Kindbridge Behavioral Health

GAMBLING DISORDER TREATMENT OUTCOMES REPORT

JULY 28TH, 2024

PREPARED FOR GAMBLING REGULATORS, POLICY MAKERS, CASINO AND SPORTSBOOK LEADERSHIP, HEALTH PROFESSIONALS, RESPONSIBLE GAMBLING AND PROBLEM GAMBLING ADVOCACY GROUPS

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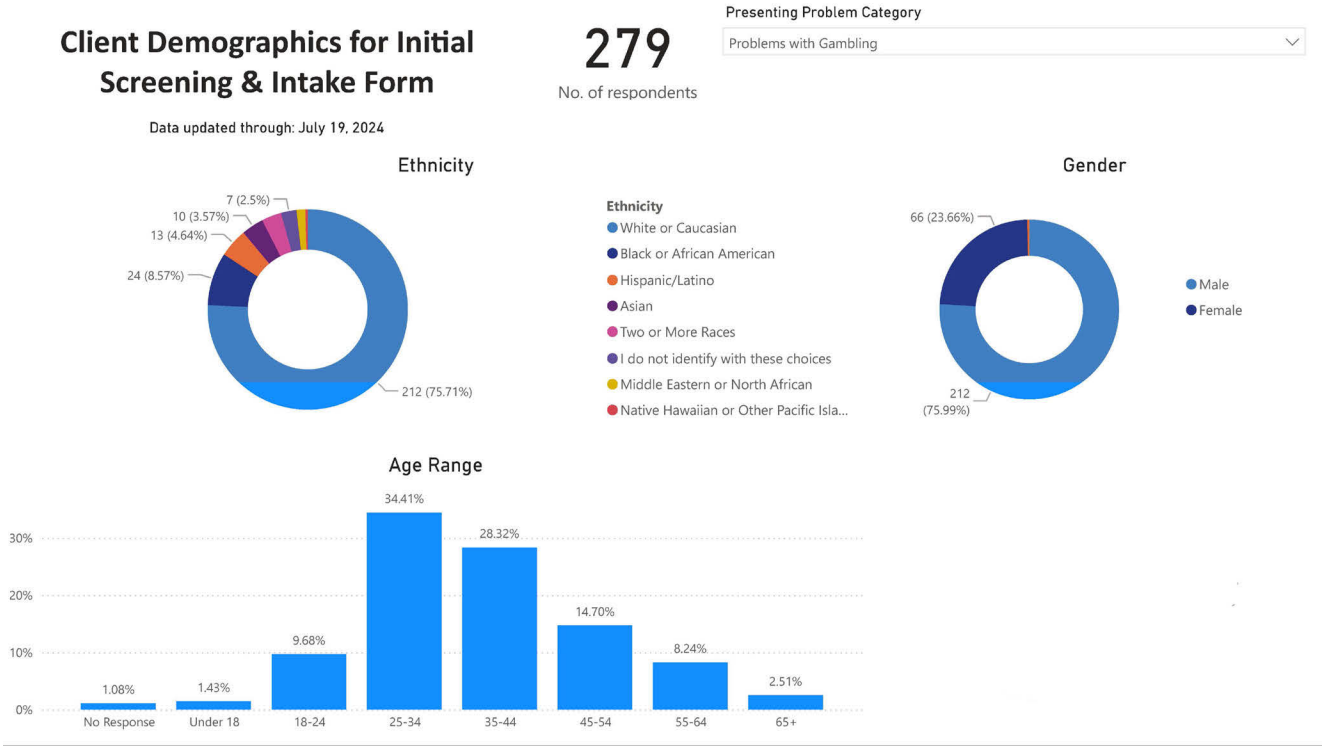
EXECUTIVE SUMMARY

This report presents compelling evidence of the significant successes achieved at Kindbridge Behavioral Health (KBH) in treating individuals with gambling disorder. By focusing on the key improvements in mental health outcomes, this report aims to inform the general public, health officials, regulators, and policymakers about the positive impact telehealth is having on the quality of life for the distressed gambling population seeking mental health services through our referral streams. The data analyzed in this report represents a significant sample size of 279 gamblers presenting with symptoms of gambling disorder through our telehealth platform. These 279 individuals engaged in care programs, and the measurements shared below have been tracked across the continuum of their care programs. All clients originated within 2024.

