

# Demographic Profile Gambling Activity and Service Use of Clients Presenting to Break Even Problem Gambling Counselling Services

July 1995—June 1997

## Client and Service Analysis Report No. 3

Prepared for  
the Department of Human Services  
by the School of Social Work  
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# Acknowledgments

This research was undertaken for the Department of Human Services by the Problem Gambling Research Program located within the School of Social Work at the University of Melbourne. In addition to the core staff listed below, the Program has a team of technical consultants with expertise in areas ranging from clinical psychology, statistical analysis, alcohol and drug treatment, epidemiology and the impact of gambling.

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This research was funded by the Victorian Government through the Community Support Fund.

Published by Office of the Family, Youth and Family Services Division,  
Victorian Government Department of Human Services.

January 1999

(0020199)

ISBN 0 7306 5114 2

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# Introduction

The purpose of this report is to provide a detailed descriptive analysis of clients attending Break Even problem gambling counselling services between the two periods 1 July 1995 to 30 June 1996 and 1 July 1996 to 30 June 1997. The analysis is focused on three particular features. These are:

- A demographic profile of service users.
- The gambling activity of service users.
- The impact of gambling activity.
- An analysis of clients' use of the service and service activity.

The analysis includes an exploration of the findings in comparison with other gambling-related research. The demographic profile is examined in relation to the Victorian population using the Australian Bureau of Statistics (ABS) 1996 Census.

As part of the standard operating procedures for the problem gambling counselling services, client details are collected at the point of registration, at assessment, at each client contact and at case closure. This information is collected by workers completing forms during or after interviewing the client. These forms constitute the Problem Gambling Services Minimum Data Set (MDS). The MDS was established and implemented in 1995 to provide information for a range of purposes. These include:

- To assist the service provider with case management and assessment.
- To assist agencies in their service planning.
- To monitor, at a regional and statewide level, trends in gambling activity and its effects.

This report focuses on self-reported 'problem gamblers' who had contact with a Break Even service in the time periods 1 July 1995 to 30 June 1996 and 1 July 1996 to 30 June 1997. The case closure data provided in this report includes data on clients whose cases were closed during the time periods mentioned, irrespective of their date of registration. There are presently 18 Break Even services operating from 30 sites around Victoria who have contributed data to this report.

A full description of the Minimum Data Set (MDS) is provided in *Client and Service Analysis Report 2: Analysis of Clients Presenting to Problem Gambling Counselling Services from 1 July 1996 to 30 June 1997*. Copies of the forms used and the guidelines for completion are included in that report. The data set has a number of limitations and the following need to be considered when reading the findings:

- The information is based on clients' self-reports, which, in gambling research to date, has been found to be unreliable and incomplete at times.
- Break Even clients may or may not be typical of 'problem gamblers' in the general population. The findings of the MDS cannot be extrapolated to a picture of general incidence and impact of gambling in the Victorian community. In the recently published VCGA report *Definition and Incidence of Problem Gambling, Including the Socio-Economic Distribution of Gamblers*, (Dickerson, McMillen, Hallebone, Volberg and Woolley, 1997) the authors argue that five key data sets, of which the Problem Gambling Services Minimum Data Set is one, are required to provide a more accurate and balanced picture of the incidence of problem gambling in Victoria.
- The clients attending Break Even services are self-identified and may not include all the people who could be designated as 'problem gamblers'.

In this report, much of the analysis is of 'problem gamblers'. This term should only be taken as indicating that the person has presented themselves as being involved in problem gambling activity. It should not be taken as the authors agreeing (or disagreeing) with this

self-assessment. Further, it should not be taken as agreeing (or disagreeing) that the person would necessarily satisfy the Department of Human Services (Department of Human Services), or any other criteria for problem gambling.

The authors do accept as a useful starting point the definition of problem gambling proposed in the recent VCGA report.

'Problem gambling' refers to the situation in which a person's gambling activity gives rise to harm the individual player, and/or to their family, and may extend into the community (Dickerson, McMiillen, Hallebone, Volberg and Woolley, 1997, p 2).

The analyses included in this report builds on the findings of *Client and Service Analysis Report No 1: Report of Clients Presenting to Problem Gambling Counselling Services From July 1, 1995 to June 30, 1996* and *Client and Service Analysis Report No 2: Report of Clients Presenting to Problem Gambling Counselling Services From 1 July 1996 to 30 June 1997*.

The report begins with an overview of the policy and legislative context of gambling in Victoria during the 1990s which provides the backdrop to the need for and establishment of Break Even services. It then outlines the function of the Department of Human Services, Problem Gambling Services Strategy (PGSS) to which this research belongs. The analysis of Break Even data follows, first exploring the gambling activity of clients and its impact, then providing a demographic overview of the client population and finally examining the service use of clients.

# Overview of Trends in Gaming Policy and Legislation

Recent decades have seen growing tolerance and liberalisation of gambling in Victoria, particularly in terms of legalisation and public legitimacy. In 1972 the Victorian Government made two significant moves towards the liberalisation of gambling. It lifted the law that banned the advertising of lotteries on television and radio and licensed Tattersalls to run Tattslotto. The next major shift occurred in 1985 when TAB agencies were allowed to open in hotels. However, the most notable shifts in gambling policy, infrastructure and activity in Victoria have occurred in the present decade.

In the 1990s there has been a dramatic increase in gambling expenditure and infrastructure in Victoria. This increase has been marked in comparison to other states, even though several of them have also seen a burgeoning in gambling activity. Recent developments have been widely attributed to the increase in venues and gambling activities that became available during the same period. In particular, the passing of various Acts of Parliament have enabled strong growth in the numbers of Electronic Gaming Machines (EGMs) in hotels and clubs and the establishment of the Crown Casino in central Melbourne.

Most notable among recent gambling legislation in Victoria is the *Gaming Machine Control 1991* (Victoria) and the *Casino Control Act 1991* (Victoria). These Acts, in conjunction with the *Casino Management Agreement Act 1993* (Victoria) and the *Gaming and Betting Act 1994* (Victoria) established the framework for the regulation of gaming activities in the state, including the stipulation that 20% of (EGMs) be located outside the Melbourne statistical division and the statutory maximum number of EGMs allowed in the State be 42,500 (excluding the casino). There are 2,500 EGMs located in the Casino precinct.

EGMs were introduced in Victoria in 1992 with TABCORP and Tattersalls becoming the two gaming operators. In 1996 a Ministerial Direction placed a ceiling on the number of EGMs allowed to operate in venues other than the Casino (currently 27,500) until more comprehensive research could be undertaken on behalf of the Victorian Casino and Gaming Authority (VCGA) into the social and economic impact of gambling.

The Casino Control Act established the general framework for the regulation of casino activities in the state and paved the way for the opening of Melbourne's temporary Crown Casino in June 1994, and the permanent casino at Southbank in May 1997. The Act provided for a proportion of money paid into gaming machines to be returned to gamblers and a proportion of the remainder gaming revenue, obtained by EGMs in hotels to be paid into the Community Support Fund.<sup>1</sup> In early 1996 the weekly revenue of the fund was \$1.2 million, equivalent to annual revenue of \$62 million (Auditor General of Victoria, 1996).

The same legislation also stipulates that research into the social and economic impacts of gambling is to be given absolute priority in determining distributions from the fund. Monies from this fund are managed by a unit within the Department of Premier and Cabinet and are distributed annually to: tourism; arts; assistance programs for people with gambling related issues and others in need of support.

The Community Support Fund makes available monies to resource community service programs including specialist services for 'problem gamblers' and their families and supports existing services, such as financial counselling and family support services, already working with people adversely affected by gambling activity. In early 1996 \$48.1 million had been approved for distribution to community support programs, with another \$19.3 million approved for government initiatives on youth homelessness (Auditor General of Victoria 1996).

## **Problem Gambling Services Strategy**

One of the triennial grants provided by the Community Support Fund was for the implementation of a Problem Gambling Services Strategy (PGSS). The Victorian government has implemented and developed such a Strategy since 1993, through a range of proposals by the Department of Human Services including the establishment of:

- Problem gambling counselling services.
- Problem gambling counselling services that are integrated with financial counselling services.
- A range of counselling and support services that address family issues which may arise as a result of problematic gambling, through the establishment of statewide family skills and regional family resource centres.

