres or support services, GPs, financial counsellors?
- F.2 How **appropriate** are they to gamblers from your cultural group?
- F.3 Is there an **awareness** of these general help services among your clients?

**G: Other help services**

- G.1 Are there any **other services** where people from your cultural group could seek formal help for their gambling problems in the region that we haven't already mentioned?
- G.2 What about **telephone helplines** and **internet** counselling? Would they be likely to use these? Why or why not?

**H: Informal sources of help**

- H.1 What can you tell me about **informal sources of gambling help** that may be used by gamblers from your cultural group? E.g.:
- Family and friends
  - Religious or community leaders
  - Self-help groups or materials?
- H.2 Are there any particular **differences** in seeking informal help by gamblers from your cultural group compared to non-CALD clients?
- H.3 At what **stage** during the development of gambling related problems would people from your cultural group seek informal help? Would this be **before** or **after** seeking professional help? Is there a **progression** from professional to informal help or vice versa?
- H.4 Would there be **differences in the motivators or triggers** for seeking **informal** help compared to **formal** help for people from your cultural group?
- H.5 Are there **different barriers** to seeking informal help for people from your cultural group compared to non-CALD people?
- H.6 Do you think there are **differences in the effectiveness** of these informal sources of help for people from your cultural group compared to non-CALD clients? Would they be more or less successful?

**I: Improvements**

- I.1 What could be done to **better encourage** people from your cultural group to seek help at any earlier stage of a gambling problem?
- I.2 How might **avenues for gambling help** for people from your cultural group be improved?
- I.3 Any **other comments** about help seeking for people from your cultural group?

**Appendix M: Survey instrument for CALD gamblers in clubs  
(English version)**

## • Club Patron Help Seeking Survey •

### A study of help-seeking for gambling-related issues

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Earn a \$20 StarCash Voucher by completing this survey.  
This voucher can be redeemed for petrol or any other goods at any  
Caltex service station.

The Centre for Gambling Education and Research at Southern Cross University invites you to participate in this survey. It has been funded by Gambling Research Australia. The research aims to examine gambler help-seeking behaviour to assist jurisdictions develop policies and programs regarding assistance for gamblers. The survey asks questions about your knowledge of help services for gambling related problems. It should take you about 20 minutes to complete.

If you agree to participate in this survey, please be assured that only the researchers will handle the survey information for analysis and report preparation. Your individual responses will remain anonymous and confidential. Please do not put your name on the survey. Your information will be integrated with that from other participants. The research results will then be written up as a research report for Gambling Research Australia and available on their website at a later date.

If you agree to complete this survey, please know that you are under no pressure to divulge any information you may feel uncomfortable sharing. If, when undertaking the survey any unwelcomed issues about gambling arise, you should consider terminating the questionnaire and contacting the National Gambling Helpline (ph. 1800 858 858).

If you have any questions about this project, feel free to ask the researcher at your club, or contact the Project Coordinator: Dr Nerilee Hing, Head, Centre for Gambling Education and Research, Southern Cross University, PO Box 157, Lismore NSW 2480, ph: 02 66203928 or email: [nerilee.hing@scu.edu.au](mailto:nerilee.hing@scu.edu.au)

The ethical aspects of this study have been approved by the Southern Cross University Human Research Ethics Committee (HREC). The Approval Number is 09-095. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the HREC through the Ethics Complaints Officer, telephone 02 6626 9139, fax 02 6626 9145. Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.



In this questionnaire we ask about the three ways people can seek help for a gambling problem:

4. **Professional sources of help** – that is, counselling, treatment or therapy provided by professionally trained people.
5. **Non-professional sources of help** – such as from your partner, family, friends or other people who are not professionally trained in gambling help.
6. **Self-help strategies** – such as budgeting, sourcing information on how to control gambling, or taking up new hobbies or interests to replace gambling.

We then have some questions about your gambling and about you. Let's get started with some questions about professional sources of gambling help.

### SECTION A: PROFESSIONAL SOURCES OF GAMBLING HELP

The first few questions ask about your knowledge of professional help services for people experiencing problems with their gambling ... that is, those help services that involve professionally trained people, such as counsellors

**A1** Do you know of ANY **face-to-face counselling or treatment services** for gambling help in your region?

Yes  No

If 'yes', please list all the face-to-face gambling counselling or treatment services you know of in your region.

---

---

**A2** Do you know of ANY **online or internet** gambling counselling and support services for gambling help?

Yes  No

If 'yes', please list all the online gambling help services you know of.

---

---

**A3** Do you know of ANY **telephone** counselling services for gambling help?

Yes  No

If 'yes', please list all the telephone gambling help services you know of.

---

---

**A4** Do you know of ANY **support group that meets in your region** for gambling help?

Yes  No

If 'yes', please list all the gambling support groups you know of in your region.

---

---

**A5** Are you aware that **gambling venues** can offer assistance for gambling problems?

Yes  No

If 'yes', please list all types of venue assistance for gambling problems you know of.

---

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**A6** Are you aware that the **following services** may offer information and help for gambling issues? (Please tick one box on each line)

General Practitioners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial counsellors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship counsellors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol and drug services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Migrant and ethnic support services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legal advisors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**A7** If you began to experience problems with your gambling and wanted to seek professional help, from ANY source, which source of professional help would you **first** choose?

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OR  I would not seek any professional help.

**A8** Have you **ever** used **professional** sources of help for your gambling – that is, counselling, treatment or therapy provided by professionally trained people?

Yes  No

If 'yes', what type of professional help did you access? (e.g. face-to-face counselling, online counselling, telephone helpline, support group, etc.)

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**A9** If you began to experience problems controlling your gambling, how strongly do you agree or disagree that the following reasons **would prompt** you to seek **professional** help to control your gambling? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with your living circumstances, e.g. housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns about the welfare of those dependent on you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with family members other than your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure from your partner, family or friends about your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that your gambling might develop into a major problem in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Negative emotions from your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns from the venue where you were gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that you had reached a point where you could not go on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems in maintaining normal daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation from family, relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**A10** If there are any **other reasons**, not included in the list above, that would **prompt** you to seek **professional** help to control your gambling, please write them here.

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**A11** If you began to experience problems controlling your gambling, how strongly do you agree or disagree that the following reasons **would discourage** or **delay** you from seeking **professional** help for your gambling? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree
You would want to solve the problem on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would not know how to find help services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would be concerned about the cost of help services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would be too proud to seek help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would find it difficult to believe you had a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would think the help service would not understand your main language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would think the help service would not understand your cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would think the help service would not be able to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would feel ashamed for yourself or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would only want help for financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would be concerned about being treated like an addict or mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would be concerned about confidentiality with the help service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would feel pressured by family and friends to continue gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would not have the time for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would not want anyone to tell you to stop gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would have difficulty getting help at the time or place you want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A12** If there are any **other reasons**, not included in the list above, that would **discourage** or **delay** you from seeking **professional** help to control your gambling, please write them here.

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**A13** What, if anything, could be done to encourage people to seek **professional** help for gambling problems **sooner**? (Please write here)

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## SECTION B: NON-PROFESSIONAL SOURCES OF GAMBLING HELP

We'd now like to ask you about **non-professional** sources of help for people experiencing problems with their gambling ... that is, those people a gambler may turn to who are not professionally trained but may provide support and guidance.

- B1** If you began to experience problems controlling your gambling, and did not want to access a **professional help service**, who would you turn to for help to better control your gambling? (e.g. your partner, other family members, friends, work colleagues, religious leader, community leader or elder, etc.)
- 
- 

- B2** Have you **ever** used **non-professional** sources of help for your gambling – such as from your partner, family, friends or other people who are not professionally trained in gambling help?

Yes  No

If 'yes', who did you seek this non-professional help from?

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- B3** If you began to experience problems controlling your gambling, how strongly do you agree or disagree that the following reasons **would** prompt you to seek **non-professional help** to control your gambling? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with your living circumstances, e.g. housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns about the welfare of those dependent on you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with family members other than your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure from your partner, family or friends about your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that your gambling might develop into a major problem in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Negative emotions from your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns from the venue where you were gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns you had reached a point where you could not go on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems in maintaining normal daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation from family, relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**B4** If there are any **other reasons**, not included in the list above, that would **prompt** you to seek **non-professional help** to control your gambling, please write them here.

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**B5** If you began to experience problems controlling your gambling, how strongly do you agree or disagree that the following reasons **would discourage** or **delay** you from seeking **non-professional help** for your gambling? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree
You would want to solve the problem on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would be too proud to seek help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would find it difficult to believe you had a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would feel ashamed for yourself or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would only want help for financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would be concerned about being treated like an addict or mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would be concerned about confidentiality with the help service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would feel pressured by family and friends to continue gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would not have the time for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would not want anyone to tell you to stop gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would have difficulty getting help at the time or place you want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B6** If there are any **other reasons**, not included in the list above, that would **discourage or delay** you from seeking **non-professional help** to control your gambling, please write them here.

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**B7** What, if anything, could be done to **encourage** people to seek non-professional help for gambling problems **sooner**? (Please write here)

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### SECTION C: SELF-HELP GAMBLING STRATEGIES

The next questions focus on **self-help** for gambling problems – that is, strategies or methods people might use to better control their gambling that they do themselves, without involving other people.

**C1** If you began to experience problems controlling your gambling, and wanted to manage it **without involving other people**, what would you do to better control your gambling?

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**C2** Do you currently use any of the following self-help strategies to control your gambling? (Please tick one box on each line)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Complete a checklist to self-assess for a gambling problem                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Keep a record of your gambling activities and expenditure                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Set a budget for gambling expenses  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use information about how gambling works and the odds of winning                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use Information about why some people gamble excessively                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Avoid friends or family who gamble  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Avoid being near the venue where you primarily gamble                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limit access to money for gambling e.g. leaving debit and credit cards at home    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Take up other activities to reduce the time available to gamble                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use some other strategy or method to control your gambling (please specify) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**C3** If you began to experience problems controlling your gambling, how strongly do you agree or disagree that the following reasons **would** prompt you to use **self-help strategies**? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with your living circumstances, e.g. housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns about the welfare of those you support (children, elderly parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with family members other than your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure from your partner, family or friends about your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that your gambling might develop into a major problem in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Negative emotions from your gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns from the venue where you were gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns that you had reached a point where you could not go on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problems at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems in maintaining normal daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation from family, relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**C4** If there are any **other reasons**, not included in the list above, that **would prompt** you to use **self-help** strategies for your gambling, please write them here.

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**C5** If you began to experience problems controlling your gambling, how strongly do you agree or disagree that the following reasons **would discourage** or **delay** you from using **self-help strategies** for your gambling? (Please tick one box on each line)

	Strongly agree	Agree	Disagree	Strongly disagree
You would not know how to find out about the strategies without involving other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would think the self-help strategies are too much work on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would have difficulty accessing the self-help strategies in your main language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would have difficulty finding self-help strategies that are culturally appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would think the self-help strategies would not work for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would find it difficult to believe you had a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would only want help for financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would feel pressured by family and friends to continue gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would not have the time to use self-help strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would not want to stop gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C6** If there are any **other reasons**, not included in the list above, that would **discourage** or **delay** you from using **self-help** gambling strategies, please write them here.

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**C7** What, if anything, could be done to encourage people to use **self-help strategies** for gambling problems **sooner**? (Please write here)

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## SECTION D: PATHWAYS TO HELP-SEEKING

In this survey we have asked about three ways people can seek help for their gambling:

4. **Professional sources of help** – that is, counselling, treatment or therapy provided by professionally trained people.
5. **Non-professional sources of help** – such as from your partner, family, friends or other people who are not professionally trained in gambling help.
6. **Self-help strategies** – such as budgeting, sourcing information on how to control gambling, or taking up new hobbies or interests to replace gambling.

**D1** If you were concerned about your gambling, which of these sources of help would you use **first** to better control your gambling? (please tick only one box)

- Professional sources of help
- Non-professional sources of help
- Self-help strategies
- None of these

**D2** And which, if any, would you use **second**? (please tick only one box)

- Professional sources of help
- Non-professional sources of help
- Self-help strategies
- None of these

**D3** And which, if any, would you use **third**? (please tick only one box)

- Professional sources of help
- Non-professional sources of help
- Self-help strategies
- None of these

## SECTION E: CHANGES IN YOUR GAMBLING

Our next few questions are about any changes to your gambling behaviour.

**E1** Have you maintained any changes to your gambling to better control it **for longer than the last 6 months**?

- Yes ***If you answered 'Yes', please go straight to Question F1 ----->>***
- No

**E2** **Within the past six months**, have you made any changes to your gambling to better control it?

- Yes ***If you answered 'Yes', please go straight to Question F1 ----->>***
- No

**E3** In the next month, are you **intending** to make any changes to your gambling to better control it?

- Yes *If you answered 'Yes', please go straight to Question F1 ----->>*  
 No

**E4** In the next 6 months, are you **intending** to make any changes to your gambling to better control it?

- Yes  
 No

## SECTION F: ABOUT YOUR GAMBLING

Now we would like to know how often you may, or may not, have been involved in various types of gambling activities **in the last 12 months**, that is, since this time last year.

**F1** During the last 12 months, how often did you gamble on Lotto/ Scratchies/ Lottery/ Soccer Pools? (Please tick only one box)

- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

**F2** During the last 12 months, how often did you gamble on bingo? (Please tick only one box)

- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

**F3** During the last 12 months, how often did you gamble on keno? (Please tick only one box)

- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

- F4** **During the last 12 months**, how often did you gamble on gaming machines? (Please tick only one box)
- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

- F5** **During the last 12 months**, how often did you gamble on TAB betting? (Please tick only one box)
- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

- F6** **During the last 12 months**, how often did you gamble on racetrack betting? (Please tick only one box)
- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

- F7** **During the last 12 months**, how often did you gamble on casino games **not** on the internet? (Please tick only one box)
- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

- F8** **During the last 12 months**, how often did you gamble on sports betting? (Please tick only one box)
- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

**F9** During the last 12 months, how often did you gamble on casino or poker on the internet? (Please tick only one box)

- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

**F10** During the last 12 months, how often did you gamble on private gambling for money (e.g. cards, mahjong)? (Please tick only one box)

- |   |  |
|---|--|
| <input type="checkbox"/> At least once a day    | <input type="checkbox"/> Once every 2 or 3 months            |
| <input type="checkbox"/> Several days a week    | <input type="checkbox"/> 3 or 4 times in the last 12 months  |
| <input type="checkbox"/> About once a week      | <input type="checkbox"/> Once or twice in the last 12 months |
| <input type="checkbox"/> About once a fortnight | <input type="checkbox"/> Never in the last 12 months         |
| <input type="checkbox"/> About once a month     |  |

**F11** We'd now like to ask you the following questions about **your gambling** (Please tick one box on each line):

	Never	Some- times	Most of the time	Almost always
Thinking about the past 12 months, how often have you bet more than you could really afford to lose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you gone back another day to try to win back some of the money you lost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you felt that you might have a problem with gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often have you felt guilty about the way you gamble, or what happens when you gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often has your gambling caused you any health problems, including stress or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about the past 12 months, how often has your gambling caused any financial problems for you or your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION G: ABOUT YOU**

Finally, we have some questions to help us classify your answers in this study.

**G1** What is your gender? (Please tick one box)

- Male  Female

**G2** How old are you? (Please tick one box)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 18 to 19 years | <input type="checkbox"/> 20 to 24 years | <input type="checkbox"/> 25 to 29 years   |
| <input type="checkbox"/> 30 to 34 years | <input type="checkbox"/> 35 to 39 years | <input type="checkbox"/> 40 to 44 years   |
| <input type="checkbox"/> 45 to 49 years | <input type="checkbox"/> 50 to 54 years | <input type="checkbox"/> 55 to 59 years   |
| <input type="checkbox"/> 60 to 64 years | <input type="checkbox"/> 65 to 69 years | <input type="checkbox"/> 70 years or more |

**G3** Were you born in Australia? (Please tick one box)

- Yes (please go to Question G5)  
 No

**G4** If you were not born in Australia, what year did you arrive in Australia? \_\_\_\_\_

**G5** Do you primarily identify yourself as someone in the mainstream Australian culture or as part of another culture? (Please tick one box)

- Mainstream Australian  
 Other culture (*please specify*): \_\_\_\_\_

**G6** What language do you mainly speak at home? (Please tick one box)

- English  
 Other culture (*please specify*): \_\_\_\_\_

**G7** What is your marital status? (Please tick one box)

- Married  Widowed  Separated or Divorced  
 A de facto partner  Never married

**G8** Which of the following best describes your current work status ? (Please tick one box)

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Working full-time | <input type="checkbox"/> Working part-time                | <input type="checkbox"/> Home duties |
| <input type="checkbox"/> Student           | <input type="checkbox"/> Self-funded retiree              | <input type="checkbox"/> Pensioner   |
| <input type="checkbox"/> Unemployed        | <input type="checkbox"/> Other ( <i>please specify</i> ): |                                      |
- \_\_\_\_\_

**G9** Would you describe where you live as a metropolitan, regional, rural or remote area? (Please tick one box)

- Metropolitan  Regional  Rural  Remote

**This is the end of the survey. Thank you very much for completing it.**

## **Appendix N: Detailed statistical tables for Chapters 4-9**

## N.1 Tables Relating to Chapter 4

**Table 4.1: NTS Sample: Demographic Characteristics of Respondents**

Characteristic	Category	No.	%
Sex	Male	151	62.4
	Female	91	37.6
Age	18-24	11	4.6
	25-34	23	9.6
	35-44	17	7.1
	45-54	53	22.1
	55-64	69	28.8
	65-74	46	19.2
	75 years and over	21	8.8
Marital status	Married	114	47.1
	Widowed	22	9.1
	Separated or divorced	36	14.9
	De facto partner	24	9.9
	Never married	46	19.0
Work status	Working full-time	78	32.2
	Working part-time	39	16.1
	Home duties	10	4.1
	Student	5	2.1
	Self-funded retiree	31	12.8
	Pensioner	59	24.4
	Unemployed	9	3.7
Born in Australia	Yes	195	80.6
	No	47	19.4
Location	Metropolitan	160	66.1
	Regional	54	22.3
	Rural	26	10.7
	Remote	2	.8

