2020

Annual Report 2019/20: GameChange

GamCare
Gambling Support **Starts Here**

National
**Gambling
Treatment**
Service

About
this report

This report has been prepared by GamCare, using anonymised data; GameChange was developed by Sustainable Interaction, who created the digital platform for our Online Treatment Course.

This report provides a snapshot of trends identified through GameChange from November 2019 to November 2020, reporting mainly on data taken from the initial client screening and then at module 1, 4 and 8. A full data report is available on request.

Gambling severity is measured by Problem Gambling Severity Index (PGSI) responses and psychological health is measured by Clinical Outcomes Routine Evaluation 10 (CORE-10). Clients are required to complete the PGSI and CORE-10 outcome measures at screening and at the end of each module so that progress can be measured at regular intervals.

We also follow up with clients upon completion of the course, as well as 3, 6 and 12 months afterwards. We will not focus on follow-up data in this report as our sample sizes are not large enough yet, given the reporting period.

The full screening is comparable to the comprehensive assessment clients entering other GamCare treatment services receive. Screening data is important to include as the largest pool of potential clients complete this, giving us a better outline of which cohorts are more suited to the current course and where we can look to enhance the course in future. Screening data also gives us useful insight into clients who may complete this as a tool to encourage reflection, in essence forming a brief intervention in its own right.

Screening captures the following information:

- Life situation
- Gambling activities
- Gambling history
- Questions about health
- Consequences of gambling
- Gambling thoughts and urges
- Previous self-help seeking and additional diagnosis
- Readiness to change
- PGSI
- CORE-10

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About GameChange

GameChange is GamCare's computerised online course of Cognitive Behavioural Therapy (CBT) for gamblers, developed with Sustainable Interaction. Together we have further developed the content to better suit gamblers in the UK as well as making the modules more interactive.

The course includes a dedicated screening tool, eight digital modules and a Forum for peer support, plus a dedicated dashboard for practitioners so they can fully track client progress. The modules included in the course are:

- About gambling problems and Your reasons for gambling
- Personal Finances and Triggers
- How is gambling affecting social life?
- Acceptance and important decisions to make about change
- Chance and Erroneous Thoughts
- High Risk Situations
- Finances
- Relapsing, Help and Support

Each module consists of several sections, each targeting certain aspects of the overall theme.

Before beginning the course, clients complete a screening questionnaire to ensure a) this is the right level of treatment, and b) there are no serious safeguarding or risk concerns.

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> **"**
> The course is great. It breaks up the material into manageable pieces especially if you have limited time (due to work etc.) The modules are a good size and the summaries at the end of the modules are very useful.

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If concerns are identified as a result of a client's screening, we will contact them over the phone to discuss our concerns and to make sure they are suitable to complete the course. If GameChange is not the most appropriate form of treatment intervention, we will make a direct referral to the most appropriate service.

Once a client has been accepted, they are given access to create their account and start their first module within two working days.

Upon completing each module, progress is tracked and commented on by a GameChange CBT therapist. The practitioner schedules a check in with the client to discuss their progress and plans to work on any issues identified before granting access to the next module. Clients have the option to opt out of phone contact, however the majority do engage with practitioners this way.

At the end of each module the client is given an assignment. This is designed to help them reflect on what they have learned through the module, and their replies are shared via the dedicated GameChange Forum so others working through the programme can read and comment if they want to. The Forum can also be used in between assignments, as a way of connecting with others and sharing support.

We follow up with clients three, six and 12 months after they complete the course to check in on their progress and make sure they have got the best out of the service.

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> **"**
> The... weekly call with the practitioner was important to me. Looking at me now both physically and mentally I am in a completely different place. It was also good to see other people's journeys in the forums. Some of which were very emotional and heart breaking.

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Seeking Help through GameChange

Between November 2019 – November 2020, and at the time of writing this report:

3,301

Commenced screening questions

3,301 clients **commenced** screening questions

70%

Completed screening questions

2,324 clients **completed and submitted** the screening questionnaire (70% completion rate)
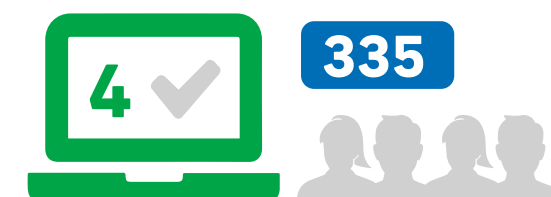
330

90

Referral to other support services

330 clients were **unsuitable for the course** as we raised safeguarding concerns. Of these, **90** clients **accepted a referral** to other support services.

