GambleAware

Gambling and mental health harms among young adults in Great Britain

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GambleAware

Contents

Executive Summary

In this paper we explore the prevalence of gambling problems and gambling-related harm, specifically harm to mental health, among 18-24 year olds ('young adults') in Great Britain (GB) overall and across different demographic groups within 18-24 year olds. We also discuss potential drivers of these experiences of gambling and mental health harm in this age group. The purpose of this analysis is to understand how to prevent and address gambling harm among 18-24 year olds. Finally, this analysis provides some insight into what treatment and support young adults prefer to use and how to improve awareness of gambling harm among them.

Despite those aged 18-24 being less likely to engage in gambling than the general population, they are more likely to experience gambling problems (according to the Problem Gambling Severity Index). Among 18-24 year olds, those from Black and South Asian ethnic backgrounds and those living in the most deprived areas, experience a higher level of gambling problems than young adults from White backgrounds and those living in the least deprived areas. Males aged 18-24 experience higher levels of gambling problems than their female peers, and neurodivergent individuals aged 18-24 experience more problems than all adults their age (aged 18-24). LGBTQ+ individuals aged 18-24 are less likely to experience gambling problems than their heterosexual counterparts.

While the prevalence of gambling problems varies across demographic groups, the resultant emotional and psychological burden is consistently elevated among groups experiencing greater disadvantage. This is evidenced by reduced wellbeing and a heightened risk of suicidality, a pattern observed irrespective of the group's overall gambling problem prevalence rates.

Overall, 18-24 year olds who are part of a minoritised group or face disadvantage are, in general, more likely to experience gambling problems; and be negatively impacted when it comes to their mental health than their peers who face less disadvantage and fall within the 'majority'. Notably, this trend does not hold true for 18-24 year olds from Black ethnic backgrounds, who are at greater risk of experiencing gambling problems but report better wellbeing and similar risk of suicidality to 18-24 year olds from White backgrounds.

Financial insecurity is a key contributing factor to gambling harm and poor mental health for 18-24 year olds. This is reinforced by financial motivation- the desire to accumulate wealth- being one of the main drivers of gambling participation and consequently experiencing gambling harm among 18-24 year olds. Other drivers include exposure to gambling marketing and advertising and participation in gambling activities associated with greater harm, including those that are unregulated. This highlights the importance of improving financial and media literacy for young people to ensure they can recognise, question, and respond to manipulative marketing practices.

On a positive note, 18-24 year olds want to access treatment and support for their gambling and mental health harm. Their preferred sources of support include online options, such as a dedicated app or messenger services.

While this paper focuses on gambling harm, our analyses shows that the drivers of gambling harm in young people, specifically unemployment, economic instability and deprivation, are similar to those that drive poor mental health in particular and poor health outcomes in general. As such, we recommend that these interconnected issues need to be addressed simultaneously and holistically in order to improve health outcomes and reduce gambling harm for young adults in GB today.

Introduction

This paper examines the prevalence, burden, and drivers of gambling problems, as identified by the Problem Gambling Severity Index (PGSI), amongst 18-24 year olds in Great Britain (GB). We compare different demographic groups to identify commonalities in burdens of gambling problems, and to understand the mental health outcomes among 18-24 year olds who are at risk. We explore the following demographic breakdowns – ethnicity, deprivation (measured by the Index of Multiple Deprivation), gender, sexuality, and neurodivergence in this paper. This focus is based on the existing evidence that indicates these groups are at a greater risk of experiencing gambling harm (Bailey et al., 2023; Evans & Cross, 2021; Moss et al., 2023).

This paper then explores the impact of gambling harm on mental wellbeing demonstrating gambling harm's influence on broader health and social outcomes. The broader drivers of gambling harm are discussed to understand this relationship further, including the role of gambling advertising and financial motivations among young adults. Given the declining mental health of young people in GB, our findings reinforce that addressing gambling must be seen as part of the solution.

Prevalence of gambling harms in GB

Official statistics from the Gambling Commission show that as of 2024, 14.6% of adults in GB are experiencing any level of problems with their gambling (PGSI score of 1+) and 2.7% of adults in GB are experiencing 'problem gambling' (PGSI score of 8+) (Gambling Commission, 2025). Among all 18-24 year olds, 22% report a PGSI score of 1+ and 5.3% a score of PGSI 8+.

Separate estimates from GambleAware suggest that as of 2024 around 5.4 million adults in GB may be experiencing 'problem gambling' (PGSI 8+) or have been negatively impacted by someone else's gambling (Gosschalk et al., 2025). In addition, around 2.2 million children are growing up in households where an adult is experiencing 'problem gambling' (Gosschalk et al., 2025).

The impact of gambling can be significant and may damage one's health and wellbeing. This includes serious risks of financial difficulties, breakdown of relationships, mental and physical health problems, and in some cases, suicide (Office for Health Improvement and Disparities & Public Health England, 2023). These harms often extend beyond the individual who gambles, affecting their friends, family and wider society (Gosschalk et al., 2024).

Methodology

The principal source of quantitative data used in this paper is GambleAware's Annual Treatment and Support Survey, conducted by YouGov[1]. The data collection involves an online quantitative survey with around 18,000 GB adults supplemented by around 30 one-to-one in-depth interviews with people who gamble. The data presented in the tables are sourced from the combined waves from 2022, 2023 and 2024 as a pooled cross-sectional dataset. The overall sample size of 18-24 year olds among the combined three surveys was 5,850 respondents.

Where applicable and available, statistics from the Gambling Commission's 2024 Gambling Survey for Great Britain (GSGB) are also presented as official statistics. The total number of respondents aged 18-24 in this survey was 1,915.

It is important to note that this analysis draws on two different datasets. For some groups, prevalence rates from a single GSGB survey year (2024) are compared against pooled data from three Annual

[1] For access to all GambleAware Annual Treatment and Support Surveys (2020-2024) follow this link https://www.gambleaware.org/our-research/publication-library/treatment-and-support-survey/

Treatment and Support Surveys (2022–2024). Pooling across three survey waves was helpful to increase the sample size and enable robust subgroup analysis. For example, the prevalence of gambling problems among all 18-24 year olds is taken from the GSGB (2024), while their experiences of low wellbeing and suicidality are drawn from the pooled Annual Treatment and Support Surveys (2022–2024). This is necessary because the GSGB does not measure wellbeing or suicidality.

The majority of findings in this paper are based on the pooled Annual Treatment and Support Surveys (2022–2024), meaning comparisons between gambling prevalence, low wellbeing and suicidality are internally consistent. The only demographic exception is the group of 'all 18–24 year olds' where GSGB data is used to report gambling prevalence.

Within the combined survey data (2022-2024), samples for some groups, specifically minoritised and socially excluded groups, remain relatively small. In some instances, the sample size falls below the established rule of thumb of n=30[2]. However, we note that quantitative research on these groups is often rare or non-existent due to the nature of these groups being marginalised. Researchers have also noted that where these studies on minoritised groups do exist, they are often 'small scale' and have fewer than twenty respondents (Martin et al., 2024; Moss et al., 2023).

Therefore, while percentages from these small samples should be interpreted with caution, they can serve as an important indication, pointing to areas where knowledge is limited and further understanding is needed. As noted by others, samples smaller than 30 can be considered as indicative case studies; while statistical inferences to the wider population should not be made, such samples can still be part of a valid and defensible methodology and analysis (National Audit Office, 2001).

Definitions of outcomes analysed

Problem Gambling Severity Index (PGSI)

The Problem Gambling Severity Index (PGSI) is a validated screening tool used to estimate the number of people experiencing gambling problems (Ferris & Wynne, 2001). It is a nine-question instrument that measures gambling behaviour and consequences (Ferris & Wynne, 2001). Respondents receive a PGSI score between 0-27. The difference scores are indicated below and are taken directly from the Gambling Commission (Gambling Commission, 2021):

PGSI score (0)	Representing a person who gambles (including heavily) but does not report experiencing any of the 9 symptoms or adverse consequences asked about.
PGSI score (1-2) (low-risk gambling)	Representing low risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.
PGSI score (3-7) (moderate risk gambling)	Representing moderate risk gambling by which a person may or may not have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.
PGSI score (8+) ('problem gambling')	Representing problem gambling by which a person will have experienced adverse consequences from gambling and may have lost control of their behaviour. Involvement in gambling can be at any level, but it is likely to be heavy.

[2]A minimum sample size of 30 participants is generally required to achieve adequate statistical power and reliably detect differences between groups, maintaining a statistical significance level (p-value) of 0.05. This p-value means researchers are 95% confident that any observed difference is real and not due to random chance https://www.tqmp.org/RegularArticles/vol03-2/p043/p043.pdf.

A PGSI score of 1+ has previously been taken to be indicative of at-risk gambling (Health Survey for England, 2023) and is used to capture those who meet the threshold of experiencing any level of problems with gambling. A PGSI score of 8+ is indicative of 'problem gambling,' of someone who is gambling with adverse consequences and may lack control of their behaviour (Gambling Commission, 2021).

Within this paper we refer to a PGSI score of 1+ as 'at-risk gambling' and a score of PGSI 8+ as 'problem gambling.'

As the PGSI only provides a proxy measure of gambling harm, the term 'gambling problems' is used when discussing the burden of gambling problems, as we are providing a score from the Problem Gambling Severity Index. However, throughout the majority of this paper, apart from in the 'Burdens of gambling problems, low wellbeing, and suicidality' section, we use the term 'gambling harm.' This is to reflect that gambling harm encompasses more than the 'problems' measured in the PGSI.

The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)
The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) is a way of measuring mental wellbeing (University of Warwick, 2005). It involves asking respondents 14 statements about their thoughts and feelings in the last two weeks, using a five-level response scale. Each item is scored from one 'none of the time' to five 'all of the time, with scores ranging between 14-70. Higher scores indicate greater positive mental wellbeing.

