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Online guidance, advice, and support for problem gamblers and concerned relatives and friends: an evaluation of the *GamAid* pilot service

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ABSTRACT *The paper reports one of the first ever studies to evaluate the effectiveness of an online help and guidance service for problem gamblers. The evaluation utilised a mixed methods design in order to examine both primary and secondary data relating to the client experience. In addition, the researchers posed as problem gamblers in order to obtain first-hand experience of how the service works in practice. A total of 80 participants completed an online evaluation questionnaire, and secondary data were gathered from 413 distinct clients who contacted an advisor. It was concluded that the service appears to be one of the few genuinely international guidance and 'counselling' services available to problem gamblers. Gambling online was the most preferred form of gambling and gambling location of* GamAid *clients. The service also appears to be favoured by females more than any other comparable service. Overall, the vast majority of clients were very positive about their experience of using* GamAid*, although there were some minor technical difficulties. In light of the findings, the utility of using online guidance and therapeutic services is discussed.*

Introduction

Telehealth has been defined as health services in which healthcare professionals and their clients use interactive, real-time communication media to connect across distances (Williams, 2000). Most therapists and academics remain suspect about the new and growing field of 'behavioural telehealth'. For instance, it has been claimed that Internet therapy is an oxymoron because psychotherapy is based upon both verbal and non-verbal communication (Griffiths & Cooper, 2003). However, it should perhaps be noted that while most online practitioners are careful to call

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themselves 'counsellors' or 'advice givers' rather than 'therapists', there is a lack of consensus regarding lexicon in this regard (Powell, 1998).

It could be argued that since online relationships are just as real and intense as those in the face-to-face world (see, for example, Parks & Floyd, 1996), there is little surprise that clinicians are beginning to establish online therapeutic relationships. Others may argue that the time has come to embrace the new technology and to carry out research into this potentially innovative form of therapy. Some have pointed out that there is an absence of evidence that giving interpersonal or dynamic psychotherapy over the Internet is effective. Critics are quick to point out that there is a lack of evidence that it does not! Indeed, given the paucity of empirical research comparing face-to-face versus Internet-based interventions, one might ask how it is that some have concluded the former to be superior to the latter (Griffiths & Cooper, 2003).

To date, there have been a growing number of non-empirical papers about various issues concerning online therapy. A comprehensive literature review is beyond the scope of this paper but the growing research literature includes challenges and initiatives in the field (Griffiths, 2001a), ethical issues (Bloom, 1998; Griffiths, 2001a), mediation of guidance and counselling using new technologies (Tait, 1999), and perspectives on family counselling (King *et al*., 1998; Oravec, 2000). There have also been a growing number of empirical reports utilising 'online therapy'. These include (but are not limited to) its use in treating anxiety and panic disorders (Cohen & Kerr, 1998; Klein & Richards, 2001), eating disorders (Celio *et al*., 2000; Robinson & Serfaty, 2001; Tate *et al*., 2001; Zabinski *et al*., 2001), post-traumatic stress disorder (Lange *et al*., 2000), and individuals with recurrent headaches (Stroem *et al*., 2000). Every one of these empirical studies showed significant improvements for those treated using various types of online therapy. There are also increasing numbers of studies that have examined particular aspects of the online therapeutic process such as session impact and alliance (e.g. Reynolds *et al*., 2006) or working with particular demographic sub-groups, such as youth (e.g. King *et al*., 2006).

Online therapy and problem gambling

To date, there has been very little written about problem gambling in relation to online therapy although some papers have raised this as an issue and provided frameworks for how this can be done (e.g. Griffiths, 2005; Griffiths & Cooper, 2003). The Internet could be viewed as just a further extension of technology being used to transmit and receive communications between the helper and the helped. If gambling practitioners shun the new technologies, others who might have questionable ethics will likely come in to fill the clinical vacuum. Online therapy is growing. Furthermore, its growth appears to outstrip any efforts to organise, limit and regulate it. It has been claimed that online therapy is a viable alternative source of help when traditional psychotherapy is not accessible. Proponents claim it is effective, private and conducted by skilled, qualified, ethical professionals (King *et al*., 1998). It is

further claimed that for some people, it is the only way they either can or will get help (from professional therapists and/or self-help groups).

