

Is a Screen Developed for the Masses Also Relevant to Individual Cultures?

Findings of a Gambling Screen in a Range of Cultures Demonstrates This Possibility

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Gambling Screens

- ❑ Currently over 20 problem gambling screens (Abbott, Volberg, Bellringer & Reith, 2004)
- ❑ Some briefer screens developed recently eg, Lie/Bet (Johnson et al, 1997); Eight Screen (Sullivan, 1999); Nine Screen (Problem gambling Severity Index, Ferris & Wynne, 2001); Shortened SOGS (Strong et al, 2003).
- ❑ Only the Eight Screen was developed (originally for GPs) for the New Zealand population and has been validated across the diversity of the NZ cultural mix

Eight Screen

Early Intervention Gambling Health Test:

- Eight Questions
- Brevity and simplicity to reduce resistance
- Takes about one minute to complete
- Easy to score – Four or more indicates problem.

However:

- 1-3 “at risk” for problems (level one); 4-5 moderate (level two); 6-8 highly correlated with pathological gambling (level three). (Abacus, 2006)

EIGHT Screen

1. Sometimes I've felt depressed or anxious after a session of gambling
A. Yes, that's true B. No, I haven't
2. Sometimes I've felt guilty about the way I gamble A. Yes, that's so B. No, that isn't so
3. When I think about it, gambling has sometimes caused me problems
A. Yes that's so B. No, that isn't so
4. Sometimes I've found it better not to tell others, especially my family, about the amount of time or money I spend gambling
A. Yes, that's true B. No, I haven't
5. I often find that when I stop gambling I've run out of money
A. Yes, that's so B. No, that isn't so
6. Often I get the urge to return to gambling to win back losses from a past session
A. Yes, that's so B. No, I haven't
7. Yes, I have received criticism about my gambling in the past
A. Yes, that's true B. No I haven't
8. Yes, I have tried to win money to pay debts A. Yes, that's true B. No, I haven't



Eight Screen Validation Study

- ❑ Assess validity and reliability of 8-screen for adult and adolescent gamblers and major NZ ethnicities in different settings, identify cut-offs for levels of problems (1-3) and obtain qualitative feedback on acceptability for integration into services
- ❑ Participants - 1333 clients/patients: (341 clients from specialist PG services and 676 AOD clients of services from Whangarei to Dunedin; 315 patients from a Porirua PHO).



Findings Relevant to Ethnicity, Gender and Age

The eight screen was validated against the SOGS (used extensively in NZ by PG services nationally and by MoH for statistical purposes- a de facto gold standard)

- ❑ Correlation between Eight and SOGS for NZ Europeans was 89%
- ❑ Correlation between Eight and SOGS for Maori was 83%; and for Pacific was 82%
- ❑ Correlation for gender: females – 84.5%; males – 87%.
- ❑ Correlation for youth (under 25) was high at 91.4%

Some Qualitative Feedback

- ❑ Iwi-based services: “The majority were Maori and had no trouble completing the screen- it was taken as a trigger, not a judgement and that they would benefit from the feedback”.
- ❑ “Okay with a national screen, but Maori and Pacific people need face to face also – they don’t just respond to a piece of paper”.
- ❑ “Some said ‘far out’ when mentioning the score. It shocks their awareness, some wanted to take more for the whanau”.

Ngati Porou Hauora Community Screening Project (2004)

- ❑ 507 participants from community venues in the East Coast (n=200) and Gisborne (n=307) were surveyed regarding gambling using the 8-screen
- ❑ 62% overall identified as Maori and 56% of participants were female
- ❑ 22.7% were identified as having gambling problems (17.3% Gisborne and 31% East Coast)
- ❑ Higher proportions of Maori had gambling problems, (29.8%); East Coast higher, (32.7%)

Other Findings

- ❑ High rate of participation = 70%, indicates results as representative of people in these areas
- ❑ 115 of participants were affected by their own gambling and 131 were affected by another's
- ❑ Together, this meant 48.5% of participants were affected by gambling
- ❑ 47% of those gambling scored maximum on the Eight screen
- ❑ Indicated a high need for services in East Coast



Toiora Screening Project (2004)

792 participants from 16 groups/organisations:

- ❑ 219 patients from six GP practices (10% Maori) - 3.2% had gambling problems overall; 2.6% of pakeha and 13.6% of Maori patients.
- ❑ 105 clients from Maori Health and Social Services (77% Maori) – 22-29% had gambling problems (some screens uncompleted)
- ❑ 368 Rangatahi (mostly Maori and female) completed a youth Eight screen – 25.8% were identified as having gambling problems



Other Findings

- ❑ No intention to target Maori population, but with the high proportion of Maori in services screened in the Taranaki region, it highlights consistently higher risks for gambling problems for Maori, and particularly youth
- ❑ 34% of youth said they often felt like gambling to win back losses
- ❑ 83 people completed only a COGS screen (98% Maori) with 70% affected by another's gambling

PHO Screening Project (2003)

- ❑ 1580 patients from four PHOs participated: 1075 in Auckland (2 sites), 286 in Rotorua, and 219 in Taranaki completed Eight-screens
- ❑ Ethnicity approximately reflected the general NZ population: NZ European – 51.5%, Maori – 12.5%, Pacific – 9.5%, Chinese – 9.5%, Indian – 3.5%, and others – 3.5% (10% undisclosed)

Results

Patients positive on the Eight screen for problem gambling by ethnicity:

- NZ European - 3%
- Maori – 7%
- Pacific – 24%
- Chinese – 13%
- Indian – 10%
- Others – 17%
- Gender of positives was 7.6 % males and 7.9% females overall



Relevance of Findings

- ❑ Findings were similar to other studies, with higher risk for Maori and Pacific peoples, but the higher rate of risk for Chinese patients had not previously been found in NZ studies
- ❑ May be due to the fact that Chinese community may be reluctant to disclose negative issues like PG
- ❑ Difference in this study was that many participants were attending a specialist practice in this ethnicity
- ❑ The above factor may improve perception of safety for disclosure and improve patient participation

Comments and Conclusions

- ❑ The Eight screen has been validated in many settings throughout NZ with many cultures
- ❑ The brevity and simplicity of the Eight screen and its cultural acceptance was evident, in that there was little resistance to completing screens in any of the projects
- ❑ The Eight screen appeared to be even more culturally acceptable in a setting which was ethnic-specific to the Chinese patient group, and this may have implications for future screening in cultural settings

Further Projects and Comments

A recent gambling screening project (2007) utilised the Eight screen in settings throughout New Zealand in a training programme to enable social service practitioners to administer the screen to their clients:

- ❑ Training partners represented Maori, Pacific and Asian cultures and delivered training appropriate to culturally specific groups
- ❑ Some groups incorporated a cultural mix of participants and also worked with all cultures eg, Work and Income and CYFS personnel
- ❑ The Eight screen was widely accepted as appropriate in all settings and cultures throughout NZ in this project