The strategy comprises a number of important and interrelated components. These are to provide:

- Counselling services for those affected by problem gambling activity.
- Gaming liaison and community education officers in each Department of Human Services region.
- Community education.
- Media campaigns.
- A problem gambling reference group chaired by the Department.
- G-Line, a free, 24-hour telephone counselling and referral service.
- A research program to provide information regarding problem gambling in the community and inform appropriate service responses.

# Demographic Profile

## Introduction

A considerable amount of research has been undertaken in the area of prevalence and incidence of problem gambling. Prevalence studies have shown that a typical problem gambler profile is male under 30 years and not married (Ladoecur, 1996). Overseas studies have found the following characteristics to be over-represented amongst problem and pathological gamblers: male; non-Caucasian; not married (Abbot and Volberg, 1996; Volberg, 1994; Volberg and Steadman, 1989) under 30 years; unemployed (Abbot and Volberg, 1996) and has lower education (Volberg, 1994; Volberg and Steadman, 1989).

The demographic profile of Break Even clients reporting as 'problem gamblers' is provided in the following pages. This creates a similar picture to the one from the studies above. 'Problem gamblers' are predominantly male and unmarried. They differ from their overseas counterparts, however, in being older — in their thirties. In comparison with the rest of the Victorian population they are more likely to be unemployed.

One interesting difference between the findings of this study and past research is the number of women attending Break Even services as self-defined 'problem gamblers'. When compared to research findings from the United States and in Australia, the majority of 'problem gamblers' have been found to be male until more recently (Dickerson et al, 1997; Walker, 1992).

However, research data from service agencies in jurisdictions where Electronic Gaming Machines (EGMs) are readily accessible, in states such as Victoria, Queensland and South Australia, show an almost equal distribution of men and women in their 'problem gambler' client populations (Dickerson et al, 1997).

A number of factors needs to be considered when attempting to account for this finding, particularly the difference in help-seeking behaviour between men and women. It is a general finding in other health and human service contexts that women tend to have a greater propensity for help seeking than men (Cockerham, 1997; Australian Institute of Health and Welfare, 1996).

Furthermore, although the amount of time it takes for an individual to develop gambling-related difficulties from a newly legalised form of gambling may be lengthy, recent evidence suggests that women players in particular may seek help within 1–2 years of beginning to gamble on a newly available product (Dickerson et al, 1997).

Demographic profiles of 'problem gamblers' drawn from overseas literature have often been based on in-patient and/or hospital based and/or substance abuse clients (Volberg, 1994; Taber, McCormick, Russo, Adkins and Ramirez, 1987; Greenberg and Rankin, 1982) and in each study the majority of the 'problem gamblers' were men.

## Client Data

Between 1 July 1996 and 30 June 1997, 1817 new clients registered with Victoria's problem gambling counselling services. This compares with 1324 people in the previous financial year. As shown in Table 9 below, the majority of people presenting for services (84.3%) were people who reported that they had problems with their own gambling behaviour. In this report these people are termed 'problem gamblers'.

**Table 1: Client Status by Gender — Clients registered at Break Even between 1 July 1996 and 30 June 1997**

(n=1817)

Client Status	Male	Female	Person	
			No	%
Self-identified gambling problem	814	694	1508	84.3
Partner	46	140	186	10.4
Other	24	70	94	5.3
<b>Total</b>	<b>884</b>	<b>904</b>	<b>1788</b>	<b>100.0</b>

Missing data = 29

## Gender

The gender profile of 'problem gambling' clients presenting to Break Even Services in the 1996–97 year is consistent with the Australian Bureau of Statistics (ABS) 1996 Census profile for Victorians over the age of 18 years.

Of 'problem gamblers' presenting to Break Even services in 1996–97, 54.0% were male and 46.0% were female. Since 1995–96 there has been a marginal increase in the proportion of men presenting to Break Even services. In 1995–96, 50.9% of 'problem gamblers' presenting were male and 49.1% were female.

In 1996–97 amongst partners and others, 25.0% were men and 75.0% were women. The gender breakdown for Victorians aged 18 years and over provided by the ABS 1996 Census was 48.5% male and 51.5% female.

## Age

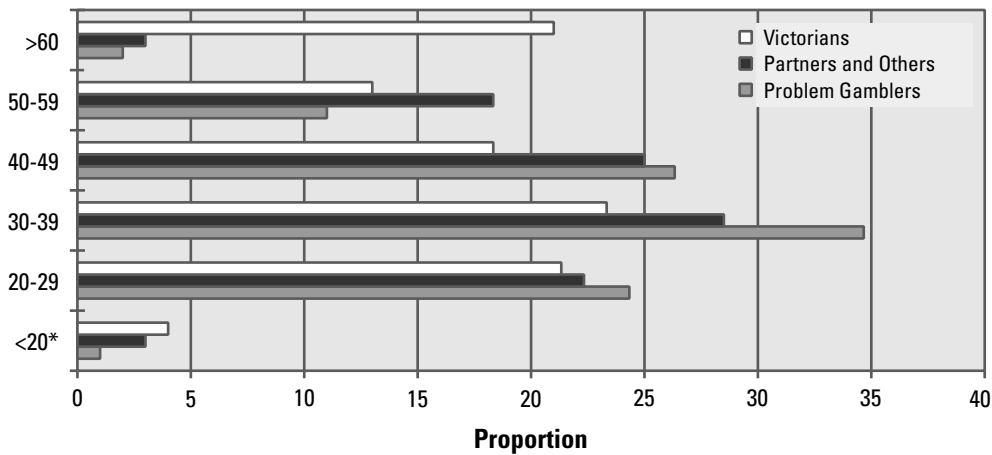
Comparing data on age between the two periods of MDS data, there is a slight increase in the percentage of 'problem gamblers' between 20–29 years and 30–39 years and decrease in the categories 40–49 years and 50–59 years. The comparison between the data provided on partners and others is more marked with a decrease in the 40–49 years category from 30% to 25% and increase in the 50–59 years category from 13.5% to 18%.

In comparison with figures for the Victorian population provided by ABS 1996 Census 'problem gamblers' presenting at Break Even service continued to be over-represented in the 30–39 and 40–49 age groupings.

The mean age for 'problem gamblers' was younger than that of partners and others (37.7 years compared with 39.6 years respectively). The mean age of 'problem gamblers' has decreased since 1995–96 (39.2 years) and stayed approximately the same for partners and others. Amongst 'problem gamblers' the mean age for men was 36.1 years compared with 39.6 years for women. The mean age for partners and others was 41.4 years for men and 39.0 years for women.

**Figure 1: Age — Victorians Aged 15 Years and Over and Break Even Clients**

Source: ABS 1996 Census and MDS 1996–97



24.3% of 'problem gamblers' were between the ages of 20 and 29 years; 34.4% between 30 and 39 years; 25.6% were between 40 and 49 years and 11.7% were between 50 and 59 years.

In contrast, 21.0% of partners and others were between 20 and 29 years; 29.0% between 30 and 39 years; and 24.8% between 40 and 49 years. A further 18.3% were between 50 and 59 years.

The comparative statistics for Victorians were: 20.7% between 20 and 29 years; 21.4% between 30 and 39 years; 19.4% between 40 and 49 years; and 13.4% between 50 and 59 years.