1 **745**

Completed Module 1

745 completed **Module 1**

4 **335**

Completed Module 4

A further **335** clients completed **Module 4**

1 **2** **3** **4**
199
5 **6** **7** **8**

Completed all modules

199 clients **completed all** eight modules

1 **122**
2 **58**
3 **25**

Follow-ups

122 clients had **completed their first follow-up** immediately after completing the course

58 clients had **completed their second follow up** three months after completing the course

25 clients **had completed their third follow up** six months after completing the course

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Measuring Gambling Harms

A score of more than 8 on the PGSI is classified as 'problem gambling'.
95% of scores at screening suggest problem gambling, with a mean score of 17.9.

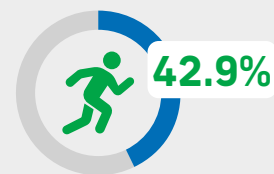## Exploring some of the impacts gambling has for clients at screening:

48.5%

52.4%
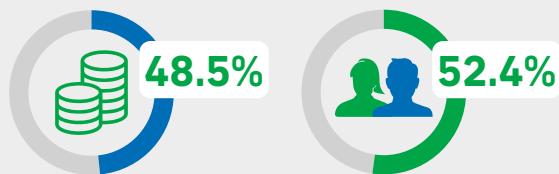
Gambling debt

48.5% clients report **gambling related debt**, and **52.4%** clients reported that their **family finances** had been affected by gambling
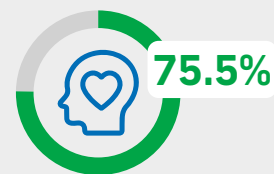
42.9%

Impact on physical health

42.9% clients report that their **physical health** has been negatively **affected** by gambling

45.8%

Impact on social life

45.8% clients report that their **social life** has been negatively **impacted** by gambling

75.5%

Impact on mental health

75.5% clients report that their **mental health** has been negatively **affected** by gambling

Table 1: Measuring Gambling Harm at Screening	
	Screening (n=2324)
Gambling problem	
PGSI mean	17.9
PGSI median	18
PGSI=0 (no problem)	1.0%
PGSI=1-2 (low risk)	0.2%
PGSI=3-7 (moderate risk)	3.7%
PGSI=8-27 (problem gambling)	95.0%
Parental role affected	
Very negative	6.1%
Quite negative	17.4%
Not at all	33.3%
Quite positive	3.1%
Very positive	1.5%
Not applicable	38.6%
Social contact with friends affected	
Very negative	13.4%
Quite negative	32.4%
Not at all	35.1%
Quite positive	6.7%
Very positive	4.0%
Not applicable	8.4%
Family's financial situation affected	
Very negative	23.5%
Quite negative	28.9%
Not at all	25.8%
Quite positive	6.6%
Very positive	5.0%
Not applicable	10.2%

Table 1: Measuring Gambling Harm at Screening	
	Screening (n=2324)
Physical health affected	
Very negative	11.0%
Quite negative	31.9%
Not at all	41.9%
Quite positive	6.9%
Very positive	3.8%
Not applicable	4.6%
Mental health affected	
Very negative	38.1%
Quite negative	37.4%
Not at all	8.8%
Quite positive	6.7%
Urge and ability to resist (means)	
Gambling urge (1 low 10 strong)	8.2
Ability resist (1 no ability 10 sure)	4.1
Debts	
Gambling debts	48.5%
Very positive	7.5%
Not applicable	1.5%

> The thing that I am most satisfied with in my treatment is that it lets me be completely open about my situation and to not be judged. It gave me a purpose and a goal and I enjoyed completing the modules and feeling better about myself as it progressed.