Suicidal Ideation Attributes Scale (SIDAS)
The Suicidal Ideation Attributes Scale (SIDAS) is used to measure the incidence and severity of suicidal thoughts in the past month (Van Spijker et al., 2014). The SIDAS measures different attributes of suicidal thoughts: frequency, controllability, closeness to attempt, level of distress association with the thoughts and impact on daily functioning. Responses are measured on a 10-point scale and a higher total score reflects more severe suicidal thought (0-50). SIDAS measures were only collected in the 2023 Annual Treatment and Support Survey and were optional to respond to.

Burdens of gambling problems, low wellbeing, and high risk of suicidality among 18-24 year olds

This section presents the prevalence of gambling problems (PGSI 1+ and 8+) among all those aged 18-24 across different demographic groups. We decided to explore the prevalence of gambling problems among all participants, rather than among those who gamble, to provide an indication of the distribution of gambling problems across the wider demographic group. However, this means the prevalence rates are likely lower than the prevalence rate among those who gamble.

This section also discusses the prevalence of mental health - low wellbeing (WEMWBS) and high risk of suicidal thoughts (SIDAS) - among 18-24 year olds experiencing at-risk gambling (PGSI 1+). This analysis includes those negatively affected by another's gambling, commonly known as 'affected others.'

The aim is to identify among 18-24 year olds who bears a disproportionate burden of gambling problems, specifically gambling-related harm to their mental health, before exploring what may be driving these differences. The demand and usage of treatment and support among 18-24 year olds experiencing at-risk gambling is included to highlight that 18-24 year olds want not only to reduce their experience of gambling harm but to utilise different forms of support and treatment to do so.

Young adults (18-24 year olds)

Age is a significant factor in the burden of gambling problems. As seen in Table 1 below, 18-24 year olds in GB report a higher level of experiencing at-risk gambling (PGSI 1+) than the general adult population (18+). According to the Gambling Commission's GSGB conducted in 2024, one in 5 (22%) 18-24 year olds scored PGSI 1+ compared to 14.6% of adults aged 18+ (Gambling Commission, 2025). Likewise, 18-24 year olds are more likely to experience 'problem gambling' (PGSI 8+) with 5.3% meeting the PGSI 8+ threshold compared to only 2.7% of the general population.

Table 1

PGSI scores in the last 12 months among all participants by age group

	18+	18-24	25-34	35-44	45-54	55-64	65-74	75+
PGSI score of 1+	14.6%	22%	21.3%	19.9%	15.4%	10.3%	6.1%	3.9%
PGSI score of 8+	2.7%	5.3%	4.9%	3.7%	2.5%	1.0%	0.6%	0.3%

Source: Gambling Commission GSGB 2024

This is despite 18-24 year olds being less likely to participate in gambling in the last 4 weeks than any other age group (36%) (see Table 2). However, it is important to note that 18-24 years' participation in online gambling is high. When excluding participation in lottery draws only, 18-24 year olds have one of the highest levels of online gambling participation (21%). This is in stark contrast when including lottery draws in online gambling participation, with 18-24 year olds having the lowest participation of online gambling participation (25%). This shows how online gambling participation skews toward younger adults, and lottery draws skew toward older adults. This is concerning as online gambling is associated with a higher level of gambling problems (Wang et al., 2025).

Table 2

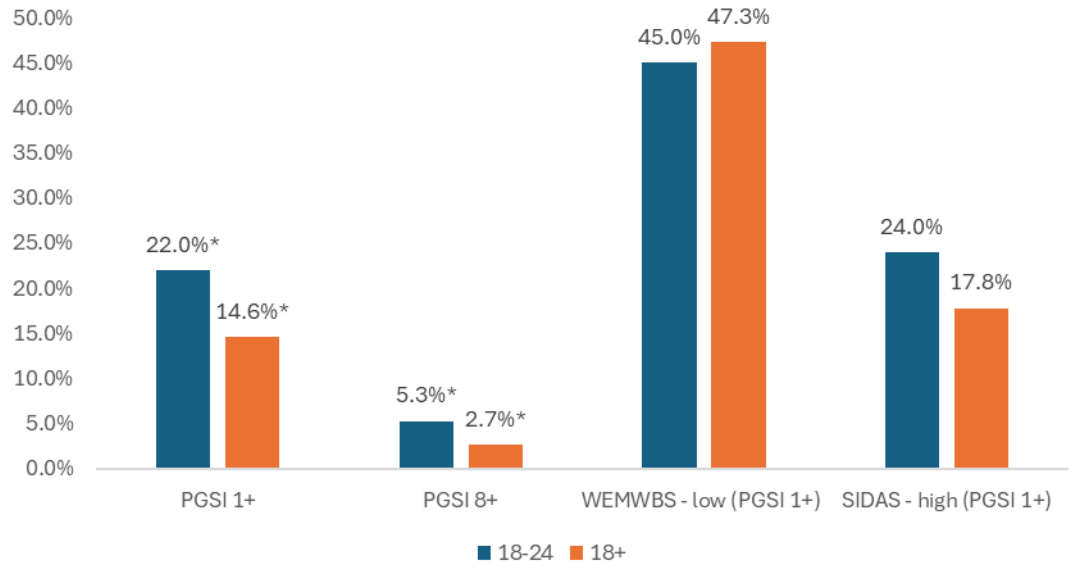
Participation in any gambling activities in the last 4 weeks among all participants

	18+	18-24	25-34	35-44	45-54	55-64	65-74	75+
Participated in gambling in the past 4 weeks	48%	36%	45%	49%	55%	52%	48%	42%
Participated in online gambling in the past 4 weeks	38%	25%	34%	39%	46%	43%	38%	32%
Participated in online gambling in the past 4 weeks (excluding lottery draw only)	16%	21%	23%	22%	19%	13%	7%	4%

Source: Gambling Commission GSGB 2024

Among 18-24 year olds experiencing at-risk gambling (PGSI 1+), data from GambleAware's combined Annual Treatment and Support Survey (2022-2024) shows that nearly half (45.0%) reported low mental wellbeing (WEMWBS = 14-42), which is similar to the general population (47.3%). However, data from the Annual Treatment and Support Survey (2023) shows that nearly one in four (24.0%) reported a high risk of suicidality (SIDAS = 21-50), compared to only 17.8% of all adults. This demonstrates that young adults who experience some level of gambling problems are experiencing more harm to their wellbeing than the general population. Indicating that gambling is disproportionately impacting 18-24 year olds.

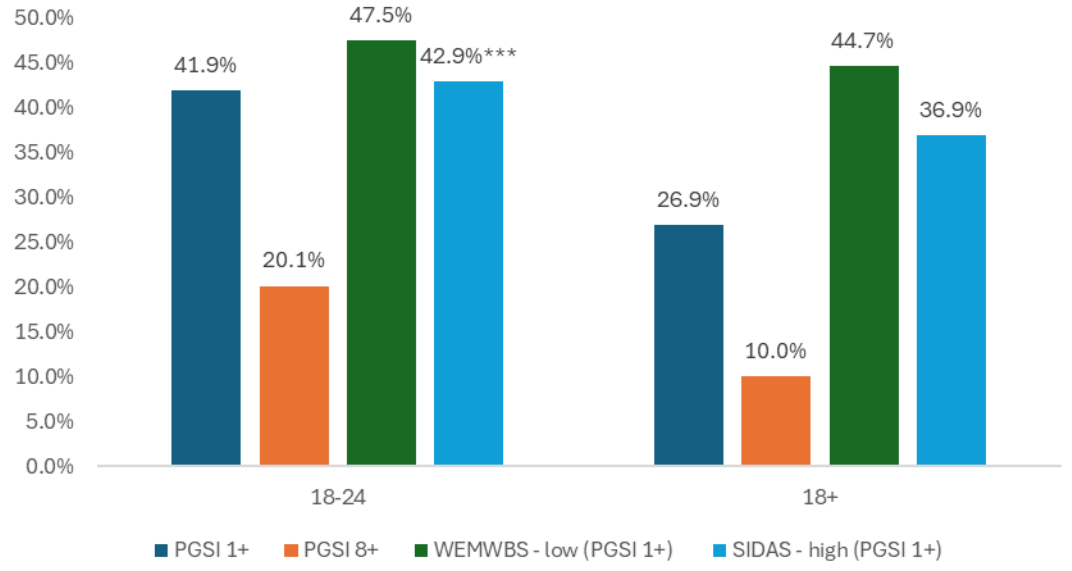
Figure 1
Prevalence of gambling problems and mental health harms by age (18-24 vs 18+)



Source: Annual Treatment and Support Survey (2022-2024), Gambling Commission Gambling Survey for Great Britain (2024)
Note: *indicates that the data is sourced from the Gambling Commission's Gambling Survey for Great Britain (2024)

These figures are even higher among affected others – those who are negatively impacted by another's gambling – in the same age group. Of this group, as seen in Figure 2 below, 20.1% are experiencing 'problem gambling' (PGSI 8+), double that of the general population (10.0%). Furthermore among affected others experiencing at-risk gambling (PGSI 1+), 47.5% reported low wellbeing, compared to 44.7% of all adult affected others, and 42.9% reported high suicidality compared to 36.9% of all adults, highlighting the broader psychosocial toll of gambling within younger age cohorts.