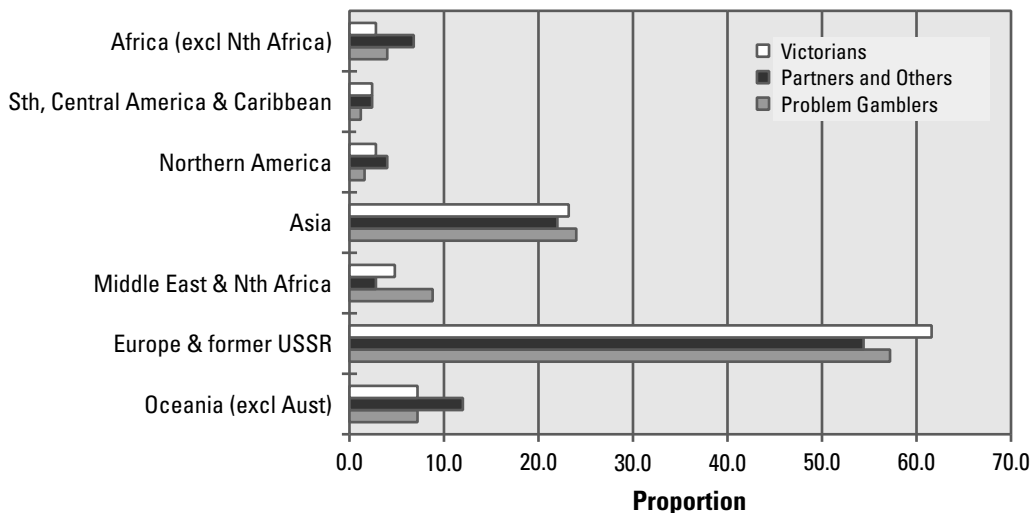
## Ethnic Background

Analysis of 1996–97 MDS data shows that 23.1% of 'problem gamblers' and 20.9% of partners and others were born overseas. This is consistent with the ABS 1996 Census in which 23.8% of Victorians were recorded as overseas born.

The percentage of partners and others born overseas has increased from 14.6% in 1995–96 while the proportion of 'problem gamblers' born overseas remained relatively static (23.0%).

**Figure 2: Birthplace — Persons Born Overseas and Break Even Clients**

Source: ABS 1996 Census and MDS 1996–97



Similarly, an analysis of overseas born 'problem gamblers' and partners and others by region of birth is consistent with ABS 1996 Census data.

However, it should be noted that due to the small sample size, an analysis of 'problem gamblers' by country of birth has not been conducted. Thus 'problem gamblers' from various countries may be over-represented but these details may be hidden by the aggregating of statistics into geographical regions.

In addition, the Victorian statistics are for all Victorians as opposed to Victorians aged 15 years and over. (The MDS in comparison refer to persons using Break Even services, all of whom were aged 15 years and over.) It is uncertain whether an exclusion of younger overseas born Victorians would significantly alter the profile of overseas born Victorians.

The figures as shown in Figure 2 above can not in any way be interpreted as a picture of the prevalence of problem gambling within various ethnic communities because various ethnic groups may define problem gambling differently, and help-seeking behaviour may vary between communities. In addition, the prevalence of problem gambling amongst the various ethnic groups is unknown.

Where Aboriginal and Torres Strait Islanders comprised 1.5% of all problem gambling counselling clients, Aboriginal and Torres Strait Islanders comprise 0.5% of the Victorian population. This higher proportion of Aboriginal and Torres Strait Islander Break Even clients may be due to outreach work that has been conducted by some Break Even services with Aboriginal communities.

## **Marital Status**

The ABS 1996 Census uses the following categories to describe a person's marital status: never married; married; separated; divorced; and widowed. The MDS uses identical categories with the addition of an 'other' category. Comparisons between ABS and MDS data should take this into account.

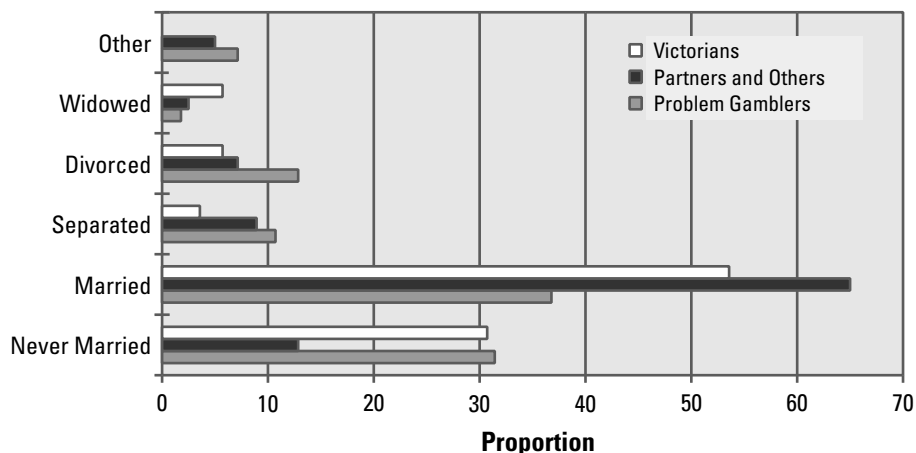
The marital status of 'problem gamblers', partners and others and Victorians varies significantly. Thirty-two per cent of 'problem gamblers' reported never being married, compared with 14% of partners and others and 31% of Victorians.

The proportion of 'problem gamblers' who were married (36.0%) was lower than that of Victorians (53.5%). The proportion of 'problem gamblers' who were divorced (12.5%) was higher than that of Victorians (5.8%).

An 'other' response category was available for the MDS but was not an option in the ABS 1996 Census. This category may have been used by de facto couples. Of 'problem gamblers' 6.8% were classified as 'other' compared with 4.7% of partners and others.

**Figure 3: Marital Status — Marital Status of Persons Aged 15 Years and Over and Break Even Clients**

Source: ABS 1996 Census and MDS 1996–97



Missing Data: Problem Gamblers = 31; Partners and Others = 5

Amongst 'problem gamblers' a higher proportion of men than women reported their marital status as never married (42.1% men compared with 20.3% women). A higher proportion of female 'problem gamblers' (42.8%) than male 'problem gamblers' (30.3%) were married. The proportion of female 'problem gamblers' who were divorced was also higher than that for male 'problem gamblers' (16.8% and 8.8% respectively).

This is consistent with the 1995–96 MDS finding of a gender differential in the percentage of 'problem gamblers' attending who were married. In 1995–96 while 33% of the men were married, 45% of the women were married. In comparison with the Victorian population, male 'problem gamblers' are over-represented in the never married category and under represented in the married category. In comparison female 'problem gamblers' were under represented in both the never married and married categories and over-represented in the divorced category. This is consistent with research indicating a relationship between single men and problem gambling. Prevalence studies conducted in the United States have demonstrated consistent relationships between younger, single men and problem gamblers (Dickerson et al, 1997). A Melbourne-based study registered almost half of female 'problem gamblers' accessing a phone-in as being in a relationship (Brown and Coventry 1997).

As previously noted, the majority of partners and others were married. Of these the proportion of men married was 67.7% compared with 63.3% of women. The proportion never married was 16.2% amongst men and 13.0% amongst women.

## Income

It is difficult to compare the annual income of 'problem gamblers' and partners and others with the annual income of Victorians with any degree of accuracy. Clients are requested to state their annual income. However it is unknown whether the reported income referred to that of the individual or household. Furthermore the income cohorts of the Minimum Data Set and Australian Bureau of Statistics (the major Australian source of demographic statistical information) do not coincide, requiring a degree of approximation. In reference to the MDS it is unknown which clients reported gross as opposed to nett income. Disproportionately large numbers of 'problem gamblers' did not state their income at all, further biasing the statistics.

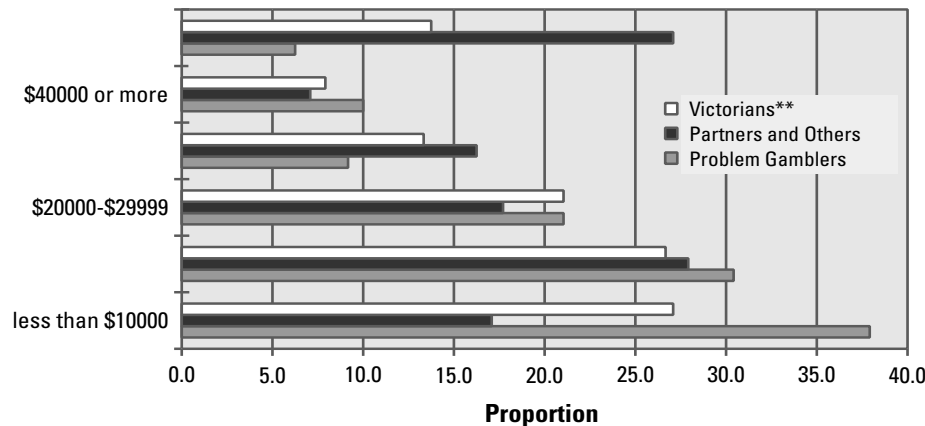
In 1996, 36.8% of Victorians reported an annual income of less than \$10,400, while 27.6% of 'problem gamblers' and 16.7% of partners and others reported an annual income of less than \$10,000. The percentages between the MDS data analysis periods has remained the

same for 'problem gamblers' (26.9%) but has decreased from 20.9% for partners and others.

