Effective interventions for the treatment of gambling that is associated with harm: Scoping study

Call for proposals

Issued: December 11th 2023

GambleAware is the leading charity working to keep people safe from gambling harms. As a commissioner, we deliver prevention and treatment services for gambling harms in Great Britain.

Every year we lead major public health campaigns and fund access to free, confidential treatment for nearly 12,000 people and over 41,000 calls to the National Gambling Helpline. Anyone experiencing harm can visit BeGambleAware.org or call the helpline at 0808 8020 133.

We work in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other services like mental health, drug and alcohol services, and criminal justice, to ensure that the whole system works together to help people suffering from gambling harms.

Introduction

GambleAware wishes to commission research to build knowledge about the effectiveness of psychological and psychosocial clinical interventions for the treatment and reduction of gambling that is associated with harm.

Gambling can often be underpinned by complex and inter-related psychological and social risk factors. As such, treatment options that seek to address this condition need to be wide-ranging, flexible and accessible, as well as effective. There is no 'one-size-fits-all' solution with regards to treatment and a broad range of effective interventions and modalities will allow for a more holistic approach.

This study is intended to draw together the current evidence for effective psychological and psychosocial clinical interventions for the treatment of gambling that is associated with harm, identify limitations and gaps in the evidence and recommendations for further research, and draw out actionable insights for service and healthcare providers and policymakers.

To note, this project is funded by the Regulatory Settlement allocated to GambleAware by The Gambling Commission in accordance with their Statement of Principles for determining financial penalties. In keeping with the Gambling Commission's Statement of Principles, funding from regulatory settlements to GambleAware will be used for specific, agreed purposes that accelerate our commissioning plans, including research projects, such as this call for proposals.

Existing knowledge of psychological and psychosocial interventions

GambleAware's awareness and understanding of the existing evidence base is derived in part from the following recent papers and reviews of the literature:

- Psychological Interventions in Gambling Disorder (2019)
- Rapid evidence review: Effective Treatment and Support for Problem Gambling (2020)
- Cognitive boosting interventions for impulsivity in addiction: a systematic review and meta-analysis of cognitive training, remediation and pharmacological enhancement (2021)
- Non-pharmacological treatment of gambling disorder: a systematic review of randomized controlled trials (2021)
- Internet-based treatment of gambling problems: A systematic review and meta-analysis of randomized controlled trials (2021)
- Treatment for the concerned significant others of gamblers: A systematic review (2022)
- Psychological online interventions for problem gambling and gambling disorder – A meta-analytic approach (2022)
- Cognitive-behavioral treatment for gambling harm: Umbrella review and meta-analysis (2023)
- Effect of cognitive-behavioral techniques for problem gambling and gambling disorder: A systematic review and meta-analysis (2023)
- Efficacy of cognitive-behavioral therapy in improving the quality of life of people with compulsive gambling, a systematic review (2023)
- Psychological intervention for gambling disorder: A systematic review and meta-analysis (2023)
- Harmful gambling: identification, assessment and management (2023)

Effectiveness of CBT for people experiencing harm directly associated with gambling

Cognitive behavioural therapy (CBT) is the treatment modality with both the largest evidence base and the most compelling evidence on its efficacy.[1] As such, the National Institute for Health and Care Excellence (NICE) has recently recommended in its draft guideline that (group) CBT be offered as soon as possible after the diagnosis of 'harmful gambling'.[2]

However, it is important to note that CBT may be the most accepted treatment standard because it is the most researched, it has the first and strongest evidence-based framework for results to be evaluated against, and it is often used as the reference treatment in comparison studies.[3]

Recent systematic reviews[4,5] suggest that there may be instances where CBT is not the most effective type of treatment, for example for people experiencing complex or severe harms or whose gambling is driven by underlying trauma. Research focusing on treatment for women, people from global majority communities, individuals with co-occurring disorders, and older and younger adults is also lacking, as well as evidence specific to the Great Britain context.

While the evidence supporting the use of CBT for harmful gambling is strong for those who attend treatment, research shows that one of the biggest barriers to overall treatment effectiveness is that people experiencing harms rarely seek treatment. Actual and perceived barriers to treatment can significantly reduce the likelihood of an individual accessing treatment[6,7]. Other interventions, such as helplines, community engagement, peer support, motivational interventions, remote interventions and self-help interventions, may therefore also play an important role in combined treatment strategies, insofar as they have the potential to increase access to treatment and retention.

