

Needs Analysis of Specialist Support Services for Problem Gambling Counselling in NSW

Key findings and future directions

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*Special groups in NSW
requiring specialist support
for problem gambling*

Findings of a needs analysis

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Executive summary

Purpose

The current project presents key findings of a comprehensive needs analysis of specialist support services for problem gambling counselling in NSW. Funded by the Responsible Gambling Fund (RGF), the purpose of the needs analysis was to gather a sound evidence-base to inform Government funding and future resource allocation in relation to the optimal range and configuration of specialist support services for problem gambling counselling in NSW.

Based on discussions with staff of the Office of Liquor, Gaming and Racing (OLGR), it was agreed that the consultancy would take an evidence-based approach to the research and structure consultations and methodologies to allow a fresh and new approach to exploring the concept of specialist services for problem gambling.

CALD and Indigenous community needs were generally considered outside the scope of the needs analysis, given that other projects had already been commissioned in these areas (although both needs segments were discussed in interviews with stakeholders).

Definition of 'specialist services'

For the purpose of the current project, 'specialist services' are defined as any services, support or resources, with potential to support or enhance the service delivery of counsellors in NSW, who assist problem gamblers and others affected by problem gambling.

The RGF also encouraged an open and broad definition of 'specialist services' to allow identification of any service support needs across the NSW gambling help services system.

Currently funded specialist services

Currently funded specialist support services advise and assist RGF-funded gambling counselling services with the training of gambling counsellors (undertaken by the Centre for Community Welfare Training - CCWT), the provision of legal advice to people affected by problem gambling and their families (undertaken by Wesley Community Legal Service) and with support in assisting clients experiencing problem gambling with intellectual and other disabilities (undertaken by Ability Options).

Three core "specialist support services" are currently offered on a state-wide basis and are funded by the Responsible Gambling Fund (with total funding of approximately \$700,000 during 2007/08).

Project funding

Financial assistance for this project was kindly provided by the New South Wales Government through the Responsible Gambling Fund (RFG). The views expressed in this publication, however, are solely those of the author.

The very kind support of OLGR staff, RGF-funded counsellors and other stakeholders is also much appreciated and considered of great value and assistance in helping with the project.

Methodology

To undertake a comprehensive needs analysis, both qualitative and quantitative methodologies were employed. Key methods used for the needs analysis included:

- **Desktop research** - including a short literature review to identify specialist needs and needs segments in problem gambling counselling
- **Jurisdictional scanning** - exploring how special needs in problem gambling are addressed in a sample of other jurisdictions through internet scans and interviews
- **Stakeholder interviews** - conduct of over 70 face-to-face and telephone interviews with counsellors and administrative/managerial staff working in RGF-funded services and other (non-funded) general welfare services to discuss problem gambling
- **Quantitative online survey of problem gambling counsellors and other stakeholders (N=82)** - conduct of a quantitative online survey of problem gambling counsellors/stakeholders in NSW to better understand specialist service support needs on a whole-of-state level (using email invitations to recipients of the RGF Newsletter)
- **Consumer interviews** - conduct and reporting on 18 face-to-face and telephone interviews with problem gamblers and their family members in special needs segments across NSW.

K E Y F I N D I N G S A N D R E C O M M E N D A T I O N S

Context

Findings of the specialist services needs analysis clearly highlight that RGF-funded legal services for problem gamblers and training opportunities for problem gambling counsellors are well-accepted by stakeholders as adding significant value to the delivery of problem gambling counselling services across NSW.

However, while many stakeholders commend the very high quality service provided by staff of the RGF-funded disability support service, this type of service is generally not seen by most stakeholders to be an area of critical need across the NSW gambling help services system. Nevertheless, this is in part due to the issue that people with cognitive disabilities are currently not frequently presenting with problem gambling to counselling services.

Within this context, the following findings and recommendations highlight a range of possible future directions for the delivery of specialist support services in problem gambling across NSW.

Findings and recommendations are based on consideration of literature in the field of problem gambling, funded RGF-counsellor/stakeholder views, jurisdictional practices, consumer research and a survey of RGF-stakeholders across NSW.

[Key recommendations also outline a clear direction for a suggested range and configuration of specialist support services for problem gambling counselling in NSW.](#)

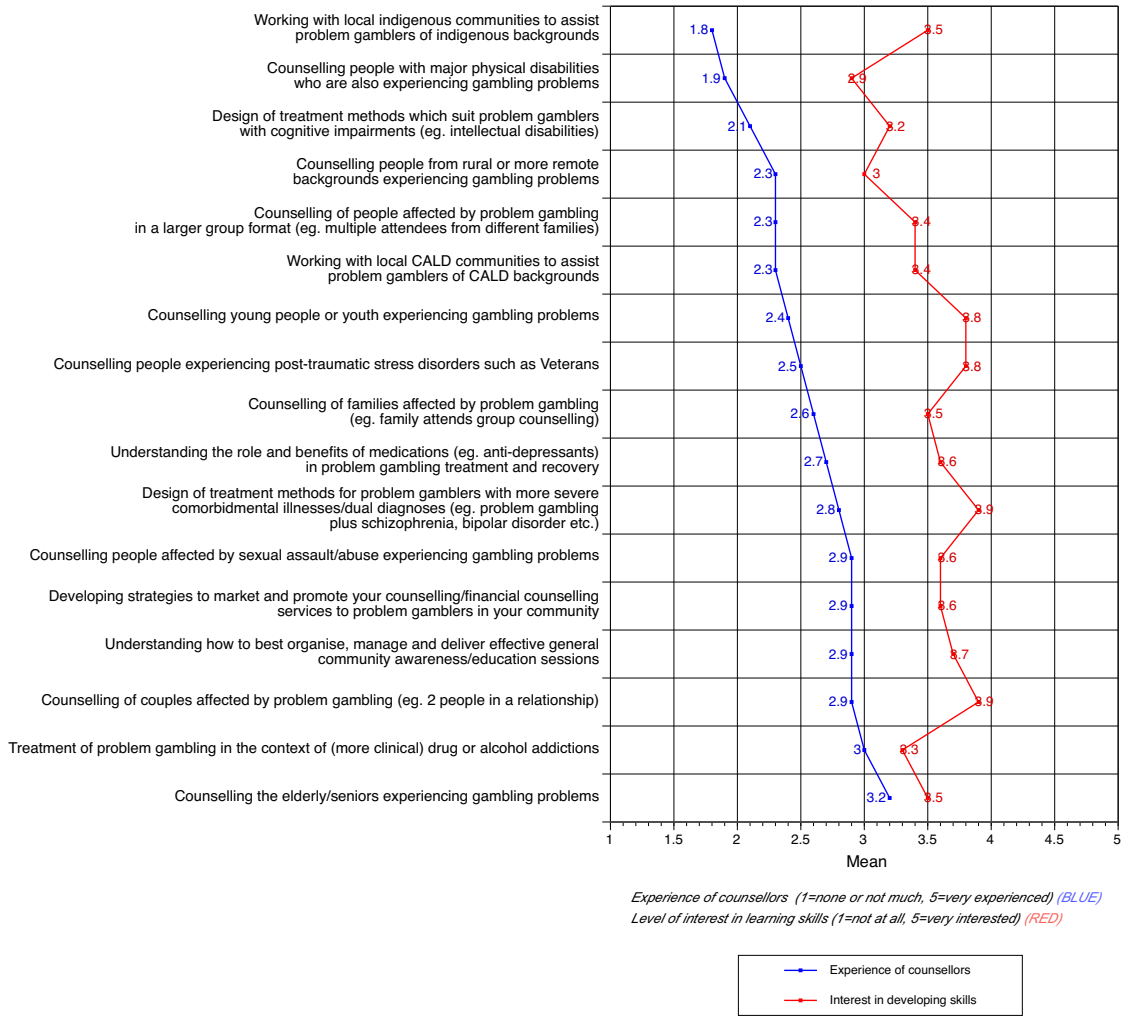
Key findings	Description	Recommendations
RGF-funded specialist services in problem gambling		
<p>Finding 1. Intellectual disability support services are not seen as a critical specialist service need by RGF-funded problem gambling counsellors and stakeholders in NSW.</p>	<p>Discussions with RGF stakeholders clearly highlight that intellectual disability support services are not seen as a critical need by most problem gambling counsellors/stakeholders in NSW. In particular, while advisory services to support people with cognitive or other disabilities are very well-regarded by RGF-stakeholders, they are not seen as an area of critical need in the NSW gambling help system. However, it should be noted that staff of the disability service provider are viewed as extremely competent, hence this is not a reflection of service quality, rather is about perceived whole-of-state needs from a stakeholder/counsellor perspective.</p> <p><i>"Disability services appear to be well-organised, but I am yet to need their services.... I have had no contact with these services, but I am doubtful as to what kind of realistic assistance could be provided"</i> (RGF-funded counsellors)</p> <p>In spite of stakeholder views, findings of research provide some evidence to suggest that people with cognitive impairments may be at-risk for problem gambling or show higher prevalence rates of problem gambling (eg. Kalinowski, 2007). Moreover, anecdotal reports suggest that people with intellectual disabilities may also rely heavily on clubs for cost-effective entertainment (implying the potential for greater exposure to gambling).</p> <p>From this perspective, findings of the needs analysis highlight that people with cognitive disabilities may indeed be considered a target segment for problem gambling education (although are a smaller size segment statewide and arguably only one of many priority segments).</p> <p>It also highlights that problem gambling needs to be viewed from a different perspective in such community segments. For instance, problem gambling may occur in spite of limited spending on gambling and due to an overall reliance on gambling (particularly on EGMs) to address social isolation, loneliness or boredom.</p> <p>However, given that few people with intellectual disabilities currently present to RGF-counselling services, it is arguably appropriate to shift funding towards primary prevention activities (eg. education and awareness strategies), rather than a focus on consultancy style support to counsellors. Such education should also be targeted at both people with intellectual disabilities and their carers.</p> <p>In this context, it would be useful for RGF counsellors to have access to a written resource guide to build skills in working with people with intellectual disabilities and to have education/awareness sessions run by <u>mainstream</u> RGF-funded counselling services as part of a program of broader community education and awareness strategy (ie. using a localised service delivery model).</p> <p>Additional effort should also be directed towards raising disability service awareness of the risk for problem gambling in people with intellectual disabilities and distribution of support resources to such services. In this respect, future RGF-funding in intellectual disability support should be primarily directed towards primary prevention activities, rather than specialised tertiary treatment.</p> <p>If education activities serve to significantly increase demand for specialised counselling services over time (eg. if larger numbers of people with intellectual disability present as needing specialised help), funding of a specialised support service could then be reconsidered in the future.</p>	<p>Recommendation 1a. Restructure funding for the support of people with intellectual disabilities and problem gambling.</p> <p>Future funding could be directed towards the following initiatives:</p> <ul style="list-style-type: none"> - development and distribution of a <u>short</u> help resource kit to support both RGF and general disability workers to work with people with intellectual disabilities and gambling problems (<i>suggested budget of \$50k with \$20k for printing/distribution costs</i>) <p>The help resource could include:</p> <ul style="list-style-type: none"> - A short guide outlining strategies to treat people with intellectual disability and gambling problems - Flyers targeting carers/disability workers to raise awareness of why people with disabilities are at-risk for problem gambling - conduct of 2-4 annual training courses to educate counsellors about how to work with people with intellectual disabilities and gambling problems - Disability service workers could also be invited to attend courses <u>FREE</u> to help raise awareness of issues (<i>suggested budget of \$20k</i>) - placement of a requirement for or encouragement of RGF-counselling services to provide community education to raise awareness about the risk of problem gambling in people with intellectual disabilities in local areas (eg. group homes, day option centres attended by people with intellectual disabilities etc.)

Key findings	Description	Recommendations
<p>Finding 2. Legal support services are seen as a critical specialist service need by RGF-funded problem gambling counsellors and stakeholders across NSW.</p>	<p>Specialist legal services for problem gambling are seen as an area of critical need in the NSW gambling help system and are also recognised by problem gamblers, counsellors and the literature as providing a critical type of help in the context of gambling problems (eg. Productivity Commission 1999). RGF stakeholders are thus very strong advocates of the funding of specialist legal services for problem gambling across the state.</p> <p>Discussions with problem gamblers using legal services also highlight that, being able to access tailored legal advice in the context of gambling problems <i>not only</i> assists people to manage legal issues, <i>but also</i> provides significant <u>psychological support</u> during crisis phases of problem gambling. In some cases, this support has also been instrumental in reducing mental distress of problem gamblers and families.</p> <p>For instance, illustrative comments included:</p> <p><i>"Had it not been for legal services, I would have been dead... My lawyer has wings. He really cares. They don't teach that in law - but it was the legal help that made a difference in my life. To have that measure of understanding and not be judged was fantastic" (Problem gambler who was so mentally distressed, she had considered suicide)</i></p> <p><i>"I have found the legal service to be a fantastic asset. They are always available to us and our clients" (RGF-counsellor)</i></p> <p>RGF stakeholders also find the current centralised service model as very accessible and practical, given the unique skills needed to work in problem gambling legal matters. Even rural counselling services make comment that centralised legal services are still quite accessible in spite of being based in Sydney. Accordingly, findings of the needs analysis confirm the value of RGF-funding of specialist legal services for problem gambling in NSW.</p>	<p>Recommendation 2a. Continue to fund specialist legal services to support problem gamblers in NSW. Services should continue to be delivered using a centralised service model.</p> <p>Given the high value of legal services to support problem gamblers/families, demand should be carefully monitored and consideration be given to increasing service availability, when and where needs exist.</p>

Key findings	Description	Recommendations
<p>Finding 3. Training services for counsellors are seen as a critical specialist service need by RGF stakeholders. Problem gambling Foundation Training Courses are seen as integral to helping build counsellor capacity to work with problem gamblers.</p>	<p>Problem gambling counsellor training services are viewed as a particularly useful service for counsellors working in the NSW problem gambling help system. Foundation training in problem gambling <i>also</i> assists services to educate new counselling staff and training opportunities contribute significantly to the job satisfaction of staff working in funded services.</p> <p>Illustrative comments included: <i>"It's rare to find any organisation that offers this level of training. It's a great reason to work in NSW problem gambling treatment services"</i></p> <p><i>"The Foundation Course is very well-pitched. It is a great way to get people skilled up quickly"</i> (RGF-funded counsellor)</p> <p>While training service coordination and course delivery is extremely highly-regarded, findings of the needs analysis highlight potential to introduce additional training courses to better support the needs of counsellors working in the field of problem gambling. In particular, given that counsellors report under-utilisation of counselling services by problem gamblers and limited confidence in working with certain community segments, there would be arguably merit in funding specialist courses to build capacity in such fields. In this context, future courses should where possible target skill areas which best align to the support needs of problem gamblers and the NSW problem gambling help system.</p> <p>For instance, findings of the needs analysis highlight potential for:</p> <ul style="list-style-type: none"> • an in-depth course to develop skills in organising, marketing/promotion of counselling services and delivery of community education on problem gambling • a training course to develop skills in youth education and problem gambling counselling of young people • a training course to develop skills to best support problem gamblers with clinically significant mental health issues and/or other substance addictions • a training course to help counsellors network into Indigenous communities to provide problem gambling help • a training course to develop counsellor skills in couple based relationship counselling and larger group counselling/group facilitation (especially given the interest of families/significant others in such services) • a training course targeting non-CALD problem gambling counselling services to work with people of CALD backgrounds (as not every problem gambler of CALD background prefers attending a culturally-specific service) • a training course which reviews current evidence on the validity of different treatment methods for problem gambling and trains in best practice counselling techniques (to ensure that counselling practices are evidence-based) <p>To ensure optimal alignment between courses and skilling needs of counsellors, there is potential to rate future courses in terms of the skill level each is targeting (eg. beginner, intermediate, advanced or similar). This will also give counsellors an indication of whether courses are aligned to the level of expertise. In addition, there is merit in offering the Problem Gambling Foundation Course (or even a short day long version) to generic health and welfare workers FREE to increase awareness of problem gambling across NSW.</p>	<p>Recommendation 3a. Continue to fund free training/ education courses for RGF-services and develop future courses based on a balance of both counsellor interests and needs across the NSW gambling help services system.</p> <p>Recommendation 3b. Consider actively promoting FREE problem gambling education courses for generic counsellors/ welfare workers across NSW to help build awareness of problem gambling and to increase screening for problem gambling. This could also be extended to community health workers (ie. While courses are offered free, there is fairly low non-RGF service uptake of services).</p> <p><u>Note - in relation to 3b:</u> - A 1-2 day long course would arguably be most appropriate - Demand could be managed by limiting the number of available course training places - An evaluation should assess the impact of course attendance on generic practitioner screening and referral behaviours (to help ensure that training translates into practice)</p>

Key findings	Description	Recommendations
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Mean level of experience of counsellors in a range of specialised skill areas (BLUE) and mean level of Interest in learning each specialised skill (RED)



Key findings	Description	Recommendations
Marketing and promotion of RGF-funded counselling services		
<p>Finding 4. Findings highlight the potential for the RGF to invest in strategies and initiatives to further increase help seeking by problem gamblers across NSW.</p>	<p>Findings of the needs analysis highlight that the most significant challenge of problem gambling counselling services in NSW involves encouraging problem gamblers to seek help for counselling. In this respect, many counsellors see their services as under-utilised and are enthusiastically keen to attract more problem gamblers to seek help from their service.</p> <p>On average, counsellors responding to an online survey believed that they could take on at least <u>5 extra clients</u> per week for problem gambling or financial counselling. This equates to an extra 230 clients <u>per counsellor</u> based on a 46 week work year. It is also interesting that 27% of responding counsellors made mention that they would be happy to take on even more than 5 extra clients per week^a.</p> <p>This suggests that many counselling services do not believe that they are well-utilised and would like to support more problem gamblers, if they presented for help. From this perspective, the most specialised area in which the RGF can support funded counselling services is in driving demand for problem gambling counselling at both a statewide and local level (ie. by encouraging problem gamblers to seek help).</p> <p>Accordingly, it would be worthwhile for the RGF to consider funding a specialist service which works collegially with counselling services to develop a service promotion plan to drive local demand for problem gambling counselling and associated community education. This is also important, given that many counsellors view this as a specialised skill area outside their sphere of expertise and “know-how”.</p>	<p>Recommendation 4a. Consider funding a specialist service to work with individual counselling services to build a service promotion plan to increase demand for problem gambling help in local communities across NSW.</p> <p>This project could be piloted for a period of 12mths and utilise the skills of an experienced social marketing professional.</p> <p>A nominal budget for service promotions could also be considered as part of this funding (eg. \$5,000 per service).</p> <p>Such a service could:</p> <ul style="list-style-type: none"> • develop a marketing plan to promote counselling services in communities • assist services to monitor and evaluate activities against the marketing plan • provide consultancy advice on marketing/promotional activities which offer value for money • provide consultancy advice on effective ways to organise and promote community education on problem gambling

Key findings	Description	Recommendations
<p>Finding 5. There is potential to increase the profile of problem gambling counselling services in NSW by introducing a common brand for all NSW problem gambling counselling services.</p>	<p>While there is fairly high consumer awareness of services such as G-Line in NSW, the inconsistent brand identity of funded RGF services has potential to limit community awareness of the availability of problem gambling counselling services across the state.</p> <p>For instance, service names are currently quite diverse and there is currently not a common brand for problem gambling counselling services in NSW, as is in other states of Australia.</p> <p>For instance, in Victoria, services are branded under the common brand of "Gambler's Help" and in Queensland, under the common brand of "Gambling Help Services".</p> <p>The limited brand profile of gambling counselling services in NSW has potential to limit community awareness of services at a statewide level.</p> <p>Accordingly, there is merit in considering a future common brand for problem gambling counselling services across NSW to increase community awareness of available help channels - eg: Gambling Help (Location) (eg. Gambling Help Cessnock). This could also be leveraged in future marketing/promotional activities to build cumulative awareness of a common brand at a statewide level.</p>	<p>Recommendation 5a. Consider implementing a common brand for all RGF-funded gambling counselling services in NSW to increase the profile of help channels available to problem gamblers and their families.</p>
Resources to support work of counsellors across RGF-funded counselling services		
<p>Finding 6a. Problem gambling counsellors report limited sharing of printed problem gambling resource materials across RGF-funded counselling services.</p>	<p>Findings of the needs analysis highlight that most RGF-funded problem gambling counsellors see potential for the RGF to support counselling services through development of practical materials and resources to help staff work with and educate the community about the harms of problem gambling.</p> <p>It is currently the trend for most counselling services to develop "unique resources" and there is generally limited sharing of resources across services. This is also admitted by many problem gambling counsellors - <i>"No-one seems to share anything much these days. I think it is probably due to the competitive nature of funding. People aren't motivated to share resources and information"</i>.</p> <p>This implies that there is much duplication of effort in resource development across funded services. For this reason, staff see potential for the RGF to more proactively fund the development of specific resources/materials to support work in the field of problem gambling.</p> <p>In addition, there is also great value in the RGF funding the development of a range of useful resources to assist counsellors to work with special segments in the community. This is important, given that most services duplicate resources across the NSW gambling help services system (eg. many services spend a lot of time developing similar types of materials, implying limited collaboration and duplication of effort).</p> <p>Segment specific resources identified by NSW services as being of high priority and need included:</p> <ul style="list-style-type: none"> • a youth/schools education kit - to help counsellors work with schools students and youth on problem gambling (eg. targeting years 11/12 particularly) • a prisoner education kit - to help counsellors work with prisoners to educate about problem gambling • a "significant other" support kit - to help counsellors work with significant others/families impacted by problem gambling (eg. how to help family members, protecting assets etc.) 	<p>Recommendation 6a. Fund and develop specialist resource materials to assist NSW counselling services to work with problem gamblers and educate the community about problem gambling.</p> <p>Such resources could be delivered both in hard copy format and also through an online web site in printable pdf format. Where possible, original files should also be provided to allow staff to edit and tailor content where needed.</p> <p>Style guidelines should also be developed for staff reference when developing new materials.</p> <p>Some other example resources which may be worthwhile considering are presented as follows.</p>

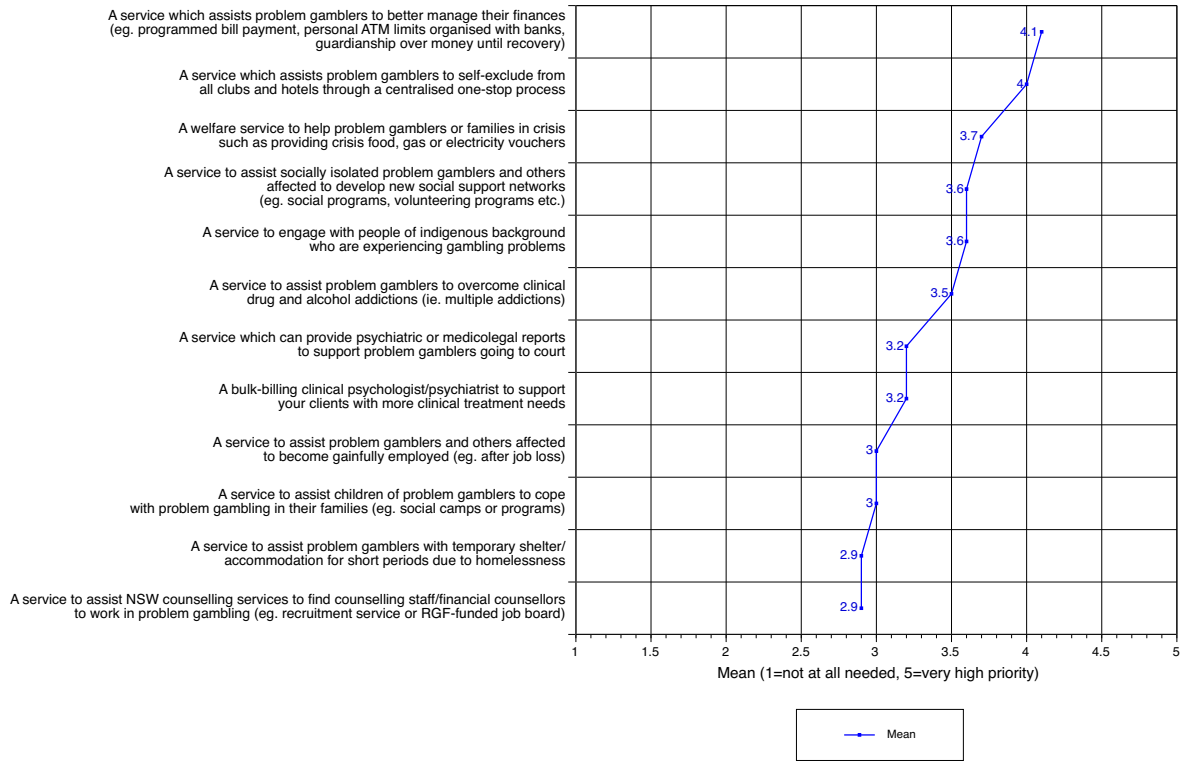
Key findings	Description	Recommendations
<i>Example resources for future development to support the work of RGF-funded services in problem gambling counselling</i>		
<p>The following materials/resources could be developed into an RGF "Problem Gambling Counsellor Support Kit" distributed to all RGF-funded counselling services and staff. It would be optimal if a common branding was used for materials in the kit to assist in building cumulative communications impact when they are used (particularly in community forums). It would also be useful if resources were delivered over a web site specifically for RGF-counsellors. Counsellors could be asked to contribute other resources/materials to the web site to improve sharing of information across the sector (a "portal concept").</p> <p>An RGF support kit could potentially include the following types of resources for counsellors:</p> <ul style="list-style-type: none"> • a short DVD (5min) which shows problem gamblers sharing testimonial style stories about how they were affected by problem gambling (perhaps incorporating some testimonials from the 2008 NSW campaign) • a 15 minute Powerpoint presentation to the community about the risks of gambling and tips on responsible gambling • Powerpoint slides (2-3 slides per segment) to assist with presentations on problem gambling to special segments in the community (eg. people of CALD background, students, parents, prisoners, venues etc.) • a blank presentation template with a common style for staff to add unique content (so all presentations have a consistent "look/feel") • a flyer which outlines useful statistics on gambling such as prevalence rates for problem gambling from the NSW prevalence survey • a range of topic specific "fact sheets" (1-2pp) with topics of relevance to counselling/education - Examples could include: <ol style="list-style-type: none"> 1. <i>Top 5 warning signs of PG</i> 2. <i>Common myths about gambling</i> 3. <i>How gaming machines work</i> 4. <i>Fact sheets on how problem gambling impacts special community segments (eg. CALD, Indigenous, seniors, rural/remote needs, youth, people with cognitive disabilities, offenders)</i> 5. <i>Tips on how to better control gambling (eg. precommitment, control strategies etc.)</i> 7. <i>Stages of behavioural change in recovery from gambling problems</i> 8. <i>Tips on how to talk about gambling with someone "at-risk"</i> 9. <i>Better budgeting tips (to prevent over-expenditure on gambling)</i> 10. <i>Steps to take if you have gambling debts (including information on financial counselling)</i> 11. <i>Steps to self-exclusion (perhaps also including a self-ban letter template and forms)</i> 12. <i>Visible signs of PG and player distress (ie. observable indicators of PG for venues)</i> 13. <i>Facts on the real odds of winning</i> 14. <i>Information on mental health issues and gambling (ie. comorbidities)</i> 15. <i>Tips on how to help people with gambling problems (ie. targeting "significant others")</i> • an interactive (preferably online) self-diagnostic to assist people to self-identify gambling problems • an interactive game to educate about the odds of winning in gambling • a set of branded "homework style" templates for counsellor use during counselling (Many counsellors use such materials all the time in sessions - eg. self-monitoring diary, budgeting/money plan proformas, decisional balance proformas etc.) • branded A0 and A1 posters for counselling services to present in their offices and at community education sessions • a set of consistently presented/branded materials for all counsellors to leave behind following community education forums (eg. business cards, fridge magnets, pens with relevant promotional messages, contact cards for G-Line etc.) 		

Key findings	Description	Recommendations
<p>Finding 7. There is potential for the RGF to facilitate improved counsellor access to community education opportunities at a statewide level through strategic relationship building.</p>	<p>Findings of the needs analysis highlight the potential for the RGF to facilitate state-wide relationships with relevant agencies to assist funded problem gambling counsellors and educators to work with a range of special segments across the NSW community.</p> <p>In particular, there is potential for the RGF to:</p> <ul style="list-style-type: none"> • negotiate access to school students for problem gambling education with NSW public and private school students (ie. via discussions with NSW Department of Education and Training for example) • negotiate access to prisoners for problem gambling education and counselling (ie. via discussions with the NSW Department of Corrective Services) • negotiate access to people with cognitive impairments (eg. living in group homes) for problem gambling education (ie. via discussions with the NSW Department of Ageing, Disability and Home Care - DADHC) • negotiate improved access of counsellors to NSW Clubs and Hotels through relationship building with the clubs and hotels sector (or relevant associations) - This is also particularly important, given the common counsellor comment that it can be <u>very</u> difficult to get venues to work with counselling services or show interest in community education sessions <p>In this respect, the key focus should be on strategic relationship building at a whole-of-government level to “pave the way” for counsellor education at a local community level.</p>	<p>Recommendation 7a. Facilitate access to problem gambling counselling and education opportunities by working with relevant agencies at a statewide level.</p>

Key findings	Description	Recommendations
Future specialised services for problem gambling		
<p>Finding 8. Findings highlight the potential for a range of future specialised support services for problem gambling in NSW.</p>	<p>Findings of the needs analysis highlight the potential for a range of specialised support services to assist RGF-funded counsellors to work with problem gamblers in NSW.</p> <p>In particular, there was seen to be high potential for (where 1=not a priority, 5=very high priority):</p> <ul style="list-style-type: none"> • a service which assists problem gamblers to better manage finances (including programmed bill payments, ATM limits with banks or guardianship over money until recovery) (mean rating of 4.1 out of 5) • a centralised service for self-exclusion of problem gamblers from all NSW clubs and hotels (currently this must be organised club by club) (mean rating of 4.0 out of 5) • a service which helps problem gamblers/families in crisis with material aid (eg. food or electricity vouchers) (mean rating of 3.7 out of 5) (<i>Findings also showed that RGF stakeholders would each distribute an average of \$466 worth of material aid per annum, if it were available</i>) • a service which assists socially isolated problem gamblers to find social networks to decrease dependence on gambling as a recreational activity (mean rating of 3.6 out of 5) • a service to engage with people of Indigenous backgrounds experiencing problem gambling (mean rating of 3.6 out of 5) • a service to assist problem gamblers to overcome clinical drug and alcohol addictions (mean rating of 3.5 out of 5) • a service to provide psychiatric or medicolegal reports to support problem gamblers going to court (mean rating of 3.2 out of 5) • a bulk-billing service for counsellors to refer problem gamblers to clinical psychologists/psychiatrists (ie. problem gamblers with clinically significant symptoms) (mean of 3.2 out of 5) <p>There was also seen to be merit in having the RGF provide a pool of discretionary funding for emergency accommodation for problem gamblers in crisis (without shelter).</p>	<p>Recommendation 8a. Consider developing and funding the suggested range of specialist services over time to assist counsellors to better support problem gamblers/their families in the NSW gambling help system.</p> <p>Consider:</p> <ul style="list-style-type: none"> - discussing potential for a partnership with Centrelink to deliver a financial bill paying service to problem gamblers (<i>Refer Peter Humphries - Centrelink's National Manager for Social Welfare 02 61550186</i>) - developing a centralised system for self-exclusion across all clubs/hotels by working with AHA and Clubs NSW - either funding a welfare organisation to coordinate material aid for problem gamblers in crisis or supplying discretionary funding to counselling services for material aid distribution (including clear criteria for provision of material aid) - working with Department of Sport and Recreation to identify recreational programs for problem gamblers and working with/encouraging Clubs NSW to deliver social programs to decrease reliance on gambling (<i>eg. to address social isolation of PGs, as discussed on page 51</i>) - funding positions for several people of Indigenous backgrounds to work in mainstream RGF-counselling services to work with people of Indigenous backgrounds - employing a panel of consultant psychiatrists/experienced clinical psychologists to write medicolegal reports for problem gamblers going to court - developing a panel of clinical psychologists/psychiatrists prepared to bulk-bill clinical assessments for problem gamblers with more severe comorbid mental health conditions

Key findings	Description	Recommendations
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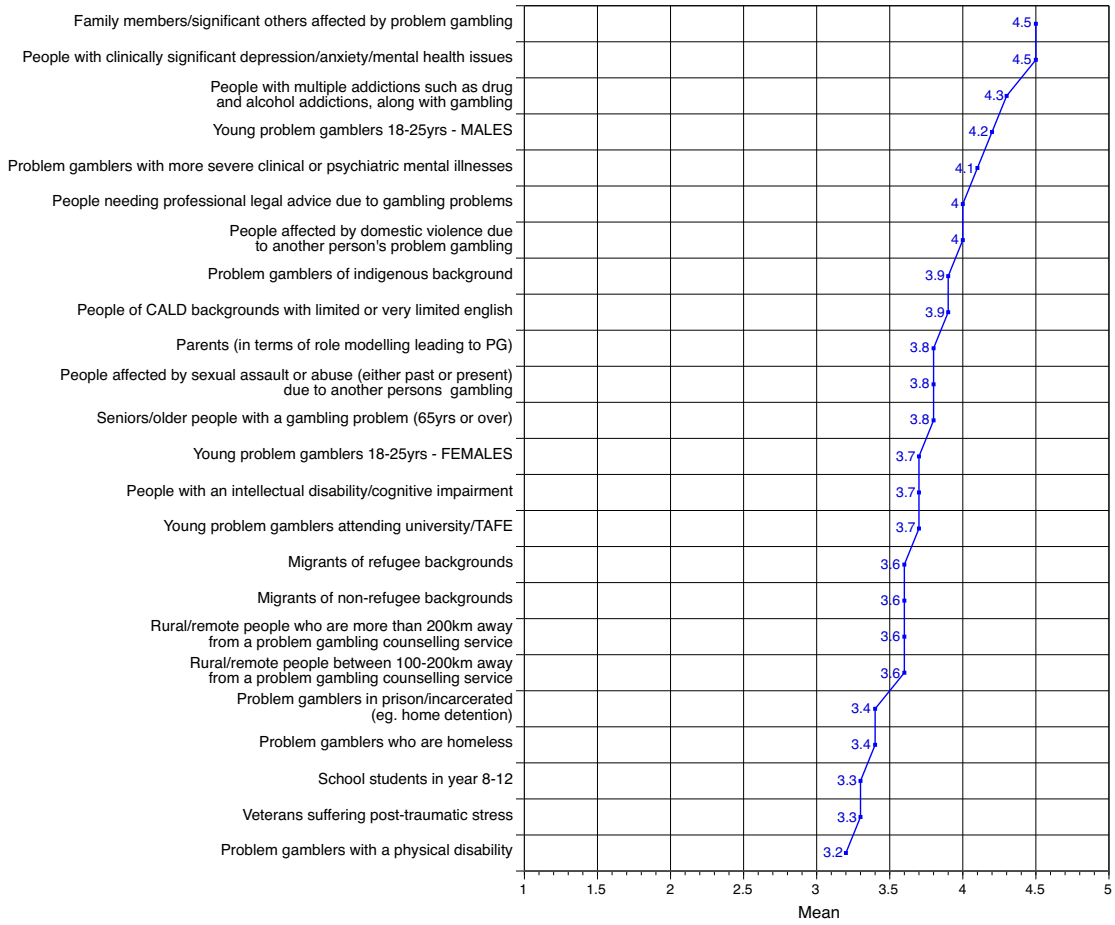
Priority rating for future specialised services in problem gambling in NSW



Key findings	Description	Recommendations
Future community needs segments in problem gambling in NSW		
<p>Finding 9. Findings highlight a range of specialised needs segments for future problem gambling treatment and education in NSW.</p>	<p>Findings of the need analysis highlight that RGF-funded counsellors and stakeholders see a range of special needs segments in the community for future problem gambling counselling and education in NSW (see figure below).</p> <p>In particular; key priorities statewide are seen to include (mean importance ratings - where 1=not at all important to 5=very important):</p> <ul style="list-style-type: none"> • family members/significant others (mean=4.5) • people with clinically significant depression/anxiety/mental health issues (mean=4.5) • people with multiple comorbid addictions (mean=4.3) • young male problem gamblers 18-25yrs (mean=4.2) • problem gamblers with more severe clinical or psychiatric mental health illnesses (mean=4.1) • people needing professional legal advice due to gambling problems (mean=4.0) • people affected by domestic violence due to gambling problems (mean=4.0) • problem gamblers of Indigenous background (mean=3.9) • problem gamblers of CALD background (mean=3.9) <p>Anecdotal evidence from counsellors/welfare workers also suggests that people of homeless backgrounds may also be affected by problem gambling.</p> <p>In addition, findings of a literature review highlight that the following groups are likely to be at increased risk for problem gambling (ie. based on literature review evidence):</p> <ul style="list-style-type: none"> • youth and young people • young males/men • prisoners and people leaving prison • Indigenous peoples • people of CALD backgrounds • people with substance abuse addictions • people with mental health conditions • people with cognitive impairments • people with traumatic childhood backgrounds (eg. from physical or sexual abuse) 	<p>Recommendation 9a. Develop and implement a statewide strategy to coordinate community problem gambling education and awareness activities across all problem gambling counselling services in NSW.</p> <p>This should aim to coordinate education/awareness activities, to ensure that important needs segments are targeted at both a statewide and local level.</p> <p>The objective should be to build cumulative awareness in marketing/promotional efforts across the state by directing counselling services to conduct education in high priority community segments.</p> <p>In particular; priority segments for community education and awareness should include:</p> <ul style="list-style-type: none"> • young males (18-25yrs) • youth/young people/students in school, TAFE and universities • family members affected by problem gambling • people with clinically significant mental health conditions or other addictions (eg. drug addictions) • people of Indigenous backgrounds • people of CALD/migrant backgrounds (including humanitarian migrants) • people who are homeless • prisoners and people leaving the NSW corrections system • people with cognitive impairments <p>Given the correlation between problem gambling and low socioeconomic status, low socioeconomic communities should be target locations for education across the state.</p>

Key findings	Description	Recommendations
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Priority needs segments for problem gambling in NSW



Mean

Key findings	Description	Recommendations
The following strategies are also suggested to raise awareness of problem gambling in high priority community needs segments		
<p>1. Youth/young people - Develop a strategy for delivery of problem gambling education sessions in all NSW public schools (to year 11 and 12 students). This could utilise a schools problem gambling education kit and be delivered by mainstream counselling services at a local community level. An adapted program could perhaps also be considered for students in TAFE and universities.</p> <p>2. Prisoners - Develop a strategy for delivery of problem gambling education to prisoners in NSW. This should include delivery of programs at eventually all correctional facilities across NSW - See list below:</p> <ul style="list-style-type: none"> • 29 publicly operated correctional centres • 1 privately operated centre (at Junee) • 8 periodic Detention Centres • 2 transitional centres for female inmates (Parramatta and Bolwara House) • 1 residential facility for female offenders with a mental health disorder (Biyani) • 14 twenty-four hour court cell centres and; • 1 Juvenile Correctional Centre at Kariong • four correctional centres for women (Mulawa, Emu Plains, Berrima and Dillwynia facilities). <p>Based on discussions with the NSW Department of Corrective Services, there would also be merit in:</p> <ul style="list-style-type: none"> • investigating the potential to place G-Line on the in-house "jail phone" system • developing a 30 sec "infomercial" to educate prisoners about G-Line and benefits of help seeking (tailored to prison environment) • examining potential to place a short advertisement and educational message in the yellow prison diary provided to all prisoners (contains information on a range of prison services and risks in prison) • considering part-funding of existing education programs for prisoners exiting prison (eg. Hey Dad program for fathers could be made to incorporate some form of gambling harm minimisation content or other drug, alcohol, substance abuse education programs) • investigating the potential to implement a problem gambling screen for prisoners entering and exiting the prisons system • incorporating a program for problem gambling rehabilitation to assist prisoners to achieve parole (programs are often required) <p>3. Family members ("significant others") - Develop a strategy to increase the perceived relevance of G-Line to families and significant others affected by problem gambling (as the service is generally seen as pitched to problem gamblers). Also consider designing and implementing further services to support families and significant others affected by problem gambling on a statewide level. In particular, there would be merit in:</p> <ul style="list-style-type: none"> • investigating the potential for mainstream counselling services to more widely promote problem gambling help for families including relationship counselling for couples affected by problem gambling (ie. more direct promotion of "family" problem gambling services) • investigating the potential for mainstream counselling services to offer more support groups to allow family members to share experiences and build rapport with other people in similar situations (eg. support groups) <p>4. People who are homeless - Develop a strategy to educate welfare workers (who deal with people of homeless backgrounds) about problem gambling and available problem gambling counselling services. This should also include discussions and development of strategic alliances with other NSW Government agencies such as Department of Community Services (DOCS) and Department of Housing. This could similarly include development and distribution of a generic education kit to welfare workers who have contact with people of homeless backgrounds. In addition, Boarding Houses and other outlets could also supply information direct to boarders (given that such people are likely to be at higher risk for both homelessness and problem gambling).</p> <p>5. People with mental health conditions/other addictions - Develop a strategy to communicate with mental health and addictions services/organisations across NSW to raise counsellor/staff awareness of the need to screen for problem gambling as a comorbid condition in conjunction with other mental health conditions. This could also target community mental health clinics and other similar organisations. Primary care GPs could also be considered as having potential to screen for problem gambling in the context of other mental health conditions.</p>		

