

INTERSECTIONS OF PROBLEM GAMBLING AND SUICIDE PREVENTION TRAINING

April 12, 2023

1:00pm – 5:00pm



TRAINERS



Sarah Jerome, MPH
Trainer

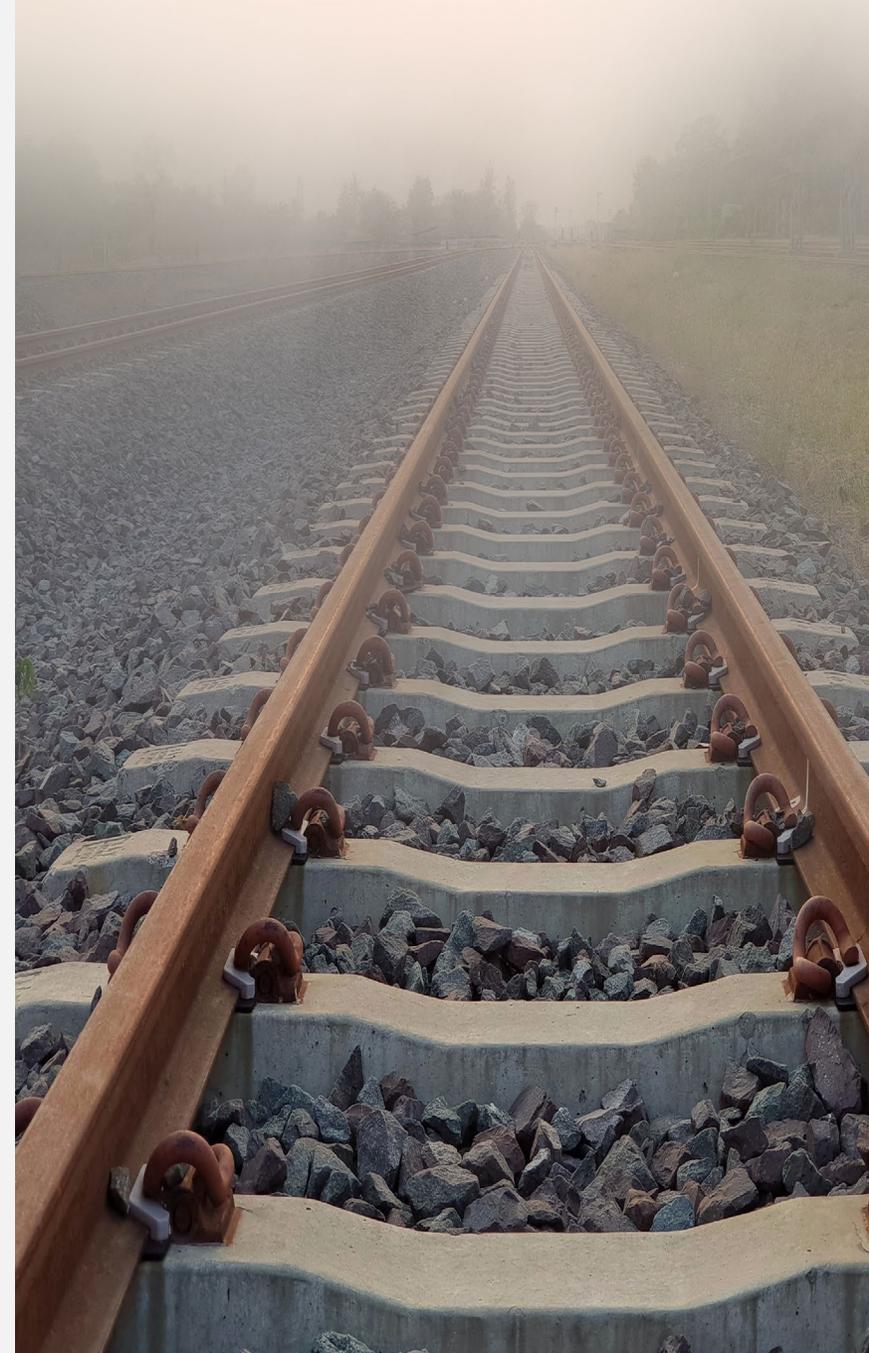


Lauri Solomon, EdD
Trainer

LEARNING OBJECTIVES

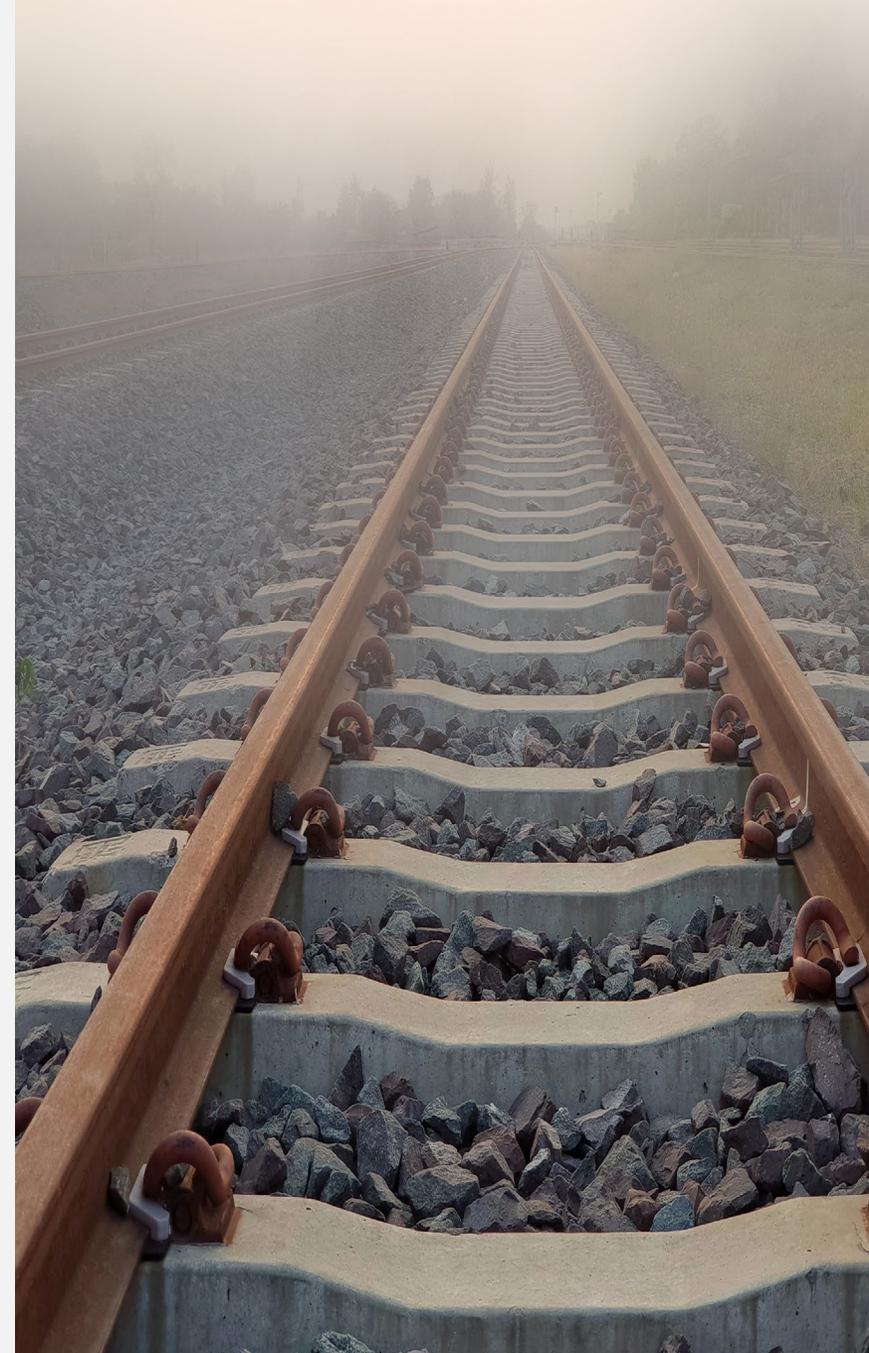
This training will:

- Describe a public health approach to problem gambling and suicide
- Identify risk and protective factors for problem gambling and suicide
- Discuss connections between problem gambling and suicide prevention



AGENDA

- Overview
- Introductions
- What is Gambling and Problem Gambling?
- Signs of Suicide
- Intersections of Problem Gambling and Suicide
- What Can We Do



Discussion Guidelines

**Be
curious - try
on new ideas**

**Use "I"
statements**

**Be honest
with yourself
and others**

Confidentiality

**Listen, listen,
listen.... and
then respond**

**Take a
both/and
perspective**

**Stay
present**

**Please avoid
sharing
graphic details
of stories**

**Take care of
yourself**

Enjoy!

INTRODUCTIONS

1

Write down **1 question** you have about today's training.

Please make it brief and easy to remember!

2

Speed introductions:

- Say your names and where you work
- State your questions
- No need for answers!

3

Use your partner's question in your next introduction.

KNOWLEDGE SHARING GROUPS

Experience/expertise with gambling and problem gambling

Experience/expertise with suicide prevention and suicide

Experience/expertise with both topics, or no experience/expertise with either topic

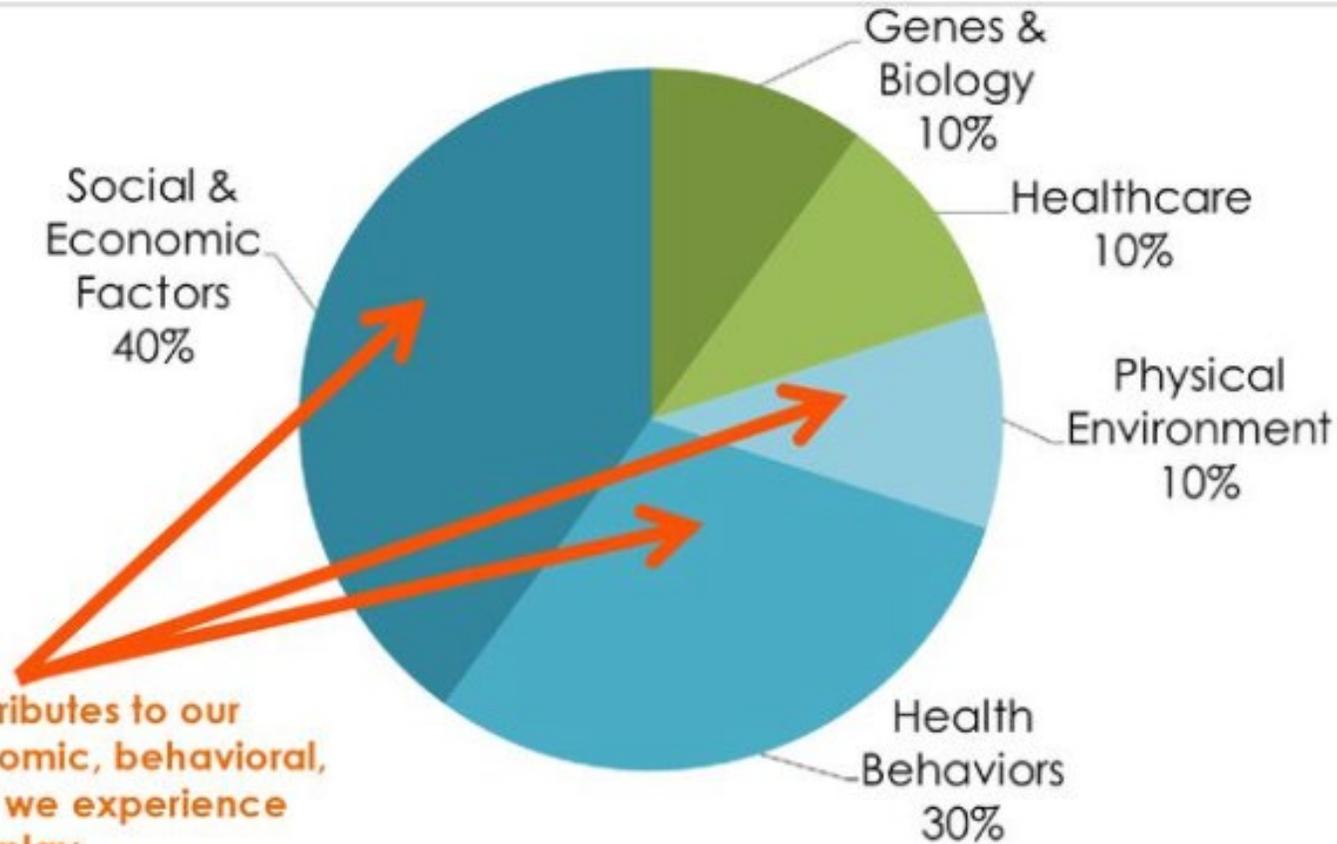
KNOWLEDGE SHARING GROUPS

Discuss the **5 things** you want us to know about your topic/area of knowledge.

