Victorian Local Governance Association

Gambling with our mental health

Submission to the Mental Health Royal Commission

Friday 28 June 2019

Introduction

The VLGA is pleased to make this brief submission to the Mental Health Royal Commission. This submission focusses particularly on one area of preventable mental health burden of disease, the harm associated with gambling. This submission also considers the ways in which this burden of disease could be reduced with a particular focus on people experiencing mental illness.

The VLGA is a progressive, independent not-for-profit peak body supporting councils and councillors. We provide opportunities for councillor networking, professional development and information exchange and we actively engage with key policymakers and broader stakeholders to inform, influence and lead the conversations that determine the priorities for the local government sector in Victoria.

As part of this work, we have convened the Local Government Working Group on Gambling (LGWGOG) for more than a decade. LGWGOG has become the preeminent forum in Victoria where Councils meet to discuss gambling harm and how it can be prevented. The forum is conducted 5 times a year and attracts around 40 delegates from councils (council staff and councillors), community organisation and research institutions.

We situate our work within the context of the *Public Health and Wellbeing Act 2008* (the Act) which aims to achieve the highest attainable standard of public health and wellbeing for the community of Victoria. This cannot be achieved without addressing the significant co-morbidity between gambling harm and mental illness.

Gambling harm is a significant driver of health inequalities and undermines conditions in which people can be healthy. Gambling harm impacts particularly on mental health.

We contend that gambling harm should be of significant concern to the Royal Commission into Mental Health because:

- Thirty-nine per cent of Victorians with a gambling problem have a diagnosed mental illness.
- Gambling harm contributes to the incidence of mental health conditions, especially anxiety and depression
- Gambling harm exacerbates existing mental illness and makes treatment and recovery more difficult
- The business model of the gambling industry is reliant on the losses from this cohort to sustain their business mode.

Harm from gambling is significant, prevalent and preventable. The Royal Commission has the ability to make evidence based recommendations which, if implemented, could significantly improve the mental health of Victorians.

CASE STUDY

"[redacted]" started gambling seriously on poker machines in her forties. They quickly took over her life. Over a period of ten years, [redacted] lost close to $2 million. She fraudulently obtained most of this money from her elderly mother who had early stage dementia.

[redacted] worked full time in a lower level job for a semi government agency. She tended to gamble outside of work hours arriving at the local hotel in the evening and staying until closing time. From 2005 until her death in 2015 [redacted]'s physical and mental health experienced significant decline. It was hard to uncouple [redacted]'s physical and mental health. In addition she became a chronic hoarder and was living in conditions of extreme squalor. Gambling on poker machines consumed her life and she became more and more isolated and less able to look after herself. This included failing to make basic purchases of food or clothing. In the years before her death, [redacted] gambled almost exclusively at the same venue – the [redacted] Hotel, owned by [redacted]. She was personally known to staff. Despite obvious signs of decline, and entire nights spent gambling, on the evidence we have, staff at the venue did not intervene or offer assistance. Any level of due diligence would have informed the venue that [redacted] could not possible have legal access to amount of money she was losing.

[redacted] died alone in her home at the age of 56. Like the deaths of many people with mental illness who die prematurely, her death was found to be caused by natural causes. The coroner identified heart disease.

[redacted]'s tragic death was avoidable and preventable. She may not have died on a stool in front of a poker machine, but she very much gambled herself to death.

Here is an extract of [redacted]s bank statement. This is one page of over 500 almost identical pages which her sister found unopened in her house following her death. They paint a grim picture of a decade of neglect and systemic failure by the [redacted] Hotel to adhere to its Responsible gambling Code of Conduct.