**Table 4.2: NTS Sample: Gambling Behaviour of Respondents**

Type of Gambling	Category	No.	%	Cum. %
Keno	At least once a day	3	1.2	1.2
	Several days a week	3	1.2	2.5
	About once a week	27	11.2	13.6
	About once a fortnight	12	5.0	18.6
	About once a month	22	9.1	27.7
	Once every two or three months	3	1.2	28.9
	Three or four times in the last 12 months	20	8.3	37.2
	Once or twice in the last 12 months	19	7.9	45.0
	Not in the last 12 months	133	55.0	100.0
Gaming machines	At least once a day	3	1.2	1.2
	Several days a week	29	12.0	13.2
	About once a week	76	31.4	44.6
	About once a fortnight	22	9.1	53.7
	About once a month	33	13.6	67.4
	Once every two or three months	0	0.0	67.4
	Three or four times in the last 12 months	11	4.5	71.9
	Once or twice in the last 12 months	14	5.8	77.7
Not in the last 12 months	54	22.3	100.0	



Wagering	At least once a day	7	2.9	2.9
	Several days a week	25	10.3	13.2
	About once a week	57	23.6	36.8
	About once a fortnight	9	3.7	40.5
	About once a month	11	4.5	45.0
	Once every two or three months	1	.4	45.5
	Three or four times in the last 12 months	9	3.7	49.2
	Once or twice in the last 12 months	27	11.2	60.3
	Not in the last 12 months	96	39.7	100.0
Sports betting	At least once a day	6	2.5	2.5
	Several days a week	15	6.2	8.7
	About once a week	30	12.4	21.1
	About once a fortnight	8	3.3	24.4
	About once a month	9	3.7	28.1
	Once every two or three months	4	1.7	29.8
	Three or four times in the last 12 months	8	3.3	33.1
	Once or twice in the last 12 months	6	2.5	35.5
	Not in the last 12 months	156	64.5	100.0
Non-Internet casino games	At least once a day	1	.4	.4
	Several days a week	4	1.7	2.1
	About once a week	5	2.1	4.1
	About once a fortnight	9	3.7	7.9
	About once a month	7	2.9	10.7
	Once every two or three months	11	4.5	15.3
	Three or four times in the last 12 months	7	2.9	18.2
	Once or twice in the last 12 months	30	12.4	30.6
Not in the last 12 months	168	69.4	100.0	
Internet casino games	At least once a day	3	1.2	1.2
	Several days a week	4	1.7	2.9
	About once a week	8	3.3	6.2
	About once a fortnight	3	1.2	7.4
	About once a month	6	2.5	9.9
	Once every two or three months	1	.4	10.3
	Three or four times in the last 12 months	1	.4	10.7
	Once or twice in the last 12 months	3	1.2	12.0
Not in the last 12 months	213	88.0	100.0	
Private gambling for money	At least once a day	2	.8	.8
	Several days a week	2	.8	1.7
	About once a week	11	4.5	6.2
	About once a fortnight	8	3.3	9.5
	About once a month	13	5.4	14.9
	Once every two or three months	2	.8	15.7
	Three or four times in the last 12 months	8	3.3	19.0
	Once or twice in the last 12 months	8	3.3	22.3
Not in the last 12 months	188	77.7	100.0	

**Table 4.3: NTS Sample: PGSI Categories of Respondents**

PGSI Category	No.	%	Cum. %
Non-problem gambler	98	41.4	41.4
Low risk gambler	54	22.8	64.1
Moderate risk gambler	58	24.5	88.6
Problem gambler	27	11.4	100.0
Total	237	100.0	

**Table 4.4: NTS Sample: Knowledge of Professional Sources of Gambling Help**

Source of Help	No.	%
Telephone counselling services for gambling help	104	43.0
Face-to-face counselling/treatment services for gambling help in your region	84	34.7
Venue assistance for gambling problems	49	20.2
Alcohol & drug services who offer information/help for gambling	41	16.9
Relationship counsellors who offer information/help for gambling	35	14.5
GPs who offer information and help for gambling issues	32	13.2
Financial counsellors who offer information /help for gambling	25	10.3
Legal advisors who offer information/help for gambling	24	9.9
Online or Internet gambling counselling and support services	14	5.8
Migrant & ethnic support services who offer information/help for gambling	14	5.8
Support group that meets in region for gambling help	4	1.7

**Table 4.5: NTS Sample: Preferred Sources of Professional Help for Gambling**

Source of Help	No.	%
General Practitioners	68	28.1
Don't know/not sure/don't know of any	30	12.4
Financial counsellors	27	11.2
Telephone helpline (or hotline, G-Line or similar)	26	10.7
Gamblers Anonymous	17	7.0
Gambling counsellors	11	4.5
Relationship counsellors	11	4.5
Alcohol and drug services	10	4.1
A venue	6	2.5
Community centre or similar	6	2.5
Family/friends	5	2.1
None/would not seek help	5	2.1
Psychologist	4	1.7
Workplace	4	1.7
Other	4	1.7
Internet	1	.4
Legal advisors	1	.4
Missing	6	2.4
Total	242	100.0

**Table 4.6: NTS Sample: Motivators for Using Professional Sources of Gambling Help by Respondents Who Have Received and Have Not Received Professional Help**

Motivator	Received Professional Help (n = 12)			Not Received Professional Help (n = 230)		
	N	Mean	Std. Dev.	N	Mean	Std. Dev.
Legal problems	10	2.8	0.92	227	1.4	0.64
Problems with your living circumstances, e.g. housing problems	11	2.6	0.93	225	1.4	0.60
Concerns about the welfare of those dependent on you	11	2.2	0.98	218	1.4	0.61
Problems with your spouse or partner	11	2.0	0.89	208	1.5	0.70
Problems with family members other than your spouse or partner	11	2.6	0.92	223	1.7	0.77
Pressure from your partner, family or friends about your gambling	12	1.8	0.94	223	1.7	0.71
Concerns that your gambling might develop into a major problem	12	1.3	0.45	221	1.6	0.76
Negative emotions from your gambling	12	1.8	0.75	224	1.8	0.75
Physical health concerns	11	2.2	0.98	222	1.6	0.75
Concerns from the venue where you were gambling	11	2.8	1.08	216	1.9	0.82
Concerns that you had reached a point where you could not go on	11	2.2	1.17	227	1.4	0.67
Financial problems	11	1.6	0.93	228	1.4	0.59
Problems at work	8	2.8	0.89	191	1.6	0.75
Problems in maintaining normal daily activities	12	2.0	0.95	225	1.5	0.69
Isolation from family, relatives or friends	12	1.8	0.58	225	1.5	0.72

**Table 4.7: NTS Sample: Barriers to Using Professional Sources of Gambling Help by Respondents Who Have Received and Have Not Received Professional Help**

Barrier	Received Professional Help (n = 12)			Not Received Professional Help (n = 230)		
	N	Mean	Std. Dev.	N	Mean	Std. Dev.
Want to solve the problem on your own	12	1.7	0.78	225	2.4	0.86
Not know how to find help services	12	3.4	0.52	229	3.1	0.74
Be concerned about the cost of help services	12	3.3	0.62	224	2.9	0.82
Be too proud to seek help	12	2.3	0.99	226	2.8	0.79
Find it difficult to believe that you had a gambling problem	11	2.5	0.93	226	2.7	0.83
Think the help service would not understand your main language	11	3.1	0.70	228	3.4	0.59
Think help service would not understand your cultural background	12	3.1	0.79	225	3.3	0.63
Think the help service would not be able to help	12	2.8	0.97	224	3.1	0.67
Feel ashamed for yourself or your family	12	2.3	1.06	226	2.7	0.84
Only want help for financial problems	11	2.4	1.12	223	2.9	0.72
Be concerned about being treated like an addict or mentally ill	12	2.3	1.16	226	2.9	0.84
Be concerned about confidentiality with the help service	12	2.9	0.90	229	3.1	0.78
Feel pressured by family and friends to continue gambling	11	3.1	0.83	227	3.2	0.72
Not have the time for help	10	3.2	0.42	224	3.0	0.73
Not want anyone to tell you to stop gambling	12	2.5	1.00	222	2.9	0.77
Have difficulty getting help at the time or place you want it	12	2.5	0.91	220	2.9	0.71

**Table 4.8: NTS Sample: Preferred Sources of Non-Professional Gambling Help**

Source of Help	No.	%
Friend	64	26.4
Family member other than partner/spouse	57	23.6
Partner/spouse	35	14.5
No-one/Would not seek help	21	8.7
Don't know	16	6.6
Church/religious leader	12	5
Salvation Army/Gamblers Anonymous/Lifeline	10	4.1
Other	10	4.1
Another gambler/recovering problem gambler	8	3.3
Would only seek professional help	6	2.5
Workplace	3	1.2
<b>Total</b>	<b>242</b>	<b>100</b>

**Table 4.9: NTS Sample: Motivators for Using Non-Professional Sources of Gambling Help by Respondents Who Have and Have Not Received Non-Professional Help**

Motivator	Received Non-Professional Help (n = 24)			Not Received Non-Professional Help (n = 218)		
	N	Mean	Std. Dev.	N	Mean	Std. Dev.
Legal problems	23	2.7	0.86	213	1.9	0.87
Problems with your living circumstances, e.g. housing problems	24	2.7	0.76	211	1.9	0.85
Concerns about the welfare of those dependent on you	21	2.3	1.06	205	1.8	0.86
Problems with your spouse or partner	19	2.8	0.86	196	1.9	0.80
Problems with family members other than spouse or partner	23	2.1	0.73	210	2.1	0.83
Pressure from partner, family or friends about your gambling	24	2.3	0.94	210	2.0	0.81
Concerns your gambling might develop into a major problem	23	2.0	0.98	210	2.0	0.87
Negative emotions from your gambling	23	2.0	0.67	212	2.1	0.82
Physical health concerns	23	2.7	0.83	209	2.0	0.90
Concerns from the venue where you were gambling	23	2.9	0.90	210	2.3	0.84
Concerns you had reached a point where you could not go on	23	2.6	1.08	213	1.9	0.93
Financial problems	23	2.1	0.90	212	1.8	0.87
Problems at work	21	2.9	0.79	180	1.9	0.85
Problems in maintaining normal daily activities	23	2.2	0.90	214	2.0	0.79
Isolation from family, relatives or friends	21	2.5	0.93	213	2.0	0.86

**Table 4.10: NTS Sample: Barriers to Using Non-Professional Sources of Gambling Help by Respondents Who Have and Have Not Received Non-Professional Help**

Barrier	Received Non-Professional Help (n = 24)			Not Received Non-Professional Help (n = 218)		
	N	Mean	Std. Dev.	N	Mean	Std. Dev.
Want to solve the problem on your own	24	1.8	0.70	216	2.4	0.82
Be too proud to seek help	24	2.4	0.72	216	2.7	0.86
Find it difficult to believe that you had problem	24	2.2	0.66	215	2.7	0.78
Feel ashamed for yourself or your family	24	2.5	0.88	216	2.7	0.79
Only want help for financial problems	22	2.7	0.70	214	2.9	0.73
Be concerned about being treated like an addict or mentally ill	24	2.5	0.83	216	2.8	0.79
Be concerned about confidentiality	23	2.7	0.81	217	2.8	0.82
Feel pressured by family and friends to continue gambling	24	3.0	0.66	215	3.1	0.67
Not have time for help	24	3.0	0.51	213	3.0	0.69
Not want anyone to tell you to stop gambling	24	2.3	0.79	213	2.8	0.82
Think that they would not be able to help	24	2.6	0.88	215	2.9	0.74

**Table 4.11: NTS Sample: Current Use of Self-Help Gambling Strategies by Respondents Who Have and Have Not Used Other Types of Help**

Type of Self-Help	Received Other Types of Help (n = 28)		Not Received Other Types of Help (n = 214)	
	No.	%	No.	%
Used a checklist to self-assess a gambling problem	9	32.1	12	5.6
Kept records of your gambling activities and expenditure	11	39.3	43	20.1
Set a budget for gambling expenses	15	53.6	109	49.1
Sourced information about how gambling works and the odds of winning	8	28.6	62	29.0
Sourced information about why some people gamble excessively	5	17.9	23	10.7
Avoided friends/family who gamble	10	35.7	16	7.5
Avoided being near the venue where you primarily gambled	13	46.4	28	11.6
Limited access to money for gambling e.g. leaving debit and credit cards at home	14	50.0	69	32.2
Took up other activities to take the place of gambling	16	57.1	60	28.0
Some other strategy/method	5	17.9	19	8.9

**Table 4.12: NTS Sample: Motivators for Using Self-Help by Respondents Who Have Received and Not Received Other Types of Help**

Motivator	Received Other Types of Help and Use Self-Help Strategies (n = 27)			Not Received Other Types of Help and Use Self-Help Strategies (n = 167)		
	N	Mean	Std. Dev.	N	Mean	Std. Dev.
Legal problems	24	2.9	0.83	162	3.1	0.78
Problems with living circumstances, e.g. housing problems	23	2.7	0.82	161	3.0	0.81
Concerns about the welfare of those you support	24	2.3	1.01	155	2.8	0.94
Problems with your spouse or partner	20	2.9	0.88	151	3.0	0.88
Problems with family members other than spouse or partner	24	2.7	0.75	161	3.0	0.82
Pressure from partner, family or friends about your gambling	24	2.3	0.69	159	3.0	0.83
Concerns your gambling might develop into a major problem	26	1.7	0.78	162	2.6	0.97
Negative emotions from your gambling	25	2.0	0.79	160	2.8	0.87
Physical health concerns	25	2.7	0.90	161	3.1	0.80
Concerns from the venue where you were gambling	23	3.0	0.88	161	3.2	0.76
Concerns you had reached a point where you could not go on	25	2.6	1.08	162	3.1	0.90
Financial problems	25	2.1	0.83	162	2.7	0.95
Problems at work	23	2.8	0.78	145	3.0	0.85
Problems in maintaining normal daily activities	25	2.3	0.90	161	2.9	0.85
Isolation from family, relatives or friends	25	2.6	0.87	160	3.0	0.89

**Table 4.13: NTS Sample: Barriers to Using Self-Help by Respondents Who Had and Had Not Received Other Types of Help**

Barrier	Had Received Other Types of Help (n = 28)			Had Not Received Other Types of Help (n = 167)		
	N	Mean	Std. Dev.	N	Mean	Std. Dev.
	Were not aware of the strategies	28	2.9	0.65	161	3.0
Thought the self-help strategies were too much work on your own	27	2.9	0.70	162	3.1	0.65
Could not access self-help strategies in your main language	28	3.3	0.52	163	3.3	0.56
Could not find self-help strategies that were culturally appropriate	28	3.2	0.72	163	3.2	0.64
Thought the self-help strategies would not work for you	28	2.7	0.71	162	3.0	0.71
Believed you didn't have a problem	28	2.2	0.83	162	2.5	0.89
Only wanted help for financial problems	27	2.6	0.70	164	3.0	0.70
Felt pressured by family and friends to continue gambling	27	3.0	0.71	163	3.3	0.60
Did not have the time to use self-help strategies	28	3.0	0.58	163	3.1	0.64
Didn't want to stop gambling	28	2.1	0.66	160	2.7	0.91

**Table 4.14: NTS Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
Professional sources of help	53	21.9	39.4	95	84	37.0
Non-professional sources of help	24	9.9	41.1	99	79	34.8
Self-help strategies	164	67.8	13.7	33	33	14.5
None of these	1	.4	5.8	14	31	13.7
Total	242	100.0	100.0	241	227	100.0

**Table 4.15: NTS Sample: Stage of Change in Help-Seeking Behaviour**

PGSI Category		Maintenance	Action	Preparation	Contemplation	Pre-	Total
						contemplation	
Non-problem gambler	No	11	5	0	0	82	98
	%	11.2%	5.1%	0.0%	0.0%	83.7%	100.0%
Low risk gambler	No	22	4	0	0	28	54
	%	40.7%	7.4%	0.0%	0.0%	51.9%	100.0%
Moderate risk gambler	No	26	6	2	1	23	58
	%	44.8%	10.3%	3.4%	1.7%	39.7%	100.0%
Problem gambler	No	15	7	3	0	2	27
	%	55.6%	25.9%	11.1%	0.0%	7.4%	100.0%
Total	No	74	22	5	1	135	237
	%	31.2%	9.3%	2.1%	0.4%	57.0%	100.0%

## N.2 Tables Relating to Chapter 5

**Table 5.1: GHS Sample: Demographic Characteristics of Respondents**

Characteristic	Category	No.	%
Sex	Male	103	60.6
	Female	67	39.4
Age	18-24	15	8.8
	25-34	35	20.6
	35-44	45	26.5
	45-54	34	20.0
	55-64	26	15.3
	65-74	12	7.1
	75 years and over	3	1.8
Marital status	Married	38	22.4
	Widowed	4	2.4
	Separated or divorced	45	26.5
	De facto partner	26	15.3
	Never married	57	33.5
Work status	Working full-time	86	50.6
	Working part-time	34	20.0
	Home duties	9	5.3
	Student	3	1.8
	Self-funded retiree	1	.6
	Pensioner	21	12.4
	Unemployed	15	8.8
	Other	1	.6
Born in Australia	Yes	127	74.7
	No	43	25.3
Location	Metropolitan	108	63.5
	Regional	47	27.6
	Rural	13	7.6
	Remote	0	0.0

**Table 5.2: GHS Sample: Gambling Behaviour of Respondents**

Type of Gambling	Category	No.	%	Cum. %
Keno	At least once a day	0	0.0	0.0
	Several days a week	7	4.1	4.1
	About once a week	6	3.6	7.6
	About once a fortnight	6	3.6	11.2
	About once a month	11	6.5	17.6
	Once every two or three months	10	5.9	23.5
	Three or four times in the last 12 months	5	3.0	26.5
	Once or twice in the last 12 months	10	5.9	32.4
	Not in the last 12 months	114	67.5	99.4
Gaming machines	At least once a day	10	5.9	5.9
	Several days a week	77	45.3	51.2
	About once a week	23	13.5	64.7
	About once a fortnight	13	7.6	72.4
	About once a month	15	8.8	81.2
	Once every two or three months	8	4.7	85.9
	Three or four times in the last 12 months	1	.6	86.5

