NYS GAMING COMMISSION PUBLIC FORUM

ADRESSING PROBLEM GAMBLING IN THE ERA OF EXPANDED GAMING

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Presented by
Harvey Rosenthal, Executive Director
New York Association of Psychiatric Rehabilitation Services

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of tens of thousands of New Yorkers who use and/or provide community mental health services and who are dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation and rights.
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Good afternoon. I'd like to thank the members of the NYS Gaming Commission for this opportunity to offer some comments and recommendations in regards to the expected rise in problem gambling connected with the establishment of commercial casinos in New York.

My name is Harvey Rosenthal and I serve as executive director of the New York Association of Psychiatric Rehabilitation Services, a unique statewide partnership of New Yorkers with psychiatric disabilities and the community mental health professionals who support them in over 100 community-based mental health agencies from every corner of the state.

State mental health policy is a very personal matter for our NYAPRS community. Many of our members, our board members, our staff, and I all share a common personal journey of recovery from a psychiatric disability. We believe this strengthens our ability to speak to you on behalf of the tens of thousands of New Yorkers with psychiatric disabilities and their supporters that we represent.

While there is a much clearer connection between problem gambling and addictive disorders that John has so well explored, there are also correlations with a number of mental health conditions.

A recent study by the National Epidemiologic Survey on Alcohol and Related Conditions found that 49.6% of problem gamblers had a co-occurring mood disorder and that 41.3% struggled with anxiety related disorders.

And a national study of problem gambling help line systems identified that 4% of calls were to seek help for acute mental health related conditions.

These correlations with mood related conditions have been especially apparent to clinicians who have observed that clients with bipolar disorders often gamble excessively during a manic phase during which they typically engage in increasing levels of stimulation-seeking and risky behaviors.

There are studies too that have found that a significant correlation between problem gambling and depression, such that depression can be both a cause and a consequence.

Some clinicians have observed that high a number of people who struggle with depression turn to gambling as a habitual behavior to try and lessen the symptoms of their depression. And, on the other end, many problem gamblers experience severe depressions associated with gambling losses and losses in self-esteem.

Other studies have suggested that many problem gamblers demonstrate greater incidences of distress associated with prior traumatic events.

Finally, recent studies indicate that physicians have begun to recognize the health implications (i.e., risks of suicide, cardiac arrest, and stress) of problem gambling on patients entering their primary care settings.

Accordingly, we strongly agree with John and ASAP's assertion that problem gambling prevention, treatment, and recovery support services must be strengthened in New York as the number of gambling casinos increase across our state, not only in the addiction field but in those who work in mental health and primary care treatment settings.

There must be a significant effort to increase training amongst NYS mental health treatment and rehabilitation professionals. Problem gambling has fallen off OMH's screen following the transfer of Compulsive Gambling programs from OMH to OASAS in 2005.

Too many mental health professionals are simply not aware of the warning signs and symptoms of problem gambling and all too often our assessment procedures fail to screen for these.

This requires accurate measures of problem gambling, and instruments have been developed for a variety of purposes, including screening, assessment, diagnosis, treatment planning and treatment outcomes. These screening and assessment instruments range from as few as two items to as many as 100 or more items.

I'd like to offer a personal example. As I mentioned earlier, NYAPRS has a strong commitment to hiring people with mental health treatment histories. Some years ago, I hired an individual who I knew to be in mental health and alcohol and drug addiction recovery as a trainer and conference planner.

Over the years, he had gone out of his way to demonstrate a strong personal sense of commitment to his recovery and, as a result, we afforded him with a company credit card that we provide to other team members who do a lot of traveling.

Things appeared to be going rather well although I did hear a couple of accounts where he interrupted work to purchase a few lottery tickets. While I knew enough to spot alcohol and drug related addictions, I had no idea that this was a sign of a possible gambling addiction.

Several months later, I received an unforgettable phone call from our credit card company informing me that he had made a rapid series of charges amounting to over $10,000. After terminating him immediately, I pressed legal charges against him, if only to require my co-worker and friend to get the help he so obviously needed.

Training should extend beyond mental health treatment professionals to include mental health courts, help line operators and crisis teams as well and should include information about 12-step Gamblers Anonymous and Debtors Anonymous programs.

Cognitive Behavioral Therapy and psychiatric medications are recognized as important aids to promote recovery from gambling addiction. Hence, mental health professionals who receive specific training in assessing and treatment problem gambling can make critically important contributions here.

We must also take into account cultural factors. For example, a 2011 OMH study looked at a community based screening approach for detecting gambling and co-occurring psychiatric conditions in the Chinese American Community. The study emphasized that family member involvement was critical to promoting proper identification and response to promote gambling addiction recovery.

New York is moving rapidly to integrate mental health and addiction recovery services with medical care, in conjunction with the state's Medicaid Redesign plan. Accordingly, the managed care and health home organizations that are central to its success must be educated to screen and treat problem gambling and must commit the resources to ensure appropriate access to problem gambling treatment experts.

NYAPRS wishes to strongly endorse a number of the recommendations for casino operations that John has offered, including

- On-site well-trained staff who can identify and refer problem gamblers to get the help they need and to educate them about the self-exclusion option
- Agreements with local gambling and mental health services providers to provide on-site crisis services.
- Prominent display of problem gambling signage that provide education and referral information for problem gamblers and most importantly that
- All casino and gambling venue advertising should include a reference for persons needing information about or help with problem gambling.

I hope that my comments have been helpful and again thank you for the opportunity to address you today.