Author’s response to reviews

Title: Assisting an Australian Aboriginal and Torres Strait Islander person with gambling problems: A Delphi study

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Dear Editor,

Please find our response to the reviewer’s comments below:

Reviewer 1:

Comment (1) Introduction: The introduction gives a good and very condensed overview of relevant issues such as the increased risk for becoming a problem gambler in the Australian Aboriginal and Torres Strait Islander population, low rates of treatment seeking by problem gamblers in general and by Australian Aboriginal and Torres Strait Islander in particular, and the role of family and friends in motivating problem gamblers to seek professional help (i.e. "external" pressures by third-parties). However, no information can be found with regard to structural barriers and individual thresholds that may hinder problem gamblers from ethnic minorities to make use of outpatient or inpatient treatment services. Thus I recommend to prepare a short passage on this issue.
Response: Have added the following sentence on page 3, lines 63-67:

“The identified barriers to treatment seeking in Aboriginal and Torres Strait Islander people are recognising that their gambling is a problem, shame and stigma associated with gambling problems and a lack of culturally appropriate gambling help services.”

Comment (2) Methods - Panel formation: It seems that the expert panel represents a very homogenous group and reaching a consensus therefore was obviously not a big challenge. Or to put it in other words: To recruit only two stakeholder groups minimizes the opportunity to cover a wide range of individual / different perspectives. Why did the authors restrict their search for experts to gambling help professionals and gambling researches and thus exclude other important stakeholder groups such as gamblers themselves or family members (the "real" experts), regulators or members of the Australian Aboriginal and Torres Strait Islander community without extensive gambling experiences (but with a deeper understanding of special cultural features)?

AND

Comment (3) Methods - Sample size (related to the point mentioned above): The authors wanted to recruit a minimum of 30 experts (p.6) but failed to reach this goal. What was the main reason for this failure? In addition, information about the participation rate should be provided (i.e. how many experts were contacted and how many accepted/declined to participate?).

Response: On page 6, line 126-133, changes to the text were made to clarify that using only one panel is typical in Aboriginal and Torres Strait Islander mental health first aid Delphi studies because the population of experts is small:

“In line with other similar Aboriginal and Torres Strait Islander mental health first aid Delphi studies [e.g. 12], this study utilised one expert panel consisting of professionals with experience researching or treating gambling problems in Aboriginal and Torres Strait Islander people. The decision to use only one expert panel was made because the field of Aboriginal and Torres Strait Islander gambling is small and it was thought that it would have been difficult to recruit enough
Aboriginal and Torres Strait Islander to a ‘lived experience’ and ‘affected other’ panel to produce meaningful results.”

This has also been more clearly addressed in the limitations section of the Discussion (pages 16&17, line 419-430):

“The panel size for this research is another potential limitation – despite extensive recruitment only 22 people completed all three surveys. A panel of at least 23 experts is considered ideal. However, smaller panels have been shown to produce stable results where the panel members have similar training and expertise[30]. Finally, the use of only one panel of experts (professionals) could be seen as a limitation. However, a majority of the participants had experienced gambling problems in themselves, a family member or community member giving them ‘lived experience’ expertise as well.”

We are unable to say how many experts were contacted because we used a snowball approach and asked people and organisations to pass our research advertising flyer on to their networks.

Comment (4) Methods - Definition of problem gambling (p.8): The correct diagnostic term is Gambling Disorder (DSM-5, 2013) and not problem gambling. Commonly 'problem gambling' is used as (1) either as a general term to indicate all of the patterns of disruptive or damaging gambling behaviour including at-risk and pathological gambling or (2) to solely describe subclinical relevant gambling patterns. Thus I suggest a re-wording of the passage beginning with "in this study ..." (line 16ff).

Response: Pg 9; line 209. Changed the term ‘problem gambling’ to ‘gambling disorder’.

Comment (5) Methods - Item categorization (p.9): The authors introduce a classification scheme with three categories (endorsed vs. re-rate- vs. rejected) but without any empirical or theoretical justification for the chosen cut-offs. To reject an item although the majority of participants (e.g. 75%) judged a statement as essential or important, seems uncommon and a bit arbitrary.
Response: Pg 10, lines 238-340. The justification for choosing these criteria has been included:

“These cut-off criteria were chosen by the working group because there was only one panel and lower cut-off percentages would have yielded too many statements, making the guidelines impractical to use.”

Comment (6) Results - participants (p.10): All information on the sample should be deleted here and should be instead placed in the methods section under the subheading "Step 1 - Panel formation". In addition, Table 2 can be deleted; all relevant demographic information should be presented within the text.

Response: pg 6, line 143 – pg 7, line 166. The para about the participants has been moved and information from Table 2 has been included in this para. Table 2 has been deleted.

Comment (7) Discussion: My major concern here is related to the length of the guideline with 225 (!) items that may prevent its use in practice. Thus the authors definitely need to discuss the issue of practicability of an "instrument" that covers such a wide variety of contents in detail.

Response: The goal of this Delphi study was to develop a set of guidelines that gives comprehensive and detailed guidance about helping the majority of Aboriginal and Torres Strait Islander people with gambling problems. Therefore, we do not agree that 225 items make this document impractical to use. Furthermore, of the 225 items, 85 were warning signs and these are listed in dot point form in the guidelines.

Comment (8) Discussion - Limitations (p.16). I suggest a re-wording of the sentence beginning with "Although a panel" ... line 27). This sentence suggests that a minimum of 23 individuals is ideal for a Delphi survey study. However, the paper cited (Akins et al., 2005) simply demonstrated that response characteristics of a small expert panel produce stable results.

Response: page 16, line 421 and 422. The word “Although” has been removed.
Please contact me should you have any questions.

Kind Regards,

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