[redacted]

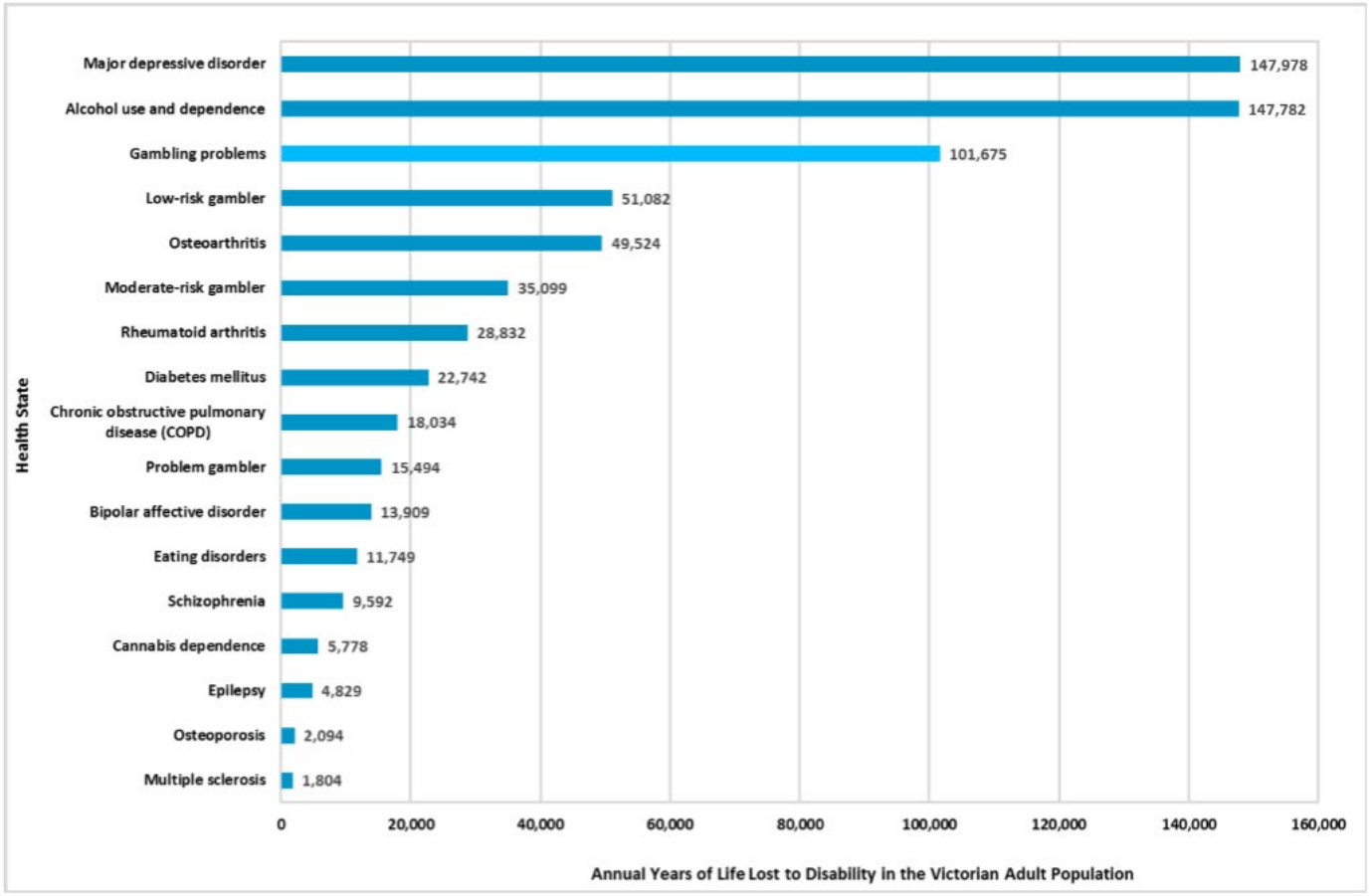
ATM	[redacted]	500.00		1,220.50
DIRECT DR		9.00		1,211.50
ATM		200.00		1,011.50
DIRECT FEE		2.00		1,009.50
ATM		200.00		809.50
DIRECT FEE		2.00		807.50
ATM		300.00		507.50
ATM		200.00		307.50
DIRECT FEE		2.00		305.50
ATM		200.00		105.50
DIRECT FEE		2.00		103.50
TRFR FROM			200.00	303.50
ATM		300.00		3.50
DISH FEE		15.00		-11.50
TRFR FROM			5,000.00	4,988.50
ATM		900.00		4,088.50
ATM		800.00		3,288.50
ATM		200.00		3,088.50
DIRECT FEE		2.00		3,086.50
ATM		200.00		2,886.50
DIRECT FEE		2.00		2,884.50
ATM		600.00		2,284.50
ATM		200.00		2,084.50
DIRECT FEE		2.00		2,082.50

Health impacts of gambling harm and poker machines

Our understanding of gambling harm is informed by the latest research on this issue. In particular, we rely on the comprehensive study commissioned by the Victorian Responsible Gambling Foundation which sought to assess and measure the impact of gambling harm in Victoria[1]. The VRGF have developed an excellent series of factsheets[2] that we commend to the Commission.

