Received: 15 June 2025 / Accepted: 07 October 2025 / Published online: 30 October 2025

DOI 10.34689/SH.2025.27.5.017

UDC 616.89. -008.446-08:159.9(574)

EXPERIENCES OF PRIMARY CARE PSYCHOLOGISTS IN IDENTIFYING AND MANAGING GAMBLING DISORDER IN ALMATY AND ASTANA, KAZAKHSTAN: CHALLENGES AND IMPLICATIONS FOR PRACTICE

Gulzat Kosherbayeva[1], https://orcid.org/0009-0000-8995-2179

Laura Kozhageldiyeva[2], https://orcid.org/0000-0003-0553-8988

Aizhan Samabayeva[1], https://orcid.org/0000-0001-8600-7980

Aziza Imamatdinova[3], https://orcid.org/0000-0003-2233-4522

Nurgul Alekenova[4], https://orcid.org/ 0000-0001-5751-1678

[1] D. Serikbayev East Kazakhstan Technical University, Ust-Kamenogorsk, Republic of Kazakhstan;
[2] Nazarbayev University School of Medicine, Astana, Republic of Kazakhstan;
[3] Asfendiyarov Kazakh National Medical University, Almaty, Republic of Kazakhstan;
[4] Marat Ospanov West-Kazakhstan Medical University, Aktobe, Republic of Kazakhstan.

Abstract

Background. Gambling addiction is becoming an increasingly common problem among adolescents and adults. Early diagnosis and prevention are key to avoid social and psychological consequences. As primary healthcare (PHC) serves as the first point of contact for patients, their families, and physicians, this study aims to examine the experiences of PHC psychologists in the detection, prevention, and management of gambling addiction across different age groups.

Materials and methods. We conducted a qualitative study with primary care psychologists to explore their experiences in identifying, preventing, and managing gambling disorder. Semi-structured interviews covered patient demographics, prevalence, diagnostic tools, prevention, support, and challenges. Data were analyzed using Dedoose software to identify themes, patterns, and barriers, providing insights for improving clinical practices, training, preventive programs, and policy interventions in gambling disorder care.

Results. Interviews with ten primary care psychologists (aged 25–45, 3 months–15 years' experience) revealed that gambling disorder is most prevalent among 18–24-year-olds, with adolescents 11–18 and adults 25–45 at moderate risk. Psychologists reported it often co-occurs with mental health issues such as depression, anxiety, and social isolation. Identification relies on interviews, standardized questionnaires, and observation, while prevention and intervention include education, therapy, family work, motivational interviewing, and collaboration with social and medical services. Specialists also noted a recent increase in female patients and emphasized that many individuals only seek help after family intervention. Loneliness and online engagement were identified as key vulnerability factors.

Conclusions. Gambling disorder is most prevalent among young adults and often co-occurs with mental health issues, highlighting the need for early identification and targeted interventions in primary care. Future efforts should focus on enhancing psychologist training, expanding preventive programs, and strengthening collaboration with social and medical services to improve detection, support, and treatment outcomes.

Key words: gambling addiction, population, primary health care, prevention, psychological assistance.

For citation:

Kosherbayeva G., Kozhageldiyeva L., Samabayeva A., Imamatdinova A., Alekenova N. Experiences of primary care psychologists in identifying and managing gambling disorder in Almaty and Astana, Kazakhstan: challenges and implications for practice // *Nauka i Zdravookhranenie* [Science & Healthcare]. 2025. Vol.27 (5), pp. 136-142. *doi 10.34689/SH.2025.27.5.017*

Резюме

ОПЫТ ПСИХОЛОГОВ ПЕРВИЧНОЙ МЕДИКО-САНИТАРНОЙ ПОМОЩИ В ВЫЯВЛЕНИИ И ЛЕЧЕНИИ РАССТРОЙСТВ, СВЯЗАННЫХ С АЗАРТНЫМИ ИГРАМИ, В АЛМАТЫ И АСТАНЕ, КАЗАХСТАН: ПРОБЛЕМЫ И ПОСЛЕДСТВИЯ ДЛЯ ПРАКТИКИ

