

# Explore:

## Mental health and gambling harms



**Gambling addiction is a mental health disorder. We can't look at both issues in isolation.**



**SCOTLAND  
REDUCING  
Gambling Harm**

The Explore Series: discover the hidden harms of gambling



**ALLIANCE  
HEALTH AND SOCIAL CARE  
ALLIANCE SCOTLAND  
people at the centre**

# Foreword



It was good to get round the table with people from a variety of organisations to discuss the links between mental health and gambling harms and feel that the Forum's opinions were valued and valid.

Now that I am well into my recovery journey, I can look back now and see how much my addiction affected my mental wellbeing. Gambling harms and mental health are, in my opinion, inexorably linked, and I felt this event - attended by some influential organisations - was an important step for us to look more closely at how one affects the other, and to take action to support those affected.

– **Colin Leslie, ScotRGH Lived Experience Forum Member**



Coming from a lived experience perspective, I felt humbled to be amongst others & organisations at the initial round table event, all with a shared vision - to see positive change for people impacted by gambling harms and collaborating together to achieve that goal.

– **ScotRGH Forum Member**

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## About Scotland Reducing Gambling Harm

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**The Scotland Reducing Gambling Harm programme** works to raise awareness of, and advocate for, a public health approach to tackling gambling harm in Scotland. To support this, it hosts the Scottish Gambling Harm Lived Experience Forum.

The Scottish Gambling Harms Lived Experience Forum's vision is to put the voice of people affected by gambling at the heart of action to reduce those harms. To achieve this, it is key that people with lived experience have influence over policy and systems development. The Forum, therefore, seek to engage with external stakeholders through Forum meetings and wider events, putting their priorities forward to strategic decision makers.

# Executive Summary

This report shares findings from the Scotland Reducing Gambling Harm's roundtable event 'Identifying problems and proposing solutions: exploring the link between mental health and gambling harms' which took place on 18th May 2023.

From this event, six key themes were highlighted, which have been summarised below:

## Difficulties accessing treatment and support

Participants discussed at depth the limited support available in Scotland for people experiencing mental ill-health as a result of gambling harm. It was shared that it can be hard to find support, that pathways to treatment aren't clear and choice is limited.

### Key areas for action include:

- Consistent screening for gambling harm across statutory services, the third sector, among organisations who support people experiencing gambling harm, or mental ill-health, or both.
- Implementation and monitoring of a holistic approach to supporting mental health and gambling harm.
- Statutory gambling harm treatment and support options in Scotland.
- Free at the point of use residential treatment and support options in Scotland.

## Limited data, research, and evidence

Further independent research, and evidence of the link between mental health and gambling harm is essential. Participants highlighted the need for good quality data on how they connect, the scale and extent of harm from gambling in Scotland and the need to gather data with an intersectional approach.

### Key areas for action:

- Increase the evidence base on the link between mental health and gambling harm at a Scotland-wide level:
  - More evidence is needed to explore this common association between the two and whether people initially take part in risky gambling behaviours to deal with mental health issues, or vice versa.
  - More evidence is needed to scope the impact of gambling harm on different communities across Scotland.
- Introduce more consistent screening for gambling harm at a population level to provide a better overview of the scale of harm in Scotland.

## The need for a collective voice

Another theme that emerged was the need to establish a collective voice in Scotland for those working to address gambling harm. Participants described that they valued the space to come together with decision makers to share priorities. Partnership working was identified as a key mechanism to establish a collective voice to address both intersecting issues.

### Key areas for action:

- To prioritise the evaluation and monitoring of the Glasgow Gambling Harm Whole System Approach, with findings informing the development of a Scotland-wide approach to address gambling harm.
- Stakeholders across Scotland and in local communities must prioritise partnership working to address mental health related to gambling harm.
- Bring in those who work in the mental health space to join the Glasgow Gambling Harm Multi Agency Group, to disseminate learning widely into other networks.
- One collective Scottish voice, that includes a diversity of experiences, to respond to the UK Gambling Act White Paper Review.

## The role of activism

Activism has an important role on raising awareness and creating public pressure on policymakers to address gambling harm in Scotland. People shared the need to nurture recovery communities in Scotland and acknowledge the role activism plays in influencing change.

### Key areas for action:

- Sustained funding for small community organisations to take part in awareness raising and activism.
- Wider societal recognition of the role of recovery communities in contributing to wider policy change.
- Generate “Champions for Change” in local communities who can advocate for and connect with those experiencing gambling-related harms.

## The impact of stigma

Although some progress has been made in to destigmatise mental illness and experiencing poor mental health, stigma and shame around gambling harm still exists. A lack of awareness of the issue, the hidden nature of harms and the prevalence of gambling advertisements all contribute to a perpetuation of gambling-related stigma.

### Key areas for action:

- Creating open spaces and better access to support, to have conversations about gambling harm.
- Continue the effort to share stories of people with lived experience, to contribute to tackling stigma.
- To challenge societal-level stigma related to gambling harm, upskill health and social care workers and professionals to acknowledge and screen for gambling harm and prioritise education for those already working with high risk groups.
- Policy and decision makers must acknowledge the intersections between mental health and gambling harm and create adequate policies to support people who experience co-occurring forms of stigma.

## The wider context

The final theme contextualised several different factors which influence gambling harms and mental health in Scotland. To fully address both issues, the role of funding, industry accountability, education and prevention, advertisement, and the regulation of online and land-based gambling must all be considered.



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# Introduction

Gambling harm is defined as the “adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society”.<sup>1</sup> Gambling can affect an individual’s mental and physical health in a variety of ways. Gambling can cause serious physical ill-health as well as psychological distress, such as feelings of shame, stigma, and guilt. It can also lead to mental ill-health including diagnosis of depression and anxiety, and in some cases can lead to suicidal ideation and behaviour.

To explore the link between mental health and gambling harm in greater depth the Scotland Reducing Gambling Harm (ScotRGH) Lived Experience Forum hosted a roundtable event on 18th May 2023.

## **This event provided an opportunity to:**

- Identify the issues people, services and organisations currently experience in relation to mental health and gambling harm.
- Explore and propose solutions.
- Contribute to the evidence base on both topics.

The World Health Organisation defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 1946). At societal level, gambling harm can lead to major demands on healthcare services and increased use of social care and welfare services.



The event brought together people with lived experience, those who work in addressing and reducing gambling harms and those who work across mental health to discuss challenges and propose solutions to take forward as a collaborative. It is hoped these solutions influence a range of actors across society to address the link between gambling harm and poor mental health.