Key findings from this comprehensive study include:

- The burden of disease from gambling is significant. It is just over two thirds the burden caused by alcohol harm or depression and higher than the burden from health conditions such as osteoarthritis or diabetes. (see figure below)
- Most of this burden is not experienced by "problem gamblers". Indeed, this category of gamblers only account for 15 % of the harm experienced.
- "Low-risk" gamblers account for 50% of the harm, or burden of disease cause by gambling.
- There are seven dimensions of gambling harm; health, financial, emotional or psychological, work or study, relationships, cultural harms and criminal activities.
- Most of the harm from gambling could be categorised as harm to self. Harm to others amounts to 13.8% of the harm.



[1] Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G & Best, T (2016) *Assessing gambling-related harm in Victoria: a public health perspective,* Victorian Responsible Gambling Foundation, Melbourne.

[2] http://www.responsiblegambling.vic.gov.au/information-and-resources/research/recent-research/assessing-gambling-related-harm-in-victoria-a-public-health-perspective

This study built upon previous research which looked at the prevalence of gambling harm in Victoria[3]. This research found:

- The prevalence of problem gambling in adult Victorians is 0.81 per cent (35,500 people). While the percentage has not changed significantly since 2008, this group is gambling more intensively and spending more than it was in 2008.
- The prevalence of low-risk gambling has increased from 5.7 per cent in 2008 to 8.91 per cent (391,000 adult Victorians). This is linked to a significant increase in low-risk gambling by women aged 35 to 44.
- Participation in pokies declined from 21.46 per cent of Victorians to 16.74 per cent.
- Participation in gambling decreased between 2008 and 2014. People reporting no gambling of any kind in the past 12 months rose from around 27 per cent in 2008 to 30 per cent in 2014.
- While participation in gambling has decreased, people with a gambling problem are gambling more intensively and spending more.

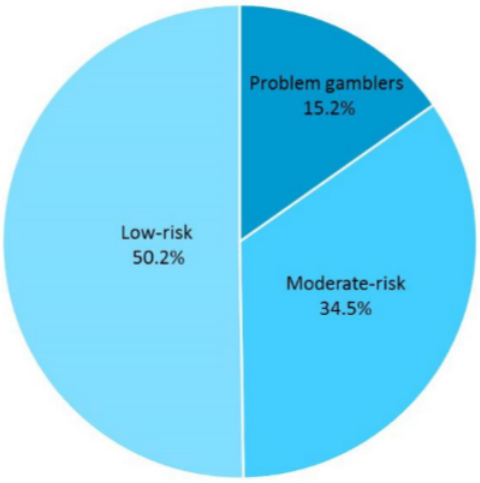
Given that "low-risk" gamblers contribute 50% of the burden of disease caused by gambling, the significant increase in this area is concerning. From a public health perspective, this measure is particularly important because this is where most of the harm from gambling and health burden is being experienced. In addition, our understanding of the different dimensions of harm has increased over the past few years. The diagrams below illustrate these points.[4]

Distribution by severity of gambling problems

Problem gamblers shared around 15 per cent of the total harm related to one's own gambling, while moderate-risk gamblers accounted for around 35 per cent.

Half the harm resulting from one's own gambling was distributed among low-risk gamblers.

