National Institute for Health and Care Excellence

Harmful gambling: identification, assessment and management

[C] Information and support

NICE guideline number tbc

Evidence reviews underpinning recommendations 1.2.1 to 1.2.5 in the NICE guideline

October 2023

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ISBN:

Contents

1 Information and support

2 Review question

3 What are the information and support needs of people who participate in harmful gambling,
4 their families, friends and others close to them?

5 Introduction

6 Harmful gambling is a serious condition in which people may lose agency and autonomy.
7 The provision of information and support is an integral part of the treatment of any condition.
8 Understanding the condition can facilitate informed decision-making, can contribute to self-
9 management, can promote meaningful and active engagement in treatment, and can
10 contribute to a good experience of healthcare. People who have been harmed by gambling,
11 either due to gambling themselves or by the gambling of those close to them, will have
12 different and varied needs for information and support. These needs differ in terms of the
13 content of information and how they access it, along with potentially needing different types
14 of support.

15 The aim of this review is to determine how people experiencing gambling-related harms
16 prefer to access information and support and the types of information and support they
17 prefer.

18 Summary of the protocol

19 See Table 1 for a summary of the population and phenomenon of interest for this review.

20 **Table 1: Summary of the protocol (population and phenomenon of interest)**

Population	• People (aged 18 and over) who participate in gambling that is causing any level of harm to themselves or to their family, carers and friends. • Family, friends and others close to people who participate in harmful gambling. • People involved in the identification, assessment and management of harmful gambling (for example, health and social care staff, people working or volunteering in debt advice services, 'vulnerable customer teams' in banks, or front-line staff in the gambling industry).
Phenomenon of interest	Experience of information and support needs for people who participate in harmful gambling and their affected others. Themes will be identified from the literature. The committee identified the following potential themes (however, not all of these themes may be found in the literature, and additional themes may be identified): • Availability – data may relate to the availability of information and support, including, for example, opening hours or amount of information and support on offer. • Accessibility –the ease of obtaining information in terms of language or clarity or issues surrounding support such as location, appointment systems or eligibility criteria. • Acceptability – data may relate to people's experiences of using information and support and may suggest ways of improving various aspects of the way it is delivered, presented, or made available. • Content – there may be data on people's views about the relevance and appropriateness of the information provided or about the nature of the support being offered.

- Timing – people may have expressed views about the most useful timing of information provision or support and whether this is perceived to affect impact.
- Reliability – there may be data about people's perceptions on the trustworthiness and reliability of certain information sources or providers of support.

For further details see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods specific to this review question are described in the review protocol in appendix A and the methods document (Supplement 1: methods).

Declarations of interest were recorded according to NICE's conflicts of interest policy.

Qualitative evidence

Included studies

A systematic review of the literature was conducted using a combined search for this and the other 2 qualitative review questions included in the development of this guideline: (see evidence review I 'Access', and evidence review K 'Improving gambling treatment services').

Four studies were included for this review, 3 general qualitative enquiries (Marionneau & Jarvinnen-Tassopoulos, 2019; Wood et al., 2009 and Rodda et al., 2017) and 1 grounded theory study (Vasiliadis & Thomas, 2018). The included studies were conducted in Finland (Marionneau & Jarvinnen-Tassopoulos, 2019), Australia (Vasiliadis & Thomas, 2018 & Rodda et al., 2017), and in the UK (Wood et al. 2009)

The included studies are summarised in Table 2.

Study populations included people experiencing harmful gambling who were looking for information and support and concerned significant others, such as family, friends and spouses, of people experiencing harmful gambling.

The data provided evidence about the following themes: acceptability; accessibility; content; and the limitations of formal support and information.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix J.

Summary of included studies

Summaries of the studies that were included in this review are presented in Table 2.

1 **Table 2: Summary of included studies.**

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
Marionneau 2021 General qualitative enquiry Finland Unclear funding source **Study aim** To investigate gamblers' and their concerned significant others' experiences and views on treatment and help services during the COVID-19 pandemic	N=847 • people experiencing harmful gambling, n=688 • concerned significant others, n=97 • people experiencing harmful gambling as well as being a concerned significant other n=62 Age in years [mean (SD)]: Not reported Sex (n): M=283, F=278, Other=8, Unknown=280 Gambling symptom severity scale and score: Not reported	**Data collection** Three separate online questionnaires **Data analysis** Thematic analysis	• Preferences around online support • The visibility of support and information sources • Continuity of care
Rodda 2017 General qualitative enquiry Australia Unclear funding source **Study aim** To explore the experiences of family members who used services from Gambling Help Online to deal with their	N=62 concerned significant others of people experiencing harmful gambling Age in years [mean (SD)]: Not reported Sex (n): Not reported Gambling symptom severity scale and score: Not reported	**Data collection** Online survey **Data analysis** Thematic analysis	• Signposting to other support services • Practical and emotional support • Support to help the person experiencing harmful gambling • Education and general information

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
family member's problem gambling.			
Vasiliadis 2018 Grounded theory Australia Any industry funding **Study aim** To explore the process by which gamblers move from recognition of a gambling problem to action for recovery. To explore the experiences, perceptions and contextual factors that shape the features of this process.	N=32 people experiencing harmful gambling Age in years [mean (SD)]: Not reported Sex (n): M=22, F=10 Gambling symptom severity scale and score: Not reported	**Data collection** Telephone interviews **Data analysis** Narrative and structural thematic analysis	• Motivation for change • Informal support favoured over formal options
Wood 2009 General qualitative enquiry UK Any industry funding **Study aim** To investigate	**Phase 1** Not recorded **Phase 2** N=19 • people experiencing harmful gambling, n=17 • concerned significant others, n=2	Phase 1 **Data collection** Secondary data gathered from online **Data analysis** Global thematic analysis Phase 2 **Data collection** Interviews	• Preferences around online support

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
both the features of UK support forums and the communication processes that may facilitate or hinder users in abstaining from or controlling their gambling behaviour.	Age in years [mean (SD)]: Not reported Sex (n): M=9, F=10 Gambling symptom severity scale and score: Not reported **Phase 3** N=121 • people experiencing harmful gambling, n=not reported • concerned significant others, n=not reported Age in years [mean (SD)]: 41 (11) Sex (n): M=53, F=52, Unknown=16 Gambling symptom severity scale and score: Not reported	**Data analysis** Thematic analysis Phase 3 **Data collection** Online questionnaire **Data analysis** Findings of the third phase were quantified and do not meet protocol criteria. Therefore, results of this third phase were not extracted.	

1   *n/N: number/Number*

2   See the full evidence tables in appendix D. As this was a qualitative review, no meta-analysis
3   was conducted (and so there are no forest plots in appendix E).

1 **Summary of the evidence**

2 Across 2 funding stratifications for which evidence was available, the synthesis of the
3 evidence generated 2 overarching themes, about 'Information and support for people
4 experiencing harmful gambling' and 'Information and support for affected others'. Within
5 these were 6 themes and 10 further sub themes:

6 C1 Information and support - from studies receiving any industry funding

7 • C1.1 Information and support for people experiencing harmful gambling

8 ○ C1.1.1 Acceptability

9 - C1.1.1.1 Preferences around online support

10 ○ C1.1.2 The limitations of formal support and information

11 - C1.1.2.1 Motivation for change

12 - C1.1.2.2 Informal support favoured over formal options

13 C2 Information and support – from studies receiving funding from an unclear funding source

14 • C2.1 Information and support for people experiencing harmful gambling

15 ○ C2.1.1 Acceptability

16 - C2.1.1.1 Preferences around online support

17 ○ C2.1.2 Accessibility

18 - C2.1.2.1 The visibility of support and information sources

19 • C2.2. Information and support for affected others

20 ○ C2.2.1. Acceptability

21 - C2.2.1.1 Continuity of care

22 ○ C2.2.2 Content

23 - C2.2.2.1 Signposting to other services

24 - C2.2.2.2 Practical and emotional support

25 - C2.2.2.3 Support to help the person experiencing harmful gambling

26 - C2.2.2.4 Education and general information

27 Theme maps (Figure 1 and Figure 2) are provided below to illustrate the overarching themes
28 and their related themes and sub themes. Overarching themes are shown below in dark
29 green, themes are shown in medium green and sub themes in light green.

1   **Figure 1. Theme map for themes identified from studies receiving any industry**
2   **funding**
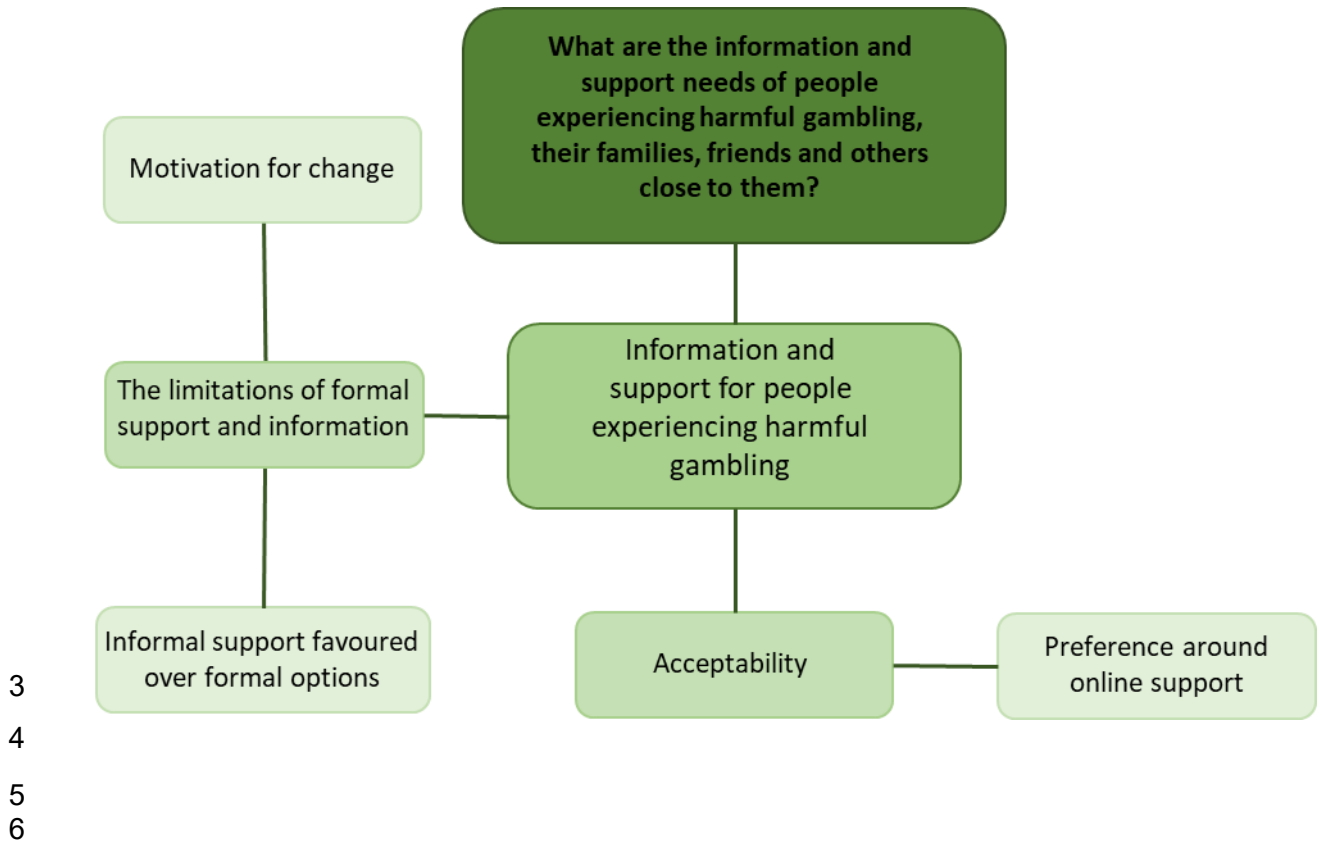
1 **Figure 2 Theme map for themes identified from studies receiving funding from an**
2 **unclear funding source**
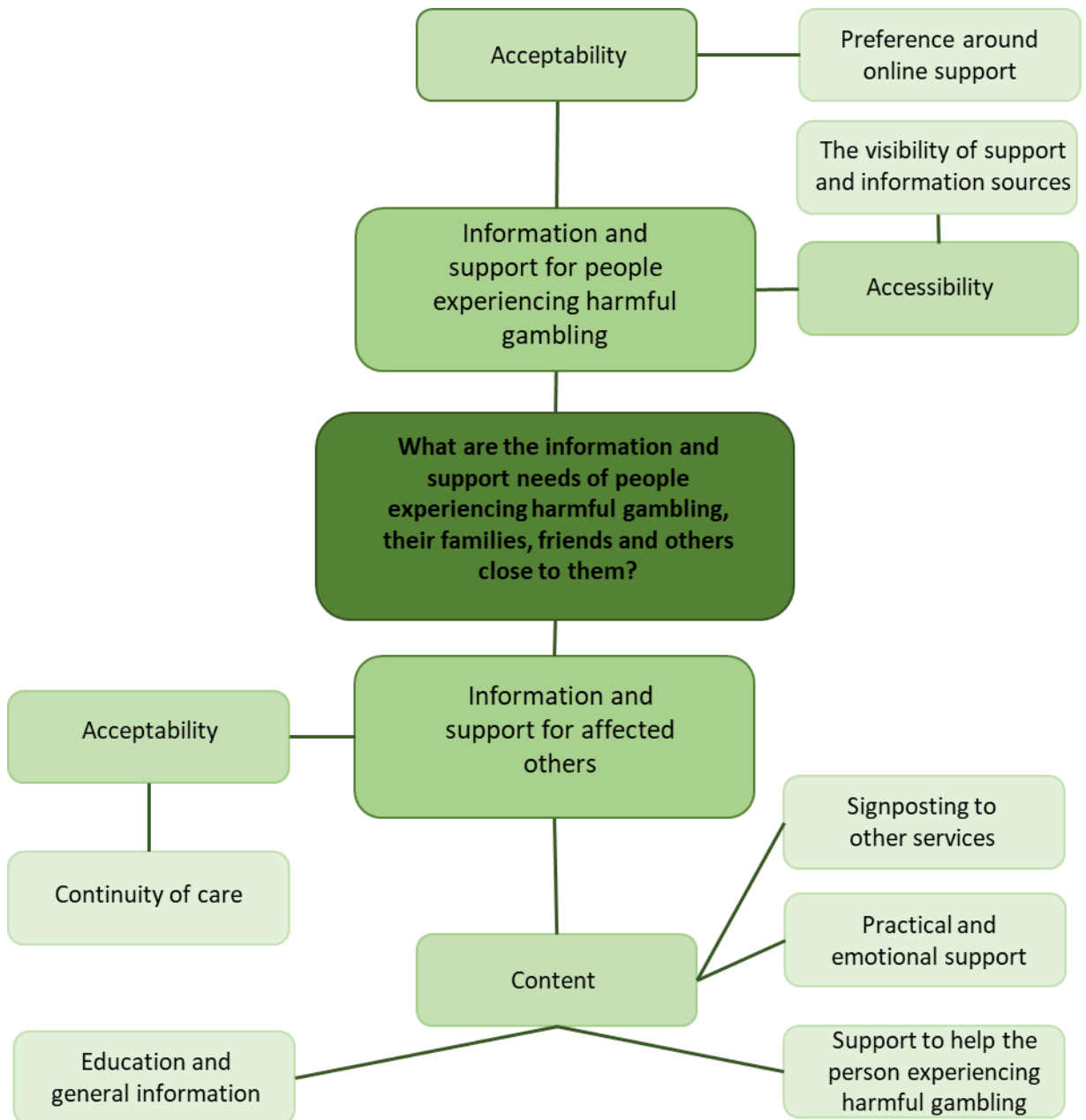
3

4 **Information and support for people experiencing harmful gambling – from studies**
5 **receiving any industry funding:**

6 Two main themes were identified for this stratification: acceptability and the limitation of
7 formal support and information.

