Pacific
Problem Gambling
Co-existing problems or disorders

Abacus Counselling Training
and Supervision Ltd
Pacific Peoples (and Māori) carry a higher burden of mental health and addiction problems than the general population

Catherine Inder,
Addiction Treatment Services,
Ministry of Health
Discuss

How appropriate is it to enquire or test for other conditions or disorders with Pacific clients presenting for gambling problems?
Pacific Values

Includes: love, respect, humility, caring, reciprocity, spirituality, humour, unity and family

Health & Safety Developments (HSD)
Pacific Principles

Pacific Principles are a combination of the following approaches:

• Holistic Approach which incorporates Family Focus, Relationship Focus and Pacific language and cultural practises
• Recovery Approach
• Strengths Based Approach

Health & Safety Developments (HSD)

• Co-existing problems – are common, rather than exceptional, among people with serious mental health problems

• People with AOD and gambling problems have greater mental health problems than the general community, most commonly depression and anxiety

• Pacific people and Māori - higher mental health and substance-use disorders than the general population; also applies to problem gambling
Co-existing issues to address

• “It underlines the complex causality of problems experienced by problem gamblers. Problem gambling may exacerbate other dependencies, and they in turn may exacerbate problem gambling”

• “Counselling for problem gambling will need to also deal with these co-morbidities, and treatment for other dependencies may need to take into account secondary gambling problems that may not be transparent”

Australian Productivity Commission (1999)
Problem Gambling overlaps MH & AOD

AOD Disorders
Current: 6%
(alcohol 4% other drug 2%)

PG
Current 2%?

Social, Family & Individual issues

Other Mental Health Disorders
Current: over 20% of the population >18 yrs

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Mental Health disorders common
Petry et al 2005

- Findings from n=195 PG
- AOD problems may occur in \( \frac{3}{4} \) of PGs
- Anxiety in over 40% of PGs
- NB Manic disorder seems very high at over 20% (and Depression usually 60%+ in other research)
MH disorders often pre-exist

Kessler et al 2008

- 96.3% of those meeting Pathological Gambling Disorder (PGD) criteria also met another psychiatric disorder (and two-thirds met 3 or more disorders)
- 74.3% of these experienced the other disorder prior to PGD
  - 42% had a substance use disorder (57% of SUD started before PGD)
  - 56% had a mood disorder (65% before PGD)
  - 60% had an anxiety disorder (82% before PGD)
Exercise

Matching symptoms of disorders to the disorder
Brief Assessments
Brief Gambler Screen
Brief Family/Affected Other Screen

- Raising the issue/Completing the screen
- Giving feedback
- Ensuring relevance
- Following through on “What would you like to happen?”
Co-Existing Issues

• AOD
• Depression and other Mental Health disorders
• Suicide
Cultural Issues

• In some cultures, depression is expressed in somatic terms, rather than sadness or guilt
• Examples: “nerves”, headaches; weakness, tiredness or imbalance (Asian); problems of the heart (Middle East).
• Māori and Pacific peoples: may be more spiritually based – may request traditional healing; family/whānau context; some PI clients feel it may be a “curse”
Discuss

- What symptoms Pacific clients might present with for
  - Alcohol
  - Depression
  - Anxiety
  - Suicidal thoughts/plans
- Could non-Pacific mistake some cultural signs or symptoms for these disorders or
- Confuse aspects of these disorders with cultural behaviours
Alcohol and Other Drugs
(Pacific perspective)
Discuss

Are Pacific People less likely, as likely as others, or more likely to have alcohol or other drug disorders?

Why do you think this?
Substance Use Disorders

- Those with substance use disorder (alcohol and other drugs) in last 12 months are highest amongst Maori, then Pacific, then other ethnicities.

- But Pacific Peoples less likely to drink alcohol than any others.

<table>
<thead>
<tr>
<th></th>
<th>Pacific</th>
<th>Maori</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>4.9%</td>
<td>9.1%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
Audit-C (alcohol)

1. How often did you have a drink containing alcohol in the past year?
2. How many drinks did you have on a typical day when you were drinking in the past year?
3. How often did you have six or more drinks on one occasion in the past year?
Drug Use Screen

In the past 12 months, have you ever felt the need to cut down your use of prescription or other drugs?
The Family

You are seeing a Pacific family: Sione and his wife Leilani were born in Samoa, and their son Levi (18), was born in NZ. Leilani is worried about her son (after heavy borrowing from her) and arranged counselling for his gambling. Sione is angry with Levi for wasting money on pokies, and calls him “a loser”.