Key findings	Description	Recommendations
Access to after-hours problem gambling counselling services in NSW		
<p>Finding 10. There is potential to increase access to after-hours services for problem gambling counselling across NSW.</p>	<p>Findings of the needs analysis highlight potential for delivery of after-hours face-to-face problem gambling counselling to meet the needs of problem gamblers in crisis and their families. While it would be most appropriate to implement services on a trial basis, there may be potential for cooperation across neighbouring counselling services to deliver counselling outside business hours.</p> <p>While some services report doing this already (or on an informal “as needs” basis), there is currently limited available face-to-face counselling for problem gamblers in genuine crisis during peak nightly gambling periods (apart from G-Line). Anecdotally, discussions with problem gamblers also highlight the value of services being available in periods of crisis (eg. when money is lost).</p> <p>Counsellors similarly indicate some interest in participating in after-hours counselling, if “time in lieu” was offered. In particular:</p> <ul style="list-style-type: none"> • 59% of males and 62% of females indicated interest in conducting counselling after hours on weeknights (eg. Mon-Thurs between 6pm-10pm) • 37% of males and 49% of females indicated interest in conducting counselling Saturday mornings/afternoons • 26% of males and 18% of females indicated interest in conducting counselling during high gambling periods (eg. Fri/Sat nights 10pm-2am) <p>Accordingly, the provision of after-hours problem gambling counselling could be implemented across NSW on a “trial and evaluation” basis as a means of improving access to services by problem gamblers in crisis (and their families).</p>	<p>Recommendation 10a. Investigate the potential to more actively promote after-hours problem gambling counselling services on a trial basis.</p> <p>Promotions should also advertise the availability of after-hours “crisis” help in venues and through G-Line (ie. for problem gamblers very distressed and in need of immediate face-to-face support).</p> <p>This initiative should be evaluated prior to further roll-out from both a counselling service operational perspective and a problem gambler perspective.</p>
Recruitment of staff for problem gambling counselling in NSW		
<p>Finding 11. Some counselling services report benefit in having the RGF advertise jobs for problem gambling counsellors on a centralised internet job board.</p>	<p>While not a significant issue of great importance or priority to every RGF stakeholder, many stakeholders saw potential for the RGF to facilitate the recruitment of problem gambling counsellors through a centralised online job board, which advertises all RGF counselling positions.</p> <p>This was also seen as having potential to help services recruit experienced problem gambling counsellors and a way for interested candidates to advertise their interest and availability for new problem gambling positions.</p> <p>As addition of a single internet page on the RGF/OLGR web site may assist services to recruit staff, this could be a small, but useful service that could be provided to assist funded services.</p> <p>Given the simplicity of requirements, such a web page would also be relatively “quick and easy” to get up and running and could be regularly accessed by staff as needed. OLGR could also consider promoting job opportunities in the RGF online newsletter as a means of assisting services to fill positions. This may also be appreciated, given that many services report significant difficulties in filling positions in the current tight labour market.</p>	<p>Recommendation 11a. Design and implement an online job board to allow RGF counselling services to advertise positions for problem counselling online.</p> <p>As an interim measure, the OLGR team could also facilitate this through promoting job opportunities in the regular RGF newsletter:</p>

Key findings	Description	Recommendations
Access to financial counselling services by problem gamblers in NSW		
<p>Finding 12. Financial counselling is seen as a very valuable specialised support service for problem gamblers in NSW and demand for financial counsellors is reported to far exceed supply.</p>	<p>Financial counselling, similar to legal advice, is seen as one of the most valuable specialised services available to problem gamblers and counsellors across NSW. In spite of the high value of financial counselling in the context of gambling problems, most financial counsellors report significant demand for services and there is reported to be only a limited number of qualified financial counsellors across NSW. Access to financial counselling training courses is similarly described as limited with few available training options.</p> <p>General counsellors reported that an average of a 12 day waiting period occurred between the booking of appointments and conduct of financial counselling sessions and waiting periods of two weeks or longer were also experienced by a quarter of counsellors (and even longer in rural or regional areas). RGF-funded counsellors also emphasised the value of having financial counselling services co-located with other general counselling.</p> <p>The online survey showed that a reasonably high percentage of general counsellors were interested in acquiring financial counselling skills and qualifications as a means to assist problem gambling clients. Specifically, 33% of general counsellors were very interested and 29% were moderately interested in completing a three month part-time course to train to become a financial counsellor (a condensed format course was only tested as a 'concept' as part of the survey - thus, such a course would need to be developed).</p> <p>Accordingly, there is potential for the RGF to further investigate development and delivery of a training course to increase the ability of problem gambling counsellors to support clients with financial counselling and increase the supply of financial counsellors available to problem gamblers across NSW.</p> <p>Should training initiatives be successful, there may also be potential in the future to promote financial counselling services <u>directly</u> to problem gamblers as a means to encourage help seeking (particularly in males who find general counselling and talking about their problems as unattractive and difficult).</p>	<p>Recommendation 12a. Investigate the potential to design and offer a financial counselling training and qualification course to interested RGF counsellors as a means to further build system capacity to assist problem gamblers across NSW.</p> <p>The Financial Counsellors Association of NSW (FCAN), Office of Fair Trading NSW and the Commonwealth should be included in discussions prior to organising courses (ie. to allow collaborative efforts to flow where possible, given that all fund financial counselling courses and positions).</p>

Key findings	Description	Recommendations
Future potential for a peak body for problem gambling in NSW		
<p>Finding 13a. While there is some support and interest in a peak body for problem gambling in NSW, RGF stakeholders make mention that the true value of a peak body would be ultimately dependent on its specific roles and independence from Government/RGF.</p>	<p>Findings of the needs analysis highlight some broad interest in the concept of a peak body for problem gambling amongst RGF stakeholders. However, there is overarching fear that a peak body may be subject to RGF/OLGR influence (due to funding arrangements) and may thus <u>not always</u> be independent.</p> <p>Due to uncertainty and varying views about the roles of a peak body, most stakeholders found it difficult to articulate a definitive position on the concept.</p> <p>However, there was strong and unified support for an independent organisation performing roles such as:</p> <ul style="list-style-type: none"> • advocating for the needs of NSW problem gambling counsellors/counselling services • communicating to Government/RGF about specific issues that affect delivery of problem gambling services (eg. resourcing and funding needs, funding allocations, comments about structure of funding etc.) • coordinating dissemination of best practice information to counselling services • determining training needs across RGF-funded counselling services • conducting "ideas forums" and information-sharing sessions across the sector • coordinating resource development across the sector (eg. development of new resources for problem gambling counsellors to assist with their ongoing work) • advising the RGF/OLGR on the sector's perspectives on new campaigns for problem gambling awareness/education and also to advise on future gambling harm minimisation policy and strategy across NSW <p>Discussions also showed that, while some stakeholders were quite keen to take part in a peak body, others were notably less keen for regular participation. Findings of the online survey also showed that 45% of RGF stakeholders were interested in <u>regular</u> involvement, 39% were interested (but not in regular involvement) and 16% were not interested at all.</p> <p>Stakeholders similarly made comment that the former problem gambling council had demised due to declining participation over time. From this perspective, this was seen to signal caution in developing future peak body organisations.</p> <p>Accordingly, the true potential of a peak body is difficult to accurately predict at this stage. However, the above roles and functions of a peak body are supported in principle, if such roles function independent of the RGF or Government influence (which was very important to stakeholders).</p>	<p>Recommendation 13a. Define and clarify a number of peak body concepts to market test with RGF-stakeholders.</p> <p>Options which could be explored for future RGF funding could include:</p> <p>Option 1 - Funding of a sub-committee of either NADA^b or NCOSS^c to advocate for gambling harm-minimisation in NSW and to communicate gambling policy issues to Government, which are of concern and relevance to NSW problem gambling counselling organisations.</p> <p>Option 2 - Funding of a professional Association for NSW problem gambling counselling services. This could be supported by a full-time position which could also advocate views and issues of sector concern to Government. It would primarily be a professional development body and an organisation for sector improvements and networking.</p> <p>Option 3 - Funding of an independent peak body for problem gambling in NSW which performs advocacy and sector development roles (such as those requested by services) and operates independently from the RGF/OLGR</p> <p>Option 4 - Funding of a secretariat position within OLGR to specifically support the needs and advocate the views of all funded problem gambling counselling services. This would aim to create a collegial working relationship between RGF/OLGR and services and ensure that future service needs are incorporated into policy, activities and strategy.</p>

a. The RGF Newsletter email distribution list was used for the online survey with a passive consent process (to manage opt-outs). Online survey data should naturally be interpreted with caution, given the self-selection bias. Hence, data should be considered indicative, rather than definitive.

b. NADA - Network of Alcohol and Other Drug Agencies

c. Council of Social Service of New South Wales (NCOSS)

Conclusion

Key findings of the statewide needs analysis of specialist services in problem gambling have identified a range of useful future directions for consideration to further develop and enhance the NSW gambling help services system. This includes a number of potential future specialised support services for problem gambling, a range of priority future community needs segments for problem gambling counselling and education and suggested ways to enhance core activities of current RGF-funded specialist services.

Within this context, the following report presents detailed findings of desk-based research, stakeholder consultations, jurisdictional scanning, an online stakeholder survey and qualitative research with specialised problem gambling consumer segments to support the suggested recommendations, optimal mix of specialist services and future directions.

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Introduction

Purpose

The current project presents key findings of a comprehensive needs analysis of specialist support services for problem gambling counselling in NSW. Funded by the Responsible Gambling Fund (RGF), the purpose of the needs analysis was to gather a sound evidence-base to inform Government funding and future resource allocation in relation to the optimal range and configuration of specialist support services for problem gambling counselling in NSW.

Based on discussions with staff of the Office of Liquor, Gaming and Racing (OLGR), it was agreed that the consultancy would take an evidence-based approach to the research and structure consultations and methodologies to allow a fresh and new approach to exploring the concept of specialist services for problem gambling.

Definition of 'specialist services'

For the purpose of the current project, 'specialist services' are defined as any services, support or resources, with potential to support or enhance the service delivery of counsellors in NSW, who assist problem gamblers and others affected by problem gambling.

The RGF also encouraged an open and broad definition of 'specialist services' to allow identification of any service support needs across the NSW gambling help services system.

Currently funded specialist services

Currently funded specialist support services advise and assist RGF-funded gambling counselling services with the training of gambling counsellors (undertaken by the Centre for Community Welfare Training - CCWT), the provision of legal advice to people affected by problem gambling and their families (undertaken by Wesley Community Legal Service) and with support in assisting clients experiencing problem gambling with intellectual and other disabilities (undertaken by Ability Options).

Three core "specialist support services" are currently offered on a state-wide basis and are funded by the Responsible Gambling Fund (with total funding of approximately \$700,000 during 2007/08).

Methodology

To undertake a comprehensive needs analysis, both qualitative and quantitative methodologies were employed. Key methods used for the needs analysis included:

- **Desktop research** - including a short literature review to identify specialist needs and needs segments in problem gambling counselling
- **Jurisdictional scanning** - exploring how special needs in problem gambling are addressed in a sample of other jurisdictions through internet scans and interviews
- **Stakeholder interviews** - conduct of over 70 face-to-face and telephone interviews with counsellors and administrative/managerial staff working in RGF-funded services and other (non-funded) general welfare services to discuss problem gambling
- **Quantitative online survey of problem gambling counsellors and other stakeholders (N=82)** - conduct of a quantitative online survey of problem gambling counsellors/stakeholders in NSW to better understand specialist service support needs on a whole-of-state level (using email invitations to recipients of the RGF Newsletter)
- **Consumer interviews** - conduct and reporting on 18 face-to-face and telephone interviews with problem gamblers and their family members in special needs segments across NSW.

Needs of people from CALD and Indigenous backgrounds

In addition to the current needs analysis, separate projects have been commissioned by the RGF to inform the ongoing development of specialist support services to meet the needs of people of both Culturally and Linguistically Diverse (CALD) and Indigenous backgrounds.

For this reason, such needs sets were considered outside the scope of the current project. However, where relevant, emerging insights are reported to add further insights about the needs and experiences of these special segments.

Project funding

Financial assistance for this project was kindly provided by the New South Wales Government through the Responsible Gambling Fund (RGF). The views expressed in this publication, however, are solely those of the author.

The very kind support of OLGR staff, RGF-funded counsellors and other stakeholders is also much appreciated and considered of great value and assistance in helping with the project.

Report Structure

Key findings of the needs analysis are presented in the following report sections:

- **Background on current specialist services for problem gambling counselling in NSW**
- **Key findings from stakeholder interviews across NSW**
- **Findings of a survey examining specialist service needs in problem gambling in NSW**
- **Background literature on special needs in problem gambling**
- **Research with people of special needs segments experiencing gambling problems**
- **Appendix**

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***Background on
current specialist
services for problem
gambling counselling
in NSW***

Currently funded specialist support services for PG in NSW

Funded services

Through the Responsible Gambling Fund, the NSW Government currently funds three specialist support services designed to assist problem gamblers, their families and problem gambling counsellors across the state. Key services complement the 44 mainstream problem gambling counselling services and provide specialist support and advice to mainstream services in a range of areas.

Currently, the three core funded specialist support services are the:

- Centre for Community Welfare Training (CCWT) (www.acwa.asn.au) - which offers problem gambling counsellors in NSW a range of specialised training courses to develop specialist skills to support problem gambling counselling
- Ability Options (www.abilityoptions.org.au) - which provides specialist support to counsellors who assist problem gamblers with disabilities such as cognitive impairments and other more complex psychiatric disabilities. Ability Options also conducts statewide community education about the risks of problem gambling in people with disabilities (particularly including cognitive disabilities)
- Wesley Gambling Counselling Service (www.wesleymission.org.au/centres/gambling/service.asp) - which provides specialist legal advice to assist problem gamblers and their families to manage legal and related issues, which have arisen in part due to problem gambling

In addition to specialist services, the NSW Government, through the RGF, also funds a 24 hour problem gambling help line (G-line), six multi-region services offering assistance for people from culturally and linguistically diverse backgrounds and a training service to support work with Indigenous peoples.

Scope

All three specialist services operate state-wide and offer services to either problem gamblers or “significant others” (eg. family members) affected by problem gambling.

Funding

During 2007/2008, total RFG funding for the three funded specialist support services was approximately \$700,000. A breakdown of funding is presented in Table 1.

Table 1. Current specialist support service funding in NSW (2007-2008)

Specialist support services	RGF funded amount 2007-2008
Centre for Community Welfare Training (CCWT)	\$345,000
Ability Options (AO)	\$147,000
Wesley Community Legal Service (WCLS)	\$207,000
Total RFG funding for 2007-2008	\$699,000

Activities of specialist support services

CENTRE FOR COMMUNITY WELFARE TRAINING (CCWT)

Overview

The CCWT is the learning and development arm of the Association of Children's Welfare Agencies (ACWA). It was established in 1987 to provide training to people working in the NSW community welfare sector to support vulnerable children, young people and families. It has been a Registered Training Organisation since 1997 and services include policy development, research, training, sector advocacy and consultations, resource development, information dissemination and sectoral development.

The ACWA's Strategic Plan 2007-2010 articulates the organisation's purpose as:

'To deliver professional learning that transforms people and communities for a better society'

Funding

The CCWT received \$345,000 from the RGF in 2007-2008 to deliver specialist training to support the delivery of quality services by mainstream NSW problem gambling counselling services. Staff working in mainstream RGF-funded counselling services are able to attend training courses without cost, while non-RGF funded counsellors are able to attend training courses for a subsidised fee.

The stated objective of CCWT problem gambling training funding is:

'To provide a professional development program that builds a 'culture of learning' across the problem gambling sector'

Based on a review of the RGF Statewide Training Project Brochure 2008 (February to June 2008), fees for non-funded participation in CCWT problem gambling courses are approximately \$155 for a single day training course or \$300-310 for a two-day course.

Courses offered by the CCWT in 2008 in the field of problem gambling include:

- **Problem Gambling Induction Training** - this is a comprehensive introduction to problem gambling and basic skills training. It aims to assist less experienced workers build skills of relevance to the field of problem gambling and consists of three x two-day training modules:
 - **Module 1** - Orientation to work in the problem gambling sector
 - **Module 2** - Assessment in the problem gambling field
 - **Module 3** - Counselling clients with problem gambling issues
- **Acceptance Commitment Therapy** - this course trains in a behaviour therapy that aims to address human concerns about feelings like anger, anxiety and fear in a mindful and compassionate manner. A key focus is how the training fits into the problem gambling treatment context
- **Measuring Client Outcomes** - this training course aims to build skills in staff who may be involved in measuring quality of counselling service delivery. A practical workshop is conducted as part of the course to teach participants how to develop surveys and forms to use in service evaluation contexts
- **Practical Multimodal Interventions in Problem Gambling Counselling** - this course provides training in multimodal person centre approaches to treating people affected by problem gambling

In addition to problem gambling training course delivery, the CCWT administers travel and accommodation subsidies to assist rural and remote RGF-funded organisation staff to attend training courses (those located more than 200km from their worksite).

Subsidies are calculated based on a distance formula such that:

- RGF-funded staff attending training 201-300km away from their work site - *receive \$150 as a subsidy*
- RGF-funded staff attending training 301-400km away from their work site - *receive \$200 as a subsidy*
- RGF-funded staff attending training 401km or more away from their work site - *receive \$250 as a subsidy*
- If more than one RGF-funded staff member attends training and travels by car, a subsidy of \$50 for each additional person is provided

Free training
(Non-RFG)

The CCWT additionally offers free courses to educate workers about problem gambling. Course topics in the field of problem gambling are also delivered on a regional and metropolitan basis and include:

- Beyond smoke and mirrors: dealing with problem gambling - four x single day courses in 2008 delivered in Sydney, Dubbo and Tamworth
- Opportunistic interventions in the problem gambling context - seven x single day courses in 2008 delivered in Sydney, Broken Hill, Wagga Wagga, Coffs Harbour and Queanbeyan
- Orientation to work in the problem gambling sector - two x single day courses in 2008 delivered in Sydney
- Understanding problem gambling - six x single day courses in 2008 delivered in Sydney, Queanbeyan, Dubbo, Wagga Wagga and Tamworth

The CCWT also administers a brokerage function for other types of training. This role allows RGF-funded services to apply for funding for subsidised training and conferences that are not provided through the CCWT.

RFG funding
allocations

Based on data supplied by the CCWT, the number of participants attending problem gambling courses from January to June 2008 is summarised in Table 2. This shows that during the first six months of 2008, there were 150 attendances at CCWT training courses, with roughly 41% of attendances in courses directly about problem gambling and 59% in courses about related topics.

Table 2. Courses completed by RGF-funded participants via CCWT (Jan-June 08)

COURSE NAME	NUMBER OF RGF FUNDED-PARTICIPANTS (excluding other attendees)
Understanding Problem Gambling	20
Orientation to work in Problem Gambling	20
Practical Multimodal Interventions	14
Assessment in the Problem Gambling Field	12
Acceptance Commitment Therapy	12
Counselling Clients with Problem Gambling Issues	9
Solution focused Brief Therapy	8
Introduction to Narrative Therapy	5
Personality Disorders	4
Measuring Client Outcomes	4
Supporting Adults through Loss & Grief	3
Brief Solution Focused Therapy and Impossible cases	3

Table 2. Courses completed by RGF-funded participants via CCWT (Jan-June 08)

COURSE NAME	NUMBER OF RGF FUNDED-PARTICIPANTS (excluding other attendees)
The crucial role of boundaries and limits	2
SFBT is simple but not easy	2
Solution Focused Approach to substance abuse	2
Motivational Interviewing	2
Opportunistic Interventions in Problem Gambling	2
Counselling I	2
Counselling Children who have been abused	2
Demystifying Mental Illness	2
AOD Workers with mental health clients	2
Train the Trainer	1
Writing for results	1
Results based accountability	1
Smoking Matters	1
Supervision How and Why	1
Support in the Dying Process	1
Effective Case work & Case Management	1
Introduction to Dual Diagnosis	1
Life's Labyrinth	1
Managing Emotional Dynamics in Training	1
Miniatures, magnets and metaphors	1
Orientation to the alcohol and other drugs field	1
Case Management Excellence	1
Accidental Counsellor	1
Communicating Powerfully	1
A Question of Balance – worker self care	1
Anxiety Disorders	1
Art Therapy Fundamentals	1

Customised training courses were also reported to have been provided by the CCWT for various RGF regional forums during the January to June 2008 period on the following topics:

- Eating Disorders
- Introduction to Drugs and Alcohol
- Women in Gambling
- Record Keeping
- Positive Psychology
- Promoting Problem Gambling Services
- Dialectic Behaviour Therapy

Approximately 22 brokerage allocations for training in non-CCWT courses were also approved from January to June 2008, along with 34 travel subsidies provided to RGF funded workers to enable them to attend training.

ABILITY OPTIONS

Overview

Ability Options is a disability support service which provides a range of services to people with disabilities and their carers (especially people with intellectual disabilities). Commencing as the Association for the Assistance of Intellectually and Socially Handicapped Persons in 1976, the organisation was originally formed from a union of the Rotary Club of Guildford and the NSW Health Commission to assist people with intellectual disabilities to move from institutional to community living.

Current services help people with intellectual disabilities to live and work in the community by providing accommodation, case management, employment assistance, education and training.

The stated mission of Ability Options is to:

'To provide people with disabilities better opportunities that will enable them to enhance their lifestyles and achieve their goals'

Funding

Ability Options received \$147,000 during 2007-2008 from the RGF to support the provision of specialist support services to assist people with disabilities experiencing gambling problems. The scope of the service is state-wide, however, the organisation mainly operates in the Western Sydney region.

Agreed objectives and roles of the RFG funding are to:

- Provide community development and education initiatives aimed at increasing awareness of problem gambling among people with a disability, their carers and other relevant services
- Provide a free specialist consultation service to mainstream RGF-funded problem gambling counselling services to promote the needs of people with a disability and their carers
- Coordinate support for people with disabilities and/or their carers to attend/use a RGF funded service
- Provide education and information to disability service providers and gaming venue providers to assist in identifying a gambling problem and appropriate referrals
- Design and distribute relevant information and resources in a variety of formats on problem gambling targeting people with disabilities and their carers
- Identify and encourage referral paths, evidence-based practices and interventions for people with disabilities and/or their carers for use by mainstream services
- Improve access issues to services for people with a disability and their carers, including identifying the referral pathways
- Develop a multifaceted approach to working with problem gamblers with a cognitive disability
- Provide a bank of information and resources on counselling strategies

Work activities

Based on data supplied in the Ability Options 2007-08 Work Plan Progress Report, recent example work activities included:

- *15 one-to-one Support Visits or phone calls*
- *Receipt of 41 calls to the support line. The majority of support has been provided to case workers. 9 calls have been from clients or friends/family*
- *Approximate 10 clients with disabilities have started PG counselling*

WESLEY COMMUNITY LEGAL SERVICE

Overview

The Wesley Community Legal Service is a specialist service provided under the broader banner of 'Wesley Gambling Counselling Services'. This latter organisation provides a range of both general and specialist support services to problem gamblers and 'significant others' affected by problem gambling.

Given the broader welfare and counselling capabilities of the Wesley Mission (the auspice agency)¹, a holistic approach to service delivery is taken to address all impacts of problem gambling on a 'whole-of-person' level (eg. addressing personal, social, mental, emotional, financial, legal and relationship impacts).

In this context, services provided by Wesley Gambling Counselling Services include:

- **Personal Counselling** - to assist clients to overcome their gambling problem
- **Financial Counselling** - to assist clients to manage gambling related debts
- **Family Counselling** - to support families dealing with gambling issues
- **Legal Services** - to support problem gamblers and their families in situations where funds used for gambling have been illegally obtained

RGF Funding

Legal services for people affected by problem gambling in NSW are currently supplied as an RGF-funded specialist support service by Wesley Community Legal Services. During 2007-2008, Wesley Community Legal Service received \$207,000 from the RGF to meet the following agreed objectives:

- Provide a specialist legal service for problem gamblers, families and significant others who are residents of NSW
- Provide legal advice, consultative services and information to relevant service providers (such as RGF-funded problem gambling services, welfare services, community based financial and legal practitioners etc.) on gambling related matters
- Provide education and training to relevant service providers such as RGF-funded problem gambling services, health/welfare/community services, legal services, court system etc. on legal issues related to problem gambling
- Provide advice and advocacy on proposals and current regulations/legislation/ voluntary codes of practice etc. around legal issues to protect family assets, financial matters around bankruptcy etc. as a result of problem gambling
- Comply with funding body requirements including the Funding and Performance Agreement (FPA), research, accreditation etc.

Wesley Community Legal Services offers expertise in the following areas of law:

- Criminal law
- Credit and debt law
- Insolvency
- Family law
- Gambling law
- Consumer law.

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During 2006/08, Wesley Community Legal Services assisted 331 clients in over 1,200 sessions. It provided advice and assistance to service providers on over 120 occasions. Training seminars titled “Criminal Law for Counsellors” and “Protecting Family Assets” were developed and provided in nine formal training seminars to service providers. Locations in which training was provided in the 2006/07 financial year were as follows:

- 19/10/06 – Canberra – 20 participants
- 31/10/06 – Sydney – 12 participants
- 2/11/06 – Newcastle – 18 participants
- 19/4/07 – Balgowlah – 12 participants
- 3/05/07 – Newcastle – 15 participants
- 18/05/07 – Sydney – 40 participants
- 21/05/07 – Gosford – 12 participants
- 7/06/07 – Newcastle – 15 participants
- 19/06/07 – Sydney – 9 participants

The specific locations of clients serviced by Wesley Community Legal Services (331 in total) over the past two years (from June 19, 2006 to June 19, 2008) are shown in Table 3. Data was coded according to NSW Premier regions. This revealed that 30% of consultations were with clients living in Western Sydney, 24% with clients living in South West Sydney and 21% with clients in Coastal Sydney.

Table 3. Data supplied by Wesley Community Legal Services (Coded by the researcher) - CLIENTS RECEIVING LEGAL SERVICES (From June 19, 2006-June 19, 2008)

NSW Premier Region Locations	% total clients June 06-June 08
Western Sydney	30
South West Sydney	24
Coastal Sydney	21
Central coast	10
Western NSW	6
Hunter	2
Illawara	2
North Coast	2
Riverina/Murray	2
Elsewhere	2
New England/North West	1
South East	0

Key findings from stakeholder interviews across NSW

The following section summarises key themes emerging from discussions and interviews with a diverse range of stakeholders across NSW. This included over 70 interviews with RGF-funded counselling services, NSW Government organisations and a range of other relevant non-government organisations (eg. welfare agencies).

Interviews were structured to include a selection of RGF-funded counsellors and community educators, RGF-funded financial counsellors, RGF-service managers and a range of other stakeholders with potential to inform specialist service needs in NSW (eg. NSW Corrective Services).

Non-RGF stakeholders were also selected with a view to explore the potential for establishing new relationships with other agencies to support the delivery of services to respond to problem gambling across NSW.

Themes emerging from discussions about specialist service needs in problem gambling in NSW are presented under the following headings:

- **Stakeholder views relating to current model of specialist service delivery in NSW**
- **Stakeholder views on current RGF-funded specialist services in NSW**
- **Special needs segments in problem gambling**
- **Strategies to increase help seeking in problem gamblers**
- **Other special support needs and issues**

In this section of the report, services are referred to generically as, 'training services', 'disability services' and 'legal services'. In this context, the purpose of the report is to understand statewide needs for specialist services and is NOT to evaluate current service provider performance.

Caveat to readers

It should be noted that views expressed in this section of the report are based on perceptions only and factual information should thus be examined prior to drawing conclusions about statewide needs, issues and future directions for specialist services.

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Stakeholder views relating to current model of specialist service delivery in NSW

Definition of specialist services

At a whole of state level, RGF-funded organisations each have very different views and ideas about the concept and definition of a “specialist service” for problem gambling. From the perspective of many problem gambling counsellors, specialist services should be defined as any type of support service or resource with potential to support the work of the gambling help sector (eg. communication resources, training, marketing support). In other cases, stakeholders viewed specialist services in a much more clinical sense and were seen to include tailored help services to meet the needs of more specialised segments in the community (eg. people with severe psychiatric conditions combined with gambling addictions).

This also led to some debate about the concept of a “specialist service” and the types of services which the RGF should or should not fund to assist the problem gambling help sector. One illustrative comment included - *“I view specialist services as anything that can help us perform our work better. The RGF really needs to take a very open-minded view about the concept of a specialist service, as there are many different things we need and different types of support which could be provided”*.

There were similarly quite diverging views about current mainstream service involvement in the delivery of specialist services. In particular, there was a common view that mainstream help services currently provide help to a range of more specialist needs segments in the community and for this reason, already offer a degree of specialisation - *“We already have quite a lot of specialisation in our gambling counselling services in NSW. There’s a women’s counselling service, youth services, family services, drug and alcohol gambling help services and even Christian-based services. So we do seem to have already quite a bit of specialisation in the service delivery model”*.

Types of specialist service needs

In discussing the concept of specialist services with stakeholders, it became clear that many counsellors did not feel as confident in servicing certain segments and needs in the community (but were more confident in others). In some respects, these were considered as areas of “specialisation”. For instance, some counsellors involved in mainstream counselling for problem gambling expressed the view that certain segments of gamblers did require a more specialist treatment approach, compared to the mainstream community. In some cases, counsellors also felt that this was outside their knowledge and sphere of expertise and thus warranted a more specialised skill base.

There was a view that certain needs sets existed in the NSW community, which implied either a need for a type of specialist service or some way to support counsellors to tailor services to special needs. For instance, it was widely seen as requiring a higher degree of more specialised expertise to work with groups such as:

- **Youth** - youth were generally seen as a difficult group to connect with, given that many young people did not like to talk about gambling, nor were likely to connect with adult-oriented counselling services - *“It’s hard to connect with young people. The only real entry point is the schools system and we have quite a lot of trouble getting involved in schools”*. In other cases, the counselling approach needed to assist youth was seen as very different from the approach used to treat adults - *“I guess it has made me realise that you can’t really use an adult-oriented approach to work with young people. It simply doesn’t work. I’m still learning about this myself, but have concluded that it is generally better that young people get treated by youth services, who are more specialised in working with young people”*

- **Families** - families were interestingly frequently seen as not always likely to connect with mainstream gambling help, given the perception that mainstream counselling services are “mostly for problem gamblers” (and less so for families and “significant others”). The provision of group-based family counselling was also seen to present quite a different dynamic and not as easy to manage as an individual counselling session. For this reason, some counsellors felt that family counselling required different and more specialised skills - *“I guess I don’t feel quite as confident in facilitating a family counselling session, as I do a one-on-one. It’s something that I haven’t really ever felt confident in and haven’t had a lot of opportunity to practise my skills”*. Specialist promotion of services suitable for families of problem gamblers was also in part seen to be needed to ensure uptake of help services by those affected by problem gambling
- **Couples** - similar to families, couple-based counselling was seen by some stakeholders as relatively more specialised than one-on-one counselling. Some counsellors also felt that it was difficult to provide one-on-one counselling together with combined “couple counselling” at the same time - *“Most people really do need couple-based relationship counselling, but it can be a big conflict of interest to treat an individual and then do couple counselling with the couple together. So I avoid this. I do think you need a certain level of experience to be able to do relationship counselling of couples. It’s not something that I consider that every mainstream service can do well. It’s not my area of expertise”*
- **Mental health issues as comorbid conditions** - most interviewed stakeholders were in high agreement about the need for more specialist services to treat problem gamblers experiencing a range of more chronic or severe comorbid mental health conditions. In this context, even treating problem gamblers with mild depression was considered complex and many counsellors advocated the need for prior consultation or liaison with psychiatrists or clinical psychologists before the introduction of gambling counselling - *“I really believe that mental health issues are quite a specialised field. Problem gamblers with undiagnosed conditions should really first be seen by clinical psychologists or psychiatrists prior to counselling. There have also been cases where I’ve been unsure about whether a person may indeed even have a dual diagnosis. This is definitely an area for specialist advice”*
- **Comorbid substance addictions** - similar to comorbid mental health conditions, substance abuse alongside gambling was viewed as a further area for specialist intervention. This was also seen as a common issue for problem gamblers, given the wide research which shows a strong link between substance abuse and gambling addictions. In some cases, counsellors would feel uncertain about whether substance addictions should be diagnosed and treated prior to problem gambling counselling - *“You often wonder whether a person should first be receiving treatment to help with their substance addictions, prior to problem gambling counselling. Obviously, if someone is clearly needing a detox program, it’s obvious they go there first. However, when someone has a mild substance abuse addiction alongside gambling, I often wonder whether they would be best to get treatment or medication for this addiction first, as sometimes recovery from gambling can be hindered if other physical addictions are present”*

Stakeholder views on current RGF-funded specialist services in NSW

Context

Interviewed stakeholders were generally very pleased with the current range of specialist services funded by the RGF in NSW. In this context, a number of general comments were made about the three currently funded specialist support services in problem gambling, along with observations about the usefulness of each service to those working in problem gambling treatment and community education.

Disability service

Ability Options currently provides a range of more specialist 'consultancy style' services to support counsellors to work with problem gamblers with disabilities. There is a particular focus on building counsellor capacity to work with people with an intellectual disability who experience gambling problems (eg. counselling techniques for people with cognitive impairments may be different, given that traditional cognitive behaviour therapy may not be suitable). In addition, staff also develop resources to support counsellor work in this field and conduct education sessions to raise awareness of problem gambling in people with cognitive disabilities (and their carers).

At a whole of state level, there was some degree of confusion across RGF-funded services about the role and services of the disability service provider. This itself in part appeared to be related to the issue that some stakeholders did not perceive the need for a specialist service for advice to counsellors on how to best treat problem gamblers with intellectual disabilities - *"I have never really thought of people with intellectual disability as a high priority group for problem gambling treatment. Issues no doubt exist in the community, but I don't see that this is a top priority", "What do they actually do? I've heard of the disability service, but I must admit I have no idea what they do", "I'm not really sure why we have a specialist service for people with cognitive impairments. It's probably not the top priority in my way of thinking"*.

In other cases, there was a view that counsellors would be already able to work with people with intellectual disability using a modification of their current methods and thus, training by a specialist service was not essential - *"If someone comes in with a profound cognitive impairment, it's obvious that cognitive based therapies may not work. But I honestly feel that I can adapt my own methods to suit their needs and situation. While it's helpful to receive advice on how to best treat people with intellectual disability, I'm not sure I see a need for a service that specifically focuses on people with intellectual disabilities"*.

Other interesting comments included:

- *"I feel fairly confident treating people with cognitive or psychiatric disabilities. I usually modify CBT (Cognitive Based Therapies) based techniques in the context of counselling. However, it would be useful to have some professional sharing of techniques and ideas on a regular basis, as this will help us all as counsellors deal with situations where techniques maybe do not work with certain clients"*
- *"I think that the disability support service has developed some very good screening tools and some very good tools to deal with psychiatric and cognitive conditions, but I have to say I haven't really needed these to date"*

Despite some different views on the need for a specialist service to treat people with intellectual disabilities for problem gambling, many counsellors who had used the disability support services were very positive about the insights they had obtained.

In this respect, many counsellors with recent contact had developed a greater appreciation of the more unique needs of people with cognitive disability with respect to treatment for problem gambling. Illustrative comments included:

- *“Until I had contact, I hadn’t really thought about the needs of people with intellectual disability. I guess they are quite unique. Maybe we don’t see them, simply because they are not presenting to counselling. But I am certain that needs exist in the community. We need to focus on this more”*
- *“I recently used the disability service to learn about treating people with an intellectual disability for problem gambling. It was pretty helpful and gave me some ideas about ways to approach counselling. I was given modified questionnaires adapted to suit the needs of people with intellectual disability. It was actually a useful exercise and exceeded my expectations”*
- *“I think that the disability service is developing some very good tools. In many respects they are probably doing themselves out of a job”*

Despite the overall value of consultancy services to support counselling of people with disabilities, several counsellors felt that services would be better placed to mostly focus on training counsellors about how to best manage intellectual disability in counselling situations (rather than provision of consultancy style advice to counsellors). In this respect, while the telephone consultancy was viewed as useful, the best value was seen to lie in offering ongoing education courses about how to treat people with intellectual disabilities through the funded training service.

An illustrative comment included - *“I phoned to ask for support for clients with cognitive disabilities on a couple of occasions and they provided practical tips on counselling approaches. It was quite useful. But one alternative may be to have ongoing training sessions run by the training service to help build counsellor skills in techniques for working with people with cognitive disabilities. Perhaps they could also develop resources to link us into other disability services in the community. However, the downside of this approach would be that there may not be someone that you could ring up and talk to if you had problems. It is nice to have someone who is expert in the area to consult”.*

There was also thought about potentially more appropriate ways to build capacity in counsellors to work with people with intellectual disabilities - *“Intellectual disability services do not need funding. There is a better chance to get better resource allocations by putting money in a common pool and making per capita allocations to allow counsellors to spend longer sessions with people with cognitive impairments”.*

Legal services for problem gamblers

Wesley Community Legal Services is currently funded by the RGF to provide legal and related advice to people affected by problem gambling. At an overall state-wide level, there was universal agreement of the need for legal advice and related services to support people both *directly* or *indirectly* affected by problem gambling (ie. problem gamblers and their families). As RGF-funded stakeholders typically did not have direct involvement in legal consultations, most stakeholders could only praise the availability of problem gambling-specific legal services and emphasise the utility and importance of such services to people experiencing gambling issues.

Most counsellors and financial counsellors would also make comment about how such advice has been critical to their clients' well-being and emphasised the need to maintain such services, given that *"Legal advice to problem gamblers can often be quite specialised. It is not something that is available in the mainstream legal community. The average solicitor wouldn't have a clue how to help people with gambling problems or would understand the research or issues relating to problem gambling behaviour"*.

There was similarly a view that legal advisory services were a complement to work of RGF-funded counsellors, given that *"There is no way that we can even start to help people in these complex legal fields. They really do need a specialist service to rely on. I don't even think that general community legal services would ever be able to match the knowledge and know-how that is available in a specialised legal service. I would like the RGF to continue to fund this service"*.

There was a similar view of financial counsellors, who made comment about the complexity of bankruptcy and insolvency laws and made mention of the need for specialised help for their clients - *"It is unfortunately a fact of life that problem gamblers experience issues with money that often lead to contact with the courts system. Having a specialist service able to provide legal advice to problem gamblers is really critical. It's also important for their families to get help in this area. I'm not really certain how such a service could be provided by general community solicitors"*.

Stakeholders in rural and regional areas emphasised the value of having a legal advisory service, even though the service was not local. In this respect, despite being remote from Sydney, telephone consultations were seen as a way to help address the barrier of distance. In very sensitive cases, however, there was seen to be immense value in face-to-face consultations, however, it was recognised that these were not always possible - *"The legal service really goes out of their way to meet the needs of people in rural areas. But at times, I do think it would be handy to have a local solicitor to meet face-to-face with. It's important for clients, mainly because the legal issues cause them a lot of worry and face-to-face contact helps to set their mind at ease. Particularly if they have an upcoming court case. I don't know if the RGF could look into this sort of thing for rural areas, but it may be worthwhile if there is sufficient demand"*.

The provision of general training to counsellors and stakeholders about bankruptcy and insolvency issues was also seen as a critical need in the problem gambling help sector. Many stakeholders who had attended past seminars of the legal service were very appreciative of the value of legal information - *"It helps us understand issues better. After all, many problem gamblers have legal issues due to having committed offences. I'd like these seminars to continue, as it is really a critical aspect for counsellors to understand to be able to help get problem gamblers the right type of support"*.

Training services

The provision of free training opportunities for RGF-funded staff and counsellors (currently through the Centre for Community Welfare Training - CCWT) was seen to be an extremely valuable service to support the work of stakeholders in the NSW problem gambling help sector. This was also seen to be a rather unique characteristic of the NSW gambling help sector and not readily available to such a wide extent in other states of Australia.

Indeed, training opportunities through the training service were largely viewed as a "luxury" by RGF-funded organisations and all were extremely grateful for the available training services. Some counsellors also reflected that they had never ever been offered such a wide range of training opportunities in any role that they had ever performed - *"It's rare to find any organisation that offers this level of training opportunities. It's a great reason to work in NSW problem gambling treatment services and almost a draw card for attracting new staff"*.

The three module foundation training course in problem gambling offered through the training service was also seen as a useful way for new staff to become familiar with problem gambling. It was seen as quite important, given the complexity of gambling and the specialised issues which often present with problem gambling - *"The Foundation course is very well-pitched. The training service is a really reputable organisation and they are doing a great job. It is a great way to get people skilled up quickly"*.

