

Welsh Advisory Panel

Cardiff

15th April 2019

GambleAware

Attendees and apologies

Graham England	Ara
Dymond S.O.	Swansea University
Neesha Varsani	
Bev John	University of South Wales
Daniel Bliss	
Jane Rigbye	GambleAware
John McCracken	GambleAware
Sarah Meredith	Welsh Government

Teresa Owen	Welsh CMO representative
Kate Evans	Welsh Sports Assn
Amanda Gilroy	Ara
John A.	Swansea University
Charlotte Meller	Gambling Commission
Simon Wilkinson (for Cllr Dafydd Meurig)	Welsh LGA
Katie Fry	Citizens Advice
Anna Hemmings	GamCare

Apologies	
Wynford Ellis Owen	The Living Room
John Wainwright	South Wales Police
Dave Holland	Vale of Glamorgan
Owen Hathway	Sport Wales

Agenda

1. Welcome and apologies
2. Declarations of interest
3. Terms of Reference
4. Research in, and for, Wales
4. Promoting treatment – lessons from Aberdeen
5. Early intervention and referral pathways
6. GamCare update
7. Wales National Gambling Treatment Service update
8. Systems design for gambling treatment by NHS Wales
9. Any other business

Terms of Reference

1. The Panel will provide advice on, inter alia:
 - The commissioning of research projects to reduce gambling-related harms in Wales
 - Education activities to build resilience to gambling-related harms amongst children, young people and students in Wales
 - Public Health evidence-based campaigns and initiatives to reduce gambling-related harms in Wales
 - Harm minimisation initiatives to protect vulnerable groups in Wales
 - The commissioning of treatment services in Wales
 - Engagement with the Welsh Government, Welsh local government, Public Health Wales and other key stakeholders
2. The Panel will consider and make recommendations to the Board regarding the resources necessary to deliver the charity's engagement plan;
3. The Panel will also provide feedback to the Board on the charity's performance in Wales, regularly reviewing key performance indicators and evaluations.

Gambling-related Suicide and Suicidal behaviours



NOTE: The preliminary findings presented to the Panel have been removed from this version of the presentation, as the report is not yet peer reviewed and published

Swansea University Medical School
Ysgol Feddygaeth Prifysgol Abertawe

Project team

1. Ann John

Professor of Public Health and Psychiatry, Swansea University Medical School
Research- suicide and self-harm, children and young peoples mental health
Chair of the National Advisory Group on Suicide and Self-harm Prevention

2. Simon Dymond (Psychology, Swansea University)

3. Heather Wardle (Heather Wardle Research Ltd., & LSHTM)

4. Sally McManus (NatCen)

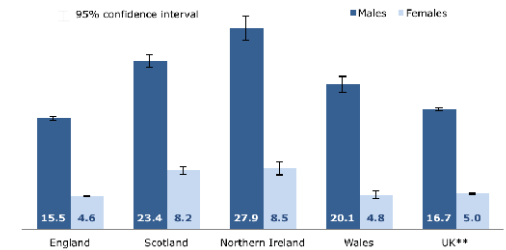
• **Why am I here today**

- GambleAware commissioned us to undertake secondary analysis of gambling and suicide-related variables using existing large datasets- APMS
- Scoping workshop on the need for further research on gambling-related suicide
- To talk about suicide and self-harm in relation to gambling

Suicide

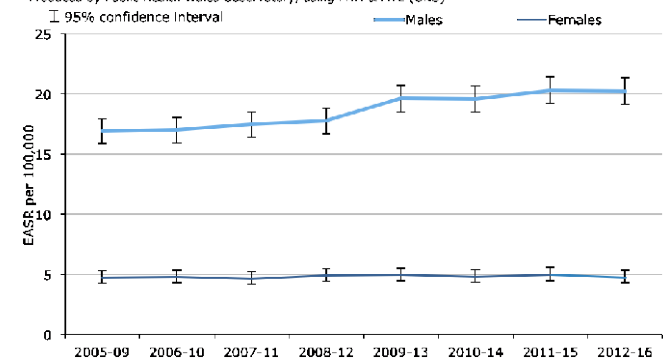
- Suicide is a tragic event deeply affecting many people
- Rarely a single reason, complex interaction many factors
- Best understood in each individuals life and circumstances
- Potentially preventable
- Many of the things we do to prevent suicide impact on other adverse experiences
- Approx 350 a year in Wales, $\frac{3}{4}$ male
- Wales vs. other UK Nations
- Downward trend in England
- Rise in 10-19 year olds in England
- Highest rates in middle aged men
- Approx 2/3rds not known to MH services
- 90% have seen GP in previous year
- Inequalities
- PUBLIC HEALTH APPROACH

Suicides, European age-standardised rate (EASR) per 100,000*, males and females aged 10+, UK Nations, 2012-2016
Produced by Public Health Wales Observatory, using data from ONS, NRS & NISRA



*Includes deaths from intentional self-harm for persons aged 10-14. Adjusted 2013 ESP weightings used to calculate EASRs due to the availability of data for different age groups
**UK is derived from the sum of England, Scotland, Northern Ireland and Wales and does not include deaths of non-residents

Suicides, 5-year rolling European age-standardised rate (EASR), males and females aged 10+, Wales, 2005-2016
Produced by Public Health Wales Observatory, using PHM & MYE (ONS)



*Includes deaths from intentional self-harm for persons aged 10-14

Suicide

- Coroners inquests, narrative verdicts, redaction
- ICD-10 classifications as per ONS definition of suicide:
 - Intentional self harm (recorded as suicide conclusion): X60-X84
 - Event of undetermined intent (including open and narrative conclusion i.e. probable): Y10-34
- Accidental hangings (asphyxiation), single vehicle deaths, accidental poisoning deaths (excluding opiates) and accidental drowning – possibilities
- 2018 ‘beyond reasonable doubt’

