

**Helping Self, Helping Others:
A support group project for Chinese and
South Asian people with
experience of harmful gambling**

"Joining the support group made me realised that I am not alone"

FINAL REPORT

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KEY MESSAGES

Within New Zealand's Asian communities, migrants and international students are high-risk groups for gambling relapses as they are likely to have limited social networks and could have used gambling as an escape from their personal problems or negative emotions such as loneliness, boredom, or stress. Stigma and shame are also barriers preventing them from seeking help for their harmful gambling.

This research was undertaken to: (a) develop, deliver, and evaluate a support group programme to reduce the risk of gambling relapses among Chinese and South Asian migrants and international students with a history of harmful gambling, and (b) create gambling harm awareness resources using co-design methods to raise awareness of harmful gambling in Asian communities, and to encourage help-seeking by people affected by harmful gambling.

In Part 1 of the research, a support group programme was developed, and tested with two groups — one Chinese and one South Asian. The six participants who joined the programme were four Chinese and two South Asians, current or former international students or migrants, had one to six years of harmful gambling when they first arrived in New Zealand, and had completed a course of treatment for harmful gambling. The support group programme developed was focussed on helping participants to increase awareness of the addictiveness of gambling activities, increase knowledge about the triggers for gambling relapses, improve stress management and self-care behaviour, and increase help-seeking intentions. The groups were facilitated by qualified counsellors with special skills and experiences in running therapeutic groups. They played an important role in creating a collaborative and supportive environment that allowed group members to work through their difficult experiences and develop relapse prevention strategies that are culturally appropriate to Asian clients. The two support groups were run over four consecutive weeks, in April and May 2021.

Evaluation of the group intervention was undertaken by collecting and analysing pre-post changes in participants' levels of gambling severity, help-seeking intentions, attitudes towards harmful gambling, knowledge of the triggers of gambling relapses, and stress management and self-care behaviour. The evaluation results show that the support group programme to a large extent met its goal of reducing the risk of gambling relapses among group participants, and the intended outcomes were achieved. Overall, participants' gambling risk levels, measured by *The Problem Gambling Severity Index*, had decreased after group intervention (median PGSI scores of the six participants decreased from 8.5 before the group to 4.8 after group intervention). Other evaluation results highlight that:

- Peer support empowers people to work to solve their own problems. The Chinese and South Asian support group participants learned that they were not alone on their recovery journey. Sharing their feelings with others having similar lived experience helped to decrease their shame of talking about gambling and inspire and them to make progress in their lives.
- Stress management and self-care are essential relapse prevention measures. Stress can trigger a relapse and gambling may become a means to escape from the stress. Improving stress management involves understanding the reason or source of the stress people in recovery are experiencing and learning how to manage the stress. Maintaining self-care routines such as eating well and engaging in pleasurable activities, provides a healthy foundation for recovery. Support group participants reported that the stress management and self-care skills they had learned in the groups could be used widely in their daily lives, not just for preventing gambling relapses.

In Part 2 of the research, a co-design approach was used to enable service users, service providers and production designers to collaborate and create resources to raise awareness of gambling harm in

Asian communities. The six Chinese and South Asian support group participants attended two creative workshops to generate ideas for the development of gambling harm awareness resources. A 3-minute animated video and two sets of gambling harm awareness designs were created through the co-design process.

The animated video used storytelling techniques to bring out the following messages: people work hard for a living, choose how to use your hard-earned money sensibly; gambling has many harmful effects on individuals and families — people may find it difficult to stop gambling, and spend more time and money gambling until they lose everything in their lives; there is no shame in asking for help, and where people can go to get help. The video was produced in English, Chinese, Korean and Hindi. Gambling harm awareness Design 1 was a picture of a big fish eating some small fish, with the messages “*Big fish eat small fish*” and “*Gambling is not a way to make money. You’re likely to lose more than you win*” printed on the design. Design 2 was a picture of a lonely dog waiting for its owner to come home, and the messages printed on the design were “*Harmful Gambling ≠ Entertainment*” and “*Your loved ones are waiting for you to come home*”. The two sets of gambling harm awareness designs were produced in three languages (English, Chinese and Korean).

To determine if the video and the two gambling harm awareness designs are effective in raising awareness of harmful gambling in Asian communities, an online survey was created in multiple languages (English, Chinese, Korean) and delivered using a number of online platforms. The survey was launched on November 15 and closed on November 23, 2021. A total of 239 completed responses were collected from the different platforms: 125 responses from WeChat (Chinese), 55 from English Facebook and AFS Asian Lived Experience Group (English), 33 from AFS Hindi closed FB Group (Hindi/English), and 26 from Korean Post (Korean).

The evaluation results show that the percentages of survey respondents who rated the video as effective or extremely effective in raising awareness about harmful gambling (71.2%), and the percentages who agreed or strongly agreed that the video can encourage people affected by harmful gambling to seek help (73.2%), were well above the 50% target set for both outcomes. For the gambling harm awareness designs, 54.4% of survey respondents rated Design 1, and only 50% rated Design 2, as effective or extremely effective in raising awareness about harmful gambling, and 50.2% agreed or strongly agreed that Design 1 can encourage people affected by harmful gambling to seek help. The percentages agreed or strongly agreed that Design 2 can encourage people affected by harmful gambling to seek help (48.9%), did not achieved the 50% target set for this outcome.

Survey results across four sub-groups of respondents with different gambling experiences were analysed. The four sub-groups were: respondents who had ever had a problem with gambling; respondents with a current problem with gambling; respondent who had ever been affected by someone else’s gambling; and respondents who neither had a problem with gambling nor had been affected by someone else’s gambling. The results highlight that:

- There was strong support from the four respondent sub-groups that the video was effective in promoting awareness about harmful gambling and help-seeking, and that the contents of the video were quite easy to understand.
- The two unique gambling harm awareness designs, which had involved people with lived experience of harmful gambling in the design process, could trigger strong emotional responses from respondents who had a current problem with gambling, as well as respondents who had ever had a problem with gambling. These two sub-groups of respondents generally rated the two gambling harm awareness designs as more effective

than respondents who were affected others, and respondents who were non-problem gamblers and who had not been affected by someone else's gambling.

EXECUTIVE SUMMARY

This research project was funded through the Ministry of Health Gambling Innovation Research and Evaluation Fund 2018/19 and was delivered from July 2019 to December 2021. The project had two parts. Part 1 objective was to develop, deliver and evaluate a support group programme to reduce the risk of gambling relapses among Chinese and South Asian migrants and international students who had a history of harmful gambling. In Part 2, a 3-minute animated video and two sets of gambling harm awareness designs were created using co-design methods to raise awareness of harmful gambling in Asian communities, and to encourage help-seeking for people affected by harmful gambling. An online survey was conducted to gain feedback on the video and the two gambling harm awareness designs from a sample of Asian people of different backgrounds.

Support group intervention for Chinese and South Asian people with experience of harmful gambling

Within New Zealand's Asian communities, migrants and international students are high-risk groups for gambling relapses as they are likely to have limited social networks and tend to engage in few social activities apart from gambling. Upon cessation of gambling, individuals can experience a 'black hole' in their lives, as they are often left with a considerable amount of unstructured time, inadequate social skills, and feelings of emptiness. There are also sociocultural barriers preventing Asian people from seeking help for their harmful gambling, such as stigma and shame, which could delay treatment and allow their problems to intensify. Despite migrants and international students of Asian backgrounds are at high risk of gambling relapses, there are limited relapse prevention services for this group.

In this study, a strengths-based, recovery-oriented support group programme targeting migrants and international students of Asian backgrounds was developed and tested with two groups — one Chinese and one South Asian. The six participants who joined the programme were four Chinese and two South Asians, who were current or former international students or migrants, had one to six years of harmful gambling when they first arrived in New Zealand, and had completed a course of treatment for harmful gambling.

Using peer support and recovery principles, an eight-session group programme was developed, focussing on helping participants to increase awareness of the addictiveness of gambling activities, gain knowledge about the triggers for gambling relapses, improve stress management and self-care behaviour, and increase help-seeking intentions. The group programme was developed and facilitated by qualified counsellors with skills and experiences in running therapeutic groups. They played an important role in creating a collaborative and supportive environment that allowed group members to work through their difficult experiences and develop relapse prevention strategies that are culturally appropriate to Asian clients. Since the groups were run during the COVID-19 pandemic, the eight-session group programme was run in four consecutive weeks, that is, two group sessions were held once a week, for 1½ hours per session and with a 30-minute break between sessions. Running the groups in four weeks instead of eight weeks had the advantages of reducing face-to-face contact and travelling time during the pandemic, reducing drop-out rates, and making the groups more attractive to join.

An evaluation of the group intervention was undertaken by collecting and analysing pre-post changes in participants' levels of gambling severity, help-seeking intentions, attitudes towards harmful

gambling, knowledge of the triggers of relapse of harmful gambling, and stress management and self-care behaviour. Feedback on the programme was also obtained from group participants and facilitators. The key evaluation findings are summarised below:

- *The Problem Gambling Severity Index (PGSI)* was used to measure participants' at-risk behaviour in problem gambling. Overall, participants' gambling risk levels had decreased after group intervention, with the median PGSI scores of the six participants decreased from 8.5 before the group programme to 4.8 after the programme. However, only two participants' gambling severity categories had changed, with one moving from problem gambling to moderate-risk gambling and the other from moderate-risk gambling to low-risk gambling after intervention. For the remaining four participants, two stayed as problem gamblers, one stayed as moderate-risk gambler and one stayed as low-risk gambler.
- *The General Help-Seeking Questionnaire* was used to assess participants' intentions to seek help from different sources when they had a personal or emotional problem. The evidence for this outcome area was mixed. After joining the support group programme, only two of the six group participants had increased the quantity and sources of help-seeking for their personal or emotional problems, while the other four participants' help-seeking intentions had remained largely unchanged.
- Pre- and post- awareness results showed an overall increase in awareness of the addictiveness of gambling activities after participants joined a workshop on the effects of harmful gambling, with the median score on a 10-point scale increased from 4.3 to 6.0. Participants were also much more aware that various gambling activities, especially electronic gambling machines, online gambling websites, and casino gambling, were very harmful or extremely harmful. When participants were asked whether it was acceptable to consider gambling as a way to socialise or have fun, the median acceptability scores on a 10-point scale decreased from 7.3 (partially acceptable) before the workshop to 3.0 (unacceptable) after the workshop.
- Participants' stress management and self-care behaviour had improved after they attended a group session about how to develop a wellness plan. After the group session, participants assessed that they had excellent understanding of the reason or source of stress they were experiencing (median = 8.0), and they rated that self-care was extremely important for maintaining or improving their overall wellbeing (median = 8.2). In addition, participants were extremely likely to take time for themselves and look after their wellbeing without feeling guilty (median = 9), and they were also extremely likely to apply the stress management strategies they had developed in the group to their everyday life (median = 8.1).
- Knowledge was another target outcome areas assessed. Overall, participants had some increase in their knowledge about the triggers for gambling relapses (median = 7.6), but the Tree Model, which was used in one of the workshops to help participants discover their cultural roots and identify the issues which needed intervention, was found to be not particularly helpful for the younger generation who might not have a strong attachment to their home cultures.
- Group participants' feedback on the support group programme showed that the peer support model worked well for them as they learned that gambling recovery does not need to be a solo journey. Sharing their own feelings with others having similar lived experiences had helped to decrease their shame of talking about gambling and reduce their feelings of isolation. Through the trust, support and hope they offered to one another, participants learned to avoid gambling relapses by discovering the reasons behind their gambling

behaviour and developing new skills to manage stress and self-care. They also considered that the knowledge and skills that they had learned in the group could be used widely in their daily lives, not just for preventing gambling relapses.

Taking as a whole, the support group programme to a large extent met its goal of reducing the risk of gambling relapses among Chinese and South Asian participants. It achieved the intended outcomes of improving self-care and stress management, as well as increasing participants' awareness of the harm and addictiveness of gambling activities. There was also some evidence that the programme achieved in increasing participants' knowledge about the triggers for gambling relapses, increasing help-seeking intentions, and reducing gambling severity. However, as all of the participants were still in the low-risk, moderate-risk, or problem gambling categories at the end of the support group, they were still experiencing some gambling-related harms, and remained at risk of relapse.

A resource, *Peer Support Facilitator's Guidebook for a Group Programme for Asian People with Experience of Harmful Gambling* (Appendix 8), was produced to assist future facilitators to plan activities for similar support groups for migrants and international students of Asian backgrounds.

Creation of gambling harm awareness resources and feedback survey

In Part 2 of the research project, a co-design approach was used to develop gambling harm awareness resources to raise awareness of gambling harm in Asian communities, and to encourage help-seeking by people affected by harmful gambling. Co-design is a research method that has become increasingly popular in the health and public sector. This approach goes beyond consultations with users of services by building collaboration between service users, service providers and production designers to co-design and create services or products. In the context of this research, people with lived experience of harmful gambling were acknowledged as experts of their own experience, and they played an important part in the creative development of gambling harm awareness resources.

The six support group participants (four Chinese and two South Asians) were invited to take part in two creative workshops to brainstorm ideas for developing gambling harm awareness resources. From the variety of ideas that were exchanged and discussed in the workshops, three themes were chosen, and a 3-minute animated video, and two gambling harm awareness art designs with key messages to raise awareness about harmful gambling in Asian communities, were subsequently created.

The animated video was based on the theme "working hard to earn money for 12 hours, losing money in the Casino in one hour". The video used storytelling techniques to bring out several important messages: people work hard to earn a living, choose how to use our hard-earned money sensibly; gambling has many harmful effects on individuals and families — people may find it difficult to stop gambling, and spend more time and money gambling until they lose everything in their lives; there is no shame in asking for help, and where people can go to get help.

The video was produced in multiple languages (English, Chinese, Korean and Hindi) and they can be viewed from the AFS YouTube channel:

<https://www.youtube.com/watch?v=USTnqNChACI> (English)

<https://www.youtube.com/watch?v=fxdHTcr53iY> (Chinese)

<https://www.youtube.com/watch?v=4tH537oM76M> (Korean)

<https://www.youtube.com/watch?v=335MHmyueS4> (Hindi)

Gambling harm awareness Design 1 was a picture of a big fish eating some small fish, with the messages "Big fish eat small fish" and "Gambling is not a way to make money. You're likely to lose more than you win" printed on the design. Design 2 was a picture of a lonely dog waiting for its owner to come home, and the messages printed on the design were "Harmful Gambling ≠ Entertainment"

and “*Your loved ones are waiting for you to come home*”. The two designs were printed on 14cm x 14cm cleaning cloths in three languages (English, Chinese and Korean; see p. 33), which could be used as giveaway promotional items in health promotion events to raise awareness of harmful gambling in Asian communities.

Originally, the gambling harm awareness resources were to be launched during the Gambling Harm Awareness Week (GHAW) in September 2021, and plans were made to obtain feedback on the resources from attendees of the many events held during that time. However, when the COVID-19 Delta outbreak in 2021 plunged Auckland into lockdowns between August 17 to December 2, all GHAW events in 2021 had changed to online delivery. As a result, an online survey was conducted instead to obtain feedback on the resources to determine whether the video and the two gambling harm awareness designs are effective in raising Asian people’s awareness about harmful gambling, and in encouraging people affected by gambling harm to seek help.

The online survey was created in multiple languages (English, Chinese, Korean) and delivered using a number of online platforms: WeChat (Chinese), Korean Post (Korean), Hindi closed FB group (Hindi/English), Facebook (English), and AFS’s Asian Lived Experience Group (English). The survey was launched on November 15 and closed on November 23, 2021. A total of 239 completed responses were collected from the different platforms: 125 responses from WeChat (Chinese), 55 from English Facebook and AFS Asian Lived Experience Group (English), 33 from AFS Hindi closed FB Group (Hindi/English), and 26 from Korean Post (Korean).

Examining the survey findings associated with the video, there was strong evidence that the video was effective in raising awareness about harmful gambling, as well as in encouraging people affected by harmful gambling to seek help. The percentages of survey respondents who rated the video as effective or extremely effective in raising awareness about harmful gambling (71.2%), and the percentages who agreed or strongly agreed that the video can encourage people affected by harmful gambling to seek help (73.2%), were well above the 50% target set for both outcomes.

Compared to the video, evidence on the effectiveness of the two gambling harm awareness designs was less strong. For Design 1 (Big fish eat small fish), the percentages of survey respondents who rated Design 1 as effective or extremely effective in raising awareness about harmful gambling (54.4%), and the percentages who agreed or strongly agreed that Design 1 can encourage people affected by harmful gambling to seek help (50.2%), achieved the 50% target set for both outcomes. For Design 2 (A lonely dog waiting for its owner to come home), the percentages of survey respondents who rated Design 2 as effective or extremely effective in raising awareness about harmful gambling just achieved the 50% target set for this outcome, but the percentages who agreed or strongly agreed that Design 2 can encourage people affected by harmful gambling to seek help (48.9%) did not achieve the 50% target set for this outcome.

Evaluation data were further analysed across four sub-groups of respondents with different gambling experiences. The four sub-groups were: respondents who had ever had a problem with gambling; respondents with a current problem with gambling; respondent who had ever been affected by someone else’s gambling; and respondents who neither had a problem with gambling nor had been affected by someone else’s gambling. There was strong support from the four respondent sub-groups that the video was effective in promoting awareness about harmful gambling and help-seeking. Respondents also pointed out that the contents of the video were quite easy to understand, and that the video gave a strong message about the negative effects of gambling on individuals and families, and where people can go to get help.

Respondents' ratings on the two gambling harm awareness designs varied across the four respondent sub-groups. In general, respondents who had ever had a problem with gambling, and respondents who had a current problem with gambling, rated the two designs as more effective than respondents who were affected others, and respondents who were non-problem gamblers and who had not been affected by someone else's gambling. Open-ended comments provided by the four respondent sub-groups showed that the two unique gambling harm awareness designs, which had involved people with lived experience of harmful gambling in the design process, could trigger strong emotional responses from respondents who had a current problem with gambling, as well as respondents who had ever had a problem with gambling. However, non-problem gamblers and affected others wanted more provocative images rather than friendly images, scarier designs to make a more powerful impact, and more straight-forward messages to confront gamblers in denial of the problems they face.

Implications of the research

Based on the research findings, the major implications of this research can be summarised as follows:

- Migrant and international students of Asian backgrounds are at high risk of gambling relapses because they are likely to have limited social networks and could have used gambling as an escape from their personal problems or negative emotions such as loneliness, boredom, or stress. A strengths-based, recovery-oriented support group programme can help to minimize the risk of relapse for this group through peer support, and by recognizing the relapse triggers and improving self-care and stress management skills.
- Stigma and shame are key barriers preventing Asian people affected by harmful gambling from seeking help. The Chinese and South Asian participants who joined the support groups in this study found that they were not alone on their recovery journey. Sharing their feelings with others having similar lived experience helped to decrease their shame of talking about gambling, reduce their feelings of isolation, and inspire them to make progress in their lives.
- Stress management and self-care are essential relapse prevention measures. Stress can trigger a relapse as a means to escape from the stress. Improving stress management involves understanding the reason or source of the stress people in recovery are experiencing, and learning ways to manage the stress, such as deep breathing techniques, music, prayers, or meditation. Maintaining self-care routines such as eating well, getting enough sleep, and engaging in pleasurable activities, provides a healthy foundation for recovery. Support group participants of this study reported that the stress management and self-care skills they learned in the groups could be used widely in their daily lives, not just for preventing gambling relapses.
- This study acknowledges that people with lived experience of harmful gambling are experts of their own experience. The same Chinese and South Asian support group participants were involved in a co-design process to provide "insider knowledge" and generate ideas for the creation of a video and two sets of promotional art designs to raise awareness about harmful gambling in Asian communities. The evaluation findings highlight that the storytelling video, and the unique gambling harm awareness designs, could trigger strong emotional responses from people who had a current problem with gambling, as well as people who had ever had a problem with gambling.

Limitations of the research

The COVID 19 pandemic, border closure and lockdown restrictions had posed a major challenge to this research. Due to the pandemic, we had to make a number of modifications to our research design and implementation, including adapting the peer support group design to ensure that the research could be conducted safely during the pandemic, broadening the group intervention targets to include former international students and migrants who had a history of harmful gambling, and running the intervention groups over a 4-week period. Despite the efforts, the number of people recruited to the support groups was smaller than first expected. Although the intended evaluation outcomes were achieved, the findings may be limited in their representativeness. Future research could replicate the group programme over a longer time period, and with a larger number of group participants.

Due to the prolonged lockdowns in Auckland between August 17 and December 3, 2021, we also had to change the evaluation of the gambling harm awareness resources from face-to-face data collection at event sites to an online survey. The online survey results suggest that affected others (i.e. people who are affected by someone else's gambling) seem least likely to rate the resources as effective in raising awareness about harmful gambling, or in promoting help-seeking. Since online survey does not have an interviewer to ask probing questions to get more specific or in-depth information, no further analysis of affected others' answers could be made. Affected others is an under-researched group in gambling research. More research is required to explore affected others' help-seeking pathways to improve their access to services.

1. INTRODUCTION

In July 2019, Asian Family Services (AFS) gained a research contract funded through the Ministry of Health (MOH) Gambling Innovation Research and Evaluation Fund to develop, deliver, and evaluate new services for treatment and recovery for people at high risk of gambling harm. Within New Zealand's Asian communities, migrants and international students are high-risk groups for gambling relapses. This report presents the research that was undertaken to: (a) develop, deliver, and evaluate a support group programme to reduce the risk of gambling relapses among Chinese and South Asian migrants and international students with a history of harmful gambling, and (b) create gambling harm awareness resources (a 3-minute animated video and two sets of promotional art designs) using co-design methods to raise awareness of harmful gambling in Asian communities, and to encourage help-seeking by people affected by harmful gambling.

1.1 RATIONALE

1.1.1 *Harmful gambling in Asian communities and high-risk groups*

Gambling is a problematic issue in New Zealand's Asian communities. Studies have identified that migrants and international students are high-risk groups for harmful gambling (Gambling Research Australia, 2011; Sobrun-Maharaj et al., 2012; Tse, Wong & Chan, 2007; University of Tasmania, 2018). In New Zealand (NZ), Asian international students make up a large proportion (80.4%) of all international students enrolled in a tertiary education qualification. The two leading source countries are China (26,985 students, or 30.3% of all international tertiary students in NZ in 2018) and India (16,420 students, 18.4%). Auckland is New Zealand's largest city and the most preferred city to study by Asian international students (Education Counts, 2019).

Some studies found that international students who may not have gambled in their home country may decide to experiment with gambling if their peers present it as an acceptable form of entertainment (Shields, 2009; Sobrun-Maharaj et al., 2012). In addition, the greater opportunity for international students to gamble when they are studying abroad relate to their living away from their parents, increased freedom, lack of parental supervision, and having access to large sums of money for living expenses and tuition fees (Ho, Li, Cooper & Holmes, 2007; Li, Hodgetts & Ho, 2006; Li & Tse, 2015).

Asian people living in a Western country, especially recent migrants, are also vulnerable to harmful gambling because they face many challenges such as immigration and settlement stress, isolation, loneliness, boredom, language barriers, unemployment or under-employment, housing, and financial difficulties. Many problem gamblers tend to use gambling as a form of escape from problems related to integration and cultural adjustment (Au & Ho, 2015; Sobrun-Maharaj et al., 2008).

Despite Asian migrants and international students being identified as high-risk groups, they are under-represented in gambling counselling services, and tend to seek help only when they are in a desperate situation (Au & Ho, 2015; Tse, Wong & Chan, 2007). The reasons why Asian people with gambling problems are reluctant to seek professional help are multiple and complex, ranging from wanting to handle problems on their own, lack of awareness of treatment availability, stigma concerns, embarrassment, denial, and avoidance, to previous negative experiences of unsuccessful help-seeking and fear of failure (Li & Tse, 2015; Sourburn-Maharaj et al., 2012). Hence, public health promotion in Asian communities is needed to raise awareness of harmful gambling and to motivate those who are

at risk to get help earlier. At the other end of the continuum, preventing relapses is also an important part of gambling intervention work.

1.1.2 Relapse prevention through self-management and peer support

The findings from Waves 2 to 4 of the NZ National Gambling Study highlighted the need for public health education and treatment initiatives to put more emphasis on primary prevention and relapse prevention (Abbott et al., 2014, 2016, 2018). Primary prevention is usually delivered through public health approaches aimed at people and communities who have not previously experienced gambling-related harm, whereas relapse prevention initiatives are designed to prevent people who had a history of harmful gambling from relapsing.

Preventing relapses is important in Asian communities. In particular, the risk of relapsing is high amongst migrants and international students with harmful gambling behaviour as they are likely to have limited social contact with others and tend to engage in few social activities apart from gambling (Ministry of Education, 2007; Moore et al., 2012; Tse, Wong & Chan, 2007). Upon cessation of gambling, individuals are often left with a considerable amount of unstructured time, inadequate social skills, and feelings of emptiness (Hodgins, 2001). A structured and supportive programme can help minimise the risk of relapse in situations of vulnerability, such as stressful times, exposure to gambling cues, and/or ambivalence towards personal goals.

In the mental health field, the recovery approach has been the guiding principle for the development of mental health services in NZ and many other Western countries (Mental Health Commission, 1998, 2007; O'Hagan, Reynolds & Smith, 2012). Recovery principles emphasise nurturing hope and building resilience in people with mental health issues, not just treating their symptoms. Consequently, several service delivery models and strategies have been developed, especially the peer-driven model to support the recovery of people with experience of mental distress (Copeland, 1997; Repper & Carter, 2011; Schutt & Rogers, 2009; Solomon, 2004).

In this research project, we used the knowledge and skills we had developed with our mental health consumers to design and deliver a support group programme for Chinese and South Asian migrants and international students recovering from harmful gambling (Asian Family Services, 2018; Zhang & Wong, 2006). The combination of recovery principles and peer support helped to build strong relationships and community among Asian people with harmful gambling issues to reduce the risk of relapsing and improve their stress management and self-care behaviour. In the second part of the research project, support group participants were invited to co-design with service providers and production designers, new gambling harm awareness resources (a video and two promotional art designs) to raise awareness of harmful gambling in Asian communities, and to encourage help-seeking by people affected by harmful gambling.

1.2 RESEARCH OVERVIEW

This research project has two parts. Part 1 involved developing, delivering, and evaluating a support group programme to reduce the risk of gambling relapses among Chinese and South Asian migrants and international students with experience of harmful gambling. In Part 2, gambling harm awareness resources were created using co-design methods to raise awareness of gambling harm in Asian communities, and to encourage help-seeking by people affected by harmful gambling. A survey was conducted to gain feedback on the gambling harm awareness resources from a sample of Asian people of different backgrounds.

The original duration of the contract research was from July 2019 to August 2021, and the target groups for support group intervention were Chinese and South Asian tertiary international students

in NZ. However, the COVID-19 pandemic and lockdown restrictions in 2020 had posed considerable challenges to this research. According to our original schedule, recruitment for peer support group members was to start in late February and early March 2020. However, travel restrictions on travellers from China were put in place in NZ in early February as part of the precautionary measures to keep COVID-19 out of the country. As a result, many international students from China were unable to travel back to NZ for their studies. While the research team was assessing with tertiary institutions the feasibility of recruitment during the first semester, the status of the COVID-19 pandemic had changed rapidly over the subsequent months. Due to the worsening of the COVID-19 outbreak, the NZ Government introduced border restrictions and a four-level COVID-19 alert system to stop the spread of coronavirus. A country-wide level 4 lockdown was implemented between March 25 and April 27, 2020. This was followed by a slightly less restrictive level 3 lockdown until May 13. While lockdown restrictions were eased after May 2020, COVID-19 physical distancing and health and safety measures were introduced in schools and universities, and the NZ border was closed to almost all travellers except for NZ citizens and permanent residents returning home. It was estimated that up to one-third of enrolled tertiary international students were affected by the border closure. It was also uncertain how long our border would remain closed, and when international students could return. Due to the uncertainties created by the pandemic, the research project was put on hold in 2020.

Throughout 2020, the research team had closely monitored the rapidly changing Covid 19 situation. In consultation with the MOH, we explored how we could conduct the research safely during the pandemic, including broadening the inclusion criteria for support group intervention and adapting the support group design. The research project resumed in 2021 with the end date amended to December 30, 2021. The revised project timeline is presented in the Gantt-Chart below (Figure 1).

Research activities in the first eight months of 2021 were on track, except the two Level 3 lockdowns in February which had caused some delay in the delivery of the support groups. From August 2021, however, the COVID-19 Delta outbreak plunged Auckland into an alert level 4 lockdown between August 17 and September 21, followed by a level 3 lockdown until December 2. This prolonged lockdown had greatly disrupted the research as planned, including the delivery of the gambling harm awareness resources and related evaluation activities.

The next two sections detail the research design, activities, results, and evaluation of the two parts of the research project. The final section discusses the strengths and limitations of the research conducted, and implications of the research.

Figure 1 Revised project timeline

ACTIVITY	2019						2020	2021												
	July	Aug	Sep	Oct	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	
Preparation – form research team; draft support group programme; obtain ethics approval	█	█	█	█	█	█	Research activities suspended due to the COVID-19 pandemic													
Engagement – recruit support group participants; finalise, deliver, and evaluate the group programme								█	█	LOCK-DOWN	█	█								
Co-design – run creative workshops to brainstorm ideas for developing health promotion resources												█	█	█	COVID-19 LOCKDOWN					
Implementation – create health promotion resources; conduct feedback survey with different Asian groups															COVID-19 LOCKDOWN					
Post-implementation – evaluation of the research project; prepare final report															COVID-19 LOCKDOWN					
Resource development & dissemination of findings															COVID-19 LOCKDOWN					

2. SUPPORT GROUP INTERVENTION FOR CHINESE AND SOUTH ASIAN PEOPLE WITH EXPERIENCE OF HARMFUL GAMBLING

In Part 1 of the research, an eight-session support group programme was developed and tested with two groups — one Chinese and one South Asian. The six participants (four Chinese and two South Asians) who joined the programme had all encountered harmful gambling. The group programme was designed to help participants reduce the risk of relapsing and improve their stress management and self-care behaviour. An evaluation of the group intervention was undertaken by collecting and analysing pre-post changes in participants' levels of gambling severity, help-seeking intentions, attitudes towards harmful gambling, knowledge of the triggers of relapse of harmful gambling, and stress management and self-care behaviour. Feedback on the programme was also obtained from group participants and facilitators. This section outlines the support group intervention design, the evaluation measures, and findings.

2.1 SUPPORT GROUP INTERVENTION DESIGN

2.1.1 *Revised support group design in a time of COVID-19*

- *Inclusion and exclusion criteria*

The original inclusion criteria were international students studying at universities, polytechnics, language schools or private training establishments (PTEs) in the Auckland region, aged 18 years or above, self-identified as Chinese, South Asian or any South Asian sub-groups (Indian, Pakistani, Sri Lankan), had a history of gambling-related problems and were interested in reducing or stopping gambling behaviour causing harm. As there had been no new international students coming to NZ since 2020, the project team had broadened the criteria to also include Chinese and South Asian former international students and migrants who had a history of harmful gambling and were interested in preventing relapses after they had completed a course of treatment for harmful gambling.

- *Maximum group size*

For health and safety reasons during the COVID-19 pandemic, the project team decided that the maximum number of participants that would be included in a group intervention session was six. The small group size was also decided due to the sensitive nature of the topic and that participants were likely to have little experience with support groups. Depending on the background of the potential participants and their language preferences, we would run either one mixed group (Chinese and South Asian) or two separate groups, one for Chinese and the other for South Asian participants.

- *Method of delivery*

Since the Covid-19 pandemic, online support groups and forums have become increasingly popular. The project team had considered the pros and cons of online and face-to-face support groups and decided to use face-to-face groups as originally planned. This method of delivery was considered a better option for exchanging information, gaining recognition, and caring for others. However, if there would be a lockdown after the group started, we would consider switching to online delivery.