Figure 2
Prevalence of gambling problems among affected others by age (18-24 vs 18+)



Source: Annual Treatment and Support Survey (2022-2024)
Note: ***sample size >30 but <100 so have wider margins of errors

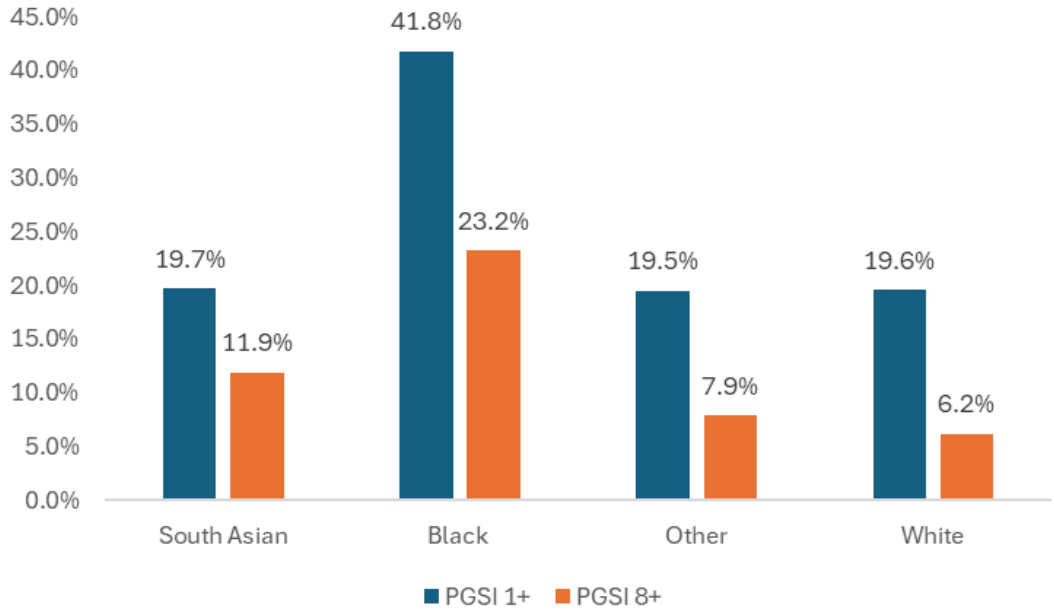
Ethnicity and young adults

As seen in Figure 3 below, among all 18–24 year olds, the prevalence and severity of gambling problems differ by ethnicity. 18-24 year olds from Black backgrounds[3] show the highest rates of gambling problems, with 41.8% scoring PGSI 1+ and 23.2% scoring PGSI 8+. This is more than double the rate of gambling problems experienced by 18-24 year olds from White backgrounds (PGSI 1+: 19.6%; PGSI 8+: 6.2%).

Interestingly 18-24 year olds from South Asian[4] backgrounds report roughly the same rate of PGSI 1+ as White 18-24 year olds (19.7% vs 19.6%) but nearly double the rate of PGSI 8+ (11.9% vs 6.2%). Across the board, 18-24 year olds from ethnic minority communities are more likely to experience 'problem gambling' (PGSI 8+) than their White peers.

Figure 3

Prevalence of gambling problems by ethnicity (among those aged 18-24)

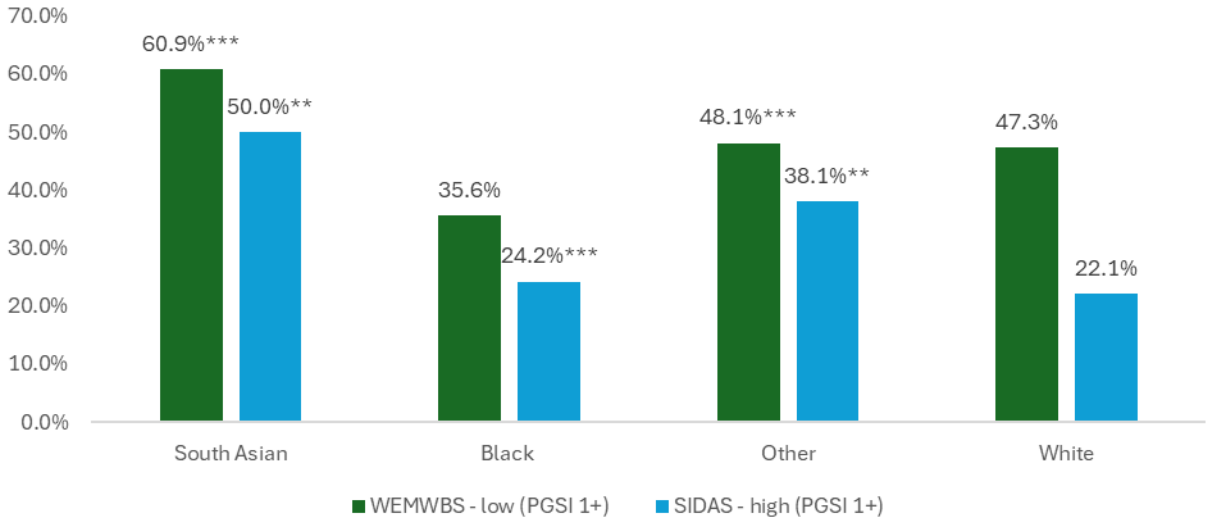


Source: Annual Treatment and Support Survey (2022-2024)

The relationship between gambling problems and mental health also differs across ethnic groups, as shown in Figure 4. Among 18-24 year olds who experience at-risk gambling (PGSI 1+), those from Black backgrounds are less likely than their White counterparts to report low wellbeing scores (35.6% vs 47.3% respectively). They also report similar high risk of suicidality scores to their White peers (24.2% vs 22.1%). This is in stark contrast to South Asian 18-24 year olds who report the lowest wellbeing scores (60.9%) and the highest rate of suicidality (50.0%) among those with scores of PGSI 1+ which is double that of their White peers (22.1%).

[3] We have categorised the 'Black' group to include White and Black Caribbean, White and Black African, African, Caribbean, Any other Black / African / Caribbean background due to low sample sizes.
[4] We have categorised the 'South Asian' group to include people of Indian, Pakistani and Bangladeshi heritage due to low sample sizes.

Figure 4
Prevalence of mental health harms by ethnicity (among those aged 18-24)

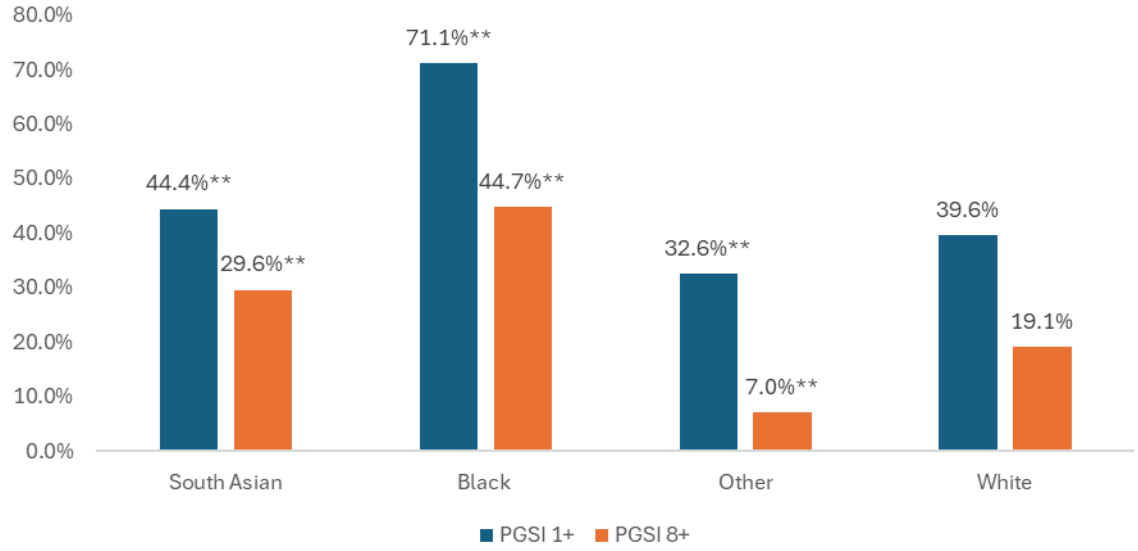


Source: Annual Treatment and Support Survey (2022-2024)
Note: **indicates the sample size is below 30; ***indicates the sample size >30 but <100 so have wider margins of errors

As seen in Figure 5 below, among affected others, the burden of gambling problems is more pronounced among 18-24 year olds from Black backgrounds. Among Black young adults who are affected by another's gambling, 71.1% also experience at-risk gambling (PGSI 1+) and 44.7% experience a high level of problems (PGSI 8+). This is more than double the rate of their White young adult peers who are affected others and experience 'problem gambling' (PGSI 8+: 19.1%). South Asian young adults who are affected others also experience higher levels of 'problem gambling' (PGSI 8+: 29.6%) than their White young adults affected other counterparts.

This demonstrates that not only are young adults from minority ethnic populations more likely to experience problems from their own gambling, but also from other's. This places them at further disadvantage and vulnerability to the negative effects of gambling.

Figure 5
Prevalence of gambling problems among affected others by ethnicity (among those aged 18-24)



Source: Annual Treatment and Support Survey (2022-2024)
Note: **indicates the sample size is below 30

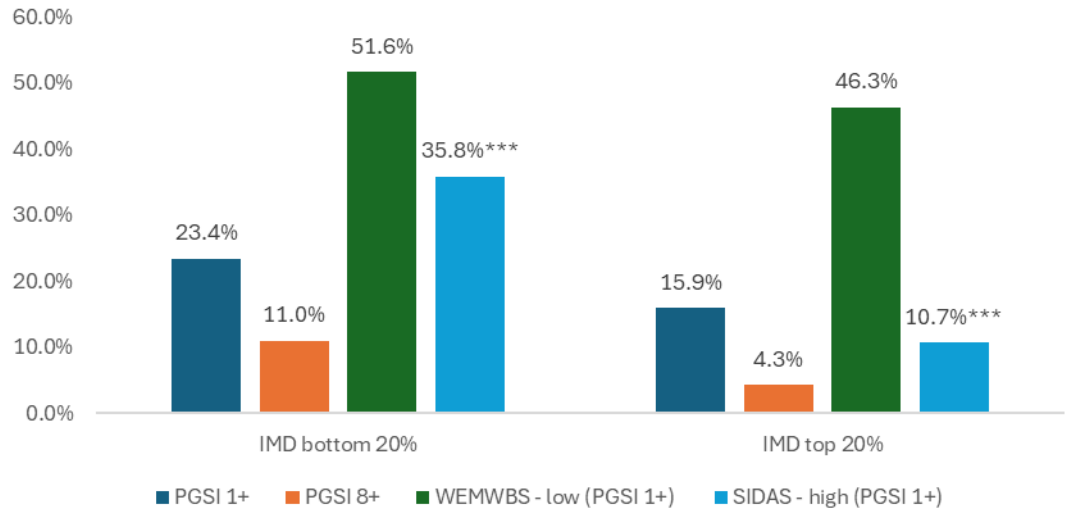
Deprivation and young adults

Among all 18–24 year olds, the prevalence and severity of gambling problems differ by socioeconomic background, with deprivation, measured according to the Index of Multiple Deprivation (IMD)[5], compounding these risks. As seen in Figure 6 below, 18–24 year olds living in the most deprived fifth of neighbourhoods (bottom 20% of IMD) report more than double the PGSI 8+ rates compared to people living in the least deprived 20% of areas (11.0% vs. 4.3%). This is in line with research that showed, as of 2020, 21% of gambling premises were based in the most deprived areas compared to only 2% in the least deprived areas (Evans & Cross, 2021).