The training service was also seen as very flexible in that it offered a training brokerage role to seek training from other organisations - *"They are very open to finding experts outside the fields they cover. I think that this is a good aspect to the way they operate as a training service"*. There was also comment that, when experts had been invited to deliver courses, they had generally been world-class in their fields.

The independence of the training service as a model of training provision was also viewed favourably - *"We like the independence of the current service. We would prefer not to have a large organisation run training, particularly an organisation involved in gambling counselling. Otherwise, there are too many conflicts of interest"*.

Despite very positive views about the concept of training availability through the training service, there was some comment about the value of certain courses offered as a means to build skills and expertise in the treatment of problem gamblers. While views did differ according to the stakeholder, there appeared to be some overall trend for more skilled clinicians to hold a view that some courses were not matched to the needs of more experienced staff (eg. clinical psychologists or other practitioners with extensive counselling experience).

There was also a related view that some courses were rather "nebulous" in content and not covering topics of critical need - *"Some of these course topics seem rather nebulous. I think there was one called commitment therapy or something. Sounds like a bit of a buzz word to me. Couldn't really take it too seriously. How useful are these sorts of things I wonder?"*, *"Some courses seem rather inane. One was recently mentioned as mindfulness training. How essential is that? It might be interesting, but it's not critical"*.

In contrast, there was seen to be much potential for a range of course topics which were viewed as "much more relevant matters". While not comprehensively surveyed, topics such as counselling service marketing, statistical and research methods, legal issues, skills in youth and family counselling and the like were mentioned in this context as "more relevant" topics of interest.

In this respect, there was seen to be potential to have different types of courses to meet the needs of different types of practitioners and counsellors. This was seen as particularly important, given the diversity of counsellor backgrounds and experience levels in RGF-funded services. One illustrative comment included - *"There needs to be a much more coordinated approach to providing training. Courses need to be rated in terms of the skill level they are targeting. I support the idea that clinicians are being asked to attend the Problem Gambling Foundation Course, but it would be useful to have courses rated in terms of the level of experience they are targeting. This would avoid more experienced counsellors attending basic courses and getting disappointed that they didn't learn a thing"*.

A further comment included - *"Most training courses are pitched too low and tend to be focused on people with skills equivalent to the SACS (Social and Community Services) award. They tend to cater to the lowest skill level in their training. I went to one last year and it involved cutting out pictures in magazines. I recall it was about images of Australia or something. We were having to cut out pictures of lifesavers and kangaroos - it was embarrassing. The skill level was far too low overall and it really was a joke"*.

Despite some courses not matching the skill level of participants, there was also a large group of counsellors who found the courses very useful and of relevance to their work. Some illustrative comments included:

- *"I have really enjoyed courses I've attended. I've always taken something away and learned something. Free training is critical. I can't complain about it at all"*
- *"The presenters are always very experienced and I've enjoyed every course I've been to. Every course I've attended has helped develop my skills in some way"*
- *"I have enjoyed every course to date. Can't complain about anything in this respect. Each and every one has been of some value to my development as a professional"*

Structuring courses based on the education backgrounds of staff was seen as a future approach worth considering - *"Maybe in the future, they should look at the different backgrounds of staff. For instance, there are clinical psychs, social workers and general counsellors working in problem gambling. They should then have experts in their fields come out and deliver training in line with their needs and backgrounds"*.

There was a view of some stakeholders that future training services also needed to focus on more "evidence-based" practice (or practices which were supported by research evidence). However, other stakeholders from less clinical backgrounds emphasised that a range of approaches should be covered in training and that an overly "rigid approach" would not work - *"Evidence is of course important, but they do say that the success of counselling is largely based on rapport with clients. In many cases, this is more critical and a single technique will not work for everyone"*.

There was also strong support for the notion of the "Certificate or Diploma" of Problem Gambling Counselling and recognition that this was the way of the future. In this respect, some stakeholders had wondered whether the training service could eventually become an organisation involved in the accreditation of problem gambling counsellors.

While all RGF-funded staff were appreciative of the training opportunities available, there was some comment about the potential for the RGF to restructure the way that training funds are provided. One frequent comment involved the issue that training funds could not be accumulated over time (particularly for conferences) - *"The problem with training funds is that we each get \$300 per person every six months, but we cannot accumulate that money - for instance, to save up for things like going to a conference"*.

Use of training for psychologists for professional development credits (eg. as part of registration requirements) was also seen as difficult, as most RGF training courses could not be recognised for points - *"As a psychologist, I find it hard to use the gambling training as part of my professional development requirements. Psychologists need psychologists as a minimum for training to count as part of professional development. In the case of nurses, you may not require professional development points at all, but if you do have a professional association, you may be able to count some of the training towards your professional development. It would be good if the RGF could cater to us better in the future"*.

To broaden generic help service awareness of problem gambling, there was also seen to be potential for the RGF to fund courses free to counselling and other related staff outside the field of problem gambling (While non-RGF funded workers can attend courses, a payment is currently required) - *"I like the concept of training courses being offered free to anyone, so this can open up the problem gambling counsellor market. Currently, there are not enough people with skills to conduct problem gambling counselling and this most importantly would also help raise general awareness of problem gambling as a community issue in the welfare and community services sector"*.

Special needs segments in problem gambling ■■

Context

As part of consultations, interviewed stakeholders were asked to make comment about special needs segments they observed as being important in the NSW community with respect to both the treatment and prevention of problem gambling (or in encouraging responsible gambling). This section summarises key stakeholder views and comments about special needs and specialist services from this perspective.

People with cognitive and physical disabilities

Access to counselling services was generally seen to be the major barrier to uptake of current problem gambling counselling services by people with a physical disability. In this respect, there was mention by some counsellors that their premises were not always designed to permit easy access by people with a physical disability (eg. lack of wheelchair ramps) and that many people with major physical disabilities were not able to access counselling services at all. This was also described as *“If people have a major physical disability, then the cost of accessing services can be quite a barrier. In many cases, people will have to employ their carer to take them out to a service”*.

The solution to such issues was seen to be for the RGF to give counsellors a travel allowance budget to allow them to travel in such situations. While many services would already do this on an ad hoc or informal basis, there was a view that travel would often stretch budgets and that in the case of small services, vehicles and other transportation options were simply not available - *“The only way for our counsellors to travel is for them to use their own vehicles. But it’s not really something that we can expect people to do. We don’t pay them much as it is, so it’s unreasonable to expect this”*.

People with more severe physical disabilities were also seen to be at higher risk for problem gambling, given an overall reliance on the clubs sector for entertainment - *“Clubs are one of the few places that people with disabilities go to for entertainment. So people often get addicted to pokies. Many carers will take people to play the pokies for entertainment. Some people with very severe physical disabilities are often quite depressed, so gambling often becomes their vice and they use it as a coping strategy to feel better about their disability”, “The clubs institutionalise them”*.

Some stakeholders were also strong advocates of the need to raise community awareness about the risk of gambling for people with profound or even mild intellectual disability. This was also related to the view that it was difficult for people with cognitive impairments to give “informed consent” in the decision to gamble - *“People with intellectual disability often don’t understand how gambling works. So there is always the issue of informed consent. We have a duty of care towards these people”*.

Such stakeholders were also typically very supportive of the current specialist service funding in this area by the RGF. People with cognitive impairment were seen to be very vulnerable to problem gambling, as carers would often take people to clubs to play the pokies in what was viewed a “safe” environment. Cost was also a factor in such decisions, given that clubs had low cost lunches and other free entertainment - *“If you go into the average suburban club on a weekday, you will see many carers taking people with intellectual disability to the pokies. They do it, because the clubs are seen as safe and friendly and most importantly, they offer cost-effective entertainment”*.

Problem gambling was also described as a very different issue for people with cognitive impairments - *“People with intellectual disabilities may not be spending a lot of money, so problem gambling is not quite the same issue. But even though they may only spend \$10-20 a week, it may be a significant percentage of their total income. So impacts can be greater. It’s important not to look at gambling problems in the same way as we do the mainstream community”*.

Social isolation was also described as a key issue - *“People with cognitive disabilities are often very socially isolated. They don’t connect well with mainstream services and often feel lonely and bored. So what do they do - they go to play the pokies and it becomes a bit of a habit”*.

The impact of gambling on people with cognitive disability was also described as often different to mainstream community impacts - *“If people have a cognitive impairment, they not only lose money they can’t afford (being on a disability pension), but they often also get very depressed and sometimes quite aggressive or violent. Many have dual diagnoses, so it can often lead to deterioration of their mental health situation. It can also make life difficult for their carers. Carers need more education about the effects of gambling on people with cognitive disability. They need to be made aware that they are at-risk for problem gambling just by taking them to the clubs environment. Most are not aware at all and don’t think of the pokies as presenting any potential harm”*.

There was similarly mention that clients wouldn’t often present to mainstream services, given that most mainstream services didn’t have outreach style functions. There was also mention that people with cognitive impairments often did not have an ability to plan service access, so accessing services was generally difficult and frequently meant that people would rely on outreach services to come to them.

There was similarly comment about more unique types of disability such as people who experience problem gambling with hearing impairments. While this type of disability did not present as a very common condition, when a person with hearing impairment presented to help services, most counsellors felt confident to manage such a special need - *“If somebody is profoundly deaf, it would seem appropriate to bring in an Auslan translator. These are situations we can all really cope well with. They boil down to commonsense. I don’t see a need for a problem gambling sign-language based counselling for instance”*, *“The number of people with hearing impairments is low, I suspect that there would not be sufficient demand for this type of service”*.

Statistics for people in NSW with mental or behavioural disorders from the Australian Bureau of Statistics (2003) also highlight that a total of 177,000 people in NSW have some type of mental or behavioural disorder; 56,700 have a specific intellectual or developmental disorder and 55,000 have psychoses or mood affective disorders.

Table 4. NSW ABS statistics for people with mental or behavioural disorders cat. (Australian Bureau of Statistics Catalogue No. 4430.0 Disability, Ageing and Carers)

Type of mental or behavioural disorder	Profound or severe core-activity limitation	Moderate core-activity limitation	Mild core-activity limitation	Schooling or employment restriction	All with specific limitations or restrictions	All with reported disability
	'000	'000	'000	'000	'000	'000
Psychoses and mood affective disorders	32.6	1.8	12.9	21.7	52.3	55.0
Neurotic, stress-related and somatoform disorders	9.9	2.5	5.9	14.4	23.1	26.4
Intellectual and developmental disorders	19.1	1.3	13.3	45.1	51.7	56.7
Other mental and behavioural disorders	15.2	3.5	7.9	26.0	32.1	39.5
Total - persons with mental or behavioural disorders	76.8	9.0	40.0	107.2	159.2	177.7
Total - persons with a disability in NSW	366.9	191.4	362.9	484.7	1018.1	1190.5

Prisoners and recent offenders (including people on parole who have just left prison) were frequently discussed during consultations as community segments of future priority for problem gambling education and treatment in NSW. This also included interviews with key officers from the NSW Department of Corrective Services.

Stakeholders mostly advocated the need for more problem gambling counselling services for people both in the prison's environment and transitions from the prison's environment (eg. to parole, remand or even home detention). Offenders were generally seen as "at high risk" for problem gambling and many counsellors made mention that past clients had committed offences due to their gambling.

Designing education programs which fitted in with the education model in prisons was also seen as key - *"There needs to be more funding directed at people in the jails system. There are bits and pieces of funding around to deliver services to people in jail, but there is nothing in the area of gambling. It would be useful to visit prisoners three months prior to their release, particularly women prisoners. Department of Housing provides low cost housing to help prisoners integrate back into society. So it would be very helpful to also give such people education about gambling and problem gambling. This is useful to avoid people going back into jail. It may help reduce the rate of re-offending, as people will often steal to fund gambling habits"*.

Channels described as having potential for harm minimisation strategies to prevent problem gambling in offenders were described to include:

- development of screening tools for identification of problem gambling prior to entering the prisons system (and on release)
- development of help service advertisements that could be placed in the Offender Services and Programs Diary (a yellow diary booklet given to all prisoners with contact details of all available help services accessible from prison)
- development of short "infomercial" style advertisements targeting problem gambling (these short segments are regularly displayed for education purposes)
- integration of the G-Line service (or equivalent) into the in-house jail telephone system (eg. there are currently other telephone counselling services available using the jail phone such as the Hep C Helpline)¹
- RGF part funding of release programs for offenders leaving the corrections environment (eg. the Hey Dad program²) - funding could be provided to support the integration of problem gambling harm minimisation materials into existing offender education programs

There was also seen to be a need for more education in problem gambling for prisoners which better suited the corrections environment. In this respect, while many past programs had been developed, there was generally a view that group delivery was more suitable for prisoners (rather than individual counselling) and that programs had to be made more relevant to the issues experienced by offenders in the prisons system - *"Gambling in prison is quite different, so programs need to be tailored to get the right message to prisoners. There is currently a lot of competition for education to prisoners. So programs also need to be short and also made to be entertaining to get prisoners interested and involved", "Gambling in prison can be done to address boredom and also to pay off debts. Prisoners need education to make sure that gambling in prison doesn't become a problem after they leave. Most people are only in prison for a short time, so there is always the chance for behaviours to carry through to post-release"*.

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1. Department of Corrective Services NSW made mention that they could investigate the opportunity for service integration into the prison's phone system (which links prisoners to help services while in prison)
2. A program targeting prisoners aiming to encourage responsibility in male offenders for family welfare.

Many counsellors also advocated the need for problem gambling education of prisoners on the basis that many of their clients had past contact with the corrections system - *"Most jail time has no gambling counselling. They are let loose and when they are released, they go back to gambling. They often do this because there is a lack of social support, so they end up in a club in front of a poker machine"*.

Some RGF-funded counsellors were also quite interested in counselling in the prisons system - *"We need to be dealing more with the jail system and looking after people's rights in jail. I believe that we should be more active in the prison systems at a state level, helping people in jail and also helping them transition out to the community. Currently we get no funding to go into the jail environment and delivering help should particularly be a priority for people in transitional centres"*.

Other stakeholders also advocated the need for more work to educate the NSW justice and legal system about the nature of problem gambling - *"The courts need to start to realise that gambling has a similar status to other drug and alcohol addictions. There needs to be recognition that people who experience gambling addictions need to be treated in a sensible way. Throwing people in jail is not always the answer"*.

Despite some views that prison populations were important for future problem gambling service provision and intervention, some stakeholders did not see prisoners as a key priority. In this respect, there was also a view that statistics showing high prevalence rates may well be exaggerated and another that prisons were "too difficult" for counsellors to access.

Privacy issues were seen to be an issue of relevance to treating problem gamblers in NSW prisons - *"Legal issues are always difficult to deal with in problem gambling. For instance, there is a transitional centre for people coming out of prison. Files can often be subpoenaed into the Family Court including counselling files and we would like to have the ability for that information not to be shared in the courts system"*.

Statistics kindly provided by Department Corrective Services¹NSW also reveal that in NSW, there are currently:

- 29 publicly operated correctional centres
- 1 privately operated centre (at Junee)
- 8 periodic Detention Centres
- 2 transitional centres for female inmates (Parramatta and Bolwara House)
- 1 residential facility for female offenders with a mental health disorder (Biyani)
- 14 twenty-four hour court cell centres and;
- 1 Juvenile Correctional Centre at Kariiong

A total of four correctional centres are also specifically for women. This includes the Mulawa, Emu Plains, Berrima and Dillwynia facilities. In terms of numbers of prisoners, statistics also show that:

- during 2005/2006, there were over 9,100 people in full-time custody each day and over 800 detainees undergoing periodic detection (detainees are sentenced to two days per week in a correctional centre for a period of up to three years)
- over 43% of inmates released in 2003/04 returned with a correctional sanction within two years (highlighting the high rate of recidivism).

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1. NSW Corrective Services - Facts & Figures Corporate Research, Evaluation & Statistics/7th Ed. Apr 2007

A breakdown of the age and gender of inmates based on the Inmate Census 2006 is also provided for reference in Table 5. The numbers of inmates by sentence length is similarly shown in Table 6.

**Table 5. Inmate Census 2006 - Demographics
(Corrective Services NSW)**

Age of inmates	Male	Female	Total
Under 18	21 (0.3%)	-	21 (0.2%)
18-24 yrs	1767 (21%)	125 (19.2%)	1892 (20.9%)
25-34 yrs	3124 (37.2%)	276 (42.4%)	3400 (37.6%)
35-44 yrs	2106 (25%)	162 (24.9%)	2268 (25.1%)
45+ yrs	1382 (16.5%)	88 (13.5%)	1470 (16.2%)
Total	N=8400	N=651	N=9051

**Table 6. Inmate Census 2006 - Length of sentence
(Corrective Services NSW)**

Sentence	Inmate numbers	Percentage
Un-sentenced	2100	23.2%
< 2 yrs	2659	29.4%
2 to < 5 yrs	1558	17.2%
5 to < 20 yrs	2250	24.9%
20+ yrs	282	3.1%
Life or Forensic Patient	202	2.2%
Total	9051	100%

People of homeless backgrounds

People of homeless backgrounds were also viewed by many stakeholders as a key future priority needs segment for problem gambling harm minimisation strategies in NSW. Consultations also included a focus group with staff from Homelessness NSW. While there was acknowledgement that problem gamblers often came from mainstream regular families without shelter issues (and hence may not always be affected by homelessness), financial problems were described as often leading to problem gamblers experiencing temporary and sometimes more permanent states of homelessness.

In this context, homelessness was viewed as not just “rough sleeping” (which was a relatively less common form of homelessness), but also other forms of non-permanent living and housing arrangements.

The Supported Accommodation Assistance Program Act 1994 defines a person as homeless if they do not have access to safe, secure and adequate housing. In turn, a person is considered not to have access to safe, secure and adequate housing if the only housing to which they have access:

- damages or is likely to damage their health or;
- threatens their safety or;
- marginalises them through failing to provide access to adequate personal amenities or the social and economic supports that a home normally affords or;
- places them in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing or;
- has no security of tenure

A person is also considered homeless if they are living in accommodation provided by a SAAP¹ agency or some other form of emergency accommodation. In this context, as defined by Chamberlain and Mackenzie (1992), types of homelessness include:

- **Primary homelessness** - people without conventional accommodation such as people living on the streets, sleeping in parks, squatting in derelict buildings or using cars/railway carriages for temporary shelter
- **Secondary homelessness** - people who move frequently from one form of temporary shelter to another: This can include emergency accommodation (eg. hostels), refuges, staying with other families temporarily and use of boarding house accommodation
- **Tertiary homelessness** - people who live in boarding houses on a medium to long-term basis. Residents in such houses typically do not have a separate bedroom or living room, do not have kitchen or bathroom facilities of their own, accommodation is not self-contained and they do not have security or tenure provided by a lease

According to data kindly supplied by Homelessness NSW, at the time of the 2001 Census, it was estimated that there were 26,676 people homeless across the state.

Many gambling counsellors also described temporary homelessness as a key issue for problem gamblers - *“Many problem gamblers can’t afford bonds and eventually get into the predicament where they can’t pay rent or lose their home after defaulting on mortgage payments. Some also find it hard to stay with family members and friends, as many will often owe them money from gambling”*.

People from primary homeless backgrounds (ie. rough sleeping) were also described as being at-risk for problem gambling and often on the streets in part due to drug, alcohol addiction and gambling issues. In this context, mental health and other addictions were often described to deteriorate with problem gambling.

Counsellors would often also describe problem gambling as more “covert” in people of homeless backgrounds compared to other addictions - *“Gambling is far more covert than drug and alcohol addictions in homeless people. Pokies are very accessible in the pubs and clubs, even if somebody is also grotty and smelly. This is why there is often many homelessness people who get addicted to gambling. However, it doesn’t become evident until you are working with somebody for many weeks. It takes a long time for people to reveal that they have a gambling problem”*.

Access to temporary accommodation following a problem gambling crisis was also emphasised as a specialised need by some problem gambling counsellors - particularly, given the lack of temporary community shelter - *“In the 1990s there used to be probably 800 beds for people who were homeless. Now there must be about only 120 beds. Now it’s all about prevention and early intervention. It is clear that gambling plays a large role in explaining why people become homeless. Around 40-45% of the homeless have issues that are often associated with other comorbid conditions - including gambling and other addictions. It is interesting that many are not actually living on the street, but have secondary homelessness and this is why it is important to look at homelessness along a continuum of situations”*.

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1. SAAP - Supported accommodation assistance program

Other interesting comments about the link between homelessness and problem gambling made by various stakeholders included:

- *“When people hit rock bottom, it can also be the case that they stop gambling as they no longer have any money. It can take quite a long time to discover gambling as a reason for homelessness”*
- *“Many homeless people don't want to drop gambling as it's their last vice, it provides social entertainment and for others, it helps them cope with painful life experiences”*
- *“Most homeless people have a range of other issues. I would estimate that around 80% I see as a problem gambling counsellor would have experienced sexual abuse or other forms of abuse. Many would also have experienced trauma and incarceration, as well as drug and alcohol addictions. Problem gambling is very common”*
- *“There needs to be research into the role of homelessness in gambling. Drugs and alcohol are all well-researched, but not the role of homelessness”*

There was also seen to be potential for improved screening of problem gambling in the context of homelessness. Interesting comments included:

- *“Screening for gambling problems is not done well in NSW, there needs to be more focus in this area. Homeless families affected by gambling are not currently well-catered to. Domestic violence comes up as an issue and people need physical support such as shelter. Most of the current funding in this area comes from the Department of Community Services. This is through the Supported Accommodation Assistance Program (SAAP)”*
- *“One major difficulty in problem gambling is that people get to the end of the road and they don't qualify for the Department of Housing, as they have a job, or perhaps other issues prevail like domestic violence and they cannot return home. So the question then becomes how can we help such people with physical support needs such as housing? We have to turn to other welfare organisations and it can be really tough to define shelter”*
- *“Homelessness can also happen in country New South Wales. People may be on the brink of homelessness due to gambling, but it is not always picked up. So it's about educating other social welfare workers about how to lookout for gambling. In the case of people who are already homeless, outreach needs to be the key. Homelessness is essentially a result of many system failures”*

The availability of accommodation programs was also contrasted with the availability of similar assistance in the case of drug and alcohol addictions - *“People are sometimes provided with housing in the context of drug and alcohol addictions. They get housing free while they are in recovery. This is supplied by the Department of Housing. People who stay in this housing then have sufficient time to learn to cope with their demons and also to find a job. This also helps as it can give them a reference to help them move to the private rental market. Houses supplied are often fully furnished and cost very little”*.

There was also seen to be potential to work with Department of Community Services NSW to address the link between problem gambling and homelessness - *“The Supported Accommodation Assistance Program (SAAP) is administered by the Department of Community Services New South Wales. The SAAP Agreement 5 is now focusing on early intervention and homelessness prevention. The key focus is preventing and stopping people from cycling back through the homelessness cycle. It would be a good place to start introducing harm-minimisation strategies for problem gambling”*.

Education of social welfare workers who often come into contact with people at-risk of homelessness was also described as important, including development of an education kit. Useful content for such a kit for welfare workers was seen to include:

- a screen to identify problem gambling
- tips on how to talk about problem gambling
- information on free RGF courses for social welfare workers to learn more about identifying and dealing with problem gambling

One practitioner who was working with many homeless people in Sydney described a need for better education of general welfare service workers to identify and “talk about” problem gambling with people who are homeless - *“I believe that it is now easier for many practitioners and clinicians to talk about drug and alcohol issues, but not so much about gambling. I’m an experienced practitioner, but I don’t have the language to talk about gambling. Training courses were also viewed as a future opportunity - “Perhaps the training service could deliver a training course on how to help problem gambling counsellors understand the role of problem gambling in homelessness”.*

Youth

Youth and young were undoubtedly the most frequently mentioned special needs segment by interviewed RGF stakeholders. There was broad agreement about the need for better early intervention strategies with youth in NSW to prevent problem gambling and also strategies to prevent access to gambling by underage patrons.

Many RGF-funded counsellors had attempted to connect with local schools to educate about problem gambling, however, many made mention of the challenge to connect with young people through the schools system. This was largely seen to be because the current NSW school curriculum was already rather “full” and because drugs and alcohol education were generally viewed as much more important and relevant to youth than gambling. Education in high schools was particularly seen as key, along with education in TAFE and universities.

Interesting comments about the need for education strategies for youth about problem gambling included:

- *“The one area of future focus is to really focus on youth, that is schools, TAFE and universities. I think particularly there needs to be a focus on early education in high schools”*
- *“Government needs to direct more funding in the area of youth. There needs to be more emphasis on preventing young people from getting involved in gambling and becoming problem gamblers. There are currently many schools in the area we service. Many of the schools run alcohol and drug programs, but gambling is rarely a focus and sometimes not even mentioned”*
- *“The difficulty with schools is actually gaining access to give lessons and seminars about problem gambling. There isn’t seen to be a good reason to talk about gambling, people do not understand it”*

Youth debt was also seen to be a key issue related to youth problem gambling, given that youth would often gamble to address debt issues - *“There needs to be more financial counselling for young people affected by gambling, however, it needs to be a different type of financial counselling. In the case of youth, most don’t have a house, therefore cannot lose their home, so financial counselling needs to be in terms that are meaningful to youth. They need to look at the money they earn and help youth set budgets. Many youths we have dealings with have speeding and other sorts of fines, some range upwards of \$20,000. Many also gamble to try to improve their financial situation”.*

Mobile phone debt was also described as a further related issue - *"There is also a great problem with mobile phone budgeting. Many youth have an addiction to ring tones and have difficulty paying their bills. Internet gambling is fairly big with youth because young people can get access to internet gambling through parents' credit cards. Many also have used their mum or dad's credit card"*.

Mobile phone gambling through SMS (to enter competitions) was also described as having a major impact on youth - *"There is also a big trend for mobile phone gambling, this is where people send out SMS messages or dial 1900 message numbers. Kids don't see this as gambling but they do it to enter competitions and it is essentially equivalent to it. Kids see it as a simple competition and do not realise the risks. It is also difficult to help people in internet and mobile phone type gambling as you cannot say to people "Don't drive past the club or hotel" as their mobile phone or the internet is at home. So, it's a new thing and it needs to be accepted as a form of gambling"*.

Alcohol in the context of youth gambling was also described as problematic, along with peer bravado - *"The role of alcohol in gambling is a big issue for youth. Many only gamble when they are half-tanked. It is often also a group activity and bravado leads to many people going overboard. So alcohol is typically a common factor"*.

Some RGF stakeholders also saw potential for specialist problem gambling counselling services, which focus on connecting with young people - *"We see potential for more specialist treatment of youth, including people who are about 25 years old or less. Many are aware that they may have gambling issues, but most don't want to come in to mainstream services and they don't really want to talk around others. This is particularly the case for males. They don't always seem to access G-Line for some reason, despite there being fairly high community awareness that such services are available. Most people also have a variety of other problems apart from gambling"*.

Education about parental role modelling of youth was also seen as a key priority for future education:

- *"From a parental perspective, there needs to be more education for parents to recognise the signs of gambling and they also need to be aware that counselling services exist"*
- *"Interestingly, many of the young people who do gamble are on Centrelink benefits and waste a lot of money on the pokies, despite living at home. Many still have a relationship with their parents. So parents need to be made more well-informed to look out for the signs of problem gambling"*
- *"The largest group of interest has to be young people between the ages of 18 to 24 years. Many are on Centrelink benefits. They gamble due to boredom or they have mental health issues. This can often be attributed to parents' poor role modelling. Parents don't know how to deal with it. For them, gambling is a social thing and it is often inadvertently encouraged"*
- *"For youth, the overall focus should be on awareness and about educating families and parents about problem gambling. Youth are more likely to get drug and alcohol counselling as it's more accepted. Requests for gambling is school specific. Many teachers are not interested, so it can be difficult to gain access for community education sessions. We have found that private schools typically provide better access"*

Hard copy education resources to assist counsellors to work in the NSW schools system were also seen as a future area for RGF funding (particularly with NSW public schools). It was similarly felt that effort could be directed towards brokering RGF counselling service access to schools through the NSW Department of Education and Training - *"The RGF could help broker access to schools to educate students about problem gambling. Especially in NSW public schools"*.

There was also a view that future education kits for young people and schools should also refer to what has happened in other jurisdictions, given that *"it is important not to re-invent the wheel. We typically like to look south and like to use whatever Victoria is doing. It is important to avoid duplicating efforts"*.

Potential content areas for a school education kit were seen to include information on:

- Defining what is gambling (including SMS and internet gambling)
- The signs of gambling and problem gambling
- The impacts of gambling and problem gambling on young people and their families

There was also seen to be a need for research on the prevalence of problem gambling in youth, research into barriers to help seeking for youth, plus access to research funding for evaluating treatment and intervention programs for youth - *"It would be useful to have small amounts to do in-house research such as between \$12,000-\$15,000", "Having statistics on the prevalence rate of problem gambling in youth would be quite helpful. It would allow us to put forward policy positions that are more meaningful, so research in this area would be important"*.

Specialised services for families

Families and children of problem gamblers were viewed by key stakeholders as important groups for future specialist support to cope with the impacts of problem gambling. Compared to families affected by drug and alcohol addictions, help and support for "significant others" affected by problem gambling was seen as both less available and less well-known in NSW. This was also seen to apply to the availability of support groups (eg. while groups such as Gam-Anon existed - a derivative of Gamblers Anonymous, but for families - such groups were seen as uncommon and quite difficult to access).

Promotion of help services specifically for families was also viewed as key. While G-Line had capacity to cater to families, the service was not generally seen as pitched to family members. Interesting comments in this respect included:

- *"Drug and alcohol services seem to offer more family support and group programs, but there's not so much in the gambling sector. There's groups like Gam-Anon, but it's more difficult to attend and not widely available"*
- *"G-Line could be better pitched to families. So it's clear that they are there for family members too. There's no need to reinvent the wheel, but just position it as also for families"*

There was similarly also seen to be a need for RGF-counselling services to offer more visible support to families affected by problem gambling - *"There needs to be more services specialised in the area of families. Some services offer family consultations and others do not. There also needs to be support given to families to trigger people to seek help for problem gambling and to give information about how family members can discuss gambling with their loved ones"*.

Programs for children of problem gamblers were also mentioned as a future area for consideration - *"It would be useful to have programs and services for children of people affected by problem gambling. It would be great to see some camps emerge for kids, particularly those from very disadvantaged families. They do not understand how gambling affects their parents but ultimately, they are often very affected. It may also be a possibility to work with special groups like Vietnam veterans, as gambling is no doubt a big issue. I ultimately think that the RGF needs to shift funding away from the crisis stage and help people get their lives back on track"*.

Financial counselling was also seen as a key service for families affected by problem gambling, as there was a general view that services are currently not well-promoted to family members - *"There needs to be more support for people who are affected by gambling. Family members need to be given support to save the family home. This is particularly important when the family home is in joint names. Families need to be able to talk to someone and need to know that services exist in problem gambling which are specifically for families. There is also the issue that many families don't qualify for Legal Aid, but they are destitute simply due to their family member's gambling"*.

Problem gamblers in a financial crisis

Without doubt, the most commonly mentioned need of problem gamblers related to the need for more financial counselling services. RGF-counsellors would often make mention that financial counselling was very short in supply and that clients often had to wait long periods to access services. There was similarly a view that financial counselling service funding was fragmented with small amounts funded by not only the RGF, but also Office of Fair Trading (OFT) and the Commonwealth Government.

This situation was described to make it difficult to attract people into financial counselling, given that many positions were either poorly-funded or only partly-funded (implying only part-time work). The related issue was that financial counselling training courses were “few and far between” and thus quite difficult to access.

The demand for financial counselling across the state was seen as very high. This was also viewed as a national trend, not just specific to NSW. In some cases, problem gambling counselling was seen as a secondary and less critical service, compared to financial counselling. There was also a view that financial counselling would be easier to promote to problem gamblers to encourage help seeking - *“Gambling counselling is probably over-funded and financial counselling under-funded. There needs to be many more services and many more available training courses to train more financial counsellors”*.

There was similarly a view that OLGR, should collaborate with OFT to administer a common “bucket” of financial counselling funding. This was seen to potentially allow a more integrated and coordinated approach - *“It is silly to have separate funding buckets. For instance, in many cases 50% of the funding will come from OFT and 50% from the Responsible Gambling Fund”*.

Interesting comments made by a range of stakeholders about financial counselling included:

- *“I believe there needs to be a greater emphasis on financial counselling in the system. Financial counselling would at least be very attractive to the market. Spouses and families also need financial counselling, along with relationship and family counselling”*
- *“Financial counselling is also particularly key for CALD (Culturally and Linguistically Diverse) groups in the community”*
- *“Financial counselling is very much in demand, some of the debts that problem gamblers have are truly astronomical. They may have a debt of \$200,000 just from using credit cards and are also taking out second mortgages on their home”*
- *“Financial counsellors are as scarce as hen’s teeth. There are huge deficits of financial counsellors and currently very stringent accreditation requirements. All need to be registered at FCAN (Financial Counsellors Association of NSW) due to the fact that they are handling other people’s money. There are many available financial counselling positions which service providers cannot fill. For instance, some are advertised at \$60,000 so the money is reasonable, but there are not people in the market able to fill these positions”*
- *“OFT (Office of Fair Trading NSW) makes a contribution towards funding of financial counsellors in New South Wales. The average grant is probably somewhere around \$30,000. The key issue however is that many people are not sufficiently qualified. There is also the issue that it is only a funding contribution and in many cases does not cover the full wage. This implies that many of the funded agencies need to seek other funding to fulfil a card financial counsellors salary”*
- *“There needs to be many more financial counsellors working in the field than is current. There needs to be some effort made to go outside of the counselling market and look for financial counsellors everywhere, particularly in other fields”*

- *“There is a need also to create interest in the roles for financial counsellors. It is currently difficult to attract many people to financial counselling as many of the part-funded roles are simply funded only 2-3 days each week. They need to be targeting experienced people in the finance and banking sectors and then get them interested in 2-3 days a week, such as people who are in retirement or people only wanting to work part-time”*

Office of Fair Trading also made mention of a new model for financial counselling in NSW. In the future, instead of small amounts of funding, larger amounts would be tendered to give organisations more flexibility to fill positions (eg. \$100k over three years instead of smaller amounts).

People with mental health issues

People with more severe mental health issues were generally seen as a key future priority segment for specialised support and assistance for problem gambling in NSW. This was also seen as well-supported by research, which suggests a link between problem gambling and a range of other comorbid mental health conditions. Mental health issues were also seen as an area requiring specialist skill and treatment by either clinical psychiatrists or clinical psychologists and beyond the skills and expertise of some RGF-counsellors - *“I don't feel confident counselling people if I suspect they have other underlying clinically significant mental health issues. I would like to be able to refer such people to a local clinical psychologist or psychiatrist and then have them come back for counselling. But it would have to be one who bulk-bills”*.

For problem gamblers with mental health conditions, there were also seen to be other referral channels such as community health centres and in the case of anxiety disorders, even anxiety disorder clinics. However, most RGF-funded counsellors were generally happier to refer people on with suspected clinical conditions for treatment prior to commencement of problem gambling counselling. The only issue, however, was that access to certain professionals was limited, if there was no bulk-billing of treatment services - *“If people don't bulk bill, you have nowhere to send them. It seems that most clinical psychologists have a gap fee these days and getting into a psychiatrist is even more difficult. So finding clinical treatment options can be a challenge”*.

In this respect, there was seen to be potential for the RGF to help funded counsellors connect with more specialist clinical services to ensure that problem gamblers received the necessary treatment prior to counselling. Some counsellors were also already doing this, however, fee issues often meant that services could not be afforded by problem gamblers. There was also seen to be a need for more education of RGF counsellors about the role of medications in the treatment of problem gambling¹.

People who are socially isolated

While seen as a very challenging issue to address, most stakeholders saw a need for other specialised social welfare and well-being services to support people at-risk or already affected by problem gambling. In this respect, there was mention of the common research finding that problem gamblers are socially isolated and for this reason lack social networks and supports to assist in their recovery from problem gambling. Social isolation was similarly viewed as a key risk for someone to become overly reliant on gambling as a form of entertainment and socialisation.

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 1. An experienced psychiatrist in the field of problem gambling (eg. Dr Clive Alcock) could be approached to provide this type of education through the training service.

Comments relating to the role of social isolation in problem gambling included:

- *"I see it as a holistic issue. It's a symptom of many other problems. It is hard often to know which problem to treat first, the social isolation, the relationship, the marriage breakdown, the financial issues, the early trauma and so forth. There are many priorities. But I think social isolation is a big problem and possibly also a major cause of problem gambling"*
- *"I would like to see the RGF fund programs to help build social networks for people with gambling problems. Clubs should also be encouraged by Government to offer alternative activities other than gambling"*
- *"Counsellors really often need time to spend with problem gamblers to help them find social and recreational alternatives to gambling. This often helps with recovery, as it decreases their overall reliance on problem gambling"*

Women

While not a major theme raised during stakeholder consultations, some stakeholders emphasised the need for women to be treated as a priority segment for more specialised problem gambling counselling and education in NSW. Problem gambling was also seen as a potential education area for victims of sexual abuse and domestic violence (who were frequently women), given that gambling would often be used as coping strategy to overcome traumatic events. One interesting comment included - *"I believe that there needs to be more emphasis on other segments in need, such as women. Women are gambling more and more. Many do it due to other problems in their life. It's also the case that the pokies are a very acceptable form of gambling for women. Problem gambling seems to be emerging more and more often as a key issue for women"*.

Other special segments

Other special segments mentioned on an ad hoc basis during consultations included:

- *Internet gamblers - "It's really important to understand and respond to this trend. It's difficult to know where it's going, but education is important"*
- *Seniors and the elderly - "Some older people gamble due to grief and isolation. I'm sure such people don't connect well with counselling services"*
- *People who receive redundancies (as such people were seen at-risk for gambling) - "People who suddenly receive a lot of money such as from a redundancy are at-risk of developing gambling problems"*
- *People who gamble on speculative stock via the stockmarket - "This is a new area. I'm not sure about the prevalence of this, but from time to time you hear more and more about people doing this as well as gambling on traditional products"*

Strategies to increase help seeking in problem gamblers

Context

Discussions with stakeholders across NSW and particularly with RGF-funded counselling services clearly highlighted that most saw a dire need for the RGF to fund more strategies and initiatives to encourage problem gamblers to seek help. In this respect, when counsellors were asked about ways in which the RGF could support with "specialist services" for problem gambling, there was frequently comment about the need for the RGF to "invest" in activities to encourage problem gamblers to seek help. There was also related views about ways to increase help seeking through service promotion and branding. Key themes are summarised in the section below.

Strategies to drive demand for services

By far the most significant challenge for all RGF-funded counselling services in NSW related to the challenge of "getting problem gamblers" to present for help and counselling. This was seen as a major whole-of-state issue that also made many counsellors feel under-utilised - *"Our biggest challenge is really getting people in to counselling. I sometimes feel that I could take on so much more, but it's so difficult getting problem gamblers to present to counselling", "I often feel like I don't have enough people coming through the door. I could do so many more sessions in an average week", "Getting people to seek help is beyond what a single counselling service can do", "I often find myself without people to counsel. It's not an easy thing to go out and find problem gamblers".*

Some comments also suggested that many counsellors and staff lacked the confidence and skill to market and promote their services and in conducting community awareness sessions (as frankly admitted by many stakeholders). Other stakeholders also felt that such specialised skills were well-beyond the expertise of counsellors and that it would be more appropriate for the RGF to fund a specialist service specifically to promote counselling services and help services "get people through the door".

Interesting comments included:

- *"There needs to be an end to the hodge-podge approach to promoting gambling in the community. Counsellors do not have the skills to work in the area of marketing and communications. There needs to be a less fragmented and more coordinated whole-of-state approach to community education"*
- *"Community education should be done by professionals, not by RGF workers. They do not have the time to do this and most do not have skills to do it either"*
- *"There seems to be a push for counsellors to promote themselves. It's beyond the scope of individual services. We'd like our service to be better utilised. Local paper ads, festivals etc. It does give us a bit of an influx, but then it drops off"*
- *"Coordination is key. There needs to be more coordination in all our activities across the state - especially more coordination in programs delivered to schools and in the prisons system. Coordination in education of welfare workers too"*
- *"Generalist welfare workers need to have a sort of a kit to understand problem gambling. They need to have a kit to enable them to weave identification of problem gambling into their core practice. The RGF should partition these sorts of things out of what the counsellors are currently doing, as they are really specialist areas of practice"*

While stakeholders did not provide quantitative data, the volume of counselling performed by some counselling services was also described as very low and there was often a view that many counsellors are under-utilised as professionals. There was also seen to be an issue that some services see reasonable numbers of clients, but they are not always busy during the week. In other words, there would be days of peak demand, but during the rest of the week, there was often not great utilisation of services and counsellor time.

While consultations were undertaken prior to the recent new NSW problem gambling awareness campaign (ie. which occurred mid-2008), many stakeholders believed that the key way the RGF could better support services was through "driving demand" for help (ie. encouraging help seeking). One illustrative comment included - *"There is arguably more of a need to focus on creating demand for counselling services. The real gap is the lack of campaigns. We have drug and alcohol campaigns and Quit campaigns for smoking and beyondblue. These serve to normalise the situation and everybody feels more comfortable reporting such problems"*.