Гульзат Кошербаева[1], https://orcid.org/0009-0000-8995-2179

Лаура Кожагельдиева[2], https://orcid.org/0000-0003-0553-8988

Айжан Самамбаева[1], https://orcid.org/0000-0001-8600-7980

Азиза Имаматдинова[3], https://orcid.org/0000-0003-2233-4522

Нургуль Алекенова[4], https://orcid.org/ 0000-0001-5751-1678

[1] Восточно-Казахстанский государственный технический университет имени Д. Серикбаева, г. Усть-Каменогорск, Республика Казахстан;
[2] Школа медицины Назарбаев Университет, г. Астана, Республика Казахстан;
[3] НАО «Казахский национальный медицинский университет имени С.Д. Асфендиярова», г. Алматы, Республика Казахстан;
[4] НАО «Западно-Казахстанский университет имени Марата Оспанова», г. Актобе, Республика Казахстан.

Актуальность. Зависимость от азартных игр становится все более распространенной проблемой среди подростков и взрослых. Ранняя диагностика и профилактика являются ключом к предотвращению социальных и психологических последствий. Поскольку первичная медико-санитарная помощь (ПМСП) служит первым контактным лицом для пациентов, их семей и врачей, целью данного исследования является изучение опыта психологов ПМСП в выявлении, профилактике и лечении зависимости от азартных игр в разных возрастных группах.

Материалы и методы. Мы провели качественное исследование с участием психологов первичной медико-санитарной помощи, чтобы изучить их опыт выявления, профилактики и лечения расстройств, связанных с азартными играми. В ходе полуструктурированных интервью были представлены демографические данные пациентов, их распространенность, диагностические инструменты, профилактика, поддержка и проблемы. Данные были проанализированы с помощью программного обеспечения Dedoose для выявления тем, закономерностей и барьеров, что позволило улучшить клиническую практику, обучение, профилактические программы и политические вмешательства в лечение расстройств, связанных с азартными играми.

Результаты. Интервью с 10 психологами первичной медико–санитарной помощи (в возрасте 25-45 лет, опыт работы от 3 месяцев до 15 лет) показали, что расстройства, связанные с азартными играми, наиболее распространены среди 18-24-летних, при этом подростки 11-18 и взрослые 25-45 лет подвергаются умеренному риску. Психологи сообщили, что это часто сопровождается проблемами психического здоровья, такими как депрессия, тревожность и социальная изоляция. Выявление заболеваний основывается на опросах, стандартных анкетах и наблюдении, в то время как профилактика и вмешательство включают образование, терапию, семейную работу, мотивационные интервью и сотрудничество с социальными и медицинскими службами. Специалисты также отметили недавнее увеличение числа пациенток женского пола и подчеркнули, что многие люди обращаются за помощью только после вмешательства семьи. Одиночество и онлайн-активность были определены в качестве ключевых факторов уязвимости.

Выводы. Расстройство, связанное с азартными играми, наиболее распространено среди молодежи и часто сочетается с проблемами психического здоровья, что подчеркивает необходимость раннего выявления и целенаправленного вмешательства в рамках первичной медико-санитарной помощи. Будущие усилия должны быть направлены на повышение уровня подготовки психологов, расширение профилактических программ и укрепление сотрудничества с социальными и медицинскими службами для улучшения результатов выявления, поддержки и лечения.

Ключевые слова: *зависимость от азартных игр, население, первичная медико-санитарная помощь, профилактика, психологическая помощь.*

Для цитирования:

Кошербаева Г., Кожагельдиева Л., Самамбаева А., Имаматдинова А., Алекенова Н. ОПЫТ Психологов первичной медико-санитарной помощи в выявлении и лечении расстройств, связанных с азартными играми, в Алматы и Астане, Казахстан: проблемы и последствия для практики // Наука и Здравоохранение. 2025. Vol.27 (5), С.136-142. *doi 10.34689/SH.2025.27.5.017*

Түйіндеме

ҚАЗАҚСТАН РЕСПУБЛИКАСЫНЫҢ АЛМАТЫ ЖӘНЕ АСТАНА ҚАЛАЛАРЫНДАҒЫ АЛҒАШҚЫ МЕДИЦИНАЛЫҚ-САНИТАРЛЫҚ ДЕҢГЕЙДЕГІ ПСИХОЛОГТАРДЫҢ ҚҰМАР ОЙЫНДАРҒА БАЙЛАНЫСТЫ БҰЗЫЛЫСТАРДЫ АНЫҚТАУ ЖӘНЕ КӨМЕК КӨРСЕТУДЕГІ ТӘЖІРИБЕСІ: ҚИЫНШЫЛЫҚТАР МЕН ПРАКТИКАҒА ӘСЕРЛЕРІ