The problem with online therapy is that there are so many different types and much of it could be of poor quality. At best the industry is self-regulated and at worst completely unregulated (although it must be noted that this is not unique to Internet sites). It is clear that evaluation studies are needed (particularly given the rate at which new sites are springing up). These refer not only to sites that specifically deal with gambling problems, but all sites. Any new developments involving online therapy should be monitored and researched carefully as to their efficacy, sensitivity and therapeutic potential (Lago, 1996).

In relation to problem gambling, some researchers have found that the issue of stigma has caused some problem gamblers to avoid seeking treatment (Hodkins & el-Guebaly, 2000; Marotta, 2000). Furthermore, in an exploratory study, Cooper (2001a) found that there was a correlation between higher levels of concerns about stigma and the absence of treatment utilisation, and that lurking (i.e. visiting but not registering presence to other users) at a problem gambling support group website made it easier for many to seek help, including face-to-face help.

Computer-mediated communication may represent a new resource for eliciting emotionally rich, relationship-oriented verbal interaction among many different client groups. With specific regard to problem gambling, Cooper (2001a) reported that about 70% of problem gamblers spoke of how they benefited from their exposure to and involvement with *GAweb*, an online peer support group. However, there is still no strong empirical basis of support at the current time. There is a paucity of empirical data that assesses the efficacy and feasibility of online therapy for clinical applications. Not surprisingly, little attention has been paid to this innovation from post-graduate curricula or professional training packages (although some are now beginning to focus attention on this area; see, for example, Cooper, 2001b). Little research exists on the value of text-based online therapy although some organisations are investigating online therapy's benefits and limitations. The following study is therefore one of the first studies to evaluate the effectiveness of an online therapeutic programme for problem gamblers.

GamAid is an online advisory, guidance and signposting service whereby the client can either browse the available links and information provided, or talk to an online advisor (during the available hours of service), or request information to be sent via email, mobile phone (SMS/texting), or post. If the client connects to an online advisor then a real-time image of the advisor appears on the client's screen in a small web-cam box. Next to the image box is a dialogue box where the client can type messages to the advisor and in which the advisor can type a reply. Although the client can see the advisor, the advisor cannot see the client. The advisor also has the option to provide links to other relevant online services, and these appear on the left hand side of the client's screen and remain there after the client logs off from the advisor. The links that are given are in response to statements or requests made by the client for specific (and where possible) local services (e.g. a local debt advice service, or a local GA meeting). The present paper

examines the reported experience of the client immediately after they have been in contact with an online advisor.

It is important to note that *GamAid* is an advisory, guidance and signposting service and not a traditional 'treatment' service. Advisors communicate with clients in order to provide reassurance and to give advice rather than offering a counselling service. However, some clients may view this form of help as 'treatment' and/or some form of 'online counselling'. This study aimed to:

- Evaluate the *GamAid* pilot service against its stated aims (see below).
- Evaluate client feedback in relation to the overall relevance and usability of the service.
- Determine if *GamAid* provides additionality to existing services. (Note: This aim was added at the request of the Responsibility in Gambling Trust (RiGT) after a review meeting of the *GamAid* pilot service on 8 March 2006. The RiGT requested that further questions should be added to the online survey in order to examine the extent to which *GamAid* provided additionality to existing services of a similar nature.)

GamAid's aims are to:

- Reduce client gambling behaviour and/or provide additional help that allows the client to consider taking steps to reduce their gambling behaviour. (It should be noted that although *GamAid* is not a traditional treatment service, this is an aim set by the service provider.)
- Provide accurate assessment of client needs (currently through contact with an advisor).
- Provide useful signposting to other relevant services (e.g. local counselling) *and/or* provide referral to other relevant services.

