Service pathways, drop-out and representation in SA Gambling Help Services (GHS)

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Acknowledgements

- Holli Renton (DHS): For compiling the data-extractions; clarifying variable definitions, analytical strategies, project leadership
- Tanya Strub and Erica Wallace (DHS): Advice on the design of service flow-charts, analytical strategies and critical feedback on the draft report.

- Project commissioned and funded by the Office of Problem Gambling (OPG)

Overview of Presentation

- Aims of project
- The GHS data collection
- Indicators and measures available
- Drop out in treatment services: definition and literature review
- Relapse and service re-presentation: definition and literature review
- Service patterns in GHS (2016-2022)

Overview (continued)

- Drop-out patterns and predictors
- Service re-presentation and predictors
- Implications

Project Aims

Aims of GHS data project

- DROP-OUT
- How to define and measure ‘drop-out’ from services
- Insights from the literature
- Developing a working definition for SA services
- Estimate drop-out rates
- Predictors of drop-out

Aims (continued)

- SERVICE RE-PRESENTATION
- Current data does not allow clear insights into the clinical concept of ‘relapse’, but allows insights into who returns to services after an interval
- Insights from literature
- Development of a working definition of service re-presentation
- Re-representation rates and predictors

Aims (continued)

- SERVICE PATHWAYS
- Insights into the number and duration of service episodes
- Do people who need intensive therapy get referred from other services?
- Do people typically come in multiple times to the same or different services?
- Do some service providers leave episodes open or close them?

The GHS data collection

GHS data: overview

- The GHS data-collection includes:

- Registration and First Assessment data recorded each time clients commence a new service episode
- Follow-up assessments
- Contact details: nature and frequency of services provided on each visit

Data utilised

- This project was based predominantly on 3 main data sources:

- Individual client level first assessment and registration data
- Episode level data
- Contact with service data

- Note: Follow-up data was not always available or at a consistent time-point to allow meaningful analyses

Individual level data

- Demographics (age, gender, employment, marital status, etc.)
- PGSI scores and main gambling type/ venues utilised
- K10 (psychological distress)
- Main problems reported at first assessment
- Level of functional impairment in specific areas (e.g., work, social)
- Financial situation

Episode data

- A new episode occurs whenever a client engages with a service
- More than one episode can be active at the same time
- The status can be open/ closed
- Start date – End date
- Completion stage: Before or upon completion of all services
- Treatment Goals: Degree to which these were achieved (None, partial, Substantial, All)

Contact data

- Type of service delivered
- Number of contacts when episodes with a service were open
- Number of contacts once episode was closed ('top-up' service)

How the dataset was structured

- Unique ID (one person)

- Episode 1 - Service name (Contact 1, 2, n)
- Episode 2 - Service name (Contact 1, 2, n)
- Episode 3 - Service name (Contact 1, 2, n)

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Client ID – Demographics– Assessment– Episode– Contact within episode (all in one line)

Final gambler sample

- We examined all new episode starts between July 1st to June 30th 2022
- 2801gambler cases were detected, although a small amount of missing data was recorded for episode data (under 20 cases)
- Most gambler clients were male; Aboriginal people over-represented; clients tend to be younger/ middle aged; relatively low employment rates; few in long-term relatiionships

Key demographics

	N (%)
Gender	
Men	1839 (65.7)
Women	947 (33.8)
Aboriginal status	
Non-Aboriginal	2178 (77.8)
Aboriginal/ Torres Strait Islander	321 (11.4)
Age-group	
Under 18	23 (1.0)
18-24	251 (9.0)
25-30	433 (15.5)
31-40	612 (21.8)
41-50	571 (20.4)
51-60	384 (13.7)
61-70	222 (7.9)
71+	82 (2.9)

