

## **Where do people look for their health information?**

### **A literature review summary on trusted sources of support for gambling harms**

#### **Background - Rationale for this review**

Gambling-related harm is a growing public health concern with diverse impacts on individuals and overall community health and wellbeing. The '[Gambling-related harms: evidence review](#)' (Sept 2021, Public Health England) revealed an estimated cost burden of £1.27 billion in 2019/20 in England alone due to gambling harms, incorporating associated impacts including suicide, homelessness, unemployment, and depression. A review update has estimated around 1.76 million people in England have a level of risk attached to their gambling participation (Jan 2023, Office for Health Improvement & Disparities).

Although local prevalence data requires further development, current estimates indicate that 60.8% of people gambled in the past 12 months in Yorkshire & Humber, with 3.6% at-risk and 0.7% gambling at 'problem' level.

As a regional response to prevent and reduce gambling harms, a successful bid was made to the Gambling Commission on behalf of the Yorkshire and the Humber Association of Directors of Public Health (YH ADPH) for regulatory settlement funding, resulting in a 3-year programme of work on prevention, education, and awareness-raising to reduce gambling-related harms. This includes increasing the access to appropriate and industry independent gambling support information and resources to support people who gamble and their Affected Others. Gambling support materials and sources of information that are free from gambling industry influence are important in public health messaging of gambling harms. This is because framing used by this industry is harmful to health and reinforces stigma through placing 'individual responsibility' on people who gamble that need support which can prevent people from seeking help at the point of need.

In order to effectively share public health information and messaging on gambling harms, it was important to understand where people look for their health information, including what is perceived as a trusted information source. This is to better understand where is most effective to signpost gambling harms health information to individuals.

#### **Aim**

The aim of this literature review was to understand where people look for health information to support with gambling harms and understand more on what may be perceived as a trusted source of information.

Initially, the target population for the search was men aged 18-45 years old (in line with the increased risk of harm in this group as highlighted in the [gambling harms evidence review](#)), but due to the low number of results this was expanded to include all population groups.

### Methodology

The literature search was conducted by a Knowledge and Evidence Specialist in the UK Health Security Agency (UKHSA). A summary of the search can be found below.<sup>1</sup>

The database searches were undertaken on 26 May 2023 with grey literature searches undertaken on 3 June 2023. **5 databases** (Medline, Embase, Emcare, Psycinfo & Scopus) were systematically searched and follow up searches were made on TRIP Database, Google Scholar, and Google Advanced Search.

The search strategy (see Medline example below) was to focus on 4 themes –

- Population group (males 18-45 & families/friends)
- Gambling
- Consumer Health/Patient Information
- Outcomes (i.e. mental health/financial).

But it became clear that after combining gambling & health information **there was not enough evidence** to warrant including the outcomes terms despite being deliberately broad with the terms & MESH headings used. The population limit was included manually as part of the screening process.

Initially 1457 results were found but after title & abstract screening for relevance, **62** results remained. Of the 62 results, **9** traditionally ‘high quality’ (Systematic Reviews/Meta Analysis) results were found. All 9 of the systematic reviews examined interventions and/or behaviour change techniques around gambling across different population groups. 1 systematic literature review examined self-exclusion as way to regulate problem gambling.

Of the 62 results, **there were very few** that seemed to directly address the question – but where it seemed consumer health/patient information may have been an aspect covered.

Please see Appendix 1 for further information on the search strategy used and a summary below of the main results.

### Summary of findings

As outlined above, few sources directly addressed the review question. The majority focused on areas such as access to gambling information, interventions and the effectiveness of treatment.

During analysis, a small proportion of papers (12) provided some insight broadly related to the review question. However overall, these were general findings for designing or considering where to display health information. These findings may be useful in the development of future gambling support and information (some of which may be through the Y&H regional gambling harms programme).

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<sup>1</sup> This summary is not intended to be an endorsement of any evidence or serve as any recommendation(s) by UKHSA.

