Suicide, Covid-19, failing health and social policies: a government out of touch

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Listening to the grassroots

One of the advantages of the grassroots approach (Shahtahmasebi 2013¹, 2006) to policy development and analysis is that it provides access to real life observations and lived experiences. It is a lot more than an opinion poll and social surveys and expert advice; it is policy development, analysis and implementation; it is a compass indicating the direction a policy is heading; it helps to identify gaps, shortfalls, holes in the social safety nets through which a portion of the population may fall through.

The logic behind this approach is that by listening to the grassroots one becomes more aware of the difference between the 'talked' policies (politicians' perceptions of 'solutions') and lived experiences – they are miles apart.

Of course, words are cheap, and politicians often equate words to desired outcomes some time in the future. For example, in its 2019 'wellbeing' budget², the NZ government used a number of buzz words in conjunction with the promise of even more funds (\$1.9 billion) to tackle mental illness and suicide prevention. An office for suicide prevention was set up but it followed the same failed zombie policies. After two years, the Director of the National Suicide Prevention Office resigned admittedly without achieving much³, and the yesteryears' buzz words are rarely heard as they only indicate no desired outcomes. In fact Andrew Little, the minister for Health, admitted that taxpayers' money has been wasted as reported by newsroom⁴:-

"We've put so much extra funding into the system since we've been in Government and the same pressures that were evident three years ago are evident now."

"So, what I'm saying is how can we possibly have pumped in billions of extra dollars, and it not appear to have made a difference?"

In any other institution or private company incompetent managers would have been demoted or sacked but in politics such people are often promoted. This is a feature of a bully culture, which in New Zealand (and possibly in other countries) is a <u>social trait</u>⁵.

In the political process to be given the power of governance by the people, political decisions are made and words are used to appeal to the average person. These are different to decisions that must be made in the interest of the public. The processes involving what the public need, what the public wants, what the politicians want and what they do are often at conflict.

In earlier <u>editorials</u>^{3,6,7,8}, I argued that the NZ government strongly encouraged the public to vaccinate against Covid-19 but provided only Pfizer as the vaccine of choice. Failing to achieve double vaccination of the 90% eligible population in an expected timeframe led to more forceful encouragements and bullying tactics.

As discussed <u>elsewhere</u>³, the government did not use everything at their <u>disposal</u>⁶ and hesitated to take the first step to avoid the <u>social</u>⁷ <u>consequences</u>⁸ – it mulled over elimination or eradication, and achieved neither. So the government settled for co-existence through a policy of enforcing mandates which included double vaccinations leading to job losses and further social, financial and mental anxiety. The actions that followed including more lockdowns, increased isolation, and the fear of morbidity and mortality from Covid-19, led to a higher incidence and prevalence of anxiety, trauma and PTSD two years on. No doubt these trends will continue to plague the health systems for years to come.

In my mind, a major but central fall out, is how death due to Covid-19 has been treated in the public arena. Based on observations from the media including news reporting, death has been a statistic reported along with the number of daily infections as though it is a non-event. Somehow, the end of life due to Covid-19 has failed to receive the human treatment and this in turn fails the public on every dimension of humanity, e.g. dignity, moral, spiritual, and mental and physical wellbeing.

Watching the news, it feels like Covid-19 deaths are being reported dismissively due to age or some underlying conditions. The hardest part of dealing with death due to Covid-19 has been the harsh conditions under which people died in isolation, preventing the normal process of family and friends being able to say goodbye.

This is going to be a major public health problem in progress, and parallels can be drawn with the plight of those who have lost loved ones to suicide (Shahtahmasebi 2014^9 , 2016^{10})

Unlike death due to flu or other well established causes, the government had some control over the spread of Covid-19 but made the political decision to revive the economy sooner by the lifting of Covid-19 restrictions and co-exist with it *knowing* this strategy will result in more deaths. In other words, the New Zealand government (and other governments globally) have traded off lives for money – the question is whether this is an acceptable social and political risk, for every death is someone's loved one regardless of their age, someone's grandparent, someone's mother or father, someone's sibling, someone's auntie/uncle, etc.

There have been many organised protests globally against governments' Covid-19 restrictions and mandates. The protesters were demanding change, many of whom had lost either financially or someone to Covid-19 due to government mandates. These groups were bullyingly dismissed as a small group of trouble makers. If history has taught us anything, it is that 3 to 5% of the population can be enough to bring about a change of government.

In New Zealand, as in other countries, enforcing public compliance, e.g. through mandates to double vaccinate over 90% of the eligible population was met with angry protests. By dismissing and ignoring this group the government underestimated the impact of alienating a portion of the population, and, it was caught by surprise by the scale of the protest that led to the occupation of the <u>parliament grounds</u>¹¹.

Ignoring the grassroots, the government was right that statistically the non-vaccinated group is a small minority. However, in saying so, the government is oblivious to the dynamics of human behaviour being influenced by the resulting social disharmony as a result of its enforced vaccine mandates. Therefore, the government is not dealing with a small group of non-vaccinated people. This is likely to be a much bigger force when combined with (a) those who witnessed the plight of family members and friends affected by the government's vaccine mandates, (b) those who feel they were coerced to vaccinate e.g. for fear of losing their job, or, losing their economic and social independence. It is not surprising that there is a great deal of resentment.

Certainly, opinion polls, including the latest <u>political poll</u>¹², suggest the Labour party has been consistently losing ground to the Opposition, and the Prime Minister, Jacinda Ardern's personal popularity continues to decline rapidly whilst that of the Opposition leader continues to climb. Perhaps, the fact that Christopher Luxon, the Opposition leader, has only been in politics less than two years, and less than six months as the leader of the National Party may better explain the level of resentment and the mood of the public. Had the government adopted more of a grassroots approach, they would have maintained the social harmony that Jacinda Ardern, the Prime Minister, termed the "team of 5 million" at the start of the pandemic.

The decision to co-exist with Covid-19 and easing of the Covid-19 restrictions was clearly a political one, rather than a public health one, which has consequences. Many feel this is a signal that the pandemic is over, whilst others remain sceptical. The younger population has ditched the restrictions including mask wearing, "because it is allowed now", greeting with hugging and kissing and shaking hands are back, leading to higher infection rates while deaths among the elderly has been rising sharply due to Covid-19; from 68 total deaths on 1/3/2022 to 702 on 30/4/2022 (Worldometer) 13. Although mortality due to Covid-19 is high amongst the elderly it is also occurring in other age groups.

Whether the process of policy development is based on evidence or on personal beliefs and perceptions it is wise to anticipate the dynamics of human behaviour.

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Links used in the article:

- 1- https://www.frontiersin.org/articles/10.3389/fped.2013.00008/full
- 2- https://journalofhealth.co.nz/?page_id=1838

- 3- https://journalofhealth.co.nz/?page_id=2625
- 4- https://www.newsroom.co.nz/andrew-littles-hospital-pass
- 5- https://www.researchgate.net/profile/Said-Shahtahmasebi/publication/312932483_Bullying_A_Personal_or_Trait/links/58f1b23da6fdcc11e569e863/Bullying-A-Personal-or-Trait.pdf
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