- *Duration of the group programme and frequency of meetings*

An eight-session support group programme was developed in 2009. When the research project restarted in 2021, there were still a lot of uncertainties about the spread and long-term containment of COVID-19. The project team therefore decided to run the group programme in four weeks, that is, two group sessions were held once a week, for 1½ hours per session and with a 30-minute break between sessions. Running the groups in four weeks instead of eight weeks would reduce face-to-face contact and travelling time, reduce drop-out, and make the groups more attractive to join. There

would be two facilitators per group to cover each other if one was unable to attend. The support group facilitators were qualified counsellors with skills in running therapeutic groups.

Ethics approval of the study was obtained from the Health and Disability Ethics Committee on December 20, 2019 (19/CEN/223). The study was also registered with the Australian New Zealand Clinical Trials Registry on November 18, 2020 (ACTRN12620001236987).

2.1.2 Recruitment process

Two recruitment methods were originally planned: external recruitment through universities, language schools and PTEs, and internal recruitment through contacting AFS current clients and ex-clients. Due to COVID-19 constraints, universities and PTEs were unable to assist with the recruitment of group participants. As a result, only internal recruitment was made by identifying potential participants from the AFS database and asking AFS counsellors to screen their current or ex-clients as potential participants to join the support group.

Around 20 potential participants were identified through the internal recruitment methods. They were initially approached by their counsellors to check if they were still in Auckland. A number of former international students had relocated to other parts of the country to increase their immigration points to get permanent residency in NZ. Those who were in Auckland were contacted by their counsellors and the research project was introduced. Those interested were referred to the project coordinator, who then approached each potential participant individually to explain the aims of the study and their involvement if they were interested in taking part.

By February 2021, the project coordinator had contacted five Chinese and five South Asian potential participants. All of them were current or former international students, had experienced harmful gambling when they were studying and were interested in joining a support group to prevent relapses. All of the Chinese participants were available on Saturdays and the South Asian participants were available on Sundays. The project team therefore decided to run two support groups in four consecutive weekends in March, to be finished before the Easter break.

Unfortunately, the groups had to be cancelled when Auckland went into two level 3 lockdowns just before the groups started: February 14 – 17 and February 28 – March 7. When the project coordinator approached potential participants again in early March to re-schedule new dates for the groups, four Chinese and two South Asian participants had withdrawn due to various reasons (e.g. health issues, new jobs). The project coordinator then approached AFS counsellors again and found three more Chinese participants to replace the ones who had withdrawn.

To prevent possible disruption to the group programme with the Easter holidays, the project team decided to set the start of the support groups to the weekend after Easter (Saturday April 10 for the Chinese group, and Sunday April 11 for the South Asian group). The respective support groups ended on May 1 and May 9¹. A participant information sheet (PIS) was sent to each potential participant, which set out why we were doing the study, what participants' rights were, what their participation would involve, and how data collected in the study would be used (Appendix 1). Participants signed a consent form and filled out a recruitment questionnaire (Appendix 2) before the group started. One South Asian participant did not turn up on Week 1. He later said he wanted to attend the group from Week 3 onwards, but the project team decided not to include him in the group as this would change the group dynamic.

In total there were four Chinese and two South Asian participants who took part in the support groups.

¹ The South Asian group had not met on April 18 as one of the participants could not attend. The group meetings had been postponed by one week.

All of them attended the full four-week programme. In the Chinese group, there were two males and two females. All of them were born in China, Mandarin speakers and were married. Their ages ranged from 29 to 65 years, and they had lived in NZ for three to 20 years. Only one of them was a former international student. The other three were not international students but they were very interested in joining the group to stop or reduce their gambling behaviour causing harm.

The two participants in the South Asian group were both male and were born in India. One of them was married and the other one was single. Both were under 30 years of age and had lived in NZ for two to 10 years. One was a current tertiary international student. The other, a former international student, had paid work at the time of the study.

2.1.3 Support group programme

A group programme which incorporated contents related to self-understanding, peer support and relapse prevention strategies was developed by AFS gambling counsellors with special skills and experience in running therapeutic groups. Before the groups started, the support group facilitators reviewed and adapted some of the group activities to make them more appropriate for broader age groups and backgrounds. Table 1 presents the objectives and main contents of the eight sessions.

Table 1 Objectives and main contents of the support group programme

Session/Week	Objectives	Main contents
1 (Week 1)	<ul style="list-style-type: none"> To get to know each other To establish group norms, expectations, and goals 	<ul style="list-style-type: none"> 'Breaking the ice' exercise What is a support group? How peer support can help participants in recovery? Group exercise: <ul style="list-style-type: none"> What will be some goals participants can achieve together as a group? What will be some agreements they wish the group can follow in order to respect each other? If they were to give a name to the group, what will it be? Self-reflection / homework
2 (Week 1)	<ul style="list-style-type: none"> To help participants discover about their origins, including their connections to their home countries and the host country, New Zealand To set up a group norm and culture for the entire programme as participants share their journey together in recovery 	<ul style="list-style-type: none"> Introduce the AFS Tree Model and its core constructs. Group exercise: <ul style="list-style-type: none"> Facilitate participants to use the Tree Model to identify the aspects of their lives being affected by gambling. Motivate participants towards setting goals and identifying the strategies they could use to achieve these goals. Self-reflection / homework Week 1 Evaluation² and closing
3 (Week 2)	<ul style="list-style-type: none"> To help participants identify what makes them tick To gain knowledge on problem gambling and harm minimisation To gain understanding of the legality of exclusion orders 	<ul style="list-style-type: none"> 'DISC model' exercise: Use 'DISC' personality types to help participants reflect how their personality type impacts on their gambling behaviours Play <i>Ka-ching</i> video: Help participants learn the addictive nature of gambling activities and the options they have when they self-identify harmful gambling

² See Appendix 3

		<ul style="list-style-type: none"> • Group exercise & sharing: Explore the effects of harmful gambling
4 (Week 2)	<ul style="list-style-type: none"> • To help participants identify their own triggers to gambling • To help participants develop strategies to cope with the triggers 	<ul style="list-style-type: none"> • ‘Stressors and emotions’ exercise: <ul style="list-style-type: none"> ○ Explore stressors in life ○ Identify the emotions associated with the stressors ○ Explore effective coping strategies for stress management • Self-reflection / homework • Week 2 Evaluation³ and closing
5 (Week 3)	<ul style="list-style-type: none"> • To help participants explore what constitutes wellbeing and wellness • To gain knowledge on the self-help model • To gain understanding on making their own toolbox and self-help action plan • To empower participants to follow their plan and take actions 	<ul style="list-style-type: none"> • Explore what constitutes wellbeing: <ul style="list-style-type: none"> ○ What is a toolbox? ○ What is stress? What ‘stress’ looks like? ○ What is wellbeing - psychological (how they cope with daily activities when they are under stress?); social (what relationships in their lives help with their sense of wellbeing?); environmental (how does their workplace, their professional role and participation in communities contribute towards their sense of wellbeing?) • Self-reflection / homework
6 (Week 3)	<ul style="list-style-type: none"> • To help participants develop a relapse prevention plan 	<ul style="list-style-type: none"> • Mindfulness practice • Relapse prevention strategies and self-care <ul style="list-style-type: none"> ○ Explore triggers and early warning signs ○ Self-care (stress management, eating, sleeping) ○ Social support ○ Emotion regulation for uncomfortable emotions ○ Make a safety plan when they feel urges ○ Healthy alternative activities: identify pleasurable activities to engage in to enhance wellbeing ○ Having a good work/life balance • Week 3 Evaluation⁴ and closing
7 (Week 4)	<ul style="list-style-type: none"> • To introduce useful resources • To encourage self-help and help-seeking behaviour 	<ul style="list-style-type: none"> • Introduce self-help resources: <ul style="list-style-type: none"> ○ AFS resources: <i>A Guide for Asian people to manage addictions and emotional distress</i> ○ AFS webinars⁵. Introduce two topics that are suitable for the group. After each video, provide time for discussion on that topic. • Encourage help-seeking: Help participants to refine their wellness plans, and identify their supportive friends, families, and communities from whom they can seek help when they have a personal or emotional problem.

³ See Appendix 4

⁴ See Appendix 5

⁵ A list of relevant webinars that are available to international students and new residents in NZ can be found in Appendix 8, Session 7, Self-help resources.

8 (Week 4)	<ul style="list-style-type: none"> • To evaluate the group programme • To celebrate the end of a journey with a formal peer support group 	<ul style="list-style-type: none"> • Collective feedback: Reflect on the time participants spent together as a group and share what they have learnt through this journey • Week 4 evaluation⁶: Participants take part in a group discussion to evaluate the effectiveness of the group programme. • Encourage participants to take actions to connect (with people, agencies, activities and groups) and to enhance their wellbeing after the group ends. • Facilitators to distribute certificates of participation.
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2.2 EVALUATION AIMS AND METHODS

2.2.1 Evaluation tools and data collection time-points

The overall aim of evaluation was to determine to what extent the support group programme met the objective of reducing the risk of gambling relapses among Chinese and South Asian group participants with experience of harmful gambling. The intended short-term outcomes were:

- a reduction of participants' levels of gambling severity
- an increase in their help-seeking intentions
- an increase in awareness of the addictiveness of gambling activities
- an increase in knowledge about the triggers for gambling relapses
- an improvement in stress management and self-care behaviour, therefore reducing the likelihood of gambling relapses.

Table 2 presents the evaluation tools to measure participants' levels of gambling severity, help-seeking intentions, attitudes towards harmful gambling, knowledge about the triggers for gambling relapses, stress management and self-care behaviour, as well as the data collection time points.

Table 2 Schedule of data collection

	At recruitment	Week 1	Week 2	Week 3	Week 4
<i>Problem Gambling Severity Index</i>	0	√			√√
<i>General Help Seeking Questionnaire</i>	√				√√
<i>Attitudes towards harmful gambling</i>		√	√√		
<i>Knowledge about the triggers for gambling relapses</i>		√		√√	
<i>Stress management behaviour</i>			√	√√	
<i>Self-care behaviour</i>			√	√√	
<i>Group evaluation</i>					#

0 When gambling was a problem

√ Baseline data collection (Before group intervention)

√√ Follow up data collection (After group intervention)

Group discussion

⁶ See Appendix 6

The Problem Gambling Severity Index (PGSI) was used to measure participants' at-risk behaviour in problem gambling. At recruitment, participants were asked to self-assess their gambling behaviour during the time they developed harmful gambling by scoring themselves against nine items (Appendix 2 Part 2). The higher the score, the greater the risk that the participant's gambling was a problem. The scores provided information about the history and severity of participants' gambling. PGSI scores were collected again in Week 1 (Appendix 3 Part C) when they were asked to assess their gambling behaviour over the past 12 months, and then in Week 4 (Appendix 6 Part A) when they assessed their gambling behaviour in the past two weeks.

The General Help-Seeking Questionnaire was used to assess participants' intentions to seek help from different sources when they had a personal or emotional problem. Participants were asked to fill in the questionnaire at recruitment (Appendix 2 Part C) and in Week 4 (Appendix 6 Part B).

Participants' attitudes towards harmful gambling were taken in Week 1 when they were asked to rate: (a) how addictive gambling activities were; (b) how harmful various gambling activities (e.g. electronic gambling machines; online gambling websites; lottery and instant games; casino gambling; horse or sport betting) were; and (c) how acceptable gambling was as a way to socialise (Appendix 3 Part A). The same questions were asked again in Week 2 (Appendix 4 Part A) after participants had joined a workshop on the effects of harmful gambling.

Participants' knowledge about the triggers for gambling relapses were collected in Week 1 when they were asked: (a) how well they understood that the struggles of migration had negatively impacted on their wellbeing; and (b) how well they recognised the desire or urge to gamble again (Appendix 3 Part B). After participants had learned about triggers and early warning signs of harmful gambling, they were asked in Week 3: (a) how helpful the 'Tree Model' was in helping them understand and relate to their recovery journey; (b) whether their knowledge of self-identifying gambling triggers had increased after attending the group; and (c) how likely they would apply the techniques around self-exclusion from gambling in their everyday life (Appendix 5 Part A).

Participants' stress management behaviour was collected in Week 2 when they were asked: (a) how often they felt stressed in their day-to-day routine; (b) in what areas of their life they felt stressed often; and (c) how well they understood the reason or source of their stress when they were experiencing a stressful event (Appendix 4 Part B). After participants had learned about how to develop a wellbeing plan, they were asked in Week 3: (a) how well they understood the reason or source of stresses they regularly experienced after attending the group; (b) how likely they would apply new stress management strategies they had developed in the group in their everyday life; and (c) the areas of stress in their life that they would be able to apply the stress management skills they had developed in the group (Appendix 5 Part B).

Participants' self-care behaviour was collected in Week 2 when they were asked: (a) how often they took time to rest, relax or recharge after working or studying very hard; and (b) how difficult they found making time for themselves to relax, rest or do something enjoyable that was good for their wellbeing (Appendix 4 Part C). After participants had learned about how to incorporate relapse prevention strategies into the wellbeing plan, they were asked in Week 3: (a) how important they thought self-care was for maintaining or improving their overall wellbeing; (b) how likely they would apply the self-care skills identified in the group to their daily life; and (c) how likely they would take time for themselves and look after their wellbeing without feeling guilty (Appendix 5 Part C).

2.2.2 Feedback from support group participants and facilitators on the programme

In the last group session (Session 8, Week 4), support group participants were invited to take part in a group discussion to evaluate the effectiveness of the group programme. They were asked to provide feedback on:

- the extent to which the programme had met the peer support aim of the group
- the extent to which the programme had met the relapse prevention aim of the group
- in what ways their awareness of the addictiveness of gambling activities, their knowledge of the triggers for gambling relapses and their stress management and self-care behaviour have improved after attending the group
- the quality, relevance, and cultural appropriateness of the contents covered in the group
- other suggestions or comments (Appendix 6 Part C).

Feedback was also collected from group facilitators and project coordinator during weekly team meetings to monitor group process and identify any potential problems that might arise as a result of the group dynamics. Group facilitators also provided feedback on their experience of delivering the group programme, and their suggestions for future improvement of the support group contents.

2.2.3 Methods for analysis of evaluation data

Participants' scores of the various evaluation items in Week 1 to 4 can be analysed individually, or as a group by calculating the median scores. Because of the small sample size ($n = 6$), median scores were used for analysis instead of using means and standard deviations. Data were analysed using descriptive statistics, providing descriptive comparisons of pre- and post- responses. To complement quantitative data collected through evaluation questionnaires, qualitative data were also collected through group discussion in Session 8 to provide further insight into participants' experiences in the group. Information generated through group discussion provides specific data in response to questions such as the quality, relevance, and cultural appropriateness of the programme contents, and how the group programme has improved participants' self-understanding, attitudes towards harmful gambling, and their stress management and self-care behaviour. Using qualitative and quantitative data together helped to fill knowledge gaps and make analyses more reliable.

Feedback data from group facilitators were analysed to review the process of support group implementation to identify the areas that needed improvements.

2.3 EVALUATION RESULTS

2.3.1 Short-term outcomes of support group intervention

The median ratings of support group members' responses to the evaluation items before and after group intervention were calculated (see Appendix 7). The short-term intended outcomes were:

- a reduction in participants' levels of gambling severity
- an increase in help seeking intentions
- an increase in awareness of the addictiveness of gambling activities
- an increase in knowledge about the triggers for gambling relapses
- an improvement in stress management and self-care behaviour.

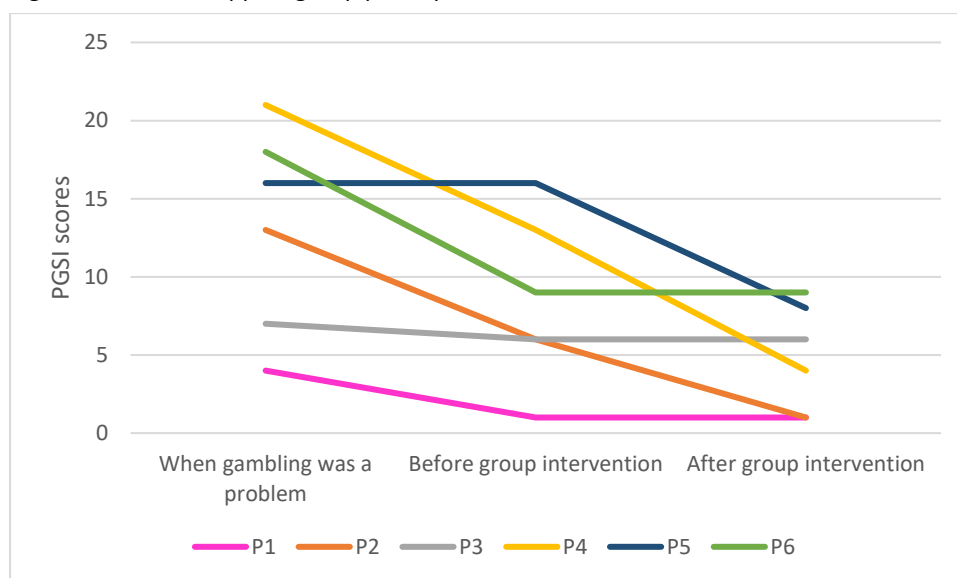
The evaluation results associated with the five target outcome areas are presented below.

- *Changes in participants' levels of gambling severity*

Figure 2 gives the six group participants' PGSI scores at the three data collection time points. All participants had reported harmful gambling of one to six years when they had first arrived in New Zealand. Four could be classified as problem gamblers (PGSI scores ranging from 13 to 21) and two as

moderate-risk gamblers (PGSI scores between 4 and 7) when their gambling was a problem. All of them had completed a course of treatment at AFS and were interested joining a support group to prevent relapses. Before the group programme, three participants' PGSI scores could be classified as problem gamblers (PGSI from 9 to 16), two were moderate-risk gamblers (PGSI = 6) and one low-risk gambler (PGSI = 1). Participants were asked to assess their gambling behaviour again in Session 8. Two participants (P5 and P6) stayed as problem gamblers, but their PGSI scores had decreased from 16 and 9 to 9 and 8. One participant (P4) moved from problem gambling (PGSI = 13) to moderate-risk gambling (PGSI = 4) and one (P2) moved from moderate-risk gambling (PGSI = 6) to low-risk gambling (PGSI = 1). One participant (P3) stayed as moderate-risk gambler (PGSI = 6) and one participant (P1) stayed as low-risk gambler (PGSI = 1) after group intervention (Figure 2). Overall, participants' gambling risk levels had decreased after the group, with the median PGSI scores of the six participants decreased from 8.5 before the group programme to 4.8 after the programme (Appendix 7).

Figure 2 Support group participants' PGSI scores* at three data collection time points



*PGSI levels of gambling severity: Non-gambler (0); Low-risk gambler (1-2); Moderate-risk gambler (3-7); Problem gambler (8 or above)

- *Changes in help-seeking intentions*

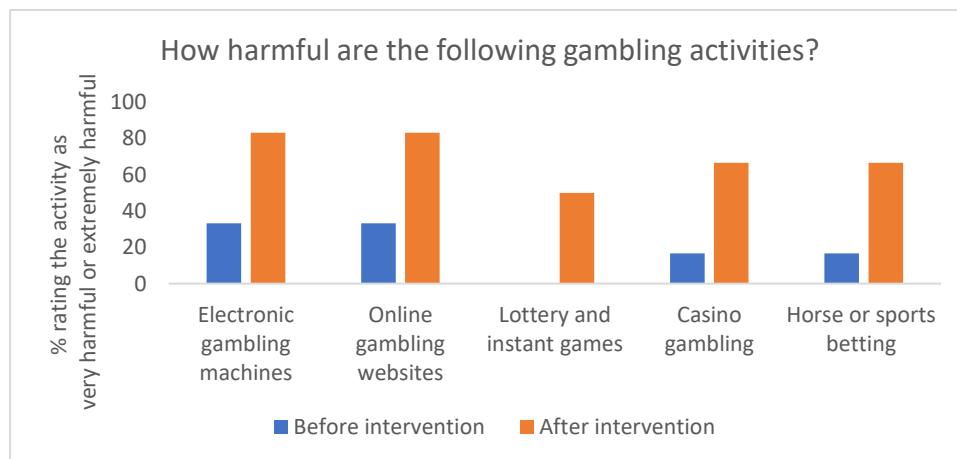
Due to stigma and shame, Asian people are often reluctant to seek help for their harmful gambling and mental health issues, which could delay treatment and allow problems to intensify. One of the intended outcomes of the support groups was to increase participants' help-seeking intentions, measured by *The General Help-seeking Questionnaire*. The results showed that before the group, the number of people that the participants were likely or extremely likely to seek help from for their personal or emotional problems ranged from 1 to 8, while the median was 2.7. After group intervention, the total number of people to seek help from ranged between 1 and 14, and the median increased to 4.5 (Appendix 7). However, the increase in help-seeking intentions came primarily from two participants: one increased the total number of people from whom to seek help from 8 to 14, and the other increased the number from 2 to 11. The remaining four participants' support networks remained largely the same after group intervention.

- *Changes in awareness of the addictiveness of gambling activities*

Participants' awareness of the addictiveness of gambling activities was assessed by asking them to rate, before and after group intervention: (a) how addictive gambling activities were; (b) how harmful electronic gambling machines, online gambling websites, lottery and instant games, casino gambling, and horse or sport betting were; and (c) how acceptable gambling was as a way to socialise. The results

showed that after attending a workshop on the effects of harmful gambling, participants' awareness of the addictiveness of gambling activities had increased, with the median score on a 10-point scale increased from 4.3 to 6.0. They were also much more aware that various gambling activities were "very harmful" or "extremely harmful" (Figure 3). Specifically, electronic gambling machines were rated as "a little harmful" (median = 2.8) before the workshop to "very harmful" (median = 4.0) after the workshop. Online gambling websites were rated as "harmful" (median = 3.2) before the workshop to "extremely harmful" (median = 5) after the workshop. Casino gambling was rated from "harmful" (median = 3.9) before the workshop to "very harmful" (median = 4.0) after the workshop. Lottery and horse or sport betting were rated from "a little harmful" (median = 2.0 and 2.7 respectively) before the workshop to "harmful" (median = 3.3 and 3.0 respectively) after the workshop (Appendix 7). When participants were asked whether it was acceptable to consider gambling as a way to socialise or have fun, the median acceptability scores on a 10-point scale decreased from 7.3 ("partially acceptable") before the workshop to 3.0 ("unacceptable") after the workshop (Appendix 7).

Figure 3 Percentages of participants rating various gambling activities as very harmful or extremely harmful before and after group intervention



- *Changes in knowledge about the triggers for gambling relapses*

Participants' knowledge about the triggers for gambling relapses was assessed by asking them to rate, before intervention: (a) how well they understood the impact of migration on their wellbeing; (b) how well they recognised the desire to gamble again; and after intervention: (a) how helpful the 'Tree Model' was in helping them understand and relate to their recovery journey; (b) whether their knowledge of self-identifying gambling triggers had increased after attending the group; and (c) how likely they would apply the techniques around self-exclusion from gambling in their daily life. The results showed that before the group programme, most participants had "partial understanding" of the negative impact of the struggles of migration on their own wellbeing (median = 7.0) and had "excellent recognition" of their desire or urge to gamble again (median = 9.0). After group intervention, participants assessed that they had "some increase in their knowledge" of self-identifying gambling triggers (median = 7.6) and were "somewhat likely" to apply the techniques around self-exclusion from gambling in their everyday life (median = 7.9). In addition, participants rated the Tree Model (Asian Family Services, 2017) was "somewhat helpful" in helping them understand and relate to their recovery journey (median = 6.4) (Appendix 7).

- *Changes in stress management and self-care behaviour*

Participants reported that they felt stressed sometimes in their day-to-day routine (median score on a 10-point scale was 6.0). The most frequently cited areas of stress were "relationship with family" and "health / illness", followed by "work / employment" and "financial situation". After attending a group session about how to develop a wellness plan, participants assessed that they had "excellent

understanding” of the reason or source of stress they were experiencing (median = 8.0), and that they were “extremely likely” to apply the stress management strategies they had developed in the group in their everyday life (median = 8.1). The most frequently cited areas to apply stress management skills were “work / employment” and “studies / education”, followed by “health / illness”, “future opportunities” and “safety issues” (Appendix 7).

Participants also reported that they sometimes took time to rest, relax or recharge after working or studying very hard (median = 6.8). The most frequently cited self-care methods were “quiet activities (e.g. reading books, watching films or TV shows)” and “communication (e.g. talk to someone, self-reflection, journaling)”, followed by “exercise (e.g. go for a walk, workout at the gym, and home exercise)”, “socialising (e.g. hang out with friends or family, play with pets / children)”, “recreational activities (e.g. take part in a hobby, dance, drawing, pottery)” and “spiritual practices (e.g. spending time at a place of worship, spending time in nature, praying, meditation)”. However, most participants found it “somewhat difficult” to make time for themselves to relax, rest or do something enjoyable that was good for their wellbeing (median = 7.3). After attending a workshop on developing a self-help action plan, most participants rated that self-care was “extremely important” for maintaining or improving their overall wellbeing (median = 8.2), that they were “extremely likely” to take time for themselves and look after their wellbeing without feeling guilty (median = 9), and that they were “extremely likely” to apply the self-care skills identified in the group to their everyday life (median = 8.8) (Appendix 7).

2.3.2 Participants’ feedback on the support group programme

Focus group discussion with support group participants provided the following feedback on various aspects of the support group programme.

- *Did the programme meet the peer support aim of the group?*

All participants felt strongly that the peer support aim of the project was achieved. They said that when their gambling was a problem, it was hard for them to reach out for help as people who knew that they were gambling tended to avoid them. This group programme brought together people who had the same problem to share their feelings, experiences, struggles and challenges. They felt that the group had helped and supported them to develop skills to manage stress, take care of themselves and improve their lives. One participant said, “*Joining this support group makes me realised that I am not alone*”. Another participant said, “*As we help others, we increase our sense of value and worth which in turn help us to do more to improve ourselves*”.

All participants felt welcomed to the group and that everyone was supportive and friendly. They felt comfortable to talk openly in the group. They had gained confidence, and hoped that through sharing, they could learn from one another. They said that the knowledge and skills that they learned in the group not only applied to gambling issues, but to other aspects of their lives too.

- *Did the programme meet the relapse prevention aim of the group?*

Participants felt that the relapse prevention aim of the project was achieved, as they could share their feelings and experiences and learned how other people who had the same issues dealt with their problems. Learning to discover the reasons behind their gambling behaviour also helped them to avoid gambling relapses.

- *In what ways you have changed after attending the group?*

Participants acknowledged that they had become more aware of the addictiveness of gambling after joining the group, and they had also increased their knowledge of the triggers for gambling relapses. Participants pointed out, in particular, that the *Ka-ching* video was very useful. One participant said, “*It let us know more about gambling. People who don’t know about the problem get spellbound by the*

myths. The more time you spend on gambling, the deeper you would get addicted to it. Through this programme we learn how to increase self-control”.

One participant said before joining the group, he had already known how harmful gambling could be. The group strengthened his determination to stay away from gambling. Other participants felt that their self-awareness had increased. One participant added that people experiencing harmful gambling need help to change their behaviour, but the people themselves are not a problem. He said, *“You are a person, not a problem.”* The group acted as an “exit door” for these people.

All participants agreed that they had learned new stress management skills in the workshop. One participant said, *“We all have different tools in our Toolbox as we all have different preferences and responses. It’s good to share and learn from one another’s methods.”* Participants also said they learned new skills to calm their minds, control their emotions, develop different interests and hobbies, and take part in healthy and enjoyable activities. They agreed that these new skills could be used widely in their daily lives, not just for preventing gambling relapses.

A few participants had made self-help action plans (e.g., changing eating habits; cutting down on other addictive behaviours such as smoking), and would use the plans to help them maintain or improve their overall wellbeing. Having a supportive facilitator had helped them to develop their self-help action plans and created a collaborative and supportive environment that allowed them to work through their difficult experiences.

- *The quality, relevance and cultural appropriateness of the contents covered in the group*
Participants felt that most of the contents covered in the group programme were culturally appropriate for Chinese and South Asian new residents and international students. However, a few participants pointed out that the Tree Model and discussion about cultural roots were not particularly helpful for the younger generation who might not have a strong attachment to their home cultures. It might be more useful to ask them to share their feelings about their cultures and backgrounds instead of applying Tree Model concepts to them.

The Chinese support group had a broad age range (29 to 65 years); however, participants did not feel that age had acted as a barrier to communication. One participant said, *“Working with others from different generations and age groups is great as we can learn from one another’s experiences and ways to deal with stress and challenges”.*

One participant pointed out that the open-ended questions in the evaluation forms might not be appropriate for some introverted participants who did not like talking. Giving examples could make the questions easier to understand.

- *Group programme delivery methods*
Most participants felt that the current delivery format worked well for them. They preferred weekly group meetings as they might forget what they had learnt if the group days were spaced out too much. Weekly meetings had kept them connected.

Some participants felt that a 4-week programme was too short, as it was difficult to expect them to make a lot of changes within such a short duration of time. They preferred an 8-week programme, or even longer such as 12 to 18 weeks. However, another participant felt that it would be difficult for working people to commit their time to a longer programme. Most participants, however, felt that international students might need a longer group programme to help them develop a sense of belonging to the group and the habit of sharing with others in the group.

All participants felt that online delivery would not work because people need to meet face-to-face to get connected and to feel comfortable enough to talk or discuss some core issues in their lives. Face-to-face meetings enabled stronger connections between participants.

- *Suggestions to improve the group programme & recruitment*

Overall, participants felt that sharing their own feelings with others having similar lived experiences had helped to reduce stress and their feelings of isolation. A sense of validation helped them feel that they were not alone as there were other people experiencing the same gambling problems. They also provided some suggestions to improve the group programme:

- Add ice-breaking activities in the first session to promote and facilitate friendship among participants.
- More teamwork and group activities. For example, a team building project with missions for them to accomplish as a group. The project should be hard enough that they cannot complete the tasks individually. Activities like painting, music, cooking, gardening, arts, and crafts, as well as outdoor activities could make the programme more interesting.
- Spend more group time to practice some stress management skills, such as meditation.
- Consider how religion could help with relapse prevention.
- At the end of each session, remind participants what they have learnt during the session.
- Encourage participants to volunteer to help others after the group ends.

Suggestions to promote the programme to international students and wider communities included:

- Reach out to international students at the early stage. Educate them about the harmful effects of gambling is like “planting a seed”. When international students experience gambling issues, they will remember to whom they can seek help.
- Promotion through Student Orientation Week, public areas close to the casino with casino’s consent, as well as via social media such as Facebook.
- Run regular support group programmes throughout the year; let more people know about them, so that they can join when they need help.

2.3.3 Facilitators’ feedback on the support groups

- *Facilitators’ observations and feedback*

Group facilitators also provided feedback on their experience of delivering the support groups. They reported that both support groups had run well. They were pleased that all group members attended the full group programme in four consecutive weekends. For the Chinese group, initially two older participants were unclear about the purpose of the group. After the facilitators clearly explained and participants understood what support groups were about, both decided to stay. The younger participants showed a lot of interest in the group programme and had contributed actively to group activities. By Week 3, group members were more open to sharing and were working with one another to create plans for responding to challenges and taking care of themselves. In the final session, all participants said they were happy that they had joined the group, because the group programme brought together people who had the same problems to share their feelings and experiences, and that they had learned new stress management skills which they could use widely in their daily lives.

Group facilitators of the South Asian group also reported that the group went well even though there were only two participants. Both participants were of similar ages and from the same country of origin; they felt comfortable with each other and started sharing from Week 1. They shared many of their

personal experiences and reflected openly on their gambling, migration (and pre-migration) journey and post-migration stress (including stress caused by exploitation in the workplaces in NZ). Both facilitator and participants felt that the peer support model worked well because it decreased the shame to talk about gambling. One of the participants had one-on-one counselling before but said he felt more connected in the peer support group. Joining this support group, he felt much more comfortable opening up about his problems. Both participants gained confidence and a sense of value through the trust, support and hope they offered to one another.