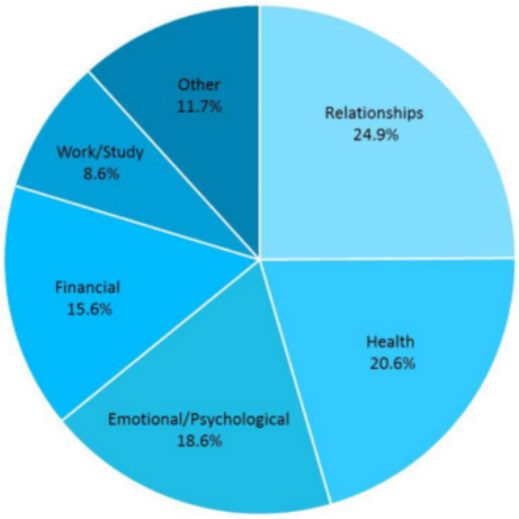
Despite being at the lower end of the severity spectrum, low-risk gamblers shared about 50 per cent of total harm due to their larger numbers.



Distribution by dimensions of harm***

Examining the share of harm by the seven dimensions of harm, relationships harm constituted a quarter of total harm.

Harms to health added up to around 20 per cent and emotional or psychological harms accounted for around 18 per cent of total harm.



[3] Hare, S 2015, *Study of gambling and health in Victoria*, Victorian Responsible Gambling Foundation and Victorian Department of Justice and Regulation, Melbourne.

[4] http://www.responsiblegambling.vic.gov.au/information-and-resources/research/recent-research/assessing-gambling-related-harm-in-victoria-a-public-health-perspective

A third recent study that has informed our public health response relates to poker machine accessibility and family violence rates. More recent research has found a direct correlation between the density of poker machines in an area and family violence rates. Markham's 2016[5] study describes the association between police-recorded domestic violence and electronic gaming machine accessibility at the postcode level. Police recorded family incidents per 10,000 and domestic-violence related physical assault offenses per 10,000 were used as outcome variables. Electronic gaming machine accessibility was measured as electronic gaming machines per 10,000 and gambling venues per 100,000. Modelling was used to estimate the associations between gambling accessibility and domestic violence, using annual postcode-level data in Victoria between 2005 and 2014. Significant associations of policy-relevant magnitudes were found between all domestic violence and EGM accessibility variables. Postcodes with no electronic gaming machines were associated with 20% fewer family incidents per 10,000 and 30% fewer domestic-violence assaults per 10,000, when compared with postcodes with 75 electronic gaming machine per 10,000.

Local government as a sector has been increasingly focused on the prevention of family violence and violence against women over the past decade. We are very concerned about family violence rates in the State and would like to see more attention paid to the link between family violence and gambling given the strong correlation which has been found in research.

The *Assessing Gambling Harm Related in Victoria*[6] study found that the harms to Victorians were large and diverse. These included; violence, relationship breakdown, family breakdown, lack of essential items for children, social exclusion of children, neglect, depression, anxiety, suicide, fraud, other criminal activity, loss of housing, loss of assets, and intergenerational harms. We particularly draw the Commissions attention to the relationship with family violence noting recent research showing a relationship between EGM density and family violence police reports as mentioned above.[7]

This study also found that the cumulative harm experienced by Victorians was equivalent in harm to either diabetes or to arthritis. The "entertainment" value that some people experience from these machines should be discounted against these harms. Only "non-problem gamblers" could be considered to be using EGMs in a way that is safe and harm free. These gamblers typically use EGMs six times a year, or once every two months. Regular EGM gamblers are very likely to be experiencing harm as the following infographic put together by the VRGF demonstrates.