#### Figure 4: Annual Individual Income

\*\* Victorian Income Cohorts Differ Marginally from MDS Income Cohorts

Source: ABS 1996 Census and MDS 1996-97



Missing data: Problem Gamblers = 74; Partners and Others = 11

Amongst the \$31,200 to \$41,599 income cohort 'problem gamblers' and partners and others were over-represented. In 1996, 9.3% of Victorians reported an income within this cohort compared with 13.2% of 'problem gamblers' and 16.0% of partners and others reporting earning between \$30,000 to \$39,999<sup>2</sup>. This has shifted notably between the years with the same categories in 1995-96 being 19.4% and 20.2% respectively.<sup>3</sup> The proportion of Victorians with an annual income in excess of \$40,000 (9.9%) marginally exceeded that of 'problem gamblers' (8.2%) and partners and others (6.7%).

An extremely high proportion of 'problem gamblers' (13.7%) and partners and others (27.5%) declined to disclose their income, so their income was recorded as 'not known'.

In addition, for 63 'problem gamblers' and 11 partners and others no answer was recorded. In the ABS 1996 Census 6.4% of Victorians failed to disclose their income. However, it should be noted that while the MDS was completed by a counsellor as a result of a client interview, Census forms are delivered and collected by Census workers but completed by residents, ensuring a greater degree of anonymity.

Amongst 'problem gamblers' 28.9% of men reported an annual income of less than \$10,000, compared with 26.1% of women. 15.9% of men reported an annual income of between \$30,000 and \$39,999 compared with 9.9% of women. 12.1% of male 'problem gamblers' did not disclose their annual income, compared with 15.6% of women. In contrast, only 8.7% of male partners and others reported an income of less than \$10,000 compared with 19.5% of female partners and others. The comparable statistics for the \$30,000 to \$39,999 income cohort were 20.3% and 14.5% respectively. A greater proportion of male partners and others failed to report their income compared with female partners and others (39.1% compared with 23.5% respectively).

### Labour Force Status

The MDS asks for the 'occupational' status of clients. However, the response categories are such that labour force status can not be accurately determined. For example, while the question requested a single response, the response categories were not mutually exclusive (a client may be both employed part-time and in receipt of the pension; or seeking employment and undertaking home duties). For the purposes of calculating the unemployment rate and participation rate, those classified by the MDS as 'seeking employment' are treated as unemployed. Those classified as 'home duties', 'not in paid

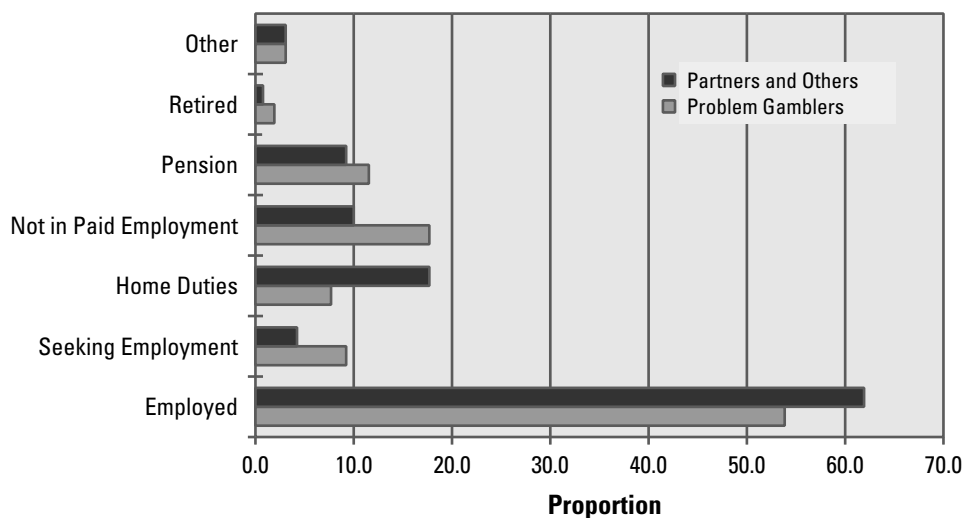
employment', 'pension', 'retired' and 'other' have been treated as not in the labour force. Those 'not in paid employment' have been classified as not in the labour force. This is to ensure consistency with the ABS definition which excludes voluntary workers (with the exception of unpaid helpers in family businesses) from labour force statistics. However, these comparisons should be treated with caution, as 275 'problem gamblers' reported that they were receiving unemployment benefits while only 135 'problem gamblers' reported that they were seeking employment.

Using the above reclassification system, 'problem gamblers' had a labour force participation rate of 61.6% and an unemployment rate of 14.8%. Comparable Victorian statistics for December 1996 were 63.8% and 9.1% respectively.

Using the above definitions, the participation rate and unemployment rate for 'problem gamblers' in 1995–96 were 64.1% and 12.5% respectively.

**Figure 5: Occupation — Occupation of Break Even Clients**

Source: MDS 1996–97



Partners and others had a similar participation rate (62.8%) but a noticeably lower unemployment rate (5.8%). The unemployment rate for partners and others is also lower than that of Victorians.

Fewer 'problem gamblers' (6.6%) described themselves as being involved in home duties compared to 16.6% of partners and others. The difference may in part be attributed to differences in gender. While 45.2% of 'problem gamblers' were women, 75.2% of partners and others were women.

## Key Findings

The gender breakdown of clients presenting to Break Even services is generally consistent with that of the Victorian Population over 18 years of age, although with some over-representation (5.5%) amongst 'problem gamblers'. The gender breakdown has also been consistent over the two MDS data study periods.

The age profile of 'problem gamblers' attending Break Even services in 1996–97 is younger than in 1995–96, with a slight increase in the proportion of 'problem gamblers' between 20 and 39 years. 'Problem gamblers' are over-represented, in comparison with Victorian ABS data, amongst the 30–49 age cohort.

The proportion of 'problem gamblers' born overseas is consistent with the proportion of Victorians born overseas. The proportion of 'problem gamblers' born overseas from each of the broad geographic regions (for example, Asia, Europe and the former USSR) attending Break Even services, is similar to their representation within the Victorian community.

A higher proportion of 'problem gamblers' than Victorians were divorced. The proportion of female divorced 'problem gamblers' exceeds that of men.

'Problem gamblers' with annual incomes less than \$10,400 are under-represented as a proportion of the Victorian population, and those with annual incomes between \$31,000-\$41,000 are slightly over-represented. More male 'problem gamblers' have annual incomes below \$10,000 than the general population. The proportion of male and female 'problem gamblers' with annual incomes below \$10,000 is similar. A lower proportion of 'problem gamblers' disclosed their income level than ABS Census respondents.

The unemployment rate of 'problem gamblers' (14.8%) was higher than the rate in the general Victorian population (9.1%). The labour force participation rate of 'problem gamblers' (61.6%) was slightly lower than that of the Victorian population (63.8%).

## Gambling Activity

Information gathered from the MDS *Client Assessment Form* summarises the type, frequency and intensity of gambling activity of 'problem gamblers'. Clients were asked to provide information about: hours spent and dollars spent gambling on the most recent day of gambling; and days spent gambling during a typical week. Both of these were categorised by type of gambling.

According to previous research, problem gambling typically associates with particular types of gambling, such as electronic gaming machines (EGMs), races, video draw poker and casino gaming (Blaszczynski, Walker, Sagris and Dickerson, 1997). Other results from Australian surveys indicate that between 30% and 40% of adult Australians play lotto as a weekly habit with few, if any, manifesting signs of associated problems (Blaszczynski et al, 1997).