GamAid's objectives are to:

- Provide a crisis management service which will primarily be used by online gamblers.
- Provide 24-hour, 7-day-per-week access to the service.
- Provide advisors that listen to, identify, and understand client needs.
- Provide useful and relevant referral to online counsellors where necessary (for instance, through *GamblingTherapy*, another therapeutic branch of the Gordon House Association).
- Provide useful signposting to other relevant services (e.g. local support groups).

Methodology

Participants

A total of 80 participants (36 males; 33 females; 11 unknown) completed the online evaluation questionnaire. The overall response rate was 19.4% (80 out of a total of

413 clients). When broken down by gender, the response rates were significantly higher in females (41%; $n = 88$) than males (15%; $n = 216$). Those who responded to the survey were therefore a self-selecting sample and as such may not be wholly representative of the population of clients who used the service. It should be noted that the authors were also given access to secondary data of the 413 clients who accessed *GamAid* during the evaluation period. These data that were deemed relevant by the authors to this study are reported in the results section.

Design

The evaluation utilised a mixed methods design in order to examine both primary and secondary data relating to the client experience. In addition, members of the evaluation team posed as problem gamblers in order to obtain first-hand experience of how the service works in practise. The methods employed were:

- An online feedback survey which clients were invited to complete after they had spoken online to an advisor.
- Anonymous trials of the services undertaken by the evaluation team.
- Incorporation and analysis of secondary data obtained from *GamAid* advisors relating to usage figures.

Measures

A 15-item questionnaire was designed containing questions that directly related and mapped on to the *GamAid* aims and objectives. The questionnaire went through a total of five modifications with input from both the researchers and the *GamAid* operators.

Online survey procedure

The first part of the evaluation process involved the use of an online survey to be completed by clients accessing *GamAid*. The online survey automatically appeared after the client logged off following communication (i.e. on online chat) with an advisor. The researchers utilised online data collection software that automatically coded all responses into a format ready for statistical analysis. There are many good methodological reasons as to why an online questionnaire has been favoured. Wood *et al*. (2004) noted that the Internet is a good medium to carry out research. For instance, the Internet:

- Allows relatively large scale samples to be surveyed quickly and efficiently at a fraction of the cost of 'pen and paper' equivalents.
- Facilitates automated data inputting.
- Has a disinhibiting effect on users and reduces social desirability. This may lead to increased levels of honesty (i.e. higher validity in the case of self-report).

- Has a potentially global pool of participants allowing researchers to make cross-cultural and international comparisons.
- Provides access to individuals who may not have taken part in the research if it was offline (i.e. the technological nature of the design is congruent with the subject matter).

Anonymous trial procedure

During the evaluation period, the researchers logged onto *GamAid* a total of 10 times posing as either problem gamblers needing help, or as a person seeking help/guidance for someone else. The purpose of this part of the evaluation was to get some kind of first-hand understanding of the user perspective of clients interfacing with the service. This was also used to identify any technical issues. The evaluation of *GamAid* in this part of the evaluation is therefore necessarily interpretative. All advisors were aware before the start of the study that some of the evaluation team would be posing as problem gamblers and all accepted this as a legitimate part of the evaluation process.

Authors' perspective

Both of the authors are white males in their mid–late 30s, and are experienced researchers in the field of gambling studies. We have previously carried out many studies concerning gambling and problem gambling behaviour utilising a wide range of both quantitative and qualitative methods. We would also describe ourselves as pro-responsible gambling, that is, we accept that gambling is a legitimate leisure activity, but it also has the potential to be problematic for some individuals, and as such should be carefully monitored and controlled by both legislators and the gambling industry.

Results

Demographic data

Age. Overall, the participants were aged between 14 and 64 years and had a mean age of 36 years (SD = 11 years). The males' age ranged between 15 and 64 years (mean = 36 years; SD = 12 years) and females' age ranged between 14 and 57 years (mean = 36 years; SD = 11 years) [1].

Ethnicity. The participants were mostly white in ethnic origin ($n = 59$; 86%). The remaining participants' ethnic origin were black Caribbean ($n = 2$), black African ($n = 2$) and a range of others where there was only one person of a particular ethnic origin (e.g. Bangladeshi, Chinese, mixed parentage, etc.).

