Scoping the Accessibility of Safer Gambling Information in the UK Armed Forces (SAGE)

Final report for funder

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Centre for Military Gambling Research

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Executive Summary

Members of the Armed Forces community (i.e., currently serving personnel and veterans) are at increased risk of harm from gambling. Little is known about the factors that predict this increased risk among currently serving personnel or what their lived experience of harmful gambling might be. Individualised, anonymous treatment and support are essential for those experiencing harm. Access to safer gambling information is important in mitigating harm and protecting personnel who may be at risk of extortion and potential blackmail.

Here, the *Scoping the Accessibility of Safer Gambling Information in the UK Armed Forces (SAGE) Study* sought to conduct a "whole-force" climate-scoping, evaluation of existing provision of safer gambling information among currently serving UK military personnel, estimate the prevalence and nature of gambling related harm, better understand the lived experience of personnel experiencing harm from gambling, assess awareness of safer gambling information and sources of support, and field-test a military Screening, Brief Intervention and Referral to Treatment (SBIRT) online platform.

We conducted a cross-sectional, exploratory survey to identify associations between demographic factors, mental health, gambling engagement and gambling type in a sample (n=608) of Armed Forces serving personnel. Most of the sample reported past year gambling, with 23% having experienced harm. Male gender, younger age, and lower educational attainment all predicted harmful gambling, as did mental health variables of prior generalized anxiety and post-traumatic stress symptomatology. Strategy-based gambling and online sports betting were also predictive of experiencing harm from gambling.

We conducted detailed follow-up interviews with 35 serving personnel experiencing a range of gambling related harms. Thematic analysis of the transcribed interviews identified four main themes: sociocultural pathways to gambling, gambling in the military, obstacles to help and support, and facilitators of help and support. Awareness of existing help and support options was low among health and welfare staff.

During the time of the SAGE study, the Ministry of Defence - Defence Medical Services, supported by the Health Priority Group, established the first ever in-service Gambling Care Pathway. MoD providers have remained active stakeholders in the SAGE study ever since, and our group continues to work collaboratively on evaluations of this important harm minimisation and treatment initiative.

Moreover, we have also developed an electronic SBIRT to be deployed as part of further research with personnel undergoing Phase 2 training at Army and Royal Navy sites (in Autumn 2024) and have secured funding for further study.

Overall, the SAGE project will continue, at no further cost, under the auspices of the Centre for Military Gambling Research and its findings will act as a catalyst for future, sustainable developments in research and treatment of gambling harm among the Armed Forces community.

Introduction

How is gambling harm or risk inferred? The combined PGSI categories of 'at-risk' and 'problem gambling' (ARPG) represent negative behavioural consequences of gambling that pose significant public health challenges. Aggregate level data gleaned from survey studies and analysis of routinely collected healthcare data shows that scores indicating ARPG are associated with physical and psychological ill-health and an increased risk of suicide compared to the general population (Karlsson & Håkansson, 2018; Wejbera et al., 2021). The public health costs of this are enormous; in the UK, government estimates of the annual economic cost related to ARPG lie between £1.05 and 1.77 billion, whilst only 18% of people experiencing ARPG actually seek specialist help (Public Health England, 2023).

Our team, representing the Centre for Military Gambling Research (MilGAM), have found that Armed Forces Service Personnel (AFSP) and veterans are at a higher risk of ARPG compared to the general population. We carried out a survey of veterans and matched them with respondents from the general population. We found that veterans were up to 10 times more likely to experience ARPG than non-veterans, and that depression, anxiety and hazardous drinking predicted ARPG (Dighton et al., 2022). We also carried out a survey of over 2000 AFSP working in the RAF and found that 12.5% of personnel to be experiencing some degree of ARPG (Pritchard & Dymond, 2022). This is significantly greater than the prevalence of ARPG in the general population of the UK which has been estimated as being between 0.2% (Gambling Commission, 2022) and 2.8%. (Gamble Aware, 2021). The latter of these two estimates benefit from being based on online survey data as opposed to landline phone survey and using the full rather than short form Problem Gambling Severity Index (PGSI) (Miller et al., 2013).

We have also carried out research to gauge the impact of higher risk gambling on the families of AFSP. We found that social and economic harms are significant, and lead to absenteeism, debt and that these harms are compounded by a reluctance to seek help (Dighton et al., 2022; Harris et al., 2021)

Our work has also included qualitative interview studies with AFSP working in the RAF. Participants reported a general awareness of how to access help for common mental health problems but reported "not knowing where to start" and a "lack of connectivity" between the standard sources of support for mental health problems and specialised support for gambling related problems (Champion et al., 2022). Consequently, the process of getting help and support was experienced as overwhelming and confusing:

> "I think with the number of options available, perhaps a central hub where we can put in questions and it sort of links up to all these elements, you know, rather than phoning the SSAFA and them saying "well that's not quite us." Maybe like a triage system…"

Personnel who had accessed help for gambling related problems reported that the support they received focusing on financial management, rather than on the root cause of the problems. This is important because many of the personnel with experience of gambling harm we have spoken with did not encounter financial issues due to their salaries and low expenses. Instead, guilt, depression, self-harm, and relationship problems were common:

> "It makes you feel really bad inside and a bit guilty about losing so much money… It makes you feel depressed, and I've come home before and harmed myself before because of my

gambling - that's one thing that I have done on several occasions because I have lost more than I wanted to."

Our findings are in line with the findings of other researchers in other countries focused on gambling amongst AFSP operating in Armed Forces with similar command structures (e.g. multiple services, commissioned and non-commissioned ranks). Cowlishaw et al. (2020) found rates of ARPG amongst AFSP of close to 8% and identified mental health problems as well as demographic characteristics such as younger age and lower rank to be associated with severity of gambling harms. Milton et al. (2020) surveyed a general population sample of close to 11,000 people which included 337 AFSP and 394 veterans from Australia, New Zealand, the USA, and the UK. They found that a higher proportion of veterans and AFSP reported gambling harms compared to the general population, with mental health problems as predictors of harmful gambling.

Here, the SAGE Study sought to build on our previous work by carrying out a research project comprised of three distinct but related work packages.

Work Package 1 (WP1) was a tri-force survey of the United Kingdom Armed Forces. This survey was intended to scope the availability of safer gambling information in the UK Armed Forces, and to capture data related to mental health, demographic and Armed Forces career variables to investigate what if any relationships exist between these factors and severity of ARPG amongst personnel.

Work Package 2 (WP2) was a set of qualitative interviews designed to contextualise and add depth to the survey findings carried out with a subset of survey respondents. We canvassed both AFSP and people employed in health and welfare support roles in the Armed Forces for both the survey and interview components of this work.

Work Package 3 (WP3) was the design, development and user evaluation (UX) testing of an electronic screening, brief intervention and referral to treatment (eSBIRT) program. SBIRT was developed by the Institute of Medicine (US) Committee on Treatment of Alcohol Problems, (1990) for the management of substance use in primary care. SBIRT seeks to rapidly assess the severity of addictive behaviours and then provide either feedback and education regarding risk, brief intervention usually based on a counselling technique known as motivational interviewing (MI), or referral to formal treatment (Babor et al., 2017). eSBIRT programs delivered via smartphone or computer apps, or within web browsers have gained provenance in recent years (Fu et al., 2021), and could be an effective way of addressing ARPG in Armed Forces communities.

Methods (WP1): SAGE Survey

SAGE Survey items

Our primary focus in carrying out the SAGE survey was to gauge awareness of safer gambling information in the Armed Forces and to better understand the nature and extent of gambling and related harm. The aims of the survey were exploratory in nature and included items related to the following domains:

- Respondent demographics

Items included age, sex, ethnicity, nationality, relationship status, accommodation, cohabitation, and country of residence.

- Career statistics

Items included years of service, cap badge, trade or branch; rank, number of deployments over previous 3 years, number of locations deployed to over previous 3 years, and average length of tour. We also extrapolated median salary for each reported rank using publicly available information.

- Gambling behaviour

Gambling behaviour was measured using an adapted version of an inventory of gambling activities from the Annual Student Gambling survey (GambleAware, 2021). The inventory includes 12 items of common gambling activities which are answered using a binary yes/no response: National lottery tickets, sports betting (including app/online), bingo (including app/online), fruit and/or slot machines on base, fruit and/or slot machines off base, virtual gambling machines at in bookmakers, online poker (including apps), online casino (including apps), table games – on base, table games – off base, race betting, and service lottery. Respondents were also given the option to list additional forms of gambling they engaged in over the past year.

- Gambling risk

To measure gambling risk, we used the validated PGSI (Ferris et al., 2003). The PGSI consists of nine items with each question answered using a four-point Likert scale of 0 = never, 1 = sometimes, 2 = most of the time, 3 = almost always with a maximum score of 27. Score of 0 suggests no risk, a score of 1-2 suggests low risk, 3-7 suggests moderate risk, and anything of or above 8 suggests higher risk gambling.

- Gambling harms

We developed a bespoke 8-item tool to measure harm related to gambling (Appendix A). The first 6 items measured financial harms, and the last 2 items concerned interpersonal and work-related harms. The items were sourced from the qualitative findings of Public Health England's abbreviated systematic review (Public Health England, 2019), and each item required a yes/no response scored binarily as 1 or 0.

- Safer gambling awareness and help seeking

To measure safer gambling awareness respondents were shown a list of the most popular third sector gambling support service logos, and asked to select those they were familiar with. We also asked respondents if they were familiar with the NHS National Problem Gambling Clinic (NPGC) and the NHS Primary Care Gambling Service (PCGS).

Respondents were asked if they had ever sought help for gambling related problems, and if so, where. We also asked about obstacles to seeking help such as shame, guilt, or fear of judgement.

- Mental health

We measured mood and anxiety using the Patient Health Questionnaire (PHQ) and the Generalised Anxiety Disorder assessment (GAD) 2-item screening tools (Kroenke et al., 2003; Spitzer et al., 2006) which are both validated and widely used screening measures for clinical anxiety and depression.

Respondents were asked to complete the PTSD Checklist (PCL-5), which is a reliable 20-item measure of PTSD symptoms (Blevins et al., 2015). A score of over 33 on this measure suggests clinical PTSD.

The brief two-item measure of suicidality was taken from the Adult Psychiatric Morbidity Survey, as were single item measures of alcohol consumption and loneliness (APMS) (McManus et al., 2020).

Survey method

AFSP were recruited via an 'e-flyer' advertisement posted on the Ministry of Defence's DefNet intranet. The survey was live between 24/3/23 and 08/5/23. Emails encouraging AFSP to access DefNet and participate in the survey were circulated during the live period of the survey by the MoD communications team.

At the close of the survey respondents were asked if they would be interested in follow up interviews. Those who expressed an interest were contacted by phone or email.

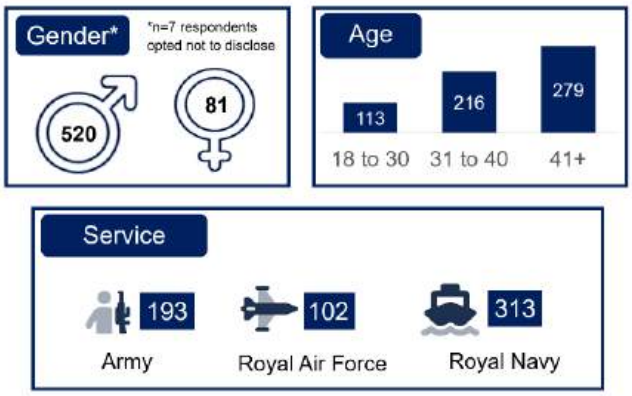
Whole sample characteristics

A total of 856 AFSP respondents began completing our survey. Of these, 608 completed the survey representing a response rate of 71%.

Our sample was 86% male, 87% white British and had an average age of 40 years.

76% of participants were married, 47% were homeowners, and 46% lived in service accommodation. 68% lived with a spouse, partner, or other adults, 37% lived with dependent children, and 16% lived alone.

Figure 1
Survey respondent characteristics



86% of respondents were educated to A-level or above, and typically held 4 qualifications each.

