

research snapshot

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Understanding people's experiences with an integrated problem gambling and mental illness program

What this research is about

Problem gambling (PG) is repetitive gambling behaviour that leads to negative consequences, such as job loss, relationship problems, and debt. Many people with PG have comorbid mental illness. Comorbidity occurs when a person suffers from other health conditions at the same time as their primary illness. It is common for people with PG to suffer from comorbid mental illnesses such as mood disorders. Mental illness may contribute to why people develop PG, or be a consequence of PG.

Clinicians may treat people for their PG and comorbid mental illness using different approaches. One approach involves having different doctors or services treat patients' PG and mental illness separately. On the other hand, integrated treatment programs have a team of clinicians who specialize in PG and mental health issues working together. There are few studies that report on integrated treatment programs.

The Problem Gambling and Mental Health Program (PGMHP) started in 2010 as a state-wide program in Australia. The PGMHP is an integrated program staffed with a psychiatrist and two clinicians or nurses to treat people with PG and other mental illness. Clients are referred to the PGMHP, assessed, and, if required, provided with brief intervention or help to access a specialist gambling or mental health service for ongoing care. In this study, the researchers investigated why people were referred to the PGMHP and how they experienced and benefited from it. They also explored how the PGMHP could be improved.

What the researchers did

The researchers interviewed 20 clients over the telephone. Clients were referred to and assessed by a

What you need to know

In this study, the researchers investigated clients' and referrers' experiences with the Problem Gambling and Mental Health Program (PGMHP) in Australia. The PGMHP is an integrated treatment program that supports people with problem gambling and comorbid mental illness. The researchers interviewed 20 clients and 19 referrers. Most clients and referrers thought the PGMHP was extremely helpful. Many clients said they were referred to the program when they were in a crisis. The referrers mentioned referring clients who were difficult to treat to the PGMHP. A huge benefit of the PGMHP was that clients and referrers could get in touch with expertise in both gambling and mental illness. Clients and referrers also made recommendations on how to improve the program.

PGMHP clinician between July 2014 and June 2016. The researchers also interviewed 19 referrers (i.e., people who referred the clients). Referrers could be a mental health or gambling clinician, a primary care provider, or a friend or family member.

The researchers created two different questionnaires: one for the clients and one for the referrers. The clients' questionnaire asked about their age, gender, postal code, who referred them to the PGMHP, how they received feedback after their assessment, and what could be improved about the PGMHP. Clients also rated how helpful the PGMHP was to them and what their overall experience with the PGMHP was like. The referrers' questionnaire asked about their role, where they live or work, how they contacted the

PGMHP, the number of clients they referred in the past two years, how they received feedback from the PCMHP, and what could be improved about the PGMHP. Referrers also rated how helpful the PGMHP was and their contact experience with the PGMHP.

What the researchers found

Most clients and referrers thought highly of the PGMHP and found the program helpful. Half of the clients rated the PGMHP as extremely helpful. Many clients said they were referred to the PGMHP to get support in time of crisis for their severe gambling behaviour or PG consequences. Some were referred to the program for support in dealing with mental health issues or learning about PG, and how to cope with it. A few clients said they wanted further advice on how to manage their gambling, as they had used all other known options. Many referrers said they referred clients so that clients could receive better care for their mental illness or complex needs, or be assessed for PG and comorbid mental illness.

Half of the clients said that the most helpful part of the PGMHP was receiving specific recommendations on how to deal with their PG. Many clients also said the PGMHP really helped them understand why they had PG or mental illness. Some clients mentioned feeling listened to and understood, or reassured. Referrers said the most helpful part of the PGMHP was that clients were able to see experts in gambling and mental illness. Some referrers mentioned that it reassured the work they had been doing with the client and improved engagement with the client.

Many clients recommended that the PGMHP offer more follow-ups with people in the program either by phone or in-person. Referrers recommended that the PGMHP expands its services by hiring more clinicians or establishing more locations, and providing more follow-up.

How you can use this research

Policy makers can use this research to fund programs that train health professionals on how to diagnose and treat people with comorbidities. Treatment service providers can help patients overcome thoughts or feelings that may prevent them from

seeking help for their comorbidities. More research is needed to explore whether the PGMHP is effective at treating patients with PG and comorbid mental illness.

About the researchers

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