- *Select someone from your group to give a five-minute presentation on your top 5.*

USING A PUBLIC HEALTH LENS

WHAT MAKES US HEALTHY?



the majority of what contributes to our health is the social, economic, behavioral, and physical factors that we experience where we work, live and play

Source: Tarlov AR. Public policy frameworks for improving population health. Ann N Y Acad Sci. 1999;896:281-93.

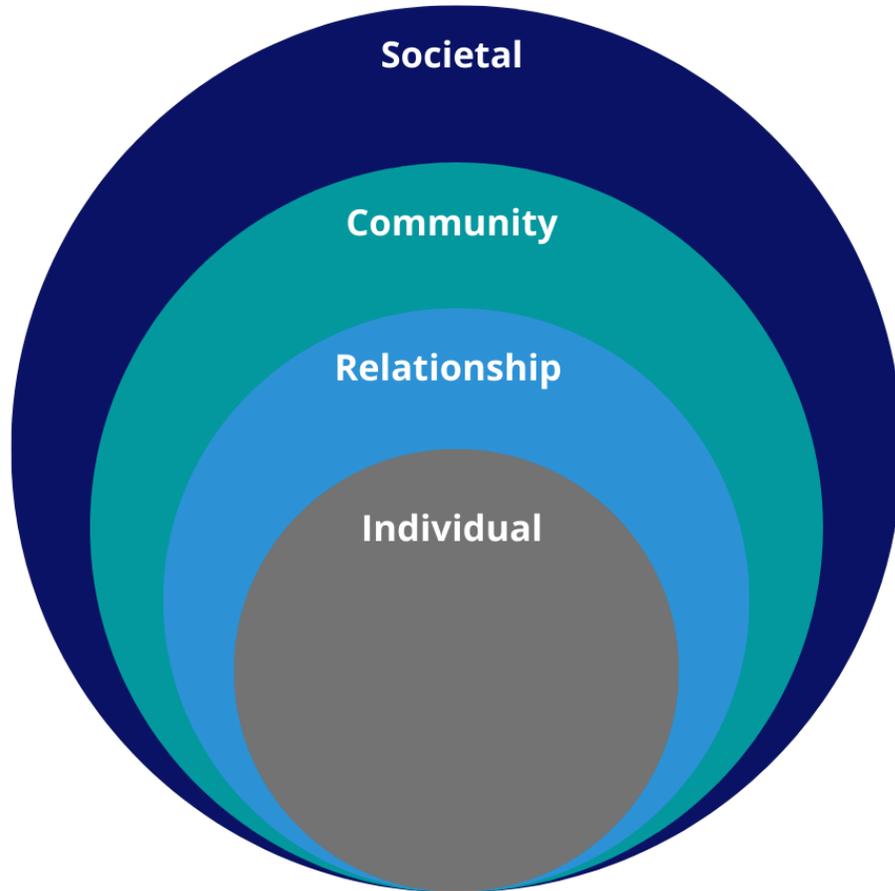
Structural and Social Determinants of Health (SDOH)

- Conditions that influence health and are where people are born, grow, learn, work, live, and age



SOCIAL ECOLOGICAL MODEL

Public Policy Level



- This model considers the complex interplay between individual, relationship, community, and societal factors.
- Helps us understand the range of factors that put people at risk for problem gambling or protect them from experiencing negative consequences of problem gambling.

Source: Centers For Disease Control and Prevention

Our environments cultivate our communities and our communities nurture our health.

When inequities are low and community assets are high, health outcomes are best.

When inequities are high and community assets are low, health outcomes are worst.

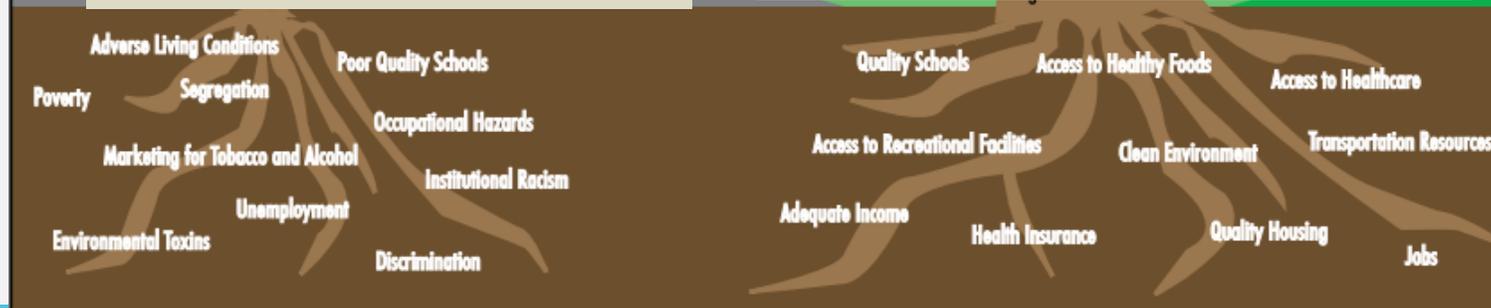
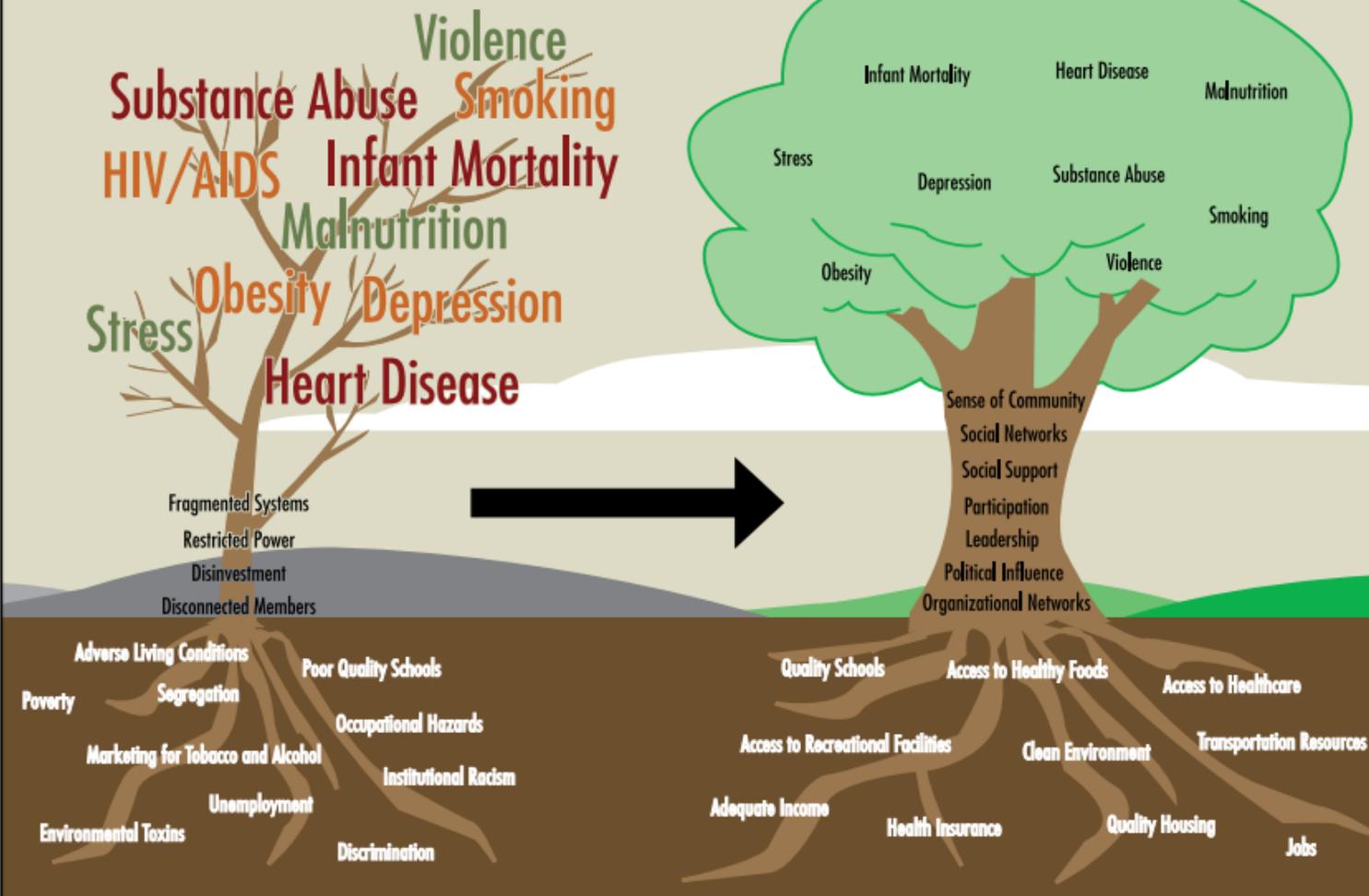


Figure adapted from Anderson et al., 2003; Marmot et al., 1999; and Wilkinson et al., 2003

Our environments cultivate our, communities and our communities nurture our health.

When inequities are low and community assets are high, health outcomes are best.

When inequities are high and community assets are low, health outcomes are worst.



Good health should be accessible to everyone. Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

UNDERSTANDING THE RISKS OF PROBLEM GAMBLING



DEFINITION OF GAMBLING

“Betting money or material goods on an event with an uncertain outcome in the hope of winning additional money and/or material goods.”

(Williams, et al., 2017)

GAMBLING PARTICIPATION

Most People

Few People



People can move back and forth across this continuum

- Enjoyment
- Recreation
- Socializing

- Betting more \$ than planned
- Spending more time gambling than planned
- Borrowing \$ to gamble
- Illusions of control

- Impaired control
- Experiencing negative consequences
- Affecting family, friends, community

- Sustained impaired control
- Experiencing significant negative consequences
- Recurring problems over time

PREVALENCE OF GAMBLING

77% of U.S. adults (over 18) have gambled in the past year.