Nationality. Data were also collected on which country the client was accessing the *GamAid* service from. Almost three-quarters of the participants (72%) were from the UK. However, a significant minority of participants (28%) accessed the *GamAid*

services from other English speaking countries and jurisdictions including the USA (21%), Australia (1%), Canada (1%) and Hong Kong (1%).

Client data from *GamAid* advisors

The data collated by *GamAid* advisors during the evaluation period found that 413 distinct clients contacted an advisor. *GamAid* advisors identified gender for 304 clients of which 71% ($n=216$) were male and 29% ($n=88$) were female. Data were collected on preferred location of gambling for the 304 gamblers of known gender. Table 1 shows that gambling online was the most preferred form of gambling or gambling location of *GamAid* clients both as a total sample (28%) and by gender (31% males and 19% females). Bookmakers were preferred by men (26% males and no females) and casinos (15% females and 7% males) and amusement arcades (8% females and 2% males) by women. There were no differences between amusement arcades (and other forms of gambling, such as bingo halls) (11% in both males and females). There were also a group of people who had accessed *GamAid* to get help for problem gamblers and these had no preferred location to gamble as they were non-gamblers.

During the evaluation period 27,000 distinct clients viewed the *GamAid* site and 5,000 of them visited more than one page. It is not possible to determine the exact reasons that these people visited the site, although it is reasonable to assume that a high proportion of them were seeking help, guidance and/or or information about problem gambling.

GamAid service data from online survey

Previous GamAid *usage*

All participants were asked how many times they had used the *GamAid* service previously. Of the 80 participants who responded, almost three-quarters reported that the session preceding the completion of the questionnaire was the first time they had accessed the service (74%). Other participants had accessed the service at least once before (11%), twice before (3%), three times before (1%), four times before (1%), and five times or more times before (10%).

TABLE 1. Preferred gambling location of *GamAid* clients

Preferred gambling location	Total ($n=304$)	Males ($n=216$)	Females ($n=88$)
Internet	28% ($n=84$)	31% ($n=67$)	19% ($n=17$)
Bookmakers	18% ($n=56$)	26% ($n=56$)	0% ($n=0$)
Casino	9% ($n=28$)	7% ($n=15$)	15% ($n=13$)
Amusement arcade	4% ($n=11$)	2% ($n=4$)	8% ($n=7$)
Other (e.g. bingo hall)	11% ($n=34$)	11% ($n=24$)	11% ($n=10$)
Non-gambler/unknown	30% ($n=91$)	23% ($n=50$)	47% ($n=41$)

Finding out about GamAid

All participants were asked where they first heard about the *GamAid* service. Of the 80 participants who responded, nearly half (46%) found out about *GamAid* by doing an Internet search. Other participants heard about *GamAid* via the treatment organisation *Gordon House* (18%), via an online gambling website (15%), through the gambling help charity *GamCare* (5%), by a friend or relative telling them (5%), via the sister service *GamStop* (4%), through a doctor/counsellor (1%), and other non-listed ways (6%).

Participants' reasons for using GamAid

All participants were asked what their primary reason was for seeking help (see Table 2). Two-thirds of the 80 participants reported that they were experiencing gambling problems themselves (65%). Approximately a quarter of the participants wanted help for a friend or relative (26%). The remaining participants (9%) sought help, guidance, and advice on specific issues (e.g. they were a recovering problem gambler wanting additional support, or wanted reassurance as a spouse was undergoing treatment).

Gender differences in reasons for seeking help were also examined. Of the 69 participants where gender was known, males were more likely to seek help because they were experiencing a problem themselves (75% male vs. 55% female) and females were more likely to seek help for a friend or relative (36% female vs. 19% male) (see Table 2). However, the overall profile of reported use of the *GamAid* service was not found to be significantly different between males and females ($\chi^2 = 3.84$, df = 3, $p > 0.05$).