Majority male

Quite high

Fewer older clients

Main problems at first assessment

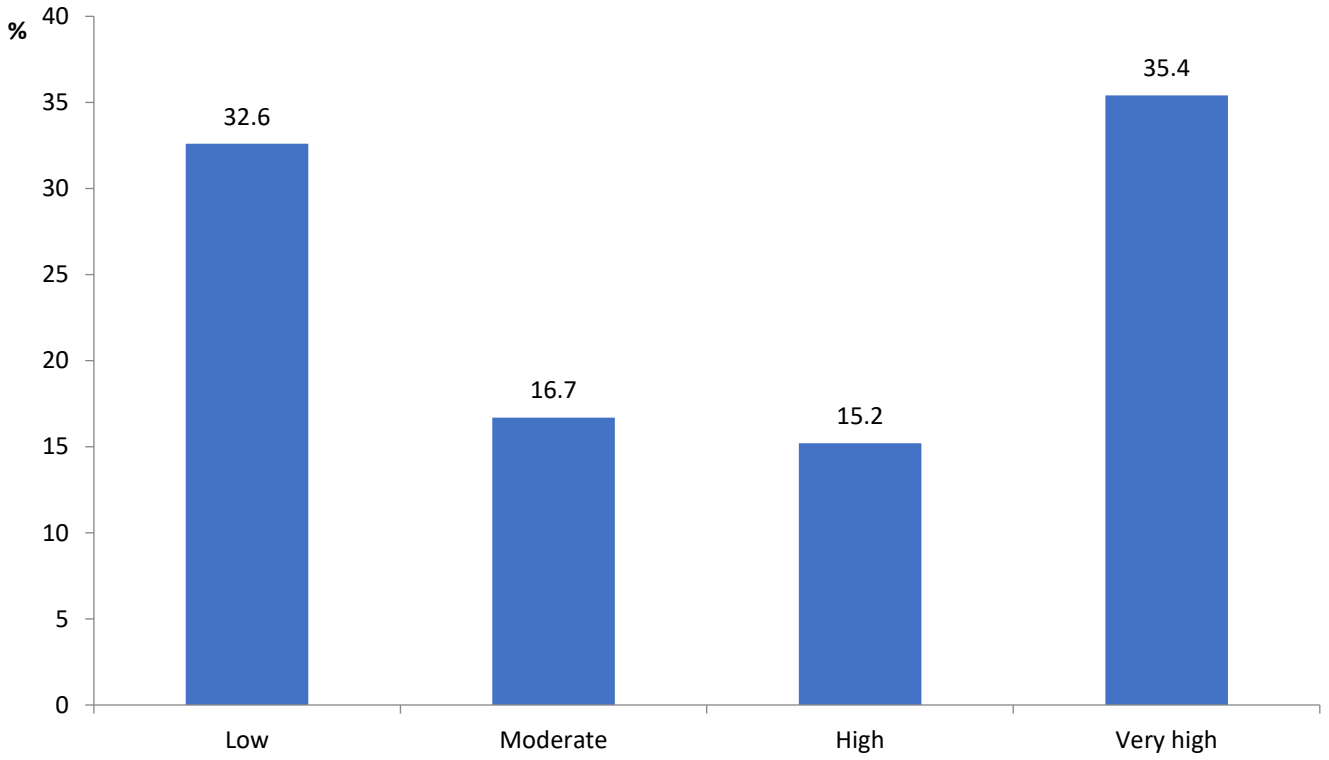
	N (%)
Gambling	1906 (94.5)
Financial	997 (49.5)
Mental health	791 (39.2)
Family	703 (34.9)
Alcohol issues	560 (27.8)
Employment	431 (21.4)
Isolation	490 (24.3)
Offending	302 (15.0)
Legal	275 (13.6)
Health	339 (16.8)
Domestic issues	168 (8.3)
Homelessness	131 (1.4)
Migration issues	560 (27.8)

Gambling problems

- PGSI breakdown

- 75% classified as ‘problem gamblers’
- 8% moderate risk
- 2% low risk
- 14% non-problem (note that people often seek help some time after the gambling has ceased)

K10 (psychological distress)



Half had high to very high distress levels

Types of gambling causing issues

	%
EGMs	**70**
Racing	11
Sports	7
Casino table games	6
Lottery products	1
Card games	1
Other	3

Main venue type

	%
Hotels	65
Online gambling	12
Casino	8
Phone gambling	5
TAB outlets	6
Clubs	2
Private	1
Other	1

Key role of hotel RG services

Understanding drop-out from services

Service drop-out

- Literature review
- Insights from 29 papers as well as relevant reviews
- Drop-out usually defined as a 'non-completion of treatment'; a threshold of no-shows or a certain number of missed sessions in a row (often 3)
- Most insights come from time-limited clinical studies (often 12 months)

What factors predict drop-out?

