Depression & Gambling: Identification and Intervention

By Dr Sean Sullivan PhD

Depression is a common occurrence associated with problem gambling – whether you are the person gambling or you are the family or whanau of someone with a gambling problem. Recent indications are that:

- As family or whanau you may be twice as likely as the general population to be experiencing depression, and gamblers with problems may be three times as likely to be depressed.
- Three-quarters of those with gambling problems arising from their own gambling are likely to meet the criteria for Major Depressive Disorder during their lives, with many experiencing recurrent episodes

The stress of problem gambling, when occurring with behaviours, feelings and thoughts that surround the gambling, can often trigger depression. The gambling problems can intensify as we start to use gambling as a way to temporarily relieve the depression (switch off the negative thoughts and feelings). Instead, the depression can deepen as we gamble more over time to switch off the stress (this is often called developing a 'tolerance'). In other circumstances, some people with depression may find gambling relieves their depression temporarily (self-medicating) with the result that they begin to gamble problematically.

What is 'Depression'?

Depression is common in the general population, and can be categorised into several different clinical conditions. Essentially they are:

- Depressive Disorders (Major Depressive Disorder (depressed at least 2 weeks) and Dysthymic Disorder (depressed 2 years or more)). Up to one in four women and one in eight men experience Major Depressive Disorder in their lives, while at any point in time up to 9% of women and 3% of men experience Major Depressive Disorder. Dysthymic Disorder occurs at less than half that of Major Depressive Disorder.
- Bipolar Disorders (Depressed and manic, or in some cases, only manic) – these are rarer than depression, probably less than one in 50 combined.
- Mood Disorder due to a medical condition (e.g. stroke, Parkinson's disease) or Substance-Induced mood disorder (e.g. alcohol, amphetamines)

The approach will often be in conjunction with referral of the caller to their doctor as many conditions are usually treated primarily with medication e.g. Bipolar Disorders.

However the relatively common Major Depressive Disorder is often unrecognised by the general public and their health professionals, until it becomes severe.

- Mild Major Depressive Disorder has just five or six of the symptoms specified with either mild disability or the capacity to function normally if substantial/unusual effort is made by the person.
- If the symptoms are more severe, such as inability to function effectively, or delusions/hallucinations exist, your primary goal is to refer the caller to their doctor, or if safety concerns, to the area CATT service.

Brief Depression Screen

During the last month, have you often been bothered by feeling down, depressed or hopeless?

☐yes ☐no

During the past month, have you often been bothered by having little interest or pleasure in doing things?

☐yes ☐no

Whooley et al 1997

A Helpline Strategy for Problem Gambling and Depression

If a caller answers yes to either or both screen questions, give them feedback that this suggests they may be affected by depression, a very common condition that especially is associated with gambling problems (either their own gambling or because of gambling by someone who is important to them). Offer a further assessment that can assist with planning some strategies to address the low mood they are experiencing. Emphasise that it will not be a formal diagnosis (that can take some time and cover many more aspects e.g. medical tests, assessing which mood condition (see below) and look to precipitating causes in addition to gambling).

Strategies

The strategies are based upon the assessment questionnaire responses, after ensuring that the exceptions don't apply. If exceptions apply, the focus may be upon the precipitating factor e.g. drug induced, bi-polar, bereavement, medical condition.

If depression appears to be severe

If the depression appears to be severe the focus should be upon motivating the caller to see their doctor. Offer to send a note to the caller, or even to their doctor if they prefer, giving reason for your concern. Identify barriers to seeing their doctor and discuss ways to circumnavigate them.

If depression less severe (mild/moderate)

Strategies may address responses as a treatment plan.

General Options:

- Suggest a regular contact plan with you for the next two weeks to discuss progress with how strategies (below) are going
- Consider caller discussing their mood with GP; identify barriers to taking antidepressants – provide information regarding lack of addictiveness, effects, lack of overt symptoms. Some clients prefer natural herbs (St John's Wort)
- Where does gambling fit in? – relate to the depression, harm-reduction strategy
- Discuss that depression can be common (normalise), especially when distress occurs.
- Exercise – effective in helping to adjust out of the depression -may assist through re-establishing homeostasis in central nervous system (reduced serotonin neurotransmitter in depressed people) or may give a sense of achievement and reverse feelings of

lethargy and lack of motivation through a specific strategy. Start with a small task after caller gives support for possible exercise strategies, give positive feedback and support for regular exercise (doesn't have to be strenuous)

- Discuss social activities – socialising assists with raising self-esteem.
- Check each call where they are with their depression using scale – feedback assists in recognising mood and attributing any downturns to events. "On a scale of one to ten, where one is very low and ten is feeling very good, how are you feeling now?" (record and use in next call)
- When feeling depressed, people can fail to acknowledge when things go right. Arrange a small reward for callers to deliver to themselves when things go right (e.g. doing exercise, calling as arranged) in order to raise their awareness of their successes.
- When we are depressed things seem to always go wrong, and we can often incorrectly attribute them to our own 'failings'. Instead, when things don't go their way, ask the caller to write down three different reasons that may have been the causes of the poor outcome, then choose which one was most likely. Sometimes they will still choose their own faults, but with others they will choose reasons quite independent of themselves. This will encourage callers to use critical appraisal rather than assume personal negative reasons that entrench the depression. You could take this further by asking whether this strategy improved the way they felt after (compared with their first feelings). This assists to reinforce the callers belief around being able to improve control their own emotions and wellbeing.

Suicidal thoughts

These are common when depressed; use the Helpline strategy that identifies the level of risk and respond accordingly. When identified, ensure callers are questioned about it each subsequent call.