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By email: england.mentalhealthpmo@nhs.net

Dear Mental Health Team,

Consultation on Mental Health in the Long Term Plan for the NHS

GambleAware is grateful for the invitation to respond to this consultation.

GambleAware is an independent charity tasked to fund research, education and treatment services to help reduce gambling-related harms in Great Britain. Guided by the [National Responsible Gambling Strategy](#), the charity works to broaden public understanding of gambling-related harms as a public health issue, to advance the cause of prevention of such harms, and to help those that do develop problems get the support and help that they need quickly and effectively.

We are pleased to respond to your consultation, and in doing so will draw upon the extensive research evidence we have commissioned in partnership with the regulator's advisors, the Responsible Gambling Strategy Board, and the experience we have as the principal commissioner in Great Britain of behavioural addiction treatment services for those suffering from a gambling disorder. In doing so, we draw on input from colleagues at GamCare, Gordon Moody Association, the National Problem Gambling Clinic (operated by the Central & North West London NHS Foundation Trust – see below).

1. What are your top three priorities for meeting the mental health needs of people of all ages in England? Over the next five, and ten years?

GambleAware's remit is focused on reducing gambling-related harms. This response therefore does not comment on the full breadth of MH services and needs: rather it seeks to highlight the potential for the NHS to improve MH by reducing the gap in services for people with gambling problems.

The results of the liberalisation of gambling regulation that followed the Gambling Act 2005 are becoming increasingly manifest:

- significant growth in gambling advertising;
- the impact of technology
 - in making unrestricted opportunities to gamble available 24/7,
 - to a generation heavily exposed to social gaming, computer games which include gambling mechanics, and esports.

Gambling-related harm is now recognised widely as a public health concern, and DHSC has tasked PHE with an evidence review.

2. What gaps in service provision currently exist, and how do you think the NHS should address them?

The first two principles of the NHS Constitution are that “The NHS provides a comprehensive service, available to all” and that “Access to NHS services is based on clinical need, not an individual’s ability to pay”.

These principles are not upheld in relation to people diagnosed with pathological gambling (ICD10 Code F63.0). Almost all the treatment for such individuals in England (as in Scotland and Wales) is funded by GambleAware out of donations that it receives from gambling operators who are required by the Gambling Commission as a licence condition to make a donation to support Research, Education and Treatment of gambling harms.

NHS HES data for 2016/17 record that there were just 110 outpatient attendances where the primary diagnosis was F63.0. As this treatment was not commissioned by GambleAware, GambleAware has no information about the clinical teams which provided this treatment or of the individuals who received it.

GambleAware funds the psychiatrist-led clinic for problem gambling which is hosted by Central & North West London (CNWL) NHS Foundation Trust. The clinic focuses on treating people with severe gambling problems, often presenting with co-morbidities. Given that their co-morbidities meet the criteria for treatment which is funded and delivered by the NHS, it is anomalous that one aspect of those patients’ healthcare needs – the treatment of their pathological gambling – while delivered by NHS staff, in an NHS institution, is funded by an independent charity, GambleAware.

In acknowledgement that an outpatient service based in London cannot easily be accessed by people from other regions, and that waiting times for the CNWL clinic are too long, GambleAware has taken the step of initiating planning for a second NHS-hosted clinic which would be based in Leeds, as part of the Leeds & York Partnership NHS Foundation Trust. We believe this form of support should be accessible nationally, so intend to develop such provision elsewhere when our limited charitable resources allow.

3. People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

Conditions which may be associated with problem gambling include anxiety and depression, and harmful use of alcohol and other drugs, all of which can in turn be associated with physical health problems. Improved access to treatment for gambling problems would improve such individuals’ physical health.

4. There are some significant inequalities in how people access and experience care for their mental health needs, and in their outcomes, including but not limited to people who have ‘protected characteristics’ under the Equality Act 2010. What are your views on what practical steps the NHS should take to address inequalities in the services it provides?

The British Gambling Prevalence Survey 2010 which was undertaken on behalf of the Gambling Commission and is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/243515/9780108509636.pdf found that problem gambling is more prevalent among those with lower incomes, and among some ethnic minority groups – it is higher among those of Asian/Asian British origin and Black/Black British origin compared with those who identify as White/White British.

Treating pathological gambling may address health inequalities by protecting patients from further economic hardship.

5. How best can we bridge the gap between children’s and adults’ mental health services?

GambleAware does not generally fund treatment for children. This is because children suffering from pathological gambling almost invariably experience wider mental health issues, which need to be treated holistically. Children are therefore referred to local Child and Adolescent Mental Health Services.

6. How can we recruit, train and retain the workforce to deliver the changes we need, particularly to meet your priorities (Q1 above)?

Recruitment and training expertise for the workforce to treat problem gambling already exists within the organisations commissioned by GambleAware including the National Problem Gambling Clinic, where trainees may spend a rotation within the clinic. But this is the only training within the NHS in relation to problem gambling. Extending experience of pathological gambling treatment services to more psychologists and psychiatrists would be a positive step towards raising the level of awareness and consequently diagnosis and recording of the condition.

7. Do you think the NHS should be doing more to prevent mental ill-health? If so, what should we do to improve this?

There is poor awareness among GPs and MH services of the scope for problem gambling to escalate, to trigger other MH problems, and also poor awareness of the existing services commissioned by GambleAware. Too often a discussion about gambling problems is not initiated by the healthcare professional, or if it should be raised by the service user, they receive little or no useful information or referral.

GambleAware and the services which it commissions have developed various tools to promote awareness and to map care pathways. A simple, validated screening tool is available.

Research by the Institute of Public Policy Research available at:

<https://www.ippr.org/research/publications/cards-on-the-table> demonstrated a cost to government of up to £1.2bn from a number of specific impacts on public services. Improved identification of problem gambling by the NHS and referral to treatment could deliver significant savings to the public purse, and in particular reduce demand for NHS mental health services from those who would otherwise develop more complex conditions.

8. Do you think the NHS could do more to intervene early for people with mental ill-health? If so, are there any Mental Health problems we should prioritise to provide better early intervention?

Answered in conjunction with both the previous and following questions.

9. People with more serious and complex mental health problems do not always receive the care they need. Which groups would you prioritise and what extra help would you like to see developed by the NHS?

Improving access to treatment for problem gambling should be a key element of strategies to prevent suicide. Among people entering treatment for problem gambling, suicidal ideation is common, and suicide has previously been attempted by a significant proportion of those entering the more intensive treatment services for problem gambling.

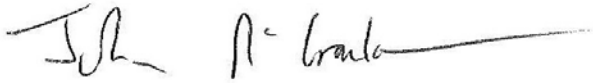
10. Are there examples of innovative/excellent practice (in mental health care or that could be applied from other areas) that you think could be scaled-up nationally to enhance the quality of care people receive for their mental health, reduce costs and/or improve efficiency of delivery?

Clinical outcomes and levels of user satisfaction are high in the services commissioned by GambleAware. GambleAware's Strategic Development Plan maps out a programme of progressive expansion in activity, at reduced unit cost. In conjunction with providers a broader range of treatment options is also being developed, so that people can access help in the way that best suits their needs, including online and guided self-help.

11. What do you think are the specific challenges that will prevent the NHS from being able to deliver good mental health care, and what should we do to overcome them?

A key threat to future MH is the normalisation of gambling, for example in the widespread advertising of gambling operators at sports events, and in the early exposure of children to ubiquitous images of gambling.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'John McCracken', with a long horizontal line extending to the right.

John McCracken

Director of Commissioning (Treatment Services)