SUBMISSION TO THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

July 2019

VICTORIA
State
Government

Victorian
Responsible
Gambling
Foundation

CONTENTS

1. Key points 2

2. Recommendations 3

3. About the Foundation 4

4. Introduction to the submission 5

5. What we know about gambling and mental health 6

6. Recognising gambling harm as a public health and mental health issue and increasing the capacity of services to respond 10

7. Improving services for people with comorbid problem gambling and mental health conditions 11

8. Improving gambling harm prevention policy responses 13

1. Key points

There are strong associations between problem gambling and mental health conditions:

- 39 per cent of Victorians with a gambling problem have a diagnosed mental illness
- up to 30 per cent of people who both gamble and seek treatment for a mental illness are problem gamblers
- problem gamblers are over-represented in primary care, alcohol and other drug (AOD) settings, and in mental health services
- gambling is estimated to account for 22 per cent of the Victorian mental health sector's total costs, half of which is attributable to problem gamblers
- in 2014–15, the cost to Victorian gamblers of depression due to gambling problems has been estimated at $176 million, while the cost of emotional distress due to suicidal ideation was approximately $289 million, and emotional and psychological harms approximately $1,127 million.

Despite this significant evidence, gambling harm is largely unrecognised as a public health issue and is under-recognised as a major challenge for the mental health service system. Gambling harm is not mentioned in the government's public health, mental health or suicide prevention plans. Nor is it included in the Royal Commission's terms of reference.

These omissions from the health policy discussion mean that gambling harm is often overlooked when public health and mental health prevention and treatment programs are designed and delivered. Initiatives are needed to ensure mental health and public health services are more responsive and able to diagnose, support and appropriately refer patients with mental health conditions who are experiencing gambling harm.

The absence of problem gambling from the government's public health and wellbeing, mental health and suicide prevention plans and strategies further marginalises people's experiences of gambling harm. This contributes to the stigma of gambling problems and undermines the efficacy of mental health prevention and treatment services. It also undermines the ability of public health and mental health services to refer people to specialist Gambler's Help counsellors.

Mental health treatment outcomes are hampered if comorbid problem gambling is unidentified and untreated.

An understanding of the origins and comordid issues underpinning gambling harm needs to be brought into the public and mental health systems. This will result in improved effectiveness of these systems and increased understanding and recognition of gambling harm by those working in public health and mental health services. This will directly benefit those people with comorbid problem gambling and mental health conditions.

The Gambler's Help and mental health service systems need to be improved to ensure a person-centred approach and to deliver better outcomes for people with comorbid problem gambling and mental health conditions.

The presence of a comorbid mental health condition makes people particularly vulnerable to gambling harm because a mental health condition can impair a person's impulse control and decision-making abilities. This vulnerability needs to be better understood and addressed by industry and government, and methods considered for better protecting consumers.

Gambling service providers and venue operators could do more to prevent gambling harm and fulfill their duty of care to consumers, particularly in relation to gamblers who display observable behaviours that may reveal a mental health concern and/or are known to be associated with problem gambling.

Gambling self-exclusion programs should be improved to ensure that people who sign up are more likely to be identified if they attempt to gamble. Further, options for a robust model for limited third-party-initiated exclusions should be explored and trialled where the gambling of a person with a diagnosed mental health condition is causing them or their family significant harm.

2. Recommendations

GAMBLING AND PUBLIC HEALTH, MENTAL HEALTH AND SUICIDE PREVENTION

1. That the Royal Commission recommend the Victorian Government include gambling harm prevention in future iterations of the *Victorian Public Health and Wellbeing Plan*, Victoria's *10-year Mental Health Plan* and the *Victorian Suicide Prevention Framework 2016–25* (or their equivalents).

2. That the Royal Commission recommend to the Victorian Government that public sector health promotion activities aimed at preventing mental illness acknowledge gambling harm as a mental health and public health issue and, where relevant, incorporate a response to problem gambling in program and service design.

MENTAL HEALTH TREATMENT SERVICE SYSTEMS

3. That the Royal Commission recommend the Victorian Government ask the Department of Health and Human Services and the Victorian Responsible Gambling Foundation to form a joint working group of senior officers to examine how the Gambler's Help, mental health and public health service systems can work together to create person-centred treatment for people with comorbid problem gambling and mental health conditions. Issues the working group should consider include:
    - identifying the best model for delivering timely and appropriate interventions for people with comorbid problem gambling and mental health conditions
    - improving referral pathways for people with comorbid problem gambling and mental health conditions
    - raising awareness of the association between problem gambling and mental health conditions among client populations and treatment professionals, including general practitioners
    - improving the identification of comorbid gambling and mental health conditions in people presenting to any part of the health service system
    - improving the skills of service system staff in appropriate treatment and referral pathways
    - exploring ways to remove any barriers that hinder cross-sector referral and collaboration
    - identifying opportunities for joint projects and initiatives.

