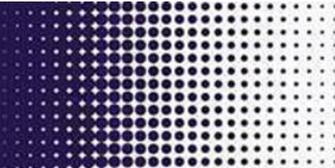


National Strategy to Reduce Gambling Harms



Review of Effective Treatment for Gambling

Introduction

1. This brief sets out the requirements for a review of international evidence on treatment and support for gambling harm, ranging from intensive specialist treatment to peer group support, in order to identify the efficacy of these interventions.
2. This research will help us understand what interventions work best, for whom and why, and will ultimately inform the range of treatment services currently offered by GambleAware.
3. This systematic review contributes to the [National Strategy to Reduce Gambling Harms](#).

Research governance

4. The review will be delivered as part of a regulatory settlement agreement.

Background and policy context

5. The National Strategy to Reduce Gambling Harms set out as one of its priority actions the need to make significant progress towards truly national treatment and support options that meet the needs of current and future service users. In addition, this is identified as a priority within the Commission's Research Programme and is a strategic priority for GambleAware, as the main commissioner of treatment for problem gambling in Great Britain.
6. The majority of dedicated treatment services for those affected by gambling-related harm in Britain is funded via GambleAware. GambleAware has undertaken a significant recommissioning process for the treatment services it funds to create a more structured treatment system with defined pathways and tiered levels of care to ensure that the services delivered are meeting the needs of gamblers experiencing harm more effectively. Current provision consists of four main services offering psychosocial interventions ranging from brief information and advice, through counselling and Cognitive Behavioural Therapy (CBT), psychiatric care and residential treatment.

- The largest of the funded providers is **GamCare**, which operates the National Gambling Helpline¹ and a partner network of currently 15 treatment organisations across Great Britain providing face-to-face counselling.
 - The **Gordon Moody Association**² offers 12 week residential care at centres in Dudley, West Midlands, and Beckenham, Kent.
 - The [CNWL NHS Foundation Trust Problem Gambling Clinic](#)³ offers CBT and psychiatric care and;
 - The [Leeds and York Partnership NHS Foundation Trust](#) offers CBT and psychiatric care.
8. The NHS Long Term Plan states an additional 14 clinics across the UK are to be opened starting with Manchester and Sunderland.
 9. However, the evidence base on what works best in the treatment and support of gambling problems is limited and significantly out of date which is why this review is needed.

Related research

10. In November 2012 the Cochrane Common Mental Disorders Group published a systematic review of [Psychological therapies for pathological and problem gambling](#).
11. In December 2016 the Royal College of Psychiatrists published a [rapid evidence review of evidence-based treatment for gambling disorder in Britain](#). This review refers to a set of guidelines developed by Monash University and published by the Australian National Health and Medical Research Council (NHMRC) in 2011 [on screening, assessment and treatment in problem gambling](#).

Research scope

12. The scope of this project is to take a close look at the existing evidence on what works in terms of treatment and support for people experiencing harm from their gambling. By this we mean specialist treatment services for gambling (as mentioned above), as well as counselling and therapy, but also support groups such as Gamblers Anonymous, friends and family support, online forums, and telephone helplines.

¹ The National Gambling Helpline in both its telephone and online chat forms provides the easiest and quickest way for most people to be connected with the service that can best help them. Some people prefer to access all the help that they need via the Helpline, not least because it can be accessed remotely 24 hours a day, 365 days a year. For those who do not feel ready to enter treatment, the helpline is able to offer Brief Interventions for problem gambling.

² This involves a twelve-week residential rehabilitation for those people whose gambling addiction is so strong that community-based treatment is not sufficient. A Retreat & Counselling service is also offered to people whose personal circumstances make attendance at residential rehabilitation difficult.

³ This includes NHS out-patient services for people with more serious and complex needs, including people receiving NHS treatment for other conditions. These services are delivered by psychiatrists and psychologists.

Research objectives

13. The research project should meet the following core objectives:
 - Provide a detailed and up to date review of UK and international evidence on the efficacy of the full range of possible treatment and support and apply to the current UK treatment and support provision. This should take a wide approach to the definition of psychosocial interventions, including, for example peer support.
 - Provide evidence to:
 - inform the future evaluation of existing GambleAware treatment services;
 - inform future GambleAware commissioning decisions;
 - inform practice of GambleAware providers.

Research questions

14. To meet these objectives, we have identified a number of questions we would like to be addressed:
 - Which forms⁴ of treatment does the literature identify as being most effective, when, and for whom⁵?
 - What are the significant gaps in evidence and what are promising interventions that should be subject to further research?
 - What considerations need to be taken into account when evaluating and improving provision of treatment services?

Considerations

15. The Problem Gambling Severity Index (PGSI) is used to determine treatment outcomes by all GambleAware-funded treatment providers.
16. Treatment and support are relevant to anyone who suffers gambling-related harm⁶, not just those classified as 'problem gamblers' and includes affected others.
17. Aftercare is limited in the current system of treatment and support. Evidence around effective aftercare is required to inform the provision of aftercare.

Review requirements

18. The research team are required to propose an approach and protocol (search strategy, inclusion and exclusion criteria, finding extraction and recording and quality appraisal) for the review which:
 - a. Considers the need to be credible for decisions in health, public health and social care(e.g., what can be taken from Cochrane standards for systematic reviews and other synthesized research evidence).

⁴ This should include Cognitive Behavioural Therapy, motivational interventions etc as well as online treatment approaches.

⁵ This should include gambling severity and comorbidities as well as demographics - age, gender, socio economic status etc.

⁶ Anyone who scores 1+ on the Problem Gambling Severity Index.

- b. Takes into account that evidence in this field is limited, especially that which meets the criteria for standards of evidence in healthcare (e.g. randomised controlled trials), and that certain kinds of interventions are more easily subject to such methods of research than others.
- c. Includes robust ways of synthesising evidence from studies with a range of methodologies, including peer reviewed published literature and grey literature and apply to the UK context.
- d. Provides useful evidence to inform directions of future research and the decisions of policy makers, commissioners and practitioners.

Deliverables

- 19. The research team are required to produce a report summarising the evidence in relation to the current UK treatment and support system including any significant gaps. The report should include recommendations to inform GambleAware providers and commissioning, and a plain English executive summary.

Timescale

- 20. We would like final deliverables by early January 2020.