Most respondents were Royal Navy personnel, followed by Army and then RAF personnel (Figure 1). These proportions of respondents largely reflects the distribution of personnel among the UK Armed Forces (MoD, 2022b, with a lower representation from the Army perhaps due to the desk-based nature of the recruitment which necessitated access to the intranet. Of the respondents, 51% had been deployed in the past 3 years, with most reporting 1-2 deployments of 3-6 months in this time (Figure 2).

The most often visited country for operational tours was Afghanistan, with 14% of respondents serving there at some point in their career. The most often visited location was naval deployment to UK waters (21%)

Figure 2
Average tour length

Half of our sample had served for 20 years or more and were of commissioned rank. The full range of respondent ranks can be seen in Figure 3.

Figure 3
Respondent ranks

Commodore, brigadier, air commodore	1
Captain, colonel, group captain	5
Commander, lieutenant colonel, wing commander	29
Liutenant commander, major, squadron leader	79
Lieutenant, captain, flight lieutenant	91
Sub lietenant, lieutenant, flying officer	46
Midshipman, second lieutenant, pilot officer	14
Warrant officer class 1 & 2	34
Chief petty officer, colour/staff/flight sergeant	62
Petty officer, sergeant	85
Leading hand, corporal	66
Lance corporal, senior aircraftmen	59
Able rate, aircraftmen, marine, private	37

51% of our sample held Commissioned Ranks

Bet type and gambling risk

Participants reported playing a variety of different games in the previous year, the most popular of which were lotteries and sports betting (Figure 4). The number of different betting activities and the number of strategy games played in the past year all predicted higher risk gambling, as did recency of last bet. Strategy games are defined as games where in the player can adopt an approach to affect the outcome, and chance games are defined as games in which the player cannot influence the outcome. Examples of strategy games include casino games like poker, blackjack or craps, and examples of chance games include lotteries, slot machines and sports betting.

45% of respondents gambled in the previous week

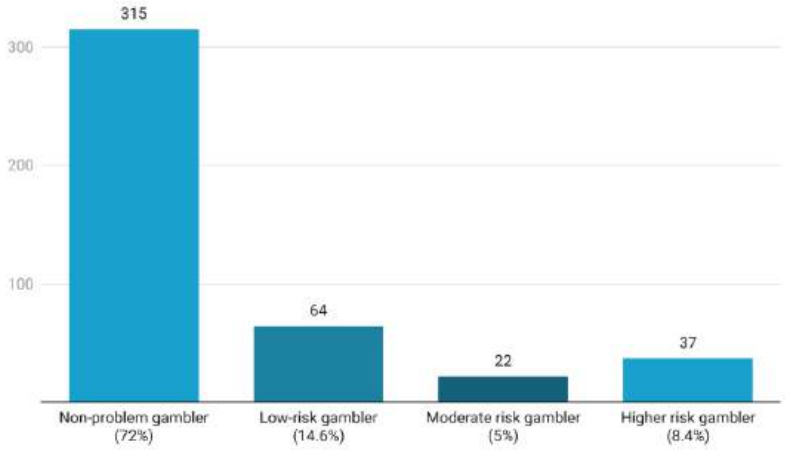
Gambling activities

Activities	n=	%
Tickets for the National Lottery (including scratch cards)	349	80
Tickets for a Service related lottery (e.g. RN Sports Lottery)	311	70
Betting on any sporting event, including online using a smartphone app	218	50

Figure 4 - Top 3 gambling activities

A total of 72% of gamblers reported no risk with a PGSI score of 0 with the remaining 28% reporting either lower risk (PGSI score of 1-2), moderate risk (PGSI score of 3-7), or higher risk (PGSI score of 8 or more) gambling (Figure 5). This meant that of the wider sample of 608 AFSP, 20.2% reported some level of gambling risk.

Figure 5
PGSI scores



Harmful gambling risk factors

Chance betting

Playing only games of chance increased the odds of being classified at lower risk of gambling harm 3x times, moderate risk 5x times, and at high-risk 20x times.

Lotteries

Respondents who played the National lottery were 2x more likely to report lower risk gambling, whereas those who played an Armed Forces sports lottery were 3.5x less likely to report higher risk gambling

Fruit and slot machines

Those who played fruit or slot machines off base were 4x more likely to report higher risk gambling

Sports betting

Sports betting including online via websites or smartphone apps increased the odds of lower risk gambling 3.5x, and moderate risk gambling 5x

Online casino games

Playing online casino games including smartphone apps increased the likelihood of lower risk gambling 2.5x, moderate risk gambling 5x, and higher risk gambling 11x

Gambling risk and financial harm

Of past year gamblers, 29% experienced one or more financial harms such as being unable to afford essentials or taking out high-risk loans due to gambling. Higher salary reduced the odds of experiencing any financial harm, whilst higher PGSI score increased the odds of experiencing financial harm, as did the number of strategy games played over the past year.

Respondent characteristics and gambling risk

Respondents aged 18-25 were 17x more likely to be at moderate or higher risk of gambling harms than other age groups

Age

Sex

Being male increased the likelihood of lower risk gambling 2x and higher risk gambling 3x

Living in service accommodation increased the likelihood of moderate risk gambling by 3x, whereas being a homeowner reduced the odds of moderate risk gambling 3x

Accommodation

Education

Having a below A-level education increased the odds of reporting higher risk gambling 2x

Commissioned respondents were 14x less likely to experience harmful gambling

Rank

Deployments and tours

Respondents who had been deployed in the past 3 years were 2.5x more likely to be classified as lower risk. Of those who had been deployed more than once, those who reported usually being on deployment for over 3 months were 3x more likely to be classified as lower risk.

Home ownership reduced the odds of experiencing any financial harm by up to 2.5x

Home ownership

Male gender increased the odds of financial harm 3.5x

Sex

Single respondents were 5x more likely to report financial harm

Relationship status

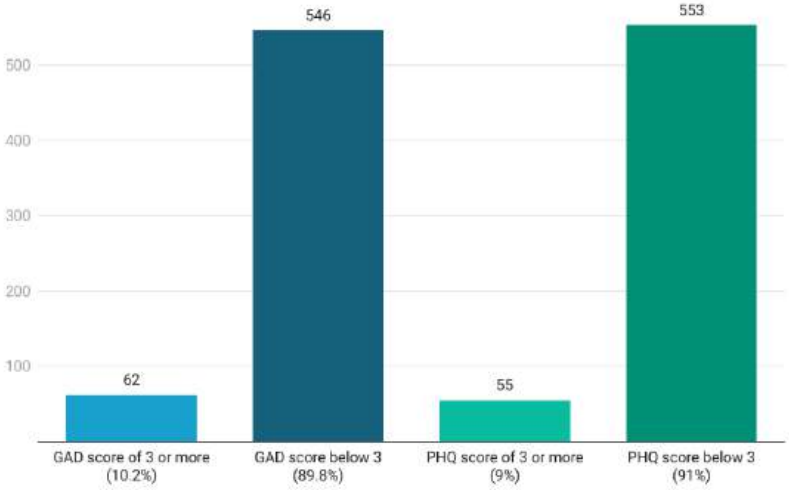
Higher risk gambling increased the chance of experiencing financial harm 10x

PGSI score of 8 or more

Playing only chance games reduced the odds of financial harm 3.5x

Chance betting

Figure 6
Generalised anxiety and depression screener scores



Of the 608 respondents, 9% screened positively for depressed mood, and 10% for elevated generalised anxiety (Figure 6), and 5% scored above the usual 'cut-off' point on the PCL questionnaire suggesting clinically significant trauma symptoms (Figure 7).

15% of the sample reported being lonely much of the time or more (Figure 8), and 22% drank 8 or more standard units of alcohol (for reference, a pint of 5% lager is 2.8 units, a bottle of 13% wine is 10 units) on a weekly or more frequent basis. The proportion of respondents who reported suicidal thoughts in the past year was 16%, and 1% reported a suicide attempt in that time.

Figure 7
Trauma symptoms

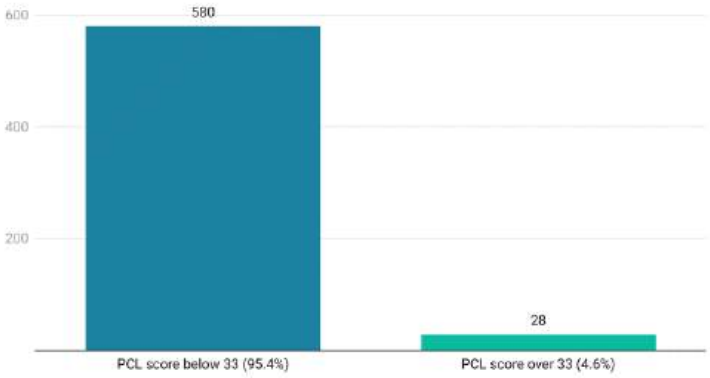
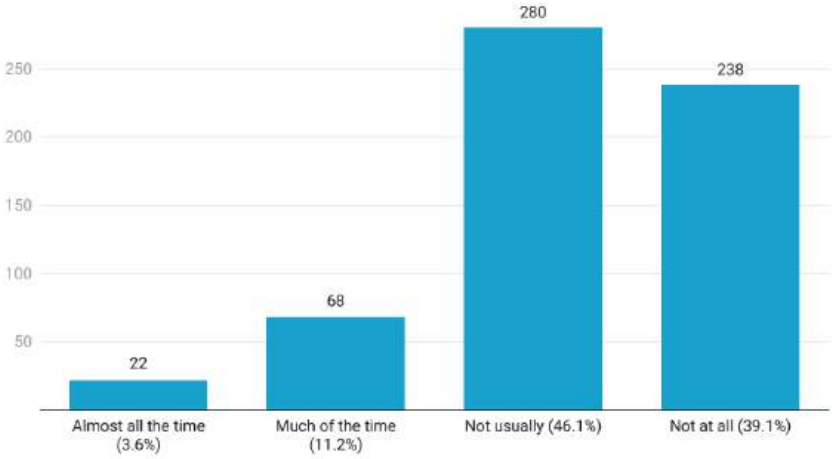


Figure 8
Respondent loneliness



A positive GAD screen increased the odds of higher risk gambling 2.5x

Generalised Anxiety

Trauma

Clinically significant trauma symptoms increased the chance of higher risk gambling 5.5x

Reporting suicidal thoughts over the past year increased the likelihood of being classified as either lower risk or higher risk 2x

Suicidality

Loneliness

Respondents who felt lonely much of the time were 5x more likely to report higher risk gambling

Hazardous drinking increased the likelihood of moderate risk gambling 2.5x

Alcohol

Awareness of safer gambling information, gambling risk and help-seeking

Of 608 AFSP respondents, 72% (438) reported gambling in the previous year.

Safer gambling awareness amongst gamblers was measured by familiarity with popular third sector organisations, the NHS National Problem Gambling Clinic and the NHS Primary Care Gambling Service. 71% of gamblers reported familiarity with at least one service, most often GambleAware (Figure 9), but only 6% reported familiarity with the NHS National Problem Gambling Clinic, and 4% with the Primary Care Gambling Service.

24% of gamblers sought help with only 1 respondent seeking help on base with the Department of Community Mental Health (DCMH), and the rest seeking help off-base with third sector organisations.

On average, respondents were familiar with just 1 service.

Figure 9
Service awareness

Discussion: SAGE Survey

Overall, the SAGE survey found that most of the sample reported past year gambling, with 23% having experienced harm. Male gender, younger age, and lower educational attainment all predicted harmful gambling, as did mental health variables of prior generalized anxiety and post-traumatic stress symptomatology. Riskier gambling activities such as strategy-based gambling and online sports betting were also predictive of experiencing harm from gambling.

The risk of harm from gambling is associated with demographic, mental health, and gambling engagement variables among serving Armed Forces personnel. Better understanding of these predictors is important for the development of individualised treatment approaches for harmful gambling.

To the best of our knowledge, SAGE is the first study to identify associations among the extent and type of gambling engagement, mental health variables and demographic characteristics in predicting harmful gambling risk in AFSP.

We found that experience playing strategic forms of gambling strongly predicted harmful gambling risk among AFSP. This is the first such study to identify a relationship between game type and subsequent risk in this population (although our previous cross-sectional surveys of AFSP and veterans did descriptively track such gambling preferences).

