Problem gambling and mental health

People with gambling problems are more likely to have anxiety and depression.

As much as 2.4% of New Zealanders’ mental well-being may be harmed as a result of gambling.\(^1\) Problem and moderate-risk gamblers scored much higher than the general population on screens for psychological distress and serious mental illness. Women with a low, moderate, or high risk of problem gambling were also at significantly higher risk for anxiety and depressive disorders. People with gambling problems self-reported lower-quality physical and mental health.\(^2\)

Studies show a correlation between suicidal thoughts and pathological gambling.

This is especially true when alcohol use or depression are also present. As much as 80% of people with gambling problems report suicidal thoughts, and suicide risk is higher in those with more psychiatric symptoms, earlier onset of gambling problems, more severe gambling problems, relationship difficulties and poor living conditions.\(^3\) In New Zealand, it was found that nearly half of those who attempted suicide and had both gambling and alcohol problems were Maori.\(^4\)

Alcohol and tobacco use is common.

Hazardous alcohol use among adults increased in correlation with problem gambling risk. Of problem gamblers who drank in the past year, three out of five were hazardous drinkers, compared to one in five for non-gamblers and two in five for non-problem gamblers. More than half of moderate-risk and problem gamblers currently smoke tobacco at least once a day.\(^2\)

Other mental disorders often exist alongside gambling problems.

A study of gamblers receiving treatment found that 76% had a co-occurring behaviour (such as overeating, narcotic abuse, and compulsive shopping), and 56% had multiple such behaviours. Over 42% reported their co-occurring behaviours made their gambling problems worse. This data supports previous studies that link impulsive behaviours with problem gambling.\(^5\)

See our other fact sheets for more on these topics: Problem gambling (FS2), Social Impacts of Problem Gambling (FS5), Children of Problem Gamblers (FS11)

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Pathological vs Problem gambling: What’s the difference?

By Cynthia Orme. Excerpted from an article in MindNet

Pathological gambling was officially recognised as a mental disorder in 1980 by its inclusion in the American Psychiatric Association’s Diagnostic and Statistical Manual-III (DSM-III) as a disorder of impulse control. Robert Custer, a pioneer in the field of pathological gambling, was the primary author of the DSM-III criteria, which he modeled on substance-related disorders. It was also Dr. Custer who started the first treatment programme for pathological gamblers at the Veteran’s Administration Hospital in Brecksville, Ohio in 1972.

Although pathological gambling is the term chosen for use in the DSM, there is a large group of people who do not meet the criteria to be classified as pathological gamblers, but who experience problems connected with gambling and could be classified as problem gamblers or potential pathological gamblers. The South Oaks Gambling Screen (SOGS), a 20-item questionnaire developed by Dr. Henry Lesieur and Dr. Sheila Blume in 1987, is the assessment tool currently used to detect pathological gambling in clinical settings. Those scoring between 3 – 4 on the SOGS would be classified as problem gamblers and those scoring 5 or more as probable pathological gamblers. […]

Dr. Custer identified three phases of gambling that can lead to pathological gambling. First is the winning phase. During this phase the person has large and/or small wins, which leave them with unrealistic optimism that the winning will continue and excitement about gambling because of the wins.

Then comes the losing phase. In this phase the person remembers their wins rather than their loses, starts gambling alone, starts borrowing money either legally or illegally, starts lying to friends and family about the amount of time and money they are spending on gambling, becomes restless when not gambling and starts “chasing” their losses, trying to win back the money they are now losing.

In the third phase, desperation, they spend more and more time gambling, they blame and alienate their friends and family and may resort to illegal acts to finance their gambling, if they haven’t already. In addition, at this point they may experience hopelessness, suicidal thoughts and attempts, arrests, divorce and alcohol and other drug use. Part of their rationale for continuing to gamble, despite the adverse consequences, is that if they stop now, they have absolutely no chance of winning back the money they have lost.