	Once or twice in the last 12 months	6	3.5	90.0
	Not in the last 12 months	17	10.0	100.0
TAB betting	At least once a day	9	5.3	5.3
	Several days a week	31	18.2	23.5
	About once a week	15	8.8	32.4
	About once a fortnight	8	4.7	37.1
	About once a month	6	3.5	40.6
	Once every two or three months	5	2.9	43.5
	Three or four times in the last 12 months	2	1.2	44.7
	Once or twice in the last 12 months	12	7.1	51.8
	Not in the last 12 months	82	48.2	100.0
Racetrack betting	At least once a day	1	.6	.6
	Several days a week	1	.6	1.2
	About once a week	2	1.2	2.4
	About once a fortnight	2	1.2	3.5
	About once a month	5	2.9	6.5
	Once every two or three months	6	3.5	10.0
	Three or four times in the last 12 months	3	1.8	11.8
	Once or twice in the last 12 months	19	11.2	22.9
	Not in the last 12 months	131	77.1	100.0
Sports betting	At least once a day	3	1.8	1.8
	Several days a week	7	4.1	5.9
	About once a week	15	8.8	14.7
	About once a fortnight	5	2.9	17.6
	About once a month	7	4.1	21.8
	Once every two or three months	3	1.8	23.5
	Three or four times in the last 12 months	2	1.2	24.7
	Once or twice in the last 12 months	8	4.7	29.4
	Not in the last 12 months	120	70.6	100.0
Non-Internet casino games	At least once a day	0	0.0	0.0
	Several days a week	6	3.5	3.5
	About once a week	5	2.9	6.5
	About once a fortnight	0	0.0	0.0
	About once a month	11	6.5	12.9
	Once every two or three months	10	5.9	18.8
	Three or four times in the last 12 months	3	1.8	20.6
	Once or twice in the last 12 months	27	15.9	36.5
	Not in the last 12 months	108	63.5	100.0
Internet casino games	At least once a day	3	1.8	1.8
	Several days a week	2	1.2	2.9
	About once a week	1	.6	3.5
	About once a fortnight	3	1.8	5.3
	About once a month	1	.6	5.9
	Once every two or three months	2	1.2	7.1
	Three or four times in the last 12 months	2	1.2	8.2
	Once or twice in the last 12 months	1	.6	8.8
	Not in the last 12 months	155	91.2	100.0
Private gambling for money	At least once a day	0	0.0	0.0
	Several days a week	1	.6	.6
	About once a week	2	1.2	1.8
	About once a fortnight	0	0.0	0.0
	About once a month	5	2.9	4.7
	Once every two or three months	4	2.4	7.1
	Three or four times in the last 12 months	0	0.0	7.1
	Once or twice in the last 12 months	9	5.3	12.4
	Not in the last 12 months	149	87.6	100.0



**Table 5.3: GHS: PGSI Categories of Respondents**

PGSI Category	No.	%	Cum. %
Non-problem gambler	0	0.0	0.0
Low risk gambler	2	1.2	1.2
Moderate risk gambler	8	4.7	5.9
Problem gambler	159	94.1	100.0
Total	169	100.0	

**Table 5.4: GHS Sample: How Respondents First Found Out About the Gambling Helpline They Called**

Source of knowledge	No.	%
Advertising in a gambling venue	93	54.7
The telephone book	18	10.6
Advertising in the general media	16	9.4
A referral from a family member or friend	14	8.2
An internet search	13	7.6
A referral from a doctor or other health care worker	2	1.2
A referral from a face-to-face counselling agency	1	.6
Other	9	5.3
Don't Know/Can't recall	4	2.4
Total	170	100.0

**Table 5.5: GHS Sample: Motivators for Gamblers for Calling a Gambling Helpline**

Motivator	N	Mean	Std. Dev.
Legal problems	169	3.0	0.85
Problems with your living circumstances, e.g. housing problems	170	2.6	0.95
Concerns about the welfare of those dependent on you	145	2.1	0.96
Problems with your spouse or partner	146	2.3	1.00
Problems with family members other than your spouse or partner	170	2.5	0.94
Pressure from your partner, family or friends about your gambling	169	2.2	0.93
Concerns that your gambling might develop into a major problem	168	1.4	0.59
Negative emotions from your gambling	170	1.5	0.68
Physical health concerns	170	2.3	0.94
Concerns from the venue where you were gambling	169	3.1	0.69
Concerns that you had reached a point where you could not go on	168	2.1	0.95
Financial problems	170	1.6	0.70
Problems at work	151	2.6	0.86
Problems in maintaining normal daily activities	170	2.1	0.85
Isolation from family, relatives or friends	170	2.2	0.89

**Table 5.6: GHS Sample: Barriers to Calling a Gambling Helpline**

Barrier	N	Mean	Std. Dev.
Want to solve the problem on your own	170	1.8	0.68
Not know how to find help services	168	2.9	0.68
Be concerned about the cost of help services	170	2.8	0.77
Be too proud to seek help	168	2.3	0.89
Find it difficult to believe that you had a gambling problem	169	2.6	0.91
Think the help service would not understand your main language	170	3.3	0.63
Think help service would not understand your cultural background	169	3.2	0.59
Think the help service would not be able to help	165	2.7	0.76
Feel ashamed for yourself or your family	169	1.9	0.86
Only want help for financial problems	170	2.7	0.77
Be concerned about being treated like an addict or mentally ill	169	2.6	0.86
Be concerned about confidentiality with the help service	169	2.7	0.84
Feel pressured by family and friends to continue gambling	170	3.1	0.75
Not have the time for help	169	2.8	0.72
Not want anyone to tell you to stop gambling	169	2.5	0.85
Have difficulty getting help at the time or place you want it	168	2.7	0.75

**Table 5.7: GHS Sample: Knowledge of Other Professional Sources of Gambling Help**

Source of Help	No.	%
Venue assistance for gambling problems	74	43.5
Face-to-face counselling/treatment services for gambling help in your region	40	23.5
Support group that meets in region for gambling help	38	22.4
GPs who offer information and help for gambling issues	37	21.8
Financial counsellors who offer information /help for gambling	34	20.0
Relationship counsellors who offer information/help for gambling	33	19.4
Alcohol & drug services who offer information/help for gambling	22	12.9
Online or Internet gambling counselling and support services	14	8.2
Legal advisors who offer information/help for gambling	8	4.7
Migrant & ethnic support services who offer information/help for gambling	4	2.4

**Table 5.8: GHS Sample: Current Use of Other Professional Sources of Gambling Help**

Source of Help	No.	%
Face-to-face counselling	73	42.9
Exclusion from one or more gaming venues	32	18.8
General help services (e.g. financial counselling, relationship counselling, GP)	23	13.5
A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)	15	8.8
Online support group (e.g. internet forums)	3	1.8
Live online counselling	2	1.2
Email counselling	0	0.0
Residential treatment program	0	0.0

**Table 5.9: GHS Sample: How Respondents First Found Out About Other Professional Sources of Help**

Source of Help	No.	%
A referral from the gambling helpline	61	64.9
A referral from a doctor or other health care worker	11	11.7
Advertising in a gambling venue.	6	6.4
A referral from a family member or friend	5	5.3
The telephone book	2	1.2
An internet search	2	1.2
Advertising in the general media	1	1.1
A referral from a venue staff member	1	0.6
Other	6	6.4
Don't Know/Can't recall	2	1.2
<b>Total</b>	<b>97</b>	<b>100.0</b>

**Table 5.10: GHS Sample: Past Use of Other Professional Sources of Gambling Help**

Type of Help	Received Past Professional Help (n = 100)		Not Received Past Professional Help (n = 70)	
	No.	%	No.	%
	Face-to-face counselling	7	7.0	17
Email counselling	0	0.0	0	0.0
Live online counselling	1	1.0	0	0.0
Residential treatment program	3	3.0	0	0.0
General help service (e.g. financial counselling, relationship counselling, GP, etc)	6	6.0	2	2.9
Online support group (e.g. internet forums)	0	0.0	0	0.0
A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)	9	9.0	8	11.4
Exclusion from one or more gaming venues	5	5.0	5	7.1

**Table 5.11: GHS Sample: Current Use of Non-Professional Gambling Help**

Source of Help	No.	%
Your partner	63	37.1
Other family members	57	33.5
Friends	46	27.1
Work colleagues	13	7.6
Clergy/religious leader	2	1.2
Community leaders or elders	1	.6
Other	2	2

**Table 5.12: GHS Sample: Past Use of Non-Professional Gambling Help**

Source of Help	Currently Receiving Non-Professional Help (n = 100)		Not Currently Receiving Non-Professional Help (n = 70)	
	No.	%	No.	%
	Your partner	3	3.0	4
Other family members	9	9.0	9	12.9
Friends	6	6.0	1	1.4
Work colleagues	1	1.0	0	0.0
Clergy/religious leader	1	1.0	0	0.0
Community leaders or elders	0	0.0	0	0.0
Other	1	1.0	0	0.0

**Table 5.13: GHS Sample: Preferred Sources of Non-Professional Gambling Help**

Source of Help	No.	%
No-one	50	29.4
Family member other than partner/spouse	36	21.2
Friend	35	20.6
Partner/spouse	22	12.9
Recovering problem gambler	5	2.9
Church/religious leader	3	1.8
Would only seek professional help	1	.6
Don't know	16	9.4
Other	2	1.2
Total	170	100.0

**Table 5.14: GHS Sample: Motivators for Using Non-Professional Sources of Gambling Help**

Motivator	N	Mean	Std. Dev.
Legal problems	112	3.0	0.69
Problems with your living circumstances, e.g. housing problems	112	2.6	0.84
Concerns about the welfare of those dependent on you	97	2.2	0.90
Problems with your spouse or partner	101	2.2	0.86
Problems with family members other than spouse or partner	112	2.5	0.79
Pressure from partner, family or friends about your gambling	112	2.1	0.88
Concerns your gambling might develop into a major problem	112	1.6	0.62
Negative emotions from your gambling	111	1.8	0.64
Physical health concerns	112	2.7	0.79
Concerns from the venue where you were gambling	112	3.1	0.61
Concerns you had reached a point where you could not go on	112	2.2	0.94
Financial problems	112	1.8	0.78
Problems at work	101	2.7	0.81
Problems in maintaining normal daily activities	111	2.2	0.75
Isolation from family, relatives or friends	111	2.4	0.87

**Table 5.15: GHS Sample: Barriers to Using Non-Professional Sources of Gambling Help**

Barrier	N	Mean	Std. Dev.
Want to solve the problem on your own	169	1.7	0.61
Be too proud to seek help	168	2.1	0.77
Find it difficult to believe that you had problem	170	2.5	0.82
Feel ashamed for yourself or your family	168	1.9	0.73
Only want help for financial problems	169	2.6	0.80
Be concerned about being treated like an addict or mentally ill	170	2.5	0.83
Be concerned about confidentiality	170	2.5	0.79
Feel pressured by family and friends to continue gambling	170	3.1	0.64
Not have time for help	169	2.8	0.67
Not want anyone to tell you to stop gambling	167	2.4	0.75
Think that they would not be able to help	164	2.5	0.74

**Table 5.16: GHS Sample: Use of Self-Help Gambling Strategies Before Seeking Other Types of Help**

Type of Self-Help	No.	%
Used a checklist to self-assess a gambling problem	25	14.7
Kept records of your gambling activities and expenditure	30	17.6
Set a budget for gambling expenses	48	28.2
Sourced information about how gambling works and the odds of winning	48	28.2
Sourced information about why some people gamble excessively	31	18.2
Avoided friends/family who gamble	30	17.6
Avoided being near the venue where you primarily gambled	51	30.0
Limited access to money for gambling e.g. leaving debit and credit cards at home	86	50.6
Took up other activities to take the place of gambling	69	40.6
Some other strategy/method	20	11.8

**Table 5.17: GHS Sample: Motivators for Using Self-Help Gambling Strategies**

Motivator	N	Mean	Std. Dev.
Legal problems	132	2.9	0.68
Problems with living circumstances, e.g. housing problems	131	2.5	0.86
Concerns about the welfare of those you support	111	2.3	0.94
Problems with your spouse or partner	115	2.4	0.94
Problems with family members other than spouse or partner	130	2.4	0.84
Pressure from partner, family or friends about your gambling	131	2.4	0.79
Concerns your gambling might develop into a major problem	131	1.6	0.61
Negative emotions from your gambling	131	1.7	0.64
Physical health concerns	132	2.5	0.83
Concerns from the venue where you were gambling	131	3.0	0.65
Concerns you had reached a point where you could not go on	131	2.3	0.93
Financial problems	131	1.8	0.77
Problems at work	120	2.7	0.79
Problems in maintaining normal daily activities	131	2.2	0.77
Isolation from family, relatives or friends	129	2.3	0.80

**Table 5.18: GHS Sample: Barriers to Using Self-Help Gambling Strategies**

Barrier	N	Mean	Std. Deviation
Were not aware of the strategies	168	2.6	0.73
Thought the self-help strategies were too much work on your own	165	2.6	0.70
Could not access self-help strategies in your main language	169	3.3	0.52
Could not find self-help strategies that were culturally appropriate	169	3.1	0.66
Thought the self-help strategies would not work for you	167	2.5	0.70
Believed you didn't have a problem	168	2.5	0.88
Only wanted help for financial problems	170	2.7	0.76
Felt pressured by family and friends to continue gambling	168	3.1	0.63
Did not have the time to use self-help strategies	168	2.8	0.68
Didn't want to stop gambling	165	2.3	0.84

**Table 5.19: GHS Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
Professional sources of help	63	37.1	66	38.8	40	25.6
Non-professional sources of help	20	11.8	57	33.5	40	25.6
Self-help strategies	87	51.2	33	19.4	18	11.5
None of these	0	0.0	14	8.2	58	37.2
Total	170	100.0	66	100.0	156	100.0

**Table 5.20: GHS Sample: Stage of Change in Help-Seeking Behaviour**

PGSI Category		Maintenance	Action	Preparation	Contemplation	Pre-contemplation	Total
		Non-problem gambler	No	0	0	0	0
	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Low risk gambler	No	2	0	0	0	0	2
	%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Moderate risk gambler	No	2	5	1	0	0	8
	%	25.0%	62.5%	12.5%	0.0%	0.0%	100.0%
Problem gambler	No	43	90	24	2	0	159
	%	27.0%	56.6%	15.1%	1.3%	0.0%	100.0%
Total	No	47	95	25	2	0	169
	%	27.8%	56.2%	14.8%	1.2%	0.0%	100.0%

### N.3 Tables Relating to Chapter 6

**Table 6.1: FHS Sample: Demographic Characteristics of Respondents**

Characteristic	Category	No.	%
Sex	Male	12	25.0
	Female	36	75.0
Age	18-24	4	8.3
	25-34	5	10.4
	35-44	12	25.0
	45-54	10	20.8
	55-64	10	20.8
	65-74	7	14.6
	75 years and over	0	0.0
Marital status	Married	23	47.9
	Widowed	2	4.2
	Separated or divorced	7	14.6
	De facto partner	9	18.8
	Never married	7	14.6
Work status	Working full-time	18	37.5
	Working part-time	10	20.8
	Home duties	14	29.2
	Student	0	0.0
	Self-funded retiree	0	0.0
	Pensioner	5	10.4
	Unemployed	1	2.1
	Other	0	0.0
Born in Australia	Yes	41	85.4
	No	7	14.6
Location	Metropolitan	29	60.4
	Regional	15	31.3
	Rural	3	6.3
	Remote	1	2.1

**Table 6.2: FHS Sample: Relationship of Gambler to Family Member**

Relationship	No.	%
Your partner's gambling	18	37.5
Your son's gambling	12	25.0
Your daughter's gambling	2	4.2
Your mother's gambling	6	12.5
Your father's gambling	2	4.2
Some other family member's gambling	5	10.4
Your friend's gambling?	3	6.3
Total	48	100.0

**Table 6.3: FHS Sample: How Respondents First Found Out About the Gambling Helpline They Called**

Source of knowledge	No.	%
An internet search	12	25.0
The telephone book	9	18.8
Advertising in the general media	8	16.7
Advertising in a gambling venue	6	12.5
A referral from a family member or friend	6	12.5
A referral from a gambling venue staff member	0	0.0
A referral from a face-to-face counselling agency	0	0.0
A referral from a doctor or other health care worker	0	0.0
Other	6	12.5
Don't Know/Can't recall	1	2.1
Total	48	100.0

**Table 6.4: FHS Sample: Motivators for Gamblers for Calling a Gambling Helpline**

Motivator	N	Mean	Std. Dev.
Legal problems	48	3.0	0.80
Problems with your living circumstances, e.g. housing problems	48	2.5	1.05
Concerns about the welfare of those dependent on you	45	2.2	1.08
Problems with your spouse or partner	46	2.3	1.12
Problems with family members other than your spouse or partner	48	2.3	0.97
Pressure from your partner, family or friends about your gambling	48	2.5	1.01
Concerns that their gambling might develop into a major problem	48	1.3	0.48
Negative emotions	48	1.6	0.53
Physical health concerns	48	2.2	0.90
Concerns from the venue	47	3.0	0.86
Concerns that you had reached a point where you could not go on	48	2.4	1.02
Financial problems	48	2.4	1.14
Problems at work	41	2.8	0.94
Problems in maintaining normal daily activities	48	2.2	0.94
Isolation from family, relatives or friends	47	2.5	0.95

**Table 6.5: FHS Sample: Barriers to Calling a Gambling Helpline**

Barrier	N	Mean	Std. Dev.
Wanted to solve the problem on your own	47	2.6	0.90
Were not aware that help was available for you	47	2.5	0.86
Were not aware that help services were free	48	2.7	0.76
Were too proud to seek help	48	3.1	0.76
Didn't think the help service would understand your main language	48	3.4	0.58
Didn't think the help service would understand your cultural background	48	3.3	0.52
Didn't think the help service would be able to help	48	2.9	0.73
Felt ashamed for yourself or family	47	2.6	0.88
Only wanted help for financial problems	48	3.1	0.59
Were concerned that they might treat the gambler like an addict or mentally ill	48	2.9	0.70
Were concerned about confidentiality with the help service	48	3.0	0.67
Did not have the time for help	48	3.0	0.74
Didn't want anyone to tell you to confront the gambler about the gambling	48	2.8	0.85
Couldn't get help at the time or place you wanted it	47	3.0	0.64