They also report higher PGSI 1+ scores (23.4% vs. 15.9%) and elevated suicidality scores (35.8% vs. 10.7%). However reports of low wellbeing are similar between the two groups, 51.6% and 46.3% respectively, which deviates from the expected trend that those facing inequality would report lower wellbeing.

[5] Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England, which considers a wide range of individual's living conditions across seven domains including: income; employment; health deprivation and disability; education, skills training; crime; barriers to housing and services; and living environment. It is calculated for every Lower-layer Super Output Area or neighbourhood in England, of which there are 32,844. https://assets.publishing.service.gov.uk/media/5d8b399a40f0b609946034a4/IoD2019_Infographic.pdf

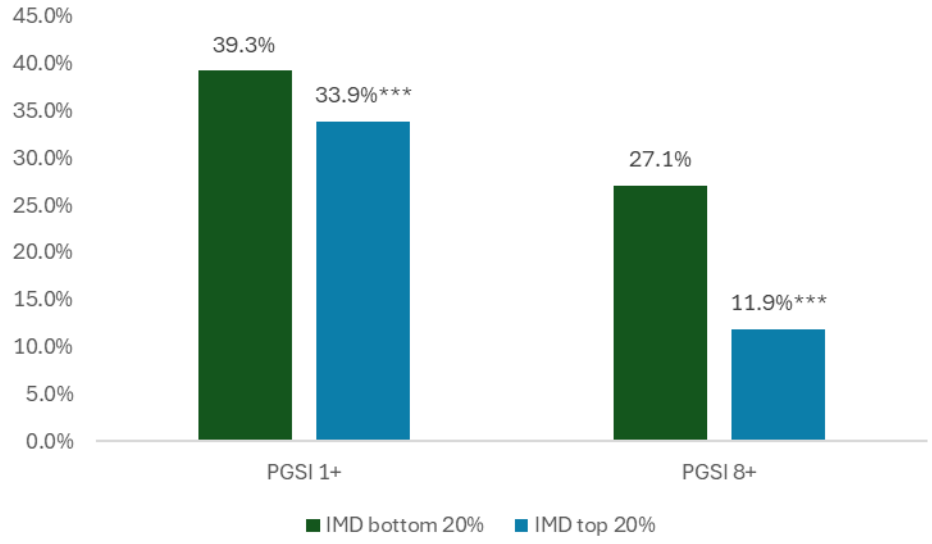
Figure 6
Prevalence of gambling problems and mental health harm by deprivation (among those aged 18-24)



Source: Annual Treatment and Support Survey (2022-2024)
Note: ***indicates the sample size >30 but <100 so have wider margins of errors

Among affected others aged 18-24, the rate of 'problem gambling' (PGSI 8+) is more pronounced in the most deprived areas, with 27.1% reporting a PGSI score of 8+ compared to only 11.9% in the least deprived areas as seen in Figure 7 below. However, the rate of at-risk gambling (PGSI 1+) is only slightly higher (39.3% vs. 33.9%).

Figure 7
Prevalence of gambling problems (PGSI) among affected others by deprivation (among those aged 18-24)



Source: Annual Treatment and Support Survey (2022-2024)
Note: ***indicates the sample size >30 but <100 so have wider margins of errors

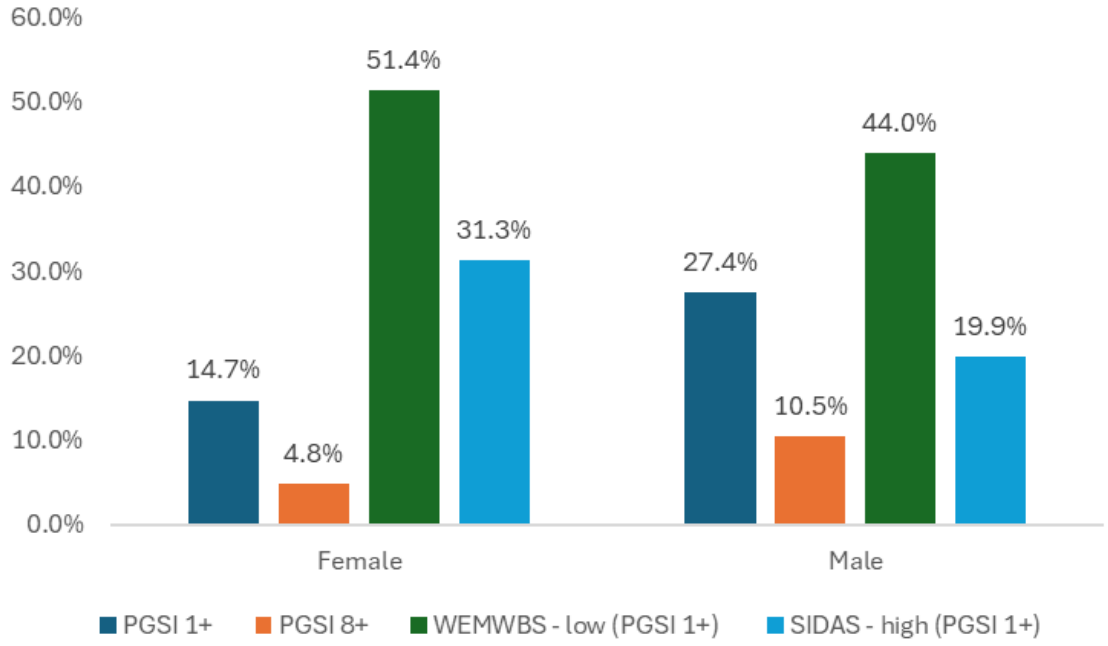
Gender and young adults

As seen in Figure 8 below, there are clear gender differences in gambling problems and reported wellbeing and suicidality among all 18-24 year olds. Young males are twice as likely to experience 'problem gambling' (PGSI 8-+) than young females (10.5% vs. 4.8%), and almost 70% more likely to experience at-risk gambling (27.4% vs. 14.7%). However, young females experiencing at-risk gambling are more likely to have a high risk of suicidality (31.3%) than their male peers (19.9%) as well as low wellbeing (51.4% and 44.0% respectively). This is despite, in general, young males reporting higher rates of suicide than young females. In 2018, suicide rates among 15-24 year olds in the UK were 3x more common for males than females (Royal College of Paediatrics and Child Health, 2021).

This difference in prevalence among young adults may be driven by the type of gambling activities that are a large part of young men's lived realities and social lives (Social Finance, 2025). Young males are more likely, than young females, to engage in online sports betting and casino games, which are associated with greater levels of harm (Social Finance, 2025; Wang et al., 2025). They are also more likely to engage in unregulated gambling activities such as crypto casinos and fantasy sport betting, which are unregulated (Social Finance, 2025).

Figure 8

Prevalence of gambling problems and mental health harm by gender (among those aged 18-24)

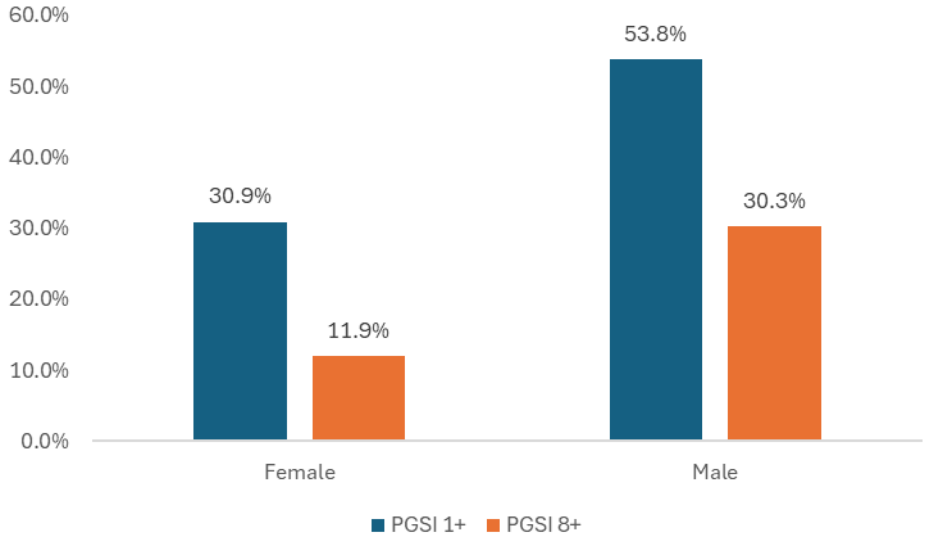


Source: Annual Treatment and Support Survey (2022-2024)

As seen in Figure 9 below, among those aged 18-24, affected others who are male are more likely to experience at-risk gambling (PGSI 1+) and 'problem gambling' (PGSI 8+) than female affected others. Male affected others are nearly 2.5x more likely to experience 'problem gambling' (PGSI 8+) than female affected others (30.3% vs 11.9% respectively).