8 Acceptability:

9 Under the theme of 'Acceptability' was a sub-theme about preferences around online
10 support. One study provided evidence (low confidence) that people like the accessibility and
11 convenience of online support and valued the anonymity these provided.

12 Limitations of formal support and information:

1 The second theme about 'the limitations of formal support and information' had two further
2 sub-themes about people's motivation for change and informal support being favoured over
3 formal options. One study (low confidence) suggested that people were often motivated to
4 change when they recognised the negative consequences of their harmful gambling, the
5 impact of gambling on their life in general (for example on friends, family, and finances), and
6 that addressing the problems caused by their harmful gambling may be harder than
7 addressing their gambling addiction. There was also evidence (low confidence) that people
8 preferred to turn to their informal support networks for support rather than seeking formal
9 support.

10 **Information and support for people experiencing harmful gambling – from studies**
11 **receiving funding from an unclear funding source:**

12 Two main themes were identified for this stratification: acceptability and accessibility.

13 Acceptability:

14 Under the theme of 'Acceptability' was a sub-theme about preferences around online
15 support. One study provided evidence (low confidence) that online services provided people
16 with additional contacts with peers through online messaging services and that they were
17 slowly getting used to moving from face-to-face meetings to online meetings.

18 Accessibility:

19 The second theme of accessibility included one sub-theme about the visibility of support and
20 information sources. One study provided evidence (low confidence) about the visibility of
21 support and information sources, particularly highlighting the need for support and
22 information services to be more visible and accessible for example on social media
23 platforms.

24 **Information and support for affected others – from studies receiving funding from an**
25 **unclear funding source:**

26 Two main themes were identified for this stratification: acceptability and content.

27 Acceptability:

28 The first theme of acceptability included a specific sub-theme about continuity of care. One
29 study provided evidence (low confidence) that when support services closed down during the
30 COVID-19 pandemic, this created anxiety among affected others who worried about the
31 impact of this disruption on the person participating in harmful gambling.

32 Content:

33 The second theme about the content of information and support included 4 sub-themes. One
34 of these (low confidence) was about the value of being signposted to other services with
35 affected others using online forums to be signposted to professional help, including
36 counselling services and support groups. Another sub theme, 'practical and emotional
37 support' (low confidence), showed that affected others were using online forums for their own
38 practical and emotional support to help deal with the harmful effects of another person's
39 gambling. However, they also sought information and advice to help them to support the
40 person experiencing harmful gambling (low confidence), for example using online forums to
41 learn how to respond to and approach their significant other. The final sub-theme (low
42 confidence) showed that affected others look for information and support to provide them
43 with education and general information about problem gambling and to help them understand
44 the behaviours of their significant other.

45 See appendix F for full GRADE-CERQual tables.
46

1   **Economic evidence**

2   **Included studies**

3   A single economic search was undertaken for all topics included in the scope of this
4   guideline, but no economic studies were identified which were applicable to this review
5   question. See the literature search strategy in appendix B and economic study selection flow
6   chart in appendix G.

7   **Excluded studies**

8   No economic studies were reviewed at full text and excluded from this review.

9   **Economic model**

10   No economic modelling was undertaken for this review because it was a qualitative review.

11   **The committee's discussion and interpretation of the evidence**

12   **The outcomes that matter most**

13   To address the issue of the information and support needs of people experiencing harmful
14   gambling, their families, friends and others close to them, the review was designed to include
15   qualitative data and as a result the committee could not specify in advance the data that
16   would be identified. Instead, they agreed, by informal consensus, on the following main
17   themes to guide the review, although the list was not exhaustive and the committee were
18   aware that additional themes could be identified:

19   • Availability – for example the availability of information and support, including, opening
20   hours or the amount of information and support on offer.

21   • Accessibility – for example the ease of obtaining information in terms of language or
22   clarity or location, appointment systems or eligibility criteria for support.

23   • Acceptability – for example people's experiences of using information and support and
24   various aspects of the way support is delivered, presented, or made available.

25   • Content – for example the relevance and appropriateness of the information provided or
26   about the nature of the support being offered.

27   • Timing – for example the timing of information provision or support and whether this is
28   perceived to affect impact.

29   • Reliability – for example people's perceptions on the trustworthiness and reliability of
30   certain information sources or providers of support.

31   These themes were chosen as they were expected to be the key aspects that influence
32   people's preferences for the way in which information and support are accessed, made
33   available and delivered to people participating in harmful gambling, their families and
34   affected others.

35   **The quality of the evidence**

36   The evidence was assessed using GRADE-CERQual methodology and the confidence in the
37   findings was low for all the themes. The review findings were generally downgraded for
38   concerns over adequacy because studies did not offer rich data and findings often derived
39   from only one study. Findings were also downgraded because of methodological limitations
40   of included studies, including, for example a lack of discussion about recruitment and a lack

1 of justification for data collection methods. There were no or very minor concerns for
2 coherence of findings and relevance of evidence for all findings.

3 See appendix F for full GRADE-CERQual tables with quality ratings of all review findings.

4 **Benefits and harms**

5 Recommendations based on this review are for providers of gambling treatment or support
6 services.

7 The committee reviewed the broad range of themes and sub-themes available from this
8 evidence review. They discussed whether to consider all the evidence or whether to prioritise
9 themes from studies classified as having unclear funding over evidence from research
10 funded by the gambling industry. The committee noted that the themes and sub-themes
11 identified in the research with any industry funding (acceptability and limitations of formal
12 support) were slightly different from the themes identified by the research from an unclear
13 funding source (acceptability, accessibility and content). While the theme of acceptability was
14 identified in both stratifications, 'accessibility' was only identified in evidence for which
15 funding was unclear. The committee discussed that on the face of it, this could imply that the
16 evidence with any industry funding did not find data about the accessibility of information and
17 support. They acknowledged that this might suggest that industry funded research
18 overlooked the importance of access issues for people experiencing harmful gambling and
19 affected others, in terms of information and support. However, on closer examination of the
20 evidence, the committee agreed that this did not seem to be the case because in fact 2 of the
21 sub-themes from the 'any industry' evidence ('preferences around online support' and
22 'informal support favoured over formal options') actually did touch on aspects of accessibility.
23 For example, preferences were expressed both for online help forums and for support from
24 informal networks because they were perceived to be more accessible. Furthermore, the
25 committee agreed that despite the slight differences between them, the evidence from the
26 'any industry' funding stratification did not contradict findings from the unclear funding
27 stratification and nor were they at odds with the committee's own expertise. They therefore
28 agreed to consider the whole body of evidence from this review.

29 The committee used the evidence in this review as well as their knowledge and experience
30 to recommend that people experiencing gambling-related harms (which included people
31 experiencing harmful gambling themselves, and those affected by the gambling of a family
32 member, friend or someone else close to them) are provided with information and support to
33 support their treatment and recovery covering a number of areas. The committee highlighted
34 that this information should be unbiased and clarified that this meant information developed
35 without input or influence from the gambling industry, and they wrote a definition of
36 'unbiased' for inclusion in the guideline.

37 The committee used specific review findings (outlined below), supported by their expertise to
38 agree the topics on which information should be provided. This included the reasons why
39 people gamble, and continue to gamble despite harm, and how addictive gambling is, as well
40 as the activities of the gambling industry that may impact on their gambling behaviour. The
41 committee discussed that different types of gambling are promoted to different age groups,
42 for example in-game football betting is mainly promoted to young men and online bingo is
43 mainly promoted to young women, and therefore they are more likely to become addicted to
44 this kind of betting compared to young women or older men. This list of topics was supported
45 by evidence from sub-theme C.2.2.24 Education and general information (low confidence)
46 which described that family members were looking for information about harmful gambling to
47 understand reasons why people gamble. In addition, the evidence from this review and
48 evidence review K provided evidence about understanding addiction and treatment (high
49 confidence) and evidence review I provided evidence about a lack of understanding about
50 gambling as an addiction (low confidence). The committee also agreed that it was important
51 to make people aware that particular types of gambling are more harmful than others and

1   more likely to lead to addiction, and that it may be helpful if people recognise the link
2   between the gambling and the harm that is being caused to themselves and those close to
3   them. This was shown in the evidence from sub-theme C1.1.2.1 Motivation for change (low
4   confidence) which described that people experiencing harmful gambling may recognise the
5   negative consequences of their gambling (for example, poor mental health, financial
6   hardship, and relationship issues). The committee therefore agreed that people should be
7   helped to understand the impact their gambling has on themselves and others. They also
8   agreed that evidence from 2 other reviews provided further support for this recommendation:
9   evidence review I provided evidence about a lack of understanding about gambling and
10   treatment options (low to moderate confidence) acting as barriers to accessing services and
11   evidence review K reported that treatment is perceived to be more effective when it includes
12   information on the development and treatment of addictions (high confidence).

13   The committee discussed that to access treatment for harmful gambling, people need to be
14   aware of what treatment services are available. There was no specific evidence from this
15   review on preferences relating to the availability of treatment services, but the committee
16   were aware that only a small proportion of people harmed by gambling can or do access
17   treatment. The committee agreed that a lack of knowledge of what treatment is available may
18   be one factor contributing to this, and so included information about treatment services in
19   their recommendation. The committee agreed, based on their knowledge and experience,
20   that how to access appropriate help in a crisis situation was particularly important and so
21   also included this in their recommendation. They also agreed that the recommendation was
22   further supported by evidence from evidence review I that people are less likely to access
23   treatment if they doubt its effectiveness (low confidence) and evidence review K about the
24   importance of clear descriptions of services (low confidence) and the importance of making
25   crisis intervention available in the treatment pathway (low confidence).

26   There was evidence from theme C1.1.2.2 Informal support favoured over formal options (low
27   confidence) and theme C1.1.1.1 Preferences for online support (low confidence) that showed
28   that people who participate in harmful gambling preferred support from informal networks
29   rather than formal support services and that peer contact through messaging groups or
30   online support forums helped them to sustain abstinence from harmful gambling As well as
31   information on formal treatment services, the committee therefore also agreed that people
32   would benefit from information about seeking support from informal sources such as family,
33   friends and peer support, self-help groups or online forums.

34   There was evidence from theme C2.2.2.2 Practical and emotional support (low confidence)
35   that affected others wanted help with practical issues such as financial problems, and some
36   evidence from theme C1.1.2.2 Informal support favoured over formal options (low
37   confidence) that people participating in harmful gambling appreciated practical help with bills
38   and money management. The committee therefore included in their recommendation that
39   information on practical, financial help should be provided.

40   The committee discussed that the benefits of providing information to people on these topics
41   would be that more people would be aware of the harms of gambling, treatment options and
42   other sources of support and all these may help aid their recovery. They also agreed that
43   providing information earlier in the process of someone becoming involved in harmful
44   gambling may lead to more successful engagement with treatment, that could prevent the
45   development of further issues with gambling.

46   The committee noted that there had been evidence from theme C1.1.2.1 Motivation for
47   change (low confidence) that people may be motivated to seek help for harmful gambling
48   when the impact of their gambling outweighs the perceived difficulties of dealing with it. They
49   therefore highlighted this in a recommendation.

50   Based on the evidence from sub-theme C2.1.2.1 Visibility of support and information
51   services (low confidence) that people valued hearing testimonies from recovered gamblers,

1   as well as the committee's knowledge and experience, the committee highlighted the
2   importance of providing hope about the possibility of recovery.

3   The committee made separate recommendations about the information that should be
4   provided to people affected by the harmful gambling such as family members and friends.

5   There was evidence from theme C2.2.2.4 Education and general information (low
6   confidence) that family members and affected others wanted information to understand why
7   people gamble, and why people may be induced to gamble or return to gambling despite the
8   harms. When discussing this evidence, the committee also agreed that, based on their
9   experience, it was important to help affected others to understand the harms and impact on
10   the person experiencing harmful gambling, and how the harm caused by different types of
11   gambling could vary. The committee also added, based on their experience, that the
12   potential for increased risk of suicide should be highlighted, as many family and friends may
13   not be aware of this.

14   The evidence from theme C2.2.2.3 Support to help the person experiencing harmful
15   gambling (low confidence) suggested that family members and affected others were looking
16   for information on how to help and support the person participating in harmful gambling. The
17   committee agreed about the importance of the support role provided by family members so
18   they agreed that affected others should also be provided with unbiased information on how to
19   support the person participating in harmful gambling. This was reinforced by evidence from
20   C2.2.2.1 Signposting to other support services (low quality) which related to the cessation of
21   services during the COVID-19 pandemic, and people feeling they needed to know about the
22   availability of different treatment services for the person participating in harmful gambling.

23   The committee also discussed evidence from themes C2.2.2.2 Practical and emotional
24   support (low quality) about the fact that family members were looking for professional help for
25   themselves including counselling services, coping skills and support groups, as well as
26   practical help with financial problems. The committee agreed it was important to recommend
27   that people should be provided with information on how to access help for themselves,
28   including support for mental health and financial support, and the committee also highlighted
29   that, based on their experience, family members often do not realise they are entitled to
30   support from gambling treatment services. They therefore added this to their
31   recommendation. The committee agreed that these recommendations would help to address
32   a considerable gap in support and information for affected others and increase their
33   wellbeing.

34   The committee discussed how people could access information and support for harmful
35   gambling and agreed that a key issue was to make to make it accessible and make people
36   aware of its availability. The committee discussed the evidence from theme C2.2.1.1
37   Continuity of care (low confidence), theme C2.1.2.1 Visibility of support and information
38   services (low confidence) and themes C1.1.1.1 Preferences around online support (low
39   confidence) and C2.1.1.1 Preferences around online support (low confidence). The themes
40   showed that people participating in harmful gambling and their significant others experienced
41   heightened anxiety and harm during the COVID-19 pandemic. People were worried about in-
42   person services closing and were generally unsure about how to access services during this
43   time. However, people reported getting used to the on-line services and the replacement of
44   in-person services with on-line meetings was seen as useful by some people as it could lead
45   to easier access to services for a wider range of people. The committee agreed this
46   confirmed their recommendations for use of online information and support.