Socio-demographic and educational factors

- Sex male
- Low socioeconomic status*
- Lesbian, gay, bisexual, or transgender sexual orientation
- Restricted educational achievement
- Unemployment

Psychiatric and psychological factors

- Mental disorder*, especially depression, anxiety, attention deficit hyperactivity disorder
- Drug and alcohol misuse
- Impulsivity
- Low self-esteem
- Poor social problem-solving
- Hopelessness

Risk factors for suicide- not exhaustive

Individual, negative life events and family adversity

- Parental separation or divorce
- Early parental death
- Adverse childhood experiences
- History of self-harm
- History of physical or sexual abuse

Individual negative life events and family adversity

- Parental mental disorder
- Family history of suicidal behaviour
- Marital or family discord
- Bullying
- Interpersonal difficulties

What is self-harm?

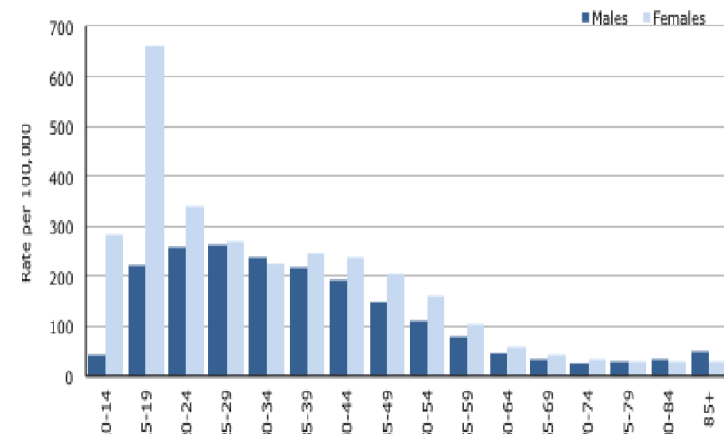
- **What is self-harm?**
- Intentional non-fatal self-poisoning or self-injury irrespective of degree of suicidal intent or nature of other types of motive
- Method and motivation may change
- Ambivalence, expressing distress, coping with distress
- Cutting, burning, hair pulling, interfering wound healing, overdosing
- Continuum suicidal behaviours & NSSI
- Important signal of distress and crisis, opportunity for intervention

Self-harm

- Important & common
- Top 5 medical admissions
- Unscheduled, unplanned care
- 1 in 130 general population, commoner adolescents
- UK one of highest rates in Europe
- Most don't seek help from services
- Increases



Emergency admissions for self-harm in the admitting episode*, age-specific rate, males and females aged 10+, Wales, 2007-2016 (financial years)
Produced by Public Health Wales Observatory, using PEDW (NWIS) & MYE (ONS)



*Patients are counted once per year

Self-harm – presenting to hospital

- 1 in 5 repeat within 1 year
- 1 in 100 will die by suicide in year after self-harm (x50 general population)
- Highest risk in first few months
- 4-10 years later risk still 10x general population
- Higher in older people
- >50% of people who die by suicide have a history of SH
- Suicide following SH more common in: males, multiple episodes, lethal methods or high suicidal intent
- ASK

UK research on gambling-related suicide

- Of 903 patients attending the National Problem Gambling Clinic, 46% reported **current suicidal ideation** (Ronzitti et al., 2017, *Addictive Behs*).
 - 17% general population
 - People with current suicidal thoughts were more likely to report greater problem-gambling severity.
 - Anxiety symptoms and lifetime suicidal thoughts were predictive of current suicidality (in treatment-seeking gamblers).
 - Type of gambling (e.g., EGMs) did not predict suicidality, but debt did.
 - Implications for clinical assessment
- Between 2000-2015, a higher proportion of individuals entering residential treatment with the Gordon Moody Association had **attempted suicide** in more recent intake years (Sharman et al., 2019, *Addictive Behs*).
 - Instances of suicidal thoughts did not vary by intake year.
- *2017 National Confidential Inquiry into Suicide and Homicide* (Appleby et al., 2018) found that of those aged 20-24 who had died from suicide, 4% had a **gambling problem**
- Ideation to attempt (work in progress)

Research in and for Wales

- Gambling-related harm and suicide in the UK
- Gambling as a public health issue in Wales
- Framing a public health approach to gambling harms in Wales: Challenges and opportunities
- Treatment research



Promoting treatment

Lessons from Aberdeen

An advertising campaign was created to promote awareness of the National Gambling Helpline and BeGambleAware.org across Aberdeen and Aberdeenshire. It has two objectives:

- To raise awareness of the National Gambling Helpline and of BeGambleAware.org
- To give some insight into the potential demand for support services when people are aware of where to go for help



Aberdeen

Research background

- The campaign was created in response to the need to evidence the likely increased demand for the treatment system in the event of increased public awareness advertising
- The campaign ran between 17 November and 17 December 2018: radio, bus sides, social media, PR

WORRIED ABOUT GAMBLING?
Call the National Gambling Helpline on 0808 8020 133 or visit BeGambleAware.org

- An online survey of adults in Aberdeenshire. Pre-campaign survey: Fieldwork Dates: 29th October - 8th November 2018; Post campaign survey: Fieldwork Dates: 7th - 14th January 2019
- YouGov interviewed a representative sample of 254 people in the pre-campaign survey, and 262 in the post campaign survey.
- Sample and weighted to be representative of the population by age, gender and social grade.