Despite male affected others experiencing more gambling problems, female affected others experiencing at-risk gambling (PGSI 1+) are still more likely to report lower wellbeing and higher risk of suicidality than their male counterparts, as seen in Table 3. This demonstrates how harms from gambling are not experienced equally or proportionately.

Figure 9
Prevalence of gambling problems among affected others by gender (among those aged 18-24)

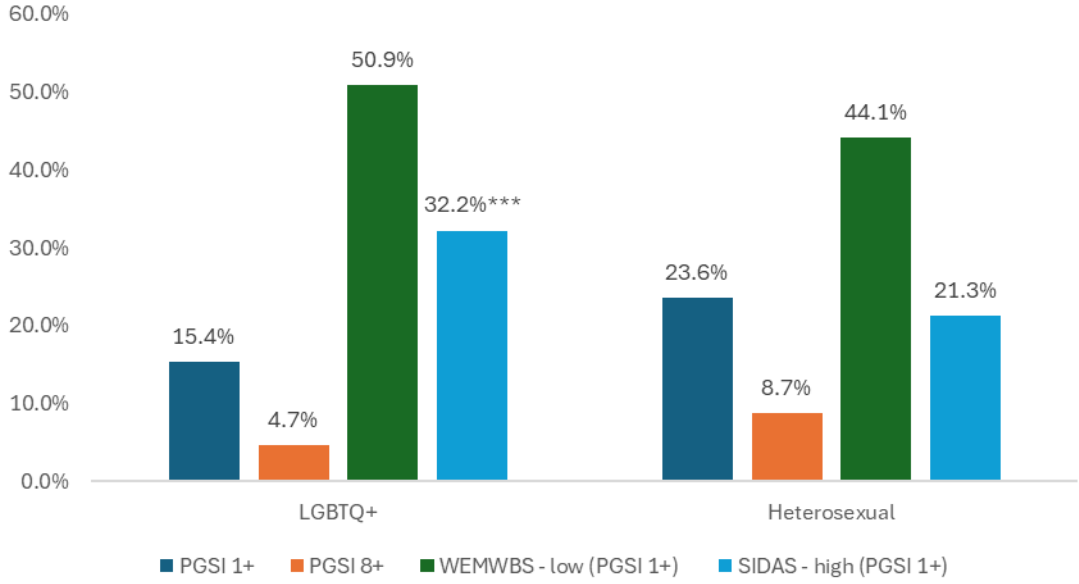


Source: Annual Treatment and Support Survey (2022-2024)

Sexuality and young adults

As seen in Figure 10 below, 18-24 year olds from the LGBTQ+ community are actually less likely to experience at-risk gambling (PGSI 1+) than their heterosexual peers (15.4% vs. 23.6%) and are less likely to experience 'problem gambling' (PGSI 8+) (4.7% and 8.7% respectively). Yet despite a lower prevalence of gambling problems, LGBTQ+ 18-24 year olds with at-risk gambling are more likely to report low wellbeing (50.9% vs. 44.1%) and high risk of suicidality (32.2% vs. 21.3%), compared to their heterosexual peers.

Figure 10
Prevalence of gambling problems and mental health harm by sexuality (among those aged 18-24)

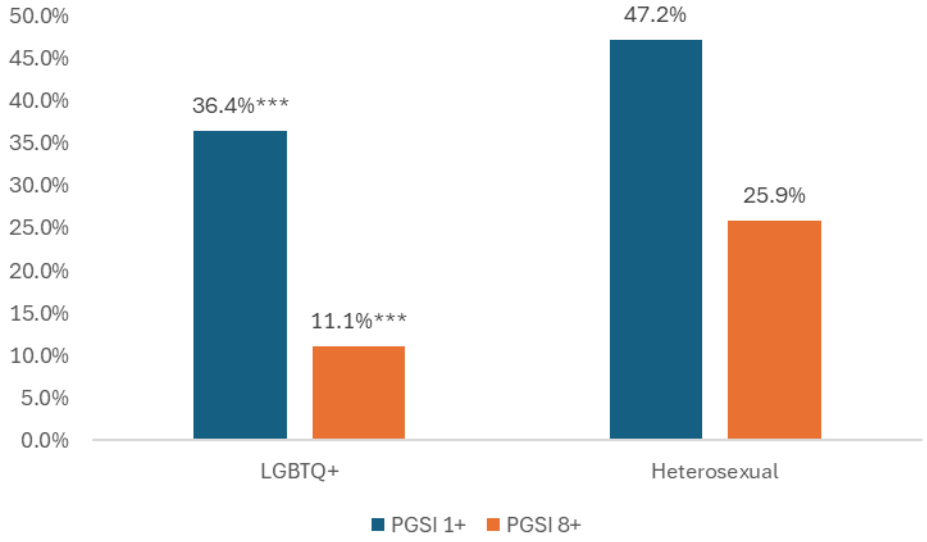


Source: Annual Treatment and Support Survey (2022-2024)
Note: ***indicates the sample size >30 but <100 so have wider margins of errors

Similarly, as seen in Figure 11 below, 18-24 year old affected others from the LGBTQ+ community are less likely to report being at risk of gambling problems (PGSI 1+) and 'problem gambling' (PGSI 8+) than their heterosexual peers: 11.1% of LGBTQ+ affected 18-24 year olds report 'problem gambling' (PGSI 8+), half of that reported by heterosexual individuals aged 18-24 who are affected others - 25.9%. However, as seen in Table 3, LGBTQ+ affected others at risk of gambling problems (PGSI 1+) report much lower wellbeing scores than their heterosexual counterparts (64.0% vs 43.3%).

Figure 11

Prevalence of gambling problems among affected others by sexuality (among those aged 18-24)



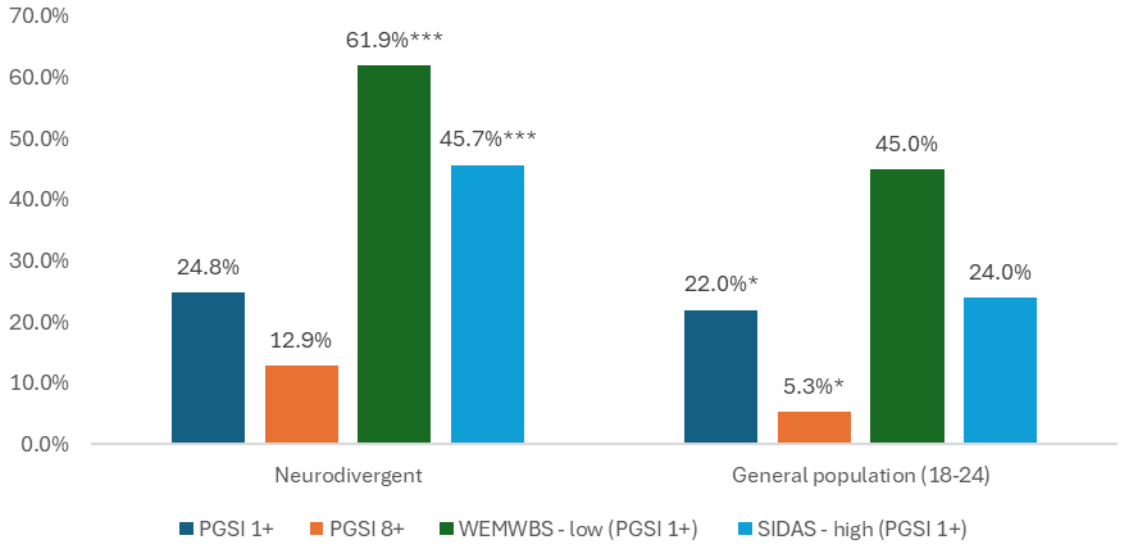
Source: Annual Treatment and Support Survey (2022-2024)
Note: ***indicates the sample size >30 but <100 so have wider margins of errors

Neurodivergence and young adults: ADHD and autism

Neurodivergence means having a way of thinking or behaving that is different from most other people, or what is considered 'typical' (National Autistic Society, n.d.). There is no single definition of what should be included as a form of neurodivergence, but lists usually include autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia and dyscalculia. This section explores 18-24 year olds who have been diagnosed with ADHD and/or autism.

As seen in Figure 12 below, 18-24 year olds who are neurodivergent experience similar levels of at-risk gambling (PGSI 1+) than all 18-24 year olds (24.8% vs 22.0%). However, neurodivergent 18-24 year olds are nearly three times more likely to experience 'problem gambling' (PGSI 8+) (12.9% vs 5.3%). Furthermore, neurodivergent 18-24 year olds who experience at-risk gambling (PGSI 1+) are much more likely to report low wellbeing (61.9%) and a high risk of suicidality (45.7%) than all 18-24 year olds (45.0% and 24.0% respectively).

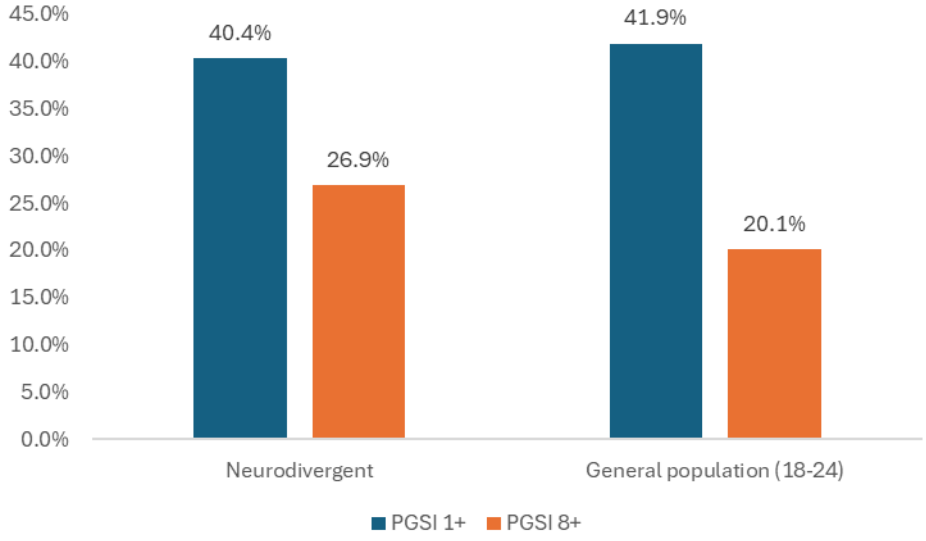
Figure 12
Prevalence of gambling problems and mental health harm among neurodivergent 18-24 year olds



Source: Annual Treatment and Support Survey (2022-2024), Gambling Commission Gambling Survey for Great Britain (2024)
Note: *indicates that the data is from the Gambling Commission's Gambling Survey for Great Britain (2024); ***indicates sample survey >30 but <100 so have wider margins of error

Interestingly, neurodivergent 18-24 year olds who are affected others report a similar risk of gambling problems (PGSI 1+) compared to all 18-24 year olds (40.4% vs 41.9%) and only a slightly higher risk of 'problem gambling' (26.9% vs 20.1%) as seen in Figure 13 below.

