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Client and Service Analysis Report No.2

Analysis of Clients Presenting to Problem Gambling Services from July 1, 1996 to June 30, 1997

Prepared for the Department of Human Services
by
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This document has been prepared by the University of Melbourne Problem Gambling Research Team. Its purpose is to provide advice and information to the Victorian Department of Human Services concerning an analysis of clients and services of the BreakEven Problem Gambling Counselling Service.

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Contents

EXECUTIVE SUMMARY	2
INTRODUCTION	5
THE NATURE, USES AND LIMITATIONS OF THE DATA	7
GAMBLING IN VICTORIA	10
STUDY FINDINGS	14
Client Data	14
<i>Referral Source</i>	15
<i>Gender and Age Profile of Clients</i>	15
<i>Ethnic Background</i>	16
<i>Marital Status</i>	17
<i>House and Family Structure</i>	17
<i>Income</i>	18
<i>Employment Status</i>	19
<i>Reasons for Attendance</i>	22
<i>Gambling Behaviours</i>	24
<i>Maladaptive Behaviours</i>	27
<i>Intervention and Outcomes</i>	29
Service Data	30
<i>Case Registrations, Assessments and closures</i>	30
<i>Contact data</i>	32
<i>Number of contacts per client</i>	33
<i>The distribution of EGMs and clients across the state</i>	33
ATTACHMENT A – Minimum Dataset Forms	
ATTACHMENT B – Minimum Dataset Collection Guidelines	

Executive Summary

Introduction

This Report is an analysis of client information collected by problem gambling counselling services in Victoria between 1 July 1996 and 30 June 1997. In July 1996, there were 13 services, and this number had increased to 18 by 30 June 1997. The data is collected by the agencies using a common form of client data recording called the Minimum Data Set.

In evaluating the information contained in this Report, it is important to keep in mind that it contains information derived in part from self-reports of people who have presented to designated problem gambling counselling services and from their service providers. One cannot make firm inferences from the data in this report as to the general community incidence of gambling and problem gambling behaviour or impact of problem gambling in Victoria. The clients of the problem gambling counselling services may not be typical of the total population of problem gamblers in Victoria because many gamblers, as with other people with health and social problems do not necessarily avail themselves of support services. However, the data certainly are representative of those clients presenting to designated problem gambling counselling services.

It is also important to note that changes in the rates and numbers of clients presenting to problem gambling counselling services may reflect the impact of several different influences. These include:

- Higher rates of uptake as services become established. This is the growth phase following the establishment phase of both public and private ventures.
- Increased number and coverage of services now available.
- The underlying rate of problem gambling within the community combined with the propensity of problem gamblers to seek assistance for their problems.
- The impact of extensive media and information campaigns which have been conducted in Victoria.

Thus comparisons of service data in the target period of 1996/1997 with the previous period of 1995/1996 should be conducted with caution.

Between 1 July 1996 and 30 June 1997, 1817 new clients registered with Victoria's problem gambling counselling services with the majority (84.5%) being people reporting problems with their own gambling behaviour. Approximately one-third (35.4%) of all clients were referred by

the telephone counselling service G-Line, 24.1% were self referred with the others coming from a variety of community and health agencies.

Demographic Characteristics of the Problem Gamblers

Problem gamblers, with an average age of 37.7 years, were almost as likely to be women (46.0 percent) as to be men (54.0%). Approximately one-quarter (22.8%) of these clients were born overseas, from a wide range of countries.

The men were twice as likely as women gamblers to have never married and twice as likely to be living alone than women gamblers.

Just under half (48.2%) of the problem gambler group had incomes below \$20,000, with 37.5% of the clients being on fixed incomes such as pensions and benefits. Thirty percent of clients had incomes between \$20,000 and \$40,000. Almost half (47.5%) of the clients had, for various reasons, an occupational status other than employed.

Gambling Problems

Problem gamblers presenting to services report spending considerable time gambling. They spend on average about two days per week gambling and gamble for, on average, three hours per day. By far the most common form of gambling behaviour is use of electronic gaming machines (EGMs) (80.8%). Two-thirds (67.7%) of the clients reported that they had attempted to control their gambling, but failed.

Not surprisingly, Gambling Behaviour (72.9%) was the most common major reason given for attending the problem gambling services although 77.4% of all problem gambler clients experienced financial problems. A high proportion of problem gamblers (80.1%) experienced affective disorders, reporting anxiety, mood swings etc. Problems with relationships (67.1%) were also frequently reported, while half of the clients (50.8%) reported that problem gambling had affected their employment and work role. Almost two thirds of the problem gamblers (61.4%) experienced five or more problems in areas such as relationships, their family, legal issues, work and employment. This indicates how extensively problem gambling impacts on the lives of these people.

Almost one-third (30.2%) of the problem gamblers who attended the designated problem gambling services reported that they have committed illegal acts to finance their gambling. An additional concern is that over half of these people (55.9%) reported that they rely on others to relieve their losses. Since chasing losses is an almost sure recipe for financial distress, it is not a good sign that 76.9% of problem gamblers do this.

The pervasiveness of problems related to gambling for these clients is clearly illustrated by the fact that 60% of them reported six or more related maladaptive behaviours; such as gambling

as a way of escaping from problems, lying to their families to conceal the extent of their gambling and jeopardising significant relationships and employment.

Service Data

More than half of all clients were seen three times or less (21.1% of clients were seen once, 18.1% twice and 14.5% on three occasions), with a total of 13064 contacts distributed over all the services. However, it should be noted that some of these cases were still open at the end of the reporting period. One-third of clients (35.4%) were referred by G-line and a further 24.1% of clients were self referred.

Outcomes

While 1001 cases were closed during the study period, the levels of resolution of problems reported by problem gamblers varied considerably by the type of problem recorded. Over half (57.1%) of the clients who experienced legal problems reported they were fully resolved whereas only 14.8 % reported that their financial issues were fully resolved. Apparently, problem gambling can generate high intensity and long lasting financial impacts. If partial resolution rates are added to the full resolution rates, the situation is much more positive, with resolution rates for legal issues jumping to 76.8% and financial issues to 63%.

Introduction

In February 1994, the Victorian Department of Health and Community Services (now the Department of Human Services) submitted a proposal for the establishment of comprehensive problem gambling services throughout Victoria, as a part of a Problem Gambling Services Strategy. This proposal was largely in response to the dramatic increase in access to legalised gambling in Victoria. Later that year, the Minister for Gaming approved the proposal.

The Problem Gambling Services Strategy is funded through the Community Support Fund and is comprised of a number of elements including, amongst others, the regionally based problem gambling counselling services referred to above, and a problem gambling research program. The research program is designed to inform the future planning, design, development and evaluation of problem gambling, financial counselling and family support services, community education strategies and information products. The research program has been divided into four projects, the first of which is a problem gambling Client and Service Analysis. The primary aim of this project is to provide both client and service profiles based on research into individuals using problem gambling services and their utilisation of community and support services.

