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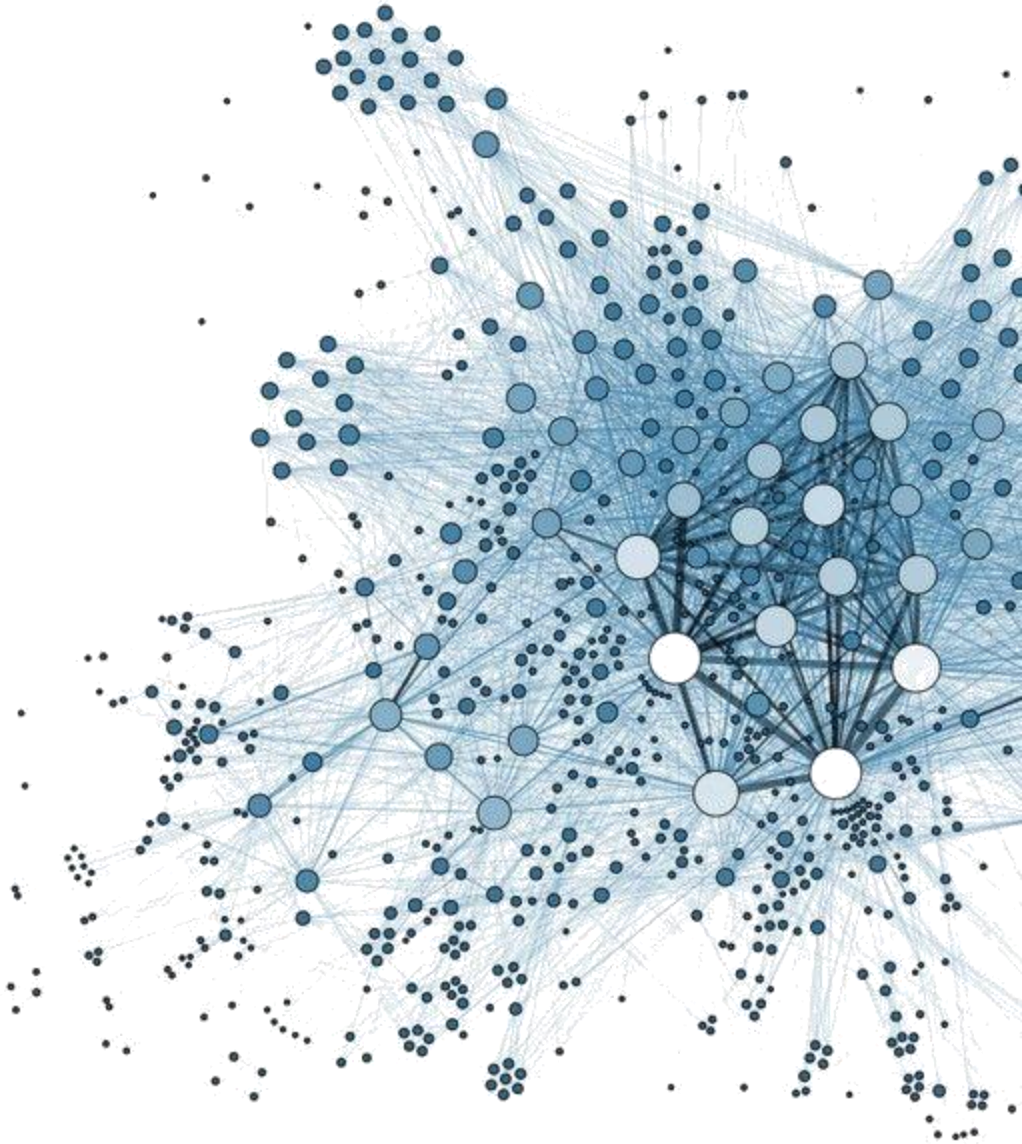
Summary of key recommendations from recent NICE guidelines



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CONFLICTS OF INTEREST: I am a Consultant Psychiatrist and Clinical Lead at the Southern Gambling Service and Honorary Associate Professor at the Faculty of Medicine, University of Southampton. My main interests are the treatment of gambling problems and investigating the structural drivers for the development of gambling addiction and problematic internet use. I am a co-investigator in the EU Horizon 2022 Program Bootstrap (Boosting Societal Adaptation and Mental Health in a Rapidly Digitalizing, Post-Pandemic Europe, see www.internetandme.eu) and my research on gambling drivers is supported by NIHR ARC Wessex. I receive editorial stipend from Elsevier for work at Comprehensive Psychiatry

In today’s talk

- Key recommendations of NICE guideline NG248

1. Case identification, initial support, referral and assessment
2. Information and support
3. Models of care and service delivery
4. Treatment of gambling-related harms
5. Relapse and ongoing support
6. Interventions and support for families and affected others

NICE National Institute for Health and Care Excellence

Gambling-related harms: identification, assessment and management

NICE guideline
Reference number:NG248
Published: 28 January 2025

Gambling that harms

Gambling of any type or frequency that causes harm, problems or distress for the person experiencing it, or for their family, friends or those close to them.

