Gambling and Suicide:
Emerging Insights and Policy Implications

Foundations and Emerging Insights

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DISCLOSURES

- No financial conflicts: Relevant to the content of this educational activity, I do not have any financial conflicts with ineligible companies to disclose.
- The Division on Addiction receives funding from
  - DraftKings, Inc., a sports betting and gaming company
  - Responsibility.org, a not-for-profit organization founded and funded by a group of distillers
  - International Center for Responsible Gaming (ICRG)
  - Massachusetts Department of Public Health, Office of Problem Gambling Services via Health Resources in Action
  - National Institutes of Health (National Institutes of General Medical Sciences, and Drug Abuse, and Mental Health) via The Healing Lodge of the Seven Nations.
- In the past 5 years, I have served as a paid grant reviewer for the ICRG and received a travel stipend from the New Mexico Responsible Gaming Association.

Background

- Dozens of studies have revealed a positive association between problem gambling and self-harm.
  - First (?) study published in 1971
  - Swedish national registry survey: 15-fold increase in suicide mortality for individuals 20–74 years old with Gambling Disorder compared to the general population (Karlsson & Hakansson (2018))
- If these associations reflect a causal effect of problem gambling on self-harm, then…
  - Any increased rates of problem gambling that result from today's rapid gambling expansion will result in more self-harm.
  - Interventions that minimize problem gambling would be effective reducing self-harm.

Established Predictors of Suicide Ideation

Risk factor	Weighted Odds ratio	Confidence Internal	Number of effect sizes
Prior suicide ideation	3.55	2.65-4.78	22
Hopelessness	3.28	1.49-7.22	6
Depression (diagnosis)	2.45	1.39-4.34	11
Abuse history (any kind)	1.93	1.34-2.40	16
Anxiety (diagnosis)	1.79	1.34-2.40	25

Franklin et al. (2017); Edson et al. (2022)

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Problem gambling	**1.76**	**1.14-2.72**	**10**

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Established Predictors of Suicide Attempt

Risk factor	Weighted Odds ratio	Confidence Internal	Number of effect sizes
Prior NSSI	4.15	2.89-6.92	8
Prior suicide attempt	3.41	2.71-4.30	42
Axis II diagnosis (any kind)	2.35	1.88- 2.93	40
Prior psychiatric hospitalization	2.32	1.30-4.26	14

Franklin et al. (2017); Edson et al. (2022)