GAMBLING HARM PREVENTION POLICY MEASURES

4. That the Royal Commission recommend the Victorian Government work with the gambling industry and the Victorian Responsible Gambling Foundation to consider mechanisms by which gambling service providers can identify and better protect consumers who display observable behaviours that may reveal a mental health concern and/or are known to be associated with problem gambling.

5. That the Royal Commission recommend the Victorian Government review and improve gambling self-exclusion programs to ensure they are effective for people with a diagnosed mental health condition. Programs should allow more effective identification of excluded people, and options for a robust model for limited third-party-initiated exclusions should be explored and trialled where the gambling of a person with a diagnosed mental health condition is causing them or their family significant harm.

3. About the Foundation

The Foundation was established by the *Victorian Responsible Gambling Act 2011* and commenced operation in March 2012.

The Foundation's vision is for a Victoria free from gambling-related harm. Our mission is to improve the health and wellbeing of Victorians by working with our communities and government to deliver effective, evidence-based initiatives and innovative approaches to prevent gambling harm and provide support for those seeking help.

The Foundation is funded through the Community Support Fund and received $153 million over four years to 2022–23 in the 2019 Victorian Budget.

We seek to prevent gambling harm through a public health approach and activities that cover the following key areas:

- primary prevention initiatives, including social marketing campaigns that increase community awareness about the risks associated with gambling
- professional treatment and support for those experiencing harm
- information and advice that promotes informed community discussions about gambling and enables participation in decision making about gambling
- research to better understand gambling, the impact on individuals and communities, and how harm can be prevented or minimised.

The Foundation has significant insight into the experiences of gamblers and those affected by someone else's gambling through our research program, our prevention programs, our network of Gambler's Help services and partner agencies, and our Lived Experience Advisory Committee.

The Foundation leads the nation in understanding and preventing gambling harm. The knowledge gained through our groundbreaking research program, together with experience in delivering innovative prevention and treatment programs with partner agencies, equip the Foundation to recommend interventions that will have meaningful outcomes for people affected by comorbid gambling and mental health conditions.

4. Introduction to the submission

The Victorian Responsible Gambling Foundation welcomes the opportunity to make a submission to the Royal Commission into Victoria's Mental Health System.

In making this submission, the Foundation has focused on three key issues we consider to be of most importance to the Royal Commission and its terms of reference:

- ensuring gambling harm is understood as a mental health and public health issue and that health services are better able to assist people with comorbid problem gambling and mental health conditions
- improving mental health services for people with comorbid problem gambling and mental health conditions
- strengthening gambling harm prevention policies to better protect people with comorbid problem gambling and mental health conditions.

The submission uses the term 'problem gambling' as defined and adopted by all Australian state and territory governments for the purposes of gambling-related research, policy and regulation. This is different from the narrower 'gambling disorder' (previously 'pathological gambling'), which describes a recognised mental health disorder (see section 5.1 of this submission for further discussion of this distinction).

Recent research tells us that the experience of harm from gambling extends to many more gamblers than those identified as problem gamblers[1]. However, in the context of mental health, those at the problem gambling end of the spectrum are strongly associated with other comorbid mental health issues.

While we acknowledge the term problem gambling covers those who have been diagnosed with a gambling disorder, this submission makes the distinction between problem gambling, a diagnosed gambling disorder, itself a mental health condition, and other (comorbid) mental health conditions. People experiencing harm from gambling include those with gambling disorders and those with co-occurring mental health conditions.

The Foundation would welcome the opportunity to provide further assistance to the Royal Commission, including in relation to issues not addressed in our submission, and/or information about the relevant research literature.

Acknowledgement

The Foundation acknowledges the contribution of those individuals and organisations consulted during the preparation of this submission, including our prevention partners and Gambler's Help services.

We particularly acknowledge and thank those people who shared their personal stories with us and allowed them to be included in our submission. Please note that individuals have been de-identified.

5. What we know about gambling and mental health

5.1 GAMBLING DISORDER AND PROBLEM GAMBLING

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) classifies a gambling disorder as a substance-related and addictive disorder.[2]

It is important to note that a gambling disorder is not the same as 'problem gambling'. The DSM-5 is used for the clinical diagnosis of mental illness, while the term problem gambling is broader, encompassing both the behavioural and harm characteristics of a person's gambling. A person may experience problem gambling but may not meet the clinical threshold to be diagnosed with a gambling disorder.