## **Through small group discussions and a creative visualisation activity, delegates spoke through the following three questions:**

1. What is the current situation in relation to mental health and gambling harm?
2. Where do we want to be in the future?
3. How can we get there together?

**Photograph Description:** Two photographs from the event on 18th May 2023 featuring two tables, with people sat on chairs around them involved in a discussion.



**From analysing the feedback shared at the event, six themes emerged regarding mental health and gambling harm:**

1. Difficulties accessing treatment and support
2. Limited data, research, and evidence
3. The need for a collective voice
4. The role of activism
5. The impact of stigma
6. The wider context

This report explores each these key themes in detail.

“

I felt it was a success and I felt empowered as a Forum member to contribute meaningfully... beyond our regular meetings. It felt like progress to have those discussions with a variety of outside organisations and partners, and to have our collective and individual voices heard.

– ScotRGH Lived Experience Forum Member



# Difficulties accessing treatment and support

One of the most prominent themes delegates raised was the need for treatment and support for those experiencing gambling-related harm.

Participants discussed at depth the limited support available in Scotland for people experiencing gambling harm. People with lived experience shared that often individuals don't know where to go to access support, when support is available, and that there is very limited choice. For example, for those experiencing acute and complex harms because of gambling, there is no free at the point of use residential or statutory support available in Scotland. People shared that most support often comes from small, third sector community-based organisations who conduct a peer support model, rather than embedded, well-resourced and accessible statutory treatment.

Delegates also recognised the long waiting times for mental health support in Scotland. In some instances, there is "a two-year wait for mental health support".

Currently, pathways to support are limited. Examples were shared that when people had the courage to seek support from their GP for their gambling addiction, often health and social care professionals had limited knowledge in how to support or signpost them to supporting organisations. This can have very negative impacts on an individual's mental health, by leading to feelings of loneliness, isolation, and self-stigma. The lack of service provision, paired with a lack of awareness of healthcare professionals, could therefore worsen the mental health of those experiencing gambling harms as their health needs are continuously not being met.



Pathways are poor – GP's don't know what to do. Can gambling be added to general screening questions? It's never asked about.



Support services aren't accessible, times don't suit, but the 24-hour helpline offered hope.



**GamCare** host a 24-hour helpline, which is an example of the third sector bridging the gaps in support, where specialist statutory support to treat gambling harm is limited.

## A holistic, whole person approach

As discussions shifted to what is needed in Scotland to reduce gambling harm and the negative impact on people's mental health, one of the key areas that emerged is the need for a whole person, joined up approach.

Currently, gambling harm and mental health are issues treated in isolation. Those who attended the event shared that for people diagnosed with a mental health condition as a direct result of their gambling, holistic treatment is limited. Gambling harm is not routinely covered when screening for factors which might be affecting an individual's mental health. As a result, people experiencing gambling harm in conjunction with mental ill-health are not consistently identified.



Gambling disorder is a recognised mental health condition characterised by persistent and recurrent maladaptive patterns of gambling behaviour, leading to substantial functional impairment and reduced quality of life.

Studies have highlighted the importance of screening for gambling harm across primary, mental health, and secondary healthcare settings, because individuals may present with other health issues (including those secondary to gambling) but often do not seek support for gambling itself, or mention gambling as an issue without prompting.<sup>2</sup>



**We've got a mental health crisis.**

Since the mental health and gambling harm roundtable event, representatives from third sector mental health organisations have initiated conversations with internal senior management teams to discuss the development and implementation of screening questions for gambling harm, when working with those who are accessing mental health support. This is a positive shift in the right direction with more and more **mental health organisations** becoming aware of and working to reduce the mental health impacts of gambling harms.

To address the above concerns, delegates discussed what a holistic approach would look like to support people experiencing poor mental health and gambling-related harm:

**What a holistic approach looks like:**

- ▶ Investment in education, prevention, treatment, recovery
- ▶ Research led public health approach
- ▶ Increased public knowledge to reduce stigma
- ▶ Love
- ▶ Acceptance
- ▶ Positive relationships
- ▶ About everybody, not just a few

## Statutory treatment and support options

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Currently in Scotland, there is no statutory treatment available to support people experiencing gambling-related harms.

People with lived experience shared that when they were at crisis point for their addiction, they were most likely to access treatment and support from peer support or fellowship organisations, such as Gamblers Anonymous. RCA Trust was mentioned as a good practice example in Scotland which supports people experiencing gambling harm through group meetings, counselling, and working in partnership with services available in England.<sup>3</sup>

People with lived experience also stated the need for residential treatment and support centres to be readily available in Scotland for individuals, and their families, who experience gambling-related harms. This would support those who are experiencing the most complex and acute forms of gambling harm. This treatment and support centre should be free at the point of use, and independent of funding administered by the gambling industry, to ensure those accessing support are protected against industry influence.

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**We need to continue to fight for a treatment in clinic in Scotland, which is publicly funded by the NHS.**

There are currently seven publicly funded National Problem Gambling Clinics across England, with the [NHS England Long Term Plan](#) pledging to open fifteen by 2023/24.<sup>4</sup> In 2021/22, there were over 1,000 referrals across the NHS gambling clinics in England. Similarly, residential treatment is available from [Gordon Moody](#) for those experiencing gambling-related harm in England.

Treatment from the National Problem Gambling Clinic takes a holistic wellbeing approach, which has been evidenced as successful from a range of psychiatrists, clinical psychologists, and counsellors who have specialised expertise in the management and treatment of gambling disorders. Treatment often includes:

- Individual psychological support
- Behavioural couples therapy
- Family therapy
- Cognitive Behaviour Therapy<sup>5</sup>

Treatment options available in England emphasise the need to move away from the division of mental health and gambling harm, as evidence shows a holistic approach has proven to be successful.

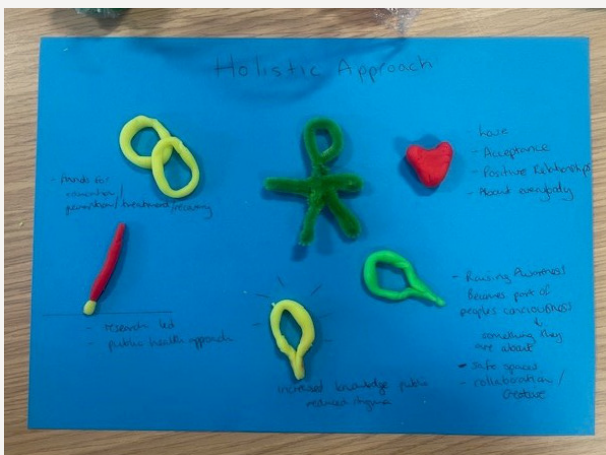
People with lived experience are clear in advocating for similar treatment options for those experiencing gambling-related harm in Scotland. Whilst individuals from Scotland can travel to England and other areas of the UK to receive support, this is not accessible as individuals would be expected to bear the burden of travel and accommodation costs.