Гульзат Кошербаева[1], https://orcid.org/0009-0000-8995-2179
Лаура Кожагельдиева[2], https://orcid.org/0000-0003-0553-8988
Айжан Самамбаева[1], https://orcid.org/0000-0001-8600-7980
Азиза Имаматдинова[3], https://orcid.org/0000-0003-2233-4522
Нургуль Алекенова[4], https://orcid.org/ 0000-0001-5751-1678

[1] Д. Серікбаев атындағы Шығыс Қазақстан мемлекеттік техникалық университеті, Өскемен қ., Қазақстан Республикасы;
[2] Назарбаев Университетінің Медицина мектебі, Астана қаласы, Қазақстан Республикасы;
[3] «С.Ж. Асфендияров атындағы Қазақ Ұлттық Медицина университеті» КеАҚ, Алматы қ., Қазақстан Республикасы;
[4] «М. Оспанов атындағы Батыс Қазақстан медицина университеті», КеАҚ, Ақтөбе қ., Қазақстан Республикасы.

Кіріспе. Құмар ойындарға тәуелділік жасөспірімдер мен ересектер арасында жиі кездесетін проблемаға айналуда. Ерте диагностика және алдын-алу әлеуметтік және психологиялық зардаптарды болдырмаудың кілті болып табылады. Алғашқы медициналық-санитарлық көмек (МСАК) пациенттер, олардың отбасылары және дәрігерлер үшін бірінші байланыс нүктесі ретінде қызмет ететіндіктен, бұл зерттеу МСАК психологтарының әртүрлі жас топтарындағы құмар ойындарға тәуелділікті анықтау, алдын алу және басқарудағы тәжірибесін зерттеуге бағытталған.

Материалдар мен әдістер. Біз құмар ойындардың бұзылуын анықтау, алдын алу және басқару бойынша тәжірибелерін зерттеу үшін алғашқы медициналық-санитарлық көмек психологтарымен сапалы зерттеу жүргіздік. Жартылай құрылымдалған сұхбаттар пациенттердің демографиясын, таралуын, диагностикалық құралдарын, алдын алуды, қолдауды және проблемаларды қамтыды. Деректер тақырыптарды, үлгілерді және кедергілерді анықтау үшін Dedoose бағдарламалық құралын пайдалану арқылы талданды, бұл клиникалық тәжірибені, оқытуды, профилактикалық бағдарламаларды және құмар ойындардың бұзылуын емдеуге саяси араласуды жақсарту үшін түсінік береді.

Нәтижелер. Алғашқы медициналық–санитарлық көмек көрсететін 10 психологпен сұхбат (25-45 жас, 3 ай-15 жылдық жұмыс өтілі) құмар ойындардың бұзылуы 18-24 жас аралығындағы жасөспірімдер арасында жиі кездесетінін көрсетті, 11-18 жас аралығындағы жасөспірімдер мен 25-45 жас аралығындағы ересектер орташа тәуекелге ұшырайды. Психологтар бұл көбінесе депрессия, мазасыздық және әлеуметтік оқшаулану сияқты психикалық денсаулық мәселелерімен қатар жүретінін хабарлады. Сәйкестендіру сұхбатқа, стандартталған сауалнамаларға және бақылауға негізделген, ал алдын алу және араласу білім беруді, терапияны, отбасылық жұмысты, мотивациялық сұхбатты және әлеуметтік және медициналық қызметтермен ынтымақтастықты қамтиды. Мамандар сонымен қатар жақында әйел пациенттер санының артқанын атап өтті және көптеген адамдар отбасының араласуынан кейін ғана көмекке жүгінетінін атап өтті. Интернеттегі жалғыздық пен өзара әрекеттесу осалдықтың негізгі факторлары ретінде анықталды.

Қорытынды. Құмар ойындарға тәуелділік көбінесе жастар арасында жиі кездеседі және жиі психикалық денсаулық мәселелерімен қатар жүреді. Бұл алғашқы медициналық көмек көрсету деңгейінде ерте анықтау мен мақсатты араласудың қажеттілігін көрсетеді. Болашақтағы күш-жігер психологтарды даярлауды жетілдіруге, алдын алу бағдарламаларын кеңейтуге және анықтау, қолдау мен емдеу нәтижелерін жақсарту үшін әлеуметтік және медициналық қызметтермен өзара іс-қимылды күшейтуге бағытталуы тиіс.