Gambling-related harms

The adverse impacts of gambling : **loss of employment, debt, crime, breakdown of relationships and deterioration of physical and mental health, domestic violence and suicide**. (also affected others).

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This guideline covers identifying, assessing and treating **gambling-related harms**.

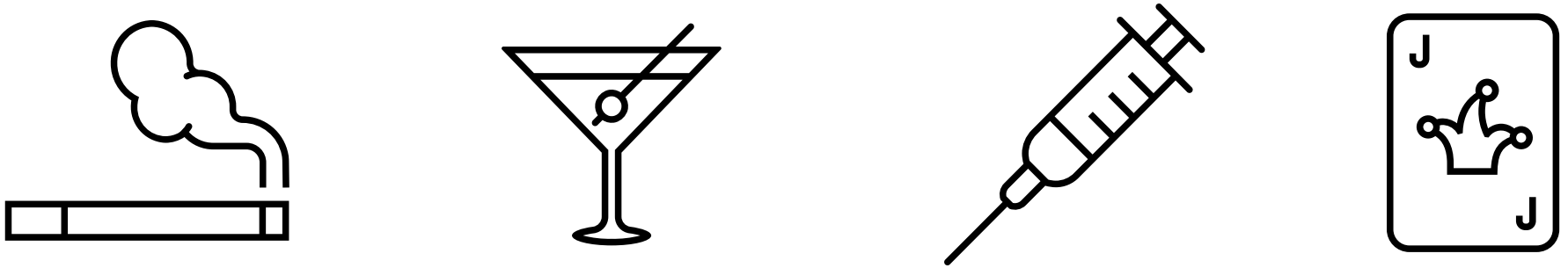
Includes people aged 18 and over and affected others

Stigma

1.1.1 Recognise that stigma, shame and fear of disclosure can prevent people who are experiencing gambling-related harms from talking about gambling, and from seeking and accessing support and treatment.

In addition, stigma may be a particular issue for certain groups such as people from marginalised, minority or under-represented groups.

1.1.2 “Gambling as part of a holistic assessment or health check”



1.1.6

Use direct questions to ask people about gambling, such as: **'Do you gamble?'** or **'Are you worried about your own or another person's gambling**?'. Be aware that some people may find it difficult to talk about gambling.

1.1.7

Encourage people to **complete the PGSI** (screening)

➔ If your total score is 8 or higher (out of 27), you or those closest to you, are likely to be experiencing gambling-related harms.

1.1.3 Ask people about gambling (healthcare professionals and social care practitioners) in any setting with

~ a mental health problem or concern e.g. thoughts about self-harm or suicide, depression, anxiety, psychosis and bipolar disorder, PTSD, personality disorder, or ADHD
~ alcohol or substance dependence, especially use of cocaine
~ family history of gambling that harms or alcohol or substance dependence.
~ dopamine agonists for Parkinson's disease/(*RLS*), or aripiprazole
~ neurological condition or acquired brain injury that leads to disinhibition or increased impulsivity

~ at each key contact with the criminal justice system
~ at risk of or experiencing homelessness
~ when they share that they have financial concerns
~ safeguarding issues or violence, including domestic abuse
~because they are a young person who has recently left home for the first time
~occupation, armed forces personnel, veterans, people working in the gambling or financial industry, and sports professionals

Advise people that **support and treatment are available** and **recovery is possible**.

1.1.9 If a person is experiencing gambling-related harms, offer initial help and support. Depending on the setting, the severity of the harms and the level of concern, this could include:

- information on gambling-related harms
- encouragement to seek help
- signposting them to resources and services

e.g. NHS website on help for problems with gambling

1.1.11

Recognise that gambling and gambling-related harms can be a dominant risk factor for suicidal ideation and suicide attempts, even in the absence of other risk factors.

1.1.12

If a person experiencing gambling-related harms presents considerable or immediate risk to themselves or others, refer them urgently to specialist mental health services or a crisis team, via the emergency services if necessary

1.1.14 Discuss with people the possibility of practical self-exclusion techniques that could be used to prevent gambling, including:

- blocking software or tools to prevent online gambling
- blocking marketing messages
- self-exclusion systems for land-based gambling such as casinos, arcades and betting shops
- systems that block gambling payments through the person's bank account
- methods to limit access to money, for example, agreeing that a family member will take control of finances.