Aberdeen

Budget and media

- Radio ads on Northsound and Original 106; aimed to reach up to 44% of the adult population in the area.
 - £5,666
- Bus sides (30 double deckers and 50 single deckers)
 - £18,900
- Digital marketing (Social media eg. Twitter, Instagram, Facebook and Snapchat ads driving people to BeGambleAware site)
 - £10,000
- Local press coverage
 - PR generated so no cost

Aberdeen

Campaign recall, perception and responses

- There were good levels of campaign recall, and it was positively perceived
 - Over a third of the sample recalled seeing something about the risks of gambling.
 - Most thought they had seen it on TV, but 20% thought they had seen it on social media
 - There was a high level of cut-through, particularly for regular gamblers
 - Nearly a third of the overall sample could remember at least one part of the campaign eg. That it was a radio ad
 - Regular gamblers were most likely to remember the campaign (49%); followed by gamblers (41%) and then non-gamblers (20%)
 - Most people were clear that the campaign was about accessing advice through the helpline and website
 - Two thirds had a positive overall opinion about the campaign
- Responses to the campaign:
 - *Behaviour*: just over 28% took any action as a result of seeing the campaign
 - 1 in 10 people did something involving the helpline or website
 - *Attitudes*: the campaign had an impact on attitudes, with a **third** of gamblers reporting that they would now consider how healthy their gambling was

Aberdeen

Calls to action

- Attributed calls to the National Gambling helpline in November and December 2018 were **five** times higher than in the same period in 2017 (2 calls in 2017 vs 10 calls in 2018).
- There were 5 attributed calls to the helpline in the first three weeks of December, traditionally a quiet time.
- There were 7 calls to the helpline in January; traditionally a time to make resolutions to change behaviour, and also a time of budget restraint following Christmas expenditure.

Potential demand for support services	Nov/Dec 2017	Nov/Dec 2018	January 2019
-Proxy one: answered telephone calls to GamCare	1 call: November 1 call: December	4 calls: November 5 calls: December	7 calls January
-Proxy two: website visits to PGSI page https://www.begambleaware.org/gambling-problems/do-i-have-a-gambling-problem/	Users: 80 New users:73	Users: 29695 New users: 26883	

^[1] Reports only show answered calls where the caller provided a post code. In the majority of answered calls, people do not give their postcode. Please note that December is usually a slow month for calls

Aberdeen

Brand Awareness and Perceptions

- There was low awareness of where to get reliable information on how to control problem gambling
 - Over **half** of people surveyed did not know where to go to
 - C2DE were more likely not to know
- After Gamblers Anonymous, GambleAware is the second most recognised gambling support charity
- Half of respondents were aware of GambleAware
- Awareness was higher amongst gamblers than non-gamblers
 - 53% had heard of GambleAware
 - 24% had heard of the National Gambling Helpline
 - 25% had heard of BeGambleAware.org
- But the campaign did not increase levels of awareness of GambleAware,

Aberdeen

Key behavioural findings

SEEKING ADVICE on CUTTING DOWN

- Gamblers are self reliant
- Non gamblers would suggest support groups or helplines

SEEKING INFORMATION

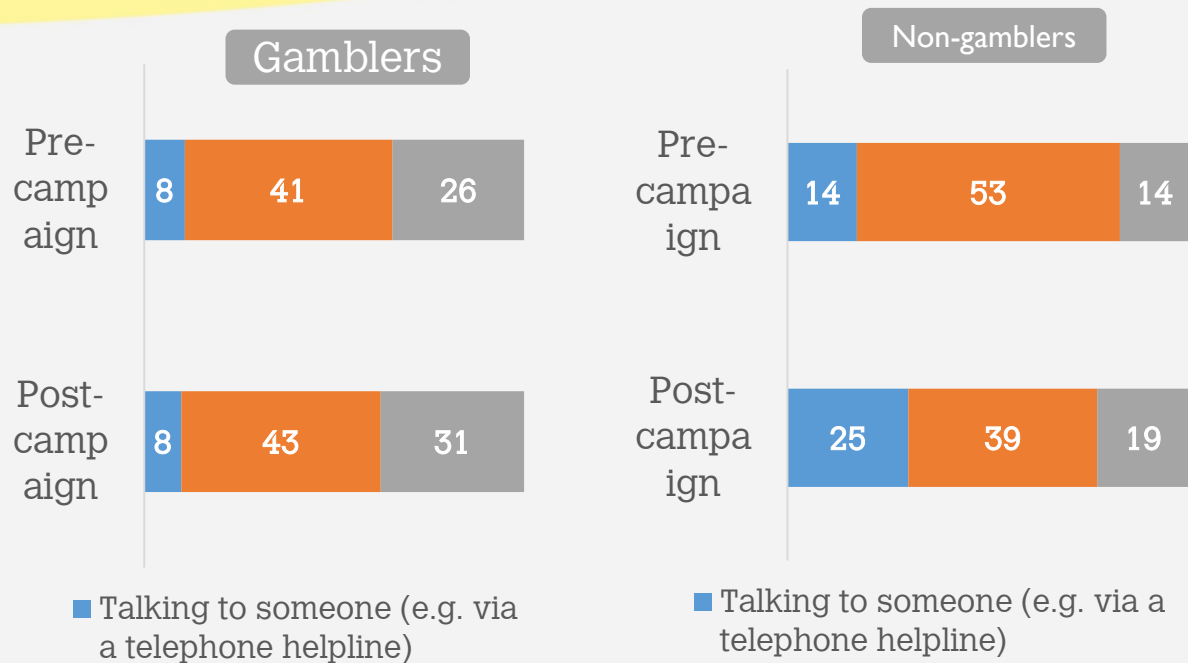
- Online comes out as the main information source for both groups
- Non gamblers are more likely to call a helpline than gamblers

