Preventing and	Purchase Unit Description: d Minimising Gambling Harm Public Health Infrastructure Services – Participation in Research and Evaluation
PGAPH-03 Outcome	The practices and theories of the preventing and minimising gambling harm public health services sector are informed by an up to date and sound evidence base
Objective	Preventing and minimising gambling harm public health service providers participate in and support Ministry approved research and evaluation processes.
Activities	Delivery of these services will include participation by you and your public health staff in Ministry funded national, regional and local research, monitoring and evaluation processes as required. This will include, but is not limited to, the following activities:  • expert advice into project development and planning  • involvement in a study as a participant  • contributing and providing data to a project
Key processes	N/A
Reporting	Six-monthly narrative reports to the Ministry will use the provided report template and summarise:  • your involvement in any research projects to prevent and minimise gambling harm over the previous six months  • costs incurred as part of participating  • impact on core service delivery  • reimbursements made by the research provider  • any other issues noted.
Indicators	The percentage of the preventing and minimising gambling harm workforce that has the opportunity to provide input into national and local research projects
Competencies	N/A
Min. Delivery	As required

#### Part 2 - Division 2

# Secondary and Tertiary Gambling Harm Prevention Services (Intervention Services) Specification

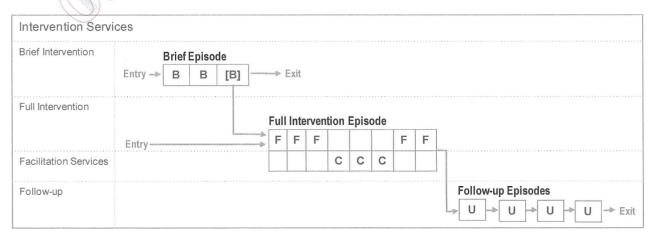
#### 1. THE INTERVENTION SERVICE MODEL - BACKGROUND

- 1.1 The system of intervention described within this service specification is based on a multimodal approach, and, acknowledges the widespread impact of problem gambling on the individual and their family and affected others.
- 1.2 All intervention service providers are responsible for promoting their services through appropriate and effective marketing that is targeted at at-risk and high need populations.
- 1.3 The system of intervention described within this service specification recognises that people affected by gambling harm can benefit from a range of services. The approach aims to address not only the gambling behaviour but also to reduce the impact of harm by ensuring facilitation to other services including:
  - i. financial counseling
  - ii. relationship counseling
  - iii. other social service agencies
  - iv. mental health, and alcohol and other drug services.
- 1.4 The system of intervention described within this service specification acknowledges that individuals are at differing points in their acknowledgement and readiness to change their gambling behaviour, and will therefore require a range of interventions from screening and brief intervention through to more intensive interventions.

#### 2. IDEAL PATTERN OF CARE

2.1 National and international literature outlines the effectiveness of brief intervention of 15-30 minutes over 1-2 sessions, and a number of full psychosocial intervention and facilitation sessions of approximately 60 minutes each, followed by follow-up. The typical pattern of intervention sessions is outlined below:

## Table Five: Typical pathways for intervention sessions



Brief Episode	1 to 2 (B) Brief sessions followed by a ((B)) Brief follow-up contact.
Full Intervention Episode	Typically up to eight sessions comprising of a mix of (F) Full Intervention sessions and (C) Facilitation sessions.
Follow-up Episode	A scheduled Follow-up programme. Follow-up sessions to be undertaken at 1, 3, 6 and 12 months after the last Full Intervention Episode session.

2.2 The Ministry acknowledges and accepts that clients experiencing greater levels of gambling related harm and/or comorbid presentations require increased levels of support and intervention. However, these presentations are atypical and the Ministry expects that the majority of provider's interventions will be delivered within the preferred pattern of intervention sessions.

#### 3. ELIGIBILITY

3.1 As well as the characteristics of the service determined by the Service Type, i.e. Māori, Pacific, Asian, or General, (as set out in Division 1) you must ensure that the Service is provided to eligible people as set out below:

#### 3.1.1 Eligible People/Service Users

- 3.1.2 Eligible people/service users are those:
  - with a range of gambling problems
  - with co-existing gambling problems and mental health (including substance use) problems
  - at risk of developing pathological gambling problems
  - who have been affected by the gambling of a family/whānau member or significant other.