## Key areas for action:

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- ✓ Consistent screening for gambling harm across statutory services, the third sector, among organisations who support people experiencing gambling harm, or mental ill-health, or both.
  - ✓ Implementation and monitoring of a holistic approach to supporting mental health and gambling harm.
  - ✓ Statutory gambling harm treatment and support options in Scotland.
  - ✓ Free at the point of use residential treatment and support options in Scotland.

**“ We need a coordinated effort across prevention, education, treatment and support.”**

These findings underpin the need to acknowledge gambling harm as a public health issue and move away from the narrative that gambling is harmful to the health of only some individuals.



**Photograph Description:** A photograph titled “Holistic Approach” created as part of the event on 18th May 2023. It features playdough figures and annotations including: coins representing funding, a heart representing love, a speech bubble for raising awareness, a graph representing research, a light bulb representing increasing knowledge, and a person at the centre of the picture.

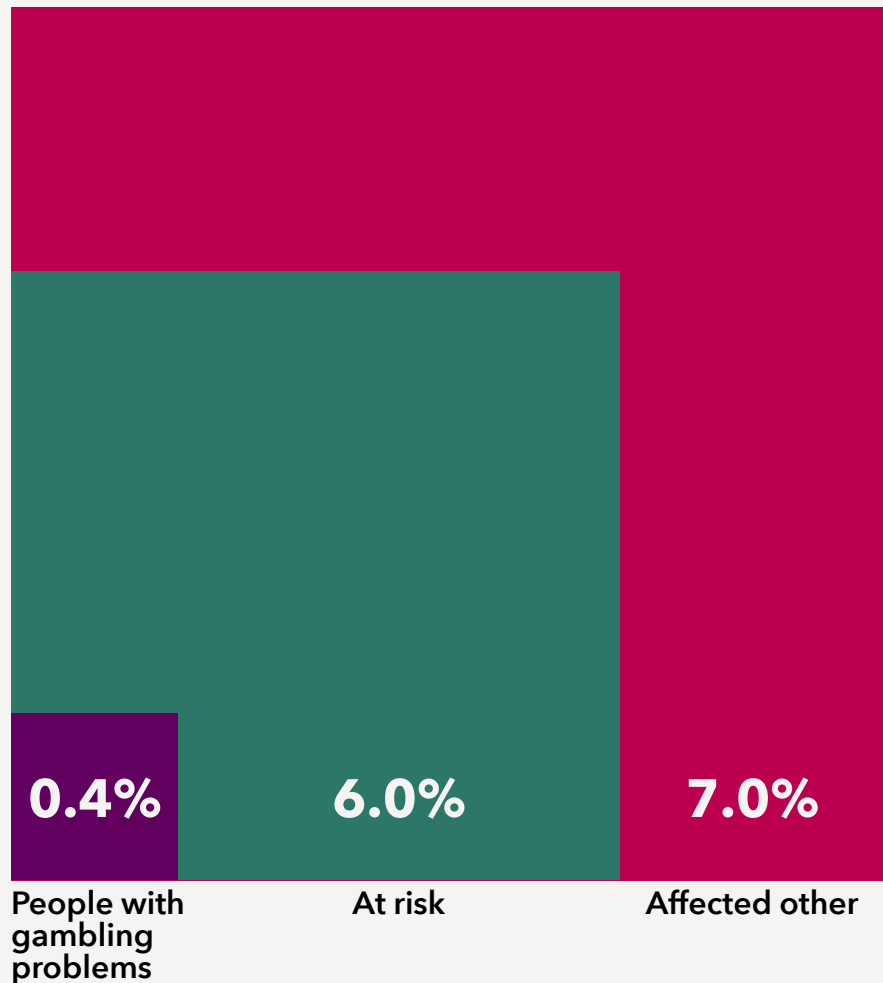
# Limited data, research, and evidence

A key theme that emerged from the event was the need for more independent data, research, and evidence on the link between mental health and gambling harm.

## The scale of gambling harm

Discussions around where we are now, highlighted that “we don’t know the real scale of harm”. In 2021, it was estimated that around 0.4% of respondents to the Scottish Health Survey were experiencing gambling-related problems, and 6% were at risk of experiencing gambling-related harms.<sup>6</sup> 7% of the British population are also estimated to be directly affected by the gambling of another person, which could be a loved one or family member’s gambling.<sup>7</sup> Due to limited data and evidence available at a Scotland-wide level, it is difficult to fully understand the true impact of gambling harm on the Scottish population.

**Estimated proportion of people in Scotland experiencing harms from their own or another persons gambling**



Reference: A public health approach to gambling harm.

One key criticism around data and evidence currently available was that by law, the Gambling Commission do not need to collect data from the gambling industry about the scale and impact of gambling harm on individuals. It is therefore difficult to challenge the influence of a powerful industry, which creates a power imbalance:

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**Coming up against a powerful commercial industry can often drown out the experiences and voices of individuals who have been harmed.**

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Furthermore, the National UK Research Network for Behavioural Addictions (NUK-BA) highlighted previous UK research has tended to take on an “ad hoc data collection approach, rather than being longitudinal in nature”. UK treatment settings indicate that the nature of gambling has markedly changed over recent years as gambling is much more accessible to most of the UK population anywhere and at any time due to the surge in popularity of online gambling.<sup>8</sup>

There are examples of good practice in long-term data gathering from overseas, as Sweden collects detailed longitudinal data on the prevalence, frequency, and patterns of gambling and gambling-related harms.<sup>9</sup> As such, it is recommended that the UK takes on a similar approach when gathering gambling-related data to ensure changes in gambling activities and gambling-related harms are reflected accurately over time.

As well as the need to increase data and research available in Scotland, discussion at the event emphasised the importance of stakeholders across the mental health and gambling harm landscapes putting political and public pressure on the gambling industry to release data on the scale of harm across society. Without this, it is difficult to hold the industry accountable for the harm being caused.