Relevant findings are outlined below:

- When people perceive information sources are likely to give a 'positive' response on facilitating their harmful behaviour, information is more likely to be taken seriously and taken on board. This is the opposite for negative perceptions.
- One source noted what makes a credible and legitimate source (although this was in relation to self-exclusion materials). Sources with government style themes and the use of security logos and badges were highlighted.
- The perception of a source may influence help seeking behaviours, quoted from a paper included in our review below:

*"...perceived credibility and value of a source should predict channel selection and subsequent information seeking behaviour" (C. J. McKinley et al., 2016)*

- Comparing options of information may influence which information is taken, and the preferred mode of gambling (i.e. in person or online) may influence help-seeking behaviour. (This refers more towards risk information but may still be helpful when considering help seeking behaviours.)
- An increase in engagement on a post online or between members on online forums, may increase individual participation/engagement as reported by one study. Individuals here were more likely to engage.
- Young people voiced they felt they should be given more information at school in one source.
- Information is usually accessed at crisis or 'tipping point'. In this respect, people may not always know where to turn for information at a point of immediate need.
- In physical gambling venues, information is likely to be accessed by approaching staff, although a gambling venue wasn't seen as a place to seek help. Further qualitative response in this paper showed some individuals were 'dismissive' of gambling support materials as they didn't view themselves in a certain bracket of needing help. Here, there was a general lack of awareness on support services. 'Helplines' were the main source mentioned during recall.
- Considerations in design and messaging (such as across social media) are encouraged. For example, individuals may assess the level of their own vulnerability they may need to give when accessing information or support (including their own demographics), the effectiveness of doing so.
- For children and young people, considering the level of interactivity an information source provides was also suggested. i.e. how engaging is an information source? Would this appeal to children and young people?
- Cultural and linguistically appropriate gambling support services are important for engagement, but these may be hard to find.
- Mass media, social marketing and communities can aid with information, as per the quote below:

*"Media, social marketing and community mobilization efforts in the gambling area are effective strategies to inform patients, but would be better developed and implemented in a collaborative capacity. Laws and regulation that promote responsible gambling are certainly effective in mobilizing best practice, but are often politically motivated versus scientifically informed. Providing creative incentives and disincentives has not been well studied, but is*

*common in public health with potential relevance for the gambling field (e.g. gym memberships given with voluntary self exclusion)."*

(T.-L. Mackay et al., 2015)

- One paper found people were aware of gambling helplines, venue help and face to face options, but anything requiring expense was a barrier for some groups.
- Searching for health information online may be preferred before engaging with a health professional, although quality of information can vary.

*"75-80% of Americans and Europeans routinely use the internet for health related information but only 10% on substance use"*

(P. Bendtsen and K. Johnsson, 2013)

## Discussion and conclusion

Overall, search results were limited in this review with few findings specific to answering the initial question posed for this literature review. There are likely to be various reasons behind this.

Firstly, individuals who gamble may experience different impacts of gambling harms on their lives, and as such may seek support at different points dependent on need (mental health, relationship or debt advice as examples). (The [Gambling-related harms: evidence review](#) offers a review of different impacts at different levels of harm). As well as this, there is a question on whether people perceive support for gambling harms as a health 'issue', which may explain the low search results as the terms used here may not reflect what people may search for online (for example). There were, however, a few general considerations that may be useful from the results which may be applicable when developing future public health information and signposting to support in gambling and other areas of public health. These are summarised below.

### **Who is information targeted to and is it appropriately done so? (Accessibility, cultural considerations and messaging)**

Some sources noted that culturally appropriate and accessible information are important for engagement with health information. This is important to consider across all areas of public health messaging and support to ensure individuals are able to connect and identify with resources. Considering different cultural backgrounds and understandings of a health behaviour is also key in the development of messaging for engaging with a diverse range of backgrounds (i.e. a certain health message in English may not translate directly with the same meaning to other languages and cultures. Thus, efforts should be taken to engage with different communities to understand their perspectives and backgrounds). Language should be clear and free (where possible) of technical jargon, with language appropriate to differing levels of health literacy. Information and messaging should also reflect what individuals can relate to and trust. For young people, considering levels of interactivity is also important; this may differ to materials made for adult groups.