1.1.15 Consider providing advice on how and where to seek help and support with:

- finances, including debt management
- social issues such as housing
- employment or employer issues
- legal issues
- domestic violence or other harms to family relationships, including economic abuse and coercive behaviour.

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NG248

Gambling assessment

How does/should it look like?

1.1.21 - Discuss the person's gambling with them and assess the following:

1) gambling history 2) current frequency of gambling 3) medical history, including physical and mental health, neurodevelopmental history, acquired brain injury, comorbidities, and alcohol or substance dependence 4) childhood development and family history
5) current mental health and the relationship with gambling-related harms 6) the impact of gambling on their mental health (for example, depression, anxiety and insomnia) and their physical health 7) risk of suicide, including any past attempts 8) financial impact of gambling 9) how gambling affects other aspects of their life 10) psychological functions of gambling for them, or the motivation for gambling 11) factors that may contribute to continued gambling (triggers and cravings, thoughts and emotions) 12) the role of advertising and marketing in contributing to gambling 13) alignment to ICD-11 or DSM-5 criteria for gambling disorder 14) reasons for seeking support, motivation to change and expectations and goals of treatment 15) safeguarding issues or concerns 16) immediate needs (for example, help with housing, food and debts) 1.1.22 Assess pharmacological therapy contributing to gambling that harms

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+- Lived Experience

1.2 Information and support

Provide unbiased information to people who are experiencing gambling-related harms (including affected others) to support their treatment and recovery

1.3 Models of care and service delivery

1.3.1 Gambling treatment services should include:

SPECIALIST GAMBLING CLINICS, which will usually provide assessment, information, treatment and support, including case management, for people with a greater severity of gambling-related harms or a greater severity of co-occurring needs (such as mental health conditions, suicidality, previous trauma, neurodiversity, learning disabilities, and alcohol or substance dependence)

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COMMUNITY-BASED GAMBLING TREATMENT SERVICES, which will usually provide treatment and support for people experiencing gambling-related harms, including affected others, but with lower levels of gambling-related harms or complexity than specialist gambling clinics.

PLANNED RECONFIGURATION

1.5 Treatment of gambling-related harms.

1.5.1 Recognise that the holistic care of people experiencing gambling-related harms should include **multidisciplinary teams** where necessary, for example, healthcare professionals, social care practitioners, and people working in the criminal justice system and voluntary sector organisations.

Peer support

1.5.11
Offer peer support as an integral part of the support and treatment for gambling-related harms for people who wish to engage with it.

Psychological interventions for gambling that harms

Consider **motivational interviewing**
Offer group CBT to reduce gambling severity and frequency. Start this intervention as soon as possible after diagnosis.
Offer individual CBT if the person does not wish to join a group, if group therapy is not possible (for example, there are no other people available to form a suitable group), or it is assessed as not suitable for the person.

CBT should be delivered:

1) as a group intervention (8-10 sessions) ideally by 2 practitioners, at least 1 of whom has gambling-specific CBT training and competence, or
2) as 1:1 (6-8 sessions) by 1 practitioner with gambling-specific CBT training and competence
3) be delivered in line with evidence-based treatment protocols

(in some cases, more sessions may be needed or fewer sessions may be sufficient)

4) include a relapse prevention component

Pharmacological treatment for gambling that harms

1.5.16 Consider naltrexone to reduce gambling severity if:

➔ psychological therapy has not achieved the desired outcomes after an appropriate course has been completed **or**

➔ the person has repeated relapses despite having received an appropriate course of psychological therapy.

In January 2025, this was an off-label use of naltrexone.

➔ See NICE's information on prescribing medicines.

1.5.17 Naltrexone should be started by, or under the supervision of, an appropriately qualified and experienced specialist. See the National prescribing guideline for naltrexone in gambling disorder.

1.5.18 Consider continuing psychological therapy in combination with naltrexone.

1.6 Relapse and ongoing support

1.6.1 Recognise that relapse in people whose gambling has decreased after treatment can be **distressing for the person** and may lead to suicide or self-harm.

1.6.2 Discuss the risk of relapse with people experiencing gambling that harms. Include that:
Relapse is not shameful and it may be part of a recovery journey or learning event
Relapse **does not indicate individual failure**, and having a plan in place to recover quickly increases confidence and reduces shame

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NG248

1.7 Interventions and support for families and affected others

1.7.2 Offer support to affected others:

1) the opportunity to receive help and advice 2) techniques to manage their own distress and prioritise their needs 3) support to help them engage in non-judgemental communication

THANK YOU!