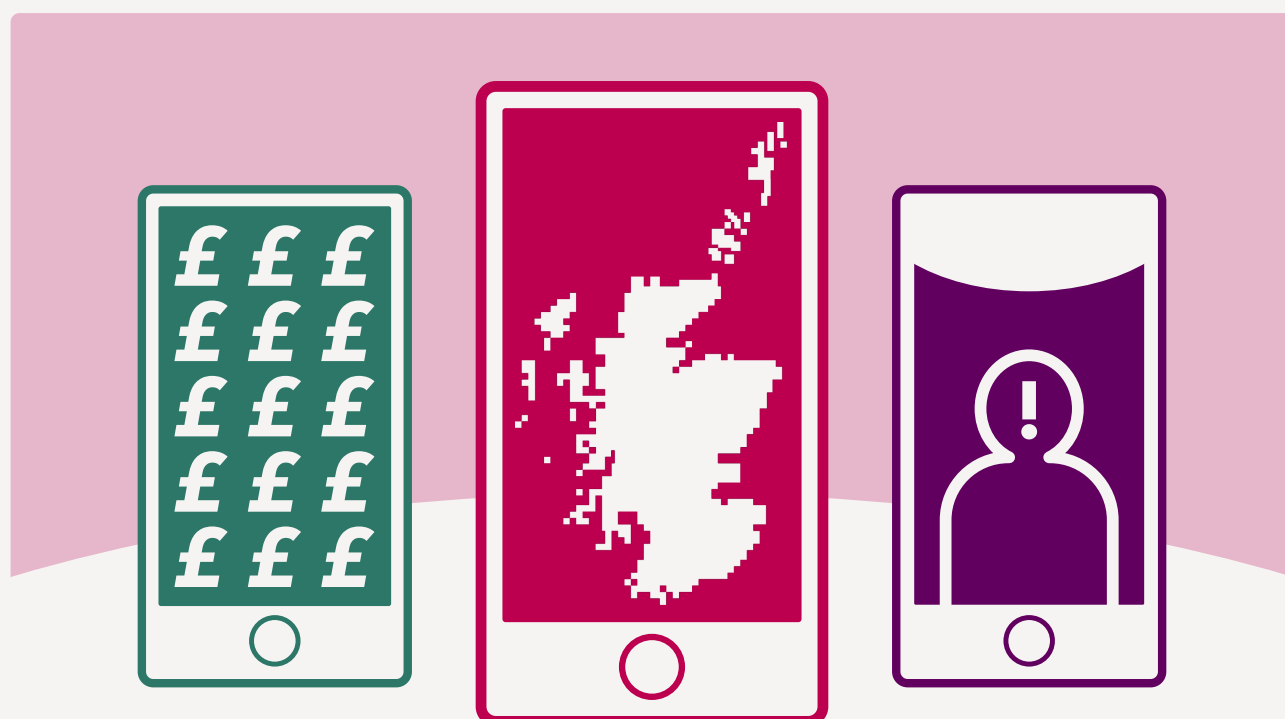
## Understanding how mental health and gambling harm connect

Discussions at the event also acknowledged the role research and evidence play in informing funding and policy priorities. Evidence-based acknowledgement of the link between mental health and gambling harm can help to drive policy forward in this area. Without it, data gaps remain and there is limited scope to influence policy change to reduce gambling harm in Scotland.

The announcement of a new Statutory Levy in the White Paper “High stakes: gambling reform for the digital age” provides a possible new funding source to extend research into the connection between gambling harm and mental health. It is particularly important to focus on how these issues interact, as well as the way these issues intersect with other factors, such as neurodiversity or trauma. Participants shared that data gaps remain in the following areas:

- The interaction between mental health and gambling, how they connect and any causal links that exist between them.
- The scale and impact of gambling harms in Scotland specifically.
- How gambling harm is experienced at a local community level, on both geographic communities and communities of interest.

It was also raised as important to focus future research on solutions, and the role of prevention of gambling-related harm, as this is an area where there is still limited knowledge on the impact this has on future outcomes for individuals, and in particular, young people.





# An intersectional approach to gathering evidence

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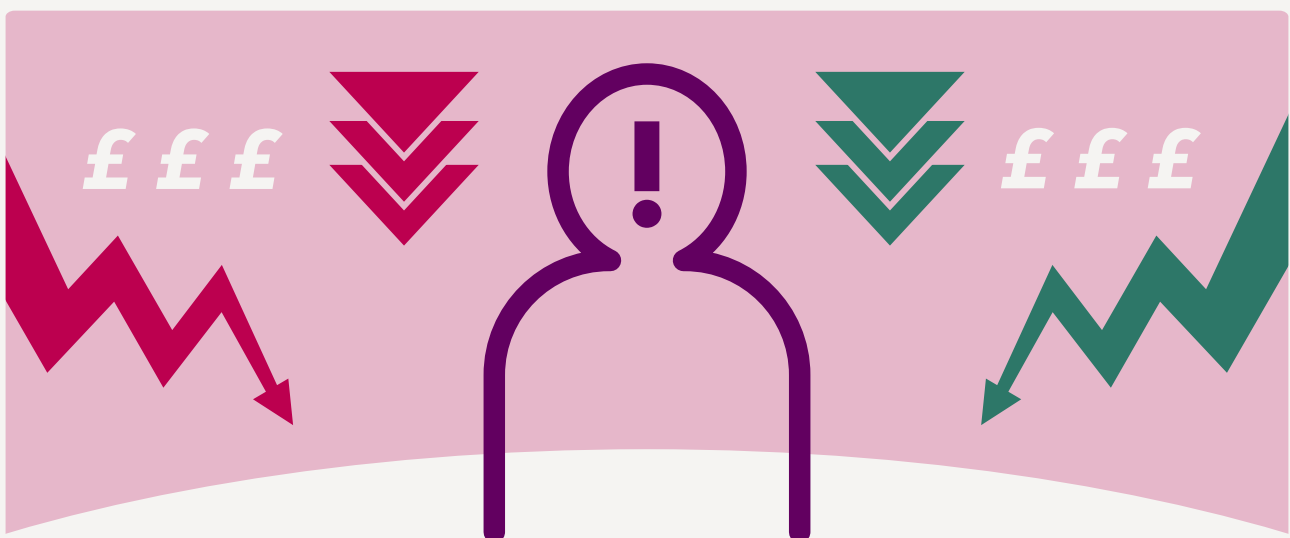
In hosting conversations around where we would like to be in the future, people with lived experience shared that they would appreciate data to be collected on how different communities are affected by gambling harm.

At present, research and evidence focuses on the impact of gambling on those most at risk of experiencing harms (which is predominantly males within younger age groups).<sup>10</sup> Data gaps remain around the impact of gambling harm on the mental health of young people, women, and other marginalised groups, including those from LGBTQ+ and ethnic minority communities. The NUK-BA identified five priorities for future research into gambling harm in the UK. They emphasised the urgent need for independent research funding, as much previous research “did not include adequate independent input from diverse experts and are likely to have under-represented vulnerable groups more exposed to developing gambling problems, such as people from certain minority ethnic groups”.

