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Output Indicators	15/10/2003 to 2/28/2011
Total no. of cases received hotline counseling	15,367
Total no. of cases (families) received in-depth counselling or psychiatric treatment	3,678
Total number of clients received in-depth counselling or psychiatrist treatment	5,340

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TWGHs Even Centre

- Even Centre is funded through “Ping Wo Fund” that was set up in September 2003 by the Government to provide prevention and treatment on problem gambling.
- Our mission is to assist gamblers and families to resume a harmonist and balanced life while treating the pathological gambling behaviour.

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Gender




Male	87%
Female	13%

Tung Wah Group of Hospitals Even Centre, Client Profile Oct 2003 to Dec 2010

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Holistic and Multi-Disciplinary Approach

- 
1. Hotline
 2. Counselling and Casework
 3. Group Therapy
 4. Community and Youth Prevention Programs
 5. Professional Training
 6. Research
 7. International Conference

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Age

青少年(12-18 歲)	0.75%
青年(19-29歲)	16.62%
青年(30-39歲)	32.75%
中年(40-49歲)	30.76%
中年(50-59歲)	15.66%
老年(60或以上)	3.29%
**沒提供	0.12%

Tung Wah Group of Hospitals Even Centre, Client Profile Oct 2003 to Dec 2010

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Types of Gambling Activities by Age

	Overall	Under 29yr
賭馬	59.48%	55.81%
賭波	50.96%	80.47%
打麻雀	23.34%	15.35%
網上賭博	2.42%	7.91%
賭場	47.79%	38.60%
其他	14.14%	11.63%

Tung Wah Group of Hospitals Even Centre, Client Profile Oct 2003 to Dec 2010
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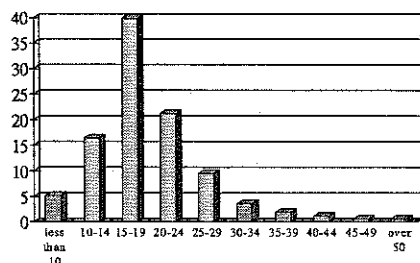
Three Studies

1. 青少年賭博行為及家長意見調查 (2006)
2. 華人賭博藍圖 Chinese G-Map (2008-2009)
3. 病態賭博與精神健康之共生關係 Psychiatric Co-morbidity Among Gamblers Seeking Treatment in Hong Kong (2009 – 2010)

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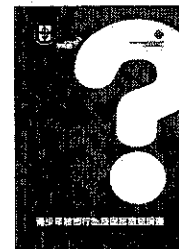
Age of First Gambling Experience



Tung Wah Group of Hospitals Even Centre, Client Profile Oct 2003 to Dec 2010
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(1) 青少年賭博行為及 家長意見調查



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Service Quality

Three common questions:

1. What is the best clinical model?
2. What is the best service model?
3. How can we best prevent the spread of pathological gambling?

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目的

- 參與賭博的行為及經驗；
- 是否參與投注2006年世界盃賽事及注額預算；及
- 家長對青少年子女的賭博行為的態度及回應。

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調查對象

本調查由兩部份組成，涵蓋全港所有擁有住宅電話線的住戶：
 - 本地年齡介乎12至21歲的青少年
 - 家中擁有12至21歲青少年的家長

青少年部份

- 完成了813個成功個案
- 合作回應率 88.18 %

家長部份

- 完成了1000個成功個案
- 合作回應率73.53 %

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青少年受訪者表示

其父母參與賭博活動愈頻密，

受訪者亦較容易於青少年時代開始參與賭博活動。

青少年有 參與賭博活動	受訪者父親或母親參與賭博活動的程度			
	經常有	間中有	很少	沒有
5-10歲	15.6 %	5.0 %	6.0 %	3.5 %
11-15歲	18.9 %	18.2 %	15.0 %	10.6 %
16-21歲	20.0 %	13.6 %	9.6 %	9.3 %
沒有參與任何賭博活動	25.6 %	56.0 %	61.1 %	70.0 %
唔知道/ 唔清楚/ 唔記得/ 好難講	20.0 %	7.3 %	8.4 %	6.6 %
總計	100 %	100 %	100 %	100 %