Here, it was notable that gambling engagement activities were comparable to general population trends, with buying service-related lottery tickets the second most preferred activity after the national lottery and followed by online sports betting. Interestingly, while those who had engaged in past-year gambling were more likely to prefer non-strategic games, the risk of experiencing any level of harm from gambling was greater among those preferring strategic-based forms of gambling. The explanation for this finding is not clear but the relatively high levels of gambling activities indicate that not only did many participants have experience with both strategic and non-strategic games but that those at greater risk of harm may have played more games.

A larger sample of participants with data collected across multiple timepoints are required to further explore potential links between PTSD and other mental health variables with escape and coping motivations for harmful gambling. It is possible, for instance, that the social aspect of some strategic forms of gambling, such as in-person or online poker, may provide respite from distressing emotional experiences.

Our findings indicate that standardised psychoeducation regarding gambling risks and harms among the AF community is warranted. Educational materials about gambling risk could be produced in hard-copy leaflets for circulation amongst personnel and made available in the form of mandatory e-learning modules. Such population-level initiatives should consider the occupationally relevant risk factors associated within the structure and routine of life in the AF. For example, living in single-living service accommodation and having an increased frequency of recent deployments were both associated with experience of harmful gambling.

These findings indicate that certain occupational factors should prompt further screening and assessment for gambling harms and that prevention approaches should target these domains. Similarly, it is important to better understand the qualitative lived experience of individuals serving in the AF while experiencing harm from gambling and the potential barriers to help-seeking.

Methods (WP2): SAGE Interviews

Interview method

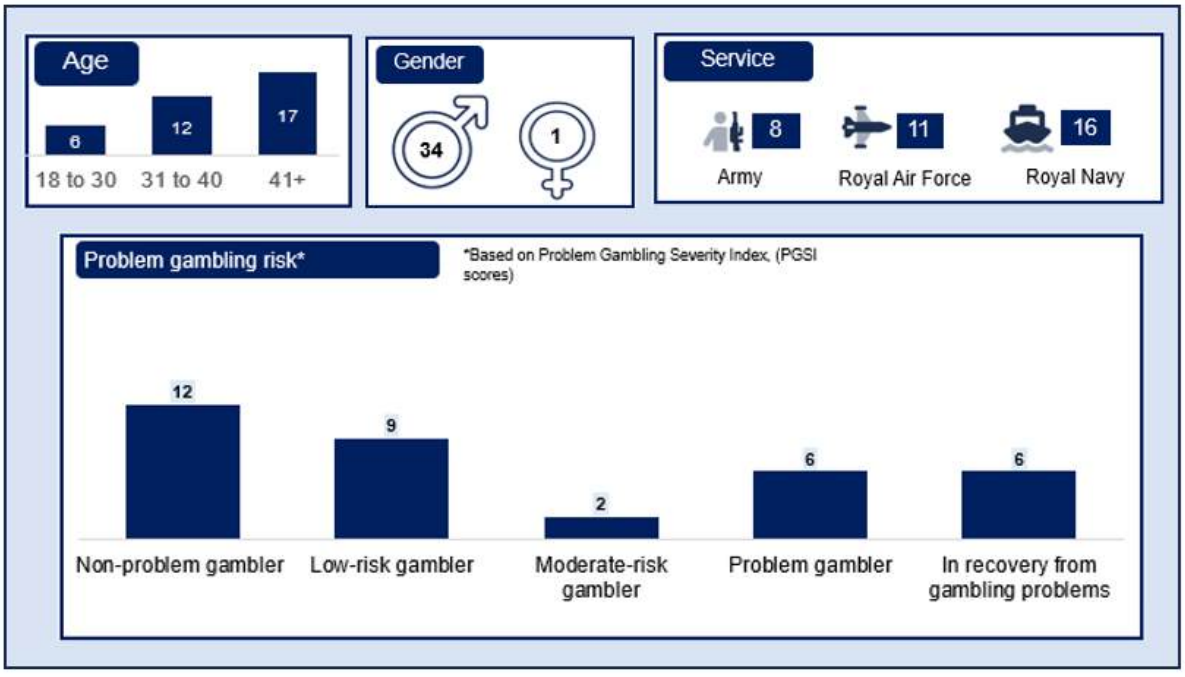
We developed a topic guide to ensure that relevant topics are covered during the interviews. Questions gathered data on the respondent's history of gambling experience, and external and internal triggers for gambling behaviour, any experience of gambling related harms, impact on others, and experiences of help seeking.

We carried out the interviews via Microsoft Teams or telephone where Teams were not accessible. Each interview took between 30 to 45 minutes.

Sample characteristics

We interviewed 35 AFSP with a range of gambling experience (Figure 10).

Figure 10
Interviewee characteristics



Analysis and reporting

We analysed interview transcripts and summarised the findings into four main categories. Within each category, over-arching themes and sub-themes have been identified. These were related to the culture in the UK and within the Armed Forces, the level of access AFSP had to means of gambling, obstacles to help and support, and facilitators of help and support.

1. Sociocultural pathways to gambling

Early experiences, culture, societal norms, legislation, and technological advancements all served as pathways to perfunctory gambling, which sometimes lead to harmful behaviours.

1.1 Early experiences of gambling

Interviewees often described being exposed to gambling at an early age via family and/or friends – through observation or being encouraged to vet very small amounts of money on card games and sport.

This early exposure often facilitated regular, casual gambling as an adult – which in some cases progressed to problem gambling later on in adulthood.

"My first proper real experience was with my uncle when we used to go to the football. We used to put 20 pence on to try and predict the correct

"I grew up around gambling because my nan used to play on the slot machines, so I learned from that and watched that. We used to play for cards for money and Christmas as well...I initially started to gamble because it was just a way of playing games."

"When I was young my mum would bet on the grand national and she'd give the list to me and I'd pick one…And then I started to put football bets on when I was about 15 under my mum's name. And with my dad, when I'd go to the football with him, he would always be on like bandits. Once I was earning it was just little bits, no more than say £50 to £100 a month. And there's been a progression since then… it's got worse and worse."

1.2 Gambling advertising, social attitudes, and policy in the UK

Sports betting (mainly on football and the horses) was the most common form of gambling participated in among interviewees. Playing the National Lottery and scratch cards were also common. Some also gambled in person at casinos and bookmakers – especially in the past - but less so in present times.

> *"Gambling more generally is heavily advertised in particular. And nearly every football club at one time or another have had a gambling sponsor or gambling partner."*

Sport and betting were described as going "hand in hand" with one another – a connection that interviewees thought was – in part - attributable to the influence of gambling advertising and promotion within the UK, particularly in the context of sports betting and sponsorship. It was considered largely responsible for gambling remaining a normalised and visible part of the British culture, and for sport becoming directly associated with betting.

A few mentioned the increased prevalence of advertising directly via bookmakers, particularly with regards to "special deals" and "free spins" to tempt people to bet. One individual who was in recovery from gambling issues still received targeted gambling ads on their social media accounts, despite self-exclusion from betting websites, which they felt was irresponsible and dangerous.

> "Everything just entices you; Ladbrokes actually give you a free spin every day to win money"

> *"You switch on the telly and I think it's even before prime time, you got the Vegas wheels going round.... Going back to the accessibility, I still get adverts coming up on my Instagram although I don't have anything to do with gambling anymore."*

The consensus was that casual gambling is a huge part UK culture, with one interviewee describing it as "endemic in society." The government was criticised for feeding into this normalisation and not doing enough to protect the public from the harms associated with it. An example was around legislation changes meaning there is no longer a requirement to give 24 hours' notice to enter a casino without being a member. A few interviewees commented the removal of this "cooling off" period had enabled impulse and risky gambling habits, especially as unplanned visits to casinos often happened after a night out when they were under the influence of alcohol.

> *"The progression of a normal night after the bar closing would be thinking about where was open, and we'd naturally end up in the casino. However, we used to be stopped because you needed to give 24 hours' notice, so you'd just go home to bed. But then they removed that, and all of a sudden, the night could continue. So that's where it all started [harmful gambling] if I was to try to put your finger on it."*

> *"You've got all this sports teams being sponsored by betting; you've got the government who are probably taking money and getting lobbied by gambling firms to cover them up…. I think more awareness is a big thing, but I think that's a UK awareness overall. I think it's a legislation problem".*

1.3 "Then versus now" – online gambling and apps

A popular topic of discussion was the impact that technological advances have had on exposure and accessibility to gambling in the UK generally. Around a quarter of the interviewees currently or previously had at least one online betting account.

Specifically, interviewees felt that the introduction of gambling apps and online gambling has meant that a bet can now be made from the few touches of a button on their smartphones – whereas before they would physically have to make the effort to go to a bookmaker. Several issues around this were raised, which included:

- The 24/7 accessibility and ease of online gambling can encourage addictive gambling.
- The shift from social gambling to using apps increased secrecy and the ability to hide gambling activity.
- Difficulties in regulating and keeping track of how much money is being spent.
- The nature of electronic transactions mean that individuals are more likely to forget they are spending "real money."
- Incentives to set up an online account such as "get a £10 free bet if you sign up" further encouraged "betting for the sake of it" and "getting sucked in."

"It's always available on my phone…The past couple of weeks I have been gambling in work pretty much all day...That's pretty much from the moment I wake up to the moment I go to bed."

For several interviewees, using gambling apps had been a main cause of their gambling getting out of control, while a few others described currently experiencing compulsive online gambling habits.

"I first had a gamble in 2013. It was just a flutter on my phone, a really random bet on the football – something like 8 games for £5…Before I knew it I'd deposited £5 from my bank account. I thought 'this is easy.'...and it came in and I won £2,000. I steadily started to spend more and more money, did more and more betting. It went from just weekend gambling to mid-week. Once it got to 2019 it really started to spiral; every night I was chasing loses, getting loans out…just really getting out of control.

"I've still got all the apps on my phone and it's just when I get the urge or have 5 minutes, like a tea break at work…I think it must be a bit like smoking; people go through their day thinking that they don't really want a cigarette but don't even realise that they've put one in their mouth and lit it. Like someone might smoke 15 cigarettes a day, I might go on my phone 15 times."

2. Gambling in the military

A range cultural and unique occupational factors were identified as influencing gambling behaviour among UK miliary personnel. Gambling was reported as being a normalised activity within the Armed Forces and that participation was mediated by deployments, competitiveness, boredom, alcohol consumptions and disposable income

2.1 Perceived prevalence levels of gambling and harmful gambling in the military

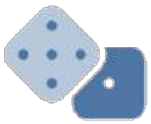
The general view was that gambling was a fairly prevalent activity in the Armed Forces, although views around the extent of harmful gambling was divided. Some rationalised that they had never seen nor witnessed such issues and therefore did not consider it something needing particular attention. Conversely, others spoke at length about what they perceived to be an important, frequent problem within the Armed Forces, which is not always easy to observe.

"I've come across some marines I've worked who have struggled with gambling. I'm guessing anyone could identity at least one serviceman or woman they've known whose had issues with it…"

"I've known loads - maybe 30 odd people - that have been heavy gamblers."

"You don't see it very often unless you're in the right place at the right time. But there is a culture of gambling in the armed forces, I believe."

2.2 An historic social activity which remains a norm in the present day



Interviewees talked about gambling (along with alcohol) historically being a major theme of many official social gatherings within the military. As such, days out to the horse or dog races and nights out to casinos were commonplace up until fairly recently.

The desire to participate in these activities was (at least initially) mostly driven by not wanting to miss important social gatherings, which served as important catalysts for promoting the camaraderie and sense of community fundamental to military life. Younger officers were said to have been particularly affected by this aspect of social gambling, as they were more susceptible to peer pressure, the desire to "fit in", and impress both their superiors and fellow officers.

"It was 30 years ago when I joined – if you were sat in a close mess deck on a ship with 30 other people, and some of those people are fairly senior in terms of service and you're looking up to them – if they're all doing it, and there's a normality about it…. I've been in many situations where we'll go out together – especially on a Saturday afternoon when the football's on – and they'll all be doing it and it's all completely normalised. We're a bit of a sheep culture, especially in the younger stages of your career. And that's what worries me – seeing the senior people do it and wondering what example it's setting for people coming in behind them."

The presence of fruit/slot machines on military bases provided even more opportunities to gamble in a social setting. Many also commented on the relationship between social activities, alcohol, and gambling – which they described as frequently co-occurring and perpetuating each other.