(Welte, Barnes, Tidwell, Hoffman, & Wieczorek, 2015)

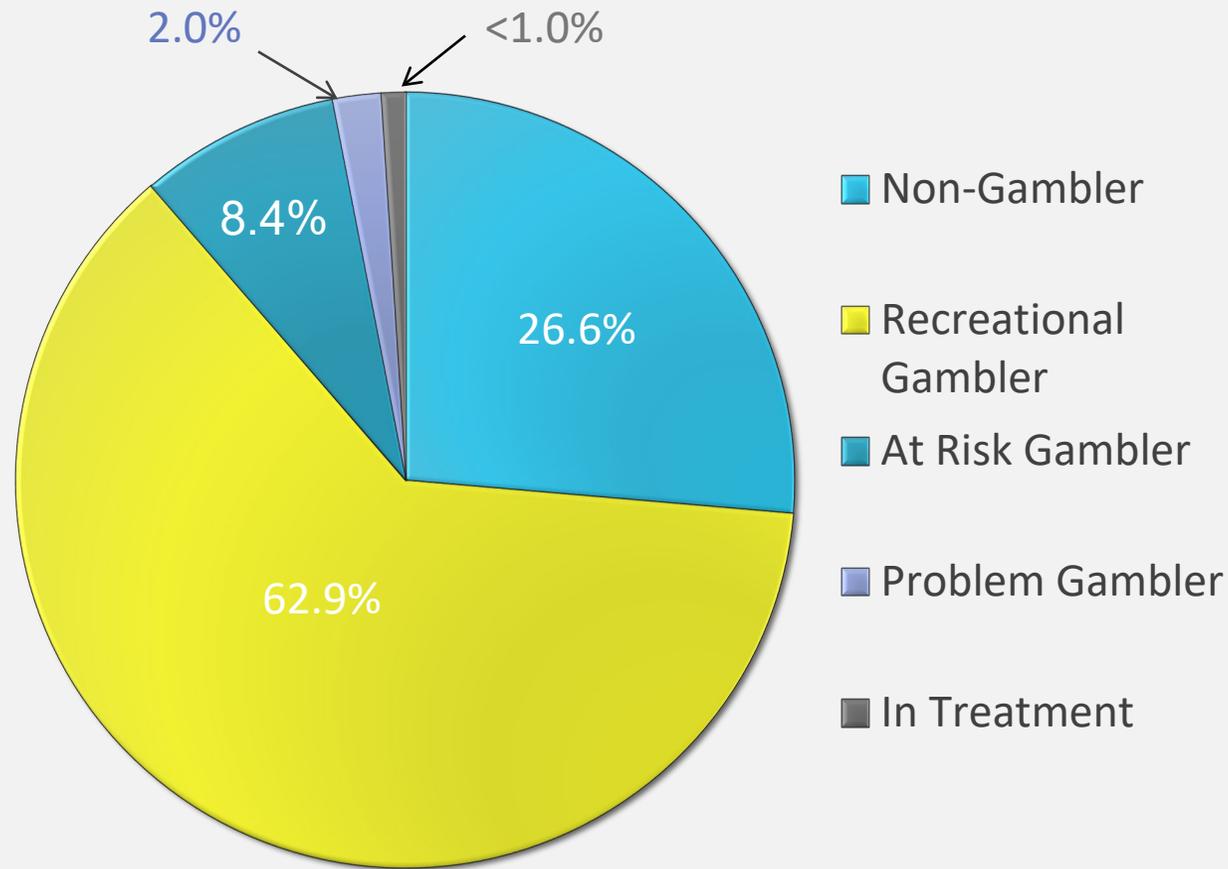
73.1% of adult Massachusetts residents have gambled in the last year.

(SEIGMA Survey, 2017, UMass School of Public Health & Health Sciences)

- 2% are problem gamblers (83,152 – 135,122)*
- 8.4% are at-risk gamblers (389,776 – 488,519)*

*United States Census, 2014 (Based on total MA adult population of 5,197,008)

U.S. PROBLEM GAMBLING PREVALENCE



Adapted from SEIGMA Survey, 2017, UMass School of Public Health & Health Sciences

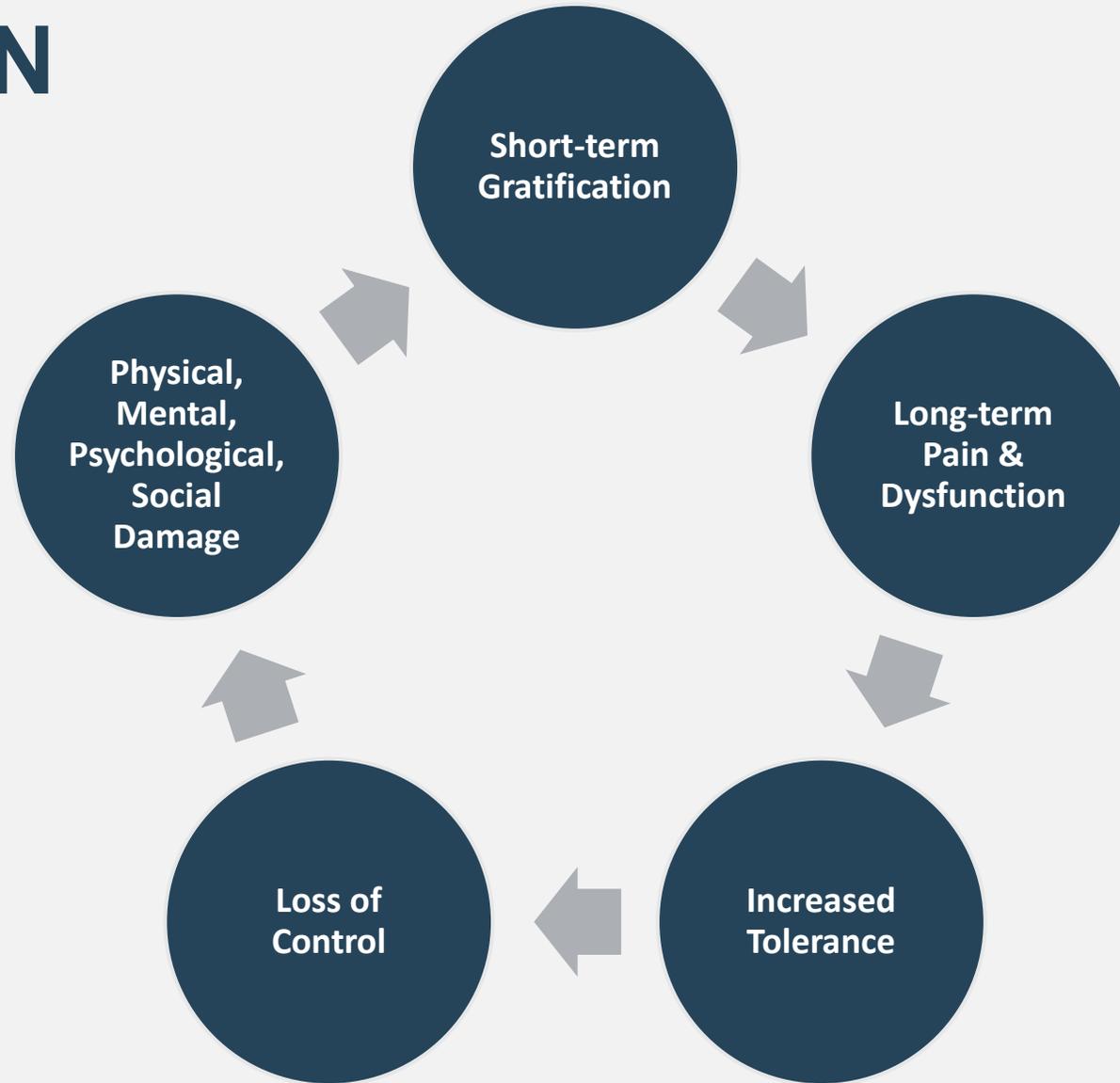
“Gambling can stimulate the brain's reward system much like drugs such as alcohol can, leading to addiction.”

(Mayo Clinic)

ADDICTION

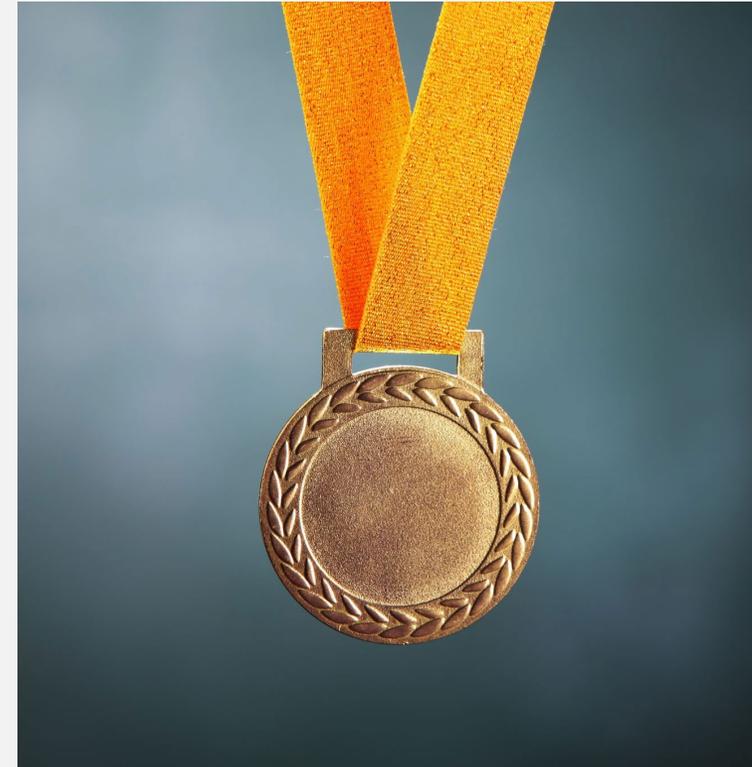
- A persistent, compulsive dependence on a behavior or substance known to be harmful.
- A compulsive need for and use of a habit-forming substance or behavior, characterized by tolerance and by well-defined physiological symptoms upon withdrawal

ADDICTION



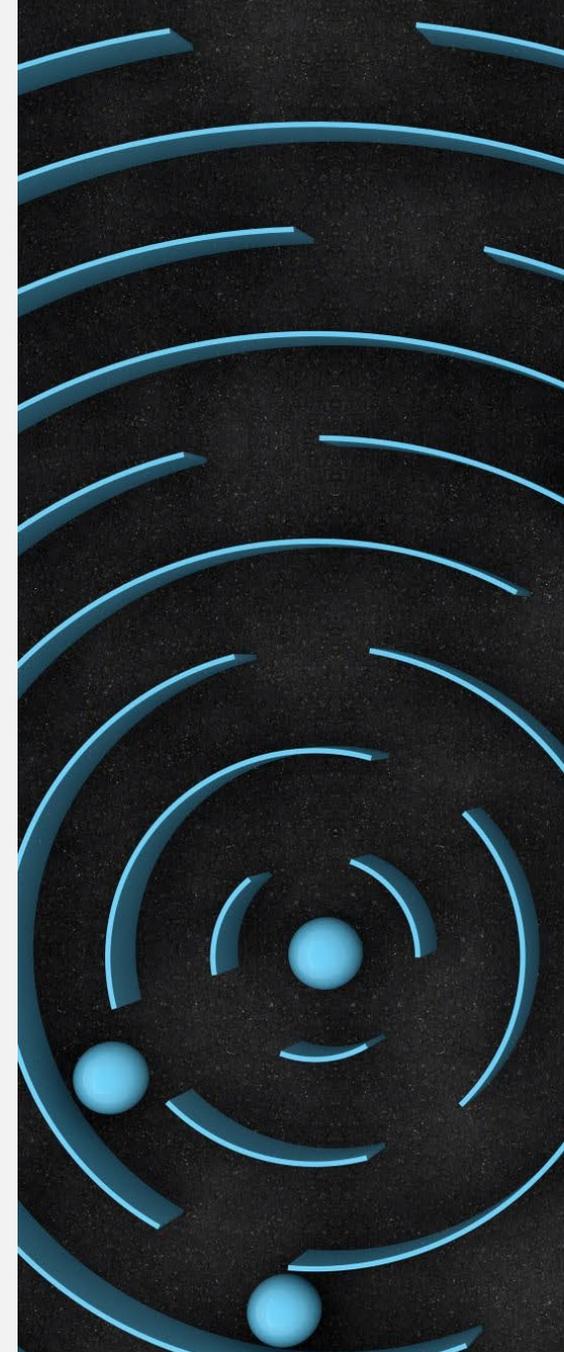
WINNING PHASE

- Experiences a "big win" or a series of smaller wins
- Excess optimism
- Feels an unrealistic sense of power and control
- Excited by the prospect of more wins
- Continually involved in high-risk bets.