KEY FINDINGS

Demographics and Client Profile



Client Composition

- Ethnicity
  - White or Caucasian: 75.71%
  - Black or African American: 8.57%
  - Hispanic/Latino: 4.64%
  - Asian: 3.57%
  - Other ethnicities: Smaller proportions
- Gender
  - Male: 75.99%
  - Female: 23.66%
  - LGBTQ+: <5.00%
- Age Groups:
  - 18-24 years: 9.68%
  - 25-34 years: 34.41%
  - 35-44 years: 28.32%
  - 45-54 years: 14.70%
  - 55-64 years: 8.24%
  - 65+ years: <5.00%
  - Under 18: <5.00%

SUMMARY: 77% of the treatment population is between 24 and 54 years old, with the largest representation (34.41%) between 25-34 years old.

GLOSSARY

PHQ-9: Patient Health Questionnaire-9, a tool for measuring the severity of depression.

GAD-7: Generalized Anxiety Disorder 7-item scale, used to assess anxiety levels.

AUDIT-C: Alcohol Use Disorders Identification Test-Consumption, a screen for alcohol consumption.

Comorbidity: The simultaneous presence of two or more diseases or medical conditions in a patient.

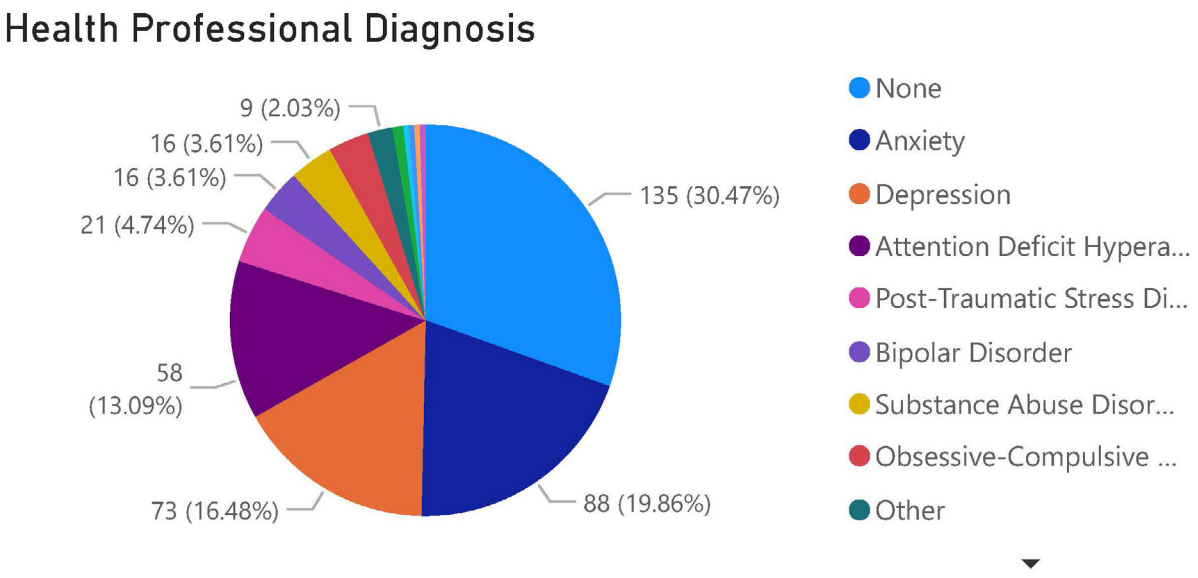
Kindbridge Behavioral Health

PREFERRED GAMBLING METHODS

- Preferred Gambling Setting: Over 58% of clients reported preferring Online or App-based gambling while over 18.64% of clients reported preferring gambling physically at a casino.
- Modes of Gambling: The preferred mode of gambling most commonly reported were Casino (33.33%), online sports betting (29.75%), slot machines (25.81%), gambling apps (22.58%), and sports betting at brick-and-mortar locations (16.49%).