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As seen in **Table 2**, the mean score on CORE-10 (measuring psychological health) at screening is 20.5. An explanation of CORE-10 scores is included below:

Score	Indicator
0-5	Healthy
5-10	Low-Level
10-15	Mild
15-20	Moderate
20-25	Moderate to Severe
25-40	Severe

- Only 19% clients report normal appetite for life at screening, and 33.6% clients find life not especially meaningful.

- Over 8% have another psychological diagnosis, 1.5% physical or sensory impairment and 1.4% learning and developmental disabilities.

- 19.1% clients report suicidal thoughts occasionally and 3.8% report thinking about taking their own life.

When a client scores 4 or higher on zest for life and 1 or higher on CORE-10 (regarding the *'making plans to end my life'* question) at screening, GameChange practitioners arrange a conversation to ensure risks are addressed and managed appropriately, and can make a referral for other treatment options if this is better suited to the client and for the safeguarding concerns raised.

When there is an additional diagnosis and there are other mental health teams involved in a client's care, the GameChange practitioner will discuss with them to ensure risks are addressed. We have also successfully worked with clients with visual and language impairments with the assistance of the client's support worker.

Table 2: Psychological Health and Additional diagnosis at screening		
	Screening (n=2324)	Follow-up (n=122)
Psychological health		
CORE-10 mean	20.5	5.7
CORE-10 median	21.0	4.0
Mental health mean (scale 1-5)*	2.7	4.0
Zest for life		
0 Normal appetite for life	19.0%	61.5%
1	10.3%	20.5%
2 Life not especially meaningful	33.6%	13.1%
3	11.6%	2.5%
4 suicide possible solution	19.1%	1.6%
5	1.9%	0%
6 Thinking a lot taking own life	3.8%	0.8%
Additional diagnoses		
Physical or sensory impairment	1.5%	–
Learning and developmental disabilities	1.4%	–
Psychological	8.2%	–

For those who complete all modules and are included in the first follow-up, we note a significant improvement in zest for life – 61.5% report a normal appetite for life, compared to 19% at screening.

Who is accessing the course?

From demographic information gathered at screening:

- 67.1% clients identified as male

- 32% of clients identified as female, which is higher than across our other treatment services

- 77.8% of clients were born in the UK

- 70.7% of clients were employed full time

- 27% of clients earned between £20,000-£29,999 (27%) – 23.7% earned less than £15,000

> My therapist was very helpful, very good at listening and helped me realise that I needed to be more open with people - I am now able to talk to family about my problems.

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> "I wouldn't have worked through all this in face to face therapy... having it written down as a course helped me to focus.

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Table 3: Demographics at Screening	
	Screening (n=2324)
Gender	
Male	67.1%
Female	32.0%
Transgender	0.2%
Non reported	0.7%
Education	
Primary School	1.5%
Lower secondary	17.7%
Upper secondary/vocational	36.6%
University or higher <=3 years	24.1%
University or higher >3 years	13.6%
Non reported	6.5%
Employment	
Full time	70.7%
Part time	9.5%
Unemployed	7.1%
Student	2.9%
Long term sick, disabled, allowance	6.3%
Homemaker	4.1%
Other	3.7%
Not stated	2.9%

Table 3: Demographics at Screening	
	Screening (n=2324)
Income	
Less than £15,000	23.7%
£15,000 - £19,999	16.5%
£20,000 - £29,999	27.0%
£30,000 - £39,999	15.2%
£40,000 - £49,999	7.0%
£50,000 - £59,999	2.7%
£60,000 - £69,999	0.9%
£70,000 - £99,999	1.8%
£100,000 - £149,999	1.0%
More than £150,000	0.4%
Decline to answer	3.8%
Born	
Born in UK	77.8%

> " More valuable than expected. It has provided me with many more tools and techniques which I can use. Being able to look back at my answers and the content whenever I want is going to prove very useful.