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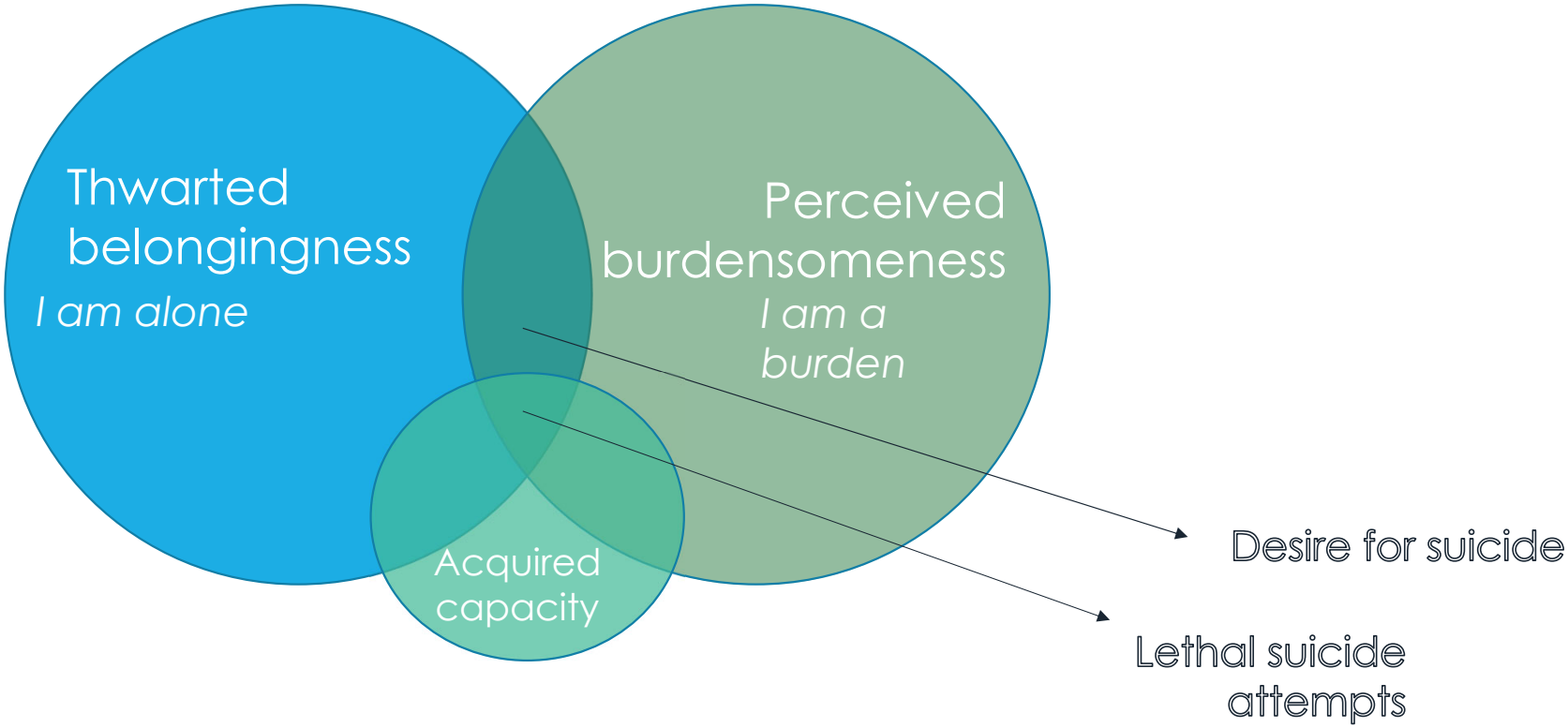
Prior NSSI	4.15	2.89-6.92	8
Prior suicide attempt	3.41	2.71-4.30	42
Axis II diagnosis (any kind)	2.35	1.88- 2.93	40
Problem gambling	**2.35**	**1.58-3.39**	**10**
Prior psychiatric hospitalization	2.32	1.30-4.26	14

Franklin et al. (2017); Edson et al. (2022)

Needed Next Steps in Suicide Research

1. Include short follow-up intervals (minutes, hours, days)
2. Repeatedly/continuously measuring constructs
   - Example: Sudden change in debt stress
3. Combine risk factors within machine-learning based risk algorithms
   - Not one-size-fits all; different algorithms for different populations
4. Study novel risk factors/underlying mechanisms

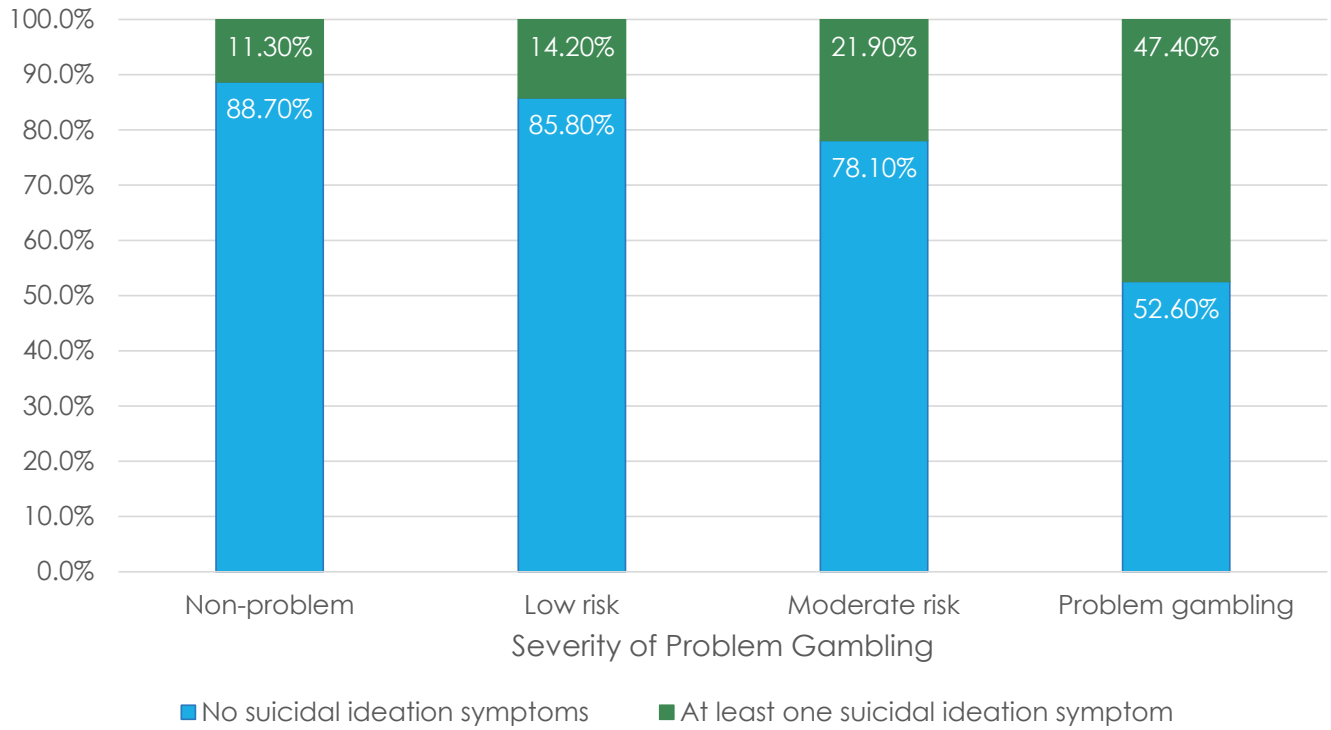
Interpersonal Theory of Suicide (Joiner, 2005)