Levi says he only loses when he gets really out of it on the weekend, but everything is “cool”, and he will sort things out so it won’t happen again.
Depression

(Pacific perspective)
Are Pacific People less likely, as likely as others, or more likely to have *mood* disorders?

Why do you think this?
## NZ Health Survey 2006 (n=2,374 Pacific)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Pacific People</th>
<th>NZ Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Mood Disorder</td>
<td>8.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>A Phobia Disorder</td>
<td>8.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>5.8%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Anxiety Disorder (any)</td>
<td>16.2%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>2.4%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
Depression Screen

1. In the past 12 months, have you often felt down, depressed or hopeless?

2. In the past 12 months, have you often had little interest or pleasure in doing things?
The family once again

You are seeing a Pacific family: Sione and his wife Leilani were born in Samoa, and their son Levi (18), was born in NZ. Leilani is worried about her son (after heavy borrowing from her) and arranged counselling for his gambling. Sione is angry with Levi for wasting money on pokies, and calls him “a loser”.

Levi has his head down, doesn’t say much, and says he has given up trying prove he can win and make them proud of him. He doesn’t care what anyone does because he says he deserves it.
Suicide

(Pacific perspective)
Discuss

Is the risk for suicidal thoughts, planning or attempts lower, the same as with others, or higher for Pacific Peoples

Why do you think this?
### Suicide in NZ
(approx 500 each year complete)

<table>
<thead>
<tr>
<th></th>
<th>Thoughts</th>
<th>Planned</th>
<th>Attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NZ Lifetime</strong></td>
<td>15.7%</td>
<td>5.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>(World)</td>
<td>(9.2%)</td>
<td>(3.1%)</td>
<td>(2.7%)</td>
</tr>
<tr>
<td><strong>In last 12 months</strong></td>
<td>3.2%</td>
<td>1.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>(all)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td>4.5%</td>
<td>2.6%</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Maori</strong></td>
<td>5.4%</td>
<td>1.8%</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>2.8%</td>
<td>0.8%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
Suicidality Screen

Within the last 12 months, have you had thoughts of self-harm or suicide?

1. No thoughts in the past 12 months
2. Just thoughts
3. Not only thoughts, I have also had a plan.
4. I have tried to harm myself in the past 12 months
The Family

You are seeing a Pacific family: Sione and his wife Leilani were born in Samoa, and their son Levi (18), was born in NZ. Leilani is worried about her son (after heavy borrowing from her) and arranged counselling for his gambling. Sione is angry with Levi for wasting money on pokies, and calls him “a loser”

Levi has his head down, doesn’t say much, but says: “Everything will be OK, he won’t disgrace them again”. Later he ticks answer 2 (‘just thoughts’) on the screen
How well does the Pacific principles approach that was identified in the early slides (Health & Safety Developments), namely

– Use an **holistic** approach *(family, cultural)* **that is**..
– **recovery** and **strength** **based**

align with the following recommended approach for addressing coexisting issues in addictions?
Guiding Principles for Co-existing Conditions  TIP 42, 2005

• Adopt a recovery perspective (no wrong door).

• Adopt a multi-problem viewpoint (with AOD/MH of equal importance).

• Develop a phased approach to treatment – MI as front end (engagement/persuasion), active treatment/follow-up and relapse prevention, together with a “stages of change” approach.
Guiding Principles for Co-existing Conditions  TIP 42, 2005

• Address specific real-life problems early in treatment.
• Plan for client cognitive and functional impairment.
• Use support systems to maintain and extend treatment effectiveness.
Summary

• Pacific People have high risk for gambling problems
• Pacific People have high levels (compared with Palagi) of alcohol and mental health issues coexisting with gambling problems.
• Pacific People have high levels of suicidal thoughts, plans, and attempts.
• Those affected by problem gambling have high risk for suicide which increases when other mental health problems, and deprivation coexist.
Summary

• Checking for other issues when people disclose gambling problems may be the only opportunity they receive for advice, help, and support for these other issues.

• Helping with coexisting issues will assist in the reduction of harm from the gambling, and assist to change the gambling behaviour.

• Brief help for these coexisting issues can be very effective for both the gambler and the gambler’s family.