These findings are consistent with the trends identified in other current gambling research. The literature shows those who regularly prefer racing and gaming machines have been found to be more likely to score in the 'at risk' categories in the South Oaks Gambling Screen (SOGS) (Lesieur and Blume 1987), the most commonly used screen for identifying problem gambling activity. In a recent New South Wales based study, players who regularly gambled on 'continuous' forms, such as EGMs, reported all five categories of problems more frequently than those whose only regular form of gambling was lotto (Dickerson et al, 1997). The availability of EGMs, in particular, has been shown to have a strong association with problem gambling (Dickerson et al, 1997).

'Problem gamblers' reported spending considerable amounts of time gambling, and the use of EGMs was the most common form of gambling activity reported. This has remained consistent between the two years of MDS data.

**Table 2: Types of Gambling on Most Recent Day of Gambling 1996–97**

(n = 1343)

Type of Gambling on Most Recent Day of Gambling	No	%
Lotto	46	3.4
TAB	214	15.9
Races	52	3.9
EGM	1085	80.8
Bingo	39	2.9
Cards	61	4.5
Numbers	20	1.5
Other	33	2.5

Although the majority of 'problem gamblers' reported using EGMs on their most recent day of gambling, the following issues should be taken into consideration in interpreting the data:

- Staff in EGM gaming venues are now more aware of Break Even services. This is the result of the gaming industry's support of Break Even and its community awareness and education campaigns. They are more likely to be in a position to refer on 'problem gamblers'.
- The high proportion of women playing EGMs who are 'problem gamblers' seek help more frequently and sooner than their male counterparts.

**Table 3: 'Problem Gamblers' Who Nominated at Least One Gambling Activity — Types of Gambling on Most Recent Day of Gambling by Gender 1996–97**

<b>Gambling Activity</b>	<b>Men % (n=697)</b>	<b>Women % (n=583)</b>	<b>P value* X<sup>2</sup> test</b>
Lotto	**2.9	3.3	0.7
TAB	26.8	1.9	0.001
EGM	61.4	91.1	0.001
Races	6.5	0.2	0.001
Bingo	1.0	4.8	0.001
Cards	7.3	1.2	0.001
Numbers	2.0	0.7	0.05
Other	3.9	0.5	0.001

\*P value relates to the Probability value

EGMs were most commonly registered as a gambling activity on the most recent day of gambling. Women were more likely to report gambling on EGMs and bingo than men, whereas men were more likely to report gambling on TAB, races and cards than women.

Previous research indicates that women tend to participate in only one preferred form of gambling over a given time, whereas men are often involved in more than one activity at a time (Blaszczynski et al, 1997). The average number of types of gambling undertaken by men on their most recent day of gambling was 1.1 compared with 1.0 for women.

The second most commonly reported gambling activity of men was TAB, which is consistent with literature stating that men are most likely to be involved in continuous forms of gambling, such as TAB betting (Blaszczynski et al, 1997).

These findings also lend support to research indicating that women are more likely to gamble on activities based on chance, such as EGMs and bingo and men are more likely to gamble on games based on skill, such as TAB and racing. (Walker, 1994)

**Table 4: 'Problem Gamblers' Who Nominated At Least One Gambling Activity — Types of Gambling on Most Recent Day of Gambling by Income 1996–97**

<b>Type of Gambling</b>	<b>Less than 10,000 pa (n=345) %</b>	<b>10,000 to 19,999 pa (n=266) %</b>	<b>20,000 to 39,999 pa (n=389) %</b>	<b>40,000 pa or more (n=110) %</b>	<b>P value X<sup>2</sup> test</b>
Lotto	2	5	3	3	0.2
TAB	17	15	15	18	0.8
EGM	68	79	78	75	0.003
Races	4	3	4	5	>0.9
Bingo	2	3	3	2	0.9
Cards	6	4	4	7	0.4
Numbers	1	3	1	2	0.3
Other	4	1	3	3	0.2

As shown in Table 4, there was no association between income level and the percentage of clients engaging in lotto, TAB, races, bingo, cards or numbers on the most recent day of gambling. However, there was a statistically significant association between the percentage of 'problem gamblers' playing EGMs and income level. The percentage of 'problem gamblers', with an annual income of less than \$10,000 per annum, playing EGMs was smaller than expected (68% compared with an overall average of 75%).

**Table 5: Types of Gambling on Most Recent Day of Gambling, Median Values for Dollars Lost, Hours Spent per Day and Days Spent per Week 4 1996–97**

Type of Gambling	Median Number of Dollars Lost	Medium Number of Hours Spent Per Day	Median Number of Days Per Week
Lotto	13	1	1
TAB	150	2	3
Races	100	3	1
EGM	150	3	3
Bingo	25	3	1
Cards	300	4	2
Numbers	225	3	1
Others	600	3.5	3

Of the types of gambling undertaken by 'problem gamblers' presenting to Break Even services, the highest median number of dollars lost occurred in gambling with cards (\$300 per day). The lowest median number of dollars lost occurred in lotto (\$13 per day).

The median number of hours spent gambling on the most recent day of gambling ranged from one hour for lotto to four hours for cards.

The median number of days per week spent gambling in a typical week ranged from one day per week for lotto, races, bingo and numbers to threes days per week for TAB and EGM.

## Key Findings

Findings arising from an analysis of MDS data on types of gambling activity undertaken by problem gamblers is consistent, to a degree, with past research in the area.

Women were more likely to report gambling on EGMs and bingo than were men, whereas men were more likely to report gambling on TAB, races and cards than women.

The only significant association between an individual's income level and the type of gambling they preferred was the smaller than expected number of 'problem gamblers' with annual incomes less than \$10,000 playing EGMs.

# The Impact of Gambling Activity

## Gambling Correlated Problems

The MDS Client Assessment Form also asks for issues related to gambling activity to be noted. For the purposes of this report, these issues will be termed correlates, correlates of gambling or gambling correlated problems. Clients may have more than one correlate noted. These are taken to indicate the relationship between gambling and a number of lifestyle issues for the client.

There is no doubt that problem gambling activity has pervasive and harmful impacts on people's lives. This is borne out by the finding that almost two thirds (61.4%) of 'problem gamblers' using Break Even services report five or more gambling correlated problems, and the percentage measures of the listed correlates has remained similar between 1995–96 and 1996–97. The extensiveness of problems relating to a person's gambling activity makes the task of designing appropriate service responses difficult and complex, perhaps indicating a need for multifaceted and multi-modal interventions.

The figures, shown in Table 6, are not inconsistent with previous research, although comparisons are difficult in some cases due to the varying categories used to describe gambling correlated problems.

**Table 6: Gambling Correlated Problems**

Gambling Correlated Problems	1995-96		1996-97	
	No	%	No	%
Financial issues	864	83.2	1020	77.4
Gambling behaviour	1035	96.1	1200	86.8
Employment or work	427	45.9	609	50.8
Interpersonal	783	78.3	853	67.1
Legal issues	153	17.4	338	28.8
Family issues	682	71.5	817	65.5
Leisure use issues	765	78.9	901	74.2
Intrapersonal	857	85.4	1033	80.1
Physical symptoms	302	34.4	514	44.4

Financial issues have been registered as an associated issue by people with gambling related problems in various studies. In a recent Melbourne-based study 89% of women reported financial issues as a problem connected with their gambling (Brown and Coventry, 1997). Issues which could be categorised as 'intrapersonal' also featured prominently, including 'feeling out of control', 'guilt', 'health and well-being' (which included depression) and 'emotional, non-specific'.

'Financial', 'family' and 'legal' issues were most commonly registered as negative impacts for regular gamblers in a recent NSW study (Dickerson et al, 1997), though to a lesser extent than in this study. This would be expected in comparing self-identified problem gamblers and regular gamblers. In particular, these findings correspond with the high frequency with which financial and family issues were registered during the period of the study.

Between January and June 1996 G-Line, a gambling-specific telephone counselling and referral service, registered the most common reasons for contact as 'expenditure' and 'relationship'. Boredom and loneliness were registered as motivating factors for women with gambling issues. (Brown and Coventry, 1997). This corresponds with a finding of this study that women primarily gamble as a way of 'escape' (see Table 8).

