

Annual GB Treatment and Support Survey 2020

On behalf of GambleAware

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YouGov[®]

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1 Key Findings

The gambling landscape

Overall, over half (56%) of adults surveyed reported participating in any gambling activity in the last 12 months, a reduction since October 2019 (61%). This likely reflects the impact of the Coronavirus (COVID-19) pandemic and resulting lockdowns on many activities, including sports and in-person gambling. The proportion participating in any gambling activity in the last 4 weeks has also fallen from 49% in October 2020 to 44% in November 2020. Participation is higher among men, the middle age groups and those in C2DE social grades (see section 2.3 for a description of social grade). Overall participation is higher among white adults than among Black, Asian and Minority Ethnic (BAME) adults. In the past 12 months, 57% of white adults have participated in any gambling activity, compared with 48% of adults from BAME communities. However, individuals from BAME communities are more likely to take part in casino and gaming activities when they do participate, whereas white respondents are more likely to take part in lotteries.

PGSI classification¹

Overall, 12% of adults surveyed scored one or higher on the Problem Gambling Severity Index (PGSI) scale (see section 3.2 for more detail), a small but statistically significant reduction from 2019 when 13% of adults were classified with a PGSI score of one or more. Six percent were classified as low-risk gamblers (a score of 1-2); 3% as moderate-risk gamblers (a score of 3-7) and 2% as problem gamblers (a score of 8% or higher – [see table 9 for 2019 data]). The proportion of gamblers with a score of one or more was higher among men and younger adults, and slightly higher among C2DEs. Adults from BAME communities also recorded higher scores than white adults, which may reflect differing preferences for gambling activities.

Usage of treatment, advice or support

Among problem gamblers (PGSI score of 8+), roughly six in ten (63%) reported having used some form of treatment, advice or support to cut down on their gambling in the past 12 months. This is an increase from 2019 (54%). By contrast, 18% of moderate-risk gamblers (17% in 2019) and 4% of low-risk gamblers (3% in 2019) reported this.

¹ See 'Problem Gambling Severity Index (PGSI)' on pages 11-12 for a full description of PGSI score

Among gamblers with a PGSI score of one or higher, 19% reported using either treatment, support or advice to cut down on their gambling in the last 12 months. This is comparable with October 2019 findings (17%). Those with higher PGSI scores were more likely to seek help, including younger gamblers and those from BAME communities.

Among those who sought treatment, advice or support, one in three (36%) did so remotely (i.e. online or by phone); these tended to be gamblers falling into the younger and middle age categories. Those who accessed help remotely felt that it was better (44%) or about the same (38%) as accessing it face-to-face. Among gamblers who thought remote support was better than face-to-face, this stemmed from perceptions that accessing treatment, advice or support remotely meant that others didn't need to find out, preferring online/remote appointments in general, or finding the appointments more convenient. This trend was mirrored in the qualitative phase, which revealed that a key reason for preferring remote support was the ability to keep sessions confidential and discreet. This privacy is important for gamblers who have not told their family/friends or shared the full extent of their problem.

However, concerns exist over the quality of remote support, including the inability to read body language and a lack of eye contact. Some also said they did not have a private space to talk or were worried about people at home hearing. These concerns were frequently mentioned by problem gamblers (PGSI score of 8+), including during the qualitative phase.

Most sources of treatment, support and advice were considered helpful by users for gaining better control over their gambling. Generally, treatment options (e.g. specialist face-to-face treatment services, mental health services, or social, youth or support workers) were considered less helpful than sources of support (e.g. support groups, websites or friends and family).

Current demand for treatment, advice or support

Among gamblers with a PGSI score of one or higher, 17% said that they currently want some form of treatment, advice or support, which is consistent with October 2019 findings. Mirroring usage patterns, reported demand is higher among gamblers with higher PGSI scores, including younger gamblers (18-34) and those from BAME communities.

The predominant barrier to seeking treatment, advice or support was the perception that personal gambling habits were not harmful or that only small amounts were gambled; this was stated by 36% of those not wanting treatment, advice or support. Among problem gamblers (PGSI score of 8+), this was a barrier for a smaller proportion (15%). Other key barriers were the perception that treatment and support was not relevant or suitable for the individual, as well as the view that gambling brought positive results. The qualitative phase found that stigma is a prominent barrier to seeking help for those experiencing gambling disorder, with several fearing they would be judged for their participation in gambling. Denial was also found to play a key role in preventing gamblers from accessing support. One in five (22%) gamblers with a PGSI score of 1+ recognised one or more factors which might motivate them to seek treatment, support or advice. The most common was knowing support was available via a particular channel (telephone, online or face-to-face). Others thought they would be motivated by knowing support was easy to access (including the ability to self-refer) or by a partner or family member speaking to them about their gambling.

Affected others

Overall, six percent of the population qualify as 'affected others' (those who have been negatively affected by another's gambling); a slight decrease from seven percent in October 2019. There is an interrelationship between an individual's own gambling and experiencing issues from the gambling of others, with problem gamblers (PGSI score 8+) more likely than gamblers with lower scores to qualify as affected others. Affected others are more likely to be women, likely due to the male dominated gambling population and a higher proportion of heterosexual relationships than homosexual relationships resulting in more female partners and spouses being affected.

Affected others are most likely to be negatively affected by the gambling of someone in their immediate family (56%), most commonly a spouse or partner, or a parent. Those affected by a spouse or partner are more likely to report a severe negative impact, likely due to the close nature of this relationship (e.g. shared finances, living together, children). Impacts include effects on relationships, negative emotions such as anxiety and depression, and financial difficulties.

Two in five (41%) affected others have sought advice or support in some form, either for themselves or on behalf of the person or people they know with a gambling problem. This includes advice and support (such as advice from a friend or family member) as well as from a treatment service (such as mental health services or a GP).

Mental health problems (including feeling anxious or concerned) are the most common prompt given by affected others for seeking treatment, advice or support. This is followed by concern for safety or wellbeing or needing help / knowledge on how to deal with the situation.

Whilst reported demand for treatment, advice or support among affected others decreased from 46% in October 2019 to 35% in November 2020, there remains a sizable reported demand among affected others. Again, mirroring usage, there is reported demand for both support and advice, and those provided by a treatment service.

The most common barrier for wanting advice or support among affected others is the associated gambler not considering their gambling problematic (48%). There is also a common perception that advice or support for gambling would not be helpful or effective. For others, the stigma surrounding gambling harms remains a barrier to accessing support or advice.

2 Introduction

This report presents the findings of a study conducted in November 2020, which explored the usage of, and reported demand for, treatment and support services among gamblers and those affected by another's gambling. The study follows a similar study conducted in 2019², drawing comparisons between both years in order to investigate the impact of the Coronavirus (COVID-19) pandemic on gambling behaviour, as well as wider issues relating to gambling treatment and support. The research was conducted by YouGov on behalf of GambleAware.

2.1 Background

In October 2019, GambleAware commissioned YouGov to undertake a study to explore usage of and reported demand for treatment, advice and support, among gamblers with a PGSI score of 1+³ and affected others.⁴ The study also explored motivations and barriers in relation to seeking treatment or support. This formed part of a wider research initiative to examine gaps and needs that exist within all forms of treatment and support services for those experiencing gambling harms and those affected by another's gambling.

In November 2020, a new study was conducted with the objective of providing an updated picture of the factors outlined above, roughly one year after the 2019 study. This would identify changes in key measures such as usage of or reported demand for treatment and support, as well as exploring areas such as barriers to seeking treatment and support.

² 'Gambling Treatment and Support' (YouGov, 2020): <https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf>

³ See 'Problem Gambling Severity Index (PGSI)' on pages 11-12 for a full description of PGSI score

⁴ Affected others were defined as anyone who: 1) thought that someone in their life had had a gambling problem (at any point in the past) and 2) felt that they had been personally affected by this person's gambling

It was also recognised that the COVID-19 pandemic might affect gambling behaviour and harms in various ways, which have already been explored in GambleAware's report, 'Gambling behaviour and lockdown: COVID-19'.⁵ Live sports and events were on hiatus, and bookmakers, casinos, and gambling retail outlets closed, throughout much of 2020, reducing opportunities for some types of gambling. Additionally, it was hypothesised that the lockdowns may have a wide range of impacts on areas such as mental health, family life, social life, working life and personal finances, and that these could potentially affect gambling behaviour in both positive and negative ways. Treatment and support for those experiencing gambling harms remained available, but like other services had to adapt due to the lockdown, for example by delivering support online instead of face-to-face.

To explore these areas and inform future delivery of services, a new module of questions covering areas such as accessing remote support was added to the existing set of questions from the 2019 survey.

2.2 Method

The 2019 Treatment and Support study utilised a two-phase approach, comprising a large nationally representative survey of 12,161 adults (Phase 1) and a linked but separate study which targeted a sample of 3,001 gamblers with a score of 1+ on the PGSI scale and affected others only (Phase 2). The purpose of this was to reach a large enough sample of the general population to produce robust data on the geographical distribution of the target populations (gamblers with a PGSI score of 1+ and affected others), while also reaching adequate numbers of gamblers and affected others to interview in more detail about their experiences. Further details of the method used for the 2019 study are included in the appendix.

⁵ A longitudinal study exploring the potential impacts of the COVID-19 pandemic and lockdown on gambling behaviour and gambling harm. The research was conducted by YouGov on behalf of GambleAware.

'Gambling behaviour and lockdown: COVID-19' (YouGov, 2020):

<http://www.begambleaware.org/sites/default/files/2020-12/yougov-covid-19-report.pdf>

For the 2020 Treatment and Support study, one survey was conducted, with a 50% larger sample than in the 2019 Phase 1 survey, rather than replicating the two-stage approach used in 2019. The rationale for this change of approach was that, with the learning of the 2019 study, we could be confident of reaching robust numbers of gamblers with a PGSI score of 1+ within a large nationally representative sample, without the need for a two-stage approach.

Another important reason for the increased sample size was to reach a robust number of individual ethnic groups, in order to facilitate analysis by ethnicity. In the 2019 study, we interviewed 1,383 respondents from Black, Asian and Minority Ethnic (BAME) backgrounds. This facilitated some analysis relating to ethnicity, which was presented in a separate report.⁶ In the 2020 study, we aimed to increase this subsample in order to compare individual ethnic groups more robustly, allowing further analysis by ethnicity.

The 2020 study also included a qualitative element, comprising 21 telephone in-depth interviews.

Quantitative survey method

The 2020 Treatment and Support study fieldwork was carried out between 19th November and 11th December 2020. Interviews were conducted online using YouGov's online research panel. In total, 18,879 adults in Great Britain were surveyed, including 2,294 PGSI 1+ gamblers, and 2,345 adults from BAME communities. Data were then weighted by age, gender, UK region, socio-economic group and ethnic group, to make the sample more representative of the GB adult population.

⁶ 'Gambling Among Adults From Black, Asian and Minority Ethnic Communities' (YouGov, 2020): <http://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-gambling-among-adults-from-black-asian-and-minority-ethnic-communities-report.pdf>

Table 1: 2020 Treatment and Support study – sample breakdown

Category	Unweighted n	Weighted n
Men	9,020	9,232
Women	9,859	9,647
18-34	5,634	5,303
35-54	6,579	6,324
55+	6,666	7,252
ABC1	10,252	10,097
C2DE	8,627	8,782
North East	781	783
North West	2,607	2,120
Yorkshire and the Humber	1,609	1,599
East Midlands	1,391	1,419
West Midlands	1,665	1,713
East of England	1,787	1,811
London	2,280	2,545
South East	2,639	2,659
South West	1,642	1,664
Wales	896	925
Scotland	1,582	1,642
White	16,534	16,757
Black African (including mixed heritage)	329	305
Black Caribbean (including mixed heritage)	342	249
Other Black	87	65
Indian	450	452
Pakistani	333	282
Other Asian	473	467
Mixed white and Asian	101	76
Other mixed/Other	230	225

Qualitative interviews

YouGov’s qualitative team invited 21 respondents from the quantitative survey to take part in a 30 – 45 minute telephone interview to further understand their experiences as gamblers or affected others, as well as their use of treatment and support and any enablers and barriers to accessing help.

Three audience groups were included in the qualitative stage:

1. Affected others: 6 respondents
2. Gamblers (mix of moderate (PGSI score of 3-7) and problem (PGSI score of 8+) gamblers): 10 respondents
3. Affected others who were also gamblers experiencing harm (PGSI score of 1+): 5 respondents

Across the interviews, there was also a mix of:

- Region
- Age
- Gender
- Ethnicity
- Social grade
- Gambling activities (including online and offline, types of products)
- Use of and type of treatment and support (as both a gambler and affected other).

In line with the Market Research Society (MRS) Code of Conduct, respondents were incentivised for their time (with a £25 retail voucher). Respondents were also signposted towards relevant support services at the end of the interview. A discussion guide was designed in partnership with GambleAware and covered the key topics from the survey in greater depth.

2.3 Standardised tools and classifications

The following standardised tools and classifications were included in the survey and analysis process:

Problem Gambling Severity Index (PGSI)

The study utilised the full (9-item) Problem Gambling Severity Index (PGSI) to measure self-reported levels of gambling behaviour which may cause harm to the gambler. The PGSI⁷ consists of nine items ranging from 'chasing losses' to 'gambling causing health problems' to 'feeling guilty about gambling'. Each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are given the following scores: never = 0; sometimes = 1; most of the time = 2; almost always = 3.

⁷ 'Gambling behaviour in Great Britain' (NatCen, 2016): <http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf>

When scores for each item are summed, a total score ranging from 0 to 27 is possible. A PGSI score of 8 or more represents a problem gambler. This threshold is recommended by developers of the PGSI and is used in the current as well as previous reports.

The 9 items are listed below:

- Have you bet more than you could really afford to lose?
- Have you needed to gamble with larger amounts of money to get the same excitement?
- When you gambled, did you go back another day to try and win back the money you lost?
- Have you borrowed money or sold anything to get money to gamble?
- Have you felt that you might have a problem with gambling?
- Has gambling caused you any mental health problems, including stress or anxiety?
- Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
- Has your gambling caused any financial problems for you or your household?
- Have you felt guilty about the way you gamble or what happens when you gamble?

Respondents were placed into the categories listed in Table 4 according to their score on the PGSI measure. The report often refers to gamblers with a score of 1+; this term encompasses low-risk (PGSI score 1-2), moderate-risk (3-7) and problem (8+) gamblers.

Throughout the report, gamblers with a PGSI score of 8+ are referred to as 'problem gamblers'.

Table 2. PGSI score categories

Category	PGSI score
Non-problem gambler	0
Low-risk (gamblers who experience a low level of problems with few or no identified negative consequences)	1-2
Moderate-risk (gamblers who experience a moderate level of problems leading to some negative consequences)	3-7
Problem gambler (gamblers who gamble with negative consequences and a possible loss of control)	8+

Ethnicity Classification

Ethnicity is among the demographic data that YouGov already holds on its panellists, so it was not asked in the GambleAware survey. Respondents self-report their ethnicity using the question “What ethnic group best describes you?”. The question is consistent with the UK Census categories to ensure that data collected is comparable to other datasets.

The question is single code, meaning that respondents must choose a best fit description of their ethnicity, rather than being able to fully self-define. The categories used to analyse responses by ethnicity are constructed for the purpose of quantitative analysis and are outlined in the table below. The overall BAME grouping encompasses the following ethnic groups outlined in the table below: Mixed/Multiple ethnic groups, Asian/Asian British, Black/African/Caribbean/Black British and other ethnic group.

Table 3. Ethnicity breakdown

What ethnic group best describes you? <i>Please select one option only.</i>	Census classification	Grouping used in reporting
White and Black Caribbean	Mixed/Multiple ethnic groups	Black (inc mixed white / Black)
White and Black African	Mixed/Multiple ethnic groups	Black (inc mixed white / Black)
African	Black/ African/Caribbean/Black British	Black (inc mixed white / Black)
Caribbean	Black/ African/Caribbean/Black British	Black (inc mixed white / Black)
Any other Black / African / Caribbean background	Black/ African/Caribbean/Black British	Black (inc mixed white / Black)
White and Asian	Mixed/Multiple ethnic groups	Asian (inc mixed white / Asian)
Indian	Asian/Asian British	Asian (inc mixed white / Asian)
Pakistani	Asian/Asian British	Asian (inc mixed white / Asian)
Bangladeshi	Asian/Asian British	Asian (inc mixed white / Asian)
Chinese	Asian/Asian British	Asian (inc mixed white / Asian)
Any other Asian background	Asian/Asian British	Asian (inc mixed white / Asian)
Any other Mixed / Multiple ethnic background	Mixed/Multiple ethnic groups	Other Mixed / Other
Arab	Other ethnic group	Other Mixed / Other
Any other ethnic group	Other ethnic group	Other Mixed / Other

Social Grade

Social grade is a classification system based on occupation. Developed by the National Readership Survey (NRS), it has been the research industry's source of social-economic classification for over 50 years. The categories can be found below. For analysis purposes, the current report groups the categories together into ABC1 and C2DE, allowing key comparisons to be made. The brackets 'ABC1' and 'C2DE' are commonly used to describe those employed in broadly 'white collar' and broadly 'manual' occupations respectively.

Table 4. NRS Social Grade categories

		% of population (NRS Jan- Dec 2016)
A	Higher managerial, administrative and professional	4
B	Intermediate managerial, administrative and professional	23
C1	Supervisory, clerical and junior managerial, administrative and professional	28
C2	Skilled manual workers	20
D	Semi-skilled and unskilled manual workers	15
E	State pensioners, casual and lowest grade workers, unemployed with state benefits only	10

Treatment, support and advice

Throughout this report, when discussing the types of treatment, support and advice people can receive to help manage their gambling, we refer to 'treatment services' and 'sources of advice and support'. Treatment services are shown in pink on the charts throughout the report and include a range of professional services, including mental health services (e.g. counsellor, therapist), specialist face-to-face treatment service for gambling, and other addiction services (e.g. drug or alcohol). Sources of advice and support are shown in purple on the charts and include friends and family members, websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) and spouses/partners, amongst others. The table below gives the full breakdown of sources.

Table 5. Sources of treatment, support and advice

Source	Treatment, support and advice type
GP	Treatment
Mental health services (e.g. counsellor, therapist)	Treatment
Social worker, youth worker or support worker	Treatment
Specialist treatment service for gambling (e.g. National Gambling Treatment Service)	Treatment
Other addiction service (e.g. drug or alcohol)	Treatment
Online therapy for gambling e.g. CBT	Treatment
Face-to-face therapy for gambling	Treatment
A support group (e.g. Gamblers Anonymous)	Support and advice
Your spouse/partner	Support and advice
Friends or family members	Support and advice
Your employer	Support and advice
Books, leaflets or other printed materials	Support and advice
Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)	Support and advice
Online forum or group	Support and advice
A telephone helpline (e.g. National Gambling Helpline)	Support and advice
Self-help apps or other self-help tools (e.g. self-exclusion, blocking software and blocking bank transactions)	Support and advice

2.4 Notes for interpretation

The findings throughout the report are presented in the form of percentages, and all differences highlighted between subgroups are statistically significant at an alpha level of 0.05 unless otherwise indicated. In some instances, apparent differences between figures may not be considered 'statistically significant' due to sample sizes. Non-significant findings do not necessarily mean that no change has occurred (e.g. year on year), but a failure to detect differences due to *change*, from differences due to *sampling variation*.



In the charts, statistically significant differences are indicated in red (significantly lower) and green (significantly higher). Where percentages do not sum up to 100, this is due to rounding, the exclusion of 'don't know' and 'prefer not to say' responses, or because respondents could give multiple answers.

3 The gambling landscape

3.1 Gambling participation

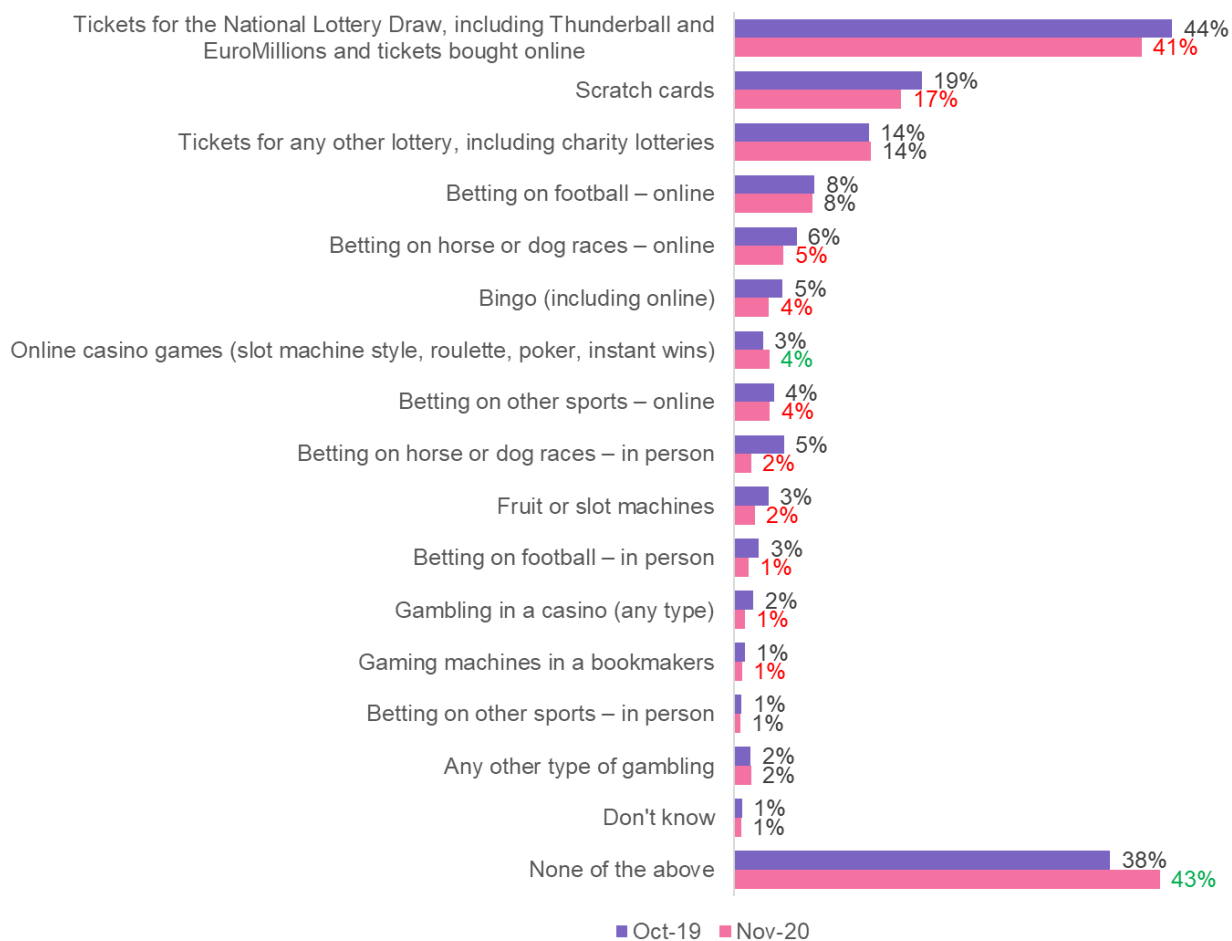
The survey asked whether respondents had participated in a range of gambling activities in the last 12 months and in the last four weeks. Overall, 56% of adults reported participating in any activity in the last 12 months, and 44% in the last four weeks. Both these percentages show a statistically significant reduction since October 2019 (when 61% and 49% reported participation in the same time periods), likely reflecting the impact of the Coronavirus (COVID-19) pandemic and resulting lockdowns on many activities.

Participation in most individual gambling activities showed a statistically significant reduction. Some notable examples include in-person sports betting which, due to the pandemic, was unavailable throughout most of the 12-month period covered by the survey. Three percent reported any in-person sports betting in November 2020, compared with seven percent in October 2019. However, online sports betting showed a much smaller reduction (11% in November 2020; 12% in October 2019), reflecting the recommencement of many sporting activities, without live spectators, in mid-2020.

Other in-person activities such as fruit or slot machines, casino gambling and gaming machines in bookmakers also showed statistically significant decreases. Similarly, participation in the National Lottery (from 44% in 2019 to 41% in 2020) and scratch cards (from 19% to 17%) declined over this period, suggesting that many participants did not replace previous in-person purchasing with online participation during lockdown periods. Participation in other/charity lotteries remained constant (14% in both years).

Online casino games stand out as the only activity in which participation increased (statistically significantly) over this period, from 3.0% in October 2019 to 3.6% in November 2020. This may reflect the impact of the pandemic lockdowns, as well as a longer-term upward trend in the popularity of this activity, which has been observed elsewhere by the Gambling Commission.⁸

Figure 1: Gambling participation in last 12 months



Base: Nov 2020: all adults (n=18,879); October 2019 (Phase 1): all adults (n=12,161)

⁸ Gambling Participation in 2019, Gambling Commission (2019):

<https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2019-behaviour-awareness-and-attitudes.pdf>

A reduction in gambling was mirrored in several qualitative interviews, as respondents who would normally visit betting shops, bingo halls or bet on live sports, reported having fewer opportunities to do so over 2020. However, a couple of respondents mentioned that they have replaced their gambling habits with alternatives during COVID-19, such as moving to online scratch cards and online bingo. A couple of people reported feeling worried that their gambling may increase once the lockdown has been lifted and they begin to socialise again with friends in betting environments, for example.