Therefore, it was felt that gambling had been normalised and there was a sense that "everyone was doing it." Moreover, this legitimisation often initiated many unofficial types of gambling activities within the Armed Forces such as sweepstakes and informal bets among personnel.

Importantly, these casual attitudes to gambling and behaviours were seldom perceived as problematic or risky, despite many interviewees having been impacted directly or indirectly.

"It [gambling] had a negative impact at the start of my full-time career in the armed forces. When I was 21, in 1996, I joined to do my training. The automat - where we can buy pizzas and it had vending machines and stuff like that for snacks – had fruit machines in there and there were £25 jackpots. There was also the big arcade machines which people do when you're bored at night and just want a bit of an escape. But the slot machines – the amount of trainees using them was unbelievable…people were spending all their money in the first two weeks because of fruit machines being there."

Yet, some were of the view that although a culture of gambling continued to exist within the RAF, it did so to a much lesser extent nowadays. Changes to RAF rules and guidance were said to have contributed to the reversal of traditional social norms, such as removing fruit/slot machines from bases, no longer endorsing "away days" to the races, and discouraging binge drinking (which was reportedly a trigger for risky gambling).

"It used to be the case that on military bases where there's accommodation for officers and soldiers to live. In bars where people would go in the evening, there used to be bandit machines for people to gamble. They were banned maybe 3 years ago and removed from military sites. I think that's probably helped because the physical temptation isn't there anymore."

"I don't think the MoD would be over the moon about being front and centre saying that it was encouraging people to have days out racing and gambling. So I suppose that has shifted in the in the same way as drinking shifted away from being something that's not as socially acceptable as it once was."

Despite this, many were of the view that a normalised culture of gambling continues to exist in the UK Armed Forces. Interviewees explained that online gambling had largely replaced social, in person gambling, which had contributed to it becoming even more prevalent in the military.

"Over the years I've witnessed an increase in gambling in line with the increase in technology… if the football in on, you'll have a few drinks and go on your phone to do a bit of online betting. Although it's fairly harmless, it potentially leads to bigger things."

Moreover, the emergence of less obvious forms of gambling – such as loot boxes, cryptocurrency, and 'spread betting' on the stock market - were identified as becoming increasingly popular among the military population, especially young officers and specific cohorts of personnel such as the Gurkha community.

It was felt that engaging in these types of activities – often in isolation or without others being able to physically observe how much money one is spending – was contributing the gambling becoming harmful.

There was concern that there was a lack of awareness and appreciation within the military of the usage levels and potential harm of online and alternative types of gambling.

"I enjoy a video game, and a heck of a lot of our sailors do as well – FIFA is one of the most popular ones and although you can't go online on the ship, a lot of sailors will play on it in their spare time. There is a route into problem gambling via the loot box stuff in terms of risk-reward and having no control over what you're going to get. I would call it gambling. I think this is something we would do well to be aware of."

"It depends where you go. When you go to the more boring, dustier places where you're literally just doing your job and there's no other facilities and left to your own devices, I think that's when people will get into a rut and think 'what else have I got to do?' and maybe put a bet on the horses, or blackjack, or a spin – just something to pass the time."

"I've done the sports lottery pretty much as soon as it came out. The incentive is not really the prospect of winning something, it's more to do with the good causes that it funds. I'm involved with sport within the Navy and we seek money from the sports lottery sometimes, so I feel as though it's only right to contribute."

Interviewees also discussed the sports lotteries run by their respective services, which they were all signed up to. It was described as being actively encouraged to participate in and not advertised as gambling, but instead marketed as a fundraising event. Indeed, due to the lottery payments being taken out of their salary before receiving their take home pay and the investment it provided for sports facilities and other causes, it was perceived very differently to traditional gambling.

That said, a few individuals did criticise or question the concept of the sports lottery and felt it further encouraged a culture of acceptance around gambling. It was claimed that it contradicted military policy and its general stance towards gambling insofar as there was an expectation to participate when other types of gambling were prohibited. Another felt it was "sneaky" that personnel were asked to join the lottery during training when they were tired, busy, and not necessarily paying attention to what they were signing up to.

Others still witnessed many of other types of gambling events related to social and fundraising activities within the military, such as bingo, raffles, sweepstakes, and poker nights – all of which are turned a "blind eye to" with "no thought of how it can be a big trigger to somebody."

"There's certainly a very flippant approach in how people engage in gambling [in the military]. If you compare that to the written policy, there is a probably a much more lax interpretation by the vast majority of people."

2.3 Unique occupational factors

Deployments and being away from home

Deployment was identified as a feature of the military which could affect gambling behaviour. Being posted to a western country / city with access and temptation to gamble could facilitate such behaviour; For example, several Interviewees had previously been to Vegas where it was "pretty hard not to walk past a place where you don't have elements of gambling."

The tedium, loneliness, and isolation of being deployed and living on remote bases was also linked to increased gambling activities.

Some deployments and being away from home generally (on a Navy ship, for example) would sometimes logistically enforce unintended gambling abstinence due to poor internet access and/or the prohibition of gambling in certain countries. However, it was argued that in some cases this made the situation worse, as it led to frequent gamblers becoming more prone to "blow outs" when they were back on UK soil.

Workload and stress extremities

Stress caused by danger, high workloads, and long shifts synonymous with military life was a trigger for some interviewees to gamble. Indeed, several interviewees who have experienced gambling issues reported that their behaviour and decisions were highly dependent on emotion insofar as a "bad day" at work often resulted in increased gambling and/or risky gambling.

Conversely, nearly half identified boredom from quieter periods at work and the "come down" from stressful or traumatic work events as being a potential trigger for gambling. This was thought to be further enabled by the accessibility of online betting.

> *"*[I would be more likely to gamble] *When I was in more stressful situations with work. I don't know if trying to escape is the right word…you're focusing on something else other than work…. if I was stressed or angry I'd think 'right, I'm going to put on a bet."*

Disposable income

The association between the Armed Forces and high disposable income was another occupational factor interviewees felt affected gambling and harmful gambling. Once again, young, single officers in shared accommodation – probably not used to having so much money, had financial fewer responsibilities outside of work, and more likely to be influenced by their peers and - were thought to be particularly affected in this way.

> *"The army is like 100 mile an hour to nothing; one minute you're so busy and you've got all that adrenaline going, all that excitement going…all that risk. So gambling is quite an easy way to replicate that when you're bored and sat down."*

> *"There's still a lot of lads putting bets on. It doesn't really seem to be discouraged in the military and people aren't really taught…There are lads joining at 16, 17, 18, and will get a wage and go out and blow it or make stupid bets. By the time they realise, they're in quite deep."*

> *"It [gambling] was at its worst I was in my twenties – I was being paid very well for a youngster, I wasn't married, didn't have a mortgage. If you'd been at sea for a few weeks and weren't even spending that money because there's no outgoings."*

The demographic of people the military naturally attracts

There was discussion around the "type" of person who chooses to join the miliary, and how some of the common attributes and demographics are associated with increased susceptibility to gambling and harmful gambling. For example, military personnel were described as typically being "naturally quite competitive", "wanting in win", and "risk-takers" – traits which were further fostered and instilled during military training. It was also argued that the military tends to recruit young males and individuals from "challenging backgrounds" - and therefore "the epidemiology fits with it being something that's perhaps going to be more of a problem."

"With regards to Gurkhas, we do take risk. Our background builds that in Nepal; obviously it's a third world country and you're always trying to find something to better your living standards, so I think that's where the risk taking comes into play."

"The army teaches you to try and be the best at everything, but trying to be the best gambler in the world is probably the worst thing you can do! Part of your personality is to win – part of being in the army is to the best at everything. The mentality of winning, being the best, unfortunately just trickles over into the other bits of life.

"We tend to recruit people who have quite a positive attitude towards risks. We want people who are enthusiastic and a happy to do things even if the situation or conditions are not perfect. I think that probably lends itself quite nicely to several things: alcohol, gambling, competitive sports - the same personality traits that really suits someone to be in the military, probably also suit someone being a heavy gambler."

3. Obstacles to help and support

There is a reluctance to seek help for gambling-related issues within the military which related to perceived institutional stigma, harmful attitudes and repercussions of disclosing such problems internally. Barriers around identifying such a hidden issue, and denial were additional deterrents to help-seeking. Gaps around gambling support pathways, access, quality and resourcing,

3.1 Difficulties with identifying gambling problems early on

Interviewees felt that secrecy, deceit, lack of physical/visible symptoms, and unwillingness to have open conversations surrounding gambling-related issues made it difficult to detect it in others. The increase in online gambling activity was thought to have made it even easier to hide.

> *"At the time I was trying to hide it; I wouldn't talk about it. I was sometimes going into the toilets* [while at work] *to put a bet on. It could be dependent on where I was based, but it* [gambling] *really wasn't talked about much at all* [in the military]."

> *"I'm not sure if it's a stigma thing or more aligned to that cultural norm, that it's almost 'why do you need help for something everyone is doing?'...I certainly think not enough people recognise it as a problem."*

The perception that gambling is generally an activity which has become normalised and socially acceptable in the military had resulted in easily missing signs of potentially problematic behaviour.

Moreover, another unique feature of the military was commented on in this context. Several interviewees who had experienced issues with gambling explained that despite having an addiction, they were not in debt or serious financial difficulty because they earned a good wage with few outgoings. Therefore, their problems were easy to mask and enabled them to continue as a "functional gambler."

> *"It's easy to hide. With drugs and alcohol, you can kind of tell, but with gambling you can't. I was going into work, putting on a happy face, not showing any problems."*

> *"Back in 2011 I think I'd worked out I'd probably lost about £500,000, and that's conservative. Although I was still in the black, never had any debts."*

3.2 Reluctance to seek help

Impact on career, shame, stigma, and embarrassment

Perhaps the largest barrier to seeking help for gambling internally was concern that disclosing such an issue carried a "reputational risk" which may have negative career repercussions, such as security clearances being revoked, being deemed undeployable, and reduced changes of promotion. As such, there was lot of trepidation about talking to line managers and concern around anonymity when considering whether to seek help via internal welfare services. Some reasoned that these concerns may be more a perception than reality. However, others argued that after witnessing fellow personnel get discharged from the Armed Forces due to issues with gambling, their fears were founded.

"You can be dismissed from the service if you have bad gambling debts. There isn't a chance I'd go internally. I'm not sure if that's a generational thing but even after this call [the interview] *and thought I needed to speak to someone I'd call someone externally so that it wouldn't impact on my job and no one in my job would ever know."*

Problems were also concealed because of the military identity, which was characterized by pride, mental and physical strength, stoicism, and putting on a "brave face on." As such, several interviewees delayed asking for formal support because they were concerned about being viewed as weak, a liability, untrustworthy, and unable to "man up" if they disclosed their gambling issues due to the stereotype. It was also felt that the shame of admitting they had a problem with gambling further perpetuated their own denial about the extent of their issues.

"I think I was very tentative about doing it [seeking help] because obviously the stigma that's attached to it and everyone thinks that you're broken, and you've got no money and you're a liability and it can affect your security clearances. So, I was definitely very sceptical about raising it."

"I think they would try and cope with it themselves. I don't think I've seen anybody come out and really declare that - unless they're caught. They've got a lot of self-respect, a lot of honour, so it is very unlikely that you will see a Gurkha declare it."

3.3 Lack of knowledge of support pathways and provision

Lack of awareness and education around gambling and harmful gambling

There was widespread acknowledgement that a more open, tolerant culture around mental health within the military had helped increase awareness and destigmatise towards help seeking for wellbeing issues generally. Several interviewees felt that this had also translated to improved awareness around gambling and increased appreciation of it as an addiction.

"I think a lot of kind of social issues are brought up the armed forces, and unfortunately, I don't think gambling is really touched on although I think it probably affects people a lot more than other issues."

There was general agreement that due to the "institutionalised" nature of the Armed Forces, it does have a greater responsibility than civilian employers to provide information and support for issues affecting their personnel, including gambling. However, the majority felt that proactive, targeted awareness and education continued to lack, especially compared with the perceived attention given to other addictions and mental health problems. Specifically, interviewees did not think there was enough visible advertising about internal and external support pathways nor dedicated training packages on the subject – all of which impacted prevention and early intervention.

"I don't think there's any training or anything for people to go out of their way to look for signs of it, or any indication that it's a thing that exists needs to be hunted out and dealt with."