When appropriately considered and incorporated, this has the potential to affect levels of engagement with a health information source and whether someone goes on to access support.

### **Physical vs online spaces – how may signposting information differ?**

Gambling activity varies from physical venues (such as casinos and bingo halls) to online. Thus, when considering where people look for their health information, it may be important to cater to these differences appropriately. For example, if an individual is partaking in gambling behaviour in a physical venue support information may differ in comparison to someone who may gamble online.

Affected Others (friends and families) may look for health information in different locations/through different sources in comparison to someone who gambles.

In both cases, understanding from people with lived experience is important to understanding what may be most effective and what the driving factors are for people accessing support.

### **Credibility of a source may affect engagement**

The credibility and legitimacy of sources was also a theme in the findings. Credibility provides security and enhances perceived trust of an information source, and as a consequence may affect levels of engagement with accessing information or support for a health area.

Further research on understanding *what* is perceived as a credible source and what motivates someone to engage with a gambling information or support resource is vital to understand where is likely to be most useful, engaging and appropriate for where people access help.

When identifying what constitutes a trusted source it is important to consider *what* constitutes a trusted source. A number of support resources are directly funded and created by the gambling industry, where harmful language and framing is used of ‘individual responsibility’ narratives, blaming individuals that may seek help. (This narrative is harmful as it fails to highlight the tactics the gambling industry uses, such as targeted marketing).

When considering credibility it is important to be mindful of the sources/organisations that are used and ensuring they are industry independent when giving public health messaging and advice. As part of the [three -year gambling harms ADPH funded programme](#), a review of gambling resources and support information was conducted, understanding more about the suitability of current sources of information and support for people who gamble, including whether they are industry independent and free from industry influence. Please see the findings and recommendations [here](#).

Currently, NHS support is signposted to as the most reputable trusted source for gambling support.

### **Understand from your target population and those with lived experience**

Although this review was specific to gambling resources, the findings and suggested research recommendations may be applicable to other areas of public health. This work has highlighted clear gaps in the evidence-base in understanding where our target population (and broader target population) look for their health information. It is important to understand the experiences and perspectives of those with lived experience of gambling harms to not only understand where and how is most suitable to share health information, including how the use of language may be influential. A key initial recommendation from this review would be to understand directly from those with lived experience of gambling harms what a trusted source of information looks like to them, what would draw them to engage and why. Hearing directly from the communities we look to serve is the most important way to gain the insight for providing the most effective, targeted supported.

**Abi Brown, Health and Wellbeing Support Manager**

***(Office for Health Improvement and Disparities, Yorkshire and the Humber (OHID Y&H) on behalf of the Yorkshire & Humber Association of Directors of Public Health (Y&H ADPH)***

## **Appendix 1 – Search Strategy information**

Search Sample

Search Strategy:

1 exp Consumer Health Information/ or exp Access to Information/ or exp communication barriers/ or exp information dissemination/ or exp information literacy/ or exp social networking/ or Information Seeking Behavior/ or \*Health Education/ or exp Patient Education as Topic/ or \*"Health Knowledge, Attitudes, Practice"/ (233546)

2 ((information\* or educat\* or communic\*) adj3 (seek\* or behavi\* or dissem\* or barrier\*)).tw. (42968)

3 ((patient or health) adj3 (information or education or communic\*)).tw. (180534)

4 or/1-3 (404962)

5 exp Gambling/ (6928)

6 (gamb\* or betting or wager).tw. (12101)

7 5 or 6 (12857)

8 4 and 7 (239)