Figure 13
Prevalence of gambling problems among neurodivergent affected others (among 18-24 year olds)



Source: Annual Treatment and Support Survey (2022-2024)

Summary

In summary, despite living very diverse realities, 18-24 year olds who are part of a minoritised group or face disadvantage are in general more likely to experience gambling problems; and it is generally more likely that these problems will negatively impact their mental health than for their peers who face less

disadvantage and fall within the 'majority.' To better understand what influences these differences in gambling problems, in the next sections we explore the drivers of gambling harm, alongside young adult's relationship with their mental health.

The data presented above is summarised in Table 3 below:

Table 3

Burdens of gambling problems, low wellbeing, and high risk of suicidality among all 18-24 year olds in Great Britain

Dimension	Category	PGSI 1+	PGSI 8+	WEMBWBS – low (among those with PGSI 1+)	SIDAS – high (among those with PGSI 1+)
Age	18-24	22.0%*	5.3%*	45.0%	24.0%
	18+	14.6%*	2.7%*	47.3%	17.8%
Ethnicity (18-24)	South-Asian	19.7%	11.9%	60.9%***	50.0%**
	Black	41.8%	23.2%	35.6%	24.2%***
	Other minority ethnic communities	19.5%	7.9%	48.1%***	38.1%**
	White	19.6%	6.2%	47.3%	22.1%
IMD (18-24)	IMD bottom 20%	23.4%	11.0%	51.6%	35.8%***
	IMD top 20%	15.9%	4.3%	46.3%	10.7%***
Gender (18-24)	Female	14.7%	4.8%	51.4%	31.3%
	Male	27.4%	10.5%	44.0%	19.9%
Sexuality (18-24)	LGBTQ+	15.4%	4.7%	50.9%	32.2%***
	Heterosexual	23.6%	8.7%	44.1%	21.3%
Neurodivergence (ADHD, Autism) (18-24)	Neurodivergent	24.8%	12.9%	61.9%***	45.7%***
	General population (18-24)	22.0%*	5.3%*	45.0%	24.0%
Affected others (18-24)	18-24	41.9%	20.1%	47.5%	42.9%***
	18+	26.9%	10.0%	44.7%	36.9%
	South Asian	44.4%**	29.6%**	100.0%**	100.0%**
	Black	71.1%**	44.7%**	44.4%**	50.0%**
	Other	32.6%**	7.0%**	33.3%**	0.0%**
	White	39.6%	19.1%	46.6%**	37.9%**
	IMD bottom 20%	39.3%	27.1%	60.7%**	62.5%**
	IMD top 20%	33.9%***	11.9%***	35.7%**	0.0%**
	Female	30.9%	11.9%	55.6%***	52.9%**
	Male	53.8%	30.3%	43.6%***	33.3%**
	LGBTQ+	36.4%***	11.1%***	64.0%**	41.7%**
	Heterosexual	47.2%	25.9%	43.3%***	47.4%**
	Neurodivergent	40.4%	26.9%	64.7%**	42.9%**
	General population (18-24)	41.9%	20.1%	47.5%	42.9%***

Source: GambleAware Annual Treatment and Support Survey 2022-2024, Gambling Commission Gambling Survey for Great Britain 2024
Note: *Sourced from Gambling Commission GSGB Annual Survey 2024, **Sample size <30, ***Sample size >30 but <100 so have wider margins of errors. The 'South Asian' group consists of people of Indian, Pakistani and Bangladeshi heritage. The 'Black' group includes White and Black Caribbean, White and Black African, African, Caribbean, Any other Black / African / Caribbean backgrounds. The 'Other minority ethnic communities' group includes White and Asian, Any other Mixed / Multiple ethnic background, Chinese, Any other Asian background, Arab, Any other ethnic group.

Understanding the relationship between gambling harms and mental health among 18-24 year olds

This section discusses the mental health of 18-24 year olds living in GB alongside the main drivers of poor mental wellbeing before exploring the commonalities between poor mental health, suicide and gambling harm.

It is well evidenced that people who experience gambling harms are more likely to experience poorer emotional mental health (Alma Economics, 2023; Browne & Rockloff, 2018; Langham et al., 2016). The emotional and psychological toll of gambling can include feelings of guilt, shame, loneliness, loss of self-esteem, poor sleep, neglecting to care for oneself properly, and in some severe cases, suicide (Office for Health Improvement and Disparities & Public Health England, 2023). 'Problem gambling' (PGSI 8+) is strongly associated with the most common mental health disorders, such as anxiety and depression and correlates with suicide in both young people and adults (Gosschalk et al., 2024; Hayatbakhsh, et al., 2012; Ipsos, 2023).

However, the relationship is reciprocal - poor mental health can also lead to more harmful gambling (Preston et al., 2012) as individuals may use gambling to cope with negative emotions arising from experiences of marginalisation, socioeconomic disadvantage and discrimination (Martin et al., 2024; Moss et al., 2023). Gambling to cope with negative feelings has been reported among neurodiverse people, those with insecure or unstable employment and ethnic minority and religious groups (IFF Research et al., 2025; Martin et al., 2024; Moss et al., 2023).

However, this coping strategy frequently results in greater exposure to gambling harm. Thus, mental health can be both a precipitant and a consequence of gambling (Alma Economics, 2023; Preston et al., 2012).

Young people's mental health is declining. The latest Adults Psychiatric Morbidity Survey (2023/2024) highlights that one in four (25.8%) 16-24 year olds have reported a common mental health condition[6] and report higher rates of self-harm than any other age group (Morris et al., 2025). This has risen from 17.5% in 2007. This data also underscores the influence of socioeconomic inequalities, with those who experience debt, unemployment, or live in the most deprived areas (the bottom 20% IMD areas) more likely to have a common mental health condition and report lifetime non-suicidal self-harm. It is clear that financial insecurity is a reoccurring key driver of poor mental health among young people.

Financial insecurity and mental health

Financial insecurity, primarily employment precarity (driven by lower access to stable jobs and careers) and affordability pressures (such as purchasing a home), has been identified as a key factor impacting the decline in young people's mental health (Pierce et al., 2025). Nearly 1 million 16-24s in the UK are not in education, employment or training and this has increased by 50% since 2021, a rise that is not reflected in other age groups (Coxon et al., 2025).

These financial struggles are experienced disproportionately with young Black males more likely to face unemployment, housing insecurity and disproportionately higher rates of fixed and permanent exclusions from school (Khan et al., 2017). Autistic graduates are twice as likely to be unemployed after 15 months than non-Autistic graduates (Buckland, 2024) and females aged 17-23 report being less optimistic than their male peers of having enough money (38.5% vs 60.5%) (NHS England, 2023). This

[6] Common mental health conditions include depression, generalised anxiety disorder, panic disorder, phobias, obsessive compulsive disorder, and common mental health conditions not otherwise specified related to depression or anxiety disorder. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/common-mental-health-conditions

demonstrates that poor mental health, driven by financial insecurity, is disproportionately impacting those facing socioeconomic inequalities.

The drivers of poor mental health also drive gambling harm among young people, which will be explored below, and this may contribute to reinforcing the reciprocal relationship between mental health and gambling harm. For example, debt stress and traumatic life events (e.g., adverse childhood events) have been found to have a large mediating impact on mental health and gambling (Alma Economics, 2023; Swanton & Gainsbury, 2020).

Suicidality and gambling harm among 18-24 year olds

Research has found a positive association between 'problem gambling' (PGSI 8+) and suicide attempts among those aged 16-24 (Wardle & McManus, 2021). Suicide is also linked to poor mental health, social isolation and relationship problems (Royal College of Paediatrics and Child Health, 2021), which are also some of the consequences of gambling. Suicide is a complex issue with contributing factors such as adverse childhood experiences, poor physical health, and deprivation increasing the risk of suicide (Royal College of Paediatrics and Child Health, 2021).

Deprivation not only contributes to poorer mental health and suicidality but deprivation can also drive gambling harm (Evans & Cross, 2021), which in turn worsens mental health. It is challenging to ascertain the exact process that links gambling with suicidal behaviour, but a study has suggested indebtedness and shame play a significant role (Marionneau & Nikkinen, 2022).

In summary, this section identifies the role of financial insecurity in driving both mental health and gambling harm. Financial insecurity, as a driver of gambling harm, is explored in more detail below, along with other drivers of gambling harm.

Drivers of gambling harm among those aged 18-24

This section explores the different drivers of gambling harm. Drivers of gambling harm are not driven by individual behaviour but rather broader systemic factors and underly different groups' common experience of gambling harm. Therefore the below section explores how, among those aged 18-24, gambling harm is driven by:

- financial insecurity
- participation in certain gambling activities
- gambling advertising and marketing
- exposure to gambling among friends and family at a young age
- the influence of family and peers' attitudes toward gambling.

