Project 9.1a: Systematic Review of Effective Treatment for Gambling Problems

Introduction

1. This brief sets out the requirements for a systematic review of international evidence on treatment and support for gambling problems, ranging from primary care to specialist services and brief to intensive interventions, to identify the efficacy of these interventions, cost-effectiveness or value for money.

2. This research will help us understand what interventions work best, for whom and why, and will ultimately inform the range of treatment services currently offered by GambleAware, to obtain the best outcomes against value for money.

3. This systematic review contributes to priority action 9 in the National Responsible Gambling Strategy to build the quality and capacity of treatment for people experiencing harm from their gambling, and will inform additional projects (9.1b and 9.2) in the RGSB Research Programme 2017-2019.

Research governance

4. In September 2016, the Responsible Gambling Strategy Board (RGSB) and GambleAware published a Research Commissioning and Governance Procedure which describes how research priorities are set and how research programmes are commissioned under the tripartite agreement between the Board, GambleAware and the Gambling Commission. The purpose of the Procedure is to give transparency about the arrangements and to provide assurance that research priorities are set independently and are delivered with integrity.

5. The Research Procedure makes clear that the Responsible Gambling Strategy Board, not GambleAware, is responsible for producing the briefs that set out the questions and context for the research that is then commissioned by GambleAware.

Background and policy context

6. The National Responsible Gambling Strategy set out as one of its priority actions the need to build the quality and capacity of treatment through better use of knowledge, data and evaluation, to ensure that treatment is as effective and well-targeted as possible. In addition, this is identified as a priority within the RGSB Research Programme and is a strategic priority for GambleAware, as the main commissioner of treatment for problem gambling in Great Britain.

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1 Research Commissioning and Governance Procedure, Responsible Gambling Strategy Board, September 2016
7. The majority of dedicated treatment services for those affected by gambling-related harm in Britain is funded via GambleAware. GambleAware is undertaking a significant recommissioning process for the treatment services it funds to create a more structured treatment system with defined pathways and tiered levels of care to ensure that the services delivered are meeting the needs of problem gamblers more effectively. Current provision consists of three main services offering psychosocial interventions ranging from brief information and advice, through counselling and Cognitive Behavioural Therapy (CBT), psychiatric care and residential treatment.

- The largest of the funded providers is GamCare, which operates the National Gambling Helpline and a partner network of currently 15 treatment organisations across Great Britain providing counselling.

- The Gordon Moody Association offers 12 week residential care, and 12 week aftercare programme utilising social housing with targeted support to those that need it, and support in the community (the latter two aspects are not funded by GambleAware) at centres in Dudley, West Midlands, and Beckenham, Kent.

- The National Problem Gambling Clinic, based within the Addictions Service at Central North West London NHS Trust, offers CBT and psychiatric care and is also largely funded by GambleAware. The absence of any other dedicated NHS provision is striking. Currently the NHS does not commission any gambling-specific interventions and/or treatment across Great Britain.

8. However, the evidence base on what works best in the treatment of gambling problems is limited and significantly out of date which is why this systematic review is needed.

Related research

9. In November 2012 the Cochrane Common Mental Disorders Group published a systematic review of Psychological therapies for pathological and problem gambling.

10. In December 2016 the Royal College of Psychiatrists published a rapid evidence review of evidence-based treatment for gambling disorder in Britain. This review refers to a set of guidelines developed by Monash University and published by the Australian National Health and Medical Research Council (NHMRC) in 2011 on screening, assessment and treatment in problem gambling.

Research scope

11. This scope of this project is to take a close look at the existing evidence on what works in terms of treatment and support ranging from primary care to specialist services and brief to intensive interventions for people experiencing harm from their gambling. It should include evidence and approaches to aftercare, peer support and enabling and maintaining people’s recovery.

Research objectives
12. The research project should meet the following core objectives:

- Provide a detailed and up to date review of the international evidence on the efficacy of the full range of possible treatment and support, from primary to specialist services, brief and intensive interventions for those with gambling problems. Take a wide approach to the definition of psychosocial interventions, including, for example, peer support, aftercare, recovery models, etc. Include cost-effectiveness, cost-benefit or value for money.
- Take a systematic approach to identifying, including and excluding literature, quality appraisal and synthesis of the literature reviewed.
- The review should include evidence on the efficacy of online delivery approaches for gambling treatment and identify opportunities to improve the reach and impact of online services.
- Contribute to existing clinical evidence in this area.
- Provide evidence to inform the future evaluation of existing GambleAware treatment services.
- Provide evidence to inform future GambleAware commissioning decisions.
- Provide evidence to inform practice of GambleAware commissioned services.

Research questions

13. To meet these objectives, we have identified a number of research areas we would like to be addressed:

- Which forms of treatment does the literature identify as being most effective and cost-effective when, and for whom?
- What do we already know about the impact of different forms of treatment on different demographic, including age (children and young people) and gender and socio-economic groups and severity of gambling difficulties and gambling difficulties with co-morbidities?
- What are the significant gaps in evidence and what are promising interventions that should be subject to further research?
- What are the significant gaps in evidence on approaches for seldom heard communities?
- What considerations need to be taken into account when evaluating and improving provision of treatment services?
- To what extent are online approaches effective in treating gambling problems, including in seldom heard groups?
- What is known with regards to recovery orientated approaches, peer support, mutual aid groups, etc., that maintain health and wellbeing.

Review requirements

14. The research team are required to propose an approach and protocol (search strategy, inclusion and exclusion criteria, finding extraction and recording and quality appraisal) for the review which:
• Considers the need to be credible for decisions in health and healthcare (e.g., what can be taken from Cochrane standards for systematic reviews and other synthesized research evidence).
• Takes into account that evidence in this field is limited, especially that which meets the criteria for standards of evidence in healthcare (e.g. randomised controlled trials), and that certain kinds of interventions are more easily subject to such methods of research than others.
• Includes robust ways of synthesising evidence from studies with a range of methodologies, including peer reviewed published literature and grey literature.
• Considers an approach to including evidence and what can be learnt from other fields of studies of behavioural and other addictions, such as alcohol.
• Provides useful evidence to inform directions of future research and the decisions of policy makers, commissioners and practitioners, and is informed by conversations with these groups as to their key questions.
• Provides recommendations for services in Great Britain.