## Key areas for action:

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- Increase the evidence base on the link between mental health and gambling harm at a Scotland-wide level:
  - More evidence is needed to explore this common association between the two and whether people initially take part in risky gambling behaviours to deal with mental health issues, or vice versa.
  - More evidence is needed to scope the impact of gambling harm on different communities across Scotland.
- Introduce more consistent screening for gambling harm at a population level to provide a better overview of the scale of harm in Scotland.



# The need for a collective voice

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Another theme that emerged from the event was the need to establish a collective voice in Scotland for those working to address gambling harm.

At the event, the current situation described fragmented services and a lack of a joined-up approach to supporting individuals with mental ill-health related to gambling. Participants described that they valued the space to come together with decision makers to share priorities, which is hoped to contribute to social change.

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The big take-away for me was the Scottish Government affirmation that they are aware of our work, value it, and are prepared to continue listening to the experience and knowledge we bring.

– ScotRGH Lived Experience Forum Member

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Joining forces and scoping opportunities for partnership working across different areas of work could help to raise awareness of gambling harms across organisations and networks who support individuals with mental ill-health.

Discussion turned towards the need to recognise and embed gambling harm across other devolved legislative areas in Scotland, including the upcoming mental wellbeing strategy and self-harm strategy. The recently published [Suicide Prevention Action Plan 'Creating Hope Together' \(2022 – 2025\)](#) is the only policy in Scotland which acknowledges gambling-related harms and the links with suicide and suicidal ideation.<sup>11</sup>

The ALLIANCE Scotland Reducing Gambling Harm (ScotRGH) programme are committed to building relationships with policy and decision makers, including politicians, and creating the space to bring them together with people with lived experience and other stakeholders across the third sector, to ensure policy and practice is informed and influenced by the voice of lived and living experience.

## Good practice examples

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At the event, Public Health Scotland shared a good practice example of the work being done to reduce gambling harm in the Greater Glasgow area. The **Glasgow Gambling Harm Multi-Agency Group** has been formed to pilot a Whole System Approach to mitigate the impact of gambling harm in Greater Glasgow.<sup>12</sup> This pilot project aims to “support partners and stakeholders in Glasgow to build a shared understanding of gambling participation, risks, and harms in local communities and develop a community-engaged action plan to address these harms with local solutions”.<sup>13</sup>

Public Health Scotland has also helped build staff capacity with a specific remit and focus on gambling harm in the local system by supporting two part-time roles in Glasgow Council for the Voluntary Sector (GCVS) and Glasgow City Health and Social Care Partnership (GCHSCP).

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This example sparked conversation around how this localised model could be rolled out across Scotland to reduce health inequalities across communities which are most at risk of experiencing gambling-related harms.

From this event, there is a clear need to create space for partners and stakeholders to establish a collective voice to address gambling harm and its impact on other health inequalities across Scotland.



## Key areas for action:

- ◆ To prioritise the evaluation and monitoring of the Glasgow Gambling Harm Whole System Approach, with findings informing the development of a Scotland-wide approach to address gambling harm.<sup>14</sup>
- ◆ Stakeholders across Scotland and in local communities must prioritise partnership working to address mental health related to gambling harm.
- ◆ Bring in those who work in the mental health space to join the Glasgow Gambling Harm Multi Agency Group, to disseminate learning widely into other networks.
- ◆ One collective Scottish voice, that includes a diversity of experiences, to respond to the UK Gambling Act White Paper Review.



**Photograph Description:** A photograph of playdough and pipe cleaners created as part of the event on 18th May 2023. It features playdough balls connected with hearts representing a collective approach to mental health and gambling harm, a pipe cleaner door with a cross in front of it representing a no wrong door approach and four flower beads representing open and compassionate spaces.



# The role of activism

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Discussions at the event focused on the role of activism in placing public pressure on policymakers to address gambling harm in Scotland. People with lived experience shared the need to acknowledge recovery communities in Scotland and the role activism plays in influencing change across wider societal and public health issues.

The Scottish Gambling Harm Lived Experience Forum sits in the wider context of the gambling harm landscape as one that seeks to influence policy and shape action to reduce gambling harm in Scotland. It is recognised that “successful delivery of the National Strategy to reduce gambling harm requires collective efforts and engagement from a wide range of stakeholders including the third sector and, most importantly, people with lived experience of gambling harm”.<sup>15</sup> The Lived Experience Forum is unique in nature in that it is the only established Lived Experience Forum in Scotland with a specific focus on policy influence and implementation. It is hoped, through the work of the ALLIANCE ScotRGH programme and thematic roundtable events like this one, that people with lived experience feel valued, listened to, and better connected into avenues to influence gambling policy and practice.

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Good practice examples were shared where people with lived experience have taken part in activism, awareness raising and campaigning to tackle stigma related to gambling harm. **One Last Spin**, a documentary created by people with lived experience and **Reverie Films**, highlights the link between mental health and gambling harm by sharing four real life experiences. The film explores the mental health impacts of gambling, by touching on topics such as depression, anxiety, suicide, and suicidal ideation.<sup>16</sup>

The ALLIANCE **Gambling Harm Humans of Scotland** series has been collecting and sharing stories of people in recovery from experiencing gambling-related harms. These stories touch on the mental and physical impacts of gambling harm and were identified by event participants as useful resources which can encourage others experiencing harm to reach out for help or support. It was also identified that sharing stories and experiences whilst accessing peer support can contribute positively to the mental health and wellbeing of individuals.

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We need to ensure the topic of gambling harm is in the public's consciousness, that people affected already know about it. We also need to reach those who aren't familiar with the harms gambling can cause.

– **Event delegate**

One Last Spin is an invaluable resource that has been used to raise awareness of gambling harm across different settings in Scotland, including in prisons and small local community organisations. Utilising resources like the One Last Spin film is necessary to influence change from the 'ground up', which has often laid the foundation for change for other social movements.

Wider evidence suggests that there is a lot to learn from social change movements which are further developed in practice, such as the development of mental health and substance use recovery movements.

Research from the ALLIANCE ScotRGH programme's evaluation partner, Matter of Focus, suggests that the mental health recovery movement "started as a process of gathering, sharing and interpreting first person narratives of mental health recovery along with extensive networking of people with an interest in recovery, and grew over time to inform and guide the development of tools, policies and practices."<sup>17</sup> It could be suggested that the gambling harm recovery movement is in the earliest stages of development, in gathering individual experiences to contribute to the evidence base before contributing to wider political change. Many successful social change movements start from and give primacy to the value of lived experience in their development, and many sought to build from that to inform learning, policy, and practice.