Financial motivations

GambleAware's Annual Treatment and Support Survey (2024) identified that among those aged 18-24, the main reason for starting to gamble is 'for the chance of winning big money' (34%) (Gosschalk et al., 2025). Some young adults are financially motivated to engage in gambling as gambling is commonly perceived as a means to make money (Chalmers et al., 2024) with more than half (56%) of those aged 11-17 agreeing that the use of celebrities in gambling adverts make it likely for other children and young people (CYP) to see gambling as 'an easy way to make money' (Sherbert Research & CultureStudio, 2025). This perception of gambling in relation to financial success can be driven by the broader economic reality for young people, which as described in the previous section is concerning.

Gambling can be seen as a reasonable and viable means of improving one's financial situation when there are limited employment opportunities (IFF Research et al., 2023; Moss et al., 2023). This has been identified among minority ethnic and religious groups, who are more likely to report using

gambling as a source of additional income, or to make ends meet, compared to the White British majority (14% vs 8%) (Moss et al., 2023). Within the same study, a quarter (24%) of minority ethnic and religious group respondents reported being treated unfairly in their work place due to their ethnicity, race, colour, religion, or ability to speak English. One respondent shared he turned to gambling as his main income to avoid further experiences of racism within his work place.

> *"I work as a receptionist in a nightclub but the racism was too much so I couldn't work anymore and I got myself involved in gambling to make ends meet."*
> *– Age 24, Male, Mixed and White Caribbean, Muslim*
> *Source: Moss et al., 2023, pg. 32*

Females have also reported using gambling as a means to improve their financial situation, to relieve financial household pressures or to escape poverty (IFF Research et al., 2023).

Types of gambling activities

According to the GSGB (2024), the gambling activities with the highest participation among those aged 18-24, excluding the National Lottery, are:

- Betting on sports and racing online/via an app (14%)
- Other online instant win games (8%)
- Other scratch cards (8%)
- Private betting[7] (8%) (Gambling Commission, 2025).

The most common gambling activities among 18-24 year olds are not the activities associated with the greatest level of harm, which according to Wang et al. (2025) are electronic gaming machines, casino games, and sports betting. However, the Annual Treatment and Support Survey 2024 data shows that the largest differences in participation of gambling activities between 18-24 year olds and the general population include the most harmful gambling activities:

- betting on football online (16% vs 9%)
- online casino games (8% vs 4%)
- fruit or slot machines (7% vs 3%) (Gosschalk et al., 2025).

This indicates that the gambling activities most commonly engaged in by 18-24 year olds are not necessarily those most strongly associated with 'problem gambling' (PGSI 8+). However, compared with the general population, 18–24 year olds are disproportionately more likely to participate in some of the most harmful activities, such as online casino games, fruit/slot machines, and football betting online. As stated above, 18-24 year olds participation skews toward online gambling, when you exclude lottery draws, which is of concern as online gambling is more harmful than land-based gambling (Wang et al., 2025).

Influencers and content creators play a role in promoting more risky gambling activities. CYP who follow gambling-focused content creators are more likely to engage in gambling, notably online casinos and cryptocurrency trading (Social Finance, 2025). This is concerning as online casinos are associated with greater harm and crypto casinos are unregulated gambling-like activities. Male CYP are more likely to engage in crypto trading and fantasy sports (which lack signposting to support) than female CYP. This may be contributing to the higher level of 'problem gambling' (PGSI 8+) among young males.

Furthermore, engaging in risky gambling behaviours are often seen as appealing for people with ADHD, as they may exaggerate the potential benefits of gambling due to differences in processing probabilistic rewards and information (IFF Research et al., 2025).

[7] Private betting includes online and in-person gambling.

Gambling advertising and marketing

Young people's lives are saturated with gambling marketing and content; in a survey conducted by Social Finance (2025), 87% of secondary school respondents reported they had been exposed to gambling content online. CYP's exposure to gambling-related content on social media, specifically through content creators who promote gambling, is a growing concern as content marketing[8] is 3.9 times more appealing to CYP than adults (Rossi & Nairn, 2021) and social platforms are the primary sources of information and entertainment for young people (e.g., Instagram, TikTok, YouTube, Twitch, and Kick) (Braig et al., 2025).

> *It's kind of like they're more relevant to young people because they're in spaces that are mostly inhabited by young people. So, Instagram, TikTok, etcetera. So, the influencers—it's also like they're more connected to me and my generation, what's current and what's relevant to me as opposed to the old people [who] don't get you.*
> *- 15-year-old boy, Australia (NSW)*
> *Source: Pitt et al., 2024, pg. 6*

This is concerning as celebrities, influencers, and tipsters use personal and relatable content to blur the line between authentic experience and advertising (Social Finance, 2025). Research is showing a rise in parasocial relationships, a one sided emotional bond between viewers and content creators, which fosters trust and establishes content creators as aspirational figures (Braig et al., 2025; Evans et al., 2017). Viewers, notably young people, are becoming susceptible to their influence including the normalisation of gambling behaviours (Braig et al., 2025; Hughes et al., 2025).

This appeal is exacerbated by the use of celebrities and ambassadors that CYP recognise, trust or like (Sherbert Research & CultureStudio, 2025). A survey conducted by Sherbert Research and CultureStudio (2025) identified that more than 1 in 3 (37%) CYP, aged 11-17, have seen or heard a celebrity in a gambling advert. Furthermore, the majority of CYP agree that having celebrities in gambling adverts make it likely for CYP to feel that 'gambling is fun' (64%) and 'something everyone does' (64%).

Gambling adverts have been found to be highly appealing to minority ethnic and religious groups who are more likely to experience socioeconomic disadvantage and financial hardship, with these groups saying they feel targeted in this way (Moss et al., 2023). Similarly, females are targeted to engage through the use of language like 'treat yourself' to appeal to women who are more likely to be the main caregiver and so have limited financial freedom (IFF Research et al., 2023). Males, gamers and non-binary individuals are more exposed to gambling-related influencer content through the use of algorithms (Braig et al., 2025).

Early exposure to gambling

Exposure to gambling in early years is a significant concern as it has been shown to be linked to higher rates of gambling harm later in life. Among the respondents in GambleAware's Annual Treatment and Support Survey 2022 who were classified as experiencing 'problem gambling (PGSI 8+), 64% reported they knew someone who gambled before they turned 18, notably their fathers (27%) and mothers (16%) (Gosschalk et al., 2023). 59% of all adults who gamble reported they were exposed to gambling before the age of 18.

Respondents in GambleAware's Annual Treatment and Support Survey 2024 shared a concern that gambling companies are engaging with people as young as 9 or 10 through social media platforms to build long term engagement to line them up as a future customer base (Gosschalk et al., 2025).

[8] Content marketing blurs the lines between content and advertising with the purpose to create a long-term positive brand perception through emotional content (Rossi & Nairn, 2024).

"If you look at Paddy Power a lot of their social media stuff is just funny clips and skits and stuff so that is a very concerning thing for particularly younger children – I'm not talking younger like 16, I'm talking younger like 9-10 year olds as well."
(Male, 39, PGSI 12)
Source: Gosschalk et al., 2025, pg. 51

Similarly, among older respondents the 'gamblification' of games such as online games, cryptocurrency trading and loot boxes that stimulate the gambling experience were seen as a major concern. With respondents feeling they increase the risk of children developing gambling problems. This is concerning as there is a positive association between problem gambling and loot box use (Close & Lloyd, 2021; Woodhouse, 2024). Likewise, the government has acknowledged that children and young people are at greater risk of harm - gambling related and mental health harm - from loot boxes (Woodhouse, 2024).

An early exposure to gambling has been reported as positive childhood memories among neurodivergent people and women (IFF Research, 2023; IFF Research et al., 2025). These early experiences have led some neurodivergent people and women to engage in gambling in adulthood and for women, specifically, to continue to frame gambling as positive and a social activity.

Family and peer influence

Family and peer attitudes toward gambling play an important role in increasing the risk of CYP engaging in gambling and experiencing harm (Chalmers et al., 2024; IFF Research et al., 2023; Macgregor et al., 2020). Friendship networks and parental gambling were found to be in the top four factors that strongly associate with 11-24 year olds' current gambling behaviour (Macgregor et al., 2020). 11-24 year olds were found to be more susceptible to gambling if they have a male parent or carer who gambles compared to those who do not (51% vs. 34%). This exposure has contributed to creating a perception among CYP that gambling is a normal thing to do in a social context (ClearView Research, 2018; Chalmers et al., 2024).

One study shows that kids who socialise with their peers, compared to those who experience social problems, are more likely to experience gambling harm as gambling is embedded in kid's social lives (Dowling et al., 2017). This perception of gambling as a normal social activity to engage in is reinforced with findings among those who feel isolated, that participating in gambling and in gaming apps provides a way to socialise and form friendships (Chalmers et al., 2023).

Protective factors among those aged 18-24

A major inquiry into the experience of young people (aged 12-24) conducted by the Health Foundation identified certain assets that support young people to successfully move into adulthood (Jordan et al., 2019). These assets, or protective factors, include emotional support and personal connections alongside financial and practical support and skills and qualifications (Jordan et al., 2019).

These measures are similar to those found to protect young adults against poor mental health - social networks, self-esteem, and a good understanding of mental health (Kousoulis, 2019). Likewise, good family and peer relationships have been found as a key protective factor against suicide in young people (McEvoy et al., 2023). In the same thread, protective factors against gambling harm cross similar domains of family cohesion, social support, emotional intelligence and adaptive coping strategies (Dowling et al., 2017).

These protective factors highlight the role of financial security and social capital in reducing gambling harm and poor wellbeing, which have been identified as key drivers of harm. There is limited research on the protective factors against poor mental health among Black young people aged 18-24 in GB. However, some protective factors against involvement in crime include stable family structure, a strong

sense of local community, high academic achievement and being resilient (Youth Endowment Fund, 2020).

More research is needed to understand the interplay between protective factors against and risk factors for gambling harm and mental health harm among all minoritised groups in GB, specifically Black young people, who despite experiencing greater risk of gambling problems report better wellbeing.