“Probably gamble a bit less because I'd buy a scratch card in the Co-op before, but because of COVID-19, we've been very quick in and out the shop, so we've stopped doing that. We still have the direct debit that we play online but I've stopped buying physical scratch cards.” (Person who gambles)

“I think lockdown has helped as less opportunity to gamble now.” (Affected other)

“Before the virus I would gamble a lot because I would go to the shop and spend the day in the shops. I gamble less now... Before COVID-19, everything was opened. In [where I live] gambling shops are everywhere.” (Person who gambles)

However, the proportion of those stating they have not gambled in any of the ways listed (none of the above) rose year on year (38% to 43%), implying that not all gamblers were replacing a lost gambling activity with another.

A few have gambled more during the pandemic as they have been stressed out, bored and anxious, which are their personal triggers for gambling.

“It started off as fun, and then I was given my eviction in May and because of COVID-19 I wasn't allowed to move out, and it became a thing where I was thinking 'Oh it's a good way to make a bit of money' and it will help towards deposits and moving. That's how it started for me, and I thought 'Oh I have a complete handle on it, I'm not going to spend more than I can afford', and yeah that didn't last very long.” (Person who gambles and affected other)

*“I am gambling more for some fun, because especially with the pandemic I am at home and I am bored and there's not much to do. It is just something to get excited about.”
(Person who gambles)*

“I think it definitely increased since the pandemic... I'm only betting on football now which I feel better about. I'm not going to lose as much money on football as I did with stocks... I probably spend around £60 or £80 a month. In some months, even if I'm betting £200 or £300 a month, with football you get a lot of it back, so I only end up losing about £60 a month.” (Person who gambles)

As has been observed previously, gambling participation is higher among men than women (60% of men reported participating in the last 12 months, compared with 52% of women). Men are more likely to have taken part in sports betting in the last 12 months (19% compared with 6% of women), online casino games (5% vs. 3%) and fruit or slot machines (3% vs. 1%), among other activities. The only activities which women are more likely to have taken part in are scratch cards (18% vs. 16% of men), other/charities lotteries (15% vs. 13%) and bingo (5% vs. 2%). These patterns remain comparable to the 2019 study.⁹

Those in the middle age years were the most likely to report participation in any gambling activity in the last 12 months (63% 35-54 years; 57% 55+ years; 46% 18-34 years), and participation was slightly higher among C2DE respondents (58% compared with 54% of ABC1s).

Comparing ethnic groups, participation was higher among white adults (57% in the last 12 months) and those of Black/mixed heritage (56%) than among those of Asian/mixed heritage (44%) or other ethnic groups (48%). Participation was particularly high among those of Black Caribbean/mixed heritage, of whom 66% reported gambling in the last 12 months, compared with around half those of Black African/mixed heritage (49%) or from other Black backgrounds (52%).

Ethnic groups also showed distinct patterns in relation to individual gambling activities. Participation in sports betting was most common among Black adults – both those of African/mixed heritage (20%) and Caribbean/mixed heritage (17%). This compares with 12% of white adults, and 10% of Asian adults.

⁹ ‘Gambling Treatment and Support’ (YouGov, 2020): <https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf>

Casino gambling is higher among respondents from BAME communities (3% of Black adults and 2% of Asian adults have participated in the last 12 months compared with 1% of white adults), and particularly high among those of Black African/mixed heritage (4%). A similar pattern exists for gambling via a gaming machine in a bookmakers (1% of white adults; 2% of Asian adults and 3% of Black adults, rising to 5% among those of Black African/mixed heritage).

Although these proportions remain small, they suggest a slightly different pattern of behaviour, with individuals from BAME communities less likely to gamble overall, but more likely to take part in gaming activities (online casino games and fruit or slot machines) when they do participate. By contrast, white respondents are more likely to take part in the National Lottery and other lotteries.

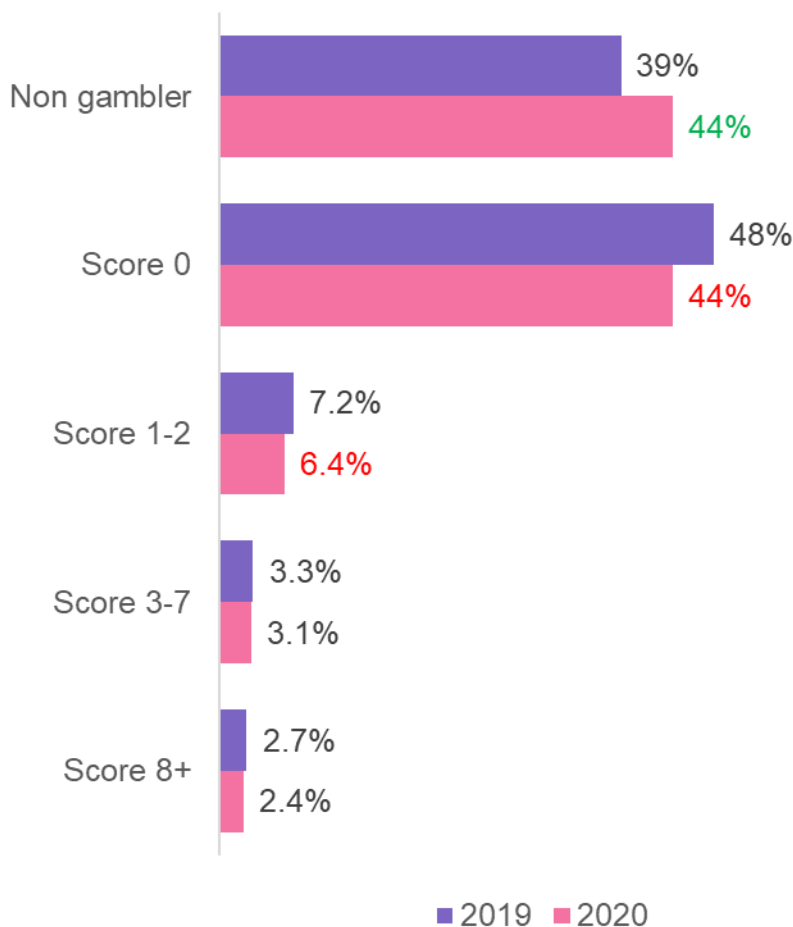
3.2 Extent of harmful gambling

In order to know the size of the population wanting any form of treatment, advice or support, it was first necessary to calculate PGSI scores to know the proportion of the population experiencing gambling problems. As set out in Section 2.3, the study utilised the full (9-item) PGSI to measure levels of gambling behaviour which may cause harm to the gambler, with respondents placed into the following categories according to their score:

- Non-problem gambler (PGSI score of 0)
- Low-risk gambler (PGSI score of 1-2; gamblers who experience a low level of problems with few or no identified negative consequences)
- Moderate-risk gambler (PGSI score of 3-7; gamblers who experience a moderate level of problems leading to some negative consequences)
- Problem gamblers (PGSI score of 8 or more; gamblers who gamble with negative consequences and a possible loss of control)

Overall, 12% of adults scored one or higher on the PGSI scale: a small but statistically significant reduction from 2019 when 13% of adults were classified this way. This probably reflects the lower participation in gambling overall during the pandemic and lockdowns in 2020. Six percent were classified as low-risk gamblers (a score of 1-2); 3% as moderate-risk gamblers (a score of 3-7) and 2% as problem gamblers (a score of eight or higher). The following chart shows the proportion falling into each category in the survey, compared with the proportions seen in 2019.

Figure 2: PGSI category – by study year



Base: All adults in October 2019 (Phase 1, n=12,161) and November 2020 (n=18,879)

The low-risk (1-2) category has fallen significantly from 7% in 2019 to 6% in 2020. The moderate-risk and problem gambler categories also show very small directional decreases, although these are statistically not significant. The proportion of gamblers with a score of zero on the PGSI scale has also reduced substantially (from 48% to 44%) while the non-gambler category increased by a similar proportion.

As seen previously, men were more likely to score one or higher on the PGSI scale than women (16% vs. 8%). For both men and women, this represents a statistically significant decrease since 2019, when 17% and 10% respectively were classified with a PGSI score of 1+. In line with the pattern seen at an overall level, there were no statistically significant changes in the proportion of either men or women classified as moderate-risk or problem gamblers, although the low-risk (1-2) category shows a statistically significant reduction among women.

Analysis by age group shows a similar pattern to that seen in 2019, with younger adults (aged 18-34) less likely to engage in any gambling activity, but more likely to be classified as gamblers with some level of risk (a score of one or higher) when they do gamble.

Seventeen percent of this age group recorded a PGSI score of 1+, compared with 14% of 35-54 year olds and 6% of those aged 55+. For the middle and older age groups, these proportions show a statistically significant reduction since 2019 (16% of 35-54s; 7% of 55+), while for those aged 18-34 the change is not significant.

Table 6: PGSI score categories – by sex and age and study year¹⁰

	Men		Women		18-34		35-54		55+	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
	(5971)	(9020)	(6190)	(9859)	(3462)	(5634)	(4078)	(6579)	(4621)	(6666)
Non-gambler	36%	40%	41%	48%	47%	54%	32%	37%	38%	43%
Non-problem gambler (score 0)	47%	45%	49%	44%	34%	29%	52%	49%	54%	51%
Low-risk gambler (score 1-2)	8.9%	8.3%	5.6%	4.5%	8.7%	8.1%	8.3%	7.3%	5.1%	4.3%
Moderate-risk gambler (score 3-7)	4.5%	4.2%	2.1%	2.1%	4.4%	4.5%	4.2%	3.8%	1.7%	1.4%
Problem gambler (score 8+)	3.6%	3.3%	1.9%	1.5%	5.3%	4.7%	3.2%	2.6%	0.5%	0.4%
All gamblers with a score of 1+	17%	16%	10%	8%	18%	17%	16%	14%	7%	6%

¹⁰ For each of the tables, statistically significant differences are indicated in red (significantly lower) and green (significantly higher). Base sizes are shown at the top of each column.

Adults in C2DE social grades are more likely to take part in gambling overall, and slightly more likely to be classified as gamblers with a PGSI score of one or higher than those in ABC1 social grades (58% vs. 54% and 13% vs. 11%, respectively). Generally, gambling patterns by social grade remain the same as seen in the 2019 study, and both social grade categories show a similar reduction in the proportion classified as a PGSI 1+ gambler (a drop of 1% in both cases). However, one notable distinction is that the proportion of ABC1 adults classified as a problem gambler has fallen significantly (from 2.5% in 2019 to 2.0% in 2020). Among C2DE adults, the proportion classified as a problem gambler has remained stable.

Table 7: PGSI score categories – by social grade and study year

	ABC1		C2DE	
	2019 (n=6,535)	2020 (n=10,252)	2019 (n=5,626)	2020 (n=8,627)
Non-gambler	40%	46%	37%	42%
Non-problem gambler (score 0)	48%	44%	48%	45%
Low-risk gambler (score 1-2)	6.9%	6.0%	7.5%	6.8%
Moderate-risk gambler (score 3-7)	2.8%	2.7%	3.9%	3.6%
Problem gambler (score 8+)	2.5%	2.0%	3.0%	2.8%
All gamblers with a score of 1+	12%	11%	14%	13%

It was observed during the 2019 study that adults from Black, Asian and Minority Ethnic (BAME) backgrounds were less likely to participate in gambling overall than their white counterparts, but among those who did, they recorded higher scores on the PGSI scale. This pattern continues to be evident in the 2020 study: one in five (20%) adults from BAME communities were classified with a PGSI score of 1+, compared with 11% of white adults. For white adults, this is a significant reduction since 2019, when 12% were classified with a PGSI score of 1+, while for adults from BAME communities the proportion remains consistent with 2019.

Six percent of respondents from BAME communities and 2% of white adults, were classified as problem gamblers, with a PGSI score of eight or higher. This is consistent with the 2019 study (7% of adults from BAME communities and 2% of white adults).

Among individual groups, Black adults were most likely to be classified as gamblers with a PGSI score of 1+ (24%, compared with 19% of Asian adults and 11% of white adults). This trend is pronounced among those of Black African/mixed heritage, of whom 28% identified this way. Additionally, 12% of those of Black African/mixed heritage were classified as problem gamblers (with a score of 8+).

It was observed during the 2019 study that adults of Pakistani heritage had higher PGSI scores than many other subgroups: 25% were classified as gamblers with a PGSI score of 1+ and 12% as problem gamblers (PGSI score of 8+). These proportions have dropped significantly in the 2020 study, with 17% of this group now classified as PGSI 1+ gamblers and 8% as problem gamblers. A similar pattern appears to apply to adults of Indian heritage (19% with a score of 1+ and 6% with a score of 8+ in 2020, compared with 24% and 7% in 2019), but in this case the differences are not statistically significant.

Table 8: PGSI score categories – by ethnic group and study year

	White		All BAME		Black (inc mixed)		Asian (inc mixed)	
	2019	2020	2019	2020	2019	2020	2019	2020
	(n=10,778)	(n=16,534)	(n=1,383)	(n=2,345)	(n=367)	(n=758)	(n=768)	(n=1,357)
Non-gambler	38%	43%	50%	52%	41%	44%	53%	56%
Non-problem gambler (score 0)	50%	46%	31%	28%	36%	33%	26%	26%
Low-risk gambler (score 1-2)	7%	6%	8%	8%	10%	11%	8%	7%
Moderate-risk gambler (score 3-7)	3%	3%	6%	5%	7%	5%	6%	5%
Problem gambler (score 8+)	2%	2%	7%	6%	6%	8%	8%	6%
All gamblers with a score of 1+	12%	11%	20%	20%	23%	24%	22%	19%

As discussed earlier, adults from BAME communities showed a distinct profile of gambling participation, being more likely to participate in activities such as casino games and less likely to be 'Lottery only' gamblers, compared with white respondents. To some extent, this may explain the higher PGSI scores recorded among respondents from BAME communities in the survey, with certain activities more often associated with harmful gambling. However, it is also important to note that a higher PGSI score does not inherently denote more frequent or riskier gambling, compared with a lower score. Since some of the items on the PGSI scale relate to emotions such as guilt, and mental health effects such as stress and anxiety, it is possible for one individual to score higher than another, based not on a greater amount of gambling, but on their own response to their gambling behaviour. It is possible that the cultural or religious context may influence responses such as guilt or anxiety in relation to gambling.

4 Gamblers' use of treatment and support

This chapter will discuss engagement of treatment, advice and support by gamblers with a PGSI score of 1+ in the November 2020 study, drawing comparisons with the GambleAware Treatment and Support 2019 study.¹¹

4.1 Usage of treatment and support in the last 12 months

Usage of treatment, advice and support in the last 12 months (e.g. speaking to a GP, accessing mental health services, speaking to family and friends etc.) in an attempt to cut down gambling has remained largely unchanged since October 2019. Among gamblers with a PGSI score of 1+, 14% reported having used any type of treatment (such as mental health services, their GP, or specialist face-to-face treatment) in November 2020 – in comparison to 12% in October 2019. A comparable proportion indicated that they had used any type of support or advice (such as from family and friends, support groups, websites or books) in both November 2020 and October 2019 (15% vs. 13%). Overall, 19% had used either treatment and/or support/advice in the last 12 months in November 2020 (comparable to 17% in October 2019).

As found in October 2019, gamblers with higher PGSI scores were more likely to have used treatment, advice and support than those with lower scores. While just 4% of those classified as low-risk gamblers had used treatment, support or advice, this rises to 18% of those classified as moderate-risk gamblers, and 63% of problem gamblers (with a score of 8+). However, problem gamblers were more likely to report having used some form of treatment, advice and support in comparison with October 2019 (63% vs. 54%). This includes an increase in both treatment (53% vs. 43%) and support and advice (48% vs. 39%). The increase in engagement of treatment services among problem gamblers is driven by usage of mental health services, rising from 12% in 2019 to 19% in 2020. Among sources of advice and support, respondents are more likely to use self-help apps or self-help tools (including self-exclusion) (14% vs. 9% in 2019 and 2020 respectively).

¹¹ 'Gambling Treatment and Support' (YouGov, 2020): <https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf>

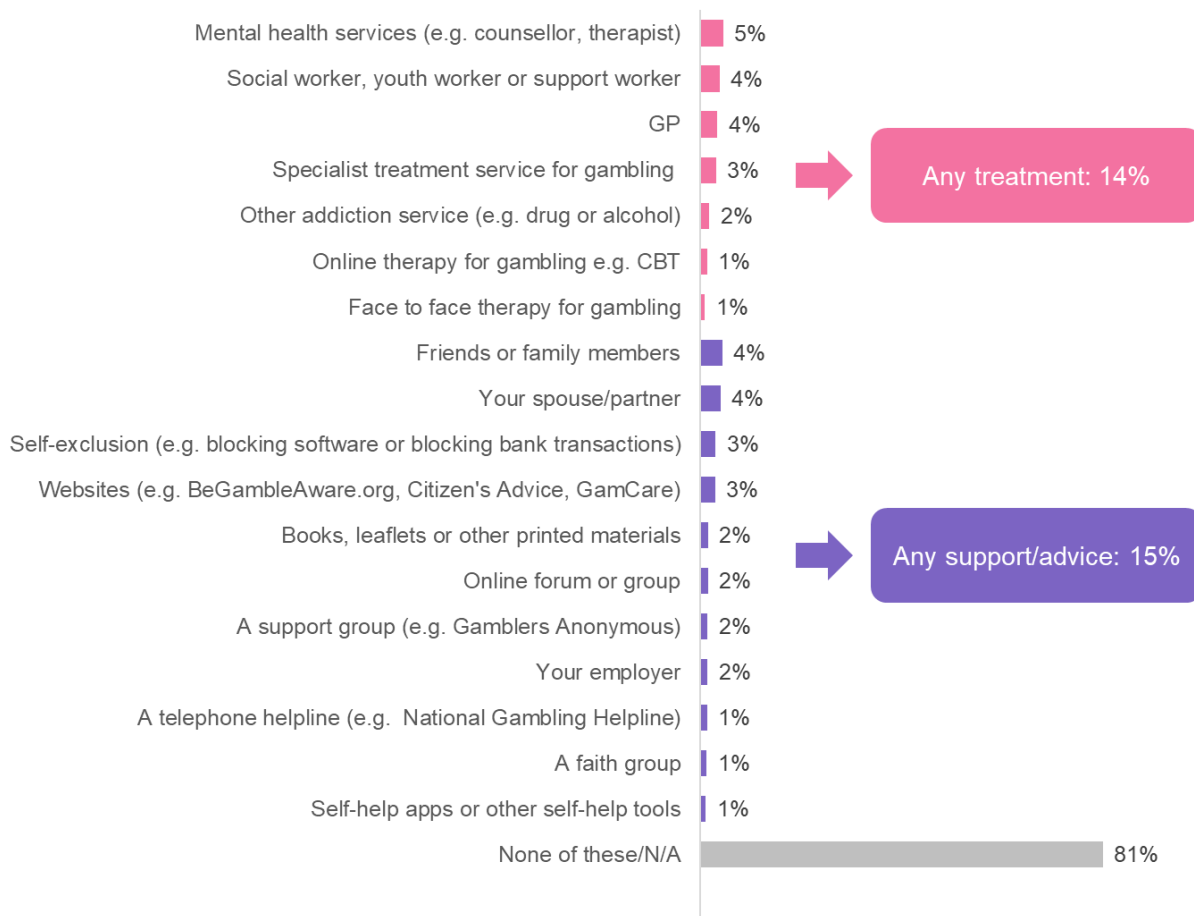
Table 9: Usage of treatment, advice and support in the last 12 months by PGSI category

	All 1+ gamblers		Score 1-2		Score 3-7		Score 8+	
	Oct 19 (n=1605)	Nov 20 (n=2294)	Oct 19 (n=876)	Nov 20 (n=1222)	Oct 19 (n=398)	Nov 20 (n=602)	Oct 19 (n=331)	Nov 20 (n=470)
Used any treatment	12%	14%	2%	2%	9%	9%	43%	53%
Used any support/advice	13%	15%	2%	3%	14%	15%	39%	48%
Used any treatment/ support/advice	17%	19%	3%	4%	17%	18%	54%	63%
Have not used any	83%	81%	97%	96%	83%	82%	46%	37%

Base: all gamblers with a PGSI score of 1+ in October 2019 (Phase 1) and November 2020

At an overall level, the types of treatment, support and advice that gamblers with a PGSI score of 1+ are using in November 2020 are comparable with October 2019. Among treatment services, mental health services had most commonly been used (5%) followed by social or support workers and GPs (both 4%). These figures remain unchanged since 2019. When considering sources of support and advice, gamblers had most commonly sought support from friends and family members or their spouse or partner (both 4%), again comparable with 2019 findings. Three percent said they had used self-exclusion (e.g. blocking software or blocking bank transactions).

Figure 3. Usage of treatment/support/advice in last 12 months



Base: all gamblers with a PGSI score of 1+ in November 2020 (n=2,294)

Respondents from BAME communities with a PGSI score of 1+, who have higher PGSI scores on average than their white counterparts, were more likely to have used treatment, advice or support to cut down their gambling: a third (34%) had used any source, compared with 16% of white gamblers. This includes a higher usage of both treatment services (29% vs. 11%) and sources of support (27% vs. 12%). These patterns are also present in October 2019, with usage for both gamblers from BAME and white communities remaining unchanged. There has been an increase in the proportion of gamblers from BAME communities that have sought advice or support from friends and family members, from 3% in October 2019 to 8% in November 2020, though usage of other sources is comparable.

However, the two gamblers from BAME communities in the qualitative interviews had not sought support or advice.

“I had never thought about getting support, I don’t think I have a problem... But now I am working I might be tempted to start gambling again. I want to sort it out myself – it’s my problem. I have to stop it and find a way out of it.” (Person who gambles)

“No, I have not been in touch with any of these organisations. Maybe due to a bit of embarrassment. I am aware that these type of organisations are not allowed to discuss your age, job etc and everything is kept anonymous and kept private. But I think saying it out loud and admitting it, I think I would find it a bit embarrassing.” (Person who gambles)

Younger gamblers aged 18-34, who have higher PGSI scores on average, were more likely to have sought treatment, support or advice than their older counterparts (29% vs. 15% of 35-54s and 6% of 55+). This pattern is particularly striking among the youngest respondents (aged 18-24): 33% of gamblers in this age group had sought treatment, support or advice. These figures are comparable with October 2019. Those aged 18-24 with PGSI scores of 1+ remain more likely than other age groups to have used treatment services, including mental health services (e.g. counsellor, therapist) and a social worker, youth worker or support worker (both 9%). Among problem gamblers (PGSI score of 8+) aged 18-24, one in four have used mental health services (25%) or a social worker, youth worker or support worker (26%).

There were no statistically significant differences in the proportion of gamblers with a score of 1+ living in England (19%), Scotland (18%) and Wales (15%) who have used some form of treatment and support to help manage their gambling in the past 12 months. Whilst in Wales usage appears lower, a relatively small base size means that this is not a statistically significant difference. Gamblers living in London were, however, more likely than gamblers in the sample overall to have sought some form of treatment, advice or support (24% vs. 19%); this is likely due to a high proportion of problem gamblers (PGSI score of 8+) residing in London (21% vs. 13% of the sample overall). Whilst only 3% of gamblers with a score of 1+ in the sample overall had used a specialist treatment service for gambling (e.g. National Gambling Treatment Service), this rose to 6% of those in London. Among problem gamblers (PGSI score of 8+) living in London, usage of a specialist treatment service for gambling was much higher (22%).

A few of the younger respondents in the qualitative interviews had sought support from their family and friends, and one respondent had put self-exclusion limits in place to help reduce the amount they gamble. However, other young people interviewed hadn't received any support, though they said they may be open to it in the future if they thought they needed it, with some reservations.

“I set my own deposit limits on the accounts that I use so that I don't gamble too much, but I've not received any outside support. Just trying to not give myself the option of losing too much.” (Person who gambles)

“I have looked at GambleAware and websites like that... but nothing I have taken seriously.” (Person who gambles)”

“I have talked with friends and family... I just mentioned I'm doing betting. I wouldn't say I had a serious conversation, it's just more on a casual. I guess I just feel more comfortable with that. The fact that I [self-excluded] from them [the betting websites], I feel a lot more in control.” (Person who gambles)

In November 2020, ABC1s and C2DEs were comparably as likely to have used treatment, advice or support (20% and 18% respectively). Among problem gamblers (PGSI score of 8+), ABC1s were more likely than their C2DE counterparts to have accessed many of the treatment services, including a social worker, youth worker or support worker (21% vs. 13%) and other addiction services (12% vs. 5%). There was an increase in the proportion of those from social grades C2DE saying they used some form of treatment, advice or support in order to cut down their gambling, increasing from 14% in October 2019 to 18% in November 2020. In particular, they are more likely to have used a specialist treatment service for gambling (e.g. National Gambling Treatment Service) (1% to 3%) or self-exclusion (e.g. blocking software or blocking bank transactions) (2% to 4%).

Male and female gamblers were comparably as likely to have sought treatment, advice or support overall (18% vs. 21%); this is in line with October 2019 findings.