Түйінді сөздер: *құмар ойындарға тәуелділік, халық, алғашқы медициналық-санитарлық көмек, профилактика, психологиялық көмек.*

Дәйексөз үшін:

Кошербаева Г., Кожагельдиева Л., Самамбаева А., Имаматдинова А., Алекенова Н. Қазақстан Республикасының Алматы және Астана қалаларындағы алғашқы медициналық-санитарлық деңгейдегі психологтардың құмар ойындарға байланысты бұзылыстарды анықтау және көмек көрсетудегі тәжірибесі: қиыншылықтар мен практикаға әсерлері // Ғылым және Денсаулық сақтау. 2025. Vol.27 (5), Б. 136-142. *doi 10.34689/SH.2025.27.5.017*

Introduction

Globally, gambling is highly prevalent, with approximately 1.4–1.9% of adults meeting criteria for problematic gambling, with the highest rates observed among online casino and slot players [18]. The prevalence is notably higher in North America (5.3%) compared to Europe (1.3%), and men are about 3.4 times more likely than women to develop gambling problems. Younger adults also show a greater risk than middle-aged or older individuals, reflecting clear regional and demographic variations [3,4]. Given its strong association with mental health and social harms, stricter regulation and public health monitoring of gambling are urgently needed worldwide.

Gambling addiction, classified as a behavioral (non-substance) addiction, involves persistent and recurrent maladaptive gambling behavior leading to significant distress or impairment. It closely resembles substance addictions in terms of neurobiology, comorbidity, and loss of control, and is currently the only behavioral addiction recognized in the DSM-5. While most individuals gamble recreationally, a small minority develop pathological patterns characterized by preoccupation, tolerance, withdrawal-like symptoms, and continued gambling despite adverse consequences [5, 15].

Gambling disorder is influenced by a combination of psychological, social, and behavioral risk factors. Key predictors include male gender, younger age, impulsivity, stress, cognitive distortions, and comorbid mental health disorders such as depression, anxiety, and substance use. Environmental and situational factors—like financial difficulties, family dysfunction, exposure to gambling advertising, and easy access to online gambling—further increase vulnerability. During the COVID-19 pandemic, isolation, boredom, and financial strain intensified online gambling behaviors, highlighting how stress and environmental changes can exacerbate gambling risk [12].

The study of 399 students in Kazakhstan found that 11% had some gambling problems and 5.76% were probable pathological gamblers, primarily males under 21 who frequently bet on sports. Problem gambling was associated with male gender, alcohol use, low family cohesion, depression, and suicidal thoughts, while higher paternal education and part-time employment appeared to

be protective factors. Despite certain limitations, the findings reveal an alarming prevalence of gambling among students and emphasize the need for increased awareness, preventive measures, and policy interventions in Kazakhstan [7]. Another study found that Russian students had higher gaming disorder scores than Kazakh students (14.2 vs. 12.9, $p<0.001$), males scored higher than females, and religiosity was associated with lower GD scores but was not a significant predictor, while significant predictors included eating behavior, weekly gaming hours, loneliness, male gender, country (Russia), and age [8].

Problem gambling affects a small but significant proportion of patients in healthcare settings, with rates of 0.9% for severe problems and 4.3% for low-to-moderate problems, and is more common among males, young adults, students, and those with depression or substance use [2]. Barriers to treatment include structural factors (availability, infrastructure, anonymity) and individual factors (guilt, awareness, motivation), while facilitators involve accessible and reputable services [20]. Mental health clinicians often encounter patients with gambling problems but lack consistent screening and training, with only a minority screening frequently or feeling confident to intervene. These findings underscore the need for enhanced clinician education, systematic screening, and integration of gambling services to improve identification and treatment [10].

In Kazakhstan, primary health care (PHC) is responsible for the health of the assigned population and includes psychologists on staff. Despite the existence of prevention programs and informational materials, early detection of gambling addiction remains challenging, as patients often conceal the problem and seek help only after family intervention or the development of comorbid mental disorders. Since PHC is the initial contact for patients, their families, and physicians, the aim of our study is to explore the experiences of PHC psychologists in identifying, preventing, and treating gambling addiction among various age groups.