47   The committee also discussed the evidence from sub-theme C2.1.2.1 The visibility of support
48   and information sources (low confidence) which showed that people value accessible, visible
49   information, available in a range of ways, including via social media and other sources such
50   as employers and occupational health. The committee noted that some of the harder to
51   reach groups such as people in the criminal justice system would need specific information
52   targeted at and made available to them. Based on this, the committee recommended

information be provided through sources that are widely advertised and, based on the evidence and their experience, in places where harmful gambling may be identified (for example in the NHS, social care and criminal justice system).

The committee agreed that one of the main benefits of making information and support accessible and advertising its availability, would be that people participating in harmful gambling would be more likely to access it, which could help in their recovery.

Cost effectiveness and resource use

No economic evidence was identified for this review question. The committee acknowledged that there is currently large variation regarding information provided to people who are affected by gambling-related harms, their families, friends and others close to them about gambling, treatment services and how to access support. Offering this information is likely to have moderate resource implications in terms of health professionals' time but also in terms of developing unbiased information, making information available through online signposting and social media, in accessible formats. The recommendations are expected to considerably improve the care and quality of life of people who are affected by harmful gambling, their families, friends and others close to them, and therefore the committee expressed the view that anticipated resource implications are likely to be outweighed by improved outcomes for this population.

Other factors the committee took into account

Providing information in accessible formats

In order to emphasise that all information is provided in accessible formats the committee added links to the NICE guideline on Patient experience in adult NHS services and the NICE guideline on Service user experience in adult mental health.

Funding sources

The funding sources for the studies included in this evidence review were:
- Any industry funding: Vasiliadis 2018, Wood 2009
- Unclear funding source: Rodda 2017, Marionneau 2021

The committee discussed that the themes derived from evidence with 'any industry funding' was coherent with the evidence in the 'unclear funding' stratification and so they considered all the evidence when making their recommendations.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.2.1 to 1.2.5. Other evidence supporting these recommendations can be found in evidence review I 'Access' and evidence review K 'Improving gambling treatment services'.

References – included studies

Marionneau 2021

Marionneau, V., Jarvinen-Tassopoulos, J. Treatment and help services for gambling during COVID-19: Experiences of gamblers and their concerned significant others, NAD Nordic Studies on Alcohol and Drugs, 39(1), 1-24, 2021

Rodda 2017

Rodda, S., Lubman, D., Dowling, N. Online support needs and experiences of family members affected by problem gambling, Australian Institute of Family Studies. 1-28, 2017

1   **Vasiliadis 2018**

2   Vasiliadis, S., Thomas, A. Recovery Agency and Informal Recovery Pathways from
3   Gambling Problems, International journal of mental health and addiction, 16(4), 874-887,
4   2018

5   **Wood 2009**

6   Wood, R., Wood, S. An evaluation of two United Kingdom online support forums designed to
7   help people with gambling issues, Journal of Gambling Issues, 23, 5-30, 2009

8

Appendices

Appendix A   Review protocols

Review protocol for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

Table 3:   Review protocol

ID	Field	Content
0.	PROSPERO registration number	Not registered with PROSPERO as review does not contain any health outcomes.
1.	Review title	Information and support needs (qualitative review)
2.	Review question	What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?
3.	Objective	• To establish what information and support is needed by people to recognise and address their harmful gambling. • To establish what information and support is needed by family, friends and others close to people participating in harmful gambling.
4.	Searches	The following databases will be searched: • Applied Social Science Index and Abstracts (ASSIA) • Cumulative Index to Nursing and Allied Health Literature (CINAHL) • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • Emcare • Epistemonikos • Health Management Information Consortium (HMIC)

ID	Field	Content
		• Medline and Medline In-Process
		• PsycInfo
		• Social Care Online
		• Social Policy and Practice
		• Social Sciences Citation Index
		Searches will be restricted by:
		• Date: 2000 onwards (see rationale under Section 10)
		• English language
		• Human studies
		• Qualitative filter
		Other searches:
		• Inclusion lists of systematic reviews
		• Kings Fund reports
		• Campbell Collaboration
		• Gov.uk
		• National Grey Literature Collection
		• Be Gamble Aware
		• GamCare
		• Gambling Research Exchange Ontario
		• Gambling Commission
		• Advisory Board for Safer Gambling
		• Gambling Watch UK
		• Australian Gambling Research Centre
		• Gambling Compliance
		• Gambling and Addictions Research Centre

ID	Field	Content
		• Responsible Gambling Council
		• Victorian Responsible Gambling Foundation
		One search will be conducted to cover all qualitative questions.
		With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion.
		• The full search strategies will be published in the final review.
5.	Condition or domain being studied	Views, perceptions and/ or lived experiences of information and support requirements for people participating in harmful gambling and their families, friends and others close to them.
6.	Population	Inclusion: • People (aged 18 and over) who participate in gambling that is causing any level of harm to themselves or to their family, carers and friends. • Family, friends and others close to people who participate in harmful gambling. • People involved in the identification, assessment and management of harmful gambling (for example, health and social care staff, people working or volunteering in debt advice services, 'vulnerable customer teams' in banks, or front-line staff in the gambling industry).
7.	Phenomenon of interest	The committee wish to locate qualitative evidence about the information and support needs of people participating in harmful gambling and affected others. They anticipate that data from included studies will cover a number of key themes although these are not exhaustive, and they are aware that other relevant themes may also be identified and reported: • Availability – data may relate to the availability of information and support, including, for example, opening hours or amount of information and support on offer. • Accessibility – data may relate to views and opinions about the ease of obtaining information in terms of language or clarity or issues surrounding support such as

23

ID	Field	Content
		location, appointment systems or eligibility criteria.
		• Acceptability – data may relate to people's experiences of using information and support and may suggest ways of improving various aspects of the way it is delivered, presented, or made available.
		• Content – there may be data on people's views about the relevance and appropriateness of the information provided or about the nature of the support being offered.
		• Timing – people may have expressed views about the most useful timing of information provision or support and whether this is perceived to affect impact.
		• Reliability – there may be data about people's perceptions on the trustworthiness and reliability of certain information sources or providers of support.
8.	Comparator/Reference standard/Confounding factors	Not applicable as this is a qualitative review.
9.	Types of study to be included	Studies employing qualitative methods, including: • Systematic reviews and meta-syntheses of qualitative studies • Studies using qualitative methods: focus groups, semi-structured and structured interviews, observations • Surveys conducted using open ended questions and a qualitative analysis of responses Note: Mixed methods studies will be included but only qualitative data will be extracted and risk of bias assessed
10.	Other exclusion criteria	Inclusion: • Full text papers • Studies conducted in high income (according to the World Bank) countries in Europe as well as Australia, Canada and the US. Exclusion: • Articles published before 2000. • Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality.

ID	Field	Content
		- Studies using quantitative methods only (including surveys that report only quantitative data) - Surveys using mainly closed questions or which quantify open ended answers for analysis. - Non-English language articles - Conference proceedings - Abstract only - Books and book chapters Thematic saturation: 1. Data or theme(s) from included studies will not be extracted for particular theme(s) if thematic saturation is reached. 2. Papers included on full text will subsequently be excluded when the whole anticipated framework of phenomena (6 number of anticipated themes listed in row 7) has reached thematic saturation. That is, when evidence synthesis and the application of GRADE-CERQual show that data about all 6 aspects of the phenomenon of interest are 'adequate' and 'coherent'. See row 7 above for details of the anticipated framework of phenomenon and associated rationale.
11.	Context	All settings where harmful gambling may be identified and where NHS-commissioned healthcare is provided for people who participate in harmful gambling.
12.	Primary outcomes (critical outcomes)	Outcomes, not applicable as this is a qualitative review. For anticipated themes, see row 7 above, 'Phenomenon of interest'
13.	Secondary outcomes (important outcomes)	Not applicable.
14.	Data extraction (selection and coding)	- All references identified by the searches and from other sources will be uploaded into EPPI-Reviewer 5 and de-duplicated. - Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. - Dual or duplicate screening will be undertaken for 10% of items (90% agreement is required and disagreements will be resolved via discussion with the senior systematic reviewer). - Full versions of the selected studies will be obtained for assessment. Studies

ID	Field	Content
		that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed along with the reason for its exclusion. • The included and excluded studies lists will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair. • A standardised form will be used to extract data from included studies, providing study reference, research question, data collection and analysis methods used, participant characteristics, second-order themes, and relevant first-order themes (such as supporting quotes). One reviewer will extract relevant data into a standardised form. This will be quality assessed by the senior reviewer.
15.	Risk of bias (quality) assessment	Risk of bias of individual qualitative studies will be assessed using the CASP (Critical Skills Appraisal Programme) qualitative checklist, and systematic reviews of qualitative studies will be assessed using the CASP Systematic Review checklist. See Appendix H in Developing NICE guidelines: the manual for further details. The quality assessment will be performed by one reviewer and this will be quality assessed by the senior reviewer.
16.	Strategy for data synthesis	• Extracted second-order study themes and related first-order quotes will be synthesised by the reviewer into third-order themes and related sub-themes as 'review findings'. • The GRADE-CERQual approach will be used to summarise the confidence in the review findings synthesized from the qualitative evidence ('Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series'; Lewin 2018). • The overall confidence in evidence about each review finding will be rated on four dimensions: methodological limitations, coherence, adequacy, and relevance.
17.	Analysis of sub-groups	Themes identified from industry-funded evidence will be reported separately. As this is a qualitative review subgroup analysis is not possible. However, if data allow, the review will include information regarding differences in views held between certain groups, for example people participating in gambling causing different levels of harm, people in different age groups or people with different comorbidities. In these circumstances the committee will consider whether there is a case to make separate

ID	Field	Content		
		recommendations for different groups of for people in different circumstances.		
18.	Type and method of review	☐ Intervention ☐ Diagnostic ☐ Prognostic ☒ Qualitative ☐ Epidemiologic ☐ Service Delivery ☐ Other (please specify)		
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	February 2022		
22.	Anticipated completion date	February 2024		
23.	Stage of review at time of this submission	**Review stage**	**Started**	**Completed**
		Preliminary searches	☑	☑
		Piloting of the study selection process	☑	☑
		Formal screening of search results against eligibility criteria	☑	☑
		Data extraction	☑	☑
		Risk of bias (quality) assessment	☑	☑
		Data analysis	☑	☑

27

ID	Field	Content
24.	Named contact	5a. Named contact National Institute for Health and Care Excellence (NICE) 5b. Named contact e-mail Gambling@nice.org.uk 5c. Organisational affiliation of the review National Institute for Health and Care Excellence (NICE)
25.	Review team members	Review team
26.	Funding sources/sponsor	This systematic review is being completed by NICE, which receives funding from the Department of Health and Social Care.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10210
29.	Other registration details	N/A
30.	Reference/URL for published protocol	N/A
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:

ID	Field	Content	
		• notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.	
32.	Keywords	Gambling; Information; Support; Recovery; Preferences; Qualitative	
33.	Details of existing review of same topic by same authors	N/A	
34.	Current review status	☒	Ongoing
		☐	Completed but not published
		☐	Completed and published
		☐	Completed, published and being updated
		☐	Discontinued
35..	Additional information	N/A	
36.	Details of final publication	www.nice.org.uk	

1 ASSIA: Applied Social Science Index and Abstracts; CASP: Critical Skills Appraisal Programme; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane
2 Central Register of Controlled Trials; CINAHL: Cumulative Index to Nursing and Allied Health Literature; GRADE-CERQual: Grading of Recommendations Assessment –
3 Confidence in the Evidence from Reviews of Qualitative Research, HMIC: Health Management Information Consortium;; NHS: National health service; NICE: National Institute
4 for Health and Care Excellence

Appendix B   Literature search strategies

Literature search strategies for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

Qualitative search

Please note that a combined literature search was undertaken to cover the three qualitative questions in reviews C, I and K.

Database: Medline and Medline In-Process

Date of last search: 21/03/2022

#	Searches
1	GAMBLING/
2	gambl*.ti,ab.
3	betting.ti,ab.
4	(bet or bets).ti,ab.
5	wager*.ti,ab.
6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
7	(pokies or pokey or puggy or fruities).ti,ab.
8	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
9	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
10	or/1-9
11	limit 10 to english language
12	limit 11 to yr="2000 -Current"
13	ANIMALS/ not HUMANS/
14	exp ANIMALS, LABORATORY/
15	exp ANIMAL EXPERIMENTATION/
16	exp MODELS, ANIMAL/
17	exp RODENTIA/
18	(rat or rats or mouse or mice).ti.
19	or/13-18
20	12 not 19
21	interview:.mp.
22	experience:.mp.
23	qualitative.tw.
24	or/21-23
25	20 and 24

Database: Embase

Date of last search: 21/03/2022

#	Searches
1	GAMBLING/
2	PATHOLOGICAL GAMBLING/
3	gambl*.ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	ANIMAL/ not HUMAN/
15	NONHUMAN/

#	Searches
16	exp ANIMAL EXPERIMENT/
17	exp EXPERIMENTAL ANIMAL/
18	ANIMAL MODEL/
19	exp RODENT/
20	(rat or rats or mouse or mice).ti.
21	or/14-20
22	13 not 21
23	interview:.tw.
24	exp HEALTH CARE ORGANIZATION/
25	experiences.tw.
26	or/23-25
27	22 and 26

Database: Emcare

Date of last search: 21/03/2022

#	Searches
1	GAMBLING/
2	PATHOLOGICAL GAMBLING/
3	gambl*.ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	ANIMAL/ not HUMAN/
15	NONHUMAN/
16	exp ANIMAL EXPERIMENT/
17	exp EXPERIMENTAL ANIMAL/
18	ANIMAL MODEL/
19	exp RODENT/
20	(rat or rats or mouse or mice).ti.
21	or/14-20
22	13 not 21
23	interview:.tw.
24	exp HEALTH CARE ORGANIZATION/
25	experiences.tw.
26	or/23-25
27	22 and 26

Database: PsycInfo

Date of last search: 21/03/2022

#	Searches
1	GAMBLING/
2	GAMBLING DISORDER/
3	gambl*.ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	animal.po.

#	Searches
15	(rat or rats or mouse or mice).ti.
16	or/14-15
17	13 not 16
18	experiences.tw.
19	interview:.tw.
20	qualitative.tw.
21	or/18-20
22	17 and 21
23	limit 22 to ("0100 journal" or "0110 peer-reviewed journal")

Database: Health Management Information Consortium (HMIC)

Date of last search: 21/03/2022

#	Searches
1	GAMBLING/
2	GAMBLERS/
3	GAMBLING MACHINES/
4	AMUSEMENT ARCADES/
5	CASINOS/
6	BOOKMAKERS/
7	LOTTERIES/
8	NATIONAL LOTTERY/
9	gambl*.ti,ab.
10	betting.ti,ab.
11	(bet or bets).ti,ab.
12	wager*.ti,ab.
13	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
14	(pokies or pokey or puggy or fruities).ti,ab.
15	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
16	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
17	or/1-16
18	limit 17 to yr="2000 -Current"
19	interview*.ti,ab.
20	experience*.ti,ab.
21	qualitative*.ti,ab.
22	view?.ti,ab.
23	survey*.ti,ab.
24	focus group?.ti,ab.
25	or/19-24
26	18 and 25