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Majority clients location

6.2%

5%

6.3%

The City of London

Scotland

Lancashire & Merseyside
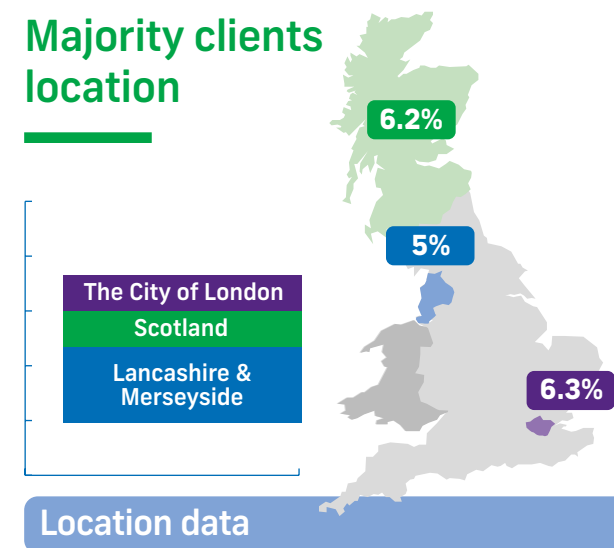
Location data

The majority of clients are located in:
- London **(6.3%)**
- Scotland **(6.2%)**
- Lancashire and Merseyside **(5%)**

A higher proportion of clients accessing GameChange are from Scotland than across our other online support services.

Gambling Activities

At screening clients reported the following activities as most problematic for them:

- Online slots (64.6%)
- Online sports betting (37.5%)
- Offline bookmakers (35.6%)
- Online casino table games (28%)
- Betting on horses (27.1%).

85.9% of clients reported having gambled online in some form. This is slightly higher than across the rest of our support and treatment services.

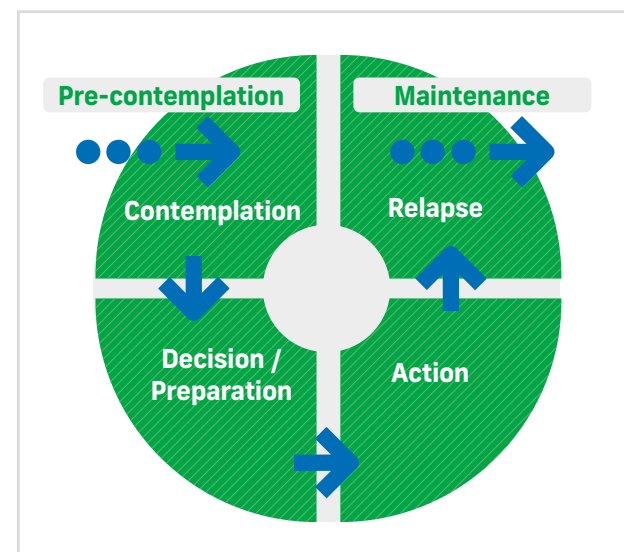| **Table 5:** Gambling Activities at Screening	
	Screening (n=2324)
Gambling	
Family arcade	7.9%
Bookmakers	35.6%
Pub	14.4%
Bingo hall	9.7%
Casino	21.2%
Live events	11.2%
Private members club	1.5%
Adult arcade	12.4%
Other location	7.3%
Online (any)	85.9%
Online horses	27.1%
Online dogs	10.9%
Online spread betting	5.8%
Online sports betting	37.5%
Online Bingo	16.2%
Online Poker	9.6%
Online casino table	28.0%
Online slots	64.6%
Online scratch cards	19.4%
Online betting exchange	5.3%
Online other	6.5%
Other not categorized above	4.5%

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Referral and Readiness to Change

Almost a third of clients who completed screening (26.5%) had sought help for gambling problems before.

- 55.4% clients were self-referred to GameChange

- 29.5% clients were referred to the course through other GamCare services, e.g. the National Gambling Helpline

- 15.1% clients were referred by other professionals, e.g. a GP, social services, mental health support workers, employers etc.

A high rate of self-referral and a large percentage of people who have not sought help before suggests that the course likely fulfils a need for those who are more autonomous, and perhaps unsure about more traditional forms of therapy.

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> "
> It was great – I didn't feel too embarrassed to say stuff over the phone, as supposed to speaking to someone face to face.

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Wheel of Change

The Wheel of Change is a tool that was developed to form an understanding of how and why people change risky behaviour either on their own or with assistance, and can demonstrate how 'ready' someone might be to make and sustain a change in their life.

Looking at the phase of motivation for clients at screening:

- 3.6% clients are in precontemplation phase
- 83.4% clients are in the contemplation phase
- 9.2% clients are in the action phase

We observe that some clients in the pre-contemplation phase do not continue through with the programme which suggests that they are not ready to fully acknowledge the ways in which gambling is causing them harm, and may need to access other self-help tools to begin with.