Van Orden et al. (2010). The interpersonal theory of suicide. *Psychological Review*

Applying the Interpersonal Theory of Suicide to Gambling

- Surveyed 598 gamblers from Amazon's Mechanical Turk crowdsourcing platform



- Perceived burdensomeness helped account for the relationship between problem gambling severity and suicidal ideation, especially among gamblers with high thwarted belongingness. Suicide ideation was most severe among people high in both perceived burdensomeness and thwarted belongingness.

Implications

- More reason to be concerned about suicide among people with gambling problems.
- First evidence that among gamblers, feeling like a burden on other people and feeling isolated matter in terms of the relationship between problem gambling and suicidality.
- This is important because perceived burdensomeness and thwarted belongingness can be modified, and doing so might help relieve people of suicidal thoughts. Integrate into gambling treatment?

Foundations of Problem Gambling

James P Whelan & Keith Windsor

The Gambling Clinic
Tennessee Institute for Gambling
Education & Research

Clinical Assessment of Suicidality

Jim Whelan

Professor & Executive Director,
Tennessee Institute for Gambling Education & Research
The Gambling Clinic®

July 2026

therapy room

Research lab

TGC
THE GAMBLING CLINIC

TN Department of Mental Health & Substance Abuse Services

Our Mission

Provide a science-informed system of care to reduce the harms caused by gambling for all Tennesseans

Clinical Presentation

- > 90% meet criteria for gambling disorder
- co-occurring disorders are common
  - mood disorder
- most deny acute suicidal risk at intake

However

- impulsive
- Social support low/inconsistent
- cognitive risk factors high

Brief Suicide Cognitions Scale

- Helps navigate challenges related denial of acute suicidal risk
- Taps suicidal cognition related to motivation to die
- Does not use suicide language
- Instead assesses beliefs about
  - being *unlovable*
  - problems that are *unsolvable*
  - Feelings that are *unbearable*

Rudd MD, Bryan CJ, Wertenberger EG, Peterson AL, Young-McCaughan S, Mintz J, Williams SR, Arne KA, Breitbach J, Delano K, Wilkinson E, Bruce TO. Brief cognitive-behavioral therapy effects on post-treatment suicide attempts in a military sample: results of a randomized clinical trial with 2-year follow-up. Am J Psychiatry. 2015 May;172(5):441-9.

Rudd, D.R., Whelan, J.P., Kratholm, O., Ginley, M.K., Perez Munoz, A., Vivian L Gleason, V.L., Burak Tuna, B. & Jacob Tempchin J. (2026). Use of the Brief Suicide Cognitions Scale as a Screening Tool to Identify Latent Risk in a Gambling Clinic Sample. *Frontiers in Psychiatry*.