- *Resource development*

Based on their experience of running the support groups, and participants' feedback on the support group programme, the group facilitators have made some revisions to the group programme and produced a facilitator's guidebook, which contains the main contents and activities of the 8-session support group programme, to assist future facilitators to plan activities for similar support groups (see Appendix 8, *Peer Support Facilitator's Guidebook for a Group Programme for Asian People with Experience of Harmful Gambling*).

2.4 DISCUSSION

This section discusses the evaluation findings and addresses the evaluation question: To what extent the support group programme met the objective of reducing the risk of gambling relapses among Chinese and South Asian participants with experience of harmful gambling?

Table 3 provides a summary of the evaluation findings associated with the five target outcome areas, comments on the support group programme's achievements against the target outcomes, and evidence.

Examining the evaluation findings associated with the five target outcome areas, there was strong evidence that the programme achieved in the areas of improving self-care and stress management behaviour, as well as increasing participants' awareness of the addictiveness of gambling activities.

Self-care and stress management are essential relapse prevention measures. Maintaining self-care routines such as eating well, getting enough sleep, and engaging in pleasurable activities, maintains a healthy foundation for recovery. People exercising self-care are better equipped to manage stress. Stress is a big enemy for people in recovery. Stress can come from some unresolved problems that were behind people's harmful gambling, and it can trigger a relapse as a means to escape from the stress. Hence, improving stress management involves understanding the reason or source of the stress people in recovery are experiencing, and learning ways to manage the stress, such as deep breathing techniques, music, prayers, or meditation. Evaluation data showed that participants of the support groups made many gains in this area (Table 3), and they also reported that the stress management and self-care skills they learned in the groups could be used widely in their daily lives, not just for preventing gambling relapses.

Pre- and post- awareness results showed an overall increase in awareness of the addictiveness of different gambling activities after joining the support groups (Table 3). Participants, in particular, reported that they had learned a lot more about the facts of gambling, and debunked some myths about gambling, from the *Ka-ching* video and other activities in the workshops.

Table 3 A summary of Part 1 evaluation findings, target outcomes, comments on achievement and evidence

Target outcomes	Comments on achievement	Evidence
Reduction in levels of gambling severity	Yes (some evidence)	-After group intervention, one participant moved from problem gambling to moderate-risk gambling and one moved from moderate-risk gambling to low-risk gambling. -Median PGSI scores of the six group participants decreased from 8.5 before intervention to 4.8 after intervention.
Improvement in help-seeking intentions	Yes (some evidence)	-Two participants' intentions to seek help from different sources for their personal or emotional problem increased. -The median number of people participants were likely or extremely likely to seek help from increased from 2.7 before intervention to 4.5 after intervention.
Increased awareness of the addictiveness of gambling activities	Yes (strong evidence)	-Electronic gambling machines were rated from a little harmful before intervention to very harmful after intervention. -Online gambling websites were rated from harmful before intervention to extremely harmful after intervention. -casino gambling was rated from harmful before intervention to very harmful after intervention. -Lottery and horse or sport betting were rated from a little harmful before intervention to harmful after intervention. -Gambling as a way to socialise was rated from partially acceptable before intervention to unacceptable after intervention.
Increased knowledge about the triggers for gambling relapses	Yes (some evidence)	-Participants had some increase in knowledge of self-identifying gambling triggers after group intervention. -Participants rated the Tree Model as somewhat helpful in helping them understand and relate to their recovery journey. -Participants were somewhat likely to apply the techniques around self-exclusion from gambling in their everyday life.
Improvement in stress management and self-care	Yes (strong evidence)	-Before the group, participants found making time to rest or relax somewhat difficult and only sometimes took time to rest or relax. -After intervention, participants rated self-care as extremely important for their overall wellbeing, that they were extremely likely to make time for themselves without feeling guilty, and they were also extremely likely to apply the self-care skills identified in the group in their everyday life. -In the area of stress management, participants assessed that they had excellent understanding of the sources of their stress after joining the group, and that they were extremely likely to apply the stress management strategies they had developed in the group in their everyday life.

Evaluation findings also provided some evidence that the support group programme achieved the intended outcomes of increasing participants' knowledge about the triggers for gambling relapses, increasing help-seeking intentions, and reducing the levels of gambling severity.

Knowledge was one of the target outcome areas assessed. Overall, participants had made knowledge gains about the triggers for gambling relapses (Table 3), but the Tree Model, which was used in one of the workshops to help participants discover their cultural roots and identify the issues which needed intervention, was found to be not particularly helpful for the younger generation who might not have a strong attachment to their home cultures.

Another target outcome of the support group programme was to increase participants' help-seeking intentions. The evidence for this outcome area was mixed. After joining the support group programme, only two of the six group participants had increased the quantity and sources of help-seeking (including seeking help from professionals) for their personal or emotional problems, while the other four participants' help-seeking quantity and intentions had remained largely unchanged. There are numerous barriers preventing Asian people from seeking help for their harmful gambling, with stigma, shame and denial being the most often mentioned reasons for not seeking help (Au & Ho, 2015; Tse, Wong & Chan, 2007). There is the need to promote, through public awareness and other programmes, early help-seeking in Asian communities, and to encourage people experiencing gambling-related harm to seek appropriate professional assistance when problems start to arise.

Evaluation results on participants' levels of gambling severity were also mixed. Overall, participants' gambling risk levels had decreased after group intervention, with the median PGSI scores decreased from 8.5 before group intervention to 4.8 after intervention (Table 3). However, only two participants' gambling severity categories had changed, with one moving from problem gambling to moderate-risk gambling and the other from moderate-risk gambling to low-risk gambling after intervention. For the remaining four participants, two stayed as problem gamblers, one stayed as moderate-risk gambler and one stayed as low-risk gambler.

Taking as a whole, the support group programme to a large extent met its goal of reducing the risk of gambling relapses among Chinese and South Asian participants. It achieved the intended outcomes of improving self-care and stress management, as well as increasing participants' awareness of the harm and addictiveness of gambling activities. There was also some evidence that the programme achieved in increasing participants' knowledge about the triggers for gambling relapses, increasing help-seeking intentions, and reducing gambling severity. However, as all of the participants were still in the low-risk, moderate-risk, or problem gambling categories at the end of the support group, they were still experiencing some gambling-related harms, and remained at risk of relapse.

3 CREATION OF GAMBLING HARM AWARENESS RESOURCES AND FEEDBACK SURVEY

Part 2 of the research project involved the creation of gambling harm awareness resources using co-design methods to raise awareness of gambling harm in Asian communities, and to encourage help-seeking by people affected by harmful gambling. The COVID-19 Delta outbreak in August 2021, and the subsequent lockdowns in Auckland until December 2, had created substantial challenges during this part of the project. Research activities were interrupted; some activities had to be cancelled or adapted to online methods to continue the project's progress. Despite this unprecedented disruption to the research plan, a 3-minute animated video and two gambling harm awareness art designs were produced, and an online survey was conducted to gain feedback on the gambling harm awareness resources from a sample of Asian people of different backgrounds. This section outlines the co-design methods for the creation of the video and the gambling harm awareness designs, the feedback survey design, the evaluation approach, and findings.

3.1 CREATION OF GAMBLING HARM AWARENESS RESOURCES

3.1.1 *Co-design methods*

A co-design approach was used to develop the gambling harm awareness resources in this project. Existing public health education initiatives are primarily designed by service providers with limited consumer input. A co-design approach enables service users, service providers and production designers to co-design and create services or products. A fundamental tenet of co-design is that users, as 'experts' of their own experience, play an important role in the design process.

3.1.2 *Creative workshops*

Six people (four Chinese and two South Asians) participated in two creative workshops to brainstorm ideas for developing gambling harm awareness health promotion resources. All participants had a history of harmful gambling, had completed a course of treatment, and joined the project's relapse prevention support groups in April-May 2021. In the last session of the support groups, participants were invited to take part in the creative workshops. All of them agreed to join.

The Chinese workshop was held on May 29 and the South Asian workshop on May 30, 2021. Each workshop lasted for three hours. A variety of ideas were exchanged and discussed in the workshops.

- Short video clips with animals. Suggestions included:
 - A lonely dog waiting for its owner to come home from the casino.
 - Win / Lose - your life: a tidy dog (before gambling) versus a messy dog (after gambling).
- Designs with key messages on giveaway promotional items.
 - Pocket-sized cards with AFS logo, Asian Helpline number and a key message to raise awareness about gambling harm. Giveaway items are not expensive, but the designs must be attractive to encourage people to take them away.
 - Other suggestions included: promotional notepads; magnetic calendars; year planners; cleaning cloths.
- Suggestions for slogans and key messages on promotional items:
 - Statistics showing how much money was lost on gambling weekly.
 - Big fish eat small fish: Gamblers, similar to small fish, tend to be swallowed up or destroyed by those that are greater and more powerful (the Casino).
 - Choose sensibly: working hard to earn money for 12 hours versus losing money in the Casino in one hour.

- Friends waiting for a gambler to return home for his surprise birthday party.
- A video to raise awareness of gambling harm and encourage people to seek professional help. Videos have no long-term maintenance costs and can be passed on and shared with others.
 - Confidentiality is important and should be stressed in the video.

These ideas were further discussed within the project team and with the AFS public health team. Taking into consideration our time and cost constraints, we decided on the following outputs:

- Two art designs on promotional items with key messages to raise awareness about gambling harm
- One animated video to encourage people affected by gambling harm to seek professional help.

3.1.3 Gambling harm awareness designs

The project team chose cleaning cloth as the giveaway promotional item to develop, because the product is inexpensive, and can be used for cleaning and removing fingerprints from different devices (e.g., laptop, iPhone). Initially, five designs were drafted. After receiving feedback from the project team and AFS staff, two designs were chosen for production (Figure 4).

After the designs were chosen, the key messages on each design were discussed. It was finally agreed that the following wordings be used for the designs:

- Design 1: Big fish eat small fish
Gambling is not a way to make money. You're likely to lose more than you win.
- Design 2: Harmful Gambling ≠ Entertainment
Your loved ones are waiting for you to come home.

Finally, the English version of the designs were translated into Chinese and Korean. The size of the cleaning cloth was 14cm x 14 cm. Quotes were obtained for making 100 of each design in each of the three languages (English, Chinese and Korean). A supplier from Taobao (a Chinese online shopping platform) with the most competitive quote gained our contract to produce the cleaning cloths, which were delivered to us in August 2021.

Figure 4 Two gambling harm awareness designs in English, Chinese, and Korean





3.1.4 An animated video

The project team reviewed the many exciting ideas raised by participants in the creative workshops and decided to create an animated video based on the theme “working hard to earn money for 12 hours, losing money in the Casino in one hour”. In August 2020, a member of the project team created a draft video using CreateStudio (a video animation software).

At this point, a COVID-19 Delta outbreak emerged on August 17 plunged Auckland into a prolonged lockdown until December 3, 2021. This lockdown had caused some disruptions to the co-design process. Due to the lockdown restrictions, support group participants with lived experience of harmful gambling who had contributed their initial ideas about the video and the gambling harm awareness designs were unable to attend further workshops to review, and to provide inputs to, earlier drafts of the video and designs. It was also not feasible to hold online workshops with them due to confidentiality reasons. Hence, ongoing development of the video mainly involved project team members, AFS counsellors and the public health team through virtual meetings. They viewed and reviewed several earlier drafts of the video and provided feedback. Based on their helpful feedback and comments, several revisions of the storyline were made to expand the content and improve the story flow. The finalised storyline has three main scenes:

- We work hard to earn a living; how best to make use of our hard-earned money?
- Struggles in life could lead us to a cycle of harmful gambling. We may find it difficult to stop, and spend more time and money gambling, until we lose everything in our lives.
- There is no shame in asking for help. Call Asian Helpline for free, confidential professional counselling and support services.

After the finalised storyline was produced, a professional video production company was to be contracted to create the video based on the finalised storyline. But the lockdown had caused significant delay in obtaining quotes from video production companies. In late October, we finally managed to find a suitable professional video production designer, and a 3-minute, animated video in multiple languages (English, Mandarin, Hindi and Korean) was produced in mid-November 2021. The videos can be viewed from the AFS YouTube channel:

<https://www.youtube.com/watch?v=USTnqNChACI> (English)

<https://www.youtube.com/watch?v=fxdHTcr53iY> (Chinese)

<https://www.youtube.com/watch?v=4tH537oM76M> (Korean)

<https://www.youtube.com/watch?v=335MHmyueS4> (Hindi)

3.2 FEEDBACK SURVEY DESIGN

Originally, we planned to launch the videos during the Gambling Harm Awareness Week (GHAW) in September 2021, when many events were to be organised and we could use the giveaway promotional items to collect feedback from event attendees on the video and the two gambling harm awareness art designs on cleaning cloths. However, since Auckland was in lockdown from August 17, all GHAW events in 2021 took place online, and our video production was also delayed. As a result, the project team decided to collect feedback on the resources using a number of online platforms.

A feedback survey was designed (see Appendix 9). The questionnaire consisted of 17 questions. Section 1 asked: (a) whether the respondents had ever had a problem with gambling (Yes/No); (b) were they currently having a problem with gambling (Yes/No); and (c) had they ever been affected by someone else's gambling (Yes/No). Section 2 asked for respondents' feedback on the video. Respondent answered each question by providing their answers on a 5-point rating scale to indicate the degree to which they agreed or disagreed with the following questions: (a) was the video effective in raising awareness about harmful gambling (from 'extremely effective' to 'extremely ineffective'); (b) did they agree that the video could motivate them to learn more about harmful gambling (from 'strongly agree' to 'strongly disagree'); (c) did they agree that the video could encourage people affected by gambling harm to seek help (from 'strongly agree' to 'strongly disagree'); (d) were the contents of the video easy to understand (from 'very easy' to 'very difficult'); and (e) how likely they would recommend the video to their family, friends or colleagues (from 'very likely' to 'very unlikely'). The last question in this section was an open-ended question, asking respondents to give additional comments on the video.

Sections 3 and 4 of the feedback survey asked for respondents' feedback on the two gambling harm awareness art designs — Design 1, Big fish eat small fish; Design 2, A lonely dog waiting for its owner to come home. For each design, respondents were asked to provide their responses to the following questions on a five-point rating scale: (a) how effective was the design in raising awareness about harmful gambling (from 'extremely effective' to 'extremely ineffective'); (b) did they agree that the design could encourage people affected by gambling harm to seek help (from 'strongly agree' to 'strongly disagree'); and (c) were the messages included in the design easy to understand (from 'very easy' to 'very difficult'). Each section ended with an open-ended question to provide opportunities for respondents to expand on their answers.

The survey was created in multiple languages: English, Chinese and Korean, and were uploaded to AFS’s different online platforms:

- WeChat (Chinese)
- Korean Post (Korean)
- Hindi closed FB group (Hindi/English)
- Facebook (English)

In addition, the survey was emailed to AFS’s Asian Lived Experience Group (English).

The feedback survey was launched on November 15 and closed on November 23, 2021. A total of 239 respondents from different platforms participated. Table 4 gives the total responses by survey language.

Table 4 Feedback survey total responses by survey language

Chinese (WeChat)	125
English (Facebook and Asian Lived Experience Group)	55
Hindi/English (Hindi closed FB Group)	33
Korean (Korean Post)	26
Total	239

3.2.1 Data analysis

Survey data were entered into Excel spreadsheets and analysed by calculating the percentages of responses in each answer option of the survey questions. Descriptive comparisons were made between survey language groups (Chinese, English, Hindi/English, and Korean), and between four sub-groups of respondents with different experience associated with gambling: respondents who had ever had a problem with gambling; respondents with a current problem with gambling; respondent who had ever been affected by someone else’s gambling; and respondents who neither had a problem with gambling nor had been affected by someone else’s gambling. Results of the feedback survey will be presented in Section 3.4.

3.3 EVALUATION AIMS AND METHODS

The aim of evaluation of this part of the research was to determine how effective the video and the two gambling harm awareness designs were in raising Asian people’s awareness about harmful gambling, and encouraging people affected by gambling harm to seek help.

Table 5 gives the evaluation indicators used to assess whether the video and the two gambling harm awareness designs were effective. In addition, open-ended responses in the feedback survey were analysed to identify positive and negative comments across the four respondent sub-groups, as well as their suggestions for future improvements of gambling harm awareness resources.

Table 5 Evaluation indicators of the effectiveness of the video and the two gambling harm awareness designs

Type of resource	Indicator
Video	<p>Primary indicators:</p> <ul style="list-style-type: none"> • At least 50% of respondents rated the video as effective or extremely effective in raising awareness about harmful gambling • At least 50% of respondents agreed or strongly agreed that the video can encourage people affected by harmful gambling to seek help <p>Secondary indicators:</p> <ul style="list-style-type: none"> • At least 50% of respondents agreed or strongly agreed that the video can motivate people to learn more about harmful gambling • At least 50% of respondents rated the contents of the video as easy or very easy to understand • At least 50% of respondents responded that they were likely or very likely to recommend the video to their family, friends, and colleagues
Design 1	<p>Primary indicators:</p> <ul style="list-style-type: none"> • At least 50% of respondents rated that Design 1 as effective or extremely effective in raising awareness about harmful gambling • At least 50% of respondents agreed or strongly agreed that Design 1 can encourage people affected by harmful gambling to seek help <p>Secondary indicator:</p> <ul style="list-style-type: none"> • At least 50% of respondents rated the messages included in Design 1 are easy or very easy to understand
Design 2	<p>Primary indicators:</p> <ul style="list-style-type: none"> • At least 50% of respondents rated Design 2 as effective or extremely effective in raising awareness about harmful gambling • At least 50% of respondents agreed or strongly agreed that Design 2 can encourage people affected by harmful gambling to seek help <p>Secondary indicator:</p> <ul style="list-style-type: none"> • At least 50% of respondents rated the messages included in Design 2 are easy or very easy to understand

3.4 RESULTS OF THE FEEDBACK SURVEY

The main findings of the feedback survey are summarised below. See Appendix 10 for more details.

3.4.1 Survey participant characteristics

A total of 239 responses were collected from different platforms which were set up in various survey languages: 125 responses from WeChat (Chinese), 55 from English Facebook and AFS Asian Lived Experience Group (English), 33 from AFS Hindi closed FB Group (Hindi/English), and 26 from Korean Post (Korean).

In the feedback survey, respondents were asked three questions: (a) Have you ever had a problem with gambling? (b) Do you currently have a problem with gambling? and (c) Have you ever been affected by someone else’s gambling? There were 56 respondents who reported that they had ever had a problem with gambling, 25 respondents with a current problem with gambling, 94 respondents who were affected others (i.e., people who reported that they had ever been affected by someone else’s gambling), and 125 respondents who were non-problem gamblers (i.e., people who had not had a problem with gambling), and who had not been affected by someone else’s gambling. These groups of survey respondents overlapped to some extent (see Appendix 10 Table 2). For example, of the 25 survey respondents who responded that they had a current problem with gambling, 16 (64%) also said they had ever been affected by someone else’s gambling. Besides, of the 94 survey respondents who

had ever been affected by someone else’s gambling, 37 (39.4%) also reported that they had ever had a problem with gambling.

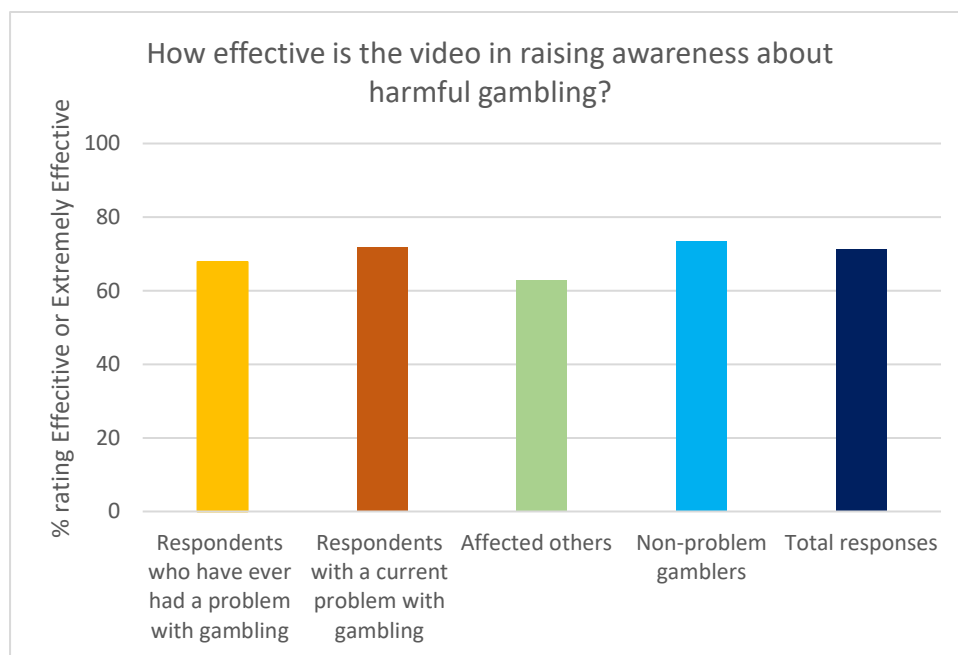
In the following, survey findings of five groups of respondents will be presented and discussed: (1) respondents who have ever had a problem with gambling; (2) respondents with a current gambling problem; (3) respondents who were affected others; (4) respondents who were non-problem gamblers and who had not been affected by someone else’s gambling; and (5) total responses.

3.4.2 Feedback on the animated video

- *How effective is the video in raising awareness about harmful gambling?*

Of the 239 respondents who completed the feedback survey, 170 (71.2%) rated the video as effective or extremely effective in raising awareness about harmful gambling. All of the four respondent sub-groups had at least 60% of respondents who rated the video as effective or extremely effective in raising awareness about harmful gambling: respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (73.6%), respondents with a current problem with gambling (72%), respondents who had ever had a problem with gambling (67.8%), and respondent who were affected others (62.8%) (Figure 5).

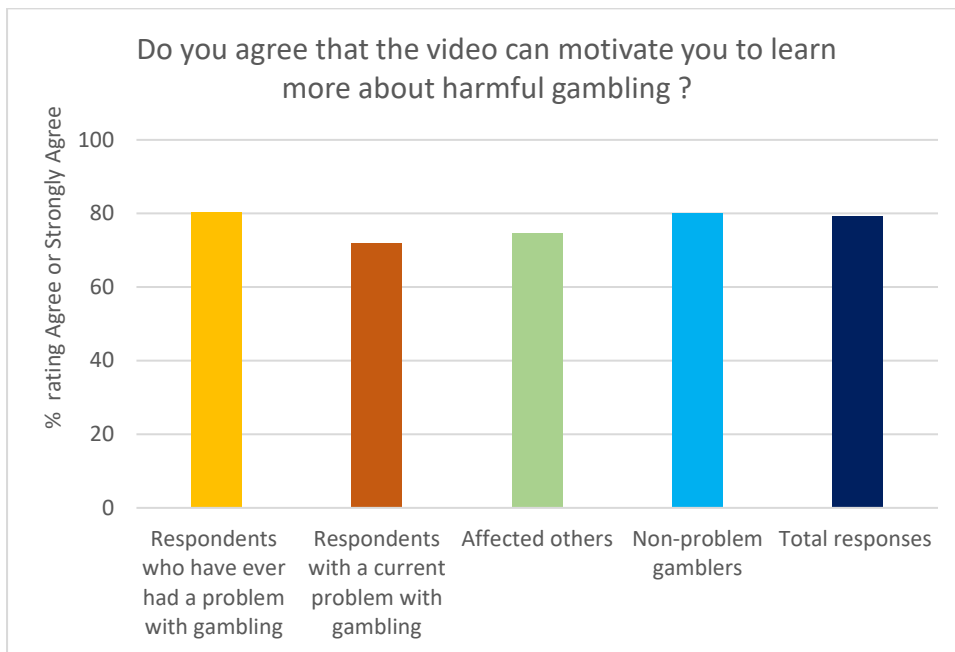
Figure 5 Percentages of respondents who rated the video as effective or extremely effective in raising awareness about harmful gambling



- *How effective is the video in motivating people to learn more about harmful gambling?*

The survey asked respondents to what extent they agreed that the video can motivate them to learn more about harmful gambling. Out of the 239 respondents who completed the survey, 189 (79.1%) answered “agree” or “strongly agree”. All of the four respondent sub-groups had at least 70% of respondents agreed or strongly agreed that the video can motivate them to learn more about harmful gambling: respondents who had ever had a problem with gambling (80.3%), respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (80%), respondents who were affected others (74.5%), and respondents with a current problem with gambling (72%) (Figure 6).

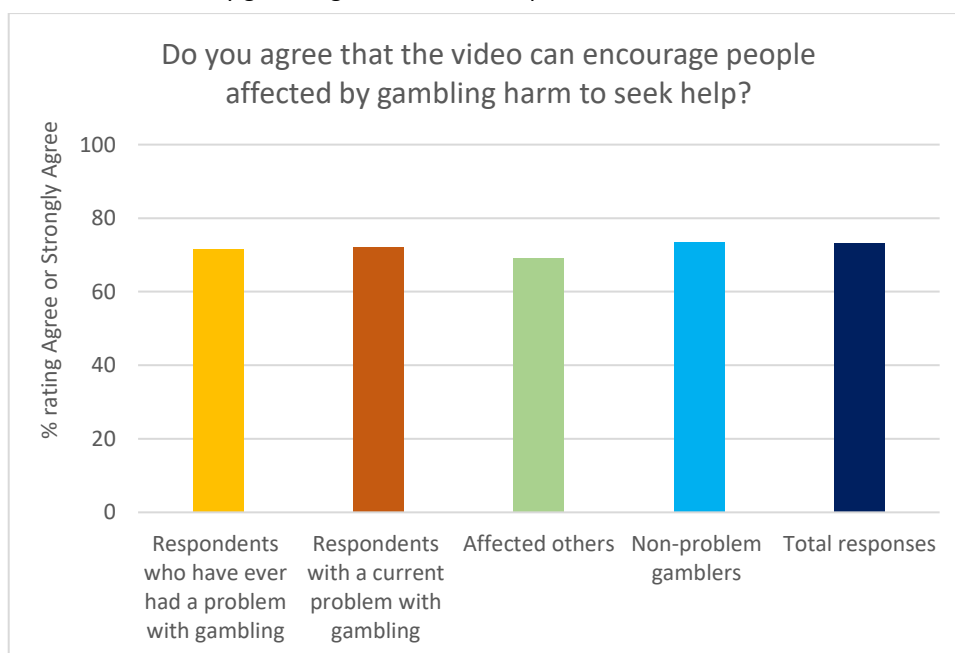
Figure 6 Percentages of respondents who agreed or strongly agreed that the video can motivate them to learn more about harmful gambling



- *How effective is the video in encouraging people affected by harmful gambling to seek help?*

One hundred and seventy-five (73.2%) survey respondents agreed or strongly agreed that the video can encourage people affected by harmful gambling to seek help. All of the four respondent sub-groups had at least 65% of respondents answered “agree” or “strongly agree”: respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (73.6%), respondents with a current problem with gambling (72%), respondents who had ever had a problem with gambling (71.5%), and respondents who were affected others (69.1%) (Figure 7).

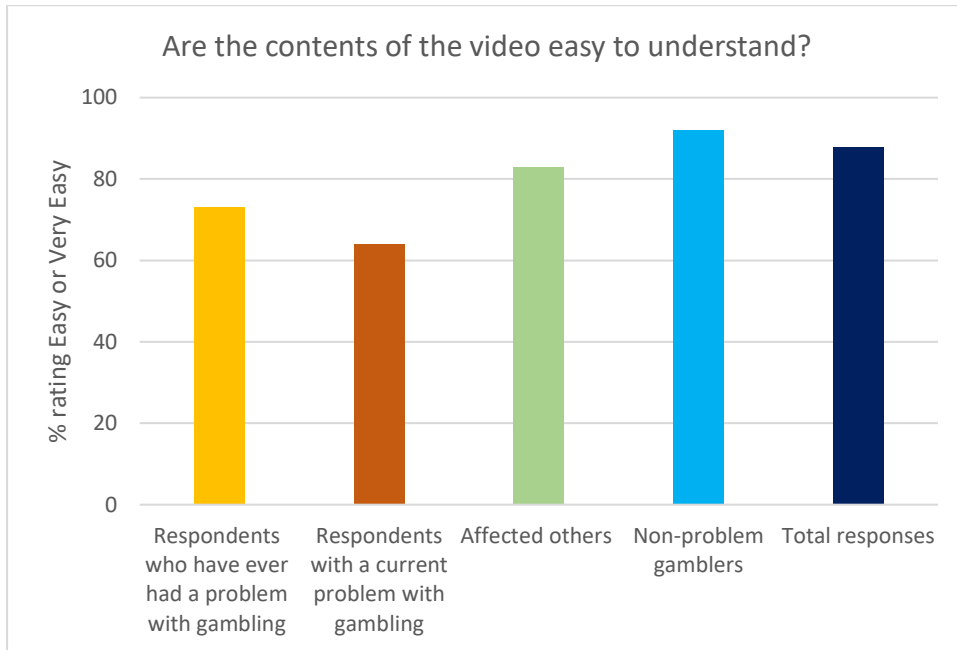
Figure 7 Percentages of respondents who agreed or strongly agreed that the video can encourage people affected by gambling harm to seek help



- *Are the contents of the video easy to understand?*

A large majority (87.9%) of the 239 survey respondents rated the contents of the video as easy or very easy to understand. All of the four respondent sub-groups had at least 60% of respondents who rated the contents of the video as easy or very easy to understand: respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (92%), respondents who were affected others (83%), respondents who had ever had a problem with gambling (73.2%), and respondents with a current problem with gambling (64%) (Figure 8).

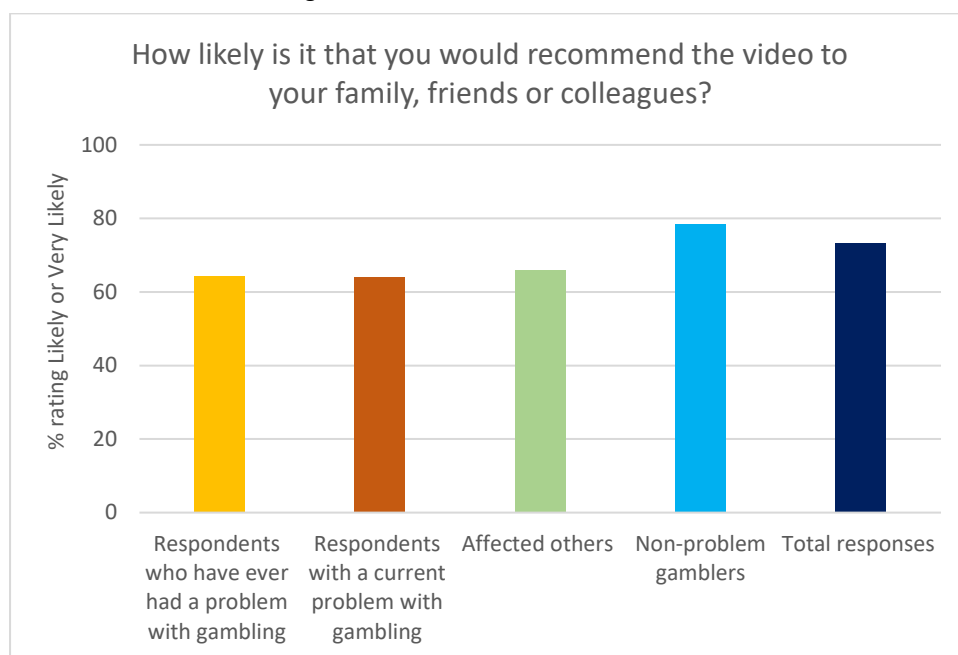
Figure 8 Percentages of respondents who rated the contents of the video as easy or very easy to understand



- *How likely is it that you would recommend the video to your family, friends, or colleagues?*

Survey respondents were asked how likely they would recommend the video to their family, friends, or colleagues. A majority (73.3%) of the 239 respondents who completed the feedback survey answered “likely” or “very likely”. All of the four respondent sub-groups had at least 60% of respondents who were likely or very likely to recommend the video to their family, friends, or colleagues: respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (78.4%), respondents who were affected others (66%), respondents who had ever had a problem with gambling (64.2%), and respondents with a current problem with gambling (64%) (Figure 9).