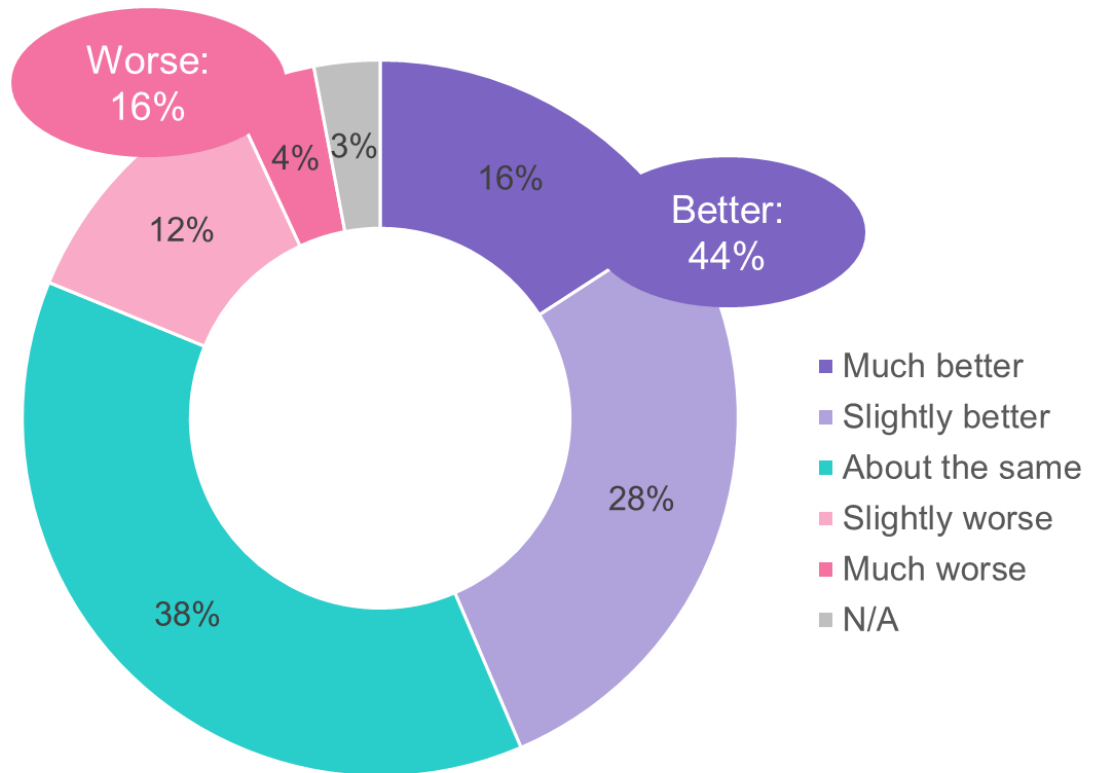
4.2 Remote support

Among gamblers with a PGSI score of 1+ who have accessed treatment, advice or support to cut down their gambling in the past 12 months, just over one in three (36%) have done so remotely (i.e. online or by phone). This tends to be gamblers falling into the younger and middle age categories; only 5% of those accessing support remotely are aged 55+. These proportions are among those who have already accessed treatment, advice or support. Those aged 18-34 and 35-54 are comparably likely to have sought support remotely, and there are no differences by gender.

Among those who have already accessed treatment, advice or support, gamblers from BAME communities with a PGSI score of 1+ were more likely than their white counterparts to continue remotely, with two in five (43%) having done so, higher than the proportion of white gamblers (32%). This may be a result of BAME communities having higher PGSI scores on average and being more likely to be classified as 'problem gamblers' (PGSI score of 8+); the group of gamblers most likely to have accessed treatment and support overall, and in turn remotely.

Among gamblers who have accessed treatment, advice or support remotely to cut down their gambling in the past 12 months, most said that it was better (44%) or about the same (38%) as accessing it face-to-face. Only one in six (16%) thought that it was worse, with 3% saying that they had not accessed it face-to-face before accessing it remotely.

Figure 4. Perceptions of remote (i.e. online or by phone) treatment/support/advice in last 12 months

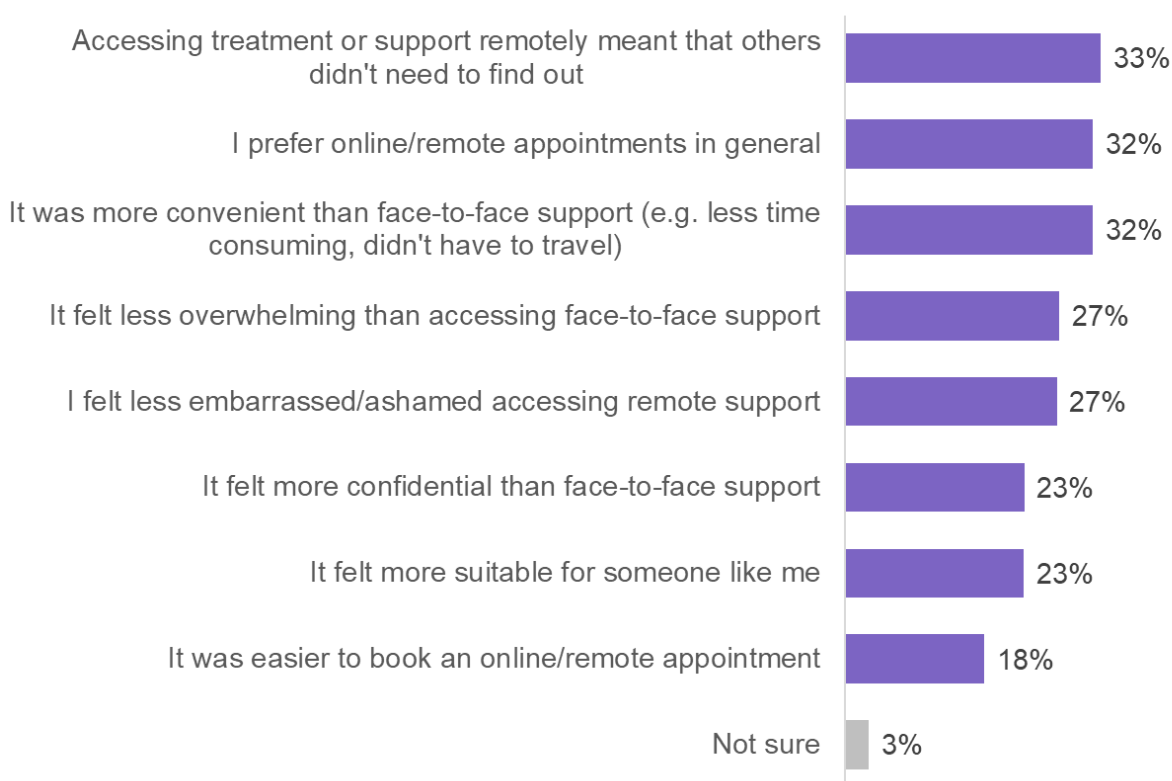


Base: all gamblers with a PGSI score of 1+ who have accessed remote support in November 2020 (n=162)

It is important to note that the perceptions above were gathered from those who have used remote support, which comprises younger and middle-aged gamblers; therefore, they do not represent the views of older gamblers aged 55+. Due to the relatively small sample size, it is not possible to draw meaningful comparisons between the subgroups.

Among gamblers stating that remote support for cutting down their gambling is better than face-to-face, a range of reasons were given (respondents could choose more than one reason) without a standout perceived benefit. Most commonly, gamblers felt that accessing treatment, advice or support remotely meant that others didn't need to find out (33%), that they prefer online/remote appointments in general or that it was more convenient (e.g. less time consuming, didn't have to travel) (both 32%). Approximately one in four (27%) said that it felt less overwhelming than accessing face-to-face support, or that they felt less embarrassed/ashamed accessing it remotely.

Figure 5. Reasons why remote (i.e. online or by phone) treatment/support/advice is better



Base: all gamblers with a PGSI score of 1+ who have accessed remote support and thought it was better in November 2020 (n=70)

The findings above were mirrored in the qualitative interviews. The interviews found that a key reason for preferring remote support was that it is more confidential and discreet, which is important for gamblers who haven't told their friends/family or explained the full extent of their problem. A couple of respondents thought that online chat on websites would be especially useful, as other members of their household would not overhear or question where they were going. A few also thought that remote methods could make professional service providers more anonymous, helping introverts to open up. For example, one affected other expected that online text-based support for his young nephew would be beneficial as he struggles to relate and discuss his feelings in a formal setting with older professionals.

“If you are embarrassed then online is better. If you are ready to get the support, you might find it easier to do it face-to-face.” (Person who gambles)

“Probably not face-to-face. You are probably the only person apart from my husband that I've only been speaking to about it, so I think over the phone talking to a stranger would be the ideal first step if someone is seeking out help or coming to terms with it. You would not be judged face-to-face as it were. If I was to seek help, I would probably do that secretly as well.” (Person who gambles)

“[My advice] Go online. Speak to GamCare... It can be easier to talk to an anonymous person I know.” (Person who gambles)

*“My son would probably prefer it over the phone I would think, because of privacy.”
(Affected other)*

“The counsellors at [a charity] have suggested [group support] but I'm socially-phobic with my mental health problems... I'm quite happy to talk on the phone about my gambling, it doesn't have to be face-to-face.” (Person who gambles)

“You don't know what to expect and the talking to strangers thing isn't easy for me... If it was a typed thing, like an email or a text then maybe.” (Person who gambles and affected other)

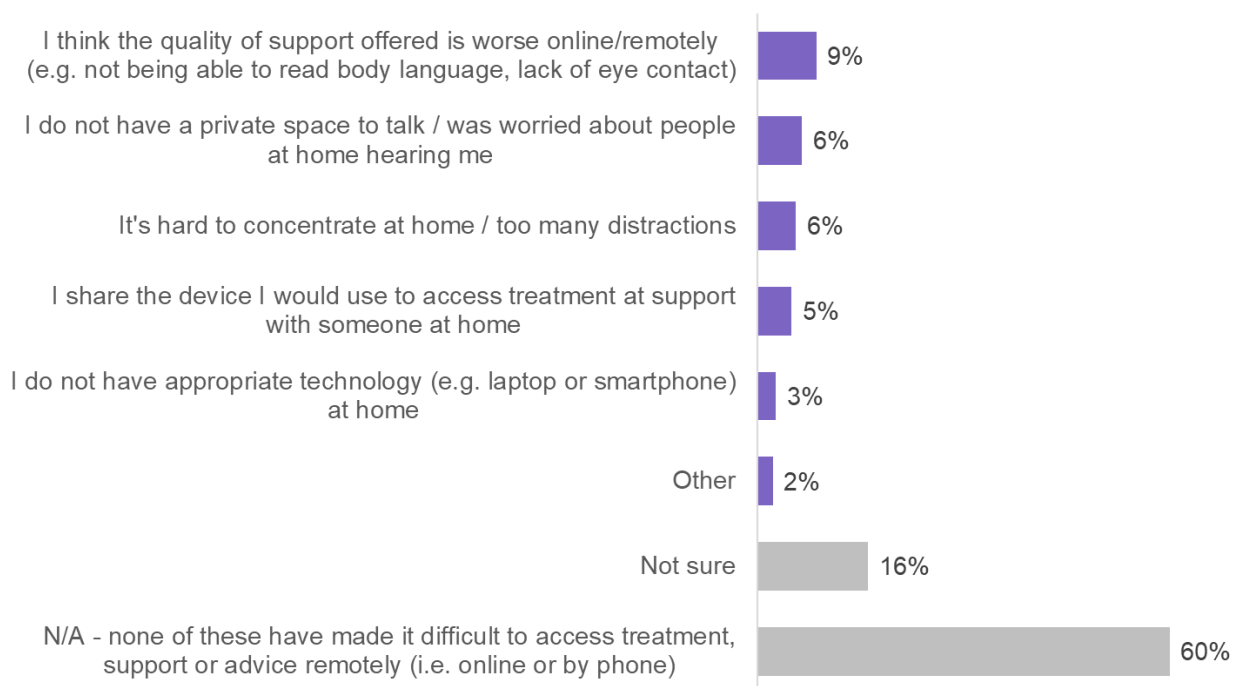
Furthermore, there was a feeling that online support is more accessible and convenient than face-to-face support during COVID-19 lockdowns.

“I'd prefer doing it remotely, I think it'd be a lot easier to do, you can connect with people from everywhere, especially with the pandemic. It's be a lot easier to access.” (Person who gambles)

“I think more online support groups would be useful” (Affected other)

Among gamblers with a PGSI score of 1+ who have not accessed treatment, advice or support remotely (including those who haven't accessed it at all), most (60%) gave no reason. This could be due to gamblers not perceiving their gambling as harmful or risky and therefore having no desire to seek support, whether remotely or otherwise. Nine percent said that they think the quality of support offered would be worse online / remotely (e.g. not being able to read body language, lack of eye contact) and a slightly lower proportion (6%) said that they do not have a private space to talk / were worried about people at home hearing them or that it's hard to concentrate at home / too many distractions. It is important to note that these findings are based on respondents who have not accessed support remotely and are therefore hypothetical expectations, not direct experiences.

Figure 6. Reasons for not accessing remote (i.e. online or by phone) treatment/support/advice in the last 12 months



Base: all gamblers with a PGSI score of 1+ who have not accessed remote support in November 2020 (n=926)

Problem gamblers (PGSI score of 8+) were more likely than low (1-2) or moderate (3-7) risk gamblers to select each reason for not accessing remote support, whilst low-risk gamblers were more likely to say that none of the listed reasons have made it difficult to access remote support. This could be because low-risk gamblers are less likely to feel they need treatment, advice or support, as they experience relatively lower levels of problems related to their gambling. One in six (18%) problem gamblers felt that the quality of remote / online support is worse (e.g. not being able to read body language, lack of eye contact); much higher than the proportion of moderate (8%) and low (2%) risk gamblers reporting this. A comparable proportion (16%) of problem gamblers said that they do not have a private space to talk / were worried about people at home hearing them (compared to 1% of low-risk gamblers). Fourteen percent of problem gamblers felt that sharing the device they would use to access treatment with someone at home would make accessing remote support difficult.

Concerns over the quality of remote support were mirrored in some of the qualitative interviews. A lack of trust in online chat, telephone support and online support groups was a barrier for some; they would worry that they do not know who they are talking to and they could be judged without knowing, if they cannot see facial expressions. Building up rapport is also perceived to be harder without face-to-face interaction, making the support feel less personal.

“If I was to go online and find a group, you don't know if someone is just playing with you or whether they are being honest and I don't really trust a chat online... I like to hear a human voice, because you can tell so much. For example, if someone tells you 'I'm sorry you have an addiction', they could type it sarcastically, judgementally, kindly... You don't know and you can misunderstand.” (Person who gambles)

“I'd prefer face-to-face, I don't really like online calls. You can connect to the person more and feel like they can understand you a bit better when face-to-face.” (Person who gambles)

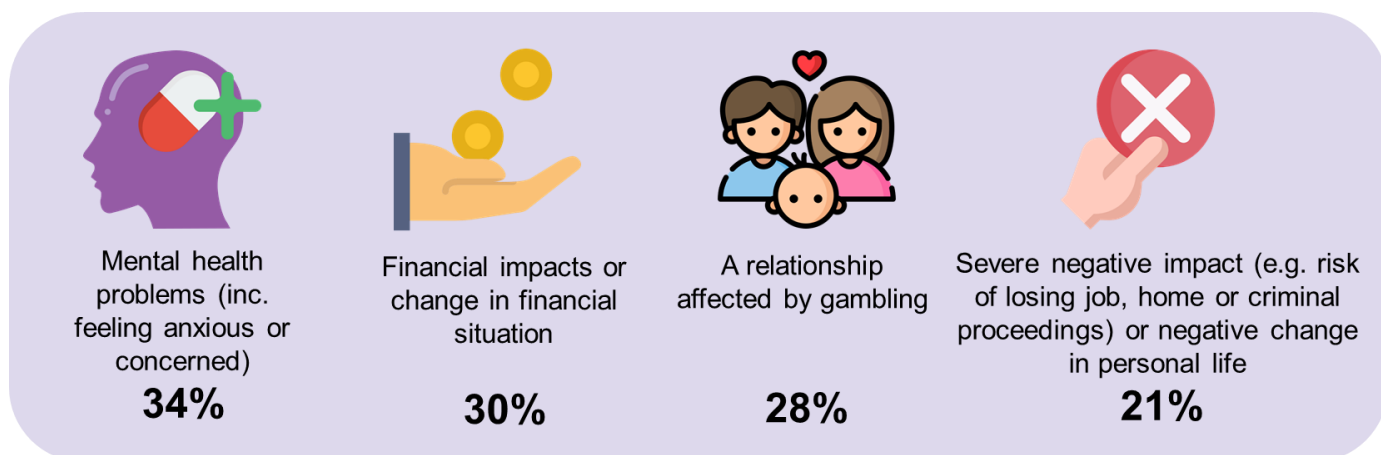
“You probably wouldn't get that personal touch online; you'd probably feel that you are just a statistic or something. At least talking to someone over the phone, there's like a human element.” (Person who gambles and affected other)

However, most gamblers and affected others said they had or would look online (on charity websites such as BeGambleAware, GamCare and local organisations) for initial advice and for information on support services as a starting point, as the information is generally accessible and free. A few gamblers interviewed had previously been online to learn about and implement self-exclusion tools.

4.3 Reasons for seeking treatment/support

One in three (34%) gamblers with a PGSI score of 1+ were prompted to seek treatment, support or advice due to mental health problems (including feeling anxious or concerned). Other reported prompts include financial impacts or change in financial situation (30%), a relationship affected by gambling (28%) or severe negative impacts (e.g. risk of losing job, home or criminal proceedings) or negative change in personal life (21%). These findings are all comparable with October 2019.

Figure 7: Factors that prompted gamblers to seek treatment/support/advice



Base: all gamblers with a PGSI score of 1+ who sought treatment/support in November 2020 (n=454)

The factors identified in the quantitative research were mirrored in the qualitative interviews, especially poor mental health and financial impacts. For example, one gambler, who also qualified as an affected other, was due to start counselling as they had started to gamble again after facing increasing financial anxiety due to mounting legal bills and concerns about the wider economy during the pandemic. An affected other explained that their nephew spoke to a mental health nurse after being hospitalised for attempting suicide due to financial worries, escalated by his gambling.

“He left letters wanting to commit suicide. The next day he saw a mental health worker when he was hospitalised.” (Affected other)

*“A few years ago I went to the GamCare website to get help. I was looking for help but I didn’t know what I was looking for. I felt desperate. I knew I had a problem and needed help.... I am worried about money – that is the main reason I gamble but then I lose more.”
(Person who gambles and affected other)*

“They banned themselves from the bookkeepers and bingo halls... I think it was my partner who highlighted it to them... I think when it became a financial problem that brought it to a head.” (Affected other)

For a few gamblers, having friends, family and colleagues share concerns about their gambling triggered them to seek support. One gambler realised that they had a gambling problem after completing a questionnaire on GambleAware’s website and his wife raising concerns.

“It was initially because [my wife] asked me about it, so it was triggered by her but I had in mind I had to do something about it. I believe addiction is genetic, so it runs in the family and my father used to be an alcoholic... I did a questionnaire online, I think on GambleAware, and I realised I was a gambling addict.” (Person who gambles)

Those classified as problem gamblers, with a PGSI score of 8+, were more likely to recognise motivators for seeking help than those classified as moderate-risk gamblers, including effects on their relationships/family (37% vs. 11%) and their gambling having severe negative impacts or a negative change in their personal life (27% vs. 9%). These are the same patterns that were seen in October 2019.

4.4 Efficacy of treatment/support

Gamblers with a PGSI score of 1+ who had sought treatment, support or advice were asked about its efficacy in terms of helping them to cut down their gambling. For almost all sources in November 2020, over half of users stated that it had helped to some extent (either a lot or a little), and for most sources it was around two-thirds or higher. This is the same as in October 2019.

Gamblers tended to find sources of advice and support most helpful. Support from a spouse or partner was deemed to be helpful (either a lot or a little) by eight in ten (82%). Seven in ten (73%) said that this was the case for help they received from friends or family members, and a comparable proportion (71%) found websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) helpful.

Generally, treatment options were considered less helpful than sources of support. However, it is important to remember that treatment services are used predominantly by those with higher PGSI scores (whose problems may typically be more difficult to address), whereas those with lower PGSI scores tend to use sources of support, if anything. Among treatment services, support from a GP (63%) or specialist face-to-face treatment services (62%) were considered most helpful when cutting down gambling. Half (50%) find mental health services (e.g. counsellor, therapist) helpful; support from a social worker, youth worker or support worker is considered relatively less helpful, with 42% citing this source.

The effectiveness of treatment and support is individual and associated with a gambler's readiness and willingness to seek support and ultimately reduce their gambling, as well as their wider mental health circumstances and levels of support around them from friends and family. From the qualitative interviews, counselling, therapeutic and other mental health support and treatment were perceived to be helpful for problem gamblers (PGSI score of 8+), because their behaviour is most often linked to or caused by poor mental health. The few who had counselling found it useful, especially in understanding why they gamble and what their specific triggers are. This suggests there is a need for a holistic approach to treating gambling disorders, meaning there is no 'one size fits all' approach.

"I started meditating and being mindful, which really helped, just living in the moment. I did a course on mindfulness which was partly online and partly in person. I also went back to the doctor and asked them to prescribe me again my medication for OCD." (Person who gambles)

"The counselling has helped me to not get myself into such difficulties... I had face-to-face counselling about 3 years ago and I was referred last year when I phoned GamCare... the counsellor helped me think more about what I'm doing." (Person who gambles and affected other)

*“I have had 12 weeks of counselling three times over the years. It has always helped me for a year or so...I had an ex-gambler as my counsellor and he really got it – he took no bull s***. He made me realise I don’t enjoy gambling... I understand the reasons why I gamble now due to him. I didn’t gamble for 2-3 years after him.” (Person who gambles and affected other)*

The gambler / affected other above has to repeat her counselling every few years to be able to manage her gambling habits. This is especially the case when her sister has big wins from her gambling, or she faces a new financial hurdle.

The spouse of an affected other received counselling from a charity, but the affected other (see quote below) wasn’t convinced the sessions were helpful because the spouse continued to gamble.

“They did have a series of gambling sessions with Break Even, but I’m not sure how helpful they were. The result was that now they tell me when they want to gamble and I give them the money, but it still hasn’t stopped, they’re still spending more money than we can really afford on gambling. It was something that I suggested and that they agreed to.” (Affected other)

Some of the gamblers interviewed implemented self-exclusion controls, such as betting shop and bingo hall bans and deposit limits. However, some found that these weren’t fully effective, as they unblocked themselves or travelled to another area to gamble.

“They asked to be on a list to not be allowed in bingo halls and betting shops in the region. But sometimes they went outside of the area to bet... it was semi-effective as they’re not as accessible. But they broke it and went further afield to scratch the itch. Now I think lockdown and COVID-19 has helped as less opportunity to gamble.” (Affected other)

“He’s also using tools to exclude himself from places, we made sure he did that... He’s also seeing a doctor for his mental health, but it’s not going to go away overnight.” (Affected other)

“[Ideal support] Credit limits, because you then physically can’t spend more. If there’s a lock you can’t do anymore, you can’t continue.” (Person who gambles)

5 Gamblers' demand for treatment and support

5.1 Current demand for treatment and support

Table 13 summarises current reported demand for treatment services and support and advice as stated by gamblers with a score of PGSI 1+. Current reported demand has remained broadly unchanged since October 2019. Overall, in November 2020, 17% of these gamblers said they wanted some form of treatment, advice or support. Among gamblers with a PGSI score of 1+, 14% reported wanting some form of treatment (such as mental health services, their GP, or specialist face-to-face treatment) in November 2020 – a comparable proportion to October 2019. The same proportion (13%) said that they wanted some form of support or advice (such as from family and friends, support groups, websites or books) in both November 2020 and October 2019. These figures include gamblers who have already accessed treatment, support or advice, meaning that there is some overlap between usage and reported demand e.g. some gamblers will have accessed services before, and want to continue doing so.

Among problem gamblers (PGSI score of 8+), approximately six in ten (59%) said they wanted some form of treatment, advice or support in order to help cut down their gambling. Among this group, the majority (87%) had received some previously, with a much smaller proportion (13%) saying that they had not had any form of treatment, advice or support previously, but reported a demand for it.