**Table 6.6: FHS Sample: Knowledge of Other Professional Sources of Gambling Help**

Source of Help	No.	%
Face-to-face counselling/treatment services for gambling help in your region	7	14.6
Support group that meets in region for gambling help	3	6.3
GPs who offer information and help for gambling issues	14	29.2
Financial counsellors who offer information /help for gambling	9	18.8
Relationship counsellors who offer information/help for gambling	13	27.1
Alcohol & drug services who offer information/help for gambling	10	20.8
Migrant and ethnic support services who offer information/help for gambling	3	6.3
Legal advisors who offer information/help for gambling	8	16.7
Online or Internet gambling counselling and support services	2	4.2
Legal options for people affected by another person s gambling	2	4.2

**Table 6.7: FHS Sample: Current Use of Other Professional Sources of Gambling Help**

Source of Help	No.	%
Face-to-face counselling	7	14.6
General help services (e.g. financial counselling, relationship counselling, GP)	2	4.2
A face-to-face support group (e.g. Gamblers Anonymous, Pokies Anonymous)	1	2.1
Online support group (e.g. internet forums)	0	0.0
Live online counselling	0	0.0
Email counselling	0	0.0
Residential treatment program	0	0.0

**Table 6.8: FHS Sample: How Respondents First Found Out About Other Professional Sources of Help**

Source of Help	No.	%
A referral from the gambling helpline	5	55.6
A referral from a doctor or other health care worker	1	11.1
Advertising in a gambling venue.	0	0.0
A referral from a family member or friend	0	0.0
The telephone book	0	0.0
An internet search	2	22.2
Advertising in the general media	0	0.0
A referral from a venue staff member	0	0.0
Other	1	11.1
Don't Know/Can't recall	0	0.0
Total	9	100.0

**Table 6.9: FHS Sample: Current Use of Non-Professional Gambling Help**

Source of Help	No.	%
Family member other than partner/spouse	18	37.5
Partner/spouse	18	37.5
Friends	14	29.2
Work colleagues	5	10.4
Church/religious leader	2	4.2
Someone else	0	0.0
Community leader/elder	0	0.0

**Table 6.10: FHS Sample: Past Use of Non-Professional Gambling Help**

Source of Help	Currently Receiving Non-Professional Help (n = 32)		Not Currently Receiving Non-Professional Help (n = 16)	
	No.	%	No.	%
Your partner	1	3.1	0	0.0
Other family members	4	12.5	2	12.5
Friends	0	0.0	1	6.3
Work colleagues	0	0.0	0	0.0
Clergy/religious leader	2	6.3	0	0.0
Community leaders or elders	0	0.0	0	0.0
Other	0	0.0	0	0.0

**Table 6.11: FHS Sample: Preferred Sources of Non-Professional Gambling Help**

Source of Help	No.	%
Family member other than partner/spouse	14	29.2
Friend	11	22.9
No-one	7	14.6
Partner/spouse	5	10.4
GP	2	4.2
Church/religious leader	1	2.1
Workplace	1	2.1
Don't know	7	14.6
Total	48	100.0

**Table 6.12: FHS Sample: Motivators for Using Non-Professional Sources of Gambling Help**

Motivator	N	Mean	Std. Dev.
Legal problems	33	2.7	0.80
Problems with your living circumstances, e.g. housing problems	34	2.4	0.92
Concerns about the welfare of those dependent on you	32	2.3	1.00
Problems with your spouse or partner	33	2.2	1.10
Problems with family members other than your spouse or partner	34	2.6	0.86
Pressure from your partner, family or friends about your gambling	34	2.5	0.71
Concerns that their gambling might develop into a major problem	34	1.3	0.68
Negative emotions	34	1.7	0.76
Physical health concerns	34	2.3	0.83
Concerns from the venue	32	3.2	0.57
Concerns that you had reached a point where you could not go on	34	2.3	1.08
Financial problems	34	2.0	0.90
Problems at work	29	2.7	0.84
Problems in maintaining normal daily activities	34	2.3	0.83
Isolation from family, relatives or friends	34	2.6	0.79

**Table 6.13: FHS Sample: Barriers to Using Non-Professional Sources of Gambling Help**

Barrier	N	Mean	Std. Dev.
Wanted to solve the problem on your own	48	2.4	0.74
Were too proud to seek help	48	2.8	0.75
Felt ashamed for yourself or family	46	2.6	0.74
Only wanted help for financial problems	48	3.1	0.56
Were concerned that they might treat person like an addict or mentally ill	48	2.7	0.75
Were concerned about confidentiality	48	2.6	0.76
Felt pressured by family and friends to continue gambling	48	3.1	0.78
Did not have the time for help	48	2.9	0.63
Didn't want anyone to tell you to confront person about the gambling	48	2.8	0.71
Didn't think that they would be able to help	48	2.6	0.71

**Table 6.14: FHS Sample: Use of Self-Help Gambling Strategies Before Seeking Other Types of Help**

Type of Self-Help	No.	%
Talk to the person about how their gambling is affecting you	33	68.8
Encouraged the person to seek help for their gambling	36	75.0
Organised direct debits for household bills, mortgages and regular debits	18	37.5
Budgeted and allow each member of the family some spending money, including the gambler	18	37.5
Took action to protect any joint accounts with the gambler	16	33.3
Some other strategy/method	17	35.4

**Table 6.15: FHS Sample: Motivators for Using Self-Help Gambling Strategies**

Motivator	N	Mean	Std. Dev.
Legal problems	40	3.0	0.75
Problems with your living circumstances, e.g. housing problems	40	2.6	0.90
Concerns about the welfare of those dependent on you	36	2.4	0.99
Problems with your spouse or partner	37	2.3	1.03
Problems with family members other than your spouse or partner	40	2.5	0.81
Pressure from your partner, family or friends about your gambling	40	2.6	0.90
Concerns that their gambling might develop into a major problem	39	1.5	0.51
Negative emotions	40	1.7	0.64
Physical health concerns	40	2.4	0.90
Concerns from the venue	39	3.1	0.72
Concerns that you had reached a point where you could not go on	40	2.5	0.93
Financial problems	40	2.3	0.91
Problems at work	33	3.0	0.73
Problems in maintaining normal daily activities	40	2.4	0.84
Isolation from family, relatives or friends	40	2.6	0.90

**Table 6.16: FHS Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
Professional sources of help	12	25.0	18	37.5	18	40.0
Non-professional sources of help	11	22.9	13	27.1	11	24.4
Self-help strategies	25	52.1	14	29.2	3	6.7
None of these	0	0.0	3	6.3	13	28.9
Total	48	100.0	48	100.0	45	100.0

## N.4 Tables Relating to Chapter 7

**Table 7.1: PGT Sample: Demographic Characteristics of Respondents**

Characteristic	Category	No.	%
Sex	Male	47	46.5
	Female	54	53.5
Age	18-24	2	2.0
	25-34	23	22.8
	35-44	28	27.7
	45-54	27	26.7
	55-64	17	16.8
	65+	4	4.0
Marital status	Married	27	26.7
	Widowed	3	3.0
	Separated or divorced	27	26.7
	De facto partner	7	6.9
	Never married	37	36.6
Work status	Working full-time	39	38.6
	Working part-time	19	18.8
	Home duties	6	5.9
	Student	5	5.0
	Self-funded retiree	2	2.0
	Pensioner	23	22.8
	Unemployed	4	4.0
	Other	3	3.0
Born in Australia	Yes	74	73.3
	No	27	26.7
Cultural identification	Australian	Yes	78.2
	Other	No	13.6
Location	Metropolitan	59	58.4
	Regional	29	28.7
	Rural	13	12.9
	Remote	0	0.0

**Table 7.2: PGT Sample: Gambling Behaviour of Respondents**

Type of Gambling	Category	No.	%	Cum. %
Keno	At least once a day	1	1.0	1.0
	Several days a week	5	5.0	5.9
	About once a week	5	5.0	10.9
	About once a fortnight	3	3.0	13.9
	About once a month	7	6.9	20.8
	Once every two or three months	4	4.0	24.8
	Three or four times in the last 12 months	4	4.0	28.7
	Once or twice in the last 12 months	18	17.8	46.5
	Not in the last 12 months	54	53.5	100.0
Gaming machines	At least once a day	7	6.9	6.9
	Several days a week	25	24.8	31.7
	About once a week	16	15.8	47.5
	About once a fortnight	12	11.9	59.4
	About once a month	5	5.0	64.4
	Once every two or three months	3	3.0	67.3

	Three or four times in the last 12 months	10	9.9	77.2
	Once or twice in the last 12 months	4	4.0	81.2
	Not in the last 12 months	19	18.8	100.0
TAB betting	At least once a day	3	3.0	3.0
	Several days a week	12	11.9	14.9
	About once a week	3	3.0	17.8
	About once a fortnight	6	5.9	23.8
	About once a month	5	5.0	28.7
	Once every two or three months	3	3.0	31.7
	Three or four times in the last 12 months	6	5.9	37.6
	Once or twice in the last 12 months	17	16.8	54.5
	Not in the last 12 months	46	45.5	100.0
Racetrack betting	At least once a day	3	3.0	3.0
	Several days a week	1	1.0	4.0
	About once a week	6	5.9	9.9
	About once a fortnight	1	1.0	10.9
	About once a month	1	1.0	11.9
	Once every two or three months	2	2.0	13.9
	Three or four times in the last 12 months	17	16.8	30.7
	Once or twice in the last 12 months	70	69.3	100.0
	Not in the last 12 months	3	3.0	3.0
Sports betting	At least once a day	2	2.0	2.0
	Several days a week	3	3.0	5.0
	About once a week	8	7.9	12.9
	About once a fortnight	1	1.0	13.9
	About once a month	2	2.0	15.8
	Once every two or three months	1	1.0	16.8
	Three or four times in the last 12 months	6	5.9	22.8
	Once or twice in the last 12 months	3	3.0	25.7
	Not in the last 12 months	75	74.3	100.0
Non-Internet casino games	At least once a day	3	3.0	3.0
	Several days a week	0	0.0	0.0
	About once a week	5	5.0	7.9
	About once a fortnight	1	1.0	8.9
	About once a month	1	1.0	9.9
	Once every two or three months	4	4.0	13.9
	Three or four times in the last 12 months	8	7.9	21.8
	Once or twice in the last 12 months	15	14.9	36.6
	Not in the last 12 months	64	63.4	100.0
Internet casino games	At least once a day	1	1.0	1.0
	Several days a week	2	2.0	3.0
	About once a week	2	2.0	5.0
	About once a fortnight	3	3.0	7.9
	About once a month	4	4.0	11.9
	Once every two or three months	0	0.0	0.0
	Three or four times in the last 12 months	1	1.0	12.9
	Once or twice in the last 12 months	3	3.0	15.8
	Not in the last 12 months	85	84.2	100.0
Private gambling for money	At least once a day	0	0.0	0.0
	Several days a week	0	0.0	0.0
	About once a week	1	1.0	1.0
	About once a fortnight	0	0.0	0.0
	About once a month	3	3.0	4.0
	Once every two or three months	6	5.9	9.9
	Three or four times in the last 12 months	2	2.0	11.9
	Once or twice in the last 12 months	6	5.9	17.8
	Not in the last 12 months	83	82.2	100.0

**Table 7.3: PGT Sample: PGSI Categories of Respondents**

PGSI Category	No.	%	Cum. %
Non-problem gambler	9	8.9	8.9
Low risk gambler	9	8.9	17.8
Moderate risk gambler	7	6.9	24.8
Problem gambler	76	75.2	100.0
Total	101	100.0	100.0

**Table 7.4: PGT Sample: Prior Knowledge of Professional Sources of Gambling Help**

Source of Help	No.	%
Telephone counselling services for gambling help	48	43.6
Financial counsellors who offer information /help for gambling	41	37.3
Relationship counsellors who offer information/help for gambling	39	35.5
Venue assistance for gambling problems	38	34.6
GPs who offer information and help for gambling issues	30	27.3
Support group that meets in region for gambling help	29	26.4
Alcohol & drug services who offer information/help for gambling	27	24.6
Legal advisors who offer information/help for gambling	16	14.6
Migrant & ethnic support services who offer information/help for gambling	11	10.0
Online or Internet gambling counselling and support services	11	10.0

**Table 7.5: PGT Sample: Current Use of Professional Sources of Gambling Help**

Source of Help	No.	%
General help service (e.g. Financial counselling, relationship counselling, GP)	44	40.0
A face-to-face support group (e.g. Gamblers anonymous, Pokies Anonymous)	32	29.1
Exclusion from one or more gaming venue	20	18.2
Gambling telephone helpline	9	8.2
Residential treatment program	4	3.6
Email counselling	3	2.7
Live online counselling	3	2.7
Online support group (e.g. Internet forums)	0	0.0
No, I'm not currently receiving help from any of these sources	25	22.7

**Table 7.6: PGT Sample: How Respondents Found Out About Prior Professional Sources of Gambling Help**

Source of Help	No.	%
A referral from a face-to-face counselling service	21	19.1
A referral from a family member or friend	20	18.2
Advertising in a gambling venue	11	10.0
Advertising in the general media	11	10.0
A referral from a gambling telephone helpline	11	10.0
The telephone book	8	7.3
A referral from a doctor or other health care worker	6	5.5
An internet search	6	5.5
A referral from a venue staff member	1	0.9
Other	7	6.4

**Table 7.7: PGT Sample: Prior Use of Professional Sources of Gambling Help**

Source of Help	No.	%
Face-to-face counselling	45	40.9
A face-to-face support group (e.g. Gamblers anonymous, pokies anonymous)	27	24.5
Gambling telephone helpline	26	23.6
General help service (e.g. Financial counselling, relationship counselling, GP)	23	20.9
Exclusion from one or more gaming venue	15	13.6
Email counselling	4	3.6
Live on-line counselling	4	3.6
Residential treatment program	4	3.6
Online support group (e.g. Internet forums)	3	2.7

**Table 7.8: PGT Sample: How Respondents Found Out About Prior Professional Sources of Gambling Help**

Source of Help	No.	%
A referral from a family member or friend	14	12.7
Advertising in a gambling venue	12	10.9
A referral from a face-to-face counselling service	11	10.0
A referral from a gambling telephone hot line	11	10.0
A referral from a doctor or other health care worker	9	8.2
The telephone book	9	8.2
Advertising in the general media	8	7.3
An Internet search	3	2.7
A referral from a venue staff member	0	0.0
Other	7	6.4

**Table 7.9: PGT Sample: Motivators for Seeking Professional Help**

Motivator	N	Mean	Std. Dev.
Legal problems	81	2.5	1.03
Problems with your living circumstances, e.g. housing problems	91	2.2	0.93
Concerns about the welfare of those dependent on you	77	2.3	0.90
Problems with your spouse or partner	72	2.0	0.93
Problems with family members other than your spouse or partner	96	2.1	0.86
Pressure from your partner, family or friends about your gambling	98	1.9	0.89
Concerns that your gambling might develop into a major problem	101	1.5	0.70
Negative emotions from your gambling	102	1.5	0.73
Physical health concerns	101	2.0	0.91
Concerns from the venue where you were gambling	91	3.1	0.91
Concerns that you had reached a point where you could not go on	101	1.9	0.91
Financial problems	102	1.5	0.73
Problems at work	78	2.3	0.99
Problems in maintaining normal daily activities	100	2.0	0.98
Isolation from family, relatives or friends	105	1.8	1.01

**Table 7.10: PGT Sample: Barriers to Calling a Gambling Helpline**

Barrier	No.	%	Std. Dev.
You wanted to solve the problem on your own	103	1.6	0.62
You were not aware that help was available	103	2.8	0.78
You were not aware that help services were free	103	2.5	0.85
You were too proud to seek help	103	2.0	0.87
You believed you didn't have a problem	103	2.4	1.00
You didn't think the help service would understand your main language	103	3.2	0.83
You didn't think the help service would understand your cultural background	103	3.2	0.79
You didn't think the help service would be able to help	103	2.4	0.82
You felt ashamed for yourself or family	103	1.7	0.82
You only wanted help for financial problems	103	2.6	0.85
You were concerned about being treated like an addict or mentally ill	103	2.1	0.92
You were concerned about confidentiality with the help service	103	2.6	1.01
You felt pressured by family and friends to continue gambling	103	3.1	0.86
You did not have the time for help	103	3.0	0.82
You didn't want anyone to tell you to stop gambling	103	2.3	0.86
You couldn't get help at the time or place you wanted it	103	2.8	0.86

**Table 7.11: PGT Sample: Past Sources of Non-Professional Gambling Help**

Source of Help	No.	%
Other family members	21	19.1
Friends	18	16.4
Partner	14	12.7
Religious leader	6	5.5
Work colleagues	4	3.6
Community leaders or elders	1	0.9
Someone else	1	0.9

**Table 7.12: PGT Sample: Current Sources of Non-Professional Gambling Help**

Source of Help	No.	%
Partner	20	18.2
Friends	18	16.4
Other family members	17	15.5
Religious leader	3	2.7
Work colleagues	2	1.8
Community leaders or elders	0	0.0
Someone else	4	3.6

**Table 7.13: PGT Sample: Motivators for Using Non-Professional Sources of Gambling Help**

Motivator	N	Mean	Std. Dev.
Legal problems	39	2.7	0.94
Problems with your living circumstances, e.g. housing problems	46	2.4	0.85
Concerns about the welfare of those dependent on you	41	2.1	0.84
Problems with your spouse or partner	41	1.8	0.78
Problems with family members other than spouse or partner	48	2.0	0.83
Pressure from partner, family or friends about your gambling	47	1.9	0.79
Concerns your gambling might develop into a major problem	48	1.4	0.58
Negative emotions from your gambling	49	1.4	0.64
Physical health concerns	48	2.1	0.92
Concerns from the venue where you were gambling	43	3.0	0.84
Concerns you had reached a point where you could not go on	48	1.8	0.89
Financial problems	49	1.6	0.77
Problems at work	42	2.3	0.94
Problems in maintaining normal daily activities	49	2.0	0.89
Isolation from family, relatives or friends	48	2.0	0.93