備註: Pearson卡方 =77.143, p<0.05

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青少年受訪者表示

其父母參與賭博活動愈多，受訪者本身

於過去十二個月內參與賭博活動的人數比例亦愈大

青少年是否 有參與賭博活動	按受訪者父親或母親參與賭博活動的程度			
	經常有	間中有	很少	沒有
有	55.6 %	29.7 %	21.1 %	20.3 %
沒有	44.4 %	70.3 %	78.9 %	79.7 %
總計	100 %	100 %	100 %	100 %

備註: Pearson卡方 =44.895, p<0.05

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家長並不了解子女

參與投注2006年世界盃賽事的投注額

	青少年受訪者打算參與投注 2006年世界盃的投注額	家長估計子女打算參與投注 2006年世界盃的投注額
\$1-499	60.7 %	33.3 %
\$500-999	9.8 %	2.0 %
\$1000或以上	11.5 %	0%
唔知道/ 唔清楚/ 唔記得/ 好難講	18.0 %	64.7 %
總計	100 %	100 %

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家長可能低估了 青少年參與賭博活動的程度

	青少年受訪者過去 十二個月曾否參與博 彩或賭博活動	家長估計子女過去 十二個月曾否參與博 彩或賭博活動
過去十二個月沒有參與 任何賭博活動	71.7 %	89.4 %
過去十二個月有參與 任何賭博活動	28.2 %	8.1 %
唔知道/ 唔清楚/ 唔記得/ 好難講	0.1 %	2.5 %

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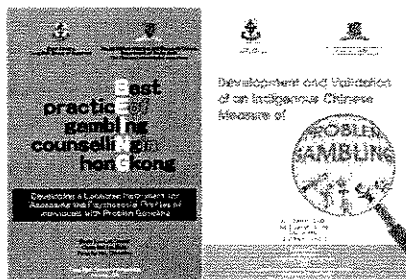
建議

1. 加強家長教育，樹立榜樣
2. 於大型賽事期間（高危期），提供預防及社區教育活動
3. 加強校本教育性活動，推廣健康生活

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(2) 華人賭博藍圖 Chinese G-Map



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G-Map

- The original G-Map (English version) was developed by a group of psychologists from Gamblers Help Eastern, Eastern Access Community Health in Melbourne Australia.
- The G-Map assessment kit is a means of systematically investigating the underlying factors that may **cause** or **maintain** the gambling behaviour.
- Counsellors are able to evaluate the problem areas associated with excessive gambling and embark on a treatment plan with the gambler.

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Background and Rationale

- Clinical experiences reveal that problem gambling is a complex and multi-faceted addictive behaviour. Growing evidences support that pathological gambling can be caused and maintained by a wide range of biological, psychological, inter-personal, environmental, family and spiritual factors. Single-cause etiological models have been woefully **inadequate** to explain either adoption or cessation of addiction behavior.
- Treatment and intervention approaches should be applied according to the different treatment needs.

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Aims

Phase 1

- To examine the psychometric properties of the original translated Chinese G-Map;
- To highlight the clinical utility of the G-Map that can be adopted as the model to be used in the Chinese community.

Phase 2

- To develop an indigenous *Chinese assessment tool of problem gambling: The Chinese G-Map* by modifying the exiting G-Map.

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Background and Rationale

- One of the continuing difficulties faced by counsellors and clinicians is to make accurate assessment on this wide range of underlying problems and maintaining factors that associated with gambling. In most cases, counsellors are limited by their own background when they are trying to approach the underlying dynamics of gambling.

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Participants

Phase 1

- Clients seeking help from the Tung Wah Group of Hospitals Even Centre (N=134)

Phase 2

- Problem gambling group: 176 clients seeking help from Tung Wah Group of Hospitals Even Centre
- Non-problem gambling group: 300 participants from the community

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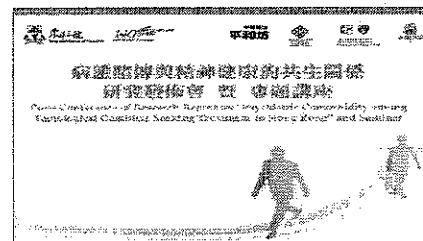
Reliability and Validity of the Chinese G-map

- The findings pertinent to the internal consistency of the Chinese G-Map.
- Scales in each domain are inter-related that support the expectation of assessing similar traits.
- Different domain scales were significantly correlated amongst themselves in both non-problem gambling group and problem gambling group.