"We do have more touchpoints than a civilian employer: the divisional system, your mess mates, the chaplaincy system, the welfare service. So, there's a lot of places people can go to for advice."

Issues with support pathways

It was agreed that there is awareness of where to go for help for welfare issues internally and that there are a range of support services available, such the GP, welfare units, the chaplaincy/padre, and the Department of Community Mental Health (DCMH).

However, a key issue raised was the (perceived) lack of defined pathways and support networks for gambling-specific issues (or, as mentioned above, if there is, they are not widely advertised), and there was confusion about which service(s) would be most appropriate and helpful. Consequently, most interviewees would not know what to do if they or someone they knew needed internal intervention. This was brought up as a particular concern for line managers, who felt unsure of how to signpost and/or support their staff.

"I'm not sure what the correct procedure is where you go for help [for gambling]. I don't know if that would be the medical route or my line manager. I'd say it's not very clear in the Navy – there is a gap around where you would go. I think a lot of the other issues are more advertised and they give you a route of where you can go."

Instead, there was much more familiarity with external gambling support pathways and services, such as Gamblers Anonymous, Gamble Aware, GamCare, Gamstop etc. which interviewees were much more likely to use themselves or signpost others to.

"I raised it to one of my bosses beforehand and he was fantastic; he said it can be just kept between us two and to go do what I needed to do."

Despite concern about talking to chain of command, some interviewees still felt that going to them as a first port of call for something like this could be useful as an initial pathway to getting help. However, the inconsistent and "individual driven" approaches to the pastoral aspect of line management meant that whereas some personnel received they support the needed, others did not.

"I told my line manager but he didn't do anything; he didn't care about it and basically turned a blind eye."

Overall, those who used external formal support networks found the pathways less problematic. However, three interviewees were unable to continue accessing this type of help due to being deployed or required to move away from their local meetings. They struggled to find an alternative and therefore ceased to continue receiving formal support.

Issues with the quality and content of formal support

"I went to Gamblers Anonymous meetings for about 9 months. I stopped going because I got posted out of the area overseas. I considered going again in the new place but the opportunity wasn't there...I did look at GA meetings over there but they weren't particularly close...I was lucky there wasn't a casino nearby…"

"I went to Gamblers Anonymous which really helped. [was there] for 1.5 years [but stopped] because I got moved up to [city name redacted]. I Googled Gamblers Anonymous but the nearest place was too far away. There was this place I went to that was about addiction, but it was more for alcoholics, and it was almost like 'what are you doing here?'"

Several Interviewees who did seek formal support for gambling within the military were disappointed: they described being sent back and forth between different services, simply told to look online for resources, and/or did not feel they were taken seriously.

In general, it was felt that issues related to gambling were still considered "niche" within the Armed Forces, and as such, support services did not have the knowledge nor expertise to provide the sufficient help. One interviewee who accessed the DCMH criticised it for failing to truly understand the secrecy and deceit involved in gambling related harms. For example, they explained their claims that they had stopped gambling (which they lied about) were not challenged and they were signed off without any intervention attempt.

The lack of budget, investment and resourcing within internal and external welfare services were thought to exacerbate these issues and resulted in individuals having to wait for a long time to receive help and ultimately struggle to receive valuable, good quality care.

"I self-referred to the DCMH. However, I didn't find it particularly useful or insightful. They basically believed everything I said, and one of the things that normally goes hand in hand with gambling and addiction is compulsive lying. I was quite good at convincing them that I'd stopped. I went to two meetings and stopped because they said I was doing fine and that I had everything in place without even checking and just taking my word for it."

"I think it's shocking. What people do is, they'll get themselves into debt, they'll go to their line manager, who will point them towards SAFA or the Padre. Don't get me wrong, the Padres do a great job, but they're not experts in addiction."

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3.4 Impacts of not seeking / receiving the right support and the right time

All interviewees with experience of harmful gambling either delayed getting help or decided not to seek formal support due to one or several of the issues raised above. They discussed the range of ways in which this lack of early intervention had impacted their lives financially, psychologically, and socially, which included: stress and shame caused by chasing loses and financial concerns; taking out loans to pay off debts; guilt caused by lying to loved ones and their preoccupation with gambling; and deterioration of personal relationships, including divorce; sleep and mood issues; and increasing fear/despair of the compulsive need to gamble. This led to severe mental health issues such as anxiety, depression, alcohol abuse, and suicide ideation.

"… I don't know exactly how much I've lost over the years, but probably more than £200,000 …So that's a huge negative impact on my life; I think about that quite a lot… it's made me feel like wanting to kill myself in the past."

"Back in 2011 I think I'd worked out roughly, I'd probably lost about £500,000, and that's conservative… I did get divorced, and one of the elements of the divorce was gambling."

"As a result of my gambling I had a breakdown. I had severe anxiety, I had panic attacks…and so that all just basically became too much and spiralled me into a depression."

"It affected the relationship with my wife; she was always in a bad mood because I was always losing money and I was taking it out on her…we've no children and we were away in [overseas country] at the time – that's where I was based - so it was just me and her... I was drinking heavily as well."

Others without personal experience had witnessed extreme situations in the military whereby individuals' gambling addiction had escalated to the point of stealing from fellow personnel and senior offers. As far as interviewees knew, in most cases support had been offered for these individuals and the individuals' behaviour ultimately led to dismissal from the Armed Forces

4. Facilitators of help and support

It was suggested that educational courses and materials focused on financial management, "myth-busting", the risks of online gambling, as well as the provision better screening and the introduction of mandatory training.

Family and friends provided both practical and emotional support. They also played a key part in encouraging help-seeking and recovery.

Common components which encouraged help-seeking and positive outcomes were identified as:

4.1 Preventative measures and early intervention

There were several suggestions as how the military could potentially implement better preventive strategies and encourage help-seeking before gambling issues escalate.

One of most popular recommendations for prevention was the provision of financial education early on in officers' careers – preferably during basic training. Referencing some of their earlier comments about high disposable income associated with the military and its impact on gambling, interviewees argued that there is a need to help younger personnel become more aware of their money, how to budget, and some of the pitfalls to avoid around money and gambling.

"I think that there needs to be a lot more or better financial advice; not investing 'this' and 'that', or do 'this' with your pension, but just general budgeting when you get paid, how to be better with your finances - and then as part of that include information about all these gambling things out there that are designed to lose you money and make the bookmakers money…so just bear that in mind, we know you're adults, but just don't go mad, you know? Financial education."

It was also thought that introducing annual or biannual mandatory training sessions focused on gambling harm awareness and support would be a useful way to provide a baseline awareness. Some discussed how powerful real-life stories via the media, such as documentaries with famous sports people experiencing harmful gambling, had been in bringing these issues to light and destigmatising them. Therefore, it was suggested that something similar could be incorporated into military training programmes.

"Maybe a hard-hitting, face to face presentation when they're still quite young and impressionable by someone who's been there, done that, and bought the t-shirt is more likely to work at the beginning, before it ever becomes a problem, rather than it is becoming a problem later and trying to fix it. I'm not saying posters shouldn't be put up because every little helps, but we need a bigger hit, rather than drip-feeding."

However, several interviewees caveated that the miliary needs to be "careful" about the volume of training it requires of personnel, which is already becoming "burdensome." It was suggested that some short training materials could be incorporated into alcohol and/or substance use mandatory training rather than creating separate sessions for gambling.

In general, it was felt that more visible and proactive information should be made available around how to detect early warning signs of harmful gambling, what to do if you or someone you know is experiencing these issues, and available support pathways (both internally and externally).

"I think the big thing could be a myth-busting campaign such as 'will I lose my security clearance', and the answer is 'not necessarily' and 'you're more likely to lose your security clearance by not coming forward.' And other things like 'will I be removed from my ship?' and the answer being 'not necessarily.' The message should be that it is more important for the navy to have you healthy for the longer-term than doing a short deployment now when you need help."

It was advised that this should be made available via a range of platforms to ensure maximum reach and accessible, including online (the intranet, emails and other service-specific software such as MyNavy app); posters with QR codes; and briefings. However, some interviewees warned that there would be a need to focus on quality over quantity of such information dissemination; they explained that there is a risk of over-saturating personnel with communication about mental health and wellbeing, and that thoughtful, targeted advertising would be prudent.

To encourage more personnel to come forward and ask for support, resources documenting clarity and "myth-busting" information about the repercussions of help-seeking was advocated. For example, reassurance that help seeking for gambling would not necessarily mean automatic security clearance removal.

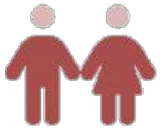
"I think any of the other things - posters, emails, awareness campaigns, things like that - would be a positive way to do it. I think one thing that's maybe differs from quite a lot of other walks of life at the moment is that people in the armed forces do tend to work in a single workplace and rarely work from home and things. So actually, what we might call our old fashioned, pre COVID methods, like posters and leaflets probably still work."

Case studies illustrating examples of "success stories" based on individuals who have sought support, as well as more negative ones around those who chose not to were additionally suggested.

According to several interviewees, another method to detect issues earlier could be to implement routine screening and vetting for "red flags" associated with gambling other than just debt, especially as financial issues can take a long time to manifest due to the high disposable income.

4.2 The role of family, colleagues, and line managers

Most interviews who had recovered or were in the process of recovery from gambling-related harms credited their spouse/partner as being a main reason behind it. In most cases, their partner had discovered the extent of the gambling problem accidentally (by looking at bank statement, for example), and bringing the subject to a head. This often resulted in an "ultimatum" of sorts, which provided interviewees with a "wake up call" and acceptance that they had a problem. For some, simply having their partner to talk to and support them helped with their recovery, while others accessed formal help with their encouragement.



Another helpful informal support system identified was fellow serving personnel. It was explained that there was "close knit" circles and strong camaraderie within the military, where friends often "check in" with each other, notice if something is wrong, prompt them to talk about it, and "intervene" where necessary.

"It's quite a close-knit circle and you've got a lot of 'are you sure you should you be doing that?' and 'stop being so stupid.' I've had conversations where you need to say 'stop, it's not looking good, 'you're getting carried away.'"

"The conversation went along the lines of 'let me have a look at your bank' and she opened it up and in and out of my bank within six months was quarter of a million pound! She said, 'you stop this and get help properly or that's it.' So that was enough of a wakeup call for me to sort myself out. So I went to Gamcare and had some one-to-one sessions."

Despite the issues raised around disclosing issues to the chain of command, there were also examples of line managers who were personable and non-judgemental with an approachable "open door policy" – all of which made personnel feel comfortable to open up to them. Moreover, several line manager interviewees spoke about their efforts to understand and support their staff with regards to all welfare related issues, including gambling.

"When she [wife] showed me my bank statement and there was £250,000 going in and out in 6 months…unless someone shows you it, you don't really realise how much of a problem you have, or I had. It was refreshing that she was willing to stick with me and go through it with me and help me and be my support network, which I think is probably the most important thing."

"I'm not sure if I know exactly where to go to speak to people straight away [for a gambling-related issue], but I'm comfortable enough with going to my line management for mental wellbeing. I feel like I could confide in them, and they'd be happy enough to be able to tell me where I should go to seek out the help that I would need."

"From a personal perspective, I've always been taught to look after your people, you get to know them…but those who have got real problems tend to be really good at hiding it because it's so much more of a big thing for them. But the means, methods and ways of dealing with it are there. I would say that the starting point is to be sympathetic and supportive and conciliatory."

4.3 Helpful aspects of formal support

Lastly, interviewees were asked what components of formal support for gambling-related issues they thought would be most useful in encouraging help-seeking and facilitating positive outcomes.

> *"There are a couple reasons* [why they went to Gamblers Anonymous when they later hit "rock bottom" after initially going to the DCMH and not being impressed]. *It probably was to do with not having trust in the military system and probably something to do with fear of the job and security clearance."*

Anonymity

Due to concern raised about the potential impact on career, shame, and embarrassment, anonymity was highlighted as an important enabler for help-seeking – both internally and externally. Indeed, for those who had accessed external support services, knowing that everything they said was confidential and that no one from the military would know them or recognise them at the sessions was a major incentive. Those who had never accessed support agreed that they would hypothetically be more likely to use external services for this reason.