Database: Social Policy and Practice

Date of last search: 21/03/2022

#	Searches
1	gambl*.ti,ab.
2	betting.ti,ab.
3	(bet or bets).ti,ab.
4	wager*.ti,ab.
5	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
6	(pokies or pokey or puggy or fruities).ti,ab.
7	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
8	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
9	or/1-8
10	limit 9 to yr="2000 -Current"
11	interview*.ti,ab.
12	experience*.ti,ab.
13	qualitative*.ti,ab.
14	view?.ti,ab.
15	survey*.ti,ab.
16	focus group?.ti,ab.
17	or/11-16
18	10 and 17

Database: Cochrane Central Register of Controlled Trials (CENTRAL); and Cochrane Database of Systematic Reviews (CDSR)

Date of last search: 21/03/2022

#	Searches
#1	MeSH descriptor: [Gambling] this term only
#2	gambl*:ti,ab
#3	betting:ti,ab
#4	(bet or bets):ti,ab
#5	wager*:ti,ab
#6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) near/5 (machine* or terminal*)):ti,ab
#7	(pokies or pokey or puggy or fruities):ti,ab
#8	((dice or card or cards or roulette or blackjack or poker or baccarat or crap or craps or keno or casino* or bingo or bookmaker* or "book maker" or bookie* or lottery or lotteries or lotto or "scratch card*" or scratchcard* or raffle or raffles or sweepstak* or "amusement arcade*" or slot or slots) near/5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)):ti,ab
#9	((game or games or gaming or gamer*) near/5 (money or monetization or monetisation or monetary)):ti,ab
#10	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9
#11	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 with Cochrane Library publication date Between Jan 2000 and Mar 2022
#12	interview*:ti,ab
#13	experience*:ti,ab
#14	qualitative*:ti,ab
#15	(view or views):ti,ab
#16	survey*:ti,ab
#17	"focus group*":ti,ab
#18	#12 or #13 or #14 or #15 or #16 or #17
#19	#11 and #18

Database: Epistemonikos

Date of last search: 21/03/2022

#	Searches
	(title:((gambl* OR betting OR bet OR bets OR wager* OR "gaming machine*" OR "slot machine*" OR "fruit machine*" OR "poker machine*" OR "lottery machine*" OR "lotteries machine*" OR "gaming terminal*" OR "slot terminal*" OR "fruit terminal*" OR "poker terminal*" OR "lottery terminal*" OR "lotteries terminal*" OR pokies OR pokey OR puggy OR fruities) AND (interview* OR experience* OR qualitative* OR view OR views OR survey* OR "focus group*")) OR abstract:((gambl* OR betting OR bet OR bets OR wager* OR "gaming machine*" OR "slot machine*" OR "fruit machine*" OR "poker machine*" OR "lottery machine*" OR "lotteries machine*" OR "gaming terminal*" OR "slot terminal*" OR "fruit terminal*" OR "poker terminal*" OR "lottery terminal*" OR "lotteries terminal*" OR pokies OR pokey OR puggy OR fruities) AND (interview* OR experience* OR qualitative* OR view OR views OR survey* OR "focus group*"))) Publication year: 2000-2022

Database: Cumulative Index to Nursing and Allied Health Literature (CINAHL)

Date of last search: 21/03/2022

#	Searches
S1	TI (gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities) Limiters - Publication Year: 2000-
S2	TI (interview* or experience* or qualitative* or view or views or survey* or "focus group*") Limiters - Publication Year: 2000-
S3	S1 and S2

Database: Applied Social Science Index and Abstracts (ASSIA)

Date of last search: 21/03/2022

#	Searches
	AB,TI (gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities)
AND	AB,TI (interview* or experience* or qualitative* or view or views or survey* or "focus group*")
AND	Additional limits - Date: From January 2000

Database: Social Care Online

Date of last search: 21/03/2022

#	Searches
	AllFields:'gamble or gambler or gamblers or gambling or gambled or betting or bet or bets or wager or wagers or "gaming machine" or "slot machine" or "fruit machine" or "poker machine" or "lottery machine" or "lotteries machine" or "gaming terminal" or "slot terminal" or "fruit terminal" or "poker terminal" or "lottery terminal" or "lotteries terminal" or pokies or pokey or puggy or fruities'
	AND AllFields:'Interview or experience or qualitative or view or views or survey or "focus group"'
	AND PublicationYear:'2000 2022'

Database: Social Sciences Citation Index

Date of last search: 21/03/2022

#	Searches
	(gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities) and (interview* or experience* or qualitative* or view or views or survey* or "focus group*") (Title) Timespan: 2000-01-01 to 2022-03-17

Other sources

All websites listed in the protocol were searched and browsed.

Date of last search: 21/03/2022

Economic searches

Please note that a combined literature search was undertaken to cover the economics aspects of all the review questions in a single search.

Database: Medline and Medline In-Process

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	(gambl* not standard gamble).ti,ab.
3	betting.ti,ab.
4	(bet or bets).ti,ab.
5	wager*.ti,ab.
6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
7	(pokies or pokey or puggy or fruities).ti,ab.
8	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
9	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
10	or/1-9
11	limit 10 to english language
12	limit 11 to yr="2000 -Current"
13	LETTER/
14	EDITORIAL/
15	NEWS/
16	exp HISTORICAL ARTICLE/
17	ANECDOTES AS TOPIC/
18	COMMENT/
19	CASE REPORT/
20	(letter or comment*).ti.
21	or/13-20
22	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
23	21 not 22
24	ANIMALS/ not HUMANS/
25	exp ANIMALS, LABORATORY/
26	exp ANIMAL EXPERIMENTATION/
27	exp MODELS, ANIMAL/
28	exp RODENTIA/

#	Searches
29	(rat or rats or mouse or mice).ti.
30	or/23-29
31	12 not 30
32	ECONOMICS/
33	VALUE OF LIFE/
34	exp "COSTS AND COST ANALYSIS"/
35	exp ECONOMICS, HOSPITAL/
36	exp ECONOMICS, MEDICAL/
37	exp RESOURCE ALLOCATION/
38	ECONOMICS, NURSING/
39	ECONOMICS, PHARMACEUTICAL/
40	exp "FEES AND CHARGES"/
41	exp BUDGETS/
42	budget*.ti,ab.
43	cost*.ti,ab.
44	(economic* or pharmaco?economic*).ti,ab.
45	(price* or pricing*).ti,ab.
46	(financ* or fee or fees or expenditure* or saving*).ti,ab.
47	(value adj2 (money or monetary)).ti,ab.
48	resourc* allocat*.ti,ab.
49	(fund or funds or funding* or funded).ti,ab.
50	(ration or rations or rationing* or rationed).ti,ab.
51	ec.fs.
52	or/32-51
53	"VALUE OF LIFE"/
54	QUALITY OF LIFE/
55	quality of life.ti,kf.
56	((instrument or instruments) adj3 quality of life).ab.
57	QUALITY-ADJUSTED LIFE YEARS/
58	quality adjusted life.ti,ab,kf.
59	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab,kf.
60	disability adjusted life.ti,ab,kf.
61	daly*.ti,ab,kf.
62	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab,kf.
63	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab,kf.
64	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab,kf.
65	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab,kf.
66	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab,kf.
67	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab,kf.
68	(hql or hqol or h qol or hrqol or hr qol).ti,ab,kf.
69	(hye or hyes).ti,ab,kf.
70	(health* adj2 year* adj2 equivalent*).ti,ab,kf.
71	(pqol or qls).ti,ab,kf.
72	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab,kf.
73	nottingham health profile*.ti,ab,kf.
74	sickness impact profile.ti,ab,kf.
75	exp HEALTH STATUS INDICATORS/
76	(health adj3 (utilit* or status)).ti,ab,kf.
77	(utilit* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)).ti,ab,kf.
78	(preference* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)).ti,ab,kf.
79	disutilit*.ti,ab,kf.
80	rosser.ti,ab,kf.
81	willingness to pay.ti,ab,kf.
82	standard gamble*.ti,ab,kf.
83	(time trade off or time tradeoff).ti,ab,kf.
84	tto.ti,ab,kf.
85	(hui or hui1 or hui2 or hui3).ti,ab,kf.
86	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab,kf.
87	duke health profile.ti,ab,kf.
88	functional status questionnaire.ti,ab,kf.
89	dartmouth coop functional health assessment*.ti,ab,kf.
90	or/53-89
91	31 and 52
92	31 and 90

#	Searches
93	91 or 92

Database: Embase

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	PATHOLOGICAL GAMBLING/
3	(gambl* not standard gamble).ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	letter.pt. or LETTER/
15	note.pt.
16	editorial.pt.
17	CASE REPORT/ or CASE STUDY/
18	(letter or comment*).ti.
19	or/14-18
20	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
21	19 not 20
22	ANIMAL/ not HUMAN/
23	NONHUMAN/
24	exp ANIMAL EXPERIMENT/
25	exp EXPERIMENTAL ANIMAL/
26	ANIMAL MODEL/
27	exp RODENT/
28	(rat or rats or mouse or mice).ti.
29	or/21-28
30	13 not 29
31	HEALTH ECONOMICS/
32	exp ECONOMIC EVALUATION/
33	exp HEALTH CARE COST/
34	exp FEE/
35	BUDGET/
36	FUNDING/
37	RESOURCE ALLOCATION/
38	budget*.ti,ab.
39	cost*.ti,ab.
40	(economic* or pharmaco?economic*).ti,ab.
41	(price* or pricing*).ti,ab.
42	(financ* or fee or fees or expenditure* or saving*).ti,ab.
43	(value adj2 (money or monetary)).ti,ab.
44	resourc* allocat*.ti,ab.
45	(fund or funds or funding* or funded).ti,ab.
46	(ration or rations or rationing* or rationed).ti,ab.
47	or/31-46
48	SOCIOECONOMICS/
49	exp QUALITY OF LIFE/
50	quality of life.ti,kw.
51	((instrument or instruments) adj3 quality of life).ab.
52	QUALITY-ADJUSTED LIFE YEAR/
53	quality adjusted life.ti,ab,kw.
54	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab,kw.
55	disability adjusted life.ti,ab,kw.
56	daly*.ti,ab,kw.
57	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab,kw.
58	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab,kw.

#	Searches
59	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab,kw.
60	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab,kw.
61	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab,kw.
62	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab,kw.
63	(hql or hqol or h qol or hrqol or hr qol).ti,ab,kw.
64	(hye or hyes).ti,ab,kw.
65	(health* adj2 year* adj2 equivalent*).ti,ab,kw.
66	(pqol or qls).ti,ab,kw.
67	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab,kw.
68	NOTTINGHAM HEALTH PROFILE/
69	nottingham health profile*.ti,ab,kw.
70	SICKNESS IMPACT PROFILE/
71	sickness impact profile.ti,ab,kw.
72	HEALTH STATUS INDICATOR/
73	(health adj3 (utilit* or status)).ti,ab,kw.
74	(utilit* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)).ti,ab,kw.
75	(preference* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)).ti,ab,kw.
76	disutilit*.ti,ab,kw.
77	rosser.ti,ab,kw.
78	willingness to pay.ti,ab,kw.
79	standard gamble*.ti,ab,kw.
80	(time trade off or time tradeoff).ti,ab,kw.
81	tto.ti,ab,kw.
82	(hui or hui1 or hui2 or hui3).ti,ab,kw.
83	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab,kw.
84	duke health profile.ti,ab,kw.
85	functional status questionnaire.ti,ab,kw.
86	dartmouth coop functional health assessment*.ti,ab,kw.
87	or/48-86
88	30 and 47
89	30 and 87
90	88 or 89

Database: Emcare

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	PATHOLOGICAL GAMBLING/
3	(gambl* not standard gamble).ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	letter.pt. or LETTER/
15	note.pt.
16	editorial.pt.
17	CASE REPORT/ or CASE STUDY/
18	(letter or comment*).ti.
19	or/14-18
20	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
21	19 not 20
22	ANIMAL/ not HUMAN/
23	NONHUMAN/
24	exp ANIMAL EXPERIMENT/

#	Searches
25	exp EXPERIMENTAL ANIMAL/
26	ANIMAL MODEL/
27	exp RODENT/
28	(rat or rats or mouse or mice).ti.
29	or/21-28
30	13 not 29
31	HEALTH ECONOMICS/
32	exp ECONOMIC EVALUATION/
33	exp HEALTH CARE COST/
34	exp FEE/
35	BUDGET/
36	FUNDING/
37	RESOURCE ALLOCATION/
38	budget*.ti,ab.
39	cost*.ti,ab.
40	(economic* or pharmaco?economic*).ti,ab.
41	(price* or pricing*).ti,ab.
42	(financ* or fee or fees or expenditure* or saving*).ti,ab.
43	(value adj2 (money or monetary)).ti,ab.
44	resourc* allocat*.ti,ab.
45	(fund or funds or funding* or funded).ti,ab.
46	(ration or rations or rationing* or rationed).ti,ab.
47	or/31-46
48	SOCIOECONOMICS/
49	exp QUALITY OF LIFE/
50	quality of life.ti,kw.
51	((instrument or instruments) adj3 quality of life).ab.
52	QUALITY-ADJUSTED LIFE YEAR/
53	quality adjusted life.ti,ab,kw.
54	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab,kw.
55	disability adjusted life.ti,ab,kw.
56	daly*.ti,ab,kw.
57	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab,kw.
58	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab,kw.
59	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab,kw.
60	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab,kw.
61	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab,kw.
62	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab,kw.
63	(hql or hqol or h qol or hrqol or hr qol).ti,ab,kw.
64	(hye or hyes).ti,ab,kw.
65	(health* adj2 year* adj2 equivalent*).ti,ab,kw.
66	(pqol or qls).ti,ab,kw.
67	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab,kw.
68	NOTTINGHAM HEALTH PROFILE/
69	nottingham health profile*.ti,ab,kw.
70	SICKNESS IMPACT PROFILE/
71	sickness impact profile.ti,ab,kw.
72	HEALTH STATUS INDICATOR/
73	(health adj3 (utilit* or status)).ti,ab,kw.
74	(utilit* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)).ti,ab,kw.
75	(preference* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)).ti,ab,kw.
76	disutilit*.ti,ab,kw.
77	rosser.ti,ab,kw.
78	willingness to pay.ti,ab,kw.
79	standard gamble*.ti,ab,kw.
80	(time trade off or time tradeoff).ti,ab,kw.
81	tto.ti,ab,kw.
82	(hui or hui1 or hui2 or hui3).ti,ab,kw.
83	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab,kw.
84	duke health profile.ti,ab,kw.
85	functional status questionnaire.ti,ab,kw.
86	dartmouth coop functional health assessment*.ti,ab,kw.
87	or/48-86
88	30 and 47

#	Searches
89	30 and 87
90	88 or 89

Database: PsycInfo

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	GAMBLING DISORDER/
3	(gambl* not standard gamble).ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	(letter or editorial or comment reply).dt. or case report/
15	(letter or comment*).ti.
16	or/14-15
17	exp randomized controlled trial/
18	random*.ti,ab.
19	or/17-18
20	16 not 19
21	animal.po.
22	(rat or rats or mouse or mice).ti.
23	or/20-22
24	13 not 23
25	ECONOMICS/
26	HEALTH CARE ECONOMICS/
27	exp "COSTS AND COST ANALYSIS"/
28	RESOURCE ALLOCATION/
29	budget*.ti,ab.
30	cost*.ti,ab.
31	(economic* or pharmaco?economic*).ti,ab.
32	(price* or pricing*).ti,ab.
33	(financ* or fee or fees or expenditure* or saving*).ti,ab.
34	(value adj2 (money or monetary)).ti,ab.
35	resourc* allocat*.ti,ab.
36	(fund or funds or funding* or funded).ti,ab.
37	(ration or rations or rationing* or rationed).ti,ab.
38	or/25-37
39	"QUALITY OF LIFE"/
40	"HEALTH RELATED QUALITY OF LIFE"/
41	quality of life.ti.
42	((instrument or instruments) adj3 quality of life).ab.
43	quality adjusted life.ti,ab.
44	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab.
45	disability adjusted life.ti,ab.
46	daly*.ti,ab.
47	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab.
48	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab.
49	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab.
50	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab.
51	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab.
52	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab.
53	(hql or hqol or h qol or hrqol or hr qol).ti,ab.