Future campaigns and mass media communications were also strongly supported as the most appropriate mechanism to drive help seeking. The need for continuous "drip feed" communications, rather than "one-off" campaigns was also described as important - *"In NSW, there has never really been a coordinated approach to problem gambling prevention. For example, there was a G-Line campaign in 2003 and then it stopped. There has been a very fragmented approach to date, which doesn't build cumulative awareness. My ultimate dream would be to have famous celebrities, industry, Government and the sector working together to develop a media strategy. This is the type of service which the sector needs. A service built to increase utilisation of counselling services"*.

Other related comments - including those about the need to de-stigmatise problem gambling - included:

- *"A de-stigmatisation campaign would also help get problem gambling into the Australian psyche. For example, we have Red Nose Day and Pink Ribbon Day, who would have thought that such days would have become integrated into the Australian mind set. We need the same recognition for problem gambling"*
- *"Responsible Gambling Awareness Week in NSW is quite useful, but it's not enough. I believe there needs to be an opportunity for former clients of problem gambling help services to celebrate their successes and empower others. There needs to be much more of a positive spin on problem gambling and more people speaking about it. It would help bring positivity to de-stigmatise problem gambling"*
- *"There needs to be more focus on getting people through the door. Most clients say I don't really have a gambling problem, so there is a need to really re-pitch the whole thing"*
- *"There needs to be more community education about problem gambling to focus on prevention and early intervention work. We need to do projects to figure out why people don't talk about problem gambling"*
- *"There needs to be information given to the community to break through the myths about how gambling works. We find that information about probabilities is too difficult for the average person to understand. There needs to be a better campaign to educate people about the concept of luck in gambling and how that playing the poker machine once and playing it again are two independent discrete events"*

Service branding

Service branding of RGF-funded help services in NSW was also seen as an issue by some. The non-problem gambling specific branding of many counselling services was in part seen as a strength by some RGF stakeholders (to assist with de-stigmatisation), while many others thought that finding problem gambling help services was a bit too difficult, as all services had different brandings and names, without a common underpinning theme or logo. This was also compared to the trend in other states for more branded problem gambling help (eg. Victoria Gambler's Help, Queensland Gambling Help Services).

Promotion of help services was not seen to be a strength of any of the existing NSW counselling services. There was also seen to be limited active promotion of the help services in clubs and hotels. There was seen to be some degree of "turf protection" in this respect, where clubs and hotels would remain aligned to a certain gambling counselling service and often exclude other services.

In this respect, the RGF was seen as having potential to facilitate improved relationships to engender better cooperation between the clubs, hotels and help sector. One comment included - *"The RGF needs to help us gain access to clubs and hotels in NSW. Clubs and hotels are currently protecting their turf. It is crazy, they align themselves to a certain counselling service and do not want to talk to anyone else. The RGF needs to have round table discussions with industry. There needs to be more formality in these meetings such as a memorandum of understanding (MOU). Even baby steps would be good. This is all about making our jobs as counsellors easier"*.

Education of generic service providers

There was similarly seen to be potential to drive demand for problem gambling help by the RGF investing in the education of generic welfare workers (ie. about problem gambling). Comments included:

- *"The RGF needs to develop a training package for use in the welfare field. This is the best type of specialist service they could provide for us. Target the welfare sector, so that they provide us with referrals"*
- *"They need to target services not already working in problem gambling. There needs to be screening of people for gambling problems. That is the best strategy to ensure that it is picked up. They also need to provide education about how gambling works. I also believe that in many respects, it is too late for people who are problem gamblers, as many have already reached rock bottom. Education should be a special activity that the RGF could fund"*
- *"There is potential for DOCS (Department of Community Services) to incorporate problem gambling education into NGO (Non-Government Organisation) training. The NGO training unit could integrate the content and provide case management training in the area of problem gambling. TAFE courses could be developed. Why doesn't the RGF look at something like this?"*
- *"Frontline workers need education about how to identify gambling. Similarly, they need education in the schools system. I also believe that many health workers see that gamblers have the least problem of all addictions. People often justify it too. They say "At least I'm not shooting up", so you're almost seen as the cream of the crop. People don't often see gambling as an addiction. It's a medical model that drives the treatment of drug and alcohol addicts, but the neurobiology of gambling is very hard to define. Aussies also accept it's part of our culture, it's a fun and enjoyable activity and people lose track of the fact that it can also become a very bad addiction. It's important to tell the welfare industry how problematic problem gambling can become"*

There was similarly seen to be benefit in having a staff member come and talk to welfare workers face-to-face or conduct training sessions. Caution was, however, advised by one stakeholder in the provision of high-end screening tools for use by general welfare workers - *"It may be useful to have a DVD instead to help social welfare workers identify issues in gambling. For instance, picking up cases where people might be lying or may not be telling the truth. Many are not comfortable or familiar with formal screening tools, so I wouldn't take that focus"*.

G-Line referrals

Many RGF-stakeholders also reported being unhappy with the volume of referrals to counselling they received from the NSW G-Line. In this respect, some RGF stakeholders felt that there needed to be a reassessment of the best ways to encourage problem gamblers to seek help and counselling, including better promotion of G-Line and local marketing strategies for counselling services.

Comments included:

- *"I find that referrals are patchy. Problem gamblers are very hidden and aren't aware of what's out there"*
- *"There needs to be more promotion, more over-promotion of G-Line. There needs to be more promotion to give information to people to call G-Line"*
- *"Advertising can help ramp-up referrals. This is really what we need"*
- *"The RGF role should be to drive demand and get people aware of the available help channels"*
- *"We only get a small amount of our referrals from G-Line. I would guess at best it would be 20-30% depending on the month. Word-of-mouth is very helpful and also we get a few walk-by's where people see the sign and come in. We also hold GA (Gamblers Anonymous) on site. I think that many problem gamblers need a lot of support in changing their behaviour. One counselling session a week may sometimes not be enough, they need strategies and continual support to avoid gambling"*

There was also seen to be a need to give problem gamblers a greater selection of help services through G-Line. Comments included:

- *"Parramatta is a socially disadvantaged area. But people will also travel a long way to attend the service to protect their anonymity"*
- *"Parramatta is a very multicultural area, but we find that some people don't want to be seen coming to a problem gambling service that is specific to their cultural grouping. They don't want others in their culture to know"*
- *"If somebody is living in Parramatta and they want to attend a help service at Hornsby, it is their right. So G-Line should give people a range of referral options"*

Other special support needs and issues

Context

A range of other comments were made about various special support needs in problem gambling in NSW. Key themes are summarised in the section below.

After hours counselling services

Many stakeholders believed that it would be appropriate for the RGF to fund additional specialised services to provide after-hours counselling support. While this was already at the discretion of individual counselling services, extra funding was described as needed to ensure that staff are paid for conduct of counselling outside conventional hours of practice. Key comments included:

- *“When staff work extra hours, particularly after hours, it is fair that they get paid extra money. There is also a funding shortfall in being able to staff people on higher salaries. Currently, most people are paid on the SACS (Social and Community Services Award) award. These people are usually not qualified enough to deal with problem gambling issues. They can be very complex conditions to treat and relapse is always an issue”*
- *“Seeing clients outside of business hours is very critical. There needs to be more funding in this area. This is particularly valuable in the case of shift workers and people who work on weekends”*
- *“There needs to be more funding for the provision of after hours counselling services”*

Safety was, however, emphasised as important in the provision of after-hours counselling services, particularly in the case of female counsellors - *“There is, however, a number of issues to be considered before we can provide after-hours services. OHS (Occupational Health & Safety) issues come up, for instance, when people are alone and providing counselling after-hours. Being alone with some problem gamblers may not be a good idea. There are definitely potential safety issues”*.

Support strategies to help PGs minimise access to cash

A further emphasised area of need related to a support service to help problem gamblers minimise access to cash. In this respect, RGF stakeholders mentioned the potential for the RGF to facilitate problem gambler access to services which assisted with cash control (eg. Centrelink's 'Centrepay' service¹). For instance, developing a mechanism to assist problem gamblers to set ATM card limits and the like (While most could contact banks, it was felt that this is an area which could be better facilitated through a specific specialised service).

Similarly, working with other stakeholders such as the pawnbroking industry to prevent problem gambler access to cash due to problem gambling was also emphasised:

- *“Pawnbrokers are a big problem in the current system as are banks, that give people credit cards where they cannot afford them. They will also chase the debts of many gamblers. So access to cash is key for problem gamblers. It needs to be prevented where possible. If you don't have access to cash, you can't gamble”*
- *“The RGF needs to give policy input into working with financial institutions to develop access barriers to assist problem gamblers. It could almost become like a type of self-exclusion for problem gamblers, but it's self-exclusion from pawnbrokers”*

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1. For instance - See <http://www.centrelink.gov.au/internet/internet.nsf/services/centrepayhtm>

There was also a view that it would be useful to have gamblers able to use services of the NSW Protective Commission, so that if they were gambling in the context of a psychiatric illness, some guardianship could be given over their personal and financial situation (This was actually reported as already being utilised by one ex-relationship partner of a problem gambler and he did not have a psychiatric illness).

Material aid

Provision of material aid for problem gamblers (eg. food vouchers etc.) was also seen as critical, to assist people to cope with bills, sustenance needs and payments in crisis situations. In this respect, many counsellors reported relying on other social welfare services for assistance and many would scramble to welfare services to ask for help.

Comments included:

- *“Vouchers would be good for use in cases where there is no food or the electricity is cut off. Currently, we get only about \$30 or \$40 per person from DOCS, but in some cases you need maybe \$200 to stop the electricity being turned off. So this is an area where the RGF could support all help agencies. We typically need to scramble to others or use benevolent funds to keep people fed and to keep people in their homes” (an organisation helping people at-risk of homelessness)*
- *“I would like to see the RGF fund a pilot program to help people in crisis. People in crisis would consist of those people who are really at rock bottom, where there is no food, no shelter and they have a range of other comorbid conditions. It would be good for the RGF to fund services to help these people in a holistic manner, to help them get back up on their feet”*
- *“Material aid for problem gamblers would be quite useful as the financial issues are huge. However, I would emphasise that it does also need to be a last resort. We do not want to breed dependence and have people asking for food and petrol vouchers all the time”*

Residential programs

While not a major theme, one person emphasised the benefits of more residential programs for problem gamblers - *“I believe there needs to be more residential treatment programs. For instance, St. Vincents Hospital has beds for problem gambling specifically, but I think they are for mostly only for short term stays. Residential programs need to be much longer as it takes a long time for people to change their behaviour”.*

Support with counsellor recruitment

There is similarly comment about the potential for the RGF to support with counsellor recruitment for problem gambling counselling positions. Comments included:

- *“NADA¹ has a vacancy section on their web site and HACC (Home and Community Care) also has a listing service where services can advertise positions and staff can also announce their availability for positions. I believe that both functions would be very useful to have on a RGF website”*
- *“It would be a great idea for the Responsible Gambling Fund to fund development of a job board. Like a service such as seek.com.au, somewhere where we could advertise positions to help fill our need for gambling counsellors and other staff experienced in the area of problem gambling”*

.....
1. NADA - Network of Alcohol and Other Drug Agencies

Increased funding flexibility

Some RGF-funded stakeholders emphasised a need for improved flexibility in funding of counselling services. Comments included:

- *“The way the RGF allocates funding can be very problematic. They often require so many days at location A and then so many at location B. How can we possibly do that? You will often need an office at each location to be able to conduct counselling sessions, but you do not have enough funding to rent a premise, so how do you put your infrastructure in place?”*
- *“They seem to look at services on a purely regional service level, they do not look at practicalities. They need to be more consultative, there are many theoreticians in there, that don’t always consider the practicalities”*
- *“One current issue for gambling help services involves the renting of premises and the length of funding allocations. We typically rent premises for at least 3 years, if we don’t have at least 3 years funding, we end up stuck with a useless lease. They need to give us more flexibility and certainty in our funding”*

Views on potential for a peak body for problem gambling in NSW

Context

As part of consultations, RGF-stakeholders were asked about the potential value of a peak body for problem gambling in NSW. This was an additional area of interest in the needs analysis. Key themes are summarised in the section below.

Stakeholder views on concept

At a conceptual level, there was some level of stakeholder confusion over how a peak body for problem gambling in NSW would function including the precise roles and purpose of a peak body and the reason for having such an organisation. In this respect, most stakeholders were initially quite confused about the concept and many had diverging views on the meaning of “peak body”. For instance, as commented by one stakeholder - *“So would this be a political organisation or just a way for counsellors to get together? I guess we would need a more concrete definition to be able to make comment”*.

However, most stakeholders generally supported the principle of having an organisation to better coordinate and advocate on behalf of NSW problem gambling counselling services. In this respect, there was generally high agreement that there would be merit in having an organisation to perform such roles as to:

- advocate for the needs of NSW problem gambling counsellors/counselling services
- communicate to Government/RGF about specific issues that affect service delivery of problem gambling services (eg. resourcing and funding needs, funding allocations, comments about structure of funding etc.)
- coordinate dissemination of best practice information to counselling services. There was also particularly strong interest in:
 - Clinically-oriented information on best practice in counselling (eg. methods that work and the research on various counselling techniques)
 - Information on interesting developments in gambling research - ie. latest papers, literature reviews with annotated bibliographies for example
 - Information on innovative strategies used by other jurisdictions to minimise the harms associated with problem gambling or to encourage responsible gambling (eg. global developments or updates on national/global projects)
- determine training needs across RGF-funded counselling services (eg. conducting a training needs analysis and ensuring that training delivery is aligned to the needs of services and staff across the sector) - A few stakeholders also thought that the peak body could eventually conduct training, while others preferred this role to be continued by an external organisation
- ongoing course content development/advice for any future Diploma of Problem Gambling Counselling or other training qualifications
- conduct ideas forums and information-sharing sessions across the sector - it was very apparent that most stakeholders were quite interested in sharing ideas, networking with other counsellors and in many respects had “missed” such opportunities since the closure of the former problem gambling council (in fact, stakeholders made comment that the April conference was a great way for counsellors/staff to network with each other)
- coordinate resource development across the sector - eg. development of new resources for problem gambling counsellors to assist with their ongoing work
- advise the RGF/OLGR on the sector’s perspectives on new campaigns for problem gambling awareness/education and also to advise on future gambling harm minimisation policy and strategy across NSW

While not a major trend, a couple of stakeholders also mentioned the potential for a peak body to independently analyse data from the NSW Client Data Set and communicate independent observations to the problem gambling counselling sector. There was also seen to be potential for the same to occur in the case of the NSW prevalence survey and other data gathered by OLGR.

Despite some support for the concept of a peak body, it was apparent that interest in regular participation in peak body meetings was quite variable, with some stakeholders less keen for regular involvement, while others were very keen. In this context, there was mention that the former problem gambling peak body experienced declining interest in participation over time and that this may indicate potential for low participation in a peak body into the future.

From this perspective, the overall conclusion from most stakeholders was it was difficult to make definitive comment about participation and value of a peak body until roles, purpose and functions of the peak body were clearly defined. In this context, there was also frequently mention that the RGF funding of a peak body may imply that participants would not be able to express independent views.

Examples of interesting illustrative comments made about the peak body concept during stakeholder discussions are presented below. This highlights some of positive comments, along with example concerns of stakeholders.

- *“I’m passionate about this one. The former peak body died and left a real gap in that people don’t get together anymore. There also needs to be more advocacy at an on-the-ground level, but members of the peak body must not feel threatened raising their voices as their funding is linked to the RGF, so this issue needs to be considered”*
- *“An organisation similar to NCOSS¹ would be useful, or there might be potential to find a representative who could represent the interests of the gambling sector under NCOSS”*
- *“It sounds like a great idea, but if the RGF funds it, it could be a problem”*
- *“I’m not so sure that a peak body could be truly independent. How would this work?”*
- *“The way NADA (The Network of Alcohol and other Drug Agencies) operates is much better. They liaise between the alcohol and drug sector and the health sector and have a strong advisory role on funding allocations. The RGF should fund a peak body as the sector cannot afford it. There is a strong case for the funding to come from the RGF”*
- *“NADA works quite well, it is funded by Health. NADA also provides advice to a selection panel on whole-of-state service needs. They need to look more at the NADA model”*
- *“I like the idea of a peak body. There needs to be an organisation that functions similar to NCOSS (Council of Social Service of New South Wales), even funding an offshoot of NCOSS would be worthwhile, such as a sub-committee. People from the gambling help services would then need to make time to go there”*
- *“One useful role of a peak body would be to access and provide counsellors with up-to-date information about what is happening in other jurisdictions and what is happening in terms of best practice”*

.....
1. Council of Social Service of New South Wales (NCOSS)

- *"I can see conflicts of interest. There would need to be separate authority in the structure if a peak body was funded by the RGF. I do think, however, that it would work. The Welfare Right Centre is funded by the Commonwealth, for instance, focuses on welfare rights in relation to things like Centrelink payments. Obviously it could have a conflict of interest with the Commonwealth. But it all seems to work"*
- *"We have had a peak body previously and there have been a variety of local get-togethers to style forums. I think the focus of a peak body should be on best practice, but less so on the politics. To an extent this is covered"*
- *"I am not sure if a peak body would be able to present a common political voice for all of the gambling counselling services. There seems to be a diversity of opinion across gambling help services, I'm not sure whether people would agree on key policy issues"*
- *"Organisations like NADA can be very useful, they pull together forums and develop the sector, they make things easier. A peak body would be a useful forum to get views heard by the Minister. It may be also useful to have quarterly forums, such as the drug and alcohol forums run by NADA. NADA also provides training and targets a range of sector improvements and developments"*
- *"I'm not sure whether a peak body could play a role, there are conflicts of interest that would exist. It would be useful to have somebody to liaise with the general public. A political voice would be useful but, I can see many conflicts of interest as the RGF don't want us saying - You need to fix up the clubs or you need to change Government policy. They would not want to hear that message"*
- *"Having a peak body is a good idea, but there needs to be some sense of separation from the funding sources. A bit of transparency in funding is important, we need to know they can't get rid of us, if they don't like what we're saying. Otherwise, there would be no point in having a peak body"*
- *"There are also other conferences such as NAGS (National Association of Gambling Studies). I wouldn't want a peak body to duplicate all of these functions. It would be hard to lobby Government with the RGF, as a funding source. We're constantly looking at ways to generate more money to maintain independence. The downside of NAGS is that it has little to offer from a practitioner's point of view. It is mostly focused on research in the area of gambling"*
- *"A peak body may do things such as: Helping to plan media campaigns, raising concerns to industry and also the Minister, putting policy ideas and views to Government and influencing funding allocations. Although independence would need to be maintained from the RGF. It is really important that a future peak body be able to express any views and opinions on issues"*

Other jurisdictions

For interest, it is also noteworthy that in:

- **Queensland** - there is a current a new secretariat function to help identify needs of gambling help services within the Queensland Office of Liquor, Gaming and Racing (OLGR) - A Gambling Help Network is also available as an independent professional association for services to network and share views and ideas
- **Victoria** - there is a Council of Gamblers' Help Services (www.gamblershelp.org). It currently has around 1.5 full time staff and supports around thirty counselling services across the state. The stated role of the organisation is described as: *"Through ongoing coordination, promotion, advocacy and support of Gambler's Help Services, the Council aims to minimise the harm associated with gambling in Victoria, pursuing collaborative activities to improve responses to problem gambling"* *"The Council is built on cooperation and a common understanding of the ways the community can be affected by problem gambling, and seeks a collective, representative, and pro-active approach to the support and improvement of our services and outcomes"*

- **South Australia** - consumers have also been given the potential to provide views on gambling through a special project called the "Consumer Voice Project". This is a project which aims to raise community awareness about problem gambling and invites people in the community to speak and share thoughts on problem gambling
- **Canada** - (www.rgco.org) there is a Responsible Gambling Council (in the province of Toronto) which performs a very different type of role and particularly focuses on the prevention of problem gambling through research, information and awareness. The organisation's role is described as primarily about "*identifying needs and responding to them*". The Council also networks problem gamblers needing help into the many different problem gambling help services available in Ontario.

From this perspective, while RGF-funded stakeholders in NSW had diverging views about the role, purpose and functions of a future peak body for problem gambling, most stakeholders supported the concept in principle. Accordingly, a future peak body was deemed as an issue worthy of further exploration by RGF stakeholders, but most could not provide a definitive opinion on the most sustainable model or approach for future delivery of such a service.

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Findings of a survey examining specialist service needs in problem gambling in NSW

The following section of the report presents key findings of a quantitative online survey of RGF stakeholders and counsellors in NSW. The RGF online newsletter was used as the source of emails for inviting stakeholders in NSW to take part in an online survey. In total, 82 online surveys were completed (from a total list of roughly 220 stakeholders, after bounces and duplicates were removed). This represents a better than 1 in 3 survey response rate, which is well above the common 10-15% response rate for online surveys. Around 76% of respondents in the survey were counsellors, 17% were service managers, 10% were financial counsellors and 11% were from other backgrounds.

[Online survey data should naturally be interpreted with caution, given the self-selection bias. Hence, data should be considered indicative, rather than definitive.](#)

Key findings of the quantitative survey into specialised service needs in NSW include:

- **Stakeholder contact with current RGF-funded specialist services**
- **Stakeholder experience in working in specialised service areas in problem gambling**
- **Preferred models of specialist service delivery for problem gambling in NSW**
- **Preferred future types of specialist services for problem gambling in NSW**
- **Future special needs segments for problem gambling harm minimisation strategies**
- **Stakeholder views on concept of a peak body for problem gambling in NSW**
- **Counsellor interest in financial counselling and after-hours service provision**
- **Background of participating stakeholders**

Caveat to readers

Readers should note that findings of the quantitative survey naturally indicate perceptions of RGF stakeholders and outlined views and opinions may not always have an underlying factual basis. For this reason, the underlying validity of perceptions should always be investigated prior to future strategy implementation.

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Stakeholder contact with current RGF-funded specialist services

Current specialist services contact

The RGF currently funds three specialist support services across NSW to support RGF-funded problem gambling counsellors. The level of reported stakeholder contact with currently funded RGF specialist support services in problem gambling is presented in Table 7. Contact could be interpreted broadly and include anything from a telephone call to a meeting. Overall, most stakeholders had contact with the training service (83%), three-quarters had contact with the legal service (76%) and just under half had contact with the disability service (44%) in the past twelve months.

Table 7. RGF-funded services with which RGF stakeholders had contact in the past 12mths (N=82, July 2008)^a

RGF-funded specialist support services	% stakeholders having contact in past 12mths
Training services	83
Legal Services	76
Disability service	44

*a. Question - Which of the following specialist support services currently funded by the RGF have you had contact with in the past 12mths?
(Base: All respondents)*

Concept of specialist services

As part of the survey, all stakeholders were asked to indicate their top-of-mind thoughts when considering the notion of a "specialist service" in problem gambling. Key issues raised by stakeholders when thinking of the concept of a "specialist service" are shown in Table 8. Interestingly, issues such as financial counselling, disability services, legal services and problem gambling education were the most common services seen as relatively "specialised". Problem gambling counselling/education is interesting in that it reflects the common RGF counsellor sentiment that community education delivery is a specialist skill and quite difficult for non-education/non-marketing professionals to deliver. It is similarly interesting to note that counselling of people of both CALD and Indigenous backgrounds were also seen as quite specialised.

Table 8. Top of mind issues raised by stakeholders when thinking of the concept of a "specialist service" (N=82, July 2008)^a

What issues come to mind when thinking of the concept of specialist services for problem gambling	% stakeholders
Financial counselling	34
Disability services	30
Legal services	26
Problem gambling counselling/education for problem gamblers	26
Trained/experienced staff/specialist training	21
Gambling counselling/counselling	21
CALD/multicultural focus	18
Other mentions	17
Aboriginal/Indigenous focus	9

Table 8. Top of mind issues raised by stakeholders when thinking of the concept of a “specialist service” (N=82, July 2008)^a

What issues come to mind when thinking of the concept of specialist services for problem gambling	% stakeholders
G-line counsellors	5
Don't know/not answered	2
None/Nothing	0

a. Question - When you first think of the concept of “specialist” services for problem gambling in NSW, what types of services or needs first come to mind? (Base: All respondents)

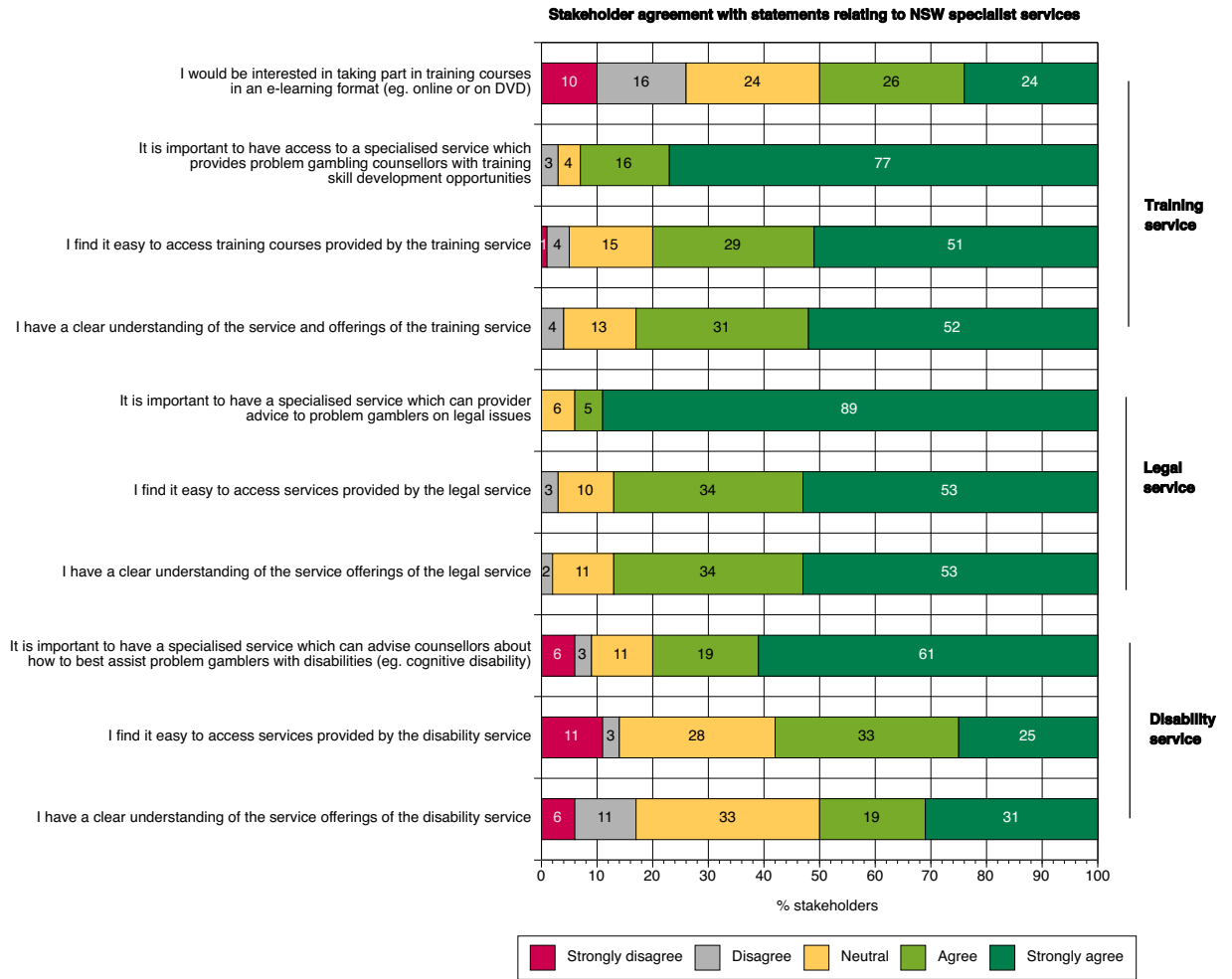
Stakeholder perceptions of current specialist services

Findings showing stakeholder perceptions of current funded specialist services in problem gambling are presented in Figure 1. While most stakeholders reported a very clear understanding of the service offerings of the training service and the legal service (respectively, 53% and 52% strongly agreed with the statement), there was relatively less clarity about the services offered by the disability service (31% strongly agreed). Similarly, presumably due to the perception of lower role clarity, disability services were seen by stakeholders as less easy to access, compared to other funded services. These results also largely reflect the views expressed by counsellors during consultations.

The relative importance with which stakeholders placed on current funded specialist services also differed according to the service in question. While there was high importance associated with having a legal service for problem gamblers (89% strongly agreed) and having a training service (77% strongly agreed), relatively lower importance was placed on having a service to provide specialist advice on how to support people with disabilities (61%). It should be noted, however, that a result of 61% still recognises that stakeholders place some importance on having such a service.

It is similarly worthwhile to note that, there was some interest in online e-learning courses through the training service, although as also suggested during stakeholder consultations, this interest was moderate at best (around 50% showed some interest) and most counsellors prefer face-to-face formats (especially as it is also viewed as a networking opportunity - ie. counsellors getting together to discuss and share ideas).

Figure 1. Stakeholder agreement with statements relating to NSW specialist services (N=82, July 2008)^a



a. Question - Using a scale where 1=strongly disagree, 5=strongly agree, (3=neutral), please rate the extent you agree or disagree with the following statements. (Base: All respondents)

Comments
about services

Key comments made about current specialist services are shown in Table 9. The overall response by far was very positive. By far the most frequent comment was the high positive regard for training opportunities provided through the training service (19%), followed by positive experiences with the legal service (15%). It is interesting to note that some stakeholders also made comment about the need for easier access to specialised services in rural areas (7%).

Table 9. Comments about current specialist services for problem gambling in NSW (N=82, July 2008)^a

Statement	% stakeholders
Training service was competent/positive/helpful	19
Good experience with legal service	15
General suggestions about delivery of training (not positive or negative)	7
Easy access	7
Disability services very useful/good option to have	7
Need for services outside of city/easier rural access	7
Training needs improvement	6
Better range of services to cater for clients with mental/physical disabilities	6
Other mentions	5
Good service	2
Helpful	2
None/Nothing	2
Don't know/not answered	40

a. Question - Use this section if you would like to make any comments about any current specialised services (Base: All respondents)

Stakeholder experience in working in specialised service areas in problem gambling

Experience in more specialised skill areas

As part of the survey, counsellors were asked to rate their level of experience in working in a range of more specialised skill areas in problem gambling and then their interest in acquiring such skills for different specialised areas of work. Key results are presented in Table 10 and Figure 2.

It is particularly interesting to note that most NSW counsellors reported very limited experience in working with Indigenous communities (mean=1.8), in counselling people with disabilities (mean=1.9) and in designing treatment methods for people with cognitive impairments (mean=2.1). This is undoubtedly also related to the issue that such segments infrequently connect with mainstream gambling counselling services.

Similarly, fairly limited experience was reported by counsellors in larger group counselling (mean=2.3), counselling of people of CALD backgrounds (mean=2.3), counselling of youth (mean=2.4) and counselling of people affected by traumatic stress disorders (mean=2.5).

In terms of interest in acquiring new skills, top counsellor interests included:

- design of treatment methods for problem gamblers with comorbid mental illnesses (mean=3.9)
- relationship counselling involving couples (mean=3.9)
- counselling of youth (mean=3.8)
- counselling of post-traumatic stress (mean=3.8)
- how to design/deliver effective community awareness sessions (mean=3.7)

Counsellor interest in developing skills in community awareness strategies is also interesting in that counsellors often reported this skill as being quite difficult (and saw marketing/promotion as an area in which they had limited skills/expertise/confidence).

Table 10. Counsellor experience/level of interest in developing skills in different areas (N=62, July 2008)^a

Skill area	% counsellors	
	Level of experience	Level of interest
Counselling of couples affected by problem gambling (eg. 2 people in a relationship)		
Not much or none	15	2
Some experience/Some interest	26	16
Moderately experienced/Moderately interested	27	11
Quite experienced/Quite interested	18	35
Very experienced/Very interested	15	35
Counselling of families affected by problem gambling (eg. group counselling)		
Not much or none	29	6
Some experience/Some interest	19	21
Moderately experienced/Moderately interested	23	15
Quite experienced/Quite interested	16	29
Very experienced/Very interested	13	29
Counselling of people affected by problem gambling in a larger group format (eg. multiple attendees from different families)		
Not much or none	40	8
Some experience/Some interest	21	19
Moderately experienced/Moderately interested	18	24
Quite experienced/Quite interested	13	24
Very experienced/Very interested	8	24
Understanding the role and benefits of medications (eg. anti-depressants) in problem gambling treatment and recovery		
Not much or none	21	8
Some experience/Some interest	32	18
Moderately experienced/Moderately interested	18	13
Quite experienced/Quite interested	16	29
Very experienced/Very interested	13	32
Treatment of problem gambling in the context of (more clinical) drug or alcohol addictions		
Not much or none	16	13
Some experience/Some interest	19	15
Moderately experienced/Moderately interested	24	23
Quite experienced/Quite interested	27	26
Very experienced/Very interested	13	24
Design of treatment methods which suit problem gamblers with cognitive impairments (eg. intellectual disabilities)		
Not much or none	37	11
Some experience/Some interest	34	16
Moderately experienced/Moderately interested	16	27
Quite experienced/Quite interested	8	27
Very experienced/Very interested	5	18

Table 10. Counsellor experience/level of interest in developing skills in different areas (N=62, July 2008)^a

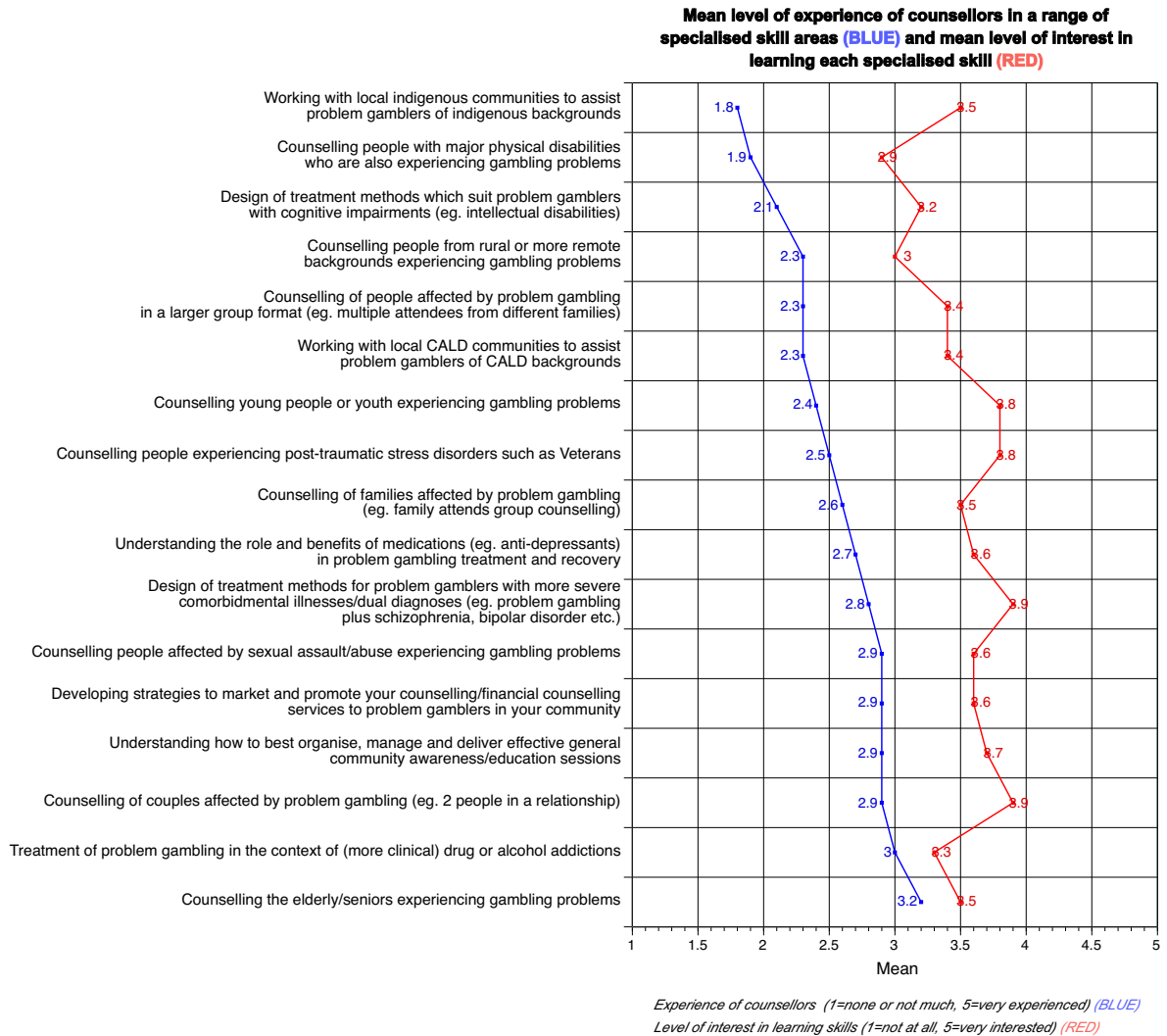
Skill area	% counsellors	
	Level of experience	Level of interest
Counselling people with major physical disabilities who are also experiencing gambling problems		
Not much or none	45	13
Some experience/Some interest	31	29
Moderately experienced/Moderately interested	16	23
Quite experienced/Quite interested	6	23
Very experienced/Very interested	2	13
Design of treatment methods for problem gamblers with more severe comorbid mental illnesses/dual diagnoses (eg. problem gambling plus schizophrenia, bipolar disorder etc.)		
Not much or none	15	3
Some experience/Some interest	29	11
Moderately experienced/Moderately interested	31	18
Quite experienced/Quite interested	13	27
Very experienced/Very interested	13	40
Working with local Indigenous communities to assist problem gamblers of Indigenous backgrounds		
Not much or none	53	13
Some experience/Some interest	16	18
Moderately experienced/Moderately interested	26	15
Quite experienced/Quite interested	5	21
Very experienced/Very interested	0	34
Working with local CALD communities to assist problem gamblers of CALD backgrounds		
Not much or none	44	8
Some experience/Some interest	15	23
Moderately experienced/Moderately interested	15	19
Quite experienced/Quite interested	19	23
Very experienced/Very interested	8	27
Counselling young people or youth experiencing gambling problems		
Not much or none	16	3
Some experience/Some interest	42	11
Moderately experienced/Moderately interested	29	26
Quite experienced/Quite interested	8	23
Very experienced/Very interested	5	37
Counselling the elderly/seniors experiencing gambling problems		
Not much or none	8	6
Some experience/Some interest	21	11
Moderately experienced/Moderately interested	29	31
Quite experienced/Quite interested	26	27
Very experienced/Very interested	16	24

Table 10. Counsellor experience/level of interest in developing skills in different areas (N=62, July 2008)^a

Skill area	% counsellors	
	Level of experience	Level of interest
Counselling people affected by sexual assault/abuse experiencing gambling problems		
Not much or none	13	3
Some experience/Some interest	32	21
Moderately experienced/Moderately interested	19	15
Quite experienced/Quite interested	24	31
Very experienced/Very interested	11	31
Counselling people experiencing post-traumatic stress disorders such as Veterans		
Not much or none	23	0
Some experience/Some interest	32	19
Moderately experienced/Moderately interested	23	13
Quite experienced/Quite interested	21	32
Very experienced/Very interested	2	35
Counselling people from rural or more remote backgrounds experiencing gambling problems		
Not much or none	37	11
Some experience/Some interest	27	24
Moderately experienced/Moderately interested	13	31
Quite experienced/Quite interested	13	16
Very experienced/Very interested	10	18
Developing strategies to market and promote your counselling/financial counselling services to problem gamblers in your community		
Not much or none	15	7
Some experience/Some interest	18	16
Moderately experienced/Moderately interested	39	20
Quite experienced/Quite interested	23	23
Very experienced/Very interested	5	34
Understanding how to best organise, manage and deliver effective general community awareness/education sessions		
Not much or none	10	6
Some experience/Some interest	33	15
Moderately experienced/Moderately interested	24	20
Quite experienced/Quite interested	23	27
Very experienced/Very interested	10	33

a. Question - Please rate your personal experience in the skill areas below and your level of interest in further developing your own skills in the following areas. Note that original scales were experience - 1=not much or no experience, 5=very experienced and interest in developing skills - 1=not at all interested, 5=very interested (Base: All respondents involved in counselling)

Figure 2. Counsellor experience/level of interest in developing skills in different areas (N=62, July 2008)^a



a. Question - Please rate your personal experience in the skill areas below and your level of interest in further developing your own skills in the following areas? Note that original scales were experience - 1=not much or no experience, 5=very experienced and interest in developing skills - 1=not at all interested, 5=very interested (Base: All respondents involved in counselling)

Overall, results showed that interest was broadly low to high in the following specialised counsellor skill development areas (Table 11).