**Table 7.14: PGT Sample: Barriers to Using Non-Professional Sources of Gambling Help**

Barrier	N	Mean	Std. Dev.
You wanted to solve the problem on your own	101	1.5	0.61
You were too proud to seek help	101	1.9	0.90
You believed you didn't have a problem	101	2.4	1.00
You felt ashamed for yourself or family	101	1.7	0.74
You only wanted help for financial problems	101	2.5	0.86
You were concerned about being treated like an addict or mentally ill	101	2.1	0.90
You were concerned about confidentiality	101	2.3	1.01
You felt pressured by family and friends to continue gambling	101	3.0	0.87
You did not have the time for help	101	2.9	0.79
You didn't want anyone to tell you to stop gambling	101	2.2	0.88
You didn't think that they would be able to help	101	2.2	0.81

**Table 7.15: PGT Sample: Current Use of Self-Help Gambling Strategies**

Type of Self-Help	No.	%
Limited access to money for gambling e.g. leaving debit and credit cards at home	49	44.5
Avoided being near the venue where you primarily gambled	41	37.3
Set a budget for gambling expenses	39	35.5
Took up other activities to take the place of gambling	34	30.9
Avoided friends/family who gamble	29	26.4
Kept records of your gambling activities and expenditure	22	20.2
Sourced information about why some people gamble excessively	22	20.0
Sourced information about how gambling works and the odds of winning	20	18.2
Used a checklist to self-assess a gambling problem	19	17.3
Some other strategy/method	12	10.9

**Table 7.16: PGT Sample: Motivators for Using Self-Help Gambling Strategies**

Motivator	N	Mean	Std. Dev.
Legal problems	58	2.6	0.90
Problems with living circumstances, e.g. housing problems	73	2.4	0.92
Concerns about the welfare of those you support	61	2.3	0.95
Problems with your spouse or partner	60	2.2	1.01
Problems with family members other than spouse or partner	74	2.1	0.86
Pressure from partner, family or friends about your gambling	74	2.2	0.99
Concerns your gambling might develop into a major problem	78	1.6	0.73
Negative emotions from your gambling	77	1.6	0.70
Physical health concerns	75	2.2	0.89
Concerns from the venue where you were gambling	62	3.1	0.83
Concerns you had reached a point where you could not go on	74	2.0	0.96
Financial problems	78	1.7	0.81
Problems at work	68	2.4	0.95
Problems in maintaining normal daily activities	76	2.2	0.93
Isolation from family, relatives or friends	75	2.1	0.88

**Table 7.17: PGT Sample: Barriers to Using Self-Help Gambling Strategies**

Barrier	N	Mean	Std. Dev.
You were not aware of the strategies	101	2.4	0.81
You thought the self-help strategies were too much work on your own	101	2.2	0.63
You could not access self-help strategies in your main language	101	3.3	0.68
You could not find self-help strategies that were culturally appropriate	101	3.2	0.80
You thought the self-help strategies would not work for you	101	2.2	0.78
You believed you didn't have a problem	101	2.5	0.97
You only wanted help for financial problems	101	2.6	0.88
You felt pressured by family and friends to continue gambling	101	3.0	0.83
You did not have the time to use self-help strategies	101	2.9	0.73
You didn't want to stop gambling	101	2.2	0.90

**Table 7.18: PGT Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
Professional sources of help	47	46.5	37	36.6	29	28.7
Non-professional sources of help	10	9.9	33	32.7	14	13.9
Self-help strategies	44	43.6	23	22.8	20	19.8
None of these	0	0.0	8	7.9	38	37.6
Total	101	100.0	101	100.0	101	100.0

**Table 7.19: PGT Sample: Stage of Change in Help-Seeking Behaviour**

PGSI Category		Maintenance	Action	Preparation	Contemplation	Pre-	Total
						contemplation	
Non-problem gambler	No	7	1	0	0	1	9
	%	77.8%	11.1%	0.0%	0.0%	11.1%	100.0%
Low risk gambler	No	9	0	0	0	0	9
	%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Moderate risk gambler	No	7	0	0	0	0	7
	%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Problem gambler	No	44	22	7	1	2	76
	%	57.9%	28.9%	9.2%	1.3%	2.6%	100.0%
Total	No	67	23	7	1	3	101
	%	66.3%	22.8%	6.9%	1.0%	3.0%	100.0%

## N.5 Tables Relating to Chapter 8

**Table 8.1: CALD Sample: Demographic Characteristics of Respondents**

Characteristic	Category	No.	%
Sex	Male	93	46.3
	Female	108	53.7
Age	18-24	19	9.4
	25-34	26	12.8
	35-44	19	9.4
	45-54	37	18.2
	55-64	45	22.2
	65+	57	28.1
Marital status	Married	92	45.1
	Widowed	19	9.3
	Separated or divorced	41	20.1
	De facto partner	16	7.8
	Never married	36	17.6
Work status	Working full-time	50	26.0
	Working part-time	27	14.1
	Home duties	24	12.5
	Student	3	1.6
	Self-funded retiree	3	1.6
	Pensioner	65	33.9
	Unemployed	17	8.9
	Other	3	1.6
Born in Australia	Yes	68	34.5
	No	129	65.5
Main language at home	English	120	64.5
	Other	66	35.5
Cultural identification	Australian	132	71.7
	Other	52	28.3
Country/region of birth	Australia/NZ	70	36.5
	Vietnam	60	31.3
	Other Asia	19	9.9
	Other Europe	14	7.3
	Serbia/Croatia	12	6.3
	Arabic-speaking country	11	5.7
	Other	6	3.1
Location	Metropolitan	165	80.5
	Regional	30	14.6
	Rural	6	2.9
	Remote	4	2.0

**Table 8.2: CALD Sample: Gambling Behaviour of Respondents**

Type of Gambling	Category	No.	%	Cum. %
Keno	At least once a day	21	10.9	10.9
	Several days a week	36	18.7	29.5
	About once a week	19	9.8	39.4
	About once a fortnight	11	5.7	45.1
	About once a month	17	8.8	53.9
	Once every two or three months	11	5.7	59.6
	Three or four times in the last 12 months	17	8.8	68.4
	Once or twice in the last 12 months	11	5.7	74.1
	Not in the last 12 months	50	25.9	100.0
Gaming machines	At least once a day	26	13.7	13.7
	Several days a week	47	24.7	38.4
	About once a week	31	16.3	54.7
	About once a fortnight	21	11.1	65.8
	About once a month	19	10.0	75.8
	Once every two or three months	5	2.6	78.4
	Three or four times in the last 12 months	10	5.3	83.7
	Once or twice in the last 12 months	10	5.3	88.9
	Not in the last 12 months	21	11.1	100.0
TAB betting	At least once a day	17	8.9	8.9
	Several days a week	30	15.8	24.7
	About once a week	17	8.9	33.7
	About once a fortnight	1	.5	34.2
	About once a month	8	4.2	38.4
	Once every two or three months	5	2.6	41.1
	Three or four times in the last 12 months	7	3.7	44.7
	Once or twice in the last 12 months	19	10.0	54.7
	Not in the last 12 months	86	45.3	100.0
Racetrack betting	At least once a day	14	7.4	7.4
	Several days a week	24	12.7	20.1
	About once a week	16	8.5	28.6
	About once a fortnight	1	.5	29.1
	About once a month	6	3.2	32.3
	Once every two or three months	2	1.1	33.3
	Three or four times in the last 12 months	5	2.6	36.0
	Once or twice in the last 12 months	14	7.4	43.4
	Not in the last 12 months	107	56.6	100.0
Sports betting	At least once a day	16	8.4	8.4
	Several days a week	23	12.0	20.4
	About once a week	13	6.8	27.2
	About once a fortnight	7	3.7	30.9
	About once a month	8	4.2	35.1
	Once every two or three months	2	1.0	36.1
	Three or four times in the last 12 months	6	3.1	39.3
	Once or twice in the last 12 months	15	7.9	47.1
	Not in the last 12 months	101	52.9	100.0
Non-Internet casino games	At least once a day	14	7.3	7.3
	Several days a week	22	11.5	18.8
	About once a week	15	7.9	26.7
	About once a fortnight	4	2.1	28.8
	About once a month	8	4.2	33.0
	Once every two or three months	4	2.1	35.1
	Three or four times in the last 12 months	8	4.2	39.3
	Once or twice in the last 12 months	19	9.9	49.2
	Not in the last 12 months	97	50.8	100.0

Internet casino games	At least once a day	15	8.1	8.1
	Several days a week	21	11.4	19.5
	About once a week	6	3.2	22.7
	About once a fortnight	4	2.2	24.9
	About once a month	13	7.0	31.9
	Once every two or three months	4	2.2	34.1
	Three or four times in the last 12 months	7	3.8	37.8
	Once or twice in the last 12 months	18	9.7	47.6
	Not in the last 12 months	97	52.4	100.0
Private gambling for money	At least once a day	13	7.0	7.0
	Several days a week	18	9.6	16.6
	About once a week	7	3.7	20.3
	About once a fortnight	8	4.3	24.6
	About once a month	5	2.7	27.3
	Once every two or three months	5	2.7	29.9
	Three or four times in the last 12 months	5	2.7	32.6
	Once or twice in the last 12 months	14	7.5	40.1
	Not in the last 12 months	112	59.9	100.0

**Table 8.3: CALD Sample: PGSI Categories of Respondents**

PGSI Category	No.	%	Cum. %
Non-problem gambler	62	30.0	30.0
Low risk gambler	22	10.6	40.6
Moderate risk gambler	39	18.8	59.4
Problem gambler	84	40.6	100.0
Total	207	100.0	

**Table 8.4: CALD Sample: PGSI Categories of Respondents by Country/Region**

		Non-problem gambler	Low risk gambler	Moderate risk gambler	Problem gambler	Total
Arabic-speaking country	No.	3	0	3	5	11
	%	27.3%	.0%	27.3%	45.5%	100.0%
Australia/NZ	No.	23	9	13	25	70
	%	32.9%	12.9%	18.6%	35.7%	100.0%
Other	No.	2	1	1	2	6
	%	33.3%	16.7%	16.7%	33.3%	100.0%
Other Asia	No.	5	1	4	9	19
	%	26.3%	5.3%	21.1%	47.4%	100.0%
Other Europe	No.	4	3	4	3	14
	%	28.6%	21.4%	28.6%	21.4%	100.0%
Serbia/Croatia	No.	4	0	0	8	12
	%	33.3%	.0%	.0%	66.7%	100.0%
Vietnam	No.	15	6	13	26	60
	%	25.0%	10.0%	21.7%	43.3%	100.0%
Total	No.	62	22	39	84	207
	%	30.0%	10.6%	18.8%	40.6%	100.0%

**Table 8.5: CALD Sample: Knowledge of Professional Sources of Gambling Help**

Source of Help	No.	%
GPs who offer information and help for gambling issues	89	49.2
Alcohol & drug services who offer information/help for gambling	85	48.6
Relationship counsellors who offer information/help for gambling	79	46.7
Financial counsellors who offer information /help for gambling	77	45.3
Legal advisors who offer information/help for gambling	75	43.6
Migrant & ethnic support services who offer information/help for gambling	54	32.5
Telephone counselling services for gambling help	62	31.0
Venue assistance for gambling problems	62	30.8
Face-to-face counselling/treatment services for gambling help in your region	40	19.3
Online or Internet gambling counselling and support services	30	14.8
Support group that meets in region for gambling help	27	13.3

**Table 8.6: CALD Sample: Preferred Sources of Professional Gambling Help**

Type of Help	No.	%
GP	30	19.6
Gambling helpline	13	8.5
Face-to-face counselling	7	4.6
Financial counsellor	6	3.9
Betsafe	4	2.6
The venue	4	2.6
Legal advisor	4	2.6
Other	3	2.0
Relationship counsellor	3	2.0
Gamblers Anonymous	2	1.3
Alcohol and drug service	1	0.7
Ethnic service	1	0.7
Online help service	1	0.7
Would not seek professional help	74	48.4
Total	153	100.0

**Table 8.7: CALD Sample: Motivators for Seeking Professional Help**

Motivator	N	Mean	Std. Dev.
Legal problems	200	1.9	0.85
Problems with your living circumstances, e.g. housing problems	203	1.8	0.83
Concerns about the welfare of those dependent on you	185	1.8	0.82
Problems with your spouse or partner	183	1.8	0.80
Problems with family members other than your spouse or partner	192	2.0	0.83
Pressure from your partner, family or friends about your gambling	199	1.9	0.85
Concerns that your gambling might develop into a major problem	204	1.9	0.83
Negative emotions from your gambling	202	2.0	0.79
Physical health concerns	200	2.0	0.81
Concerns from the venue where you were gambling	197	2.2	0.91
Concerns that you had reached a point where you could not go on	204	2.0	0.87
Financial problems	201	1.9	0.91
Problems at work	181	2.1	0.83
Problems in maintaining normal daily activities	203	2.0	0.86
Isolation from family, relatives or friends	205	2.0	0.94

**Table 8.8: CALD Sample: Barriers to Calling a Gambling Helpline**

Barrier	N	Mean	Std. Dev.
Want to solve the problem on your own	205	2.0	0.87
Not know how to find help services	202	2.3	0.78
Be concerned about the cost of help services	201	2.1	0.89
Be too proud to seek help	196	2.2	0.87
Find it difficult to believe that you had a gambling problem	201	2.2	0.85
Think the help service would not understand your main language	200	2.6	0.93
Think help service would not understand your cultural background	203	2.6	0.97
Think the help service would not be able to help	202	2.4	0.93
Feel ashamed for yourself or your family	204	2.1	0.87
Only want help for financial problems	200	2.4	0.86
Be concerned about being treated like an addict or mentally ill	200	2.2	0.88
Be concerned about confidentiality with the help service	199	2.2	0.88
Feel pressured by family and friends to continue gambling	202	2.5	0.94
Not have the time for help	203	2.4	0.88
Not want anyone to tell you to stop gambling	203	2.4	0.91
Have difficulty getting help at the time or place you want it	204	2.3	0.88

**Table 8.9: CALD Sample: Preferred Sources of Non-Professional Gambling Help**

Source of Help	No.	%
Partner	46	37.1
No one	31	25.0
Family	26	21.0
Friends	10	8.1
Religious leader	6	4.8
Don't know	3	2.4
Other	2	1.6
Total	124	100.0

**Table 8.10: CALD Sample: Motivators for Using Non-Professional Sources of Gambling Help**

Motivator	N	Mean	Std. Dev.
Legal problems	201	2.0	0.93
Problems with your living circumstances, e.g. housing problems	203	2.0	0.79
Concerns about the welfare of those dependent on you	182	2.0	0.78
Problems with your spouse or partner	185	2.0	0.84
Problems with family members other than spouse or partner	202	2.1	0.90
Pressure from partner, family or friends about your gambling	203	2.1	0.86
Concerns your gambling might develop into a major problem	203	2.0	0.82
Negative emotions from your gambling	196	2.1	0.80
Physical health concerns	201	2.1	0.81
Concerns from the venue where you were gambling	200	2.2	0.81
Concerns you had reached a point where you could not go on	202	2.1	0.85
Financial problems	199	2.0	0.86
Problems at work	178	2.1	0.84
Problems in maintaining normal daily activities	202	2.1	0.84
Isolation from family, relatives or friends	201	2.0	0.88

**Table 8.11: CALD Sample: Barriers to Using Non-Professional Sources of Gambling Help**

Barrier	N	Mean	Std. Dev.
Want to solve the problem on your own	204	1.9	0.77
Be too proud to seek help	201	2.2	0.87
Find it difficult to believe that you had problem	199	2.2	0.87
Feel ashamed for yourself or your family	199	2.2	0.88
Only want help for financial problems	202	2.3	0.85
Be concerned about being treated like an addict or mentally ill	203	2.2	0.90
Be concerned about confidentiality	203	2.3	0.91
Feel pressured by family and friends to continue gambling	202	2.4	0.92
Not have time for help	197	2.4	0.89
Not want anyone to tell you to stop gambling	202	2.5	0.83
You would have difficulty getting help at the time or place you want it	205	2.4	0.87

**Table 8.12: CALD Sample: Use of Self-Help Gambling Strategies: Unprompted Responses**

Type of Self-Help	No.	%
Stop going to venues	33	15.9
Limit access to cash at venue	14	6.7
Budget	6	2.9
Gamble less/stop	3	1.4
Take up other activities	3	1.4
Self-reflection	3	1.4
Hand over money management to partner	2	1.0
Seek spiritual guidance	2	1.0
Go overseas	1	.5
Goal setting	1	.5
Spend all money elsewhere	1	.5
Missing	139	66.8
Total	208	100.0

**Table 8.13: CALD Sample: Current Use of Self-Help Gambling Strategies**

Type of Self-Help	No.	%
Used a checklist to self-assess a gambling problem	64	31.4
Kept records of your gambling activities and expenditure	62	30.8
Set a budget for gambling expenses	89	43.6
Sourced information about how gambling works and the odds of winning	66	32.5
Sourced information about why some people gamble excessively	68	33.7
Avoided friends/family who gamble	63	30.9
Avoided being near the venue where you primarily gambled	74	36.6
Limited access to money for gambling e.g. leaving debit and credit cards at home	96	47.5
Took up other activities to take the place of gambling	91	44.8
Some other strategy/method	52	29.4



**Table 8.14: CALD Sample: Motivators for Using Self-Help Gambling Strategies**

Motivator	N	Mean	Std. Dev.
Legal problems	203	2.0	0.93
Problems with living circumstances, e.g. housing problems	202	2.0	0.84
Concerns about the welfare of those you support	185	1.9	0.78
Problems with your spouse or partner	184	1.9	0.79
Problems with family members other than spouse or partner	202	2.0	0.90
Pressure from partner, family or friends about your gambling	202	2.0	0.84
Concerns your gambling might develop into a major problem	204	2.0	0.86
Negative emotions from your gambling	202	2.1	0.84
Physical health concerns	203	2.1	0.86
Concerns from the venue where you were gambling	202	2.3	0.85
Concerns you had reached a point where you could not go on	204	2.1	0.86
Financial problems	200	2.0	0.85
Problems at work	181	2.2	0.87
Problems in maintaining normal daily activities	205	2.1	0.89
Isolation from family, relatives or friends	204	2.1	0.85