LOSING PHASE

- Losing more than winning
- More likely to:
 - Brag about past wins
 - Gamble alone
 - Spend time thinking about how and when they'll gamble next
 - Lie to family and friends
 - Be irritable, restless and emotionally isolated
 - Borrow money that they might not be able to repay
 - Develop serious financial problems
 - Think about how to raise more money, legally or illegally
 - Chase their losses



DESPERATION PHASE

- Gambling is out of control
- Experiences deep remorse, blaming others, alienating family and friends.
- May engage in illegal activities to finance their gambling.
- May experience a sense of hopelessness and think about divorce and suicide.
- Other addictions and emotional problems may intensify during this phase.

WHY DO PEOPLE GAMBLING

- Fun
- Socializing
- Hoping for a big win
- The excitement of risk-taking
- Trying to win back lost money
- Impulsivity
- Trying to feel better about themselves
- Escaping from loneliness, depression, anxiety and/or other unpleasant feelings
- Hiding from life's problems
- Distraction from physical and/or emotional pain

Risk Factors for
Problem Gambling:
Youth and Adults

INDIVIDUAL RISK FACTORS: **YOUTH**

- Poor impulse control
- Delinquency and persistent problem behaviors
- Attitudes favorable to problem gambling
- Early win; early onset of gambling experiences
- Biochemical factors (e.g., increased sensation seeking)
- Depression
- Suicidal ideation and attempts
- Poor coping skills
- Low self esteem
- Early childhood traumas

FAMILY/PEER RISK FACTORS: **YOUTH**

- Family history of addiction, illegal activity
- Lack of parental knowledge
- Family attitudes and involvement
- Lack of parental objection to gambling
- Peer gambling behaviors



COMMUNITY RISK FACTORS: **YOUTH**

- Gambling accessibility
- Lack of community awareness of the problem
- Social acceptance
- Media; television lottery ads



RISK FACTORS

ADULTS

- Delinquency and/or antisocial personality
- Mood disorders
- Impulsivity
- Lack of knowledge about gambling
- Having a big early win
- Social acceptance of gambling
- Childhood trauma
- Peer group involved in gambling
- Availability of gambling opportunities
- Poor support systems



PEOPLE WHO ARE AT HIGHER RISK FOR PROBLEM GAMBLING

Research shows that some groups are at higher risk for developing problem gambling, including:

- Youth and College students
- Older Adults
- Males
- People of color
- People with a high school diploma or less
- People with an annual income of less than \$15,000
- People who are unemployed
- Unmarried adults
- People with a disability
- Casino employees
- People with a history of incarceration
- People who misuse substances
- Those with excitement-seeking personality traits
- People who gamble using electronic gambling machines

POPULATIONS AT HIGHEST RISK

- People with other mental health indicators:
 - Those who experienced childhood maltreatment
 - People with alcohol or drug dependence
 - People with obsessive-compulsive disorder
 - People with higher anxiety or depression
 - People with higher impulsivity and antisocial personality traits

SIGNS OF PROBLEM GAMBLING – DSM-V

- Gambling with increasing amounts of money
- Exhibits restless or irritable behavior when attempting to cut down/stop
- Often preoccupied with thoughts about gambling
- Often gambles when feeling distress
- Chase's ones losses/returns another day to get even
- Lies to conceal the extent of gambling
- Jeopardizes a significant relationship, job or opportunity because of gambling
- Relies on others to relieve desperate financial situations caused by gambling

PROTECTIVE FACTORS

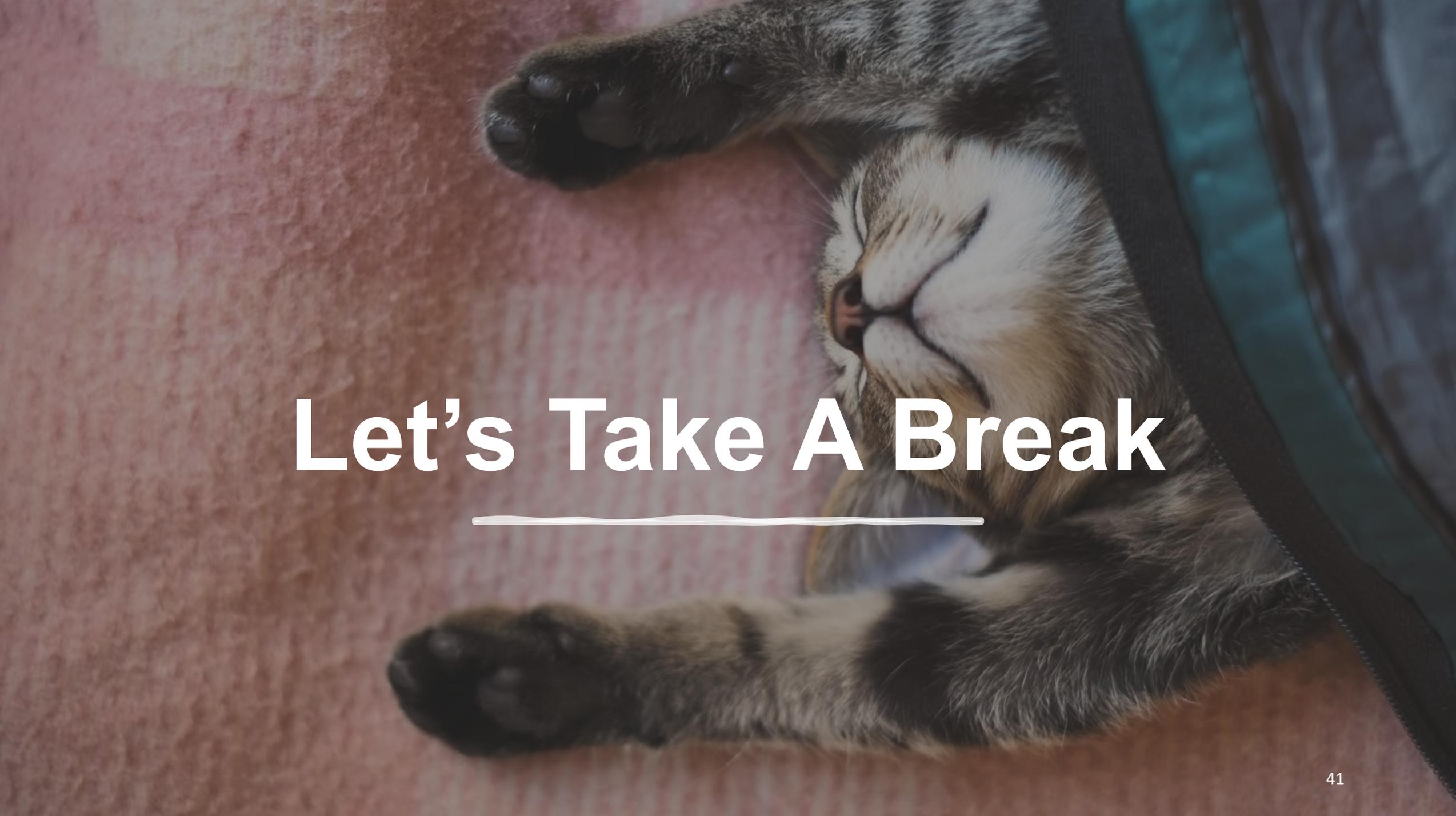


- Family Connectedness
- Healthy Social Connections (Activities, Social Circle, Peers/Mentors, Family)
- Accurate Understanding of the Odds
- Understanding of the Connections Between Gambling , SUD, and Mental Health
- Knowledge and Access to Supports
- Healthy Self-Esteem
- Ability to Ask for Help

CASE STUDY – PART 1

CASE PART 1 – QUESTIONS

- What are Janice's risk factors for developing a problem with gambling?
- What are some factors that might protect her from developing a problem?
- What signs, if any, do you see that might indicate she is having a problem with gambling?



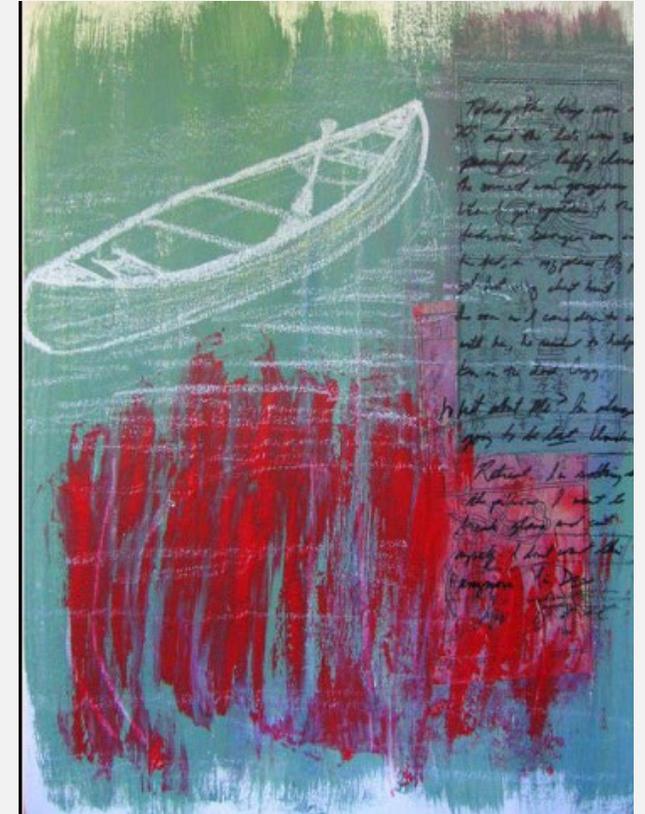
Let's Take A Break

UNDERSTANDING SUICIDE RISK

Our “Definition” of Suicide

Suicide is an attempt to solve the problem of intense psychological pain and hopelessness.

Adapted from Schneidman (1985)



Empty Row Boat Stories – B Matros

Respectful Language

The language we use about suicide can affect our attitudes toward people who think about, attempt, or die by suicide.

Avoid:	Use this instead:
Committed Completed Suicided Successful Suicide	Died by suicide Suicide death Killed themselves
Failed attempt	Suicide attempt
Suicide gesture Suicide threat	Describe behavior Suicide intensity Suicidality

CASE STUDY – PART 2

Six months later, Janice has lost all of the family's retirement money and then some. Her husband Rudy recently discovered this when the bank called about late payments on their mortgage. He threatened to leave her and take the children unless she stopped gambling. She did. She has not gambled in the past month, but her relationship with Rudy and the children continues to be strained. He just wants results. No discussion.