The primary sources of population data on gambling collected in Victoria are large prevalence studies. Using a screening tool, the studies comprise surveys that identify gamblers on a scale from non-problem gambling to problem gambling. The surveys do not detect the numbers of those diagnosed with a gambling disorder. They do capture correlations between those with gambling problems and other mental health conditions.

All Australian governments and most researchers use the following definition.

> **"Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community."[3]**

Research shows there is a significant association between mental health conditions and problem gambling. For example, Lubman et al's study *Problem gambling in people seeking treatment for mental illness* states:

> **"Problem gambling has been consistently associated with a range of comorbid mental health disorders...There is also growing evidence to suggest that people with gambling problems are over-represented in primary care, AOD settings, and mental health populations, with up to 30 per cent of people presenting to these services experiencing problems with their gambling."[4]**

5.2 COMORBID MENTAL HEALTH CONDITIONS AMONG PROBLEM GAMBLERS

Research shows that among people with problem gambling in Victoria:

- 39 per cent have been diagnosed with a severe (24 per cent) or moderate (15 per cent) mental health condition
- 41 per cent have been diagnosed with depression
- 39 per cent have been diagnosed with an anxiety disorder.[5]

Research estimates that nearly 75 per cent of people seeking treatment for problem gambling have some form of psychological disorder. Of these:

- 21 per cent have an alcohol use disorder
- 12 per cent have post-traumatic stress disorder
- 17 per cent have an anxiety disorder
- 30 per cent have a major depressive disorder.[6]

5.3 COMORBID PROBLEM GAMBLING AMONG PEOPLE SEEKING TREATMENT FOR A MENTAL HEALTH CONDITION

Where people seeking treatment for a mental health condition also gamble, they are eight times more likely than the general population to be a problem gambler, and three times more likely to be in the next most severe category, the moderate-risk group.[7]

TABLE 1: PROBLEM GAMBLING PREVALENCE AMONG PATIENTS ATTENDING A MENTAL HEALTH SERVICE IN VICTORIA

	Mental health service sample (%)	General population (%)
Non-gamblers	58.6	29.9
Non-problem gamblers	19.6	57.7
Low-risk gamblers	7.1	8.9
Moderate-risk gamblers	8.3	2.8
Problem gamblers	6.3	0.8

SOURCE: LUBMAN ET AL (2017)

[redacted] STORY

[redacted] is [redacted] years old and lives in public housing about 1 km from a pokies venue in a disadvantaged suburb of a regional town. He has no dependants and his rent, utility, phone and other bills are all paid direct from his disability pension.

[redacted] has been diagnosed with obsessive compulsive disorder, schizoaffective disorder and depression. He receives treatment but sometimes forgets to take his medication. He knows that when, as he puts it, his head starts talking to him, he needs to get his meds under control. He also has the physical challenge of a serious cancer diagnosis, though he is currently in remission. He smokes a packet of cigarettes a day, a financial impost he can ill afford on top of the implications for his health.

When [redacted] mental health is bad, he exhausts his immediate funds and accumulates unpaid debts through gambling and the purchase of products that often end up at the pawn shop. He remains liable for the payment of these goods at a high interest rate despite no longer having use of them.

[redacted] situation is always precarious but often moves into the untenable through access and opportunities to gamble. He has presented to Gambler's Help services for assistance numerous times, sometimes in a depressed and suicidal state. They have been able to provide some relief, including bringing his finances back into some sort of control.

[redacted] faces ongoing challenges that are made more difficult through easy access to gambling, the willingness of various vendors to provide loans and his mental health conditions.

Temporal relationship between problem gambling and mental health

Although there is clear evidence to suggest that problem gambling is comorbid with many mental health conditions, evidence on the temporal relationship is less clear.

In some cases, the mental health condition could be a risk factor for problem gambling, while in others the gambling behaviour precedes the mental health issue. It could also be the case that comorbid problem gambling and mental health conditions are part of a complex set of relationships that include a third condition (such as trauma or an acquired brain injury).

However, there is evidence to suggest that:

- the majority of AOD use, mood, anxiety and impulse control disorders "typically predate and predict the onset of problem gambling"
- AOD use, mood, anxiety and impulse control disorders are risk factors for the development of problem gambling
- some disorders typically occur after the development of problem gambling (for example, post-traumatic stress disorder and nicotine dependence).[8]

5.4 SUICIDE

There is reliable evidence showing a significant correlation between problem gambling and suicidal ideation and suicide,[9] with some studies showing elevated risk and mortality among those with a gambling disorder.[10]

The significant presence of known suicide risk factors among problem gamblers, including depression, anxiety and substance use disorders, also suggests that problem gamblers are at greater risk of suicide than the general population.

