



Opportunities for gambling have increased substantially in New Zealand in recent years and problem gambling behaviours have increased as a consequence. Gambling behaviours range in severity from occasional gambling, regular gambling (once or twice a week) to problem gambling and, at the extreme, compulsive gambling and pathological gambling.

Problem gambling is usually defined as those behaviours which the individual himself or herself finds problematic. Pathological gambling behaviours are defined, according to accepted diagnostic criteria, as those which the person is unable to control, and which lead to financial debts, family, social, employment and legal problems, and to psychological distress.

The lifetime prevalence of pathological gambling in the adult population in New Zealand has been estimated at between 1% – 2.9%. In the USA it is approximately 2% but in some countries (including Australia) estimates range up to 7%.

Personal consequences to the problem gambler can include:

- relationship problems (including separation and divorce)
- job problems (including absenteeism and loss of employment)
- financial stresses (such as bankruptcy)
- legal problems (stealing and committing other illegal acts to finance gambling)
- family problems (including domestic violence and neglect of family life)

Given these personal stresses health problems are common in problem gamblers and include:

- migraine
- stomach problems
- Depression
- anxiety

A number of studies have suggested that problem gamblers, compared with social and non-gamblers, are more likely to suffer from depression and to make suicide attempts. However, the findings from studies have not been consistent and may reflect methodological variations amongst the studies.

It is also not clear what the nature of the relationship is between gambling, depression and suicidal behaviour: does the gambling lead to depression and suicidal behaviour or do all three disorders (gambling, depression and suicidal behaviour) have common risk factors?

Recent studies of problem gambling tend to favour the latter view – suicidal individuals with gambling problems are also vulnerable to developing depression, substance use problems (including alcohol and drug abuse and dependence) and suicidal behaviours.

Surveys of lifetime suicidal behaviours amongst problem gamblers have revealed that suicidal behaviour often pre-dated the gambling behaviour and that relatively few suicide attempts that were reported were actually a response to gambling problems.

However, these findings do suggest that those who develop problem gambling behaviours are vulnerable to developing depression and to responding to life stresses (including those generated by gambling and substance abuse problems) with suicidal behaviour. For those with very serious gambling problems, the risk of suicidal behaviour may increase in response and in relation to the increasing personal impact of escalating losses.

The Ministry of Health's approach to suicide prevention is guided by *The Suicide Prevention Strategy 2006-2016*. Suicide prevention requires a range of activities across different sectors including: promoting mental health and wellbeing, improving the care of people who are experiencing mental disorders and those who make suicide attempts, reducing access to means of suicide, promoting safe reporting of suicide in the media, supporting families/ whanau, friends and others affected by suicide or suicide attempt, and expanding the evidence.

Vulnerability to suicidal behaviour amongst problem gamblers suggests the need for people who have contact with them, and people in the health professions in particular, to remain aware of the possibility of gambling problems, to ask about such problems, and to be aware of the risk of depression, substance use problems and suicidal behaviours in those with problem and pathological gambling behaviours.

Further reading and references:

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Petry, N. M., & Kiluk, B. D. (2002). Suicidal ideation and suicide attempts in treatment-seeking pathological gamblers. *Journal of Nervous & Mental Disease*, 190, 462-469.

The Suicide Prevention Strategy 2006-2016. (2006) Wellington: MOH.

Penfold, A et al (2006). Gambling problems and attempted suicide Part I, High prevalence among hospital admissions. *International Journal of Mental Health Addiction*, 4: 265-272.

Penfold, A et al. (2006). Gambling and attempted suicide. Part II. Alcohol abuse increases suicide risk. *International Journal of Mental Health Addiction*, 4: 273-279.



Helping someone who might be at risk of suicide

There is no typical suicide victim. However, there are some common warning signs which, when acted upon, can save lives. Here are some signs to look for:

A person might be suicidal if he or she:

- Talks about committing suicide
- Has trouble eating or sleeping
- Experiences drastic changes in behaviour
- Withdraws from friends and/or social activities
- Loses interest in hobbies, work, school, etc.
- Prepares for death by making out a will and final arrangements
- Gives away prized possessions
- Has attempted suicide before
- Takes unnecessary risks
- Has had recent severe losses
- Is preoccupied with death and dying
- Loses interest in their personal appearance
- Increases their use of alcohol or drugs

Also see: Rudd et al. (2006) Warning signs for suicide Theory, research and clinical applications. *Suicide and Life Threatening Behavior* 36 (3) p.259.

WHAT TO DO

Here are some ways to be helpful to someone who is threatening suicide:

- Be direct. Talk openly and matter-of-factly about suicide
- Be willing to listen. Allow expressions of feelings. Accept the feelings
- Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life
- Get involved. Become available. Show interest and support
- Don't dare him or her to do it
- Don't act shocked. This will put distance between you
- Don't be sworn to secrecy. Seek support
- Offer hope that alternatives are available but do not offer glib reassurance
- Take action. Remove means, such as guns/ropes/hoses or stockpiled pills

- Get help from persons or agencies specialising in psychiatric or mental health services, crisis intervention and suicide prevention.

Be Aware of Feelings

While quite a lot of people, at some time in their lives, think about committing suicide, the clear majority decide to live, because they eventually come to realize that the crisis is temporary and death is permanent. On the other hand, people having a crisis sometimes perceive their situation as inescapable and feel an utter loss of control. These are some of the feelings and things they experience:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat or work
- Can't get out of the depression
- Can't make the sadness go away
- Can't see a future without pain
- Can't see themselves as worthwhile
- Can't get anyone's attention
- Can't seem to get control

**If you experience these feelings, get help!
If someone you know has these symptoms, offer help or get help for them!**

Contact:

- A family doctor, General Practitioner or Medical Centre
- A community mental health centre
- A private therapist, counsellor or psychologist
- A school counsellor
- Contact one of the Personal Help Services listed on page 4 of your phone book
- In an emergency - The Psychiatric Emergency Service at your local hospital's ED clinic.

For help contact :

Lifeline 0800 543 354 www.lifeline.co.nz

Youthline 0800 376 633 www.youthline.co.nz

Depression Helpline 0800 111 757

For more information contact:

Suicide Prevention Information NZ www.spinz.org.nz/

National Depression Initiative www.depression.org.nz

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