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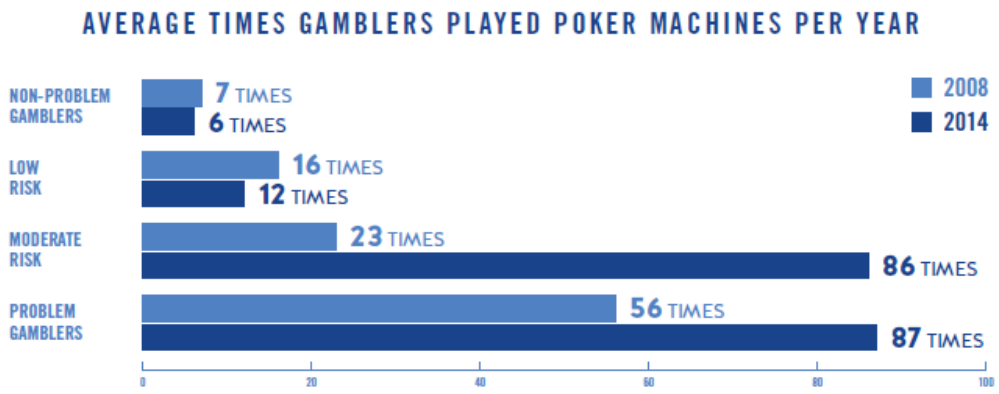
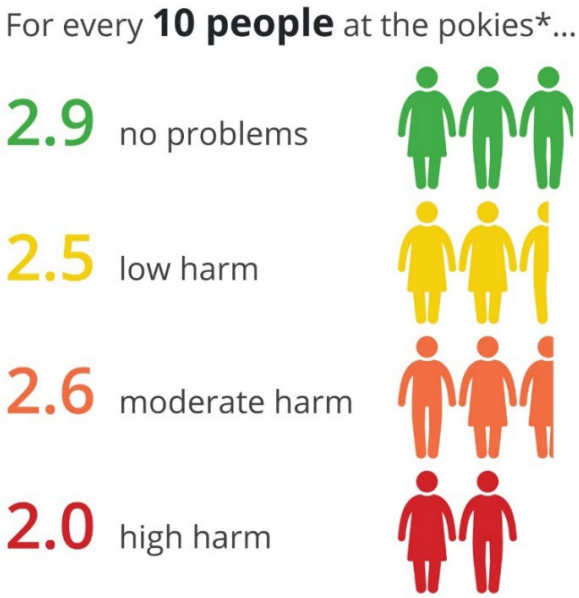
[5] Markham, F., Doran, B., Young, M., The relationship between electronic gaming machine accessibility and police-recorded domestic violence: A spatio-temporal analysis of 654 postcodes in Victoria, Australia, 2005–2014, Social Science & Medicine (2016), doi: 10.1016/j.socscimed.2016.06.008.

[6] Browne, M., Langham E., Rawat, V., Greer, N., Li, E., Rose, J., Rockloff, M., Thorne, H., Goodwin, B., Bryden, G., & Best, T. 2016, *Assessing gambling-related harm in Victoria: A public health perspective*, Victorian Responsible Gambling Foundation, Melbourne.

[7] Markham, F., Doran, B., Young, M., The relationship between electronic gaming machine accessibility and police-recorded domestic violence: A spatio-temporal analysis of 654 postcodes in Victoria, Australia, 2005–2014, Social Science & Medicine (2016), doi: 10.1016/ j.socscimed.2016.06.008.



This data is further supported by other studies which reinforce that use of poker machines is associated with high levels of harm. Indeed, an exit survey of 444 patrons leaving 18 EGM venues –found less than 30% of gamblers where using poker machines in ways not associated with harm (non-problem gamblers). [8]



In considering how to improve mental health services systems and responses, it is critically important to also understand health more holistically. People with serious mental illness are dying prematurely and have life expectancy of decades less than the population as a whole. For the most part, people are not dying of mental illness, they are dying from chronic diseases which have been exacerbated and neglected because of the health system's tendency to divide the mind and body. This is why we have presented so much compelling information about health impacts of gambling generally before moving now to more specific mental health impacts of problem gambling.

[8] results = no risk gamblers (PGSI 0%) 28.7%, low risk gamblers (PGSI=1-2) 24.7%, moderate risk gamblers (PGSI=3-7), high risk/problem gamblers (PGSI=8+) 20.3%. Bartley, H., Drake, H., Hetherington, B., & Maddern, C. (2017 November 22) *Initial Implementation of Revised Victorian Responsible Service of Gaming Training Outcomes and Lessons Learned* . Paper presented at National Association of Gambling Studies Conference - Big Data, Social Media, and Online developments: Changing Paradigms & its implication, Melbourne: Department of Justice and Regulation & Victorian Responsible Gambling Foundation.

Research and evidence relating to gambling harm and mental health

> "The international literature suggests that rates of problem gambling are elevated in individuals with mental health disorders and its compounding impact includes increased psychiatric morbidity, poorer health and wellbeing and significant psychosocial disadvantage. Unlike comorbid drug or alcohol problems, which can be difficult to mask, problem gambling is often hidden. This means the problem often remains undetected and untreated until associated problems (e.g. financial and relationship difficulties etc.) become overt."[9]

In addition to significant research about overall health impact of gambling harm, there are numerous detailed studies which identify specific co-morbidities and mental health impacts.