Table 11. Low, medium and high interest areas for counsellors for developing specialised skills to support their work (N=62, July 2008)

Level of counsellor interest	Counselling skill areas of interest
<p>Low interest (Mean=2.9-3.4)</p>	<ul style="list-style-type: none"> • Counselling of people in a larger group format • Working with local CALD communities • Treatment of problem gambling in the context of (more clinical) drug or alcohol addictions • Design of treatment methods which suit problem gamblers with cognitive impairments • Counselling people from rural/remote backgrounds • Counselling people with major physical disabilities
<p>Medium interest (Mean=3.5-3.6)</p>	<ul style="list-style-type: none"> • Developing strategies to market/promote your counselling/financial counselling services • Understanding the role and benefits of medications (eg. anti-depressants) • Counselling people affected by sexual assault • Counselling of families • Working with local Indigenous communities • Counselling elderly/seniors
<p>High interest (Mean=3.7-3.9)</p>	<ul style="list-style-type: none"> • Counselling of couples • Design of treatments for problem gamblers with severe comorbid mental illnesses/dual diagnoses • Counselling people experiencing post-traumatic stress disorders • Counselling young people or youth • Understanding how to best organise, manage and deliver effective general community awareness/ education sessions

Counsellor experience with different needs segments

The level of actual counsellor experience in counselling special needs segments for problem gambling in the NSW community (based on the past 12 mths) is shown in Table 12 and Figure 3 in graphical format. Table 12 also presents the mean (average number of clients), median (middle number of clients) and modal number of clients (most common number) seen by counsellors in the past year. Multiple responses were allowed in this question, such that clients could be “double counted” as being part of more than a single community needs group (ie. a person could be counted as a veteran and someone with a physical disability, for example).

Interestingly, results showed that family members/significant others were reported as most frequently counselled in the past 12ths (mean=13.2 clients), along with people with clinically significant symptoms (mean=12.4 clients) and people with multiple addictions (mean=8.5 clients).

The groups with the lowest average number of clients per annum were:

- People with an intellectual disability/cognitive impairment (mean=1.8 clients)
- Problem gamblers of Indigenous background (mean=1.8 clients)
- Young problem gamblers 18-25 years - FEMALES (mean=1.6 clients)
- Young problem gamblers attending university/TAFE (mean=1.4 clients)
- Problem gamblers in prison/incarcerated (eg. home detention) (mean=1.2 clients)
- Veterans suffering post-traumatic stress (mean=1.1 clients)
- Rural/remote problem gamblers who are between 100-200km away from a problem gambling counselling service (mean=1.1 clients)
- Problem gamblers with a physical disability that challenges their attendance at a counselling service (mean=0.7 clients)
- Problem gamblers who are more than 200km away from a problem gambling counselling services (mean=0.5 clients)
- School students in year 8-12 (mean=0.2 clients)

Table 12. Clients seen by counsellors over the past 12mths in special community needs segments (N=62, July 2008) - MULTIPLE RESPONSES ALLOWED^a

Community needs segments counselled by counsellors in NSW	Clients seen by counsellors in past 12mths in relation to problem gambling		
	Mean	Median	Mode
Family members/significant others affected by problem gambling	13.2	5	3
People with clinically significant depression/anxiety/mental health issues (as opposed to just having minor symptoms)	12.4	5	5
People with multiple addictions such as drug and alcohol addictions, along with gambling	8.5	4	2
People of CALD backgrounds with limited or very limited english	7.6	1	0
Migrants of refugee backgrounds	6.9	0	0
People needing professional legal advice due to gambling problems	6.0	3	2
Problem gamblers with probable severe clinical or psychiatric mental illnesses (eg. schizophrenia, bipolar disorder)	5.5	2	0
People affected by domestic violence due to another person's problem gambling	5.3	1	0
Seniors/older people with a gambling problem (65yrs or over)	4.2	2	0
Young problem gamblers 18-25 years - MALES	3.6	2	0
People affected by sexual assault or abuse (either past or present) due to another person's problem gambling	2.5	1	0
Problem gamblers who are homeless	2.1	0	0
People with an intellectual disability/cognitive impairment	1.8	1	0

Table 12. Clients seen by counsellors over the past 12mths in special community needs segments (N=62, July 2008) - MULTIPLE RESPONSES ALLOWED^a

Community needs segments counselled by counsellors in NSW	Clients seen by counsellors in past 12mths in relation to problem gambling		
	Mean	Median	Mode
Problem gamblers of Indigenous background	1.8	1	0
Young problem gamblers 18-25 years - FEMALES	1.6	0	0
Young problem gamblers attending university/TAFE	1.4	1	0
Problem gamblers in prison/incarcerated (eg. home detention)	1.2	0	0
Veterans suffering post-traumatic stress	1.1	0	0
Rural/remote problem gamblers who are between 100-200km away from a problem gambling counselling service	1.1	0	0
Problem gamblers with a physical disability that challenges their attendance at a counselling service	0.7	0	0
Problem gamblers who are more than 200km away from a problem gambling counselling service	0.5	0	0
School students in year 8-12	0.2	0	0

a. Question - In the next question, we would like you to categorise the types and number of clients you have counselled for problem gambling in the past 12mths (including provision of financial counselling). (Base: All respondents)

Figure 3. Clients seen by counsellors over the past 12mths in special community needs segments (N=62, July 2008) - MULTIPLE RESPONSES ALLOWED (SELF-REPORT)^a



a. Question - In the next question, we would like you to categorise the types and number of clients you have counselled for problem gambling in the past 12mths (including provision of financial counselling). (Base: All respondents)

Community segments with which counsellors reported high, medium and low levels of contact are also summarised in Table 13.

**Table 13. Volume of clients counselled by needs segment in NSW
- Low, medium and higher volume (N=62, July 2008)**

Volume of clients	Client needs segments in NSW
<p>Low (Mean-0-<2.0 clients)</p>	<ul style="list-style-type: none"> • People with an intellectual disability/cognitive impairment • Problem gamblers of Indigenous background • Young problem gamblers 18-25 years - FEMALES • Young problem gamblers attending university/TAFE • Problem gamblers in prison/incarcerated • Veterans suffering post-traumatic stress • Rural/remote problem gamblers who are between 100-200km away from a counselling service • Problem gamblers with a physical disability • Problem gamblers >200km away from counselling services • School students in year 8-12
<p>Medium (Mean-2-<6 clients)</p>	<ul style="list-style-type: none"> • Problem gamblers with probable severe clinical or psychiatric mental illnesses (eg. schizophrenia, bipolar disorder) • People affected by domestic violence • Seniors/older people with a gambling problem (65yrs or over) • Young problem gamblers 18-25 years - MALES • People affected by sexual assault or abuse (either past or present) due to another person's problem gambling • Problem gamblers who are homeless
<p>Higher (Mean-6-13.2 clients)</p>	<ul style="list-style-type: none"> • Family members/significant others affected by problem gambling • People with clinically significant depression/anxiety/mental health issues (as opposed to just having minor symptoms) • People with multiple addictions (eg. drug and alcohol) • People of CALD backgrounds with limited or very limited english • Migrants of refugee backgrounds • People needing professional legal advice due to gambling

Unique clients
counselled

Findings showing the mean unique number of clients counselled for problem gambling in the past 12mths by NSW counsellors are shown in Table 14. Interestingly, counsellors taking part in the survey each saw an average of 28.6 problem gambling clients in the last 12mths. Based on a 46 week year (to allow for leave and holidays), this works out to an average of 0.62 clients a week.

Results were similar for financial counsellors with a mean client load of 22.6 unique financial counselling clients in the past 12mths or 0.49 financial counselling clients per week. It should, of course, also be noted that counsellors will have longer or multiple sessions with clients, however, this information was not recorded in the survey.

Table 14. Unique clients counselled in past 12mths by NSW counsellors (SELF-REPORT) (N=62, July 2008)^a

Background of respondents completing the needs analysis survey	Unique clients (individuals) in total counselled in last 12mths
	Mean
Gambling counsellor/psychologist/psychiatrist/someone involved in counselling work	28.6
Financial counsellor	22.6
Service manager/manager position/administrative position of an RGF-funded organisation	2.8
Other miscellaneous roles/positions	9.5

a. Question - How many TOTAL UNIQUE clients or people would you have personally counselled in relation to problem gambling in the past 12mths? (Base: All respondents involved in counselling)

Findings showing the unique client numbers counselled by the highest qualification level of counsellors are shown in Table 15. Interestingly, people with social or behavioural science degrees reported a higher number of clients per annum (mean=39.5), while counsellors with a counselling degree reported the lowest number of clients per annum (mean=23.5). It should, however, be noted that this could be in part due to hours worked. This was difficult to incorporate into the analysis due to missing data.

Table 15. Highest qualification of counsellors completing the needs analysis by unique clients seen in the past 12mths (N=62, July 2008)^a

Highest qualification in counselling	Unique clients (individuals) in total counselled in last 12mths for problem gambling
	Mean
Social or behavioural science degree	39.5
Social work degree	36.5
Other qualification	33.6
Psychiatrist/Psychologist	26.5
Counselling Degree	23.5

a. Question - How would you describe your highest qualification in counselling? (Base: All respondents involved in counselling)

Experience in community education

Counsellor experience in conduct of community awareness sessions on problem gambling in the past 12mths is shown in Table 16. In total, 73% of stakeholders had delivered a community awareness session on problem gambling in the past 12mths and 76% of general counsellors more specifically.

Table 16. Delivery of community awareness sessions on gambling in the past 12mths (N=82, July 2008)^a

Background of respondents completing the needs analysis survey	% delivering community awareness session on gambling in past 12 months	
	Delivered	Hasn't delivered
Gambling counsellor/psychologist/psychiatrist/ someone involved in counselling work	76	24
Financial counsellor	62	38
Service manager/manager position/administrative position of an RGF-funded organisation	60	40
Other	100	0
Overall	73	27

a. Question - Have you personally delivered any community education/awareness sessions on problem gambling or any responsible gambling topic in the past 12mths? (Base: All respondents)

Preferred models of specialist service delivery for problem gambling in NSW

Preference for different approaches to service delivery

Preferred future models for the delivery of specialist services in problem gambling in NSW were also explored in the online survey. Key findings are shown in Table 17. Interestingly, 70% of stakeholders saw a need for specialist services to be developed and delivered in addition to mainstream services (ie. services which can cater to more specialised community needs). In contrast, 30% preferred the one stop shop model, where all segments and needs are catered to by a general mainstream counselling service.

Table 17. Preferred models for future service delivery of specialised or generalist services in NSW (N=82, July 2008)^a

Specialist need for problem gambling	% stakeholders
All RGF-funded counselling services should be a one-stop shop and deliver both general problem gambling counselling services, as well as specialist services for clients with specialist needs	30
Some separate specialist services should be developed and delivered - in addition to general services - to cater to more specialised community needs	70

a. Question - Which of the following best represents your view about how to ensure that specialist needs in problem gambling are met in NSW? (Base: All respondents)

While few comments were made about specialist services, interesting comments made about why the one-stop shop model was preferred included:

- *"At present I work in a service that provides gambling counselling, gambling/financial counselling and legal service. I prefer that model".*
- *"Convenience - The more complicated approach presents a higher risk of clients being lost due to confusion"*
- *"Ease of access for clients already travelling long distances"*
- *"It's easier for client and for counsellor to work through therapeutic processes. It creates a strong connected relationship with continuity of service in which the client develops wholeness, rather than being scattered telling their story to different people at different times"*
- *"In certain cultures where clients have a stigma of shame and guilt, the clients would feel more comfortable staying with one counsellor rather than seeing a different counsellor from a specific cultural background"*
- *"It is likely to be the most efficient in terms of cost and accountability"*
- *"It takes a lot of courage for a client to attend counselling, to send them on somewhere else would break the rapport that has been established and may cause them unnecessary stress"*
- *"People do not like to go to several different places. It is difficult to seek help and then if we have to send them off to different places they lose faith. We create a relationship of trust with our clients"*
- *"People who present for counselling do so generally when there is a crisis. In this geographical area, people are reluctant to travel elsewhere. In my experience, clients seem to prefer the idea of having one counsellor who can deal with their needs and having access to financial and/or legal services nearby"*

Preferred help service structure

Stakeholders were also asked about the best way to structure problem gambling services in NSW. This contrasted the concept of a larger help service with a number of specialists co-located together versus the concept of a smaller help service as the standard service delivery model.

Key findings based on stakeholder preferences are presented in Table 18. While 50% thought it best to maintain current services, 20% felt that services should be integrated into community health networks/the community and 18% saw potential for a smaller number of larger services with important services co-located together.

Table 18. Best model for delivering problem gambling services (N=82, July 2008)^a

Best model for delivering problem gambling services	% stakeholders
Maintain current approach with a larger number of smaller services across NSW	50
Services to be integrated into health service networks and the community	20
Have a smaller number of larger services with important services always located together (eg. counsellors, financial counsellors, GP, family counsellor co-located for problem gambling treatment)	18
Other	12

a. Question - What do you see is the best model for delivering problem gambling services in NSW? (Base: All respondents)

Models of service delivery for current specialist services

Different models for providing currently RGF-funded specialist services to stakeholders were also explored in the survey. Results are shown in Table 19. Findings showed a relatively high stakeholder interest in having specialist support providers work in local communities to provide disability support services (44% of stakeholders), as opposed to centralised service provision (25% of stakeholders). In contrast, there is strong support for the centralised service model for legal services (in line with the current service delivery approach) (44% of stakeholders). This arguably also reflects the common sentiment that it may be difficult to train up local solicitors to build capacity in legal advice for problem gambling.

Table 19. How to provide specialist support services (N=81, July 2008)^a

Type of specialised service	Preference	% stakeholders
Disability services	By a local disability provider in your community	44
	Centrally on a state wide level (eg. as is current)	25
	No preference	31
Legal services	By a local legal service provider in your community	24
	Centrally on a state wide level (eg. as is current)	44
	No preference	32

a. Question - Ideally, would you most prefer for such a support service to be delivered....? (Base: All respondents) (This was not asked in the case of training services)

Example comments made in the survey in relation to current RGF-funded specialised services for problem gambling are presented below. It was apparent from some comments, that there was some confusion over the role and purpose of the disability service, despite the calibre of staff being viewed as excellent:

- *"The legal service remains a tremendous resource to have and to lose their invaluable help would be a devastation and would complicate my work considerably. I rely heavily on the assistance provided by this excellent service"*
- *"Despite having much contact with the disability service, they seem to be a redundant service, offering little to counsellors. The staff seem exceptionally competent, easy to access and want to be helpful and approachable. However, when we have received training, resources and attended workshops by this service, we have found them redundant, useless, and offering no worthwhile advice or support. I see little worth in contacting them for the clients I do have with issues"*
- *"I have found the legal service to be a fantastic asset, they are always available to us and our clients"*
- *"I like how training is centralised through the training service, but would like some of the training provided in the West and South West and not in the City all the time"*
- *"The disability service appears to be well-organised, but I am yet to need their services. Legal services are a useful tool and a good back up as necessary. The training service has been invaluable in my on-going training and development"*
- *"The disability service have not referred anyone to our service in the time they have been funded. I don't know what they are doing but it is nothing like the previously funded service"*
- *"I have benefited from information from the legal service and frequently participate in training provided by the training service. My clients have used and benefited from legal services"*
- *"The disability service provides great support. Training services provide a great opportunity to counsellors in professional development"*
- *"My dealings with the training service and legal services have been very positive. I have had no contact with the disability service"*
- *"The training service is flexible and helpful with brokerage funding"*
- *"I have had past good experiences with the legal service"*
- *"I find the legal service a very valuable service, always informative, always treated with respect and a great asset"*
- *"These services have been of great benefit to us in the delivery of our service"*
- *"Being in a rural area, having access to quality professional services makes a huge difference in our ability to assist all of our clients. Also being able to access quality training locally through the training service has enhanced service delivery"*
- *"Although it would be great to have a legal service in the local community, it would not be used regularly, so having a centralised service to refer to is preferable and more cost effective"*
- *"It has been great to be able to access training without having to travel to Sydney. It has made professional development much more accessible to regional areas"*
- *"These three services are an excellent resource for our counselling service"*
- *"I have used the legal services several times with good results for the client"*

Preferred future types of specialist services for problem gambling in NSW

Skill areas where there is a need for specialist services

Key skill areas in problem gambling support seen by NSW stakeholders to require a need for specialist skills are presented in Table 20. Interestingly, the most commonly mentioned specialised service needs mentioned were legal services (32%), disability services (30%), financial counselling services (23%) and CALD services (21%). Mental health and Indigenous services were also raised by 16% of stakeholders.

The result pertaining to disability services is interesting in that this finding recognises that working with people with disabilities is a specialist skill area. However, based on other survey findings, most stakeholders do not recognise disability support as a critical area of need for counsellors (ie. most feel comfortable developing their own support techniques, given that few people present with disabilities to counselling services).

Table 20. Areas of need for specialist services in problem gambling (N=82, July 2008)^a

Areas in which there is a perceived need for separate specialist services	% stakeholders
Legal services	32
Disability cases/support services	30
Financial counselling services	23
CALD communities/multicultural services	21
Other mentions	21
Mental health services	16
Indigenous services	16
Don't know/not answered	7
None/Nothing	2

a. Question - In which areas do you see a need for separate specialist services? (Base: All respondents)

Future priority specialised services

As part of the survey, stakeholders were asked to rate the overall priority of a range of prompted specialised support services. The list of prompted services was derived based on service needs reported by stakeholders during consultations. Needs were rated for each service using a scale where 1=not at all needed to 5=very high priority.

Key future specialised service priorities for problem gambling in NSW are shown in Table 21 and graphically illustrated in Figure 4. Interestingly, there was very high support for the following priority services for problem gamblers in NSW:

- a service to help manage finances (mean=4.1)
- a service to self-exclude through a one-stop process (mean=4.0)
- a welfare service for crisis food/gas/electricity vouchers (mean=3.7)
- a service to assist socially isolated problem gamblers develop new social networks (mean=3.6)
- a service to engage with people of Indigenous background who are experiencing gambling problems (mean=3.6)
- a service to assist problem gamblers to overcome clinical drug and alcohol addictions (ie. multiple addictions) (mean=3.5)

There was also seen to be a moderately high need for a service to provide medicolegal or psychiatric reports (to assist problem gamblers going to court or facing incarceration) (mean=3.2) and also a bulk-billing psychiatrist/psychologist to help treat problem gamblers with comorbid clinical conditions prior to counselling (mean=3.2).

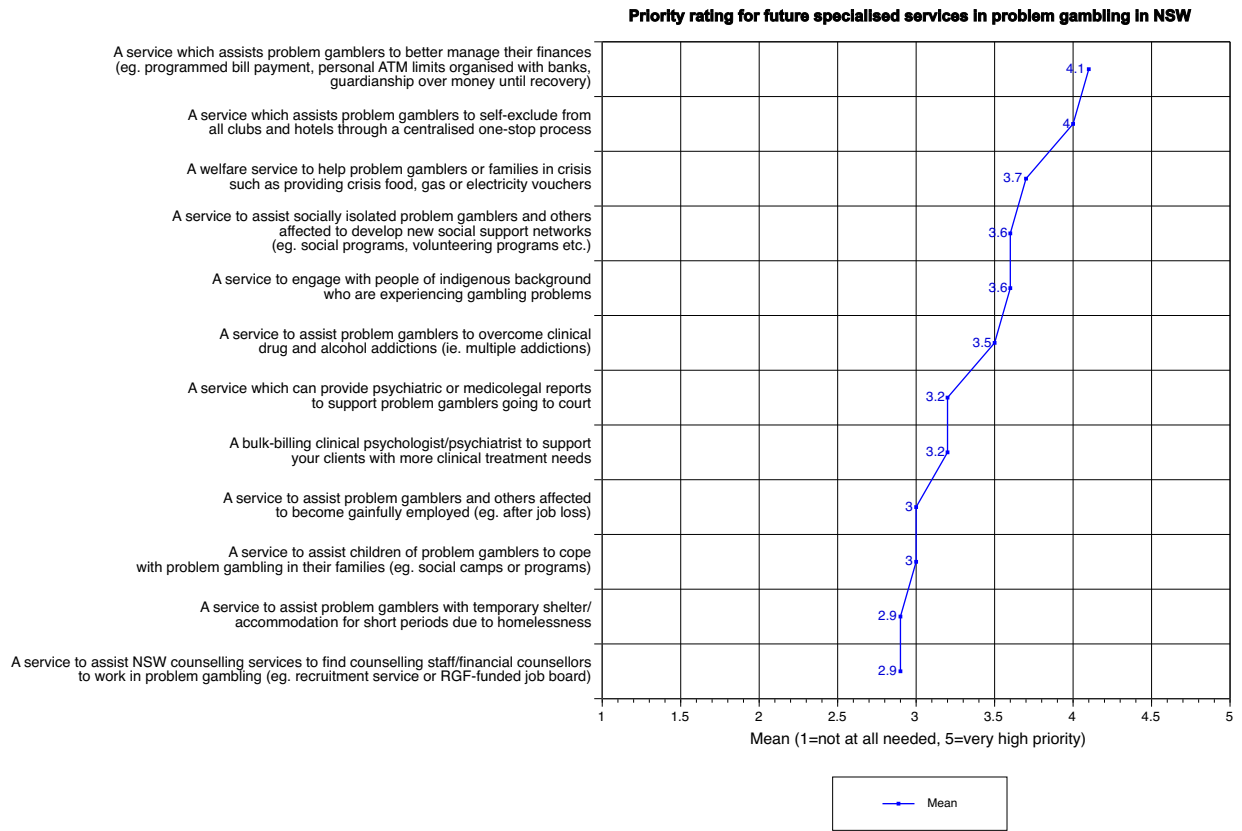
Table 21. Future specialised service needs in NSW - services of lower versus higher priority (N=82, July 2008)^a

Specialised service needs in NSW	% stakeholders					Mean ^b
	Not at all needed	Some priority	Moderate priority	High priority	Very high priority	
A service which assists problem gamblers to better manage their finances (eg. programmed bill payment, personal ATM limits organised with banks, guardianship over money until recovery)	2	6	16	31	44	4.1
A service which assists problem gamblers to self-exclude from all clubs and hotels through a centralised one-stop process	4	8	21	24	44	4
A welfare service to help problem gamblers or families in crisis such as providing crisis food, gas or electricity vouchers	5	11	23	30	30	3.7
A service to assist socially isolated problem gamblers and others affected to develop new social support networks (eg. social programs, volunteering programs etc.)	5	10	24	36	24	3.6
A service to engage with people of Indigenous background who are experiencing gambling problems	6	14	22	27	31	3.6
A service to assist problem gamblers to overcome clinical drug and alcohol addictions (ie. multiple addictions)	4	12	36	22	25	3.5
A service which can provide psychiatric or medicolegal reports to support problem gamblers going to court	4	25	35	18	18	3.2
A bulk-billing clinical psychologist/psychiatrist to support your clients with more clinical treatment needs	18	15	22	22	22	3.2
A service to assist problem gamblers and others affected to become gainfully employed (eg. after job loss)	13	16	35	25	10	3
A service to assist children of problem gamblers to cope with problem gambling in their families (eg. social camps or programs)	13	24	24	24	15	3
A service to assist problem gamblers with temporary shelter/accommodation for short periods due to homelessness	10	29	34	18	9	2.9
A service to assist NSW counselling services to find counselling staff/financial counsellors to work in problem gambling (eg. recruitment service or RGF-funded job board)	19	21	24	22	14	2.9

a. Question - Using a scale where 1=not at all needed to 5=very high priority, please indicate your own personal prioritisation of the following services to support your work as a problem gambler counsellor or financial counsellor? (Base: All respondents)

b. Average score using the scale where 1=not at all needed to 5=very high priority

Figure 4. Future specialised service needs in NSW - Services of lower versus higher priority (N=82, July 2008)^a



a. Question - Using a scale where 1=not at all needed to 5=very high priority, please indicate your own personal prioritisation of the following services to support your work as a problem gambler counsellor or financial counsellor? (Base: All respondents)

Estimating demand for fictitious specialised services

Counsellors completing the online survey were also asked to indicate how many times they would have utilised various types of fictitious specialised services for problem gambling, had they been available in the past 12mths in NSW. This was used to estimate likely future demand for different types of specialised problem gambling services. Key findings are shown in Table 30. Results show both mean responses and total summed responses state-wide based on respondents completing the survey. The number of people indicating at least one predicted usage of a service (based on the past 12mths) is also indicated.

Interestingly, findings show high demand for a number of specialist services for problem gambling in NSW. Based on respondent numbers in Table 22 (N), the services in highest demand (ie. service utilisation) by NSW RGF stakeholders included:

- a service to assist problem gamblers with better financial management (including bill payment service)
- a one-stop self-exclusion process (from all clubs/hotels)
- a service to help problem gamblers overcome drug/alcohol addictions
- funding for material aid for crisis food etc.
- a service to help problem gamblers find social networks

The top services based on volume of likely services which would be used (ie. means - based on all respondents indicating the service to be of at least some priority) included

- financial management services for problem gamblers - 905 clients
- accommodation nights for homelessness - 902 nights
- bulk billing clinical psychologist/psychiatrist clinical treatments - 701 clients
- use of a one-stop self-exclusion process (from all clubs/hotels/casino) - 632 clients
- service to help problem gamblers develop new social networks - 546 clients
- services to help clients overcome clinical drug/alcohol addictions - 541 clients

Findings also showed that RGF stakeholders would use an average of \$466 worth of material aid per annum, had it been available to give to clients. The result relating to Indigenous services indicates fairly low likely service utilisation. This is arguably only because services are not generally linking in well with Indigenous communities (many report that they find this difficult and simply don't know how to develop such networks).

Table 22. Frequency with which stakeholders working in problem gambling support would have used a range of specialised services in NSW, had they been available in the past 12mths (N=51-82, July 2008)^a

Type of specialised services	Number who would have used service at least once in past 12mths ^b	Type of specialised services that could have been used in the past 12mths, had they been available	
		Mean for all respondents ^c	Total across state (NSW)
Number of problem gambling clients who would have used a service to assist with better financial management (eg. programmed bill payment)	60	14.1	905 clients
Number of problem gambling clients who would have used a one-stop self-exclusion process (from all clubs/hotels/casino)	59	10.0	632 clients

Table 22. Frequency with which stakeholders working in problem gambling support would have used a range of specialised services in NSW, had they been available in the past 12mths (N=51-82, July 2008)^a

Type of specialised services	Number who would have used service at least once in past 12mths ^b	Type of specialised services that could have been used in the past 12mths, had they been available	
		Mean for all respondents ^c	Total across state (NSW)
Number of problem gambling clients who would have used a service to overcome clinical drug and alcohol addictions (ie. multiple addictions)	55	8.7	541 clients
Dollar value in funding for material aid for crisis food etc. which could have been used to assist problem gamblers	54	\$466	\$29,357
Number of problem gambling clients who would have used a service to develop new social networks (to address social isolation)	52	9.1	546 clients
Number of times stakeholders visited another welfare organisation to get vouchers (etc.) to help problem gamblers/their families	50	4.3	268 times
Number of problem gambling clients who would have used a service to become gainfully employed (eg. after job loss)	46	5.3	290 clients
Number of problem gambling clients who would have used a bulk billing clinical psychologist/psychiatrist for clinical treatment	45	13.5	701 clients
Number of psychiatric/medicolegal reports for problem gamblers	42	2.4	154 reports
Number of problem gambling clients who would have used a shelter/accommodation service for short periods due to homelessness	39	2	112 clients
Number of accommodation nights that would have been used in the case of a problem gambler or family member being homeless	37	16.1	902 nights
Number of problem gambling clients who would have used a service to help children cope with problem gambling in their families (eg. social camps or programs)	36	3.3	168 clients
Number of problem gambling clients who would have used a service that supports people of Indigenous background	31	2.6	152 clients

a. Question - Please indicate how many problem gambling clients would have used such a service in the past 12mths, had it been available in NSW (Base: All respondents indicating some priority for each specialist service)

b. This N shows the number of people who saw each service as of some overall use and represents the base for the mean.

c. Based on all respondents indicating that the service was at least some priority.

Demand for additional clients

Findings also showed that, on average, problem gambling counsellors believed that they could take on at least 5 extra clients per week for problem gambling or financial counselling. This equates to an extra 230 clients per counsellor based on a 46 week work year (allowing for holidays and leave)

It is also interesting that 27% of responding counsellors also made mention that they would be happy to take on more than 5 extra clients per week for problem gambling counselling. This clearly shows that many counselling services do not believe that they are well-utilised and would like to support more problem gamblers if they presented to help services. This also highlights the potential to raise service skills in service promotion/marketing and the need for ongoing communications at a community level to raise awareness of problem gambling.

(The limitations of online survey data and self-report data should naturally be taken into consideration in this context and key results interpreted with appropriate caution!)

Future special needs segments for problem gambling harm minimisation strategies

Needs segments

The key needs segments in the NSW community for future problem gambling support (ie. treatment or early intervention) were also explored in the current survey. Key findings are presented in Table 23 and graphically illustrated in Figure 5. The mean is based on an importance rating by RGF stakeholders (where 1=not at all important and 5=very important). Stakeholders were also strongly encouraged to differentiate their ratings (ie. rather than rating everything as very important).

Interestingly, RGF stakeholders completing the survey saw the top priority community needs segments for problem gambling support in NSW as:

- family members/significant others (mean importance=4.5)
- people with clinically significant depression/anxiety/mental health issues (mean importance=4.5)
- people with multiple comorbid addictions (mean importance=4.3)
- young male problem gamblers 18-25yrs (mean importance=4.2)
- problem gamblers with more severe clinical or psychiatric mental health illnesses (mean importance=4.1)
- people needing professional legal advice due to gambling problems (mean=4.0)
- people affected by domestic violence due to gambling problems (mean=4.0)

Table 23. Priority needs in problem gambling as rated by stakeholders (N=82, July 2008)^a

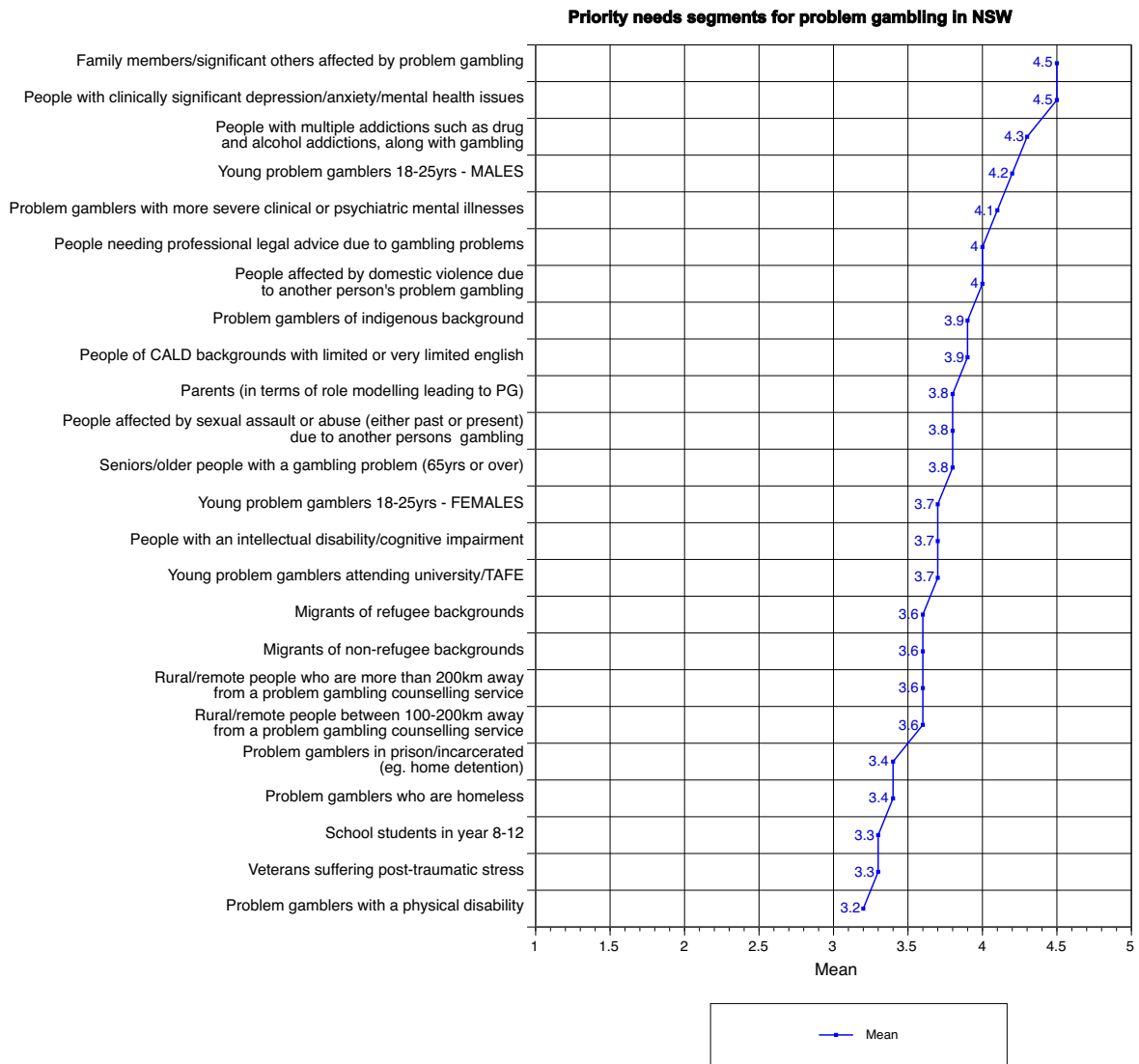
Statement	% stakeholders					Mean
	Not at all important	A little important	Somewhat important	Quite important	Very important	
Family members/significant others affected by problem gambling	0	1	9	34	56	4.5
People with clinically significant depression/anxiety/mental health issues	0	2	10	27	61	4.5
People with multiple addictions such as drug and alcohol addictions, along with gambling	0	1	15	34	50	4.3
Young problem gamblers 18-25yrs - MALES	0	2	17	35	45	4.2
Problem gamblers with more severe clinical or psychiatric mental illnesses	0	9	18	27	46	4.1
People needing professional legal advice due to gambling problems	0	5	28	34	33	4
People affected by domestic violence due to another person's problem gambling	0	12	15	32	41	4
Problem gamblers of Indigenous background	4	5	24	29	38	3.9
People of CALD backgrounds with limited or very limited english	1	10	23	34	32	3.9

Table 23. Priority needs in problem gambling as rated by stakeholders (N=82, July 2008)^a

Statement	% stakeholders					Mean
	Not at all important	A little important	Somewhat important	Quite important	Very important	
Seniors/older people with a gambling problem (65yrs or over)	0	4	40	27	29	3.8
People affected by sexual assault or abuse (either past or present) due to another person's gambling	1	16	17	29	37	3.8
Parents (in terms of role modelling leading to PG)	0	15	22	29	34	3.8
People with an intellectual disability/ cognitive impairment	1	15	30	24	29	3.7
Young problem gamblers attending university/TAFE	1	7	38	29	24	3.7
Young problem gamblers 18-25yrs - FEMALES	1	12	28	32	27	3.7
Migrants of non-refugee backgrounds	2	11	37	27	23	3.6
Migrants of refugee backgrounds	2	11	33	27	27	3.6
Rural/remote people between 100-200km away from a problem gambling counselling service	5	13	29	21	32	3.6
Rural/remote people who are more than 200km away from a problem gambling counselling service	5	16	28	18	33	3.6
Problem gamblers who are homeless	6	15	34	21	24	3.4
Problem gamblers in prison/ incarcerated (eg. home detention)	4	17	35	27	17	3.4
School students in year 8-12	9	16	34	21	21	3.3
Veterans suffering post-traumatic stress	7	16	35	20	22	3.3
Problem gamblers with a physical disability	2	24	32	29	12	3.2

a. Question - How important are the following segments with respect to future problem gambling treatment and/or early intervention in NSW, where 1=not at all important, 5=very important? (Base: All respondents)

Figure 5. Priority needs in problem gambling as rated by stakeholders (N=82, July 2008)^a



a. Question - How important are the following segments with respect to future problem gambling treatment and/or early intervention in NSW, where 1=not at all important, 5=very important? (Base: All respondents)

Other special needs segments also described as high priority by stakeholders included:

- "people facing life-changing events/transitional stages of life/stressful moments"
- "people gambling partly due to experiencing previous child abuse"
- "people living with HIV"
- "people who have a poor social network"
- "problem gamblers who are experiencing separation or grief & loss issues"
- "rural children with parents who gamble"
- "women as a group on their own"

Priority CALD needs segments

The priority CALD community segments seen as most important for problem gambling treatment in NSW from a stakeholder perspective are shown in Table 24. Interestingly, people of Asian background were seen as the top priority (35% of stakeholders) and people specifically of Chinese background (26%), followed by Indigenous peoples (15%) and people of Arabic backgrounds (12%). It should also be noted that this was a general perception only of stakeholders.

Table 24. Priority CALD groups based on stakeholder opinion (N=82, July 2008)^a

CALD language groups viewed as most important for problem gambling treatment in NSW	% stakeholders
Asian	35
Chinese	26
Indigenous/Aboriginal	15
Arabic	12
Don't know/not answered	9
None/Nothing	0
Other mentions	50

a. Question - Which cultural/language groups do you see as most important for PG treatment and/or early intervention in NSW? (Base: All respondents)

Stakeholder views on concept of a peak body for problem gambling in NSW

Support for peak body

The level of stakeholder support for a peak body for problem gambling in NSW is shown in Table 25. In total, 68% of stakeholders supported the idea, yet 30% (nearly 1 in 3 stakeholders) were uncertain about the merits of the concept. This may relate to the sentiment observed during stakeholder consultations that funding of a peak body by the RGF was frequently assumed to imply that the body may be non-independent or unable to operate without Government or RGF influence (ie. a perception held by some stakeholders).

Table 25. Support for a peak body in problem gambling in NSW (N=82, July 2008)^a

Support of idea of a peak body to represent the interests of problem gambling counselling services and counsellors in NSW	% stakeholders
Support idea	68
Don't support idea	1
Uncertain	30

a. Question - Do you support the idea of a peak body to represent the interests of problem gambling counselling services and counsellors in NSW? (Base: All respondents)

Interest in peak body meeting participation

Stakeholder interest in taking part in peak body meetings and forums is shown in Table 26. Interestingly, 45% of stakeholders were interested in regular involvement and 16% expressed no interest in attending at all. Overall, this shows moderate support for a peak body but also raises the issue that many stakeholders will not participate in every meeting.

Table 26. Stakeholder interest in participating in peak body meetings and forums (N=82, July 2008)^a

Personally participate in peak body meetings and forums	% stakeholders
Yes - definitely and interested in regular involvement	45
Yes - but I'm not that interested in regular involvement	39
No - not really interested (eg. no time, couldn't be bothered)	16

a. Question - If it were available, would you personally participate in peak body meetings and forums? (Base: All respondents)

Roles and functions of a peak body

Suggested roles and functions of the peak body from a stakeholder perspective are presented in Table 27. As shown, preferred future roles for a peak body included advocacy for counselling services (23%), lobbying to government generally (21%), lobbying for increased funding/support (11%) or increased training/provision of training (11%). There was similarly interest in the peak body increasing community awareness of problem gambling issues (10%) and a range of minor roles were also suggested.

Table 27. Suggested roles and function of a peak body for problem gambling in NSW (N=82, July 2008)^a

Roles and functions of the peak body for problem gambling in NSW <i>(open-end response without prompting)</i>	% stakeholders
Advocate for services/advocacy/peak body	23
Lobbying to government for needs	21
Increased funding/support	11
Increase training/providing training workshops/forums	11
Increase community awareness of problem gambling	10
Consolidate information	10
Other mentions	7
Increase professional awareness	6
Increase wages/job security/initiatives/incentives	4
Online/website/research	4
Service provision	1
None/Nothing	0
Don't know/not answered	21

a. Question - What roles or functions could the peak body perform to add value to your work in the field of problem gambling? (Open end responses) (Base: All respondents)

Counsellor interest in financial counselling and after-hours service provision

Interest in financial counselling

Counsellor interest in financial counselling course completion was also explored in the online survey. This was tested to explore whether personal/relationship counsellors would be interested in completing an additional qualification to become a financial counsellor (given that financial counsellors are in very short in supply in NSW and high in demand by problem gamblers). Findings also showed that most counsellors reported that clients had to wait at least 12 days before accessing a financial counsellor.

Key results are shown in Table 28. As shown, 62% of counsellors were either very interested or moderately interested in becoming a financial counsellor, suggesting that a counsellor having dual qualifications could be a concept worth exploring for the RGF (ie. as a means to assist problem gamblers to gain access to financial counsellors).

It should be noted that the concept of an intense three-month part-time course was tested to explore the potential for counsellors to receive foundation training in financial counselling. This is not suggesting that such a course is available. Hence, this question was to assess potential future demand for a 'condensed' short course.