Figure 9 Percentages of respondents who were likely or very likely to recommend the video to their family, friends, or colleagues



- *Selected open-ended comments on the video*

A number of respondents provided additional comments on the video in response to the open-ended question asked. Below is a selection of the comments made by respondents with different experience of harmful gambling.

From respondents with a current gambling problem:

- *This is a very strong message to everyone.*
- *This is really good in raising awareness to people. Well done!*
- *Very effective and courageous video.*

From respondents who had ever had a problem with gambling:

- *It is good to see adverts and videos that show how gambling can affect people in bad ways and that there is help out there if you need help.*
- *Absolutely love this video. I think it can really help many people get the help they really need.*
- *I stop gambling now. I stopped before I lost all my money, but I had lost my health. It would be nice to say more about the impacts of gambling in the video.*
- *Divorce due to gambling, broken home, got fired from company... I wish you could include things like these in the video.*
- *I think your video needs to be a bit more confronting and to the point. It may be a bit more effective if a child was narrating the video. This is because when I listened to the lady narrating, it didn't hit home, and I lost interest in it. But when I imagined my baby girl narrating, that certainly sparked something in me, and I started crying for no reason.*
- *The video tempo is too slow. It's difficult to get people to watch it to the end. It would be better to get a real person to share their personal experience of gambling and the harmful effects on them and their family.*

From respondents who were affected others:

- *I feel like the video can include more about the harm of gambling to their loved ones.*
- *My father had been gambling since we were very young. We suffered a lot. We often didn't have food on our table and couldn't make ends meet. It was our mother who felt all the burden. While my father*

was out gambling, my mother had to work hard to feed the family. This is a story I'm not happy to share but I vow never to gamble because it only ruins a family.

From a respondent who was a non-problem gambler and who had not been affected by someone else's gambling:

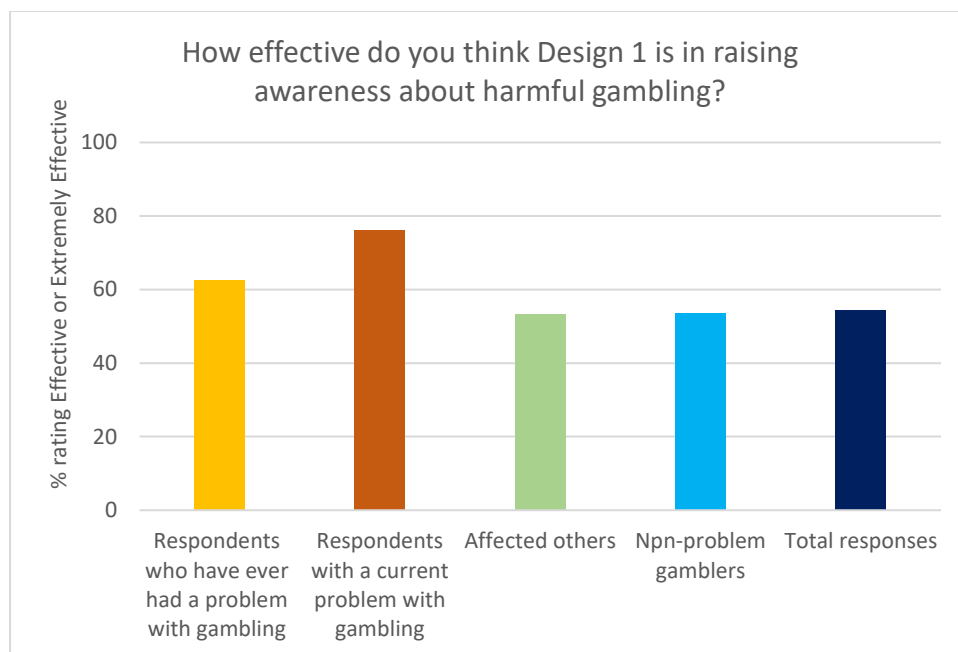
- *The content is helpful; however, the narration is too slow.*

3.4.3 Feedback on the two gambling harm awareness designs

- *How effective are the designs in raising awareness about harmful gambling?*

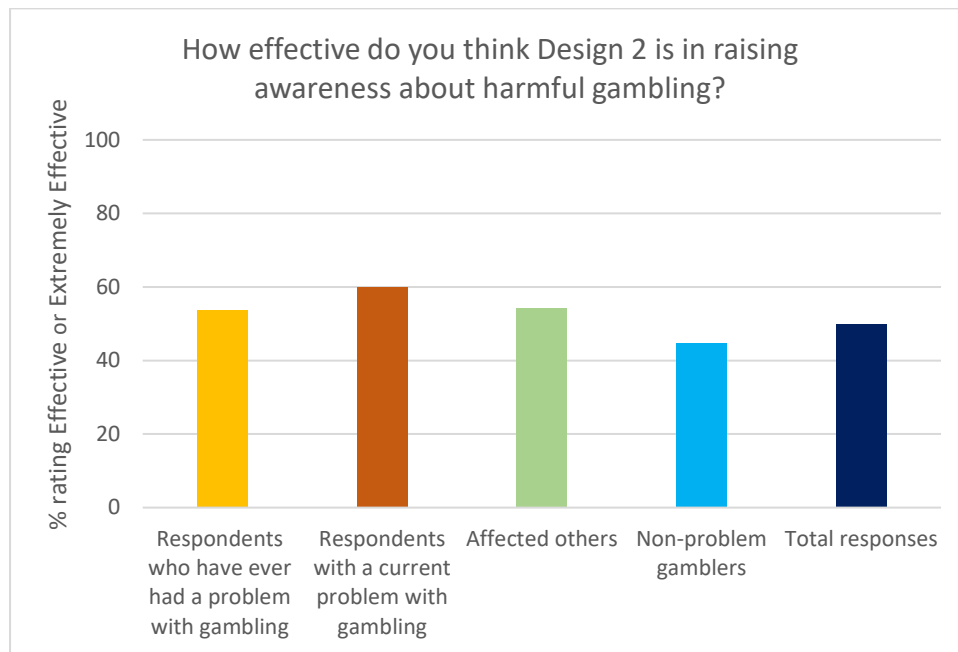
Over half (54.4%) of the 239 respondents in the feedback survey rated Design 1 (Big fish eat small fish) as effective or extremely effective in raising awareness about harmful gambling. Across the four respondent sub-groups, the percentages of respondents who rated Design 1 as effective or extremely effective in raising awareness about harmful gambling differed by over 20 percentage points: respondents with a current problem with gambling (76%), respondents who had ever had a problem with gambling (62.5%), respondents who were non-problem gamblers and who had not been affected by someone else's gambling (53.6%), and respondents who were affected others (53.2%) (Figure 10).

Figure 10 Percentages of respondents who rated Design 1 as effective or extremely effective in raising awareness about harmful gambling



Half (50%) of the 239 respondents in the feedback survey rated Design 2 (A lonely dog waiting for its owner to come home) as effective or extremely effective in raising awareness about harmful gambling. Across the four respondent sub-groups, the percentages of respondents who rated Design 2 as effective or extremely effective in raising awareness about harmful gambling differed by over 15 percentage points: respondents with a current problem with gambling (60%), respondents who were affected others (54.3%), respondents who had ever had a problem with gambling (53.6%), and respondents who were non-problem gamblers and who had not been affected by someone else's gambling (44.8%) (Figure 11). Overall, Design 1 was rated by larger proportions of respondents as effective or extremely effective (54.4%) in raising awareness about harmful gambling than Design 2 (50%).

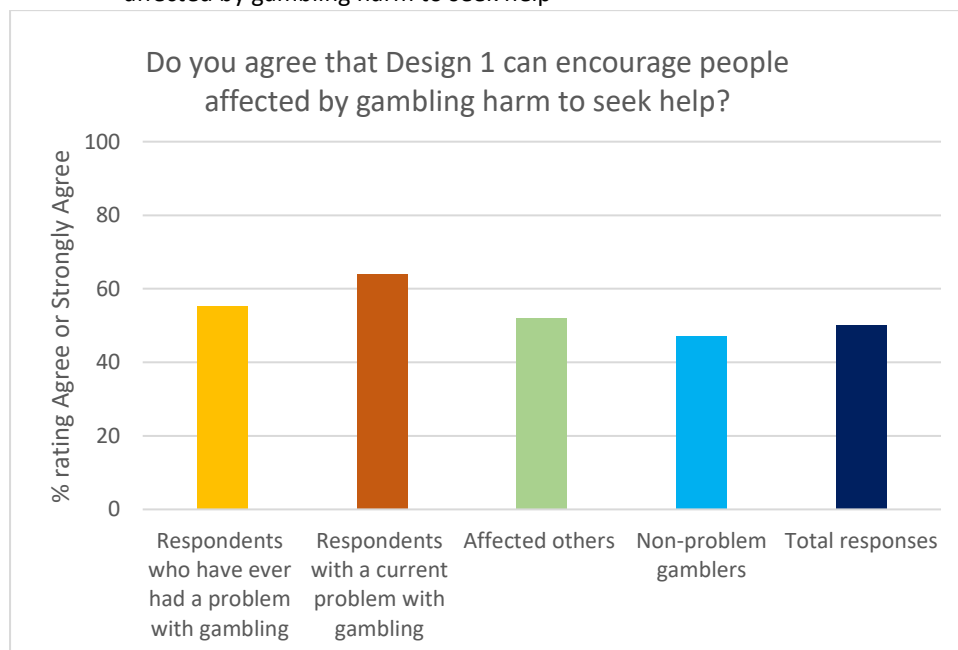
Figure 11 Percentages of respondents who rated Design 2 as effective or extremely effective in raising awareness about harmful gambling



- *How effective are the designs in encouraging people affected by harmful gambling to seek help?*

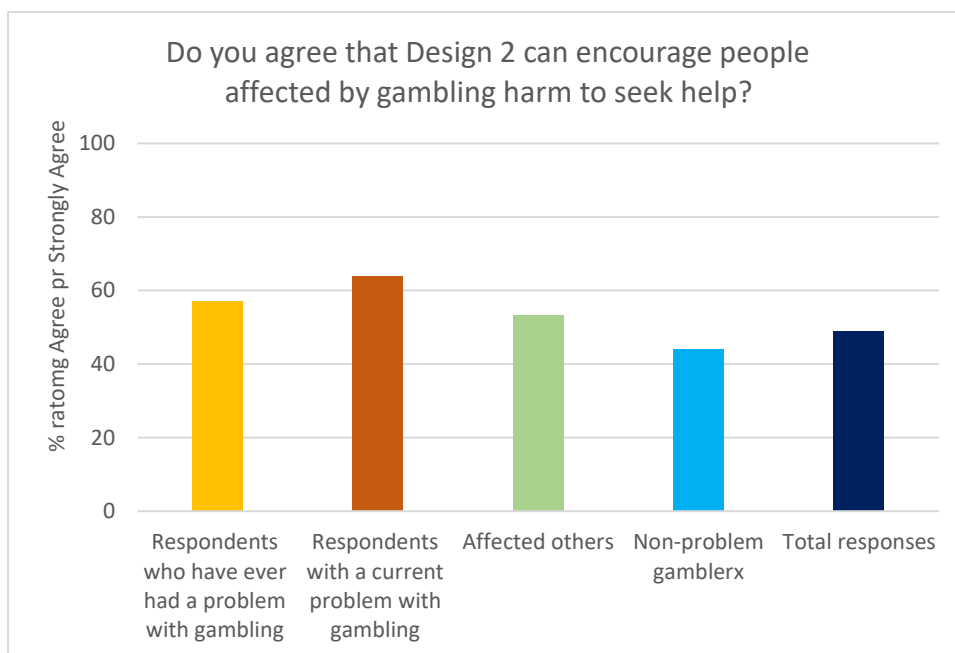
50.2% of the 239 survey respondents who completed the feedback survey agreed or strongly agreed that Design 1 can encourage people affected by harmful gambling to seek help. Across the four respondent sub-groups, the percentages of respondents who agreed or strongly agreed that Design 1 can encourage people to seek help differed by over 15 percentage points: respondents with a current problem with gambling (64%), respondents who had ever had a problem with gambling (55.4%), respondents who were affected others (52.1%), and respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (47.2%) (Figure 12).

Figure 12 Percentages of respondents who agreed or strongly agreed that Design 1 can encourage people affected by gambling harm to seek help



For Design 2, under half (48.9%) of the 239 survey respondents who completed the feedback survey agreed or strongly agreed that Design 2 can encourage people affected by harmful gambling to seek help. Across the four respondent sub-groups, the percentages of respondents who agreed or strongly agreed that Design 2 can encourage people to seek help differed by over 20 percentage points: respondents with a current problem with gambling (64%), respondents who had ever had a problem with gambling (57.1%), respondents who were affected others (53.2%), and respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (44%) (Figure 13). Overall, the proportion of respondents who agreed or strongly agreed that Design 1 can encourage people affected by harmful gambling to seek help was just over half (50.2%), but it was less than half (48.9%) for Design 2.

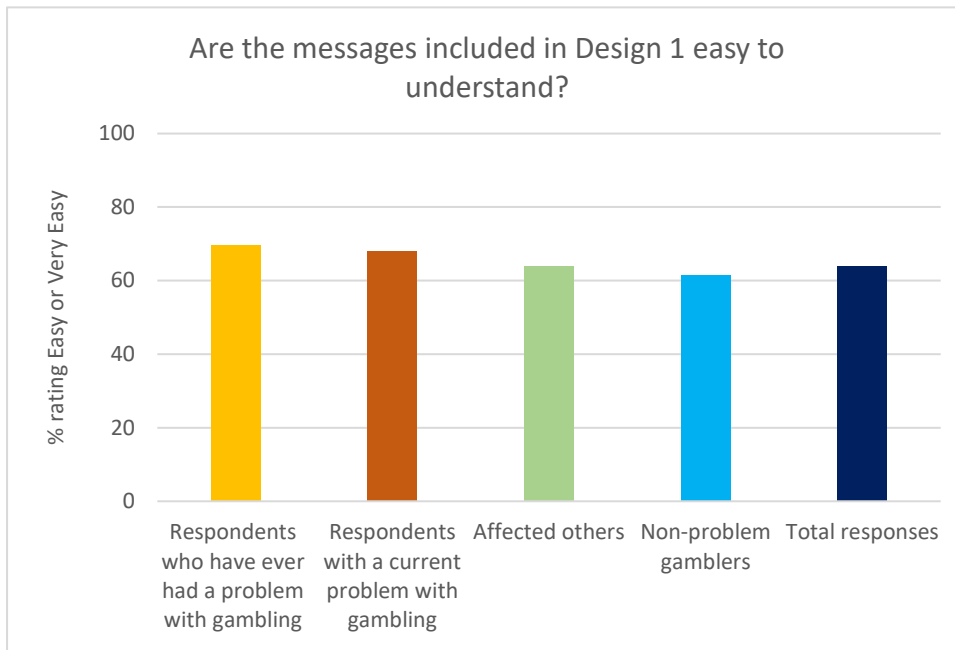
Figure 13 Percentages of respondents who agreed or strongly agreed that Design 2 can encourage people affected by gambling harm to seek help



- *Are the messages included in the designs easy to understand?*

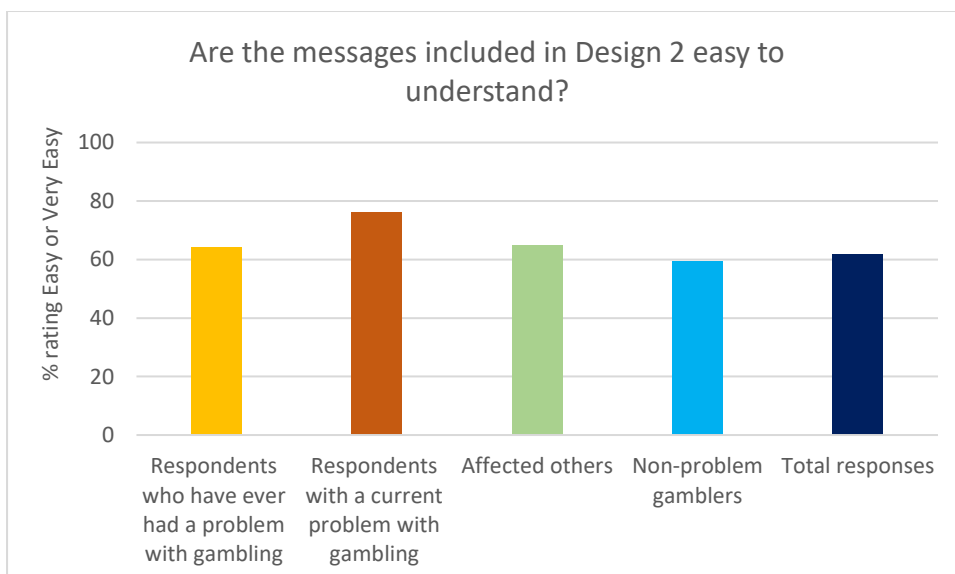
About two-third (64%) of the 239 survey respondents who completed the feedback survey rated the messages included in Design 1 as easy or very easy to understand. All of the four respondent sub-groups had at least 60% of respondents who rated “easy” or “very easy”: respondents who had ever had a problem with gambling (69.6%), respondents with a current problem with gambling (68%), respondents who were affected others (63.8%), and respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (61.6%) (Figure 14).

Figure 14 Percentages of respondents who rated the messages included in Design 1 as easy or very easy to understand



For Design 2, 61.9% of the 239 survey respondents who completed the feedback survey rated the messages included in the design as easy or very easy to understand. Across the four respondent subgroups, the percentages of respondents rated “easy” or “very easy” differed by over 15 percentage points: respondents with a current problem with gambling (76%), respondents who were affected others (64.9%), respondents who had ever had a problem with gambling (64.2%), and respondents who were non-problem gamblers and who had not been affected by someone else’s gambling (59.2%) (Figure 15). Overall, at least 60% of respondents rated the messages included in Design 1 and Design 2 as easy or very easy to understand (64% and 61.9% respectively).

Figure 15 Percentages of respondents who rated the messages included in Design 2 as easy or very easy to understand



- *Selected open-ended comments on Design 1 (Big fish eat small fish)*

Below is a selection of open-ended comments on Design 1 made by respondents with different

experience of harmful gambling.

From respondents with a current problem with gambling:

- *Helpful and create awareness.*
- *Love the colours and the wordings. The style and fonts are really eye-catching.*
- *The picture doesn't look scary because it's so cute. I think it'd be better if it was more scary.*
- *The scary thing about gambling is that when you are obsessed about gambling you lose control. You would throw more money to try to win your money back.*

From respondents who had ever had a problem with gambling:

- *The picture with the colour and fish was very interesting to look at, and the meaning behind it is very true.*
- *The background and colors are pretty, but I don't think it's that scary.*
- *You need something more damaging.*

From respondents who were affected others:

- *So true... When you are addicted to gambling, you would think you will always win but you end up losing more.*
- *The message is ambiguous because if you are addicted to gambling, you would think you can become a big fish by winning more money.*
- *The gambling warning words are too small and in the wrong place.*

From respondents who were non-problem gamblers and who had not been affected by someone else's gambling:

- *Clear picture and texts, vivid images.*
- *Thanks for doing this, hope it reaches out to a wide target audience.*
- *A few small fish ready to escape can be added to give the design greater visual impacts.*
- *Not really straight-forward message.*
- *It's hard for people to see at a glance what it means. The words big fish eat small fish are put so big and I don't understand why.*
- *Selected open-ended comments on Design 2 (A lonely dog waiting for its owner to come home)*

Below is a selection of open-ended comments on Design 2 made by respondents with different experience of harmful gambling.

From respondents with a current gambling problem:

- *The puppy is cute and gives a warm feeling.*
- *Definitely truthful in every shape or form.*

From respondents who had ever had a problem with gambling:

- *Reminds me of family waiting at home.*
- *You may show children waiting for their loved ones. Replace the dog with a kid.*
- *The design is not provocative at all. An impactful image is needed rather than a friendly image.*

From respondents who were affected others:

- *Can resonate emotionally.*
- *Definitely easy to relate to with vibrant messages.*
- *The tag line is effective.*
- *This design is great. Pet lovers would definitely take notice.*
- *You can add a pair of hands around the dog, which means everyone in the family is waiting for you to come home.*
- *Not everyone is attracted to dogs.*

- *Neither design is very serious about gambling. Is it too fairy tale? I think more realistic and provocative pictures are needed to raise awareness and caution. It would be more helpful to use the designs to inform the dangers of gambling.*

From respondents who were non-problem gamblers and who had not been affected by someone else’s gambling:

- *You can add the moon, as it can make people feel the loneliness at the dead of night. It would be even better to let the dog shed a tear of sadness.*
- *Make the words at the bottom of the design bigger.*
- *I think Design 1 [big fish eat small fish] is more interesting.*

3.5 EVALUATION OF SURVEY OUTCOMES AND DISCUSSION

This section discusses the survey findings and addresses the evaluation question: How effective were the video and the two gambling harm awareness designs in raising Asian people’s awareness about harmful gambling, and encouraging people affected by gambling harm to seek help?

Table 6 provides a summary of the evaluation findings associated with the video and the two art designs, comments on their achievement against the target outcomes, and evidence.

Table 6 A summary of Part 2 evaluation findings, target outcomes, comments on achievement, and evidence

Type of resource	Target outcomes	Comments on achievement	Evidence
Video	At least 50% of respondents rated the video as effective or extremely effective in raising awareness about harmful gambling	Yes (Strong evidence)	-71.2% of all respondents rated the video as effective or extremely effective in raising awareness about harmful gambling. -The target outcome was achieved by all four respondent sub-groups ⁷ ; percentages rated effective or extremely effective ranged from 73.6% to 62.8%.
	At least 50% of respondents agreed or strongly agreed that the video can encourage people affected by harmful gambling to seek help	Yes (Strong evidence)	-73.2% of all respondents agreed or strongly agreed that the video can encouraged people affected by harmful gambling to seek help. -The target outcome was achieved by all four respondent sub-groups; percentages agreed or strongly agreed ranged from 73.6% to 69.1%.
	At least 50% of respondents agreed or strongly agreed that the video can motivate people to learn more about harmful gambling	Yes (Strong evidence)	-79.1% of all respondents agreed or strongly agreed that the video can motivate people to learn more about harmful gambling. -The target outcome was achieved by all four respondent sub-groups; percentages agreed or strongly agreed ranged from 80.3% to 72%.
	At least 50% of respondents rated the contents of the	Yes (Strong evidence)	-87.9% of all respondents rated the contents of the video as easy or very easy to understand.

⁷ The four sub-groups of respondents were: respondents who had ever had a problem with gambling, respondents currently having a problem with gambling, respondents who were affected others, and respondents who were non-problem gamblers who had not been affected by someone else’s gambling.

	video as easy or very easy to understand		-The target outcome was achieved by all four respondent sub-groups; percentages rated easy or very easy ranged from 92% to 64%.
	At least 50% of respondents were likely or very likely to recommend the video to their family, friends and colleagues	Yes (Strong evidence)	-73.3% of all respondents were likely or very likely to recommend the video to their family, friends and colleagues. -The target outcome was achieved by all four respondent sub-groups; percentages rated likely or very likely ranged from 78.4% to 64%.
Design 1	At least 50% of respondents rated Design 1 as effective or extremely effective in raising awareness about harmful gambling	Yes (Moderate evidence)	-54.4% of all respondents rated Design 1 as effective or extremely effective in raising awareness about harmful gambling. -The target outcome was achieved by all four respondent sub-groups; percentages rated effective or extremely effective ranged from 76% to 53.2%.
	At least 50% of respondents agreed or strongly agreed that Design 1 can encourage people affected by harmful gambling to seek help	Yes (Mixed evidence)	-50.2% of all respondents agreed or strongly agreed that Design 1 can encourage people affected by harmful gambling to seek help. -The target outcome was achieved by the three sub-groups of respondents with experiences of gambling harm ⁸ ; percentages agreed or strongly agreed ranged from 64% to 52.1%. -The target outcome was not achieved by respondents who were non-problem gamblers and who had not been affected by someone else's gambling; only 47.2% agreed or strongly agreed that Design 1 can encourage people to seek help.
	At least 50% of respondents rated the messages included in Design 1 are easy or very easy to understand	Yes (Moderate evidence)	-64% of all respondents rated the messages included in Design 1 as easy or very easy to understand -The target outcome was achieved by all four respondent sub-groups; percentages rated easy or very easy ranged from 69.6% to 61.6%.
Design 2	At least 50% of respondents rated that Design 2 as effective or extremely effective in raising awareness about harmful gambling	Yes (mixed evidence)	-50% of all respondents rated Design 2 as effective or extremely effective in raising awareness about harmful gambling -The target outcome was achieved by the three sub-groups of respondents with experiences of gambling harm; percentages rated effective or extremely effective ranged from 60% to 53.6%. -The target outcome was not achieved by respondents who were non-problem

⁸ The three sub-groups of respondents with experiences of gambling harm were: respondents who had ever had a problem with gambling, respondents currently having a problem with gambling, and respondents who were affected others.

			gamblers and who had not been affected by someone else's gambling; only 44.8% rated Design 2 as effective or extremely effective in raising awareness about harmful gambling.
	At least 50% of respondents agreed or strongly agreed that Design 2 can encourage people affected by harmful gambling to seek help	No	-48.9% of all respondents agreed or strongly agreed that Design 2 can encourage people affected by harmful gambling to seek help -The target outcome was achieved by the three groups of respondents with experiences of gambling harm; percentages agreed or strongly agreed ranged from 64% to 53.2%. -The target outcome was not achieved by respondents who were non-problem gamblers and who had not been affected by someone else's gambling; only 44% agreed or strongly agreed that Design 2 can encourage people to seek help.
	At least 50% of respondents rated the messages included in Design 2 are easy or very easy to understand	Yes (Moderate evidence)	-61.9% of all respondents rated the messages included in Design 2 as easy or very easy to understand -The target outcome was achieved by all four respondent sub-groups; percentages rated easy or very easy ranged from 76% to 59.2%.

3.5.1 Discussion of evaluation findings on the video

Examining the evaluation findings associated with the video, there was strong evidence that the video was effective in raising awareness about harmful gambling, as well as in encouraging people affected by harmful gambling to seek help (Table 6). The percentages of survey respondents who rated the video as effective or extremely effective in raising awareness about harmful gambling (71.2%), and the percentages who agreed or strongly agreed that the video can encourage people affected by harmful gambling to seek help (73.2%), were well above the 50% target set for both outcomes. There was also supporting evidence from the secondary outcomes, which showed that 87.9% of respondents rated the contents of the video as easy or very easy to understand, 79.1% agreed or strongly agreed that the video can motivate people to learn more about harmful gambling, and 73.3% responded that they were likely or very likely to recommend the video to their family, friends or colleagues. These percentages were also well above the 50% target set for these secondary outcomes.

A number of respondents with different experiences associated with gambling provided open-ended comments on the video. The comments were all very positive, and they showed strong support that the video was effective in promoting awareness about harmful gambling and help-seeking. Respondents also pointed out that the contents of the video were quite easy to understand, and that the video gave a strong message about the negative effects of gambling on individuals and families, and where people can go to get help. Some suggestions for improving the video included: making the video more engaging by shortening its duration; making the video a bit more provocative and confronting; and improving the impact of the video by expanding on the social impacts of harmful gambling

3.5.2 Discussion of evaluation findings on the two gambling harm awareness designs

Compared to the video, evidence on the effectiveness of the two gambling harm awareness designs was less strong. For Design 1 (Big fish eat small fish), there was moderate evidence that the design was effective in raising awareness about gambling harm, and the evidence that the design can

encourage people affected by gambling harm to seek help was mixed, as the target outcome was not achieved by the non-problem gamblers sub-group. Overall, the percentages of survey respondents who rated Design 1 as effective or extremely effective in raising awareness about harmful gambling (54.4%), and the percentages who agreed or strongly agreed that Design 1 can encourage people affected by harmful gambling to seek help (50.2%), achieved the 50% target set for both outcomes. There was also supporting evidence from the secondary outcome, which showed that 64% of survey respondents rated the messages included in Design 1 as easy or very easy to understand.

Across the four respondent sub-groups, respondents' ratings on Design 1 varied. In general, respondents who had ever had a problem with gambling, and respondents who had a current problem with gambling, rated Design 1 as more effective than respondents who were affected others, and respondents who were non-problem gamblers and who had not been affected by someone else's gambling. The open-ended comments made by respondents on Design 1 suggested that the vivid images of big fish eat small fish, and the message "*gambling is not a way to make money. You're likely to lose more than you win*" had struck a chord with the first two sub-groups of respondents who had direct experience of harmful gambling. But to non-problem gamblers and affected others, although they also commented that the vivid images and use of colour in the design had created a high visual impact, they wanted more straight-forward messages, and scarier designs to confront gamblers in denial of the problems they face.

For Design 2 (A lonely dog waiting for its owner to come home), the evidence on the effectiveness of the design was also mixed. Overall, the percentages of survey respondents who rated Design 2 as effective or extremely effective in raising awareness about harmful gambling just achieved the 50% target set for this outcome, but not achieved by the non-problem gamblers sub-group (44.8%). The percentages of respondents who agreed or strongly agreed that Design 2 can encourage people affected by harmful gambling to seek help (48.9%) did not achieved the 50% target set for this outcome but was achieved by three respondent sub-groups who were affected by harmful gambling: respondents who had ever had a problem with gambling (57.1%), respondents with a current problem with gambling (64%), and respondents who were affected others (53.2%). The supporting evidence from the secondary outcome showed that 61.9% of respondents rated the messages included in Design 2 as easy or very easy to understand.

Similar to Design 1, respondents who had ever had a problem with gambling, and respondents who had a current problem with gambling, rated Design 2 as more effective than respondents who were affected others, and respondents who were non-problem gamblers and who had not been affected by someone else's gambling. The open-ended comments made by respondents on Design 2 suggested that the first two sub-groups of respondents who had direct experience with harmful gambling could relate to the picture of a lonely dog waiting for its owner to come home and the message "*Harmful Gambling ≠ Entertainment. Your loved ones are waiting for you to come home*", because the picture and the message had touched them on an emotional level. However, not all respondents were attracted to dogs. To non-problem gamblers and affected others, some felt that provocative images rather than friendly images are needed to make a more powerful impact.

4. CONCLUSION

This research was funded through the Ministry of Health Gambling Innovation Research and Evaluation Fund 2018/19 to develop, deliver, and evaluate a support group programme to reduce the risk of gambling relapses among Chinese and South Asian migrants and international students who had a history of harmful gambling. A 3-minute animated video and two sets of gambling harm awareness promotional art designs were also created using co-design methods to raise awareness of harmful gambling in Asian communities, and to encourage help-seeking by people affected by harmful gambling. This section discusses the strengths and limitations of the study, and implications of the research.

4.1 STRENGTHS AND LIMITATIONS OF THE STUDY

4.1.1 *Strengths of the research*

This research had several strengths. Firstly, the research addressed a major gap in knowledge and intervention concerning relapse prevention of harmful gambling (Abbott et al., 2018). Within Asian communities, the risk of relapsing is high amongst migrants and international students with harmful gambling issues as they are likely to have limited social contacts with others and tend to engage in few social activities apart from gambling (Ministry of Education, 2007; Moore et al., 2012; Tse, Wong & Chan, 2007). Upon cessation of gambling, individuals can experience a 'black hole' in their lives, as they are often left with a considerable amount of unstructured time, inadequate social skills, and feelings of emptiness. There are also sociocultural barriers preventing Asian people from seeking professional help for their harmful gambling, such as stigma and shame, which could delay treatment and allow their gambling behaviour to escalate (Au & Ho, 2015; Sobrun-Maharaj et al., 2012). Despite migrants and international students of Asian backgrounds being at high risk of gambling relapses, there are limited relapse prevention services for this group.