The Client and Service Analysis is a three year research project being carried out by a team of researchers led by Associate Professor Alun Jackson at the School of Social Work at the University of Melbourne. The team who contributed to this report includes Professor Jackson, Dr. Neil Thomason and Dr. Shane Thomas as principals and Dr. Beth Crisp, Wei-ying Ho, Serena Smith and Jennifer Borrell.

The present report, *Client & Service Analysis Report No. 2: Analysis of Clients Presenting to Problem Gambling Counselling Services from 1 July 1996 to 30 June 1997*, is a report based on the minimum data set collected by problem gambling services and the second annual analysis to result from the Client and Service Analysis. The minimum data set was established and implemented in 1995, and was aimed at establishing a comprehensive record of the use of problem gambling specific services by individuals. Common forms are used by all designated problem gambling specific services.

This Report is an analysis of the Minimum Data Set information on clients of the problem gambling services who had contact with an agency between 1 July 1996 and 30 June 1997. Data provided about closures in this report also includes all clients whose cases were closed irrespective of their date of registration. In June 1997, there were 18 services around Victoria who contributed data to this report.

The nature, uses, and limitations of the data

The registration data are self-reported data collected by counsellors at initial registration or soon thereafter. The contact, assessment and closure data are collected at (or immediately after) client interviews. Although aimed primarily at helping with case notes, the Minimum Data Set is also designed to help researchers gain a greater understanding of client characteristics and behaviours. The information in this Report comes from data gathered in accordance with the Minimum Data Set guidelines.

There are several limitations affecting the usefulness of the following information, which are important to keep in mind when making inferences from this particular set of data about problem gambling in Victoria.

The findings are primarily based on the forms comprising the Minimum Data Set. These were the Client Registration Form, the Assessment Form, Daily Contact Sheets and the Case Closure Form. It was not possible to merge these four data sources because of difficulties in matching of clients. These difficulties principally arise from the coding practices of agencies with client IDs. In addition, the number of clients about whom complete information existed varied across the four forms, producing an *n* of:

- 1817 for registration data¹,
- 1452 for assessment data²,
- 2484 daily contacts³ and
- 1001 for closure data⁴.

As with any data analysis exercise which is based on a fixed time period rather than case completions there will always be a number of clients who are still in the system at the point at

ATTACHMENT A – Minimum Dataset Forms

ATTACHMENT B – Minimum Dataset Collection Guidelines¹ Basic demographic data on the client completed at first contact or on representation after the case has previously been closed. This data is collected from clients irrespective of whether they identify as a problem gambler or as someone who is affected by another person's problem gambling.

² Data on the type and extent of problem on most recent day of gambling, an assessment of gambling behaviour using DSM-IV criteria. This is designed to be collected on first counselling contact with clients, but this does not always occur.

³ Completed at each visit, this data includes referral information, reason for attendance and outcome of session. Includes clients who first attended prior to 1 July 1996.

⁴ Closure data is recorded at the completion of a case. It records primary reason for attendance, counselling modalities used, and outcome indicators.

which the analysis must be made. There are also clients who are reported in the case closure statistics who were first treated prior to this time period.

In addition to the above limitation, there is reason to believe that the problem gamblers presenting themselves to these services are not a statistically random sample of problem gamblers. There are several reasons for this:

- Some socio-economic groups are much more likely to present themselves for counselling than other groups are. It is well documented by social researchers that educated middle class people are more likely to contact problem services for problems than working class families.
- In most communities, women are considerably more likely to request assistance from public health and welfare agencies than men.
- Different cultural groups have very different attitudes toward gambling in general and problem gambling in particular. In some cultures, gambling is socially acceptable and problem gambling is seen as a problem, but not necessarily as a moral failing. In other cultures, gambling itself is seen as a morally dubious activity and problem gambling is seen as constituting a serious moral and character flaw of the individual. These differences among cultural traditions almost certainly have affected the rates at which problem gamblers report to problem gambling services.
- In a related point, it is also well known that many, although by no means all, problem gamblers may be in a state of denial that they have a problem controlling their gambling. If this denial is influenced by cultural, social and economic factors, then those who present will tend to be a somewhat atypical sample of problem gamblers.
- Different cultural groups have very different attitudes toward government and its social and community services. In some groups, many do not believe that their cases will be kept confidential. Even though the designated services funded by the Victorian Government have strong standards for confidentiality, it can take considerable time for these people to believe that they can trust a counsellor to keep their personal information confidential.
- This Report covers only designated Department of Human Services Problem Gambling Services. Some people, particularly non-English speakers, may go to other services for assistance, when their problem is related to gambling. Indeed, a presentation to a counselling service for many clients may be made for relationship problems or general financial problems, amongst others, where problem gambling is an underlying cause of the 'symptom' being presented. There will be future detailed reports on problem gambling for those services, as work undertaken as part of the Client and Service Analysis will quantify the extent to which general family support agencies and financial counselling services are being accessed by people for problem gambling related issues.
- The information presented in the report includes data based on self-reports. While no doubt most of these reports are accurate, there are some problems with self-report data, especially in regard to such an emotionally sensitive area as problem gambling.

In sum, in evaluating the information in this report, it is important to keep in mind that the report contains only information from self-reports of people who have presented to designated problem gambling services. One cannot legitimately make any inferences from the

data in this report to the general incidence or impact of problem gambling in Victoria. This is a report about the problem gambling services and their clients, who may or may not be typical of problem gamblers in Victoria.

Gambling in Victoria

Community attitudes towards, and the practice of, gambling in Victoria have undergone substantial liberalisation in this century, especially in the last two decades. In the late nineteenth century, tolerance toward 'minor' gambling for charitable purposes was sharply divided along denominational lines, with Catholic women organising gambling activities for fund-raising purposes but with strong disapproval by Protestant women.

A moral crusade in the early decades of the twentieth century by the Victorian Council of Churches was largely aimed at gambling and liquor reform. The *Gambling Suppression Act* of 1906 strengthened police endeavours in closing totes, restricted bookmaking to the race track and denied women the right to bet with these on-course bookmakers. It also reduced the number of race meetings, made the sale of lottery tickets illegal and banned games of 'skill' from fetes and bazaars.

In the same year the *Gaming and Betting Act* of 1906 established a franchise for proprietary clubs to run a certain number of race meetings per year. In 1928 tensions between proprietary and non-proprietary clubs led to the appointment of a Select Committee of the Legislative Council to report on the conduct of race meetings in Victoria. Following the committee's report, the Victorian Racing Club became the central body for coordination and production of racing in Victoria.