By the first follow-up when clients have completed all eight modules, 50.8% clients have moved to the 'action' phase (see Table 6).

| **Table 6:** Previous Help-Seeking, Readiness to Change and Referral Source		
	Screening (n=2324)	**Follow-up** (n=122)
Previous help-seeking		
Sought help	26.5%	–
Got help (of those seeking help)	77.0%	–
Readiness to change		
Pre contemplation phase	3.6%	13.9%
Contemplation phase	83.4%	35.2%
Action phase	9.2%	50.8%
Referral source		
Self-referral	55.7%	–
GamCare website/helpline	28.8%	–
Other	15.5%	–

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> "
> I found it really easy to use the website. Being able to do the modules in my own time has been really useful. I found the phone calls adds the personal touch which makes a big difference rather than the course being just online.

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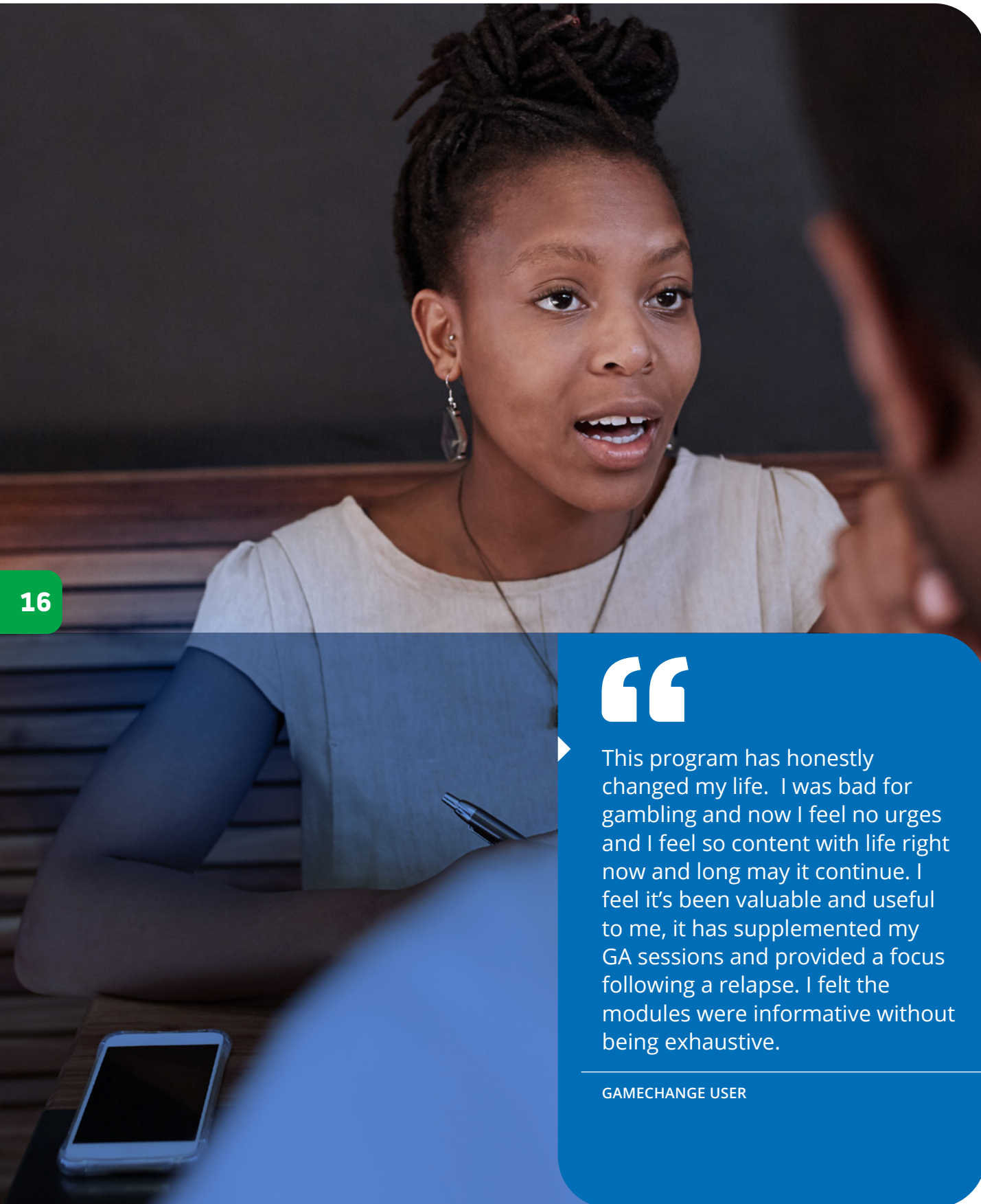