Materials and methods

We conducted a qualitative study to explore the experiences and practices of psychologists working in primary care settings regarding the identification, prevention, and management of gambling disorder. Interview questions were carefully developed in collaboration with psychologists, public health specialists, and healthcare managers to ensure that they addressed the full scope of relevant clinical, preventive, and administrative aspects. Data were collected from primary care psychologists through semi-structured interviews, with each respondent asked 10 in-depth questions covering patient age groups, prevalence and severity of gambling addiction, diagnostic tools, prevention strategies, forms of psychological support, and the main challenges they face in practice. Interviews were conducted individually, both in person and online, depending on participant availability, and audio recordings were transcribed verbatim to maintain the accuracy of responses.

For data analysis, a qualitative approach was employed using Dedoose software, which allowed systematic organization and coding of responses, identification of recurring themes, patterns, and typical challenges, and comparative analysis across participants. This approach also enabled the researchers to capture nuanced insights into the strategies psychologists use, the obstacles they encounter in clinical practice, and the variations in approaches based on patient demographics or clinical context. In addition, the study explored structural, organizational, and contextual factors affecting psychologists' ability to detect and manage gambling disorder, including time constraints, patient disclosure issues, availability of resources, and collaboration with other healthcare and social services.

By combining detailed semi-structured interviews with rigorous qualitative analysis, this study provides a comprehensive understanding of the current practices, challenges, and needs of primary care psychologists in addressing gambling disorder, and offers valuable guidance for designing targeted training, preventive programs, and policy interventions to improve early identification and care.

Ethical Approval: The study was approved by the Local Ethics Committee of the West Kazakhstan Medical university (11-2025/128-МП), Aktobe, Kazakhstan

Results

Interviews were conducted with primary care psychologists (n=12) aged 25 to 40 years, with professional experience ranging from 3 months to 15 years.

Prevalence and Age Groups

According to the psychologists' experience, patients exhibiting signs of gambling disorder are encountered periodically. The most vulnerable groups are adolescents aged 11–24 and adults up to 40 years old, who often display impulsivity, emotional instability, and high engagement in online environments. Specialists also noted a recent increase in female patients, either seeking help for themselves or due to the gambling problems of close relatives.

Many do not openly admit to their addiction. Usually, it is noticed by parents or relatives, and only then is the patient referred for help," reported one participant.

Table 1 presents the frequency and characteristics of gambling disorder risk across different age groups, showing the highest risk among 19–24-year-olds, moderate risk in adolescents 11–18 and adults 25–40, and low risk in those over 40.

Table 1.

Age Groups and Gambling Disorder Risk.

Age Group	Frequency	Characteristics
11–18 years	Moderate	Transitional age, impulsivity, online involvement
19–24 years	High	Young adults, high emotional instability, online games
25–40 years	Moderate	Adult men and women, credit and financial risks
Over 40 years	Low	Rare, possible hereditary predisposition

Gambling Disorder as a Standalone or Secondary Condition

Specialists' opinions varied. 1 out of 10 psychologist views the gambling disorder as a standalone behavioral condition, while others note its strong association with psychological disorders as depression, anxiety, emotional burnout, and social maladaptation.

Gambling disorder can manifest as an independent condition, but it more often develops alongside other psychological problems," shared one clinician.

Individuals experiencing loneliness or social isolation were considered particularly vulnerable, as gambling is often used to relieve stress or distract from personal problems.

Prevention and Intervention Methods

A comprehensive approach is used for prevention and intervention. Identification is based on interviews, standardized questionnaires, and observation. Prevention strategies include individual psychological support through lectures, educational programs, and social media campaigns, while interventions involve cognitive-behavioral therapy, Gestalt therapy, family therapy, motivational interviewing, and, in some cases, hypnotherapy. Effectiveness is enhanced through collaboration with social and medical services. One psychologist expressed the concerns about the fragmented care for patients with gambling and missing time for timely interventions upon the patients' readiness. Table 2 summarizes the prevention methods, identification approaches, intervention strategies, and collaboration with other services used by psychologists to address gambling disorder.

Table 2.

Prevention, Identification, and Intervention Strategies.

