

Supplementary Table S2 Characteristics of included studies

Year of publication	Author	Region	Aim	Funding or Conflicts	Cultural Context	Sample Size (by gender)	Age	Setting	Socioeconomic status	Marital/relationship status	Gambling types	Gambling terms used	Quality/Limitations noted by author
2002	Tavares et al. [52]	Brazil	Aim: Examine delay factors in gambling treatment-seeking (controlling for severity and cohort effects).	National Council on Research and Development (CNPq), São Paulo Research Foundation and 2 (FAPESP), and Alberta Gambling Research Institute.	Sixty-five were white (77.4%), 17 were Afro-Brazilian (20.2%), and 2 were Asian (2.4%)	Sample (N=84) 56% female, 44% male.	Aged 43.3 ± 9.3 years	Clinical: the gambling outpatient program at the Institute of Psychiatry–University of São Paulo	Majority were employed (63%), Catholic (76%), and had at least high school education (73%; mean 11.8 years).	Married (57%)	68% gambled exclusively on computerised games (e.g., electronic bingo, video lottery), while 32% used both computerised and traditional games (e.g., lottery, horse racing, cards) with no clear preference.	Pathological Gambling	Only a minority of gamblers seek treatment; therefore, this small clinical sample cannot be generalised to explain why untreated gamblers in the wider community do not seek help. This is from Brazil and there was a change in the law that impacts the findings

2025	Singer [48]	Germany	Aim: Understand gambling disorder stigmatisation through social media.	Conflict: The author's position is supported by the state lottery. But did not fund the study.	NA	NA	NA	Online comments	NA	NA	Casino games	Gambling addict Gambling disorder	No information about the participants was able to be collected because of the nature of the study. Therefore, no further statements based on age groups and gender were available. One language sample was only analysed, making it difficult to generalise the findings. No analysis techniques have been tailored to analyse social network user comments.
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2025	Gupta et al. [40]	Australia	Aim: Understand Aboriginals' views on help-seeking for gambling issues and self-help strategies used.	NA	100% Australian Aboriginals	Sample (N=29): 75% female, 35% male	Aged 37 or more	Community-based	100% Aboriginal communities	NA	Horse games Sports Pokies	Gambling disorder	A small sample size cannot fully generalise the findings to all aboriginals peoples' experience
2025	Dighton et al. [35]	UK	Aim: Understand gambling-related harm among UK Armed Forces veterans and to also include the perspectives of affected family members.	One author is Director and shareholder in Soteria Global Services, a risk management business with a focus on gambling harm.	NA	Sample (N= 9): Gambling users (N=6) and family members (N=3) 33% female, 67% male	NA	Community-based	NA	25% married Separations and divorces	Card games Sports betting	Gambling Harm Gambling-related harm	The sample was limited to male veterans and female family members.
2024	Schettini [49]	Sweden	Aim: Understand what stops people with alcohol, cannabis or gambling problems from seeking treatment, what	Funding: Karolinska Institute. This research has been supported by the	NA	Sample gamblers (N= 36) 19% female 81% male	40-49 years (31%) 50-59 years (19%)	Community-based	NA	NA	NA	Gambling disorder	The between-group difference in the small sample sizes. No information about co-

			barriers they share, what differs between groups, and whether social services create additional obstacles.	Swedish Research Council for Health, Working Life and Welfare (FORTE)									morbidity was collected, leading to multiple responses from the same participant. All participants were recruited from help-seeking sites, generating some selection bias.
2012	Suurvali et al. [39]	Canada (Ontario)	Aim: Understand why people with gambling problems might hesitate to get treatment or seek help.	NA	NA	Sample (N=556) 46.7% female 53.3% male	18-39 years (31.1%) 40-49 years (27.9%) > 50 years (41%)	Community-based population survey	Post-secondary education (53.5%) Employed (67.8%)	Married or with partner (66.1%)	NA	Gambling problem	The study relied on open-ended self-reported answers, the coding process had limited reliability checks, and the barrier categories involved researcher interpretation.