Table 28. Counsellor interest in becoming a financial counsellor (N=62, July 2008)^a

Interest in becoming a financial counsellor by completing a 3 month long part-time course	% stakeholders
Very interested	33
Moderately interested	29
Not interested	38

a. Question - Would you be interested in becoming a financial counsellor by completing a 3mth long part-time course? (if this was funded by the RGF) (Base: All respondents involved in counselling) (ONLY A CONCEPT FOR TESTING)

Interest in after-hours counselling

RGF counsellors were also asked about whether they would be keen to provide after-hours counselling services. This was asked primarily because many stakeholders mentioned after-hour counselling services as a need during consultations. Key results are shown in Table 29 and are presented according to gender (given that females often have safety concerns about late night work).

Table 29. Counsellor views on conducting counselling during different out-of-hours periods (N=62, July 2008)^a

Period for counselling	% counsellors		
	Male	Female	Overall
After hours on weeknights (eg. Monday to Thursday - 6pm-10pm)	56	62	59
Saturday morning or afternoons	37	49	44
Late nights for crisis counselling during high gambling periods (eg. Friday/Saturday nights 10pm-2am)	26	18	21

a. Question - If time off during the week was allowed in lieu and safety was optimised, would you be prepared to conduct your counselling sessions...? (Base: All respondents involved in counselling)

Results show that 59% of counsellors found counselling weeknights acceptable and 44% accepted the idea of counselling Saturday mornings/afternoons. However, only 21% were happy to make themselves available for late night crisis counselling during high gambling periods (eg. Fri/Sat 10pm-2am). Females were particularly (only 18%) disinclined compared to males (26%).

Background of participating stakeholders

Stakeholder background

An overview of the background of stakeholders who took part in the needs analysis survey is shown in Table 30 and Table 31.

Table 30. Background of stakeholders completing the needs analysis (N=82, July 2008)^a

Background of respondents completing the needs analysis survey	% stakeholders
Gambling counsellor/psychologist/psychiatrist/someone involved in counselling work	76
Financial counsellor	10
Service manager/manager position/administrative position of an RGF-funded organisation (no counselling)	17
Other miscellaneous positions	11

a. Question - Before we start, please indicate your background. This is only to guide which questions will be asked. (Base: All respondents)

Table 31. Highest qualification of stakeholders completing the needs analysis (N=62, July 2008)^a

Highest qualification in counselling	% stakeholders
Psychiatrist/Psychologist	37
Counselling Degree	26
Social work degree	3
Social or behavioural science degree	3
Other qualification	31

a. Question - How would you describe your highest qualification in counselling? (Base: All respondents involved in counselling)

Background literature on special needs in problem gambling

The following background literature summarises useful information on special needs segments in problem gambling. This includes a summary of key literature relating to:

- **NSW research which may inform specialist service needs in problem gambling**
- **Specialist needs segments and help needs in problem gambling**
- **Jurisdictional practices to address specialised support needs in problem gambling**

.....

NSW research which may inform specialist service needs in problem gambling

NSW prevalence survey (2006)

The NSW prevalence survey of gambling and problem gambling (2006) identified that 0.8% of the NSW adult population are problem gamblers¹. A further 1.6% are considered moderate risk gamblers and 2.1% low risk gamblers, equating to less than 5% of the population with some level of gambling risk (termed the 'at-risk' segment).

A review of the 2006 prevalence survey also highlights a range of specialist needs of problem gamblers in NSW. Specifically, findings showed that:

- Around one in five gamblers that are both low risk (18%) and 'at-risk' (24%) self-identify with an alcohol or drug problem
- Problem gamblers have higher rates of depression (53%), stress (29%) and suicide ideation/attempts (8%), compared with low risk gamblers (22%, 10% and 0% respectively)
- around 34% of at-risk gamblers tried to be self-excluded from a gambling venue in the past 12 months

G-line (NSW) Annual Report (July 2006 to June 2007)

Prepared by the service delivery organisation McKesson², the 2006-2007 Annual Report of G-Line call statistics highlights that, of the total 7,190 referrals made by G-Line (from a total of 7,866 calls), the following were major reasons for referrals of calls. Interesting themes with potential relevance to the specialist support needs of problem gamblers are highlighted in bold:

- **Counselling - 5,038**
- Referral not required - 3,303
- **Gamblers' Anonymous - 1252**
- **Financial counselling - 635**
- Bilingual counsellors - 134
- **Family relationship issues - 89**
- **Residential program - 84**
- Education - 67
- Emergency - 66
- **Emergency relief - 55**
- Financial issues - 53
- **Legal issues - 47**
- **Domestic violence - 15**
- **Department of Community Services - 6**
- Information not available - 3

.....
1. Based on the Canadian Problem Gambling Index (CPGI)
2. Contractually responsible for operating the G-Line during the service period.

Clients attending RGF-funded services in NSW

The Responsible Gambling Fund Client Data Set Annual Report 2006/07 presents background information on the types of clients presenting to RGF-funded counselling services in NSW¹. Key findings of potential relevance to the specialist services needs analysis have been distilled from this data.

Table 32 highlights the modality of counselling sessions during 2006/07 conducted in NSW by RGF-funded services - each for both problem gamblers (PGs) and their families. This highlights that around 22% of counselling services during 2006/07 were utilised by the family members of problem gamblers and there is relatively strong demand for both telephone and online counselling by families of problem gamblers.

Table 32. Modality of counselling sessions conducted for problem gamblers/their families during 2006/07 (Client Data Set - 2006/07)

Modality of sessions	Total sessions
Face-to-face - PGs	15,085
Face-to-face - Families	2,519
Telephone - PGs	2,065
Telephone - Families	1,059
Couple/family - PGs	481
Couple/family - Families	129
Group - PGs	262
Group - Families	3
Online - PGs	10
Online - Families	219
Total - PGs	17,903
Total - Families	3,929

.....
 1. Available from http://www.olgr.nsw.gov.au/pdfs/CDS_06_07.pdf

Table 33 shows trends for problem gamblers attending RGF-funded counselling services. Findings show that, across all problem gamblers:

- 37.5% reported ever having been diagnosed with an anxiety disorder and the prevalence of past anxiety disorders was higher in females (45.1%) compared to males (33.5%)
- 49% reported ever having been diagnosed with depression including a higher rate of reported past depression in females (61%), compared to males (44%)
- 29% reported ever having had a problem with alcohol and the rate of alcohol problems was higher in males (33%) compared to females (20%)
- 17% reported ever having had a problem with drugs. A higher percentage of males (20%) compared to females (11%) also reported ever having had a drug problem
- 40% reported ever having had thoughts about suicide. A higher percentage of females (45%) than males (38%) also reported ever having had thoughts about committing suicide
- 16% reported ever having had committed an offence related to their gambling and the rate of offences due to gambling was higher in males (19%), compared to females (11%).

Table 33. Report of past disorders and conditions in clients attending RGF-funded problem gambling counselling services (NSW Client Data Set - 2006/07)

Region of NSW	% reporting anxiety disorders	% reporting past diagnosis of depression)	% reporting ever had alcohol problems	% reporting ever having drug problems	% reporting suicide ideation	% reporting offences due to gambling
Statewide	83	81	26	8	30	0
Illawara	69	78	43	20	34	20
New England/North West	61	75	44	42	55	26
South East	61	71	57	14	55	33
North Coast	57	58	49	29	44	24
Central Coast	55	65	30	16	31	12
Riverina/Murray	51	60	37	17	31	11
South West Sydney	34	54	24	13	38	31
Hunter	31	50	21	13	51	11
Coastal Sydney	31	46	29	19	44	13
Western Sydney	29	33	20	12	30	16
Western NSW	21	35	25	12	43	13

a. Anxiety disorders (N=1098), Depression (N=1466), Alcohol (N=858), Drugs (N=505), Suicide ideation (N=1199), Legal offences (N=479)

Specialist needs segments and help needs in problem gambling

SPECIAL NEEDS SEGMENTS IN PROBLEM GAMBLING

Context

As problem gambling affects many segments of the community, a range of studies have explored the experiences of specific community segments with respect to both problem gambling and delivery of problem gambling help services. This has included groups such as youth, prisoners, seniors/the elderly and even people with disabilities. A summary of interesting research insights is included in the following section, which points to specialist needs segments in problem gambling in the community.

.....

Youth and young people

Young people between the ages of 18-24 years are frequently considered to be a community segment more likely to experience problem gambling and be “at-risk” for problem gambling. In particular, in the NSW prevalence study (2006), findings of research showed that “at-risk” gamblers were more likely to be young adult males (aged 18-24 years) compared with the total NSW adult population (34.3% compared with 4.5%). Such findings have also been replicated in other Australian and global jurisdictions to suggest a link between young men and problem gambling¹.

For instance, the trend for problem gambling in youth has been observed in:

- Queensland - the Queensland Household Gambling Survey (2003-2004) found that young males appeared over-represented in all CPGSI “risk” segments (although interestingly, the result was not statistically significant and in the 2006/2007 Queensland Household Gambling Survey, this same trend did not emerge)
- South Australian Prevalence Study (2005) - a higher proportion of young males was reported to be “at-risk” for problem gambling and particularly at-risk between ages 18-24 years
- Ontario Prevalence Study (2005) - in the 2005 prevalence study by the Responsible Gambling Council, males were reported to be at greater risk of having both moderate and severe gambling problems compared to females. In addition, rates of moderate and severe gambling were found to decrease with increasing age (p74)
- Scotland - Moodie and Finnigan (2006) surveyed 2043 children aged 11-16 years (mean=13.7) to investigate types, frequency and correlates of gambling, and then (in a second study), to measure the prevalence of problem gambling using the DSM-IV-J (Fisher, 1992). Prevalence rates were 9%, with a further 15.1% classified to be “at-risk”. The study then concluded that there was the need for intervention strategies aimed at young problem gamblers, possibly as early as age twelve. This was also deemed a key issue for Scotland, given the virtually non-existent availability of gambling help.

.....
1. Although some jurisdictions such as Victoria found higher rates of problem gambling in males between the ages of 50–64 and 35–49.

Young people have also been seen to be an important needs segment, given the common issue that many *do not* recognise gambling problems or seek help. For instance, a report on Young People and Problem Gambling (2004), developed by the Gambler's Help Youth Action Group and Youth Affairs Council (Victoria), highlights a number of reasons why young people may not seek help for a gambling problem.

Barriers to seeking support in young problem gamblers were proposed to include:

- lack of problem recognition - gambling is not identified as a problem by youth
- prioritising other issues - eg. if gambling leads to a debt, then the young person may need to seek cheaper accommodation or find money to pay off debts - this leads to prioritisation of other issues over gambling
- stigma and shame - young people feeling ashamed of their gambling problem
- developmental stage - adolescence is described as a time of risk taking and young people may see themselves as immune to problematic gambling behaviour
- access to services - young people often have limited knowledge of available services or help services may not be seen as youth friendly
- lack of knowledge of service providers - help providers may not have any knowledge of the nature of gambling problems and their impacts
- privacy concerns - young people not wanting to have their privacy compromised are often less inclined to seek help
- parental gambling - the key barrier to young people seeking help for their parents' gambling may be a sense of loyalty to their parents and shame about their family experiencing problems.

A study conducted by Splevins (2006) on behalf of the Waverley Action for Youth Services (WAYS) NSW also investigated the prevalence of problem gambling in private high school students in the eastern suburbs of Sydney. The research involved a paper based survey of 252 adolescents from four private schools and found that:

- gambling was a common activity among eastern Sydney suburban adolescents, with 81% reporting some form of gambling
- 6.7% of the sample met the criteria for probable problem gambling based on DSM-IV criteria (Fisher, 2000) and showed a tendency towards being male with an average age of 15.2 years
- 53.4% of identified gambling adolescents had started between ages 5-11
- problem gamblers were significantly more likely than their non-problem counterparts to have smoked cigarettes, cut/burnt themselves, consumed alcohol and use marijuana or inhalants

Children
and PG

Other studies highlight that children can also experience gambling problems, including before the age of 18. For instance, a study in Victoria by Jackson et. al (2000) found that 41% of year 8 students had gambled in some form over the past 12 months and that gambling was more common in male students, compared to females (with the exception of lottery tickets). Around half the sample also considered gambling as a way to make money and three-quarters viewed gambling as "OK", as long as not overdone.

Delfabbro et. al (2006) explored the relationship between problem gambling and psychological and social adjustment in 926 Australian (ACT-based) adolescents, aged an average of 14.46 years. Adolescents classified as problem gamblers were found to have poorer scores on all psychosocial measures, indicating a link between problem gambling and other mental health conditions. The study concluded that there was a need to enhance existing educational initiatives and services for adolescents with gambling problems.

Desai et. al (2005) also found that, in a sample of adolescents, problem gambling was more likely to be associated with dysphoria/depression in girls (only). In contrast, gambling was linked to elevated rates of alcohol use and abuse/dependence in both boys and girls. The author then pointed to the possibility that gambling may lead girls to experience higher rates of psychiatric symptoms compared to adolescent boys.

Influence of parents over child gambling

Oei (2004) explored the link between familial factors and problem gambling in offspring. A total of 189 families (546 individuals) completed the South Oaks Gambling Screen (SOGS) and the Gambling Related Cognition Scale (GRCS). Findings showed that, while parental behaviour was directly related to offspring gambling behaviour, parental cognitions (eg. attitudes to gambling) were not related to offspring gambling directly. Rather, they were only indirectly related via offspring cognitions (eg. attitudes to gambling). Results were then said to suggest a possible cognitive mechanism of transmission of gambling behaviour in the family from one generation to the next.

Problem gambling in prison populations

Gambling has also been studied in the context of prison populations. A recent study by Lahn (2005), for instance, examined gambling amongst offenders in an Australian population. This study found that 34% of offenders had some form of gambling problem (18 times higher than the Australian population). Many problem gamblers also had *not* presented for help and *did not* often recognise that they had a gambling problem (even in spite of some having committed crimes due to gambling).

This study then concluded that offenders needed help to be provided during periods of incarceration (rather than following incarceration) to lessen the potential for problem gambling after their sentence.

One of the few studies ever examining problem gambling in prison was a joint study undertaken by Queensland Treasury and the (Queensland) Department of Corrective Services (DCS) (2002). This showed that prison populations were significantly more likely to have experienced gambling problems (especially in the case of male prisoners).

Prevalence rates identified in the Queensland prison population are in Table 34.

**Table 34. Prevalence rates of problem gambling in a Qld prison population
PROBLEM GAMBLING PREVALENCE SURVEY (2002)**

CPGI risk segmentation	% of prisoners				
	All prisoners	Female non-Indigenous	Male non-Indigenous	Female Indigenous	Male Indigenous
Non-gambling	6.4	6.1	3.6	12.5	14.3
Non-problem gambling	44.9	57.1	42.9	41.7	49
Low-risk gambling	14.2	14.3	16.1	16.7	8.2
Moderate-risk gambling	15.2	6.1	16.1	12.5	14.3
Problem gambling	19.5	16.3	21.4	16.7	14.3

Discussions with incarcerated gamblers revealed that prison time was often linked to gambling problems. Specifically:

- 6.7% admitted their current offending related to a need to finance gambling
- 1.1% admitted their current offences related to a need to payoff gambling debts
- 7.3% admitted to having been convicted in the past of an offence that was related to their gambling problem
- 1.1% admitted to previous convictions relating to gambling debts
- 12.4% admitted to having committed an offence/offences in the past without detection, in order to finance their gambling problem
- 2.2% admitted to the above, in relation to gambling debts.

The study similarly reported that gambling was often used to fund “buy-ups” or the purchase of small items not provided by the corrections facility (eg. tobacco, magazines, toiletries). Boredom was another reason for gambling. People who had not gambled prior to incarceration were similarly found to often take up gambling while in prison.

A further Canadian study by Williams, Royston, & Hagen (2005) also found that one third of prison inmates met criteria for problem or pathological gambling. Nixon et. al (2006) also evaluated a prison problem gambling intervention program in a correctional facility in Alberta, Canada. Forty-nine inmates completed a six-session program over 18 months.

Findings of the evaluation showed that incarcerated prisoners became more aware of their cognitive errors following the program and also had more negative attitudes towards gambling. Changes in the past year frequency score also approached significance. The study concluded that programs educating prisoners about the risk of problem gambling (and correcting cognitive errors) can be effective for inmate populations and particularly with respect to changing attitudes towards gambling.

On interviewing recently sentenced inmates in four New Zealand male prisons, Abbot et. al (2005) also found that 19% had been in prison for a gambling related offence and that most of this behaviour was property-related and non-violent. On the basis of SOGS-R scores, 21% of all inmates were found to be lifetime probable pathological gamblers and 16% were probable pathological gamblers in the six months prior to imprisonment.

Of “current” problem gamblers, 51% reported gambling-related offending and 35% had been imprisoned for a gambling-related crime (which also increases with severity of the problem gambling). However, only 5% of problem gamblers said their early offending was gambling-related.

Few male inmates had also sought or received help for gambling problems prior to imprisonment or during their incarceration. This was said to highlight the potential for assessment and treatment programs in prison to reduce recidivism and adverse effects of problem gambling and to reduce the rate of gambling-related offending.

Abbot and McKenna (2005) also looked at the same trends in female inmates and found that a third of the women (from SOGS-R scores) were assessed as lifetime probable pathological gamblers and just under a quarter were assessed as probable pathological gamblers during the six months prior to imprisonment. Other interesting trends characteristic of female inmates included:

- Relative to non-problem gamblers, problem gamblers experienced higher rates of childhood conduct disorder and current non-psychotic mental disorder
- many of the problem gamblers had committed a crime to obtain money to gamble
- few women linked their early offending or convictions to gambling (which led to a conclusion that most female inmates are criminals first and problem gamblers second, rather than people whose incarceration was directly originally linked to problem gambling).

A further local Australian study by Jones and Crawford (2007) examined the levels of social and psychological disadvantage in a sample of NSW court defendants (in Blacktown and Newcastle). One hundred and eighty-nine people were interviewed in total. Findings of the study showed that 15% of court defendants reported problems with gambling and 29% of this group were interested in seeking help for their gambling problem. In addition, a range of other psychosocial needs and comorbidities were identified including high rates of unemployment, substance addictions and mental health problems.

Together, results investigating gambling in prisoners show that gambling is frequently associated with the reasons people have contact with the criminal justice system.

People with disabilities who have a gambling problem

Gambling in the context of people with disabilities has not been a well-researched topic. However, an interesting paper delivered at the 2007 National Association for Gambling Studies (Cairns, Australia) conference highlighted some potential need for more specialist problem gambling support for people with intellectual disabilities (Kalinowski, 2007).

In the study, 79 clients presenting to an intellectual disability clinic in the US were surveyed about their gambling behaviour and screened for problem gambling. Nearly 8% of clients met the criteria for problem gambling, suggesting that gambling problems are likely to be a key issue for many people with intellectual disabilities.

As many people in this community segment are not easily surveyed in telephone prevalence studies, this may *also* suggest that people with intellectual disabilities may add to the overall community prevalence rates of problem gambling. In turn, Kalinowski (2007) emphasised that such groups are likely to have very different support needs from mainstream gamblers, given that many already have significant cognitive distortions, psychiatric comorbidities and neurotransmitter dysfunction.

D'Aegher and Robinson (2006), as part of findings of a review of problem gambling treatment and support services in NSW, considered appropriate models and services in gambling help service provision for people with a cognitive disability. Of most interest to the current needs analysis, themes from the service review included:

- cognitive behaviour therapy was deemed not always the most appropriate intervention for people with cognitive disability
- people with cognitive disabilities are often adversely affected by isolation and poverty, which in turn can imply an increased risk for problem gambling (eg. many rely on the safety of the "club structure" for entertainment)
- the capacity of mainstream services to provide counselling and support to people with cognitive disability is limited
- challenges present in implementing a state-wide service to people with cognitive disability - this was seen to include a lack of disability awareness in mainstream gambling counselling services, the lack of funding to train staff to acquire specialist skills, high resourcing demands associated with supporting people with cognitive disability who have gambling problems, the difficulty in application of cognitively-based therapies and the lack of "accessible resources" suitable for people with cognitive disability

While the paper concluded that there was a scarcity of research investigating problem gambling treatment needs of people with cognitive disability, some research was also cited. In particular, a study by Degenhardt (2000) was cited as providing evidence to suggest that people with cognitive disability experience significant difficulty in encoding large amounts of new information (including poor abstraction ability, poorer abilities to verbalise strategies, slower learning of information) and that this would be linked to difficulty with cognitively based treatment methods.

Other studies cited included:

- Dagnan et. al (1997) - reported that people with intellectual disabilities have a greater chance of developing an anxiety disorder than people in the general community - this was described as linked to negative self-perceptions of people with disabilities and negative stereotyping by the community. As anxiety is commonly an underlying disorder in the context of any addictions, it was also postulated that treatment of anxiety would be a significant aspect of therapeutic intervention for problem gamblers
- Cognitive Behaviour Therapy for People with Disabilities (1997) - it was reported in this publication that the language-based nature of cognitive behaviour therapy typically made it difficult to use the technique with people with cognitive disability

Key characteristics of a best practice model to meet the needs of people with disabilities were also seen to include:

- a reduced reliance on traditional therapeutic models, recognising that these may not meet the needs of people with cognitive disabilities
- an ability to adapt the model in line with the complex needs of individuals
- examination of the effectiveness of an educational versus counselling approach
- placing emphasis on interventions involving skills training
- paying attention to the method of treatment presentation such as length of organisation of information and avoidance of cognitive-based therapies
- placing less emphasis on abstract analysis of a client's reasons for gambling
- taking a "whole-of-life" approach and looking at strategies for overcoming disabling factors in a person's life (eg. isolation, difficulty with social skills, financial planning)
- looking at what needs are being met with gambling and identifying how to support the person to have their needs met in a way that enhances their independence and well-being
- translating assessment and evaluation tools and counselling resources into accessible language
- networking with other services to support a positive outcome for the person - identifying what services are available to a person with cognitive disability and actively linking the person in to those supports
- undertaking community development in a way that engages the community and disability services in constructive and proactive strategies for supporting people with disabilities who have gambling problems.

Indigenous peoples

Indigenous peoples both in Australia and across the world have been generally found to be adversely affected by problem gambling. A study by the former Department of Families, Youth and Community Care Queensland (1996), for instance, examined the early impacts of the introduction of EGMs on Indigenous communities across Queensland. A survey of 128 Aboriginal and Torres Strait Islander peoples was completed in an Indigenous Land Council. Interesting findings of the study included:

- 78% of Indigenous respondents preferred EGMs, 11% Lotto/lottery, 7% TAB and 4% other forms such as cards and bingo
- 1 in 5 who preferred TAB gambling were women, whereas an equal proportion of men and women preferred EGMs
- respondents reported a range of gambling-related problems including family financial assistance to pay gambling debts (8%) and putting important relationships at-risk because of gambling (6%)
- the introduction of PubTAB was associated with a reduction in local card games. Several community members who had previously travelled regularly to a TAB (a large taxi fare) switched to using the PubTAB
- a survey of regular PubTAB players showed that players were spending more than 25% of their income on gambling
- introduction of PubTAB was associated with a marked reduction in canteen sales of alcohol and reports from players that they were drinking less alcohol

The 2006 Northern Territory Prevalence study also found that problem gamblers (SOGS 5+) were over-represented within Indigenous communities.

A study by Kinsella and Carrig (1997) examined therapeutic models of intervention for Aboriginal problem gamblers in South Australia. Key insights from this study included:

- Aboriginal gambling was proposed to be widespread in the form of card games (Hunter and Spargo, 1988) and the card ring is an acceptable form of social interaction and recreation within most Aboriginal communities (Goodale, 1987)
- As reported by Foote (1996), the notion of luck or magic plays a role in Indigenous gambling. During consultations, the authors mentioned that much fun was made of the notion of "lucky days", charms etc. and the ritualistic practices of regular players (eg rubbing a machine in a particular way, carrying a lucky charm)
- There is apparently a lot of money generated in card games and two-up in some Aboriginal communities and several rules as to how much it costs to enter a game and who can enter the games

Altman (1985) and Goodale (1987) discuss two modes of card games in Indigenous communities:

- "Fun and family" based gambling - family and socially-oriented card games where small amounts of cash are at stake (slow games)
- "Business and hard work" gambling - this is where card games are played with remarkable intensity and substantial amounts of money circulate (fast games)

It was then proposed that, when Indigenous peoples play slow games, there's a significantly higher degree of talking and laughing (as opposed to playing). In contrast, fast games are more serious for core players and typically coincide with "pay day". Such card games thus become a intensely-absorbing activity. Domestic requirements take second place over play and there is limited involvement of players in other community activities.

There was also mention that alcohol is less tolerated in women's card rings and other family rules exist. For example, when older women hosts games, they will often ban young mothers from playing until children are fed. In contrast, alcohol is a very large part of men's games (increasing the risk of harm) and once players have spent their money, they are generally expected to leave the card game and not demand money from others to keep playing. Young men are also described as often playing cards to make money for marijuana and alcohol (termed by McKnight and Goodale (1987) as "hunting for money").

Paterson (2007) conducted a study of gambling in a major Indigenous community in the Northern Territory. While it has been purported that aboriginal card games typically fall outside mainstream government regulation, there was proposed to be a type of "regulatory structure" that applied to card game play in Indigenous communities.

In particular, it was identified that aboriginal gaming structures work in their own context to create an "internal regulatory system", some aspects of which have a corresponding resonance to regulation in the mainstream gaming industry.

For instance, there are rules and regulations that structure games, which are designed to protect individual players and the community against the harmful effects of gambling and to prevent corruption and cheating in card play. It was then proposed that failure to recognize the existence of an 'Indigenous regulatory regime' may make it difficult to examine effective strategies to minimise harm from gambling.

The Aboriginal Health & Medical Research Council of NSW (2007) through a state-wide needs analysis identified the importance of raising community awareness and encouraging the discussion of gambling in Indigenous communities in NSW. Indigenous community members and gambling treatment providers consistently reported that existing mainstream gambling treatment services were often not utilised by Indigenous peoples (also an observation of the current needs analysis, based on RGF-counsellor feedback).

Useful strategies to build capacity in mainstream gambling treatment to respond to the needs of Aboriginal peoples and communities were described to include:

- the development and delivery of cross-cultural training to staff
- employing Aboriginal peoples as counsellors
- facilitating and supporting engagement with local Aboriginal communities and their organisations, through the development of resources, documentation of case studies and models of good practice and providing networking and information-sharing opportunities.

*Link between
problem gambling
and domestic violence*

While problem gambling has been documented as linked to crime and many other comorbid conditions, there has been fairly limited formal research into the role of problem gambling and Domestic Violence (DV). However, one interesting study by Korman et. al (2008) examined the prevalence and severity of intimate partner violence (IPV) amongst 245 Canadian problem gamblers. The CPGI was used to screen for risk for problem gambling.

Findings of the study showed that around 63% of respondents reported perpetrating and/or being the victims of IPV in the past year, with 25% reporting severe IPV. The majority of the sample (64.5%) also had clinically significant anger management issues and lifetime substance abuse disorders with anger problems linked to increased likelihood of IPV perpetration and victimization.

Findings in turn were used to underscore the benefit of routinely screening gambling clients for both anger and IPV and the need to develop public policy and strategy to address IPV within problem gamblers.

Park and Griffiths (2004) also found a further link between general aggression and gambling, based on an observational study of 303 slot machine players. Verbal aggression was seen to manifest in a number of areas including towards other players and venue staff. Study findings were then linked to a role of gambling in increasing human aggression.

*Acquired Brain Injury (ABI)
and problem gambling*

Guercio (2007) investigated the role of problem gambling in people with Acquired Brain Injury (ABI). This was investigated on the basis that some people with ABI can experience impulse control disorders. In this context, a prevalence study of problem gambling was conducted using the SOGS in 162 participants. This showed that rates of problem gambling were 25% in people with ABI versus 1-2% in US population samples.

There was also an interesting relationship between the site of ABI and the severity of problem gambling. In particular, frontal lobe injuries (which can affect impulse control) were more predictive of a higher SOGS score, than damage to other areas of the brain. In addition to obtaining prevalence data related to problematic gambling in the ABI population, a treatment intervention package was examined with 3 participants with a brain injury. This showed that cognitive-behavioural therapy (CBT) was able to reduce both the amount of money wagered, as well as self-reports of impulse to gamble across the treatment group.

Comorbid substance abuse disorders

Problem gambling has also been linked to substance abuse disorders. For instance, some examples of past notable studies include:

- Gerstein et. al (1999) - surveyed 2417 adults by telephone and individuals with a lifetime diagnosis of pathological gambling had approximately nine times the rate of substance use disorders (9.9%) compared to non-gamblers (1.1%)
- Welte et. al (2001) - surveyed 2638 adults in the US and found the rate of current alcohol dependence among lifetime pathological gamblers to be 25%, compared to only 1.4% among non-gamblers
- Petry, Stinson and Grant (2005) - surveyed over 43,000 respondents in the US in a major epidemiological study and found that the lifetime rate of alcohol abuse or dependence was 73.2% among lifetime pathological gamblers, compared to only 25% among non-gamblers. In addition, 38% of lifetime pathological gamblers also had a disorder with one or more other substances including sedatives, tranquilizers, opiates, stimulants, hallucinogens, cannabis, cocaine, inhalants/solvents, heroin and other drugs
- Bland et. al (1993) - surveyed 7214 adults in two Canadian provinces. Rates of lifetime alcohol abuse or dependence were found to be almost four times higher in individuals with lifetime pathological gambling (63.3%), compared to non-pathological gamblers (16.5%)
- Ibanez et. al (2001) - evaluated gamblers in a treatment program and found that 35% had a history of alcohol abuse and 23% had current alcohol problems
- Feigelman et. al (1995) - found that rates of problem gambling were high (7%) in patients receiving clinical treatment for drug abuse (patients were on a methadone program)

Tobacco use and problem gambling

Grant (2005) explored the link between problem gambling and tobacco use. This project was viewed as potentially of value in treating individuals with co-occurring pathological gambling and nicotine dependence. Compared with the group of "never smokers", current and prior daily smokers were more likely to be older, female and have stronger urges to gamble. The study then flagged treatment for tobacco use and nicotine dependence as a potential treatment in the context of problem gambling, as smoking was found to be linked to more severe urges to gamble. It was also recommended that treatments targeting urges in individuals with pathological gambling and current or prior daily tobacco use should be examined.

Comorbid mental health conditions

Mental health conditions have similarly been linked to problem gambling in a range of studies, suggesting that "dual diagnoses" are very commonly linked to problem gambling. Examples of interesting studies highlighting this link include:

- Petry, Stinson and Grant (2005) - found that depression was approximately three times higher in pathological gamblers compared to non-gamblers, dysthymia (a disorder characterised by chronically depressed mood for over two years) was three times more likely to occur in pathological gamblers (20% versus 4.9%). Rates of manic episodes were also eight times higher, compared to non-gamblers.
- Specker et. al (1996) - found that gamblers seeking outpatient treatment had about three times the rate of depression, compared with non-pathological gamblers
- NSW Prevalence Study (2006) - within a sample of regular gamblers, 53% of problem gamblers reported having felt seriously depressed in the last twelve months (compared to on 27% of moderate risk gamblers and 22% of low risk gamblers). Around 29% of problem gamblers also reported having been under the care of a doctor or other professional because of physical or emotional problems (ie. brought on by stress), compared to lower risk segments. Around 8% of problem gamblers and 3% of moderate risk gamblers also reported seriously thinking about or attempting suicide as a result of gambling

- Queensland Household Gambling Survey (2006-2007) - found that 72% of problem gamblers reported feeling seriously depressed in the past 12mths, although only 39% reported being under a doctor's care. Around 19% had also seriously thought about or attempted suicide due to gambling
- Linden et. al (1986) and McCormick et. al (1984) - also found elevated rates of hypomania (38%) and manic episodes or bipolar disorder (8-24%) in gamblers seeking treatment
- Cunningham-Williams et. al (1998) - found that being a problem gambler significantly increased the risk of phobias, but not of other anxiety disorders. In addition, being a problem or pathological gambler also increased the odds of having schizophrenia
- Bland et. al (1993) - found rates of anxiety disorders to be significantly higher in pathological gamblers, than non-problem gamblers and also found an increased risk for obsessive-compulsive disorder
- Petry et. al (2005) - found that pathological gamblers experienced a higher rate of generalised anxiety disorders, panic disorders with or without agoraphobia, specific phobias and social phobias at a greater rate than non-problem gamblers
- The Canadian Community Health Survey (2007) - surveyed 36,984 respondents and the weighted prevalence of problem gambling (as measured by the CPGL) was significantly higher (6.3%) amongst people with bipolar disorder; compared to the general population (2%) and those with major depressive disorder (2.5%). Compared to those without bipolar disorder; the odds of problem gambling for people with bipolar disorder were over twice as high (even when confounds were controlled)

General health problems

While problem gambling has been frequently linked to mental health conditions, there has not been the same level of research interest in exploring the relationship between problem gambling and physical health conditions. However, an interesting study by Erikson et. al (2005) found that people 60 years or over experiencing either problem or pathological gambling showed evidence of significantly greater physical and mental health problems than non-problem gamblers. In turn, it was concluded that about 10% of active older adults experience gambling problems, which are not only linked to poor mental health, *but also* poor physical health.

Women and problem gambling

While rates of problem gambling are often found to be lower in women than in men, research by Pratt (2007) investigated the types of treatment approaches which would be attractive to women experiencing gambling problems. Study participants were 78 women aged 18-65 years, obtained largely from internet gambling support groups. The study also looked at the "stage of change" of women problem gamblers and how this affected their treatment preference (ie. based on the Transtheoretical Model¹).

Results supported the importance of matching interventions with an individual's stage of change. Most interesting was that during the precontemplation stage, participants found psychoeducation to be the most attractive treatment approach (although the authors acknowledged that this result should be interpreted with caution due to the small sample size).

Results were then used to conclude that women in the precontemplation stage of change tend to require improved information about problem gambling at a basic concept level. In relation to treatment techniques, a significant number of participants in the study chose cognitive-behavioural and psychodynamic therapy as the most attractive treatment (across all stages of change).

.....
 1. Prochaska and DiClemente - This model segments people into varying degrees of readiness for behavioural change including precontemplation, contemplation, action, maintenance along with the additional concept of relapse.

A further study by Dowling et. al (2006) also found that women with gambling problems reported less problem gambling after receiving cognitive-behavioural therapy for treatment.

Post-traumatic stress disorder

Ledgerwood et. al (2006) examined post-traumatic stress disorder (PTSD) among pathological gamblers in a sample of 149 treatment-seeking problem gamblers. Participants were divided into two groups on the basis of their score on the PTSD Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993). Interestingly, 34% of the problem gamblers reported a high frequency of PTSD symptoms. Participants who had high scores also reported greater lifetime gambling severity, psychiatric symptom severity, impulsivity and dissociation, than participants who had low PTSD symptom scores. In turn, findings were said to warrant future research about the role of PTSD in PGs.

Childhood trauma and PG

Findings of a further study by Kausch et. al (2006) also showed a link between problem gambling and early childhood trauma in a sample of 111 treatment-seeking gamblers. The study found that 64% of gamblers reported a history of emotional trauma, 40.5% physical trauma and 24.3% sexual trauma. Most trauma also occurred in childhood. A history of trauma was also linked to a greater frequency of suicide attempts and drug and alcohol dependence and more severe scores in measures of psychiatric distress.

Similarly, Petry and Steinberg (2005) found that women pathological gamblers scored higher than men on the Childhood Trauma Questionnaire (CTQ) and particularly on subscales measuring physical neglect, emotional abuse and sexual abuse. Severity of childhood maltreatment was significantly and independently associated with lower age of onset of gambling and increased severity of gambling problems. Findings were then taken to infer that childhood maltreatment is prevalent in pathological gamblers and particularly in female pathological gamblers.

Older people/ the elderly

While older populations have often been found to be both less likely to gamble and to have lower rates of problem gambling than younger people, some studies have pointed to a possible link between age and problem gambling. Pietrzak (2006), for instance, examined the link between problematic gambling severity and psychosocial functioning in older adults (over 60yrs of age).

Compared with problem gamblers, pathological gamblers reported increased severity of gambling and family/social problems on the Addiction Severity Index (ASI), scored higher on the Geriatric Depression Scale (GDS), Brief Symptom Inventory (BSI) and UCLA-Loneliness Scale and scored lower on the Social Provisions Scale (SPS).

Although not seeking treatment at the time of interview, 75% of pathological gamblers and 30% of problem gamblers were interested in gambling treatment. The author then concluded that severity of gambling problems is associated with increased psychosocial distress in older adults and that a significant proportion of older adults with a gambling disorder may be aware of their gambling problem and interested in treatment.

Moufakkir (2006) also explored the trip characteristics and gambling behaviour of the elderly, compared to other age groups. Visitors to two large Midwestern commercial land-based casinos completed a follow-up telephone survey. Findings showed that elderly gamblers were the least likely to engage in other leisure activities apart from gambling. They were also found to prefer to visit casinos on weekdays and indicated an interest in buying weekday package trips that included stops at several casinos.

At a local level, Southwell et. al (2008) investigated gambling in older people aged 60 years and over in South East Queensland. The study gathered data via a postal survey of 80 managers of licensed clubs, interviews with Gambling Help services and a survey of 414 people aged 60+ who regularly played EGMs, self-administered on site at local clubs.

Results of the study suggested that there are many circumstantial factors which explain why older people gamble. These included factors such as being without a partner; having a disability that impacts on everyday activities, having a low annual income and no longer participating in the workforce. Around 27% of the sample also reported drawing on their savings to fund EGM play and this was noted as higher in older people without a partner or those with a disability.

It was then concluded that this explains why older people had high overall levels of motivation for playing EGMs and greater reliance on EGMs to meet social, recreational and mental health needs.

Sexual addiction and problem gambling

Grant and Steinberg (2005) explored the link between gambling addiction and sexual Compulsive Sexual Behaviour (CSB). This US study investigated the sexual behaviours of 225 adults who met criteria for pathological gambling. Approximately 20% were found to have a comorbid CSB and symptoms of CSB generally preceded the onset of pathological gambling symptoms (in 71% of subjects). Men were also more likely to have CSB. Findings of the study in turn led to a conclusion for the need to screen for co-occurring sexual addiction in pathological gamblers.

SPECIALISED HELP NEEDS IN PROBLEM GAMBLING

Context

In a treatment context, it is also useful to consider current literature relating to the more specialist help needs of problem gamblers during treatment provision. From this perspective, following is a review of key trends in the literature, which illustrate the different types of specialist support and services which may be needed by problem gamblers and their families.

Help needs of problem gamblers

The help needs of problem gamblers have also been researched in a number of studies. Jackson et al. (1997), for instance, undertook a study to examine the help needs of problem gamblers presenting at help agencies. Key findings of this study showed that the help needs of problem gamblers can be very diverse. In particular, major identified help needs included:

- Help to address gambling behaviours - 89%
- Help with financial issues - 57%
- Help with interpersonal issues (eg. friendships) - 56%
- Help with interpersonal issues/relationships - 49%
- Leisure use issues - 44%
- Family issues - 39%

In a further study, Jackson et al. (1999) also noted that many problem gamblers typically present with multiple issues (ie. more than one problem). It was also concluded that help providers ultimately need a wide range of skills to meet the needs of problem gamblers including knowledge of good referral networks in cases where those skills are not available (eg. debt restructuring support is a very specialised area outside the knowledge of many counsellors).

Use of specialised problem gambling services

A study showing the many sources of specialised help sought by problem gamblers was undertaken by Matrix Consulting (2002). This examined service users of the WA Gambling Helpline. A key finding of the study showed that people with gambling problems seek assistance from a wide range of both specialist and generic services. Some interesting findings were also noted about the use of "other" types of services.

Specifically, the study highlighted the following key trends:

- **Financial Counsellors** - a study of Financial Counsellors in WA (1999-2000) was cited as finding that many financial counsellors provide services to problem gamblers. In particular, 14 financial counsellors reported providing services to 183 clients with gambling problems. A further 123 clients were also suspected to have financial problems from gambling. It was similarly identified that most financial counselling clients do not disclose gambling problems
- **Telephone help services** - Consultations by Matrix Consulting (2002) with telephone help providers not specialised in gambling help (eg. Salvo Care Line) revealed that people calling with gambling problems may represent a very small proportion of callers. Some estimates included less than 5 calls per year (Salvo Care Line), less than 1% of calls (Samaritans) to very minimal calls overall (Lifeline)
- **Indigenous communities** - Consultations by Matrix Consulting (2002) revealed that a range of gambling activities were popular with Indigenous communities, as a form of entertainment. However, Indigenous people did not often view games as "gambling" - *"Our mob don't call it gambling. It's playing cards"*
- **Self-help programs** - a number of self-help agencies were identified as a key source of gambling support in WA. This included Gamblers Anonymous and the Western Institute of Self Help. There was also comment that most self-help services (often unfunded) are accessed at the "crisis stage"
- **GPs** - Doctors were deemed a very important referral point for referrals to the Gambling Help Line. Gamblers Anonymous also reported that GPs are a source of referrals to GA support groups
- **Drug and alcohol services** - following consultations with 15 drug and alcohol services, Matrix Consulting (2002) reported that some people present to such agencies with gambling related problems. Agencies estimated that this could be around 5-10% of clients each year
- **Criminal Justice/Legal Agencies** - Some people with gambling problems were reported to have contact with the criminal justice system (eg. courts and community corrections). The Productivity Commission found that 40% of clients seeking assistance from gambling counselling agencies had committed a gambling-related crime. BreakEven WA data also suggested that approximately 20% of new client referrals present with legal issues and many of these involve the Department of Justice

Jurisdictional practices to address specialised support needs in problem gambling

Context

As part of the current project, a range of interesting jurisdictional practices were examined to explore how different jurisdictions catered to specialist needs in problem gambling. In addition, a small number of discussions were also conducted with jurisdictions to gather insights into how special needs were addressed.