**Table 8.15: CALD Sample: Barriers to Using Self-Help Gambling Strategies**

Barrier	N	Mean	Std. Dev.
You would not know how to find out about the strategies without involving others	202	2.9	0.91
You would think the self-help strategies are too much work on your own	203	2.7	0.83
You would have difficulty accessing the self-help strategies in your main language	202	2.5	0.88
You would have difficulty finding self-help strategies that are culturally appropriate	202	2.6	0.94
You would think the self-help strategies would not work for you	198	2.6	0.92
You would find it difficult to believe you had a problem	199	2.6	0.93
You would only want help for financial problems	200	2.7	0.89
You would feel pressured by family and friends to continue gambling	200	2.6	0.92
You would not have the time to use self-help strategies	202	2.6	0.90
You would not want to stop gambling	202	2.7	0.93

**Table 8.16: CALD Sample: Preferred Pathways to Help-Seeking**

Type of Help	1 <sup>st</sup> Source of Help		2 <sup>nd</sup> Source of Help		3 <sup>rd</sup> Source of Help	
	No.	%	No.	%	No.	%
Professional sources of help	87	44.2	52	26.4	79	40.1
Non-professional sources of help	21	10.7	51	25.9	43	21.8
Self-help strategies	55	27.9	60	30.5	35	17.8
None of these	34	17.3	34	17.3	40	20.3
Total	197	100.0	197	100.0	197	100.0

**Table 8.17: CALD Sample: Stage of Change in Help-Seeking Behaviour**

PGSI Category		Maintenance	Action	Preparation	Contemplation	Pre-	Total
						contemplation	
Non-problem gambler	No	18	1	4	14	23	60
	%	30.0%	1.7%	6.7%	23.3%	38.3%	100.0%
Low risk gambler	No	5	1	0	2	13	21
	%	23.8%	4.8%	0.0%	9.5%	61.9%	100.0%
Moderate risk gambler	No	13	3	2	4	16	38
	%	34.2%	7.9%	5.3%	10.5%	42.1%	100.0%
Problem gambler	No	18	6	2	22	34	82
	%	22.0%	7.3%	2.4%	26.8%	41.5%	100.0%
Total	No	54	11	8	42	86	201
	%	26.9%	5.5%	4.0%	20.9%	42.8%	100.0%

## N.6 Tables Relating to Chapter 9

**Table 9.1: CS: Awareness of Gambling Specific Help Services: Comparison By Sample**

Sample		Face-to-face counselling	Online counselling	Telephone Counselling	Mutual support groups	Venue assistance
Regular gamblers	No.	84	14	104	4	49
	%	34.7%	5.8%	43.0%	1.7%	20.2%
CALD regular gamblers	No.	40	30	62	27	62
	%	19.3%	14.8%	31.0%	13.3%	30.8%
Helpline callers	No.	40	14	n/a	38	74
	%	23.5%	8.2%	n/a	22.4%	43.5%
Gamblers in treatment	No.	n/a	11	48	29	38
	%	n/a	10.0%	43.6%	26.4%	35.2%
Total	No.	164	69	214	98	223
	%	26.5%	9.5%	38.8%	13.5%	30.9%
Chi Square statistics		$\chi^2=14.622$ , $df=2$ , $p=.001$	$\chi^2=10.793$ , $df=3$ , $p=.013$	$\chi^2=7.987$ , $df=2$ , $p=.018$	$\chi^2=56.030$ , $df=3$ , $p=.000$	$\chi^2=26.474$ , $df=3$ , $p=.000$

**Table 9.2: CS: Awareness of Gambling Specific Help Services: Comparison by PGSI Group**

PGSI Category		Face-to-face counselling	Online counselling	Telephone Counselling	Mutual support groups	Venue assistance
Non-problem gamblers	No.	39	13	56	10	37
	%	27.1%	8.6%	36.8%	6.6%	24.7%
Low risk gamblers	No.	24	7	24	2	28
	%	30.8%	8.8%	30.8%	2.4%	34.1%
Moderate risk gamblers	No.	32	7	44	8	29
	%	30.5%	6.0%	41.1%	6.8%	24.8%
Problem gamblers	No.	59	33	79	70	123
	%	21.9%	9.5%	42.5%	20.3%	35.9%
Total	No.	154	60	203	90	217
	%	25.8%	8.6%	38.8%	13.0%	31.4%
Chi Square statistics		<i>Not significant</i>	<i>Not significant</i>	<i>Not significant</i>	$\chi^2=33.941$ , $df=3$ , $p=.000$	$\chi^2=8.994$ , $df=3$ , $p=.029$

**Table 9.3: CS: Awareness of Gambling Help from Generalist Help Services: Comparison by Sample**

Sample		General practitioners	Financial counsellors	Relationship counsellors	Alcohol & drug services	Migrant & ethnic services	Legal advisors
Regular gamblers	No.	32	25	35	41	14	24
	%	13.2%	10.3%	14.5%	16.9%	5.8%	9.9%
CALD regular gamblers	No.	89	77	79	85	54	75
	%	49.2%	45.3%	46.7%	48.6%	32.5%	43.6%
Helpline callers	No.	37	34	33	22	4	8
	%	21.8%	20.0%	19.4%	12.9%	2.4%	4.7%
Gamblers in treatment	No.	30	41	39	27	11	16
	%	28.6%	39.0%	37.1%	25.7%	10.5%	15.2%
Total	No.	188	177	186	27	83	123
	%	26.9%	25.8%	27.1%	25.7%	12.2%	17.9%
Chi Square statistics		$\chi^2=71.049$ , <i>df</i> =3, <i>p</i> =.000	$\chi^2=76.680$ , <i>df</i> =3, <i>p</i> =.000	$\chi^2=63.005$ , <i>df</i> =3, <i>p</i> =.000	$\chi^2=72.861$ , <i>df</i> =3, <i>p</i> =.000	$\chi^2=89.329$ , <i>df</i> =3, <i>p</i> =.000	$\chi^2=108.69$ , <i>df</i> =3, <i>p</i> =.000

**Table 9.4: CS: Awareness of Gambling Help from Generalist Help Services: Comparison by PGSI Group**

PGSI Category		General practitioners	Financial counsellors	Relationship counsellors	Alcohol & drug services	Migrant & ethnic services	Legal advisors
Non-problem gamblers	No.	34	31	36	42	25	36
	%	23.3%	21.7%	24.8%	28.8%	17.0%	24.5%
Low risk gamblers	No.	20	13	22	24	8	13
	%	24.7%	16.7%	28.2%	29.6%	10.3%	16.3%
Moderate risk gamblers	No.	25	25	33	24	10	18
	%	22.3%	23.4%	30.6%	22.6%	9.3%	16.5%
Problem gamblers	No.	102	101	89	77	34	50
	%	30.3%	30.1%	26.7%	23.0%	10.3%	15.1%
Total	No.	181	170	180	167	77	117
	%	26.8%	25.6%	27.1%	25.0%	11.6%	17.5%
Chi Square statistics		<i>Not significant</i>	$\chi^2=8.211$ , <i>df</i> =3, <i>p</i> =.042	<i>Not significant</i>	<i>Not significant</i>	<i>Not significant</i>	<i>Not significant</i>

**Table 9.5: CS: Motivators for Seeking Professional Gambling Help: Comparison By Sample**

Motivator	Sample	N	Mean	Std Dev.
Legal problems	Regular gamblers	237	1.5	0.71
	CALD regular gamblers	200	1.9	0.85
	Helpline callers	169	3.0	0.85
	Gamblers in treatment	81	2.5	1.03
	Total	687	2.1	1.01
Problems with your living circumstances	Regular gamblers	236	1.4	0.66
	CALD regular gamblers	203	1.8	0.83
	Helpline callers	170	2.6	0.95
	Gamblers in treatment	91	2.2	0.93
	Total	700	1.9	0.94
Concerns about the welfare of those dependent on you	Regular gamblers	229	1.4	0.65
	CALD regular gamblers	185	1.8	0.82
	Helpline callers	145	2.1	0.96
	Gamblers in treatment	77	2.3	0.90
	Total	636	1.8	0.87
Problems with your spouse or partner	Regular gamblers	219	1.5	0.71
	CALD regular gamblers	183	1.8	0.80
	Helpline callers	146	2.3	1.00
	Gamblers in treatment	72	2.0	0.93
	Total	620	1.8	0.90
Problems with family members other than your spouse or partner	Regular gamblers	234	1.7	0.80
	CALD regular gamblers	192	2.0	0.83
	Helpline callers	170	2.5	0.94
	Gamblers in treatment	96	2.1	0.86
	Total	692	2.0	0.90
Pressure from your partner, family or friends about your gambling	Regular gamblers	235	1.7	0.73
	CALD regular gamblers	199	1.9	0.85
	Helpline callers	169	2.2	0.93
	Gamblers in treatment	98	1.9	0.89
	Total	701	1.9	0.86
Concerns that your gambling might develop into a major problem	Regular gamblers	233	1.6	0.75
	CALD regular gamblers	204	1.9	0.83
	Helpline callers	168	1.4	0.59
	Gamblers in treatment	101	1.5	0.70
	Total	706	1.6	0.76
Negative emotions from your gambling	Regular gamblers	236	1.8	0.74
	CALD regular gamblers	202	2.0	0.79
	Helpline callers	170	1.5	0.68
	Gamblers in treatment	102	1.5	0.73
	Total	710	1.8	0.77
Physical health concerns	Regular gamblers	233	1.6	0.77
	CALD regular gamblers	200	2.0	0.81
	Helpline callers	170	2.3	0.94
	Gamblers in treatment	101	2.0	0.91
	Total	704	1.9	0.89
Concerns from the venue where you were gambling	Regular gamblers	227	2.0	0.85
	CALD regular gamblers	197	2.2	0.91
	Helpline callers	169	3.1	0.69
	Gamblers in treatment	91	3.1	0.90
	Total	684	2.5	0.97
Concerns that you had reached a point where you could not go on	Regular gamblers	238	1.4	0.71
	CALD regular gamblers	204	2.0	0.87

	Helpline callers	168	2.1	0.95
	Gamblers in treatment	101	1.9	0.91
	Total	711	1.8	0.90
Financial problems	Regular gamblers	239	1.4	0.61
	CALD regular gamblers	201	1.9	0.91
	Helpline callers	170	1.6	0.70
	Gamblers in treatment	102	1.5	0.73
	Total	712	1.6	0.76
Problems at work	Regular gamblers	199	1.6	0.79
	CALD regular gamblers	181	2.1	0.83
	Helpline callers	151	2.6	0.86
	Gamblers in treatment	78	2.3	0.99
	Total	609	2.1	0.92
Problems in maintaining normal daily activities	Regular gamblers	237	1.5	0.71
	CALD regular gamblers	203	2.0	0.86
	Helpline callers	170	2.1	0.85
	Gamblers in treatment	100	2.0	0.98
	Total	710	1.9	0.87
Isolation from family, relatives or friends	Regular gamblers	237	1.5	0.72
	CALD regular gamblers	205	2.0	0.94
	Helpline callers	170	2.2	0.89
	Gamblers in treatment	100	1.9	0.95
	Total	712	1.9	0.90

**Table 9.6: CS: Motivators for Seeking Professional Gambling Help: Comparison By PGSI Group**

Motivator	Sample	N	Mean	Std Dev.
Legal problems	Non-problem gamblers	152	1.6	0.84
	Low risk gamblers	80	1.7	0.97
	Moderate risk gamblers	111	1.9	0.85
	Problem gamblers	321	2.5	0.99
	Total	664	2.1	1.02
Problems with your living circumstances	Non-problem gamblers	149	1.4	0.74
	Low risk gamblers	81	1.7	0.91
	Moderate risk gamblers	111	1.9	0.78
	Problem gamblers	337	2.2	0.96
	Total	678	1.9	0.94
Concerns about the welfare of those dependent on you	Non-problem gamblers	138	1.4	0.70
	Low risk gamblers	76	1.6	0.94
	Moderate risk gamblers	106	1.7	0.76
	Problem gamblers	295	2.0	0.90
	Total	615	1.8	0.87
Problems with your spouse or partner	Non-problem gamblers	136	1.4	0.71
	Low risk gamblers	72	1.7	0.82
	Moderate risk gamblers	102	1.8	0.86
	Problem gamblers	291	2.1	0.92
	Total	601	1.9	0.89
Problems with family members other than your spouse or partner	Non-problem gamblers	146	1.6	0.75
	Low risk gamblers	79	2.0	0.88
	Moderate risk gamblers	110	2.0	0.88
	Problem gamblers	336	2.2	0.91
	Total	671	2.0	0.90
Pressure from your partner, family or friends about your gambling	Non-problem gamblers	148	1.6	0.80
	Low risk gamblers	80	1.9	0.89
	Moderate risk gamblers	110	1.9	0.76
	Problem gamblers	340	2.0	0.89
	Total	678	1.9	0.86
Concerns that your gambling might develop into a major	Non-problem gamblers	149	1.6	0.75

problem	Low risk gamblers	78	1.9	1.02
	Moderate risk gamblers	113	1.7	0.74
	Problem gamblers	342	1.5	0.66
	Total	682	1.6	0.75
	<hr/>			
Negative emotions from your gambling	Non-problem gamblers	148	1.7	0.75
	Low risk gamblers	81	2.0	0.88
	Moderate risk gamblers	114	1.9	0.72
	Problem gamblers	344	1.6	0.74
	Total	687	1.8	0.77
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Physical health concerns	Non-problem gamblers	148	1.5	0.70
	Low risk gamblers	79	1.9	0.92
	Moderate risk gamblers	113	1.9	0.86
	Problem gamblers	340	2.1	0.91
	Total	680	1.9	0.89
<hr/>				
Concerns from the venue where you were gambling	Non-problem gamblers	144	1.9	0.90
	Low risk gamblers	77	2.3	0.96
	Moderate risk gamblers	112	2.3	0.89
	Problem gamblers	329	2.8	0.89
	Total	662	2.5	0.97
<hr/>				
Concerns that you had reached a point where you could not go on	Non-problem gamblers	151	1.5	0.78
	Low risk gamblers	80	1.7	0.97
	Moderate risk gamblers	115	1.8	0.87
	Problem gamblers	342	2.0	0.90
	Total	688	1.8	0.90
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Financial problems	Non-problem gamblers	150	1.4	0.69
	Low risk gamblers	81	1.6	0.84
	Moderate risk gamblers	115	1.7	0.75
	Problem gamblers	343	1.6	0.75
	Total	689	1.6	0.75
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Problems at work	Non-problem gamblers	129	1.6	0.78
	Low risk gamblers	72	1.9	0.97
	Moderate risk gamblers	101	2.1	0.85
	Problem gamblers	289	2.3	0.89
	Total	591	2.1	0.92
<hr/>				
Problems in maintaining normal daily activities	Non-problem gamblers	150	1.5	0.73
	Low risk gamblers	80	1.9	0.87
	Moderate risk gamblers	114	1.9	0.87
	Problem gamblers	343	2.1	0.85
	Total	687	1.9	0.86
<hr/>				
Isolation from family, relatives or friends	Non-problem gamblers	150	1.5	0.80
	Low risk gamblers	80	1.9	0.97
	Moderate risk gamblers	115	1.9	0.86
	Problem gamblers	343	2.0	0.88
	Total	688	1.9	0.89

**Table 9.7: CS: Barriers to Seeking Professional Gambling Help: Comparison By Sample**

Barrier	Sample	N	Mean	Std Dev.
Want to solve the problem on your own	Regular gamblers	237	2.3	0.87
	CALD regular gamblers	205	2.0	0.87
	Helpline callers	170	1.8	0.68
	Gamblers in treatment	103	1.6	0.62
	Total	715	2.0	0.84
Not know how to find help services	Regular gamblers	241	3.1	0.73
	CALD regular gamblers	202	2.3	0.78
	Helpline callers	168	2.9	0.68
	Gamblers in treatment	103	2.7	0.78
	Total	714	2.8	0.82

Be concerned about the cost of help services	Regular gamblers	236	2.9	0.81
	CALD regular gamblers	201	2.1	0.88
	Helpline callers	170	2.8	0.77
	Gamblers in treatment	103	2.4	0.85
	Total	710	2.6	0.89
Be too proud to seek help	Regular gamblers	238	2.8	0.81
	CALD regular gamblers	196	2.2	0.87
	Helpline callers	168	2.3	0.89
	Gamblers in treatment	103	2.0	0.87
	Total	705	2.4	0.90
Find it difficult to believe that you had a gambling problem	Regular gamblers	237	2.7	0.83
	CALD regular gamblers	201	2.2	0.85
	Helpline callers	169	2.6	0.91
	Gamblers in treatment	103	2.4	1.00
	Total	710	2.5	0.90
Think the help service would not understand your main language	Regular gamblers	239	3.4	0.59
	CALD regular gamblers	200	2.6	0.93
	Helpline callers	170	3.3	0.63
	Gamblers in treatment	103	3.2	0.83
	Total	712	3.1	0.81
Think help service would not understand your cultural background	Regular gamblers	237	3.3	0.64
	CALD regular gamblers	203	2.6	0.96
	Helpline callers	169	3.2	0.59
	Gamblers in treatment	103	3.2	0.79
	Total	712	3.1	0.82
Think the help service would not be able to help	Regular gamblers	236	3.0	0.69
	CALD regular gamblers	202	2.4	0.93
	Helpline callers	165	2.7	0.76
	Gamblers in treatment	103	2.4	0.82
	Total	706	2.7	0.85
Feel ashamed for yourself or your family	Regular gamblers	238	2.7	0.85
	CALD regular gamblers	204	2.1	0.87
	Helpline callers	169	1.9	0.86
	Gamblers in treatment	103	1.7	0.82
	Total	714	2.2	0.93
Only want help for financial problems	Regular gamblers	234	2.9	0.75
	CALD regular gamblers	200	2.4	0.86
	Helpline callers	170	2.7	0.77
	Gamblers in treatment	103	2.6	0.85
	Total	707	2.6	0.82
Be concerned about being treated like an addict or mentally ill	Regular gamblers	238	2.8	0.86
	CALD regular gamblers	200	2.2	0.88
	Helpline callers	169	2.6	0.86
	Gamblers in treatment	103	2.1	0.92
	Total	710	2.5	0.92
Be concerned about confidentiality with the help service	Regular gamblers	241	3.0	0.78
	CALD regular gamblers	199	2.2	0.88
	Helpline callers	169	2.7	0.84
	Gamblers in treatment	103	2.6	1.01
	Total	712	2.6	0.92
Feel pressured by family and friends to continue gambling	Regular gamblers	238	3.2	0.72
	CALD regular gamblers	202	2.5	0.94
	Helpline callers	170	3.1	0.75
	Gamblers in treatment	103	3.1	0.85
	Total	713	2.9	0.87
Not have the time for help	Regular gamblers	234	3.0	0.72
	CALD regular gamblers	203	2.4	0.88
	Helpline callers	169	2.8	0.72
	Gamblers in treatment	103	3.0	0.82