2005	Evans and Delfabbro [47]	Australia	Aim: Understand why Australian problem gamblers do or do not seek professional help through people opting for self-help and those who received treatment.	NA	75% Australian 25% European	Sample (N=77) 37.7% female 62.3% male	18-34 years (15%) 35-54 years (68%) > 55 years (17%)	Community based Treatment program	Employed (45%) Pensioners (23%) Students (12%) Unemployed/retired (15-20%)	Separated, divorced, widowed or never married (66.7%)	Slot machines (mostly) Horse Bettings Lottery games	Gambling problem	The study had a small sample size. In-between group sample size might have an effect on the outcomes. A sample skewed toward people who had already changed or sought help. The collected data was self-reported. Limited ability to generalise to gamblers who never seek help or who do not improve.
2007	Tang et al. [38]	China (Hong Kong)	Aim: Identify and compare gender differences among Chinese treatment-seeking problem gamblers.	NA	100% Chinese	Sample (N= 952) 11.7% female 88.3% male	18-29 years (18.1%) 30-39 years (33.8%) 40-49 years	Clinical: The gambling outpatient program at	Education Primary or below (16.5%) Secondary (76.4%) University or above	Never married (26%) Married (74%)	Casino games Mahjong gambling Horse betting Sport betting	Gambling problem	The sample relied on self-report data, the study has a time-limited data collection

							(30.3%) > 50 years (17.6%)	treatm ent centre	(7.1%) Employed (77.3%) Non- employed (18.3%) Home- makers (female) (5%)				
2022	Nyemcs ok et al. [8]	Austral ia	Aim: Understand young men's perspectives on strategies to prevent and reduce harm from sports betting.	NA	NA	Sample (N=16) 100% male	Mean aged 20.81	Comm unity- based	Employed (75%) Lived with a parent or guardian (87.5%) Secondary (62.5%) Not completed school (37.5%)	NA	Sports/onlin e sports betting	Gambling Harm Gambling- related harm	The study used a convenience sample of young men from one jurisdiction. The participants were young men who primarily engaged in sports betting, so the findings are mainly relevant to that gambling type rather than gambling more generally.

2023	Rolando et al. [51]	Italy	Aim: To gain insight into the cultural and social barriers to help-seeking for gambling problems in an Italian region	Funded by the local government Addiction Plan	NA	Sample (N=30) 23.3% female 76.7% male	18-25 years (3.3%) 26-40 years (26.7%) 41-60 years (50%) > 61 years (20%)	Clinical gambling outpatient at local service and community-based	Primary School (16.7%) Secondary (80%) University degree (3.3%) Employed (70%) Student (6.7%) Retired (16.7%) Unemployed (6.7%)	Married or partner (50%) Unmarried (23.3%) Widow/er (6.7%) Separated/divorced (10%)	Casino games (66.7%) and scratch games (16.7%)	Gambling-related problems	The study had a small sample size and it was conducted in one specific Italian region.
2020	Järvinen - Tassopoulos [41]	Finland	Aim: To contribute to research on the help-seeking behaviours of the concerned significant other of gamblers.	Funded by the Government	NA	Sample (N = 40) 95% female 5% male	NA	Online forum-based	NA	100% married	NA	Gambling problems	Because of the nature of the study, demographics were not collected.
2021	Gupta et al. [42]	Australia	Aim: Understand gambling-related harm in the Northern Territory, Australia.	Funded by the Government	Aboriginal (37.1%) non-aboriginal (62.9%)	Sample (N = 27) 37.1% female 62.9% male	Mean 35 years (77.8%)	Community-based	NA	NA	NA	Gambling harm	Sample was smaller than intended, the study was specific to the Northern

													Territory, and it did not deeply examine cultural differences in experience and help-seeking.
2018	Zhang et al. [37]	Singapore	Aim: To better understand online gambling among treatment-seeking patients in Singapore.	Funded by Government	Chinese (91%) Indian (6%) Malay (2%) Others (1%)	Sample (N=100) 2% female 98% male	Mean age of 32.9 years	Clinical: the gambling outpatient program at the National Addictions Management Service	Education: University degree and above (22%) ITE / Diploma / Pre-University (51%) Secondary education (27%) Employment: Employed (89%) Unemployed (11%)	Single (58%) Married (36%) Divorced (5%) Widowed (1%)	Soccer betting (90%) Other sports betting (44%) Casino games (27%) Lottery (17%) Poker (13%) Horse racing (5%) Others (8%)	Gambling-related disorders	The sample may not be representative of the general population. The participants were all people who had already sought help from an addiction service, so the findings are more reflective of treatment-seeking gamblers rather than all online gamblers in Singapore.