## Maladaptive Behaviours

There were a considerable range of maladaptive behaviours connected with sustained gambling. The list of maladaptive behaviours presented in Table 6 is based on the fourth edition Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-IV) categories (American Psychiatric Association 1994) and are identified during the assessment interview with the client, or after by the service provider. These categories should not be used to construct a diagnosis of problem gambling — more sensitive tests are required for that. However, as stated in the MDS guidelines, 'a score of 5 or higher suggests *persistent and recurrent maladaptive gambling behaviour*'. Table 8 shows that 72.6% of Break Even clients note five or more maladaptive behaviours.

The link between the gambling activity of clients attending Break Even services and the listed maladaptive behaviours provide a starting point for assessing the effects of problem gambling and clearly illustrate some of the harmful impacts on the individual, family and the community. Over half (54.7%) of 'problem gamblers' have jeopardised or lost significant relationships, their job educational or career opportunities, because of gambling. An alarming two thirds (68.7%) have admitted to lying to family members, therapists or others to conceal the extent of involvement with gambling; and three quarters (77%) gamble in order to chase losses, a well-known strategy that increases financial distress.

**Table 7: Maladaptive Behaviours**

Maladaptive Behaviour	1995-96		1996-97	
	No	%	No	%
Frequent preoccupation with gambling	777	70.9	884	62.5
Needs to gamble	697	63.9	768	54.4
Has repeated unsuccessful efforts to control gambling	837	76.8	954	67.7
Is restless and irritable	701	64.9	817	58.6
Gambles as a way of escaping	895	82.6	1063	76.8
After losing money gambles to chase losses	886	81.0	1090	76.9
Lies to family members, therapists or others	839	77.0	957	68.7
Has committed illegal acts, such as forgery	254	23.4	418	30.2
Has jeopardised or lost significant relationships	573	52.6	773	54.7
Relies on others to provide money	608	57.2	776	55.9

A number of important questions arise from the findings above and will be addressed in future reports:

- In 1996-97 just over two thirds (67.7%) of the clients reported repeated unsuccessful efforts to control, cut back or stop gambling. How did they try to control their gambling and why wasn't it successful?
- Approximately three quarters (76.8%) gambled as a way of escaping from problems or of relieving a dysphoric mood in 1996-97. What are the problems from which gambling is seen to be an escape? What is the impact on these problems when the solution becomes the problem?

- Over two thirds (68.7%) of the 1996–97 clients admitted to lying to their families, therapist or others to conceal the extent of their involvement with gambling. How does this impinge on the therapeutic process? To what extent does this affect research based on self-reported data?
- In 1996–97 over half (55.9%) of the clients relied on others to provide money to relieve a desperate financial situation caused by gambling. What does this mean for the financial health of these people from whom money is borrowed? How many of these people are propelled into financial counselling or seeking financial relief themselves? What is the cumulative effect of this sort of behaviour?

When comparing the frequency of behaviours across the two MDS studies: 1995–96 and 1996–97, we can see the emergence of a more even spread in the 1996–97 period. The category 'has committed illegal acts' increased from 23.4% to 30.2%. Break Even workers have attributed this to the appearance of a number of Corrections clients who were required, by the courts, to have counselling at a Break Even service as part of their rehabilitation, or they agreed to attend Break Even as a means to avoid a custodial sentence.

**Table 8: Maladaptive Behaviour by Gender 1996–97**

Maladaptive Behaviour	Men		Women		P value X <sup>2</sup> test
	No	%	No	%	
Frequent preoccupation with gambling	685	65.3	573	60.2	0.07
Needs to gamble	686	53.4	596	55.7	0.4
Has repeated unsuccessful efforts to control gambling	679	68.8	574	68.3	0.9
Is restless and irritable	675	59.1	566	59.4	0.9
Gambles as a way of escaping	670	76.3	562	81.3	0.03
After losing money gambling chases loses	688	79.8	572	76.6	0.2
Lies to family members, therapists or others	675	70.4	563	67.9	0.3
Has committed illegal acts, such as forgery	672	32.9	557	24.2	0.001
Has jeopardised or lost significant relationships	683	60.2	573	47.5	0.001
Relies on others to provide money	670	57.5	561	54.2	0.2

Table 8, shows that men reported having committed illegal acts, such as forgery, fraud, theft or embezzlement to finance gambling and jeopardising or losing significant relationships, job or educational or career opportunity because of gambling more frequently than women. Women more frequently registered gambling as a way of escaping from problems or relieving a dysphoric mood than men. This is consistent with the finding of a recent Melbourne-based study that women reported gambling to escape from life's worries, while men reported gambling to try to make extra money (Blaszczynski et al, 1997).

**Table 9: Distribution of Maladaptive Behaviours 1996–97**

Number of Maladaptive Behaviours	1995-96		1996-97	
	No	%	No	%
0	8	0.7	20	1.4
1	21	1.9	35	2.4
2	28	2.5	70	4.9
3	59	5.4	125	8.7
4	86	7.8	141	9.9
5	140	12.7	181	12.7
6	186	16.9	211	14.8
7	202	18.3	236	16.5
8	174	15.8	203	14.2
9	133	12.1	131	9.2
10	65	5.9	76	5.3
Total	1102	100.0	1429	100.0

The distribution of the number of maladaptive behaviours has not changed between the two MDS periods studied.

It is important to comment on the limitation of the criteria used to define problem gambling and its effects, such as the above maladaptive behaviours taken from the DSM IV and the more commonly used South Oaks Gambling Scale (SOGS). In the report produced by Dickerson et al (1997), some important qualifiers are noted which are listed below.

These criteria have been developed to suit conditions in other countries and as such are not necessarily compatible with Australian conditions.

In the context of Australia these criteria are likely to be 'over-inclusive' and 'inaccurate'.

The criteria are 'not sensitive to the unique way in which different contexts can determine whether a player's gambling has harmful impacts or not... nor will it accurately assess such issues in culturally diverse contexts'.

## Key Findings

'Problem gambling' activity has pervasive and harmful impacts on people's lives. The majority of 'problem gamblers' presenting at Break Even services report five or more gambling correlated problems.

The extensiveness of problems relating to a persons gambling activity makes the task of designing appropriate service responses difficult and complex, indicating a need for multifaceted and multimodal interventions.

A considerable range of maladaptive behaviours was found to be connected with sustained gambling. Three quarters of Break Even clients note five or more maladaptive behaviours which would indicate *persistent and recurrent maladaptive gambling behaviour*.

The MDS findings are consistent with previous research on the impact of gender on gambling-related behaviours with men more likely to have committed illegal acts and jeopardised or lost significant relationships. Women were more likely to report gambling as a way of 'escaping'.

There are a number of biases built into the various screens and measures used to define problem gambling, such as the DSM IV criteria. It is important to note these when making an assessment of the findings.

# Service Activity

## Reasons for Attending Services

For every Break Even client, the primary reason for attendance is recorded at the first contact session. At case closure, the primary reason for attendance is again recorded. At case closure the primary reason for attendance is a summary of all contact sessions.

**Table 10: All Clients: Primary Reason for Attendance at First Contact and Case Closure 1996–97**

Primary Reasons for Attendance	First Contact *		Case Closure **	
	No	%	No	%
Financial issues	205	9.5	26	3.0
Gambling behaviour	1473	68.5	624	72.9
Employment or work	15	0.7	2	0.2
Interpersonal	208	9.7	59	6.9
Legal issues	37	1.7	44	5.1
Family issues	96	4.2	49	5.7
Leisure use issues	21	1.0	8	0.9
Intrapersonal	96	4.5	39	4.6
Physical symptoms	4	0.2	1	0.1
Other	—	—	4	0.5
<b>Total</b>	<b>2150</b>	<b>100.0</b>	<b>856</b>	<b>100.0</b>

\* Primary Reason of Attendance for first contact between 1 July 1996 and 30 June 1997. This may or may not be the client's first contact with Break Even services as some clients may have had contact with Break Even prior to 1 July 1996. missing data = 334

\*\* Primary Reason of Attendance for cases closed between 1 July 1996 and 30 June 1997. Missing data = 145

As shown in Table 10, at 'first contact' the most commonly cited reason for attendance was gambling behaviour (68.5%); followed by interpersonal issues (9.7%); and financial issues (9.5%). However, when cases were closed the most commonly cited reasons for attendance were gambling behaviour (72.9%); interpersonal issues (6.9%); family issues (5.7%); and legal issues (5.1%). A possible explanation for this variation is that clients at the end of their contact with the service have a greater insight into their gambling activity and its effects. The difference could also be the effect of the different way the clients and counsellors perceive the problems facing clients.