In this study, a strengths-based, recovery-oriented, structured support group programme targeting migrants and international students of Asian backgrounds was developed and tested to help participants reduce the risk of relapsing and increase their help-seeking intentions. Using peer support and recovery principles, the eight-session group programme focused on helping participants to increase their awareness of the addictiveness of gambling activities, increase knowledge about the triggers for gambling relapses, improve stress management and self-care behaviour, and increase help-seeking intentions. The group programme was developed and facilitated by qualified counsellors with skills and experiences in running therapeutic groups. They played an important role in creating a collaborative and supportive environment that allowed group members to work through their difficult experiences and develop relapse prevention strategies that are culturally appropriate to Asian clients.

An evaluation of the group intervention was undertaken by collecting and analysing pre-post changes in participants' levels of gambling severity, help-seeking intentions, attitudes towards harmful gambling, knowledge of the triggers of relapse of harmful gambling, and stress management and self-care behaviour. The evaluation findings showed that the support group programme to a large extent met its goal of reducing the risk of gambling relapses among Chinese and South Asian participants. There was strong evidence that the programme achieved the intended outcomes of improving self-care and stress management, as well as increasing participants' awareness of the addictiveness of gambling activities. There was also some evidence that the support group programme achieved in increasing participants' knowledge about the triggers for gambling relapses, increasing help-seeking intentions, and reducing gambling severity.

Group participants' feedback on the support group programme showed that the peer support model worked well for them as they learned that gambling recovery does not need to be a solo journey. Sharing their own feelings with others having similar lived experiences had helped to decrease their shame of talking about gambling and reduce their feelings of isolation. Through the trust, support and hope they offered to one another, participants learned to avoid gambling relapses by discovering the reasons behind their gambling behaviour and developing new skills to manage stress and to maintain self-care. They also considered that the knowledge and skills that they had learned in the group could be used widely in their daily lives, not just for preventing gambling relapses.

Using co-design methods to develop gambling harm awareness resources was another strength of the study. Co-design is a research method that has become increasingly popular in the health and public sector (Naranjo-Bock, 2012; Steen, Manschot & De Koning, 2011). This approach goes beyond consultations with users of services by building collaboration between service users, service providers and production designers to co-design and create services or products. In the context of this research, service users were acknowledged as experts of their own experience, and they played an important part in the creative development of a 3-minute animated video and two sets of promotional art designs to raise awareness about harmful gambling in Asian communities.

The animated video was based on the theme "working hard to earn money for 12 hours, losing money in the Casino in one hour", contributed by service users with lived experience of harmful gambling in a creative workshop to brainstorm ideas for developing gambling harm awareness health promotion resources. The video produced through a co-design process brought out several important messages: people work hard to make a living, choosing how to use our hard-earned money sensibly; gambling has many harmful effects on individuals and families — people may find it difficult to stop gambling, and spend more time and money gambling until they lose everything in their lives; there is no shame in asking for help, and where people can go to get help.

Service users who were participants of the creative workshop also contributed their ideas for the two gambling harm awareness designs. Design 1 was a picture of a big fish eating some small fish, with the messages "Big fish eat small fish" and "Gambling is not a way to make money. You're likely to lose more than you win" printed on the design. Design 2 was a picture of a lonely dog waiting for its owner to come home, and the messages printed on the design were "Harmful Gambling ≠ Entertainment" and "Your loved ones are waiting for you to come home".

Evaluation of the video and the two gambling harm awareness designs was conducted via an online survey. The evaluation results showed that a large majority of the survey respondents rated the video as effective or extremely effective in raising awareness about harmful gambling (71.2%), whereas the percentages of respondents who rated Design 1 and Design 2 as effective or extremely effective in raising awareness about harmful gambling were 54.4% and 50% respectively. Open-ended comments provided by survey respondents showed that the two unique gambling harm awareness designs, which had involved people with lived experience of harmful gambling in the design process, could trigger strong emotional responses from respondents who had a current problem with gambling, as well as respondents who had ever had a problem with gambling. Overall, these two sub-groups of respondents rated the two designs as more effective than respondents who were affected others, and respondents who were non-problem gamblers and who had not been affected by someone else's gambling.

Finally, a number of resources have been developed through this research project: *Peer Support Facilitator's Guidebook for a Group Programme for Asian People with Experience of Harmful Gambling* (Appendix 8), which was prepared to assist future facilitators to plan activities for similar support groups for migrants and international students of Asian backgrounds; a gambling harm awareness

video in multiple languages (English, Chinese, Korean and Hindi; see p. 35), and two gambling harm awareness art designs in English, Chinese and Korean (see p. 33).

4.1.2 Limitations of the research

There are certain limitations in this study. As mentioned before, the COVID 19 pandemic, border closure and lockdown restrictions had posed a major challenge to this research. Due to the pandemic, we had to make a number of modifications to our research design and implementation, including adapting the peer support group design to ensure that the research could be conducted safely during the pandemic, broadening the group intervention targets to include former international students and migrants who had a history of harmful gambling, and running the intervention groups over a 4-week period. Despite the efforts, the number of people recruited to the support groups was smaller than first expected. Although the intended evaluation outcomes were achieved, the findings may be limited in their representativeness. Future research could replicate the group programme over a longer time period, and with a larger number of group participants.

Due to the prolonged lockdowns in Auckland between August 17 and December 3, 2021, we also had to change the evaluation of video and the two gambling harm awareness designs from face-to-face data collection to an online survey. The online survey results suggest that affected others (i.e., people who are affected by someone else's gambling) seem least likely to rate the resources as effective in raising awareness about harmful gambling, or in promoting help-seeking. Since online survey does not have an interviewer to ask probing questions to get more specific or in-depth information, no further analysis of affected others' answers could be conducted. Affected others is an under-researched group in gambling research. More research is required to explore affected others' help-seeking pathways to improve their access to services.

4.2 IMPLICATIONS OF THE RESEARCH

Based on the research findings, the major implications of this research can be summarised as follows:

- Migrant and international students of Asian backgrounds are at high risk of gambling relapses because they are likely to have limited social networks and could have used gambling as a means of emotional escape from their personal problems or negative emotions such as loneliness, boredom, or stress. A strengths-based, recovery-oriented support group programme can help to minimize the risk of relapse for this group through peer support, and by recognizing the relapse triggers and improving self-care and stress management skills.
- Stigma and shame are key barriers preventing Asian people affected by harmful gambling from seeking help. The Chinese and South Asian participants who joined the support groups in this study found that they were not alone on their recovery journey. Sharing their feelings with others having similar lived experience helped to decrease their shame of talking about gambling and reduce their feelings of isolation.
- Stress management and self-care are essential relapse prevention measures. Stress can trigger a relapse as a means to escape from the stress. Improving stress management involves understanding the reason or source of the stress people in recovery are experiencing, and learning ways to manage the stress, such as deep breathing techniques, music, prayers, or meditation. Maintaining self-care routines such as eating well, getting enough sleep, and engaging in pleasurable activities, provides a healthy foundation for recovery. Support group participants of this study reported that the stress management and self-care skills they learned in the groups could be used widely in their daily lives, not just for preventing gambling relapses.

- This study acknowledges that people with lived experience of harmful gambling are experts of their own experience. The same Chinese and South Asian support group participants were involved in a co-design process to provide “insider knowledge” and generate ideas for the creation of a video and two sets of promotional art designs to raise awareness about harmful gambling in Asian communities. The evaluation findings highlight that the storytelling video, and the unique gambling harm awareness designs, could trigger strong emotional responses from people who had a current problem with gambling, as well as people who had ever had a problem with gambling.

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APPENDICES

Appendix 1 Participant information sheet (English version)



PARTICIPANT INFORMATION SHEET

Lead investigator: Dr Elsie Ho
Contact phone number: [REDACTED]
Email: elsie.ho@asianfamilyservices.nz

You are invited to take part in a study on preventing relapses of harmful gambling. Whether or not you take part is your choice. If you don't want to take part, you don't have to give a reason.

This Participant Information Sheet will help you decide if you would like to take part. It sets out why we are doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. We will go through this information with you and answer any questions you may have. **You can request for an interpreter to explain the study to you in your first language.**

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

This document is 4 pages long, including the Consent Form. Please make sure you have read and understood all the pages.

What is the purpose of the study?

The reason why we are doing this study is because preventing relapses is an important part of gambling intervention. The risks of relapsing among new residents and international students are often related to feelings of emptiness, limited social support, a lack of skills to cope with stressful times and not seeking professional help. We have developed a group programme to help people take practical steps to prevent gambling relapses. The purpose of this study is to find out if the group programme is effective or not.

The study is funded by the Ministry of Health and has been approved by the Health and Disability Ethics Committee on December 20, 2019. Ethics Ref: 19/CEN/223.

What will my participation in the study involve?

If you are an international student studying at a university, polytechnic or language school in Auckland, aged 18 years or over, are Chinese, Indian, Pakistani, Sri Lankan or other South Asian, have experience of gambling problems and are interested in reducing or stopping the gambling behaviour causing harm, you are welcome to take part in this study. The groups are also suitable for new residents and past international students who had a history of harmful gambling and were interested in preventing relapses after they had completed a course of treatment.

You can join one of the two groups we offer: one for Chinese and the other for South Asian people. Each group will meet on four Saturdays or Sundays between March and April 2021. The groups will take place in a room at Asian Family Services.

The group programme will cover activities for self-reflection; knowing the triggers for relapses; how to cope with stress; how peer support can help you and how you can support others.

If you agree to take part, you will be asked to fill out a questionnaire about your gambling behaviour before the group starts. During the group sessions, you will be asked to reflect on your group experience. At the end of the group, you will fill out a questionnaire to find out if your behaviour and attitudes towards gambling have changed.

At the end of the group, members are invited to take part in a creative workshop to develop a health promotion resource for preventing harmful gambling.

What are the possible benefits and risks of this study?

The results of the study will help us improve our services to reduce gambling harm among Asian people.

As gambling is a sensitive topic, there is a risk that the study may cause you some emotional discomfort. If you feel uncomfortable from topics discussed in the group, you may choose to leave the group without giving a reason. If you require, you can contact the counsellors at Lifeline (0800 543 354) and the Asian Family Services (0800 862 342).

Who pays for the study?

Taking part in this study is free of charge. At the end of the project, we will give you a \$200 supermarket voucher to thank you for your time in participating in the study. If you take part in the creative workshop, you will receive a \$80 supermarket voucher as a koha.

What are my rights?

If you take part in the study, you will have the rights to:

- Privacy and confidentiality – As you take part in a group, your identity will be known to other participants in the group. If this is of concern to you, you can choose not to take part in the study. At the beginning of the group, we will ask everyone to agree to keep confidentiality. In other words, we request that you do not talk to others about what was discussed in the group and the details of the group members.
- Withdraw from the study at any time – You will not be able to withdraw information you have contributed to the group due to the nature of such groups. However, you are free to choose not to answer any questions, and you can choose to leave the group at any time or take a break and return later.
- Ask any questions about the study at any time.

What happens after the study?

All data collected in this study will be kept in a locked cabinet at Asian Family Services. The consent forms will be stored separately. Only the researchers will be able to see or use the data. The data will be kept for 10 years. After this time, all data will be destroyed.

A report summarising the results of the study will be prepared at the completion of the project. Other conference papers and journal articles may also be prepared. Your name and other information which can identify you personally, will not be used in any publications arising from the study.

You may request for a summary of the findings after the study ends.

Who do I contact for more information or if I have concerns?

If you have any questions, concerns or complaints about the study at any stage, you can contact:

Ms Kelly Feng, National Director, Asian Family Services

Phone: 09 212 6781

Email: kelly.feng@asianfamilyservices.nz

Dr Cecilia Wong-Cornall, Project Coordinator, Asian Family Services

Phone: [REDACTED]

Email: Cecilia.Wong-Cornall@asianfamilyservices.nz

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone : 0800 555 050

Fax : 0800 2 SUPPORT (0800 2787 7678)

Email : advocacy@advocacy.org.nz

Website: <https://www.advocacy.org.nz/>

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Phone: 0800 4 ETHICS

Email: hdecs@moh.govt.nz

CONSENT FORM

Please tick to indicate you consent to the following

I have read, or have had read to me in my first language, and I understand the Participant Information Sheet.

I have been given sufficient time to consider whether or not to participate in this study.

I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.

I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time.

I consent to the research staff collecting and processing my information, including information about my health.

If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.

I understand that the topics discussed in the group may cause emotional distress and I am aware that there are counselling services available to assist me if required.

I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.

I know who to contact if I have any questions about the study in general.

I understand my responsibilities as a study participant.

I wish to receive a summary of the results from the study.

No

Yes My email or physical address is _____

Declaration by participant:

I hereby consent to take part in this study.

Participant's name: _____

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name: _____

Signature: _____

Date: _____

Appendix 2 Recruitment questionnaire



Participant ID number

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Please fill in this questionnaire after you have signed the Consent Form.

Part 1: Personal Data Sheet

(please ✓)

1. Are you?
 Male Female

2. Which ethnic group or groups do you belong to?
 Chinese
 Indian
 Pakistani
 Sri Lankan
 Other (please write) _____

3. What year were you born? _____

4. Which country were you born in? _____

5. What is your marital status?
 Unmarried
 Married
 de facto relationship
 Other (please specify) _____

6. What is your religion?
 No religion
 Buddhist
 Catholic
 Christian
 Other (please specify) _____

7. How long have you been living in Auckland? _____ years _____ months

8. In what year did you first study in NZ as an international student? _____

9. What was the type of educational institution you attended at that time?
 Secondary school
 Polytechnic/Institute of Technology
 University
 Other tertiary institution
 Private language school
 Other (Please specify) _____

10. What is the type of educational institution in which you are currently studying?

- Secondary school
- Polytechnic/Institute of Technology
- University
- Other tertiary institution
- Private language school
- Other (Please specify) _____
- Not applicable

11. At present, do you have paid work in NZ?

- Yes
- No

If "yes", what is your occupation or position? _____

In this job, how many hours do you usually work per week? _____

12. Do you have relatives and/or other family members living in NZ now?

- Yes
- No

If "yes", which family members are in NZ? (Please tick all boxes that apply)

- Parent
- Husband/Wife
- Child
- Brother/Sister
- Other (please specify) _____

13. Where are you currently living?

- In student hostel
- In rental accommodation (e.g. flat)
- In your own home
- In a homestay (living with a family in NZ)
- In a relative's home
- Other (please specify) _____

Part 2: Gambling Behaviour Questionnaire

In this section, we would like to understand your behaviour or feelings during the time when your gambling was a problem.

For each question below, please ✓ the answer that best describes your behaviour or feelings during that time.

When you think of the time when your gambling was a problem, how often ...

1. Had you bet more than you could really afford to lose?
 Never Rarely Sometimes Often Always
2. Had you needed to gamble with larger amounts of money to get the same feeling of excitement?
 Never Rarely Sometimes Often Always
3. Had you gone back on another day to try to win back the money you lost?
 Never Rarely Sometimes Often Always
4. Had you borrowed money or sold anything to gamble?
 Never Rarely Sometimes Often Always
5. Had you felt that you might have a problem with gambling?
 Never Rarely Sometimes Often Always
6. Had people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true?
 Never Rarely Sometimes Often Always
7. Had you felt guilty about the way you gambled or what happened when you gambled?
 Never Rarely Sometimes Often Always
8. Had gambling caused you any health problems, including stress or anxiety?
 Never Rarely Sometimes Often Always
9. Had your gambling caused any financial problem for you or your household?
 Never Rarely Sometimes Often Always

In which year(s) was your gambling a problem?

From _____ to _____

Part 3: General Help-Seeking Questionnaire

If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by circling the number that best describes your intention to seek help from each help source that is listed. Choose NA for "Not Applicable".

1= Extremely Unlikely 3= Unlikely 5= Likely 7= Extremely Likely

1. Intimate partner (e.g. girlfriend, boyfriend, husband, wife, de facto)	1	2	3	4	5	6	7	NA
2. New Zealand (kiwi) friend	1	2	3	4	5	6	7	NA
3. Friends in your home country	1	2	3	4	5	6	7	NA
4. Parent	1	2	3	4	5	6	7	NA
5. Other relative / family member	1	2	3	4	5	6	7	NA
6. New Zealand (Kiwi) classmate	1	2	3	4	5	6	7	NA
7. Other international students	1	2	3	4	5	6	7	NA
8. Flatmate	1	2	3	4	5	6	7	NA
9. Homestay family	1	2	3	4	5	6	7	NA
10. Teacher	1	2	3	4	5	6	7	NA
11. Support staff in your educational institution	1	2	3	4	5	6	7	NA
12. Doctor / GP	1	2	3	4	5	6	7	NA
13. Other professionals (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7	NA
14. Phone helpline (e.g. Asian Helpline)	1	2	3	4	5	6	7	NA
15. Minister or religious leader (e.g. Priest, Chaplain)	1	2	3	4	5	6	7	NA
16. Student Association	1	2	3	4	5	6	7	NA
17. People from clubs/societies or in the community	1	2	3	4	5	6	7	NA
18. Educational agent / consultant	1	2	3	4	5	6	7	NA
19. I would not seek help from anyone	1	2	3	4	5	6	7	NA
20. I would seek help from someone not listed above (please list in the space provided) _____	1	2	3	4	5	6	7	NA

Appendix 3 – Week 1 evaluation form

Week 1 Evaluation form

Part A

Q1: Please rate how addictive gambling activities are from 1 (not addictive) to 10 (extremely addictive):

Not addictive			Somewhat addictive				Extremely addictive		
1	2	3	4	5	6	7	8	9	10

Q2: How harmful do you consider the following gambling activities:

a. Electronic gambling machines (e.g. Pokies)				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful
b. Online gambling websites (e.g. mobile phone apps or internet game sites)				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful
c. Lottery and instant games (e.g. The Lotto)				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful
d. Casino gambling				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful
e. Horse or sport betting				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful

Q3: How acceptable do you consider gambling as a way to socialise or have fun (by yourself or others)? (Please rate from 1 to 10)

Unacceptable			Partially acceptable				Highly acceptable		
1	2	3	4	5	6	7	8	9	10

Part B

Q1: Based on your experience, please share with us some causes or triggers for gambling:

Q2: How well do you understand the struggles of migration (e.g. challenges with study, work, and social isolation) had negatively impacted your well-being? (Please rate from 1 to 10)

No understanding at all			Partial understanding				Excellent understanding		
1	2	3	4	5	6	7	8	9	10

Q3: How well do you recognise the desire or urge to gamble again? (Please rate from 1 to 10)

No recognition at all			Some recognition				Excellent recognition		
1	2	3	4	5	6	7	8	9	10

Part C

For each question below, please ✓ the answer that best describes your behaviour or feelings as they relate to gambling **over the last 12 months**.

When you think of the past 12 months, how often ...

1. Have you bet more than you could really afford to lose?
 Never Rarely Sometimes Often Always
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
 Never Rarely Sometimes Often Always
3. Have you gone back on another day to try to win back the money you lost?
 Never Rarely Sometimes Often Always
4. Have you borrowed money or sold anything to gamble?
 Never Rarely Sometimes Often Always
5. Have you felt that you might have a problem with gambling?
 Never Rarely Sometimes Often Always
6. Have people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true?
 Never Rarely Sometimes Often Always
7. Have you felt guilty about the way you gamble or what happens when you gamble?
 Never Rarely Sometimes Often Always
8. Has gambling caused you any health problems, including stress or anxiety?
 Never Rarely Sometimes Often Always
9. Has your gambling caused any financial problem for you or your household?
 Never Rarely Sometimes Often Always

Appendix 4 – Week 2 evaluation form

Week 2 Evaluation form

Part A

Q1: After this session, please rate how addictive gambling activities are from 1 (not addictive) to 10 (extremely addictive):

Not addictive			Somewhat addictive				Extremely addictive		
1	2	3	4	5	6	7	8	9	10

Q2: After this session, how harmful do you consider the following gambling activities:

a. Electronic gambling machines (e.g. Pokies)				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful
b. Online gambling websites (e.g. mobile phone apps or internet game sites)				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful
c. Lottery and instant games (e.g. The Lotto)				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful
d. Casino gambling				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful
e. Horse or sport betting				
Not harmful	A little harmful	Harmful	Very harmful	Extremely harmful

Q3: After this session, how acceptable do you consider gambling as a way to socialise or have fun (by yourself or others)? (Please rate from 1 to 10)

Unacceptable			Partially acceptable				Highly acceptable		
1	2	3	4	5	6	7	8	9	10

Part B

Q1: How often do you feel stressed (e.g. overwhelmed by uncomfortable emotion towards a particular situation) in your day-to-day routine? (Please rate from 1 to 10)

Never feel stressed			Feeling stressed sometimes				Feeling stressed all the time		
1	2	3	4	5	6	7	8	9	10

Q2: In what areas of your life do you feel stressed often? (Please select as many or all of the items that apply to you)

- Work/employment
- Studies/education
- Relationship with family
- Relationship with friends
- Romantic relationship
- Financial situation
- Settlement issues (e.g. Visa renewal)
- Health/illness
- Future opportunities
- Safety issues
- All of the above
- Others [Please specify] :

Q3: How well do you understand the reason or source of your stress when you are experiencing a stressful event? (Please rate from 1 to 10)

No understanding			Some understanding				Excellent understanding		
1	2	3	4	5	6	7	8	9	10

Q4: What strategies do you use to help cope with a stressful event? Please list them and rate them in terms of the following:

A) how often you have used these strategies to help you? (1= most often)

B) how helpful are they for coping with stress? (1= most helpful)

Strategies for coping with stress	Rating (Most often used =1)	Rating (Most helpful =1)

Part C

Q1: How often do you take time to rest, relax or recharge after working or studying very hard?
(Please rate from 1 to 10)

Never			Sometimes				Always		
1	2	3	4	5	6	7	8	9	10

Q2: How do you look after yourself after you have been overworked or had experienced a stressful event? (Please select as many or all of the items that apply to you)

- Exercise (e.g. go for a walk, workout at the gym, home exercise)
 - Recreational activities (e.g. take part in a hobby: dance, drawing, pottery etc.)
 - Make something to eat/cook a nice meal
 - Take time to rest (e.g. afternoon naps, go to bed early, take a break from work/study)
 - Quiet activities (e.g. read books, watch films/TV shows)
 - Socialising (e.g. hang out with friends or family, play with pets/children)
 - Communication (e.g. talk to someone, self-reflection, journaling)
 - Spiritual practice (e.g. spending time at a place of worship, spending time in nature, praying, meditation)
 - All of the above
 - Others [Please specify]:
-

Q3: How difficult do you find making time for yourself to relax, rest or do something enjoyable that is good for your wellbeing?

Extremely difficult			Somewhat difficult				Not difficult at all		
1	2	3	4	5	6	7	8	9	10

Appendix 5 – Week 3 evaluation form

Week 3 Evaluation form

Part A

Q1: How helpful was the 'Tree Model' in helping you understand and relate to your recovery journey? (Please rate from 1 to 10)

Not helpful at all			Somewhat helpful				Extremely helpful		
1	2	3	4	5	6	7	8	9	10

Q2: After attending the group, has your knowledge of self-identifying gambling triggers increased? (Please rate from 1 to 10)

No increase in knowledge			Some increase in knowledge				A lot of increase in knowledge		
1	2	3	4	5	6	7	8	9	10

Q3: How likely would you apply the techniques around self-exclusion from gambling in your everyday life? (Please rate from 1 to 10)

Not likely at all			Somewhat likely				Extremely likely		
1	2	3	4	5	6	7	8	9	10

Part B

Q1: After this session, how well do you understand the reason or source of the stresses you regularly experience in your day-to-day routine? (Please rate from 1 to 10)

No understanding			Some understanding				Excellent understanding		
1	2	3	4	5	6	7	8	9	10

Q2: How likely would you apply new stress management strategies you have developed in this session in your everyday life? (Please rate from 1 to 10)

Not likely at all			Somewhat likely				Extremely likely		
1	2	3	4	5	6	7	8	9	10

Q3: In which areas of stress in your life would you be able to apply the stress management skills you have developed in your group? (Please select as many or all of the items that apply to you)

- Work/employment
- Studies/education
- Relationship with family
- Relationship with friends
- Romantic relationship
- Financial situation
- Settlement issues (e.g. Visa renewal)
- Health/illness
- Future opportunities
- Safety issues
- All of the above
- Others [Please specify]:

Part C

Q1: After the session, how important do you think self-care is for maintaining or improving your overall wellbeing? (Please rate from 1 to 10)

Not important at all			Somewhat important				Extremely important		
1	2	3	4	5	6	7	8	9	10

Q2: How likely would you apply self-care identified in the group today in your everyday life? (Please rate from 1 to 10)

Not likely at all			Somewhat likely				Extremely likely		
1	2	3	4	5	6	7	8	9	10

Q3: How likely will you take time for yourself and look after your wellbeing without feeling guilty? (Please rate from 1 to 10)

Not likely at all			Somewhat likely				Extremely likely		
1	2	3	4	5	6	7	8	9	10

Q4: Please share the most useful skills/advice/tips you have gained from this session with us? Feel free to share any additional comments you have about this session:

Appendix 6 – Week 4 evaluation form

Week 4 Evaluation form

Part A Gambling Behaviour Questionnaire

For each question below, please ✓ the answer that best describes your behaviour or feelings as they relate to gambling **over the past 2 weeks**.

When you think of the past 2 weeks, how often ...

1. Had you bet more than you could really afford to lose?
 Never Rarely Sometimes Often Always
2. Had you needed to gamble with larger amounts of money to get the same feeling of excitement?
 Never Rarely Sometimes Often Always
3. Had you gone back on another day to try to win back the money you lost?
 Never Rarely Sometimes Often Always
4. Had you borrowed money or sold anything to gamble?
 Never Rarely Sometimes Often Always
5. Have you felt that you might have a problem with gambling?
 Never Rarely Sometimes Often Always
6. Had people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true?
 Never Rarely Sometimes Often Always
7. Had you felt guilty about the way you gambled or what happened when you gambled?
 Never Rarely Sometimes Often Always
8. Has gambling caused you any health problems, including stress or anxiety?
 Never Rarely Sometimes Often Always
9. Has your gambling caused any financial problem for you or your household?
 Never Rarely Sometimes Often Always

Part B General Help-Seeking Questionnaire

If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by circling the number that best describes your intention to seek help from each help source that is listed. Choose NA for "Not Applicable".

1= Extremely Unlikely 3= Unlikely 5= Likely 7= Extremely Likely

1. Intimate partner (e.g. girlfriend, boyfriend, husband, wife, de facto)	1	2	3	4	5	6	7	NA
2. New Zealand (kiwi) friend	1	2	3	4	5	6	7	NA
3. Friends in your home country	1	2	3	4	5	6	7	NA
4. Parent	1	2	3	4	5	6	7	NA
5. Other relative / family member	1	2	3	4	5	6	7	NA
6. New Zealand (Kiwi) classmate	1	2	3	4	5	6	7	NA
7. Other international students	1	2	3	4	5	6	7	NA
8. Flatmate	1	2	3	4	5	6	7	NA
9. Homestay family	1	2	3	4	5	6	7	NA
10. Teacher	1	2	3	4	5	6	7	NA
11. Support staff in your educational institution	1	2	3	4	5	6	7	NA
12. Doctor / GP	1	2	3	4	5	6	7	NA
13. Other professionals (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7	NA
14. Phone helpline (e.g. Asian Helpline)	1	2	3	4	5	6	7	NA
15. Minister or religious leader (e.g. Priest, Chaplain)	1	2	3	4	5	6	7	NA
16. Student Association	1	2	3	4	5	6	7	NA
17. People from clubs/societies or in the community	1	2	3	4	5	6	7	NA
18. Educational agent / consultant	1	2	3	4	5	6	7	NA
19. I would not seek help from anyone	1	2	3	4	5	6	7	NA
20. I would seek help from someone not listed above (please list in the space provided)	1	2	3	4	5	6	7	NA

Part C Group Discussion

Topic 1: Aims of the project and contents covered in the support group

- Think back to when you first joined this group:
 - *What were your first impressions?*
 - *What did you expect to get from the group?*
- The aim of this project was to test if a structured and supportive group programme was effective in reducing the risk of gambling relapse among Asian international students and recent migrants.
 - *To what extent did the programme meet the relapse prevention aim of the project?*
- The group programme was designed in a peer support environment to help participants support one another in their journey of recovery.
 - *To what extent did the programme meet the peer support aim of the project?*
 - *How did you feel supported in the group?*
 - *How didn't you feel supported?*
- Different sessions of the group programme were designed to help participants improve their self-understanding, increase their knowledge of the triggers for harmful gambling, change their attitudes towards harmful gambling, and learn stress management skills and relapse prevention strategies.

After attending the group:

 - *Has your knowledge of the triggers for gambling increased? How?*
 - *Have your attitudes towards harmful gambling changed?*
 - *Have you learned new stress management skills? How likely would you apply these skills in your everyday life?*
 - *Have you made a self-help action plan? How likely would this plan help you to maintain or improve your overall wellbeing?*
 - *Is there anything else you would like us to add to the group programme?*
- The programme was designed to target young people/international students/migrants.
 - *How relevant do you think the content covered in the group for young people/international students/migrants' needs?*
 - *Were the contents covered transferable for the day-to-day application?*
- Cultural appropriateness of the programme (Note: different 'Chinese' or 'South Asian' groups)
 - *Was the content covered appropriately for Chinese / South Asian international students?*
 - *Which part(s) are not appropriate?*

Topic 2: Group programme delivery methods

- The group programme has covered different activities, including self-awareness activities, group exercises, group discussion and sharing, and developing a self-help action plan.
 - *What were the most helpful or positive aspects of your experience with the activities in the group?*
 - *What activities hadn't worked so well?*
 - *What were some of your concerns participating in the activities in the group?*
- The group programme has 8 sessions over four consecutive weekends.
 - *Had this delivery format worked well?*
 - *Would you prefer the group days to be more spaced out? How (e.g. one day per fortnight or one day per month)?*
 - *Would you prefer other ways of delivery (e.g. online delivery)?*

Topic 3: Recruitment and how to reach young people/international students

- One of the challenges we have experienced was to find/reach current and former international students or younger people to participate in the group.
 - *How do you think we can better reach and recruit young Chinese / South Asian people to participate in a programme similar to this group in the future?*

Topic 4: Impact of the support group

- Overall, did you feel that your participation in the group has helped you in any way? Please elaborate on how it has or has not helped you.
- In what way is your life different because of your participation in the group?

