

Australia's Gambling Industries

Critique of Ch16 of the Draft Report, Volume 1 (Walker)

(1) balance in the evaluation of counselling systems

p16.9

"However, NSW differs from the other States in that the service agencies are not integrated into an overarching network along the lines of the Break Even model adopted elsewhere." Followed by quote by Prosser et al. (1997) which lists some of the perceived disadvantages of not following the Break Even model.

From a different perspective, there may be advantages to the NSW system over the Break Even system. The NSW approach promotes a variety of treatment philosophies and treatment methods by not adopting a unifying label. Since it is not known which assumptions about the causes of problem gambling are correct and which treatment methods are the more effective, a heterogenous collection of agencies is appropriate. Also, the NSW system avoids the poor treatment record of a single agency contaminating perceptions of the whole range of agencies.

(2) G-line in NSW

p16.17, 18,19 see also p16.50

G-line is described as a national problem gambling helpline and as a service that has expanded to all States. In NSW the Addiction Research Institute does not now operate the G-line service. Although the name "G-line" has been retained, from August 1, 1999, the NSW G-line service has been operated by a group called High Performance Health.

(3) Table 16.4

p16.19 Table 16.4 should have an 'other' category so that the numbers add to 100.

(4) Table 16.6

p16.22 Telephone book as a source of referral is categorised as advertising in the NSW data. However, figures for telephone book are available.

(5) Self referrals (p16.23)

"Self referrals are relatively high in Victoria and WA , whereas in the other States self referrals take a much lower ranking. This is somewhat puzzling because the degree of reporting error would be expected to be less for this referral source than for others."

One factor of importance may be the way in which the survey was conducted. In NSW the survey was conducted face to face and concerned the gamblers counselled in the last seven days. The counsellors frequently could recall the detail of the referral and always checked the source of referral if they were not sure. Under some circumstance 'self referral' could become a catch-all category where the counsellor is not sure of the source of referral.

(6) Numbers of problem gamblers attending agencies in Australia (p16.26, 26)

"But it is difficult to know precisely how many clients are attending problem gambling counselling agencies in Australia, mainly because:

- there are no official data for NSW available, and
- the quality of Break Even services data in one or two of the other States is mixed."

What is the distinction between 'official' and 'unofficial data'? The NSW data was commissioned by the CCBF (under the umbrella of the Department of Gaming & Racing). How is that data less official than the Victorian data published by Jackson et al. on commission from another Govt Dept? The reporting implies that the data from NSW is less trustworthy. In fact it may be more trustworthy since it includes all clients attending all services in a given week. It is likely that the data from other States does not include services not funded by Government sources (ie. in Victoria, the data is confined to Break Even services, and therefore is not an estimate of all problem gamblers receiving treatment).

(7) The problem gamblers who do seek help (p16.27)

"The gamblers who *do* seek help tend to be at the extreme end of the problem gambling continuum, and are usually motivated by some crisis involving one or more of the following triggers (Eckhardt 1998):"

What evidence is there that gamblers who *do* seek help tend to be at the extreme end of the problem gambling continuum? Of 53 individuals who tried to get help, only one third scored 10+ on SOGS. Since 10+ is roughly the defining characteristic of problem gambling (and not the extreme end), the evidence in favour of the extremity hypothesis is thin.

(8) Source of gambling problems (table 16.11, p16.32)

The 'lotteries' category is essentially what I call 'numbers'. Thus, lotteries for NSW should be listed as 2%. The 'Other/combination' category is 1%. This figure is low because counsellors were pressed to recall what form of gambling was causing the problems.

(9) Assessment (p16.33)

The survey in September 1998 showed that assessment of problem gambling in NSW using SOGS, DSM-IV or any other device was not widespread. However, by October 1999, this state of affairs has changed dramatically. With approximately half of the agencies surveyed, over 90% are using a recognised assessment (the full figures will be provided to the CCBF on November 10). This change has probably occurred because of training schemes initiated in the last two years, a demand by the CCBF that assessment be included, and possibly because of the 1998 report. Thus, the concluding paragraph on p16.34, already may have been invalidated by the passage of time (at least for NSW).

(10) Treatment (p16.37)

This is a complex issue and possibly one that is not accurately described by any data. The problem is in knowing what actually occurs in therapy. An agency may say that it uses CBT but we do not know how strictly the criteria for CBT are being met. Put crudely, CBT is a "buzz" word in therapy currently and most counsellors will have heard the term and have some understanding of what is involved. But whether their understanding is sufficient to categorise their own therapy is another matter. In the latest NSW survey, I am asking counsellors what is the approach they are using in

treatment. CBT is the most frequent answer. However, out of curiosity, I have asked several counsellors what is the B component of the treatment. Only one gave an adequate answer.

I note that 31% of agencies said that they are using psychodynamic therapies. The meaning of psychodynamic is not immediately evident. I doubt that 29% of NSW agencies are actually using psychodynamic therapies. Perhaps, psychodynamic is being confused with psychotherapy. I have also noticed that many counsellors do not have a structured program across sessions. One would expect that with CBT approaches, a structured approach would be used.

(11) Accreditation (p16.38)

There is a move in NSW to set up accreditation standards for the training of problem gambling counsellors.

(12) Outcomes achieved (p16.38)

Table 16.14 shows the %s of fully resolved, partly resolved and unresolved for a range of problem areas for 1001 clients whose cases were closed in 1996-97. What is the larger figure of all cases, N, of which 1001 were closed? That is, have drop outs been taken into account?

Also, the SA data in 16.15, needs the same qualification. Necessarily, the sample questioned are still in treatment. But there is another sample of gamblers who started treatment but then dropped out and thus were not questioned. How big is the drop out rate?

(13) Waiting lists (p16.46)

Table 16.17 may be quite misleading. The idea that 83% of Sydney services have a waiting list with an average of 10 days does not match the data gathered in three annual surveys in NSW. The number of agencies with a waiting list is small. A large majority of services have time slots available in the coming week according to their diaries. It is possible that the definition of "waiting list" is one cause of the mismatch in results. In the NSW annual surveys, having to wait means not being able to have an appointment in the coming week. If waiting list is defined as having to wait 24 hours, the frequency of waiting lists would be much higher. Alternatively, the difference in approach between the PC survey (written answers to a postal questionnaire) and the NSW surveys (face-to face interview, with access to files and diaries) may be a factor. Also, the PC survey was conducted at a different time of the year.

If the data are overestimates in table 16.17, it follows that the conclusion on p16.47, "these preliminary results suggest that some metropolitan gambling counselling agencies ... in NSW ... may not be delivering fully effective services to problem gamblers" may be invalid.