Despite some of the criticism around support pathways and provision in the military, padres / chaplains were described as "trusted allies" who are "seen as a separate organisation" and can therefore provide an anonymous source of support. Although not experts in gambling, some argued that they would at least be a good first port of call for anyone that needed help for gambling and did not feel comfortable or safe to talk to their line manager.

> *"When I did think I had a problem, my instinct was Gamblers Anonymous, just to see how bad it was. Because in my head, it never impacted my work and I wanted to keep my personal life separate from the Navy."*

> *"Within the Navy I don't there's any specific gambling helpline resource type thing, but the chaplaincy would be able to point me in the right direction...In my experience, I'd feel quite safe going to them; the majority of the ones I've come across are excellent and do not divulge anything that's said in confidence."*

Peer support

Those who had used external services such as Gamblers' Anonymous felt that the peer support element of it had been particularly helpful. They argued that receiving support from trained therapists was not necessarily needed; instead, simply being able to talk openly to others with lived experience and the sense of community within these groups should not be underestimated. It was suggested by several interviewees that peer support sessions for gambling addiction (and mental health more general) could be incorporated into the military's current wellbeing support offering.

> *"The people at Gamblers Anonymous, are not qualified therapists; it's just a group of people who are all going through the same thing. There's not an individual therapist who gives you ideas, you bounce off each other. And so even something like that in the main bases that people can come along too…because as we can see from that Andy's Men's Club that people will come if as long as that resource is there."*

Holistic support with a psychological basis

Interviewees also discussed the importance of support that treats and explores mental health issues, root causes, and co-morbidities. Indeed, support which only focuses on financial management and/or self-exclusion in isolation were not thought to be particularly helpful for positive long-term outcomes.

"I've had counselling for my gambling in the past and I've also had counselling from for different reasons. And it was explained to me that it's a form of self-harm, it's a way of taking back control from the opinion to mental health expert."

An understanding of military life

One of the issues encountered with external support services was the lack of understanding of military life, and therefore several interviewees discussed their desire for more practitioners to have first-hand knowledge of the idiosyncrasies of working for the Armed Forces.

"It's important you've got someone who can understand some of the other pressures that that come with life in a uniform. It will probably make the individual concerned more comfortable or at least will allow them to understand some of the pressures and triggers and influences that that individual is under. And I think that's particularly important when someone is going through a stressful situation - to have someone who understands the language and the situation that individual is in probably makes a big difference in terms of even simple things like establishing empathy and being able to progress a case like that."

Discussion: SAGE Interviews

Overall, the take-home messages from the SAGE interviews were:

- There is widescale acknowledgement that there is a much more open and de-stigmatised culture around mental health, welfare and addictions within the UK military. There is also some really good work being done to try to address the gaps.

- However, risky gambling / gambling addiction still feels “left behind” and needs much more proactivity around it.

- There is an acute need for more awareness, especially around the perils of online gambling and newer, less obvious activities such as gaming and gambling.

- Relevant help and support information should be disseminated via a range of digital and non-digital platforms and include first hand experiences of the military and gambling-related issues (for example, the serving personnel cohort included in this study who are recovering from gambling-related issues could be really useful).

- There are opportunities for other preventative measures, such as Financial Management Training during Phase 1 training, Better screening for issues during initial assessments, and Training and support for line managers and defence welfare and medical services.

- Including military and non-military practitioners involved in the MoD Gambling Care Pathway to ensure buy-in of this important initiative

eSBIRT development

Online or electronic treatments for gambling disorder in veterans include The Brief Digital Accelerator Treatment for Gambling Guide & Workbook and The Safest Bet Guide to Understanding Problem Gambling, both offered by the US Department of Veterans Affairs. We recently published an evidence review of the electronic screening, brief intervention, and referral to treatment (eSBIRT) literature and the implications it has for treatment and research on gambling (Jones et al., 2024).

On the basis of our review findings, we developed an early build of an eSBIRT over three phases. The first phase involved reviewing the research literature regarding eSBIRT effectiveness and identifying the kind of components associated with improvement in addictive problems such as harmful gambling.

In carrying out our review, we found that the design of eSBIRT programs vary, however, the components most often associated with effectiveness were:

- validated screening measures, personalised assessment feedback, readiness to change assessment, decisional balance exercises, goal setting, and change plans.

The second phase of development involved incorporating the findings of our review into the design of an eSBIRT program which would be easy to use and appealing to an Armed Forces population. The components presented to the user will depend on their answers to various screening and assessment questions.

The third and final stage of development involved the sharing of the components list and an accompanying flowchart (Appendix B) with the developer, Soteria Global Solutions who are an approved supplier of Swansea University.

The following components are included in the current build:

S1: At the outset of the eSBIRT users will input minimal demographic details including age, sex, service and country of residence.

S2: The user completes a brief screening measure called the PGSI mini.

C1: The user completes the PGSI short form which is a validated screening measure for harmful gambling.

C2: A Normative feedback component is used to present the user's PGSI score back to them, letting them know how they score compared to the wider population matched for age and gender.

C3: The user is presented with a motivational message to reinforce their current gambling habits.

C4: The user is presented with information on gambling harms and warning signs to look out for including:

- Spending more than you want or planned to on gambling
- Gambling on sports, games or events that you are not interested in
- Placing multiple bets in a short space of time
- Struggling to find the money for necessities or bill payments
- Taking out loans to cover gambling costs and debts

- Feeling depressed or anxious, or feeling like your mood is up and down
- Trouble sleeping or relaxing
- Gambling because you want to escape negative feelings, rather than because you enjoy it
- Feeling like you don't enjoy anything but gambling
- Experiencing thoughts of suicide or of harming yourself

C5: The user completes a readiness to change assessment by completing the readiness to change questionnaire (RCQ). The RCQ was originally designed in respect to alcohol, so we changed the questions to refer to gambling.

C6: The user is asked to describe their current gambling habits and complete a decisional balance sheet exercise. This includes types of gambling, setting and frequency of gambling behaviour. The user is prompted to think about the things they value in life by way of a carousel of images related to the domains of life found in the widely used Valued Living Questionnaire (VLQ) (Wilson et al., 2010).

"What kind of person do you strive to be in your life? To help answer this look at the following domains of life and think about what you value the most. Then think about the kind of person you want to be. Depending on who you are examples might be "a loving, caring, husband", "a supportive sister who's always there", or "a dedicated soldier who can be trusted and relied upon". Keep in mind that there is no right or wrong answer here."

The user is then instructed on filling in a simple 4x4 table of the pros and cons to changing their gambling habits, and select from their answers, one primary motivator for change.

C7: The user is presented with a goal setting exercise to help make sure their goals are specific and measurable. For most people this will probably be reduction, but for some it may be abstinence. Text prompts include:

"What do you want to accomplish – do you want to reduce your gambling, stop gambling, or stop or reduce specific types of gambling?"

"How will you know when you have achieved your goal? Can you put a number (including zero) on this? E.g. a number of days, hours or pounds spent gambling a day, week or month?"

C8: The user is presented with a change plan. First, they commit to a start time and date, and are then reminded of their primary motivator for change from the C6.

The user is then presented with a series of prompts to make sure their plan for change is achievable, realistic, and has a timescale that they can commit to:

"Are you setting yourself up to succeed, or fail? There's nothing wrong with having an ambitious goal, but make sure you split things up into manageable chunks on the way"

"Do you need to do any groundwork? If you need help from others, make sure they know and are available. If you need to spend time doing things other than gambling like hobbies or interests, or spending time with people important to you, make sure you have all you need and are ready to go."

C9: A summary is now made available for the user to print or email themselves a summary of their answers.

C10: The user is presented with onward referral information tailored to their location and demographic details.

eSBIRT evaluation methodology & analysis plan

The eSBIRT evaluation and Ux study will be completed as part of the SAGE II Study, which is a cross-sectional survey of younger service personnel recruited from 7 Army and Royal Navy Phase 2 training sites across England and Scotland. The SAGE II study has received MODREC approval, and it is hoped that data collection will commence by September 2024. Data collection and analysis will be undertaken by researchers based at MilGAM, at no extra cost to the SAGE Study. A MilGAM-funded PhD student will also be conducting work on a brief intervention tool for use with the general population and currently serving personnel.

We will carry out a UX study to assess the acceptability and useability of our beta eSBIRT program. We will use brief open-ended interviews including the use of a standardised UX measure. We will offer all participants a £20 electronic shopping voucher as a thank you for their time.

Interviews will be carried out by a research officer using a topic guide (Appendix C) relevant to current methods of UX research concerning web-based health promotion tools (Kwasnicka et al., 2022; Nesbitt et al., 2022).

Once the topic guide is exhausted, interviewing researchers will then engage participants with a standardised UX measurement tool. As the eSBIRT was made up of multiple components which the user was tasked with engaging with depending on their answers to preliminary screening questions embedded in the program, we will apply a widely utilised measure of UX suitable for repeated administration in relation to multiple component parts; the short-form version of the User Experience Questionnaire (UEQ-S) (Schrepp et al., 2017).

Survey and Interviews: Discussion and Recommendations

Our findings in context

Demographic comparison with UK AFSP population

Our sample was 87% white British, compared to the wider UK AFSP population at 94.4% (MoD, 2022b)	Background
	Age: The average age of respondents was 40 years, whilst the average age of UK AFSP is 31 years (MoD, 2022b)
UK AFSP are 89% male (MoD, 2022b), whereas our sample was 86% male	Sex
	Marriage: 76% of our sampler were married, compared to 45% of total UK AFSP (MoD, 2022a)
Commissioned officers make up 20% of UK AFSP (MoD, 2022b), but make up 51% of our sample	Rank

Gambling activities compared with UK general population

50% of adults in general population are past year gamblers, compared with 72% of our sample of AFSP (NHS Digital, 2023)	Past year gambling
	PGSI score
22% of our sample reported some level of gambling risk, compared with 3.8% in the general population (PHE, 2023)	
We found that 24% of AFSP experiencing gambling harms sought help, compared with 18% in the general population (NHS Digital, 2023	Help-seeking

Mental health compared with UK general population

9% of our sample reported depressive symptoms, compared with 16% of the general population (ONS, 2022)	Depression
	Anxiety: An estimated 16% of the general population experience elevated generalised anxiety, compared with 10% of our sample (ONS, 2022)
In the UK 4% of people screen positive for PTSD, as did 5% of our sample of AFSP (NHS Digital, 2014)	PTSD
	Loneliness: 6% of the general population reported being lonely much of the time or more, compared with 15% of AFSP (NHS Digital, 2014)
Amongst the general population 15% drank 8 or more units at least weekly, compare with 22% of our sample (ONS, 2017)	Alcohol
	Suicidality: 16% of our sample reported suicidal thoughts and 1% reported attempts, compared with 5% and 0.7% of the general population (NHS Digital, 2014)

Conclusions

We recruited a sample of comparatively older, well educated, highly ranked AFSP who were often married and living with family members most of the time. Past year gambling was significantly more common in our sample than would be expected in the general population.

Our sample demonstrated a high prevalence of gambling risk as measured using the PGSI and contained a comparatively high number of help-seekers. Help seeking was almost exclusively done outside of the Armed Forces, and this was for the most part due to fears of harming one's career or negative social consequences. Seeking help within the Armed Forces was not perceived as confidential, or likely to be effective.

Despite the comparatively high proportion of help seekers amongst out sample, awareness of safer gambling help and support services was low. The most well-known organisation was GambleAware, whilst Gamblers Anonymous and BetKnowMore were unknown to our sample. The two existing NHS gambling support services were known only by a limited number of participants.

Amongst past year gamblers we found that lower age was associated with higher risk gambling, with 18–25-year-olds by far the most likely to report risky gambling. Being male, living in service accommodation, having a below A-level education, and recent deployment of over 3 years were all predictors of gambling risk. Being of commissioned rank and owning one's own home reduced the likelihood of gambling risk.

We also found that experiencing symptoms of generalised anxiety, psychological trauma, as well as loneliness, past year suicidal ideation and high alcohol consumption were predictive of increasingly risky gambling.

Certain gambling practices also predicted risky gambling. These included playing strategy games (as opposed to playing only chance games which reduced the odds of gambling risk significantly), playing fruit and slot machines off-base, sports betting, and online casino games via websites or smartphone apps. Conversely, playing either the national or sports lotteries were protective against gambling risk.