METHODS USED TO CUT DOWN GAMBLING

- Gamblers rely on themselves
- Non gamblers would recommend limit setting and apps

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Importance of online information



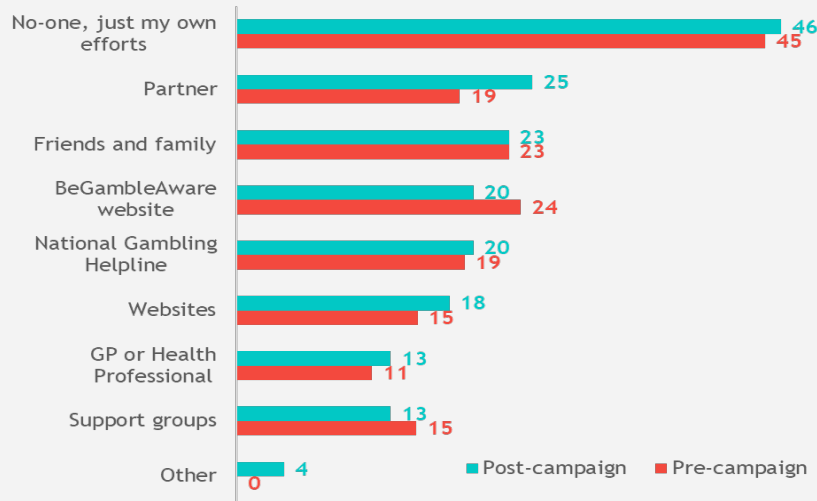
Sources of information/support that gamblers have used / would use or that non-gamblers would recommend to others

- Amongst gamblers, the preferred way to seek information was **online** (43%) and only 8% would want to talk to someone
- Amongst non-gamblers 25% would want to **talk to someone** (post campaign), and 39% would look **online**

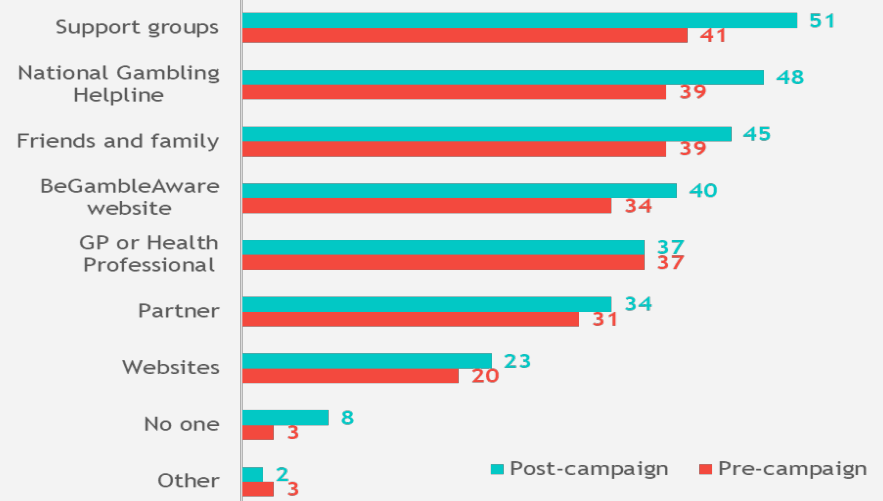
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Self reliance amongst gamblers