	Prevention	Identification Methods	Intervention	Collaboration with Other Services
1.	Consultations, school lectures, brochures, social media	Clinical interview, questionnaires, observation	Individual counseling, motivational interviewing, group sessions, family work	Addiction services, social services, schools, adaptation centers
2.	Social media	Clinical interview	Group therapy	–
3.	Lectures	Interview, observation, comorbidity assessment	Individual counseling	–
4.	Not conducted	Individual interview	–	–
5.	Social media	Testing	Individual counseling	Social worker
6.	Lectures, informational materials	Interview, observation	Individual counseling, hypnotherapy, psychotherapy, family work	–
7.	Lectures, brochures, consultations, social media, financial literacy programs	Interview, testing	Individual and group counseling, Gestalt therapy	Addiction services, social workers

Discussion

Our study highlights multiple barriers to the identification, prevention, and treatment of gambling disorder (GD) in Kazakhstan. Primary care psychologists reported low public awareness of gambling addiction, denial by patients and their families, stigma associated with seeking psychological help, limited motivation to participate in treatment programs, and insufficient specialist training as the most salient challenges. These findings correspond closely with international research showing that GD is highly stigmatized compared to other mental health conditions [6,14]. Problem gambling is often associated with negative stereotypes such as irresponsibility, greed, and lack of self-control, which can lead to social distancing, perceived discrimination, and reduced opportunities in employment, education, and social functioning [11]. Our Table 2 results illustrate that psychologists perceive a need for active collaboration with social and medical services to overcome these barriers, reflecting the structural dimensions of stigma identified in the international literature [21].

Attribution theory provides a useful framework for interpreting our findings. Conditions perceived as controllable are more heavily stigmatized than those attributed to uncontrollable factors such as genetics or biology [19]. In line with this theory, our participants noted that patients and their families often view gambling disorder as a moral or character flaw rather than a medical or behavioral condition. This moralizing perspective contributes to concealment behaviors, consistent with international studies showing that individuals with GD frequently hide their gambling problems to avoid social judgment [16]. Our interviews indicated that concealment is often initiated by adolescents or young adults, or by family members of adult patients, and that problems are only addressed once comorbid psychological issues emerge. These findings align with research showing that secrecy and self-stigma exacerbate psychological distress and reduce help-seeking [17].

We revealed that adolescents aged 11–24 and adults up to 40 years old are the most vulnerable groups, often exhibiting impulsivity, emotional instability, and high engagement in online environments. This corresponds with international findings that younger individuals are particularly prone to problem gambling and stigma internalization [9]. Psychologists also reported a notable increase in female patients seeking help, either for themselves or due to the gambling problems of relatives. This observation aligns with prior studies indicating that women with gambling disorder may experience higher perceived and self-stigma, emphasizing the need for interventions specifically tailored to this demographic [16].

Structural and contextual factors further exacerbate the impact of stigma. Our participants emphasized limited training in gambling disorder and lack of standardized screening tools in primary care, which hinder early detection. International research shows that structural stigma—embedded in healthcare systems, societal norms, and institutional policies—can reinforce both public and self-stigma, negatively affecting mental health outcomes [1]. In Kazakhstan, collaborative approaches involving social services, schools, and healthcare providers, as described in Table 2, are essential to address these structural barriers and improve identification and intervention.

The international literature also underscores the importance of targeting both public and self-stigma. Public stigma in GD is driven by moralizing attributions, beliefs about dangerousness, and negative stereotypes, all of which our participants' experiences echo. While gambling disorder is generally perceived as less dangerous than alcohol use disorder or schizophrenia, it is still associated with disruptiveness and social consequences, which may reinforce concealment and internalized shame [6]. As our interviews reveal, patients' reluctance to openly disclose gambling behaviors can delay engagement in preventive or corrective interventions, a mechanism observed globally [13].

Limitations and Future Directions. This study has several limitations. First, the sample size was small (n=10) and limited to primary care psychologists aged 25–40, which may restrict the transferability of the findings to other regions, age groups, or professional categories. The study focused only on psychologists in primary care, excluding other healthcare providers (e.g., psychiatrists, social workers) and patients themselves, limiting perspectives on the broader system of care and lived experiences of gambling disorder. Finally, the study did not quantitatively assess the prevalence of stigma or evaluate the effectiveness of existing interventions, limiting its ability to provide causal or population-level conclusions.