Comorbid mental health conditions among problem gamblers

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.[10]

Research shows that among people with problem gambling in Victoria:

- 39 per cent have been diagnosed with a severe (24%) or moderate (15%) mental health condition
- 41 per cent have been diagnosed with depression
- 39 per cent have been diagnosed with an anxiety disorder.[11]

Comorbid problem gambling among people seeking treatment for a mental health condition

[9] 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.

[10] 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*.

[11] 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.

Where people seeking treatment for a mental health condition 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.[12]

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)

Problem gambling and mental illness – what comes first?

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.

It may be that in some cases the mental health condition is 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 (for example, trauma or an acquired brain injury).

However, there is evidence to suggest that:

- the majority of alcohol and other drug (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).[13]

Suicide

One study reported almost one in five suicidal patients seen by the Alfred Hospital's emergency department had a gambling problem

[12] 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.

[13] Lubman et al (2017) p.32.

There is reliable evidence showing a significant association between problem gambling and suicidal ideation and suicide,[14] with some studies showing elevated risk and mortality among those with a gambling disorder.[15]

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.

Studies have found the rate of suicide ideation among the problem gamblers to be between 15 and 20 per cent.[1] 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.[1]

One study reported almost one in five suicidal patients seen by the Alfred Hospital's emergency department had a gambling problem.[16]

An examination of Victorian Coroners Court data identified 128 gambling-related suicides between 2000 and 2012 (this data only relates to cases where gambling was explicitly referred to in the Coroner's finding, so it is likely to be conservative).[17]

Gambler's Help therapeutic counsellors say that most of their clients receiving treatment for problem gambling report having 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.[18]

Lubman et al's research above mentioned report (2107) has been extensively referred to in this submission and the report's recommendations are laudable. However, their recommendations focus primarily on improving the interface between problem gambling and mental health services and will do little to prevent gambling harm occurring to people experiencing mental health difficulties.

It is our contention that preventing harm is preferable to treating illness. For this reason, our recommendations as outlined in the next section of this submission are focussed on a public health approach. They seek to create conditions in which health is achievable and illness prevention is elevated.

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[14] 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*.

[15] Karlsson A & Hakansson A (2018). Gambling disorder, increased mortality, suicidality, and associated comorbidity: A longitudinal nationwide register study. Journal of Behavioral Addictions

[16] De Castella, A. Bolding, P, Lee, A, Cosic, S Kulkarni, J. (2011) Problem gambling in people presenting to a public mental health service. State Government of Victoria and Monash University, October 2011.

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

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

Recommendations

> "Consistent with previous research, the report's findings highlight major gaps in current responding to problem gambling in Victorian mental health services. Given the elevated rates of problem gambling observed in patients attending mental health services, and the finding that one in two gamblers are experiencing gambling-related harm, there are significant opportunities for prevention, early identification and intervention for a population at elevated risk."[19]

The harms from gambling identified thus far in this submission are serious but they are not inevitable. The following recommendations are based on evidence and practitioner experience which would significantly reduce harm and improve health outcomes for people experiencing mental illness.

1. **Treatment and screening**

"Interviews that we conducted with mental health clinicians as part of our research confirmed that screening for problem gambling was largely ad hoc and occurred only if there was 'red flags'.

"Without screening, people with gambling problems may seek help for a mental illness, without their gambling problems being recognised". Professor Dan Lubman

- Mental health treatment outcomes are hampered if comorbid problem gambling is unidentified and untreated.
- Mental health services should systematically screen people for gambling harm and work to address gambling addictions as part of treatment plans.

2. **Secondary prevention**

SELF EXCLUSION

Self-exclusion is a voluntary process whereby an individual gambler requests to be excluded from a venue or venues. The program is operated by the gambling industry either through the Australian Hotels Association or Clubs Victoria. It is a major weakness of the program that there is no obligation on gambling venues to enforce the self-exclusion. Given that people with mental illness have impaired control over their behaviour, it is deeply flawed to place all responsibility for self-exclusion on this group when they have asked for assistance.