Janice is fraught with guilt for what she has done and often thinks about suicide. She has taken to walking the neighborhood after work for an hour or more dreading going home to the constant mistrust and questioning. Of course, her husband accuses her of gambling again when she doesn't come right home, but she can't bear the awful feeling of being in the house. She feels she has no place to go and that there is no way to make this right. She is afraid that the constant tension and fighting with her husband is likely to impact the kids.

This reminds Janice of what her parents were like, and she had sworn that she would never let that happen to her family. She is so embarrassed that she has stopped answering calls from her friends and family. Her friends keep trying to get her to go to the casino with them because that always used to cheer her up.

Janice has been thinking more and more about her favorite uncle who died by suicide when she was a teenager. He was the one person whom she felt really "got" her. She has started walking near the train tracks more and more often.

Suicide: A Major Public Health Issue Nationally

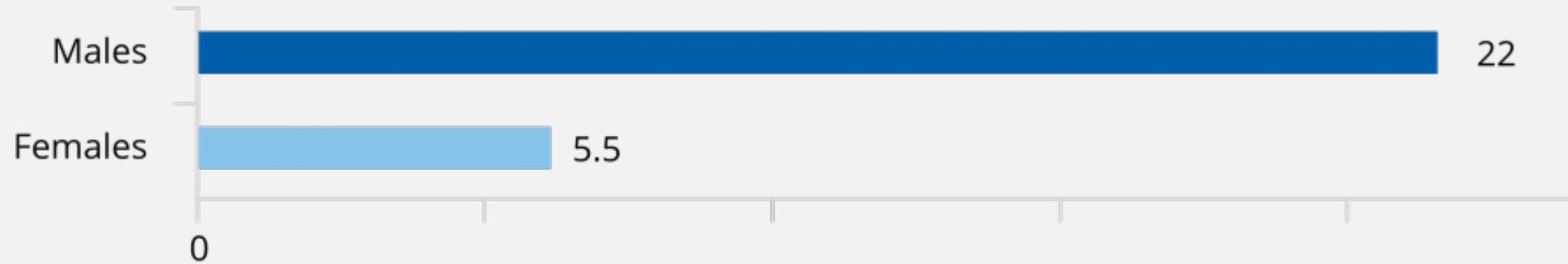
In 2020:

45,979 people
died by suicide
in the United States.

That is 1 death
every 11 minutes.

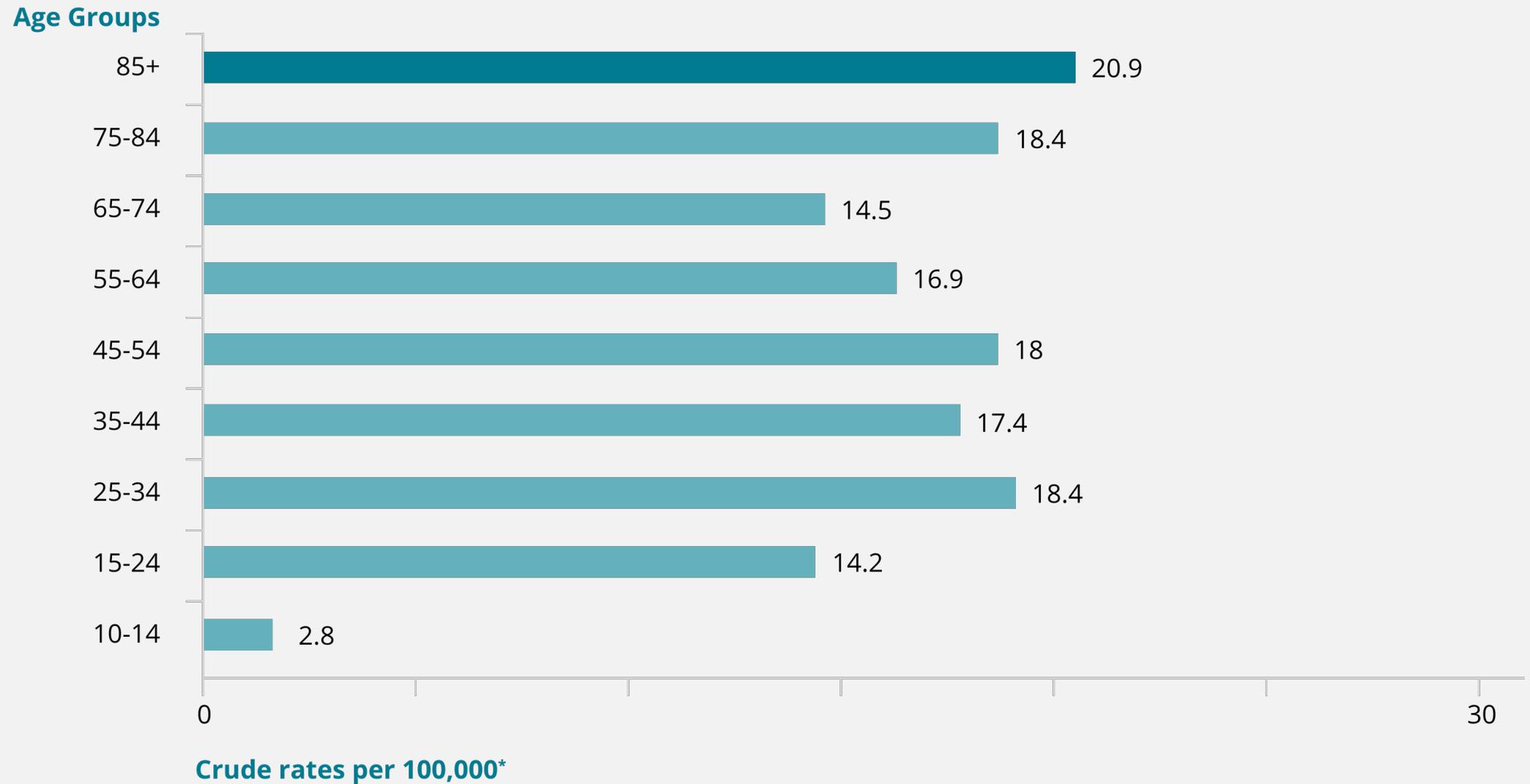
- ➔ 12.2 million adults seriously thought about suicide
- ➔ 3.2 million adults made a plan
- ➔ 1.2 million adults attempted suicide

Suicide: A Major Public Health Issue Nationally

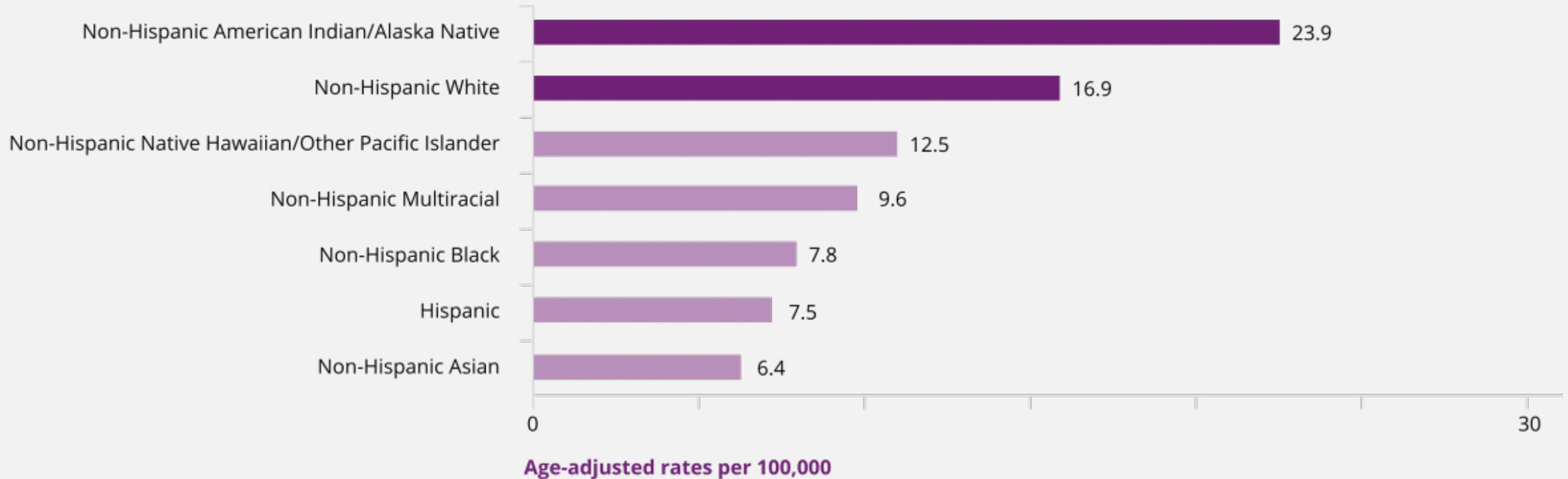


- The suicide rate among males in 2020 was 4 times higher than the rate among females
- Males make up 49% of the population but 80% of the suicides.

Suicide: A Major Public Health Issue Nationally



Suicide: A Major Public Health Issue Nationally



Note: Suicide rates are highest among Indigenous people but the total number of Indigenous people who have died by suicide is significantly lower than other racial and ethnic groups because the Indigenous population is smaller

Suicide: A Major Public Health Issue Nationally

Trevor Project: 34,000 LGBTQ youth ages 13-24

Seriously considered suicide in the past year

- 53% of transgender and nonbinary youth
- 45% of LGBTQ youth
- 33% of LGBTQ cisgender youth

