

Editorial: 'Politics' the discrepancy between policy and action

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The widespread promotion and use of “fake” news over recent years has led to the popularity and overuse of jargon such as “evidence-based” (“science” and “research”) by politicians and the media. However, an uncritical use of evidence often leads to inappropriate policies.

Comedians are often better social commentators than decision makers and politicians. In a comedy sketch by the Two Ronnies (a BBC comedy favourite of the 1970s and 1980s), one of the items in their “news” sketch was the following (paraphrased):

...since most accidents occur at home experts advise you to move!

Whenever, politicians defend their policies using the phrase ‘evidence-based’ or criticise others claiming a lack of ‘evidence-based’ then the first question that pops into mind is “whose” evidence and what constitutes evidence? The fact is that there is always a discrepancy between policy statements/strategy and action policy.

This gap between policy and action is politics: economic priorities of the decision maker (the current government), beliefs and attitudes of the decision maker, and the priorities of the target population. As a result, political decisions are made and supporting evidence is sought after the policy has been implemented (Short 1997).

It is rather amusing that real life often copies art, for example, a policy in New Zealand of removing the ‘fail’ grade from educational outcomes to encourage students of certain backgrounds to do better feels exactly like the Two Ronnies’ sketch, i.e. since too many students of certain characteristics fail and do not finish school, the authorities have removed ‘fail’ as an outcome.

Similarly, our health and social policies discriminate against indigenous and minority populations in the same fashion, i.e. since indigenous people have the highest rates of morbidity and mortality and the worst educational outcomes they should adapt and become more westernised! There have been indigenous programmes around the globe that have promised indigenous involvement and appropriateness. As in the Two Ronnies’ sketch, such programmes are more about manipulating the outcome directly in which selected indigenous people are trained and used to deliver westernised practices. These programmes can hardly be indigenous friendly.

Even if action policies are indigenous friendly, the delivery of services will be biased due to social perceptions and attitudes. Perceptions and attitudes are subjective and vary with individuals as well as between individuals and change over time.

So politics itself becomes a complex and dynamic process which will interact with and influence other processes (social, health and economic).

In an earlier paper (Shahtahmasebi 2006) I presented the conceptual “Good Life” model to aid holistic thinking and holistic ‘doing” (action/planning). This model assumes that systems such as politics, the economy, environment, health and social are dynamic processes and are dynamically linked via a series of feedback links. For example, a political decision to adjust and protect the national economy may lead to adverse effects in other processes over time. This means that when developing economic policies other processes such as health and social and environment are as much part of the policy development as economy. Using the Good Life model, to reduce the gap between policy and action, it was argued that the various disciplines/faculties are not independent of each other and must work together. For example, to reduce suicide rates suicide prevention strategies and delivery must be developed at grassroots (Shahtahmasebi 2013), and to aid this process, it is essential to have a well-developed unified information system (Shahtahmasebi 2008,2016).

The Good Life model allows direct and consistent input from other processes, and as a result will, to some extent, reduce or eliminate bias due to political processes.

Suicide prevention policy development, globally, provides an excellent example. For decades suicide has been categorised as a mental illness, and suicide prevention policies have been dominated by one discipline, psychiatry. As a result, despite prioritisation of and increased investment in mental illness, the gap between strategy policy, action policy and outcomes has never been affected.

One of the features of suicide trend is that it is cyclic. When the suicide rate is trending down decision makers and experts claim credit for their policies, but when it reaches the end of the cycle and suicide trends up, they exclaim that suicide is a complex issue and more funding is needed for research!

Politically, on the one hand the public mind-set is manipulated at every cycle down turn to believe the mental illness approach is working. On the other hand, the “experts” and decision makers dismiss every increase in suicide (which could have been prevented) as collateral damage in the fight against suicide. The irony!

The mentality of persevering with such a policy for over a century has been questioned and criticised especially the overwhelming evidence against the medical model (Shahtahmasebi 2013, Hjelmeland et al. 2012, Hjelmeland et al. 2019, Pridmore 2009, 2011).

It is ludicrous that despite the mounting evidence against the medical model and continual failure to reduce suicide numbers, “experts” continue to claim to have identified suicide risks.

From a political standpoint, the politicians are only interested in being seen to have taken suicide seriously. So, in the face of criticism for failing to reduce suicide numbers, decision makers’ defence is to quantify their actions in terms of dollars that have been spent on mental illness.

Strangely, decision makers and “experts” express surprise when the dollars spent do not show any impact on mental illness and suicide numbers. In New Zealand, after the government announced a NZ\$1.9 billion of investment in mental illness (and suicide) prevention, the minister for health, Andrew Little, was shocked at the worsening problem and claimed that he had no idea where the money had gone (Shahtahmasebi 2022).

This is nothing less than a confession of incompetence.

Using the Good Life model, once suicide is depoliticised, a holistic suicide prevention strategy can successfully be developed and tested (Shahtahmasebi 2013).

The key outcome of depoliticisation is to accept that we do not understand suicide, and there are many paths to suicide (Pridmore & Pridmore 2023). In other words, when suicide is viewed as a process of decision making then we can positively impact the prevention of suicide (Shahtahmasebi 2013).

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