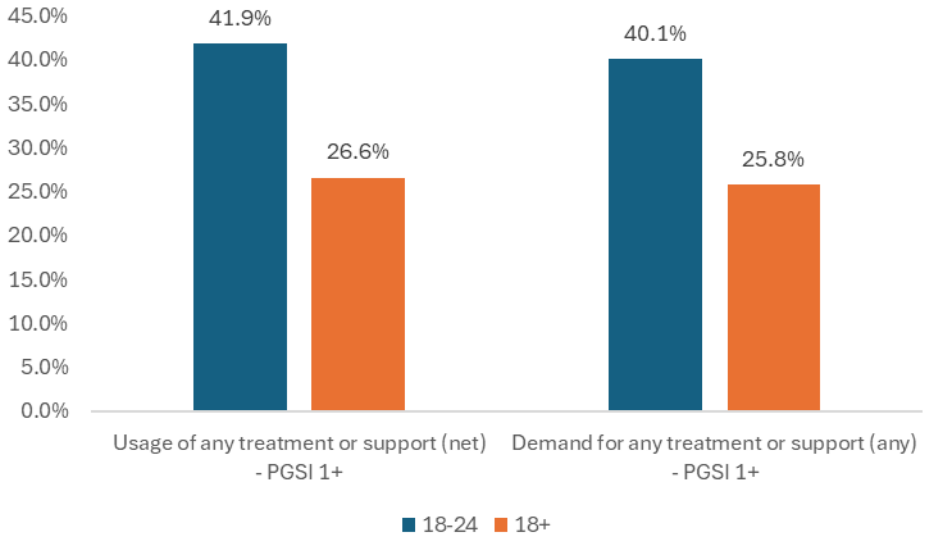
Prevention, treatment and support for those aged 18-24

Treatment and support for gambling harms

As seen in Figure 13 below, those aged 18-24 report higher demand for treatment and support compared to the general adult population (40.1% vs 25.8%). Furthermore among those experiencing at risk gambling (PGSI 1+), 41.9% of 18-24 year olds reported using support compared to 26.6% of all adults.

Figure 13

Usage and demand of treatment and support among those with a PGSI score of 1+ by age



Source: Annual Treatment and Support Survey (2022-2024)

However, when looking at GambleAware's National Gambling Support Network (NGSN)[9] Annual Statistics (2024-2025) it reports the most common age bands of clients accessing tier 3 or 4[10] support through the NGSN were 30-34 year olds (20%) (GambleAware, 2025a). Only 1% of clients were aged under 20 years. This indicates that despite young adults having a high demand for support and treatment they are underrepresented in formal treatment provision. This is concerning as those aged 18-24 bear a disproportionately high burden of gambling harm.

[9] The NGSN is a network of organisations across England, Scotland and Wales. They provide free treatment, advice and support on a range of gambling-related issues.

[10] Tier 3 treatment includes a comprehensive assessment and a goal-orientated mutually agreed care plan. Tier 4 is residential rehabilitation treatment care. This offers a holistic, in-depth rehabilitation programme that provides emotional, practical and long-term support and includes facilitated therapeutic treatment. A total of 7,625 clients were treated (Tier 3 or 4) within the National Gambling Support Network Services (who reported to the Data Reporting Framework (DRF) between April 2024 and March 2025.

This may be explained by what support 18-24 year olds prefer. Analysis of GambleAware's segmentation (2023) data[11] identified that 18-24 year olds who gamble are more likely to want to use online forms of support than the general population, such as a dedicated app (29% vs 23%) and a messenger service (27% vs 16%). This highlights the importance of exploring different demographic groups' experience of gambling support and treatment among those aged 18-24 to best tailor interventions.

Furthermore, inequalities exist in who continues with and completes treatment through the NGSN. Clients from Black or Black British backgrounds reported the highest drop out rates (34%) and not completing treatment (54%) compared to any other ethnic group. Those who are employed were more likely to complete treatment than those who are unemployed (56% vs 40%) and those aged under 30 were more likely to drop out than those over 50 years old (35% vs 23%).

Analysis of the most recent Annual Treatment and Support Survey (2024) data show the main reason reported among 18-24 year olds who wish to reduce their gambling is to 'save money' (29%) (Gosschalk et al., 2025). This is also the main reason for all adults who wish to reduce their gambling (35%).

Treatment and support for mental health

Young adults are seeking support for their mental health. The most common sources of help and advice sought among those aged 17-24 with a probable mental disorder in England were friends and family (66.1%), health services (45.1%), online or telephone support (42.9%) and education services (20.9%) (NHS Digital Health, 2023).

This demonstrates that access to treatment and support for mental health and gambling harms is high among young adults and efforts may need to be focused on prevention to reduce gambling harm and poor mental health from occurring. As discussed above, financial insecurity is an important factor driving both poor mental health and gambling harms and so improving young people's literacy on finances and media, through education, is key to prevent harms from developing and exacerbating.

Although this analysis did not include the use and demand of gambling harm support among different demographics from GambleAware's Annual Treatment and Support Survey (2022-2024), wider evidence shows that minoritised ethnic groups have poorer access to, experiences of and outcomes from mental health services than White British groups (NHS Race & Health Observatory, 2023). Furthermore, among minoritised ethnic groups, poorer mental health outcomes are exacerbated by unemployment and living in more deprived areas (NHS Race & Health Observatory, 2023). This, again, demonstrates the association between poor wellbeing and financial difficulty.

Education around gambling and mental health harms

Social Market Foundation identified a large socioeconomic divide in financial literacy exists among young people in the UK today (Gibson & Payne, 2024). However, they identified that having financially literate young people will reduce the risk of problem debt and gambling alongside social inequalities and that financial literacy is associated with better mental health (Gibson & Payne, 2024).

Unfortunately, many CYP lack awareness of the financial harm gambling can cause. Common reasons CYP report engaging in gambling-related influencer content include:

- The perception that gambling offers a shortcut to financial stability;
- The appeal of "easy money" in the face of economic pressures;
- The desire to emulate the perceived success of influencers;

[11] Report available here https://www.gambleaware.org/media/egsfnvfz/gambleaware-audience-segmentation-report.pdf

- The entertainment value of high-stakes, high-reward scenarios (Braig et al., 2025).

There is a lack of targeted interventions, such as educational campaigns, on the risk of influencer marketing and gambling (Bolat et al., 2025). Likewise, the lack of compulsory financial literacy at an earlier age, preferably age 11, and lack of effective training for teachers are some drivers of low financial literacy (Gibson & Payne, 2024).

Media literacy - the ability to understand how the media works - is also crucial for young people, with poor media literacy linked to consequences such as exposure to harmful content, poor mental health, reduced employability and increased inequality and digital exclusion (Communications and Digital Committee, 2025). Poor understanding of persuasive design and use of different narratives is a key driver of gambling harm among young people (North Carolina Problem Gambling Program, 2023). A key area is sports-betting among young men. Sports-betting companies build on the narrative around masculinity and control, where "real men" gamble on their favourite sports teams to appear manly and loyal.

Similar to financial literacy, a lack of compulsory media literacy in the national school curriculum, starting in early ages, is exacerbating gambling and other online harms among children and young people (Communications and Digital Committee, 2025).

Conclusions

Those aged 18-24 are experiencing a wide range of gambling harms from financial harm to emotional distress and for some, the risk of suicide. These harms are worsened by the fact that existing mental health harms in this age group have never been worse and are disproportionately impacting those already facing inequality and disadvantage. While this paper focuses on gambling harm, it is clear that the drivers of gambling harm in young people, specifically unemployment, economic instability and deprivation, are similar to those that drive poor mental health and various other poor health outcomes. These interconnected issues need to be addressed simultaneously and holistically in order to improve outcomes and reduce gambling harm for those aged 18-24.

Recommendations:

These recommendations are taken from the research programmes and government reports referenced in the analysis above.

Prevention and early intervention

- Prevention and early intervention strategies need to ensure that interventions are culturally sensitive, trust-based, and integrated with broader public health and social issues (Manning et al., 2025).
- Gambling education providers and gambling support organisations should work not only together, but with religious groups and leaders and other key community members, to reach at risk or vulnerable individuals who are in need of education or support surrounding gambling (ClearView Research, 2018).
- Invest in educational interventions that build digital literacy and help young people recognise, question, and respond to manipulative marketing practices. These must be developed in partnership with young people and embedded across schools, youth services, and digital platforms (Braig et al., 2025).
- Embed media literacy and financial literacy in the national school curriculum starting in early ages, alongside effective training for teachers (Communications and Digital Committee, 2025; Gibson & Payne, 2024).

Treatment and support

- Services could adopt an effective framework for co-production with service users from different minority groups and set up lived experience initiatives. This would ensure support is tailored to needs, will build trust, and provide a space for their voices to be heard (Moss et al., 2023; Manning et al., 2025).
- To effectively drive engagement and awareness organisations need to be 'meeting people where they are' - through their presence in community spaces, translating their resources into other languages and offering discreet outreach methods, or leveraging trusted community figures (Manning et al., 2025).

Regulation of gambling advertising

- Further restrict the volume, content and targeting of online gambling marketing and advertising to reduce harm to children and young people (GambleAware, 2025b).
- Require all gambling adverts, both online and offline, to contain independent health warnings and effective signposting to support (GambleAware, 2024).

Research

- Support further research, using longitudinal and mixed-method approaches, to understand the impact of gambling-related influencer content and algorithmic reinforcement of high risk content on CYP, specifically those who identify as non-binary (Braig et al., 2025).
- Support further research on the stages of psychological development that children and young people go through that inform and shape their understanding and engagement with celebrities in gambling advertising (Sherbert Research & CultureStudio, 2025).
- Support further research in understanding the interplay between protective factors against and risk factors for gambling harm and mental health harm among all minoritised groups in GB, specifically Black young people, who despite experiencing greater risk of gambling problems report better wellbeing.

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GambleAware

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