#	Searches
54	(hye or hyes).ti,ab.
55	(health* adj2 year* adj2 equivalent*).ti,ab.
56	(pqol or qls).ti,ab.
57	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab.
58	nottingham health profile*.ti,ab.
59	sickness impact profile.ti,ab.
60	(health adj3 (utilit* or status)).ti,ab.
61	(utilit* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)).ti,ab.
62	(preference* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)).ti,ab.
63	disutilit*.ti,ab.
64	rosser.ti,ab.
65	willingness to pay.ti,ab.
66	standard gamble*.ti,ab.
67	(time trade off or time tradeoff).ti,ab.
68	tto.ti,ab.
69	(hui or hui1 or hui2 or hui3).ti,ab.
70	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab.
71	duke health profile.ti,ab.
72	functional status questionnaire.ti,ab.
73	dartmouth coop functional health assessment*.ti,ab.
74	or/39-73
75	24 and 38
76	24 and 74
77	75 or 76
78	limit 77 to ("0100 journal" or "0110 peer-reviewed journal")

Database: Health Management Information Consortium (HMIC)

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	GAMBLERS/
3	GAMBLING MACHINES/
4	AMUSEMENT ARCADES/
5	CASINOS/
6	BOOKMAKERS/
7	LOTTERIES/
8	NATIONAL LOTTERY/
9	(gambl* not standard gamble).ti,ab.
10	betting.ti,ab.
11	(bet or bets).ti,ab.
12	wager*.ti,ab.
13	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
14	(pokies or pokey or puggy or fruities).ti,ab.
15	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
16	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
17	or/1-16
18	limit 17 to yr="2000 -Current"
19	exp ECONOMICS/
20	exp COSTS/
21	exp FEES/
22	exp BUDGETS/
23	RESOURCE ALLOCATION/
24	budget*.ti,ab.
25	cost*.ti,ab.
26	(economic* or pharmaco?economic*).ti,ab.
27	(price* or pricing*).ti,ab.
28	(financ* or fee or fees or expenditure* or saving*).ti,ab.
29	(value adj2 (money or monetary)).ti,ab.
30	resourc* allocat*.ti,ab.
31	(fund or funds or funding* or funded).ti,ab.
32	(ration or rations or rationing* or rationed).ti,ab.
33	or/19-32
34	"QUALITY OF LIFE"/
35	QUALITY-ADJUSTED LIFE YEARS/

#	Searches
36	HEALTH STATUS MEASURES/
37	HEALTH SERVICE INDICATORS/
38	quality of life.ti.
39	((instrument or instruments) adj3 quality of life).ab.
40	quality adjusted life.ti,ab.
41	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab.
42	disability adjusted life.ti,ab.
43	daly*.ti,ab.
44	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab.
45	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab.
46	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab.
47	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab.
48	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab.
49	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab.
50	(hql or hqol or h qol or hrqol or hr qol).ti,ab.
51	(hye or hyes).ti,ab.
52	(health* adj2 year* adj2 equivalent*).ti,ab.
53	(pqol or qls).ti,ab.
54	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab.
55	nottingham health profile*.ti,ab.
56	sickness impact profile.ti,ab.
57	(health adj3 (utilit* or status)).ti,ab.
58	(utilit* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)).ti,ab.
59	(preference* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)).ti,ab.
60	disutilit*.ti,ab.
61	rosser.ti,ab.
62	willingness to pay.ti,ab.
63	standard gamble*.ti,ab.
64	(time trade off or time tradeoff).ti,ab.
65	tto.ti,ab.
66	(hui or hui1 or hui2 or hui3).ti,ab.
67	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab.
68	duke health profile.ti,ab.
69	functional status questionnaire.ti,ab.
70	dartmouth coop functional health assessment*.ti,ab.
71	or/34-70
72	18 and 33
73	18 and 71
74	72 or 73

Database: Social Policy and Practice

Date of last search: 04/04/2023

#	Searches
1	(gambl* not standard gamble).ti,ab.
2	betting.ti,ab.
3	(bet or bets).ti,ab.
4	wager*.ti,ab.
5	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
6	(pokies or pokey or puggy or fruities).ti,ab.
7	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
8	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
9	or/1-8
10	limit 9 to yr="2000 -Current"
11	budget*.ti,ab.
12	cost*.ti,ab.
13	(economic* or pharmaco?economic*).ti,ab.
14	(price* or pricing*).ti,ab.
15	(financ* or fee or fees or expenditure* or saving*).ti,ab.

#	Searches
16	(value adj2 (money or monetary)).ti,ab.
17	resourc* allocat*.ti,ab.
18	(fund or funds or funding* or funded).ti,ab.
19	(ration or rations or rationing* or rationed).ti,ab.
20	or/11-19
21	quality of life.ti.
22	((instrument or instruments) adj3 quality of life).ab.
23	quality adjusted life.ti,ab.
24	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab.
25	disability adjusted life.ti,ab.
26	daly*.ti,ab.
27	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab.
28	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab.
29	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab.
30	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab.
31	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab.
32	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab.
33	(hql or hqol or h qol or hrqol or hr qol).ti,ab.
34	(hye or hyes).ti,ab.
35	(health* adj2 year* adj2 equivalent*).ti,ab.
36	(pqol or qls).ti,ab.
37	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab.
38	nottingham health profile*.ti,ab.
39	sickness impact profile.ti,ab.
40	(health adj3 (utilit* or status)).ti,ab.
41	(utilit* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)).ti,ab.
42	(preference* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)).ti,ab.
43	disutilit*.ti,ab.
44	rosser.ti,ab.
45	willingness to pay.ti,ab.
46	standard gamble*.ti,ab.
47	(time trade off or time tradeoff).ti,ab.
48	tto.ti,ab.
49	(hui or hui1 or hui2 or hui3).ti,ab.
50	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab.
51	duke health profile.ti,ab.
52	functional status questionnaire.ti,ab.
53	dartmouth coop functional health assessment*.ti,ab.
54	or/21-53
55	10 and 20
56	10 and 54
57	55 or 56

Database: Cochrane Central Register of Controlled Trials (CENTRAL)

Date of last search: 04/04/2023

#	Searches
#1	MeSH descriptor: [Gambling] this term only
#2	gambl*:ti,ab
#3	betting:ti,ab
#4	(bet or bets):ti,ab
#5	wager*:ti,ab
#6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) near/5 (machine* or terminal*)):ti,ab
#7	(pokies or pokey or puggy or fruities):ti,ab
#8	((dice or card or cards or roulette or blackjack or poker or baccarat or crap or craps or keno or casino* or bingo or bookmaker* or "book maker" or bookie* or lottery or lotteries or lotto or "scratch card*" or scratchcard* or raffle or raffles or sweepstak* or "amusement arcade*" or slot or slots) near/5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)):ti,ab
#9	((game or games or gaming or gamer*) near/5 (money or monetization or monetisation or monetary)):ti,ab
#10	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9
#11	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 with Cochrane Library publication date Between Jan 2000 and Mar 2022

#	Searches
#12	MeSH descriptor: [Economics] this term only
#13	MeSH descriptor: [Value of Life] this term only
#14	MeSH descriptor: [Costs and Cost Analysis] explode all trees
#15	MeSH descriptor: [Economics, Hospital] explode all trees
#16	MeSH descriptor: [Economics, Medical] explode all trees
#17	MeSH descriptor: [Resource Allocation] explode all trees
#18	MeSH descriptor: [Economics, Nursing] this term only
#19	MeSH descriptor: [Economics, Pharmaceutical] this term only
#20	MeSH descriptor: [Fees and Charges] explode all trees
#21	MeSH descriptor: [Budgets] explode all trees
#22	budget*:ti,ab
#23	cost*:ti,ab
#24	(economic* or pharmaco?economic*):ti,ab
#25	(price* or pricing*):ti,ab
#26	(financ* or fee or fees or expenditure* or saving*):ti,ab
#27	(value near/2 (money or monetary)):ti,ab
#28	resourc* allocat*:ti,ab
#29	(fund or funds or funding* or funded):ti,ab
#30	(ration or rations or rationing* or rationed):ti,ab
#31	#12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30
#32	MeSH descriptor: [Value of Life] this term only
#33	MeSH descriptor: [Quality of Life] this term only
#34	"quality of life":ti
#35	((instrument or instruments) near/3 "quality of life"):ab
#36	MeSH descriptor: [Quality-Adjusted Life Years] this term only
#37	"quality adjusted life":ti,ab
#38	(qaly* or qald* or qale* or qtime* or "life year" or "life years"):ti,ab
#39	"disability adjusted life":ti,ab
#40	daly*:ti,ab
#41	(sf36 or "sf 36" or "short form 36" or "shortform 36" or "short form36" or shortform36 or "sf thirtysix" or sfthirtysix or "sfthirty six" or "sf thirty six" or "shortform thirtysix" or "shortform thirty six" or "short form thirtysix" or "short form thirty six"):ti,ab
#42	(sf6 or "sf 6" or "short form 6" or "shortform 6" or "sf six" or sfsix or "shortform six" or "short form six" or shortform6 or "short form6"):ti,ab
#43	(sf8 or "sf 8" or "sf eight" or sfeight or "shortform 8" or "shortform 8" or shortform8 or "short form8" or "shortform eight" or "short form eight"):ti,ab
#44	(sf12 or "sf 12" or "short form 12" or "shortform 12" or "short form12" or shortform12 or "sf twelve" or sftwelve or "shortform twelve" or "short form twelve"):ti,ab
#45	(sf16 or "sf 16" or "short form 16" or "shortform 16" or "short form16" or shortform16 or "sf sixteen" or sfsixteen or "shortform sixteen" or "short form sixteen"):ti,ab
#46	(sf20 or "sf 20" or "short form 20" or "shortform 20" or "short form20" or shortform20 or "sf twenty" or sftwenty or "shortform twenty" or "short form twenty"):ti,ab
#47	(hql or hqol or "h qol" or hrqol or "hr qol"):ti,ab
#48	(hye or hyes):ti,ab
#49	(health* near/2 year* near/2 equivalent*):ti,ab
#50	(pqol or qls):ti,ab
#51	(quality of wellbeing or "quality of well being" or "index of wellbeing" or "index of well being" or qwb):ti,ab
#52	"nottingham health profile*":ti,ab
#53	"sickness impact profile":ti,ab
#54	MeSH descriptor: [Health Status Indicators] explode all trees
#55	(health near/3 (utilit* or status)):ti,ab
#56	(utilit* near/3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)):ti,ab
#57	(preference* near/3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)):ti,ab
#58	disutilit*:ti,ab
#59	rosser:ti,ab
#60	"willingness to pay":ti,ab
#61	"standard gamble*":ti,ab
#62	("time trade off" or "time tradeoff"):ti,ab
#63	tto:ti,ab
#64	(hui or hui1 or hui2 or hui3):ti,ab
#65	(eq or euroqol or "euro qol" or eq5d or "eq 5d" or euroqual or "euro qual"):ti,ab
#66	"duke health profile":ti,ab
#67	"functional status questionnaire":ti,ab
#68	"dartmouth coop functional health assessment*":ti,ab
#69	#32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #66 or #67 or #68
#70	#11 and #31
#71	#11 and #69

#	Searches
#72	#70 or #71

Database: International Health Technology Assessment Database (INAHTA)

Date of last search: 04/04/2023

#	Searches
	All:(gamble or gambler or gamblers or gambling or gambled or betting or bet or bets or wager or wagers) AND Publication Year: 2000-2022

Database: NHS Economic Evaluation Database (NHS EED)

Date of last search: 04/04/2023

#	Searches
1	MeSH DESCRIPTOR GAMBLING IN NHSEED
2	(gambl*) TI IN NHSEED
3	(betting) IN NHSEED
4	(bet or bets) IN NHSEED
5	(wager*) IN NHSEED
6	(((gaming or gambling or slot or fruit or poker or lottery or lotteries) near5 (machine* or terminal*))) IN NHSEED
7	(pokies or pokey or puggy or fruities) IN NHSEED
8	(((dice or card or cards or roulette or blackjack or poker or baccarat or crap or craps or keno or casino* or bingo or bookmaker* or book maker or bookie* or lottery or lotteries or lotto or scratch card* or scratchcard* or raffle or raffles or sweepstak* or amusement arcade* or slot*) near5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose))) IN NHSEED
9	(((game or games or gaming or gamer*) near5 (money or monetization or monetisation or monetary))) IN NHSEED
10	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9

Database: Cumulative Index to Nursing and Allied Health Literature (CINAHL)

Date of last search: 04/04/2023

#	Searches
S1	TI (gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities) Limiters - Publication Year: 2000-
S2	TI (budget* OR cost* OR economic* OR pharmaco-economic* OR price* OR pricing* OR financ* OR fee OR fees OR expenditure* OR saving* OR "value for money" OR "monetary value" OR "resourc* allocat*" OR "allocat* resourc*" OR fund OR funds OR funding* OR funded OR ration OR rations OR rationing* OR rationed or "quality of life" or "quality adjusted life" or "disability adjusted life" or "short form or shortform" or "health year equivalent*" or "nottingham health profile*" or "sickness impact profile*" or "health status indicator*" or "health utilit*" or "utilit* valu*" or "utilit* measur*" or "willingness to pay" or "standard gamble*" or "time trade off" or "time tradeoff" or "duke health profile" or "functional status questionnaire" or "dartmouth coop functional health assessment*") Limiters - Publication Year: 2000-
S3	S1 and S2

Database: Applied Social Science Index and Abstracts (ASSIA)