One study reported almost one in five patients attending the Alfred Hospital's emergency department for an acute mental health crisis (n=290) had a gambling problem. Half of those with gambling problems were also assessed as at risk of suicide.[11]

An examination of Coroners Court of Victoria data identified 128 suicides between 2000 and 2012 in which gambling and harm from gambling was present. It is noted that this data only relates to cases where gambling was explicitly referred to in the Coroner's finding, so it is likely to be conservative.[12]

Anecdotally, some Gambler's Help counsellors have reported that most of the clients they treat for problem gambling have experienced suicidal ideation.

This is supported by the research literature. One study found that 81 per cent of problem gamblers attending counselling showed some suicidal ideation, while other studies put this at between 38 and 59 per cent.[13] Studies have found the rate of suicidal ideation among problem gamblers in the general population to be between 15 and 20 per cent.[14] However, the 2009 Victorian prevalence study found a higher figure, 27 per cent of the state's problem gamblers, had contemplated taking their life in the past year.[15]

5.5 COST TO VICTORIA

Gambling is estimated to account for 22 per cent of the Victorian mental health sector's total costs, half of which is attributable to problem gamblers.[16]

In Victoria, the total cost to gamblers of depression, specifically due to gambling problems, was estimated at $176 million in 2014–15, while the cost of emotional distress due to suicidal ideation was approximately $289 million and other emotional and psychological harms approximately $1,127 million.[17]

It is important to note that these costs do not account for the harm caused to the gambler's family and friends. The estimate of harm caused to them in the form of emotional distress is $882 million a year, of which $418 million flows from gamblers experiencing severe harm.[18]

Improvements in the extent of problem gambling or the extent of harm to those with gambling problems, via either improvements in early identification and intervention or better prevention, will reduce the costs accruing to Victorians from poor mental health. This includes savings to individuals, the community and the government.

Providing a more protective environment in the places where people with mental health conditions gamble, and improving detection and referral when they seek treatment, are keys to making these gains. All of our recommendations call for commitments to taking steps in these areas.

6. Recognising gambling harm as a public health and mental health issue and increasing the capacity of services to respond

Despite the significant body of evidence showing there is an association between gambling and mental illness and other comorbid health conditions, gambling harm is under-recognised as part of public health, mental health and suicide prevention discourses and strategies.

Problem gambling is not mentioned in the *Victorian Public Health and Wellbeing Plan 2015–2019*, the government's mental health plan or its suicide prevention plan, or the Royal Commission's terms of reference. Such omissions reinforce the view that problem gambling is caused by the weakness or personal failings of the gambler rather than as a result of the complex interaction between underlying social determinants, individual characteristics and circumstances (including mental illness), and gambling products and environments.[19]

This lack of recognition of problem gambling as a public health and mental health issue contributes to the stigma felt by those struggling with gambling and undermines efforts to prevent gambling harm and treat problem gambling.

The consequences of stigma include that people are less likely to disclose, or seek help for a gambling problem.[20] Gambler's Help agencies report the stigma associated with problem gambling as so strong that many people would rather admit to a drug or alcohol addiction than disclose that they have a gambling problem.

The absence of gambling from public and mental health frameworks and programs means that health professionals, including General Practitioners (GPs) and mental health practitioners, are less likely to identify and respond to a patient's underlying gambling problem.

To take the example of GPs, in its study of patients presenting with acute mental health crises, including suicidal intent, the Alfred found 81 per cent of problem gamblers had spoken to a GP regarding their depression, but less than half had mentioned their problems with gambling.[21] Yet, in terms of help-seeking, a recent ACT report found GPs to be the most common health professional consulted when a person's gambling was having adverse impacts on them.[22] The 2014 Victorian prevalence survey found those with gambling problems saw GPs at a rate of 20–30 per cent above the population average.[23] Failures to make the link between a person presenting for help with their mental health and their gambling is currently too often a lost opportunity for better outcomes.

To effectively combat it, gambling harm needs to be included in public and mental health strategies and frameworks. Further, health promotion and activities designed to prevent mental ill-health should acknowledge and act on gambling harm as a public and mental health issue.

RECOMMENDATION 1:

That the Royal Commission recommend the Victorian Government include gambling harm prevention in future iterations of the *Victorian Public Health and Wellbeing Plan, Victoria's 10-year Mental Health Plan* and the *Victorian Suicide Prevention Framework 2016–25* (or their equivalents).

RECOMMENDATION 2:

That the Royal Commission recommend to the Victorian Government that public sector health promotion activities aimed at preventing mental illness acknowledge gambling harm as a mental health and public health issue and, where relevant, incorporate a response to problem gambling in program and service design.

