

Written questions on notice to the University of Sydney Gambling Treatment Clinic

Do you have any data on what percentage of your clients are from CALD/aboriginal backgrounds? If not, could you estimate?

In 2011, 4% of all new clients were ATSI clients at Darlington. We did not see any such clients at the other locations; Campbelltown, Lidcombe or Parramatta.

What are the typical referral pathways for these clients?

These are varied but usually include referrals via Gamblers Helpline, GPs, website listings of our services, local mental health professionals or self referrals in response to media campaigns.

Do they have special needs? If so, how are their needs taken into account? Is more targeted work needed for these groups? If so, what do you suggest?

Aboriginal clients present with a range of special needs. They have a higher incidence of drug and alcohol dependence, poverty, homelessness, illiteracy, domestic violence and trauma. They also have a higher incidence of problem gambling than the rest of the population. For this reason, dealing with problem gambling in the community presents with some unique problems. Although they are aware that problem gambling is an issue, the community itself sees this problem as being one of many, and certainly not one which should be taking centre stage. Ashley Gordon (probably the most experienced aboriginal problem gambling counsellor in Australia) said himself that he faces an uphill battle putting problem gambling on the agenda for aboriginal elders and workers in the community.

The second major issue for government funded community services such as ours is an inherent and largely unsurmountable cultural one. We have been working for a number of years to service this community with comparatively little success. There are a number of access barriers for this group which include but are not limited to; mistrust of non-aboriginal service providers; the physically imposing nature of our facilities; the ethnicity of our counsellors; the expectation of timely attendance at appointments; the structured and Socratic nature of counselling conversations- to name a few. If we were going to provide effective counselling we would need to spend a great deal of time in the community, building friendships and relationships of trust that have nothing to do with the provision of counselling and would need to provide this assistance in an informal, unstructured manner in the community and not on campus. For us, this just isn't practical or possible.

In brief, funding should be aimed at raising awareness of problem gambling in the community and developing resources and education initiatives for experienced aboriginal workers already working in aboriginal services.

Do you offer any non-English language services to your clients? If so, in which languages and are these non-English language treatments offered on a full time basis?

We do not offer non-English services to our clients, however we do have a Vietnamese and Arabic speaking counsellor. Clients who wish to receive counselling in other languages are referred to the multicultural problem gambling service.