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(3) 病態賭博與精神健康之共生關係 Psychiatric Co-morbidity Among Gamblers Seeking Treatment in Hong Kong



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Reliability and Validity of the Chinese G-map

- The Chinese G-Map total scores were generally correlated with the DSM-IV scores in both non-problem gambling and problem gambling scores.
- The Chinese G-Map scale, domain and scale measures were able to discriminate non-problem gambling and problem gamblers.

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Objectives

- a) to determine the prevalence of comorbid psychiatric disorders among pathological gamblers seeking treatment in Hong Kong;
- b) to compare the demographic profiles, gambling and clinical features of pathological gamblers with and without comorbid psychiatric disorders;
- c) to explore the associations between pathological gambling and comorbid psychiatric disorders and their temporal relationship

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Considerations in Administration

- It can be administered by trained psychologists, counsellors who work with problem gamblers.
- Is not a replacement of clinical skills.
- Counsellor should always consider any high risks situations such as suicidal thoughts, emotional break down, physical and mental health problems, family violence or child neglect before administering the Chinese G-Map. Rapport needs to be established before introducing the measures.

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Methodology

Sources of data

- Data collection
 - From June 2009 to February 2010
 - 201 participants completed the interview successfully
- Inclusion criteria
 - Service users who sought gambling treatment from TWGHs Even Centre and Zion Social Services Yuk Lai Hin
 - Age 18 or above
 - Satisfaction of five or more DSM-IV diagnostic criteria for pathological gambling
- Exclusion criteria
 - Manifestation of signs of cognitive impairments or imminent suicidal risk
 - Inability to read Chinese characters or to speak Cantonese

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Results

Prevalence rate for comorbid psychiatric disorder (CPD)

	Lifetime	Current
Any Psychiatric Disorder	128 (63.7%)	90 (44.8%)

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Results

Number of comorbid psychiatric disorders

	Lifetime
One	73 (57.0%)
Two	33 (25.8%)
Three or more	22 (17.2%)
Total	128 (100%)
Average	1.70

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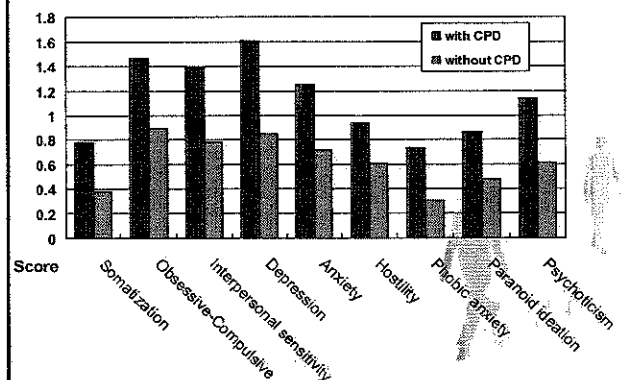
Prevalence rate for Types of CPD

Types of CPD	Lifetime
Any Mood Disorder	59 (29.4%)
Adjustment Disorder	42 (20.9%)
Any Substance Use Disorder	62 (30.8%)
Any Anxiety Disorder	19 (9.5%)
Any Schizophrenia Spectrum Disorder	5 (2.5%)

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Brief Symptom Inventory



Results

Temporal sequence in onset

	Age of onset	PG first	CPD first	Same year
Any Psychiatric Disorder (N = 128)	28.6	35.2 %	55.5 %	9.4 %
Any Mood Disorder (N = 59)	36.4	62.7 %	13.6 %	23.7 %
Any Schizophrenia Spectrum Disorder (N = 5)	28.6	40.0 %	60.0 %	0 %
Any Substance Use Disorder (N = 63)	21.9	15.9 %	74.6 %	9.5 %
Any Anxiety Disorder (N = 19)	27.9	36.8 %	57.9 %	5.3 %
Adjustment Disorder (N = 42)	37.7	64.3 %	21.4 %	14.3 %