Date of last search: 04/04/2023

#	Searches
	AB,TI (gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities)
AND	AB,TI(budget* OR cost* OR economic* OR pharmaco-economic* OR price* OR pricing* OR financ* OR fee OR fees OR expenditure* OR saving* OR "value for money" OR "monetary value" OR "resourc* allocat*" OR "allocat* resourc*" OR fund OR funds OR funding* OR funded OR ration OR rations OR rationing* OR rationed or "quality of life" or "quality adjusted life" or "disability adjusted life" or "short form or shortform" or "health year equivalent*" or "nottingham health profile*" or "sickness impact profile*" or "health status indicator*" or "health utilit*" or "utilit* valu*" or "utilit* measur*" or "willingness to pay" or "standard gamble*" or "time trade off" or "time tradeoff" or "duke health profile" or "functional status questionnaire" or "dartmouth coop functional health assessment*")
AND	Additional limits - Date: From January 2000

Database: Social Care Online

Date of last search: 04/04/2023

#	Searches
	AllFields: 'gamble or gambler or gamblers or gambling or gambled or betting or bet or bets or wager or wagers or

#	Searches
	"gaming machine" or "slot machine" or "fruit machine" or "poker machine" or "lottery machine" or "lotteries machine" or "gaming terminal" or "slot terminal" or "fruit terminal" or "poker terminal" or "lottery terminal" or "lotteries terminal" or pokies or pokey or puggy or fruities'
	AND AllFields: 'budget or cost or economic or pharmaco-economic or price or pricing or finance or fee or fees or expenditure or saving or "value for money" or "monetary value" or "allocate resource" or "resource allocation" or fund or funds or funding or funded or ration or rations or rationing or rationed' or "quality of life" or "quality adjusted life" or "disability adjusted life" or "short form or shortform" or "health year equivalent" or "sickness impact profile" or "health status indicator" or "health utility" or "utility value" or "utility measure" or "standard gamble" or "time trade off" or "time tradeoff"'
	AND PublicationYear:'2000 2020'

Database: Social Sciences Citation Index

Date of last search: 04/04/2023

| #	Searches
	(gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities) and (budget* OR cost* OR economic* OR pharmaco-economic* OR price* OR pricing* OR financ* OR fee OR fees OR expenditure* OR saving* OR "value for money" OR "monetary value" OR "resourc* allocat*" OR "allocat* resourc*" OR fund OR funds OR funding* OR funded OR ration OR rations OR rationing* OR rationed or "quality of life" or "quality adjusted life" or "disability adjusted life" or "short form or shortform" or "health year equivalent*" or "nottingham health profile*" or "sickness impact profile*" or "health status indicator*" or "health utilit*" or "utilit* valu*" or "utilit* measur*" or "willingness to pay" or "standard gamble*" or "time trade off" or "time tradeoff" or "duke health profile" or "functional status questionnaire" or "dartmouth coop functional health assessment*") (Title) Timespan: 2000-01-01 to 2022-03-24

Other sources

All websites listed in the protocol were searched and browsed.

Date of last search: 11/04/2023

Appendix C   Qualitative evidence study selection

Study selection for: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

Figure 3: Study selection flow chart
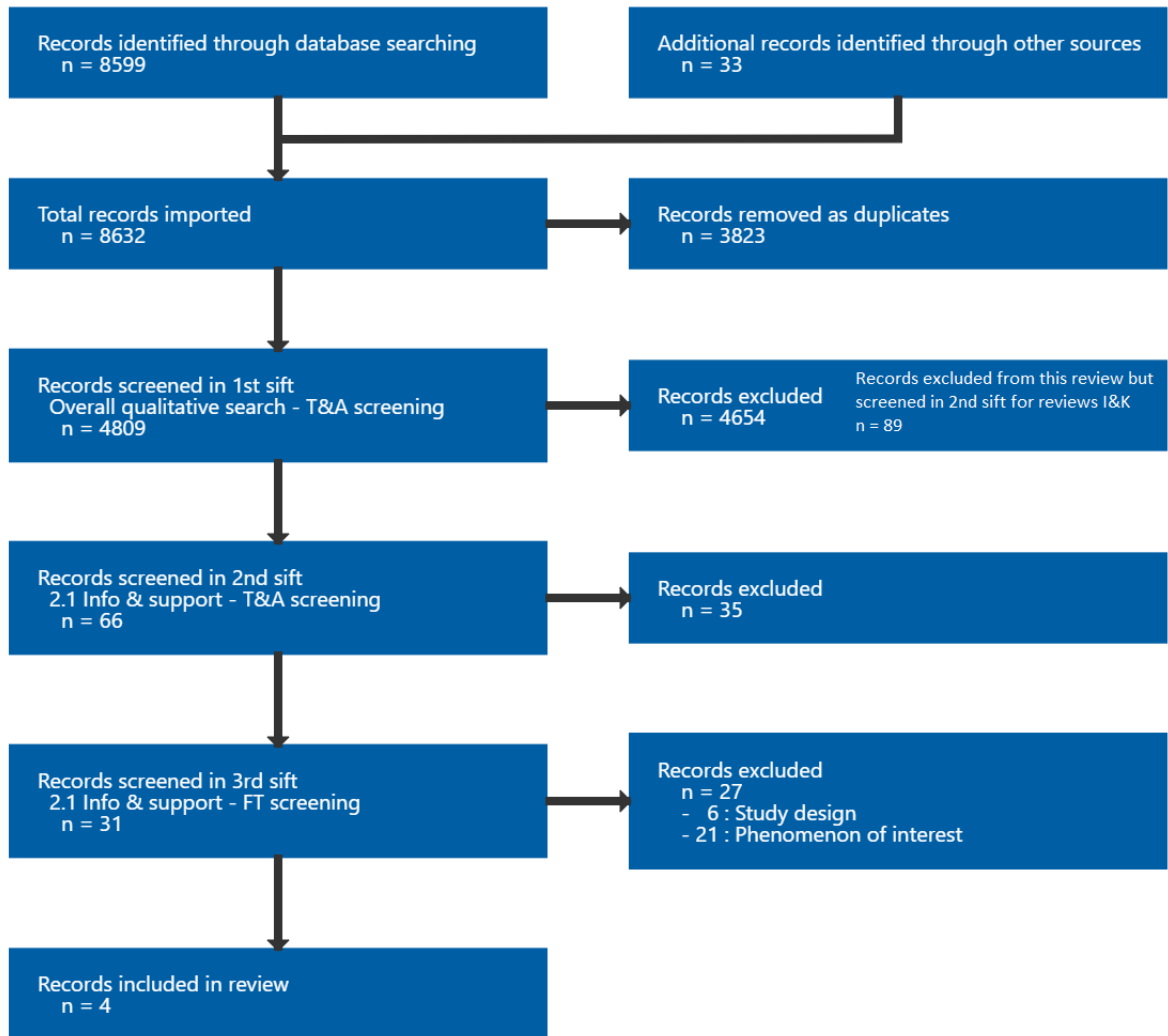
Appendix D   Evidence tables

Evidence tables for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

Table 5: Evidence tables

Marionneau, 2021

Bibliographic Reference	Marionneau, V.; Jarvinen-Tassopoulos, J.; Treatment and help services for gambling during COVID-19: Experiences of gamblers and their concerned significant others; NAD Nordic Studies on Alcohol and Drugs; 2021

Study Characteristics

Country/ies where study was carried out	Finland
Setting & aim	**Setting** Community setting **Aim** To investigate gamblers' and their concerned significant others' experiences and views on treatment and help services during the COVID-19 pandemic
Data collection and analysis	**Data collection** Three separate online surveys conducted by the University of Helsinki (UH), the SOSPED Foundation, and the Finnish Association for Substance Abuse Prevention (EHYT). Surveys were conducted separately by each organisation, according to their needs. Surveys were initiated independently but collaboration at the point of analysis was then introduced. • SOSPED Foundation questionnaire: Aimed at charting the experiences of their customers of gambling harms and problem gambling during the pandemic

	• EHYT questionnaire: Aimed at all respondents, including non-gamblers focusing on changes in consumption patterns and prevention • UH questionnaire: Aimed at active gamblers and focusing on societal issues. Data were pooled for analysis to form a wider picture of experiences on gambling services during COVID-19. Questionnaires were widely distributed through online channels, including social media accounts, online communities, forums, websites for treatment and help services, newsletters, and as direct invitations to customers of help and support services. Questionnaires consisted of multiple choice and open-ended questions. EHYT and UP questionnaires also had background information questions. **Data analysis** Qualitative content analysis was used. Material was categorised as themes, abstracted as codes, and interpreted as results. Full answers to open-ended questions were used for analysis. Blank answers were not coded separately but noted for reference. Qualitative data were interpreted into results by using quotations to highlight the different aspects of analysis.
Recruitment strategy	Not reported
Study dates	EHYT questionnaire: 14th April 2020 - 8th May 2020 UH questionnaire: 16th April 2020 - 19th June 2020 SOSPED questionnaire: 9th April 2020 - 25th May 2020
Sources of funding	- Academy of Finland - Finnish Ministry of Social Affairs and Health under the section 52 of the lotteries act
Inclusion criteria	Not reported
Exclusion criteria	Not reported

Sample size	N=847
Participant characteristics	**Participants' gambling involvement:** Gamblers = 688 Concerned significant others = 97 Gamblers and concerned significant others combined = 62 **Age range (years, n):** - 15-24 = 69 - 25-34 = 88 - 35-49 = 205 - 50-64 = 143 - 65-74= 64 - Unknown*= 270 **Sex:** - Male = 283 - Female = 278 - Other = 8 - Unknown* = 270 (*SOSPED questionnaire did not ask for age and gender information in their questionnaire but was nonetheless included in overall results)
Results	**Authors' themes** - Impact of service closures - Improvement suggestions on help services during and after COVID-19 **Findings**

For some respondents the usual help and support services were closed during the COVID-19 lockdown or they were unaware of how to access services. Significant others were quite concerned about closures affecting their loved ones. Some significant others reported an increased experience of harm to their loved ones and felt that the support was very weak.

"Service needs] have changed, because my CSO's visits to the psychologist were cancelled. The support has been really bad. (CSO, female, 25– 34, EHYT)" (page 16)

Other respondents found their usual help and support services had moved online. Some respondents reported that the online meetings were not as useful as face-to-face meetings but also noted that they were slowly getting used to online meetings. Some participants also reported that the move to online services provided them with additional contact from peers through channels such as WhatsApp groups or email and text messages. Regular messages were reported to be useful to help the person sustain from gambling. "My support group has become a video conference. It's a bit different than meeting face-to-face, but it is slowly starting to take form. I'm grateful that we can meet at distance and [the group has] not been obliged to close. (CSO, female, 39, UH)" (page 16)

Suggestions for improvement in services mainly came from gamblers themselves instead of concerned significant others, most likely due to gamblers having more experience in using such services. Participants responded that online services including regular messaging groups were helpful and potentially useful to maintain after lockdown so that services are more widely available. Participants noted that help services should be easily accessible and visible on social media platforms. Some service users also suggested that service availability could be improved by professionals having more courage to bring up the topic of gambling and by occupational healthcare integrating gambling addiction support. These results indicated that services for gambling related harm do exist; however these have not been well integrated into the agenda of public health services in Finland, meaning that services are not as easily and readily found, and resulting in a delay of starting intervention.

"[What would be needed is] that after this lockdown different cities would have more peer support groups, and that gambling problems in general would be discussed more and more openly, and more support services would be available. For example, one-on-one chats with a recovered problem gambler would in my situation be more than necessary and a great thing if these could be organised. I wish for more resources in the treatment of gambling problems in all of Finland (and that all those who are willing would be accommodated in peer-support groups and other kind of help in this sector). (Gambler, gender and age unknown, SOSPED)" (page 17)

Critical appraisal

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(A lack of discussion about recruitment challenges, a lack of researcher reflexivity, and no description of ethical approval provided.)*
Overall risk of bias and relevance	Relevance	Relevant

Rodda, 2017

Bibliographic Reference	Rodda S; Lubman D; Dowling N; Online support needs and experiences of family members affected by problem gambling; 2017

Study Characteristics

Country/ies where study was carried out	Australia
Setting and aim	**Setting** Community setting **Aim** To explore the experiences of family members who used services from Gambling Help Online to deal with their family member's problem gambling.
Data collection and analysis	**Data collection** An online survey was used to collect information on general characteristics of family members, the impact of gambling on family members, the types of low- and high-intensity services accessed, the types of e-therapy accessed, and the reasons for help-seeking. The survey included a series of open and closed ended questions. Survey items were developed by the lead researcher with a consensus reached among the entire research team. The survey was then pilot tested with

	counsellors, gambling researchers and administrative staff. Survey findings which were quantified do not meet the protocol criteria and have therefore not been extracted. Only qualitative findings are presented. **Analysis** Descriptive statistics were used to report on the characteristics of family members, the impact of gambling on family members, types of low- and high-intensity services accessed, types of e-therapy accessed and reasons for help-seeking. The three open ended questions were analysed using thematic analysis.
Recruitment strategy	Recruitment of family members occurred through Gambling Help Online. 407 eligible family members were contacted via email.
Study dates	Recruitment between January 2014 and January 2015
Sources of funding	Not reported
Inclusion criteria	Participant inclusion was • a family member or friend of someone with a gambling problem • completion of an e-therapy option, including chat, email, forum or website information • an interest in taking part in a research project • a willingness to be contacted following engagement with an e-therapy option
Exclusion criteria	Not reported
Sample size	N=62
Participant characteristics	**Age (years, n)** • 18-24=8 • 25-29 =16 • 30-34 =10 • 35-39 =5 • 40-44 =5 • 45-49 =4 • 50-54 =2 • 55-59 =3 • 60-64 =4

- 65-69 =1

Relationship to the person with gambling problem

- Partner =41
- Parent =5
- Sibling =2
- Child =6
- Other relative =1
- Friend =7

Duration of gambling problem as reported by family member

- less than 1 year = 10.7%
- 1-2 years = 25%
- 3-5 years = 14.3%
- 5-10 years = 21.4%
- more than 10 years = 28.6%

Duration of time since becoming aware of the problem as reported by family member

- less than 1 week = 12.7%
- less than 1 month = 10.9%
- 1-6 months = 21.8%
- 6-12 months = 9.1%
- 1-2 years = 9.1%
- 2-5 years = 14.5%
- 5-10 years= 9.1%
- more than 10 years = 12.7%

Results	**Authors' themes**
	- Psychoeducation of gambling behaviours - Approaching the subject of problem gambling

53

- To encourage help-seeking
- Improve coping skills and self-efficacy
- Social support

Study findings

Psychoeducation of gambling behaviours

Participants looked for information about problem gambling to understand behaviours and reasons why people gamble and how problem gambling developed, in order to assess how severe the situation was and if their family member or friend might be ready to change. Participants also reported to seeking information to understand what their family member or friend might be thinking or feeling when problem gambling. Understanding the issues a family member or friend might be going through was considered to provide an insight into the person's current situation and severity of the problem. Family members also sought out information to understand if their reaction to the gambling problem was considered normal, but also to get hopeful expectations of a family members problem gambling outcome.

Family members looked for help and information in the hope that they would feel more re-assured following the contact and feel a sense of hope.

Family members reported that they felt that information on gambling would help them to better understand the cycle of gambling.