Attempted suicide in the past year

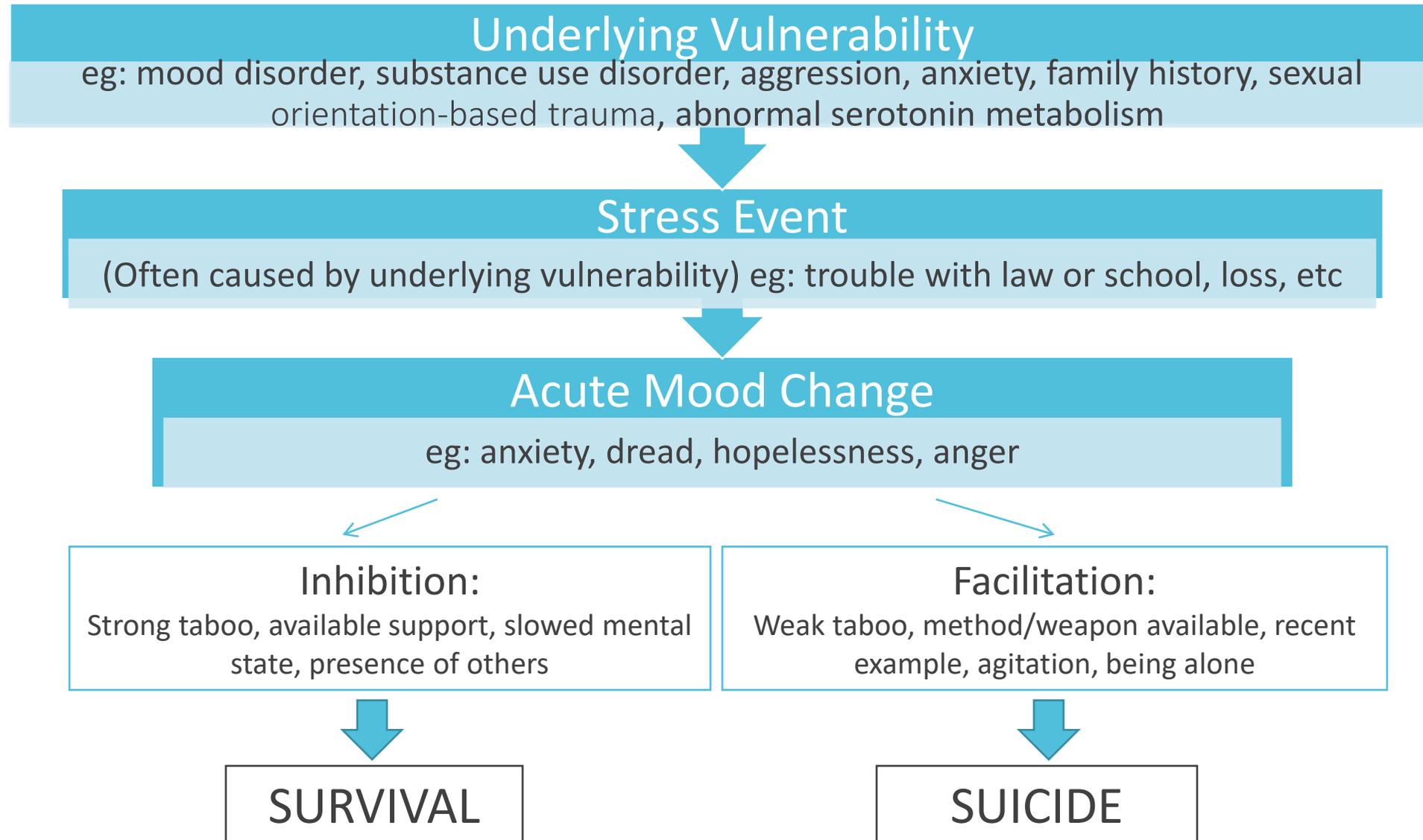
- 19% of transgender and nonbinary youth
- 14% of LGBTQ youth
- 9% of LGBTQ cisgender youth

LGBTQ youth who felt high social support from their family reported attempting suicide at less than half the rate



How Does a Suicide Occur?

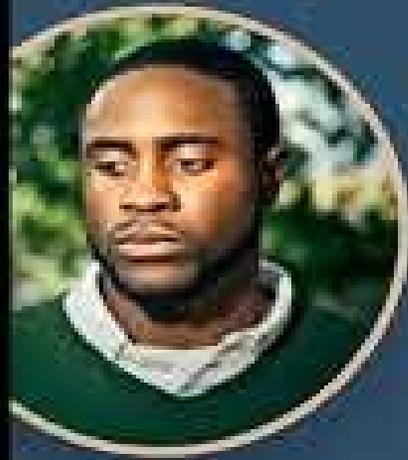
Madelyn S. Gould, Ph.D., M.P.H



Listen for
triggers
that might
be an
outcome of
problem
gambling

The Suicidal Mode

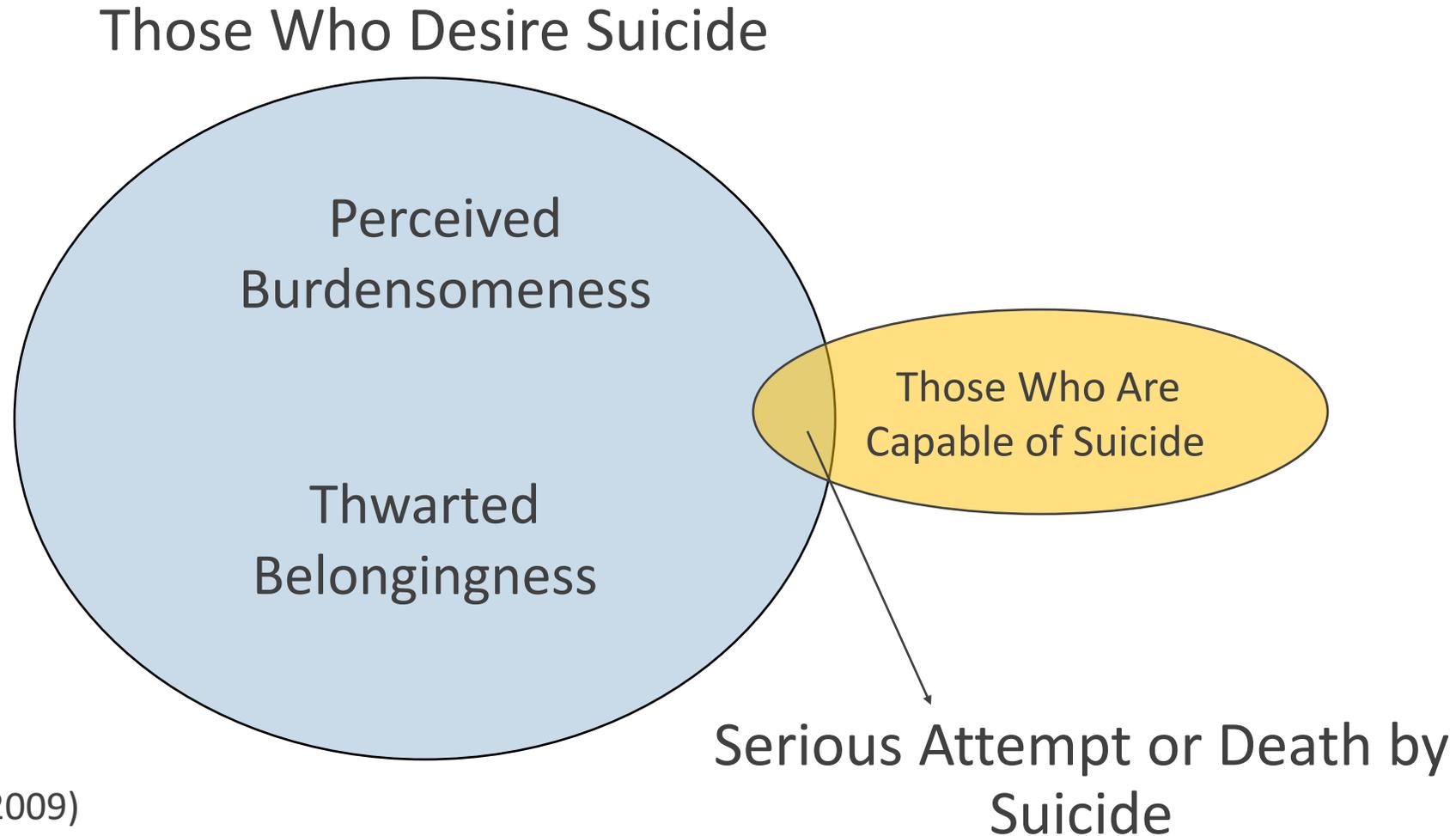
In suicidal mode, the cognitive system is characterized by the suicidal belief system, with core beliefs such as:



- Feeling helpless (“I can’t do anything about my problems”)
- Being unlovable (“I don’t deserve to live, I am worthless”)

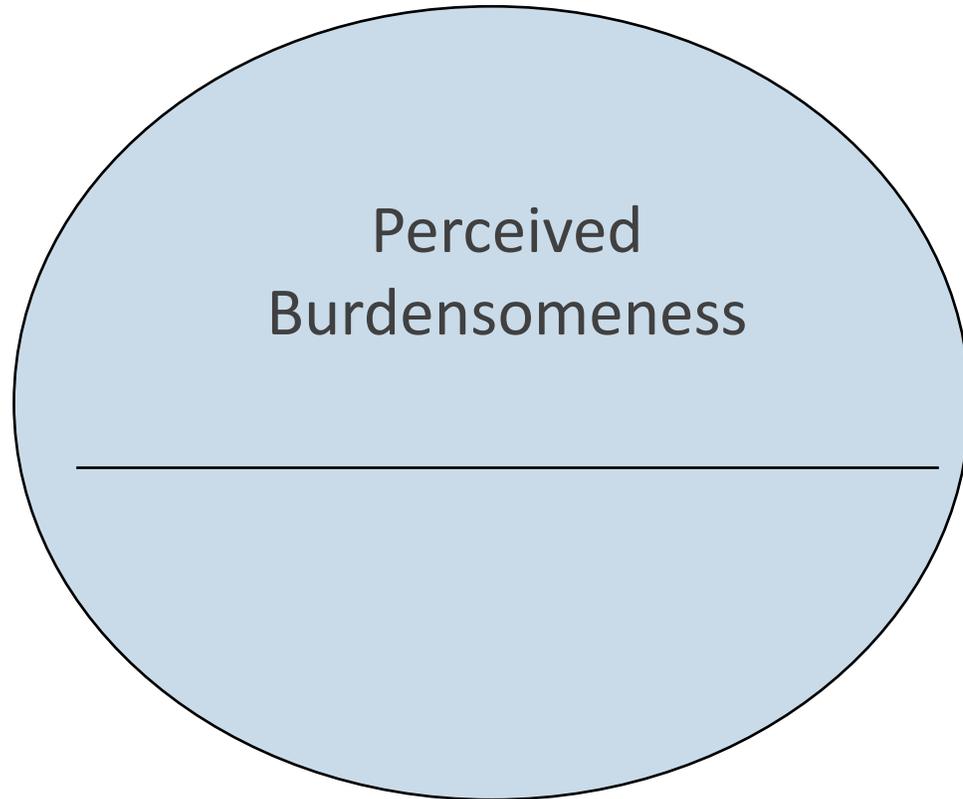
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Interpersonal-Psychological Theory of Suicidal Behavior



Joiner et al. (2009)

Interpersonal-Psychological Theory of Suicidal Behavior



Perceived Burdensomeness:

The perception that "my death is worth more than my life."