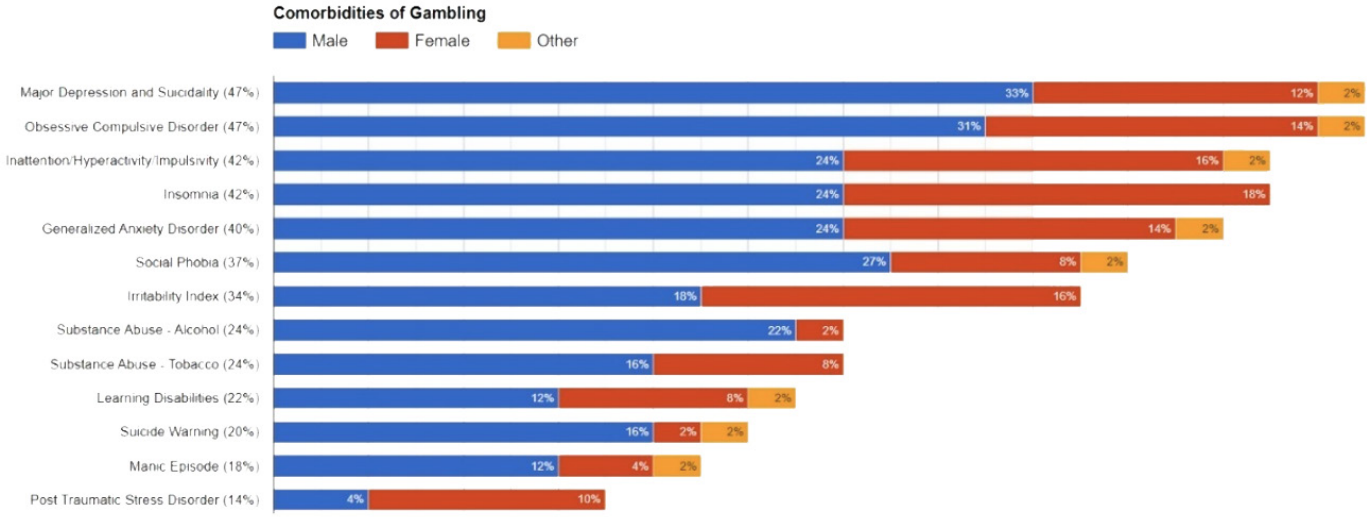
SUMMARY: Online gambling through apps is the most common method, followed by physical casino gambling.

CO-OCCURRING MENTAL HEALTH DIAGNOSES



Upon enrollment into treatment 70% of people seeking services for gambling reported having a mental health diagnosis provided by a previous care provider. Whereas, 30% of people seeking treatment for gambling reported not having a previous mental health diagnosis.

COMORBIDITIES

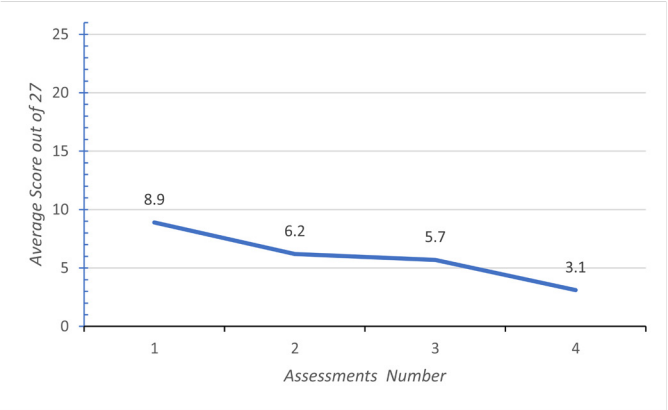


- Major Depression and Suicidality: 47% of clients met criteria with males reporting higher rates (33%) than females (12%).
- Obsessive-Compulsive Behaviors: 41% of clients met criteria with males reporting higher rates (31%) than females (14%).
- Inattention/Hyperactivity/Impulsivity: 42% of clients met criteria with males reporting higher rates (24%) than females (16%).
- Insomnia: 42% of clients met criteria with males reporting higher rates (24%) than females (18%).
- Generalized Anxiety Disorder (GAD): 40% of clients met criteria with males reporting higher rates (24%) than females (14%).
- Social Phobia: 37% of clients met criteria with males reporting higher rates (27%) compared to females (8%).
- Irritability Index: 34% of clients met criteria with males reporting higher rates (18%) than females (16%).
- Substance Abuse - Alcohol: 24% of clients met criteria with males reporting higher rates (22%) than females (2%).
- Substance Abuse - Tobacco: 24% of clients met criteria with males reporting higher rates (16%) than females (8%).
- Learning Disabilities: 22% of clients met criteria with males reporting higher rates (12%) than females (8%).
- Suicide Warning: 20% of clients met criteria with males reporting higher rates (16%) than females (2%).
- Manic Episode: 18% of clients met criteria with males reporting higher rates (12%) than females (4%).
- Post-Traumatic Stress Disorder (PTSD): 14% of clients met criteria with females reporting higher rates (10%) compared to males (4%).