These data differ markedly from the 1995–96 data in which financial issues was the most commonly cited reason for attendance with 44% of cases given this designation. These differences may reflect changes in reporting or may reflect the fact that clients are more able to attribute their financial problems to gambling than they were previously.

**Table 11: All Clients: Primary Reason for Attendance at Case Closure**

Primary Reasons for Attendance	1995-96 *		1996-97 **	
	No	%	No	%
Financial issues	225	44.3	26	3.0
Gambling behaviour	165	32.5	624	72.9
Employment or work	44	8.6	2	0.2
Interpersonal	36	7.1	59	6.9
Legal issues	15	2.9	44	5.1
Family issues	7	1.4	49	5.7
Leisure use issues	5	1.0	8	0.9
Intrapersonal	4	0.8	39	4.6
Physical symptoms	1	0.2	1	0.1
Other	6	1.2	4	0.5
<b>Total</b>	<b>508</b>	<b>100.0</b>	<b>856</b>	<b>100.0</b>

\* Primary Reason for Attendance for cases closed between 1 July 1995 and 30 June 1996. Missing data = 115

\*\* Primary Reason for Attendance for cases closed between 1 July 1996 and 30 June 1997. Missing data = 145

The primary reason for attendance, as recorded at case closure, varied between 1995-96 and 1996-97. In 1995-96 financial issues accounted for 44.3% of reasons for attendance, compared with 3.0% in 1996-97. Comparable statistics for gambling behaviour were 32.5% in 1995-96 and 72.9% in 1996-97. It is uncertain whether these differences reflect changes in the reasons for attendance or changes in reporting procedures.

## Referral Source

Clients found their way to Break Even Services via a number of avenues. Primarily they were referred by G-Line (35.4%) a specialist telephone counselling service for people affected by gambling activity, community agencies (7.6%), friends and family (9.5%), therapists (3.3%) and the media (3.1%). One quarter (24.1%) of cases were self-referred.

## Service Inputs

In addition to client specific data, some analysis of the service inputs is possible. This section of the report provides some data concerning the occasions of service provided by the various designated problem gambling services that contributed to the present study.

## Case Registrations, Assessments and Closures

The growth in the funding and accreditation of designated problem gambling services over the last two years means that we have a large variation in the size of agencies and the periods for which they have been collecting data. The number of funded effective full-time worker positions also varies between agencies. The following table provides an overview of cases worked with by centres during 1996-97.

**Table 12: All Clients: Number of Cases Registered, Assessed and Closed by Agency 1  
July 1996 to 30 June 1997**

<b>Service Name</b>	<b>Date Started</b>	<b>Cases Registered</b>	<b>Cases Assessed</b>	<b>Cases Closed</b>
Banyule Community Health Service	Jan 95	228	122	92
Palm Lodge Rehabilitation Centre	Feb 95	28	22	19
Upper Hume Community Health Service	Feb 95	63	56	65
Maroondah Social and Community Health Centre	Feb 95	201	182	138
Victorian Relief Committee	1994	168	143	134
Relationships Australia	Feb 95	88	61	52
Bethany Family Support	Mar 95	105	93	105
South West Community Care	Apr 95	30	20	25
Gippsland Family Services	Apr 95	125	85	26
East Bentleigh Community Health Centre	Feb 95	304	264	76
Bendigo Community Health Service	Feb 95	73	59	8
Brimbank Community Health Centre	Feb 95	126	143	93
Salvation Army (Melbourne)	May 96	165	106	128
Western Regional Alcohol and Drug Centre	Aug 96	16	14	2
Colac Community Health Service	Aug 96	12	12	—
Goulburn Valley Community Health Service <sup>5</sup>	Aug 96	17	13	9
Lower Hume Community Health Centre	Aug 96	17	17	13
Mallee Family Care	Aug 96	50	40	16
<b>Total</b>		<b>1816</b>	<b>1452</b>	<b>1001</b>

## **Client Contacts**

Data are collected concerning the numbers of contacts with each client. These data are summarised in Table 13 and 14. It should be noted that some of these cases were still open at the end of the recording period.

**Table 13: All Clients — Client Contacts by Agency 1996–97**

<b>Service Name</b>	<b>No</b>	<b>%</b>
Banyule Community Health Services	2048	15.7
Palm Lodge Rehabilitation Centre	259	2.0
Upper Hume Community Health Service	422	3.2
Maroondah Social and Community Health Centre	1321	10.1
Victorian Relief Committee	1097	8.4
Relationships Australia	628	4.8
Bethany Family Support	710	5.4
South West Community Care	158	1.2
Gippsland Family Services	757	5.8
East Bentleigh Community Health Centre	2654	20.3
Bendigo Community Health Service	600	4.6
Brimbank Community Health Centre	879	6.7
Salvation Army (Melbourne)	818	6.3
Western regional Alcohol and Drug Centre	104	0.8
Colac Community Health Service	115	0.9
Goulburn Valley Community Health Service <sup>6</sup>	81	0.6
Lower Hume Community Health Centre	98	0.8
Mallee Family Care	315	2.4
<b>Total</b>	<b>13064</b>	<b>100.0</b>

It is important to note when comparing the years that 800 contacts during the 1995–96 year could not be analysed due to incorrect entry of client identification numbers. This problem did not occur with the 1996–97 data. Possible explanations for the difference in the number of recorded contact sessions include: an increase in public awareness of Break Even services between 1995–96 and 1996–97; improved data reporting and collection procedures; and/or increased funding allowing more workers to be employed.

**Table 14: Number of Contacts Made With Client**

<b>Number of Contacts Made with Client</b>	<b>1995–96</b>		<b>1996–97</b>	
	<b>Number of Clients</b>	<b>%</b>	<b>Number of Clients</b>	<b>%</b>
1	181	30.6	524	21.1
2	137	23.1	450	18.1
3	126	21.3	359	14.5
4	37	6.3	234	9.4
5	60	10.1	202	8.1
6-10	45	7.6	433	17.4
11 or more	6	1.0	282	11.4
<b>Total</b>	<b>592</b>	<b>100.0</b>	<b>2484</b>	<b>100.0</b>

An interesting pattern is seen in Table 14. The nature of long or short-term case work undertaken by the services has shifted dramatically between the years. In 1995–96 seventy-five per cent of clients attended three sessions or less. In comparison, in 1996–97 approximately half of all clients (53.7%) attended three contact sessions or less. This change could be due to the different data entry procedures between the years. But it is more likely to be an indication of the growing maturity of the services. As they become more experienced in working with their client base they tend to take on more of the workload where previously they may have referred clients on to other services

Another important variable to consider when assessing service inputs is the amount of time spent at each point of contact. Table 15 provides a breakdown of the time per client contact session. This data can not be compared with the previous year because of the data entry problems previously noted.

**Table 15: All Clients: Time per Contact, Client Contacts 1996–97**

<b>Time Per Contact (Minutes)</b>	<b>No</b>	<b>%</b>
0–30	1643	14.3
31–60	7003	61.0
61–90	1772	15.4
91–120	981	8.5
121–150	17	0.1
151–180	59	0.5

Missing data = 1589

Three quarters (75.3%) of the client contact sessions occurred for an hour or less in duration. This is not surprising, as hour-long sessions are fairly standard practice within most counselling agencies.

Information on the primary intervention modality used in work with clients is collected at case closure. The following is a table of findings for both 1995–96 and 1996–97 years.