Future research should expand to larger and more diverse samples, including different healthcare professionals, patients, and family members, to capture a more comprehensive view of gambling disorder management in Kazakhstan. Quantitative studies could measure the prevalence and impact of public, self-, and structural stigma, providing a stronger evidence base for targeted interventions. Longitudinal research is needed to evaluate the effectiveness and sustainability of stigma-reduction programs, including education, advocacy, and contact-based strategies. Additionally, culturally tailored interventions addressing gender-specific vulnerabilities, particularly among women and adolescents, should be developed and tested. Finally, exploring the structural stigma within healthcare, social services, and the gambling industry could inform policy and systemic approaches to reduce barriers to care and improve early detection and treatment outcomes.

Conclusions. Gambling disorder is most common among adolescents and young adults, with impulsivity, emotional instability, and social isolation increasing vulnerability. It often co-occurs with mental health issues such as depression and anxiety, and many patients seek help only after family intervention. Primary care psychologists use a combination of interviews, questionnaires, education, therapy, and collaboration with social services for prevention and intervention. Future efforts should focus on improving training, expanding preventive programs, and enhancing integrated care to support early identification and effective treatment.

Funding. *This study was carried out within the framework of grant financing for scientific technical project by the Ministry of Science and Higher education of Republic of Kazakhstan - Grant No. AP26101217 "Comprehensive study and preventive model of gambling addiction in Kazakhstan: an interdisciplinary approach".*

Author declare no conflict of interest.

Literature.

1. *Corrigan P., Schomerus G., Shuman V., Kraus D., Perlick D., Harnish A., Kulesza M., Kane-Willis K., Qin S., Smelson D.* Developing a research agenda for understanding the stigma of addictions Part I: lessons from the mental health stigma literature. Am J Addict. 2017;26(1):59–66. doi: 10.1111/ajad.12458.

2. *Cowlishaw S., Gale L., Gregory A., McCambridge J., Kessler D.* Gambling problems among patients in primary care: a cross-sectional study of general practices. *Br J Gen Pract*. 2017;67(657):e274-e279. doi:10.3399/bjgp17X689905

3. *Dellosa G., Browne M.* The influence of age on gambling problems worldwide: A systematic review and meta-analysis of risk among younger, middle-aged, and older adults. *J Behav Addict*. 2024;13(3):702-715. Published 2024 Sep 13. doi:10.1556/2006.2024.00051

4. *Gabellini E., Lucchini F., Gattoni M.E.* Prevalence of Problem Gambling: A Meta-analysis of Recent Empirical Research (2016-2022). *J Gambl Stud*. 2023;39(3):1027-1057. doi:10.1007/s10899-022-10180-0

5. *Hasanović M., Kuldija A., Pajević I., Jakovljević M., Hasanović M.* Gambling Disorder as an Addictive Disorder and Creative Psychopharmacotherapy. *Psychiatr Danub*. 2021;33(Suppl 4):1118-1129.

6. *Hing N., Nuske E., Gainsbury S.M., Russell A.M.T.* Perceived stigma and self-stigma of problem gambling: Perspectives of people with gambling problems. International Gambling Studies. 2016;16(1):31–48. doi: 10.1080/14459795.2015.1092566

7. *Janabel G. Association of problem gambling with psychosocial characteristics among undergraduate students in Astana, Kazakhstan*. Master's thesis. Astana, Kazakhstan: Nazarbayev University School of Medicine, Master of Public Health; 2018. https://nur.nu.edu.kz/server/api/core/bitstreams/9f96727a-a70b-4a59-a906-9db9c825f767/content

8. *Konstantinov V., Mynbayeva A., Gritsenko V. et al.* Gaming disorder among Russian and Kazakh university students. *Discov glob soc* 2, 93 (2024). https://doi.org/10.1007/s44282-024-00101-4

9. *Konkolÿ Thege B.K., Colman I., El-Guebaly N., Hodgins D.C., Patten S.B., Schopflocher D., Wolfe J., Wild T.C.* Social judgments of behavioral versus substance-related addictions: a population-based study. Addict Behav. 2015;42:24–31. doi: 10.1016/j.addbeh.2014.10.025

10. *Manning V., Dowling N.A., Rodda S.N., Cheetham A., Lubman D.I.* An Examination of Clinician Responses to

Problem Gambling in Community Mental Health Services. J Clin Med. 2020 Jul 1;9(7):2075. doi: 10.3390/jcm9072075.