> ❝
>
> This program has honestly changed my life. I was bad for gambling and now I feel no urges and I feel so content with life right now and long may it continue. I feel it's been valuable and useful to me, it has supplemented my GA sessions and provided a focus following a relapse. I felt the modules were informative without being exhaustive.
>
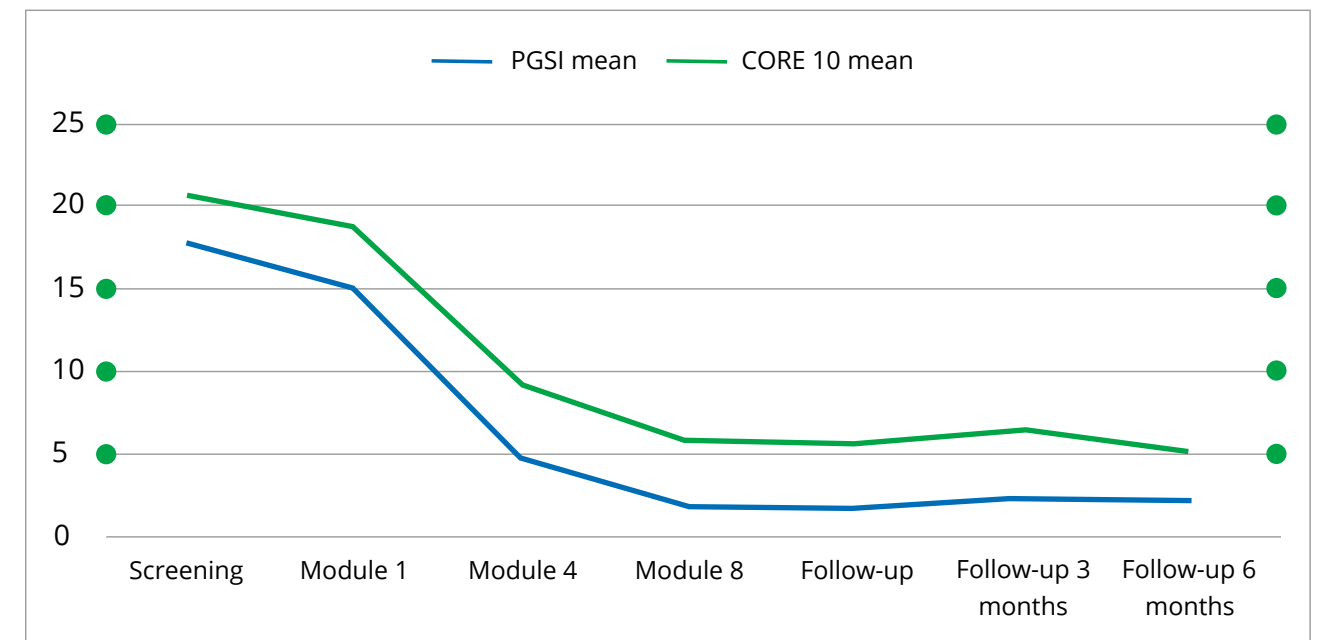> **GAMECHANGE USER**

The Impact of the Course

As clients progress through GameChange, we see lower scores for both PGSI and CORE-10.

At screening, 95% score as 'problem gamblers', at Module 1 this score reduces to 84.9%, at Module 4 to 21.8% and at Module 8, 7.6% of scores suggest problem gambling.

The mean PGSI score after Module 1 (14.8) is clearly above the cut-off for problem gambling, after Module 4 it is 4.7 (indicating Moderate risk), after Module 8 it is 1.9 (indicating Low risk).

