Terms of reference

(a) measures to prevent problem gambling, including:

use and display of responsible gambling messages.

Response: Factual disclosure on poker machines need to be hard hitting, just like cigarette packets. i.e. Did you know? The average poker machine nets approximately $700 per day for it's owner. (fact) Poker machine manufacturers employ the best psychologists so that their visuals will entice you to spend more. (fact)

Poker machine venues are quite happy to limit point of sale disclosure (i.e. on the actual machine) to advertising the win possibilities but I would contend that without a statement on the machine as to the possible loss, this does not amount to full disclosure. In seven years in the casino I have never seen a poker machine player study a cautionary poster displayed on a Casino wall. When a machine player comes to play he goes straight to the machines holding his/wallet. Perhaps he/she may look ruefully at the cautionary poster in one of those out of the way places once the money is gone.

(iii) ease of access to assistance for problem gambling & (c) early intervention strategies and training of staff.

Response: ***You will often see people in gaming venues looking completely devastated.*** They may have just gambled the rent money, the electricity bill money or much worse. ***Such people may be considering suicide or other desperate actions.***

I would like to see some ***roaming crisis teams with the ability and authority to engage with such people and evaluate if they are open to receiving crisis intervention.***

Discussions I had with problem gamblers in my group therapy sessions over 18 months came up with ***one common criticism of current available help.*** This being that ***at their most vulnerable time*** (usually late in the night or early morning) when they were completely devastated at what they had done. The only help available was a counsellor on the phone; good counsel no doubt and better than nothing but not something which has had a high success rate at changing lives. Those I talked to felt that something more effective could be done. (This feed back should by no means be seen as a criticism of the great work done by such organisations as Turning point and others.)

The shame factor at this particular moment is so intense that most people will not make this call. For some this dark hour could lead to suicide or crime which imposes a terrible cost to both the family involved and also the community and government in picking up the pieces.

My proposal is to employ these roaming crisis intervention teams made up of recovered gamblers of long standing who would be qualified to a certificate (IV) standard (dual cert (IV) in Mental Health and AOD with a specialist gambling component would be ideal) These would need to operate in pairs for obvious safeguard reasons. These people would certainly cost a lot less than post graduate counsellors and arguably be more effective.

The fact that Gambling is now officially a Mental Health issue draws our attention to the fact that it is written into the ***Mental Health Standards that "..Consumers and Carers should be involved in the planning, implementation and evaluation of Mental Health Services."*** I may stand corrected but do not see this as happening in any significant way in the gambling sector.

The Crisis intervention teams could potentially diffuse many such crisis situations. ***Many lives and family units could be saved*** with some appropriate on the spot counselling and the occasional food package.

Gamblers will talk to someone who has travelled the dark road and knows the highs and lows and has overcome, simply because the can see sitting with them a real person with a changed life. This puts the flesh on what is otherwise a feint hope. Especially if they can believe there is some follow up in the morning. It is very hard for them to talk to a stranger who can't feel their pain.

The right type of recovered gambler would also be particularly sensitive to the gambling culture and a good candidate for appropriate training.

Follow up should ideally first offer a tangible culturally safe place for people to go in the morning where some options for re-constructing their lives can be discussed. Many churches would be willing to offer facilities with the right safeguards in place. (This component needs more work in the doing.)

THE COST: Currently there is government legislation in place which requires highly paid Psychologists or Social workers, preferably postgraduates to counsel in this area which proves to be ***a barrier to many very capable people.*** I would contend that Certificate (IV) qualified recovered gamblers would ***cost the public purse considerably less than post graduate scholars and at the same time be twice as effective.***

Currently there are many volunteers who work tirelessly in this industry who have the hands on experience; some of these people would be very effective in early intervention. The relative cost effectiveness could certainly show this to be a very attractive option.

(d) methods currently used to treat problem gamblers and the level of knowledge and use of them

Response: In 2005 I accessed the services of Gamblers Help Southern as an addicted Gambler trying to put some bricks in the road to recovery. At this time I attended a ***group therapy session which proved to be a real turning point in my road to recovery.*** I continued with this group for about 18 months. Probably the last 9 months was more or less voluntary in a sense of obligation to keep the momentum of the group going. I had heard many comments from fellow gamblers during this time that they got a lot of motivation from hearing the story of my road to recovery and the stories of others and that there was ***something particularly empowering about the group dynamics.***

I believe with great conviction that much more can and should be done through group therapy. As a result of my experience here I have since spent some time studying group therapy and ***in 2011 I was awarded outstanding student after a Dual Cert (IV) course in Mental Health and AOD. My heart is for serving my community in this sector but it appears that at the age of 64 that I will have to study for another five or six years before I can be employed in this sector.***

The following is an excerpt from a job advertisement for a counsellor working with gamblers, which details qualifications required by government legislation.
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ESSENTIAL

- **Tertiary qualification in psychology or social work**
- **Eligibility for membership to the AASW, APS or PACFA**
- **Demonstrated experience in providing assessment, information and advice, referral and counselling including managing a client caseload**
- **Demonstrated knowledge and skills in contemporary treatment interventions in gambling**
- **Highly developed communication skills and intelligibility in English language, both verbal and written (given services are phone and web-based).**
- **Experience working with people from diverse cultural and linguistic backgrounds**
- **Computer literacy, with competence in the use of Microsoft Word for Windows, Excel, Access, Outlook and the Internet. This includes typing proficiency for the delivery of online services.**
- **Commitment to enhancing professional standards and work practices**
- **Able to work autonomously and independently**
- **Good written communication and interpersonal skills**
- **Capable of effectively representing the organisation in internal and external forums.**
- **Ability to work in a team environment, good attention to detail**

DESIRABLE

- **Postgraduate qualification in psychology, social work or related health discipline**
- **Project management skills**
- **Demonstrated knowledge and skills in working within an online environment**