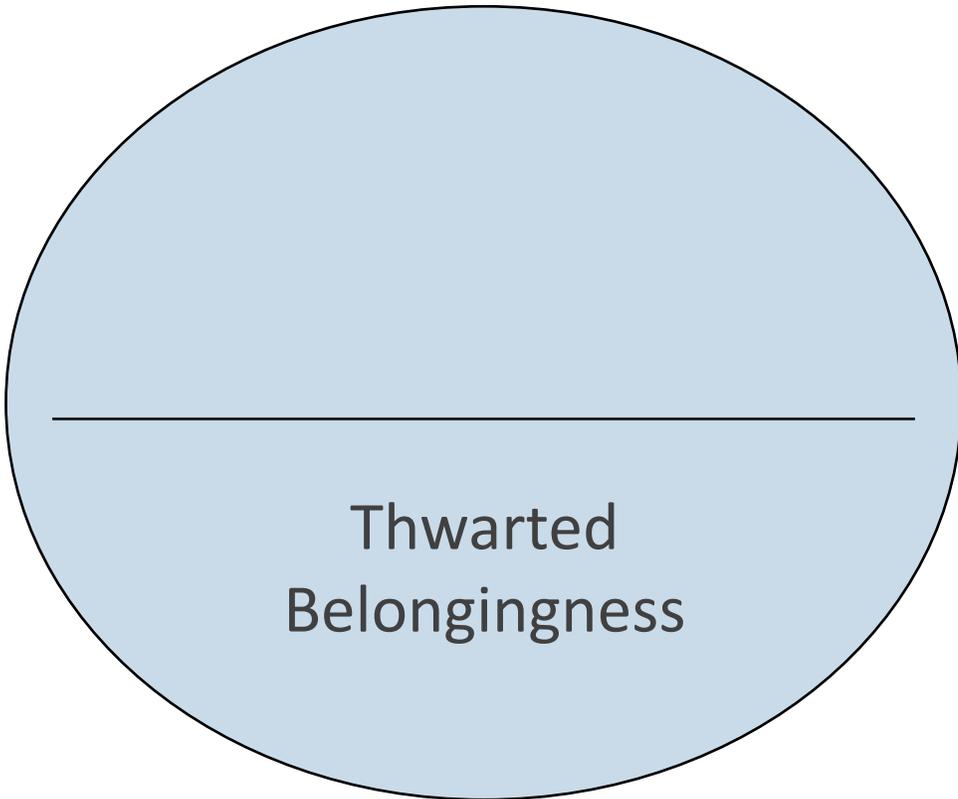
Experiences that could be associated with perceived burdensomeness are:

- Unemployment
- health problems
- Incarceration
- Perceived themselves to be a "drain" on time or finances

Interpersonal-Psychological Theory of Suicidal Behavior

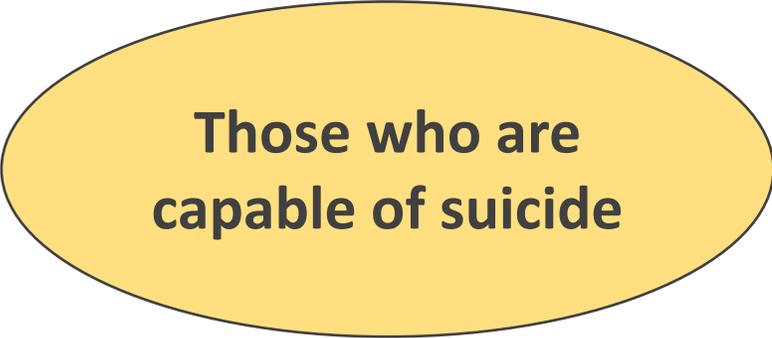
Thwarted Belongingness:

"A psychologically-painful mental state that results when the fundamental need for connectedness...The need to belong." (Van Orden et al. 2012)



- Family conflict or being alienated from family
- Living alone
- Lack of social supports
- Proneness to interpreting others' behavior as rejection
- Disconnection from community or culture

Interpersonal-Psychological Theory of Suicidal Behavior

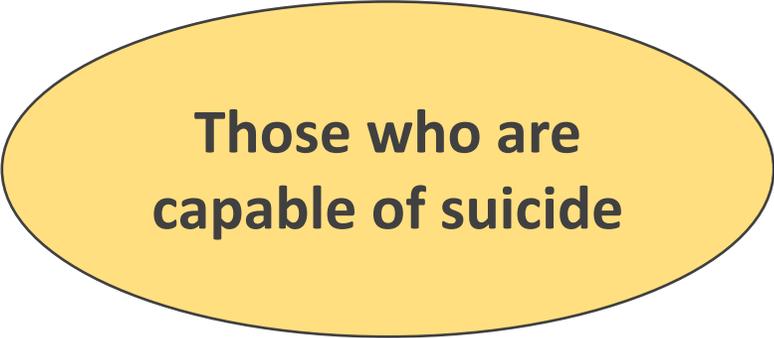


Those who are
capable of suicide

Experiences in which someone becomes accustomed to harming their bodies, pushing through pain on a regular basis

- History of abuse
- Chronic pain
- Previous trauma
- Non-suicidal self-injury
- Construction (workers)

Interpersonal-Psychological Theory of Suicidal Behavior

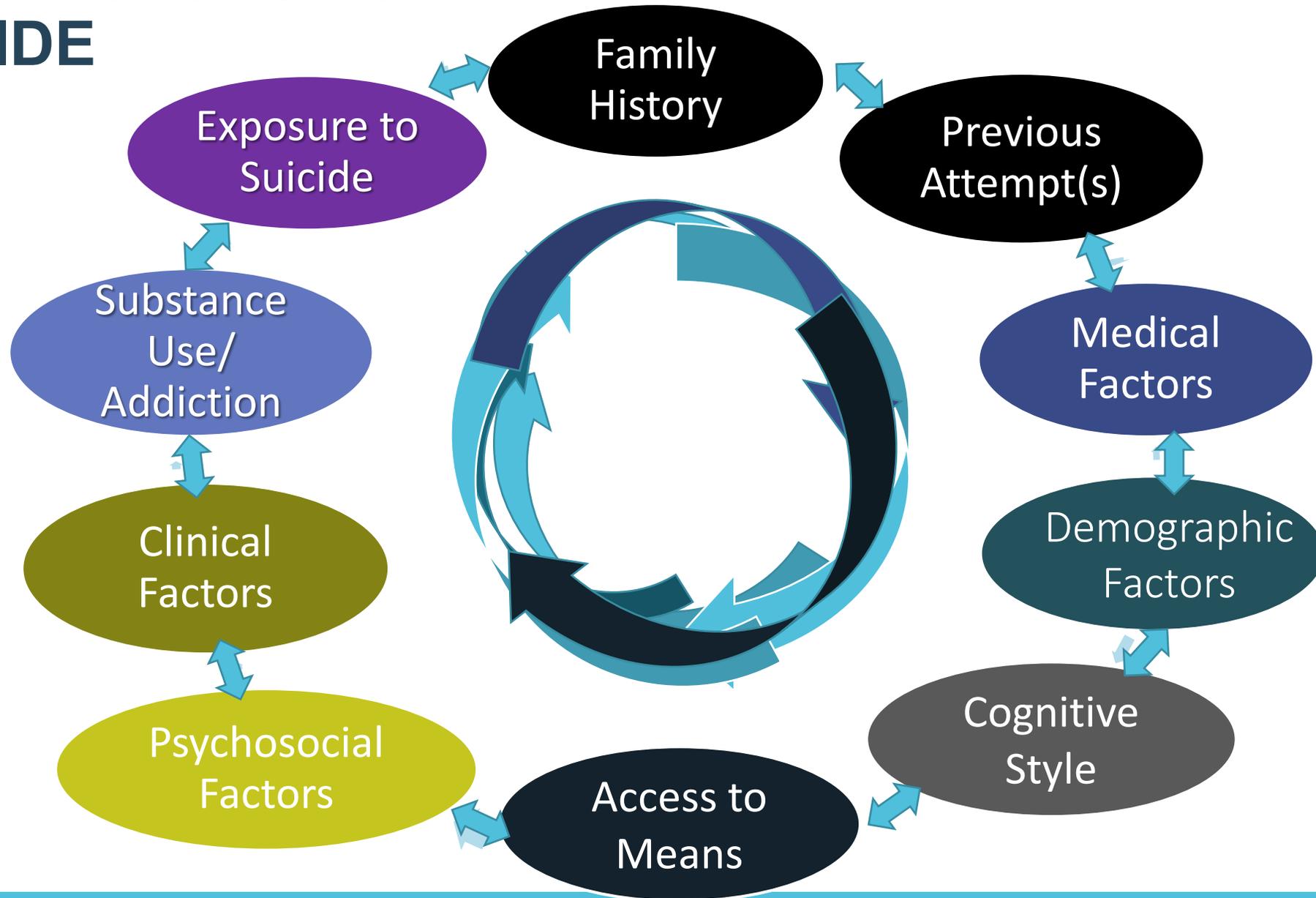


Those who are
capable of suicide

Experiences that lead to a desensitization to death:

- Military training
- First responders
- ED clinicians

RISK FACTORS FOR SUICIDE



Depression & Suicide Risk

Depression is a primary risk factor for suicide and is linked to other risk factors including:

- Use/abuse of alcohol and other drugs
- Gambling
- Non-suicidal Self-Injury (NSSI)
- Social isolation
- Bullying (Both victim and perpetrator)
- Physical pain/poor health outcomes

Communication of Intent

Several Studies have indicated that 50-70% of people communicate intent prior to making a suicide attempt or dying by suicide

In most cases, these communications are behavioral or coded rather than direct threats.

Robins et al. (1959); Coombs, et al. (1992)

Protective Factors

Individual:

- Effective coping and problem-solving skills
- Reasons for living e.g., family, friends, pets
- Strong sense of cultural identity

Relationship:

- Support from partners, friends, and family
- Feeling connected to others

Community:

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high-quality physical and behavioral healthcare

Societal:

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

Warning Signs of Suicide

TALKING ABOUT:



- ▷ Wanting to die
- ▷ Great guilt or shame
- ▷ Being a burden to others

FEELING:



- ▷ Empty, hopeless, trapped, or having no reason to live
- ▷ Extremely sad, more anxious, agitated, or full of rage
- ▷ Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:



- ▷ Making a plan or researching ways to die
- ▷ Withdrawing from friends, saying good bye, giving away important items, or making a will
- ▷ Taking dangerous risks such as driving extremely fast
- ▷ Displaying extreme mood swings
- ▷ Eating or sleeping more or less
- ▷ Using drugs or alcohol more often

Suicide Screening Tool

Not an assessment

Columbia Suicide Severity Rating Scale (C-SSRS)

Evidence-based screening tool
that is appropriate for lay
people

Always ask questions 1 and 2.		Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?		High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk
Always Ask Question 6		Life-time
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i> If yes, was this within the past 3 months?		High Risk



If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get **immediate help**: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.



Download Columbia Protocol app

How to respond if you observe warning signs:

- Ask the person directly if they have thought about committing suicide or killing themselves (not hurting themselves).
- Asking directly about suicide will not cause someone to attempt it.
- Depending on the level of crisis, don't leave the person alone.
- Ask if the person already has a therapist. If so, help them to reach out while you're with them.
- Suggest calling a suicide crisis hotline and support them in making the call or text.

How to get help:

- 988 (talk or text)
- The Trevor Project (talk or text for LGBTQ youth)
- Hotlines are not just for emergencies
 - Anyone can call a hotline including friends, family, professionals, or anyone in need of help for a person experiencing suicide
- Local suicide hotline – many geographic areas in MA have crisis mental health hotlines
- 911
- Go directly to an emergency room

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This reminds Janice of what her parents were like, and she had sworn that she would never let that happen to her family. She is so embarrassed that she has stopped answering calls from her friends and family. Her friends keep trying to get her to go to the casino with them because that always used to cheer her up.

Janice has been thinking more and more about her favorite uncle who died by suicide when she was a teenager. He was the one person whom she felt really "got" her. She has started walking near the train tracks more and more often.

GROUP DISCUSSION

- What are Janice's suicide risk factors for suicide?
- What warning signs of suicide does Janice have?
- If you were a friend of Janice's, what would you do?



INTERSECTIONS OF PROBLEM GAMBLING AND SUICIDE

Real Voices – Gambling & Suicide



:55

CASE STUDY – PART 3

CASE PART 3 – QUESTIONS

- What intersections between problem gambling and suicide do you see in Janice's story?
- What are the red flags for you?

What Contributes to the Problems?

- What kinds of life experiences might a lay person see that could contribute to addiction or suicidal thoughts and behaviors?
- What are some signs/symptoms someone might notice that could be related to their addiction or suicidal thoughts and behaviors?
(words, what they talk about, behavior, physical appearance, etc.)