Except in the case of gambling for welfare purposes, prohibition remained in Victoria until 1953, when a campaign by the Anglican and Wesley churches to resist government moves to bring Tattersalls from Tasmania was defeated. In 1954 Tattersalls won a license to run regular lotteries in Victoria. With the enactment of the *Tattersall Consultations Act* in 1958 Tattersalls received an exclusive license to promote and conduct 'consultations' (or lotteries) in Victoria.

As a direct result of a Victorian State Government Royal Commission into off course betting, the government established the Totaliser Agency Board (TAB) in 1961. Following this, the gaming squad was strengthened to eliminate the TAB's illegal competition.

Recent decades have seen a growing tolerance and liberalisation of Victorian gambling. In 1972 the Victorian Government licensed Tattersalls to run Tattslotto and lifted the law which banned the advertising of lotteries on television and radio. In 1985, TAB agencies were allowed to open in hotels. However, the most notable shifts in gambling policy, infrastructure and activity have occurred in the present decade.

Recent trends in gambling policy and activity

The 1990s have seen a dramatic increase in gambling expenditure and infrastructure in Victoria. In comparison to other states, several of which have also seen a burgeoning in gambling activity, the increase in gambling in Victoria has been marked. This has 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 EGMs in hotels and clubs and the establishment of the Crown Casino in central Melbourne.

Most notable among recent gambling legislation is the *Gaming Machine Control Act 1991* and the *Casino Control Act 1991*. These acts, in conjunction with the *Gaming and Betting Act 1994* established the framework for regulation of gaming activities in the state, including the stipulation that 20% of EGMs be located outside the Melbourne statistical division. EGMs were introduced in Victoria in 1992 with TABCORP and Tattersalls becoming the two gaming operators.

The *Casino Control Act 1991* established the general framework for 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. This Act also stipulates the proportion of money paid into gaming machines that must be returned to gamblers and the proportion of the remainder ('gaming revenue') obtained by EGMs in hotels to be paid into the Community Support Fund (8 1/3 percent of the total daily net balance). Monies from this fund are allocated by the discretion of the Premier of Victoria to tourism, arts and assistance programs for people with gambling related issues and others in need of support. The *Casino Control Act 1991* also stipulates that some revenue from the Community Support Fund is to be used for research into the social and economic impacts of gambling.

The *Casino (Management Agreement) Act 1993* provides for the preparation of Management Agreement between the State and the casino operator and specifies the maximum EGMs allowable in the state. This figure was later amended to 27,500 by ministerial direction in May 1996. The Act also set a limit on the number of EGMs allowable in any one venue within 100 kilometres of the Melbourne casino until the year 2005. Among other variations of the original Act the *Casino (Management Agreement) (Further Amendment) Act 1995* provided for an increase in the number of gaming tables in the permanent casino from 250 to 350.

The *Gaming and Betting Act 1994* established the Victorian Casino and Gaming Authority (VCGA) to monitor and control wagering, gaming and other forms of gambling in Victoria (in accordance with this Act, the *Gaming Machine Control Act 1991* and the *Casino Control Act 1991*). With this Act, responsibility for regulation of the gambling industry in Victoria was placed with one authority. One of the principal objectives of the VCGA, which is pertinent here, is to fund research into and advise the Minister on the social impact of gambling.

Victoria's Problem Gambling Strategy

Funding for the Problem Gambling Services Strategy (PGSS) is made available through the allocation of triennial grants from the Community Support Fund. The Victorian government has implemented and developed the Problem Gambling Services 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; and
- A range of counselling and support services which address family issues which may arise as a result of problematic gambling, through the establishment of a statewide family skills and regional family resource centres.

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

- Establishment of Problem gambling counselling services;
- Funding of Community education officers in each DHS Region;
- Funding a community education and media campaign;
- Establishment of a Problem gambling reference group;
- Establishment of G-Line, a free, 24 hour telephone counselling and referral service; and
- Funding of a Problem gambling research program (of which this work is a component).

The aims of the research program are to examine the effects of gambling on individuals and their families, clients' responses to support systems and the effect of these services on people who use them. In addition research results will provide a profile of problem gamblers and indicate how they use the services that are currently available.

A team of researchers at the University of Melbourne, School of Social Work are currently working on two of these research projects. These are:

- A Client and Service Analysis of problem gambling counselling services; and
- A Longitudinal Evaluation of the Effectiveness of Problem Gambling Counselling Services, Community Education Strategies and Information Products.

The main purpose of these research projects is to provide the basis for future planning of prevention and education strategies for people with gambling related issues.

Study Findings

As a part of the standard operating procedures for the problem gambling counselling services, client details are collected at the time of registration and service details with each client contact. This information is collected by completing registration and contact forms at (or immediately after) interviewing the client.

All clients personal information is kept strictly confidential. The researchers who analyse the data see de-identified data only and no attempt is made to identify any client.

The figures presented below do not add up to all of the clients presenting at services. Answering questions is voluntary and for those clients who chose not to answer a question an answer was not recorded. This is why the exact totals in tables vary slightly from table to table. These variations do not affect the results in any way. A system of rounding has been used which means column totals do not always add up to precisely 100%. The potential for multiple responses to some questions means that the total number of responses is greater than the number of clients from whom this information was obtained. Cases with missing data on the variables reported in any particular analysis are excluded from that analysis.

In this Report, we have often used the phrase 'problem gamblers'. These words should only be taken as indicating that the person has presented himself or herself as having problem gambling behaviour. It should NOT be taken as 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 (or any other) criteria for problem gambling.

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 1, the clear majority of people presenting for services (84.3%) were people who reported that they had problems with their own gambling behaviour.

Table 1: Status Of Newly Registered Clients (n=1817)

Client Status	Gender of Clients		
	Male	Female	Total
Self identified gambling problem	814	694	1508 (84.3%)
Partner	46	140	186 (10.4%)
Other	24	70	94 (5.3%)
Total	884 (49.4%)	904 (50.6%)	1788 (100.0)

Twenty-nine cases did not have the required information to construct this table and were excluded from it. The numbers of missing values is not specified for subsequent tables.

Referral Source

One-third (35.4%) of the clients of the problem gambling counselling services were referred by the telephone counselling service G-Line, with community and health agencies referring another 10.5%. The media was recorded as the source of referral for 3.1% of the clients, and a similar proportion was referred by other therapists (3.3%). Families and friends were cited as a source of referral for 9.5% of the clients

One-quarter (24.1%) of clients were self-referred. This concept of self referral is a difficult one. If a client self refers to an agency which deems that a more suitable agency exists to deal with the clients problem, and informs the client of this, then the second agency will record that referral as being from the first agency, even though the client initiated the contact originally. Self referral data, therefore, should not be taken in itself as evidence of insight or motivation.

