Problem Gambling and Suicide
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Overview
- Importance and Purpose of the Review
- Suicide
- Prevalence of Problem Gambling
  - Adult
  - Youth
- Problem Gambling and Mental Health
  - Risk factors for suicide among problem gamblers.
- Implications

Purpose of the Literature Review
- Describe problem gambling and its prevalence in both youth and adult populations.
- Explore some of the issues related to mental health suicide related ideation and behavior among problem gamblers
- Understand co-morbid disorders related to gambling and mental health such as depression, anxiety and substance use disorders
- Identify Risk factors associated with increased risk of suicidality among problem gamblers
Purpose of the Literature Review

- Implications for prevention, practitioners and research

Why is this important to Alberta Health Services?

Depression

- over the next 20 years, depression will become the second leading cause of disability worldwide (Statistics Canada, 2003).
- WHO: In terms of years lost due to disability Depression is number one
- Psychological issues, especially depression and substance abuse, are related to more than 90% of suicides.
“the suicidal ideation and behavior of people with pathological gambling appears to be of the magnitude of depression and schizophrenia”

(Battersby et al. 2006, p.242)

Prevalence of Suicide Worldwide

- Approximately 1 million people or 16 per 100,000 die by suicide each year (WHO)
- There are approximately 20 attempts for every death from suicide
- Suicide is 1 of the 3 leading causes of death among individuals 15 to 45 and has increased by 60% over the last 45 years

(Lengle & Morrison, 2002: Stats Canada)

Suicide In Canada

- 1998/1999: 22,887 hospitalizations for attempted suicide and 3,698 deaths
- 2004: 3600 deaths
- over 400,000 individuals harm themselves every year
Cost of Suicide in Canada

- The economic cost of suicide and suicide attempts is approximately **$14.7 million**
- 1998: mental disorders were the third highest source of direct health care costs in Canada at **$4.7 Billion dollars**
- CAMH: Cost of mental illness and addiction to economy through health care and lost productivity: **$51 Billion dollars**

Suicide in Alberta

- Claims more lives each year than motor vehicle accidents, AIDS or homicide.
- Alberta has higher suicide rate than the national rate in Canada
- 2001/2002-466 deaths by suicide
- For every death there are 6 hospital admissions and 15 ER visits for self-inflicted injuries.

CAMH: “65% of Canadians who have experienced multiple episodes of psychological distress in the past month have **not** spoken to a health professional about the problem in the last year”.
How Practitioners are affected by Suicidal Ideation and Behavior

- Practitioners feel that client suicidal behavior is the most fear provoking behavior that a client can present with.
- Suicidality disclosed by clients can sometimes cause mental health workers to feel emotionally paralyzed and have difficulty making clinical judgments.

Problem Gambling

Gambling: "any activity involving an element of chance where a person places a bet or wager. It can include purchasing a lottery ticket, making speculative investments on the stock market, guessing the outcome of a sporting event, playing a casino game or betting on a horse race" (p.2).
Adult Gambling in North America

Shaffer and Hall (2001):
- Pathological Gambling
  - 1.46% past year
  - 1.92% lifetime
- At-Risk Gambling
  - 2.54% past year
  - 4.15% lifetime

Adult Gambling in Alberta

Smith & Wynne (2002),
- 67% non-problem gamblers
- 9.8% are low risk gamblers
- 3.9% are moderately at-risk gamblers
- 1.3% problem gamblers

Youth Gambling in North America

Shaffer and Hall (1996)
- “non-problem gambling”
  - 77.9% and 83.0%
- “at-risk”
  - 9.9% and 14.2%
- “pathological”
  - 4.4% and 7.4%
Welte, Barnes, Tidwell, and Hoffman (2008) - 2,274, 14 to 21 year olds
- instrument modified for use with adolescents
- prevalence rate of gambling problems: 2.1%
- 68% of the youth reported having had gambled in the past year
- 11% had gambled more often than two times per week.

Youth Gambling in Alberta
- 62.6%, youth had gambled in the past
  - playing cards for money (41.3%)
  - playing scratch tickets (35%)
  - betting on sporting events (28.4%)
  - playing bingo (19.8%)
  - playing other types of lotteries (13.5%)

(AADAC, 2005).

Mood Disorders, Anxiety and Suicidality Among Adult Gamblers
Most common co-morbid disorders associated with pathological gambling are depression and substance abuse.

diagnostic overlap
Example: Substance use disorders and problem gambling.
- impaired control
- compulsivity
- tolerance
- interpersonal problems

Prevalence rates, Co-morbidity and suicide among problem gamblers

Two ways of looking at co-morbidity
1) Lifetime co-morbidity
2) Current co-morbidity

Two General methods to investigate:
1) Population based rates
2) Treatment Based
   - Hospital admissions
   * completed suicides

Population based studies:
- 7,214 individuals from Edmonton, Alberta in Canada
  - lifetime prevalence rate of pathological gambling of 0.42%
  - the median age to begin heavy betting was 25 years
  - problem gamblers were 2.5 times more likely to have lifetime a psychological disorder than non-gamblers

<table>
<thead>
<tr>
<th></th>
<th>Gamblers</th>
<th>Non-Gamblers</th>
</tr>
</thead>
<tbody>
<tr>
<td>mood disorder dysthymia</td>
<td>33%</td>
<td>14.2%</td>
</tr>
<tr>
<td>anxiety disorder</td>
<td>26.7%</td>
<td>9.2%</td>
</tr>
<tr>
<td>substance use disorder</td>
<td>63.3%</td>
<td>19.0%</td>
</tr>
<tr>
<td>obsessive compulsive disorder</td>
<td>16.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>antisocial personality disorder</td>
<td>40%</td>
<td>3.1%</td>
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13.3% of problem gamblers indicated attempting suicide

2003 update: pathological gambling is associated with attempted suicide, but the association may be due to the common factor of mental health disorders.