Gamblers



Non-gamblers

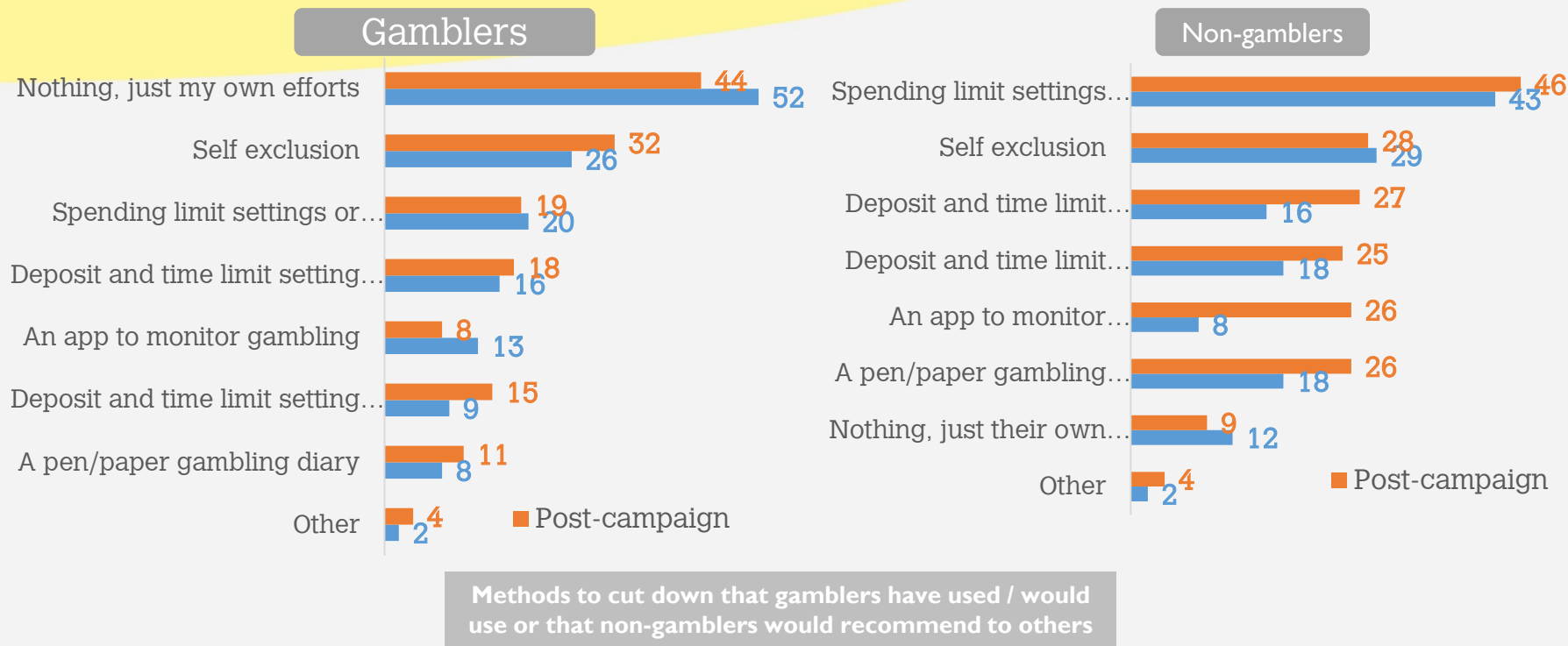


Who respondents would turn to / would recommend for support and advice with cutting down gambling

- The majority of gamblers (46%) said they would not speak to anyone for advice & support, using their own efforts instead
- Non-gamblers reported first preference was support groups (51%) followed by the National Gambling helpline (48%)

Aberdeen

Methods used to cut down gambling



- Gamblers preferred **self-reliance** as a method (44%)
- Non-gamblers who would recommend **limit setting** (46%)
- Post campaign, there was an increase in non-gamblers who would recommend an **app to monitor gambling** (increase from 8% to 26%) or **setting time limits** (increase from 16% to 27%)

Aberdeen

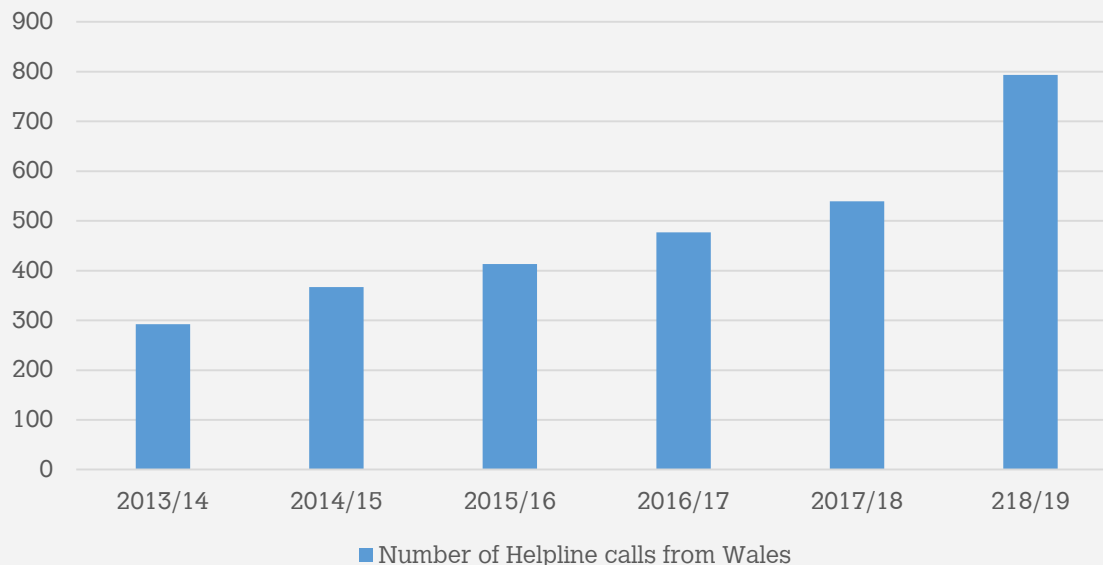
Gambling Support and Advice

- *Seeking advice:* There was no significant difference in who people said they would turn to for advice before and after the campaign; however, there was a difference between the methods preferred by gamblers and non-gamblers
 - The majority of gamblers (46%) said they would not speak to anyone, using their own efforts instead
 - Non-gamblers reported first preference was support groups (51%) followed by the National Gambling helpline (48%)
- *Methods to cut down:* Equally there was no significant difference in the methods used to cut down gambling pre and post the campaign
 - Gamblers preferred self-reliance as a method (44%), compared with non-gamblers who would recommend limit setting (46%)
 - Post campaign, there was an increase in non-gamblers who would recommend an app to monitor gambling (increase from 8% to 26%) or setting time limits (increase from 16% to 27%)
- *Information seeking:* Amongst gamblers, the preferred way to seek information was online (41%) and only 8% would want to talk to someone
 - This did not change after the campaign
- Amongst non-gamblers the preferred way to seek information was also online (53%) and 14% would want to talk to someone
 - There was an increase of people who would talk to someone, which moved from 14% pre-campaign to 25% post-campaign
- *Having conversations:* There was an indicative increase in the number speaking to someone they know about how much they gamble
 - One in ten gamblers surveyed post campaign had spoken to someone about their gambling