Participants' views on usefulness of GamAid

Participants were asked how useful a service *GamAid* was to them and 70 participants provided responses (see Table 3). The vast majority of participants agreed or strongly agreed that the *GamAid* service (i) provided a useful service (86% vs. 3% who disagreed or strongly disagreed), (ii) helped the participant

TABLE 2. Reasons for seeking help via *GamAid* ($n = 80$)

Reasons for seeking help	%	
Experiencing gambling problems	65	
Wanted help for a friend or relative	26	
Other (e.g. recovered problem gambler)	9	
Reasons for seeking help by gender (n = 69)	Male	Female
Experiencing problems	75%	55%
Wanted help for friend/relative	19%	36%
Other	6%	9%

TABLE 3. Participants' views on usefulness of *GamAid* ($n=70$)

How useful was *GamAid* for you?	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Provided useful advice	59% ($n=41$)	27% ($n=19$)	11% ($n=8$)	0	3% ($n=2$)
Helped me consider my options	47% ($n=33$)	37% ($n=26$)	10% ($n=7$)	3% ($n=2$)	3% ($n=2$)
Made me more confident to seek help	43% ($n=30$)	37% ($n=26$)	16% ($n=11$)	0	4% ($n=3$)
Helped me to decide what to do next	41% ($n=29$)	30% ($n=21$)	23% ($n=16$)	1% ($n=1$)	4% ($n=3$)
Made me feel more positive about the future	39% ($n=27$)	24% ($n=17$)	33% ($n=23$)	0	4% ($n=3$)
The advisor understood my needs	54% ($n=38$)	31% ($n=22$)	9% ($n=6$)	1% ($n=1$)	4% ($n=3$)
The advisor was supportive	61% ($n=43$)	27% ($n=19$)	6% ($n=4$)	3% ($n=2$)	3% ($n=2$)

consider their options (84% vs. 6% who disagreed or strongly disagreed), (iii) helped the participant be more confident to seek other help (80% vs. 4% who disagreed or strongly disagreed), (iv) helped the participant decide what to do next (71% vs. 5% who disagreed or strongly disagreed), and (v) made the participant feel more positive about the future (63% vs. 4% who disagreed or strongly disagreed). In addition, the vast majority of participants agreed or strongly agreed that the *GamAid* advisor they had contacted online (i) understood their needs (85% vs. 5% who disagreed or strongly disagreed), and (ii) was supportive (88% vs. 5% who disagreed or strongly disagreed).

Participants were asked for other views on the *GamAid* service and 70 participants provided responses. Of those who responded, 91% said they would consider using *GamAid* again, 93% said they would recommend *GamAid* to others, 76% said they would use (or has used) the weblinks provided, and 63% said that they had been provided with useful information about local services they could access (see Table 4).

TABLE 4. Other participants' views on *GamAid* ($n=70$)

View on *GamAid*	Yes	No	Don't know
I would consider using *GamAid* again	91% (64)	0	9% (6)
I would recommend *GamAid* to others	93% (65)	0	7% (5)
I intend to go (or have already been) to the web links that I was given	76% (53)	4.3% (3)	20% (14)
GamAid provided useful information about local services where I could get further help	63% (44)	19% (13)	19% (13)

Qualitative feedback on *GamAid* from the online survey

Of the 80 participants who completed the online survey, 33 of them also provided qualitative feedback about what was good about the *GamAid* service. These included such comments as:

> 'The best thing was that it was available when I needed to talk to someone. It helped me over the urge to go out and gamble today' (Female, age 57).

> 'My area has no one in that can help so it's nice to be able to log on and ask for help' (Female, age 21).

> 'It's faster and cheaper than phone calls' (Female, age 32).

> 'I asked for something and received the answer I needed. Straightforward' (Female, age 38).

> 'Didn't have to talk! Confidential' (Male, age 21).

> 'It is immediately available and very convenient' (Male, age 50).