- National and international studies indicate several risk factors:
- Younger, single people
- Those experiencing elevated psychological distress (PTSD, depression)
- Higher impulsivity and sensation seeking
- Lower compliance with treatment/ poorer motivation to change behaviour
- Marital /family issues / less social support

Insights from GHS data

- Drop-out was examined at both an episode level as well as individual client level
- Consistent with the literature, dropout was defined as ending an episode without completing all required services.
- Of 2553 episodes which had ended or closed, 49.6% or around half ended prematurely.
- This did not appear to change very much depending on the Episode timing (1st, 2nd or 3rd) that the client had experienced

How long until dropout?

- 632 or 49.9% ended within 6 months
- 418 (33%) lasted from 6 to 12 months
- 217 (17.1%) had a duration of 12 months or longer.
- The mean duration of episodes in the drop-out group was 243.5 days with a median of 161 days. By contrast, the mean duration for completed episodes was longer (301.5 days with a median of 206).

- Comment: Dropouts occur earlier than closed episodes and usually within the first 12 months since the episode start

Predictors of dropout

- The results matched the literature for several variables
- Higher dropout rates were observed in clients who were younger; higher PGSI scores; in those with financial, mental health or alcohol problems; who had greater psychological distress (K10); issues with household functioning and with relationships.

Predictors (continued)

- PGSI scores (or the level of complexity) were the strongest predictor. More complex clients are more likely to need more support to stick with a service.
- However, being more psychologically and socially vulnerable also important.
- Younger clients may be harder to retain in service episodes (e.g., may believe they can gamble their way out of problems?)

Understanding service representation

Service representation

- Literature review
- 32 studies reviewed
- Only 1study in the 1990s in Victoria (Jackson et al., 1997) has looked at this topic
- All other studies have been clinical studies of relapse
- Relapse is generally defined as a re-emergence of gambling urges and harm rather than a short-term lapse. Usually occurs 6-12 months after the cessation of treatment.

Insights from relapse literature

- Risk factors for relapse include:
- Younger age, single, lower SES
- Higher impulsivity; psychological vulnerability
- Lower social support
- Poorer budgetary skills

Insights from representation study

- Jackson et al. (1997) studied 1899 existing clients and 374 new clients in Victoria
- 16% of cases were representing

- Representers had:
- lower SES;
- greater family pressures;
- issues with controlling gambling.

Defining representation in GHS study

- Two approaches were adopted.
- Method 1: This was designed to take all 6 years of data into account. Percentage of valid cases who had service gaps of at least 6 months.
- Method 2: Percentage of clients in the 2021-22 financial year who were new vs. old as based on the 2026-2022 sampling frame. This establishes a baseline for future GHS tracking of representation rates.

Re-presentation 2016-2022

- This analysis excluded people whose second episode started January 1st 2022-June 30th (no possibility of a 6 month break).
- It also only looked at the population of people who had at least one closed episode.
- A total of 184 out of 2064 or 8.6% of gamblers clients had a service gap of at least 6 months
- The vast majority had only 1 break (n = 174), 9 had 2 breaks and only 1 client had 3 breaks lasting 6 months or longer.
- The mean duration between episodes (taking the longest one for those had more than one) was 545 days or around 18 months.

Predictors of re-presentation 2016-2022

- These breaks were more likely to involve the same service (n = 133 cases) than a different services (n = 51). In other words, clients tended to return to the same service.
- First episodes in their pairs were more likely to have completed goals than incomplete goals
- Risk factors include: migrations issues; wagering activities; higher PGSI and K10 scores and greater impairment to work and social functioning
- In summary, more complex clients tended to be more likely to represent (usually to the same service with around a 18 month gap on average)

New cases in 2021-22 Fin year

- There were 427 clients who had an episode starting in the 2021-22 financial year.
- Of these, 60 were re-representing (i.e., their previous close before the episode that started in 2021-22 was 6 months or more), but since the start of the 6 year (July 1st onwards sampling window).
- This meant that 14% of gambling clients in the 2021-22 financial year were re-presenting.