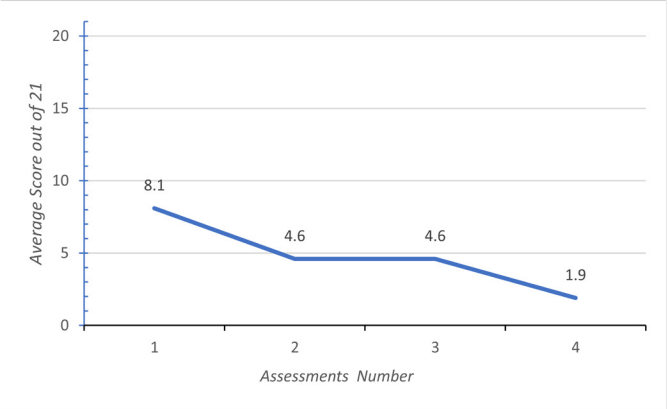
SUMMARY: The most common comorbidities are major depression and suicidality, obsessive compulsive behaviors, and inattention/hyperactivity. Note that clinical outcomes are reported for all KBH patients.

CLINICAL OUTCOMES

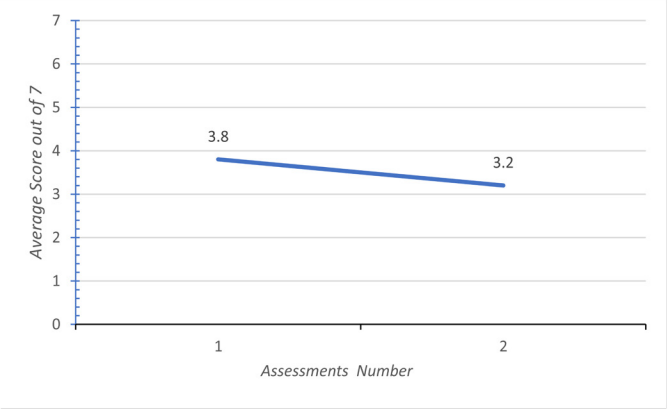
- **PHQ-9 (Depression):** The average score decreased significantly from 8.9 (mild depression) to 3.1 (minimal to no depressive symptoms) over four assessments conducted over a 12 week period, achieving a 65.2% reduction, surpassing the standard industry benchmark of a 50% reduction in scores.



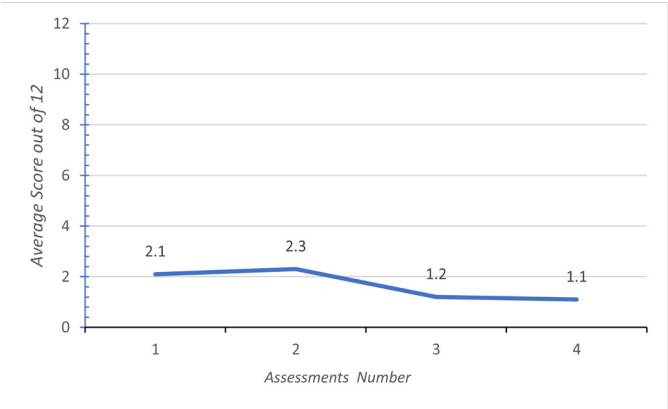
- **GAD-7 (Anxiety):** Scores dropped from 8.1 (mild anxiety) to 1.9 (minimal anxiety) by the fourth visit, achieving a 76.5% reduction, significantly above the typical 50% reduction benchmark for effective treatment.



- **Insomnia:** Initial scores of 3.8 reduced to 3.2, indicating moderate improvement in sleep-related issues.

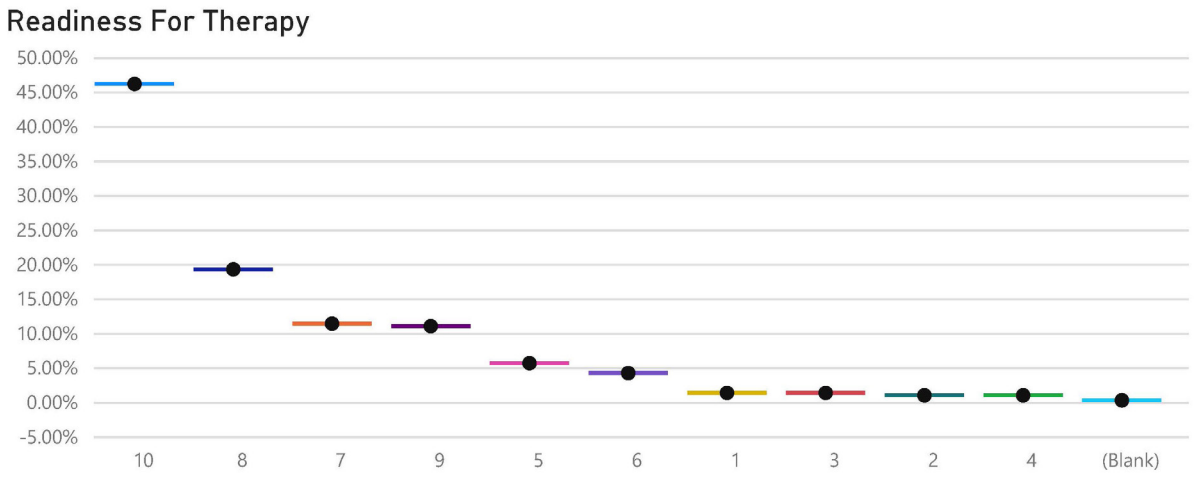


- **AUDIT-C (Alcohol Use):** The average score dropped from 2.1 (low risk) to 1.1, reflecting a significant reduction in hazardous drinking behaviors and maintaining a low-risk status throughout the assessments.