Table 10: Current demand for treatment, advice and support by PGSI category

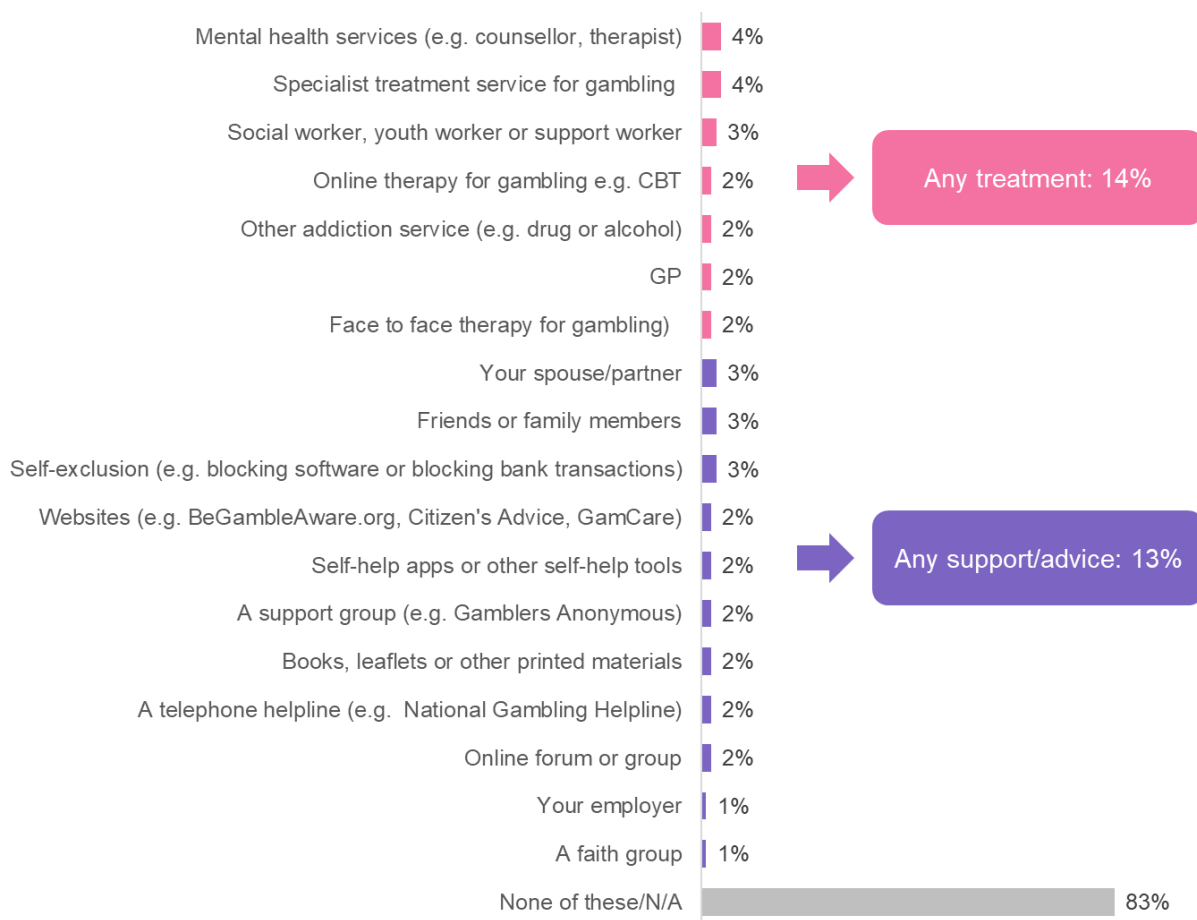
	All 1+ gamblers		Score 1-2		Score 3-7		Score 8+	
	Oct 19	Nov 20	Oct 19	May 20	Oct 19	Nov 20	Oct 19	Nov 20
	(n=1605)	(n=2294)	(n=876)	(n=1222)	(n=398)	(n=602)	(n=331)	(n=470)
Would like any treatment	13%	14%	2%	2%	8%	9%	48%	53%
Would like any support/advice	13%	13%	3%	3%	12%	11%	41%	43%
Would like any treatment/support/advice	18%	17%	4%	3%	15%	15%	57%	59%
Do not want any	83%	83%	96%	97%	85%	85%	43%	41%

Base: all gamblers with a PGSI score of 1+ in October 2019 (Phase 1) and November 2020

In line with the pattern seen in usage of treatment and support, those classified with higher scores on the PGSI were much more likely to *want* help. Among low-risk gamblers, only 3% wanted any form of treatment, support or advice, but the proportion rises to 15% for those with a moderate-risk score, and over half (59%) of problem gamblers (those with a score of 8+). As shown in Table 13, among each PGSI category, reported demand for treatment, advice and support at an overall level has remained broadly unchanged since October 2019. However, problem gamblers were more likely to want to access mental health services in November 2020, than in October 2019 (15% vs. 10%).

Most commonly, among treatment services, gamblers felt they would like treatment from mental health services or specialist face-to-face treatment for gambling (both 4%). This is comparable with October 2019 findings. Among sources of advice and support, speaking to a spouse or partner, or friends and family, are the most desirable (both 3%). This is also in keeping with October 2019 findings. The same proportion (3%) said that they want help cutting down their gambling by self-exclusion (e.g. blocking software or blocking bank transactions).

Figure 8: Sources that gamblers currently want to receive treatment/support/advice from



Base: all gamblers with a PGSI score of 1+ in November 2020 (n=2,294)

Gamblers from BAME communities, who have higher PGSI scores on average, had a greater reported demand than white gamblers for any form of treatment, advice or support in order to cut down their gambling. Among those with a PGSI score of 1+, one in three (33%) would like some form of treatment, advice or support, higher than the proportion (14%) of white gamblers. This includes a higher reported demand for both treatment (28% vs. 11%) and sources of support (27% vs. 10%). In November 2020, reported demand among gamblers from BAME and white communities remains consistent with October 2019 findings.

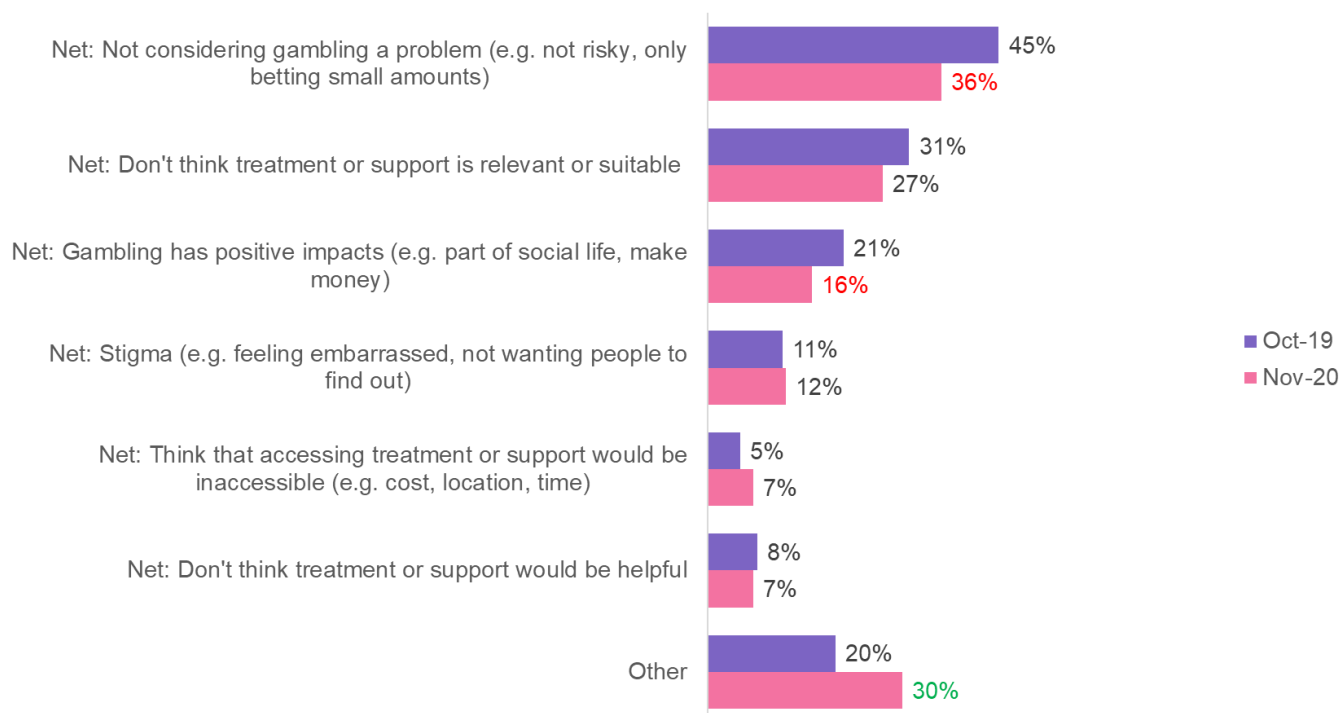
Male and female gamblers with PGSI scores of 1+ are equally likely to want treatment, support or advice; this is comparable with October 2019. Younger gamblers, who have higher PGSI scores on average, remain much more likely to want treatment, advice or support than their older counterparts. Twenty-four percent of 18-34s selected one or more sources; this falls to 16% of 35-54s and just 6% of gamblers aged 55+.

Reported demand for treatment, advice or support among gamblers with a score of 1+ is lower among those living in Wales (9%) than in England (18%). Reported demand among gamblers residing in Scotland is comparable with England (15%). Mirroring usage patterns, gamblers living in London were, however, more likely than gamblers in the sample overall to want some form of treatment, advice or support (23% vs. 17%); this is likely due to a high proportion of problem gamblers (PGSI score of 8+) residing in London. Among treatment services, gamblers living in London were more likely to report a demand for a social worker, youth worker or support worker (5% vs. 3%) or online therapy for gambling e.g. CBT (4% vs. 2%).

5.2 Barriers to seeking treatment and support

Among respondents stating that they did not want any form of treatment, advice or support, the barriers were further explored. Most commonly, these gamblers did not consider their gambling a problem; for example, not perceiving it to be 'risky' or only betting small amounts (36%). Among problem gamblers (PGSI score of 8+), this was a barrier for a smaller proportion (15%). This barrier has decreased since October 2019, when it was stated by 45% of PGSI 1+ gamblers. This is followed by a perception that treatment, advice or support is not relevant or suitable (27%), that gambling has positive impacts (e.g. part of social life, make money) (16%) or stigma (e.g. feeling embarrassed, not wanting people to find out) (12%).

Figure 9: Barriers to seeking treatment/support/advice



Base: all gamblers with a PGSI score of 1+ who would not want treatment/advice/support in October 2019 (Phase 2, n=640) and November 2020 (n=395)

The barriers differ depending on PGSI score, with low-risk (42%) and moderate-risk (43%) gamblers more likely than problem gamblers with a PGSI score of 8+ (15%) not to consider their gambling a problem. Gamblers falling into the low-risk (PGSI score of 1-2) category might participate in less risky gambling activities (such as the National Lottery), providing a possible explanation for why they do not perceive their gambling to be an issue. On the other hand, stigma is a more prominent barrier for problem gamblers. One in five (22%) said that this is a reason for not wanting treatment, advice or support in order to cut down their gambling, higher than the proportion of low-risk (4%) gamblers reporting this. This is comparable to 27% of problem gamblers citing stigma as a barrier to seeking help in 2019; the finding is not statistically different due to relatively small base sizes. Stigma was also a barrier for moderate-risk gamblers, with 17% reporting this. The perception that treatment, advice or support would be inaccessible (e.g. cost, location, time) is considered a barrier for 15% of problem gamblers; indicating that providing clear information about accessibility is key when targeting this group.

Qualitative research confirmed that stigma is a prominent barrier for problem gamblers (PGSI score of 8+) seeking support and treatment, with several fearing they would be ridiculed for their gambling disorder. One respondent described it is an “obsession over a game”, which he thought people wouldn’t take seriously. Several other respondents didn’t recognise gambling as an ‘addiction’ that can have many negative psychological, physical, and social repercussions, or feared that others might fail to understand it as an addiction. The fear of other people not understanding the deep impacts of a gambling problem led some to feel anxious about others finding out about their gambling behaviour.

“Apart from my girlfriend, hardly anyone knows that I had a gambling problem, because it just made me feel ashamed and embarrassed. I'm better than that, I'm the girl that can give up smoking on willpower alone, so gambling shouldn't have gotten to that point for me.” (Person who gambles and affected other)

“I was thinking 'I'm the guy who has a wife and a business and everything, I'm not the guy who's an addict'.” (Person who gambles)

Denial is also a key barrier preventing accessing help, with a number of respondents being unwilling to accept they have a problem with gambling, framing it as a harmless pastime even when faced with the negative consequences of their gambling behaviour. Similarly, several gamblers (moderate-risk on the PGSI scale) stated they would only seek support for their gambling if their gambling behaviours worsened.

“It's like one minute she'll say she doesn't gamble anymore, she doesn't need it and then as soon as she gets money, it's like she has to gamble. Which to me, it's an addiction, but she won't admit that. She reckons she doesn't have a problem.” (Person who gambles and affected other)

“I think my situation would have to be a lot more serious to consider things like that, I think at the moment I don't feel overly worried that I'm going to lose significant amounts of money. I know I'm probably going to lose a little bit of money at the end of the month.” (Person who gambles)

Several respondents were also unaware of the range of support sources available, or expressed a distrust in available services, following a negative experience. For instance, one gambler had a poor experience with an advisor from a gambling helpline, whom they felt didn't provide any helpful advice, but just repeated standard advice they could find online. Affected others are often unaware that support exists for them as siblings, partners and friends of gamblers, as well as for gamblers themselves.

“If I was to call...[a helpline], I don't know if they would just tell me to take my details off gambling sites, because if it was as easy as that then surely, I would've done that myself.”

(Person who gambles and affected other)

Another barrier highlighted in the qualitative research is the perceived lack of access to face-to-face support and treatment during the COVID-19 pandemic. Alternative means of access, such as the telephone, can be problematic for those who lack privacy and who wish to keep their gambling a secret. A few respondents said they or the gambler lack the tech-savviness required for online solutions.

“In normal life, I would think face-to-face is the best option. I just think anything face-to-face is better than over the phone or Zoom. I just feel more comfortable talking to

someone when I can see them.” (Affected other)

“I think technology could become quite a big barrier to getting help online, so face-to-face would be better then.” (Person who gambles and affected other)

“If someone's trying to hide a gambling problem from their family, they wouldn't want to have a phone call or video call with anyone about it.” (Person who gambles)

Barriers are generally similar between gamblers from BAME and white communities, though white gamblers are more likely to not consider their gambling a problem (e.g. not risky, only betting small amounts) (39% vs. 24%). This is likely due to white groups having lower PGSI scores on average. Barriers are also broadly similar when cutting the data by gender and social grade.

The case study below highlights how stigma and shame can prevent people from getting the support they need.

Case study: Gambler

General gambling behaviour and associations


He thinks about gambling in both a positive and negative light as it can be a fun activity to do with friends, but it can also make you think of yourself in a very critical way. He gambles to kill boredom and gain more money. He tends to bet mainly on sports games.

I'd say it's positive because it's something you can do with your friends if you can do it responsibly and not overspend and not let it ruin your day if you lose.

I do it more for fun, because especially with the pandemic, I'm at home and I'm bored and there's not much to do, it's just something to get excited about.

Impacts


He has gambled with money from his Universal Credit allowance and if he would not win, he would then struggle to make ends meet, which has had a negative impact on his mental health.

I was gambling really when I probably shouldn't have done, but when I was struggling and I was absolutely skint, I'd obviously try to win a bit more just to do normal things. But then if I lost, it was obviously impacting [me], I couldn't really buy much food [...] it affected my mental health.

Gambling problem acknowledgement & tools & support


He has mentioned that he gambles to his Mother, who thinks that he needs to address it. He has self-excluded himself from certain sites and now bets mainly on football games which he feels he has more control over. He avoids other forms of gambling after having a bad experience with stock trading in the past.

I don't really talk about it too much if I lose, I have to admit that if I win, I talk about it more than if I lose.

I managed to put restrictions on in certain places so [...] I'm only betting on football now which I feel better about. [...] I feel like I'm more in control with that.

Barriers and enablers to seeking support


Feelings of shame and stigma associated with gambling prevent him from discussing it further with family and friends. If he thought he needed support, he would consider telephone or online support which would be easy to access and with people who had similar experience.

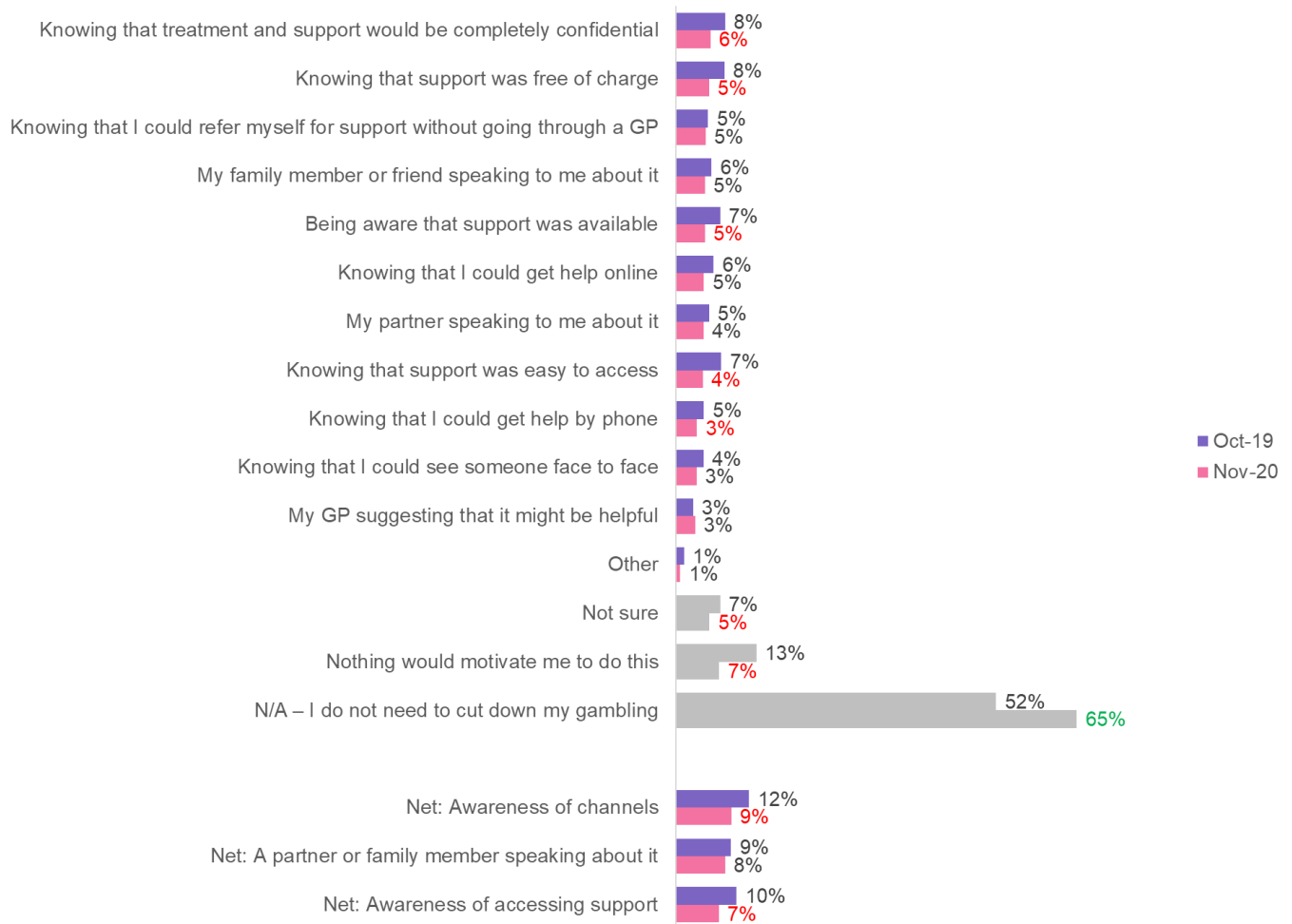
I do feel a bit uncomfortable talking to family, it feels a bit shameful, but it's kind of like they don't really know what advice to give, they don't really know what it's like.

It'd be nice to talk to people in a similar situation, you just realise you're not the only one who's doing this. [...] In a way that would make you feel more comfortable and less ashamed.

5.3 Motivators to seek treatment and support

Overall, one in five (22%) gamblers with a PGSI score of 1+ recognised one or more factors that might motivate them to seek treatment, support or advice; a decrease from 28% giving more than one motivation in October 2019. This includes those who had already accessed some form of treatment, support or advice in the last 12 months, as well as those who had not. Most commonly, gamblers thought they would be motivated by knowing support was available via a particular channel (telephone, online or face-to-face) (9%), followed by a partner or family member speaking to them about it (8%) and knowing that support was easy to access, including the ability to self-refer (7%). In November 2020, there was an increase in the proportion saying they do not need to cut down their gambling, however broad patterns and top motivators remained comparable with October 2019.

Figure 10: Factors that might motivate gamblers to seek treatment/support/advice



Base: all gamblers with a PGSI score of 1+ in October 2019 (Phase 2, n=1,960) and November 2020 (n=2,294)

Problem gamblers (those with a PGSI score of 8+) recognised several factors which might motivate them to seek treatment, advice or support. Most commonly, they said that they might be motivated by knowing support was available via a particular channel (29%, compared with 9% of moderate-risk gamblers and 2% of low-risk gamblers). This reinforces the importance of providing clear information to increase awareness of the available channels (e.g. signposting to websites, increasing awareness of remote support) for problem gamblers. One in five (22%) said that awareness of how easily they can access support could motivate them - for example, knowing that they could self-refer without going through a GP or knowing that support was free of charge. One in six (16%) problem gamblers specifically said that knowing that treatment and support would be completely confidential would motivate them to get help. Since a lack of awareness of accessibility was a key barrier for problem gamblers, it is important to address this and continue to relay information about treatment and support to problem gamblers, with a focus on messaging around confidentiality, cost and the ability to self-refer.

Gamblers from BAME communities, who have higher PGSI scores on average, were more likely than their white counterparts to say that they would be motivated by most of the factors listed. They are more likely to say that awareness of channels (15% vs. 8%), a partner or family member speaking to them about it (14% vs. 6%) or awareness of support accessibility (11% vs. 7%) would motivate them. These figures are comparable with October 2019.

In October 2019, gamblers with a PGSI score of 1+ in social grades ABC1 mentioned more potential motivators than their C2DE counterparts. However, in November 2020 both groups showed similar motivators, with ABC1s only being more likely to say that a partner or family member speaking to them would motivate them (10% vs. 6%). This trend is particularly pronounced among problem gamblers with a PGSI score of 8+. One in four (26%) ABC1 problem gamblers mentioned being motivated by conversations with a partner or family member, compared with 15% of C2DEs. There were no statistically significant differences in motivating factors by gender as seen in October 2019.

Both gamblers and affected others in the interviews highlighted the need to frame gambling as an addiction, on par with alcohol or drug addiction, as well as a need for public health advocacy for addressing gambling harm. One respondent suggested having a public figure speak about their gambling addiction to raise awareness of problem gambling and bring a much-needed face to the cause by sharing their own recovery journey.

“People need to be made aware it is a real issue and an addiction - that it is impactful. Make it more acceptable to talk about it, like with drug addiction.” (Affected other)

“It can be helpful for people to speak to or hear from those who are also addicted to gambling. They may delude themselves about how bad it is, especially compared to drug addictions.” (Affected other)

Access to support groups can motivate gamblers to address their problems with gambling, by hearing other people’s stories as well as having a safe, non-judgemental space for sharing their own situations. Support groups for gamblers and affected others can also provide opportunities for people to learn from and teach each other. Online support groups are better suited for people who prefer to maintain their anonymity, whilst in-person support groups can feel more personal and accessible for others. Support from friends and family and having a safe space to come forward about their gambling problems is also beneficial.

“I would like a support group – a bit like GambleAnonymous but less full on. It would be useful, like a drop in when needed, it would help with relapses to have a reminder of tips. Also, I would like online support, not telephone or face-to-face, it would be more private.” (Person who gambles and affected other)

“Someone to talk to, another parent, someone who is going through the same thing. Sometimes you just need a break, I could use someone to tell me to take care of myself and not blame myself or tell me how I can help him help himself.” (Affected other)

“I think if you had someone to turn to, like a friend or family member, who isn't going to judge you, who isn't going to look down on you and who's actually going to try to support you and not tell you the whole 'I told you so' thing, I think that would be helpful.” (Person who gambles and affected other)

Several respondents pointed out the importance of a holistic approach to treatment and support for gambling, with multiple elements including one-to-one counselling, group therapy or group support, mindfulness or yoga, and physical exercise, in order to address the social, biological and psychological factors involved in the creation and continuation of the problem.

“Addiction should be seen very much like the symptom of a problem. You should have access to talking therapies, some kind of counselling, CBT, mindfulness, an SSRI drug as a last resort. Something that looks at you as a person, not just the addiction, it has to be a holistic approach. It's something that might be needed every month, it's a long-term approach.” (Person who gambles)

Support from betting shop managers can also help individuals to address their problems with gambling – one respondent gave the example of a betting shop manager making discouraging comments when he started betting on topics he lacked knowledge about. Similarly, self-exclusion tools such as GAMSTOP and credit limits can help online gamblers. However, these tools have limitations, including the ability for gamblers to visit a different shop or cancel their controls.

“In the betting shop if I tried to place a bet he'd [the manager] say 'well you don't know much about it, do you?'. I could tell he was trying to discourage me in a nice way. [...] I've seen that betting shops have a sign that says GambleAware, that's fine, but if you feel you have a problem, talk to the manager. They want to make money, but they also have a duty of care to you.” (Person who gambles)

“[Setting spending limits] is all well and good, but there's nothing stopping you from going back and changing that. It's all down to willpower, it's all down to how you feel about the situation, if you can't admit you have a problem then you're not going to stick to any of the limits they give you.” (Person who gambles and Affected other)

As revealed in the quantitative stage, accessibility issues, such as proximity of services, ease of access, charge-free options and awareness of availability, are also paramount for motivating help-seeking, as is a re-assurance about confidentiality.