The importance of connecting people with lived experience, and those who have an interest in gambling harm and mental health recovery, to build a community to contribute to activism and awareness raising cannot be overlooked. The role people with lived experience play in campaigning for change must be acknowledged as an integral part of contributing to social change to reduce gambling harm in Scotland.

Delegates shared that wider political and social structures may control or limit the effect of awareness raising and activism efforts. The gambling harm landscape has faced sufficient challenges in recent years, such as the COVID-19 pandemic, restricted funding, and the cost-of-living crisis. It has been felt by people with lived experience that gambling harm has often been neglected or forgotten about amongst other issues:

**“ People often feel more comfortable talking about other issues like drugs or alcohol.**

### Key areas for action:

- ◆ Sustained funding for small community organisations to take part in awareness raising and activism.
- ◆ Wider societal recognition of the role of recovery communities in contributing to wider policy change.
- ◆ Generate “Champions for Change” in local communities who can advocate for and connect with those experiencing gambling-related harms.



# The impact of stigma

Although progress has been made in recent years to destigmatise mental illness and experiencing poor mental health, stigma and shame around related to gambling harm still exists in Scotland. A lack of awareness, its hidden nature and limited treatment and support options all contribute to a perpetuation of gambling-related stigma.

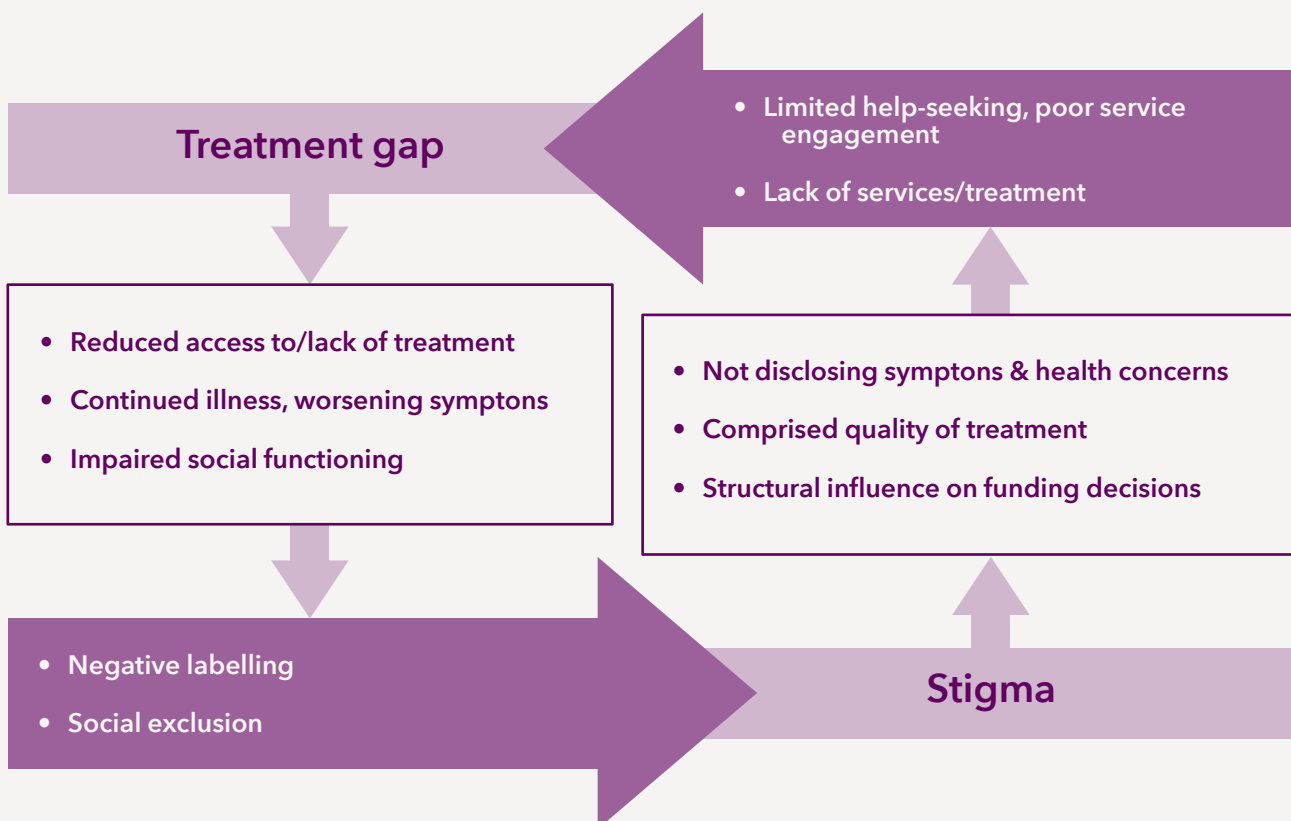
Many people shared that the normalisation of gambling through advertisement in sports, particularly football, perpetuates stigma by creating a narrative focused around “individual” rather than “the industry”. The lack of acknowledgement of gambling harm as a public health issue by policymakers also contributes to societal stigma.

From engaging with people with lived experience of gambling harm, stigma has been identified as a major barrier which prevents people from accessing support and treatment. This can also have a negative impact on an individual’s recovery journey.

People with lived experience tell us that the lack of screening for gambling harm, low awareness amongst healthcare professionals, the prominence of gambling advertisements and a tolerant legal framework for gambling in the UK all contribute to perpetuating stigma.

The lack of treatment and support options in Scotland also contribute to people experiencing harm feeling unrecognised and undeserving of help and support. Summarised in the image below, Gronholm et al describe how stigma and gaps in treatment can exacerbate and reinforce one another.<sup>18</sup>

## The treatment gap can be exacerbated by stigma, and vice versa



Reference: Toward a multi-level strategy to reduce stigma in global mental health.



The link between policy and stigma must be acknowledged. Policy and legislation sets the framework for what is acceptable, and what is unacceptable, what is worthy of intervention and what is not. If those in power do not acknowledge gambling harm as an issue which demands attention, this perception can filter out, influencing negative, stigmatising societal attitudes. This in turn, can intensify people's self-stigma and feelings of shame.<sup>19</sup> The inverse of this is also true, whereby responding effectively to drivers of poor health outcomes sets a precedent for destigmatisation.<sup>20</sup>

To understand stigma and its negative effects, it is important to understand the processes that enable stigma to perpetuate at a societal level, as well as individual level.