All 33 qualitative responses were content analysed. The responses revealed that (i) *GamAid* advisors were understanding, supportive and helpful ($n = 11$), (ii) someone was there when the participants needed to talk ($n = 9$), (iii) *GamAid* was easy and convenient to use ($n = 6$), (iv) it was good to actually see the advisor that participants were talking to via the web-cam ($n = 4$), (v) that the *GamAid* advisor provided useful weblinks ($n = 3$), and (vi) the service was confidential ($n = 2$).

Participants were also asked what the worst things about the *GamAid* service were. Of the 80 participants, 16 of them gave some qualitative response. Of these 16 responses, only two were actually negative:

> 'It's a shame they don't have a clinic in my area and that they don't have more people on the phones to help' (Female, age 21).

> 'Was not clear what support they offer. Had to ask' (Female, age 19).

More typically, respondents used this section to be positive about the *GamAid* service with comments such as:

> 'There are no negative aspects of *GamAid*. They are helping people like myself so surely that's got to be a good thing' (Female, age 44).

Anonymous trial data

During the course of the study, the researchers posed as problem gamblers on 10 separate occasions to see how the *GamAid* service worked in reality. Apart from some connection problems on a couple of occasions, the service appeared to be working well (see Table 5 for a detailed summary of each visit). These author-generated data were excluded from the final analysis.

Discussion

The majority of clients who completed the feedback survey appeared to be satisfied with the guidance and 'counselling' service that *GamAid* offered. Most participants agreed that *GamAid* provided information for local services where they could get help, agreed that they had or would follow the links given, felt the advisor was supportive and understood their needs, would consider using the service again, and would recommend the service to others. Again, the researchers' own experience of the service in the anonymous trial found the website easy to navigate. Furthermore, the addition of being able to see the advisor via a web-cam was reassuring. This is particularly significant given many people appear to be suspicious of the identity of unknown people who they communicate with on the Internet. Being able to see the advisor enables the client to feel reassured, whilst at the same time, this one-way feature maintains anonymity, as the advisor cannot see the client. The qualitative data also confirmed the quantitative data collected.

Since the current study was a cross-sectional study carried out over a period of only 9 weeks it was not possible to determine whether or not the *GamAid* service was able to reduce problematic gambling behaviour in the clients who accessed the service. The only way to determine this would be through a longer-term evaluation study following clients over an extended period. For example, a 6-month and 1-year follow-up study of the same clients could be perhaps be undertaken in the future. However, *GamAid* is an advisory, guidance and signposting service, rather than a traditional treatment service *per se*, and it could alternatively be argued that a service such as this may not reduce problematic gambling behaviour without the addition of other services, apart from cases of natural self-recovery and/or spontaneous remission.

The second claim, in relation to providing additional help and encouragement that enables the client to consider taking steps to control their behaviour, is far more open to examination. The evaluation study found that the majority of those who responded to the online feedback survey agreed that *GamAid* helped them to consider their options, made them more confident in seeking help, helped them to decide what to do next, made them feel more positive about the future, provided useful information for local help which they intended to follow up through the links provided.

The researchers' first-hand experience of using the *GamAid* service posing as problem gamblers indicated that the service offered useful support and information. In particular, the accessibility and convenience of being able to contact an advisor

TABLE 5. Anonymous trials by the researchers accessing the *GamAid* service

Date connected	Time connected	Duration	Place of connection	Information requested	Comments
31/01/06	16:12; 17:08	0	NTU	n/a	Couldn't connect and won't work on some networks (e.g. universities)
01/02/06	16:37	50 min	Beeston (Nottm)	General problem gambling info	Received supportive and useful advice from the advisor but lost links when disconnecting by closing the window
16/02/06	19:30	30 min	Montreal	General problem gambling info	No connection problems, helpful advice given
03/03/06	19:00	N/A	Beeston (Nottm)	Info for 15-year-old problem gambling son	Did not speak to advisor but asked for SMS and email response which was received the next day
07/03/06	17:05	5 min	Strelley Village (Nottm)	General problem gambling	No connection problems, helpful advice given
17/03/06	14:05	10 min	Beeston (Nottm)	General problem gambling	No connection problems, helpful advice given
23/03/06	13:40; 13:52	Approx 10 min	Sherwood (Nottm)	Casino problem gambling	Connection problems
23/03/06	16:30, 16:33; 16:35; 16:40	Approx 10 min	Sherwood (Nottm)	Casino problem gambling	Managed to connect to advisor but the text box did not fit on the screen so could not read it
28/03/06	15:30	Approx 10 min	Sherwood (Nottm)	Scratchcard gambling	Managed to connect to advisor but the text box did not fit on the screen so could not read it
31/03/06	18:23	15 min	Strelley Village (Nottm)	General problem gambling	No connection problems, helpful advice given