Following is a brief review of interesting trends relating to:

- **Australian jurisdictions**
- **International jurisdictions**

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Following is a snapshot of how three jurisdictions in Australia provide services to treat special needs and needs segments in problem gambling. A review of jurisdictions tends to suggest that many states are moving towards provision of more specialist services for problem gambling and most jurisdictions are increasingly aiming to cater to special needs segments and particularly people of CALD and Indigenous backgrounds.

Community segments	Description of approaches used to cater to special needs		
	VICTORIA	QUEENSLAND	SOUTH AUSTRALIA
Overall approach to service delivery			
General service delivery model for treatment of problem gambling	Services are delivered through 17 auspice agencies over 100 sites throughout Victoria, plus a 1800 number for telephone counselling. Gambler's Help Services deliver problem gambling and financial counselling services, community education, and specialist services for Koori clients as well as clients from CALD communities. Financial counselling is delivered through the Gamblers Help Service network. There are also reports that there is increasing demand for financial counselling, while the number of clients accessing problem gambling counselling has levelled.	Services are delivered through 4 auspice agencies across 13 different locations in Queensland. Services provided include both general counselling, relationship counselling and financial counselling. A 24 hour help line is also available - The Gambling Help Line.	Services are delivered through a state-wide network of help services and through a Gambling Help Line. There are also specialist services for Indigenous clients and people of CALD backgrounds. Services include capacity to support problem gamblers and their families with individual and family counselling, financial counselling, support groups (where available) and community education.
Financial counselling			
Training of gambling help counsellors	Training of gambling help counsellors typically occurs via individual Gambling Help Services.	Training of gambling help counsellors typically occurs via individual Gambling Help Services.	Training of gambling help counsellors typically occurs via individual Gambling Help Services.
Specialist needs segments catered to in the jurisdiction			
Family members/significant others affected by problem gambling	Catered to by all Gamblers Help Services. The Gambler's Help redevelopment project will commence work on development of a Families Support Program as part of a Recovery Assistance Program (RAP). Introduced in 2003, the RAP provides materials to assist problem gamblers and their families. Grandparents Victoria was also funded in 2005 to conduct the Grandparents Preventing Problem Gambling Project. This project is designed to stimulate grandparents to reflect on the effects of problem gambling and take action to help control it.	General family and "significant other" support needs are catered to by mainstream problem gambling help services in Queensland.	General family and "significant other" support needs are catered to by mainstream problem gambling help services in SA.
Problem gamblers with a cognitive or physical disability	Currently supported by mainstream help services, but not specifically targeted to date.	Currently supported by mainstream help services, but not specifically targeted to date.	Currently supported by mainstream help services, but not specifically targeted to date.
People needing professional legal advice due to gambling problems	Gamblers experiencing legal issues due to gambling are often referred to Legal Aid or community based legal services. Effective referrals to relevant community services is thus the key point of focus.	Gamblers experiencing legal issues due to gambling are often referred to Legal Aid or community based legal services.	Gamblers experiencing legal issues due to gambling are often referred to the Legal Services Commission of SA or in the case of women, the Women's Legal Service of SA.

Community segments	Description of approaches used to cater to special needs		
	VICTORIA	QUEENSLAND	SOUTH AUSTRALIA
Youth under 18yrs	<p>Problem Gambling: A Guide for Victorian Schools was developed as a tool to educate young students about the risks of problem gambling. A partnership has also been developed with Consumer Affairs Victoria (CAV) to incorporate responsible gambling content in the Consumer Education in Schools (CEIS) Program.</p> <p>An Adult Community and Further Education (ACFE) pilot partnership aims also to ensure that at-risk students not engaged in the mainstream school system are made aware of the risks of problem gambling. Based on the pilot results, the program is also being extended.</p>	<p>The Queensland Responsible Gambling Teaching Resource Kit contains a range of modules targeting the education needs of young people. The kit contains idea sheets and resources to help teachers implement responsible gambling education in the classroom. Resources are generally suited to students at middle to senior school levels.</p> <p>The Kit was released in 2004 and distributed free to schools in Queensland. Mathematics modules and supplementary materials were also developed and distributed in late 2006.</p> <p>A web site "School Stuff" has also been developed for youth. It is an interactive internet site designed for young people to investigate issues associated with gambling. Additional School Stuff secondary modules have also been developed (School Stuff II).</p> <p>From March to May 2007, a series of workshops were also held throughout the state to educate teachers about responsible gambling school based education.</p>	<p>Kid's Helpline is used as a referral point for children calling the helpline. The Government has allocated \$800,000 over 4 years to the Department of Education and Children's Services (DECS) to develop curriculum for use in South Australian schools - called "Dicey Dealings: Responsible Gambling Education - a Strategy for South Australian Schools".</p>
Seniors/older people	See comments about Grandparents Victoria partnership project.	Supported by mainstream help services.	Supported by mainstream help services.
Problem gamblers of Indigenous background	<p>Two projects were funded to assist people of Indigenous backgrounds with gambling problems. The Victorian Aboriginal Community Services Association (VACSAL) established the Victorian Aboriginal Gambling Awareness Service, which is funded to support the capacity of help services to provide culturally appropriate services to Indigenous clients.</p> <p>The Victorian Aboriginal Health Service (VAHS) was also funded to deliver face-to-face problem gambling counselling and financial counselling services, similar to mainstream help services.</p>	<p>Mainstream help services support people of Indigenous backgrounds and one northern region help service location (Cairns) has a community educator who is quite experienced and active in working together with Indigenous communities. There is also a current needs analysis being commissioned to examine Indigenous needs in the area of problem gambling help provision.</p>	<p>The SA model has a number of services specifically designed to support people of Indigenous background who experience gambling problems. These include Aboriginal Family Support Services (Pt Augusta and Coober Pedy) and Nunkuwarrin Yunti.</p>

Community segments	Description of approaches used to cater to special needs		
	VICTORIA	QUEENSLAND	SOUTH AUSTRALIA
Problem gamblers of CALD backgrounds	The Centre for Ethnicity & Health (CEH) established the Victorian Multicultural Gambler's Help Program. This is funded to support and strengthen help service capacity to support people of CALD backgrounds.	A representative of multicultural communities participates in the Responsible Gambling Advisory Committee (RGAC) and several projects have been undertaken in collaboration with multicultural communities in Queensland. Some community development projects have also profiled needs and included projects with migrant and refugee populations.	Several CALD specific services provide help to people of CALD backgrounds. This includes capacity to support problem gamblers in the Overseas Chinese Association, in Vietnamese Community in Australia and in The Cambodian Service. Relationships Australia (SA) also provides multicultural gambling help services through an entity called PEACE (Personal Education and Community Empowerment).
Humanitarian migrants/migrants	The Centre for Cultural Ethnicity (CEH) investigated support needs of refugees in relation to problem gambling. Results have not yet been released in Taking Action. Problem gambling was described as an emerging issue for communities, which increases with the length of stay.		
Problem gamblers who are homeless	See previous comments about the Recovery Assistance Program (RAP). Counsellors also work with other referral outlets in the social welfare sector (eg. which assist with emergency material needs).	Most assistance is through counsellors working with other referral outlets in the social welfare sector (eg. which assist with emergency material needs).	Most assistance is through counsellors working with other referral outlets in the social welfare sector (eg. which assist with emergency material needs).
Problem gamblers in prison/incarcerated (eg. home detention)	The incidence of problem gamblers in the corrections system is being investigated via a joint project between Office of Gaming and Racing and Corrections Victoria (in progress).	Queensland was a leader in conducting one of the first studies ever investigating problem gambling in prison populations. Work to date has also focused on collaborative partnerships with related agencies to build treatment programs in the corrections system. Some counsellors also work to provide treatment to people of incarcerated backgrounds.	Offenders Aid and Rehabilitation Services (OARS) Gambling Support Service offers specialist support services to people affected by problem gambling, who have been drawn into, or are at-risk of entering the criminal justice system in South Australia.
Rural/remote problem gamblers	The Taking Action strategy document reports one new program direction as involving the development and implementation of mobile and outreach counselling to increase service accessibility for regional clients. Services are also located in regional areas across Victoria.	A gambling help service is available in very isolated far western parts of Queensland (eg. Mt Isa).	Several services are located in more regional areas of South Australia (eg. Wyalla).
People with multiple addictions such as drug and alcohol addictions, other mental health issues or other complex needs	The Taking Action strategy document reports a further new program direction as specialist portfolio service for clients with more complex and severe gambling related issues.	A specialised drug and alcohol support service - Moonyah - is also available to support problem gamblers experiencing drug and alcohol addictions. This service includes a residential program to assist people experiencing comorbid drug and alcohol issues, along with problem gambling.	Problem gamblers with such special needs are referred to other services linked into the help line. This includes a referral to the Assessment and Crisis Intervention Service (ACIS), Lifeline or Crisis Care in the case of mental health/crisis service needs, the Domestic Violence Helpline or Domestic Violence Crisis Service in the case of Domestic Violence and to the Alcohol and Drug Information Service in the case of alcohol and drugs.

Community segments	Description of approaches used to cater to special needs		
	VICTORIA	QUEENSLAND	SOUTH AUSTRALIA
Women	The Opening Doors to Women Guide has been produced by WIRE, women's information, in partnership with the Victorian Government to improve service delivery for women who are experiencing problem gambling and who are vulnerable through social isolation. The emphasis is on training counsellors to understand unique issues affecting women experiencing problem gambling.	Needs are addressed through existing mainstream support services.	A series of women's help services are points of referrals if special needs are identified.
Out-of-hours counselling	In 2006-07, 14 gambler's help services were funded to provide after-hours counselling services. This included counselling, financial counselling and group-based counselling. Weekday evenings were also reported as a popular time frame for out-of-hours help ^a .	Out of hours counselling is offered on an ad hoc basis at the discretion of individual services.	Out of hours counselling is offered on an ad hoc basis at the discretion of individual services.
Other special needs segments	Health and welfare workers - A Problem Gambling Resource Kit has been developed to assist health and welfare workers respond to problem gambling in their day-to-day work. It is intended that the kit be used to help identify clients with gambling related issues.	Parental education strategies have also been implemented in Queensland including a resource - Are you gambling with a child's future?	The Consumer Voice Project aims to raise community awareness about problem gambling. The Consumer Voice Project provides the opportunity for people who have overcome a gambling problem or been affected by problem gambling, to be trained and supported to share their personal stories on how problem gambling affected them and their families.
Branding of help network	Common brand maintained - eg. Gamblers Help.	Common brand maintained - eg. Gambling Help Services (eg. Gambling Help Brisbane, Gambling Help Logan)	Individual names of services maintained - eg. Centacare Ceduna - Lifeline South East - Mt Gambier


a. Taking Action on Problem Gambling - A Strategy for Combating Problem Gambling in Victoria (progress report 2006/07)

Other jurisdictions

Following is a snapshot of how two jurisdictions outside Australia provide services to treat special needs and needs segments in problem gambling. It is particularly interesting to note the work being undertaken with General Practitioners in Canada and the many resources being developed for general welfare and social service workers who may come across people with problem gambling. The approaches used in Ontario and New Zealand are also particularly strong, given the integrated 'public health'/population health' focus (eg. there is interestingly even a special Asian Clinical Services team that provides free problem gambling counselling to people of Korean, Cantonese and Mandarin backgrounds).

Community segments	Description of approach used to cater to special needs	
	Ontario	New Zealand
General service delivery model for treatment of problem gambling	<p>Ontario Problem Gambling Helpline is available to assist people with gambling problems, along with a list of community treatment/counselling services able to provide free help to problem gamblers across the province.</p> <p>ProblemGambling.ca also offers online training for helping professionals and those interested in learning more about problem gambling - Termed "<i>Fundamental Concepts of Problem Gambling</i>". This is designed for people in the helping professions. Customised Training is also offered on problem gambling to a broad range of allied social service agencies and systems who may come into contact with people experiencing problems with gambling or their families.</p>	<p>The Problem Gambling Foundation offers free and confidential face-to-face counselling for individuals, families, couples and concerned others throughout New Zealand. Significant others such as families and friends of problem gamblers are also catered to. Services are delivered by specially-trained clinicians across more than 50 sites in NZ.</p>
Specialist needs segments catered to in the jurisdiction		
Interesting needs segments, service characteristics and services	<ul style="list-style-type: none"> • A guide for families of problem gamblers has been developed. • The Youth Making Choices: Problem Gambling Prevention Program is a new curriculum based prevention program for students in grades 8 through 12 • Are Your Patients Suffering from Problem Gambling - is an education resource developed specifically for doctors to educate physicians about problem gambling and screening for problem gambling • Towards a Better Understanding of Women Who Problem Gamble: Information for Professionals Who Work With Women - is also a guidebook for women who experience gambling problems • Self-help resources have also been developed to assist problem gamblers with self-recovery - Basic information is also covered on the concept of counselling (what it involves etc.) • Gambling and the Workplace was also developed in recognition of the prevalence of problem gambling by employees and the impact of problem gambling on work 	<ul style="list-style-type: none"> • There is an Asian Clinical Services team that provides free problem gambling counselling, information and education to the Asian community in Korean, Cantonese and Mandarin. There is also potential for clients to work with a Maori or Pacific counsellor or to be referred to a Maori or Pacific service, if desired. • The Eight Screen for gambling is supplied on a web site to identify people who might benefit from an assessment of their gambling • A community education function is also performed by the Problem Gambling Foundation of New Zealand to raise community awareness of problem gambling. This is also to help make communities aware of how to respond to problem gambling at a local level - "<i>We help empower communities by providing the tools and resources to educate and inform their community, and assist in the development of local policies around gambling. We do this by presenting to community groups, businesses and schools so they can make informed decisions about gambling in their community</i>"

Community segments	Description of approach used to cater to special needs	
	Ontario	New Zealand
Cont'd	<ul style="list-style-type: none"> Translated problem gambling resources are provided for counsellors working with people of Culturally and Linguistically Diverse backgrounds A resource has been developed to assist with the treatment of young problem gamblers (youth) A guide for financial counsellors has also been developed to raise awareness of the role of problem gambling in financial problems and channels for accessing help Complete the Check Your Gambling (CYG) questionnaire - is also available online as a screening tool for self-diagnosis of problem gambling Problemgambling.ca also serves as a best practice portal for counsellors through the provision of research and related support information. 	<ul style="list-style-type: none"> The Foundation's Public Health team has also helped to establish a number of community action groups, so communities can work with their own people at a grass roots level to raise awareness of the harm gambling can cause. <i>"When is it not a game?"</i> has been developed as a health education resource for secondary school students to educate youth about the risks of problem gambling - The Young People's Initiative Award also honours young people's significant contributions to raising awareness of the impacts of gambling in Aotearoa An interesting model also exists to support the development of an effective public health policy for gambling harm minimisation in NZ - A Problem Gambling Foundation (PGF) advocates the need to separate regulation from enforcement and policy, and the need for an independent commission. It supports the rights of local governments and citizens to have a say in the type and quantum of gambling. It does this by regularly presenting concerns, supported by evidence, to Select Committees of Parliament, Committees of Inquiry, the Casino Control Authority and other committees and to political parties, legislative bodies and the media. Even a specialist Local Government Team works to raise awareness of problem gambling to local governments and agencies.



Research with people of special needs segments experiencing gambling problems

As part of the current needs analysis, a range of interviews and focus groups were conducted with 18 people of special needs segments experiencing gambling problems or affected by gambling problems. This included people with intellectual disabilities, people with severe mental health conditions and people who have been incarcerated or in need of legal advice and support.

Counsellors and staff in RGF-funded counselling services kindly assisted with recruitment of most participants and were also encouraged to identify people with very unique special needs and circumstances (to encourage an open-minded approach to selecting interviewees). In many cases, people interviewed had a range of special needs implying that many diverse needs and issues emerged in discussions and consultations. Due to sensitivities, quite a large proportion of interviews also occurred over the telephone (based on interviewee preference).

Within this context, the following section presents a summary of key insights about specialised problem gambling service needs and needs segments in the NSW community from a consumer perspective. As needs and experiences of individuals were quite diverse, insights are partly documented in a case study style format.

[The limitations of case studies should naturally be noted in using information to develop future services and policy. However, at the same, the 'creative' aspect to looking at needs from a different and fresh perspective should also be considered.](#)

Key insights are structured as follows:

- **Experiences of problem gamblers with cognitive/psychological disabilities**
- **Experiences of a problem gambler addicted to gambling and day trading**
- **Experiences of females affected by their partners' problem gambling**
- **Experiences of a female who was a victim of domestic violence by a problem gambler**
- **Experiences of problem gamblers with legal problems**
- **Experiences of a problem gambler with severe comorbid mental health conditions**
- **Experiences of a young problem gambler**

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Experiences of problem gamblers with cognitive/psychological disabilities

Context

As part of research with problem gamblers, focus group sessions were held with people with various cognitive disabilities who had experienced problem gambling. This included people with mild intellectual disabilities, along with a person with a more profound intellectual and physical disability (who lives independently but with support from the NSW OPC¹). In addition, a further session was held with a person with Asperger's syndrome² including interviews with the person's family members (mother and father).

Participants included:

- two middle aged males with mild intellectual disability - including one male with comorbid schizophrenia. Both lived in supported accommodation and had their pension managed by the OPC and were into wagering and the pokies
- one middle aged female with a profound intellectual disability and also a moderate physical mobility disability - she was living independently but received support through carers and also completed a paper run. She played pokies
- one younger male in his 20s with Asperger's syndrome (and his parents) - he was living away from his parents, but was not working and received their on-going support. He also suffered from a physical disability related to his condition

Key findings

Discussions with participants showed that problem gambling is quite different from the more traditional definition of the condition for people with cognitive and psychological disabilities. In particular, it was apparent in talking with participants, that problem gambling did not necessarily involve spending a great deal of money and in many cases gambling (typically the pokies) was used as a coping mechanism to deal with loneliness, boredom and social isolation.

In all cases, income spent on gambling would come from Government pensions or from pocket money provided to people by the Office of the Protective Commission (OPC). In this respect, discretionary expenditure often went to the pokies or wagering in lieu of other social or leisure activities.

Comments made about gambling expenditure included:

- *"I use to put all my pension in - Last night I was playing pokies and I won \$55"* (Male with mild intellectual disability)
- *"I play the horses and the pokies. I spend about \$20 a week"* (Male with mild intellectual disability and schizophrenia)
- (Why do you play the pokies?) *"Because I'm bored"* (Why?) *"Don't know. Sometimes feel sad"* (Could you do with more friends perhaps?) *"Yeah, more friends"* (Female with profound intellectual and physical disabilities)
- *"Yeah, we could also do with more friends. It'd help to take you're mind off gambling"* (Males with mild intellectual disabilities)

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1. The Protective Commissioner provides financial management services for people who are unable to manage their own affairs due to disability (Office of the Protective Commission = OPC)
2. Asperger's disorder is an autism spectrum disorder: It is the result of dysfunction of certain parts of the brain and nervous system. This dysfunction impairs the way individuals relate to other people, process information, and make sense of their environment (See www.aspect.org.au for information)

Value of specialised services for people with cognitive disabilities

The two males with mild intellectual disability (as friends) also made mention that they would bet on the races together with pooled money - *"We sometime put our money together, don't we? Even if we go together, we lose \$120/week. That's a lot of money. Sometimes you can win. We win sometimes but not very often – if you weigh that up you lose a lot more than what you win"*.

A male with mild intellectual disability and schizophrenia told a story about how he became involved in gambling. There was also a suggestion that a "near win" had encouraged the person's interest in gambling - *"When I was 15, I was playing pool after school. I started gambling since about 7. I nearly won \$168,000 once on the races, but I didn't put the bet on that I was going to. But I nearly won"*.

One other male with a mild intellectual disability also made mention that he gambled due to boredom - *"You see my problem is, I can't work. I can do part time work, I've got part time work after this meeting today, but there's always tomorrow to find something to do. I don't smoke, I don't drink, so I got to have something to do, so I just gamble. Probably I should put me money towards clothes and do something else with me money, buy someone presents and stuff like that – it's a waste of me money – TAB's a waste of me money, might as well throw it on the street"*.

A number of comments were also made about the benefit of receiving support from a disability service which specialises in helping people with disabilities overcome gambling (including the value of GA). In this respect, it was apparent that specialised services for people with cognitive disabilities were important, given that mainstream services had to largely cater to people who did not suffer from comprehension issues or speech impairments. Comments included:

- *"I used to go to a group called GA – can't go there anymore"* (Why not, didn't you feel welcome?) *"No"* (Why was that?) *"I don't know"* (There was suggestion that the group was not suitable for people with a more profound intellectual disability due to communication issues, but the participant found it difficult to articulate the reasons)
- *"I went to GA as well for a couple of months. It was pretty good. They made me feel welcome, but I stopped going"*
- *"I like the (disability service). They help me and are fun"*
- *"They make you feel welcome"*
- *"They told me about ways to give up my gambling"*

One comment made by the parents of the young male (in his 20s) with Asperger's syndrome also suggested that the mainstream gambling counselling services didn't cater well to people with special disabilities - *"They asked him questions that he didn't understand. He couldn't answer them. They didn't give us any real support at all"*.

There was also mention of ways to better support people with intellectual disabilities from spending too much time or money on gambling. The overall theme was that alternative recreational and social activities were the most value, given that many people with disabilities would simply rely on gambling for something to do. Boredom was also quite common. Comments included:

- (Would you like more social activity, fun things?) *"Yes, Yes. Get bored"* (Female with profound intellectual disability)
- *"Some things going on in my area would be good. Living schools are good to teach you stuff"* (Male with mild intellectual disability and schizophrenia)
- *"I get bored and lonely"*

The young man with Asperger's also made comment that gambling was related to his treatment as a child and his related depression - *"I had a difficult childhood. I was bullied at school and high school. I was physically bashed. It made me feel isolated and depressed. So I went to gamble"*. His experience of accessing help was also difficult - *"I found that no service would really accept me. There needs to be services which accept people for who they are. They need the time to spend with people with disabilities. Sometimes I use the wrong words. I also do some things sometimes, which I shouldn't do. So they aren't flexible"*.

There was also mention that the person had accessed the former funded disability support service, but when the funding had ceased, there was no alternative provider available - *"I had no where to go"* (Parents) *"There was no one available to help our son"*.

The potential for the OPC and other services to encourage people with cognitive disabilities to save money in lieu of expenditure on gambling was also emphasised. There was similarly seen to be potential for services to encourage people with disabilities to set goals towards items of value (eg. saving for a holiday or a larger purchase). Comments included:

- *"You know what the Government can do? If we get \$10/week, the Government could give us \$2-\$5/week for the pokies and that's it"*
- *"Yes, more savings. I'd like them to put \$20/week away for me, so I could have it whenever I wanted it. So I don't have to ring up and say I want more money. At the moment, I have to beg for my money"*
- *"They should teach people to save money. I save money by throwing it into a tin"*
- (What other things would you like to spend your \$20/week on?) *"DVD's"*

The savings idea appealed to most participants even more, when they explored what they could do with saved money - *"I'd like to go on holidays and save up for new clothes or a new TV"*. There was also mention of other activities participants enjoyed. The female participant with a profound intellectual disability had a computer at home and liked to play games on it and there was mention that it takes her mind off loneliness.

Despite being very active, there was frequent comment that she would like more friends and often feels lonely. For instance, her average week involved activities on most days of the week including line dancing and a paper run over the weekend, but social isolation was the main issue. This was thus the key trigger for reliance on pokies as a major form of entertainment.

The other male participants similarly had a fairly regular schedule each week including the movies, lawn mowing and shopping. Living skills programs were also a key part of their week and something which participants very much enjoyed. It was also quite apparent that, despite keeping busy, lack of socialisation was the main reason that people gambled and it also appeared that availability of other social activities may encourage many participants *not* to gamble.

Getting to social activities was also often difficult and this in part was why local clubs and pubs were attractive (ie. because clubs and pubs are in many neighbourhoods, offer free buses and thus are easy to access). For instance, one participant said that he used to attend a church/Christian centre, but that stopped as *"they stopped picking me up"*. For the female participant with the profound intellectual disability, she made mention that she felt "scared" in talking to people about her gambling (presumed to imply embarrassed based on the subsequent discussion). This may suggest that there was also some concern for stigmatisation and possibly also due to her intellectual disability.

Reflection points

In summary, findings of discussions highlighted that:

- while people with intellectual disabilities may not spend a large amount on gambling, their overall reliance gambling can become problematic
- people with intellectual and physical disabilities use gambling as a recreational activity to address social isolation and also because clubs are easy to access and located in local communities
- while many would prefer alternatives, people with intellectual disabilities may use gambling as a means to pass their day
- specialist disability services can be useful for people with such disabilities, given that they dedicate time to helping people with disabilities with socialisation and other alternative recreational activities. They also offer an outreach function which links people into other community services and networks.

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Experiences of a problem gambler addicted to gambling and day trading

Context

The following interview was undertaken with a person with an addiction to speculative share trading and other forms of gambling. This case study highlights the needs and experiences of this young male in his late 20s.

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Key experiences

The young male speculative share trader told a story to illustrate how he had developed an addiction to both gambling and speculative share trading (day trading) as a form of gambling:

"I got behind in things with my gambling. I was share trading before this. I was in a professional role. I was doing it for myself. Gambling made me take more risks in the share trading. If someone is trying to predict short term market movements to make money, it's the same in gambling. It's very stressful - you can make one bad decision and you can lose the lot"

"I lost a large amount of money - it was going on for many years - gambling affected my ability to share trade properly. I was in share trading since I was 14. The trading encouraged my gambling. It got me used to taking big risks. There are many people who do both share trading and gambling"

"I was into the casino, pokies and roulette - I would do the casino during the day and then share trading at night. I'd gamble at night waiting for the US markets at times. People do it at any time"

Financial counselling was also seen to be integral to assisting the problem gambler to get his life back on track:

"I lost so much money, I was bankrupt. My parents suggested I get financial advice and the counsellor suggested I do a Part-10. This is where an amount is offered to creditors and they vote on it. And then you're released from debt if they agree"

"He really helped with the financial advice and recommended me to go to a help service. I went and got counselling. They looked at the reasons why I was gambling"

Self-exclusion was similarly described as very helpful, but difficult:

"I banned myself from 20-30 clubs - sometimes you'd be walking past and it prevented me from going in. Self-barring was a very useful tool. Self-barring needs to be made much easier though. Having to go to each club is ridiculous"

The young man also linked his family as originally having influence on his gambling:

"My family wanted me to go to a gambling centre - They want it fixed and just like that. But my family was contributing to the gambling. From a young age, I'd lose \$300k and was desensitised from the risk. This predisposed me to risky behaviour. My mental state would allow it. I'd put \$20k on the roulette table and think nothing of it"

The role of stress and his mental state was also mentioned as a trigger to gamble:

"I gambled for stress relief and because I felt depressed. The cycle of losing in the gambling and then losing in the shares also makes you more depressed over time. It spirals you downwards"

The benefit of the counselling was also emphasised:

"Now that I've stopped, I can see things in perspective. I had \$1m in high risk shares at that point - my parents didn't think twice about it. They denied the reality of their involvement. I was left in debts that were so large, I couldn't pay them off. My family blames me. To get a solution, they saw me as needing to go into counselling"

The role of incentives was also highlighted as a reason for his continued gambling:

"When you're at a club, they'll offer free alcohol and food and encourage your friends. The casino will do the same and encourage the repeat pattern. They psychologically brain wash you. They pick you up from the airport, the room, alcohol and food is free. If you win \$10k, you think why don't I come back? They present you the lifestyle and the glamour"

Problem gambling was also described as having a large impact on the man's girlfriend:

"My girlfriend was firm, but sympathetic. She was very understanding of the mind set. She was also very aware of when I really wanted to help myself. It was hard with dad. He still gambles and doesn't want to help himself either. My parents are at retirement age now and they give me a point of focus. It's shown me what gambling can do in terms of selfishness. I wasn't thinking about how gambling affects your relationships with people. It would have been useful for my girlfriend to get counselling, but there wasn't anything really around"

Alternative social activities were also highlighted as being important in assisting people to overcome gambling problems:

"A lot of those places you have to change completely. A lot of places have entertainment alongside pokies - like clubs - you go down for a meal or a raffle. But then you get locked-out of all that, if you self-ban"

There was also mention of the need for greater awareness of what gambling is and problem gambling in the broader community:

"Recognising that you are a gambler is important. People don't know what gambling is. People think it's just betting on a horse. People don't know when it's a problem".

Reflection points

Key points in summary were:

- Financial counselling was integral to recovery and also a hook which triggered the young man to seek counselling
- Parents influenced gambling and normalised risk taking through share trading (highlighting the need for parental education about role modelling)
- Alternative social/recreational activities were seen to be something with potential to assist problem gamblers to overcome their addictions
- Self-exclusion was a useful service, but access was problematic due to having to self-exclude from many venues (rather than through a centralised process).

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Experiences of females affected by their partners' problem gambling

Context

The following section presents the experiences of several females affected by their partners' problem gambling. Comments made during discussions highlight the needs of significant others who have been impacted by problem gambling (including the needs of children). Participants included:

- A middle aged indian female with a husband and two children. She never knew about her family's financial situation as her husband looked after all the household money. He had always kept the finances secret. She then learned that her husband had a gambling problem.
- A young Australian female in her 20s, whose relationship partner experienced gambling problems. They had been together for around 4 years. The male partner had also been telling many lies and this led to a breakdown in trust in their relationship
- A female in her early 40s who had proactively sought control over her male partner's finances in the context of problem gambling.

Key experiences

Experiences of females showed that the impacts of problem gambling on family members was quite significant and this was often accompanied by a range of financial, mental health and other problems:

"We missed out on paying the mortgage and had to borrow from other members of the family. The problem went on for 2 years. We then met with our GP and he referred us to a service for problem gambling help. We eventually lost our house and had to rent"

"My partner was spending the lot on gambling. He was very, very depressed. He was also lying all the time. We got help by both making a joint call to G-Line and both of us went to counselling"

"The gambling has now left us in so much debt, I hardly get to see my husband. He works seven days a week"

"My partner would hock things and then use cash loans from those pawnbroking places. This meant that he was selling all our personal things of value"

"It was a big impact on myself and my children. I wasn't even talking or living in the same bedroom as my husband. The children couldn't play with their cousins, as my husband had borrowed so much money from the family that our relatives did not trust us anymore"

"He is so ashamed because he has borrowed from many other members of the family, so we become socially isolated from those family members. He does not want to do any social activities with them and the children suffer from not having any social contact"

Counselling for significant others (ie. for family and friends of problem gamblers) was also described as extremely helpful by those interviewed:

"I found the counselling fantastic. I look forward to sessions each week. There is so much to talk about. It is difficult because gamblers are notoriously bad liars. It has really affected the relationship I have with my partner. It's hard to trust him with anything anymore"

"I am now looking after the credit cards and bank cards of my husband. I give him a little bit of money to help him avoid overspending or going back to gambling. This advice was very useful"

"I don't know what I would have done without the counselling. It's helped put my mind at ease"

Self-exclusion was described as helpful, along with financial counselling, although the process of having to self-exclude from every club was challenging and the system still allowed them access to some venues:

"The self-exclusion process was quite helpful. But we went to sign up and unfortunately some venues still let us in"

"Self-exclusion in a centralised format would be good. You can walk into them everywhere. It would be good to have a central system where you only had to sign up once to get excluded from all clubs and all hotels"

"Now my ex-partner lives in a room above a pub and they know he can't gamble. But I've caught him twice in a club he should have been barred from. They don't seem to be banning him. He hocks his things every fortnight to pay for his gambling"

Access to money was also described as a key issue in the recovery process and the suggestion by counsellors to have withdrawal limits changed at the bank was found to be very helpful advice:

"My partner still hasn't stopped gambling. He's a danger to himself, particularly when he has access to money. I found it very helpful to have the suggestion from a gambling counsellor, to have withdrawal limits changed at the bank. This would allow you to only withdraw only a small amount each day. The only problem with these sorts of things is that people have to be ready to change. They have to be prepared to give their cards or cash to their loved ones for control. It would be good if family members could get this done for someone affected by problem gambling"

"I believe that most problem gamblers are very bad at helping themselves. They cannot help themselves! I don't think that they have the ability to stop their gambling, so I believe the best solution is to take money away from them, so that they do not have money to feed their habit. For instance, my partner will gamble in the first few days in each month and then when he runs out of his monthly pay, he will stop for about 3 weeks until he gets the next pay. He thinks he can control his gambling, but in reality he can't. He keeps getting back into the cycle and just relapses every time"

"Pawnbrokers are too accessible and dangerous. Why can't they ban problem gamblers from pawnbrokers and those cash loan places? All you have to show is your pay slip, you do not have to prove your ability to pay the loan. They do not look out for people with gambling problems. It would be good to have self-exclusion from pawnbrokers in the same way that they have self-exclusion from clubs and hotels"

One partner of a problem gambler had also proactively taken control of his finances:

"I took his key card and volunteered to pay his rent with his key card. It helps me know he has a roof over his head. I would have to pay his rent to avoid him being homeless"

"I tried to bail him out and tried to get him to help. But he hasn't used it. If it wasn't for me helping him, nothing would have happened at all"

"Because he's a gambler, I applied to the Protective Commission to control his money"

There was also comment about the need for improved information for families to help them figure out how to talk about gambling with their family member:

"I'd like to have information on this. I rang up G-Line and they told me to keep the communication lines open. For instance, to say - How are you feeling dear? I'm worried about you. Otherwise I would have said how the hell are you and yelled at him. So that advice was helpful"

Information on the warning signs of problem gambling was also described as critical:

"For families, looking out for the warning signs of problem gambling is important. There needs to be more education so families can detect the warning signs early on"

"My husband was not coming home and this was a warning sign - I did not pick up on this at first. My husband also did not reveal his problem to other members in our family"

Material aid was also described as useful, during the crisis stage, where cash reserves were non-existent or very depleted:

"During the crisis stage, it would have been useful to have some extra money for food and groceries. We are really tight at the moment with money. We can't do things on kids' birthdays anymore and we really have had to cut down"

There was also comment that G-Line could be better pitched to family members of problem gamblers:

"The problem with G-Line is that it seems to be pitched at only problem gamblers, not so much families. It would be good for the Government to promote G-Line as a service to families. I am sure they provide this help, but it's not clear that G-Line is really suited to families as well. Maybe they could have a tag line such as - Support for Family Members - and promote it more vigorously to families"

Financial Counselling was also described as critical to getting a life back on track:

"Financial counselling was very helpful for me. It made me feel more confident in my family finances. This was particularly useful as my husband had controlled all the finances, so I really did not have this experience. It would be good to have somewhere where you can go to stop your loved one from spending any of their money, to almost have them self-excluded from using money in the community"

Other needs of families affected by problem gambling were also described as follows:

"It would be good for families to have some tips on how to help their loved ones. For instance, tips on how to limit ATM withdrawal access amounts. This can be very useful. Also, any information on how to rebuild the respect in a relationship"

"It is also useful for families to understand that gambling is an addiction and particularly understand how it affects gamblers in terms of depression, guilt and so on. It is generally hard for family members to understand and how it affects others such as children"

"Dealing with the mental health of my husband has been difficult. He was on a path of long term self-destruction. He told me he's going to drink and smoke a lot now, to the point that he doesn't look after himself any more, so he wasn't eating properly either. He was hoping that he would die an early death. It wasn't like he was going to suicide, but he was on a path to self-destruction"

"It can also be hard for family members to understand when to take threats of suicide seriously. We all get a bit brash in the heat of the moment, but my husband was saying that he felt like killing himself, but I don't think he was really meaning this, but it was very stressful just not knowing whether he would do something like this. I didn't think he would but it was always a worry"

"There needs to be more information and help for families, right then and there. It says ring G-Line if you have a gambling problem. Then you ring and they send you to various places. It was too much of a runaround for me. When you need help, you need it now"

"I was holding his money, so why can't they have a service to hold money for you and pay people's bills. Centrelink can pay your bills for you, but a lot of people need protection from themselves. The resources aren't there it seems. Counselling can help, but it's too long for everyone to go week to week and blow their money in the interim. The damage is done so quick, so you need something now - like an intervention on their accounts - to stop their money from being drawn on"

There was also some interest in group based counselling sessions, but family members were not sure about how to access such support groups:

"There has been no social contact for us due to the shame of his problem gambling. It would be useful to be able to talk about this in a support group session, as you do feel socially isolated. We cannot join in on family events anymore and the kids also get socially isolated. They also see a lot of other things happening to their father, but of course they have no idea about this as they are only very young"

Services to help children better understand gambling were also seen as important:

"Children see dad drinking lots of alcohol, they see him not talking much anymore, shouting and also getting angry and losing his temper. So it really is affecting them quite a lot, but there is really nothing for them at this point, because they do not understand what is happening. It would be nice for the children to also get help"

Reflection points

Key points in summary made by family members were:

- family members need support for problem gambling and support to help their loved ones get back on track
- despite support being available, families are not always aware that services such as G-Line are also there for families
- material aid can be useful during the crisis period to assist families with food
- families emphasise education as important for families to pick up on early warning signs and also learn how to talk about problem gambling with their loved one
- children are adversely affected by problem gambling, but there is currently not seen to be avenues for children to seek support to help deal with their parent's gambling
- financial counselling provides families with confidence to get their lives and finances back on track after experiencing problem gambling
- families would like services to assist problem gamblers with cash control strategies and expressed interest in the concept of banning problem gamblers from pawnbrokers and cash loan services
- self-exclusion was seen as potentially more useful, if the service could be offered on a centralised basis.

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Experiences of a female who was a victim of domestic violence by a problem gambler

Context

The following section summarises the experiences of a middle aged female who had experienced domestic abuse due to her former husband's gambling. This person was also of a CALD background and had experienced some issues in speaking English.

Experiences

The ways in which problem gambling impacted on the participant was significant and it led to frequent verbal and psychological abuse. Comments included:

"My husband's problem gambling affected my whole family. I was in this country for only a few years and at the time, I didn't understand the laws of domestic violence. My family was overseas. He was never very abusive and particularly verbally and psychologically abusive. He'd do anything to get money. I don't know if it's an addiction, but I know he'd say anything to get money. It was mainly due to gambling"

"After I had enough, I had to go to a refuge with my kids. I don't have any family here. We used to argue a lot. It scared me that I had to leave with nothing at all"

"He never understood the consequences of everything that affected his family. It's a great embarrassment for us - we lost a lot of friends that didn't want to see me because of him. Then I was afraid to make friends as they would judge me"

Future needs were also highlighted about ways in which the participant could have been better supported:

"It would have been absolutely useful to have an interpreter. At those times, it would have meant everything. Just to understand the laws of domestic violence and to talk about how to get out of the cycle of abuse"

"There's Gam-Anon for family members. But it would have been nice to have support from a group of people who had also experienced domestic violence due to their husband's gambling"

"It would be useful to have information to help explain it to the kids. For the last 2-3yrs, I've started to explain to my kids what's happening - there are now old enough to understand. My youngest is in denial though. The kids don't really understand what happened and I'm not sure what to do"

Reflection points

Key points in summary highlighting needs were:

- people of CALD backgrounds benefit from interpreters in trying to understand legal issues, given the complexity of information (eg. laws of domestic violence)
- women experiencing domestic violence without family often need shelter services to escape problem gamblers who are physically, verbally or psychologically abusive
- there is perceived benefit in special support groups and information to assist with the recovery and healing of significant others from problem gambling impacts - particularly, including advice and guidance on how to provide children with information to help them understand problem gambling in their family context.

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Experiences of problem gamblers with legal problems

Context

As part of qualitative research, five problem gamblers were interviewed who had experienced major legal issues due to their gambling (including bankruptcy and in other cases, the possibility of incarceration, along with actual incarceration). This section presents comments and feedback from such people and also tells their experiences in seeking counselling and help for their gambling problem.

Some problem gamblers (although not all) had contact with the legal service, which is currently RGF-funded as a specialist service in NSW. Discussions in this respect clearly highlighted the extremely important role and excellent support provided by the legal service.