GamCare update

Calls to the HelpLine and NetLine

Number of Helpline calls from Wales



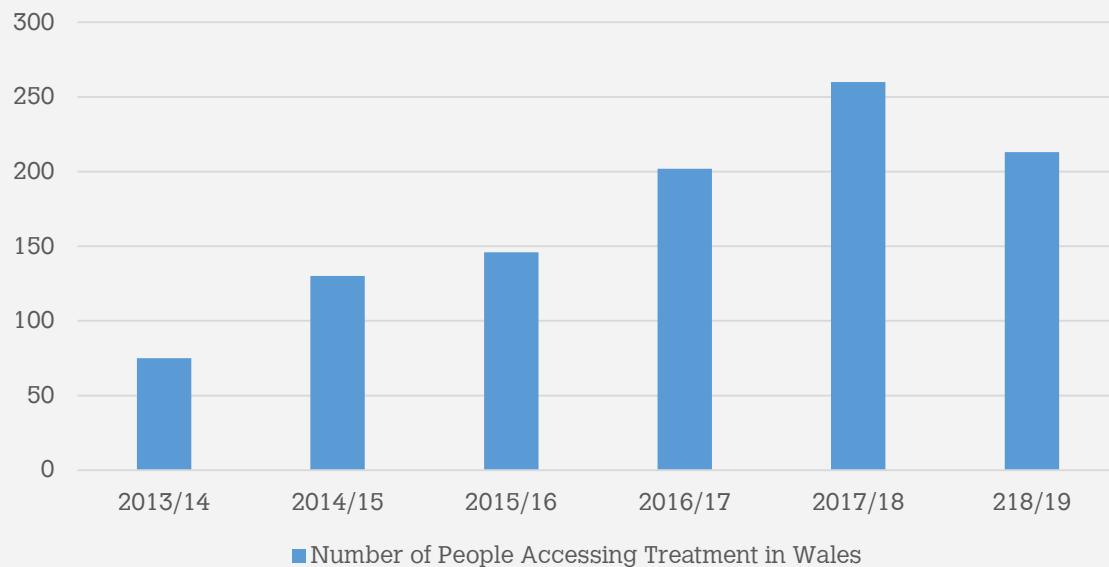
	2018/19	2017/18	2016/17	2015/16	2014/15	2013/14
n=	15,909	12,921	13,069	12,013	10,965	8,422
Wales	793	539	477	413	367	292
% Wales	5%	4%	4%	4%	3%	3%

Please note that only around 40% of callers give their location at the time they call the helpline. There is therefore a large cohort whose location is unknown. If we extrapolated the figures, it is possible that up to 1982 people called the helpline from Wales, if we assume that the figures above represent 40% of the total number of callers. The accuracy of this assumption is unknown.

GamCare update

Treatment episodes in Wales

Treatment Episodes from Wales

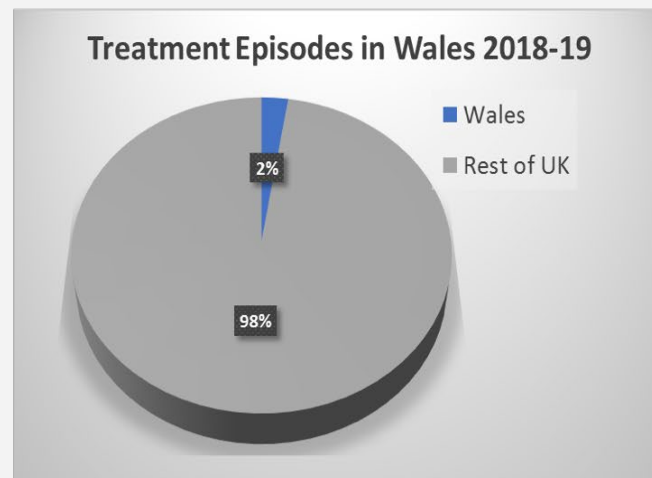
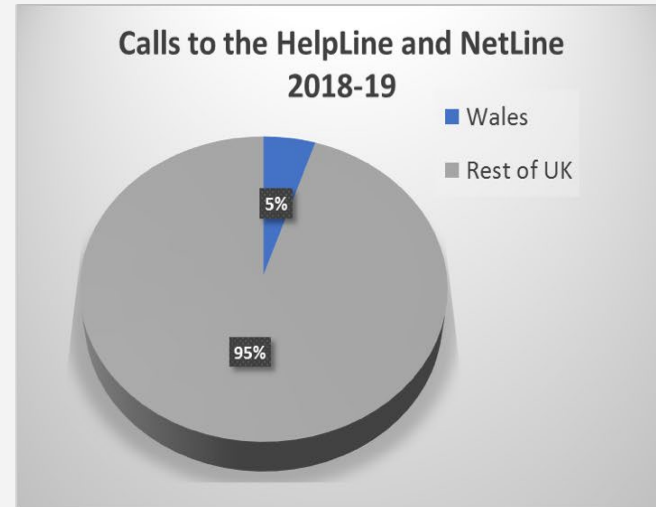
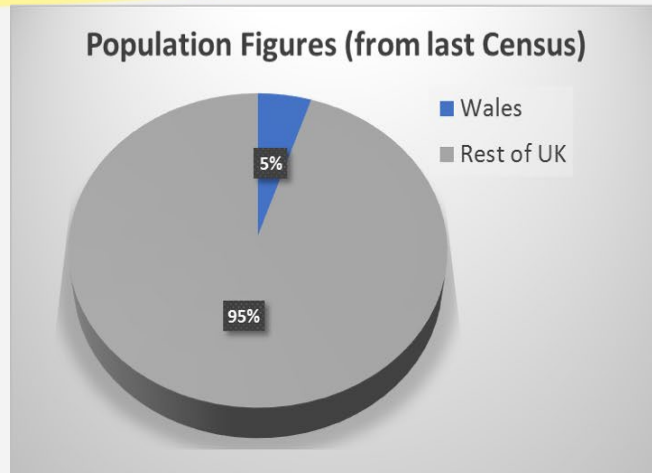


	2018/19	2017/18	2016/17	2015/16	2014/15	2013/14
n=	8,645	8,251	7,991	6,872	5,230	3,672
Wales	213	260	202	146	130	75
% Wales	2%	3%	3%	2%	2%	2%

In treatment services, we take an address for everyone accessing the service, so this report is an accurate representation of the numbers seen. During 2018/19 we had fewer treatment locations available in North Wales than previously, which may explain the fall in numbers in treatment. For the coming year we have developed a new approach, with our partner ARA, which we hope will significantly increase the number of people in treatment to over 500.