Appendix 7 Support group participants' median scores on various evaluation items before and after group intervention

	When gambling was a problem	Before group intervention	After group intervention
Gambling behaviour <i>PGSI scores*</i>	13.2	8.5	4.8
Help seeking behaviour <i>Number of people participants are likely or extremely likely to seek help from for emotional problems</i>		2.7	4.5
Attitudes towards harmful gambling <i>(1) How addictive gambling activities are?***</i> <i>(2) How harmful do you consider the following gambling activities:***</i> <i>(a) Electronic gambling machines?</i> <i>(b) Online gambling websites?</i> <i>(c) Lottery and instant games?</i> <i>(d) Casino gambling?</i> <i>(e) Horse or sport betting?</i> <i>(3) How acceptable do you consider gambling as a way to socialise or have fun?***</i>		4.3 2.8 3.2 2.0 3.0 2.7 7.3	6.0 4.0 5.0 3.3 4.0 3.0 3.0
Knowledge about the triggers for gambling relapses <i>(1) How well do you understand the struggles of migration had negatively impacted your wellbeing?*</i> <i>(2) How well do you recognise the desire or urge to gamble again?***</i>		7.0 9.0	
<i>(3) How helpful was the Tree Model in helping you understand and relate to your recovery journey?***</i> <i>(4) After attending the group, has your knowledge of self-identifying gambling triggers increased?***</i> <i>(5) How likely would you apply the techniques around self-exclusion from gambling in your everyday life?***</i>			6.4 7.6 7.9
Stress management skills <i>(1) How often do you feel stressed in your day-to-day routine? **</i> <i>(2) In what areas of your life do you feel stressed often?</i> <i>(3) How well do you understand the reason or source of your stress when you are experiencing a stressful event?***</i>		6.0 <i>Relationship with family & health were the most frequently cited areas of stress</i> 7.0	
<i>(4) After attending the group, how well do you understand the reason or source of stress you regularly experience in your day-to-day routine?***</i>			8.0
<i>(5) How likely would you apply new stress management strategies you have developed in the group in your everyday life?***</i>			8.1

(6) <i>In which areas of stress in your life would you be able to apply the stress management skills you have?</i>			<i>Work and studies were the most frequently cited areas to apply stress management skills</i>
Self-care skills (1) <i>How often do you take time to rest, relax or recharge after working or studying very hard?***</i> (2) <i>How do you look after yourself after you have been overworked or had experienced a stressful event?</i> (3) <i>How difficult do you find making time for yourself to relax, rest or do something enjoyable that is good for your wellbeing?***</i>		6.8 <i>Quiet activities and communication were the most frequently cited self-care methods</i> 7.3	
(4) <i>After the session, how important do you think self-care is for maintaining or improving your overall wellbeing?***</i> (5) <i>How likely would you apply the self-care skills identified in the group in your everyday life?***</i> (6) <i>How likely would you take time for yourself and look after your wellbeing without feeling guilty?***</i>			8.2 8.8 9.0

*PGSI level of severity: Non-problem gambler (0); Low-risk gambler (1-2); Moderate-risk gambler (3-7); Problem gambler (8 or above).

**10-point scale

***5-point scale

Peer Support Facilitator's Guidebook

For a Group Programme for
Asian People with Experience
of Harmful Gambling



Asian Family Services

Together enriching lives

Project Team

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Introduction

This facilitator's guidebook has been prepared in conjunction with a peer support group programme to help reduce the risk of relapse among Asian people who have a history of harmful gambling. The group programme was developed as part of a research project, funded by the Ministry of Health Gambling Innovation Research and Evaluation 2018/19, and was tested with two groups – one Chinese and one South Asian. The participants had all encountered harmful gambling.

What is the purpose of the support group programme?

The support group programme is designed to help Asian people affected by harmful gambling to:

- reduce their harmful gambling behaviour;
- improve their help-seeking behaviour;
- raise their awareness of the addictiveness of gambling activities;
- gain knowledge about the triggers for relapse of harmful gambling; and
- increase their skills in stress management and self-care.

Why have we developed the group programme?

Preventing relapses is an important part of gambling intervention. The factors contributing to gambling addiction among Asian people are multiple and complex. Asian peoples living in a Western country, especially recent migrants, are probably vulnerable to harmful gambling because they face many challenges such as immigration and settlement stress, isolation and loneliness, boredom, language barriers, unemployment or under-employment, housing and financial difficulties (Au & Ho, 2015; Sobrun-Maharaj, Rossen & Wong, 2012; Wong & Tse, 2003). Many problem gamblers tend to use gambling as a form of escape from their problems.

There are also considerable barriers for Asian people to seek help for their gambling issues, including language barriers, not knowing where to get help, and cultural barriers such as shame and stigma associated with admitting

problems and seeking help (Gibb & Cunningham, 2018; Mehta, 2012; Ministry of Education, 2007). Many Asian people affected by harmful gambling, therefore, tend to seek help only when they are in a desperate situation. Even after they have taken steps to quit gambling, they often feel the cravings to gamble. Additionally, many people with problem gambling issues have limited social contact with others, and they tend to engage in few social activities apart from gambling. Upon cessation of gambling, individuals are often left with a considerable amount of unstructured time, inadequate social skills, and feelings of emptiness (Hodgins, 2001; Tse, Wong & Chan, 2007).

This group programme is designed to help minimise the risk of relapse for people affected by harmful gambling in situations of vulnerability, such as stressful times, exposure to gambling cues, and/or ambivalence towards personal goals. Peer support is an essential part of the group programme. In peer support, group members talk with and learn from each other through shared experience. The process can help them learn new coping strategies, find renewed motivation, and realise they are not alone on their recovery journey.

Using this facilitator's guidebook

An eight-session closed group programme which incorporates content related to self-understanding, peer support and relapse prevention strategies are included in this facilitator's guidebook. Each session lasts up to 90 minutes. Facilitators are required to run the group. The purpose of this facilitator's guidebook is to assist the facilitators to plan activities in the group, including key messages to share with the participants.

The remaining part of this facilitator's guidebook contains guidelines about how to facilitate the peer support group, key messages, specific aims, procedures, and evaluation of each group session. It also contains information on how to analyse the evaluation data collected in each group session.

Guidelines For Facilitating A Support Group

A facilitator is someone who helps a group to meet its objectives. In a support group, the role of a facilitator is to create a safe environment that allows the group members to draw on their own experiences and knowledge. This allows the group members to further their own learning in a collaborative and supportive environment. We recommend that a facilitator for the support group is someone with a suitable professional background such as a counsellor or social worker. It is better for the group to have two facilitators, so they can support each other.

Preparation

- Recruit a target group of people with similar ethnic and linguistic backgrounds, aged 18 years or over, who have experience of gambling-related problems and are interested in preventing relapses after they have completed a course of treatment. The recommended group size is six to eight.
- Ask participants to complete a recruitment questionnaire (see below) before the group starts.
- Find a comfortable room. Ideally the room is where participants feel secure, warm and comfortable, and have enough space for moving around. Privacy and confidentiality are important, for example, the doors can be closed so the room is kept private during group sessions.
- Share responsibilities with your co-facilitator and be clear about who will do what. Get together to plan each session and after group sessions to discuss issues that arose during the session, allowing time to debrief.

- Familiarise yourself with the room and equipment in advance. Know how to set up and stream video and other necessary equipment.
- Prepare all materials needed to complete each group session (see Session 1 to 8).

Confidentiality

The establishment of trust among group members is essential. In the initial group session, the facilitator is required to explain to the participants the purpose of running the group, and the norms and rules which participants are obliged to observe. Participants should be informed that individual confidentiality will be assured. All shared experiences must be kept confidential within the group. This rule should be reiterated at appropriate times throughout the group sessions.



Recruitment questionnaire: English



Participant ID number

Part A Personal Data Sheet

Please ✓

1. Are you?
 Male
 Female
 Transgender
 Prefer not to say
2. Which ethnic group or groups do you belong to?
 Chinese
 Indian
 Korean
 Sri Lankan
 Other (please write) _____
3. What year were you born?
4. Which country were you born in? _____
5. What year did you arrive to live in New Zealand?
6. What is your marital status?
 Single
 Married
 De facto relationship
 Other (please specify) _____

7. Are you a:
 NZ citizen
 Permanent resident
 Work visa holder
 Student visa holder
 Family sponsored migrant
 Other (please specify) _____
8. What is your employment status?
 Full-time employment
 Part-time, temporary or casual employment
 Self-employed
 I am not in paid employment
 Other (please specify) _____
9. What is your highest educational achievement or qualification?
 No formal school qualification
 NZ secondary school qualification
 Overseas secondary school qualification
 Certificate or Diploma
 Bachelor's Degree
 Post-graduate/Master's/Doctorate Degree
 Other (please specify) _____



Part B **Gambling Behaviour Questionnaire**

In this section, we would like to understand your behaviour or feelings during the time **when your gambling was a problem**.

For each question below, please ✓ the answer that best describes your behaviour or feelings during that time.

Think of the time when your gambling was a problem, how often ...

1. Had you bet more than you could really afford to lose?
 Never Rarely Sometimes Often Always
2. Had you needed to gamble with larger amounts of money to get the same feeling of excitement?
 Never Rarely Sometimes Often Always
3. Had you gone back on another day to try to win back the money you lost?
 Never Rarely Sometimes Often Always
4. Had you borrowed money or sold anything to gamble?
 Never Rarely Sometimes Often Always
5. Had you felt that you might have a problem with gambling?
 Never Rarely Sometimes Often Always
6. Had people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true?
 Never Rarely Sometimes Often Always
7. Had you felt guilty about the way you gambled or what happened when you gambled?
 Never Rarely Sometimes Often Always
8. Had gambling caused you any health problems, including stress or anxiety?
 Never Rarely Sometimes Often Always

9. Had your gambling caused any financial problems for you or your household?
 Never Rarely Sometimes Often Always

Which year(s) was your gambling a problem?

From to

Recruitment questionnaire: Chinese



参与者编号

第一部分: 个人资料表

请在空格[√] 勾出您的选项

1. 您是?
 男性
 女性
 跨性别者
 不说明
2. 您属于哪个种族?
 中国人
 印度人
 韩国人
 斯里兰卡人
 其他 (请写出来) _____
3. 您出生的年份?
4. 您出生的国家? _____
5. 您是哪一年抵达新西兰的
6. 您的婚姻状况?
 单身
 已婚
 同居关系
 其他 (请写出来) _____

7. 您是?
 新西兰公民
 永久居民
 工作签证
 留学生签证
 家庭担保移民
 其他 (请写出来) _____
8. 您的工作状况是?
 全职工作
 兼职、临时或临时工作
 自雇人士
 我没有带薪工作
 其他 (请写出来)
9. 您的最高学历或专业资格是什么?
 没有学校学历
 中学学历
 海外中学学历
 大专证书或文凭
 学士学位
 研究生/硕士/博士学位
 其他 (请写出来) _____



第2部分: 赌博行为问卷

当你发现有赌博问题的时候, 我们想了解您的行为或感受。

以下每个问题, 请勾选在最能准确描述您情况的选项。

想想当您发现有赌博问题的那段时间

1. 您投注的金钱是否超出了您所能负担的?
 从不 很少 有时 经常 总是
2. 您需要投注更多金钱来获得相同的刺激感?
 从不 很少 有时 经常 总是
3. 你曾想过有一去赢回以前输掉的金钱吗?
 从不 很少 有时 经常 总是
4. 您有没有借钱或售卖来补贴赌博的开支?
 从不 很少 有时 经常 总是
5. 您是否觉得您的赌博行为是有问题的?
 从不 很少 有时 经常 总是
6. 是否有人批评您的赌博行为或告诉您的赌博行为是有问题的, 无论您是否认为这是正确的?
 从不 很少 有时 经常 总是
7. 您是否对自己的赌博行为或赌博结果感到内疚?
 从不 很少 有时 经常 总是
8. 赌博是否给您造成了任何健康问题, 包括压力或焦虑?
 从不 很少 有时 经常 总是
9. 您的赌博行为是否给您或您的家庭带来财务问题?
 从不 很少 有时 经常 总是

您在哪段时间有赌博问题?

写出年份。从 年, 到 年

Journey With Companions

Key message

A journey with companions makes it easier.

Aims

1. Group formation
2. Establish norms, expectations and goals.

Preparation

Materials/equipment	Quantity
<p><i>Warm up exercise option 1:</i></p> <p>1. 12-piece puzzles cut out from a world map or a particular country [Figure 1]</p>	One set
<p><i>Warm up exercise option 2:</i></p> <p>Value cards</p>	One set
2. Blank presentation paper	10 pieces
3. Session 1 Evaluation Form	One copy for each participant
4. Snacks and drinks	



Figure 1



Activities

Title of the activity	Duration	Objective	Activity description
Warm up	20 minutes	Ice breaker	<p>Option 1: Piece up the world/country puzzles</p> <ul style="list-style-type: none"> Each participant to get 1-2 pieces of the puzzle that is cut out from a map. Without verbal communication and only showing the pieces they have, participants need to put the map together as a group. <p>Option 2: Value cards exercise</p> <ul style="list-style-type: none"> Each participant to pick one value card that is important to them. Ask each participant to present which values they selected and why.
Opening: Self-introduction	20 minutes	Getting to know each other	<p>Facilitators to first introduce themselves to the group with the following:</p> <ul style="list-style-type: none"> Preferred name Country of origin Year arrived in NZ Reasons for migration <p>After the facilitators have introduced themselves, ask participants to take turns to introduce themselves with the above points given by the facilitators.</p>
Main lesson: What is the peer support group?	10 minutes	Helping participants to know how peer support can help them in recovery	Facilitators to provide some information about the peer support group and some successful peer support group examples in NZ or the world.



Title of the activity	Duration	Objective	Activity description
Group exercise	25 minutes	Getting to know each other deeper	<p>Option 1: Break the group into groups of 2 and 3 participants for sharing.</p> <ul style="list-style-type: none"> Give each group 3 pieces of presentation paper to put their answers on. <ul style="list-style-type: none"> What will be some goals they can achieve together as a group? What will their expectations be? What will be some agreements they wish the group can follow in order to respect each other? If they were to give a name to the group, what would it be? Each small group to present their answers to the big group. Facilitators to summarise the presentations and get the big group to agree on a group name and the group norms. <p>Option 2:</p> <ul style="list-style-type: none"> Give each participant a square piece of paper and ask them to tear it into as many pieces as possible. Ask participants to put the pieces back together. Encourage participants to reflect on their experience. Facilitators to draw on participants' reflections and to bring out the meaning of the exercise. Facilitators to point out that the meaning of the exercise was that the piece of paper put together would not look the same, akin to our past experiences. We may not be able to go back and do things differently, however we can create new experiences and learnings for the future.
Self-reflection/ homework	5 minutes	Reflecting on their journey in recovery, what aspects of their lives were affected and what could change?	<ul style="list-style-type: none"> Facilitators guide participants to explore their recovery journey, identify affected areas and the goals they want to achieve. Below are some suggested questions: <ul style="list-style-type: none"> How did you discover that you are affected by harmful gambling? What are the things you treasure that are affected by harmful gambling? What has changed after you were affected by harmful gambling? What are the things that you hope to do better but are affected by harmful gambling? Encourage participants to write down their thoughts on these questions as their homework assignment.
Evaluation and closing	10 minutes		<p>Facilitators to read a short passage/ share a song/ play a short video/ a poem etc. to summarise the lesson for closing. Thank participants for their contribution as they are all learning from each other.</p> <p>Facilitators to distribute Session 1 Evaluation Form to each participant. Provide some refreshments for the participants to eat and drink while they complete the evaluation form.</p>
Total Time	90 minutes		

Evaluation 1: English



Participant ID number

Part A Gambling Behaviour Questionnaire

For each question below, please ✓ the answer that best describes your behaviour or feelings as they relate to gambling over the last 12 months.

When you think of the past 12 months, how often ...

1. Had you bet more than you could really afford to lose?
 Never Rarely Sometimes Often Always
2. Had you needed to gamble with larger amounts of money to get the same feeling of excitement?
 Never Rarely Sometimes Often Always
3. Had you gone back on another day to try to win back the money you lost?
 Never Rarely Sometimes Often Always
4. Had you borrowed money or sold anything to gamble?
 Never Rarely Sometimes Often Always
5. Had you felt that you might have a problem with gambling?
 Never Rarely Sometimes Often Always
6. Had people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true?
 Never Rarely Sometimes Often Always
7. Had you felt guilty about the way you gambled or what happened when you gambled?
 Never Rarely Sometimes Often Always

8. Had gambling caused you any health problems, including stress or anxiety?
 Never Rarely Sometimes Often Always
9. Had your gambling caused any financial problems for you or your household?
 Never Rarely Sometimes Often Always

Part B General Help-Seeking Questionnaire

If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by circling a number from 1 to 7 that best describes your intention to seek help from each help source that is listed below, with 1 being extremely unlikely and 7 being extremely likely. Choose NA for "Not Applicable".

1= Extremely Unlikely 3= Unlikely 5= Likely 7= Extremely Likely

1. Intimate partner (e.g. girlfriend, boyfriend, husband, wife, de facto partner)	1	2	3	4	5	6	7	NA
2. Other family member / relative in New Zealand (e.g. parents, in-laws)	1	2	3	4	5	6	7	NA
3. Other family member / relative from overseas	1	2	3	4	5	6	7	NA
4. New Zealand (Kiwī) friend / classmate / colleague	1	2	3	4	5	6	7	NA
5. Friend / classmate / colleague from overseas	1	2	3	4	5	6	7	NA
6. Doctor / GP	1	2	3	4	5	6	7	NA
7. Other professionals (e.g. psychologist, social worker, counsellor, teacher)	1	2	3	4	5	6	7	NA
8. Minister or religious leader (e.g. Priest, Chaplain)	1	2	3	4	5	6	7	NA
9. People from clubs/societies or in the community	1	2	3	4	5	6	7	NA
10. Phone helpline (e.g. Asian Helpline)	1	2	3	4	5	6	7	NA
11. Other support not listed above (please specify)	1	2	3	4	5	6	7	NA
12. I would not seek help from anyone	1	2	3	4	5	6	7	NA

Thank you for your feedback!

Evaluation 1: Chinese



参与者编号

A 部分: 赌博行为问卷

以下每个问题, 请勾选最能描述您过去 12 个月内与赌博相关的行为或感受的答案。

想想过去 12 个月内的那段时间:

1. 您投注的金钱是否超出了您所能负担的?
 从不 很少 有时 经常 总是
2. 您需要投注更多金钱来获得相同的刺激感?
 从不 很少 有时 经常 总是
3. 你曾想过有一去不回以前输掉的金钱吗?
 从不 很少 有时 经常 总是
4. 您有没有借钱或售卖来补贴赌博的开支?
 从不 很少 有时 经常 总是
5. 您是否觉得您的赌博行为是有问题的?
 从不 很少 有时 经常 总是
6. 是否有人批评您的赌博行为或告诉您的赌博行为是有问题的, 无论您是否认为这是正确的?
 从不 很少 有时 经常 总是
7. 您是否对自己的赌博行为或赌博结果感到内疚?
 从不 很少 有时 经常 总是
8. 赌博是否给您造成了任何健康问题, 包括压力或焦虑?
 从不 很少 有时 经常 总是
9. 您的赌博行为是否给您或您的家庭带来财务问题?
 从不 很少 有时 经常 总是

B 部分: 一般求助问卷

当您遇到个人或情绪问题时, 向以下人士寻求帮助的可能性有多大?

从1 (不可能) 到 7 (极有可能) 7 分制来表示不同的程度, 请圈出一个分数评定您的可能性。

1分表示“不可能”, 7分表示“极有可能”, 最后为“不适用”选择。

1. 亲密伴侣 (例如女朋友、男朋友、丈夫、妻子、同居伴侣)	1	2	3	4	5	6	7	不适用
2. 在新西兰的其他家庭成员/亲戚 (例如父母、姻亲)	1	2	3	4	5	6	7	不适用
3. 在海外的其他家庭成员/亲戚	1	2	3	4	5	6	7	不适用
4. 在新西兰 (本地) 朋友/同学/同事	1	2	3	4	5	6	7	不适用
5. 在海外的朋友/同学/同事	1	2	3	4	5	6	7	不适用
6. 医生/全科医生	1	2	3	4	5	6	7	不适用
7. 其他专业人士 (例如心理学家、社会工作者、辅导员、教师)	1	2	3	4	5	6	7	不适用
8. 领袖或宗教领袖 (例如牧师、主牧)	1	2	3	4	5	6	7	不适用
9. 社区组织/社团或社区人士	1	2	3	4	5	6	7	不适用
10. 求助热线 (例如亚裔服务热线)	1	2	3	4	5	6	7	不适用
11. 尚未列出的其他支持 (请注明:)	1	2	3	4	5	6	7	不适用
12. 我不会向任何人寻求帮助	1	2	3	4	5	6	7	NA

感谢您的意见!

Explore safely

Key message

Exploration gains knowledge, boundaries keep us safe.

Aims

1. To help participants discover their origins, including their connections to their home countries and the host country, New Zealand.
2. To set up a group norm and culture for the entire programme as they share their journey together in recovery.

Preparation

Materials/equipment	Quantity
1. Presentation papers from Session 1	
2. Scrap paper/ magazine/ newspaper	A stack
3. Sellotape/ sticky tape	Three rolls
4. Wooden/bamboo skewers	One pack
5. AFS Tree Model Worksheet [Figure 2]	One copy A3 & 6-8 copies A4
6. Session 2 Evaluation Form	One copy for each participant
7. Snacks and drinks	

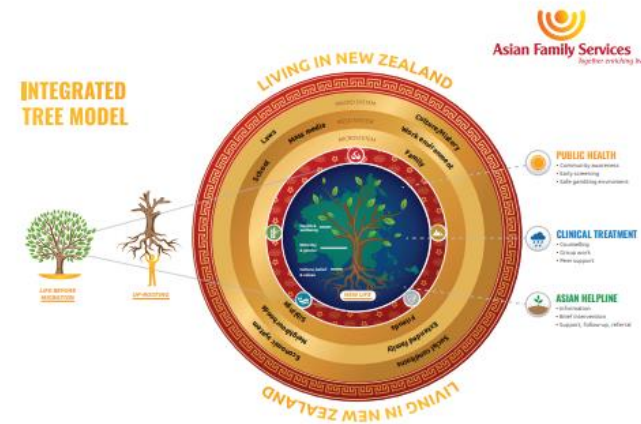


Figure 2



Activities

Title of the activity	Duration	Objective	Activity description
Warm up	10 minutes		<ul style="list-style-type: none"> Building a tree sculpture by using newspaper, tape and skewers. Specify that the tree sculpture has roots, trunk, branches, fruit and other elements included. Encourage participants to reflect on their experiences working in teams.
Opening: Forming group name and setting group rules	10 minutes		<ul style="list-style-type: none"> Facilitator to put up on the wall the presentations from the previous session for the group to review. Facilitate the brainstorming session for the group to narrow down the group objectives, rules and name.
Main lesson: AFS Tree Model	25 minutes	Introducing AFS Tree Model	<p>Facilitators to introduce the AFS Tree Model and its core constructs. Give examples to explain how AFS has developed the Tree Model as an assessment and intervention tool for Asian people to ascertain their acculturation (including challenges, struggles, grief, loss and growth) as well as to identify the issues that need intervention.</p>
Group exercise	25 minutes	Discovering their journey together	<p>Break the group into two small groups.</p> <ul style="list-style-type: none"> The facilitator in each group guides the participants to use the AFS Tree Model to identify the aspects of their lives being affected by gambling. Encourage participants to share in the small group what they would like to do about those aspect(s) of their lives that had been impacted by harmful gambling. Motivate the participants towards setting goals and identifying the strategies they could use to achieve these goals. <p>Examples:</p> <ul style="list-style-type: none"> A participant identifies his "status" is being harmed by gambling. His goal is possibly to reinstate his status by achieving good results for his study. A participant identifies his family relationship has been affected by gambling. His possible goal is to reconnect with his family.

Title of the activity	Duration	Objective	Activity description
Self-reflection/ homework	10 minutes	Some wise words for my future self	<ul style="list-style-type: none"> Facilitators to ask the group to reflect on their values and if they were to say something to their future selves, say in ten years' time, what would they say? Facilitators to give the homework to the participants to: <ul style="list-style-type: none"> make a short video of 2-3 minutes on what wise words they would say to their future self. Or, write a letter, a poem, a drawing, or an item as a gift to their future self.
Evaluation and closing	10 minutes		<p>Facilitators to read a short passage/ share a song/ play a short video/ a poem etc. to summarise the lesson of healing.</p> <p>Facilitators distribute Session 2 Evaluation Form to each participant. Provide some refreshments for the participants to eat and drink while they complete the evaluation form.</p>
Total Time	90 minutes		



Evaluation 2: English



Participant ID number

Please answer the following questions.

Q1: How addictive is gambling? Please indicate your response by circling a number from 1 to 10, with 1 being not addictive at all and 10 being extremely addictive.

Not addictive		Somewhat addictive				Extremely addictive			
1	2	3	4	5	6	7	8	9	10

Q2: How harmful do you consider the following gambling activities?

- a. Electronic gambling machines (e.g. Pokies)
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful
- b. Online gambling websites (e.g. mobile phone apps or internet game sites)
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful
- c. Lottery and instant games (e.g. The Lotto)
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful
- d. Casino gambling
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful
- e. Horse or sport betting
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful

Q3: How acceptable do you consider gambling as a way to socialise or have fun (by yourself or others)? Please indicate your response by circling a number from 1 to 10, with 1 being unacceptable and 10 being highly acceptable.

Unacceptable			Partially acceptable				Highly acceptable		
1	2	3	4	5	6	7	8	9	10

Q4: Based on your experience, please share with us some causes or triggers for gambling:

Q5: How well do you understand the struggles of migration (e.g. challenges with study, work, and social isolation) had negatively impacted your well-being? Please indicate your response by circling a number from 1 to 10, with 1 being no understanding at all and 10 being excellent understanding.

No understanding at all			Partial understanding				Excellent understanding		
1	2	3	4	5	6	7	8	9	10

Q6: How well do you recognise the desire or urge to gamble again? Please indicate your response by circling a number from 1 to 10, with 1 being no recognition at all and 10 being excellent recognition.

No recognition at all			Some recognition				Excellent recognition		
1	2	3	4	5	6	7	8	9	10

Thank you for your feedback!



Evaluation 2: Chinese



参与者编号

请回答以下问题

问题1: 您认为赌博会容易上瘾吗?

以10分制来表示容易上瘾的程度, 请圈出您的分数, 1分表示“不易上瘾”, 10分表示“非常上瘾”。

不易上瘾		有点上瘾						非常上瘾	
1	2	3	4	5	6	7	8	9	10

问题2: 以下每个赌博活动, 您认为危害程度如何? 请圈出您的选择。

- a. 电子赌博机 (例如老虎机)
 无害 有点危害 有害 非常有害 极其有害
- b. 在线赌博网站 (例如手机应用程序或网络游戏网站)
 无害 有点危害 有害 非常有害 极其有害
- c. 彩票和奖券 (例如乐透, 刮刮乐卡)
 无害 有点危害 有害 非常有害 极其有害
- d. 赌场赌博
 无害 有点危害 有害 非常有害 极其有害
- e. 赛马投注或体育博彩
 无害 有点危害 有害 非常有害 极其有害

问题3: “赌博只是个人娱乐或与其他人社交”的说法, 您的接受程度如何?

以10分制来表示接受程度, 请圈出您的分数, 1分表示“不接受”; 10分表示“非常接受”。

不接受		有些接受						非常接受	
1	2	3	4	5	6	7	8	9	10

问题4: 根据您的经验, 请分享一些赌博的原因或诱因。

问题5: 移民过程所面对的困难和挑战 (例如学习、工作和社会孤立方面), 已对移民的福祉有负面影响? 您对那些负面影响的理解程度如何? 以10分制来表示理解程度, 请圈出您的分数, 1分表示“不理解”; 10分表示“非常理解”。

不理解		有些理解						非常理解	
1	2	3	4	5	6	7	8	9	10

问题6: 您对复赌原因或诱因认识程度如何? 以10分制来表示认识程度, 请圈出您的分数, 1分表示“不认识”; 10分表示“十分认识”。

不认识		有些认识						十分认识	
1	2	3	4	5	6	7	8	9	10

感谢您的意见!



Finding self is finding hope

Key message

Understanding oneself starts from discovering oneself which leads to finding hope in life.

Aims

1. To help participants to identify what makes them tick.
2. To gain knowledge on problem gambling and harm minimisation.
3. To gain understanding of the legality of exclusion orders.

Preparation

Materials/equipment	Quantity
1. Print and laminate on A3 paper DISC diagram [Figure 3]	
2. Post-it sticky notes – number of colours according to the number of participants	20 pieces for each participant
3. Five A3 papers. Each paper printed with one of the following headings – physical health; mental health; career/work; social/family; financial.	One set
4. Equipment for playing video	
5. Session 3 Evaluation Form	One copy for each participant
6. Snacks and drinks	



Figure 3



Activities

Title of the activity	Duration	Objective	Activity description
Warm up	15 minutes	To help the participants have a better understanding about their own modus operandi	<p>Using "DISC" personality types for the activity.</p> <ul style="list-style-type: none"> Put the DISC Diagram [Figure 3] on a wall. Give out Post-It notes one colour for each participant. Read out the description of the four personality types to the participants; they will decide which personality best describes them. Ask participants to go through the descriptions on the wall and paste the number of post-it notes representing them according to the number of descriptions they identified in each section of "D", "I", "S" or "C" that are pasted on the wall. Example: Mary has blue Post-It notes, she pastes 4 in "D" section, 1 in "I", 2 in "S" and 3 in "C". Therefore, Mary's personality likely inclined towards "D" and "S". Provide the link below for the participants to consider taking the free short version of the test after the workshop for their own interest. https://discpersonalitytesting.com/ Ask the participants to reflect how their personality type impacts on their gambling behaviours.
Homework review	10 minutes		<ul style="list-style-type: none"> Participants to share about how the video / letter / poem / drawing to their future self goes. Encourage participants to keep working on this assignment for a presentation in the final session.
Main lessons:	30 minutes	<ul style="list-style-type: none"> Participants to learn the addictive nature of gambling activities Participants to learn about the options they have when they self-identify harmful gambling 	<ul style="list-style-type: none"> Play "Ka-Ching" from 21:03 to 31:19 https://www.youtube.com/watch?v=bny1qgKO46A OR a video that provides education on the design of gambling games that leads to addiction. Educate about the options available when someone realises they are crossing the line: <ul style="list-style-type: none"> - Types of self-exclusion at gambling venues - Different ways of applying for self-exclusion - How to seek help and contact service providers.
Group exercise	10 minutes		<ul style="list-style-type: none"> Give 10 minutes for the participants to research on the effect of harmful gambling through their mobile devices such as mobile phone, laptop etc. Each participant will be given a different category – physical health, mental health, work, social, family, spiritual, financial. Each participant will have an A3 paper printed with the respective category to write down their findings.
Group sharing	15 minutes		Give each participant 3 minutes to present their findings on the negative impacts of harmful gambling.

Title of the activity	Duration	Objective	Activity description
Evaluation & closing	10 minutes		<p>Facilitator to summarise by reiterating the addictive nature of gambling coming from both intrinsic and extrinsic perspectives. How the effects of harmful gambling can affect one's entire wellbeing and their relationship with others.</p> <p>Facilitators distribute Session 3 Evaluation Form to each participant. Provide some refreshments for the participants to eat and drink while they complete the evaluation form.</p>
Total Time	90 minutes		



Evaluation 3: English



Participant ID number

Please answer the following questions.

Q1: After this session, please rate how addictive gambling is on a scale from 1 to 10, with 1 being not addictive and 10 being extremely addictive:

Not addictive		Somewhat addictive				Extremely addictive			
1	2	3	4	5	6	7	8	9	10

Q2: After this session, how harmful do you consider the following gambling activities?

- a. Electronic gambling machines (e.g. Pokies)
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful
- b. Online gambling websites (e.g. mobile phone apps or internet game sites)
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful
- c. Lottery and instant games (e.g. The Lotto)
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful
- d. Casino gambling
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful
- e. Horse or sport betting
 - Not harmful A little harmful Harmful Very harmful
 - Extremely harmful

Q3: After this session, how acceptable do you consider gambling as a way to socialise or have fun (by yourself or others)? Please indicate your answer on a scale from 1 to 10, with 1 being unacceptable and 10 being highly acceptable.

Unacceptable			Partially acceptable				Highly acceptable		
1	2	3	4	5	6	7	8	9	10

Thank you for your feedback!



Evaluation 3: Chinese



参与者编号

请回答以下问题。

问题1: 这次小组后, 您认为赌博会容易上瘾吗? 请用 1 到 10 分数去评分, 1分表示“不上瘾”, 10分表示“十分上瘾”。

不上瘾		有点上瘾						十分上瘾	
1	2	3	4	5	6	7	8	9	10

问题2: 这次小组后, 您认为以下赌博活动的危害程度如何?