This included discussions with:

- a male who nearly became bankrupt due to mainly an internet gambling problem
- two young females who stole money to feed a gambling habit
- a female who experienced legal issues due to a husband's gambling
- a further male who took things from his employer to feed a gambling habit

Experiences

The stress of significant monetary loss was a significant factor that psychologically affected all problem gamblers, but the added stress of legal issues, loss of assets and potential incarceration also led many to despair:

"Gambling brought me to my knees - to an attempted suicide. I am on the road to recovery now. It led me to lead a separate life - I had a high paid job - I stole money from my employer - I stole from a local organisation. I got a criminal conviction. It played havoc with my mental situation. This was also on top of my many other mental health issues. I am the daughter of a rapist, alcoholic and wife basher. I was molested and raped for many years by a family member and had to have an abortion. Gambling then become this great survival mechanism and all my troubles would go away. They are definitely a trap for vulnerable people. It was the most stressful period of my life"

"I was so scared that I'd be charged and go to jail"

"The thought of jail was frightening. It stressed me significantly"

"It was such a great stress having the legal issue on top of a gambling problem. I was very nervous at the time due to all the unknowns. My family also stumbled onto some paperwork and found out. I wished they hadn't found out at all. I was a psychological mess"

One other female problem gambler was driven to crime to provide for her baby:

"I went into a shop and showed the shopkeeper a knife, as I need some nappies and baby wipes. I couldn't believe that I'd done it. But it was all due to the gambling"

Having access to a specialist legal service to assist problem gamblers was also described as critical. Interviewed people using RGF-funded legal services also made comment about the way that service lawyers helped psychologically prepare people for contact with the criminal justice system:

"Had it not been for the legal service, I would have been dead. My lawyer has wings. He knows every bit of my deep, darkest secrets - I don't have any money, but he saved my life."

He really cares. They don't teach that in law - but it was the legal service that made a difference in my life. To have that measure of understanding and not be judged by them was fantastic"

"They prepared me for full jail and custody. We had a telephone conference with my two counsellors and my lawyer. He told me the worst case possible scenario. Like - Have you got your affairs in order and children sorted? He met my mum to ensure that he was there if I was in the cell. I was mentally prepared for the worst possible scenario. This was invaluable"

"They even helped avoid me getting photographed. What lawyer would do a covert operation to avoid someone getting photographed? My lawyer has done everything. He is amazing"

"The lawyer was really helpful. It set my mind at ease during a very stressful time of my life"

"I was working in a retail job and the alcohol, boredom and access to money led me to gamble. I always had the intention to return the money, but I couldn't. I got great legal support. It prevented me from going to jail. Just a probation for a year"

Having a specialist legal service that understood legal issues affecting problem gamblers was also useful for a family member who experienced near bankruptcy due to her husband's gambling:

"My husband was gambling for many years. He is from India. He started gambling after he got to Australia. There's no gambling in India - it's illegal there, even in the case of lotteries. When he came here, he did it for fun and he lost all the money we brought with us. More than \$100k in 3yrs"

"We were evicted from our unit. We were renting and he was sacked from his job. Then I was in India for a holiday and my husband knew my pin and took all the money. I was there for three months"

"I went to the legal service and they helped me sort out all the bank issues. He was taking money from where he worked"

"The counsellor was very good. They tried to build up the relationship and help him. He is doing quite well now. When he went, he regretted what he had done"

"We have two kids. It's hard for the kids to understand. The older one had a better understanding. But sometimes I worry about how this has all impacted them"

There was also comments about the viability of alternative channels of Legal Aid:

"I probably would qualify for Legal Aid. But I'm sure the lawyers wouldn't have understood gambling. They don't have the stats on gambling and can't put a good argument together to help support your case. My lawyer went back and made reference to studies and researched it all. He found studies relevant to the state of mind that gambling does to you. I found this fantastic, the level of support"

"I don't think they'd (Legal Aid) know the issues like the legal service. It's a pretty specialised area"

One young male mentioned the trigger to seeking help was the legal issue and that information online triggered a call to the legal service:

"I had a legal case on my back and I looked on the internet. The more I looked into it, the more I realised I was a problem gambler. I had a betting account online and the bookmakers pushed me to pay all the debt in one hit. I couldn't do it. So that's when I looked for help and called their legal service"

Family members also emphasised the need for social support for significant others affected by problem gambling and legal issues and similarly emphasised the need for more counselling sessions:

"Emotional support is important - I have lost my confidence and I see it in my personality. When I was talking in the counselling, I felt better. Going to counselling together helped. They should allow more sessions with the counsellor, as we both needed more time. I think we had 12 altogether, but we needed extra sessions"

Bankruptcy and debt from gambling problems was also described as being facilitated by an internet gambling site allowing a person to access credit (\$3,000) without checking the person's ability to pay:

"The online gambling site gives people the ability to gamble. But they don't assess whether someone is a problem gambler. Without assessing my situation, they gave me a loan for \$3k and it had to be paid in a week. They didn't assess how much I had to earn. I was playing with my credit card and hit my limit and looked elsewhere for money and they offered this credit. They didn't ask any questions"

"Even \$3k - they were chasing me for it. I tried to pay \$100 a week and they declined. I paid \$300 to them and wrote them a letter. They accepted the \$300 and then still took me to court for the money. So I found G-Line first and they referred me to the legal service - even though they couldn't get me out of trouble, they still helped immensely".

Helping problem gamblers become gainfully employed (including getting extra part-time work) was also described as a way to assist people with gambling problems:

"It would be useful for Government to help problem gamblers get jobs - especially to get help for those who can't handle cash. They should help focus people on doing extra paid work, to pay off their debts"

"Limited money does make people gamble - so they get tripped up in a circle. They should just help people to get more work. Gamblers have lots of time - often they are smart people, but they have too much time on their hands. Like labour work for a second income to help them get out of their habit and debts. This would be really useful"

One problem gambler also thought that restricting alcohol during gambling would assist some gamblers with better self-control:

"Better monitoring of the facilities would be better. I used to drink and gamble at the same time. It numbs out the feeling - so you keep on chasing your losses. There should be better rules relating to alcohol consumption in venues while gambling"

Reflection points

In summary, interviews highlighted were:

- legal issues have a large personal and psychological impact on problem gamblers and their families and typically intensify psychological distress - severe levels of distress can also lead to suicide ideation
- a specialised legal service able to help problem gamblers was viewed as extremely valuable and in many cases, was seen to contribute to improving the mental health state of problem gamblers and their families
- legal services also help psychologically prepare problem gamblers for incarceration in cases where legal intervention cannot prevent imprisonment
- suggestions and advice on ways for problem gamblers/families to improve their financial situation was emphasised as a useful type of support - including potentially ways to get extra work to assist with servicing of debts.

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Experiences of a problem gambler with severe comorbid mental health conditions

Context

As part of discussions, one interview was undertaken with a middle aged female who had a range of very severe psychiatric and mental health conditions and a gambling problem (including a history of depression and comorbid substance use). Due to confidentiality, specific details of the case are not provided, however, themes from the interview are presented below.

Experiences

Discussions with a female problem gambler with severe mental health conditions clearly showed that comorbid mental health issues made it very difficult for her to self-regulate her gambling and that recovery and relapse were very complex mechanisms (with mental health relapses leading to gambling relapses and vice versa).

Interesting comments indirectly highlighting special needs and experiences included:

“My mental health and self-esteem are bad. I suffer from depression and borderline personality disorder. I was in a really bad state before I started seeing my counsellor. I'd get psychosis coming off drugs and get thoughts that I'm going to hell”

“Recovering (from problem gambling) is difficult with a mental health issue, cause you don't have any means to escape”

“When I'm in active phases of my addictions, I lose touch. I go to bottle shops, chemists for drugs and go gambling. I went to clubs to drink so my family wouldn't see”

“Self-exclusion was not attractive, because it was the only area for me to escape”

There was also comment that getting access to “holistic help” services was difficult and particularly difficult in the case of services which would deal with mental health issues, comorbid drug and alcohol addictions and problem gambling:

“Mental health just shuffled me to drugs and alcohol (services) and then they pushed me to another and refused me access to the service. It was devastating thinking that nothing was going to help me - just because I didn't fit into their system”

“I was aware of services like G-Line. But I didn't really call them much. But that problem gambling counselling really helped get me back on the right track”

“I was encouraged to call G-Line outside hours. My (face-to-face) counsellor was fantastic though. She understood my mental health issues”

Reflection points

In summary, interviews highlighted that:

- problem gamblers with mental health disorders may find it difficult to access a mainstream addictions service, which understands gambling alongside other comorbid drug and alcohol issues
- relapse and recovery mechanisms in people with psychiatric conditions are complex and support requirements are very involved and require higher levels of case management and support
- having counsellors aware of mental health issues in the context of gambling was emphasised as important in the drug/alcohol/gambling recovery and help process

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Experiences of a young problem gambler

Context

One interviewee was a young male problem gambler aged around twenty years, who was still living at home and experiencing a gambling problem. Following is his account of his experiences as a young problem gambler and his needs on the path to recovery from problem gambling.

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Experiences

The young man reflected on how he became involved in problem gambling and also the role of his parents in influencing his overall tendency to gamble:

"I got into gambling around 20. I got into it with mates. We did it for fun at the time. It was part of a night out. You go out and sit around to have a chat. Sucked in through the group doing it. Pokies was the issue"

"Dad's been a big gambler for pretty much most of his life. Into the TAB side of things. It was a problem for him and mum. Mum and dad fought a lot over gambling. Mum enables him a bit more now. She used to say no. But I reckon that's how I got into it"

"I put all my wages in every week. I was unemployed for a period and was looking hard for work and I started gambling just for something to do. I'd go in with the expectation of \$20 and then empty savings of \$900 into it"

Homelessness/debts were not a problem for the young man given that he lived at home and did not have lines of credit. He also thought this encouraged his gambling:

"I was sheltered from homelessness, as I am living at home. I just contributed \$100 a fortnight to mum and dad for food and rent. Sometimes I couldn't pay though, but my parents didn't worry about it. My granddad and brother knew what I was doing. I fobbed it off when they mentioned it. My mates thought who am I to tell you not to do it, so they never said anything"

"My parents didn't get involved. Parents didn't bail me out directly - I'd be planning to go and see a concert or do something I'd enjoy. I'd know I'd have to save money for it. Then I'd do my money and I couldn't go. My mates got sick of asking me to do things with them"

"My girlfriend put her foot down and said she didn't want to date a problem gambler. Only after she mentioned it, I started talking about it with my family. Problem gambling affected me a lot - I couldn't eat all day as I didn't have any money. So I had to wait until food at night at mums"

Counselling was also described as very helpful:

"It was great to have counselling. It helped me reflect on my problems"

"Financial counselling is also good, cause they help you plan out your money. I didn't have any debts, but I found the planning of money aspect really useful"

Getting young people to help was also described as difficult:

"Young blokes don't want to ask for help. And your mates don't wanna tell you that you have a problem - even though they know it. People need to be encouraged to tell their mates to get help when they need it".

Reflection points

Interesting points in summary were:

- young people can get affected by financial issues, but are often supported by parents through free food and accommodation - in some respects, this can prolong the problem gambling cycle
- triggers to help seeking can often be by girlfriends and partners for young males - in contrast, mates did not want to interfere in pointing out gambling problems, as they saw it as not their business
- "mates" were seen as a useful future referral point for encouraging their friends to seek help for problem gambling

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Appendix

The following content is supplied in the report Appendix:

- **Protocol for stakeholder interviews**
- **Protocol for qualitative research**
- **Online survey of RGF stakeholders**
- **Stakeholder consultation list**
- **Reference list**
- **Evaluation of project methodology**

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Protocol for stakeholder interviews

Purpose

The following protocol was used to guide discussions with stakeholders to explore future directions for the provision of specialist support services to PGs. The protocol was used only as a guide and did not involve asking every question to each stakeholder.

Needs analysis for specialist PG support

- What types of special needs exist in NSW with respect to PG services?
- How well do mainstream PG services cater to these needs segments?
- In which areas do counsellors find it more challenging to support PGs? What types of services and support are needed?
- What are the challenges in delivering PG support to special needs groups?
- What types of needs segments may entail a need for specialist PG support?
- How would the needs of the following special groups be best summarised and who is best placed to deliver services?
 - Prisoners in prison and offenders who have left prison
 - People with disabilities - including physical and intellectual disabilities
 - People with legal difficulties due to criminal activities or financial issues
 - Seniors - are needs the same or different?
 - Young people - including school aged children
 - Students attending university
 - Any other segments?
- Are there any segments of PGs which do not present to counselling, yet are in need of more specialist support services for problem gambling? (including outreach services)
- Does your counselling service have any information or views about the cost-effectiveness of delivering specialist support to PGs? What are the main service delivery issues/challenges?
- What approaches are used for provision of services in these areas and who is best placed to deliver services:
 - financial counselling/debt management advice
 - legal advice
 - managing complex comorbidities of PG - eg. drug and alcohol addictions
 - communicating with PG with intellectual/cognitive or psychiatric disabilities
 - supporting PGs who are "homeless" or have other physical support needs (eg. food/shelter/accommodation/money or protection - eg. Domestic violence cases)

Counsellor training

- What approaches are currently used to build and develop counsellor/staff skills in the provision of specialist support services to PGs?
- How well do these approaches work? Any areas for improvement?
- What do you see as the best model for counsellor training in the future? (explore how the model would work)
- How important is specialised training and where do key priorities lie? (ie. what types of specialised training are most useful)
- What benefits would a peak body for the PG counselling sector offer in NSW?

Future directions

- What do you view as "better practice" approaches to service provision for special PG needs segments?
- What is the best way to deliver financial and legal advisory services? Are there any caveats that should be considered in the delivery of such services? (eg. privacy) Are any other advisory services of relevance?
- How would you summarise the best future approach or model for the delivery of specialist support services to PGs in NSW? (explore)
- What key issues do you believe need to be considered in designing future models for the provision of specialist PG support services?

Protocol for qualitative research

Purpose

The following protocol was used to guide interviews/focus groups with PGs and their families with more specialised support needs.

Background

- Can you describe your recent experiences in accessing help for gambling issues?
- How did the organisation assist you? What services or help were provided?
- What triggered or motivated you to seek help or assistance?
- What sort of help were you looking for?

Access/awareness

- How did you find out about the help/counselling service?
- How easy or difficult was it to access (and physically travel to) the service?

Service alignment

- To what extent did services on offer meet your needs/expectations?
- Are there any types of support you would have liked, but perhaps couldn't access at the service?
- How useful was the help provided? Could you suggest any improvements?
- How would you describe the types of service and support needs of people of your background? What is generally most important?
- What should be considered in developing services for people such as yourself?

Future services

- How should PG support services be best promoted in the future? (ie. explore channels, types of communications etc.)
- What type of "take-home" information would be most useful to have? How would such materials be best presented and packaged?
- What would be the best way to help PGs with financial and legal issues?
- What key issues need to be considered in designing help services to meet the needs of people of your background?

Online survey of RGF stakeholders

SPECIALISED SERVICES NEEDS ANALYSIS

The Responsible Gambling Fund (RGF) Branch in the Office of Liquor, Gaming and Racing (OLGR) have commissioned a needs analysis to explore specialised service needs for problem gambling in NSW. This survey is being conducted to further explore trends and issues. Thanks for taking time to take part!

All individual responses are strictly confidential and will not be revealed to the RGF or OLGR (only trends will be analysed and reported).

1. Before we start, please indicate your background below. This is only to guide which questions will be asked.

Please note: Staff who undertake any type of problem gambling counselling should select "1" (even if they are also a service manager - otherwise, you'll miss out on some important questions for counsellors).

1. Gambling counsellor/psychologist/psychiatrist/someone involved in counselling work
2. Financial counsellor
3. Only service manager/manager position/administrative position of an RGF-funded organisation (no counselling)
4. Other (indicate) _____

2. When you first think of the concept of "specialist" services for problem gambling in NSW, what types of services or needs first come to mind? - _____

3. Which of the following specialist support services currently funded by the RGF have you had contact with in the past 12mths?

Services	(A) Contact in past 12mths?	(B) Using a scale where 1=strongly disagree and 5=strongly agree, please rate the extent you agree or disagree with the following statements
Ability Options	Y/N	<ul style="list-style-type: none"> • I have a clear understanding of the service offerings of Ability Options - ____ • I find it easy to access services provided by Ability Options - ____ • It is important to have a specialised service which can advise counsellors about how to best assist problem gamblers with disabilities (eg. cognitive disability) - ____ • Ability Options provides support/advice to RGF-counsellors about the best support techniques for counselling people with a disability (especially cognitive disability) and a gambling problem. Ideally, would you <u>most prefer</u> for such a support service to be delivered... <ol style="list-style-type: none"> 1. By a local disability provider in your community 2. Centrally on a state wide level (eg. as is current) 3. No preference
Wesley Legal Services	Y/N	<ul style="list-style-type: none"> • I have a clear understanding of the service offerings of Wesley Legal Services - ____ • I find it easy to access services provided by Wesley Legal Services - ____ • It is important to have a specialised service which can provide advice to problem gamblers on legal issues - ____ • Ideally, would you most prefer for such a support service to be delivered... <ol style="list-style-type: none"> 1. By a local legal service provider in your community 2. Centrally on a state wide level (eg. as is current) 3. No preference

Services	(A) Contact in past 12mths?	(B) Using a scale where 1=strongly disagree and 5=strongly agree, please rate the extent you agree or disagree with the following statements
CCWT training courses	Y/N	<ul style="list-style-type: none"> I have a clear understanding of the service and training offerings of CCWT - ____ I find it easy to access training courses provided by the CCWT - ____ It is important to have access to a specialised service which provides problem gambling counsellors with training/skill development opportunities - ____ I would be interested in taking part in CCWT courses in an e-learning format (eg. online or on DVD) - ____
(C) Use this section if you would you like to make any comments about any current specialised services (eg. Ability Options, Wesley Legal Services and CCWT)		

4. The RGF Branch is exploring the different types of specialist service needs for problem gambling in NSW.

In this context, it would be helpful if you could kindly rate:

(A) Your personal experience in the skill areas below and;

(B) Your interest in further developing your own skills in these areas.

Specialist areas in problem gambling	(A) RATE YOUR PERSONAL EXPERIENCE IN THESE AREAS?					(B) RATE YOUR INTEREST IN FURTHER DEVELOPING YOUR OWN SKILLS IN THESE AREAS?				
	Not much or no experience	Some experience	Moderately experienced	Quite experienced	Very experienced	Not at all interested	Somewhat interested	Moderately interested	Quite interested	Very interested
TYPES OF SPECIALIST SKILLS (If Q=1 - ie. Only staff involved in problem gambling counselling)										
Counselling of couples affected by problem gambling (eg. 2 people in a relationship)	1	2	3	4	5	1	2	3	4	5
Counselling of families affected by problem gambling (eg. family attends group counselling)	1	2	3	4	5	1	2	3	4	5
Counselling of people affected by problem gambling in a larger group format (eg. multiple attendees from different families)	1	2	3	4	5	1	2	3	4	5
Understanding the role and benefits of medications (eg. anti-depressants) in problem gambling treatment and recovery	1	2	3	4	5	1	2	3	4	5
Treatment of problem gambling in the context of (more clinical) drug or alcohol addictions	1	2	3	4	5	1	2	3	4	5
Design of treatment methods which suit problem gamblers with cognitive impairments (eg. intellectual disabilities)	1	2	3	4	5	1	2	3	4	5

Specialist areas in problem gambling	(A) RATE YOUR PERSONAL EXPERIENCE IN THESE AREAS?					(B) RATE YOUR INTEREST IN FURTHER DEVELOPING YOUR OWN SKILLS IN THESE AREAS?				
	Not much or no experience	Some experience	Moderately experienced	Quite experienced	Very experienced	Not at all interested	Somewhat interested	Moderately interested	Quite interested	Very interested
Counselling people with major physical disabilities who are also experiencing gambling problems	1	2	3	4	5	1	2	3	4	5
Design of treatment methods for problem gamblers with more severe comorbid mental illnesses/ dual diagnoses (eg. problem gambling plus schizophrenia, bipolar disorder etc.)	1	2	3	4	5	1	2	3	4	5
Working with local Indigenous communities to assist problem gamblers of Indigenous backgrounds	1	2	3	4	5	1	2	3	4	5
Working with local CALD communities to assist problem gamblers of CALD backgrounds	1	2	3	4	5	1	2	3	4	5
Counselling young people or youth experiencing gambling problems	1	2	3	4	5	1	2	3	4	5
Counselling the elderly/seniors experiencing gambling problems	1	2	3	4	5	1	2	3	4	5
Counselling people affected by sexual assault/abuse experiencing gambling problems	1	2	3	4	5	1	2	3	4	5
Counselling people experiencing post-traumatic stress disorders such as Veterans	1	2	3	4	5	1	2	3	4	5
Counselling people from rural or more remote backgrounds experiencing gambling problems	1	2	3	4	5	1	2	3	4	5
COUNSELLING SERVICE MARKETING AND PROMOTION (ALL RESPONDENTS)										
Developing strategies to market and promote your counselling/ financial counselling services to problem gamblers in your community	1	2	3	4	5	1	2	3	4	5
Understanding how to best organise, manage and deliver effective general community awareness/ education sessions	1	2	3	4	5	1	2	3	4	5

5. (If Q1.=1 or 2 - PG counsellor or financial counsellor) In the next question, please categorise the types of clients you have counselled for problem gambling in the past 12mths.

Please estimate how many clients would be in the following backgrounds by writing a number in the table below - eg. if you've seen five clients who had a physical disability, type 5 in the second row.

Clients can be "double-counted" in this table (ie. multiple responses allowed). For instance, if you have seen two clients with a psychiatric mental illness and one of these clients also needed legal advice, you would type 2 in row three and 1 in row six.

Note:

- Please EXCLUDE cases where you were a supervisor
- only INCLUDE cases where you have had a direct treatment or service provision role
- EXCLUDE community education/awareness sessions
- EXCLUDE contact with clients through service promotions
- Please indicate CLIENTS, NOT COUNSELLING SESSIONS

Please type 0 into rows where you have not seen any clients who fall into the category.

Community segments	Estimated number of clients in past 12mths (clients, not sessions) (multiple counts allowed) (0 if none)
1. Family members/significant others affected by problem gambling	
2. Problem gamblers with a physical disability that challenges their attendance at a counselling service	
3. Problem gamblers with more severe clinical or psychiatric mental illnesses (eg. schizophrenia, bipolar disorder - either diagnosed or suspected)	
4. People with an intellectual disability/cognitive impairment	
5. People with clinically significant depression/anxiety/mental health issues (as opposed to just having minor symptoms)	
6. People needing professional legal advice due to gambling problems	
7. School students in year 8-12	
8. Young problem gamblers attending university/TAFE	
9. Young problem gamblers 18-25yrs - MALES	
10. Young problem gamblers 18-25yrs - FEMALES	
11. Seniors/older people with a gambling problem (65yrs or over)	
12. Problem gamblers of Indigenous background	
13. People of CALD backgrounds with limited or very limited english (include only those who could not speak english well)	
<i>Which cultural/language groups do you see as most important for PG treatment and/or early intervention in NSW?</i>	

14. Migrants of refugee backgrounds	
15. People affected by domestic violence due to another person's problem gambling	
16. People affected by sexual assault or abuse (either past or present) due to another person's problem gambling	
17. Problem gamblers who are homeless	
18. Problem gamblers <u>in prison/incarcerated (eg. home detention)</u>	

Community segments	Estimated number of clients in past 12mths (clients, not sessions) (multiple counts allowed) (0 if none)
<i>In which prisons in NSW have you provided counselling/programs for problem gambling in the last 12mths?</i>	
19. Veterans suffering post-traumatic stress	
20. Rural/remote problem gamblers who are between 100-200km away from a problem gambling counselling service	
21. Problem gamblers who are more than 200km away from a problem gambling counselling service	
22. People with multiple addictions such as drug and alcohol addictions, along with gambling	
23. Are there any other special needs segments you have treated? (List each below and for each indicate the number counselled)	

6. *(If Q1.=1 or 2 - PG counsellor or financial counsellor)* How many TOTAL UNIQUE clients or people would you have personally counselled in relation to problem gambling in the past 12mths? (including provision of financial counselling)

_____ unique clients in total (ie. unique individuals - not double counting clients)

7. *(If Q1.=1 or 2 - PG counsellor or financial counsellor)* Thinking of your current counselling schedule, how many extra clients would you personally like to present to your counselling service each week for problem gambling counselling sessions? (record 0 if you couldn't take any more)

Ideally, I would like to provide counselling or financial counselling services to an EXTRA _____ problem gambling clients/significant others per week, if they presented needing help.

NOTE - PLEASE DON'T WRITE 'AS MANY AS POSSIBLE' - PLEASE BE SPECIFIC AS IT IS HELPFUL TO ALLOW US TO ESTIMATE DESIRED DEMAND.

8. *(If Q1.=1 or 2 - PG counsellor or financial counsellor)* Have you personally delivered any community education/awareness sessions on problem gambling or any responsible gambling topic in the past 12mths?

1. Yes
2. No

9. *(ALL)* Which of the following best represents your view about how to ensure that specialist needs in problem gambling are met in NSW?

A. All RGF-funded counselling services should be a one-stop shop and deliver both general problem gambling counselling services, as well as specialist services for clients with specialist needs.

B. Some separate specialist services should be developed and delivered - in addition to general services - to cater to more specialised community needs

If A - Why do you support the concept of a one-stop approach to problem gambling? _____

If B - In which areas do you see a need for separate specialist services? _____

10. (ALL) What do you see is the best model for delivering problem gambling services in NSW?

A. Maintain current approach with a larger number of smaller services across NSW

B. Have a smaller number of larger services with important services always located together

(eg. counsellors, financial counsellors, psychologist, GP, family counsellor co-located for problem gambling treatment)

C. Services to be integrated into health service networks and the community

D. Other (please describe) - _____

11. (ALL) Using a scale where 1=not at all needed to 5=very high priority, please indicate your own personal prioritisation of the following services to support your work as a problem gambling counsellor or financial counsellor?

Service Needs	How much of a priority or need is this?				
	Not at all needed	Some priority	Moderate priority	High priority	Very high priority
1. A service which can provide psychiatric or medicolegal reports to support problem gamblers going to court	1	2	3	4	5
<i>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many psychiatric medicolegal reports would you have personally needed for your clients in the past 12mths? (if they had been available and funded by the RGF) _____</i>					
2. A bulk-billing clinical psychologist/psychiatrist to support your clients with more clinical treatment needs	1	2	3	4	5
<i>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many clients would you have liked to have sent to such a service in the past 12mths? (if the service had been available and funded by the RGF) _____</i>					
3. A welfare service to help problem gamblers or families in crisis such as providing crisis food, gas or electricity vouchers	1	2	3	4	5
<i>(If Q1.=1 or 2 - PG counsellor or financial counsellor) What dollar value in funding could you have administered in the past 12mths to assist with crisis support needs? (across all the clients you treat - eg. \$400 in total as I had four clients in total that needed a \$100 food voucher - ie. 4 x 100 = \$400) \$_____ in total (Please only list the absolute crisis needs)</i>					
<i>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many times in the past 12mths did you use a welfare organisation to get vouchers to help problem gamblers or their families with physical support needs such as food and bill payments? _____ times</i>					
4. A service which assists problem gamblers to better manage their finances (eg. programmed bill payment, personal ATM limits organised with banks, guardianship over money until recovery)	1	2	3	4	5
<i>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many of your clients would have used such a service in the past 12mths? (if it had been available and funded by the RGF) _____</i>					
5. A service which assists problem gamblers to self-exclude from all clubs and hotels through a centralised one-stop process	1	2	3	4	5
<i>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many of your clients would have used such a service in the past 12mths?(if it had been available and funded by the RGF) _____</i>					
6. A service to assist problem gamblers with temporary shelter/ accommodation for short periods due to homelessness	1	2	3	4	5

Service Needs	How much of a priority or need is this?				
	Not at all needed	Some priority	Moderate priority	High priority	Very high priority
<p>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many of your clients would have used such a service in the past 12mths? (if it had been available and funded by the RGF) _____</p> <p>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many accommodation nights could your clients have used in the past 12mths? _____</p>					
7. A service to assist socially isolated problem gamblers and others affected to develop new social support networks (eg. social programs, volunteering programs etc.)	1	2	3	4	5
<p>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many of your clients would have used such a service in the past 12mths? (if it had been available and funded by the RGF) _____</p>					
8. A service to assist problem gamblers and others affected to become gainfully employed (eg. after job loss)	1	2	3	4	5
<p>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many of your clients would have used such a service in the past 12mths? (if it had been available and funded by the RGF) _____</p>					
9. A service to assist problem gamblers to overcome clinical drug and alcohol addictions (ie. multiple addictions)	1	2	3	4	5
<p>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many of your clients would have used such a service in the past 12mths? (if it had been available and funded by the RGF) _____</p>					
10. A service to assist children of problem gamblers to cope with problem gambling in their families (eg. social camps or programs)	1	2	3	4	5
<p>(If Q1.=1 or 2 - PG counsellor or financial counsellor) How many of your clients would have used such a service in the past 12mths? (if it had been available and funded by the RGF) _____</p>					
11. A service to assist NSW counselling services to find counselling staff/financial counsellors to work in problem gambling (eg. recruitment service or RGF-funded job board)	1	2	3	4	5
12. A service to engage with people of Indigenous background who are experiencing gambling problems	1	2	3	4	5
<p>(ALL) To assist in understanding potential for this "recruitment" service, how many FTE positions in total are currently needing to be filled for your RGF funded work in the following areas (FTE = Full time equivalent positions) - Please use decimals where relevant - 0.5 FTE etc.</p> <p>Problem gambling clinicians (eg. clinical psychologist/psychiatrists) - _____ FTE</p> <p>Problem gambling counsellors (non-clinical) - _____ FTE</p> <p>Financial counsellors - _____ FTE</p> <p>Community Educators - _____ FTE</p>					

12. (ALL) How important are the following segments with respect to future problem gambling treatment and/or early intervention in NSW? (1=not at all important, 5=very important)

While all groups are naturally important, please try to priorities your ratings.

1. Family members/significant others affected by problem gambling _____
2. Problem gamblers with a physical disability _____
3. Problem gamblers with more severe clinical or psychiatric mental illnesses _____
4. People with an intellectual disability/cognitive impairment _____
5. People with clinically significant depression/anxiety/mental health issues _____
6. People needing professional legal advice due to gambling problems _____
7. School students in year 8-12 _____
8. Young problem gamblers attending university/TAFE _____

9. Young problem gamblers 18-25yrs - MALES _____
10. Young problem gamblers 18-25yrs - FEMALES _____
11. Seniors/older people with a gambling problem (65yrs or over) _____
12. Problem gamblers of Indigenous background _____
13. People of CALD backgrounds with limited or very limited english _____
14. Migrants of non-refugee backgrounds _____
15. Migrants of refugee backgrounds _____
16. People affected by domestic violence due to another person's problem gambling _____
17. People affected by sexual assault or abuse (either past or present) due to another person's gambling _____
18. Problem gamblers who are homeless _____
19. Problem gamblers in prison/incarcerated (eg. home detention) _____
20. Veterans suffering post-traumatic stress _____
21. Rural/remote people between 100-200km away from a problem gambling counselling service _____
22. Rural/remote people who are more than 200km away from a problem gambling counselling service _____
23. Parents (in terms of role modelling leading to PG) - _____
24. People with multiple addictions such as drug and alcohol addictions, along with gambling _____

13. (ALL) Are any other special needs segments of high priority (eg. would be rated 5/5 in terms of importance)? _____

PEAK BODY FOR PROBLEM GAMBLING IN NSW

14. (ALL) Do you support the idea of a peak body to represent the interests of problem gambling counselling services and counsellors in NSW?
1. Support idea
 2. Don't support idea
 3. Uncertain
15. (ALL) If it were available, would you personally participate in peak body meetings and forums?
1. Yes - definitely and interested in regular involvement
 2. Yes - but I'm not that interested in regular involvement
 3. No - not really interested, don't have the time or couldn't regularly attend meetings
16. (ALL) What roles or functions could the peak body perform to add value to your work in the field of problem gambling? _____

FINANCIAL COUNSELLING

17. (ALL) Based on your personal experience, on average, how many days do clients have to typically wait to see a financial counsellor?
1. _____ days (between booking the appointment and having the appointment)
 2. Don't know

18. (Only financial counsellors) Please indicate the funding sources of your current financial counselling position? (even estimate)

1. Office of Fair Trading NSW
2. RGF
3. Community funded (eg. club or hotel)
4. Commonwealth funded
5. Other funding (which?) _____

19. (Only for problem gambling counsellors - 1 only - exclude if 1 and 2) Would you be interested in becoming a financial counsellor by completing a 3mth long part-time course? (if this was funded by the RGF)

1. Very interested
2. Moderately interested
3. Not interested

G-LINE REFERRALS

20. (If Q1.=1 or 2 - PG counsellor or financial counsellor) Only Are you currently happy with the current volume of referrals you receive directly from G-Line?

1. Yes
2. No

AFTER-HOURS COUNSELLING

21. (If Q1.=1 or 2 - PG counsellor or financial counsellor) What percentage of your clients do you believe would prefer afterhours or weekend problem gambling counselling? _____%

22. (If Q1.=1 or 2 - PG counsellor or financial counsellor) If time off during the week was allowed in lieu and safety was optimised, would you be prepared to conduct your counselling sessions...

1. Saturday morning or afternoons - Y/N
2. After hours on weeknights (eg. Monday to Thursday - 6pm-10pm) - Y/N
3. Late nights for crisis counselling during high gambling periods (eg. Friday/Saturday nights 10pm-2am) - Y/N

BACKGROUND DEMOGRAPHICS

23. (only if code 1) How would you describe your highest qualification in counselling?

1. Psychiatrist/Psychologist
2. Counselling Degree
3. Social work degree
4. Social or behavioural science degree
6. Other qualification (which? _____)

24. What is your gender?

1. Male
2. Female

25. What is the main town in NSW in which you operate? _____

26. In FTE terms, what proportion of your job is RGF funded (eg. 0.5 FTE, 1.0 FTE if Full-Time etc.) -

_____ (indicate 0 if your role is not RGF-funded)

27. What is your name? (strictly confidential - only for consultant reference) - _____

28. What is the name of your RGF-funded organisation? (strictly confidential - only for consultant reference) - _____

29. What is your contact telephone number? (strictly confidential - only for consultant reference)

Thanks kindly for your assistance. This will assist with the specialist services needs analysis. Please now press the button to send your survey results to us! We appreciate your help!

Stakeholder consultation list

The following stakeholders kindly contributed by taking part in consultations associated with the specialised services needs analysis:

Stakeholders consulted

- Ability Options - Bernie Murphy (CEO), Bruce Todd (Specialist Disability Consultant), Nicola Roberts (Responsible Gambling Program Manager), Matt Donnelly (Divisional Lifestyle Manager)
- Aboriginal Health & Medical Research Council - Dr Jenny Hunt (Medical Policy Officer)
- Anglican Counselling Service New England/North West - Wendy Long (Counsellor)
- Anglicare Youth and Family Service - Helen Forde (Problem Gambling Counsellor)
- Association of Children's Welfare Agencies - Ms Louise Mulroney (Manager), Helen Sheeran (Team Leader)
- CentaCare Armidale - Anna Todd (Program Manager)
- Centacare Parramatta (Blacktown) - Ray Reid (Program Manager)
- Cessnock Family Support Service Inc. (Cessnock) - Kate Woods Crowe (Problem Gambling Counsellor)
- Cessnock Family Support Services - Kate Woods Crowe, Megan Heights (Counsellors)
- Christian Community Aid - John Buscall (Financial Counsellor)
- Creditworthy Counselling Service - Luiza Rebelo (Gambling Counsellor)
- Department of Justice Victoria - Simone Martin (Team Leader - Problem Gambling Strategy)
- Dr Clive Alcock - Psychiatrist (and Expert in Clinical Treatment of Problem Gamblers)
- Gambling Impact Society - Kate Roberts (Chair)
- Gambling Social Impact Assessment Panel (Community Dimensions Pty Ltd) - Elizabeth Delaney (Panel member)
- Greek Welfare Centre - Maria Kladis (Manager)
- Homelessness NSW - Sue Cribb (CEO), Digby Smith – Research Officer
- Hopestreet Gambling Service (Darlinghurst - Inner City) - Sondra Nankin
- Hornsby Drug Alcohol and Gambling Service Coastal Sydney - Sue Etheridge (Team Leader - Acting Manager; Drug, Alcohol and Gambling Program), Ian Brown, Emma Djukic (Problem Gambling Counsellors)
- Lake Macquarie Financial and Gambling Counselling Service - Judy Wiersma, Lorraine Clarke
- LeapFrog - Ashley Gordon (Manager)
- Wesley Mission (Wesley Gambling Counselling) - Lidya Fournaris (Financial Counsellor)
- Life Activities - Ashley Gordon (Manager)
- Life Line Central West - Kevin Howard (Financial Counsellor/Problem Gambling Counsellor)
- Lifeline Hawksbury - Joan Anderson (also spoke on behalf of Wendy Carver) (Counsellors)
- Lifeline Macarthur (Smeaton Grange) - Denise Brown (Financial Counsellor)

Stakeholders consulted

- Lifeline North Coast – Coffs Harbour - Kath Lindsay, Julie Curnow (Problem Gambling Counsellors)
- McKesson Asia Pacific - Vanessa Ambrose (Team leader - G-Line)
- Mission Australia (Cooks Hill) - Craig Westall (Service Manager)
- Mission Australia (Griffith) - Tony Clisik (Counsellor)
- NSW Department of Corrective Services - Rhonda Booby (Director Offender Services and Programs), Zoe de Crespigny (A/Manager - Offender Programs Unit), Sue Henry Edwards (Principal Advisor on Alcohol and Drugs)
- NSW Department of Fair Trading - Gavin Blatchford (Manager - Community & Industry Grants), Lee Watson (Grants Officer)
- NSW Department of Health - David McGrath (Director - Mental Health and Drug and Alcohol Office) and Paul Armstrong (Associate Director - Programs Development & Coordination - Mental Health and Drug & Alcohol Office)
- Parramatta Mission Western Sydney - Kerry Geldens
- Peninsula Community Centre Woy Woy - Chris Davidson (Counsellor), Bronwyn Schwetz (Counsellor)
- Queensland Office of Liquor, Gaming and Racing - Maree Heffernan (Policy and Research Officer)
- Responsible Gambling Council Canada - Christina Whelan (Research Officer)
- Salvation Army (Social Program Secretary - Recovery Services Command) - Gerard Byrne (Manager)
- St Vincents Hospital - Abigail Kazal (Clinical Psychologist)
- Sydney West Area Health Service/NSW Multicultural Problem Gambling Service - Echo Morgan (Senior Multicultural Health Promotion Officer)
- Sydney Women's Counselling Centre - Margherita Basile (Manager)
- The Buttery and North Coast Area Health Service (Lismore) - Barry Evans (Director), Evon Corrigan (Manager of Problem Gambling Counselling Service)
- The Uniting Church in Australia Property Trust (NSW) for Wesley Mission - Liz Crawford (Senior Solicitor)
- Uniting Care Unifam Counselling and Mediation Service (Gosford) - Lincoln Poole (Problem Gambling Counsellor)
- Waverley Action for Youth Service (youth problem gambling service) - Russell King (CEO), Susie McCormack (General Manager), Madeline Tizcareno (Youth Gambling Counsellor)
- Wesley Community Legal Service - Richard Brading (Solicitor and expert in problem gambling legal matters)
- Wesley Mission - Alison Johnson (Director)
- Wesley Mission (Sutherland) - Rod Isaac (Problem Gambling Counsellor),
- Wesley Mission (Wagga Wagga) - Mark Stephenson (Problem Gambling Counsellor)
- Wesley Mission (Wollongong) - John Brett (Services Manager)
- Wesley Mission Financial Counselling - Russell Franks (Team Leader for Financial Counselling, Wollongong)
- Dr. Michael Walker (A/Prof University of Sydney – Senior Lecturer, School of Psychology) - Dr. Michael Walker (A/Prof University of Sydney – Senior Lecturer, School of Psychology), Chris Hutt (Clinical Psychologist), Chantal Braganza (Clinical Psychologist), Norris Me (Clinical Psychologist), Maree-Jo Richards (Clinical Psychologist)

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Wesley Community Legal Service - email communitylegal@wesleymission.org.au

Wesley Gambling Counselling Service - www.wesleymission.org.au/centres/gambling/service.asp

Wesley Mission - www.wesleymission.org.au

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Evaluation of project methodology

Caveats

Like all research, the current research needs to be considered in the context of the limitations of the research approach and methodology.

From this perspective, it should be considered that:

- while online surveying of RGF-funded counsellors and stakeholders provides some quantitative information on likely opinions, preferences and practices of services state-wide, the limitations of online surveys need to be taken into consideration in interpreting data - In particular, special care should be taken in interpreting small cell sizes in the data and care applied in the use of data for forecasting future service needs and demands. Hence, findings should be considered indicative, rather than definitive
- the literature review aimed to flag overall themes and trends and hence is not intended as an 'in-depth' review of specialist service needs literature - this approach was purposely taken to assist with identification of new areas for specialist services, given the exploratory nature of the research and the broad definition of 'specialist services'
- to allow an exploratory approach to defining 'special needs', counsellors in RGF-funded services kindly supported the needs analysis by assisting with the recruitment of people who they believed had special needs, which could not be easily met with current services. While this approach has some limitations (ie. selection bias), it was used to allow some 'creativity' in looking at the concept of special service needs from a 'creative' perspective. This was also useful in that discussions with special community needs segments then helped identify needs that may not have been otherwise identified through the literature or other means.

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