Additionally, marginalised and minoritised communities are less likely to access or complete highly specialist or formalised treatment than people from non-marginalised communities due to structural barriers such as discrimination[8,9]. This disparity may mean that an overreliance on CBT may result in treatment providers continuing to underserve people from minoritised communities, thus maintaining or even exacerbating health inequalities in relation to gambling harms.

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[1] Gambling Research Exchange Ontario (GREO). (2020). Effective Treatment and Support for Problem Gambling. Report prepared for the Gambling Commission, Birmingham, UK. https://doi.org/10.33684/2020.005

[2] National Institute for Health and Care Excellence (NICE), *Harmful gambling: identification, assessment and management*, In development. Accessed December 4 2023 at: https://www.nice.org.uk/guidance/gid-ng10210/documents/html-content-11

[3] David, Cristea & Hofmann (2018). Why Cognitive Behavioral Therapy Is the Current Gold Standard of Psychotherapy. Frontiers in psychiatry, 9, 4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5797481/

[4] Gambling Research Exchange Ontario (GREO). (2020). Effective Treatment and Support for Problem Gambling. Report prepared for the Gambling Commission, Birmingham, UK. https://doi.org/10.33684/2020.005

[5] Pfund et al. (2023). Effect of cognitive-behavioral techniques for problem gambling and gambling disorder: A systematic review and meta-analysis. Addiction. 118, 9. https://onlinelibrary.wiley.com/doi/10.1111/add.16221

[6] Nilsson, Magnusson, Carlbring, Andersson & Gumpert. (2018). The Development of an Internet-Based Treatment for Problem Gamblers and Concerned Significant Others: A Pilot Randomized Controlled Trial. Cochrane Library. https://doi.org/10.1002/central/CN-01627949.

[7] Bücker, Gehlenborg, Moritz & Westermann. (2021) 'A Randomized Controlled Trial on a Self-Guided Internet-Based Intervention for Gambling Problems'. *Scientific Reports* 11 (1): 13033. https://doi.org/10.1038/s41598-021-92242-8.

[8] Moss, Wheeler & Sarkany (2023) Minority Communities & Gambling Harms: Quantitative Report. London: Prepared for GambleAware by Ipsos. https://www.begambleaware.org/sites/default/files/2023-03/Minority Communities Final Report_0.pdf

[9] Levy, O'Driscoll & Sweet (2020). Disproportionate Burdens of Gambling Harms Amongst Minority Communities: A Review of the Literature. London: GambleAware. Available at https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-disproportionateburdens-of-gambling-harms-amongst-minority-communities-a-review-of-the-litera.pdf

Looking beyond experimental evidence

While randomised controlled trials (RCT) are often the gold standard, it has previously been acknowledged that there is a risk that focussing exclusively on RCT evidence can lead to overemphasis on certain medicalised or specialist forms of intervention,[10] or lead to undue focus on individuals presenting in clinical care settings.[11] This is problematic in the field of gambling harms, where only a very small proportion of the population experiencing harm access any support at all, an even smaller proportion present for clinical support, and other more common forms of support may not have been the subject of an RCT.

Interventions delivered in the gambling harms space may also often require holistic or multi-agency approaches, which due to their complexity may be less amenable to RCTs.[12] This risk is exacerbated when considering individuals with multiple needs or co-morbidities, or who belong to certain communities known to experience exclusion and marginalisation. These populations are less likely to be included within RCT studies which can limit the generalisability of this evidence.

The forms of intervention received by people at lower levels of need or who are at an earlier stage of their support journey (e.g. where interventions might seek to reduce stigma or increase the likelihood of self-identifying a person experiencing harm) may risk being tautologically defined as not evidence-based, simply because an RCT or systematic review or because they serve populations who have been excluded from RCT studies. This is issue is particularly acute in relation to treatment innovation.

It is also unlikely that the perspectives of those with lived experience are included within experimental evidence. GambleAware is committed to ensuring the voice of those with lived experience and experts by experience are included in any accounts of the evidence around effective approaches to treatment. [13]

Finally, RCTs may not adequately convey the uncertainty and complexity surrounding the estimated treatment effect, including the wider factors and circumstances which an estimated treatment effect is likely to be a function of, and the underlying drivers of any effectiveness or otherwise.[14,15]

Therefore, we would expect this scoping review to consider, where appropriate, wider forms of evidence that are able to shed informative light on the research questions below. This could include evidence from non-experimental or quasi-experimental evaluations, observational studies, qualitative research, process evaluations, and grey literature such as annual reports from relevant organisations. Including a breath of evidence will help to develop a more holistic understanding of the use of psychological and psychosocial interventions in the treatment of harmful gambling.

