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VIEWPOINT

Sports betting, online gambling, and suicidal behavior: a relationship to consider in emergency departments

Apuestas deportivas, juego en línea y conducta suicida: una relación a considerar en urgencias

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Suicidal behavior is one of the major public health problems worldwide and is a significant reason for seeking care in hospital and prehospital emergency services. According to the World Health Organization, approximately 727,000 people died by suicide in 2021, representing around 1.1% of all deaths globally. Furthermore, suicide attempts are considerably more frequent.[1]

In Spain, suicide continues to show an upward trend, with more than 80,000 deaths so far in the 21st century. Between 2008 and 2022, it was the leading cause of death from external causes and, although it fell to second place behind accidental falls in 2023, it still exceeds deaths from road traffic accidents, homicides, and gender-based violence.[2,3] In 2023, 4,116 suicides were recorded (74% in men), averaging 11.3 deaths per day.[3] This situation has prompted the development of specific prevention strategies, such as the 2025–2027 Suicide Prevention Action Plan and various regional plans—including the 2022–2026 Suicide Prevention Plan of the Community of Madrid (Madrid, Spain)—which emphasize the need to improve early detection at all levels of care.[4,5] In this context, identifying modifiable risk factors in emergency settings is a clinical and preventive priority. Emergency services are therefore a key setting for the early detection of behaviors and conditions associated with suicide risk. Accordingly, this setting is particularly well suited to incorporating systematic screening for problem gambling into the clinical assessment of suicidal behavior.

Over the past 2 decades, scientific evidence has consistently identified addictive disorders as one of the most robust risk factors for suicidal ideation, suicide attempts, and death by suicide.[6,7] Among these, gambling disorder has emerged as a particularly relevant trigger, although it remains underdetected in emergency departments.[8]

The association between problem gambling and suicidal behavior is well documented. Systematic reviews and population-based studies indicate that people with gambling disorder have a fourfold to fifteenfold higher risk of suicidal ideation or attempts than the general population.[8,9] Longitudinal studies confirm that this relationship persists even after controlling for depression, substance use, or other comorbid mental disorders.[10]

Online gambling, especially sports betting via smartphones, has structural features that encourage more intensive betting patterns and greater associated harm: constant accessibility, immediate reinforcement, anonymity, and continuous promotions.[11,12] In clinical samples, people who predominantly gamble online show greater impulsivity, a higher debt burden, and poorer psychosocial adjustment than those who predominantly gamble offline. Furthermore, among patients with gambling disorder, impulsivity and emotional dysregulation are associated with greater psychopathological severity and suicidal ideation.[13,14]

Debt, psychosocial collapse, and suicidal crisis

A qualitative systematic review identified indebtedness and shame as central psychosocial mechanisms mediating the relationship between problem gambling and suicidal ideation; these act both as precipitants of crises and as barriers to seeking help.[15] Studies of forensic records show that gambling may be a contributing factor in a significant proportion of suicides,[16] findings consistent with psychological autopsy studies in Asian settings.[17] In Europe, population-based research confirms significant associations between problem gambling and suicidal behaviors and recommends systematic assessment in clinical settings.[18,19]

From a clinical care perspective, this relationship is observed in both genders. However, gambling patterns and their clinical expression differ: men more frequently participate in visible forms such as sports betting or poker, whereas problem gambling among women may remain more concealed and be associated with a greater burden of shame and debt, increasing the risk of underdetection. Notably, the association between gambling problems and suicidal behavior may be proportionally stronger in women.[18,20]

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Emergency departments as a critical point for detection

Emergency departments are often the only point of contact with healthcare services before a serious suicide attempt or death by suicide, giving this level of care a strategic role in prevention.[21] However, gambling disorder is rarely assessed systematically in patients presenting with suicidal ideation, self-harm, intoxication, or anxiety crises, despite its well-established association.[22] Accordingly, in any case of suicidal behavior assessed in an emergency department, just as psychoactive substance use is routinely evaluated because of its close relationship with such behaviors, gambling behavior should also be assessed as a potentially implicated addictive disorder. This assessment is especially relevant because patients rarely disclose gambling-related problems spontaneously and, although more prevalent in middle-aged men, it can also affect women and younger people.

In practical terms, screening for problem gambling can easily be incorporated into the brief clinical interview conducted in emergency departments with patients presenting with suicidal ideation, self-harm, intoxication, or acute emotional crises. Assessment can begin with brief, direct questions to identify the possible influence of gambling on current distress. For example: "Have you recently had problems with sports betting or online gambling?", "Have financial losses or gambling-related debts affected how you feel or these thoughts of harming yourself?", or "Have you felt that you have lost control over gambling or that you find it difficult to stop betting?". These questions, integrated into routine suicide risk assessment, may facilitate detection of a potentially relevant triggering/precipitating factor and guide its documentation in the clinical report and subsequent referral to mental health services for assessment and follow-up.

Why ask in emergency departments?

Evidence shows that brief, focused questions—addressing loss of control, financial impact, debts, or gambling-related family conflict—allow effective detection in healthcare settings not specialized in psychiatry.[23] This approach is feasible, acceptable to patients, and can be incorporated into routine clinical practice.[24] Directly asking about the influence of debt or betting on suicidal ideation does not increase suicide risk.[25] On the contrary, it facilitates the expression of distress and improves identification of precipitating factors. Within brief interventions implemented in emergency departments, activating referral and follow-up pathways has been associated with a reduction in subsequent suicide attempts.[26]

Detection of this problem should be documented in the emergency department clinical report and accompanied by the corresponding referral to mental health care pathways. In recent years, specific programs for the early management of suicidal behavior—such as the ARSUIC program in the Community of Madrid—have been developed to facilitate assessment and specialized follow-up.[27,28] Similarly, identifying problem gambling behavior enables its management in mental health services, where behavioral addictions are treated, although the availability of specific programs remains limited. Referral to community support resources, such as mutual-help associations for people with gambling problems, may also be recommended.

Implications for clinical practice

Evidence calls for reconsideration of suicide risk assessment in emergency departments and the inclusion of screening for gambling disorder as part of medical history-taking. In the current context of implementing national and regional suicide prevention plans,[4,5] integrating the detection of problem gambling behavior does not represent an additional burden but rather an intervention aligned with evidence-based strategies.

Training emergency professionals to identify these cases, ask appropriate questions, and refer patients properly is not merely a clinical recommendation but an ethical imperative in suicide prevention. Detecting problem gambling may mean intervening on a modifiable factor at the critical moment of a crisis and potentially saving lives.

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