Conclusions

- The prevalence rate for comorbid psychiatric disorder among pathological gamblers seeking treatment in Hong Kong was very high
- The most common comorbid psychiatric disorders were mood disorder, adjustment disorder and substance use disorder
- Mood disorder and adjustment disorder tended to appear after pathological gambling
- Onset of schizophrenia spectrum disorder, anxiety disorder and substance use disorder tended to precede the development of pathological gambling

Conclusions

- Those with comorbid psychiatric disorders reported more severity in psychopathology, impairment in psychosocial functioning and nicotine problems compared to those without comorbid psychiatric disorders
- Those with comorbid psychiatric disorders displayed more severe gambling problems in general than those without comorbid psychiatric disorders

Recommendations

- 3) Provide professional training with knowledge for early detection
- To avoid the consequences of delayed treatment for dual diagnosis of pathological gambling and psychiatric disorders
 - Target:
 - Psychiatrists, clinical psychologists, gambling counselors and medical social workers
 - Purpose:
 - Enhance sensitivity and knowledge to detect comorbid psychiatric disorders during intake
 - To develop a more effective treatment plan

Recommendations

- 1) Establish a multidisciplinary team
- Health professionals from multidisciplinary teams include
 - Psychiatrists
 - Clinical psychologists
 - Gambling counselors
 - Social workers
 - Comprehensive treatment plan with
 - Medical treatment
 - Individual and family counseling
 - Group counseling
 - Financial management and debt counseling
 - To strengthen a close and collaborative work among multidisciplinary professionals to formulate treatment plan

服務特色

(1) 實証為基礎 (Evidence Base)

- 由2003年10月至今，東華三院平和坊共完成了3個實証研究，在三方面作出服務提升
 - 預防教育
 - 治療模式
 - 服務模式

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Recommendations

- 2) Provide comprehensive assessment during intake
- Develop compulsive and comprehensive assessment on psychiatric disorders and different kinds of addictions including
 - Pathological gambling
 - Drug and alcohol use
 - Cigarette use
 - Internet addiction
 - Some semi-structured or structured instruments could be used by trained professionals for diagnosing DSM-IV psychiatric disorders

服務特色

(2) 一站式及跨專業隊伍 (One Stop Multi-disciplinary Team Approach)

- 熱線輔導服務及諮詢
- 個案輔導及治療
- 臨床心理及精神科評估及治療
- 小組輔導治療
- 健康理財及債務輔導
- 緊急住宿
- 社區及青少年教育
- 專業培訓
- 網上輔導
- 跨專業隊伍成員包括：社工、戒賭輔導員、臨床心理學家及合約精神科醫生等。

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服務特色

(3) 針對成因及家庭為本的治療模式

- 根據 Chinese G-Map 的評估，為服務使用者設計一套針對性的治療計劃。
- 國際研究顯示，病態賭博可能影響賭徒身邊多達17人，包括：配偶、父母、兄弟姊妹、朋友，甚至同事等。平和坊鼓勵家人，親友可陪同賭徒一同接受輔導，一方面可協助賭徒戒賭的過程，另一方面協助自己處理因家人賭博帶來的種種困擾。

3rd Asian Pacific Problem Gambling and Addiction Conference 2011

Pre-conference Workshop:

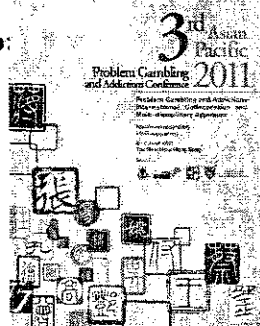
1 June 2011

Main Conference:

2 to 3 June 2011

Macau Visit:

4 June 2011



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Even Centre

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• Fax: 2827 4884

• Opening Hours

Wed, Fri & Sat	10am to 10pm
Mon, Tues & Thu	10am to 7pm

evencentre.tungwahcsd.org