2014	Gainsbury et al. [50]	Australia	Aim: To examine awareness of professional sources of help and help-seeking behaviour among regular and problem gamblers.	Funded by Gambling Research Australia	NA	Sample (N=730) 45% female 55% male	Mean 45 or over (63%)	Community - based	Employed (36%) Retired (23%) Living in the city (69%)	Married (38%) Never married (25%) Divorced (25%)	NA	Problem gamblers Gambling-related problems	The sample size may limit generalisability. Possibility of participant self-selection bias. The authors pointed out that the survey gave participants a list of treatment options, barriers, and motivators. That means responses may have been prompted by the options provided, which could have increased agreement compared with using only open-ended questions.
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2004	Rockloff and Schofield [54]	Australia	Aim: To identify potential barriers to gambling treatment.	Funded by the Centre for Social Science Research Australia	NA	Sample (N=1203) 49.7% female 50.3% male	Mean 45.8 years	Community-based	NA	NA	NA	Problem gamblers	NA
2001	Potenza et al. [7]	USA (Connecticut)	Aim: To understand how male and female problem gamblers differed when they seek help through a gambling helpline.	Funded by the National Institute on Alcoholism and alcohol abuse and National Center for Responsible Gaming	Caucasian (91.7%) African American (6%) Hispanic (2.3%)	Sample (N=562) 37.9% female 62.1% male	Mean 41.5 years	Helpline-based	Income 0 - 14,999 (USD) (7.3%) 15,000 - 34,999 (USD) (30.8%) 35,000 - 59,999 (USD) (23.3%) >60,000 (USD) (7.3%)	NA	Male Poker: 11.9% Craps/dice: 13.7% Slot machines: 37.1% Bingo: 0.6% Sports betting: 16.1% Dog racing: 9.7% Horse racing: 9.4% Female Poker: 4.4% Craps/dice: 2.0% Slot machines: 77.3% Bingo: 10.3% Sports betting: 1.5%	Problem gamblers	The study relied on self-reported helpline data, came from one region, covered one time period, and did not include formal diagnostic assessment.

											Dog racing: 3.0% Horse racing: 1.0%		
2009	Pulford et al., [53]	New Zealand	Aim: To better understand the barriers that stop people from seeking specialist help for a gambling problem.	Funded by the New Zealand Ministry of Health	Non-NZ European (25.3%) NZ European (74.7%)	Sample (N= 229)	NA	Helpline- based	NA	NA	NA	Gambling- related problems	The study relied on what participants said about themselves. The participants were not a fully representative sample
2017	Kaufman et al. [31]	UK	Aim: To explore the treatment experiences of female problem gamblers in the UK, with particular attention to the barriers that prevent women from seeking treatment.	NA	British (100%)	Sample (N= 8) 100% female	Mean 39.5 years	Clinical: the gambling outpatient program at the National Problem Gambling	NA	Single (50%) Married or living with partner (37.5%) Separated (12.5%)	Online slots (37.5%) Fruit machines (50%) Casino (12.5%)	Gambling disorder	The authors noted that the study was limited by its small sample, reliance on self-report, inclusion only of women already in treatment, lack of representation of harder-to- reach women,

								ng Clinic					and the fact that IPA provides depth of experience but cannot explain wider social processes.
2025	Annual GB Treatment and Support Survey 2024 Gosschalk et al., [45]	UK	Aim: To understand gambling behaviour in Great Britain. Explore: help-seeking, affected others, newer gamblers, lotteries, advertising, and financial pressure.	Funded by YouGov	White or Caucasian (82.7%) Black (3.4%) Asian (8.3%) Mixed (4.4%) Other (1.2%)	Survey sample (N=17,933) 51.8% female 48.2% male Sample (N= 24) interviewed	18-34 years (28.4%) 35-54 years (34.4%) > 55 years (36.3%)	Community-based population survey	Social Grade ABC1 (53.7%) C2DE (45.9%) ONS Index of Multiple Deprivation IMD 1-3 (27.8%) IMD 4-7 (40.3%) IMD 8-10 (31.4%)	NA	National Lottery (41.4%) Online sport (14.7%) Horse race (11%)	Gambling-related problems	The findings rely on self-reported behaviour and experiences.
2025	Lloyd et al. [46]	UK	Aim: Understand how people who experience gambling harms are stigmatised and discriminated	Funded by GambleAware	NA	Survey sample (N= 3, 567) Sample (N = 35) 68.7% female	18-24 years (5.7%) 25-39 years (25.7%) 40-54	Community-based population survey	NA	NA	Football betting had higher stigma in-person fruit/slot machines	Gambling harm	Lack of information about participant characteristics. Characteristics like