Gender and Age Profile of Clients

Slightly more men (54%) than women (46%) presented in the 1996/1997 clients and were registered as having a problem with their own gambling. This is similar to the 1995/1996 data in which approximately equal percentages of men and women were reported. These data are a little atypical when compared to international studies of problem gambling prevalence rates in that men have been found to have higher rates of problem gambling. However, it is a general finding in other health and human services contexts that women tend to have a greater propensity for help seeking than men.

There was a considerable range in ages among the people with problem gambling behaviours, with 13 people under the age of 20 and nine between 70 and 79 years. The average age of the problem gamblers was 37.7 with a standard deviation of 10.8 years. Table 2 shows the breakdown of age and gender for problem gamblers in the study.

Table 2: Gender and Age of Problem Gamblers (n=1521)

Gender	Age Group						Total
	< 20 yrs	20-29	30-39	40-49	50-59	60+	
Male	8	227	290	174	73	16	788 (54.8%)
Female	5	123	205	195	95	27	650 (45.2%)
Total	13 (0.9%)	350 (24.3%)	495 (34.4%)	369 (25.7%)	168 (11.7%)	43 (3.0%)	1438 (100.0%)

The age and gender distributions for partners and others appear in Table 3.

Table 3: Gender and Age of Partners and Others (n=280)

Gender	Age Group						Total
	< 20 yrs	20-29	30-39	40-49	50-59	60+	
Male	0	14	17	15	16	3	65 (24.8%)
Female	6	41	59	50	32	9	197 (75.2%)
Total	6 (2.3%)	55 (21.0%)	76 (29.0%)	65 (24.8%)	48 (18.3%)	12 (4.6%)	262 (100.0)

There is a marked, but expected, difference between the data presented in Tables 2 and 3. While approximately equal numbers of males and females self reported as problem gamblers, approximately three times as many females as males sought counselling for other people's problem gambling.

Ethnic Background of Clients

Approximately one-quarter (23.1 per cent) of the problem gamblers were born overseas, from a wide range of countries. Over half of these (51.2%) were born in Europe. Only five (0.3%) people specified they required an interpreter at the problem gambling counselling services. In the 1995/1996 report it was stated that greater number of non-English speaking clients and those requiring interpreters may present in the future as specialised ethno-specific programs are established in this area. However, only one more client in the 1996/1997 period specified this requirement than in the previous period.

16.6 per cent of problem gamblers clients identified themselves as belonging to a cultural group with a wide variety of groups nominated (Aboriginal and Torres Strait Islanders comprised 1.5 per cent of all problem gambling counselling clients). Again, a greater number of people in this category may emerge with the establishment of specialised ethno-specific services.

Marital Status of Clients

Overall, 32.1% of the problem gamblers have never been married, but there is a considerable gender difference in this regard: only 20.3% of the females have never married compared to 42.1% of the males. It is unclear what this difference represents, although the age differences between the male and female clients could be one factor.

There is a small gender difference in the percentage of problem gamblers who were married. While 30.3% of the men were married, 42.8% of the women were married. Partners and others (67.7% of the males and 63.3% of the females) were far more likely to be married than were problem gamblers.

Household and Family Structure of Clients

There is a considerable gender difference in the living arrangements of problem gamblers. While 26.7% of the males live alone, only 16.1% of the females live alone.

Table 4: Household Structure of Problem Gamblers by Gender

Gender	Household Structure				
	Lives Alone	Family/ Couple	Single parent family	Other	Total
Male	213	477	14	94	798 (53.9%)
Female	110	470	70	34	684 (46.2%)
Total	323 (21.8%)	947 (63.9%)	84 (5.7%)	128 (8.6%)	1482 (100.0%)

Not surprisingly, more partners or others live with other people than problem gamblers do.

Table 5: Household Structure of Partners and Others by Gender

Gender	Household Structure				
	Lives Alone	Family/ Couple	Single parent family	Other	Total
Male	5	59	2	3	69 (24.9%)
Female	10	181	13	4	208 (75.1%)
Total	15 (5.4%)	240 (86.6%)	15 (5.4%)	7 (2.5%)	277 (100.0)

Income of clients

The self-reported income of problem gamblers varied considerably, from less than \$10,000 to over \$60,000 per year. Just under half (48.2%) of the problem gamblers had incomes below \$20,000. This is explained somewhat by Table 9 which shows 37.5% of the problem gamblers as being on fixed incomes such as pensions and benefits. A further 30.1% of problem gambler clients had incomes between \$20,000 and \$40,000.

These figures should be viewed with some caution, however, because it is unclear how many people interpreted the question as applying simply to their own income and how many interpreted it as applying to their partners or household income as well.

Table 6: Income Status of Problem Gamblers

Income Level (A\$)	Frequency (%)
< \$10,000	401 (27.5)
10,000 - 14,999	150 (10.3)
15,000 - 19,999	152 (10.4)
20,000 - 29,999	245 (16.8)
30,000 - 39,999	194 (13.3)
40,000 - 49,999	60 (4.1)
50,000 - 59,999	31 (2.1)
> 60,000	27 (1.9)
Not known	198 (13.6)
Total	1458 (100.0)

Employment Status of Clients

Somewhat more than half of all problem gamblers were employed (52.5%) with another (9.1%) looking for work.

Table 7: Employment Status of Problem Gamblers

Employment Status	Frequency (%)
Employed	779 (52.5)
Seeking employment	135 (9.1)
Home duties	98 (6.6)
Not in paid employment	246 (16.6)
Pension	168 (11.3)
Retired	19 (1.3)
Other	38 (2.6)
Total	1483 (100.0)

As can be seen in Table 7, 47.5% of the clients had, for various reasons, an occupational status other than employed. This figure might be misleading, however, as although only 52.5% of the problem gamblers are in paid employment, those not in paid employment cover a wide range of occupational states from receiving a pension to performing home duties. This group should not be simply categorised as unemployed. The employment percentages are roughly the same for the partners and others, except that a higher percent are engaged in home duties (16.1% vs. 6.6%).

Table 8: Employment of Partners and others

Employment Status	Frequency (%)
Employed	162 (59.1)
Seeking employment	10 (3.6)
Home duties	44 (16.1)
Not in paid employment	26 (9.5)
Pension	23 (8.4)
Retired	2 (0.7)
Other	7 (2.6)
Total	274 (100.0)

Table 9: Pensions and Benefits for Problem Gamblers

Pensions and Benefits	Male Frequency	Female Frequency	Total Frequency
None	438	360	798 (55.4)
Unemployment benefits	199	76	275 (19.1)
Sickness benefit	27	14	41 (2.9)
Sole parent pension	7	96	103 (7.1)
Aged pension	19	29	48 (3.3)
Disability	43	32	75 (5.2)
Not known	26	28	54 (3.8)
Other	23	24	47 (3.3)
Total	782	659	1441 (100.0)

There is a gender difference in the pension and benefits distribution for the problem gamblers. While 25.5% of the men are receiving unemployment benefits, only 11.5% of the women do so. On the other hand, 14.6% of women problem gamblers receive supporting parents benefit, while less than 1% of men do so.