when needed was a useful feature. Several of the comments received back from clients on the feedback survey support the notion that *GamAid* was providing useful help.

An interesting aside is the extent to which *GamAid* is meeting a need not met by other gambling help services (i.e. 'additionality'). This can be examined by looking at the profiles of those clients using *GamAid* in comparison with the most similar service currently on offer, that being the GamCare telephone helpline (*GamCare*, 2005).

The data recorded by *GamAid* advisors during the evaluation period found that 413 distinct clients contacted an advisor. The types of gambling engaged in and the preferred location for gambling showed little similarity to the data collected in the one and only national prevalence survey to date (see Sproston *et al*., 2000). However, this prevalence survey was carried out 8 years ago at a time when online gambling was almost non-existent and therefore cannot be directly compared. Unsurprisingly (given the medium of the study), online gambling was the single most popular location for clients to gamble with 31% of males and 19% of females reporting that they gambled this way. By comparison, the *GamCare* helpline found that only 12% of their male and 7% of their female callers gambled online. Therefore, it could be argued that the *GamAid* service is the preferred modality for seeking support for online gamblers. This is perhaps not surprising given that online gamblers are likely to have a greater degree of overall competence in using, familiarity with, and access to Internet facilities. This may be significant given that online gambling is the fastest growing modality for gambling at this current time. Problem gamblers may therefore be more likely to seek help using the media that they are most comfortable in.

GamAid advisors identified gender for 304 clients of which 71% were male and 29% were female. By comparison, the *GamCare* helpline in 2004 (*GamCare*, 2005) identified that 89% of their callers were male and 11% were female. Therefore, it would appear that the *GamAid* service may be appealing more to women than other comparable services. Why this is the case is not certain. However, there are several speculative reasons why this may be the case. For instance, online gambling is gender-neutral and may therefore be more appealing to women than more traditional forms of gambling, which (on the whole) are traditionally male-oriented (with the exception of bingo halls) (Griffiths, 2001b).

It is likely that online gamblers are more likely to seek online support than offline gamblers. Women may feel more stigmatised as problem gamblers than males and/or less likely to approach other help services where males dominate (e.g. GA). If this is the case, then the high degree of anonymity offered by *GamAid* may be one of the reasons it is preferred. There is also some evidence to suggest women's expressive styles may be more suited to email communication that that of men. For instance, Boneva *et al*. (2001) collected both quantitative and qualitative data relating to gender differences in email communication over a 4-year period. They found that women were more likely than men to use email to keep in touch with people who lived far away, and their messages contained more personal content, exchanged in short bursts. Whilst the reasons behind why (relatively) so many females used the

service remain speculative, it is clear that *GamAid* offers a service that appeals to a higher percentage of women than any other current comparable type of service.

Perhaps one of the unique selling points of *GamAid* (compared to other UK-based services) is that it appears to be offering a genuinely international service that is free of charge to users. A quarter of those that completed the survey were non-UK-based. Most of those who had used another service reported that they preferred *GamAid* because they specifically wanted online help. Those who had used another service reported that the particular benefits of *GamAid* were that they were more comfortable talking online than on the phone or face-to-face. They also reported that (in their view) *GamAid* was easier to access, and the advisors were more caring.

The less positive aspects of *GamAid* were identified through the anonymous trials where the researchers posed as problem gamblers and contacted an advisor. However, this was mainly due to technical difficulties rather than the service itself. With regards to the participant data, the feedback was overwhelmingly positive.