	Total	709	2.8	0.82
Not want anyone to tell you to stop gambling	Regular gamblers	234	2.9	0.79
	CALD regular gamblers	203	2.4	0.91
	Helpline callers	169	2.5	0.85
	Gamblers in treatment	103	2.3	0.86
	Total	709	2.6	0.88
Have difficulty getting help at the time or place you want it	Regular gamblers	232	2.9	0.72
	CALD regular gamblers	204	2.3	0.88
	Helpline callers	168	2.7	0.75
	Gamblers in treatment	103	2.8	0.86
	Total	707	2.6	0.84

**Table 9.8: CS: Barriers to Seeking Professional Gambling Help: Comparison By PGSI Group**

Barrier	Sample	N	Mean	Std Dev.
Want to solve the problem on your own	Non-problem gamblers	151	2.4	0.91
	Low risk gamblers	80	2.3	0.98
	Moderate risk gamblers	116	2.0	0.75
	Problem gamblers	346	1.8	0.74
	Total	693	2.0	0.84
Not know how to find help services	Non-problem gamblers	152	2.9	0.84
	Low risk gamblers	82	3.1	0.88
	Moderate risk gamblers	115	2.7	0.78
	Problem gamblers	342	2.7	0.78
	Total	691	2.8	0.81
Be concerned about the cost of help services	Non-problem gamblers	150	2.8	0.87
	Low risk gamblers	79	2.7	0.99
	Moderate risk gamblers	114	2.5	0.89
	Problem gamblers	345	2.5	0.87
	Total	688	2.6	0.89
Be too proud to seek help	Non-problem gamblers	150	2.8	0.86
	Low risk gamblers	80	2.7	0.82
	Moderate risk gamblers	116	2.4	0.81
	Problem gamblers	337	2.2	0.89
	Total	683	2.4	0.90
Find it difficult to believe that you had a gambling problem	Non-problem gamblers	150	2.7	0.85
	Low risk gamblers	81	2.6	0.90
	Moderate risk gamblers	116	2.4	0.84
	Problem gamblers	340	2.4	0.92
	Total	687	2.5	0.90
Think the help service would not understand your main language	Non-problem gamblers	152	3.2	0.80
	Low risk gamblers	81	3.3	0.77
	Moderate risk gamblers	117	3.1	0.78
	Problem gamblers	340	3.1	0.81
	Total	690	3.1	0.80
Think help service would not understand your cultural background	Non-problem gamblers	149	3.2	0.81
	Low risk gamblers	81	3.3	0.80
	Moderate risk gamblers	116	3.0	0.83
	Problem gamblers	343	3.0	0.80
	Total	689	3.1	0.81
Think the help service would not be able to help	Non-problem gamblers	149	2.9	0.87
	Low risk gamblers	81	3.0	0.74
	Moderate risk gamblers	115	2.8	0.80
	Problem gamblers	337	2.5	0.81
	Total	682	2.7	0.84
Feel ashamed for yourself or your family	Non-problem gamblers	151	2.5	0.98
	Low risk gamblers	81	2.6	0.96
	Moderate risk gamblers	117	2.4	0.92



	Problem gamblers	342	1.9	0.82
	Total	691	2.2	0.93
Only want help for financial problems	Non-problem gamblers	149	2.7	0.86
	Low risk gamblers	78	2.8	0.90
	Moderate risk gamblers	117	2.7	0.73
	Problem gamblers	341	2.6	0.80
	Total	685	2.7	0.82
Be concerned about being treated like an addict or mentally ill	Non-problem gamblers	151	2.6	0.92
	Low risk gamblers	79	2.8	1.00
	Moderate risk gamblers	117	2.5	0.92
	Problem gamblers	342	2.4	0.89
	Total	689	2.5	0.93
Be concerned about confidentiality with the help service	Non-problem gamblers	151	2.9	0.93
	Low risk gamblers	82	2.9	0.92
	Moderate risk gamblers	116	2.6	0.86
	Problem gamblers	340	2.5	0.91
	Total	689	2.7	0.92
Feel pressured by family and friends to continue gambling	Non-problem gamblers	152	3.1	0.84
	Low risk gamblers	79	3.2	0.78
	Moderate risk gamblers	117	2.8	0.83
	Problem gamblers	343	2.9	0.88
	Total	691	3.0	0.86
Not have the time for help	Non-problem gamblers	151	3.0	0.79
	Low risk gamblers	79	2.9	0.86
	Moderate risk gamblers	115	2.7	0.79
	Problem gamblers	343	2.7	0.82
	Total	688	2.8	0.82
Not want anyone to tell you to stop gambling	Non-problem gamblers	151	2.9	0.84
	Low risk gamblers	80	2.7	0.92
	Moderate risk gamblers	114	2.7	0.83
	Problem gamblers	342	2.4	0.86
	Total	687	2.6	0.88
Have difficulty getting help at the time or place you want it	Non-problem gamblers	149	2.8	0.84
	Low risk gamblers	78	2.8	0.87
	Moderate risk gamblers	114	2.7	0.74
	Problem gamblers	344	2.5	0.84
	Total	685	2.6	0.83

**Table 9.9: CS: Motivators for Seeking Non-Professional Gambling Help: Comparison By Sample**

Motivator	Sample	N	Mean	Std Dev.
Legal problems	Regular gamblers	236	2.0	0.90
	CALD regular gamblers	201	2.0	0.93
	Helpline callers	112	3.0	0.69
	Gamblers in treatment	39	2.7	0.94
	Total	588	2.3	0.96
Problems with your living circumstances	Regular gamblers	235	2.0	0.87
	CALD regular gamblers	203	2.0	0.79
	Helpline callers	112	2.6	0.84
	Gamblers in treatment	46	2.4	0.85
	Total	596	2.1	0.88
Concerns about the welfare of those dependent on you	Regular gamblers	226	1.9	0.89
	CALD regular gamblers	182	2.0	0.78
	Helpline callers	97	2.2	0.90
	Gamblers in treatment	41	2.0	0.84
	Total	546	2.0	0.86
Problems with your spouse or partner	Regular gamblers	215	1.9	0.85
	CALD regular gamblers	185	2.0	0.84
	Helpline callers	101	2.2	0.86

	Gamblers in treatment	41	1.8	0.78
	Total	542	2.0	0.85
Problems with family members other than your spouse or partner	Regular gamblers	233	2.1	0.82
	CALD regular gamblers	202	2.1	0.90
	Helpline callers	112	2.5	0.79
	Gamblers in treatment	48	2.0	0.83
	Total	595	2.2	0.86
Pressure from your partner, family or friends about your gambling	Regular gamblers	234	2.0	0.82
	CALD regular gamblers	203	2.1	0.86
	Helpline callers	112	2.1	0.88
	Gamblers in treatment	47	1.9	0.79
	Total	596	2.1	0.84
Concerns that your gambling might develop into a major problem	Regular gamblers	233	2.0	0.88
	CALD regular gamblers	203	2.0	0.82
	Helpline callers	112	1.6	0.62
	Gamblers in treatment	48	1.4	0.58
	Total	596	1.9	0.82
Negative emotions from your gambling	Regular gamblers	235	2.1	0.80
	CALD regular gamblers	196	2.1	0.80
	Helpline callers	111	1.8	0.64
	Gamblers in treatment	49	1.4	0.64
	Total	591	2.0	0.79
Physical health concerns	Regular gamblers	232	2.0	0.91
	CALD regular gamblers	201	2.1	0.81
	Helpline callers	112	2.7	0.79
	Gamblers in treatment	48	2.1	0.92
	Total	593	2.2	0.89
Concerns from the venue where you were gambling	Regular gamblers	233	2.3	0.87
	CALD regular gamblers	200	2.2	0.81
	Helpline callers	112	3.1	0.61
	Gamblers in treatment	43	3.0	0.84
	Total	588	2.5	0.88
Concerns that you had reached a point where you could not go on	Regular gamblers	236	1.9	0.97
	CALD regular gamblers	202	2.1	0.85
	Helpline callers	112	2.2	0.94
	Gamblers in treatment	48	1.8	0.89
	Total	598	2.0	0.92
Financial problems	Regular gamblers	235	1.9	0.87
	CALD regular gamblers	199	2.0	0.86
	Helpline callers	112	1.8	0.78
	Gamblers in treatment	49	1.6	0.77
	Total	595	1.9	0.85
Problems at work	Regular gamblers	201	2.0	0.89
	CALD regular gamblers	178	2.1	0.84
	Helpline callers	101	2.7	0.81
	Gamblers in treatment	42	2.3	0.94
	Total	522	2.2	0.90
Problems in maintaining normal daily activities	Regular gamblers	237	2.0	0.80
	CALD regular gamblers	202	2.1	0.84
	Helpline callers	111	2.2	0.75
	Gamblers in treatment	49	2.0	0.89
	Total	599	2.1	0.81
Isolation from family, relatives or friends	Regular gamblers	234	2.1	0.87
	CALD regular gamblers	201	2.0	0.88
	Helpline callers	111	2.4	0.87
	Gamblers in treatment	48	2.0	0.93
	Total	594	2.1	0.89

**Table 9.10: CS: Motivators for Seeking Non-Professional Gambling Help: Comparison By PGSI Group**

Motivator	Sample	N	Mean	Std Dev.
Legal problems	Non-problem gamblers	142	1.9	0.94
	Low risk gamblers	76	2.0	0.89
	Moderate risk gamblers	108	2.1	0.89
	Problem gamblers	242	2.6	0.91
	Total	568	2.3	0.96
Problems with your living circumstances	Non-problem gamblers	139	1.9	0.88
	Low risk gamblers	76	1.9	0.84
	Moderate risk gamblers	108	2.1	0.84
	Problem gamblers	254	2.3	0.85
	Total	577	2.1	0.87
Concerns about the welfare of those dependent on you	Non-problem gamblers	129	1.8	0.87
	Low risk gamblers	74	1.9	0.90
	Moderate risk gamblers	99	2.0	0.78
	Problem gamblers	227	2.1	0.86
	Total	529	2.0	0.86
Problems with your spouse or partner	Non-problem gamblers	131	1.8	0.84
	Low risk gamblers	72	2.0	0.82
	Moderate risk gamblers	92	1.9	0.76
	Problem gamblers	229	2.1	0.86
	Total	524	2.0	0.85
Problems with family members other than your spouse or partner	Non-problem gamblers	141	2.0	0.91
	Low risk gamblers	76	2.1	0.89
	Moderate risk gamblers	106	2.1	0.81
	Problem gamblers	254	2.3	0.83
	Total	577	2.1	0.86
Pressure from your partner, family or friends about your gambling	Non-problem gamblers	142	2.0	0.89
	Low risk gamblers	75	2.1	0.84
	Moderate risk gamblers	105	2.1	0.78
	Problem gamblers	255	2.1	0.85
	Total	577	2.1	0.85
Concerns that your gambling might develop into a major problem	Non-problem gamblers	141	1.9	0.89
	Low risk gamblers	75	2.1	0.94
	Moderate risk gamblers	106	2.0	0.83
	Problem gamblers	255	1.7	0.70
	Total	577	1.9	0.82
Negative emotions from your gambling	Non-problem gamblers	141	2.0	0.81
	Low risk gamblers	76	2.2	0.87
	Moderate risk gamblers	105	2.1	0.72
	Problem gamblers	251	1.8	0.73
	Total	573	2.0	0.78
Physical health concerns	Non-problem gamblers	141	2.0	0.94
	Low risk gamblers	74	2.2	0.88
	Moderate risk gamblers	106	2.1	0.86
	Problem gamblers	253	2.3	0.85
	Total	574	2.2	0.89
Concerns from the venue where you were gambling	Non-problem gamblers	141	2.1	0.86
	Low risk gamblers	74	2.4	0.83
	Moderate risk gamblers	108	2.5	0.87
	Problem gamblers	247	2.8	0.83
	Total	570	2.5	0.88
Concerns that you had reached a point where you could not go on	Non-problem gamblers	142	1.9	0.99
	Low risk gamblers	75	1.9	0.97
	Moderate risk gamblers	107	2.1	0.91

	Problem gamblers	255	2.1	0.88
	Total	579	2.0	0.92
Financial problems	Non-problem gamblers	141	1.9	0.96
	Low risk gamblers	76	1.9	0.92
	Moderate risk gamblers	106	2.0	0.83
	Problem gamblers	255	1.8	0.75
	Total	578	1.9	0.84
Problems at work	Non-problem gamblers	117	2.0	0.88
	Low risk gamblers	70	2.1	0.92
	Moderate risk gamblers	94	2.1	0.92
	Problem gamblers	225	2.4	0.87
	Total	506	2.2	0.91
Problems in maintaining normal daily activities	Non-problem gamblers	142	2.0	0.87
	Low risk gamblers	76	2.1	0.84
	Moderate risk gamblers	108	2.1	0.80
	Problem gamblers	253	2.1	0.77
	Total	579	2.1	0.81
Isolation from family, relatives or friends	Non-problem gamblers	141	2.0	0.90
	Low risk gamblers	74	2.1	0.94
	Moderate risk gamblers	108	2.2	0.86
	Problem gamblers	252	2.2	0.86
	Total	575	2.1	0.88

**Table 9.11: CS: Barriers to Seeking Non-Professional Gambling Help: Comparison by Sample**

Barrier	Sample	N	Mean	Std Dev.
Want to solve the problem on your own	Regular gamblers	240	2.3	0.82
	CALD regular gamblers	204	1.9	0.77
	Helpline callers	169	1.7	0.61
	Gamblers in treatment	101	1.5	0.61
	Total	714	2.0	0.79
Be too proud to seek help	Regular gamblers	240	2.7	0.85
	CALD regular gamblers	201	2.2	0.87
	Helpline callers	168	2.1	0.77
	Gamblers in treatment	101	1.9	0.90
	Total	710	2.3	0.89
Find it difficult to believe that you had a gambling problem	Regular gamblers	239	2.6	0.78
	CALD regular gamblers	199	2.2	0.87
	Helpline callers	170	2.5	0.82
	Gamblers in treatment	101	2.4	1.00
	Total	709	2.5	0.86
Feel ashamed for yourself or your family	Regular gamblers	240	2.7	0.80
	CALD regular gamblers	199	2.2	0.87
	Helpline callers	168	1.9	0.73
	Gamblers in treatment	101	1.7	0.74
	Total	708	2.2	0.88
Only want help for financial problems	Regular gamblers	236	2.8	0.72
	CALD regular gamblers	202	2.3	0.85
	Helpline callers	169	2.6	0.80
	Gamblers in treatment	101	2.5	0.86
	Total	708	2.6	0.83
Be concerned about being treated like an addict or mentally ill	Regular gamblers	240	2.8	0.80
	CALD regular gamblers	203	2.2	0.90
	Helpline callers	170	2.5	0.83
	Gamblers in treatment	101	2.1	0.90
	Total	714	2.5	0.88
Be concerned about confidentiality	Regular gamblers	240	2.8	0.82
	CALD regular gamblers	203	2.3	0.91
	Helpline callers	170	2.5	0.79

	Gamblers in treatment	101	2.3	1.01
	Total	714	2.5	0.90
Feel pressured by family and friends to continue gambling	Regular gamblers	239	3.1	0.67
	CALD regular gamblers	202	2.4	0.92
	Helpline callers	170	3.1	0.64
	Gamblers in treatment	101	3.0	0.87
	Total	712	2.9	0.83
Not have the time for help	Regular gamblers	237	3.0	0.68
	CALD regular gamblers	197	2.4	0.89
	Helpline callers	169	2.8	0.67
	Gamblers in treatment	101	2.9	0.79
	Total	704	2.8	0.79
Not want anyone to tell you to stop gambling	Regular gamblers	237	2.7	0.83
	CALD regular gamblers	202	2.5	0.83
	Helpline callers	167	2.4	0.75
	Gamblers in treatment	101	2.2	0.88
	Total	707	2.5	0.84
Have difficulty getting help at the time or place you want it	Regular gamblers	239	2.8	0.75
	CALD regular gamblers	205	2.4	0.87
	Helpline callers	164	2.5	0.74
	Gamblers in treatment	101	2.2	0.80
	Total	709	2.5	0.82

**Table 9.12: CS: Barriers to Seeking Non-Professional Gambling Help: Comparison by PGSI Group**

Barrier	Sample	N	Mean	Std Dev.
Want to solve the problem on your own	Non-problem gamblers	153	2.3	0.90
	Low risk gamblers	82	2.2	0.84
	Moderate risk gamblers	117	2.0	0.71
	Problem gamblers	341	1.7	0.65
	Total	693	2.0	0.79
Be too proud to seek help	Non-problem gamblers	153	2.6	0.91
	Low risk gamblers	82	2.6	0.90
	Moderate risk gamblers	117	2.4	0.83
	Problem gamblers	338	2.1	0.82
	Total	690	2.3	0.89
Find it difficult to believe that you had a gambling problem	Non-problem gamblers	152	2.6	0.86
	Low risk gamblers	80	2.5	0.86
	Moderate risk gamblers	115	2.3	0.83
	Problem gamblers	342	2.4	0.86
	Total	689	2.5	0.86
Feel ashamed for yourself or your family	Non-problem gamblers	152	2.6	0.87
	Low risk gamblers	80	2.4	0.95
	Moderate risk gamblers	114	2.4	0.83
	Problem gamblers	342	1.9	0.77
	Total	688	2.2	0.88
Only want help for financial problems	Non-problem gamblers	151	2.8	0.80
	Low risk gamblers	80	2.7	0.92
	Moderate risk gamblers	116	2.6	0.77
	Problem gamblers	340	2.5	0.81
	Total	687	2.6	0.82
Be concerned about being treated like an addict or mentally ill	Non-problem gamblers	152	2.7	0.87
	Low risk gamblers	81	2.6	0.97
	Moderate risk gamblers	117	2.5	0.86
	Problem gamblers	344	2.3	0.85
	Total	694	2.5	0.88
Be concerned about confidentiality	Non-problem gamblers	153	2.7	0.91
	Low risk gamblers	81	2.6	0.94
	Moderate risk gamblers	115	2.5	0.89
	Problem gamblers	344	2.4	0.86

