

Suicide prevention: flawed politics and gimmicks

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As I was putting ‘pen to paper’, as it were, to write the editorial for this issue on old age there were two media announcements. The first announcement was that suicide numbers had reached a new record for the fifth consecutive year, and second the government announced their suicide prevention strategy (e.g. see (Stuff.co.nz, 2019c)).

The strategy which is labelled “every life matters” has been developed under the “wellbeing” approach reported in the last DHH issue (Shahtahmasebi, 2019a, 2019b) in which a “more of the same” action plan was predicted. Indeed, the government has not failed on this prediction!

The only stroke of genius about the strategy was to have alongside the government a well known ‘New Zealander of the Year’ who has been a mental health advocate and dedicated charity worker for years in order to give the strategy a human face.

The first noticeable action of the suicide prevention strategy is the label “every life matters”, thus a new buzzword has been established. However, this strategy and action plan merely gloss over the same mental illness approach as before.

It is claimed that the “every life matters” strategy will move away from a mental health service-based response to a community-based approach. It is also claimed that the strategy will support suicide survivors (those who have lost a loved one to suicide).

However, the problem is that we do not know what are the risk factors for suicide. This ignorance explains the reason for the “experts” to associate every adverse life event and/or negative characteristics with depression and mental illness and a (false) association with suicide. Thus, not surprisingly, suicide has been described as a complex phenomenon with many risk factors, but, with mental illness as the main underlying cause. Despite claims of complexities, governments and the “experts” worldwide have placed the emphasis on depression and mental illness as the main causes of suicide. Therefore, the current advice for the public to seek help through the referral of potential suicidal individuals to mental health professionals. Often the public is given a list of telephone helplines which are linked to mental illness services. This action plan is nothing more than “more of the same” mental health service intervention.

So, under “every life matters” moving away from a mental health service-based to a community-based one will be nothing more than training communities in the way of the interventional medical model!

‘Intervention’ is precisely the main reason why strategy after strategy will come up with the “more of the same” outcome. The ethos of suicide prevention development, for over a century, has been the myth that suicide is an illness of the mind, and/or, a medical condition for which medical treatment/intervention can be provided.

Instead of studying suicide as a human behaviour outcome, and/or the outcome of a decision making process, studying suicide as an illness has attracted so much attention that every potential groupings of the public, e.g. of mental illness categories, depression, bereavement, loss, relationship breakups, unemployed, type of occupation (e.g. farmer), has been associated with suicide. Thus, suicide has become a complex issue to resolve.

Given all the complexities, it is rather amusing for the strategy to be setting up a central office to lead suicide prevention. As discussed elsewhere (Hjelmeland, et al., 2018; Hjelmeland & Knizek, 2017; Pridmore, 2011, 2014; Pridmore & Walter, 2013; Shahtahmasebi, 2003, 2005, 2013) suicide is not understood, and it is not an illness. So the question is how will a national suicide prevention office provide central leadership in suicide prevention?

It is, therefore, plausible that the proposed central office for suicide prevention will take over from the government in providing “more of the same” mental illness intervention instigated at a community level, and, disguised as community-based action.

As long as suicide is presumed an illness of the mind where interventions can be implemented; any strategy and associated action plans will only maintain cyclic patterns in suicide trends. The problem remains the same, sooner or later the suicide trend will enter its next cycle and suicide numbers will fall, in which case the government will take the credit until the next upturn.

Unfortunately, another golden opportunity to break the suicide cycles has been lost.

While the governments and their “experts” ignore the evidence against persevering with the same failed policy, it can only be assumed that suicide prevention is the art of gut-feeling decision making. Nevertheless, the government’s artistic contribution to the national suicide prevention strategy, after [nine months and over \\$6.5 million inquiry](#) into mental illness and the 2019 “wellbeing” budget, has been to invent yet another buzzword: “every life matters”.

Clearly, they have buried their heads deeply in the sand not to notice the state of New Zealand society. The experience of living in New Zealand clearly indicates to the contrary.

As discussed elsewhere (BBC, 2017; Shahtahmasebi, 2004, 2016) in New Zealand, bullying and racism is rife and embedded in the culture, and is in its social fabric. Recent reports of workplace bullying across a range of NGO’s and government departments are not unique, a one-off, or, surprising, e.g. see bullying in the police force (Stuff.co.nz, 2019b), in the health service (Stuff.co.nz, 2018), in the parliament (Stuff.co.nz, 2019g), in schools (Stuff.co.nz, 2019f), in education (Stuff.co.nz, 2019i), in fire and emergency services (Stuff.co.nz, 2019j),

not to mention regular reports of bullying and harassment including removal of Maori children by a government department (NewsHub, 2019; Scoop, 2019) and so on.

Political parties and governments are not exempt from a bullying culture. The most recent incident being the Labour Party's handling of sexual harassment complaints of a young female party volunteer by a male staff member (Stuff.co.nz, 2019a, 2019e). According to the report, the Labour Party took six months to act on this complaint and somehow forgot about the 'sexual' nature of the harassment. In other words, the top ranking officials of the Labour Party handling this complaint claimed ignorance about the nature of the harassment, thus blaming the victims for not specifying the sexual nature of the complaint. The media's analysis of who knew what and when has put the spotlight on key individuals including the Prime Minister. Of course the implications of denying knowledge of the sexual nature of the harassment are (i) harassment and bullying are acceptable, and (ii) it creates perceptions of deception and cover-up, and (iii) placing the interests of the perpetrator above that of the young female volunteer. For example, in a recent court case of a teenage rapist, the 18 year old faced no punishment other than a note on his record that he appeared at the Youth Court (Stuff.co.nz, 2019h).

As in all cases of bullying, there is evidence of the continual persecution of victims even during the investigation and settlement of the complaint (Stuff.co.nz, 2019d, 2019k). Furthermore, the deputy president of the party who was on the complaint panel that cleared the perpetrator has since been appointed as the new acting president!

The fact that the Prime Minister has claimed that she had been assured the complaint was not of a sexual nature is of little consequence. This implies that the Prime Minister is comfortable with a process that seniority in the workplace justifies bullying, harassment, and the persecution of victims who invoke the complaint process (Shahtahmasebi, 2004, 2016).

In addition, in New Zealand, like the rest of the world, there is persistent inequality in health and social outcomes, in part, due to government health and social policies and the unequal distribution of services and resources (Goodyear-Smith & Ashton, 2019), economic hardship (Radionz.co.nz, 2019), and so on.

And thus "every life matters" is the *art* of another \$40 million gloss over "more of the same". How will "every life matters" in relation to suicide *reconnect* the *disconnected*, e.g. the indigenous, the migrants, the poor, the rich, the employed, the unemployed, those of different ethnicity, religion, and colour, who have been made to to feel they are not wanted?

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