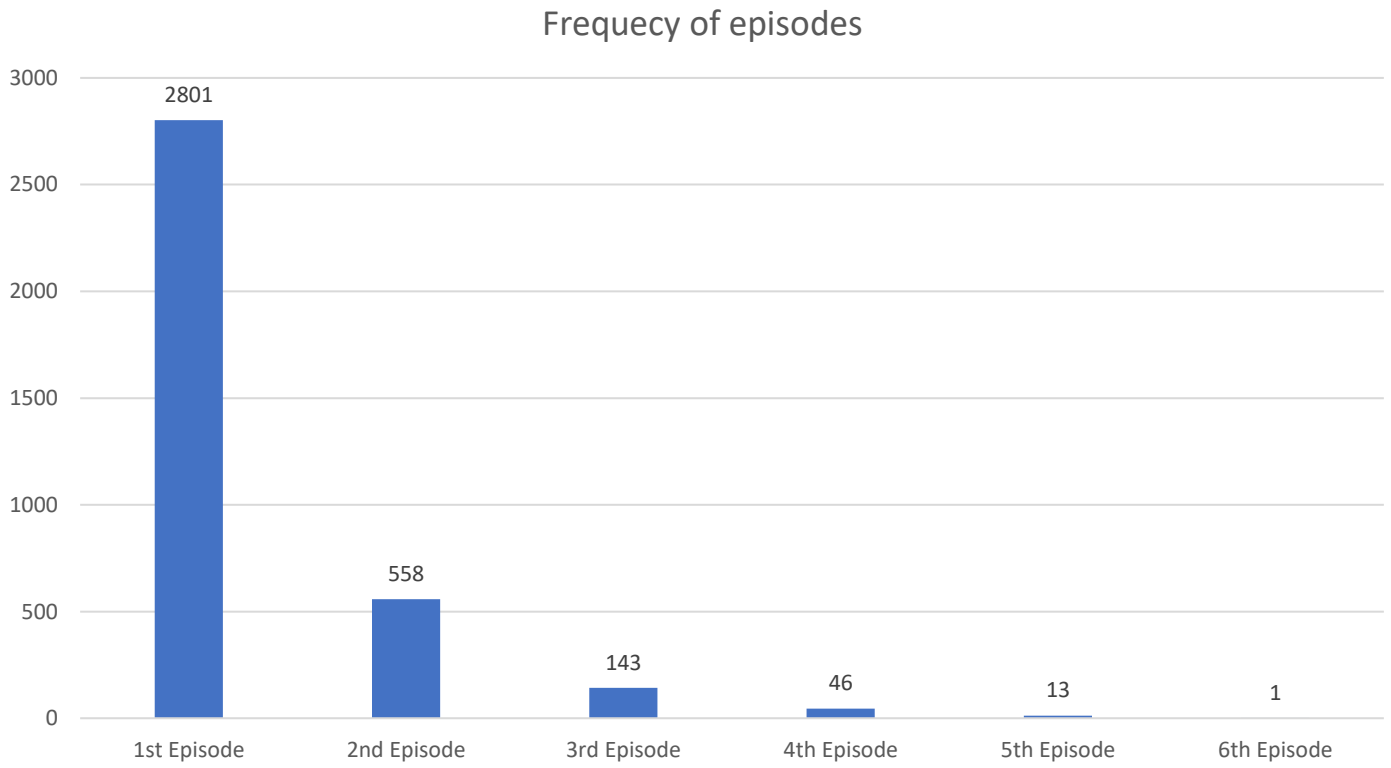
Service pathways and patterns

Episode distribution

- The vast majority of clients have only one episode (80%).
- There is then a 20% probability of a client proceeding to a second episode;
- Then 25.6% chance of proceeding to a third episode;
- Then a 32% probability of a third proceeding to a fourth.

- Around 1/3 of episodes remain open; 2/3 are closed.