Higher risk gambling predicted financial harm, as did playing strategy games, being male, and being single. Being a homeowner reduced the likelihood of financial harm, as did playing only chance games.

Recommendations

Based on our findings, we recommend drafting and evaluating several educational and early intervention materials. Thes should include digital educational programs (such as our developing eSBIRT program), as well as educational sessions embedded in trainee induction and continuing professional development, as well as printed leaflets for placement in health and welfare locales (e.g. DCMH waiting rooms).

As younger, less educated, single men living alone are the group most at risk of risky gambling and associated harms, intervention aimed at recruits is of the utmost importance in improving safer gambling awareness in an impactful way.

Knowledge of the risk of gambling including financial and social harms, and mental health problems should be clearly communicated. The types of gambling associated with higher risk should be highlighted, and advice given on opting more toward off-line chance-based gaming should personnel choose to gamble in some capacity (though with special warning given regarding fruit and slot machine use). The various options for help and support both on-base and off-base should be readily accessible to AFSP at every step of the chain of command for personal use and for signposting colleagues.

AFSP should be coached to notice warning signs, such as gambling to escape symptoms of low mood, anxiety, or recollection of traumatic events, as well as gambling whilst drinking alcohol. Should personnel notice such behaviours entering their routine, then they should be able to access confidential help facilitated by the Armed Forces with a specialist service. Liaison between immediate managers within the Armed Forces and third sector or NHS specialist gambling treatment services would be an effective way to address AFSP concerns about confidentiality and treatment efficacy, whilst maintaining a sense of care and support on behalf of the Armed Forces chain of command.

Scoping the Accessibility of Safer Gambling Information in the United Kingdom Armed Forces (SAGE)

Dissemination

Findings from the SAGE Study were shared at a dedicated knowledge exchange event held in Swansea in June 2024, in published, open-access publications, and at international conferences.

In what follows, we share details and photos from these successful dissemination opportunities.

Knowledge sharing event held to launch SAGE Study Findings (June 2024)

10.30-11.00	***Arrival and refreshments***
11.00-11.20	*Welcome and introduction to the SAGE Study* Professor Simon Dymond
11.20-11.50	*SAGE Survey Findings* Dr Matthew Jones
11.50-12.20	*SAGE Qualitative Interview Findings* Hannah Champion
12.20-13.00	***Lunch and refreshments***
13.00-13.20	*Next Steps: The SAGE II Study* Dr Glen Dighton & Sam Treacy
13.20-13.50	*Reflections from The Defence Primary Health Care Gambling Care Pathway* Dr Ruth Rushton Consultant Clinical Psychologist, National Addiction Post, Defence Primary Health Care, Ministry of Defence & Dr Andrea Docherty Consultant in Public Health, Defence Primary Health Care, Ministry of Defence
13.50-14.20	*Lived Experience Perspectives* Matt Losing Andy Gallie Jason Shephard Emma Levett
14.20-14.30	*Concluding Comments* Professor Simon Dymond

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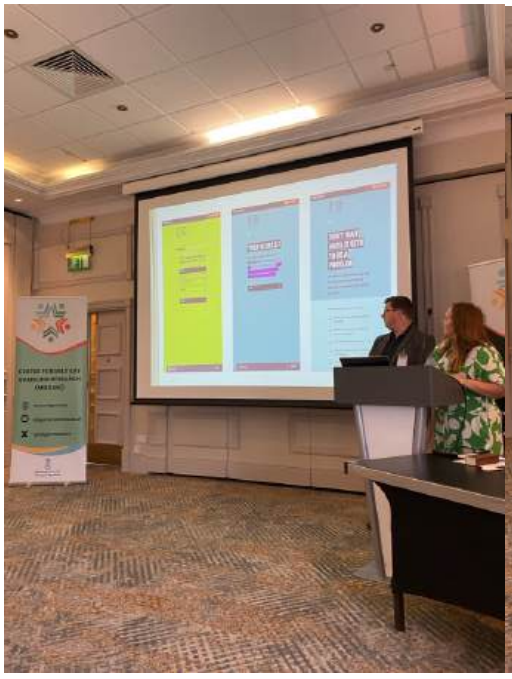
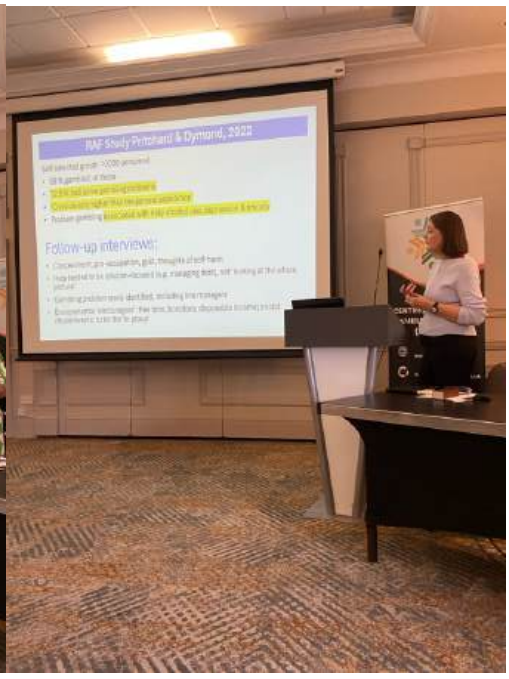
Knowledge sharing event held to launch SAGE Study Findings (June 2024)





Knowledge sharing event held to launch SAGE Study Findings (June 2024)

Outputs resulting from this funded work

Jones, M., Champion, H., Dighton, G., Larcombe, J., Fossey, M., & Dymond S. (2024). Demographic characteristics, gambling engagement, mental health, and associations with harmful gambling risk among UK Armed Forces serving personnel. *BMJ Military Health.* http://dx.doi.org/10.1136/military-2024-002726

Jones, M., Seel, C.J., & Dymond, S. (2024). Electronic-screening, brief intervention and referral to treatment (e-SBIRT) for addictive disorders: Systematic review and meta-analysis. *Substance Use & Addiction Journal*. DOI: 10.1177/29767342241248926

Conference presentations resulting from this funded work

Current Advances in Gambling Research (CAGR) 2024, Amsterdam

Bristol Hub for Gambling Harms Research Colloquium 2023, Bristol

International Conference on Behavioural Addictions (ICBA) 2023, South Korea

International Centre for Responsible Gaming (ICRG) 2023, Las Vegas

Swansea University
Prifysgol Abertawe

UK ARMED FORCES VETERANS' HEALTH AND GAMBLING STUDY

Visit The Dymond Lab

Learn about SAGE

UK Military Personnel and Gambling Related Harm

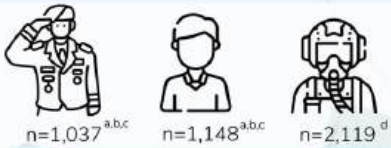
Simon Dymond [1,2]
[1]Swansea University, United Kingdom and [2]Reykjavik University, Iceland

Background

International evidence indicates that Armed Forces personnel, including both those currently serving and veterans, have heightened vulnerability to harmful gambling. Despite this, little is known about the prevalence of, and risk factors for, harmful gambling among the United Kingdom (UK) Armed Forces.

Method

Cross-sectional surveys and cost analysis of veterans, serving RAF personnel, and unmatched civilians.



Results

Mean health service visits over 3 months veterans vs. non-veterans [b]

x2 visits

x3.5 visits

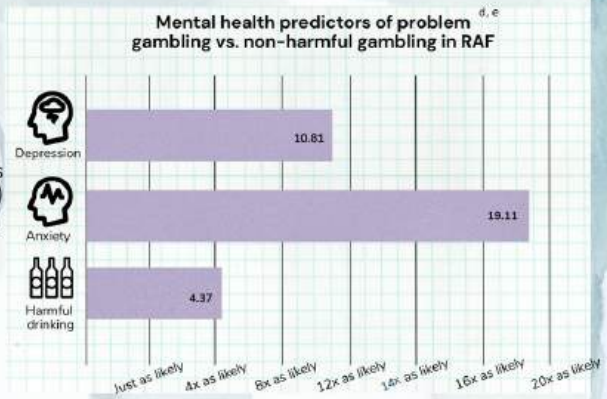
x9 visits

x17 visits (Alcohol)

x10 visits (Drugs)

"...I wouldn't want the RAF to know. I wouldn't want lots of people to know, because it's not something I'm proud of... I was embarrassed more than anything" [c]

Mental health predictors of problem gambling vs. non-harmful gambling in RAF [d, e]



Implications

- UK Armed Forces personnel are vulnerable to harmful gambling, especially in the context of co-morbid mental health problems and harmful alcohol use.
- Routine screening for gambling harms should be undertaken to identify those at greatest risk of harm.
- Ongoing work includes the SAGE survey and interview study to assess safer gambling information and support among service personnel.

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Royal Air Force Benevolent Fund

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b. Harris, S., Peckett, R. D., Dighton, G., Wood, K., Armour, C., Fossey, M., Hogan, L., Kitchiner, N., Larcombe, J., Rogers, R. D., & Dymond, S. (2021). Social and economic costs of gambling problems and related harm among UK military veterans. *BMJ Military Health*

c. Champion, H., Pritchard, A., Dighton, G., & Dymond, S. (2022). Gambling problems and help-seeking in serving United Kingdom military personnel: A qualitative study. *Frontiers in Psychiatry*

d. Pritchard, A., & Dymond, S. (2022). Gambling problems and associated harms in United Kingdom Royal Air Force personnel. *Addictive Behaviours*

e. Whiteford, S., Quigley, M., Dighton, G., Wood, K., Kitchiner, N., Armour, C., & Dymond, S. (2022). Anxiety, not distress tolerance, mediates the relationship between complex posttraumatic stress disorder symptoms and alcohol use in veterans. *Journal of Clinical Psychology*.

GREAT NETWORK WALES

A multivariate investigation of harmful gambling among serving Armed Forces personnel

Matthew Jones[1], Glen Dighton[1], Justyn Larcombe[2], Matt Fossey[1,3] and Simon Dymond[1]

Swansea University Centre for Military Gambling Research,[1] The Recovery Course,[2] Anglia Ruskin University[3]

Learn about SAGE

Background

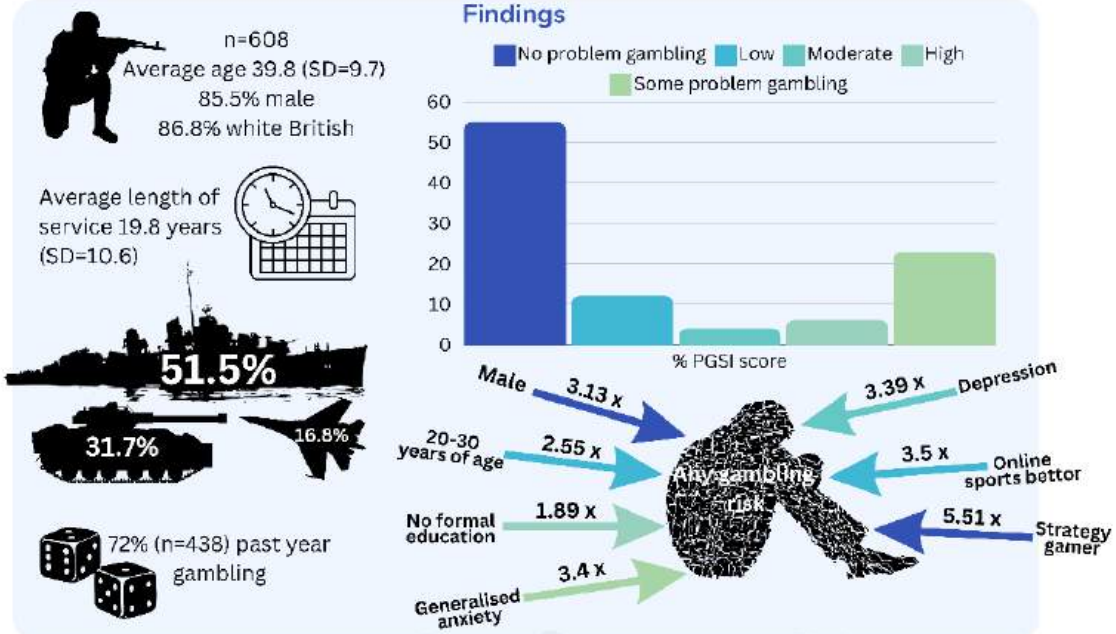
Harmful gambling poses a significant economic and public health problem, with the Armed Forces community at comparatively higher risk relative to the general population.[1,2,3]

Strategic games (e.g., poker, sports betting, dice games) have ben found to be associated with gambling harms compared to non-strategic or chance games (e.g., slot machines, bingo, roulette).[4]

Method

We carried out an online cross-sectional, exploratory survey of sociodemographics, mental health, and game type preference in the serving Armed Forces community.

