

Corrections

'Deaf-mute': time to abandon stigmatisation of the deaf community. *The Psychiatrist* 2013; **37**: 36–37. Dr Sara L. Adshead's affiliation should read: **Sara L. Adshead**, Consultant Psychiatrist, Leamington Spa (formerly Locum Consultant Psychiatrist, National Deaf Mental Health Service, Birmingham).

Problem gambling: what can psychiatrists do? *The Psychiatrist* 2013; **37**: 1–3. Page 2, col. 2, para. 3 onwards should read:

Brief interventions have yielded success in decreasing gambling.^{18,19} For example, in a randomised trial, Petry *et al*¹⁹ compared a brief 10-minute intervention with an assessment only control, one session of motivational enhancement therapy (MET), and a session of MET plus three sessions of cognitive-behavioural therapy (CBT). The one session of MET was the only intervention to yield clinically significant reductions in gambling at 9 months follow-up. The brief 10-minute intervention evidenced some reductions in gambling compared with the control condition, as did the MET plus CBT condition; however, none of the 'active' interventions differed significantly from one another. Hence, brief interventions were successful in reducing gambling behaviours, although the optimal length may range from 10 min to up to a more traditional 50-minute session.^{18,19} Importantly, participants in this study¹⁹ were not seeking treatment for their gambling problems, emphasizing the usefulness of brief interventions when used opportunistically. Additional studies of this brief intervention are ongoing in the USA and in the UK.

More intensive gambling treatments

Although the focus of this editorial has been on brief interventions that can be offered to gamblers in mental health settings, there may be instances in which such interventions are not sufficient. Individuals who are actively seeking interventions, or those whose lives have been substantially affected by gambling, may require more intensive treatment. Additionally, some persons may have already received brief interventions for gambling and not benefitted. Such cases would warrant referral to specialist gambling treatment services.

However, treatment provision for problem gamblers in Britain is at best patchy and at worst non-existent.²⁰ There is only one such specialist service in the National Health Service (NHS) in Britain – the National Problem Gambling Clinic.²¹

18 Petry NM, Weinstock J, Ledgerwood DM, Morasco B. A randomized trial of brief interventions for problem and pathological gamblers. *J Consult Clin Psychol* 2008; **76**: 318–28.

19 Petry N, Weinstock J, Morasco BJ, Ledgerwood DM. Brief motivational interventions for college student problem gamblers. *Addiction* 2009; **104**: 1569–78.

20 George S, Copello A. Treatment provision for Britain's problem gamblers: present gaps and future opportunities. *Adv Psych Treat* 2011; **17**: 318–22.

21 Bowden-Jones H, Clark L. Pathological gambling: a neurobiological and clinical update. *Br J Psychiatry* 2011; **199**: 87–9.

doi: 10.1192/pb.37.2.77