[10] Reddon, Kerr & Milloy. (2020). Ranking evidence in substance use and addiction, *International Journal of Drug Policy*, Volume 83, https://doi.org/10.1016/j.drugpo.2020.102840.

[11] Greenhalgh et al. (2015). Six 'biases' against patients and carers in evidence-based medicine. *BMC Med* 13, 200 https://doi.org/10.1186/s12916-015-0437-x

[12] Wolff. (2000) Using randomized controlled trials to evaluate socially complex services: problems, challenges and recommendations. *J Ment Health Policy Econ*. Jun 1;3(2):97-109. https://onlinelibrary.wiley.com/doi/10.1002/1099-176X(200006)3:2%3C97::AID-MHP77%3E3.0.CO;2-S

[13] Menchon et al. (2018). An overview of gambling disorder: from treatment approaches to risk factors. F1000Research, 7, 434. An overview of gambling disorder: from treatment approaches to risk factors - PMC (nih.gov)

[14] Deaton & Cartwright. (2018). Understanding and misunderstanding randomized controlled trials, *Social Science & Medicine*, Volume 210, 2018, Pages 2-21, https://doi.org/10.1016/j.socscimed.2017.12.005.

[15] Rhodes & Lancaster. (2019). Evidence-making interventions in health: A conceptual framing, *Social Science & Medicine*, Volume 238, https://doi.org/10.1016/j.socscimed.2019.112488.

Purpose and aims

The specific research questions for this study should be proposed by the bidding organisation as part of their proposal and will be finalised with the support of GambleAware. Where possible, this study should focus on evidence and research focused on Great Britain (GambleAware's mandate), and in otherwise comparable policy and cultural contexts internationally.

Generally, GambleAware expects this study to explore:

- The **short and longer-term effectiveness** of psychological and psychosocial intervention approaches (including CBT) used in the treatment of gambling that is associated with harm both for the general population, as well as for:
  - People from marginalised and minoritised communities (eg people who use drugs, people from global majority communities, etc)
  - Women
  - Children and young people
  - People with disabilities
  - Neurodiverse individuals
  - Affected others (people who experience harm due to someone else's gambling)
- **Other relevant factors**, such as:
  - Critical enablers, barriers and challenges to effective intervention approaches, including structural or environmental barriers/conditions for success (eg delivery method, accompanying sequential or combination interventions, etc)
  - Whether the person receiving the intervention has any co-occurring conditions (eg depression, anxiety, PTSD, alcohol or other drug use disorders, etc)
  - Recovery capital (ie positive external and internal resources that promote recovery)
- The **limitations and gaps** in the existing evidence base with regards to psychological and psychosocial intervention approaches (including CBT), and the additional factors above. This should include a critical appraisal of existing evidence published in the last three years[16]. The critical appraisal should include critiques of any stigmatising or problematic language used in the evidence.
- The **implications** for researchers, service and healthcare providers and policymakers, including clear recommendations for:
  - How existing evidence should be communicated and distilled for policymakers and service providers
  - Whether further primary research should be undertaken focussing on the use certain psychological or psychosocial interventions for reducing harms from gambling and focusing on which individuals/communities.
  - What form any further primary research should take (methodologically, thematically, etc).

It is not expected that this study will explore pharmacological interventions beyond how they might effectively intersect with psychological and psychosocial interventions.

Expected output(s)

This scoping study will comprise a narrative-based literature review, in which the effectiveness and/or use of psychological and psychosocial interventions for treating harmful gambling is discussed. It should be:

- Written for a lay audience with policy and/or service and healthcare provision interest.

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[16] This time period is to reduce duplication of any work captured in the 2020 GREO rapid evidence review and to ensure the most up-to-date research is included in the scoping study, https://www.greo.ca/en/resources/GREO_05_2020_TreatmentRER_Final.pdf

- 6,000 - 9,000 words in length.
- Written in accordance with GambleAware's Research Guidelines and to a publishable standard (i.e., references cited fully, technical report/coding materials where analyses can be easily replicated).
- Include specific recommendations for future research and treatment providers.

