COMPETENCIES FOR YOUTH PROBLEM GAMBLING
PSYCHOSOCIAL INTERVENTIONS – MENTAL HEALTH PROFESSIONALS’ PERSPECTIVE

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NATIONAL YOUTH GAMBLING PREVALENCE STUDY
(N=2,702) – representative sample of adolescents

- 81.6% gambled at least once in lifetime (lifetime prevalence)
- most frequent = sports betting
  - around 20% high-school students regularly betting
  - around 35% male adolescents regularly betting
- CAGI - GPSS subscale results
  - 12.9% high severity of psychosocial consequences
  - 17.3% low to moderate
  - 69.8% no problems
- Highest prevalence of 44 EU studies
  (Calado, Alexandre, Griffiths, 2017)

Youth gambling in Croatia: 2010 - 2018

University students
Parents
High-school students
Mental-health professionals

PARENTAL PERCEPTION OF YOUTH GAMBLING

- Questionnaire adapted from McGill study (Derevensky et al.)
- Two largest Croatian Cities: Zagreb & Split

CHILDREN

GAMBLING
RISKY BEHAVIORS
AVAILABILITY
ACCESSIBILITY

MOTHERS

FATHERS

N=447

CHILDREN'S SELF-ASSESSMENT

PARENTS' ASSESSMENT

Parents' perspective: underestimating frequency - BOYS

Parents' perspective: underestimating problems - BOYS

χ²=0.409; p<.001

Parents’ perspective: underestimating frequency - BOYS

Parents’ perspective: underestimating problems - BOYS

Importance of youth mental health professionals

- mental health service provider perceptions of problems and knowledge of resources are among the largest determinants of service provision and referral (Stiffman et al. 2000, 2001)
- while mental health professionals are generally knowledgeable about and concerned with more visible risky and addictive adolescent behaviors, gambling problems among youth frequently go unidentified (Dickson and Derevensky 2006)

CANADIAN STUDY: N=649 mental health professionals

- youth problem gambling = perceived at the least serious adolescent risk behavior
- few reported feeling confident in their abilities to deal with youth with gambling problems
- many endorsed strong interest in receiving continuing education in the prevention, identification, and treatment of problem gambling
Mental Health Professionals Perceptions of Youth Gambling

- N = 551 (male = 9.4%; female = 90.6%)
- Online study - all 21 counties in the Republic of Croatia
- Conducted from March to May 2018
- Funded by University of Zagreb (no conflict of interest)
- Parallel/Modified with McGill study
  - Temcheff, Derevensky, St-Pierre, Gupta, Martin (2014)

1. How often do they encounter youth gambling problems?
2. How competent do they feel for providing psychosocial interventions?
3. How important do they perceive these competencies?

### Sectors

<table>
<thead>
<tr>
<th>Sectors</th>
<th>N=551</th>
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<tbody>
<tr>
<td>Education – Elementary S.</td>
<td>N=260</td>
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<tr>
<td>Education – High S.</td>
<td>N=120</td>
</tr>
<tr>
<td>Social Welfare</td>
<td>N=123</td>
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<tr>
<td>Justice</td>
<td>N=34</td>
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<tr>
<td>Health</td>
<td>N=14</td>
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</tbody>
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### Age

- M=42.61 (SD=11.17) Min=24 Max=66
- Prof. experience: M=12.54 (SD=8.74) Min=0.1 Max=41

### Personality

- Pedagogue: 48.80%
- Psychologist: 20.70%
- Social Pedagogue: 17.80%
- Social Worker: 12.30%
- Psychiatrist: 0.40%

### How often do you encounter children/youth gambling problems in your professional work?

- Education – Elementary: 14-16 years
- General pop: 6-14 years
- Social Welfare: Risk & Delinquency children/youth
- Justice: 14-21 years
- Health: Mental Health Prob. children/youth
Youth gambling problems in relation to other risk behaviors?

- **Check-list with 19 risk behaviors/mental health problems**
- **How often they work with youth gambling problems compared to other risk behavior/mental health problem?**
- **Series of Paired-sample T-test – separate by sector**
- **Gambling < > =**

(1) **Importance of competencies** and (2) **self-perceived competency** for working with gambling related problems

1 = not at all important / competent
4 = very important / competent

![Importance of competency and Self-perceived competency chart](chart.png)
Conclusions and recommendations

- Youth gambling is not perceived as the least present/frequent risk behavior among adolescents by Croatian mental health professionals.
- Differences across sectors/population of youth.
- Similar to Canadian results:
  - Few feel competent at the moment to provide interventions.
  - Strong will/need for these competencies.
  - Measuring educational/training needs of professional.
  - Evidence-based strategy for building life-long learning process of mental health professional.
- Modification of university curricula:
  - Example of the Faculty of Education and Rehabilitation Sciences.
  - Obligatory course: gambling related topics - basic.
  - Optional course: Gambling and other behavioral addictions.

Thank you for your attention! 😊

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