“Confidentiality [is important]. I don't want anybody to know, it would make me feel even worse myself.” (Person who gambles)

“I suppose being aware that it's more accessible, like if it was something offered as part of your employment pack. For example, for me because I am in university there is a mental health specialist if you need one. If it was signposted like that, just advertised as a norm.”

(Person who gambles and affected other)

“I would say maybe access to leaflets, maybe out in the windows or over the counter.”

(Person who gambles and affected other)

The case study below demonstrates the value of holistic support. This gambler received support from his family, as well as using medication and mindfulness techniques, once he had finally accepted he had a problem with gambling.

Case study: Person who gambles

General gambling behaviour and associations



He perceives gambling in a negative light and associates it with addiction. For him, gambling began as a fun recreational activity and it slowly became a compulsion, which was tied in with his OCD diagnosis. He became obsessed by trying to win back the money he had lost previously.

The amounts I was putting on would gradually increase as I started to lose and then I was trying to get back what I lost, and that's when it started to become a problem [...] It's almost like I couldn't stop doing it.

I'm very glad when a betting shop in the area closes, because I think they really are an absolute menace to society.

Impacts

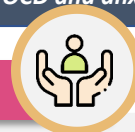


He lost a substantial amount of money by betting on subject matters that he had no knowledge of, which was even noted by the betting shop manager. His wife also made comments about the time he spent away from home and in betting shops.

In the betting shop, if I tried to place a bet the manager would say 'Well you don't know much about it, do you?', I could tell he was trying to discourage me in a nice way.

My wife started saying 'You're spending a lot of time out' and I told her 'Well, I gamble' and she said, 'Maybe you need to go back on your medication for OCD and anxiety and depression'.

Gambling problem acknowledgement & tools & support



He adopted a holistic approach for recovery and his wife and friends were supportive of him. His tools included meditation and mindfulness, medication for OCD and looking up information about gambling as an addiction online.

One of my friends introduced me to mindfulness, which I like very much. Gambling itself is not a problem, gambling is a symptom of a problem when it goes out of control. So I started meditating and being mindful, which really helped, just living in the moment.

Barriers and enablers to seeking support



The main barrier he had to overcome was acceptance of his problem gambling. This was facilitated by the support he received from his wife and prior knowledge of the dynamics of addiction from his family members.


I was thinking 'I'm the guy who has a wife and a business and everything, I'm not the guy who's an addict'.

I know addiction is hereditary, and I knew although I didn't drink very much, I have an addictive personality, so I thought 'I have to stop this, or it will just get worse and worse and worse'.

The case study below demonstrates how counselling can be useful in helping people identify why they gamble to excess. It also shows how hard it can be to address one's gambling behaviour if a close family member also has a gambling problem, since their excitement for gambling can motivate one's own gambling. The female in the case study struggled at times to talk to her sister about any successes in her support journey, when her sister was not doing so well in her own journey.

Case study: Person who gambles + AO

General gambling behaviour and associations




She has gambled for over 10 years on online slot machines, and admits she has a problem. Since having counselling, she has realised she gambles due to her money worries – she hopes to fix it by winning big.

I am worried about money – this is the main reason why I gamble. But I know I lose more... I had big wins early on, so I am chasing that dream again.

I used to do as enjoyed it - but now I don't really enjoy it as I am doing it for practical reasons – I need the money.


Impacts



Gambling to try and solve her money worries, has led to greater financial pressure as she loses more than she gains. She finds it stressful trying to keep it a secret from her husband.

I find it stressful as I want to win money and rarely do. I am then left with nothing. I am in a pattern of it. It is a big ball of stress.

Barriers and enablers to seeking support



Over the years she has gained support from GamCare, who have provided counselling sessions via a local charity. The counselling is always helpful, however after 1-2 years, she tends to forget what she has learnt and gets drawn into gambling again, especially if she has new financial worries. She doesn't like the formal structure of Gamblers Anonymous

Other person's gambling behaviour and tools used / enablers and barriers



Recently her and her sister have started gambling again due to the stress of Covid-19, reductions in her benefits and mounting legal costs. She finds it hard to stop gambling, when her sister talks about her wins. She has encouraged her sister to seek advice from GamCare.

Gamble Anonymous is too full on... I would prefer a drop-in session, so I can go when I need to. I would like it to be peer led.

I find it hard as she wants to speak to me about it - I am doing a bit better and don't want to relapse...I've asked to borrow money from her in the past.

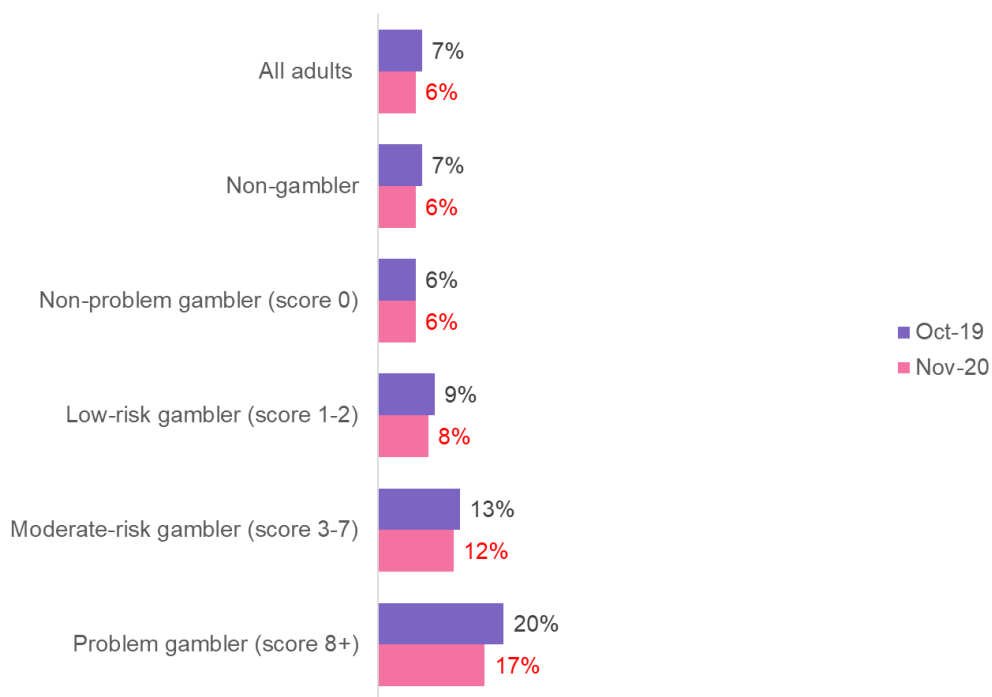
6 Affected others landscape

6.1 Amount of affected others

Gambling is a widespread issue that can have a profoundly negative impact, not just on those who gamble, but on those close to them. 'Affected others' are people who know someone with a problem around gambling (either currently, or in their past) and feel they have personally experienced negative effects from this person (or people's) gambling behaviour. This could include family members, friends and work colleagues, amongst others, with the negative effects ranging from financial to emotional or practical impacts.

Overall, 6% of the adult population surveyed qualified as affected others. This is a slight decrease from October 2019 (7%) and may reflect a decrease in the proportion of gamblers experiencing harm in November 2020. There is an inter-relationship between an individual's own gambling and experiencing issues related to others' gambling, with problem gamblers (PGSI score 8+) more likely than gamblers with lower scores to qualify as affected others. Affected others are more likely to be women than men, likely due to the male dominated gambling population and a higher proportion of heterosexual relationships resulting in more female partners and spouses being affected.

Figure 11: Proportion who are an affected other, by gambling category



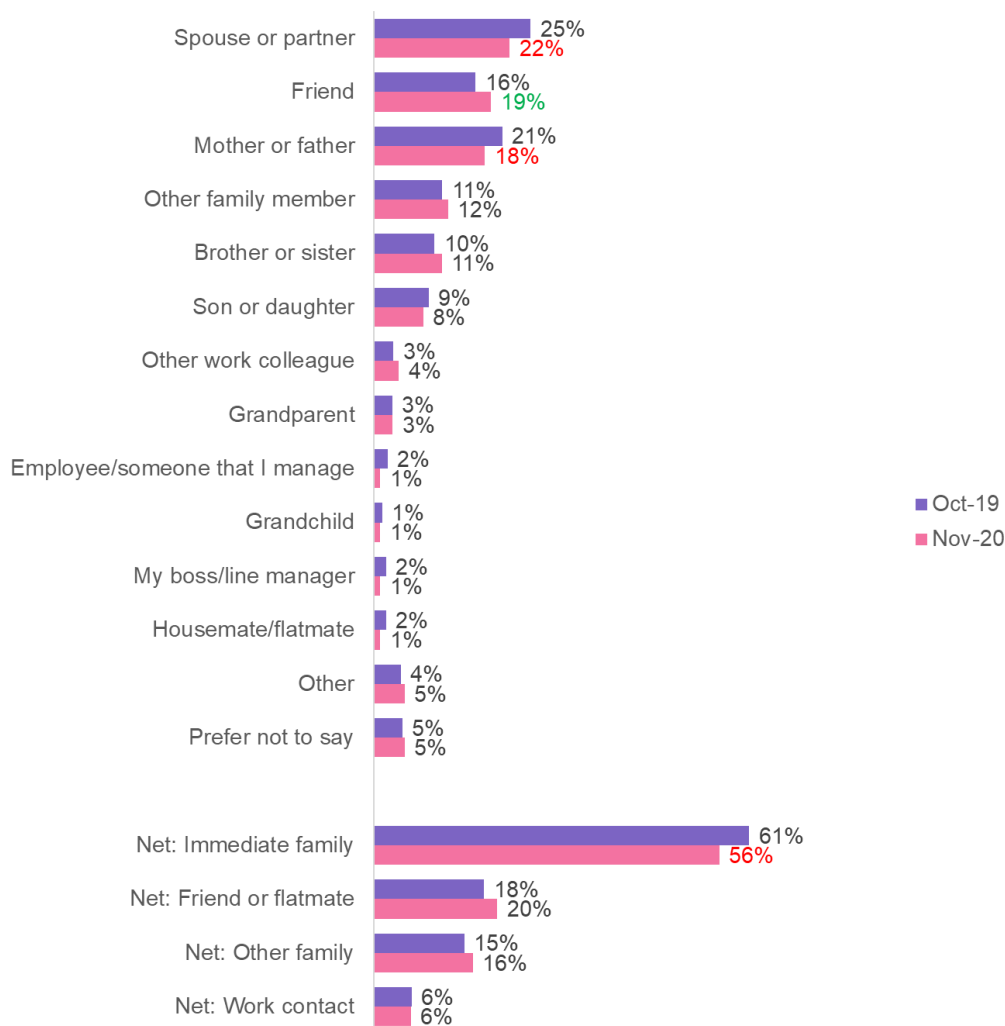
Base: all GB adults in October 2019 (Phase 1, n=12,161) and November 2020 (18,879)

As observed previously, affected others were more likely to be women than men. Fifty-seven percent of affected others were women (compared with 51% of the overall sample) and 43% were men. This is likely explained by the typology of the gambling population, with more men than women being classified as problem gamblers (PGSI score 8+). The higher proportion of heterosexual relationships means that there are more female spouses or partners being affected by a gambling problem of their significant other.

6.2 Type of affected other

Affected others were most likely to be negatively affected by a gambling problem of someone in their immediate family, although there has been a decrease in the proportion affected via this relationship since October 2019 (61% to 56% in November 2020). This is most commonly experienced through a spouse or partner (22%) or parent (18%). One in five (20%) were affected by a friend or flatmate, with the proportion being affected by a friend increasing from 16% in October 2019 to 19% in November 2020, closing the gap between the number affected by a spouse/partner and a friend.

Figure 12: Whose gambling affected others have been affected by



Base: all affected others in October 2019 (Phase 2, n=1,466) and November 2020 (1,250)

Female affected others were more likely than males to be affected by a gambling problem of someone in their immediate family (69% vs. 39%), with women particularly more likely to be affected by a spouse or partner (33% vs. 8%). This is likely due to there being more male problem gamblers (PGSI score of 8+) and more heterosexual relationships. The decrease in the proportion affected by someone in their immediate family can be partly attributed to fewer men being affected this way (44% in October 2019 to 39% in November 2020), whilst the figures for female affected others are comparable with the previous year. By contrast, men remain more likely than women to have been negatively affected by a gambling problem of a friend or flatmate (35% vs. 8%) or work contact (10% vs. 4%). These figures are in line with October 2019.

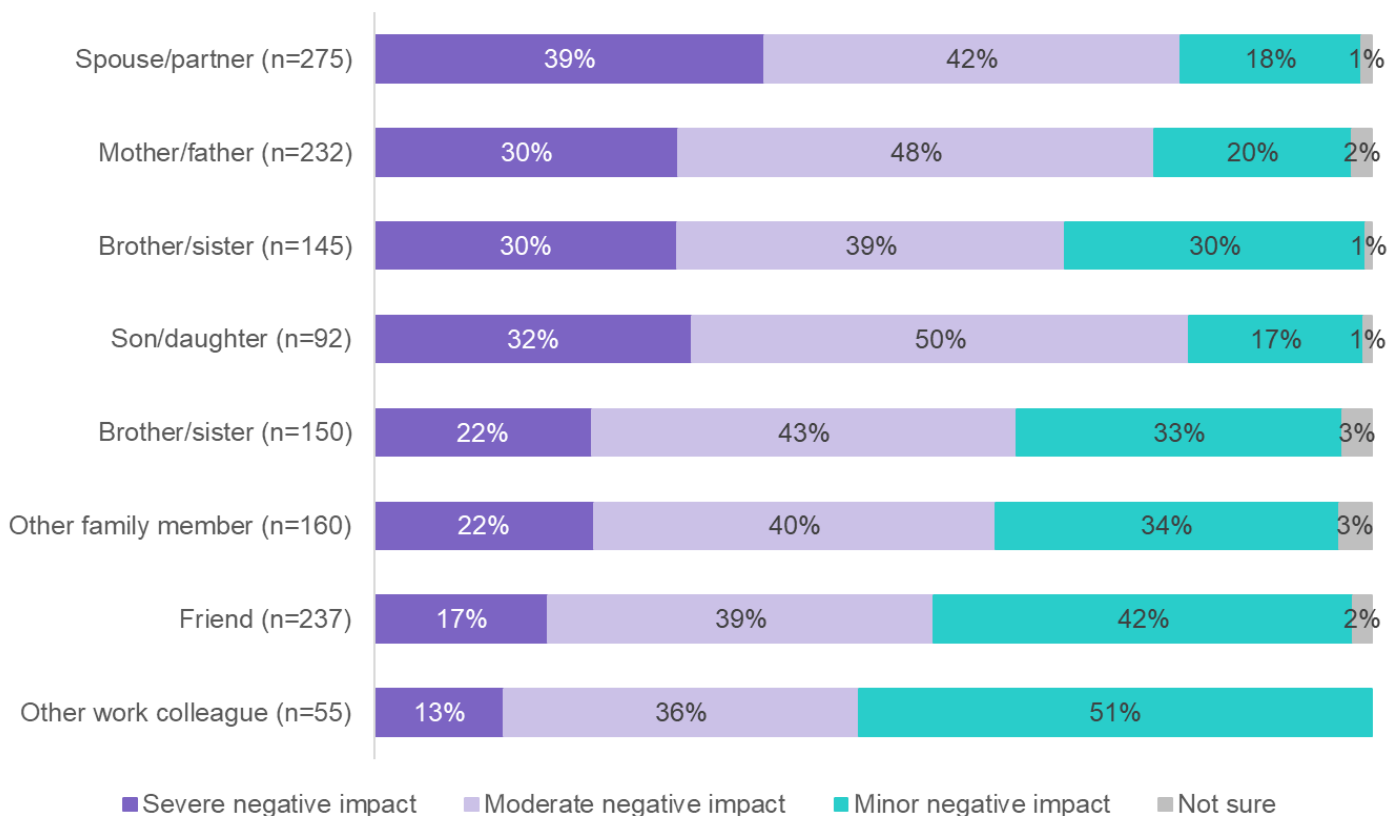
Respondents from BAME communities were more likely than their white counterparts to qualify as affected others (8% vs. 6%). White people were more likely to say they have been negatively affected by the gambling problem of a spouse or partner (24% vs. 13% of respondents from BAME communities), whilst respondents from BAME communities were more likely to have been affected by an extended family member (23% vs. 11% of white respondents). In accordance with their age, those aged 18-24 were most likely to report being affected by a parent (29% vs. 14% of 55+).

Problem gamblers (PGSI score 8+) are not just affected by their own gambling, with 17% also identifying as affected others. Three in ten (31%) reported being affected by a friend or flatmate (higher than average), suggesting that gamblers might be more likely to socialise with other gamblers.

6.3 Severity of impacts

The impact of a gambling problem for affected others is felt most severely by immediate family members. Approximately two in five (39%, down from 48% in October 2019) affected others that were affected by a spouse or partner's gambling reported a severe negative impact, likely due to the close and intense nature of this relationship. Those affected by the gambling of a parent are also less likely to say that it has had a severe negative impact on them in November 2020 than in October 2019 (30% vs. 41%). Whilst a relatively high proportion (19%) of affected others are affected by a friend, the impact of this tends to be less severe, with one in six (17%) reporting a severe impact and 42% saying the gambling problem has a minor negative impact on them. This suggests that the type and closeness of the relationship, for example whether they have a family or joint finances together, plays a key role in determining the severity of the negative impact.

Figure 13: Severity of impacts



Base: all affected others who are/were affected by each party (base sizes as shown)

6.4 Types of impacts

Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.¹² Gambling can have a profound impact on the day-to-day lives of not only gamblers, but those close to them, via resources (e.g. work and employment, money and debt, crime etc.), health (e.g. physical health, psychological distress, mental distress etc.) and relationships (e.g. partners, families and friends, communities etc.).

¹² Measuring gambling-related harms, Gambling Commission (2018):

<https://www.gamblingcommission.gov.uk/PDF/Measuring-gambling-related-harms.pdf>

“My brother stole £8,000 from his ex-girlfriend and he gambled it away and she found out on Christmas Eve. I couldn't sleep, I couldn't eat, it was terrible. It ruined Christmas for starters...The stress of this situation made me want to gamble more myself because stress makes me want to gamble more.” (Person who gambles and affected other)

“I walked away from that friendship because he was just gambling ridiculously, putting hundreds of pounds on a match. I found the friendship toxic and he was really aggressive.” (Person who gambles and affected other)

“He becomes cagey about money and aggressive. It impacts on my mum as she lives close and sees him daily. He can often be aggressive and threatening to her, especially if she brings up the topic.” (Affected other)

It is widely felt that the gambling problem of someone else has an impact on relationships, with the vast majority (77% vs. 82% in October 2019) of affected others saying that a relationship has been affected by the gambling problem of someone else. This includes an inability to trust them, a breakdown in communication with them, increased arguments over their gambling, less quality time with them, family violence or conflict and taking over decision making in the home. Gambling can also result in negative emotions among affected others, with two in three (68% vs. 75% in October 2019) saying they have felt feelings of anger, anxiety, depression, sadness, or distress and upset due the person's gambling. The qualitative interviews also found that affected others can feel lied to, leading to a break down in trust between themselves and the gambler.

“My mum gets scared as he is aggressive to her. I can also feel scared and upset. I worry a lot. I am upset that we are being lied to.” (Affected other)

“The trust is probably the hardest thing, there's always that worry, will he get tempted again? We understand it's not a choice. But I'm not going to lie, it's been very very hard.” (Affected other)

“It's hard because I know that I can't trust them around money. I had to take on a lot more responsibility in terms of being in charge of the money and kind of almost treating them like a child. If they want anything, I had to give them pocket money almost.” (Affected other)

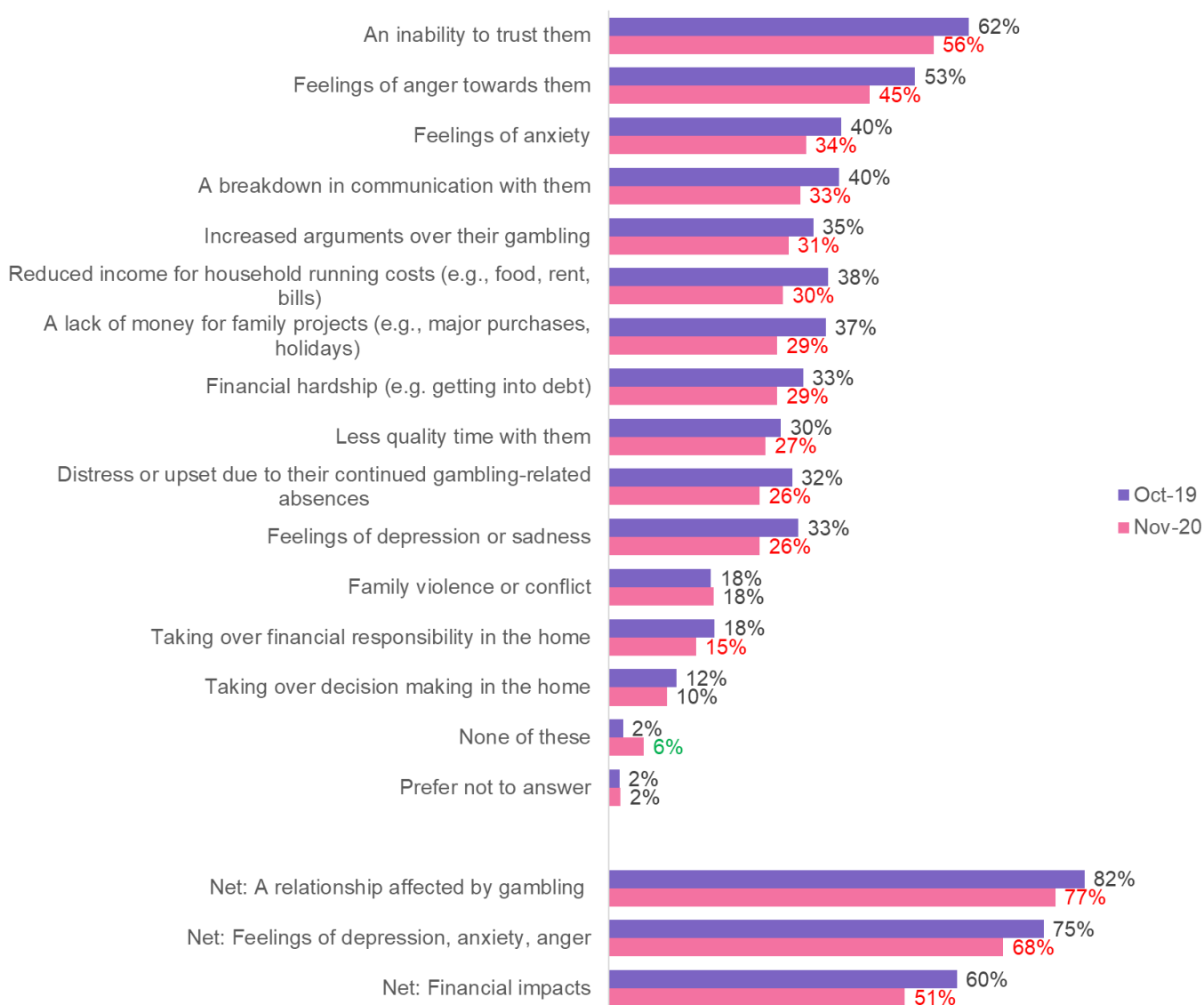
Half (51% vs. 60% in October 2019) of affected others reported experiencing financial impacts, including reduced income for household running costs, a lack of money for family projects, financial hardship and taking over financial responsibility in the home. Whilst there has been a decrease in the number of affected others saying that they have experienced each of these, this does not negate the sizable proportion still mentioning each, illustrative of the wide-ranging impacts gambling can have.

“The household food budget gets squeezed for his gambling. They have to buy value food – it can be bleak.” (Affected other)

“It makes me feel down that there's no money in the bank again. Whenever he gets bonuses, he'll try something new online. He needs to think more about the family. He keeps saying it's not addiction, but I think he is an addict - he's in denial. It's really hard to fight against; how can I change someone else's mind?” (Affected other)

For almost all the impacts listed in figure 14, there has been a slight decrease in the proportion of affected others experiencing each.

Figure 14: Types of impacts



Base: all affected others in October 2019 (n=1,466) and November 2020 (n1,250)

Women remain more likely than men to say they have experienced almost all of the negative impacts of being an affected other, with 75% saying that they have felt feelings of depression, anxiety, anger (compared with 58% of men). This has decreased from 81% of women and 64% of men reporting these feelings in October 2019. Women were also more likely than men to say they have experienced financial impacts (58% vs. 41% of men). This also represents a decrease from October 2019, for both women and men (67% and 48% respectively). This trend is in line with the earlier finding that those affected by the gambling of a spouse or partner (who tend to be women) are more likely to say that gambling has had a severe negative impact on them.

The case study below highlights how denial was a barrier for a young male seeking support for his gambling, as stated by his uncle, even after attempting suicide and running away from home.