Please note that this report will be independently peer-reviewed for quality assurance purposes. GambleAware will be responsible for sourcing and remunerating peer reviewers for this work, but bidders should allocate time towards the end of their reporting timeline to accommodate this process. Further details regarding the review timeline inclusions can be found on GambleAware's Report Review Guidelines.

Budget

We have a budget of up to £40,000 for this scoping study. Please note that as this is a research grant, it falls outside of the scope of VAT. Please note that this piece of work is funded through regulatory settlements made to the Gambling Commission for socially responsible purposes. GambleAware recently received regulatory settlement funding for a variety of research areas.

Guideline timings

The study will commence at a mutually agreed time after the final decision and award (see below). The scoping review will be undertaken over a maximum of 6 months from the signing of grants. Any further extension to timings will need to be agreed by GambleAware in writing.

The guideline timings for the award of this grant are below:

Activity	Date
Issue call for proposals	Monday 11th December 2023
Deadline for clarification questions*	Friday 5th January 2024
Response to any clarification questions	Wednesday 10th January 2024
Deadline for submission of proposals	Friday 19th January 2024
Decision and financial due diligence**	Friday 26th January 2024
Grant awarded to successful bidder	Friday Feb 2nd 2024
Research to take place	February – May 2024
First draft of the report due	June 2024
Final report published on GambleAware website	August 2024

*Please send any clarification questions to procurement@gambleaware.org. Please indicate before this date if you are interested in bidding for the work and would like to receive any subsequent clarifications.
** To satisfy our due diligence process, the successful applicant(s) may be requested to supply the following documentation: copy of insurance certificate, audited accounts, management accounts, management letter.

Proposals should be submitted to procurement@gambleaware.org marked 'Call for proposals – Effective interventions.'

Publications and references

Please include with your proposal the following:

- A list and concise summary of any recent, relevant publications/research by your proposed research team, in particular focusing on:
  - Gambling harms in the UK
  - Gambling treatment in the UK
  - Generating and interpreting experimental (and other) evidence related to the above
  - Syntheses of academic and other literature (eg literature reviews, rapid evidence reviews/assessments, systematic reviews and meta-analyses) related to the above
- The names and contact details of two recent clients whom you would be content for us to contact if you are shortlisted.
- GambleAware's work centres around the principles of equality, inclusion, and diversity at all levels of governance, human resources, policy, and commissioning. Please set out separately how equality, inclusion and diversity inform and support your proposal at all stages of design and delivery.

Evaluation criteria

Bids will first be evaluated according to the following pass/fail criteria.

Pass/fail criteria	Source
Have previously conducted research focused on gambling harms in the UK/GB.	- List of previous projects - Previous GambleAware experience
Have previously delivered reviews/syntheses of academic and other literature to time and budget.	- List of previous projects - Referees - Previous GambleAware experience

Bids that pass both criteria above will then be scored according to the framework below.

Framework evaluation criteria	Framework criteria weighting	Criteria	Criteria weighting	Max available score
Experience and expertise	20%	Overview of the proposed research team members, their relevant expertise and experience, and roles in delivering the study.	20%	100 (5 x 20)
Approach	55%	Demonstration of understanding of the subject matter and the research aims and requirements.	20%	100 (5 x 20)
		Suitability of the proposed methodology to respond to the brief.	20%	100 (5 x 20)
		Consideration of EDI	15%	75 (5 x 15)
Delivery	25%	Quality control mechanisms, risk management, and assessment of research ethics.	15%	75 (5 x 15)
		Proven ability to meet the timetable and deliver the proposed outputs.	10%	50 (5 x 10)
TOTAL	**100%**		**100%**	**500**

Process for appointment

The process for appointment will be:

1. Reviewing and scoring of proposals against the above evaluation criteria by the Review Panel (made up of two internal reviewers from GambleAware and an external reviewer with subject matter expertise).
2. Final moderation with funding awarded to the bidder with the highest-scoring proposal.
3. All bidders will be notified of the outcome and offered feedback on the scoring of their proposal by the Review Panel.

Terms and conditions

To ensure expediency, we ask that any questions or clarifications regarding our Terms and Conditions are sent to procurement@gambleaware.org by 5th January 2024. Bidders are unable to make amendments to the Terms and Conditions post tender award. If there is no correspondence received by 5th January 2024 at 17:00 GambleAware will take this as acceptance to the Terms and Conditions.

Please see below a template of our Grant Agreement Terms.

STANDARD Template
Grant Agreement.pdf