Partners and others are less likely to be receiving pensions and benefits than the problem gambler clients.

Table 10: Pensions or Benefits for Partners and Others

Pensions and Benefits	Frequency (%)
None	175 (64.6)
Unemployment benefits	22 (8.1)
Sickness benefit	7 (2.6)
Sole parent pension	24 (8.9)
Aged pension	7 (2.6)
Disability	5 (1.8)
Not known	24 (8.9)
Other	7 (2.6)
Total	271 (100.0)

Reasons for Attendance of Clients

The Case Closure Summary Information form asks for a client's primary reason for attendance. The data given in Table 11 are based on the 1001 clients whose cases were closed at the end of the data collection period.

These data differ markedly from the 1995/ 1996 data in which financial issues was the most commonly cited reason for attendance with 44% of cases given this designation. These differences may reflect reporting procedural changes rather than changing reasons. We will pursue this issue further in our direct client studies.

Table 11: Primary Reason for Attendance

Primary Reasons for Attendance	Frequency (%)
Financial issues	26 (3.0)
Gambling behaviour	624 (72.9)
Employment/work	2 (0.2)
Interpersonal	59 (6.9)
Legal issues	44 (5.1)
Family issues	49 (5.7)
Leisure use issues	8 (0.9)
Intrapersonal	39 (4.6)
Physical symptoms	1 (0.1)
Other	4 (0.5)
Total	856 (100.0)

The Client Assessment Form asks for correlates of gambling behaviour to be noted. These are taken, as the Minimum data Set Guidelines suggest, to indicate the relationship between gambling and a number of life-style issues. These correlates correspond to the primary reason for attendance as noted on the Case Closure Summary Information form.

Table 12: Gambling Correlated Problems

Gambling Correlated Problems	Frequency (%)
Financial issues	1020 (77.4)
Gambling behaviour	1200 (86.8)
Employment/ work	609 (50.8)
Interpersonal	853 (67.1)
Legal issues	338 (28.8)
Family issues	817 (65.5)
Leisure use issues	901 (74.2)
Intrapersonal	1033 (80.1)
Physical symptoms	514 (44.4)

As can be seen from Table 12, more than three-quarters (77.4%) of the problem gamblers clients experienced financial problems. An even higher proportion (80.1%) experienced affective disorders, reporting anxiety, mood swings etc. A high proportion also reported problems with relationships (67.1%), while over half (50.8%) of the clients reported problem gambling affecting their employment and work role. Table 13 below details the number of correlated problems experienced by the problem gambler clients.

Table 13: Number of Gambling Correlated Problems

Number of Gambling Correlated Problems	Frequency (%)
0	5 (0.4)
1	38 (2.7)
2	133 (9.4)
3	156 (11.0)
4	215 (15.2)
5	211 (14.9)
6	239 (16.9)
7	239 (16.9)
8	138 (9.7)
9	43 (3.0)
Total	1417 (100.0)

Almost two thirds (61.4%) of the problem gamblers had five or more of the gambling correlated problems. This is an indicator the extensiveness of the effects of problem gambling on their lives. This is an area of obvious concern, which would render the counselling task to be difficult and complex.

Gambling Behaviours

The Client Assessment Form, based on DSM-IV's definition of problem gambling, was developed to summarise the type, frequency and intensity of the gambling behaviours and their adverse effects. The DSM-IV is a widely used psychiatric diagnostic classification tool. The Client Assessment Form is completed by the service provider.

Problem gamblers report spending considerable time gambling with use of electronic gaming machines being the most common form of gambling behaviour by far (See Table 14).

Table 14: Types of Gambling on Most Recent Day of Gambling

Type of Gambling on Most Recent Day of Gambling	Frequency (%)
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)

As one would expect, the range of losses reported for the most recent day of gambling was considerable - \$1 to \$50,000. Because the average is substantially affected by large numbers, Table 15 reports the median, the minimum and maximum values of the reported losses.

Table 15: Self-Reports of Losses on Most Recent Day of Gambling

Type of Gambling	Median number of dollars	Minimum number of dollars	Maximum number of dollars
Lotto	13	1	3000
TAB	150	1	50000
Races	100	4	5000
EGM	150	-280 ⁵	25000
Bingo	25	12	100
Cards	300	50	10000
Numbers	225	10	2500
Other	600	30	10000

These figures should be treated with caution. 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, such as horseracing, and over-report losses incurred in forms of gambling only involving chance, such as Lotto.

All forms of gambling were reported as taking substantial amounts of time on the most recent day of gambling as Table 16 below illustrates.

⁵ This negative minimum value is due to a client winning more than their outlay on this form of gambling.

Table 16: Hours Spent Gambling on Most Recent Day of Gambling

Hours Spent Gambling on Most Recent Day of Gambling	Median number of hours/ day	Minimum number of hours/ day	Maximum number of hours/ day
Lotto	1.0	0.2	10.0
TAB	2.0	0.25	20.0
Races	3.0	1.0	20.0
EGM	3.0	1.0	50.0
Bingo	3.0	1.0	6.0
Cards	4.0	1.0	48.0
Numbers	3.0	1.0	12.0
Other	3.5	1.0	12.0

Table 16 shows the numbers of days per week that clients reported they spent gambling. The 50 and 48 hour maximums indicate lengthy continuous sessions.

Table 17: Frequency of Gambling (Days per week) on Most Recent Day of Gambling.

Frequency of Gambling (Days per week) on most recent day of gambling	Median number of days/ week	Minimum number of days/ week	Maximum number of days/ week
Lotto	1	1.00	7
TAB	3	1.00	7
Races	1	1.00	7
EGM	3	0.00	7
Bingo	1	0.50	6
Cards	2	0.25	7
Numbers	1	0.25	7
Other	3	0.50	7

The median value shows that, clients who presented to the surveyed services are spending at least one day per week gambling with most reporting two or more such days per week.

Maladaptive Behaviours

There is a considerable range of maladaptive behaviours connected with sustained gambling, especially as the losses mount. The list of maladaptive behaviours presented in Table 18 was based on DSM-IV but should not be used to construct a diagnosis of problem gambling - more sensitive tests are required for that.

That about one-third of problem gamblers self-report as having committed illegal acts to finance their gambling is one indication of the social effects of gambling. An additional concern is that over half of the problem gamblers rely on others to relieve their losses. Since chasing losses is a almost sure recipe for financial distress, it is not a good sign that 7 out of 10 problem gamblers do this.