**Table 16: Primary Counselling Modality Used in Practice**

<b>Primary Counselling Modality</b>	<b>1995–96 *</b>		<b>1996–97 **</b>	
	<b>No</b>	<b>%</b>	<b>No</b>	<b>%</b>
Assessment or referral	112	27.7	169	17.2
Systemic therapies	36	8.9	117	11.9
Supportive counseling	160	39.5	264	26.9
Psychodynamic therapies	24	5.9	10	1.0
Cognitive approaches	58	14.3	196	20.0
Other	15	3.7	226	23.0
<b>Total</b>	<b>405</b>	<b>100.0</b>	<b>982</b>	<b>100.0</b>

\* Clients whose cases were closed between 1 July 1995 and 30 June 1996. Missing data = 218

\*\* Clients whose cases were closed between 1 July 1996 and 30 June 1997. Missing data = 19

As shown in Table 16, supportive counselling remains the most frequent form of intervention. It appears the use of assessment or referral has decreased, while the use of cognitive approaches and other approaches has increased.

Information on the setting of intervention completes the picture of service inputs provided to us by the MDS.

**Table 17: Primary Setting of Intervention**

Setting	1995-96 *		1996-97 **	
	No	%	No	%
Individual counselling	399	84.0	791	83.3
Couple counselling	43	9.1	116	12.2
Family counselling	4	0.8	17	1.8
Self-help	7	1.5	0	0.0
Group therapy	19	4.0	24	2.5
Group self-help	1	0.2	1	0.1
Group support	2	0.4	1	0.1
<b>Total</b>	<b>475</b>	<b>100.0</b>	<b>950</b>	<b>100.0</b>

\* Clients whose cases were closed between 1 July 1995 and 30 June 1996. Missing data = 148

\*\* Clients whose cases were closed between 1 July 1996 and 30 June 1997. Missing data = 51

Of primary settings of intervention in 1996-97, the majority of the client contacts (83.3%) were individual counselling sessions. An additional 12.2% were couple counselling sessions. This is an increase from 9.1% in 1995-96. From the data recorded on primary setting between 1995-96 to 1996-97 little has changed, although there has been a decrease in the frequency of counsellors using group therapy as a primary setting.

**Table 18: Secondary Setting of Intervention**

Setting	1995-96 *		1996-97 **	
	No	%	No	%
Individual counselling	179	79.6	280	51.6
Couple counselling	18	8.0	87	16.0
Family counselling	5	2.2	37	6.8
Self-help	20	8.9	116	21.4
Group therapy	1	0.4	5	0.9
Group educative	0	0.0	10	1.8
Group self-help	2	0.9	5	0.9
Group support	0	0.0	3	0.6
<b>Total</b>	<b>225</b>	<b>100.0</b>	<b>543</b>	<b>100.0</b>

\* Clients whose cases were closed between 1 July 1995 and 30 June 1996. Missing data = 398

\*\* Clients whose cases were closed between 1 July 1996 and 30 June 1997. Missing data = 458

A more changeable picture emerges when comparing the data from the auxiliary setting of intervention. There is a notable decrease in workers using individual counselling from 79.6% to 51.6% and a notable increase in the use of couple counselling from 8.0% to 16.0%. It would appear from the data that the auxiliary setting of the work undertaken with clients in 1996-97 has increased in variety with less reliance on only individual counselling.

A variety of other support services were used during the course of a client's contact with Break Even services. There was a notable increase between the years in the use of self-help services and a decrease in cases reporting no other services used.

**Table 19: Support Services Used by Break Even Clients**

Service	1995-96		1996-97	
	No	%	No	%
Family counselling	7	1.7	18 *	1.8
General health	11	2.6	42	4.2
Self-help	39	9.3	173	17.2
Mental health	28	6.7	80	8.0
Gamblers anonymous	25	6.0	76	7.6
Legal service	30	7.2	64	6.4
Financial counselling	48	11.4	110	11.0
Relationship counseling	13	3.1	26	2.6
Material aid	5	1.2	44	4.4
Other	29	6.9	98	9.8
No other services	184	44	273	27.2
<b>Total</b>	<b>419</b>	<b>100.0</b>	<b>1004</b>	<b>100.0</b>

\* Of those clients whose case was closed between 1 July 1996 and 30 June 1997, 18 reported using family counselling services in addition to Break Even services. Clients may have used more than one support service.

## Service Outcomes

The outcome indicator data presented in Table 20 show the degree to which a client's problems were resolved, partially resolved, or unresolved. The rate of resolution is determined at case closure and is thus only available for closed cases.

**Table 20: Problem Resolution at Case Closure 1996-97**

(n=1001)

Problem Area	Unresolved		Partly Resolved		Fully Resolved		Total	
	No	%	No	%	No	%	No	%
Financial issues	248	37.0	323	48.2	99	14.8	670	100.0
Gambling behaviour	257	30.6	355	42.3	228	27.1	840	100.0
Interpersonal	216	35.8	273	45.3	114	18.9	603	100.0
Family issues	213	36.3	269	45.9	104	17.7	586	100.0
Physical symptoms	104	26.5	127	32.4	161	41.1	392	100.0
Employment or work role	167	39.7	125	29.7	129	30.6	421	100.0
Leisure use issues	192	32.9	280	48.0	111	19.0	583	100.0
Intrapersonal	190	28.4	351	52.5	128	19.1	669	100.0
Legal issues	81	23.1	69	19.7	200	57.1	350	100.0

Clearly, while many clients experienced full resolution of their problems, with higher rates of resolution in legal issues and employment and work role, many did not achieve resolution of their problems. This is consistent with the chronic nature of problems experienced by people with problem gambling behaviour.

**Table 21: Problem Resolution at Case Closure 1995–96**

(n=623)

Problem Area	Unresolved		Party Resolved		Fully Resolved		Total	
	No	%	No	%	No	%	No	%
Financial issues	148	33.0	215	47.9	86	19.2	449	100.0
Gambling behaviour	160	32.9	213	43.7	114	23.4	487	100.0
Interpersonal	155	39.2	180	45.6	60	15.2	395	100.0
Family issues	123	38.3	140	43.6	58	18.1	321	100.0
Physical symptoms	57	25.3	59	26.2	109	48.4	225	100.0
Employment or work role	100	34.6	115	39.8	74	25.6	289	100.0
Leisure use issues	110	31.5	176	50.4	63	18.1	349	100.0
Intrapersonal	101	33.0	141	46.1	64	20.9	306	100.0
Legal issues	28	19.2	19	13.0	99	67.8	146	100.0

In comparing the two tables above one can see that there has been little variation between the years in the resolution status of the problems being worked with. This finding could be interpreted to mean that the nature of the problems being presented to workers and their persistence do not change significantly over time.

## Key Findings

G-Line played a critical role in referring individuals to Break Even Services. It is not known how those who self-referred learnt about Break Even services, although some may have had prior contact with G-Line.

The use of self-help services as a referral point for clients increased significantly alongside a decrease in the number of incidences where no other referral source was used.

There was a notable shift, between the study periods 1995–96 and 1996–97, in the number of contacts per client with the service. An increasing number of 'problem gamblers' attended Break Even Services for more than three sessions.

Although the primary setting of intervention remained individual counselling an increasing number of couple counselling sessions were being conducted particularly as an adjunct to the work being done with individuals.

Supportive counselling was the most frequent modality used with clients. There was an increase in the use of cognitive approaches between the periods studied.

The nature of correlated problems and their persistence was consistent over the two study periods with a low level of complete resolution in many of the areas. This may indicate the entrenched and systemic nature of many of the problems faced by 'problem gamblers'.

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## Footnotes

- 1 Proportions paid into the community support fund is  $8\frac{1}{3}\%$  of the total daily net balance for hotels only.
- 2 Note the MDS and ABS questionnaires use different income cohorts.
- 3 1995–96 MDS data aggregated the two income responses ‘missing data’ and ‘unknown’ and coded them both as ‘missing data’.
- 4 A cautionary note: the figures in Table 5 on ‘amount lost’ should be treated with care. The relationship between reported losses and actual losses is complex and the pattern, if any, remains obscure. For example, it may be that gamblers, for reasons of self-esteem, under-report losses incurred in forms of gambling requiring judgement and skill, such as horseracing and cards, and over-report losses incurred in forms of gambling only involving chance, such as lotto, EGMs and other numbers games.
- 5 Not all data were provided by the cut-off time for preparation of this report by this agency. These data underestimate the agency inputs.
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