"I want to get a better understanding of why he does these things." (page 17)

Approaching the subject of problem gambling

Family members wanted help in how to approach the person and their problem gambling, including after the gambling problem had been disclosed. Most often family members sought out contact and help following a sudden stint of gambling of the person.

Family members were looking for help on how to begin responding after a gambling problem was identified.

Family members noted that general communication with the person experiencing harmful gambling was often complicated.

Some family members reported issues regarding relapse and needed help on how to approach this.

To encourage help-seeking

Family members wanted information on how to support and encourage the person to seek for help, how to help someone who does not want to be helped, and how to help when the person does not recognise they have a problem or refuses to see gambling as a problem. Family members were also looking for information on further help including counselling services, support services, support groups, and non-specific further help.

"I am concerned about a family member and wanted more specific information that would help the family to talk about it with her" (page 18)

Improve coping skills and self-efficacy

Family members also made contact online to improve their own coping skills and figure out if their response to the gambling problem of their family member or friend was appropriate. Family members also looked for online support because of the impact problem gambling had on the family including relationships, finances, mental health and general coping.

"How do I handle the stress from having to listen to stuff about how to they lost the race, missed the quadrella, got beaten by a nose, are shattered by their loss." (page 21)

Social support

Family members made contact with online services in order to seek out professional advice and to just have someone to talk to who would care about their problem. The professional advice was expected to help to attempt to manage problem gambling and have guidance and advice.

Family members were looking for information on further help including counselling services, support services, support groups, and non-specific further help. Family members wanted professional advice to help them attempt to manage problem gambling and have guidance and advice.

"I wanted to understand the support services available" (page 17)

Family members were looking for advice on how to deal with the general stress and emotional upheaval associated with

55

	problem gambling.
	Family members were looking for information on how to maintain or end relationships.

Critical appraisal

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns *(There was a lack of researcher reflexivity and no consideration of ethical issues in study methods.)*
Overall risk of bias and relevance	Relevance	Relevant

Vasiliadis, 2018

Bibliographic Reference	Vasiliadis, Sophie; Thomas, Anna; Recovery Agency and Informal Recovery Pathways from Gambling Problems.; International journal of mental health and addiction; 2018; vol. 16 (no. 4); 874-887

Study Characteristics

Country/ies where study was carried out	Australia
Setting & aim	**Setting** In the community **Aim**

	To explore the process by which gamblers move from recognition of a gambling problem to action for recovery.
	To explore the experiences, perceptions and contextual factors that shape the features of this process.
Data collection and analysis	**Data collection** Telephone interviews ranging from 45 to 240 minutes conducted by the primary researcher. Audios were recorded and transcribed verbatim. Participants told their story from gambling initiation to problem recognition and their response, through to the present day via unstructured narrative interviews. Once participants ended their story, the researcher asked further questions according to gain deeper knowledge of key events or processes raised by the participant. Quantitative questions gathered information on demographics, service use and problem severity. **Data analysis** Inductive-iterative approach applied throughout data analysis, specifically for transcriptions and interviewer notes. The primary researcher conducted all interviews and recorded narrative summaries and reflections of each interview. Narrative thematic analysis were applied and units of meaning were coded into emergent themes using QSR NVivo10 software. Using a structural narrative analysis, narrative arcs and features to identify temporal and dynamic relationships between major events, protagonists, bystanders, crises and conclusions were examined. Both authors further reviewed, discussed and revised findings. Some minor themes were merged into major themes, exploring patterns within and across narratives and considered the implications of findings in terms of research questions. Authors discussed and re-examined raw data in relation to emerging themes throughout the analysis to ensure findings were grounded in the data.
Recruitment strategy	**Recruitment details** Convenience purposive sampling was used. Participants were mostly recruited via newspaper and social media advertisement. Two participants were recruited via contact information provided in a prior study conducted by the primary researcher. Recruitment of participants was ceased when saturation was reached (full range of themes covered). Sampling comprised of adults who have attempted recovery from self-determined gambling problems. Participants included a broad range of problem gambling severity with scores on the Problem Gambling Severity Index ranging from 0-23.
Study dates	Not reported
Sources of funding	Early Career Researcher Clinical Grant awarded to the primary author by the Victorian Responsible Gambling Foundation.
Inclusion criteria	Participants were eligible if:

	- aged 18- 30 or 40+ years - experienced moderate to severe level gambling problems - their recovery experience had been dominated by informal recovery processes - their primary residence was Victoria, Australia - were able to verbally articulate in English
Exclusion criteria	Not reported
Sample size	N=32 adults
Participant characteristics	**Age (years, n):** • 18-24 = 4 • 25-30 = 10 • 40-49 = 7 • 50-59 = 3 • 60-69 = 7 • 70+ = 1 **Sex (n): M=**22, F=10 **Employment status:** • Full-time = 13 • Part-time = 2 • Casual = 1 • Self-employed = 0 • Retired = 3 • Pension = 5 • Unemployed = 2

- Volunteer = 1

Relationship status:

- Married/de facto = 15
- Single = 10
- In a relationship = 6
- Separated = 1

Location:

- Metropolitan = 29
- Regional = 3

Gambling information

Problem gambling severity:

- Non-problem gambler = 1
- Low-risk gambler =3
- Moderate-risk gambler= 5
- Problem gambler = 23

Forms of gambling most associated with problem:

- Electronic gambling machines (EGMs) = 17
- Racing = 7
- Casino table games = 6
- Online EGMs = 1
- Online casino table games = 1

Results	**Authors' themes**
	- Externally directed recovery pathways

- self-directed recover pathways

Study findings

Participants who fell under the theme of externally directed pathways reported that they often struggled to cease their gambling on their own and the motivation to cease gambling derived from the negative consequences associated with gambling including poor mental health, financial hardship or relationship conflict. For some participants the realisation of a gambling problem had been there for some time however they did not seek to recover until the recovery seemed easier than overcoming the negative consequences associated with gambling. For participants in this group the recovery pathway was motivated by external factors such as significant changes in circumstances (for example financial or social struggle and being caught out by significant others) or others enforcing an intervention approach, which commonly entailed a confrontation by significant others. Participants in the externally motivated pathway required intensive and ongoing assistance in their recovery, which often stemmed from significant others; however participants recognised that the responsibility of recovery was on themselves. Participants whereby an intervention process was enforced upon them only embraced the recovery process if the change was respected and thought to be more valuable than the initial perceived benefits of gambling. Some participants who were on their way to recovery reported that they were still heavily reliant on the support and monitoring from others but that they had begun to internalise their efforts and successes of recovery.

"I got caught out because, like, coming home at 7.30 in the morning and everyone knew that I'd been at the casino … And there was a lot of people talking about my situation …it was quite overwhelming, the whole situation" (page 879)

"She [participant's daughter] rang housing, and the gas and electricity [to arrange automatic payments]… And I really appreciate her doing that, because now my rent comes out fortnightly. I've got a car. I've paid so much for me car and me electricity and gas. Um, what else did I do? I pay my phone bill… Me sister-in-law takes me shopping. And I'm happy to go with her, because if I didn't go shopping, I'd go to the pokies and waste me money" (page 880)

Critical appraisal

Section	Question	Answer
Overall risk of bias	Overall risk of	Minor concerns

Section	Question	Answer
and relevance	bias	*(There was a lack of discussion about recruitment challenges, a lack of justification for data collection, a lack of researcher reflexivity, and there was no consideration of ethical issues in the study methods.)*
Overall risk of bias and relevance	Relevance	Relevant

Wood, 2009

Bibliographic Reference	Wood, Richard T. A; Wood, Sabrina A; An evaluation of two United Kingdom online support forums designed to help people with gambling issues.; Journal of Gambling Issues; 2009; vol. 23; 5-30

Study Characteristics

Country/ies where study was carried out	United Kingdom
Setting & aim	**Setting** Online community setting **Aim** To investigate both the features of UK support forums and the communication processes that may facilitate or hinder users in abstaining from or controlling their gambling behaviour.
Data collection and analysis	Phase 1 **Data collection** The first part of this project gathered secondary data from online forum to broadly define the usage of those forums and to provide an indication of the content of discussions taking place. Researchers performed a brief microanalytic content analysis of 60 posts, randomly selected. Half of the posts selected were posts which were first in a new forum topic while the

other half were responses to previous posts.

Analysis

Global thematic analysis by two researchers done independently. A composite list of categories was collapsed into a final set of coding categories which were then applied to the selected posts.

Phase 2

Data collection

Interviews using an interview guide were conducted to examine the role of the forums in helping participants and affected others with a gambling problem. The interview focused on the following topics:

• The experience of communicating with other people who have had similar experiences

• Sharing personal experiences

• Reading other people's stories

• The difference between posting online and interacting via phone or face-to-face

• The meaning behind usernames • Perceived benefits and drawbacks of using a forum

• Suggestions for change and improvement

• The times when the forum helped most

• The extent to which the forum has helped with a gambling problem or a problem experienced by a partner, relative, or friend

Analysis

	Responses were analysed using thematic analysis. Phase 3 The third phase of this study involved an online survey that looked to quantitatively examined to which extend the themes that emerged from the second phase of this study where applicable to a larger sample of forum members Since results were quantified and do not meet the protocol criteria, none of these findings are reported in this table.
Recruitment strategy	Not reported
Study dates	Not reported
Sources of funding	The Responsibility in Gambling Trust (RiGT)
Inclusion criteria	Not reported
Exclusion criteria	Not reported
Sample size	Phase 1 Not reported Phase 2 N=19
Participant characteristics	Phase 1

	Not reported
	
	Phase 2
	
	• Gender (M/F) = 9/10
	
	Type of gambling association
	
	     Experiencing gambling problems themselves = 17
	
	     Married to someone experiencing gambling problems = 2

Results	Phase 1: **Authors' themes** • Forum members providing advice or information • Supportive statements • Requests for help **Study findings** The majority of posts in the online forums were about members asking or giving advice on how to deal with issues in relation to problem gambling including broader advice and strategies on dealing with gambling issues. Members also frequently posted supportive statements to support other members struggling with problem gambling. Members of the forum also frequently had requests asking for help to specific questions, including asking for general information about problem gambling. Phase 2: **Authors themes:**

- Choices and options of trying different approaches and strategies
- Convenience and accessibility

Study findings

Forum users reported that the forum offered them different options and approaches to tackle problem gambling. Participants liked the anonymity of the online forums and felt they could be more open about their problems compared to face-to-face meetings or Gamblers Anonymous groups.

Participants liked the accessibility and convenience of the online forums. Particularly for people who live in more remote locations where no other services are available. Participants also reported that the forum acted as helpline for them that is available any day and any time of the day.

"I know I would not have come this far without it. I have a long way to go and it's been a bumpy road. This has been my only form of group support due to my location and I would still be gambling, miserable and ill had I not found this site" (page 17)

Critical appraisal

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns *(There was a lack of researcher reflexivity and insufficient information on data analysis.)*
Overall risk of bias and relevance	Relevance	Relevant

Appendix E   Forest plots

Forest plots for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

No meta-analysis was conducted for this review question and so there are no forest plots.

Appendix F   GRADE-CERQual tables

GRADE-CERQual tables for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

C1 Information and support – from studies receiving any industry funding

Overarching theme C1.1: Information and support for people experiencing harmful gambling

Table 6. Evidence profile for theme C1.1.1 Acceptability

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme C1.1.1.1 Preferences around online support						
1 study • Wood, 2009 (General qualitative enquiry, mixed data collection)	People who participated in harmful gambling liked the accessibility and convenience of online help forums. This was particularly true for people who lived in more remote locations where no other services are available. People reported that the online forum acted as a helpline that was available anywhere at any time of the day. People using online forums and messaging groups felt that these were useful options, providing them with different approaches to tackle their gambling issue and they valued the anonymity it provided so they could be more open about their problem compared to face-to-face meetings or Gambler Anonymous groups. *'I know I would not have come this*	No or very minor concerns	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	far without it. I have a long way to go and it's been a bumpy road. This has been my only form of group support due to my location and I would still be gambling, miserable and ill had I not found this site' (Wood 2009, p17)					

Table 7. Evidence profile for theme C1.1.2 The limitations of formal support and information

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme C1.1.2.1: Motivation for change						
1 study • Vasiliadis, 2018 (Grounded theory, unstructured narrative interviews)	People participating in harmful gambling were not always motivated to stop by offers of formal support but instead, by recognising the negative consequences of their gambling, including the impact on themselves and others. People realised their gambling was causing poor mental health, financial hardship, and relationship issues. When these problems seemed harder to address than the gambling itself then the person would be motivated to tackle their gambling addiction. *'I got caught out because, like, coming home at 7.30 in the morning and everyone knew that I'd been at the casino … And there was a lot of people talking about my situation …*	Minor concerns (Minor concerns about methodological limitations as per CASP qualitative checklist)	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	it was quite overwhelming, the whole situation' (Vasiliadis 2018, page 879)					
Sub-theme C1.1.2.2: Informal support favoured over formal options						
1 study • Vasiliadis, 2018 (Grounded theory, unstructured narrative interviews)	People participating in gambling sought support from informal networks, including their spouse, rather than using formal support services or information sources. Even with support from formal services people were heavily reliant on their families to monitor their progress and recovery. People reported that as part of their recovery and progress they needed constant monitoring by their significant others rather than getting this support from formal services. Even people who reported being on their way to recovery were still heavily reliant on the support and monitoring from others. Although participants did start to recognise that the responsibility of recovery was upon themselves. *'She [participant's daughter] rang housing, and the gas and electricity [to arrange automatic payments]… And I really appreciate her doing that, because now my rent comes out fortnightly. I've got a car. I've paid so much for me car and me electricity and gas. Um, what else did I do? I pay my phone bill… Me sister-in-law takes me shopping. And I'm happy to*	Minor concerns (Minor concerns about methodological limitations as per CASP qualitative checklist)	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW

69

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	go with her, because if I didn't go shopping, I'd go to the pokies and waste me money' (Vasiliadis 2018, page 880)					

C2 Information and support – from studies receiving funding from an unclear funding source Overarching theme C2.1: Information and support for people experiencing harmful gambling

Table 8 Evidence profile for theme C2.1.1 Acceptability

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme C2.1.1.1: Preferences around online support						
1 study • Marionneau, 2021 (General qualitative enquiry, online questionnaires)	Online services provided people who experienced harmful gambling with additional contact with peers through channels such as WhatsApp groups or email and text messages. Regular messaging was reported to be useful in helping them abstain from harmful gambling. On the other hand, people whose usual help and support services had moved online due to the COVID-19 pandemic felt that this format was not as helpful as face-to-face meetings, although they were gradually getting used to it. *'My support group has become a video conference. It's a bit different than meeting face-to face, but it is slowly starting to take form. I'm*	Minor concerns (Minor concerns about methodological limitations as per CASP qualitative checklist)	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW

70

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	grateful that we can meet at distance and [the group has] not been obliged to close' (Marionneau 2021, page 16)'					

Table 9 Evidence profile for theme C2.1.2. Accessibility

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme C2.1.2.1.: The visibility of support and information sources						
1 study • Marionneau, 2021 (General qualitative enquiry, online questionnaires)	From the perspective of people participating in harmful gambling, support and information services could be made far more accessible if they were visible on and could be accessed via social media platforms. Other suggestions for improving the visibility of support and information were that it could be discussed more openly in the workplace, for example by employers or through assessments or discussions with occupational healthcare. *'[What would be needed is] that after this lockdown different cities would have more peer support groups, and that gambling problems in general would be discussed more and more openly, and more support services would be available. For example, one-on-one chats with a recovered problem gambler would in my*	Minor concerns (Minor concerns about methodological limitations as per CASP qualitative checklist)	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW

71

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	situation be more than necessary and a great thing if these could be organised. I wish for more resources in the treatment of gambling problems. *in all of Finland (and that all those who are willing would be accommodated in peer-support groups and other kind of help in this sector).' Marionneau 2021, page 17*					

Overarching theme C2.2: Information and support for affected others

Table 10 Evidence profile for theme C2.2.2. Acceptability

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme C2.2.1.1: Continuity of care						

| 1 study
• Marionneau, 2021 (General qualitative enquiry, online questionnaires) | When service provision broke down, such as during the national Covid-19 lockdown, the harm experienced by affected others increased. Usual help and support services closed or people were unaware of how to access them and this also created anxiety among significant others who worried about the impact on the person who had been accessing support for harmful gambling.