Table 18: Maladaptive Behaviours

Maladaptive Behaviour	Frequency (%)
Frequent preoccupation with gambling	884 (62.5)
Needs to gamble	768 (54.4)
Has repeated unsuccessful efforts to control gambling	954 (67.7)
Is restless and irritable	817 (58.6)
Gambles as a way of escaping	1063 (76.8)
After losing money gambling	1090 (76.9)
Lies to family members	957 (68.7)
Has committed illegal acts such as forgery	418 (30.2)
Has jeopardised or lost significant relationships	773 (54.7)
Relies on others to provide money	776 (55.9)

There are many important questions arising from Table 18 which point to areas to be followed up in the research program. Some of these include:

- Why have over two thirds (67.7%) of the clients reported failed attempts to control their gambling, and what did they do to try to achieve this control?
- What are the problems from which gambling is seen to be an escape, and what is the impact on these problems when the solution becomes the problem, as it obviously has for many of the clients?
- If over two thirds (68.7%) of the clients admit to lying to their families and therapists to conceal the extent of their problem, how does this impinge on the therapeutic process?
- If over half (55.9%) of the clients are relying 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, and 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?

Table 19 below gives the frequencies of the number of maladaptive behaviours recorded for each client.

Table 19: Number of Maladaptive Behaviours

Maladaptive Behaviours	Frequency (%)
0	20 (1.4)
1	35 (2.4)
2	70 (4.9)
3	125 (8.7)
4	141 (9.9)
5	181 (12.7)
6	211 (14.8)
7	236 (16.5)
8	203 (14.2)
9	131 (9.2)
10	76 (5.3)
Total	1429 (100.0)

Again, as with the findings on correlates of gambling, the results detailed in Table 19 show clearly the extensiveness and pervasiveness of problems related to gambling for these clients, with 45.2% of them reporting 7 or more of the maladaptive behaviours. The detailed analysis to be undertaken in other components of the Client and Service Analysis will illustrate whether there are any patterns to the types of maladaptive behaviours which occur together, and the implications of this for planned interventions whether oriented towards prevention or treatment.

Intervention and Outcomes

The clear majority (83.3%) of the client contacts as noted at closure were individual interviews. A further 12.2% were couple counselling sessions. The remainder of contacts were group therapy (2.5%) and family counselling sessions (1.8 %) and group self-help and group ongoing support.

As noted in the section of this report dealing with limitations of the data, it was not possible to merge the assessment or registration data with the case closure data to obtain a clearer picture

of case closure, because of difficulties with a lack of definite and unique identifying information across the three information sources.

The outcome indicator data present the degree to which a clients problem as expressed at first contact was resolved, or partially resolved, at case closure. These data appear in Table 20 following.

Table 20: Problem Resolution at Case Closure (n=1001 cases closed)

Problem Area	Extent of Resolution of Problem at Case Closure			
	Frequency (%)			
	Unresolved	Partly resolved	Fully resolved	Total
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/ 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 experience full resolution of their problems, with higher rates of resolution in legal issues and employment and work role, it is the case that many do not achieve resolution of their problems. This is consistent with the chronic nature of problems experienced by people with problem gambling behaviour.

Service Data

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 are now in a position to report service data with a greater degree of statistical reliability. The data reported in this report include case registrations, assessments and closures.

Table 21: Number of Cases Registered, Assessed and Closed for Each Agency in the Period 1 July 1996 to 30 June 1997

Service name	Cases Registered	Cases Assessed	Cases Closed
Banyule Community Health Service	228	122	92
Palm Lodge Rehabilitation Centre	28	22	19
Upper Hume Community Health Service	63	56	65
Maroondah Social and Community Health Centre	201	182	138
Victorian Relief Committee	168	143	134
Relationships Australia	88	61	52
Bethany Family Support	105	93	105
South West Community Care	30	20	25
Gippsland Family Services	125	85	26
East Bentleigh Community Health Centre	304	264	76
Bendigo Community Health Service	73	59	8
Brimbank Community Health Centre	126	143	93
Salvation Army	165	106	128
Western Region Alcohol and Drug Centre	16	14	2
Colac Community Health Service	12	12	-
Goulburn Valley Community Health Service ⁶	17	13	9
Lower Hume Community Health Centre	17	17	13
Mallee Family Care	50	40	16
Total	1816	1452	1001

⁶ Not all data were provided by the cut off time for preparation of this report by this agency. These data underestimate the agency inputs.

Clearly there is wide variation in the size of the agencies and the periods for which they have been operating as reflected in the data provided. In compiling these data some of the agencies requested significant extensions to the timelines to provide their data.

Contact Data

The client contacts made by each agency between 1 July 1996 and 30 June 1997 time period appear in Table 22.

Table 22: Total Number of Client Contacts for Each Agency

Service name	Number of contacts (%)
Banyule Community Health Service	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	818 (6.3)
Western Region Alcohol and Drug Centre	104 (0.8)
Colac Community Health Service	115 (0.9)
Goulburn Valley Community Health Service ⁷	81 (0.6)
Lower Hume Community Health Centre	98 (0.8)
Mallee Family Care	315 (2.4)
Total	13064 (100.0)

⁷ Not all data were provided by the cut off time for preparation of this report by this agency. These data underestimate the agency inputs.

Number of contacts per client

Data were collected concerning the numbers of contacts with each client. These data are summarised in Table 23 below. It should be noted that some of these cases were still open at the end of the recording period.

Table 23: Number of Contacts per Client

Number of contacts made with client	Number of Clients (%)
1	524 (21.1)
2	450 (18.1)
3	359 (14.5)
4	234 (9.4)
5	202 (8.1)
6-10	433 (17.4)
11+	282 (11.4)
Total	2484 (100.0)

The Distribution of EGMs and Problem Gamblers Across Different State Regions

It is pertinent to examine the distribution of Electronic Gaming Machines and problem gambling counselling services throughout the State. An important objective of the program is to ensure that services are provided to clients where they need them. This is in part determined by the population levels as well as the prevalence of people with gambling problems within the community.

In order to examine these issues, data from the 1996 ABS Census for the different Department of Human Service regions and data concerning the distribution of designated problem gambling counselling services and new client registrations broken down by the regions were constructed.

Figure 1 below shows the rates of availability of EGMs in the different Department of Human Service regions. The Western and Gippsland Regions have the highest rates and the Hume and Loddon Mallee regions have the lowest rates.