7. Improving services for people with comorbid problem gambling and mental health conditions

Like most other Australian states and territories, Victoria funds a specialist problem gambling treatment service system that sits alongside the broader mental health service system.

This allows for the development of specialist expertise in the Gambler's Help network and serves to inform the Foundation's early intervention and prevention programs. However, the separation of the problem gambling treatment service system further stigmatises people experiencing problem gambling and reinforces the perception that it is not a 'legitimate' health issue.

This stigma means that many people with a comorbid gambling problem prefer to access a mental health service or an AOD service than seek help from a specialist Gambler's Help service.

Evidence shows that up to 30 per cent of people presenting to primary care, AOD and mental health services are experiencing problems with gambling.[24] Despite this, only 43 per cent of people seeking treatment for a mental health condition report being asked about their gambling.[25] Clients are often reluctant to, or do not, self-disclose a comorbid gambling problem because of shame and stigma.

Gambler's Help counsellors and other sector workers report that gambling issues are not seen as 'core business' by mental health services. Heavy client workloads mean that there is little time to identify a comorbid gambling problem when a client presents to a mental health service.

Workers also report that the 'siloed' nature of the service systems creates significant barriers that hinder cross-agency referrals and collaboration.

Failure to recognise or treat gambling issues has been identified as a problem. As early as 2011, specialists at the Alfred noted that:

> **"Effective linking of people who have co-occurring mental health and gambling problems with specialist problem gambling services is essential for optimal treatment of this vulnerable subgroup of people. Effective linking requires the establishment of clear working protocols between proximal Mental Health Services and their associated problem gambling services."[26]**

The integration of gambling into Victoria's broader public health plans, promotions and programs will advance the reduction of stigma, improve morale and retention rates among workers in the sector, and provide improvements in the efficiency and effectiveness of the mental health system. The change will yield benefits in improved prevention and earlier intervention. In turn, it is expected that a reduction in both breadth and intensity of harm to those gamblers with mental health issues and conditions will follow.

7.1 TOWARDS BETTER PARTNERSHIPS AND AN INTEGRATED APPROACH TO SERVICES

While the Foundation has undertaken considerable work to improve the broader health service sector's understanding of problem gambling and gambling harm, there remains a significant opportunity to develop more person-centred and integrated services for people with comorbid problem gambling and a mental health condition.

Considerable work would be required to determine an appropriate model, which could consider lessons learnt from the AOD and family violence service sectors (for example, The Orange Door model for family violence services adopted following the Family Violence Royal Commission).

Issues that need to be explored include how to:

- raise awareness of the association between problem gambling and mental health among client populations and treatment professionals
- improve the identification of comorbid problem gambling and mental health conditions in people presenting to any part of the health service system
- improve the skills of service system staff in appropriate treatment and referral pathways
- explore ways to remove barriers and silos that hinder cross-agency referral and collaboration
- identify opportunities for joint projects and initiatives.

It is vital the specialist expertise of the Gambler's Help service sector is retained and improved, particularly given its significant role in the design and delivery of early intervention and prevention programs.

To be effective, this work will require the involvement of relevant government departments and agencies, and representatives of the Gambler's Help and mental health service systems. It will also require the sponsorship of executives from the key government departments, who will be accountable to government for delivering the project outcomes.

RECOMMENDATION 3:

That the Royal Commission recommend the Victorian Government ask the Department of Health and Human Services and the Victorian Responsible Gambling Foundation to form a joint working group of senior officers to examine how the Gambler's Help, mental health and public health service systems can work together to create people-centred treatment for people with comorbid problem gambling and mental health conditions. Issues the working group should consider include:

- identifying the best model for delivering timely and appropriate interventions for people with comorbid problem gambling and mental health conditions
- improving referral pathways for people with comorbid problem gambling and mental health conditions
- raising awareness of the association between problem gambling and mental health conditions among client populations and treatment professionals, including general practitioners
- improving the identification of comorbid gambling and mental health conditions in people presenting to any part of the health service system
- improving the skills of service system staff in appropriate treatment and referral pathways
- exploring ways to remove any barriers that hinder cross-sector referral and collaboration
- identifying opportunities for joint projects and initiatives.

8. Improving gambling harm prevention policy responses

Gambling in Victoria is governed by a framework of policy and regulatory mechanisms with consumer protection and harm minimisation measures in place. These measures include responsible service of gambling training, mandatory signage and information, maximum bets for gaming machines, prescribed codes of conduct, and pre-commitment and self-exclusion programs.