	Total	693	2.5	0.90
Feel pressured by family and friends to continue gambling	Non-problem gamblers	153	3.1	0.82
	Low risk gamblers	80	3.0	0.81
	Moderate risk gamblers	117	2.8	0.82
	Problem gamblers	342	2.9	0.84
	Total	692	2.9	0.83
Not have the time for help	Non-problem gamblers	152	2.9	0.79
	Low risk gamblers	77	2.9	0.86
	Moderate risk gamblers	115	2.8	0.80
	Problem gamblers	339	2.7	0.76
	Total	683	2.8	0.79
Not want anyone to tell you to stop gambling	Non-problem gamblers	151	2.8	0.87
	Low risk gamblers	82	2.5	0.92
	Moderate risk gamblers	116	2.6	0.77
	Problem gamblers	341	2.3	0.79
	Total	690	2.5	0.84
Have difficulty getting help at the time or place you want it	Non-problem gamblers	151	2.8	0.81
	Low risk gamblers	81	2.7	0.88
	Moderate risk gamblers	116	2.6	0.75
	Problem gamblers	340	2.3	0.79
	Total	688	2.5	0.82

**Table 9.13: CS: Use of Self-Help Gambling Strategies: Comparison by Sample**

Strategy	Regular gamblers	CALD regular gamblers	Helpline callers	Gamblers in Treatment	Total	Chi square statistics
Used a checklist to self-assess a gambling problem	8.7%	31.4%	14.7%	18.8%	18.0%	( $\chi^2=40.274$ , $df=3$ , $p=.000$ )
Kept records of your gambling activities and expenditure	22.3%	30.8%	18.2%	22.0%	23.7%	( $\chi^2=8.899$ , $df=3$ , $p=.031$ )
Set a budget for gambling expenses	51.2%	43.6%	28.2%	39.4%	42.0%	( $\chi^2=22.207$ , $df=3$ , $p=.000$ )
Sourced information about how gambling works and the odds of winning	28.9%	32.5%	28.2%	21.5%	28.8%	<i>Not significant</i>
Sourced information about why some people gamble excessively	11.6%	33.7%	18.2%	23.9%	21.1%	( $\chi^2=33.623$ , $df=3$ , $p=.000$ )
Avoided friends/family who gamble	10.7%	30.9%	17.6%	32.6%	21.0%	( $\chi^2=35.713$ , $df=3$ , $p=.000$ )
Avoided being near the venue where you primarily gambled	16.9%	36.6%	30.0%	47.1%	29.5%	( $\chi^2=36.289$ , $df=3$ , $p=.000$ )
Limited access to money for gambling e.g. leaving debit and credit cards at home	34.3%	47.5%	50.6%	59.8%	45.1%	( $\chi^2=21.066$ , $df=3$ , $p=.000$ )
Took up other activities to take the place of gambling	31.4%	44.8%	40.6%	54.0%	39.8%	( $\chi^2=14.579$ , $df=3$ , $p=.002$ )

**Table 9.14: CS: Use of Self-Help Gambling Strategies: Comparison by PGSI Group**

Strategy	Non-problem gambler	Low risk gambler	Moderate risk gambler	Problem gambler	Total	Chi square statistics
Used a checklist to self-assess a gambling problem	10.5%	11.1%	22.4%	20.0%	17.3%	( $\chi^2=11.070$ , $df=3$ , $p=.011$ )
Kept records of your gambling activities and expenditure	21.6%	21.0%	30.2%	22.9%	23.6%	Not significant
Set a budget for gambling expenses	43.1%	52.4%	54.3%	33.9%	41.6%	( $\chi^2=20.140$ , $df=3$ , $p=.000$ )
Sourced information about how gambling works and the odds of winning	25.8%	31.7%	37.4%	25.7%	28.4%	Not significant
Sourced information about why some people gamble excessively	15.8%	18.5%	27.0%	19.9%	20.0%	Not significant
Avoided friends/family who gamble	15.8%	12.2%	20.9%	24.0%	20.2%	( $\chi^2=8.041$ , $df=3$ , $p=.045$ )
Avoided being near the venue where you primarily gambled	15.9%	18.3%	28.9%	37.5%	29.0%	( $\chi^2=28.968$ , $df=3$ , $p=.000$ )
Limited access to money for gambling e.g. leaving debit and credit cards at home	25.2%	39.0%	60.0%	51.1%	45.3%	( $\chi^2=40.425$ , $df=3$ , $p=.000$ )
Took up other activities to take the place of gambling	24.0%	36.3%	49.5%	43.8%	39.3%	( $\chi^2=22.599$ , $df=3$ , $p=.002$ )

**Table 9.15: CS: Motivators for Using Self-Help Gambling Strategies: Comparison by Sample**

Motivator	Sample	N	Mean	Std Dev.
Legal problems	Regular gamblers	231	2.8	0.95
	CALD regular gamblers	203	2.0	0.93
	Helpline callers	132	2.9	0.68
	Gamblers in treatment	58	2.6	0.89
	Total	624	2.6	0.97
Problems with your living circumstances	Regular gamblers	230	2.6	0.98
	CALD regular gamblers	202	2.0	0.84
	Helpline callers	131	2.5	0.86
	Gamblers in treatment	73	2.4	0.92
	Total	636	2.4	0.95
Concerns about the welfare of those dependent on you	Regular gamblers	223	2.5	1.04
	CALD regular gamblers	185	1.9	0.78
	Helpline callers	111	2.3	0.94
	Gamblers in treatment	61	2.3	0.95
	Total	580	2.3	0.96
Problems with your spouse or partner	Regular gamblers	215	2.7	1.02
	CALD regular gamblers	184	1.9	0.79
	Helpline callers	115	2.4	0.94
	Gamblers in treatment	60	2.2	1.01
	Total	574	2.3	0.98
Problems with family members other than your spouse or partner	Regular gamblers	231	2.7	0.97
	CALD regular gamblers	202	2.0	0.90
	Helpline callers	130	2.4	0.84
	Gamblers in treatment	74	2.1	0.86
	Total	637	2.4	0.96

Pressure from your partner, family or friends about your gambling	Regular gamblers	229	2.6	0.95
	CALD regular gamblers	202	2.0	0.84
	Helpline callers	131	2.4	0.79
	Gamblers in treatment	74	2.1	0.99
	Total	636	2.3	0.92
Concerns that your gambling might develop into a major problem	Regular gamblers	234	2.3	1.00
	CALD regular gamblers	204	2.0	0.86
	Helpline callers	131	1.6	0.61
	Gamblers in treatment	78	1.6	0.73
	Total	647	2.0	0.91
Negative emotions from your gambling	Regular gamblers	230	2.5	0.96
	CALD regular gamblers	202	2.1	0.84
	Helpline callers	131	1.7	0.64
	Gamblers in treatment	77	1.5	0.70
	Total	640	2.1	0.91
Physical health concerns	Regular gamblers	232	2.7	0.98
	CALD regular gamblers	203	2.1	0.86
	Helpline callers	132	2.5	0.83
	Gamblers in treatment	75	2.2	0.89
	Total	642	2.4	0.94
Concerns from the venue where you were gambling	Regular gamblers	230	2.9	0.88
	CALD regular gamblers	202	2.3	0.85
	Helpline callers	131	3.0	0.65
	Gamblers in treatment	62	3.1	0.83
	Total	625	2.8	0.89
Concerns that you had reached a point where you could not go on	Regular gamblers	233	2.7	1.06
	CALD regular gamblers	204	2.1	0.86
	Helpline callers	131	2.3	0.93
	Gamblers in treatment	74	2.0	0.96
	Total	642	2.4	1.00
Financial problems	Regular gamblers	233	2.3	1.00
	CALD regular gamblers	200	2.0	0.85
	Helpline callers	131	1.8	0.77
	Gamblers in treatment	78	1.7	0.81
	Total	642	2.1	0.92
Problems at work	Regular gamblers	204	2.8	0.97
	CALD regular gamblers	181	2.2	0.87
	Helpline callers	120	2.7	0.79
	Gamblers in treatment	68	2.4	0.94
	Total	573	2.5	0.94
Problems in maintaining normal daily activities	Regular gamblers	232	2.6	0.98
	CALD regular gamblers	205	2.1	0.89
	Helpline callers	131	2.2	0.77
	Gamblers in treatment	76	2.2	0.93
	Total	644	2.3	0.93
Isolation from family, relatives or friends	Regular gamblers	230	2.7	1.03
	CALD regular gamblers	204	2.1	0.85
	Helpline callers	129	2.3	0.80
	Gamblers in treatment	75	2.1	0.88
	Total	638	2.3	0.95



**Table 9.16: CS: Motivators for Using Self-Help Gambling Strategies: Comparison By PGSI Group**

Motivator	Sample	N	Mean	Std Dev.
Legal problems	Non-problem gamblers	145	2.5	1.09
	Low risk gamblers	76	2.7	1.04
	Moderate risk gamblers	110	2.6	0.93
	Problem gamblers	273	2.5	0.89
	Total	604	2.6	0.97
Problems with your living circumstances	Non-problem gamblers	146	2.4	1.08
	Low risk gamblers	75	2.5	1.00
	Moderate risk gamblers	110	2.5	0.94
	Problem gamblers	285	2.3	0.85
	Total	616	2.4	0.95
Concerns about the welfare of those dependent on you	Non-problem gamblers	136	2.3	1.05
	Low risk gamblers	73	2.5	1.07
	Moderate risk gamblers	100	2.3	0.92
	Problem gamblers	251	2.2	0.88
	Total	560	2.3	0.96
Problems with your spouse or partner	Non-problem gamblers	136	2.4	1.08
	Low risk gamblers	72	2.5	1.05
	Moderate risk gamblers	104	2.3	0.95
	Problem gamblers	246	2.3	0.92
	Total	558	2.3	0.98
Problems with family members other than your spouse or partner	Non-problem gamblers	146	2.4	1.05
	Low risk gamblers	75	2.6	1.08
	Moderate risk gamblers	111	2.5	0.94
	Problem gamblers	286	2.3	0.85
	Total	618	2.4	0.95
Pressure from your partner, family or friends about your gambling	Non-problem gamblers	146	2.5	1.06
	Low risk gamblers	76	2.6	0.98
	Moderate risk gamblers	110	2.3	0.84
	Problem gamblers	284	2.2	0.83
	Total	616	2.3	0.92
Concerns that your gambling might develop into a major problem	Non-problem gamblers	147	2.4	1.05
	Low risk gamblers	77	2.5	0.97
	Moderate risk gamblers	113	2.0	0.85
	Problem gamblers	289	1.7	0.69
	Total	626	2.0	0.92
Negative emotions from your gambling	Non-problem gamblers	145	2.4	1.03
	Low risk gamblers	76	2.6	0.96
	Moderate risk gamblers	110	2.2	0.90
	Problem gamblers	288	1.8	0.70
	Total	619	2.1	0.91
Physical health concerns	Non-problem gamblers	145	2.5	1.05
	Low risk gamblers	76	2.7	0.99
	Moderate risk gamblers	113	2.6	0.89
	Problem gamblers	288	2.3	0.86
	Total	622	2.4	0.94
Concerns from the venue where you were gambling	Non-problem gamblers	145	2.7	0.97
	Low risk gamblers	76	2.9	0.92
	Moderate risk gamblers	110	2.7	0.83
	Problem gamblers	274	2.8	0.84
	Total	605	2.8	0.88
Concerns that you had reached a point where you could not go on	Non-problem gamblers	146	2.5	1.06
	Low risk gamblers	77	2.7	1.16
	Moderate risk gamblers	111	2.5	0.99
	Problem gamblers	288	2.2	0.91
	Total	622	2.4	1.01

Financial problems	Non-problem gamblers	146	2.3	1.08
	Low risk gamblers	76	2.4	1.05
	Moderate risk gamblers	113	2.2	0.83
	Problem gamblers	287	1.8	0.75
	Total	622	2.1	0.92
Problems at work	Non-problem gamblers	125	2.5	1.05
	Low risk gamblers	71	2.7	1.03
	Moderate risk gamblers	99	2.5	0.92
	Problem gamblers	260	2.5	0.85
	Total	555	2.5	0.93
Problems in maintaining normal daily activities	Non-problem gamblers	146	2.4	1.09
	Low risk gamblers	76	2.6	0.98
	Moderate risk gamblers	112	2.4	0.86
	Problem gamblers	289	2.2	0.83
	Total	623	2.3	0.93
Isolation from family, relatives or friends	Non-problem gamblers	146	2.4	1.09
	Low risk gamblers	76	2.7	1.04
	Moderate risk gamblers	112	2.5	0.95
	Problem gamblers	284	2.2	0.81
	Total	618	2.4	0.95

**Table 9.17: CS: Barriers to Using Self-Help Gambling Strategies: Comparison By Sample**

Barrier	Sample	N	Mean	Std Dev.
Were not aware of the strategies	Regular gamblers	234	3.0	0.70
	CALD regular gamblers	202	2.2	0.91
	Helpline callers	168	2.6	0.73
	Gamblers in treatment	101	2.4	0.81
	Total	705	2.6	0.85
Thought the self-help strategies were too much work on your own	Regular gamblers	236	3.1	0.65
	CALD regular gamblers	203	2.3	0.83
	Helpline callers	165	2.6	0.70
	Gamblers in treatment	101	2.2	0.63
	Total	705	2.6	0.79
Could not access self-help strategies in your main language	Regular gamblers	237	3.4	0.55
	CALD regular gamblers	202	2.5	0.88
	Helpline callers	169	3.3	0.52
	Gamblers in treatment	101	3.3	0.68
	Total	709	3.1	0.76
Could not find self-help strategies that were culturally appropriate	Regular gamblers	236	3.2	0.64
	CALD regular gamblers	202	2.4	0.93
	Helpline callers	169	3.1	0.66
	Gamblers in treatment	101	3.2	0.80
	Total	708	3.0	0.83
Thought the self-help strategies would not work for you	Regular gamblers	237	3.0	0.71
	CALD regular gamblers	198	2.4	0.92
	Helpline callers	167	2.5	0.70
	Gamblers in treatment	101	2.2	0.78
	Total	703	2.6	0.84
Believed you didn't have a problem	Regular gamblers	236	2.5	0.88
	CALD regular gamblers	199	2.4	0.93
	Helpline callers	168	2.5	0.88
	Gamblers in treatment	101	2.5	0.97
	Total	704	2.5	0.91
Only wanted help for financial problems	Regular gamblers	237	2.9	0.70
	CALD regular gamblers	200	2.3	0.89
	Helpline callers	170	2.7	0.76
	Gamblers in treatment	101	2.6	0.88

	Total	708	2.6	0.84
Felt pressured by family and friends to continue gambling	Regular gamblers	234	3.2	0.64
	CALD regular gamblers	200	2.4	0.92
	Helpline callers	168	3.1	0.63
	Gamblers in treatment	101	3.0	0.83
	Total	703	2.9	0.83
Did not have the time to use self-help strategies	Regular gamblers	238	3.1	0.65
	CALD regular gamblers	202	2.4	0.90
	Helpline callers	168	2.8	0.68
	Gamblers in treatment	101	2.9	0.73
	Total	709	2.8	0.80
Didn't want to stop gambling	Regular gamblers	234	2.6	0.89
	CALD regular gamblers	202	2.3	0.93
	Helpline callers	165	2.3	0.84
	Gamblers in treatment	101	2.2	0.89
	Total	702	2.4	0.91

**Table 9.18: CS: Barriers to Using Self-Help Gambling Strategies: Comparison by PGSI Group**

Barrier	Sample	N	Mean	Std Dev.
Were not aware of the strategies	Non-problem gamblers	148	2.7	0.91
	Low risk gamblers	80	2.9	0.84
	Moderate risk gamblers	116	2.5	0.87
	Problem gamblers	342	2.4	0.77
	Total	686	2.6	0.85
Thought the self-help strategies were too much work on your own	Non-problem gamblers	152	2.8	0.85
	Low risk gamblers	79	3.0	0.78
	Moderate risk gamblers	117	2.6	0.82
	Problem gamblers	339	2.4	0.71
	Total	687	2.6	0.79
Could not access self-help strategies in your main language	Non-problem gamblers	152	3.1	0.83
	Low risk gamblers	81	3.3	0.65
	Moderate risk gamblers	116	3.0	0.67
	Problem gamblers	341	3.1	0.75
	Total	690	3.1	0.75
Could not find self-help strategies that were culturally appropriate	Non-problem gamblers	151	3.1	0.85
	Low risk gamblers	79	3.1	0.78
	Moderate risk gamblers	116	2.9	0.81
	Problem gamblers	342	3.0	0.82
	Total	688	3.0	0.82
Thought the self-help strategies would not work for you	Non-problem gamblers	149	2.9	0.86
	Low risk gamblers	79	3.0	0.84
	Moderate risk gamblers	117	2.7	0.82
	Problem gamblers	340	2.4	0.77
	Total	685	2.6	0.84
Believed you didn't have a problem	Non-problem gamblers	150	2.6	0.93
	Low risk gamblers	80	2.5	0.91
	Moderate risk gamblers	114	2.4	0.83
	Problem gamblers	342	2.4	0.92
	Total	686	2.5	0.91
Only wanted help for financial problems	Non-problem gamblers	150	2.8	0.84
	Low risk gamblers	80	2.9	0.84
	Moderate risk gamblers	117	2.6	0.82
	Problem gamblers	341	2.6	0.82
	Total	688	2.7	0.83
Felt pressured by family and friends to continue gambling	Non-problem gamblers	151	3.1	0.81
	Low risk gamblers	80	3.1	0.78
	Moderate risk gamblers	115	2.9	0.87

	Problem gamblers	339	2.9	0.80
	Total	685	3.0	0.82
Did not have the time to use self-help strategies	Non-problem gamblers	152	2.9	0.80
	Low risk gamblers	81	3.0	0.83
	Moderate risk gamblers	115	2.7	0.85
	Problem gamblers	342	2.7	0.75
	Total	690	2.8	0.79
Didn't want to stop gambling	Non-problem gamblers	150	2.8	0.87
	Low risk gamblers	79	2.6	0.94
	Moderate risk gamblers	114	2.3	0.82
	Problem gamblers	339	2.2	0.86
	Total	682	2.4	0.90