

EFFECTIVENESS OF PROBLEM GAMBLING BRIEF TELEPHONE INTERVENTIONS: AN UNCONTROLLED OUTCOME STUDY

Summary

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Background

Little is known about the effectiveness of gambling treatment services and the outcomes of people who access these services. This is true of New Zealand services as well as those overseas. Outcome studies follow people who seek help from a particular service, to assess their recovery (or otherwise) over a period of time and to obtain more information about the factors that might cause relapse or maintain recovery. Outcome studies can provide valuable information which treatment services can use to make changes to improve outcomes for clients.

Aim

The main aim of the study was to find out if there are differences in client outcomes between those who only access Gambling Helpline telephone care and those who access additional professional counselling or therapy services after the initial telephone contact.

Method

Participants were aged 18 years or older with 43% identifying as Maori ethnicity, 42% European, 10% Pacific and five percent Asian or other. All participants had a gambling problem and called the Gambling Helpline for assistance. One hundred and fifty first-time Helpline callers were followed for 12 months with data collected at three-, six- and 12-months.

Summary of key findings

Overall, participants showed major improvement in relation to their problem gambling (i.e. reduced problem severity), impacts of gambling on different life aspects (e.g. work, social life, home life and physical health), and some associated mental health problems (e.g. depression and psychological distress). The improvement usually occurred in the first three months and continued to be seen after 6 and 12 months. Only about one-third of the participants accessed additional professional services (generally face-to-face counselling) within three months of their initial Helpline call. However, the improvement in outcomes was noted both for participants who accessed additional professional services as well as for clients who only accessed the Gambling Helpline. Thus in general, having additional gambling treatment was not associated with a better outcome. This should not be viewed as evidence that other gambling and counselling services have no value. It could be that most people who do not need extra help do not seek it and that people who do need more help get it and benefit.