Episode sequence

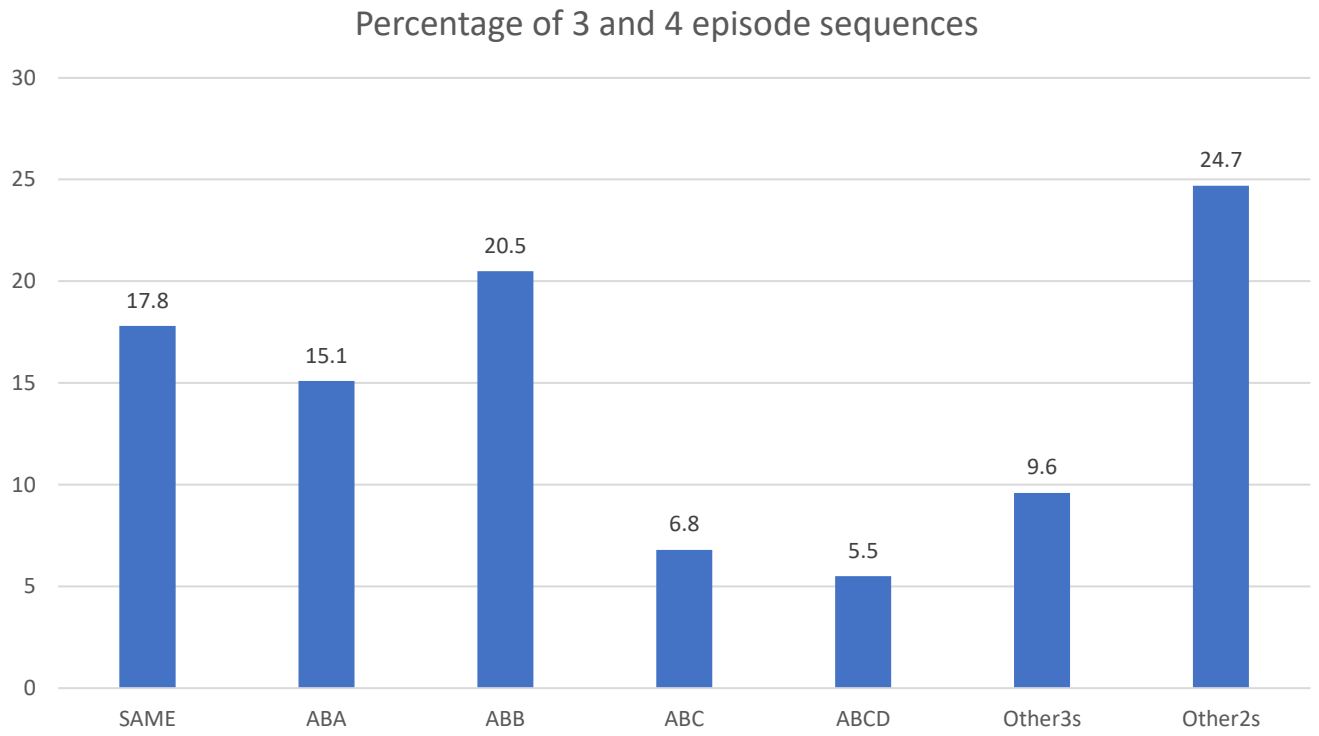


Relatively few clients go beyond a 2nd episode

Complex patterns

- Several of these patterns were examined:
- AAA = 3 identical services;
- ABA = first service, new service, the original service;
- ABB = Service 1, Service 2, Service 2;
- ABC = Three different services

Complex episode patterns



The most common reason for the ABA pattern is referral to the intensive or other specialist service (e.g., Aboriginal), whereas ABB patterns occur when a person visits a generic GHS service and then has successive episodes with the intensive service.

Predictors of complex patterns

- Those with complex pathways tended to be younger (M = 38.2, SD = 11.93) than those with single closed (M = 42.1, SD = 16.6), single open (M = 41.3, SD = 14.7) or closed then open patterns (M = 44.6, SD = 17.8).

- Those in the complex pathways also had higher PGSI scores (M = 15.9, SD = 6.44) than those in the single closed (M = 12.3, SD = 8.32), closed open (M = 13.6, SD = 8.10), or closed then open episodes (M = 13.8, SD = 7.85).

Services with extended use of open episodes

- Some services had a strategy of leaving episodes open and having contact occurring over and extended period.
- In contrast, other services tended to have single closed episodes.

Implications

- DROP-OUT
- Tends to occur in the first 12 months and involves the most complex clients
- Importance of examining co-morbidity (psychological vulnerability) and also level of social support / family pressures when they come into treatment
- Younger people drop out more easily (could examine why: differences in harm? Belief in ability to gamble out of trouble?

Implications

- Re-presentation
- Services have a choice to keep episodes open and allow for ongoing top-up services or close episodes
- People tend to return to the same service
- It is usually after 18 months
- Higher risk clients (greater gambling severity) is the highest risk factor, but family, psychological factors are also correlates

Implications

- Service pathways
- Most people come in only once (this could mean treatment success, or they only try professional services once before other solutions)
- Some services have 1 decisive closed intervention, but some others (e.g., more multicultural services and some regional services) appear to have more open episodes

Implications (continued)

- Service pathways
- Clients do not move around very much between providers
- More complex pathways appear to be observed for more complex clients
- Regional and Aboriginal clients often have more episodes because of the need to combine generic, specialist cultural and therapy-focused interventions

Future monitoring

- The Strategic Plan will continue to monitor against some of the key metrics in this research
- The ratio of new/ old cases each financial year (a measure of re-presentation)
- The total number of episodes which end prematurely (dropout rates)

Questions