Figure 1: Rates of Availability of EGMs per 1,000 population in Department of Human Services Regions

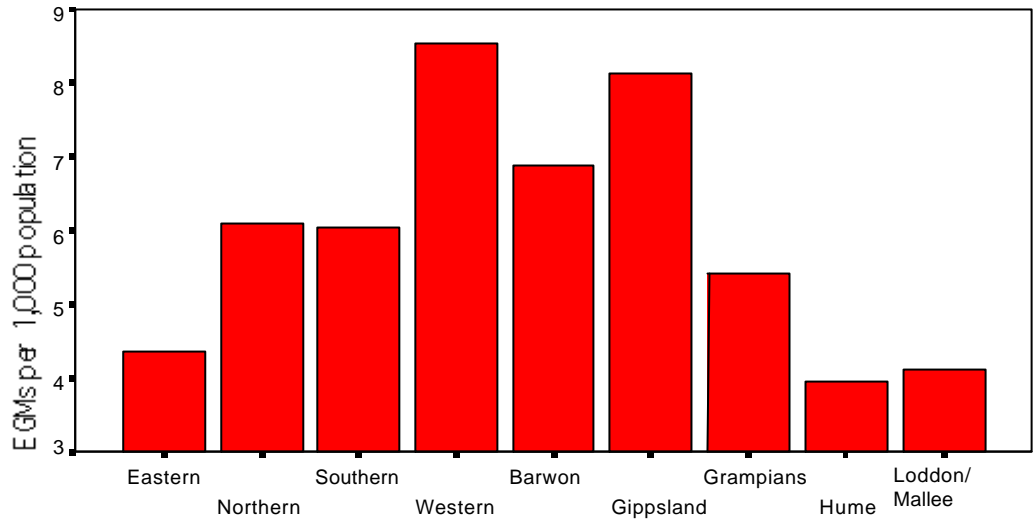
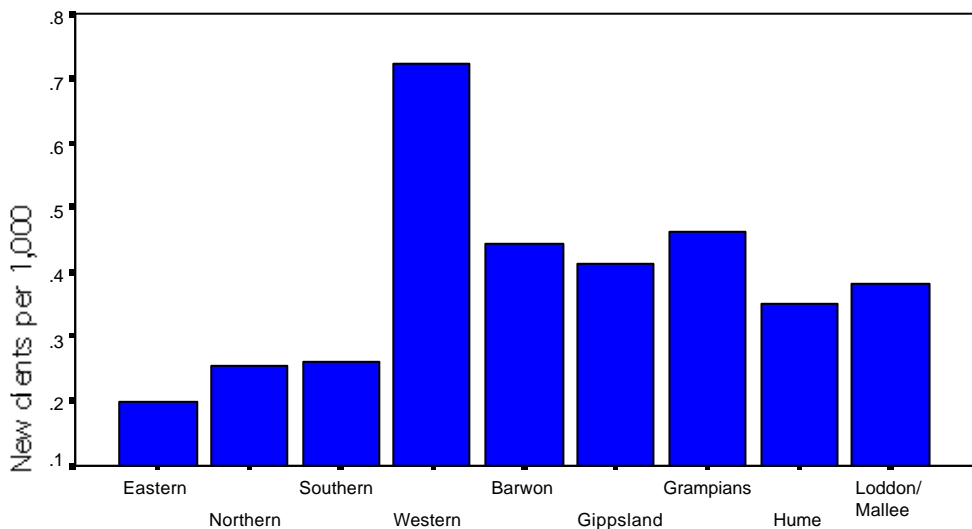


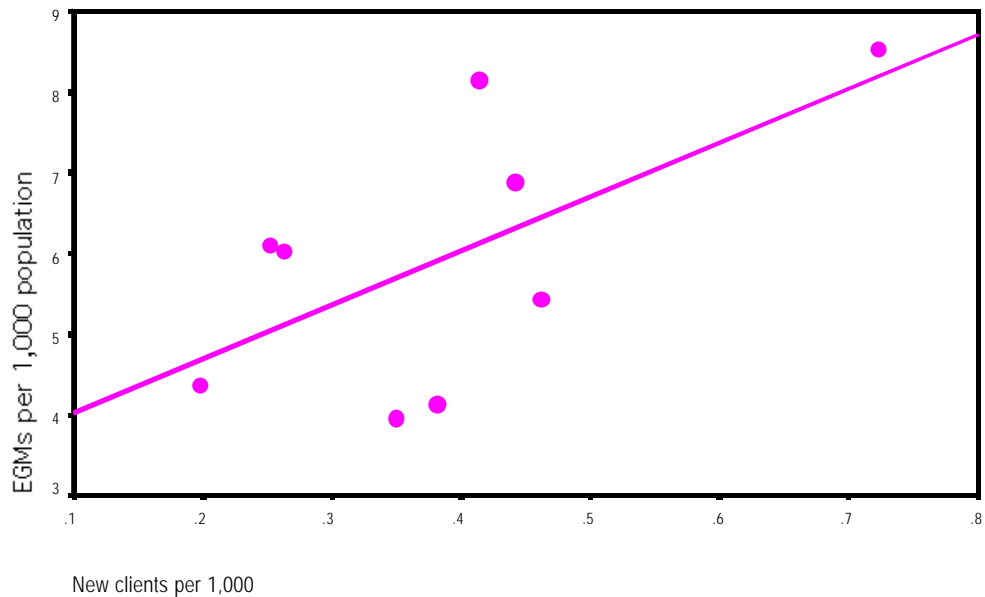
Figure 2 shows the rates of new client presentations to designated problem gambling counselling services also broken down by Department of Human Services Regions

Figure 2: New Client Registrations per 1,000 population in Department of Human Services Regions



These data show a close relationship between the two sets of data. The relationship between the rates of EGMs in each region per 1,000 population and the rates of new clients presenting to problem gambling counselling services per 1,000 population are graphed in Figure 3.

Figure 3: Relationship between the rates of EGMs in each region per 1,000 population and the rates of new clients presenting to problem gambling counselling services per 1,000 population for each Department of Human Service Region



The correlation between the rate of Electronic Gaming Machines and the rate of new presentations of clients to problem gambling counselling services is .62⁸. This may be considered to support the hypothesis that availability of gambling opportunities leads to higher rates of problem gambling. However, it is important to understand that a correlation does not necessarily indicate a causative association between two variables. For example, it could be the case that problem gambling service planners perform market research to determine where problem gamblers aggregate by assuming that high rates of problem gambling is associated with high rates of gambling opportunities as measured by the availability of EGMs. The correlation might then be an artefact of access to services. That is, high rates of problem gambling service use might reflect service access as well as needs for services. Nevertheless, the relationship shown in the above graph is of compelling interest.

⁸ A correlation coefficient measures the degree of association between two variables and ranges from -1 indicating a perfect negative association, ie as one variable gets bigger another gets smaller in perfect unison, to 0 indicating no association between the variables and to + 1, indicating a perfect positive association. A correlation of .62 is considered to indicate a moderately strong association between two variables.

Problem Gambling Services Minimum Data Set CASE CLOSURE SUMMARY INFORMATION

To be used for all direct service clients at final contact.