Case study: AO

Other person's gambling behaviour



His nephew is addicted to online gambling and has lost around £10,000 over the last 3 years. He thinks the underlying cause is low self-esteem and poor mental health due to failing university, getting into debt and struggling to find a job.

He was in denial and thought he could manage it... He was using his Dad's credit cards to pay for the gambling online.

Impacts



His nephew ran away prompting the wider family to find out how big the issue was. He left a letter saying he was going to commit suicide, but fortunately he didn't.

My sister mistrusts him and goes through his stuff, as worried and concerned...My sister now seems withdrawn. But they keep bailing him out...It impacts the wider family...He hides away playing games all day, low self-esteem and a lack of confidence.

Gambling problem acknowledgement & tools & support



His nephew did see a mental health worker after considering suicide and being admitted to hospital, but he said he could manage his gambling himself. However, his gambling has increased during the Covid-19 pandemic. His mother did try to look for support online but couldn't find anything useful.

Barriers and enablers to seeking support



Denial is viewed to be the largest barrier. For example, the mental health nurse recommended a support worker, but his nephew refused the offer. He is shy and therefore his family think he would struggle to communicate with an older support worker.

He left letters saying he wanted to commit suicide. The next day, he saw a mental health worker but then didn't bother again. We don't know how to help him....

My sister looked online but couldn't find much. He doesn't want support. I am wary - I don't want to treat someone like their vulnerable – you need to be careful what you do say.

The case study shows how difficult it can be to support an affected other if they are not ready to be helped.

Case study: AO

Other person's gambling behaviour

His spouse has a problem with online gambling, which he thinks is associated with their mental health condition. They gamble on different websites and often do it in secret. If they do not gamble, they get depressed and even suicidal.

They get very cross with themselves, when they do it, they often do it in secret and I eventually always find out, because money would've gone missing and then they get very depressed and in times even suicidal because of it.

I have to hide credit cards and sometimes they find them, they find sites that would let them gamble again, using their phone, they find ways around things.

Impacts

Apart from financial impact, gambling has a severe impact on his spouse's moods and behaviour. Often, they would ask for money specifically to gamble which he gives them, as otherwise he finds it difficult to cope with their mood.

I know that I can't trust them around money, and I had to take on a lot more responsibility in terms of being in charge of the money and kind of almost treating them like a child.

At times they just can't cope, they just have to gamble and [...] they ask for money specifically so that they can gamble, so a few times a week I just have to give them money to gamble, because otherwise they just can't cope.

Gambling problem acknowledgement & tools & support

His spouse admits having a gambling problem they cannot control. They have tried getting support online, but it was unsuccessful. He has tried to encourage them to limit their access to various sites but with no results.

Barriers and enablers to seeking support

He sees his spouse's gambling problem as an illness, which he cannot really understand and as a result is unable to provide adequate support. He thinks that feelings of guilt and shame probably prevent his spouse from seeking further help.

Some kind of guidance on the best ways to stop access [...] I think that the support is important, it'd be useful for me to know, cause I don't have a clue [...] what I should be doing, how I can best support them would be helpful.

There's still a lot of shame and guilt and stigma around it. [...] they just don't tell me anything so I don't know if there's a method [she's] been suggested we could try instead.

7 Affected others: usage of advice or support

Affected others may seek advice or support both for themselves, and on behalf of the person or people they know with a gambling problem. The following sections focus on affected others who know someone who has had a problem with gambling in the last 12 months.

7.1 Usage of advice or support

In November 2020, two in five (41%) affected others have sought treatment, advice or support in some form, whether that be from a treatment service, such as mental health services or a GP, or types of advice or support, including friends or family members or visiting a website. Usage of advice and support among affected others is comparable with October 2019, as seen in table 14.

The majority (66%) of affected others have not sought advice or support on behalf of the person with the gambling problem, and they are even less likely to have done so for themselves (76% have not done so).

Table 11: Usage of advice or support

	Sought advice/ support at all		Sought advice/support on behalf of gambler		Sought advice/ support for themselves	
	Oct 19 (n=429)	Nov 20 (n=279)	Oct 19 (n=429)	Nov 20 (n=279)	Oct 19 (n=429)	Nov 20 (n=279)
Used any advice/support from treatment services	21%	17%	16%	12%	16%	13%
Used any advice/support	36%	33%	30%	28%	16%	15%
Used any advice/support	45%	41%	36%	34%	28%	24%

When affected others seek advice or support, either for themselves or on behalf of the person or people they know with a gambling problem, this is most likely to be from less formal sources, with one in three (33%) using these. This can be as simple as just talking to someone, with 14% saying they sought advice or support from a friend or family member. The next most common sources of advice or support include websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) (10%) or speaking to a spouse or partner (8%).

“I phoned a helpline and they said we'd have some sort of meeting, but then lockdown happened and then, with everything else happening in the world, it just didn't happen. That was just for me to talk through things.” (Affected other)

“Only informally, like talking to a friend. I guess it's helpful in the sense that I'm not holding on to the frustration. [Formal support] I haven't ever thought about it as being something that I could do.” (Affected other)

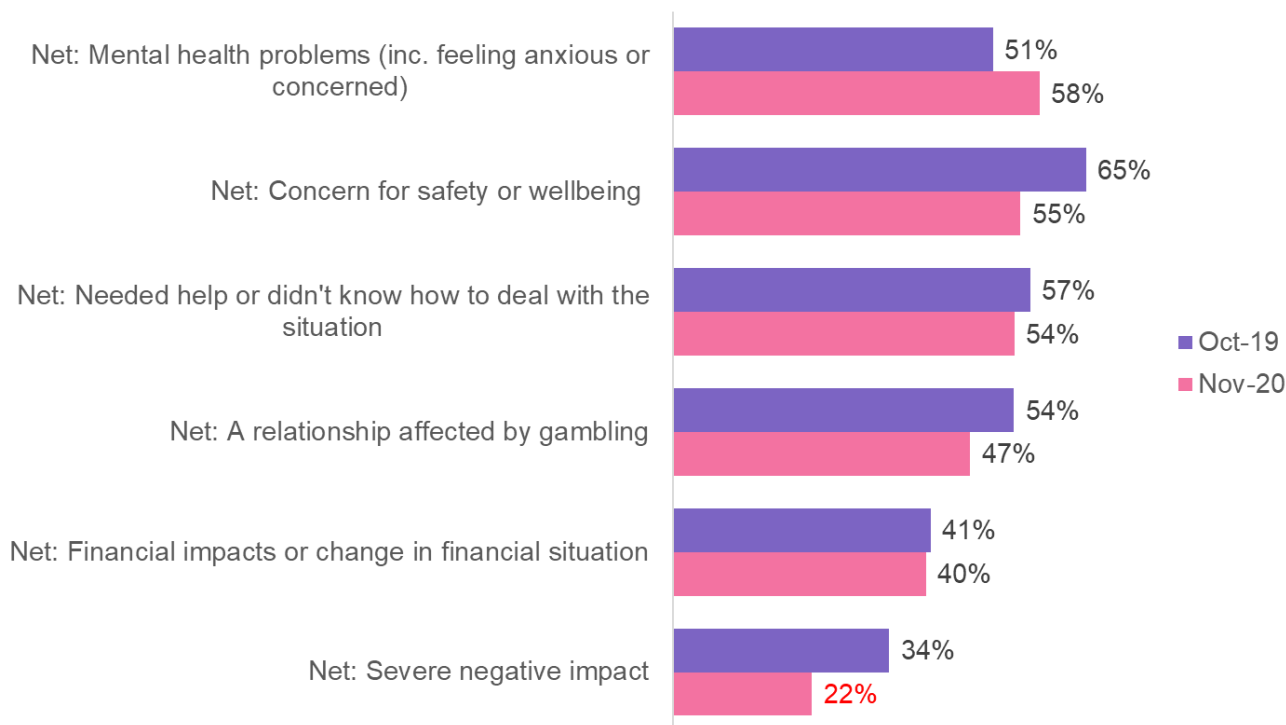
In addition to these sources of advice or support, a smaller but significant proportion (17%) say that they have sought advice or support from a treatment service. This is most often mental health services such as seeing a counsellor or therapist (11%) or a GP (eight percent).

“When I phoned the helpline, we just had a long conversation and it was nice to just talk with somebody who knows and can give you advice on what you should or shouldn't do, it was useful in that sense.” (Affected other)

7.2 Prompts for seeking advice or support

In November 2020, mental health problems (including feeling anxious or concerned) were the most common prompt given by affected others for seeking advice or support (58%), either for themselves or on behalf of the gambler they are affected by. This is followed by concern for safety or wellbeing (55%), for either the person with a gambling problem or for other family members, and needing help or not knowing how to deal with the situation (54%). Just under half (47%) said a relationship being affected by gambling led them to seek treatment, advice or support. One in five (22%) said they were prompted by a severe negative impact (e.g. risk of losing job, home or criminal proceedings), though this has decreased since October 2019.

Figure 15: Prompts for seeking advice or support



Base: All affected others who sought advice or support in October 2019 (Phase 2, n=203) and November 2020 (n=113)

The qualitative interviews found that a few affected others may be motivated to look for support for themselves or the gambler in the future *if* the problem got worse and was persistent over a long period of time. A few stated that they would only recommend support when they know the gambler has accepted that they have an issue and want help, so as to not upset them.

“He has to admit he has an issue. I am scared it will make him more aggressive. He wouldn’t listen to us as non-experts - he would only listen to a GP.” (Affected other)

“I think he’s very capable, I think he could find the information himself; he needs to want to do it. If he doesn’t want to, if he’s not ready to change, then he knows it’s there when he is ready – I have left a leaflet and he has a few emails.” (Affected other)

8 Affected others: current demand for advice or support

8.1 Current demand for advice or support

In November 2020, approximately one in three (35%) affected others expressed a demand for treatment, advice or support in relation to gambling, whether that be for themselves or on behalf of their partner, family member, friend or colleague about their gambling. This is lower than in October 2019, when 46% said they would like some form of advice or support. This chimes with the earlier findings, which reveal that those affected by the gambling problem of a spouse/partner or parent have reported a less severe impact than in October 2019. However, it is important to note that, with one in three affected others expressing a desire for advice or support, there remains a sizable reported demand among this group. Affected others remain more likely to want some form of advice or support on behalf of the gambler, in comparison with on their own account (32% vs. 20%).

Table 12: Demand for advice and support

	Want any advice/support at all		Want any advice/support on behalf of gambler		Want any advice/support for themselves	
	Oct 19 (n=429)	Nov 20 (n=279)	Oct 19 (n=429)	Nov 20 (n=279)	Oct 19 (n=429)	Nov 20 (n=279)
Want any advice/support from treatment services	29%	24%	26%	22%	16%	13%
Want any advice/support	34%	22%	28%	19%	21%	11%
Want any advice/support	46%	35%	43%	32%	31%	20%

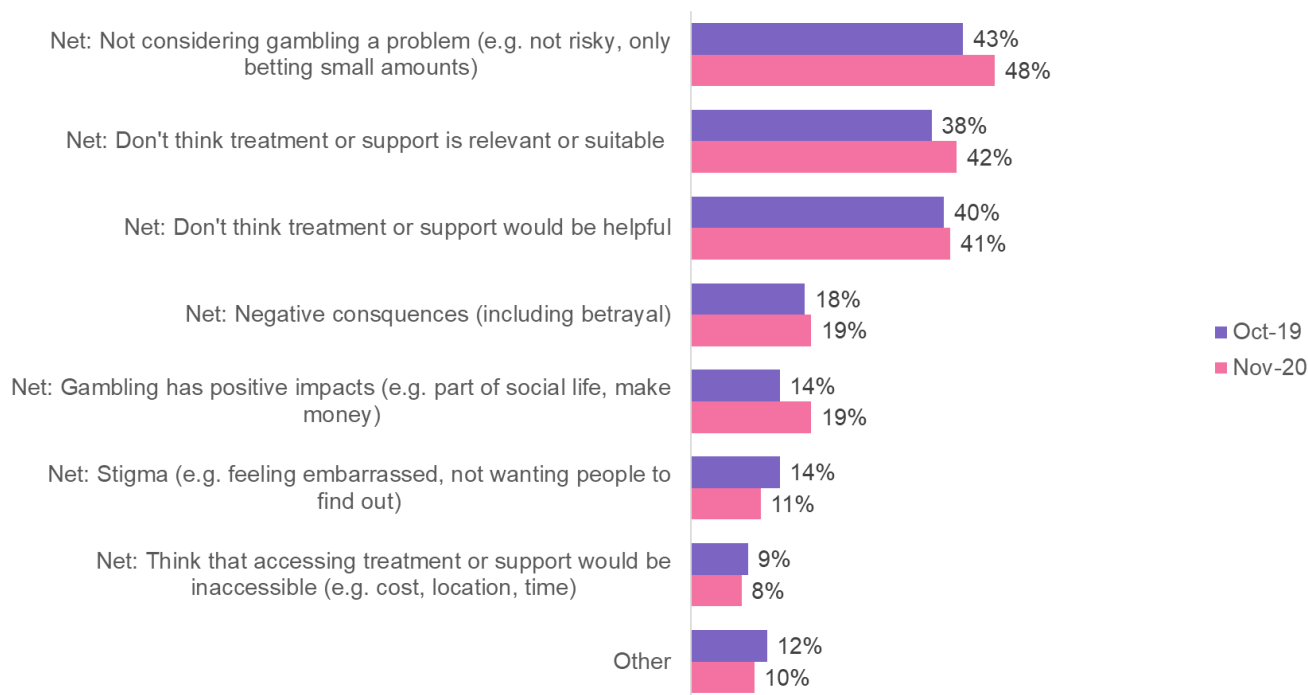
The reported demand for support (on behalf of the gambler or for themselves) is a combination of advice or support from a treatment service (24%) and types of support and advice (22%). Among the more formal sources, there is evident reported demand for mental health services (15%), followed by advice from a specialist face-to-face treatment service for gambling (12%). These figures are comparable with October 2019. Whilst 8% of affected others said that they wanted help from other addiction services (e.g. drug or alcohol) in October 2019, this has fallen to 4% in November 2020. Among the support sources, there is greatest reported demand for a support group (e.g. Gamblers Anonymous) (10%), speaking to friends and family members (7%) or websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) (6%). Affected others in November 2020 are less likely than in October 2019 to say that they want to speak to friends or family (13% to 7%) or to their spouse/partner (7% to 2%), amongst other sources.

Younger affected others, aged 18-34, are more likely than those aged 55+ to report a demand for GP services (14% vs. 2%) or help from a social worker, youth worker or support worker (9% vs. 0%). This suggests that supporting younger affected others to get help from treatment services is vital.

8.2 Barriers to wanting advice or support

In November 2020, the barriers to wanting advice or support among affected others, either for themselves or on behalf of their partner, family member, friend or colleague, remained consistent with October 2019. The most common barrier is the gambler not considering their gambling a problem (48%). Two in five (42%) affected others say that they do not think advice or support is relevant or suitable, and there is still a common perception that advice / support would not be helpful or effective (partly due to unsatisfactory prior experiences) (41%).

Figure 16: Barriers to wanting advice or support



Base: All affected others who would not want treatment/advice/support in October 2019 (Phase 2, n=304) and November 2020 (n=229)

As found in the quantitative phase, not wanting help or believing it to be unnecessary was the largest barrier identified in qualitative interviews. If the gambler refuses help, then the affected other can be left feeling powerless and upset.

“He doesn’t want any support; he hardly ever wants to go to the doctor if he’s got any issue. If he doesn’t go when he’s got an actual problem, why would he go for therapy? He doesn’t like to listen to someone else. He doesn’t open up. He’s not expecting any help for addiction.” (Affected other)

“He wouldn’t realise he has an issue...He would think it was demeaning if a charity brought it up. He would respect a GP more.” (Affected other)

“My sister looked online but couldn’t find much. He didn’t want support. I am wary, I don’t want to treat someone like their vulnerable. You have to be careful what you do or say.” (Affected other)

Several affected others were in denial about the gambler's behaviour – driven by the desire to avoid upsetting the gambler and the wider family – meaning that they don't speak about it openly or actively seek help.

“Denial. He is young and would feel out of place at a support group. He is shy and doesn't like talking to older people...His mum doesn't want to talk about it either – no one talks about it.” (Affected other)

“My mum (affected other) is a bit scared – it is a big step for her to admit it. We are a long way from that... a culture of pretending in our family it is fine and has happened for years about other things too. Is a huge step to offer her or [the gambler] help.” (Affected other)

The stigma surrounding gambling harms also prevents some affected others from wanting advice or support, with one in ten (11%) saying that they would be embarrassed or ashamed to ask for advice or support, or that they want to avoid people finding out in their social or professional circles. Stigma was also recognised in the qualitative interviews.

“There's still a lot of shame and guilt and stigma around it. I don't think they think that there is anything else that it can be done. They had the sessions and they haven't really stopped it from happening. They just beat themselves about and become really mentally depressed and suicidal and hate themselves, it escalates. So, for me it's easier just to not talk about it.” (Affected other)

“It is a big stigma in my community due to our ethnicity. If your family isn't perfect – you act like nothing is wrong...We sweep things under the carpet, we'll deal with it within the house.” (Affected other)

*“It's something we kept to ourselves. I don't think it's really anybody else's business.”
(Affected other)*

The case study below shows the role that stigma and shame play in preventing people reaching out for help. It also highlights how it can be especially hard to support a gambler if the affected other is also a gambler.

Case study: Person who gambles + AO

General gambling behaviour and associations



She has a mixed view about gambling: although it can be fun and a quick way to get money, it can quickly become a compulsion as her and her girlfriend's experiences proved. She started by buying scratch cards and moved to online betting, after the influence of her girlfriend.

I thought 'Oh I have a complete handle on it, I'm not going to spend more than I can afford', and yeah that didn't last very long.

It got to the point where I was spending money that I didn't have, like I'd start dipping into rent and it got bad for me.

Impacts



Once her gambling escalated, she started spending money that was meant for bills and rent, which triggered anxious and self-deprecatory thoughts. Ultimately, she got her mother in financial trouble by using her PayPal account, which determined her to cut down on gambling.

I accidentally involved my mom, and got her in trouble, and it's like I can't do that, my stupidity is my stupidity, my mom's a pensioner. It's one thing to get myself in trouble, cause that's my mess, but to get my mom in trouble, that's not right.

Barriers and enablers to seeking support



She has not sought external support for her gambling but managed to cut down through willpower and self-imposed limits. Feelings of shame and guilt, the stigma associated with gambling and trust in her willpower are what prevented her from reaching out for help.

My willpower is usually pretty good, so I thought if I can't quit it on my own, then how is anyone going to be able to help me? And it was also the whole embarrassed, ashamed, shouldn't have done it thing, shouldn't have let it get a hold of me in that way.

Other person's gambling behaviour and tools used / enablers and barriers



Her girlfriend is a heavy gambler and the person who influenced her to start gambling. Her girlfriend acknowledges that she has a gambling problem but is unwilling to seek help, despite often losing more money than she can afford betting.

She is addicted but won't admit she's addicted. [...] She told me she needs to stop, but when it comes to payday, she spends it all on gambling.

I'm trying to make her understand that she doesn't need it, it's not necessary. But you can only tell someone something so many times and if it doesn't get through to them, then what can you do? I told her I haven't got the money to keep helping her.

Additionally, a few affected others interviewed spoke of struggling to find relevant information online, either due to their own IT abilities or not knowing where to look. Generally, affected others were not aware of any support available for themselves, and therefore were not proactively looking for it.

The qualitative research found that affected others would like the following anonymous and ideally free support to be made available for people like them:

- Guidance on how to help to decrease the gambler's access to gambling (e.g. how to implement exclusion controls and say no to giving them money);
- Advice on how the affected other can best support the gambler;
- Information on common signs of addiction to look out for and possible triggers;
- Information on the impacts of gambling;
- Signposting information for the affected other to recommend to the gambler;
- Talking therapies for affected others.

“Guidance on the best ways to stop access, would be good... because I don't have a clue. I'm just enabling them to continue, because they need to gamble, and I can't cope with how they are otherwise. Maybe some kind of support for me on what I should be doing, how I can best support them would be helpful.” (Affected other)

“Talking therapies may help me and my mum as a culture of secrecy around it. An anonymous space to discuss it would be a release. Being able to talk about it openly - would allow me to objectively look at it. Also, to have a person to talk to who knows about gambling specifically, so they can tell you if the person's behaviour is normal or a big red flag.” (Affected other)

“Draw parallels with other addictions for them to understand why it happens e.g. emotions, impacts. Inform people that there can be a buzz and is a serious issue. Make it more acceptable to talk about it, like with drug addiction.” (Affected other)

9 Conclusions

The study showed an overall pattern of reduced gambling between October 2019 and November 2020, likely reflecting the impact of the Coronavirus (COVID-19) pandemic and resulting lockdowns on many activities. In line with this, there has been a small, but statistically significant, reduction in the proportion qualifying as gamblers with a PGSI score of 1+. However, this change is mainly driven by a decrease in the number of gamblers falling into the low-risk (1-2) category, suggesting that the overall reduction in gambling participation has taken place predominantly among those gambling at zero or low-risk levels, while moderate-risk and problem gambler levels have remained fairly constant suggesting that gambling may be more entrenched in their behaviour.

Among gamblers with a PGSI score of 1+, usage of treatment, advice and support in the last 12 months has remained largely unchanged since October 2019, whilst gamblers receiving higher scores on the PGSI scale are more likely to report seeking help. There is an appetite for remote support among gamblers falling into the younger and middle age categories, with those who have already accessed it saying that it was better or about the same as face-to-face access. Among gamblers who thought that remote support was better than face-to-face, this tended to be based on a perception that it is more confidential and discreet. Others preferred remote appointments generally or found them more convenient. Therefore, remote support remains crucial during the pandemic, when many cannot access face-to-face appointments, in order to ensure gamblers can access the treatment, support and advice they need.

However, in the qualitative phase concerns existed over the quality of remote support, including the inability to read body language and a lack of eye contact. Some also said that they do not have a private space to talk or were worried about people at home hearing, suggesting that remote support is not for everyone, and a combination of face-to-face and remote support is necessary when tackling gambling disorders. Most gamblers and affected others in the qualitative interviews said they had or would look online (on charity websites such as BeGambleAware.org, GamCare.org and local organisations) for initial advice and for information on support services as a starting point, as the information is generally accessible and free.

When gamblers access treatment, advice or support, on the whole they report finding it helpful, though there is a sense that sources of support (e.g. from a spouse/partner or friends and family) are most helpful. Generally, treatment options were considered less helpful than sources of advice and support. The qualitative insights suggested that the effectiveness of treatment and support is individual and can be linked to how ready and willing the gambler is to seek support and ultimately reduce their gambling, as well as their wider mental health circumstances and the level of support around them from friends and family. This suggests there is a need for a holistic approach to treating gambling disorders, reinforcing the idea that there is no 'one size fits all' approach.

There remains a multitude of barriers to receiving treatment, advice and support with harmful gambling. Many of those stating they did not want any form of treatment, advice or support felt that their gambling was not harmful or that they only gambled small amounts of money. The qualitative interviews confirmed that stigma is a prominent barrier for problem gamblers (PGSI score of 8+) seeking support and treatment, with several fearing they would be ridiculed for their gambling. Denial also plays a role in preventing gamblers from accessing support. This suggests there could be value in producing communications that inform people about gambling-related harms and how treatment could be relevant to them, as well as increasing awareness of treatment services and their suitability for different types of people. In addition to this, re-assurance of confidentiality is paramount.

10 Technical appendix

10.1 Sampling and data collection methods

The survey was conducted online, with respondents drawn from YouGov's online panel of over 1,000,000 adults in the UK. YouGov employ an active sampling method, drawing a sub-sample from its panel that is representative of the group in question in terms of socio-demographics (in this case, age; sex; region; NRS social grade, and ethnic group).

YouGov has a proprietary, automated sampling system that invites respondents based on their profile information and how that aligns with targets for surveys that are currently active. Respondents are automatically, randomly selected based on survey availability and how that matches their profile information.

Respondents are contacted by email and invited to take part in an online survey without knowing the subject at this stage. We use a brief, generic email invitation which informs the respondent only that they are invited to a survey. This helps to minimise bias from those opting in/out based on level of interest in the survey topic.

10.2 Weighting

Weighting adjusts the contribution of individual respondents to aggregated figures and is used to make surveyed populations more representative of a project-relevant, and typically larger, population by forcing it to mimic the distribution of that larger population's significant characteristics, or its size. The weighting tasks happen at the tail end of the data processing phase, on cleaned data.

In order to make this study representative, the sample was weighted to be representative of all GB adults (aged 18+) by age, gender, UK region, socio-economic group and ethnic group.

10.3 Questionnaire

Question type: *Multiple*

[Q1] Which, if any, of these have you spent money on in the past 12 months? Please tick all that apply.