			against in Great Britain Explore: stigmatisation and discrimination linked to gambling harms			31.3% male	(54.3%) > 55 years (14.3%)				had higher stigma National Lottery had lower stigma		nationality, sexuality, household income, and deprivation. The report says it did not find statistically significant differences across these groups, but the authors stress that this is not conclusive evidence of no effect.
2025	Gamble Aware (Hunter et al.) [44]	UK	Aim: To give an up-to-date overview of what is known about gambling-related harms among children and young people in Great Britain.	Funded by GambleAware	For group (18-25): Some level of gambling harm (PGSI 1+) Black ethnic groups: 42% White, Asian or Other	Sample (N = 7)	11-17 years 18-24 years	Community-based population survey	NA	NA	NA	Gambling-related harm	The report used informal evidence mapping and thematic synthesis approach rather than a systematic review or validated framework.

					ethnic backgrounds: 20% Problem gambling (PGSI 8+) Black backgrounds: 23% Asian backgrounds: 12% White backgrounds: 6% Other racial backgrounds: 8%								
2025	Gambling Commission [2]	UK	Aim: To collect national data on gambling behaviours, harms and demographics	NA	NA	Sample (N = 19, 684) 66% female 34% male	18-24 years (6%) 25 - 34 years (15%) 35 - 44 years (16%) 45 - 54 years (14%)	Community- based population survey	NA	NA	Sports (8%) Horse race (4%) Lottery (88%)	Problem gambling	NA

							55 - 64 years (18%) 65 - 74 years (18%) >75 years (12%)						
2026	Wardle et al. [22]	UK	Aim: to assess the relationship between specific products and locations of gambling activity, and risk of subsequent suicidal thoughts.	Funded by Gambling Research Exchange Ontario	95.3% White British	Sample (N = 3927) 20.3% female 79.7% male	18-34 years (25.4%) 35-54 years (41.6%) 55 > years (33%)”	Community-based	72.1% employed 15.9% retired 12.2% unemployed/other. Education 67.6% higher education 32.2% were in a lower social grade category 63.8% were homeowners.	63.8% were married or cohabiting	Online sports (61.8%) Lotteries (48.1%) Horses online (32.7%) Sport in-person (16.8%) Horse race in-person (16.8%)	Gambling-related harm	COVID-era data collection, non-probability online sampling, self-report measurement, and small/underpowered suicide-attempt analyses.

2025	Jones et al. [23]	UK	Aim: To assess how gambling diagnosis predicts suicidal death and mental health utilisation from data set 1993-2023	Funded by Greo Evidence Insights	NA	Sample (N= 2290) 29% female 71% male	Mean age 61.5	Community - based	NA	NA	NA	Gambling-related harm	This study was limited by routine coding quality, likely underdiagnosis of gambling harm, possible age/confounding issues, inability to distinguish gambling types, and potential underestimation of true gambling-related suicide risk.
2016	Baxter et al. [43]	Canada	Aim: To understand men's and women's experiences of felt stigma as a barrier to help-seeking for problem gambling, and to examine how these stigma-	Funded by Ontario Problem Gambling Research Centre	32% Chinese	Sample (N = 28) 64.3% female 35.7% male	Mean age 53	Community - based	43% Completed post-secondary 53.6% < 40,000 income	39.3% Widowed, separated or divorced	NA	Problem gamblers	The study had a small sample size, purposively sampled, and drawn from one urban gambling venue.

			related barriers differ by gender.										
2016	Hing et al. [36]	Australia	Aim: To examine gambling counsellors' perspectives on whether and how stigma associated with problem gambling influences problem acknowledgement, help-seeking, treatment, and recovery.	Funded by Victorian Responsible Gambling Foundation	NA	Sample (N=9) 77.8% female 22.2% male	NA	Community - based	NA	NA	NA	Problem gamblers	The sample was not intended to be representative of all gambling counsellors.