Circle your response like this 2

Client identifier <input style="width: 100%;" type="text"/>	Registration date <input style="width: 100%;" type="text"/>
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<p>1. What was the primary reason for attendance ?</p> <p>Financial issues <input type="checkbox"/> 1 Employment/work role issues <input type="checkbox"/> 2</p> <p>Gambling behaviour <input type="checkbox"/> 3 Leisure use activities <input type="checkbox"/> 4</p> <p>Interpersonal <input type="checkbox"/> 5 Intrapersonal <input type="checkbox"/> 6</p> <p>Family issues <input type="checkbox"/> 7 Legal issues <input type="checkbox"/> 8</p> <p>Physical symptoms <input type="checkbox"/> 9 Other <input type="checkbox"/> 10</p> <p>2. Primary setting of intervention</p> <p>Individual <input type="checkbox"/> 1 Couple <input type="checkbox"/> 2</p> <p>Family <input type="checkbox"/> 3 Self help options <input type="checkbox"/> 4</p> <p>Group therapeutic <input type="checkbox"/> 5 Group educative <input type="checkbox"/> 6</p> <p>Group self-help <input type="checkbox"/> 7 Group ongoing support <input type="checkbox"/> 8</p>	<p>3. Auxiliary setting of intervention</p> <p>Individual <input type="checkbox"/> 1 Couple <input type="checkbox"/> 2</p> <p>Family <input type="checkbox"/> 3 Self help options <input type="checkbox"/> 4</p> <p>Group therapeutic <input type="checkbox"/> 5 Group educative <input type="checkbox"/> 6</p> <p>Group self-help <input type="checkbox"/> 7 Group ongoing support <input type="checkbox"/> 8</p> <p>4. Duration of contact</p> <p>Date first contact <input style="width: 100%;" type="text"/></p> <p>Date final contact <input style="width: 100%;" type="text"/></p> <p>5. How many interview sessions were completed</p> <p style="text-align: right;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
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<p>6. Primary counselling modality</p> <p><input type="checkbox"/> 1 Assessment / Referral</p> <p><input type="checkbox"/> 3 Supportive counselling; allowing clients to ventilate feelings and offer general supportive environment.</p> <p><input type="checkbox"/> 5 Cognitive approaches/CBT/RET; analysis of beliefs through pattern restructuring, behavioural advice</p>	<p><input type="checkbox"/> 2 Systemic therapies: structural, strategic family therapy, psychodrama, etc.</p> <p><input type="checkbox"/> 4 Psychodynamic therapies; use of transference relationship</p> <p><input type="checkbox"/> 6 Other; specify _____</p>
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7. Outcome indicators																																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Unresolved</td> <td style="text-align: center;">Partially resolved</td> <td style="text-align: center;">Fully resolved</td> </tr> <tr> <td style="text-align: right;">Financial issues</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: right;">Gambling behaviour</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: right;">Interpersonal (relationship)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: right;">Family issues</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: right;">Physical symptoms</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table>		Unresolved	Partially resolved	Fully resolved	Financial issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Gambling behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Interpersonal (relationship)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Family issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Physical symptoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Unresolved</td> <td style="text-align: center;">Partially resolved</td> <td style="text-align: center;">Fully resolved</td> </tr> <tr> <td style="text-align: right;">Employment/work role issues</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: right;">Leisure use issues</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: right;">Intrapersonal (mood, anxiety, etc.)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: right;">Legal issues</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table>		Unresolved	Partially resolved	Fully resolved	Employment/work role issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Leisure use issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Intrapersonal (mood, anxiety, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Legal issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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Legal issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																										

8. Other services used		
Family counselling or support <input type="checkbox"/> 1	General health <input type="checkbox"/> 2	Self help <input type="checkbox"/> 3
Mental health professionals <input type="checkbox"/> 4	G.A., Gamanon <input type="checkbox"/> 5	Legal <input type="checkbox"/> 6
Financial counselling <input type="checkbox"/> 7	Relationship counselling <input type="checkbox"/> 8	Material aid <input type="checkbox"/> 9
Other <input type="checkbox"/> #	Specify: _____	No other services <input type="checkbox"/> 11

Confidential Details Detach identifying information at dotted line prior to forwarding or disclosing closure details

Given name <input style="width: 90%;" type="text"/>	Family name <input style="width: 90%;" type="text"/>
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Problem Gambling Services Minimum Data Set

CLIENT ASSESSMENT FORM

This format can be used for standardised collection of information that may assist in the assessment of a client's gambling behaviour. This form does not provide an assessment of a client's gambling behaviour. The form can be used to document assessment before, during or after counselling.

Circle your response like this 2

Client identifier <input style="width: 100%;" type="text"/>	Assessment date <input style="width: 100%;" type="text"/>
---	---

1. Behaviour on most recent day of gambling

	Hours	Dollars spent	Days per week (of typical week)		Hours	Dollars spent	Days per week (of typical week)
Lotto/Scratch Lotto/Lottery Pools/Keno	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bingo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bet on races at TAB (Off-course betting)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bet on card games	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bet at races (On-course betting)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electronic Gaming Machines (draw poker, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other kind of gambling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not known	<input type="text"/>	<input type="text"/>	<input type="text"/>	None	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Interview assessment (based on DSM-IV). Only complete for client with gambling behaviour.

Can be completed with the client to raise awareness or by the interviewer independently of the client.

In your estimation, does the following statement typify the client's behaviour.

1. Is preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning next venture, or thinking of ways to get money with which to gamble). Yes No
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement. Yes No
3. Has repeated unsuccessful efforts to control, cut back or stop gambling. Yes No
4. Is restless or irritable when attempting to cut down or or stop gambling. Yes No
5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression). Yes No
6. After losing money gambling, often returns another day to get even ("chasing" one's losses). Yes No
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling. Yes No
8. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling. Yes No
9. Has jeopardised or lost significant relationship, job, or educational or career opportunity because of gambling. Yes No
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling. Yes No

See instructions for information on administering and interpreting scores.

3. Correlates of gambling

	Yes	No		Yes	No
Financial issues	<input type="checkbox"/>	<input type="checkbox"/>	Employment/work role issues	<input type="checkbox"/>	<input type="checkbox"/>
Gambling behaviour	<input type="checkbox"/>	<input type="checkbox"/>	Leisure use issues	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal issues (relationship)	<input type="checkbox"/>	<input type="checkbox"/>	Intrapersonal (mood, anxiety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Family issues	<input type="checkbox"/>	<input type="checkbox"/>	Legal issues	<input type="checkbox"/>	<input type="checkbox"/>
Physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	Total debts (\$)	<input style="width: 100%;" type="text"/>	

Confidential Details Detach identifying information at dotted line prior to forwarding or disclosing assessment details

Given name <input style="width: 95%;" type="text"/>	Family name <input style="width: 95%;" type="text"/>
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