'[Service needs] have changed, because my CSO's visits to the psychologist were cancelled. The support has been really bad.' Marionneau 2021, page 16 | No or very minor concerns | No or very minor concerns | No or very minor concerns | Serious concerns (Findings only derived from one study and data were relatively thin.) | LOW |

Table 11 Evidence profile for theme C2.2.2. Content

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme C2.2.2.1: Signposting to other support services						
1 study • Rodda, 2017 (General qualitative enquiry, online questionnaires)	Family members were looking for information on further help including counselling services, support services, support groups, and non-specific further help. Family members wanted professional advice to help them attempt to manage problem gambling and have guidance and advice. 'I wanted to understand the support services available' (Rodda 2017, page 17)	No or very minor concerns	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW
Sub-theme C2.2.2.2: Practical and emotional support						

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
1 study • Rodda, 2017 (General qualitative enquiry, online questionnaires)	In the context of harmful gambling, family members want professional advice to provide counselling and emotional support to cope with their stress and anxiety. In particular, they sought help to improve their own coping skills, for example helping them to understand their own emotional response to the person and whether it might be deemed 'normal'. They also sought reassurance and hope that the harmful gambling could be successfully treated. Evidence suggested that family members also looked for practical support to resolve problems caused by the gambling behaviour, for example relationships, finances and mental health. *'I was hoping for some strategies to help our relationship function despite me taking control of his and our finances..' (Rodda 2017, page 21)* *'How do I handle the stress from having to listen to stuff about how to they lost the race, missed the quadrella, got beaten by a nose, are shattered by their loss.' (Rodda 2017, page 21)*	No or very minor concerns	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW

Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme C2.2.2.3: Support to help the person experiencing harmful gambling						
1 study • Rodda, 2017 (General qualitative enquiry, online questionnaires)	Family members looked for information and support that would in turn help them to support the person engaged in harmful gambling. They wanted help with several elements, starting with how to respond to the person when the gambling problem was first identified as well as at later stages when the person experienced relapse. Family members wanted to know how to encourage the person to seek help, especially where they seem resistant, and they wanted information to understand what their family member or friend might be thinking or feeling and whether they might be ready to change. Help to understand and approach communication with the person was also sought because this was reported to be complicated. *'I am concerned about a family member and wanted more specific information that would help the family to talk about it with her' (Rodda 2017, page 18)*	No or very minor concerns	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW

75

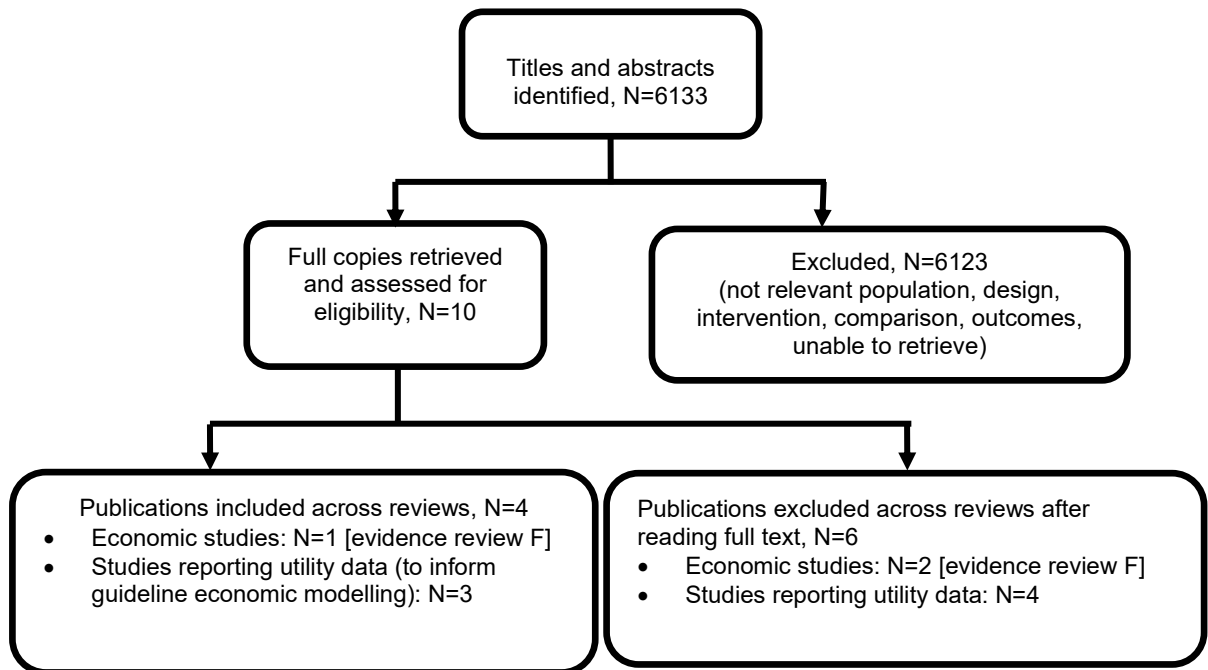| Study information	Description of theme or finding	CERQual Quality assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme C2.2.2.4: Education and general information						
1 study • Rodda, 2017 (General qualitative enquiry, online questionnaires)	Family members sought general information about harmful gambling. They were looking for information about harmful gambling to understand behaviours, reasons why people gamble, the cycle of harmful gambling and how harmful gambling might have developed. *'I want to get a better understanding of why he does these things.' (Rodda 2017, page 17)*	No or very minor concerns	No or very minor concerns	No or very minor concerns	Serious concerns (Findings only derived from one study and data were relatively thin.)	LOW

Appendix G   Economic evidence study selection

Study selection for: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

A global health economics search was undertaken for all areas covered in the guideline. Figure 3 shows the flow diagram of the selection process for economic evaluations of interventions and strategies associated with the care of people who are experiencing harmful gambling, their families, friends and others close to them, and studies reporting gambling-related health state utility data.

Figure 3: Study selection flow chart

Titles and abstracts identified, N=6133

Full copies retrieved and assessed for eligibility, N=10

Excluded, N=6123
(not relevant population, design, intervention, comparison, outcomes, unable to retrieve)

Publications included across reviews, N=4
- Economic studies: N=1 [evidence review F]
- Studies reporting utility data (to inform guideline economic modelling): N=3

Publications excluded across reviews after reading full text, N=6
- Economic studies: N=2 [evidence review F]
- Studies reporting utility data: N=4

Appendix H   Economic evidence tables

Economic evidence tables for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

No evidence was identified which was applicable to this review question.

Appendix I　　Economic model

Economic model for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

No economic analysis was conducted for this review question.

Appendix J   Excluded studies

Excluded studies for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

Excluded clinical studies

Table 4:   Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Dabrowska, Katarzyna and Wieczorek, Lukasz (2021) Patients' and professionals' beliefs about the impact of social stigmatization on treatment of gambling-related disorders. Psychiatria polska 55(1): 181-196.	- Phenomenon of interest Does not include any data about information and support needs.
Dowling, N A, Francis, K L, Dixon, R et al. (2021) "It Runs in Your Blood": Reflections from Treatment Seeking Gamblers on Their Family History of Gambling. Journal of gambling studies 37(2): 689-710	- Phenomenon of interest Does not include any data about information and support needs.
Elbers, M, Rowlands, J, Boo, M et al. (2020) Building momentum for local action on problem gambling in Leeds and Yorkshire. Public health 184: 67-70	- Study design Not qualitative
Evans, Lyn and Delfabbro, Paul H (2005) Motivators for change and barriers to help-seeking in Australian problem gamblers. Journal of gambling studies 21(2): 133-55	- Study design Data were reported quantitatively.
Ferentzy, Peter; Skinner, Wayne; Antze, Paul (2010) Changing spousal roles and their effect on recovery in gamblers anonymous: GamAnon, social support, wives and husbands. Journal of gambling studies 26(3): 487-501	- Phenomenon of interest Does not include any data about information and support needs.
Flores-Pajot, Marie-Claire, Atif, Sara, Dufour, Magali et al. (2021) Gambling Self-Control Strategies: A Qualitative Analysis. International journal of environmental research and public health 18(2): 586.	- Phenomenon of interest Does not include any data about information and support needs.
Gainsbury, Sally M, Abarbanel, Brett L L, Philander, Kahlil S et al. (2018) Strategies to customize responsible gambling messages: a review and focus group study. BMC public health 18(1): 1381	- Phenomenon of interest Does not include any data about information and support needs.
Gavriel-Fried, Belle and Lev-El, Niva (2022) Negative Recovery Capital in Gambling Disorder: A Conceptual Model of Barriers to Recovery. Journal of gambling studies 38(1): 279-296	- Study design Data were reported quantitatively.
Guilcher, Sara J T, Hamilton-Wright, Sarah, Skinner, Wayne et al. (2016) "Talk with me": perspectives on services for men with problem gambling and housing instability. BMC health services research 16(a): 340	- Phenomenon of interest Does not include any data about information and support needs.

Study	Reason for exclusion
Gupta, Himanshu and Stevens, Matthew (2021) "It started 30 years ago, and it still haunts me": an exploratory investigation of Territorians' gambling behaviours, harm, and help-seeking for gambling issues in an Australian jurisdiction. BMC public health 21(1): 96	- Phenomenon of interest Does not include any data about information and support needs.
Håkansson, A; Sundvall, A; Lyckberg, A (2021) Effects of a national preventive intervention against potential COVID-19-related gambling problems. A self-report survey in online gamblers. JMIR formative research 6(3), e33066.	- Study design Data were reported quantitatively.
Jarvinen-Tassopoulos, J (2020) The impact of problem gambling: are there enough services available for families with children?. Public health 184: 28-32	- Phenomenon of interest Does not include any data about information and support needs.
Klevan, Trude, Krane, Vibeke, Weimand, Bente et al. (2019) Powerless yet powerful: The duality of everyday life of partners of persons with gambling problems. Journal of Gambling Issues 42: 85-106	- Phenomenon of interest Does not include any data about information and support needs.
Lim, M.S.M., Bowden-Jones, H., Salinas, M. et al. (2016) The experience of gambling problems in British professional footballers: a preliminary qualitative study. Addiction Research and Theory: 25(2): 129-138	- Phenomenon of interest Does not include any data about information and support needs.
Luquiens, Amandine, von Hammerstein, Cora, Benyamina, Amine et al. (2021) Burden and Help-Seeking Behaviors Linked to Problem Gambling and Gaming: Observational Quantitative and Qualitative Analysis. JMIR mental health 8(11): e26521	- Phenomenon of interest Does not include any data about information and support needs.
Morvannou, Adele, Monson, Eva, Savard, Annie-Claude et al. (2020) "It did not apply to me": poker players' perspectives of prevention messages. Canadian journal of public health = Revue canadienne de sante publique 111(4): 617-626	- Phenomenon of interest Does not include any data about information and support needs.
Oakes, Jane E, Manning, Victoria, Rodda, Simone N et al. (2020) A six-step brief intervention to reduce distress and increase treatment readiness in problem gamblers. Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists 28(4): 418-422	- Phenomenon of interest Does not include any data about information and support needs.
Parekh, Rupal and Morano, Carmen (2009) Senior gambling: risk or reward?. Journal of gerontological social work 52(7): 686-94	- Phenomenon of interest Does not include any data about information and support needs.
Patford, Janet (2009) For worse, for poorer and in ill health: How women experience, understand and respond to a partner's gambling problems. International Journal of Mental Health and Addiction 7(1): 177-189	- Phenomenon of interest Does not include any data about information and support needs.
Peter, Samuel C, Horn, Tori L, McPhail, Abby et al. (2021) Frequent Gamblers' Reasons for and	- Phenomenon of interest Does not include any data about information and

Study	Reason for exclusion
Against Completing a Problem Gambling Screener. Journal of gambling studies 37(4): 1335-1346	support needs.
Pulford, Justin, Bellringer, Maria, Abbott, Max et al. (2009) Reasons for seeking help for a gambling problem: the experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. Journal of gambling studies 25(1): 19-32	- Study design Data were reported quantitatively.
Seguin, Monique, Robert, Marie, DiMambro, Melanie et al. (2013) Gambling over the life course and treatment-seeking. International Gambling Studies 13(3): 302-318	- Study design Data were reported quantitatively.
Selin, J.; Pietila, E.; Kesanen, M. (2019) Barriers and facilitators for the implementation of the integrated public policy for alcohol, drug, tobacco, and gambling prevention: a qualitative study. Drugs: Education, Prevention and Policy 27(2): 136-144	- Phenomenon of interest Does not include any data about information and support needs.
Thomas, Samantha L; Lewis, Sophie; Westberg, Kate (2015) 'You just change the channel if you don't like what you're going to hear': gamblers' attitudes towards, and interactions with, social marketing campaigns. Health expectations: an international journal of public participation in health care and health policy 18(1): 124-36	- Phenomenon of interest Does not include any data about information and support needs.
Thomas, Samantha L, Randle, Melanie, Bestman, Amy et al. (2017) Public attitudes towards gambling product harm and harm reduction strategies: an online study of 16-88 year olds in Victoria, Australia. Harm reduction journal 14(1): 49	- Phenomenon of interest Does not include any data about information and support needs.
Wieczorek, L. and Dabrowska, K. (2021) Unsatisfied treatment needs of people with comorbid alcohol/drug use and gambling disorder. Journal of Substance Use: 1-7.	- Phenomenon of interest Does not include any data about information and support needs.
Wieczorek, Lukasz and Dabrowska, Katarzyna (2018) What makes people with gambling disorder undergo treatment? Patient and professional perspectives. Nordisk alkohol- & narkotikatidskrift : NAT 35(3): 196-214.	- Phenomenon of interest Does not include any data about information and support needs.

Excluded economic studies

No economic evidence was reviewed at full text and excluded from this review.

Appendix K   Research recommendations – full details

Research recommendations for review question: What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?

No research recommendations were made for this review question.