The ALLIANCE **Reducing Stigma, Emphasising Humanity** series created a set of recommendations for different stakeholders including frontline staff, funders and commissioners, and the media to take forward to reduce societal stigma. The ALLIANCE ScotRGH programme will be working with other programmes across the ALLIANCE to influence key stakeholders to implement and embed the following recommendations:

- ◆ Encourage and facilitate open conversations across society to speak about stigma and shame.
- ◆ Co-produce anti-stigma work and campaigns with people with lived experience.
- ◆ Provide anti-stigma training to individuals and health and social care professionals.
- ◆ Underpin anti-stigma engagement work with a human rights and equalities approach.
- ◆ Prevent stigma by addressing its perpetuation.

## Key areas for action:

- 
- ◆ Creating open spaces and better access to support, to have conversations about gambling harm.
  - ◆ Continue the effort to share stories of people with lived experience, to contribute to tackling stigma.
  - ◆ To challenge societal-level stigma related to gambling harm, upskill health and social care workers and professionals to acknowledge and screen for gambling harm and prioritise education for those already working with high risk groups.
  - ◆ Policy and decision makers must acknowledge the intersections between mental health and gambling harm and create adequate policies to support people who experience co-occurring forms of stigma.

# The wider context

To fully address gambling harm and the mental health impacts in Scotland, it is important to consider the limitations and barriers which prevent these issues from being addressed holistically in the wider policy context.

## Funding

Criticism of the current funding model of a voluntary levy, paid by the gambling industry, to fund research, education, and treatment for gambling harm was a key issue discussed at the event.

Currently, the voluntary levy results in industry-donated funds being distributed for treatment and research of gambling disorder by the charity GambleAware.<sup>21</sup> There has been criticism and scepticism from people with lived experience about how independent this funding is, as many fear that research and data gathering can often be skewed by industry influence.

People with lived experience of gambling harm advocate for a fully independent administration of funds paid by the gambling industry to fund research, education, and treatment through a statutory levy. A White Paper published by the UK Government recently proposed the introduction of a statutory levy to be paid by gambling operators. This will then be collected and distributed by the Gambling Commission,<sup>22</sup> to ensure independence of funding and remove the possibility of industry influence on where and how funding is used.

It is hoped that through the administration of a statutory levy, the evidence base on the mental health impacts of gambling harm across society will be explored in greater depth.

The UK has one of the biggest gambling markets in the world. The overall economic and social costs associated with gambling-related harms was estimated between £1.05 and £1.77 billion between 2021 - 2022. In 2020, [the Gambling Commission reported](#) that there were over 10,000 gambling bookmakers in Britain - and the numbers being even more harrowing in Glasgow – with more bookmakers per person than any city in the UK (one betting shop for every 3,200 people). 42% of Glasgow's betting shops are also situated in the most deprived fifth of the city, with just 2.5% found in the most affluent fifth. The rise of online gambling and an increase in the number of fruit machines inside pubs reinforces concerns about the worrying reach and influence of gambling industry.



## Industry accountability

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The event also raised concerns about the need for the gambling industry to take accountability for the scale of harm gambling causes across society. Participants felt disappointed that even in recent legislative developments, including the recent publication of the [Gambling Act Review White Paper](#), that across the UK Government gambling harm fails to be recognised as a public health issue.

It was discussed that there must be ‘buy in’ from policy and decision makers to understand the health harming impacts of gambling, which is aligned with legislative reforms, to have the ability hold industry stakeholders truly accountable.

## Education and prevention

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The role of education and prevention was described as “vital” to embedding a public health approach to gambling-related harms. As children and young people are at high risk of experiencing gambling harm,<sup>23</sup> participants described that “we need to raise awareness without scaremongering”.

Delegates shared good practice examples of third sector organisations who work with children, young people, and young adults to raise awareness of the risks associated with gambling and gaming activities:

### Good practice examples of education and prevention:

[Glasgow City Youth Health Service “Multiple Risk Service”](#) which engages young people to address risky behaviours including gaming and gambling issues, as well as antisocial behaviour or taking part in substance use.

[Fast Forward](#) Gambling Education and Prevention work, including the [Gambling Education Toolkit](#) which is designed for anyone who works with children, young people, families and communities.

However, others addressed their concerns with introducing children and young people to gambling and other related topics from a young age, despite having the aim of preventing future harm. Some thought that gambling education could glamourise the issue, and result in “learned experience if gambling is normalised as a child”. With these findings, it is important to use evidence-led approaches to gambling education and prevention techniques, to mitigate these risks. Participants also discussed the need to raise awareness and upskill parents to start conversations about the risks of gambling, and the potential future mental and physical health impacts.

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## Advertisement

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Gambling advertisement was raised as an issue which is detrimental to the mental health of those in recovery from experiencing gambling-related harm. Advertisement was described as a trigger for those in recovery. It was also raised as being a significant contributor to the normalisation of gambling.

Recent developments in advertisement provide a step in the right direction, as The Guardian Newspaper have recently pledged to ban all gambling advertisement across their media platforms<sup>24</sup> and Premier League clubs have voluntarily agreed to ban all gambling sponsorships from the front of football shirts after the 2025-26 season.<sup>25</sup> However, there is still more to be done.

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## Regulation of land-based and online gambling