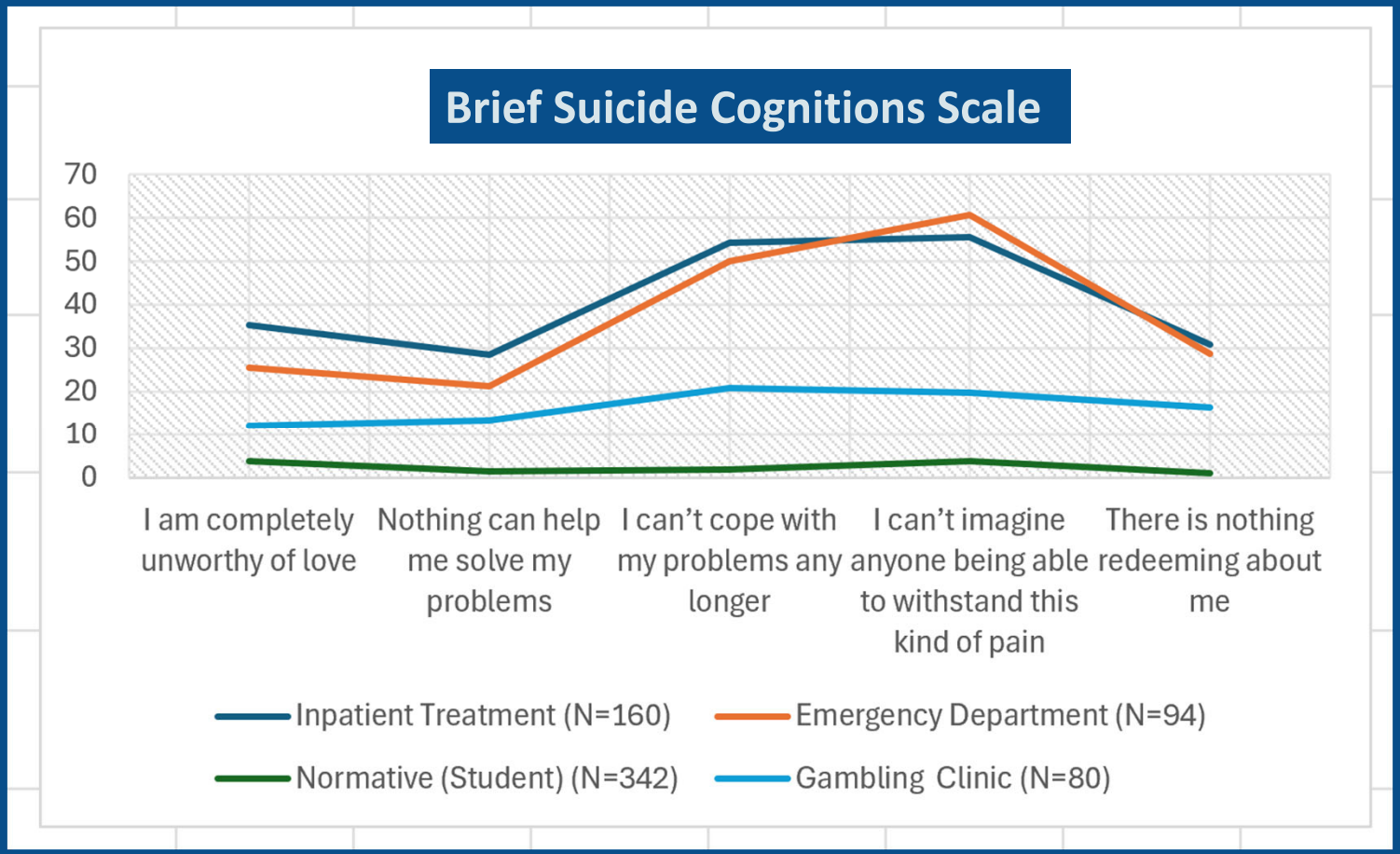
Brief Suicide Cognitions Scale

5 items

- I am completely unworthy of love.
- Nothing can help me solve my problems
- I can't cope with my problems any longer
- I can't imagine anyone being able to withstand this pain
- There is nothing redeeming about me.

1	2	3	4	5
disagree strongly	disagree	neither agree or disagree	agree	agree strongly

- Clinical cutoff score for those presenting with gambling problems: > 10
- Strong psychometrics



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Estimated Network of Suicide-Related Appraisals