The National Centre for Gaming Disorders (UK) - Who is accessing this service?

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LETTER TO THE EDITOR

Dear Editors,

Gaming Disorder has only recently been recognised in the addictions field. Characterised by impaired control, prioritisation over other interests, and continuation despite problem escalation causing significant impairment over at least 12 months, Internet Gaming Disorder (IGD) was identified in Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) as a condition for further study. More recently, Gaming Disorder (GD) was included in the International Statistical Classification of Diseases and Related Health Problems (11th ed.; ICD-11; World Health Organisation, 2018).

The measurement, diagnosis and classification of GD/IGD is still subject to open debate (Aarseth et al., 2017; Billieux et al., 2017; Przybylski, Weinstein, & Murayama, 2017; Van Rooij et al., 2018). Some scholars propose that GD should qualify as a mental disorder (King et al., 2018) whilst others argue that it should not (Dullur & Starcevic, 2018). Whilst no single screening tool has thus far been identified in an increasingly crowded field as superior (King et al., 2020), what is apparent is that for a number of gamers, gaming is a behaviour that can become problematic and can contribute to negative social, economic, and health-related consequences.

The first NHS clinic for GD, the National Centre for Gaming Disorders (NCGD) opened in London in October 2019, supporting gamers from England and Wales.

Gamers can either self-refer, be referred by family members, or by other health or social services. Treatment can be offered for gamers and affected others, with different treatment pathways for parents, gamers aged 16 and over, and those aged under 16. Gamers are offered Cognitive Behavioural Therapy either on an individual or group basis, and parents are offered the chance to attend parent support workshops (CNWL, 2021).

Between inception and June 2021, the NCGD received 236 referrals; 128 gamers, and 108 family members (104 parents). Gamers were most commonly referred by a family member (52.3%), or self-referred (13.3%). 78.2% ($n = 86$) of gamers completed an assessment; following a review by the clinical team, of these 86, 98.9% ($n = 84$) were offered treatment, and 83.3% ($n = 72$) accepted.

But what is the profile of those accessing treatment via the NCGD?

Within gamers, 89.8% ($n = 115$) were male, and 75.7% ($n = 86$) identified as white British or white other. The mean age at referral was 18.47 ($s d. = 8.5$, range 12–64); two thirds of referrals were in the 13–18 age category (66.4%), and a further 21.1% were in the 19–25 category. 57.1% ($n = 73$) were from London or the South-East. 52.3% ($n = 67$) were referred by family, and 13.3% ($n = 17$) were self-referred.

Gaming Disorder severity was measured by the Internet Gaming Disorder Test (IGDT-20; Pontes, Király, Demetrovics, & Griffiths, 2014). Gamers recorded a mean score of 66.03

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(out of 100, *s.d.* 15.43, range 30–96), marginally below the recommended cut-off for disorder gaming of 71. Approximately 40% of gamers assessed recorded IGD-20 scores of ≥71. Preferred game showed remarkable variability; 61 different games were identified as a main problem game. The most commonly identified games were Fortnite (14.8%), Minecraft (14.1%), Call of Duty (13.3%) and Roblox (8.6%).

Specific psychiatric comorbidities were identified within the gamers at assessment, including ADHD (11.7%), Depression (10.9%), Autism (8.6), Asperger's (6.3%) and Anxiety (6.3%). Further issues were identified: 15.6% ($n = 23$) reported self-harm, 18% ($n = 23$) reported suicidal ideation, 9.4% ($n = 12$) disclosed a suicide attempt, 6.3% ($n = 8$) reported comorbid substance misuse, whilst 8.6% ($n = 11$) reported a concurrent behavioural addiction. The low prevalence of concurrent substance misuse may be due to the very young age of the patients.

Furthermore, 30.5% ($n = 39$) reported issues around food and weight with either malnourishment due to gaming or significant weight gain also coinciding with excessive gaming and a sedentary lifestyle. 22.7% ($n = 29$) disclosed being bullied, 41.4% ($n = 53$) reported having shown aggression when asked to stop gaming, and 24.2% ($n = 37$) disclosed resorting to physical violence. Of the gamers referred, 28.9% ($n = 37$) had experienced financial difficulties related to gaming or had caused financial difficulties to their family members.

Whilst the academic debate around the relative robustness of psychometric properties of screening tools (King et al., 2020), and the strength of the evidence to support the classification of Gaming Disorder as a mental health disorder (Van Rooij et al., 2018) continues, increasing numbers of patients, primarily young males, are experiencing enough harm to warrant seeking treatment at a specialist clinic.

Although it is acknowledged that is not yet clear whether GD is an independent disorder or is symptomatic of a deeper underlying pathology, and the direction of causality in comorbid disorders is unclear, this letter provides a brief snapshot of those accessing the only dedicated gaming disorder clinic in the UK; future papers will communicate treatment data in due course. We hope to have highlighted some features of the profile of those seeking treatment for this emerging disorder.

Authors

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