- It should be much easier for people experiencing gambling harm to self-exclude from gambling venues. Self-exclusion programs are now operated by the gambling industry. There are barriers to accessing the program and few obstacles to stop self-excluded people from continuing to frequent venues.

[19] Lubman et al (2017) P. 12

- Mental health providers should be able to assist people to self-exclude on-line without having to access an industry operated program.
- Facial recognition technology should be rolled out across all venues so that self-excluded people cannot continue to access poker machines. This technology is already in use at Crown Casino.
- A system for limited third-party-initiated exclusions should be introduced to exclude a person with a diagnosed mental health condition from gambling when that person, or their family, is experiencing significant harm as a result of their gambling.

RESPONSIBLE GAMBLING CODES OF CONDUCT

- 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 acknowledged by the gambling industry and government by introducing enhanced protections for this group.
- Gambling service providers and venue operators can do more to prevent gambling harm and should have an enforceable duty of care to their customers, particularly in relation to gamblers displaying behaviours that are known to be associated with problem gambling.
- Responsible Gambling Codes of Conduct should be significantly strengthened and heavy penalties should apply to venues and operators who allow people to experience harm in their venues.
- In particular, there should be maximum times for usage of poker machines. No person should be permitted to use a poker machine in one venue for more than 4 hours in a 24 hour period.

3. Primary prevention

Some features and aspects of poker machine design and venue layout and operation lead to higher levels of harm. Features such as losses disguised as wins, linked jackpots, free spins, loyalty program and deliberately programmed "near misses" are intended to trick the brain and distort cognitive function. The ability to lose over $1200 in an hour and the availability of EGMs 24 hours a day all contribute to extensive harm which is overwhelmingly experienced by people with mental ill health.

We therefore recommend:

- Ban losses disguised as wins (as recommended by the Victorian Commission for Gambling and Liquor Regulation and already banned in QLD and Tasmania)
- Ban linked jackpots, free spins and deliberately programmed "near misses".
- Introduce a $1 maximum bet on poker machines (currently $5 can be bet every 3 seconds)
- Switch the current *Your Play* system from being an optional to a mandatory program (mandatory pre-commitment)
- Increase minimum closing period from 4 hours to 6 hours with all venues to be closed at 2am so that people cannot "venue hop" to find an open venue.

Conclusion

Gambling harm is prevalent, serious and preventable. It is disproportionately experienced by people with mental illness, and in turn contributes significantly to the burden of ill health across the Victorian community particularly through increased rates of anxiety and depression.

Whilst the gambling industry claims to be highly regulated, the failure of existing regulatory and legislative frameworks to deal with the enormous level of harm being created suggests otherwise. The gambling industry has found a vulnerable but lucrative cohort to exploit in people with mental illness. In doing so, they abdicate their responsibility openly. In relation to the issue of self-exclusion which was recommended above for changes, the Australian Hotel's Association says the following[20]:

> **Venue Responsibility**
>
> Self Exclusion is an entirely voluntary process. It is an agreement the individual makes with themselves, for themselves. It involves no other person in any responsibilities – legal or otherwise.
>
> Although the venue operator is not legally obliged to enforce the Self Exclusion Program, their endorsement demonstrates a concern for patron wellbeing.

We respectfully ask that the Mental Health Royal Commission reject this proposition. Self-exclusion is an example that provides an exceptional opportunity for effective intervention and quick wins. The self-exclusion program must oblige the venue to take responsibility and to be sanctioned if they fail. People with mental illness deserve no less. Such a change would come at no cost to mental health service providers, the government or consumers, but would bring huge benefits.

The Productivity Commission[21] has recognised the benefits of further regulation and made a number of recommendations with regards to changes which could make gambling safer for our community. For almost a decade, their recommendations have been met with inaction. Some have been captured above, and should be given due consideration.

The VLGA urges the Royal Commission to consider the tangible and measurable benefits to the mental health of all Victorians that could be achieved through addressing this issue.

For further information:

Dr Susan Rennie
Senior Policy Advisor
VLGA
[redacted]

[20] https://www.ahavic.com.au/self-exclusion/ Tuesday 2 July 2017
[21] Productivity Commission (2010) Gambling. Australian Government