- a. 电子赌博机 (例如老虎机)
 无害 有点危害 有害 非常有害 极其有害
- b. 在线赌博网站 (例如手机应用程序或网络游戏网站)
 无害 有点危害 有害 非常有害 极其有害
- c. 彩票和奖券 (例如乐透, 刮刮乐卡)
 无害 有点危害 有害 非常有害 极其有害
- d. 赌场赌博
 无害 有点危害 有害 非常有害 极其有害
- e. 赛马投注或体育博彩
 无害 有点危害 有害 非常有害 极其有害

问题3: 这次小组后, “赌博只是个人娱乐或与其他人社交”的说法, 您的接受程度如何? 以10分制来表示接受程度, 请圈出您的分数, 1分表示“不接受”; 10分表示“非常接受”。

不接受		有些接受						非常接受	
1	2	3	4	5	6	7	8	9	10

感谢您的意见!



Triggers And Coping Strategies

Key message

Identifying triggers and coping strategies to help in recovery.

Aims

1. To help participants to identify their own triggers to gambling.
2. To help participants to develop strategies to cope with the triggers.

Preparation

Materials/equipment	Quantity
1. Stress relief items e.g. stress ball, massage tool, music, books, essential oil etc.	Variety
2. Presentation paper for recording participants' contribution	4 pieces
3. Session 4 Evaluation Form	One copy for each participant
4. Snacks and drinks	



Activities

Title of the activity	Duration	Objective	Activity description
Warm up	10 minutes	Introduction of different common stress relief remedies.	<ul style="list-style-type: none"> Place stress relief items in different parts of the room. Facilitator asks participants to move around the room, select an item that they may use to relieve stress and stay where the item is placed. Facilitator introduces the topic by saying "Stress is part of everyone's life. We can choose to ignore it or we can choose to deal with it. Our choices matter as they lead to different consequences."
Main lesson: Stresses and emotions	30 minutes	<ul style="list-style-type: none"> Stressors in life. Identify upsetting events/ circumstances that may make you feel uncomfortable Understand your emotions to the identified stressor What has been working for you to manage that emotion in the past. What can be done to improve emotional regulation and help you to move forward? 	<ul style="list-style-type: none"> Facilitator asks the group to share their own stressors in their lives. What are the things or events that made them feel stressful? Facilitator to help participants in identifying the emotions associated with the stressors. Facilitator to explore with participants effective coping strategies for stress management – building on what works for each participant and guiding all participants to brainstorm on coping strategies. Facilitator to record participants' contributions on the presentation paper.
Affirming actions	10 minutes	Awareness about self-efficacy.	Praise the participants for the steps they are taking towards their own wellbeing.
Self-reflection	20 minutes	Reflect on one step/action that you want to take towards enhancing your wellness.	<ul style="list-style-type: none"> Facilitator to introduce some methods to maintain wellbeing and help the group to explore the little things that can be done to help with improving emotional wellbeing. Facilitator can use some of the methods/tools in these apps: The 8 Best Mental Health Apps of 2021 (verywellmind.com)
Homework	10 minutes	Building wellbeing tools	<ul style="list-style-type: none"> Give out a copy of the Wellbeing Plan Workbook to each participant, explain that they will refer to it for this session's homework and in the following two sessions. Facilitator to ask participants to fill in as much as they can in Exercise 1 and 2 of the Wellbeing Plan Workbook in building up their "Wellness Toolbox".

Title of the activity	Duration	Objective	Activity description
Evaluation & closing	10 minutes		Facilitator to summarise the lesson participants have learned in this session. Facilitators distribute Session 4 Evaluation Form to each participant. Provide some refreshments for the participants to eat and drink while they complete the evaluation form.
Total Time	90 minutes		



Evaluation 4: English

Participant ID number

Please answer the following questions.

Q1. How often do you feel stressed (e.g. overwhelmed by uncomfortable emotion towards a particular situation) in your day-to-day routine? Please indicate your answer on a scale from 1 to 10, with 1 being never feel stressed and 10 being feeling stressed all the time.

Never feel stressed			Feeling stressed sometimes				Feeling stressed all the time		
1	2	3	4	5	6	7	8	9	10

Q2: In what areas of your life do you feel stressed often? Please select all the items that apply to you.

- Work/employment
- Studies/education
- Relationship with family
- Relationship with friends
- Romantic relationship
- Financial situation
- Settlement issues (e.g. Visa renewal)
- Health/illness
- Future opportunities
- Safety issues
- All of the above
- Others (Please specify): _____

Q3: How well do you understand the reason or source of your stress when you are experiencing a stressful event? Please indicate your answer on a scale from 1 to 10, with 1 being no understanding at all and 10 being excellent understanding.

No understanding at all		Some understanding						Excellent understanding	
1	2	3	4	5	6	7	8	9	10

Q4: What strategies do you use to help cope with a stressful event? Please list them and indicate how helpful they are for coping with stress on a scale of 1 to 5, with 1 being not helpful at all and 5 being extremely helpful.

Strategies for coping with stress	How helpful?				
	1	2	3	4	5

Q5: How often do you take time to rest, relax or recharge after working or studying very hard? Please indicate your answer on a scale from 1 to 10, with 1 being never and 10 being always.

Never		Sometimes						Always	
1	2	3	4	5	6	7	8	9	10

Q6: How do you look after yourself after you have been overworked or experienced a stressful event? (Please select all the items that apply to you)

- Exercise (e.g. go for a walk, workout at the gym, home exercise)
- Recreational activities (e.g. take part in a hobby: dance, drawing, pottery etc.)
- Make something to eat/cook a nice meal
- Take time to rest (e.g. afternoon naps, go to bed early, take a break from work/study)

- Quiet activities (e.g. read books, watch films/TV shows)
- Socialising (e.g. hang out with friends or family, play with pets/children)
- Communication (e.g. talk to someone, self-reflection, journaling)
- Spiritual practice (e.g. spending time at a place of worship, spending time in nature, praying, meditation)
- All of the above
- Others [Please specify]: _____

Q7: How difficult do you find making time for yourself to relax, rest or do something enjoyable that is good for your wellbeing? Please indicate your answer on a scale from 1 to 10, with 1 being extremely difficult and 10 being not difficult at all.

Extremely difficult			Somewhat difficult				Not difficult at all		
1	2	3	4	5	6	7	8	9	10

Thank you for your feedback!



Evaluation 4: Chinese



参与者编号

请回答以下问题

问题1: 在您的日常生活中, 您是否经常感到很大压力 (例如, 情绪超负荷情况而感到非常难受)? 以10分制来表示您经常感到压力程度。1分表示 “不经常感到压力”; 10分表示 “一直感到压力”。

不经常感到压力				有时感到压力				一直感到压力	
1	2	3	4	5	6	7	8	9	10

问题2: 在您生活中, 哪些地方经常感到压力? 可选择多个的选项。

- 工作/就业
- 学习/教育
- 家人关系
- 朋友关系
- 亲密伴侣关系
- 财务状况
- 居留签证问题 (例如申请续签签证)
- 健康/疾病
- 未来的机会
- 安全问题
- 以上所有都是
- 其他[请写明]: _____

问题3: 当您面对有压力的事件时, 您对产生压力因素或原因的理解程度如何? 以10分制来表示压力理解程度, 请圈出您的分数, 1分表示 “不理解”; 10分表示 “十分理解”。

不理解			有些理解				十分理解		
1	2	3	4	5	6	7	8	9	10

问题4: 您使用过那些策略去处理有压力的事件? 请列出策略内容及评分, 以1到5分制来表示帮助程度, 请圈出您的分数, 1分表示 “没有帮助”, 5分表示 “非常有帮助”。

您的策略	帮助程度				
	1	2	3	4	5

问题5: 努力工作或学习后, 您会抽出时间休息、放松或充电的频繁度如何? 以1到10分制表示您休息的频繁度, 请圈出您的分数, 1表示 “从不休息”, 10表示 “经常休息”。

从不休息			有时				经常休息		
1	2	3	4	5	6	7	8	9	10

问题6: 过度劳累或承担压力后, 您会如何照顾自己? (可请选多个方法)

- 锻炼 (例如散步、在健身房锻炼、在家锻炼)
- 娱乐活动 (例如参加兴趣班: 舞蹈、绘画、陶艺等)
- 煮饭/做一顿晚餐
- 花时间休息 (例如午睡、早睡、工作/学习休息)
- 安静的娱乐 (例如读书、看电影/电视节目)
- 社交 (例如与朋友或家人一起出去玩, 与宠物/孩子一起玩)



- 沟通 (例如与别人交谈、自我反省、写日记)
- 灵修 (例如去礼拜、教堂、享受大自然、祈祷、冥想)
- 以上所有方法
- 其他[请注明] _____

问题7: 安排休息时间或做一些愉快事情, 能对您身心有益。您认为安排时间去放松有多困难? 以 10 分制表示您安排放松的困难程度, 请圈出您的分数, 1 表示“非常困难”, 10 表示“根本不难”。

非常困难		有些困难						根本不难	
1	2	3	4	5	6	7	8	9	10

感谢您的意见!

Wellbeing plan

Key message

Exploration of the Wellbeing Plan encompassing wider social, psychological, environmental factors.

Aims

- To help participant to explore what constitutes wellbeing and wellness.
- To gain knowledge on the self-help model.
- To gain understanding on making their own toolbox and self-help action plan.
- To empower participants to follow their plan and take actions.

Preparation

Materials/equipment	Quantity
1. Presentation papers from the previous session that recorded coping strategies	
2. Wellbeing Plan Workbook	One copy for each participant
3. A toolbox of tools (e.g. hammer, screwdriver, knife, scissors, gloves, tape measure, etc)	
4. Whiteboard or flip chart, and different coloured whiteboard pens	One
5. Session 5 Evaluation Form	One copy for each participant
6. Snacks and drinks	

Activities

Title of the activity	Duration	Objective	Activity description
Warm up	10 minutes	Emotional "temperature" reading	<ul style="list-style-type: none"> Facilitators briefly check in with participants' feelings / thoughts they had in the past week. Share one thing, and the feelings associated with it that drew their attention.
Homework review	10 minutes	Review Session 4 homework, Building wellbeing tools	Participants to share one thing they did to help them distract from stress and/or intense emotion.
Main lessons: • What is a toolbox? • What is stress? • What is wellbeing?	45 minutes	Exploration of what constitutes wellbeing – psychological, social, and environmental	<ul style="list-style-type: none"> Show a toolbox with tools for participants to identify them and share the usage. Highlight the message that there are appropriate tools for different situations. Facilitator asks participants to refer to their Wellness Plan Workbook and fill in Exercise 3 to 7 during the session. Facilitate discussions about what each participant understands about wellbeing and what it means to them. Draw on the whiteboard a human-like figure, and allow participants to describe what "stress" looks like for them. <ul style="list-style-type: none"> Psychological – explore how they cope with daily activities when they are under stress? Social – what relationships in their life help with their sense of wellbeing? Environmental – how does their workplace, their professional role and participation in communities contribute towards their sense of wellbeing?
Self-reflection/ homework	15 minutes	Personal growth	Facilitators to ask each participant to reflect on realisation of their own potential by asking themselves questions like: <ul style="list-style-type: none"> What am I good at? What have others complimented me about? Which projects and tasks have I spent hours on without getting tired? What are my hobbies, and why do I like doing them?
Evaluation & closing	10 minutes		Facilitators to summarise the learnings from this session and thank participants for sharing their experiences. Facilitators distribute Session 5 Evaluation Form to each participant. Provide some refreshments for the participants to eat and drink while they complete the evaluation form.
Total Time	90 minutes		

Evaluation 5: English



Participant ID number

Please answer the following questions.

Q1: After this session, how well do you understand the reason or source of the stresses you regularly experience in your day-to-day routine? Please indicate your answer on a scale from 1 to 10, with 1 being no understanding and 10 being excellent understanding.

No understanding			Some understanding				Excellent understanding		
1	2	3	4	5	6	7	8	9	10

Q2: How likely is that you will apply new stress management strategies you have developed in this session in your everyday life? Please indicate your answer on a scale from 1 to 10, with 1 being not likely and 10 being extremely likely.

Not likely			Somewhat likely				Extremely likely		
1	2	3	4	5	6	7	8	9	10

Q3: In which areas of stress in your life would you be able to apply the stress management skills you have developed in your group? Please select all of the items that apply to you.

- Work/employment
- Studies/education
- Relationship with family
- Relationship with friends
- Romantic relationship
- Financial situation
- Settlement issues (e.g. Visa renewal)
- Health/illness

- Future opportunities
- Safety issues
- All of the above
- Others (Please specify):

Q4: Please share the most useful skills/advice/tips you have gained from this session with us? Feel free to share any additional comments you have about this session:

Thank you for your feedback!

Evaluation 5: Chinese



参与者编号

请回答以下问题

问题1: 参加小组后, 您如何理解在日常工作中, 您对产生压力因素或原因的理解程度如何? 以10分制来表示理解程度, 请圈出您的分数, 1分表示“不理解”; 10分表示“十分理解”。

不理解			有些理解				十分理解		
1	2	3	4	5	6	7	8	9	10

问题2: 从小组学习新的压力管理策略后, 您在日常生活中应用新策略的可能性有多大? 以10分制来表上表示可能性, 请圈出您的分数, 1表示“不可能”, 10表示“十分可能”。

不可能			有些可能				十分可能		
1	2	3	4	5	6	7	8	9	10

问题3: 从小组学习新的压力管理策略后, 您会在哪些方面运用这些新的压力管理策略? 可选择多个的选项。

- 工作/就业
- 学习/教育
- 家人关系
- 朋友关系
- 亲密伴侣关系
- 财务状况
- 居留签证问题 (例如申请续签签证)
- 健康/疾病
- 未来的机会
- 安全问题

- 以上所有都是
 其他[请注明]: _____

问题 4: 请分享一下参加小组后, 你所学习到最有效的技巧或建议或重点, 或分享其他的意见。

感谢您的意见!

Relapse Prevention

Key message

Wellness programme encompassing relapse prevention.

Aims

1. To help the participant to develop a relapse prevention plan.

Preparation

	Materials/equipment	Quantity
1.	Have A4 paper available for participants who do not bring their Wellbeing Plan Workbook	A stack
2.	Equipment for playing video	
3.	Whiteboard or flip chart, and different coloured whiteboard pens	
4.	Session 6 Evaluation Form	One copy for each participant
5.	Snacks and drinks	



Activities

Title of the activity	Duration	Objective	Activity description
Mindfulness practice	15 minutes	<ul style="list-style-type: none"> To be more aware and refocused on their internal process. Learn to allow the mind to come back to the present moment. To gain control of their own thoughts and feelings. To alert the triggers in their daily life. 	Sound mindfulness Breathing mindfulness Thoughts mindfulness (5 minutes each)
Main lesson: Relapse prevention strategies and self-care	45 minutes	Continue with the self-help guidebook on the triggers and early warning signs. Exploration of relapse prevention strategies. Relapse prevention is a process	<ul style="list-style-type: none"> Facilitator asks participants to refer to their Wellness Plan Workbook Exercise 8 to 10 for this session. Facilitators to explore: <ul style="list-style-type: none"> Triggers and early warning signs. Self-care (stress management, eating, sleeping). Social supports. Emotion regulation for uncomfortable emotions. Making a safety plan for when you feel urges. Healthy alternative activities – identifying pleasurable activities to engage in to enhance wellbeing. Having a good work/life balance.
Group sharing session	15 minutes	Increasing self-efficacy	Facilitators to ask each participant to reflect on a time when they felt urges or triggers to gamble in the past but managed to control the urges experienced.
Homework	10 minutes	Making use of the toolbox	Facilitator asks participants to report back in the next session on identifying the action plans from Exercise 9 and 10 about what they find effective in coping with triggers that prevent them from relapsing.
Evaluation & closing	5 minutes		Facilitators to summarise the learnings from this session, and praise participants for their performance in the group, and their support for each other. Facilitators distribute Session 6 Evaluation Form to each participant. Provide some refreshments for the participants to eat and drink while they complete the evaluation form.
Total Time	90 minutes		

Evaluation 6: English



Participant ID number

Please answer the following questions.

Q1: How helpful was the 'Tree Model' in helping you understand and relate to your recovery journey? Please indicate your answer on a scale from 1 to 10, with 1 being not helpful and 10 being extremely helpful.

Not helpful			Somewhat helpful				Extremely helpful		
1	2	3	4	5	6	7	8	9	10

Q2: After attending the group, has your knowledge of self-identifying gambling triggers increased? Please indicate your answer on a scale from 1 to 10, with 1 being no increase in knowledge and 10 being significant increase in knowledge.

No increase in knowledge			Some increase in knowledge				Significant increase in knowledge		
1	2	3	4	5	6	7	8	9	10

Q3: How likely would you apply the techniques around self-exclusion from gambling in your everyday life? Please indicate your answer on a scale from 1 to 10, with 1 being not likely at all and 10 being extremely likely.

Not likely at all			Somewhat likely				Extremely likely		
1	2	3	4	5	6	7	8	9	10

Q4: After the session, how important do you think self-care is for maintaining or improving your overall wellbeing? Please indicate your answer on a scale from 1 to 10, with 1 being not important at all and 10 being extremely important.

Not important at all			Somewhat important				Extremely important		
1	2	3	4	5	6	7	8	9	10

Q5: How likely would you apply self-care identified in the group today in your everyday life? Please indicate your answer on a scale from 1 to 10, with 1 being not likely at all and 10 being extremely likely.

Not likely at all			Somewhat likely				Extremely likely		
1	2	3	4	5	6	7	8	9	10

Q6: How likely are you to take time for yourself and look after your wellbeing without feeling guilty? Please indicate your answer on a scale from 1 to 10, with 1 being not likely at all and 10 being extremely likely.

Not likely at all			Somewhat likely				Extremely likely		
1	2	3	4	5	6	7	8	9	10

Q7: Please share the most useful skills/advice/tips you have gained from this session with us? Feel free to share any additional comments you have about this session:

Thank you for your feedback!

Evaluation 6: Chinese



参与者编号

请回答以下问题

问题1: 回顾关于“树”的讨论, 有否帮助您去理解和联系您的复康过程? 以10分制表示对您的帮助程度, 请圈出您的分数, 1表示“没有帮助”, 10表示“非常有帮助”。

没有帮助			有点帮助				非常有帮助		
1	2	3	4	5	6	7	8	9	10

问题2: 参加小组后, 您对赌博诱因的自我认识能力有否增加? 以10分制表示认识能力的增加程度, 请圈出您的分数, 1表示“没有增加认识”, 10表示“增加很多认识”。

没有增加认识			有点增加认识				增加很多认识		
1	2	3	4	5	6	7	8	9	10

问题3: 在日常生活中, 你会使用“自我禁制”赌博的技巧可能性有多大? 以10分制表示可能性, 请圈出您的分数, 1表示“不可能”, 10表示“十分可能”。

不可能			有点可能				十分可能		
1	2	3	4	5	6	7	8	9	10

问题4: 小组完结后, 对您来说以自我关爱的方法去维持或改善您的身心健康是有多重要? 以10分制表示重要性程度, 请圈出您的分数, 1表示“不重要”, 10表示“十分重要”。

不重要			有些重要				十分重要		
1	2	3	4	5	6	7	8	9	10

问题5: 今天在小组学习自我关爱的方法, 你会运用在日常生活中的可能性有多大? 以10分制表示运用自我关爱可能性, 请圈出您的分数, 1表示“不可能”, 10表示“十分可能”。

不可能		有点可能						十分可能	
1	2	3	4	5	6	7	8	9	10

问题6: 当你安排时间去照顾自己, 关心自己的身心健康时, 而不感到内疚的可能性有多大? 以10分制表示感到内疚可能性, 请圈出您的分数, 1表示“不可能”, 10表示“十分可能”。

不可能		有点可能						十分可能	
1	2	3	4	5	6	7	8	9	10

Q7: 请分享一下参加小组后, 你所学习到最有效的技巧或建议或重点, 或分享其他的意见。

感谢您的意见!

Self-Help Resources

Key message

Knowledge is power.

Aims

1. Introducing useful resources.
2. Encouraging self-help and help-seeking behaviour.

Preparation

Materials/equipment

1. Equipment for playing video
2. Different coloured whiteboard pens

3. Obtain enough copies of the AFS self-help resource, A Guide for Asian people to manage addictions and emotional distress, so that each participant has a copy
<https://www.asianfamilyservices.nz/resources/resource-categories/asian-family-services-resources/>



Review the following videos and select two topics that are suitable for the group:

Topic 1: Webinar, Supporting your mental health as an international student
<https://www.youtube.com/watch?v=tH0G9VWVX0XE&list=PLH26qbYMwFk4WAzjFImsp2QmKm5jm-F1D>

Topic 2: Webinar, Intercultural communication
https://www.youtube.com/watch?v=b5wzZeNvRJA&list=PLH26qbYMwFk5s2_xvxQt252PZQHbaYJiU

Topic 3: Webinar, Health and Safety (What should you do in a car accident?)
https://www.youtube.com/watch?v=ibqaedlbVj8&list=PLH26qbYMwFk5RN_tOzTp-DZGz8qQsb86H

4. Topic 4: Webinar, Real people real journey (towards employment in NZ)
<https://www.youtube.com/watch?v=W6uKDIWtdUs&list=PLH26qbYMwFk7R0drX2yrVJNTjsFcqB5aV>

Topic 5: Webinar, How to relieve anxiety during the pandemic (Chinese)
 疫情期間如何緩解焦慮
<https://www.youtube.com/watch?v=bA8FTtHPaRo&list=PLH26qbYMwFk6-b-yJNH6j-6u1UCnM-YT&index=15>
 This video is 15 minutes, but can fast forward to 8:52, 'how to relieve anxiety'.

Topic 6: Webinar, Suicide Prevention Resources for Chinese and Korean people
<https://www.asianfamilyservices.nz/resources/resource-categories/suicide-prevention/>
 There is a 6 minute video in Mandarin on suicide prevention. At the end of the video are the contact details for relevant agencies. To see the video,

- Click 'Read More' under 'A suicide prevention resource for Chinese people'
- Go to View or Download resources, then 'Mandarin.'

5. Session 7 Evaluation Form

6. Snacks and drinks

Activities

Title of the activity	Duration	Objective	Activity description
Introduction	10 minutes	To understand participants' help-seeking intentions and support networks.	Facilitators ask participants to reflect on and identify their supportive friends, families, and communities (interest group or club, faith-based group) from whom they can seek help when they have a personal or emotional problem.
Main lesson 1: Self-care resources	35 minutes	To introduce the resources that are available to international students and new residents in New Zealand.	<ul style="list-style-type: none"> • Facilitators to elicit from the participants the challenges they encounter when settling in New Zealand. • Provide the AFS self-help resource to participants in relevant language. • Introduce two topics (from Topics 1 to 6 above) that facilitators have selected. After each video, provide time for discussion on that topic.
Main lesson 2: No shame in asking for help	30 minutes	To reduce barriers to help-seeking	<ul style="list-style-type: none"> • Discuss the barriers and reasons for participants to seek help. • Facilitators to introduce the following: <ul style="list-style-type: none"> - Resource Page: https://www.asianfamilyservices.nz/resources/ - Click this link to go to the AFS Resource Page – show the variety of resources that can be found on AFS website. - Reach Out: https://www.asianfamilyservices.nz/resources/resource-categories/reach-out/ • Show a video in relevant language on AFS services. https://www.asianfamilyservices.nz/
Homework	5 minutes		Remind participants to prepare a video/letter/poem/drawing about what they want to say to their future self in five years' time. Encourage them to share this with other group members in the next group session.
Evaluation & closing	10 minutes		Facilitator to encourage participants to go through some of the resources introduced after the session and provide feedback in the following session on which resource(s) they found useful. Facilitators distribute Session 7 Evaluation Form to each participant. Provide some refreshments for the participants to eat and drink while they complete the evaluation form.
Total Time	90 minutes		

Evaluation 7: English



Participant ID number

Part A Gambling Behaviour Questionnaire

For each question below, please ✓ the answer that best describes your behaviour or feelings as they relate to gambling over the past 2 weeks.

When you think of the past 2 weeks, how often ...

1. Had you bet more than you could really afford to lose?
 Never Rarely Sometimes Often Always
2. Had you needed to gamble with larger amounts of money to get the same feeling of excitement?
 Never Rarely Sometimes Often Always
3. Had you gone back on another day to try to win back the money you lost?
 Never Rarely Sometimes Often Always
4. Had you borrowed money or sold anything to gamble?
 Never Rarely Sometimes Often Always
5. Had you felt that you might have a problem with gambling?
 Never Rarely Sometimes Often Always
6. Had people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true?
 Never Rarely Sometimes Often Always
7. Had you felt guilty about the way you gambled or what happened when you gambled?
 Never Rarely Sometimes Often Always

8. Had gambling caused you any health problems, including stress or anxiety?
 Never Rarely Sometimes Often Always
9. Had your gambling caused any financial problem for you or your household?
 Never Rarely Sometimes Often Always

Part B General Help-Seeking Questionnaire

If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by circling a number from 1 to 7 that best describes your intention to seek help from each help source that is listed, with 1 being extremely unlikely and 7 being extremely likely. Choose NA for "Not Applicable".

1= Extremely Unlikely 3= Unlikely 5= Likely 7= Extremely Likely

1. Intimate partner (e.g. girlfriend, boyfriend, husband, wife, de facto partner)	1	2	3	4	5	6	7	NA
2. Other family member / relative in New Zealand (e.g. parents, in-laws)	1	2	3	4	5	6	7	NA
3. Other family member / relative from overseas	1	2	3	4	5	6	7	NA
4. New Zealand (Kiwi) friend / classmate / colleague	1	2	3	4	5	6	7	NA
5. Friend / classmate / colleague from overseas	1	2	3	4	5	6	7	NA
6. Doctor / GP	1	2	3	4	5	6	7	NA
7. Other professionals (e.g. psychologist, social worker, counsellor, teacher)	1	2	3	4	5	6	7	NA
8. Minister or religious leader (e.g. Priest, Chaplain)	1	2	3	4	5	6	7	NA
9. People from clubs/societies or in the community	1	2	3	4	5	6	7	NA
10. Phone helpline (e.g. Asian Helpline)	1	2	3	4	5	6	7	NA
11. Other support not listed above (please specify)	1	2	3	4	5	6	7	NA
12. I would not seek help from anyone	1	2	3	4	5	6	7	NA

Thank you for your feedback!

Evaluation 7: Chinese



参与者编号

A部分: 赌博行为问卷

以下每个问题, 请勾选最能描述您在**过去两周内**与赌博相关的行为或感受的答案。

想想在过去两周内的那段时间:

1. 您投注的金钱是否超出了您所能负担的?
 从不 很少 有时 经常 总是
2. 您需要投注更多金钱来获得相同的刺激感?
 从不 很少 有时 经常 总是
3. 你曾想过有一去赢回以前输掉的金钱吗?
 从不 很少 有时 经常 总是
4. 您有没有借钱或售卖来补贴赌博的开支?
 从不 很少 有时 经常 总是
5. 您是否觉得您的赌博行为是有问题的?
 从不 很少 有时 经常 总是
6. 是否有人批评您的赌博行为或告诉您的赌博行为是有问题的, 无论您是否认为这是正确的?
 从不 很少 有时 经常 总是
7. 您是否对自己的赌博行为或赌博结果感到内疚?
 从不 很少 有时 经常 总是
8. 赌博是否给您造成了任何健康问题, 包括压力或焦虑?
 从不 很少 有时 经常 总是
9. 您的赌博行为是否给您或您的家庭带来财务问题?
 从不 很少 有时 经常 总是

B部分: 一般求助问卷

当您遇到个人或情绪问题时, 向以下人士寻求帮助的可能性有多大?

以7分制来表示寻求帮助的可能性, 请圈出一个分数评定您的可能性。

1分表示“不可能”, 7分表示“极有可能”, 最后为“不适用”选择。

1. 亲密伴侣 (例如女朋友、男朋友、丈夫、妻子、同居伴侣)	1	2	3	4	5	6	7	不适用
2. 在新西兰的其他家庭成员/亲戚 (例如父母、姻亲)	1	2	3	4	5	6	7	不适用
3. 在海外的其他家庭成员/亲戚	1	2	3	4	5	6	7	不适用
4. 在新西兰 (本地) 朋友/同学/同事	1	2	3	4	5	6	7	不适用
5. 在海外的朋友/同学/同事	1	2	3	4	5	6	7	不适用
6. 医生/全科医生	1	2	3	4	5	6	7	不适用
7. 其他专业人士 (例如心理学家、社会工作者、辅导员、教师)	1	2	3	4	5	6	7	不适用
8. 领袖或宗教领袖 (例如牧师、主教)	1	2	3	4	5	6	7	不适用
9. 社区组织/社团或社区人士	1	2	3	4	5	6	7	不适用
10. 求助热线 (例如亚裔服务热线)	1	2	3	4	5	6	7	不适用
11. 尚未列出的其他支持 (请注明)	1	2	3	4	5	6	7	不适用
12. 我不会向任何人寻求帮助	1	2	3	4	5	6	7	不适用

感谢您的意见!

Reflections And Celebration

Key message

Evaluation and celebration.

Aims

1. Evaluation of the programme.
2. Celebration of the end of a journey with a formal peer support group.

Preparation

Materials/equipment	Quantity
1. Evaluation forms, pens/pencils	One copy for each participant
2. Certificate of participation	One for each participant
3. Snacks and drinks	

Activities

Title of the activity	Duration	Objective	Activity description
Introduction	15 minutes	Collective reflection	Facilitators to ask participants to reflect on their time spent together as a group and to share what they have learnt and gained through this journey.
Main activity: Evaluation	45 minutes	To evaluate the progress of each participant and the group programme	Facilitators introduce Session 8 Evaluation Form. Involve participants to share ideas and make comments.
Group sharing: Remaking lives	20 minutes	Share their messages to their future self with other group members	<ul style="list-style-type: none"> • Participants to share with one another the new image of themselves in five years' time, what they like about their new self and how it is different from the old one. • Facilitators encourage participants to take actions to connect (with people, agencies, activities and groups) and to enhance their wellbeing after the group ends
Closing	10 minutes	To celebrate the peer support group journey together	Facilitators to distribute certificate of participation. To share food.
Total Time	90 minutes		



Evaluation 8: English



Participant ID number

Group Discussion

Topic 1: Aims of the project and contents covered in the peer-support group

- Think back to when you first joined this group:
 - *What were your first impressions?*
 - *What did you expect to get from the group?*
- The aim of the group was to help Asian people affected by harmful gambling to reduce the risk of gambling relapse and improve their help-seeking behaviour.
 - *To what extent did the programme meet the relapse prevention aim of the group?*
- The group programme was designed in a peer support environment to help participants support one another in their journey of recovery.
 - *To what extent did the programme meet the peer support aim of the group?*
 - *How did you feel supported in the group?*
 - *How didn't you feel supported?*
- Different sessions of the group programme were designed to help participants improve their self-understanding, increase their knowledge of the triggers for harmful gambling, change their attitudes towards harmful gambling, and learn stress management skills and relapse prevention strategies.

After attending the group:

- *Has your knowledge of the triggers for gambling increased? How?*
- *Have your attitudes towards harmful gambling changed? How?*
- *Have you learned new stress management skills? How likely would you be to apply these skills in your everyday life?*

- *Have you made a self-help action plan? How likely is it this plan will help you to maintain or improve your overall wellbeing?*
- *Is there anything else you would like us to add to the group programme?*

- The programme was designed to target _____
 - *Were the contents covered in the group programme relevant for the needs of the target group?*
 - *Which part(s) are not relevant?*
- Cultural appropriateness of the programme.
 - *Were the contents covered in a culturally appropriate way for the target group?*
 - *Which part(s) are not appropriate?*

Topic 2: Group programme delivery methods

- The group programme has covered different activities, including self-awareness activities, group exercises, group discussion and sharing, and developing a self-help action plan.
 - *What were the most helpful or positive aspects of your experience with the activities in the group?*
 - *What activities didn't work so well?*
 - *What were some of your concerns participating in the activities in the group?*
- The group programme has 8 weekly sessions.
 - *Did this delivery format work well?*
 - *Would you prefer the group days to be more spaced out? How (e.g. one day per fortnight or one day per month)?*
 - *Would you prefer other ways of delivery (e.g. online delivery)?*

**Topic 3: Recruitment and how to reach young people/international students
(or another target group)**

- One of the challenges we have experienced was to find/reach out to the target group to participate in the group.
 - *How do you think we can better reach and recruit our target participants to take part in a programme similar to this group in the future?*

Topic 4: Impact of the peer-support group

- Overall, did you feel that your participation in the group has helped you in any way? Please elaborate on how it has or has not helped you.
- In what way is your life different because of your participation in the group?