- | | | | |
|-----|---|----------|---|
| <1> | Tickets for the National Lottery Draw, including Thunderball and EuroMillions and tickets bought online | <10> | Betting on horse or dog races – in person |
| <2> | Tickets for any other lottery, including charity lotteries | <11> | Betting on football – online |
| <3> | Scratch cards | <12> | Betting on football – in person |
| <4> | Gaming machines in a bookmakers | <13> | Betting on other sports – online |
| <5> | Fruit or slot machines | <14> | Betting on other sports – in person |
| <6> | Bingo (including online) | <15> | Any other type of gambling |
| <7> | Gambling in a casino (any type) | <99 xor> | None of the above |
| <8> | Online casino games (slot machine style, roulette, poker, instant wins) | <98 xor> | Don't know |
| <9> | Betting on horse or dog races – online | | |

Question type: *Multiple*

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

[Q2] And which, if any, of these have you spent money on in the past 4 weeks? Please tick all that apply.

- | | | | |
|-----|---|----------|---|
| <1> | Tickets for the National Lottery Draw, including Thunderball and EuroMillions and tickets bought online | <10> | Betting on horse or dog races – in person |
| <2> | Tickets for any other lottery, including charity lotteries | <11> | Betting on football – online |
| <3> | Scratch cards | <12> | Betting on football – in person |
| <4> | Gaming machines in a bookmakers | <13> | Betting on other sports – online |
| <5> | Fruit or slot machines | <14> | Betting on other sports – in person |
| <6> | Bingo (including online) | <15> | Any other type of gambling |
| <7> | Gambling in a casino (any type) | <99 xor> | None of the above |
| <8> | Online casino games (slot machine style, roulette, poker, instant wins) | <98 xor> | Don't know |
| <9> | Betting on horse or dog races – online | | |

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

The following questions are about **gambling, including the National Lottery and scratch cards as well as sports betting, casino games, gaming machines and bingo.**

For the purposes of this survey, please consider 'gambling' and 'betting' to mean the same thing.

Question type: **Single**

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

[P2_Q4] Thinking about **all** the gambling activities covered in the previous questions, would you say you spend money on these activities...

- <1> Everyday/6-7 days a week
- <2> 4-5 days a week
- <3> 2-3 days a week
- <4> About once a week
- <7> About once a fortnight
- <8> About once a month
- <9> Every 2-3 months
- <10> Once or twice a year

Question type: **Grid**

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

[Q4] The questions that follow show reasons that some people have given about why they take part in gambling. For each one, please state whether these are reasons why you take part in gambling.

I take part in gambling...

- | | | | |
|---------|---|----------|--|
| -[Q4_1] | for the chance of winning big money | -[Q4_9] | because of the sense of achievement when I win |
| -[Q4_2] | because it's fun | -[Q4_10] | to impress other people |
| -[Q4_3] | as a hobby or a pastime | -[Q4_11] | to be sociable |
| -[Q4_4] | to escape boredom or to fill my time | -[Q4_12] | because it helps when I'm feeling tense |
| -[Q4_5] | because I'm worried about not winning if I don't play | -[Q4_14] | to make money |
| -[Q4_6] | to compete with others (e.g. bookmaker, other gamblers) | -[Q4_15] | to relax |
| -[Q4_7] | because it's exciting | -[Q4_16] | because it's something that I do with my friends or family |
| -[Q4_8] | for the mental challenge or to learn about the game or activity | | |
| <1> | Always | | |
| <2> | Often | | |
| <3> | Sometimes | | |
| <4> | Never | | |

Question type: **Dyngrid**

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

[Q5] Thinking about the last 12 months:

- [Q5_1] Have you bet more than you could really afford to lose?

- [Q5_2] Have you needed to gamble with larger amounts of money to get the same excitement?
 - [Q5_3] When you gambled, did you go back another day to try and win back the money you lost?
 - [Q5_4] Have you borrowed money or sold anything to get money to gamble?
 - [Q5_5] Have you felt that you might have a problem with gambling?
 - [Q5_6] Has gambling caused you any mental health problems, including stress or anxiety?
 - [Q5_7] Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
 - [Q5_8] Has your gambling caused any financial problems for you or your household?
 - [Q5_9] Have you felt guilty about the way you gamble or what happens when you gamble?
 - <1> Never
 - <2> Sometimes
 - <3> Most of the time
 - <4> Almost always
-

Question type: **Single**

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

[P2_Q6] In the last 12 months, has your overall involvement in gambling activities stayed the same, increased or decreased?

- <1> Increased a lot
 - <2> Increased a little
 - <3> Stayed much the same
 - <4> Decreased a little
 - <5> Decreased a lot
-

Question type: **Multiple**

if P2_Q6 in ([1,2])

[P2_Q7] What are the main reasons for the increase in your gambling involvement?
Please tick all that apply.

- | | | | |
|------------|--|------------|--|
| <1> | I have more money to spend now | <11 fixed> | My mental health has got worse |
| <3> | I have more time now | <12> | I have been lonely/increasingly lonely |
| <4> | I have more opportunities to gamble | <13 fixed> | A negative change in my personal life (e.g. bereavement) |
| <5> | Because of friends and family encouraging me to gamble | <14 fixed> | A positive change in my personal life (e.g. new relationship) |
| <6> | I wanted to gamble more | <15> | A major change in my work life (e.g. redundancy, job loss, retirement or change of career) |
| <7> | I became old enough to gamble | <16> | I had a big gambling win |
| <8 fixed> | My physical health has got better | <95 fixed> | Other reasons (open [P2_Q7_open]) [open] please specify |
| <9 fixed> | My physical health has got worse | <98 fixed> | Not sure |
| <10 fixed> | My mental health has got better | xor> | |
| | | <97 fixed> | Prefer not to say |
| | | xor> | |
-

Question type: **Multiple**
if P2_Q7.has_any([13,14])

[P2_Q7a] Which of the following describe the change(s) in your personal life which were reasons for your gambling increasing? Please tick all that apply.

- <1> Bereavement
- <2> Divorce
- <3> Breakdown of relationship with partner
- <4> New relationship
- <5> Birth of a child
- <6> Breakdown of relationship with family member
- <7> Breakdown of a friendship
- <95 fixed> Other (open [P2_Q7a_open]) [open] please specify
- <97 fixed xor> Prefer not to say

Question type: **Multiple**
if P2_Q6 in ([4,5])

[P2_Q8] What are the main reasons for the decrease in your gambling involvement? Please tick all that apply.

- | | |
|---|---|
| <ul style="list-style-type: none"> <1> I have less money to spend now <2> I want to save money/spend money on other things <3> I have less time/I'm too busy now <4> I have fewer opportunities to gamble <5> Because of friends and family asking or encouraging me to cut down gambling <6> I have lost interest in the activities I used to do <7> My priorities have changed (i.e. I am focussing on other things rather than gambling) <8 fixed> My physical health has got better | <ul style="list-style-type: none"> <9 fixed> My physical health has got worse <10 fixed> My mental health has got better <11 fixed> My mental health has got worse <13 fixed> A negative change in my personal life (e.g. bereavement) <14 fixed> A positive change in my personal life (e.g. new relationship) <15> A major change in my work life (e.g. new job, retirement or change of career) <16> A change in how I manage money (e.g. using an app or software, or someone else managing my finances) <95 fixed> Other reasons (open [P2_Q8_open]) [open] please specify |
|---|---|

Question type: **Multiple**
if P2_Q8.has_any([13,14])

[P2_Q8a] Which of the following describe the change(s) in your personal life which were reasons for your gambling decreasing?

- <1> Bereavement
- <2> Divorce
- <3> Breakdown of relationship with partner

<4>	New relationship
<5>	Birth of a child
<6>	Breakdown of relationship with family member
<7>	Breakdown of a friendship
<95 fixed>	Other (open [P2_Q8a_open]) [open] please specify
<97 fixed xor>	Prefer not to say

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

This next section is about support, advice and treatment with regards to cutting down your gambling.

Question type: Multiple

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

[Q7] In the last 12 months, which, if any, of the following have you approached or used for support, advice or treatment with cutting down your gambling? Please tick all that apply.

Treatment

<1>	GP	<11>	Your employer
<2>	Mental health services (e.g. counsellor, therapist)	<12>	Books, leaflets or other printed materials
<3>	Social worker, youth worker or support worker	<13>	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
<4>	Specialist treatment service for gambling (e.g. National Gambling Treatment Service)	<14>	Online forum or group
<5>	Other addiction service (e.g. drug or alcohol)	<15>	A telephone helpline (e.g. National Gambling Helpline)
<6>	Online therapy for gambling e.g. CBT	<16>	Self-help apps or other self-help tools
<7>	Face to face therapy for gambling)	<17>	Self-exclusion (e.g. blocking software or blocking bank transactions)
	Support and advice		
<8>	A support group (e.g. Gamblers Anonymous)	<95 fixed>	Another source of support, advice or treatment (open [Q7_open]) [open] please specify
<19>	A faith group	<99 fixed xor>	None of these
<9>	Your spouse/partner	<97 xor>	Not applicable – I have not needed to cut down my gambling
<10>	Friends or family members		

Question type: Multiple

if Q7.has_any([1,2,3,4,5,6,7,8,19,9,10,11,12,13,14,15,16,17,95])

[P2_Q10] What, if anything, **prompted** you to seek support, advice or treatment to cut down your gambling? Please tick all that apply.

- | | | | |
|------|--|----------------|---|
| <1> | Advice from a friend, family member or someone else | <15> | An advertising campaign or news story related to gambling harms |
| <2> | Mental health problems | <18 fixed> | A negative change in my personal life (e.g. bereavement) |
| <4> | I saw that my gambling was having significant financial impacts (e.g. couldn't pay rent, bills, afford food etc) | <19 fixed> | A positive change in my personal life (e.g. new relationship) |
| <5> | My relationship was affected by my gambling | <20> | A major change in my work life (e.g. redundancy, job loss, retirement or change of career) |
| <6> | My family was affected by my gambling | <21> | A change in my financial situation |
| <7> | Threat of criminal proceedings | <22> | Moving to a different location |
| <8> | My level of gambling was making me anxious or concerned | <23> | Physical illness or injury |
| <10> | I was at risk of being made homeless/losing my home | <24> | My partner/family demanded that I change my behaviour or took action to make me change my behaviour |
| <13> | I felt overwhelmed by the situation | <95 fixed> | Something else (open [P2_Q10_open]) [open] please specify |
| <14> | I was at risk of losing my job/employment | <97 fixed xor> | N/A – Nothing in particular prompted me to seek support, advice or treatment |

Question type: **Multiple**
if P2_Q10.has_any([18,19])

[P2_Q10a] Which of the following describe the change(s) in your personal life which prompted you to seek support, advice or treatment to cut down your gambling? Please tick all that apply.

- | | |
|----------------|---|
| <1> | Bereavement |
| <2> | Divorce |
| <3> | Breakdown of relationship with partner |
| <4> | New relationship |
| <5> | Birth of a child |
| <6> | Breakdown of relationship with family member |
| <7> | Breakdown of a friendship |
| <95 fixed> | Other (open [P2_Q10a_open]) [open] please specify |
| <97 fixed xor> | Prefer not to say |

if Q7.has_any([1,2,3,4,5,6,7,8,19,9,10,11,12,13,14,15,16,17])

To what extent, if at all, did the support, advice or treatment you received from each of the following help you to cut down your gambling?

Question type: **Grid**
if Q7.has_any([1,2,3,4,5,6,7])

[P2_Q11a] Treatment

-[P2_Q11a_1]	GP
-[P2_Q11a_2]	Mental health services (e.g. counsellor, therapist)
-[P2_Q11a_3]	Social worker, youth worker or support worker
-[P2_Q11a_4]	Specialist face-to-face treatment service for gambling
-[P2_Q11a_5]	Other addiction service (e.g. drug or alcohol)
-[P2_Q11a_6]	Online therapy for gambling e.g. CBT
-[P2_Q11a_7]	Face to face therapy for gambling
<1>	N/A – I did not receive any advice/support
<2>	Not at all
<3>	A little
<4>	A lot
<5>	Not sure

Question type: **Grid**
if Q7.has_any([7,8,19,9,10,11,12,13,14,15,16,17])

[P2_Q11b] Support and advice

-[P2_Q11b_8]	A support group (e.g. Gamblers Anonymous)
-[P2_Q11b_19]	A faith group
-[P2_Q11b_9]	Your spouse/partner
-[P2_Q11b_10]	Friends or family members
-[P2_Q11b_11]	Your employer
-[P2_Q11b_12]	Books, leaflets or other printed materials
-[P2_Q11b_13]	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
-[P2_Q11b_14]	Online forum or group
-[P2_Q11b_15]	A telephone helpline (e.g. National Gambling Helpline)
-[P2_Q11b_16]	Self-help apps or other self-help tools
-[P2_Q11b_17]	Self-exclusion (e.g. blocking software or blocking bank transactions)
<1>	N/A – I did not receive any advice/support
<2>	Not at all
<3>	A little
<4>	A lot
<5>	Not sure

Question type: **Open**

#Question display logic:

if P2_Q11a_1 ==2 or P2_Q11a_2 ==2 or P2_Q11a_3 ==2 or P2_Q11a_4 ==2 or
P2_Q11a_5 ==2 or P2_Q11a_6 ==2 or P2_Q11a_7 or P2_Q11b_8 ==2 or P2_Q11b_19
==2 or P2_Q11b_9 ==2 or P2_Q11b_10 ==2 or P2_Q11b_11 ==2 or P2_Q11b_12 ==2
or P2_Q11b_13 ==2 or P2_Q11b_14 ==2 or P2_Q11b_15 ==2 or P2_Q11b_16 ==2 or
P2_Q11b_17 ==2

[P2_Q11c] You said that the support, treatment or advice you received from one or more sources **did not** help you to cut down your gambling. Could you explain why it didn't help?

Question type: **Open**

if P2_Q11a_1 in [3,4] or P2_Q11a_2 in [3,4] or P2_Q11a_3 in [3,4] or P2_Q11a_4 in [3,4] or P2_Q11a_5 in [3,4] or P2_Q11a_6 in [3,4] or P2_Q11a_7 in [3,4] or P2_Q11b_8 in [3,4] or P2_Q11b_9 in [3,4] or P2_Q11b_10 in [3,4] or P2_Q11b_11 in [3,4] or P2_Q11b_12 in [3,4] or P2_Q11b_13 in [3,4] or P2_Q11b_14 in [3,4] or P2_Q11b_15 in [3,4] or P2_Q11b_16 in [3,4] or P2_Q11b_17 in [3,4]

[P2_Q11d] You said that the support, treatment or advice you received from one or more sources **helped** you to cut down your gambling. Could you explain why it helped?

if Q7.has_any([1,2,3,4,5,6,7,8,19,9,10,11,12,13,14,15,16,17,95])

[Q_COVID1] Have you accessed any treatment, support or advice to cut down your gambling remotely (i.e. online or by phone) in the last 12 months? This could include formal sources of advice such as a GP, or informal sources such as a friend or family member.

<1> Yes
<2> No

Question type: **Single**

if [Q_COVID1] - Yes is selected [if Q_COVID1 = 1]

[Q_COVID2] You said that you have accessed treatment, support or advice to cut down your gambling remotely (i.e. online or by phone) in the last 12 months. How much better or worse did you find accessing this online/remotely, compared to face-to-face?

<1> Much better
<2> Slightly better
<3> About the same
<4> Slightly worse
<5> Much worse
<99> N/A – I had not accessed treatment, support or advice face-to-face before accessing it remotely

Question type: **Multiple**

if [Q_COVID2] - Slightly worse or Much worse, is selected [if Q_COVID2 in [4,5]]

[Q_COVID3] You said that you have accessed treatment, support or advice to cut down your gambling remotely (i.e. online or by phone) in the last 12 months but it was worse than accessing it face-to-face. Which, if any, of the following are reasons for this? Please select all that apply.

- <1> I do not have appropriate technology (e.g. laptop or smartphone) at home
 - <2> I share the device I use to access treatment at support with someone at home
 - <3> I do not have a private space to talk / was worried about people at home hearing me
 - <4> I think the quality of support offered is worse online/remotely (e.g. not being able to read body language, lack of eye contact)
 - <5> It's hard to concentrate at home / too many distractions
 - <95 fixed> Other (open [Q_COVID3_open]) [open] please specify
 - <98 fixed xor> Not sure
-

Question type: **Multiple**

If [Q_COVID2] - Much better or Slightly better, is selected [if Q_COVID2 in [1,2]]

[Q_COVID4] You said that you have accessed treatment, support or advice to cut down your gambling _remotely (i.e. online or by phone)_ in the last 12 months and it was _better_ than accessing it face-to-face. Which, if any, of the following are reasons for this? Please select all that apply.

- <1> It was more convenient than face-to-face support (e.g. less time consuming, didn't have to travel)
 - <2> I felt less embarrassed/ashamed accessing remote support
 - <3> It felt more suitable for someone like me
 - <4> I prefer online/remote appointments in general
 - <5> Accessing treatment or support remotely meant that others didn't need to find out
 - <6> It felt less overwhelming than accessing face-to-face support
 - <7> It felt more confidential than face-to-face support
 - <8> It was easier to book an online/remote appointment
 - <95 fixed> Other (open [Q_COVID4_open]) [open] please specify
 - <98 fixed xor> Not sure
-

Question type: **Multiple**

if Q_COVID1=2 or 99 in Q7

[Q_COVID5] What, if anything, has made it difficult to access treatment, support or advice to cut down your gambling _remotely (i.e. online or by phone)_, or discouraged you from doing so, in the last 12 months? Please select all that apply.

- <1> I do not have appropriate technology (e.g. laptop or smartphone) at home
 - <2> I share the device I would use to access treatment at support with someone at home
 - <3> I do not have a private space to talk / was worried about people at home hearing me
 - <4> I think the quality of support offered is worse online/remotely (e.g. not being able to read body language, lack of eye contact)
 - <5> It's hard to concentrate at home / too many distractions
 - <95 fixed> Other (open [Q_COVID5_open]) [open] please specify
 - <97 fixed xor> N/A - none of these have made it difficult to access treatment, support or advice _remotely (i.e. online or by phone)_
 - <98 fixed xor> Not sure
-

Question type: **Multiple**

if Q1.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15])

[Q8] Would you currently want to receive support, advice or treatment with cutting down your gambling from any of the following? Please tick all that apply.

Treatment

- | | | | |
|------|--|----------------|---|
| <1> | GP | <11> | Your employer |
| <2> | Mental health services (e.g. counsellor, therapist) | <12> | Books, leaflets or other printed materials |
| <3> | Social worker, youth worker or support worker | <13> | Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) |
| <4> | Specialist treatment service for gambling (e.g. National Gambling Treatment Service) | <14> | Online forum or group |
| <5> | Other addiction service (e.g. drug or alcohol) | <15> | A telephone helpline (e.g. National Gambling Helpline) |
| <6> | Online therapy for gambling e.g. CBT | <16> | Self-help apps or other self-help tools |
| <7> | Face to face therapy for gambling | <17> | Self-exclusion (e.g. blocking software or blocking bank transactions) |
| <8> | Support and advice
A support group (e.g. Gamblers Anonymous) | <95 fixed> | Another source of support, advice or treatment (open [Q8_open]) [open] please specify |
| <19> | A faith group | <99 fixed xor> | None of these |
| <9> | Your spouse/partner | <97 xor> | Not applicable – I do not need to cut down my gambling |
| <10> | Friends or family members | | |

Question type: **Multiple**

if [Q8] - None of these is selected [if 99 in Q8]

[P2_Q13] Which, if any, of the following are reasons why you would not currently want treatment, support or advice to cut down your gambling? Please tick all that apply.

- | | | | |
|-----|---|------|---|
| <1> | Gambling is part of my social life or leisure time | <10> | I think accessing treatment or support would cost money |
| <2> | I make money through gambling | <11> | I don't think treatment or support would be available in my area/in a convenient location |
| <3> | The activities I participate in are not risky | <12> | I've received treatment or support before and it didn't work |
| <4> | I only gamble/bet small amounts | <13> | I don't think the support available would be suitable for people like me |
| <5> | I don't think treatment or support would be helpful/effective | <14> | Accessing treatment or support wouldn't fit into my schedule |
| <6> | I don't think treatment or support is relevant to me | <15> | I don't want anyone to find out (socially or professionally) |

<7>	I don't know enough about what treatment or support would involve	<16>	Accessing treatment or support seems too daunting/overwhelming
<8>	I would be embarrassed or ashamed to receive treatment or support for cutting down gambling	<95 fixed>	Other (open [P2_Q13_open]) [open] please specify
<9>	I think accessing treatment or support would take too much time	<98 fixed xor>	Not sure

Question type: **Multiple**

if Q8.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,95,99])

[P2_Q14] What, if anything, might motivate you to seek treatment, support or advice with cutting down your gambling? Please tick all that apply.

<1>	My partner speaking to me about it	<8>	Knowing that treatment and support would be completely confidential
<2>	My family member or friend speaking to me about it	<9>	Knowing that I could see someone face to face
<3>	My GP suggesting that it might be helpful	<10>	Knowing that I could get help online
<4>	Being aware that support was available	<11>	Knowing that I could get help by phone
<5>	Knowing that I could refer myself for support without going through a GP	<95 fixed>	Other (open [P2_Q14_open]) [open] please specify
<6>	Knowing that support was easy to access	<98 fixed xor>	Not sure
<7>	Knowing that support was free of charge	<99 fixed xor>	Nothing would motivate me to do this

Now thinking about other people, including family members, friends and work colleagues....

Question type: **Single**

[Q10] Do you think anyone you know has or previously had a problem with their gambling? This could include family members, friends, work colleagues or other people you know.

<1>	Yes
<2>	No
<3>	Not sure
<4>	Prefer not to say

Question type: **Single**

If [Q10] - Yes is selected [if Q10 == 1]

[Q11] And do you feel you have personally been negatively affected in any way by this person / these people's gambling behaviour? This could include financial, emotional or practical impacts.

- | | |
|-----|-------------------|
| <1> | Yes |
| <2> | No |
| <4> | Prefer not to say |

Question type: **Single**

If [Q11] - Yes is selected [if Q11 == 1]

[AO3] How long ago did this gambling problem which affected you happen? If you have been affected by someone's gambling behaviour more than once, please answer for the most recent occasion.

- | | |
|------|--------------------------------|
| <1> | It is currently happening |
| <2> | In the last 12 months |
| <3> | Over a year, up to 2 years ago |
| <4> | 3 to 5 years ago |
| <5> | 6 to 10 years ago |
| <6> | 11 to 15 years ago |
| <7> | 16 to 20 years ago |
| <8> | More than 20 years ago |
| <9> | Not sure |
| <10> | Prefer not to say |

Question type: **Multiple**

If [Q11] - Yes is selected [if Q11 == 1]

[AO4] Which of the following people had or have a gambling problem which has negatively affected you? Please tick all that apply.

- | | | | |
|-----|---------------------|----------|--|
| <1> | Spouse or partner | <8> | Friend |
| <2> | Mother or father | <9> | My boss/line manager |
| <3> | Brother or sister | <10> | Employee /someone that I manage |
| <4> | Son or daughter | <11> | Other work colleague |
| <5> | Grandparent | <12> | Housemate / flatmate |
| <6> | Grandchild | <95> | Other (open [AO4_open])
[open] please specify |
| <7> | Other family member | <97 xor> | Prefer not to say |

Question type: **Grid**

if AO4.has_any([1,2,3,4,5,6,7,8,9,10,11,12])

[AO5] You said that you had been negatively affected by the following person/people's gambling. How would you describe the extent of the impact this had or has on you?

- | | | | |
|----------|----------------|----------|----------------------|
| -[AO5_1] | Spouse/partner | -[AO5_7] | Other family member |
| -[AO5_2] | Mother/father | -[AO5_8] | Friend |
| -[AO5_3] | Brother/sister | -[AO5_9] | My boss/line manager |

-[AO5_4]	Son/daughter	-[AO5_10]	Employee/someone that I manage
-[AO5_5]	Grandparent	-[AO5_11]	Other work colleague
-[AO5_6]	Grandchild	-[AO5_12]	Housemate/flatmate
<1>	Minor negative impact		
<2>	Moderate negative impact		
<3>	Severe negative impact		
<4>	Not sure		

Question type: **Multiple**

If [Q11] - Yes is selected [if Q11 == 1]

[AO6] Which, if any, of the following have you experienced as a result of this person's/these people's gambling?

<1>	Financial hardship (e.g. getting into debt)	<9>	Feelings of depression or sadness
<2>	Reduced income for household running costs (e.g., food, rent, bills)	<10>	Feelings of anxiety
<3>	A lack of money for family projects (e.g., major purchases, holidays)	<11>	Feelings of anger towards them
<4>	Taking over decision making in the home	<12>	An inability to trust them
<5>	Taking over financial responsibility in the home	<13>	Increased arguments over their gambling
<6>	Distress or upset due to their continued gambling-related absences	<14>	Family violence or conflict
<7>	A breakdown in communication with them	<99 fixed xor>	None of these
<8>	Less quality time with them	<97 fixed xor>	Prefer not to answer

#Module display logic:

If [AO3] - It is currently happening or In the last 12 months, is selected [if AO3 in [1,2]]

Question type: **Grid**

if AO6.has_any([1,2,3,4,5,6,7,8,9,10,11,12,13,14])

[AO6a] In the past 12 months, how often have you and family members experienced any of the following problems as a result of this person's/these people's gambling?

