

# Understanding how professionals talk about gambling with clients in healthcare and social assistance settings

## Summary of Research Findings

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- ✓ The aim of the study was **to understand factors that influence healthcare professionals and social workers to talk about gambling with their clients.**
- ✓ **Talking about gambling** in healthcare and social assistance settings presents an important **avenue for early detection and treatment of gambling problems.**
- ✓ We conducted an online **survey** assessing factors related to intentions and behaviours to discuss gambling. In this survey, half the respondents were provided with an educational video of a gambling conversation scenario. A **follow-up survey** was conducted to assess the efficacy of this video.

### Survey Participants Characteristics:

- ◆ **89 respondents** had an average age of 46 years, were predominantly female (72%) and practised in Australia (77%).
- ◆ Respondents worked in a **range of different healthcare professions and social work** including Financial Counselling (33%), Psychology (16%), Specialist Medical Practice (10%), Social Service Work (7%) and General Practice (5%).
- ◆ Most respondents reported talking to clients about gambling (85%).
- ◆ One-quarter of participants had not received any previous training on gambling harm (25.8%, n = 23). Participants were most interested in receiving online webinars on gambling harm (71%). See Figure 1.
- ◆ The most popular motivation for completing gambling harm training among respondents was the opportunity to improve client outcomes (73%).

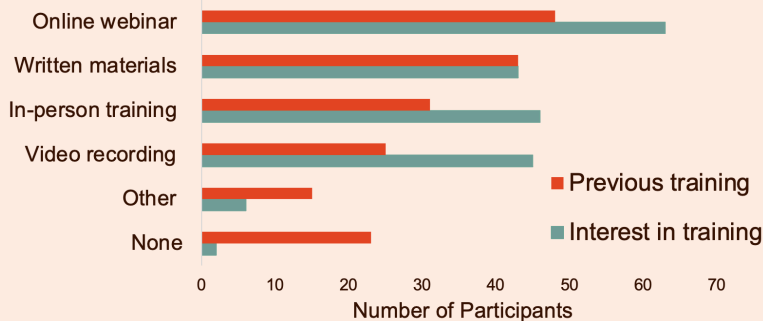


Figure 1. Number of respondents based on what training in gambling harm they have had previously and what they would be interested in.

### Predicting Talking About Gambling Behaviours:

- ◆ When looked at independently, attitudes about discussing gambling as beneficial and pleasant were associated with intentions to talk about gambling. However, when accounting for other variables within the model, attitudes did not impact intentions.
- ◆ The **perception that colleagues held positive views on gambling discussions** (subjective norms from colleagues) **increased professionals' intentions** to engage in such conversations. Although subjective norms from clients were linked to intentions initially, they did not have a significant influence when all factors were considered. The views of other professionals did not affect intentions to talk about gambling.
- ◆ **Professionals who believed they could discuss gambling effectively** with clients (high perceived behavioural control) had significantly **stronger intentions** to engage in these discussions. Perceived behavioural control also directly predicted behaviour: **those with higher confidence in their ability were more likely to follow through and talk about gambling with clients.**
- ◆ **Intentions to discuss gambling were positively associated but not statistically significantly with actual conversations about gambling**, when considering perceived behavioural control.
- ◆ **Knowledge about gambling harm was not associated with intentions**, suggesting that simply providing information may not be enough to encourage professionals to initiate gambling-related discussions.

\* See Figure 2 for the findings from modelling talking about gambling behaviours.

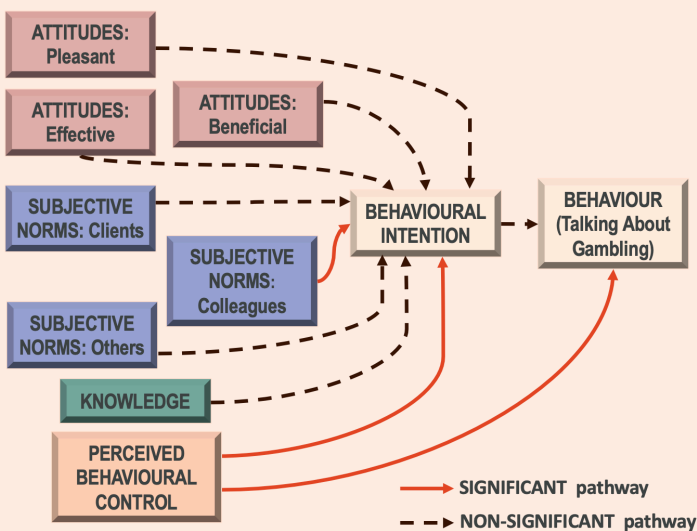


Figure 2. Factors predicting intentions and behaviours of talking about gambling with clients in healthcare and social assistance settings.

### Educational Video Depicting Gambling Conversation:

- ◆ **26 respondents** (29.2% of eligible respondents) completed the follow-up survey.
- ◆ Of respondents who were given the educational video, about half reported watching all of the video. An average of 2 minutes 10 seconds (approximately 55% of the video) was watched by participants who clicked onto the video.
- ◆ 46.2% of all respondents reported no change in their behaviour in talking about gambling with clients between the first survey and the follow-up survey.
- ◆ Exposure to the video resulted in no clear differences in changes in talking about behaviours between respondents.

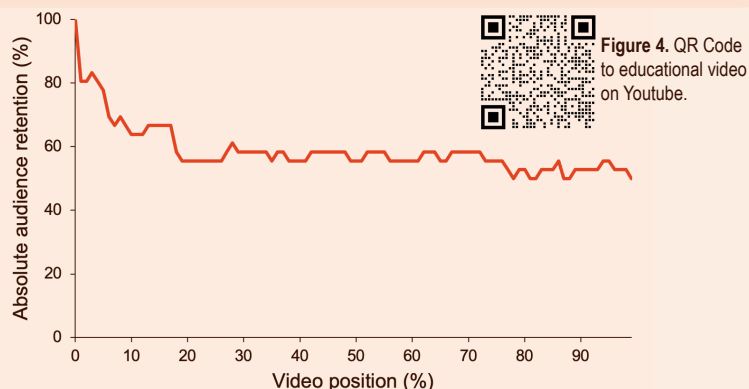


Figure 3. Engagement with educational video based on Youtube analytics audience retention.

### Recommendations:

#### Practice and Policy Recommendations

- ◆ Establish skills-based training for healthcare professionals and social workers on how to talk about gambling with clients. Fund and financial incentivise these training programs.
- ◆ Investigate feasible ways to enhance professional's skills and confidence in talking with clients about gambling.
- ◆ Develop ways to enhance client comfort and expectations that professionals will talk with them about gambling to normalise this screening.
- ◆ Hold regular stakeholder meetings within healthcare and social assistance organisations to assess the prioritisation of gambling harm. Hold regular staff meetings and conferences to encourage conversations with clients about their gambling.

#### Research Recommendations

- ◆ Investigate the possible moderating role of perceived behavioural control within the model.
- ◆ Replicate the study with larger sample size and specific recruitment of key professional groups.

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