Despite these measures, many people experience gambling harm. The risk of harm is greater for people with a mental health condition and can, in some cases, contribute to the development of a diagnosable mental illness.

Evidence shows the presence of a comorbid mental health condition makes people more vulnerable to gambling harm than other gamblers. This is particularly the case for those mental health conditions that adversely affect a person's decision-making abilities and impulse control.

The Productivity Commission noted the vulnerabilities of gamblers with mental health problems.

> **"These people suffer a particular disadvantage that makes them susceptible to some of the risky features of some gambling technologies, such as the capacity to gamble in a trance for long periods of time or to ramp up spending from very small to very large amounts."[27]**

The Foundation believes that more needs to be done by the gambling industry and government to provide greater protection for those people unable to control, or make informed decisions about, their gambling because of a mental health condition. Improving protections for these gamblers will also reduce harm to their families and friends.

8.1 ENHANCING CONSUMER CARE BY INDUSTRY

[redacted] STORY

[redacted] is a Koori woman from regional Victoria.

Following the suicide of her son D[redacted] [redacted] became depressed and suicidal. She spent several weeks in a mental health facility. After her discharge, [redacted] still felt alone and depressed and started playing the pokies. Unlike other places in town, the gaming venues made her feel welcome and were places where she could numb her pain by drinking and playing the machines.

[redacted] applied for D[redacted] superannuation and to her surprise received $180,000. It was then that she began playing the machines every day. [redacted] would sit and play and get drunk. She would arrive at the venue at 11am and not leave until closing time.

Over 10 months, [redacted] lost $100,000 – all that was left of the super payment after paying D[redacted] debts. She was left broke, ashamed and again having suicidal thoughts.

Despite going to venues every day and being well known to venue staff, who were aware of D[redacted] death, she was not once asked if she was okay, even though she would often sit in the venue crying. No one questioned her gambling while drunk or asked if she needed assistance with her gambling.

They just took her money until she had none left.

The Foundation believes that the gambling industry can do more to identify and assist consumers who display behaviours that validated research shows are likely to be associated with problem gambling.[28] Interventions based on these behaviours are described in the literature as secondary interventions, aiming to reduce or prevent harm in those at greatest risk.[29]

While all gambling service providers are required to have a Responsible Gambling Code of Conduct, they have no explicit or enforceable obligation to provide a safe gambling environment or to take reasonable steps to ensure that harm is minimised.

The Foundation believes that such an obligation would deliver improved protections for vulnerable Victorians, particularly those whose mental ill-health places them at greater risk of gambling harm than other gamblers. For example, obligations could be prescribed by regulation or included in clear and strengthened codes of conduct.

RECOMMENDATION 4:

That the Royal Commission recommend the Victorian Government work with the gambling industry and the Victorian Responsible Gambling Foundation to consider mechanisms by which gambling service providers can identify and better protect consumers who display observable behaviours that may reveal a mental health concern and/or are known to be associated with problem gambling.

8.2 SELF-EXCLUSION AND THIRD-PARTY EXCLUSION

[redacted] STORY

[redacted] has been struggling with an addiction to gaming machines (pokies) for many years. He has lost his house, personal relationships and career advancement and suffers from depression, anxiety and social isolation. He has contemplated suicide many times.

A few years ago, [redacted] decided enough was enough and signed up to a venue self-exclusion program. He hoped this would give him the new start he needed.

However, he soon returned to venues from which he was excluded and found that he could play the machines without any intervention from staff.

The morning after one gambling session, [redacted] spoke to the duty manager about his concerns, but even this made no difference. He was still allowed to play the machines without being challenged.

[redacted] feels the failure of the self-exclusion program has significantly set back his recovery and has increased his guilt and shame.

Most gambling service providers, such as gaming machine venues, have a program that allows a person to self-exclude from accessing gambling products. These programs are funded and managed by industry, and vary in their effectiveness. Successful self-exclusion has been linked with improved mental health.[30] The Alfred study of patients experiencing an acute mental health crisis identified that 80 per cent found it useful to know that self-exclusion programs existed, with more than 65 per cent going on to self-exclude from venues and a third from the casino.[31] To be effective, however, improvements in self-exclusion programs are needed not only to detect consumers who breach a program by entering a venue, but to have staff to enforce the program.