July 2003 update: pathological gambling is associated with attempted suicide, but the association may be due to the common factor of mental health disorders.

Newman and Thompson (2007): Canadian Community Health Survey

- Prevalence rate of attempted suicide was 0.52%.
- 4.26% with gambling problems indicated a past suicide attempt.
- Problem gamblers were almost 3.4 times more likely to have a suicide attempt than those who did not.
- Individuals with major depression were 8.6 times more likely to have a past year suicide attempt.
- Those with alcohol dependence were 2.3 times more likely to have attempted suicide in the past year.
Kessler, Hwang, LaBrie, Petukhova, Sampson, Winters & Shaffer (2008)

- 96.3% of problem gamblers met the criteria for another psychological disorder
- 74.3% of the time the other disorder preceded the onset of problem gambling.
- 49% of the individuals with a lifetime history of problem gambling indicated that they have previously received treatment for mental health or substance use problems, but none indicated that they had received treatment to address their gambling problems.

Treatment Based Studies
Ledgerwood, Steinberg, Wu and Potenza (2005),

- Callers to gamblers helpline in the US.
  - 25.6% indicated gambling related-suicidality. Of which 21.5% reported that they had made a previous suicide attempt that was related to their gambling.

Ledgerwood, Steinberg, Wu and Potenza (2005),

- Callers with a history of suicidality were more likely to:
  - be in financial debt
  - have family problems
  - financial problems
  - legal problems
  - gambling related arrests
  - depression or anxiety
  - have drug or alcohol problems
Frank, Lester, & Wexler (1991)

Gamblers Anonymous attendees
- 48% had contemplated suicide
- 13% reported have previously attempted suicide.
- Suicidal gamblers were more likely to report:
  - gambling at a younger age
  - being divorced or separated
  - having stolen money because of gambling.
  - having family members with substance use disorders.

Hospital Admissions

- 17% of these individuals screened positive for gambling (75% of these pathological)
- 50% of those that were found to have potential gambling problems had a previous suicide attempt
- 91% of those attempts being related to drug overdose.
The Suicide Problem in Youth

- third leading cause of death behind accidents and cancers for individuals aged 15-34 years (WHO 2001).
- approximately 19% of high school students had serious suicidal ideation in the past
- 15% had made a specific plan to carry out a suicide
- 8.8% attempted suicide
- 2.6% required medical assistance due to a suicidal attempt
- males more likely to die from suicide but females are more likely to attempt suicide and be hospitalized for attempts


Sample: 3,941 students between the ages of 12 to 18 from Montreal and Quebec.
- prevalence rate for youth pathological gambling 5%
  -3X higher than the rate reported for adults.
  -19.2% were non-gamblers
  -72.8% were social gamblers
  -8.0% were classified as pathological or problem gamblers.

Nower, Gupta, Blaszczynski & Derevensky (2004)... continued
- 13.3% had clinical levels of depression
  - significantly higher rates of depression than the non-gamblers and social gamblers.
- 29.6% of adolescents considered suicide
  - those who met clinical criteria for depression where more likely to report suicidal ideation.
- Significantly more problem/pathological gamblers (49.2%) reported suicidal ideation than social (29.9%) and non-gamblers (20.4%);
- 5.4% of the individuals indicated a previous suicide attempt
- Depression and Gambling severity are good predictors of suicidality in youth
Gupta and Derevensky, (1998)

Problem gamblers between the ages of 14 and 17 are increased risk for both suicide ideation and attempts. They also tend to have lower self-esteem and poorer general coping skills.

Risk Factors for Suicide among Gamblers

Gambling Factors
Gambling Severity*
Began gambling at a younger age
Stolen to support gambling
Higher gambling craving
Higher SOGS scores

Substance Use Factors
Alcohol use/Dependence*
Drug Use
Family History of substance use or gambling problems
Previous Substance use or mental health treatment/care

Mental Health Factors
Depression*
Anxiety*
Any mood disorder
Co-morbid psychiatric conditions in general
Severity of condition
Personality Disorders (conduct disorder in youth)*
Impulsivity
Socio-economic and demographic factors

- Lower Education
- Lower Income/unemployment
- Younger (15-19)*
- Not married/Divorced or Separated
- Family problems

Gender
- Adverse life events

Financial

- Debt
- Overspending
- Bankruptcies

Implications

- Highlights the importance of aligning mental health services with that of problem gambling and addiction services.
- The potential linkage between problem gambling, mental health and suicide needs to be framed that it can be delivered to individuals at risk of gambling problems in a manner that they can understand.
  - Directed at those who do not seek treatment
- The interconnectedness of mental health and addictions indicates that relevant stakeholders from both disciplines must collaborate on treatment planning and policy and decision making.

Implications

- Training programs for casino employees to recognize the warning signs of problem gambling and depression.
- The research underscores the need to provide crisis counselors with some training in problem gambling as well as the importance of crisis intervention strategies to service providers working with problem gamblers.
Implications for Prevention

- For the general population it is important to have awareness campaigns so individuals are able to clearly see the links between problem gambling, mental health, substance use and suicide.
- Awareness campaigns directed at parents and educators that focus on youth gambling and mental health.
- Prevention should focus on providing information that reduces stigma surrounding both mental health and addictions.

Future Directions

- It would be important to identify the risk and protective factors surrounding youth participation in gambling as well as investigate which avenues (e.g. school, media, parents) are most effective at targeting youth at risk for gambling problems or mental health problems.
- Find out how to reach those hard to reach populations that struggle with addiction and mental health issues in silence.

Questions?
Thank you for your participation

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