SUMMARY: Significant reductions were observed in depression, anxiety, insomnia, and alcohol use over the course of treatment

READINESS FOR CHANGE



- A significant portion of clients showed high readiness for change, with 46.24% rating themselves at the highest level of readiness, indicating strong motivation to engage in and benefit from therapeutic interventions.

- Impact of Self-Exclusion Programs: An increase in individuals arriving with a 10/10 rating on the readiness to change scale has been observed, attributed to the direct connection with Self-Exclusion programs offered by casino operators. These individuals access treatment at a critical time when they are most ready to engage, and a large portion of them follow through with the program.

SUMMARY: A significant portion of clients are highly motivated to change, especially those involved in Self-Exclusion programs

TREATMENT EFFICACY

- Comorbidity Improvements: Clients showed notable improvements in conditions like major depression and suicidality, with PHQ-9 improvements highlighting drastic symptom reduction.
- Tailored Interventions: The data underscores the importance of customized treatment plans that address both gambling behaviors and associated mental health conditions. The high prevalence of severe gambling problems necessitates comprehensive treatment strategies.
- Duration of Treatment: The data compiled for this report demonstrates significant reduction in major comorbid presence over a course of 12 treatment sessions.

SUMMARY: Tailored interventions have led to significant improvements in mental health over 12 sessions

BUILDING A MORE ROBUST PROGRAM: OUR COMMITMENT TO ACHIEVING BETTER OUTCOMES

1. **Expand Telehealth Accessibility**
   - Rationale: Significant improvements in mental health outcomes through telehealth services, particularly in reducing symptoms of depression and anxiety.
   - Action: We are increasing funding and resources to expand our telehealth platforms, ensuring they are accessible to everyone, especially in remote or underserved areas. We are also including more prevention and education modules.
2. **Implement Comprehensive Treatment Plans**
   - Rationale: Tailored interventions are crucial for addressing both gambling behaviors and comorbid mental health conditions.
   - Action: We are developing and implementing customized treatment plans that incorporate various therapeutic approaches to manage comorbidities like depression, anxiety, OCD, substance abuse, and financial literacy and recovery.
3. **Enhance Educational Outreach**
   - Rationale: A significant portion of clients seek educational information about gambling risks and financial management.
   - Action: We are creating comprehensive educational programs targeting individuals and families, focusing on the risks associated with gambling, effective financial management, and strategies for preventing gambling-related harm.
4. **Promote Early Intervention Programs**
   - Rationale: High readiness for change is observed among clients, especially those engaged with Self-Exclusion programs.
   - Action: We are developing and promoting early intervention programs in collaboration with casinos and gambling platforms to facilitate early identification and referral of individuals showing signs of gambling disorders.
5. **Create a Quality Care Committee**
   - Rationale: Ensuring continuous improvement and high standards of care is essential for effective treatment and prevention.
   - Action: We are establishing a Quality Care Committee dedicated to overseeing the implementation and effectiveness of our gambling disorder treatment programs. This committee includes mental health professionals, community advocates, non-profit partners, and representatives with lived experience.

CONCLUSION

The findings from Kindbridge Behavioral Health underscore the significant improvements achieved in treating individuals with gambling disorders through our telehealth programs. Notably, substantial reductions were observed in key clinical outcomes: PHQ-9 scores for depression decreased from 8.9 to 3.1, representing a 65.2% reduction; GAD-7 scores for anxiety dropped from 8.1 to 1.9, a 76.5% reduction; and AUDIT-C scores for hazardous drinking behaviors fell from 2.1 to 1.1. These improvements surpass standard industry benchmarks and demonstrate the efficacy of our interventions.

Significant improvements were evident after just 8 weeks of treatment, with exceptionally positive results at the 12-week mark. These outcomes validate the effectiveness of teletherapy in addressing both gambling behaviors and associated mental health conditions. Continued support and resource allocation are essential to sustain recovery and enhance the quality of life for individuals affected by gambling disorders. Future reports will include data specific to gambling harm symptoms as it becomes available.