The Foundation believes that self-exclusion programs are failing those experiencing gambling harm because:

- there are inadequate systems in place to identify consumers who breach their exclusion, particularly in gaming machine venues, which rely on staff recognising them from photographs, the consequence of which is non-enforcement of the program
- separate programs operated by different segments of industry undermine the consistency and effectiveness of exclusion for consumers
- they are not consistently promoted by industry
- some programs place arbitrary limitations on exclusion periods and, in the case of gaming machine self-exclusion programs, limit the number of venues from which a person can self-exclude
- some programs make it difficult for a person to sign-up (for example, by requiring a person to enter into a complex legal deed and attend an in-person interview)
- third parties, such as a spouse or other close family member, are not able to apply to exclude a loved one who has a serious gambling problem that is causing significant harm to them and their family.

Self-exclusion programs could be substantially improved through better promotion, simpler sign-up processes, use of modern technology such as online sign-up and facial recognition to identify excluded people attempting to gamble, better integration with help services and adopting a single program for all gaming venues.

Currently, all programs require an exclusion to be initiated by the excluded person. There is some evidence that exclusion is most effective when the excluded person is motivated to stop gambling. However, self-exclusion works less well where a person's decision-making abilities and impulse control are impaired due to a gambling disorder or other mental health condition. At the point where a gambler breaches their self-exclusion by entering a gambling area, effective detection by the venue is the key to preventing harm.

Moreover, having mind to the challenges that can arise from a gambling disorder and associated comorbid mental health conditions, the Foundation believes there are some circumstances in which a person's access to gambling products should be involuntarily restricted, and that options to do so should be explored.

For example, involuntary or third-party-initiated exclusion might by an option where a person's diagnosed mental health condition impairs impulse control or decision-making abilities and the person's gambling is causing them and their family significant harm. In these circumstances, exclusion might be initiated in relation to any of the major gambling products, corporate bookmakers and gaming venues.

It should be noted, however, that while this kind of intervention may curb the extent to which harm is experienced, it may not on its own address the sources of harm, such as the drivers of a gambler's behaviour or the availability of a wide range of alternative opportunities to gamble owing to the large number and density of gambling venues and providers.[32]

A system for third-party exclusion from venues and the casino has been in place in South Australia for many years. In considering a model for a third-party-initiated exclusion system in Victoria, it will be important to ensure a requirement for the applicant to provide evidence to support the application is incorporated.

RECOMMENDATION 5:

That the Royal Commission recommend the Victorian Government review and improve gambling self-exclusion programs to ensure they are effective for people with a diagnosed mental health condition. Programs should allow more effective identification of excluded people, and options for a robust model for limited third-party-initiated exclusions should be explored and trialled where the gambling of a person with a diagnosed mental health condition is causing them or their family significant harm.

ENDNOTES

[1] Browne M., et.al. (2016). *Assessing gambling related harm in Victoria: a public health perspective*, Victorian Responsible Gambling Foundation, April.

[2] American Psychiatric Association. (2013). *Diagnostic and statistical manual of psychiatric disorders*. Arlington, VA: American Psychiatric Association.

[3] Neal P N, Delfabbro P H, & O'Neil M G. (2005). *Problem gambling and harm: Towards a national definition*. Gambling Research Australia.

[4] Lubman D, Manning V, Dowling N, Rodda S, Lee S, Garde E, Merkouris S, & Volberg R. (2017). *Problem gambling in people seeking treatment for mental illness*. Victorian Responsible Gambling Foundation, Melbourne, p.33.

[5] Department of Justice (2009). *Problem Gambling from a Public Health Perspective* Melbourne p.215 and Hare S. (2015) *Study of gambling and health in Victoria*, Victorian Responsible Gambling Foundation and the Department of Justice and Regulation, Melbourne, p.133.

[6] Dowling N, Cowlishaw S, Jackson A, Merkouris S, Francis K & Christensen D (2015). Prevalence of psychiatric co-morbidity in treatment seeking problem gamblers: A systematic review and meta-analysis. *Australian and New Zealand Journal of Psychiatry*, 49(6) 519–39.

[7] Lubman D, Manning V, Dowling N, Rodda S, Lee S, Garde E, Merkouris S, & Volberg R. (2017). *Problem gambling in people seeking treatment for mental illness*. Victorian Responsible Gambling Foundation, Melbourne, p.8.

[8] Lubman D, Manning V, Dowling N, Rodda S, Lee S, Garde E, Merkouris S, & Volberg R. (2017). *Problem gambling in people seeking treatment for mental illness*. Victorian Responsible Gambling Foundation, Melbourne, p.32.

[9] Phillips P, Ward R, Welty B A & Smith M (1997) Elevated Suicide levels associated with legalized gambling *Suicide and Life-threatening behavior*, Vol. 27(4) Winter 1997; Blaszcynski A & Farrell E (1998). A case series of 44 completed gambling-related suicides. *Journal of Gambling Studies*, 14 (2) 93–109; Karlsson A & Hakansson A (2018). Gambling disorder, increased mortality, suicidality, and associated comorbidity: A longitudinal nationwide register study. *Journal of Behavioral Addictions* Dec 1;7 (4).