The researchers' experiences of using the service revealed a number of potential limitations that were largely technical issues relating to connection problems when attempting to contact an advisor. The first attempt at connecting was unsuccessful as the communication screen appeared as far too small to read. We contacted the *GamAid* team and this was rectified. However, the researchers found that one particular computer that was used in the trials had a problem where the conversational text box did not fit on to the screen, and so it was difficult to read the advisors' responses. Despite several attempts, this problem was not rectified. In addition, the researchers discovered that some corporate computer systems, such as those used by universities and large employers, prevent the *GamAid* advisor interface from working on their networks. This means that a client may not be able to communicate with an advisor from a place of work, although they should be able to use other features of the service, such as the list of links, or a request to receive help by email or post.

It is beyond the scope of this evaluation report to determine how many people are likely to have difficulties accessing the online advisor interface. However, it should be noted that there were no comments about technical problems present in the client feedback survey.

There are, of course, a number of strengths and weaknesses of the study. The overall response rate of clients completing the online questionnaire was only one in five clients (19.4%). The reasons for low response rate are unknown, but similar rates have been found for other investigations using both online and offline surveys (Sheehan, 2001). As highlighted in the methods section, those who responded to the survey were a self-selecting sample and as such may not be wholly representative of the population of clients who used the service. Interestingly, the response rate for females (41%) was much higher than that of males (15%). This finding has also been noted for other online research studies that have examined sensitive issues. This may be indicative of a more general preference by females in using this type of communication media. For example, a lot of research into excessive Internet usage has shown that women are often more likely than men to complete online surveys

(Widyanto & Griffiths, 2006). Another weakness is that it was unknown whether clients concurrently accessed other services during the evaluation period.

One of the key strengths of the study was that it used a variety of methods to collect data and information including an online survey, secondary data from online advisors, and anonymous trials and testing of the services. Furthermore, although it could be argued that the number of participants in the online survey was relatively small ($n = 80$), the data were fairly consistent and came from one of the largest ever samples of problem gamblers in one study. For instance, the UK's only national prevalence study only surveyed approximately 60 problem gamblers from a sample of 7,680 participants (see Sproston *et al*., 2000).

Although there are clearly issues surrounding self-selection, relatively large numbers of participants can take part with no increased consequences in terms of expenses. Online questionnaires are particularly useful for the discussion of sensitive issues that participants may find embarrassing in a face-to-face situation (such as problem gambling). The nature of this medium means that a relatively high degree of anonymity can be maintained, and participants may feel more comfortable answering sensitive questions on their computer than in a face-to-face situation. The disadvantages of online questionnaires (e.g. potentially biased samples, validity issues) are in many ways no different than those encountered in more traditional research approaches.

The survey data were necessarily self-reported, although the collection of the data online may have lowered social desirability and increased levels of honesty. One of the problems with this type of 'cross-sectional' evaluation is that it only measured the immediate response by participants to the service. As mentioned earlier, it was not possible (at this stage) to examine overall impact on reducing problem gambling.

In conclusion, the *GamAid* service appears to meet the stated aims and objectives of the evaluation. It provides a service that particularly appeals to online gamblers, and women, more than current comparable services such as the *GamCare* helpline. It is also one of the only international helpline services in the world. However, it is evident that a longer-term follow-up evaluation study is needed to determine the effectiveness of the service over time. This should be based on in-depth interviews with clients after 6 months and 1 year. Email addresses were given by over a third of the participants who took part in this study and who consented to further participation. These could therefore be used for follow-up studies. For instance, data could be collected from those who used the service minimally and compared to those who have accessed the service on a more long-term basis. More qualitative research is needed to examine gender differences in relation to preferences for online guidance and 'counselling' support services.

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Note

[1] With regard to the ethics of minors, it must be noted that the authors did not expect any individual under the age of 16 years to access the *GamAid* service but a couple of adolescents filled out the online questionnaire and gave their consent to use their data. We therefore decided to include these data in the analysis.

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