Thank you for your feedback!

Evaluation 8: Chinese



参与者编号

小组讨论

主题1：同伴互助小组所涵盖的主题目标和内容

- 回想一下，您第一次参加这个小组时：
 - 你对小组印象是什么？
 - 你对小组的期望是什么？
- 这个小组目的是帮助受赌博影响的亚洲人降低复赌的风险，并改善他们寻求帮助的行为。
 - 小组有多大程度上，符合预防复赌目标？
- 小组设计是建立同伴互助环境，目的是帮助参加者在康复过程中互相支持。
 - 小组有多大程度上，达到同伴互相支持的目标？
 - 你从小组中获得到什么支持？
 - 你为什么觉得没有被同伴支持？
- 小组主要目标是在帮助参加者提高自我认知，增加对赌博诱因的了解，改变对赌博危害的态度，学习压力管理的技巧和设定预防复赌的策略。

参加小组后：

- 您对赌博诱因的了解，有没有增加呢？是如何增加？
- 您对赌博危害的态度，有没有改变吗？有什么改变？
- 您学到了新的压力管理技巧吗？您在日常生活中，运用这些新技巧的可能性有多大？
- 你是否制定了自我行动计划呢？这个计划能否帮助你去维持或改善你的身心健康呢？
- 小组有需要再增加其他内容吗？

- 小组设计方案是针对_____
 - 小组计划所涵盖的内容，与对参加者的需要有相关吗？
 - 哪些部分内容是不相关的？
- 文化相适应性。
 - 小组内容在对参加者的文化(华人文化)是合适吗？
 - 哪些部分是不合适的？

主题2：小组内容的传达方法

- 小组内容涵盖不同的活动，包括自我认知活动、小组练习、小组讨论和分享，以及制定自我行动计划。
 - 在小组经验中，对您最有帮助或最有效的活动是什么？
 - 哪些活动效果不理想的？
 - 参加小组的活动时，您有哪些担心？
- 小组活动是每周聚会一次，总共有8次活动。
 - 每周一次的小组方式是适合吗？
 - 您想改变小组聚会日期吗？如何改变？（例如每两周一次活动或每月一次）
 - 您喜欢其他聚会的方式吗？（例如线上小组方式）

主题3：招募对象和邀请青年/国际学生参加（或其他目标对象）

- 我们面对挑战之一是寻找目标对象参与小组。
 - 如果再举办同样的小组计划，您认为有更好方法邀请和招募目标对象吗？

主题4：同伴支持小组的影响作用

- 总的来说，参与小组对您有帮助吗？请详细说明如何帮助你的地方或没有帮助的地方。
- 参加小组活动后，你的生活习惯有什么改变吗？

感谢您的意见！

Analysis Of Evaluation Data

The overall purpose of the support group programme is to help Asian people affected by harmful gambling to:

- reduce their harmful gambling behaviour;
- improve their help-seeking behaviour;
- raise their awareness of the addictiveness of gambling activities;
- gain knowledge about the triggers of relapse of harmful gambling; and
- increase their skills in stress management and self-care.

This section describes the evaluation tools, data collection time points and data analysis methods.

Evaluation tools and data collection time points

Table 1 below presents the evaluation tools to measure participants' harmful gambling behaviour, help-seeking behaviour, attitudes towards harmful gambling, knowledge about the triggers of gambling relapse, stress management skills and self-care skills, as well as the data collection time points.



Table 1 Schedule of data collection

	At recruitment	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Problem Gambling Severity Index	0	√						√√	
General Help Seeking Questionnaire		√						√√	
Attitudes towards harmful gambling			√	√√					
Knowledge about the triggers of gambling relapse			√				√√		
Stress management skills					√	√√			
Self-care skills					√		√√		
Group evaluation									#

- 0 When gambling was a problem
- √ Baseline data collection
- √√ Follow up data collection
- # Group discussion

The *Problem Gambling Severity Index (PGSI)* is used to measure participants' at-risk behaviour in problem gambling. At recruitment (see Recruitment Questionnaire), participants are asked to self-assess their gambling behaviour during the time they developed harmful gambling by scoring themselves against nine items. The higher the score, the greater the risk that the participant's gambling is a problem. The scores provide information about the history and severity of participants' gambling. PGSI scores are collected again in Evaluation 1 (baseline data collection) when participants are asked to assess their gambling behaviour over the past 12 months, and then in Evaluation 7 (follow-up data collection) when they assess their gambling behaviour in the past two weeks.

The *General Help-Seeking Questionnaire (GHSQ)* is used to assess participants' intentions to seek help from different sources when they have a personal or emotional problem. Participants are asked to fill in the questionnaire at recruitment (baseline data collection) and again in Session 7 (follow-up data collection).

Baseline data collection of participants' attitudes towards harmful gambling are taken in Session 2 Evaluation when they are asked to rate: (1) how addictive gambling activities are; (2) how harmful various gambling activities (e.g. electronic gambling machines; online gambling websites; lottery and instant games; casino gambling; horse or sport betting) are; and (3) how acceptable gambling is as a way to socialise. The same questions are asked again in Evaluation 3 (follow-up data collection) after participants have joined a workshop on the effects of harmful gambling.

Baseline data of participants' knowledge about the triggers of relapse of harmful gambling is collected in Session 2 Evaluation when they are asked: (1) how well they understand that the struggles of migration have negatively impacted on their wellbeing; and (2) how well they recognise the desire or urge to gamble again. After participants have learned about triggers and early warning signs of harmful gambling, they are asked in Evaluation 6: (1) how helpful the 'Tree Model' is in helping them understand and relate to their recovery journey; (2) whether their knowledge of self-identifying gambling triggers have increased after attending the group; and (3) how likely they will apply the techniques around self-exclusion from gambling in their everyday life.

Baseline data of participants' stress management skills is collected in Session 4 Evaluation when they are asked: (1) how often they feel stressed in their day-to-day routine; (2) in what areas of their life they feel stressed often; and (3) how well they understand the reason or source of their stress when they are experiencing a stressful event. After participants have learned about how to develop a wellbeing plan, they are asked in Evaluation 5: (1) how well they understand the reason or source of stresses they regularly experience in their day-to-day routine after attending the group; (2) how likely they would apply new stress management strategies they have developed in the group in their



everyday life; and (3) the areas of stress in their life that they would be able to apply the stress management skills they have developed in the group.

Baseline data of participants' self-care skills is collected in Session 4 Evaluation when they are asked: (1) how often they take time to rest, relax or recharge after working or studying very hard; and (2) how difficult they find making time for themselves to relax, rest or do something enjoyable that is good for their wellbeing. After participants have learned about how to incorporate relapse prevention strategies into the wellbeing plan, they are asked in Evaluation 6: (1) how important they think self-care is for maintaining or improving their overall wellbeing; (2) how likely they would apply the self-care skills identified in the group to their daily life; and (3) how likely it is they would take time for themselves and look after their wellbeing without feeling guilty.

In Session 8, participants take part in a group discussion to evaluate the effectiveness of the group programme (See Session 8 Evaluation Form).

Participants are asked to provide feedback on:

- the extent to which the programme meets the relapse prevention aim of the group;
- the extent to which the programme meets the peer support aim of the group;
- the extent to which the programme has improved attitudes, knowledge and behaviours of participants;
- the quality, relevance and cultural appropriateness of the contents covered in the group;
- how the programme can be improved (e.g. group programme delivery methods; recruitment methods).

Methods for analysis of evaluation data

Participants' scores of the various evaluation items in Sessions 1 to 8 can be analysed individually, or as a group by calculating the average group scores. The following table can be used to assist you to examine changes in individual's (or group's) behaviours, attitudes, knowledge and skills across different time points.

Table 2 Evaluation scores across different time points

Evaluation items	When gambling was a problem	Baseline data collection	Follow-up data collection
Gambling behaviour PGSI scores*	Recruitment Questionnaire, _____	Evaluation 1, Part A _____	Evaluation 7, Part A _____
Help-seeking behaviour Number of people participants are likely or extremely likely to seek help from for emotional problems		Evaluation 1, Part B _____	Evaluation 7, Part B _____
Attitudes towards harmful gambling (1) How addictive gambling activities are?		Evaluation 2, Q1 _____	Evaluation 3, Q1 _____
(2) How harmful do you consider the following gambling activities: a. Electronic gambling machines? b. Online gambling websites? c. Lottery and instant games? d. Casino gambling? e. Horse or sport betting?		Evaluation 2, Q2 a. _____ b. _____ c. _____ d. _____ e. _____	Evaluation 3, Q2 a. _____ b. _____ c. _____ d. _____ e. _____
(3) How acceptable do you consider gambling as a way to socialise or have fun?		Evaluation 2, Q3 _____	Evaluation 3, Q3 _____
Knowledge about the triggers of gambling relapse <u>Baseline data</u> (1) How well do you understand that the struggles of migration have negatively impacted your wellbeing? (2) How well do you recognise the desire or urge to gamble again?		Evaluation 2, Q5 _____ Evaluation 2, Q6 _____	
Follow-up data (1) How helpful was the Tree Model in helping you understand and relate to your recovery journey? (2) After attending the group, has your knowledge of self-identifying gambling triggers increased? (3) How likely would it be that you would apply the techniques around self-exclusion from gambling in your everyday life?			Evaluation 6, Q1 _____ Evaluation 6, Q2 _____ Evaluation 6, Q3 _____

Evaluation items	When gambling was a problem	Baseline data collection	Follow-up data collection
Stress management skills <u>Baseline data</u> (1) How often do you feel stressed in your day-to-day routine? (2) In what areas of your life do you feel stressed often? (3) How well do you understand the reason or source of your stress when you are experiencing a stressful event?		Evaluation 4, Q1 <hr/> Evaluation 4, Q2 <hr/> Evaluation 4, Q3 <hr/>	
<u>Follow-up data</u> (1) After attending the group, how well do you understand the reason or source of stresses you regularly experience in your day-to-day routine? (2) How likely is it that you would apply new stress management strategies you have developed in the group in your everyday life? (3) In which areas of stress in your life would you be able to apply the stress management skills you have developed in your group?			Evaluation 5, Q1 <hr/> Evaluation 5, Q2 <hr/> Evaluation 5, Q3 <hr/> Evaluation 5, Q4 <hr/>
Self-care skills <u>Baseline data</u> (1) How often do you take time to rest, relax or recharge after working or studying very hard? (2) How difficult do you find making time for yourself to relax, rest or do something enjoyable that is good for your wellbeing?		Evaluation 4, Q5 <hr/> Evaluation 4, Q7 <hr/>	
<u>After intervention</u> (1) After the session, how important do you think self-care is for maintaining or improving your overall wellbeing? (2) How likely would you apply the self-care skills identified in the group in your everyday life? (3) How likely would you take time for yourself and look after your wellbeing without feeling guilty?			Evaluation 6, Q4 <hr/> Evaluation 6, Q5 <hr/> Evaluation 6, Q6 <hr/>

*PGSI level of severity: Non-problem gambler (0); Low-risk gambler (1-2); Moderate-risk gambler (3-7); Problem gambler (8 or above).

To complement quantitative data collected through evaluation questionnaires, qualitative data is also collected through group discussion in Session 8 to provide further insight into participants' experiences in the group. Information generated through group discussion provides specific and precise data in response to questions such as the quality, relevance and cultural appropriateness of the programme contents, and how the group programme has improved participants' self-understanding, attitudes towards harmful gambling, and their stress management and self-care skills. Using qualitative and quantitative data together helps to fill knowledge gaps and make analyses more reliable.



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Lucky Draw - Feedback on Harmful Gambling Awareness Video and Designs

 esyho647@gmail.com (not shared) [Switch account](#)



Introduction

Thank you for taking your time in giving us feedback on Harmful Gambling Awareness video and designs. This will take approximately 10 minutes to answer, and you will be in the draw to win one of the prizes listed below:

- First prize: \$150 food voucher x1
- Second prize: \$100 food voucher x2
- Third prize: \$50 food voucher x3

Lucky draw closes at 12 am (midnight) on 22 November 2021. Late entries will not be accepted.

The draw results/ winners will be announced on 29 November 2021. Details will be on AFS's Facebook Page. The winners will be notified by email or text message. Unclaimed prizes will be donated to charity.

Asian Family Services (AFS) is New Zealand's only gambling harm minimisation Asian service provider. AFS provides free, professional, and confidential counselling for people experiencing gambling harm and anyone affected by someone's gambling including family, friends and work colleagues. AFS's services include one-on-one counselling services, couple counselling, group counselling and other social work services. These services are provided in seven Asian languages (Cantonese, Hindi, Japanese, Korean, Mandarin, Thai and Vietnamese) plus English.

AFS's research involving peer support groups led to the development of a video and two designs to raise awareness about harmful gambling in New Zealand this year. Your feedback on the video and designs will be very helpful! Thank you very much!

Let's get started!

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Lucky Draw - Feedback on Harmful Gambling Awareness Video and Designs

 esyho647@gmail.com (not shared) [Switch account](#)



* Required

Part I: Problem with Gambling

1. Do you feel you have ever had a problem with gambling? *

Yes

No

2. Do you feel you currently have a problem with gambling? *

Yes

No

3. Have you ever been affected by someone else's gambling? *

Yes

No

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Part II: Feedback on the Harmful Gambling Awareness Video

Harmful Gambling Awareness Video



4. After watching the video, how effective do you think the video is in raising awareness about harmful gambling? *

- Extremely effective
- Effective
- Partially effective
- Ineffective
- Extremely ineffective

5. Do you agree that the video can motivate you to learn more about harmful gambling? *

- Strongly agree
- Agree
- Partially Agree
- Disagree
- Strongly disagree

6. Do you agree that the video can encourage people affected by gambling harm to seek help? *

- Strongly agree
- Agree
- Partially Agree
- Disagree
- Strongly disagree

7. Are the contents of the video easy to understand? *

- Very easy
- Easy
- Neutral
- Difficult
- Very difficult

8. How likely is it that you would recommend this video to your family, friends, or colleagues? *

- Very likely
- Likely
- Neutral
- Unlikely
- Very unlikely

9. Other Comments:

Your answer

Part III: Feedback on two Harmful Gambling Awareness Designs

Design 1



Big Fish eat Small Fish

Gambling is not a way to make money.
You're likely to lose more than you win.

**Asian Family Services**
Together we change lives

Let's talk !
Call the Asian Helpline on **0800 862 342** for free,
confidential and professional counselling and support services.



10. How effective do you think Design 1 is in raising awareness about harmful gambling? *

- Extremely effective
- Effective
- Partially effective
- Ineffective
- Extremely ineffective

11. Do you agree that Design 1 can encourage people affected by gambling harm to seek help? *

- Strongly agree
- Agree
- Partially Agree
- Disagree
- Strongly disagree

12. Are the messages included in Design 1 easy to understand? *

- Very easy
- Easy
- Neutral
- Difficult
- Very difficult

13. Other Comments:

Your answer

Harmful Gambling ≠ Entertainment



Your loved ones are waiting for you to come home.



Let's talk !

Call the Asian Helpline on **0800 862 342** for free, confidential and professional counselling and support services.



14. How effective do you think Design 2 is in raising awareness about harmful gambling? *

- Extremely effective
- Effective
- Partially effective
- Ineffective
- Extremely ineffective

15. Do you agree that Design 2 can encourage people affected by gambling harm to seek help? *

- Strongly agree
- Agree
- Partially Agree
- Disagree
- Strongly disagree

16. Are the messages included in Design 2 easy to understand? *

- Very easy
- Easy
- Neutral
- Difficult
- Very difficult

17. Other Comments:

Your answer

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Part IV: Contacts for Lucky Draw

If you would like to take part in the lucky draw, please fill in the information below. Otherwise, you can just submit the survey. The winners will be notified by email or text message. The personal information collected will only be used to select the winners.

Name

Your answer

Email Address

Your answer

Phone Number

Your answer

Thank you for your time!

For more information, visit our website: www.asianfamilyservices.nz

Call the AFS Asian Helpline on 0800 862 342 for free, confidential, and professional counselling and support services. The helpline is available every Monday to Friday from 9 am to 8 pm. AFS services are provided in seven Asian languages (Cantonese, Hindi, Japanese, Korean, Mandarin, Thai and Vietnamese) plus English.

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Appendix 10 Results of the feedback survey

Table 1 Total responses by survey language and gambling experiences

	Chinese		English		Hindi/English		Korean		Total	
	N	%	N	%	N	%	N	%	N	%
<i>Do you feel you have ever had a problem with gambling?</i>										
Yes	11	8.8	16	29.1	20	60.6	9	34.6	56	23.4
No	114	91.2	39	70.9	13	39.4	17	65.4	183	76.6
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Do you feel you currently have a problem with gambling?</i>										
Yes	5	4.0	7	12.7	10	30.3	3	11.5	25	10.5
No	120	96.0	48	87.3	23	69.7	23	88.5	214	89.5
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Have you ever been affected by someone else's gambling?</i>										
Yes	38	30.4	27	49.1	18	54.5	11	42.3	94	39.3
No	87	69.6	28	50.9	15	45.5	15	57.7	145	60.7
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0

Table 2 Total survey responses by participants' gambling experiences

<i>Do you feel you have ever had a problem with gambling?</i> Yes	<i>Do you feel you currently have a problem with gambling?</i> Yes	<i>Have you ever been affected by someone else's gambling?</i> Yes	15
<i>Do you feel you have ever had a problem with gambling?</i> Yes	<i>Do you feel you currently have a problem with gambling?</i> Yes	<i>Have you ever been affected by someone else's gambling?</i> No	8
<i>Do you feel you have ever had a problem with gambling?</i> Yes	<i>Do you feel you currently have a problem with gambling?</i> No	<i>Have you ever been affected by someone else's gambling?</i> Yes	22
<i>Do you feel you have ever had a problem with gambling?</i> Yes	<i>Do you feel you currently have a problem with gambling?</i> No	<i>Have you ever been affected by someone else's gambling?</i> No	11
<i>Do you feel you have ever had a problem with gambling?</i> No	<i>Do you feel you currently have a problem with gambling?</i> Yes	<i>Have you ever been affected by someone else's gambling?</i> Yes	1
<i>Do you feel you have ever had a problem with gambling?</i> No	<i>Do you feel you currently have a problem with gambling?</i> Yes	<i>Have you ever been affected by someone else's gambling?</i> No	1
<i>Do you feel you have ever had a problem with gambling?</i> No	<i>Do you feel you currently have a problem with gambling?</i> No	<i>Have you ever been affected by someone else's gambling?</i> Yes	56
<i>Do you feel you have ever had a problem with gambling?</i> No	<i>Do you feel you currently have a problem with gambling?</i> No	<i>Have you ever been affected by someone else's gambling?</i> No	125
Total responses			239

Table 3 Feedback on video by survey language

	Chinese		English		Hindi/English		Korean		Total	
	N	%	N	%	N	%	N	%	N	%
<i>How effective do you think the video is in raising awareness about harmful gambling?</i>										
Extremely effective	40	32.0	16	29.1	12	36.4	6	23.1	74	31.0
Effective	49	39.2	25	45.5	11	33.3	11	42.3	96	40.2
Partially effective	31	24.8	10	18.2	7	21.2	8	30.8	56	23.4
Ineffective	4	3.2	4	7.3	0	0.0	1	3.8	9	3.8
Extremely ineffective	1	0.8	0	0.0	3	9.1	0	0.0	4	1.7
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Do you agree that the video can motivate you to learn more about harmful gambling?</i>										
Strongly agree	49	39.2	12	21.8	12	36.4	6	23.1	79	33.1
Agree	54	43.2	31	56.4	12	36.4	13	50.0	110	46.0
Partially agree	19	15.2	10	18.2	5	15.2	7	26.9	41	17.2
Disagree	3	2.4	2	3.6	0	0.0	0	0.0	5	2.1
Strongly disagree	0	0.0	0	0.0	4	12.1	0	0.0	4	1.7
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Do you agree that the video can encourage people affected by gambling harm to seek help?</i>										
Strongly agree	40	32.0	13	23.6	13	39.4	7	26.9	73	30.5
Agree	58	46.4	24	43.6	9	27.3	11	42.3	102	42.7
Partially agree	25	20.0	17	30.9	7	21.2	8	30.8	57	23.8
Disagree	2	1.6	1	1.8	0	0.0	0	0.0	3	1.3
Strongly disagree	0	0.0	0	0.0	4	12.1	0	0.0	4	1.7
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Are the contents of the video easy to understand?</i>										
Very easy	66	52.8	26	47.3	16	48.5	11	42.3	119	49.8
Easy	50	40.0	24	43.6	5	15.2	12	46.2	91	38.1
Neutral	9	7.2	5	9.1	6	18.2	3	11.5	23	9.6
Difficult	0	0.0	0	0.0	3	9.1	0	0.0	3	1.3
Very difficult	0	0.0	0	0.0	3	9.1	0	0.0	3	1.3
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>How likely is it that you would recommend this video to your family, friends, or colleagues?</i>										
Very likely	50	40.0	19	34.5	16	48.5	5	42.3	90	37.7
Likely	49	39.2	24	43.6	5	15.2	7	46.2	85	35.6
Neutral	20	16.0	8	14.5	6	18.2	11	11.5	45	18.8
Unlikely	5	4.0	3	5.5	3	9.1	3	0.0	14	5.9
Very unlikely	1	0.8	1	1.8	3	9.1	0	0.0	5	2.1
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0

Table 4 Feedback on Design 1 by survey language

	Chinese		English		Hindi/English		Korean		Total	
	N	%	N	%	N	%	N	%	N	%
<i>How effective do you think Design 1 is in raising awareness about harmful gambling?</i>										
Extremely effective	26	20.8	11	20.0	13	39.4	0	0.0	50	20.9
Effective	43	34.4	19	34.5	10	30.3	8	30.8	80	33.5
Partially effective	38	30.4	13	23.6	7	21.2	6	23.1	64	26.8
Ineffective	13	10.4	10	18.2	1	3.0	10	38.5	34	14.2
Extremely ineffective	5	4.0	2	3.6	2	6.1	2	7.7	11	4.6
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Do you agree that Design 1 can encourage people affected by gambling harm to seek help?</i>										
Strongly agree	26	20.8	11	20.0	13	39.4	0	0.0	50	20.9
Agree	43	34.4	17	30.9	4	12.1	6	23.1	70	29.3
Partially agree	39	31.2	13	23.6	11	33.3	8	30.8	71	29.7
Disagree	14	11.2	11	20.0	2	6.1	10	38.5	37	15.5
Strongly disagree	3	2.4	3	5.5	3	9.1	2	7.7	11	4.6
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Are the messages included in Design 1 easy to understand?</i>										
Very easy	36	28.8	15	27.3	14	42.4	1	3.8	66	27.6
Easy	49	39.2	22	40.0	8	24.2	8	30.8	87	36.4
Neutral	25	20.0	11	20.0	7	21.2	5	19.2	48	20.1
Difficult	13	10.4	6	10.9	2	6.1	9	34.6	30	12.6
Very difficult	2	1.6	1	1.8	2	6.1	3	11.5	8	3.3
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0

Table 5 Feedback on Design 2 by survey language

	Chinese		English		Hindi/English		Korean		Total	
	N	%	N	%	N	%	N	%	N	%
<i>How effective do you think Design 2 is in raising awareness about harmful gambling?</i>										
Extremely effective	17	13.6	15	27.3	12	36.4	1	3.8	45	18.8
Effective	40	32.0	17	30.9	10	30.3	7	26.9	74	31.0
Partially effective	40	32.0	12	21.8	5	15.2	10	38.5	67	28.0
Ineffective	25	20.0	10	18.2	4	12.1	6	23.1	45	18.8
Extremely ineffective	3	2.4	1	1.8	2	6.1	2	7.7	8	3.3
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Do you agree that Design 2 can encourage people affected by gambling harm to seek help?</i>										
Strongly agree	16	12.8	12	21.8	11	33.3	0	0.0	39	16.3
Agree	40	32.0	20	36.4	7	21.2	11	42.3	78	32.6
Partially agree	40	32.0	11	20.0	9	27.3	7	26.9	67	28.0
Disagree	26	20.8	11	20.0	4	12.1	5	19.2	46	19.2
Strongly disagree	3	2.4	1	1.8	2	6.1	3	11.5	9	3.8
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0
<i>Are the messages included in Design 2 easy to understand?</i>										
Very easy	29	23.2	16	29.1	14	42.4	1	3.8	60	25.1
Easy	48	38.4	21	38.2	9	27.3	10	38.5	88	36.8
Neutral	34	27.2	14	25.5	4	12.1	7	26.9	59	24.7
Difficult	13	10.4	4	7.3	3	9.1	5	19.2	25	10.5
Very difficult	1	0.8	0	0.0	3	9.1	3	11.5	7	2.9
Total	125	100.0	55	100.0	33	100.0	26	100.0	239	100.0

Table 6 Feedback on video by respondents' gambling experiences

	Respondents who have ever had a problem with gambling		Respondents with a current problem with gambling		Respondents who were affected others		Respondents who were non-problem gamblers		Total responses	
	N	%	N	%	N	%	N	%	N	%
<i>How effective do you think the video is in raising awareness about harmful gambling?</i>										
Extremely effective	20	35.7	11	44.0	25	26.6	39	31.2	74	31.0
Effective	18	32.1	7	28.0	34	36.2	53	42.4	96	40.2
Partially effective	15	26.8	4	16.0	28	29.8	27	21.6	56	23.4
Ineffective	0	0.0	0	0.0	4	4.3	5	4.0	9	3.8
Extremely ineffective	3	5.4	3	12.0	3	3.2	1	0.8	4	1.7
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0
<i>Do you agree that the video can motivate you to learn more about harmful gambling?</i>										
Strongly agree	19	33.9	8	32.0	30	31.9	39	31.2	79	33.1
Agree	26	46.4	10	40.0	40	42.6	61	48.8	110	46.0
Partially agree	7	12.5	4	16.0	17	18.1	23	18.4	41	17.2
Disagree	0	0.0	0	0.0	3	3.2	2	1.6	5	2.1
Strongly disagree	4	7.1	3	12.0	4	4.3	0	0.0	4	1.7
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0
<i>Do you agree that the video can encourage people affected by gambling harm to seek help?</i>										
Strongly agree	16	28.6	8	32.0	27	28.7	38	30.4	73	30.5
Agree	24	42.9	10	40.0	38	40.4	54	43.2	102	42.7
Partially agree	11	19.6	4	16.0	23	24.5	32	25.6	57	23.8
Disagree	1	1.8	0	0.0	2	2.1	1	0.8	3	1.3
Strongly disagree	4	7.1	3	12.0	4	4.3	0	0.0	4	1.7
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0
<i>Are the contents of the video easy to understand?</i>										
Very easy	26	46.4	10	40.0	50	53.2	58	46.4	119	49.8
Easy	15	26.8	6	24.0	28	29.8	57	45.6	91	38.1
Neutral	9	16.1	5	20.0	10	10.6	10	8.0	23	9.6
Difficult	3	5.4	1	4.0	3	3.2	0	0.0	3	1.3
Very difficult	3	5.4	3	12.0	3	3.2	0	0.0	3	1.3
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0
<i>How likely is it that you would recommend this video to your family, friends, or colleagues?</i>										
Very likely	18	32.1	9	36.0	40	42.6	43	34.4	90	37.7
Likely	18	32.1	7	28.0	22	23.4	55	44.0	85	35.6
Neutral	12	21.4	5	20.0	20	21.3	22	17.6	45	18.8
Unlikely	5	8.9	1	4.0	8	8.5	4	3.2	14	5.9
Very unlikely	3	5.4	3	12.0	4	4.3	1	0.8	5	2.1
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0

Table 7 Feedback on Design 1 by respondents' gambling experiences

	Respondents who have ever had a problem with gambling		Respondents with a current problem with gambling		Respondents who were affected others		Respondents who were non-problem gamblers		Total responses	
	N	%	N	%	N	%	N	%	N	%
<i>How effective do you think Design 1 is in raising awareness about harmful gambling?</i>										
Extremely effective	16	28.6	8	32.0	24	25.5	21	16.8	50	20.9
Effective	19	33.9	11	44.0	26	27.7	46	36.8	80	33.5
Partially effective	10	17.9	2	8.0	24	25.5	35	28.0	64	26.8
Ineffective	7	12.5	2	8.0	13	13.8	19	15.2	34	14.2
Extremely ineffective	4	7.1	2	8.0	7	7.4	4	3.2	11	4.6
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0
<i>Do you agree that Design 1 can encourage people affected by gambling harm to seek help?</i>										
Strongly agree	15	26.8	8	32.0	21	22.3	23	18.4	50	20.9
Agree	16	28.6	8	32.0	28	29.8	36	28.8	70	29.3
Partially agree	12	21.4	4	16.0	20	21.3	45	36.0	71	29.7
Disagree	8	14.3	2	8.0	18	19.1	17	13.6	37	15.5
Strongly disagree	5	8.9	3	12.0	7	7.4	4	3.2	11	4.6
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0
<i>Are the messages included in Design 1 easy to understand?</i>										
Very easy	21	37.5	8	32.0	32	34.0	27	21.6	66	27.6
Easy	18	32.1	9	36.0	28	29.8	50	40.0	87	36.4
Neutral	9	16.1	5	20.0	19	20.2	27	21.6	48	20.1
Difficult	5	8.9	1	4.0	10	10.6	18	14.4	30	12.6
Very difficult	3	5.4	2	8.0	5	5.3	3	2.4	8	3.3
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0

Table 8 Feedback on Design 2 by respondents' gambling experiences

	Respondents who have ever had a problem with gambling		Respondents with a current problem with gambling		Respondents who were affected others		Respondents who were non-problem gamblers		Total responses	
	N	%	N	%	N	%	N	%	N	%
<i>How effective do you think Design 2 is in raising awareness about harmful gambling?</i>										
Extremely effective	15	26.8	9	36.0	22	23.4	16	12.8	45	18.8
Effective	15	26.8	6	24.0	29	30.9	40	32.0	74	31.0
Partially effective	12	21.4	5	20.0	23	24.5	40	32.0	67	28.0
Ineffective	10	17.9	3	12.0	15	16.0	26	20.8	45	18.8
Extremely ineffective	4	7.1	2	8.0	5	5.3	3	2.4	8	3.3
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0
<i>Do you agree that Design 2 can encourage people affected by gambling harm to seek help?</i>										
Strongly agree	14	25.0	7	28.0	19	20.2	15	12.0	39	16.3
Agree	18	32.1	9	36.0	31	33.0	40	32.0	78	32.6
Partially agree	12	21.4	5	20.0	22	23.4	40	32.0	67	28.0
Disagree	8	14.3	2	8.0	16	17.0	27	21.6	46	19.2
Strongly disagree	4	7.1	2	8.0	6	6.4	3	2.4	9	3.8
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0
<i>Are the messages included in Design 2 easy to understand?</i>										
Very easy	18	32.1	8	32.0	32	34.0	22	17.6	60	25.1
Easy	18	32.1	11	44.0	29	30.9	52	41.6	88	36.8
Neutral	9	16.1	1	4.0	19	20.2	35	28.0	59	24.7
Difficult	7	12.5	2	8.0	9	9.6	14	11.2	25	10.5
Very difficult	4	7.1	3	12.0	5	5.3	2	1.6	7	2.9
Total	56	100.0	25	100.0	94	100.0	125	100.0	239	100.0