11. *Miller H.E., Thomas S.* The "walk of shame": A qualitative study of the influences of negative stereotyping of problem gambling on gambling attitudes and behaviours. International Journal of Mental Health and Addiction. 2017;15(6):1284–1300. doi: 10.1007/s11469-017-9749-8.

12. *Moreira D., Azeredo A., Dias P.* Risk Factors for Gambling Disorder: A Systematic Review. J Gambl Stud. 2023 Jun;39(2):483-511. doi: 10.1007/s10899-023-10195-1. Epub 2023 Mar 8.

13. *Neophytou K., Theodorou M., Theodorou C., Artemi T.F., Panayiotou G.* Population Screening of Gambling Behavior: Playing to Escape From Problems May Be a Key Characteristic of At-Risk Players. Front Psychiatry. 2021 Sep 1;12:690210. doi: 10.3389/fpsyt.2021.690210.

14. *Palmer B.A., Richardson E.J., Heesacker M, Kristina DePue M.* Public stigma and the label of gambling disorder: does it make a difference? Journal of Gambling Studies. 2018;34(4):1281–1291. doi: 10.1007/s10899-017-9735-x.

15. *Potenza M.N., Fiellin D.A., Heninger G.R., Rounsaville B.J., Mazure C.M.* Gambling: an addictive behavior with health and primary care implications. J Gen Intern Med. 2002 Sep;17(9):721-32. doi: 10.1046/j.1525-1497.2002.10812.x.

16. *Quigley L.* Gambling Disorder and Stigma: Opportunities for Treatment and Prevention. Curr Addict Rep. 2022;9(4):410-419. doi: 10.1007/s40429-022-00437-4. Epub 2022 Sep 3.

17. *Singer J.* Stigmatisation of gambling disorder in social media: a tailored deep learning approach for YouTube comments. Harm Reduct J. 2025 Apr 18;22(1):56. doi: 10.1186/s12954-025-01169-0.

18. *Tran, Lucy T. et al.* The prevalence of gambling and problematic gambling: a systematic review and meta-analysis The Lancet Public Health, Volume 9, Issue 8, e594 - e613

19. *Weiner B.* An attributional theory of achievement motivation and emotion. Psychol Rev. 1985;92(4):548. doi: 10.1037/0033-295X.92.4.548.

20. *Wieczorek Ł., Dąbrowska K.* What makes people with gambling disorder undergo treatment? Patient and professional perspectives. *Nordic Studies on Alcohol and Drugs*. 2018;35(3):196-214. doi:10.1177/1455072518772397

21. *Wöhr A., Wuketich M.* Perception of Gamblers: A Systematic Review. J Gambl Stud. 2021 Sep;37(3):795-816. doi: 10.1007/s10899-020-09997-4. Epub 2021 Mar 4.

Information about the authors:

Gulzat Kosherbayeva – MSc psychology, D. Serikbayev East Kazakhstan Technical University, Ust-Kamenogorsk, Kazakhstan, https://orcid.org/0009-0000-8995-2179, +77473398892

Laura Kozhageldiyeva, PhD student at Nazarbayev University School of Medicine, Astana, Kazakhstan, laurahealthprojects@gmail.com, https://orcid.org/0000-0003-0553-8988, +7 701 746 5276

Aizhan Samabayeva, PhD, D. Serikbayev East Kazakhstan Technical University, Oskemen (Ust-Kamenogorsk), Kazakhstan, samambayeva@gmail.com, https://orcid.org/0000-0001-8600-7980, +7 708 655 5073

Aziza Imamatdinova, Assistant Professor of the Department of Health Policy and Management, Asfendiyarov Kazakh National Medical University, Almaty, Kazakhstan, azizaimamatdinova0@gmail.com, https://orcid.org/0000-0003-2233-4522, 87020249250

Nurgul Alekenova, PhD, Marat Ospanov West Kazakhstan Medical University, Aktobe, Republic of Kazakhstan, alekenova@zkmu.kz; https://orcid.org/0000-0001-5751-1678, +77759230893

Corresponding Author:

Nurgul Alekenova - PhD, Marat Ospanov West Kazakhstan Medical University, Aktobe, Republic of Kazakhstan; https://orcid.org/0000-0001-5751-1678

Address: Republic of Kazakhstan, Aktobe city, Arys 43

E-mail: alekenova@zkmu.kz;

Phone: +77759230893