Findings



Implications

Our findings support previous research concerning male sex, younger age, lack of education and common mental health difficulties as risk factors for gambling harms in the Armed Forces. Additionally, we identified novel findings regarding propensity for strategy gaming as a predictor of harmful gambling, with online sports betting a notable exception.

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2. Cowlishaw S, Metcalf O, Lawrence-Wood E, Little J, Sbisa A, Deans C, et al. Gambling problems among military personnel after deployment. Journal of Psychiatric Research. 2020 Dec;131:47–53..
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Visit The Dymond Lab

Scoping the Accessibility of Safer Gambling Information in the United Kingdom Armed Forces (SAGE): A Qualitative Study

Hannah Champion[1], Matthew Jones[1], Justyn Larcombe[2], Matt Fossey[3] & Simon Dymond[1,4]

[1] School of Psychology, Swansea University, United Kingdom. [2] The Recovery Course. [3] Veterans' and Families Institute, Anglia Ruskin University. [4] Department of Psychology, Reykjavik University, Iceland.

Study aims

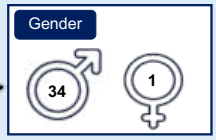
To explore lived experience of gambling-related harm, awareness of safer gambling information, and to improve help and treatment support for the UK Armed Forces.

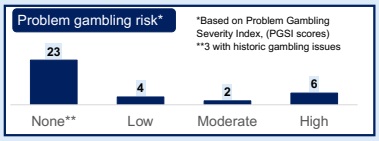
Method

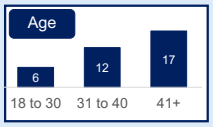
39 in-depth semi-structured interviews undertaken with:

(i) 35 currently serving UK Armed Forces personnel

(ii) 4 UK Armed Forces healthcare / welfare support staff







Emerging findings

Culture & access facilitate perfunctory gambling and harmful behaviours

Pathways to gambling through early experiences

Early memories of family members' gambling which shaped behaviour

Military-specific influences

Historic, normalised social activity, influenced by: "herd" mentality; competitiveness; boredom; deployments; alcohol consumption; disposable income.

Impact of apps & other online activities

A significant shift from gambling socially to using apps → increased access & secrecy.

Increasing use of crypto currency, loot boxes and gambling tendencies when trading stocks and shares.

"I was on a naval ship for two years and I think it [gambling behaviour] *probably increased because of boredom; I would just go on my phone and bet…You've got this group of guys who are talking about who has bet the most…You get into that routine."*

New individuals joining the military have access to lots of money…that might make it more likely that it then becomes an addiction later. And because their accommodation and food are provided, they can spend their money as they wish.

Shame, fear & lack of clear pathways impact identification & help-seeking

Reluctance to seek help, especially via the military

Key barriers → concern about (lack of) anonymity and career impact, embarrassment, perceived as "weak", denial, believing they could resolve the problem themselves. Resulted in issues remaining undetected until the situation escalated (lack of control, large debts, relationship breakdowns etc.)

A lack of knowledge of support pathways and provision

Confusion around how to access support / signpost individuals.

Internal support services struggle with lack of resourcing and knowledge in this field.

External services (e.g., Gamblers Anonymous) more likely to be accessed. They can be helpful, but also lack understanding around military life.

"I was very tentative about [seeking help for gambling] *because of the stigma attached to it, and everyone thinks that you're broken, and you've got no money and you're a liability, and it can affect your security clearances."*

"Divisional Officers and Troop Commanders in the Navy and the Royal Marines seem to have more people coming up to them with problem gambling. And through no fault of their own, they don't really know how to how to access the help for their individuals."

Facilitators to positive outcomes

Preventative information

Safer gambling education in the military is neglected compared with other topics.

Information via posters and "tagging" short education pieces onto mandatory training.

Content: financial management, "myth-busting", online gambling, help-seeking reassurances, identifying issues, support pathways.

Messaging via individuals with firsthand experience of the military and gambling-related issues are powerful.

The role of informal support

Spouses / partners often a main reason for stopping/reducing gambling and provided emotional and practical support.

Holistic, confidential, tailored support

Help with debt management, uncovering root causes, and treating co-morbidities.

It should be anonymous and ideally provided by someone who understands military life.

"We need a bit of education within the armed forces. If we had some low-level training in our management and leadership courses to identify certain risks or how to signpost or how to talk to people in a non-patronising way…"

"The GPs…get confused about what they should do…And they've [internal and external support services] *got long waiting lists and focusing on the treatment side, whereas investing in the preventative stuff so that we could catch it early on would be really helpful …It might just be around publicising about the prevalence of the issue and signs to watch out for"*

Discussion

More awareness campaigns via posters, short training sessions, and lived experiences.

Messaging around online gambling and emerging sub-types of gambling, reducing stigma and concern around help-seeking, and accessing support.

Targeted education for line managers and younger, single officers.

Further evaluations into the quality of support provision and impact of safer gambling information campaigns in the UK Armed Forces.

SAGE Study

SwanGam Lab

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Swansea University
Prifysgol Abertawe

UK ARMED FORCES VETERANS' HEALTH AND GAMBLING STUDY

SAGE

Armed Forces Personnel and Gambling Related Harm: Insights from the UK

Visit The Dymond Lab

Learn about SAGE

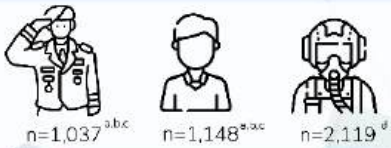
Simon Dymond[1,2] & Matthew Jones[1]
[1] Swansea University, United Kingdom and [2] Reykjavik University, Iceland

Background

International evidence indicates that Armed Forces personnel, including both those currently serving and veterans, have heightened vulnerability to harmful gambling. Despite this, little is known about the prevalence of, and risk factors for, harmful gambling among the United Kingdom (UK) Armed Forces.

Method

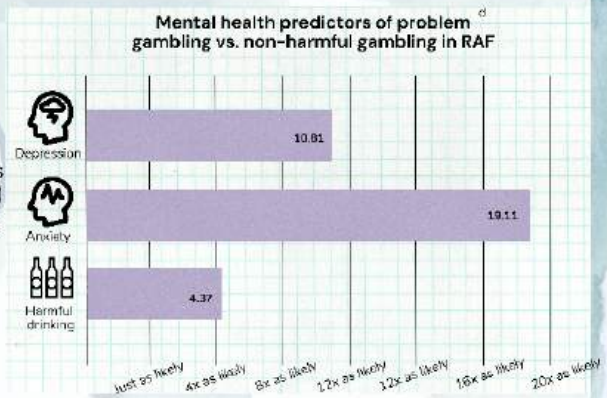
Cross-sectional surveys and cost analysis



Results

Mean health service visits over 3 months veterans vs. non-veterans [b]

"...I wouldn't want the RAF to know. I wouldn't want lots of people to know, because it's not something I'm proud of... I was embarrassed more than anything" [c]



Implications

- UK Armed Forces personnel are vulnerable to harmful gambling, especially in the context of co-morbid mental health problems and harmful alcohol use.
- Routine screening for gambling harms should be undertaken to identify those at greatest risk of harm.
- Ongoing work involves survey and interview methods to assess safer gambling information help and support among service personnel.

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Royal Air Force Benevolent Fund

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Risk Factors and Lived Experience
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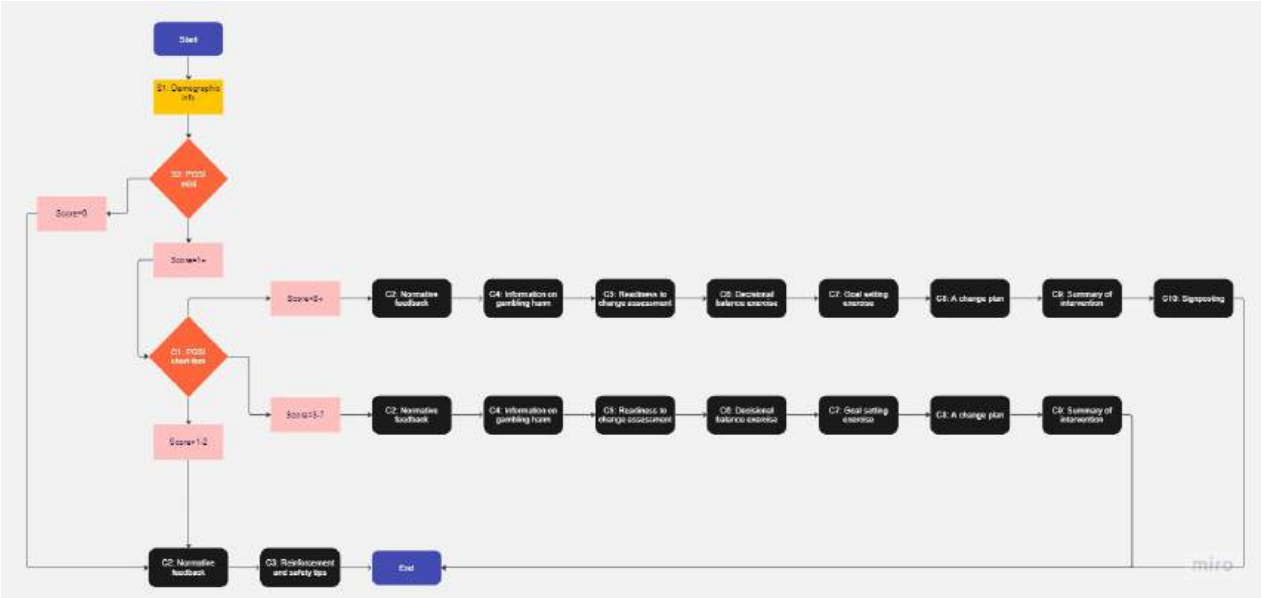
Appendices

Appendix A

Due to gambling, have you...

	Yes	No
Been unable to afford luxuries (e.g. holidays, attending a sports game, cinema, takeaway meal, or outing to pub or café)?	○	○
Used a credit card to pay off another credit card, taken out high-interest loans, pay day loans, or taken an informal loan from a friend, colleague or family member?	○	○
Been unable to buy essential items such as food, clothing or fuel for a vehicle?	○	○
Used up/exhausted benefit payments, income or salary, inheritance money, personal savings, or a pension?	○	○
Lost assets such as a home or business, missed a mortgage or rent payment or pawned/sold personal items belonging either to you or to a family member?	○	○
Has the quality of your relationship with a person or persons close to you (e.g. spouse/partner, friend, colleague, or dependents) been affected by your gambling?	○	○
Has your ability to work or study been affected by gambling (e.g. distracted by worries or thoughts about gambling, or tired due to lack of sleep?)	○	○
Have you ever stolen money or items to sell or pawn in order to fund your gambling?	○	○

Appendix B



Appendix C

Warm-up Question

1. Could you tell me a little about what motivated you to take part in our study?

1a. What made participation seem like an important thing to do? [Explore: personal experiences/ views on gambling/views on online help for health issues in the Armed Forces?]

Using the eSBIRT

2. How did you find using the program?

3. Could you use it without help – or was guidance needed in places?

4. Was the navigation of the program clear?

5. Was the language clear and understandable?

6. What did you think of the way the program looked?

7. How did you access the program? Was it via a web browser and a computer, or using a smartphone?

7a. Do you think the program was well or ill-suited to this way of accessing it? [Explore: visibility, ease of use, performance]

8. Were there any barriers or obstacles to using the program?

Final Questions

9. Is there anything you would change about the program, or remove entirely? [Explore: language, length, graphics, tasks, performance]

10. Is there anything missing that you might add to the program?

Scoping the Accessibility of Safer Gambling Information in the United Kingdom Armed Forces (SAGE)

Centre for Military Gambling Research