GamCare

Comparators to population in Wales



Early intervention and referral pathways

- Extending the Citizens Advice initiative

K Fry

- Local authority pathways

J McCracken





Ara's Gambling Service in Cardiff

Amanda Gilroy - Gambling Service Senior

passionate • professional • dynamic • enduring • respectful • supportive

Background

- 3% of Welsh residents identified as 'at risk' gamblers
- 1.7% identified as 'problem gamblers'
- Population of Cardiff approx. 350,000
- Therefore 10,500 at risk, 5,950 problem gamblers in Cardiff alone

Increasing awareness of our service through:

- Establishing a close relationship with other support services in Cardiff and surrounds
- Presentations to frontline services such as G.P.'s
- Exhibitions and events including council staff training
- Articles in journals (e.g. RSGP)

Our aim is to improve awareness of gambling related harm at an earlier stage rather than ending up being a 'crisis service'.

What will we do

- To significantly increase the number of presentations to front line organisations
- To ensure our promotional literature is distributed to relevant organisations to raise awareness of our service
- To ensure our specialised service continues to be available to everyone who needs it

How will do this

- By increased resourcing and staffing in
- By employing a Development Manager to oversee all aspects of our service in Wales

Contact Details

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- ◆ **www.recovery4all.co.uk**





**Ara Wales/Cymru Gambling Service
– a trusted GamCare partner**

Graham England - Ara CEO

passionate • professional • dynamic • enduring • respectful • supportive

Background

GamCare via GambleAware has provided an additional resource of £90,000 to improve access to services for problem gamblers in the Ara catchment area. We intend to ring-fence this money for developing more services in Wales.

Why

- The Gambling commission states 0.8% of the population in the UK are identified as Problem Gamblers.
- In Wales the Gambling Commission identifies 1.7% of the population as Problem Gamblers.

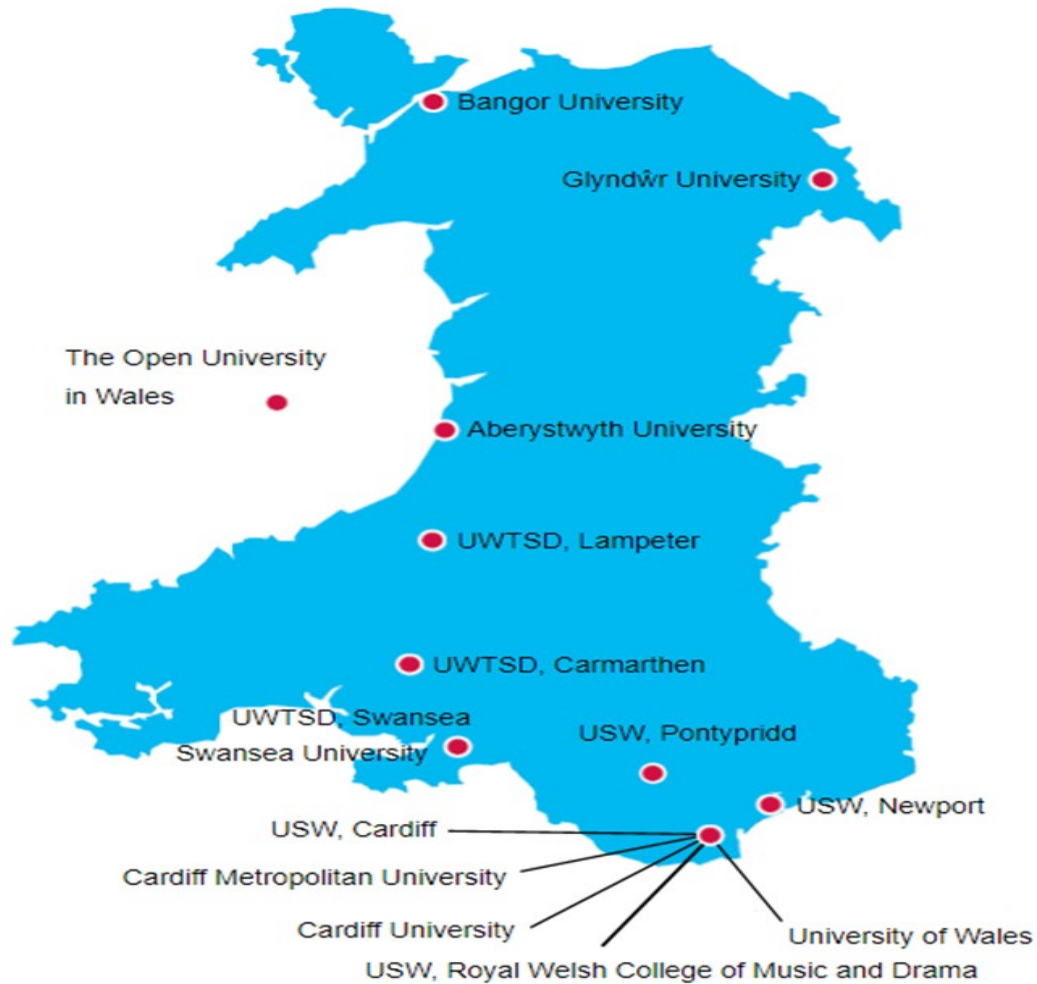
What do we intend to do

- Ara proposes to configure “Ara Wales/Cymru Gambling Service – a trusted GamCare partner”
- With a one Wales approach
- Consult with this Advisory Committee
- Acknowledge that this is a phased process
- Resourcing will increase as service develops
- Phased development need not be long

Where will we target

Ara Wales/Cymru Gambling Service does not intend to spend a lot on offices and intends to target having a presence in the 6 main University towns in Wales

- Bangor
- Wrexham
- Aberystwyth
- Swansea
- Cardiff
- Newport



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Advisory Panel Feedback

Is this a Good starting point?