As CBT is a type of therapy that works on restructuring neural pathways, it can take time and effort to make improvements and maintain them. Continued progression throughout the course and at follow-ups (as mapped in Figure 1) is encouraging.

Figure1: Group means for (n=156) completing all modules

> "She was great. She was personable, easy to talk to, very knowledgeable and seemed genuinely concerned in my week and my life in general. I could not have asked for a better practitioner. Thank you!"
>
> GAMECHANGE USER

Case Study
Christopher's Story*

Christopher has been gambling for years before contacting GamCare. He lives with his mates and is employed in a very well paid job that has a lot of stress. His gambling began when he started betting on sports. It quickly spiralled out of control and caused issues with finances, relationships, and anxiety. During initial check ins with his practitioner, Christopher suggests that the money spent on betting has a negative impact on his funds as he takes out loans out and then on top of that seeks help from trusted friends to bail him out. Although his friends and family are supportive, he does not feel understood and this is what led him to GameChange. His preoccupation with UK and international sports betting is increasing daily, and Christopher has also began to gamble on casino games and slots. On the one hand he is determined and focused on quitting for good, and he starts to rengage with activities such as cycling, yoga and running and on the other hand he does not want to put blocks in place for now as he wants his options open. Upon reflection he acknowledges the guilt his gambling has caused and ultimately, this is his incentive to change. During the first 3 modules Christopher engages really well with the course and his practitioner and has weekly phone check ins. As part of the GameChange course, clients on module 4 are asked to sign a 'contract' between them and gambling, deciding on how they want their relationship with gambling to be. During this moment, Christopher goes through a dilemma where he finds it hard to decide whether he wants to quit entirely or just eliminate the problematic gambling. Going through this section in the course allows him to reflect on his previous experiences and think of how he wants his life to be. This is an eye opener for him, accepting and recognising that any form of gambling experience can be a trigger that may lead to loss of control. Christopher is also now thinking of his goals of career progression, educational courses, purchasing a home and starting a family. This meant that Christopher decides to refrain from taking part in any form of gambling activities that occur even in social situations, such as attending The Grand Nationals and sweepstakes at work.

GameChange also addresses stress and negative thinking, which act as triggers for gambling. This helps Christopher become more aware of his emotions and the impact stress has on his gambling. Christopher says: "There were a couple of things in mind traps I recognised about myself such as being burdened with thoughts about what I 'must', 'ought' or 'should' do, which hurts, it makes me feel trapped and like a failure. This leads me to gamble to feel better, but it is only for a split second. I then regret it and feel even more like a failure". GameChange highlights how common negative thought patterns can be in day to day life, and how these can influence repetitive gambling behaviours. After completing this module, Christopher works with his practitioner on being present and conscious, allowing negative thoughts to surface so he can observe them and counterbalance them with some rational thoughts around achievements, accountability and effort. This is a very powerful tool for Christopher because he feels now he can break the cycle of the negative thoughts. He also starts noticing the positive feelings he gets from activities compared to negative feelings he used to get from gambling. Christopher regularly practices mindfulness and controlled breathing which he describes as his favourite part of the course– he finds that it helps him be more present and cope with gambling urges. By module 8, Christopher feels empowered by the knowledge the course has provided him, and knows he can be honest with himself and family going forward. During the 3 month follow-up check-in call with his practitioner, Christopher shares that he regularly logs into the GameChange forum, reading and responding to other people's stories which helps him continue feeling empowered and confident in his own recovery journey.

This is an example of someone's engagement in treatment, we would like to make it clear that the story is inspired by examples of clients we have helped but not directly related to any one individual.