-[AO6a_1]	Financial hardship (e.g. getting into debt)	-[AO6a_8]	Less quality time with them
-[AO6a_2]	Reduced income for household running costs (e.g., food, rent, bills)	-[AO6a_9]	Feelings of depression or sadness
-[AO6a_3]	A lack of money for family projects (e.g., major purchases, holidays)	-	Feelings of anxiety
-[AO6a_4]	Taking over decision making in the home	[AO6a_10]	Feelings of anger towards them
-[AO6a_5]	Taking over financial responsibility in the home	[AO6a_11]	An inability to trust them
		[AO6a_12]	

-[AO6a_6]	Distress or upset due to their continued gambling-related absences	-	Increased arguments over their gambling
-[AO6a_7]	A breakdown in communication with them	-	Family violence or conflict
<1>	Never	[AO6a_13]	
<2>	Rarely	-	
<3>	Sometimes	[AO6a_14]	
<4>	Often		

The next section will ask about seeking advice or support on **behalf of your partner, family member, friend or colleague about their gambling.**

Later in the survey we will go on to ask about advice or support for **yourself**, due to your partner, family member, friend or colleague's gambling (e.g. financial, practical or emotional advice/support).

Question type: *Multiple*

[AO7] In the last 12 months, have you sought advice or support from any of the following on **behalf of your partner, family member, friend or colleague** about their gambling?

<1>	GP	<10>	Friends or family members
<2>	Mental health services (e.g. counsellor, therapist)	<11>	Your employer
<3>	Social worker, youth worker or support worker	<12>	Books, leaflets or other printed materials
<4>	Specialist face-to-face treatment service for gambling	<13>	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
<5>	Other addiction service (e.g. drug or alcohol)	<14>	Online forum or group
<7>	A support group (e.g. Gamblers Anonymous)	<15>	A telephone helpline (e.g. National Gambling Helpline)
<8>	A faith group	<95 fixed>	Another source of advice or support (open [AO7_open])
<9>	Your spouse/partner	<99 fixed xor>	[open] please specify N/A - I have not sought any advice or support on their behalf

#Question display logic:
 if AO7.has_any([1,2,3,4,5,7,8,9,10,11,12,13,14,15,95])

Question type: *Multiple*

[AO8] What, if anything, prompted you to seek advice or support on **behalf of your partner, family member, friend or colleague** about their gambling?

<1>	Advice from a friend, family member or someone else	<11>	Other family members were concerned about their gambling
-----	---	------	--

<2>	They were experiencing mental health problems	<12>	I didn't know how to deal with their gambling or its impacts
<3>	I was experiencing mental health problems	<13>	I felt overwhelmed by the situation
<4>	Their gambling was having significant financial impacts (e.g. couldn't pay rent, bills, afford food etc)	<14>	They were at risk of losing their job/employment
<5>	Our relationship was affected by their gambling	<15>	An advertising campaign or news story related to gambling harms
<6>	Our family was affected by their gambling	<16>	I felt embarrassed or ashamed about their behaviour/situation
<7>	They were at risk of criminal proceedings	<17>	I needed ideas for how to help or support them
<8>	I was concerned for their safety or wellbeing	<95 fixed>	Something else (open [AO8_open]) [open] please specify
<9>	I was concerned for the safety or wellbeing of other family members	<97 fixed xor>	N/A – Nothing in particular prompted me to seek advice or support
<10>	They were at risk of being made homeless/losing their home		

Question type: Grid

[AO9] And how helpful was the advice or support you received from each of the following on **behalf of your partner, family member, friend or colleague** about their gambling?

-[AO9_1]	GP	-[AO9_10]	Friends or family members
-[AO9_2]	Mental health services (e.g. counsellor, therapist)	-[AO9_11]	Your employer
-[AO9_3]	Social worker, youth worker or support worker	-[AO9_12]	Books, leaflets or other printed materials
-[AO9_4]	Specialist face-to-face treatment service for gambling	-[AO9_13]	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
-[AO9_5]	Other addiction service (e.g. drug or alcohol)	-[AO9_14]	Online forum or group
-[AO9_7]	A support group (e.g. Gamblers Anonymous)	-[AO9_15]	A telephone helpline (e.g. National Gambling Helpline)
-[AO9_8]	A faith group	-[AO9_95]	\$AO7_open
-[AO9_9]	Your spouse/partner		
<1>	N/A – I did not receive any advice/support		
<2>	Not helpful at all		
<3>	Not very helpful		
<4>	Fairly helpful		
<5>	Very helpful		
<6>	Not sure		

Question type: Open

if AO9_1 in [2,3] or AO9_2 in [2,3] or AO9_3 in [2,3] or AO9_4 in [2,3] or AO9_5 in [2,3] or AO9_7 in [2,3] or AO9_8 in [2,3] or AO9_9 in [2,3] or AO9_10 in [2,3] or AO9_11 in [2,3] or AO9_12 in [2,3] or AO9_13 in [2,3] or AO9_14 in [2,3] or AO9_15 in [2,3] or AO9_95 in [2,3]

[AO9a] You said that the advice or support you received from one or more sources on behalf of your partner, family member, friend or colleague about their gambling was **not helpful**. Could you explain why it wasn't helpful?

Question type: *Open*

if AO9_1 in [4,5] or AO9_2 in [4,5] or AO9_3 in [4,5] or AO9_4 in [4,5] or AO9_5 in [4,5] or AO9_7 in [4,5] or AO9_8 in [4,5] or AO9_9 in [4,5] or AO9_10 in [4,5] or AO9_11 in [4,5] or AO9_12 in [4,5] or AO9_13 in [4,5] or AO9_14 in [4,5] or AO9_15 in [4,5] or AO9_95 in [4,5]

[AO9b] You said that the advice or support you received from one or more sources on behalf of your partner, family member, friend or colleague about their gambling was **helpful**. Could you explain why it was helpful?

Question type: *Single*

if AO7.has_any([1,2,3,4,5,7,8,9,10,11,12,13,14,15,95])

[Q_COVID1_AO] Have you accessed any treatment, support or advice **on behalf of your partner, family member, friend or colleague** about their gambling _remotely (i.e. online or by phone)_ in the last 12 months? This could include formal sources of advice such as a GP, or informal sources such as a friend or family member.

- | | |
|-----|-----|
| <1> | Yes |
| <2> | No |
-

Question type: *Single*

if [Q_COVID1_AO] - Yes is selected [if Q_COVID1_AO == 1]

[Q_COVID2_AO] You said that you have accessed treatment, support or advice **on behalf of your partner, family member, friend or colleague** about their gambling _remotely (i.e. online or by phone)_ in the last 12 months. How much better or worse did you find accessing this online/remotely, compared to face-to-face?

- | | |
|------|---|
| <1> | Much better |
| <2> | Slightly better |
| <3> | About the same |
| <4> | Slightly worse |
| <5> | Much worse |
| <99> | N/A – I had not accessed treatment, support or advice face-to-face before accessing it remotely |
-

Question type: *Multiple*

if [Q_COVID2_AO] - Slightly worse or Much worse, is selected [if Q_COVID2_AO in [4,5]]

[Q_COVID3_AO] You said that you have accessed treatment, support or advice **on behalf of your partner, family member, friend or colleague** about their gambling _remotely (i.e. online or by phone)_ in the last 12 months but it was _worse_ than accessing it face-to-face. Which, if any, of the following are reasons for this? Please select all that apply.

- <1> I do not have appropriate technology (e.g. laptop or smartphone) at home
 - <2> I share the device I use to access treatment at support with someone at home
 - <3> I do not have a private space to talk / was worried about people at home hearing me
 - <4> I think the quality of support offered is worse online/remotely (e.g. not being able to read body language, lack of eye contact)
 - <5> It's hard to concentrate at home / too many distractions
 - <95 fixed> Other (open [Q_COVID3_AO_open]) [open] please specify
 - <98 fixed xor> Not sure
-

Question type: Multiple

if [Q_COVID2_AO] - Much better or Slightly better, is selected [if Q_COVID2_AO in [1,2]]

[Q_COVID4_AO] You said that you have accessed treatment, support or advice **on behalf of your partner, family member, friend or colleague** about their gambling _remotely (i.e. online or by phone)_ in the last 12 months and it was _better_ than accessing it face-to-face. Which, if any, of the following are reasons for this? Please select all that apply.

- <1> It was more convenient than face-to-face support (e.g. less time consuming, didn't have to travel)
 - <2> I felt less embarrassed/ashamed accessing remote support
 - <3> It felt more suitable for someone like me
 - <4> I prefer online/remote appointments in general
 - <5> Accessing treatment or support remotely meant that others didn't need to find out
 - <6> It felt less overwhelming than accessing face-to-face support
 - <7> It felt more confidential than face-to-face support
 - <8> It was easier to book an online/remote appointment
 - <95 fixed> Other (open [Q_COVID4_AO_open]) [open] please specify
 - <98 fixed xor> Not sure
-

Question type: Multiple

if Q_COVID1_AO=2 or 99 in AO7

[Q_COVID5_AO] What, if anything, has made it difficult to access treatment, support or advice **on behalf of your partner, family member, friend or colleague** about their gambling _remotely (i.e. online or by phone)_, or discouraged you from doing so, in the last 12 months? Please select all that apply.

- <1> I do not have appropriate technology (e.g. laptop or smartphone) at home
- <2> I share the device I would use to access treatment at support with someone at home

- <3> I do not have a private space to talk / was worried about people at home hearing me
 - <4> I think the quality of support offered is worse online/remotely (e.g. not being able to read body language, lack of eye contact)
 - <5> It's hard to concentrate at home / too many distractions
 - <95 fixed> Other (open [Q_COVID5_AO_open]) [open] please specify
 - <97 fixed xor> N/A - none of these have made it difficult to access treatment, support or advice _remotely (i.e. online or by phone)_
 - <98 fixed xor> Not sure
-

Question type: **Multiple**

[AO10] Would you currently **want** to receive advice or support from any of the following on **behalf of your partner, family member, friend or colleague** about their gambling?

- | | |
|---|--|
| <ul style="list-style-type: none"> <1> GP <2> Mental health services (e.g. counsellor, therapist) <3> Social worker, youth worker or support worker <4> Specialist face-to-face treatment service for gambling <5> Other addiction service (e.g. drug or alcohol) <7> A support group (e.g. Gamblers Anonymous) <8> A faith group <9> Your spouse/partner | <ul style="list-style-type: none"> <10> Friends or family members <11> Your employer <12> Books, leaflets or other printed materials <13> Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) <14> Online forum or group <15> A telephone helpline (e.g. National Gambling Helpline) <95 fixed> Another source of advice or support (open [AO10_open]) [open] please specify <99 fixed xor> N/A – I would not want to receive advice or support on their behalf |
|---|--|
-

Question type: **Multiple**

If [AO10] - N/A – I would not want to receive advice or support on their behalf is selected [if 99 in AO10]

[AO11] Which, if any, of the following are reasons why you would not currently want to receive advice or support on **behalf of your partner, family member, friend or colleague** about their gambling? Please tick all that apply.

- | | |
|---|--|
| <ul style="list-style-type: none"> <1> Gambling is part of their social life or leisure time <2> They make money through gambling <5> I don't think advice or support would be helpful/effective <6> I don't think advice or support is relevant to them/me <7> I don't know enough about what advice or support would involve | <ul style="list-style-type: none"> <13> I don't think the support available would be suitable for people like me <14> Accessing advice or support wouldn't fit into my schedule <15> I don't want anyone to find out (socially or professionally) <16> Accessing advice or support seems too daunting/overwhelming <17> I would feel like I was betraying them or 'going behind their back' |
|---|--|

<8>	I would be embarrassed or ashamed to ask for advice or support in relation to gambling	<18>	Getting advice/support might have negative consequences for them
<9>	I think accessing advice or support would take too much time	<19>	They don't think/accept that they have a problem
<10>	I think accessing advice or support would cost money	<20>	They have to want to change themselves
<11>	I don't think advice or support would be available in my area/in a convenient location	<21>	They have stopped gambling now
<12>	I've received advice or support before and it didn't help	<95>	Other (open [AO11_open]) [open] please specify

The next section is about advice or support for **yourself**, due to your partner, family member, friend or colleague's gambling (e.g. financial, practical or emotional advice/support).

Question type: *Multiple*

[AO12] In the last 12 months, have you sought advice or support from any of the following for **yourself**, due to your partner, family member, friend or colleague's gambling? This could include financial, practical or emotional advice/support.

<1>	GP	<10>	Friends or family members
<2>	Mental health services (e.g. counsellor, therapist)	<11>	Your employer
<3>	Social worker, youth worker or support worker	<12>	Books, leaflets or other printed materials
<4>	Specialist face-to-face treatment service for gambling	<13>	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
<5>	Other addiction service (e.g. drug or alcohol)	<14>	Online forum or group
<7>	A support group (e.g. Gamblers Anonymous)	<15>	A telephone helpline (e.g. National Gambling Helpline)
<8>	A faith group	<95 fixed>	Another source of advice or support (open [AO12_open]) [open] please specify
<9>	Your spouse/partner	<99 fixed xor>	N/A – I have not sought advice or support for myself

#Question display logic:

if AO12.has_any([1,2,3,4,5,7,8,9,10,11,12,13,14,15,95])

Question type: *Multiple*

[AO13] What, if anything, prompted you to seek advice or support for **yourself**, due to your partner, family member, friend or colleague's gambling?

<1>	Advice from a friend, family member or someone else	<11>	Other family members were concerned about their gambling
<3>	I was experiencing mental health problems	<12>	I didn't know how to deal with their gambling or its impacts
<4>	Their gambling was having significant financial impacts (e.g. couldn't pay rent, bills, afford food etc)	<13>	I felt overwhelmed by the situation
<5>	Our relationship was affected by their gambling	<14>	I/they were at risk of losing a job/employment
<6>	Our family was affected by their gambling	<15>	An advertising campaign or news story related to gambling harms
<7>	They were at risk of criminal proceedings	<16>	I felt embarrassed or ashamed about their behaviour/situation
<8>	I was concerned for their safety or wellbeing	<17>	I needed ideas for how to help or support them
<9>	I was concerned for the safety or wellbeing of other family members	<95 fixed>	Something else (open [AO13_open]) [open] please specify
<10>	I/they were at risk of being made homeless/losing home	<97 fixed xor>	N/A – Nothing in particular prompted me to seek advice or support

Question type: Grid

[AO14] And how helpful was the advice or support you received from each of the following for **yourself**, due to your partner, family member, friend or colleague's gambling?

-[AO14_1]	GP	-	Friends or family members
-[AO14_2]	Mental health services (e.g. counsellor, therapist)	[AO14_10]	Your employer
-[AO14_3]	Social worker, youth worker or support worker	[AO14_11]	Books, leaflets or other printed materials
-[AO14_4]	Specialist face-to-face treatment service for gambling	[AO14_12]	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
-[AO14_5]	Other addiction service (e.g. drug or alcohol)	[AO14_13]	Online forum or group
-[AO14_7]	A support group (e.g. Gamblers Anonymous)	[AO14_14]	A telephone helpline (e.g. National Gambling Helpline)
-[AO14_8]	A faith group	[AO14_15]	A telephone helpline
-[AO14_9]	Your spouse/partner	[AO14_95]	\$AO12_open
<1>	N/A – I did not receive any advice/support		
<2>	Not helpful at all		
<3>	Not very helpful		
<4>	Fairly helpful		
<5>	Very helpful		
<6>	Not sure		

Question type: Open

if AO14_1 in [2,3] or AO14_2 in [2,3] or AO14_3 in [2,3] or AO14_4 in [2,3] or AO14_5 in [2,3] or AO14_7 in [2,3] or AO14_8 in [2,3] or AO14_9 in [2,3] or AO14_10 in [2,3]

or AO14_11 in [2,3] or AO14_12 in [2,3] or AO14_13 in [2,3] or AO14_14 in [2,3] or AO14_15 in [2,3] or AO14_95 in [2,3]

[AO14a] You said that the advice or support you received from one or more sources for yourself, due to your partner, family member, friend or colleague's gambling was **not helpful**. Could you explain why it wasn't helpful?

Question type: **Open**

if AO14_1 in [4,5] or AO14_2 in [4,5] or AO14_3 in [4,5] or AO14_4 in [4,5] or AO14_5 in [4,5] or AO14_7 in [4,5] or AO14_8 in [4,5] or AO14_9 in [4,5] or AO14_10 in [4,5] or AO14_11 in [4,5] or AO14_12 in [4,5] or AO14_13 in [4,5] or AO14_14 in [4,5] or AO14_15 in [4,5] or AO14_95 in [4,5]

[AO14b] You said that the advice or support you received from one or more sources on for yourself, due to your partner, family member, friend or colleague's gambling was **helpful**. Could you explain why it was helpful?

Question type: **Single**

if AO12.has_any([1,2,3,4,5,7,8,9,10,11,12,13,14,15,95])

[Q_COVID1_AO_self] Have you accessed any treatment, support or advice for **yourself**, due to your partner, family member, friend or colleague's gambling _remotely (i.e. online or by phone)_ in the last 12 months? This could include formal sources of advice such as a GP, or informal sources such as a friend or family member.

<1> Yes
<2> No

Question type: **Single**

If [Q_COVID1_AO_self] - Yes is selected [if Q_COVID1_AO_self == 1]

[Q_COVID2_AO_self] You said that you have accessed treatment, support or advice for **yourself**, due to your partner, family member, friend or colleague's gambling _remotely (i.e. online or by phone)_ in the last 12 months. How much better or worse did you find accessing this online/remotely, compared to face-to-face?

<1> Much better
<2> Slightly better
<3> About the same
<4> Slightly worse
<5> Much worse
<99> N/A – I had not accessed treatment, support or advice face-to-face before accessing it remotely

Question type: *Multiple*

If [Q_COVID2_AO_self] - Slightly worse or Much worse, is selected [if Q_COVID2_AO_self in [4,5]]

[Q_COVID3_AO_self] You said that you have accessed treatment, support or advice for **yourself**, due to your partner, family member, friend or colleague's gambling **_remotely** (i.e. online or by phone)_ in the last 12 months but it was **_worse_** than accessing it face-to-face. Which, if any, of the following are reasons for this? Please select all that apply.

- <1> I do not have appropriate technology (e.g. laptop or smartphone) at home
 - <2> I share the device I use to access treatment at support with someone at home
 - <3> I do not have a private space to talk / was worried about people at home hearing me
 - <4> I think the quality of support offered is worse online/remotely (e.g. not being able to read body language, lack of eye contact)
 - <5> It's hard to concentrate at home / too many distractions
 - <95 fixed> Other (open [Q_COVID3_AO_self_open]) [open] please specify
 - <98 fixed xor> Not sure
-

Question type: *Multiple*

If [Q_COVID2_AO_self] - Much better or Slightly better, is selected [if Q_COVID2_AO_self in [1,2]]

[Q_COVID4_AO_self] You said that you have accessed treatment, support or advice for **yourself**, due to your partner, family member, friend or colleague's gambling **_remotely** (i.e. online or by phone)_ in the last 12 months and it was **_better_** than accessing it face-to-face. Which, if any, of the following are reasons for this? Please select all that apply.

- <1> It was more convenient than face-to-face support (e.g. less time consuming, didn't have to travel)
 - <2> I felt less embarrassed/ashamed accessing remote support
 - <3> It felt more suitable for someone like me
 - <4> I prefer online/remote appointments in general
 - <5> Accessing treatment or support remotely meant that others didn't need to find out
 - <6> I felt less overwhelming than accessing face-to-face support
 - <7> It felt more confidential than face-to-face support
 - <8> It was easier to book an online/remote appointment
 - <95 fixed> Other (open [Q_COVID4_AO_self_open]) [open] please specify
 - <98 fixed xor> Not sure
-

Question type: *Multiple*

if Q_COVID1_AO_self==2 or 99 in AO12

[Q_COVID5_AO_self] What, if anything, has made it difficult to access treatment, support or advice for **yourself**, due to your partner, family member, friend or colleague's gambling **_remotely** (i.e. online or by phone)_, or discouraged you from doing so, in the last 12 months? Please select all that apply.

- <1> I do not have appropriate technology (e.g. laptop or smartphone) at home
 - <2> I share the device I would use to access treatment at support with someone at home
-

- | | |
|----------------|--|
| <3> | I do not have a private space to talk / was worried about people at home hearing me |
| <4> | I think the quality of support offered is worse online/remotely (e.g. not being able to read body language, lack of eye contact) |
| <5> | It's hard to concentrate at home / too many distractions |
| <95 fixed> | Other (open [Q_COVID5_AO_self_open]) [open] please specify |
| <97 fixed xor> | N/A - none of these have made it difficult to access treatment, support or advice _remotely (i.e. online or by phone)_ |
| <98 fixed xor> | Not sure |
-

Question type: Multiple

[AO15] Would you currently want to receive advice or support from any of the following for **yourself**, due to your partner, family member, friend or colleague's gambling? This could include financial, practical or emotional advice/support.

- | | | | |
|-----|--|----------------|--|
| <1> | GP | <10> | Friends or family members |
| <2> | Mental health services (e.g. counsellor, therapist) | <11> | Your employer |
| <3> | Social worker, youth worker or support worker | <12> | Books, leaflets or other printed materials |
| <4> | Specialist face-to-face treatment service for gambling | <13> | Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) |
| <5> | Other addiction service (e.g. drug or alcohol) | <14> | Online forum or group |
| <7> | A support group (e.g. Gamblers Anonymous) | <15> | A telephone helpline (e.g. National Gambling Helpline) |
| <8> | A faith group | <95 fixed> | Another source of advice or support (open [AO15_open]) [open] please specify |
| <9> | Your spouse/partner | <99 fixed xor> | N/A – I would not want to receive advice or support for myself |
-

Question type: Multiple

If [AO15] - N/A – I would not want to receive advice or support for myself is selected [if 99 in AO15]

[AO16] Which, if any, of the following are reasons why you would not currently want to receive advice or support for **yourself**, due to your partner, family member, friend or colleague's gambling? Please tick all that apply.

- | | | | |
|-----|--|------|---|
| <5> | I don't think advice or support would be helpful/effective | <14> | Accessing advice or support wouldn't fit into my schedule |
| <6> | I don't think advice or support is relevant to me | <15> | I don't want anyone to find out (socially or professionally) |
| <7> | I don't know enough about what advice or support would involve | <16> | Accessing advice or support seems too daunting/overwhelming |
| <8> | I would be embarrassed or ashamed to ask for advice or support in relation to gambling | <17> | I would feel like I was betraying them or 'going behind their back' |
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<9>	I think accessing advice or support would take too much time	<18>	Getting advice/support might have negative consequences for them
<10>	I think accessing advice or support would cost money	<19>	They don't think/accept that they have a problem
<11>	I don't think advice or support would be available in my area/in a convenient location	<20>	I am already receiving advice or support
<12>	I've received advice or support before and it didn't help	<95>	Other (open [AO16_open]) [open] please specify
<13>	I don't think the support available would be suitable for people like me		

10.4 2019 study method

Treatment and Support Phase 1 (nationally representative)

The 2019 Phase 1 fieldwork was carried out between 24th September and 13th October 2019. Interviews were conducted online using YouGov's online research panel. In total, 12,161 adults in Great Britain were surveyed, including 6,190 women and 5,971 men. Results were weighted to be representative of the GB adult population according to age, gender, region, socio-economic group, and ethnic group.

Table 13. Phase 1 sample breakdown (nationally representative)

Category	Unweighted n	Weighted n
Men	5,971	5,948
Women	6,190	6,213
18-34	3,462	3,415
35-54	4,078	4,073
55+	4,621	4,674
ABC1	6,535	6,504
C2DE	5,626	5,657
White	10,778	10,723
BAME	1,383	1,438
North East	466	504
North West	1,407	1,366
Yorkshire and the Humber	1,059	1,030
East Midlands	948	914
West Midlands	1,105	1,103
East of England	1,204	1,166
London	1,491	1,639
South East	1,698	1,713
South West	1,121	1,072
Wales	621	596
Scotland	1,041	1,058

Treatment and Support Phase 2 (targeted sample)

Phase 2 comprised a targeted online survey of gamblers experiencing some level of harm (a PGSI score of 1+), and ‘affected others’ (those who have been negatively affected by another’s gambling). Respondents could qualify as both a gambler and affected other, if relevant.

Respondents were permitted (but not required) to take part in both phases. Some respondents for Phase 2 were recruited via their participation in the Phase 1 survey, while others were identified via screening surveys sent to YouGov’s online panel at large. In total, 3,001 gamblers and affected others were interviewed, of which 902 had also taken part in Phase 1 and 2,099 were fresh contacts. Fieldwork took place between 23rd October and 12th November 2019.

The Phase 2 data was weighted to match the group of PGSI 1+ gamblers and affected others found in the nationally representative Phase 1 survey, according to demographics, gambler/affected other status and PGSI score category.

Table 14. Phase 2 sample breakdown (PGSI 1+ gamblers and affected others)

Category	Unweighted n	Weighted n
Men	1,594	1,678
Women	1,407	1,323
18-34	903	1,065
35-54	1,238	1,155
55+	860	780
ABC1	1,697	1,485
C2DE	1,304	1,516
White	2,711	2,679
BAME	279	312
North East	151	126
North West	348	393
Yorkshire and the Humber	306	309
East Midlands	210	225
West Midlands	232	282
East of England	290	264
London	381	411
South East	415	399
South West	239	228
Wales	144	123
Scotland	285	240