

Behavioral Health Isn't Moving Fast Enough to Meet Looming Demand for Gambling Disorder Treatment

By Chris Larson | February 11, 2026



Gambling disorder treatment may not stay an obscure subsector for long.

[Technological and regulatory changes](#) have made it easier than ever to gamble. However, the behavioral health industry and related government support remain largely unchanged. This creates a crying need for innovation and investment into this subsector to cope with a looming generational and fundamental shift in patient need as gambling platforms move at breakneck speed through American society.

“The speed that sports betting and online gambling have just expedited is unbelievable,” [Andrew DiGiacomo](#), senior vice president of strategy for Birches Health, told BHB. “The other defining feature is that, unlike substance use disorders, gambling disorder doesn’t require detox or med management for the most part — meaning the clinical model looks different, a little bit like the Wild West.”

Birches Health is a digital process addiction treatment platform. Its initial focus is gambling disorder treatment.

The push to get more people onto digital betting platforms is overt. Sports betting companies across all types and platforms [spend about \\$2 billion a year](#) on ads. Further, stories in the mainstream press about huge sums going into and out of so-called prediction market platforms such as Kalshi and Polymarket demonstrate the proliferation of gambling-like behavior into apparently every aspect of reality. In one dramatic example, an anonymous Polymarket user [won \\$436,000 betting](#) that Venezuelan President Nicolás Maduro would no longer be in power by the end of January 2026.

Potential insider trading aside, the Maduro-Polymarket example demonstrates a transformation in access to gambling and similar behaviors, creating an exponentially wider opportunity for more people than ever to potentially fall into problematic gambling.

In turn, the worry is that the U.S. is facing a potential wave of deadly care outcomes that it is largely not ready to address. People with gambling disorders, both domestically and internationally, bear a disproportionate risk of suicide. In the U.S., [one in five people](#) with a gambling disorder has attempted suicide. One recent study in Norway found that about 25% of those with gambling disorder [died by suicide](#), the leading cause of death, surpassing cancer and heart disease. Further, those with gambling disorders have a five times higher risk than average. In the U.S., [estimates of risk range](#) from five to 10 times higher than average.

The true scope of the impact of a gambling disorder and suicide is difficult to gauge. [Analysis of major public sets](#) shows that suicide deaths where gambling disorder was associated remained largely stable from 2003 to 2020. Those data show that Nevada had by far the highest rate of suicides that were associated with gambling problems. From a demographic perspective, the age groups 41 to 50 and 51 to 60 were disproportionately represented.

A more recent poll highlights the looming generational shift. Last year, the American Psychiatric Association [found that 28% of Americans gamble online](#) daily and that 35% of those aged 18 to 25 did so.

“If you put yourself back in the shoes of a payer trying to get ahead of [an] emerging trend, I look at this as something that is going to emerge with a whole new generation of folks that, be it social media, gambling, etc., are creating a whole new set of needs that the current environment is not quite geared to serve,” Rebecca Schechter, senior advisor at McKinsey & Co. and former CEO of Optum Behavioral Health, told BHB.

DiGiacomo said that the gambling disorder treatment segment today is best defined by “how far behind the treatment infrastructure is starting to fall behind.” His organization, Birches Health, offers digital therapy and other support services. It [secured a \\$20 million funding round](#) late last year.

Other digital operators are also making moves in the space. Last year, Kindbridge Behavioral Health [raised \\$5.4 million](#) and penned a partnership with the sports betting app DraftKings that could help [expand its reach to 25 states](#). In January, [the company partnered](#) with Colorado-based psychiatry company Axis Integrated Mental Health to provide access to both digital care and support as well as psychiatric services.

Youssef Kalad, principal at AlleyCorp, whose firm invested in Birches Health, said he sees the proliferation of digital gambling platforms and similar platforms that enable financial speculation as a driver of “individual despair” and that the firm has a mandate to support enterprises that tackle that and similar problems by “rethinking economic infrastructure for families and individuals.”

“So the ‘why now’ is very clear — there was a social trend and a technological trend that we’re meeting,” Kalad said. “What is unique about a potential behavioral health solution in an age when

we have really large, scaled-up solutions? It was, I think, obvious from listening to folks who we were meeting in church basements and community centers ... and looking at the very specific impact of gambling disorder on people, it was obvious that you couldn't just treat it through a typical traditional behavioral health platform.”

For digital health companies, the name of the game often comes down to distribution, especially as the company seeks to scale up its operations. On this front, gambling disorder treatment providers have the chance to win over allies on several fronts.

State and local governments come to the forefront. States have often run hotlines that connect people with resources, sometimes care, for moments of distress. The digitization of this care can drive people into care faster and to potentially better resources when they identify their need via these hotlines. Kalad, who previously worked in the state government of New York, said that the hotline system effectively paved the way for digital solutions and has an opportunity to deepen offerings to citizens either through partnerships with platforms or additional care financing.

“More than that, I think that the greatest role they (governments) can play is to be a distribution engine,” Kalad said. “They're a trusted third party because they are the sort of entity that very much has the public health responsibility on their hands, in particular if they've legalized sports betting.”

Health plans, while an increasingly difficult sell post-COVID-era point-solution boom, are also seeking to differentiate themselves from competitors to employers and government agencies. Schechter asserted that partnerships with solutions that satisfy her four-point test add value for plans when they engage in negotiations to manage health care dollars, those points being:

- Does the clinical model do what it promises?
- Does it measure outcomes, and are they better than the norm?
- How does it impact the total cost of care?
- Can the solution scale up to match population needs?

Many digital health solutions, like Birches Health, promise a proactive approach to treatment that may catch people before issues become too dramatic or expensive.

“The largest contingent of people starting to get addicted to gambling are not going to go to our old, traditional treatment sources — the Gamblers Anonymous meeting in the basement of a church — they're just not going to go,” DiGiacomo said.

What's more, the increased youth of the population of those likely to seek gambling disorder treatment in the future aren't seen as likely to engage with the traditional care model.

The gambling platforms themselves are also a powerful force that may direct people to care as they become more entrenched in American life.

“The amount of ads out there is just skyrocketing for gambling,” DiGiacomo said. “So the market is building itself, and we’re kind of lucky to get on the forefront of that for now.”

Kalad said it’s a “moral imperative” for state and local governments, as well as gambling and related platforms, to “ensure that you create a menu of offerings of support for your customers and users.”

But how providers do that matters immensely.

“We have never been paid by a gambling company for any kind of treatment services,” DiGiacomo said. “We just want to be out there in front of it, in case someone needs that help.

“That’s our core mission as well. We made sure that we could get out to get insurance and state funding, and that separation is what we can do to make sure to keep that as a clean relationship so we never muddy those waters there.”