#### 3.1.3 Age of Eligible People/Service Users

- 3.1.4 Eligible people/service users will be those:
  - taitamariki/youth aged between 14–17 years of age (inclusive)
  - pakeke/adults aged 18 years or over
- 3.2 You must establish and maintain relationships and key linkages with child, adolescent and youth health and social services, primary care, education, and other statutory agencies as appropriate to meet the needs of young service users. Joint approaches to care and case management that combine the expertise of each service will involve negotiation as to which service has primary responsibility for care.

#### 4. INFORMATION REQUIREMENTS

4.1 You must maintain an information system that efficiently and accurately monitors utilisation of services and outcomes for service users, and which is fully compatible with Ministry data collection systems. The information system must collect monitoring information including: presenting problem (including primary and secondary diagnoses), gambling harm assessment score, main

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- mode/s of gambling causing harm, demographics (including ethnicity as identified by the service user) and utilisation of service
- 4.2 You must comply with the principles, standards and timeframes specified in the:
  - Problem Gambling Service Data Management Manual Version 1.1
  - Problem Gambling Service Data Collection and Submission Guide Version1 3
  - Problem Gambling Intervention Service Practice Requirements Handbook Version 1.1
- 4.3 We will revise these manuals from time to time in consultation with you. You will be required to implement changes within a reasonable timeframe.
- 4.4 You must maintain processes to regularly monitor and improve the quality of data recorded in hardcopy and/or information systems. Processes will include:
  - Review of service user hardcopy and/or computer based files for accuracy and completeness
  - Monthly review and resolution of issues identified in the monitoring data quality reports provided by the CLIC database.

#### 5. INTERVENTION SERVICES

5.1 You will provide evidence based intervention services as required in Table One (Part 2 Division 1) throughout the areas agreed in Table Three (Part 2, Division 1) in accordance with each applicable Purchase Unit Description below:



Purchase Unit Description: Preventing and Minimising Gambling Harm Intervention Services – Help Line and Information Service		
PGCS-01 Outcome	Everyone in New Zealand is able to easily and effectively access support for preventing and minimising gambling harm and accurate information on problem gambling and gambling related harm.	
Objectives	To provide an accessible information and intervention service to individuals experiencing gambling harm	
Activities	A problem gambling help line and information service is a primary point of contact for people seeking help and information on gambling problems and services via phone and or internet.	
	The help line will, through telephone counselling and support services, provide opportunities for secondary prevention for clients unable to access a face-to-face service.	
	The service will be provided to people experiencing some form of harm related to gambling either directly or as a result of a family/whānau member or significant other. The components of the service will include but not be limited to: <ul> <li>assessment (using the Ministry's approved assessment protocols) for problem gambling</li> <li>assessment of risk including suicidality and the management of crisis calls through referral</li> </ul>	
	to emergency services or mental health crisis teams	
	information giving – both verbal and printed mail out options	
	maintenance of appropriate website and chat rooms	
	<ul> <li>brief interventions and follow-up (as detailed in Purchase Unit PGCS – 02 and PGCS – 05)</li> </ul>	
	referral to other more intensive problem gambling intervention services	
	referral to other health and social service agencies, for example, budgeting services, alcohol and other drug services	
	<ul> <li>Full intervention, Facilitation and follow-up (as detailed in Purchase Unit PGCS – 03, PGCS – 04, and PGCS – 05) to clients unable to access face-to-face services (i.e.: rural clients) either by self-referral or from a service provider unable to provide specialist counselling services</li> <li>The service will be provided on the basis of 24 hours per day/seven days a week.</li> </ul>	
Key processes	Services users will be able to, as a minimum, access all of the following processes described in the 'Process Descriptions': screening, referral, management of risk, service handover, support, liaison and consultation, referral, treatment and rehabilitation.	
Reporting	Six monthly narrative reports to the Ministry will use the provided report template and summarise:	
	Barriers and successes over the last six month period	
	Trends and patterns in client presentations	
	any other relevant information	
	Monthly client information data reporting submitted using the CLIC system (or any subsequent variations advised by the Ministry).	
Provided by	A team with appropriate competencies, skills and experience in providing psychosocial intervention services for people over a telephone or internet medium, particularly those with problem gambling or other behavioural addiction problems.	
	Staffing of any cultural specific service or component of service should reflect the target group.	
Access	Open access to the community via toll free numbers and/or World Wide Web.	
	You will accept referrals from other preventing and minimising gambling harm intervention services for full intervention services.	
Min. Delivery	Website updated as agreed	
(Targets)	Telephone services operating 24 hours a day, seven days a week	
(Targets)	relephone services operating 24 nours a day, seven days a week	