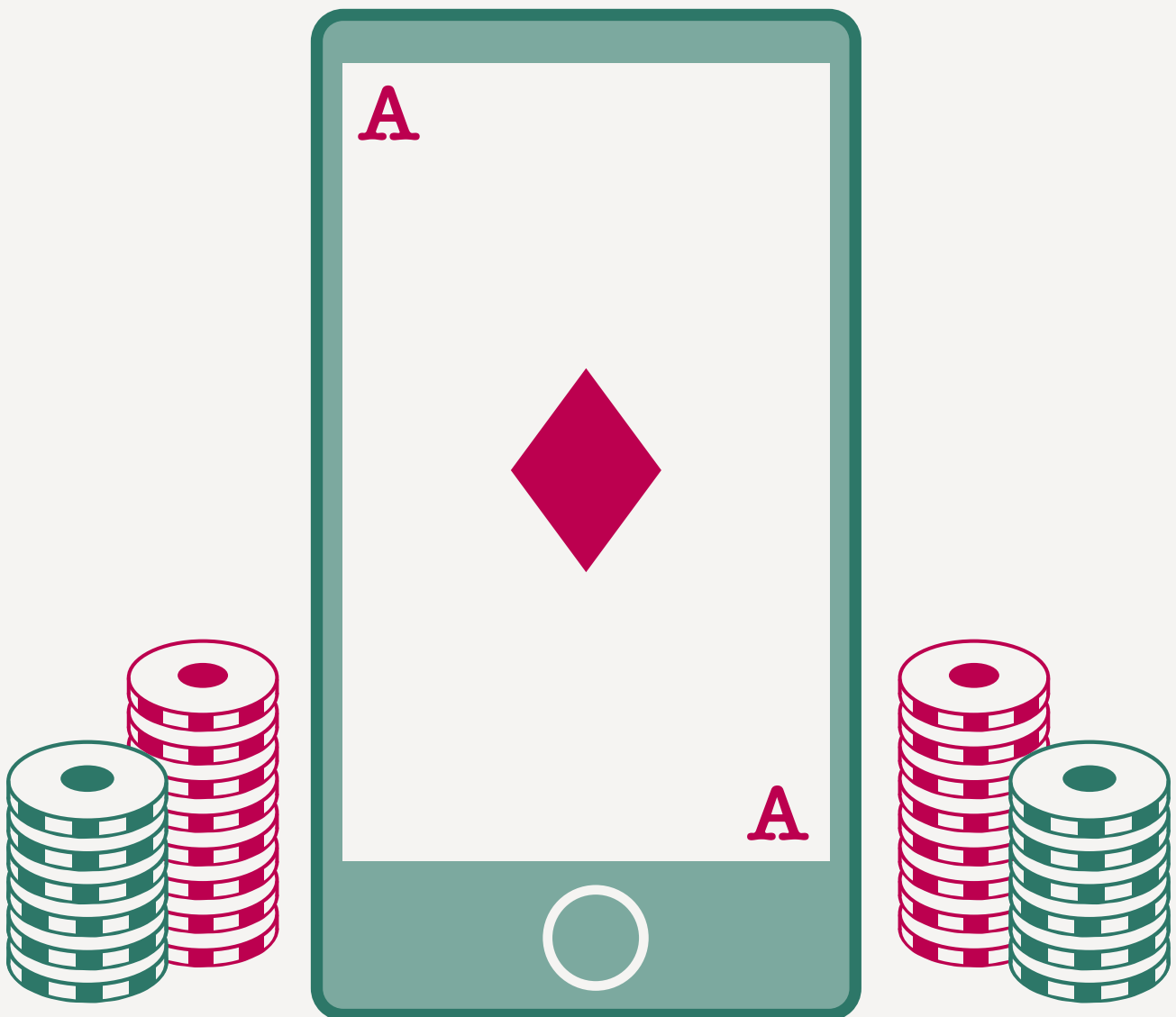
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Discussions also touched on the need for better regulation of land-based gambling premises and online gambling operators. More clarity is needed around the role of local authorities in Scotland and their ability to limit the number of licenses for land-based gambling premises in Scotland. At the event, it was hoped that recent reforms to the Gambling Act 2005 will increase powers of Scottish local authorities to carry out enforcement activities in relation to gambling in Scotland. New proposed reforms state that “there will be a review of the premises licence fees cap for local authorities” and “when Parliamentary time allows, aligning the gambling licensing system with that for alcohol by introducing new powers to conduct cumulative impact assessments”. The Department of Culture, Media, and Sport will be hosting a consultation on this area in summer 2023.

Increase in the popularity of online gambling in recent years was identified as a risk to those who haven’t experienced gambling-related harm before. However, it was also identified as a risk for those in recovery as it is a fairly new and easily accessible form of gambling.

“ Everyone has a casino in their pocket.”

The event identified that often online gambling activities and tools are advertised as a social space to tackle feelings of isolation, yet the potential negative mental health risks are never acknowledged. As a result, people naturally felt misinformed about the psychological and cognitive impacts of online gambling. Delegates at the event called for a better regulation of online gambling and identified the need to include this in other legislative areas of online protections, such as the implementation of the new Online Safety Bill.<sup>26</sup>



# Conclusion

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This event explored gambling harm and mental health: how they connect; how they are experienced; and what needs to happen to effectively respond to both.

It was highlighted that at present, there are limited options to recognise or support those experiencing poor mental health in relation to gambling. This results in people not having access to the treatment and support they need and feeling forgotten or left behind by services. A holistic approach to supporting people is needed to address this, where the whole person is taken into account and mental health and gambling harm are assessed in harmony.

Robust and independent data on the link between gambling harm and mental health, and their societal wide impacts in Scotland, was also felt to be limited. This lack of evidence means that often the scale of the issue in Scotland is not well documented, nor the connection between mental health and gambling harm well understood. To counteract this, more independently funded research is needed, as well as more routine collection of data from services and organisations already connecting with people on this area.

The stigma that surrounds both mental health and gambling harm cannot be understated. Both are highly stigmatised areas, and for people experiencing both negative mental health and gambling harm stigma is felt twofold. Open conversations on the topic, continued promotion of the voices of people with lived experience and a focus on awareness raising are all needed to effectively respond to this.

Attendees also stressed the need to establish a 'collective voice' to successfully influence policy and practice both in Scotland, and at a UK-wide level. Activists and activism were highlighted as being key to achieving this, by creating the public pressure often needed to provoke action.

A complicating factor when it comes to tackling the link between gambling harm and poor mental health is the wider context that underpins the gambling harm sector. Issues such as the lack of independent funding, pervasive industry influence and the extensive prevalence of gambling advertisement can all serve to undermine progress in this area. To effectively tackle the link between mental health and gambling harm, we also need to address these wider systemic issues. A whole system, public health approach to tackling gambling harm must form the foundation of any action going forward.

**The Scotland Reducing Gambling Harm programme would like to thank everyone who attended this roundtable discussion and took the time to share their views, expertise, and experiences.**

# About the ALLIANCE

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The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision, which is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our purpose is to improve the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience, the third sector, and organisations across health and social care to inform policy, practice and service delivery. Together our voice is stronger and we use it to make meaningful change at the local and national level.

The ALLIANCE has a strong and diverse membership of over 3,300 organisations and individuals. Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing. We manage funding and spotlight innovative projects; working with our members and partners to ensure lived experience and third sector expertise is listened to and acted upon by informing national policy and campaigns, and putting people at the centre of designing support and services.

We aim to:

- Ensure disabled people, people with long term conditions and unpaid carers voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change that works with individual and community assets, helping people to live well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner, and foster cross-sector understanding and partnership.



**ALLIANCE**  
HEALTH AND SOCIAL CARE  
ALLIANCE SCOTLAND  
people at the centre

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