Increase Visibility and Awareness

- **Media** – Radio, press releases, Local newspapers, involvement from local Assembly Members and District Councillors
- **Flyer promotion** - Bookmakers, primary care, Universities, CAB, EDAS, MIND Cymru , Community centres and Faith groups *Kaleidoscope* Project. CIAS projects.
- **Social Media** - Twitter, Facebook specific page, targeted geographical areas, Target wording, Custom audiences. Facebook will have a direct link to our website.
- **Tier 1** provide awareness and screening training introducing GAST to potential referrers and stakeholders.
- **National Gambling Helpline** is highly visible as a point of access

Care Pathways

- Ara Wales/Cymru Gambling Service will provide assessments of need and the appropriate model and level of service Brief Interventions, structured interventions and onward referrals to residential treatment if appropriate.
- Mental Health services to ensure onward pathways for those in crisis or who have a severe and enduring mental health issues.
- Substance misuse service to ensure there are appropriate pathways for people experiencing dual diagnosis.
- Ara and GamCare take service users and those they care for welfare and safety with the utmost priority and will ensure that our services abides by the duties and expectations of [Social Services and Well-being \(Wales\) Act 2014](#).

Communities

- With 20% of the population living in villages (double that of England) 54% living in small towns and only 26% of the population in urban areas (populations over 100,000)
- Ara is used to working in urban and rural locations such as Gloucestershire. The key to providing services in rural having is a flexible service offer
- Evidence based mediums of delivery, including face to face appointments, telephone and internet services, (subject to appropriate connectivity).
- Ara Wales/Cymru Gambling will need to be creative in it's visibility.

Targets

- By having a rigorous awareness program we will ensure that we will improve the demand intelligence and will share this with GamCare and GambleAware to ensure that resources are available be increase service capacity and demand.

	Affected Others	Tier 2	Tier 3
2019-20	40	80	180

Advisory Panel Feedback

General Comments?

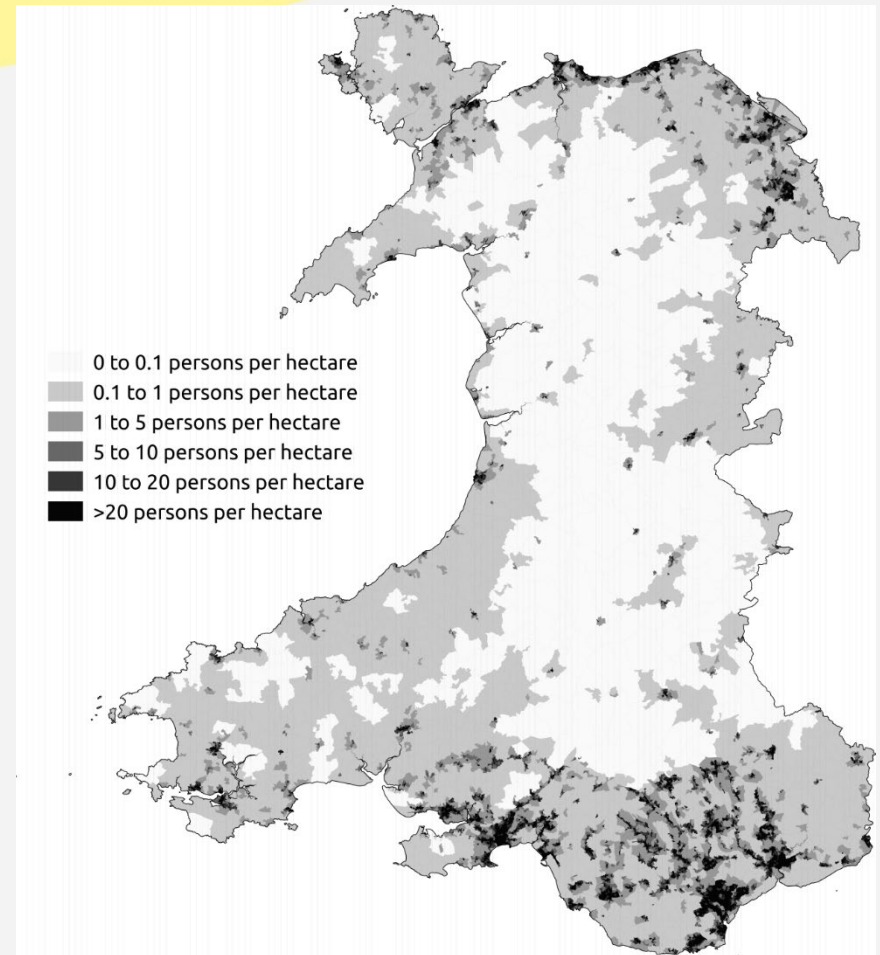
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Discussion: Systems design for gambling treatment by NHS Wales



Any other business

- Agenda
- Other attendees
- Reporting
- Actions
- Next meeting