[10] Karlsson A, Hakansson A (2018) Gambling disorder, increased mortality, suicidality, and associated comorbidity: A longitudinal nationwide register study, *Journal of Behavioral Addictions* Dec 1;7 (4).

[11] Anthony de Castella, Pip Bolding, Adeline Lee, Sonja Cosic, Jayashri Kulkarni (2011) *Problem gambling in people presenting to a public mental health service*, Department of Justice: Victoria.

[12] Coroners Court of Victoria (2013). Data Summary Gambling-related suicides 2000–2012.

[13] Haw J, Holdsworth L, & Nisbet S. (2013). *Gambling and Co-morbid Disorders* Gambling Research Australia, p.32.

[14] Delfabbro P. (2010) *Review of Australian Gambling Research* Gambling Research Australia pp.88–9.

[15] Department of Justice (2009). *Problem Gambling from a Public Health Perspective* Melbourne p.18.

[16] Browne M, Greer N, Armstrong T, Doran C, Kinchin I, Langham E, & Rockloff M. (2017) *The social cost of gambling to Victoria*. Victorian Responsible Gambling Foundation, Melbourne, pp. 82–3.

[17] Browne M, Greer N, Armstrong T, Doran C, Kinchin I, Langham E, & Rockloff M. (2017) *The social cost of gambling to Victoria*. Victorian Responsible Gambling Foundation, Melbourne, pp. 55–60.

[18] Browne M, Greer N, Armstrong T, Doran C, Kinchin I, Langham E, & Rockloff M. (2017) *The social cost of gambling to Victoria*. Victorian Responsible Gambling Foundation, Melbourne, p.66 Severe harm being that experienced by those identified as problem gamblers.

[19] Around 50% of global variation in health status is attributable to social and environmental context, Wardle H, Reith G, Langham E, Rogers R (2019) Gambling and public health: we need policy action to prevent harm, *British Medical Journal* 8 May p.2.

[20] Hing N, Russell A.M.T, Nuske E and Gainsbury S.M. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*. Victorian Responsible Gambling Foundation.

[21] Anthony de Castella, Pip Bolding, Adeline Lee, Sonja Cosic, Jayashri Kulkarni (2011) *Problem gambling in people presenting to a public mental health service*, Department of Justice: Victoria p.25.

[22] Davidson T, Taylor-Rodgers E, Fogarty M (2018) *Informing Targeted Interventions for People in the ACT*, ANU Canberra p.41.

[23] Hare S. (2015) *Study of gambling and health in Victoria*, Victorian Responsible Gambling Foundation and the Department of Justice and Regulation, Melbourne, p.132.

[24] Lubman D, Manning V, Dowling N, Rodda S, Lee S, Garde E, Merkouris S, & Volberg R. (2017). *Problem gambling in people seeking treatment for mental illness*. Victorian Responsible Gambling Foundation, Melbourne, (2017) p.33.

[25] Lubman D, Manning V, Dowling N, Rodda S, Lee S, Garde E, Merkouris S, & Volberg R. (2017). *Problem gambling in people seeking treatment for mental illness*. Victorian Responsible Gambling Foundation, Melbourne, p.9.

[26] Anthony de Castella, Pip Bolding, Adeline Lee, Sonja Cosic, Jayashri Kulkarni (2011) *Problem gambling in people presenting to a public mental health service*, Department of Justice: Victoria p.2.

[27] Productivity Commission. (2010). *Gambling,* Report Number 50. Canberra. p.3.13.

[28] Thomas, A, Delfabbro P. (2014) *Validation Study of In-venue Problem Gambler Indicators*, Gambling Research Australia.

[29] Delfabbro, P., Thomas, A., & Armstrong, A. (2016). Observable indicators and behaviors for the identification of problem gamblers in venue environments. *Journal of Behavioral Addictions*, 5(3), 419–28.

[30] Productivity Commission. (2010). *Gambling*, Report Number 50. Canberra p.10.7.

[31] Anthony de Castella, Pip Bolding, Adeline Lee, Sonja Cosic, Jayashri Kulkarni (2011) *Problem gambling in people presenting to a public mental health service*, Department of Justice: Victoria pp.27–8.

[32] Schottler Consulting (2017), *The harm minimisation impact of third party exclusion schemes and possible future directions for NSW* pp.62–3.

SUB.0002.0029.0246_0020

Submission to the Royal Commission Into Victoria's Mental Health System

July 2019

VICTORIA State Government

Victorian Responsible Gambling Foundation