People with Problem Gambling Have Among the Highest Rates of Suicidal Thoughts and Behaviors

- Studies of people in treatment for disordered gambling show rates of between:
 - 35%-80% suicidal ideation
 - 12%-31% suicide attempt(s)
- In a 2019 study, people diagnosed with disordered gambling were over 15 times as likely as the general population to die by suicide (Karlsson & Hakansson, 2019)
- Ideation often precedes the onset of problem gambling and is linked to increased severity of gambling behaviors (Hodgins et al., 2006)
- Having a history of a substance use disorder increased the likelihood of a suicide attempt by more than six times (Hodgins et al., 2006)



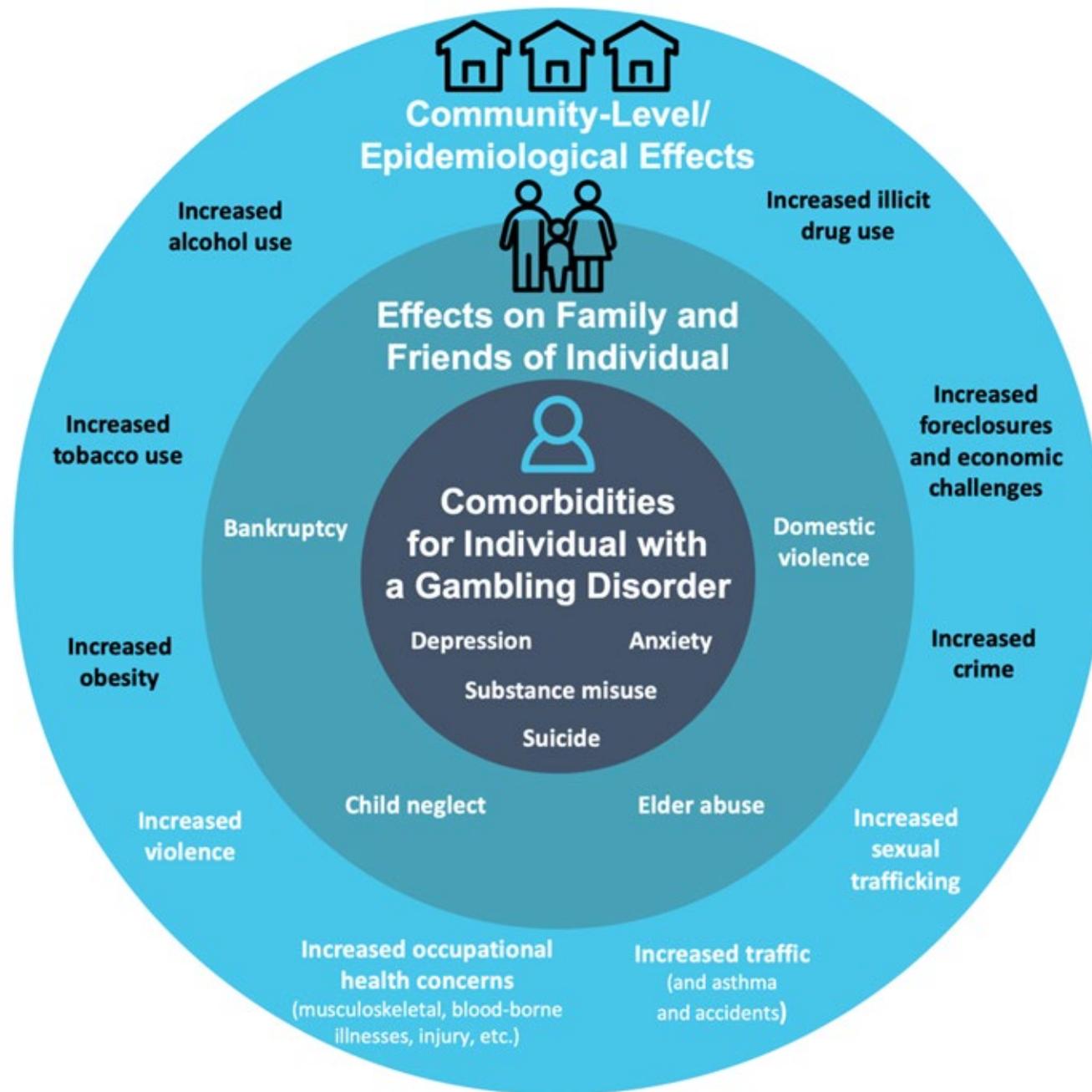
**Community-Level/
Epidemiological Effects**



**Effects on Family and
Friends of Individual**



**Effects on Individual
Comorbidities**



Co-Occurring Disorders

Substance Abuse Disorders & Problem Gambling

- 72% Alcohol Disorders
- 38% Drug Use Disorders
- 60% Nicotine Dependency

Mental Health Disorders & Problem Gambling

- 50% Mood Disorder
- 41% Anxiety Disorder
- 61% Personality Disorder

Petry et al. (2005)

**Each issue is a risk factor
for the other**

What's Happening at the Intersections?

- How could problem gambling increase the risk for “thwarted belongingness”?
- How could problem gambling increase the risk for “perceived burdensomeness”?
- In what ways might problem gambling move someone towards having the capacity to take their own life?

Adverse Childhood Experiences

Give a thumbs-up if you know about ACEs

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

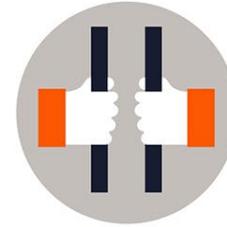


Emotional

HOUSEHOLD DYSFUNCTION



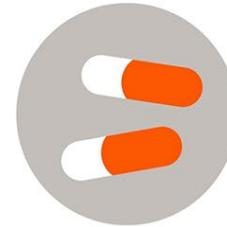
Mental Illness



Incarcerated Relative



Mother treated violently

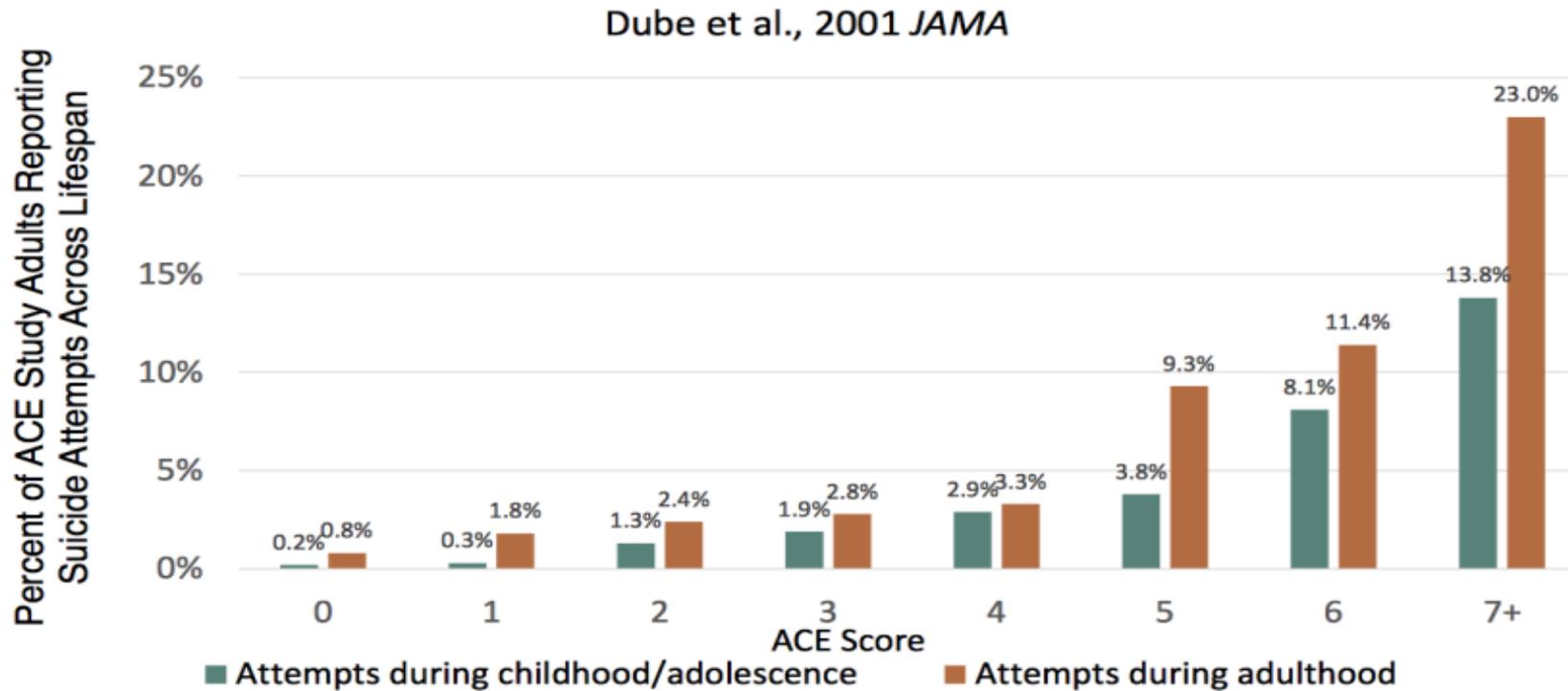


Substance Abuse



Divorce

Adverse Childhood Experiences & Suicide Attempts



- 80% of suicide attempts during childhood/adolescence were attributable to ACEs.
- Childhood and adolescent suicide attempts increased 51-fold, or 5,100% with an ACE score of 7 or more.

Adverse Childhood Experiences & Suicide Attempts

ACEs and Gambling Addiction

- 0 ACEs: 14% (n=105)
- 1 ACE: 11.4% (n=71)
- 2 Aces: 19.3 (n=61)
- 3 or more ACEs: 55.3% (n=177)

GAMBLING & ACEs



Associated w/ ADHD, personality disorders &...

Disordered gambling

Poole, J.C., Kim, H.S., Dobson, K.S., & Hodgins, D.C. (2017, March). Adverse childhood experiences and disordered gambling: Assessing the mediating role of emotion dysregulation. *Journal of Gambling Studies*, DOI 10.1007/s10899-017-9680-8

Overlapping Protective Factors

- Connectedness to individuals, family, community, and social institutions
- Availability of physical and mental health care
- Safe and supportive school and community environments
- Supportive relationships with healthcare providers
- Coping and problem-solving skills
- Accessing sources of continued care (e.g., after psychiatric hospitalization or incarceration)
- Moral or cultural objections to suicide and/or gambling
- Reasons for living/make life worthwhile (e.g., pets, connection to family, future goals)

KNOWLEDGE APPLICATION

Shifting the Community Narrative

- Reduce stigma of mental illness and addiction, including gambling
- Asking for help is a sign of strength
- Help is available (different pathways)
- Treatment can make you better
- Talk of suicide and problem gambling should always be taken seriously
- Suicidal feelings are temporary
- No one should have to suffer alone
- Continue to build social cohesion and public awareness
- Holding “authentic” hope

Wrap-Up

- What are you taking away from today?
 - ✓ Any insights you had?
 - ✓ Anything important and/or new?
- What is one thing you are going to do before the end of the weekend to take care of yourself?

RESOURCES

- Massachusetts Problem Gambling Helpline

Individuals can call **1-800-327-5050** or visit <https://gamblinghelpline.ma.org> to speak with a trained Specialist to receive support. Specialists are available 24/7.

- Suicide & Crisis Lifeline

- Phone/chat – 988
- Chat option at 988lifeline.org



- Trevor Project – 24hr Hotline for LGBTQ+ youth and providers who work with them – *Will not call 911 unless requested*

- <https://www.thetrevorproject.org/get-help/>
- Options for phone voice and text as well as computer-based chat service

Please visit our website, mcoepgp.org for additional resources and trainings.



THANK YOU

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