Case Study

Jody's Story*

Jody, is in her late 20s, and has been gambling online for 5 years, betting on casino games, roulette, slots, bingo, scratch cards and lottery; she has never sought help before. She lives with her two sisters and children and has a depression and anxiety diagnosis. Jody finds it difficult to speak over the phone, so asked her practitioner if weekly check-ins could be done via email or message. This is not uncommon and the flexibility GameChange offers is a big motive when clients choose this type of support. In initial check-ins she expresses she feels low, overwhelmed and alone as her ex-partner discovered her gambling, causing strain in their relationship and leading to the relationship loss. Jody looks back reflecting on her upbringing and what a pivotal role it has played in her gambling, since everyone in her family gambles. Early memories associated with arcades by the beach, followed by long family walks and fish and chips, formed a warm attachment to gambling. Jody is also a full time carer for her brother (along with her sisters) and she often tries to help everyone around her, neglecting her own needs. Gambling is her safe place, her escape from everything, somewhere she feels in control and present. As Jody starts to work through GameChange modules she says they are an eye-opener and allow her to reflect and understand her thoughts and feelings towards gambling. During module 3 of the course, which allows clients to involve someone close to them, Jody chooses to complete this module with her sister. She finds it very helpful in prompting conversations that hadn't yet been addressed. She feels that this helps her understand her sister more and she is now able to recognise how her gambling is not only impacting her but also impacts her sister's mood and behaviour. This module can be a turning point as bringing a loved ones perspective into the client's journey allows space for reflection and openness which contribute to progress. Jody starts to take each day as it comes and feels positive about the changes she is making. During module 6 she identifies her high-risk situations;

one of them is when she is alone at night, scrolling through her phone on social media. Adverts popping up on her phone for a free spin lead to a strong urge to gamble and Jody usually gives in to it. However after the gambling, the cycle of feeling guilty, regretful and ashamed commences. She feels like she is back at the start of her journey. It is not uncommon for clients to have a lapse during the modules. This lapse is an opportunity for reflection, awareness, and stronger planning for the future. Jody and her practitioner explore this whilst reflecting on other high risk situations, finding ways to block the ads, reducing screen time and thinking about other activities that Jody enjoys. Ongoing support from her family allows her to feel that she can overcome the gambling. Jody feels more motivated to maintain progress and starts focusing on herself more. She also takes long walks, bakes cakes from online recipes, creates jewellery and invests in an adult colouring book which helps her relax and focus. She also starts colouring with her sisters and kids as a Sunday activity after their family lunch. Jody is now ready to put all the blocks in place to block all gambling. As she progresses to the final module, Jody reflects that without gambling she is happier and feeling better than ever before. The questions and activities throughout the course are there to aid reflection on individual thoughts, feelings and behaviours. This conscious consideration gives time to the mind to pause, observe and consider interpretations, creating meaning. During the two-week follow-up check in, Jody agrees to a phone call. She has been continuing the techniques she has learnt in the course and referring to the modules when she needs reminding. She is also talking to other people on a similar journey in the GameChange forum. A 3 month check in call wellness call has been booked.

This is an example of someone's engagement in treatment, we would like to make it clear that the story is inspired by examples of clients we have helped but not directly related to any one individual.

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What makes a difference to success?

- Clients who are in the 'contemplation' phase at screening are more likely to progress through the full series of modules. Many clients have already decided to put blocks in place and share their recovery with friends and family by the end of module one, which sets the tone for the rest of the course.

- Being at the 'precontemplation' phase at screening is likely to affect a client's chance of completing all modules. Clients at this stage may know they need to stop gambling due to the harms it causes them, however they do not feel ready to make changes or think about other coping strategies. These clients may start the modules however drop out soon after the course initiation.

- While a greater proportion of women or those who identify as women are accessing this service at a higher rate than our other services, a higher percentage of men complete all modules.

- Although many women do successfully complete the course, we have observed a higher rate of drop out from female clients. They often have more complex needs, and/or have children or senior / vulnerable family members to care for. These responsibilities may make it harder to commit to the time needed to work through the course or concentrate on the content. We also observe stronger attachments to guilt and shame, as in many cases there are complex traumas and past experiences which have not been addressed.

- Having an additional diagnosis has not been observed to have an effect on clients completing the course. GameChange practitioners can allow more time at check-ins to ensure that they are fully supported, and it may take longer for some clients to work through modules, however this does not impact on what clients receive from the course.

We're now implementing additional mechanisms to gather feedback at the end of each module, so that we can gauge what works best for different groups and can continue to improve the service.

> " A highlight of the course was being able to discuss the content of each module - it allowed some great discussions and for me to get a lot more from the course. I was wary at first but after the first session I was just positive. For me these were essential to the programme.
>
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