

## Increasing suicide trends and elective affinity

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**Key words:** suicide, policy, evidence-based, research-based

**[citation:** Shahtahmasebi, Said (2025). [Editorial] Increasing suicide trends and elective affinity. DHH, 12(1):[https://journalofhealth.co.nz/?page\\_id=3279](https://journalofhealth.co.nz/?page_id=3279)].

A major problem in policy development is “elective affinity” where decision makers’ personal beliefs or ideologies or “gut feelings” rather than evidence are made into policies, e.g. see Short 1997. In such cases government ministers implement policies without substantial independent scientific evidence. Of course, it goes without saying that such a strategy will lead to policy failure and unintended consequences.

There are many real examples of elective affinity policies from suicide prevention strategies to education, environment and economic. A major problem is that lessons are not learnt and mistakes continue to be made. For example, given the upward suicide trends in New Zealand (and globally), clearly decades of favouring mental illness as a suicide prevention strategy has not reduced suicides. But, instead of seeking a change in the current strategy, decision makers continue to favour mental illness. It is not surprising that suicide numbers in New Zealand are following an upward trend as predicted using a forecasting model (Shahtahmasebi & Gregory-Allen 2023, 2025). It is clear that a different approach is essential. Unfortunately, the New Zealand government’s suicide prevention strategy (and others around the world) is still based on mental illness.

In 2019 the NZ government committed to a major investment in mental health and in 2021 then Minister for Health, Andrew Little, made the following startling confession (Shahtahmasebi 2022):-

“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?” [Andrew Little \(Minister for Health\)](#)<sup>1</sup>.

In a couple of articles published in the DHH in 2023 and 2025 (Shahtahmasebi & Gregory-Allen 2023, 2025), using forecasting techniques, we reported an upward suicide trend if we continue with the current suicide prevention strategy.

Unfortunately, [recently released suicide numbers](#)<sup>2</sup> show no sign of a reduction in suicides, overall, from 617 suicides in 2024 to 630 in 2025.

Why do we continue pouring taxpayers’ money into supporting a strategy when evidence from decades of data shows it to be inappropriate and irrelevant to suicide prevention? While

there is ample evidence to support a more holistic approach at grassroots (Shahtahmasebi 2013).

Another recent example is the mandatory practice of phonics checks in primary schools in 2025.

Once again, the politician's eagerness to score a political point and to distract public opinion from an increasing negative image of the government, has sacrificed data integrity due to poor methodology and a disregard for statistical concepts.

In a press release, the minister for education made a direct causal relationship between the government's mandatory policy of structured literacy and reading achievements, in the press release and subsequent media reports the New Zealand Government declared an overwhelming success for their policy of structured literacy. The press release begins with:-

"The Government's mandating of structured literacy is transforming the reading achievement of new entrants nationwide, [Education Minister Erica Stanford](#)<sup>3</sup> says."

The claim is based on the change in proportions of pupils with improved phonics test results from term 1 to term 3 which the schools chose to load onto the ministry's secure data portal.

The first problem is that the ministry's approach is strong evidence for *elective affinities* than improvements in reading skills. Elective affinities refer to implementing opinion-based policies and then looking for supporting evidence. This practice is often disguised and presented to the public as evidence-based decision making. In this case, the policy of phonics checks became mandatory in primary schools across New Zealand by the minister for education, Erica Stanford, in 2025.

The second problem, as it often is the case, is the total disregard for *definition* and *measurements*. For example, as reported by [John Milne](#)<sup>4</sup>, an education lecturer, phonics checks do not measure reading skills. Furthermore, a [study in the UK](#)<sup>5</sup> has reported that phonics checks test has little impact on reading achievements.

The third problem is the lack of information about how the schools participated in data collection and reporting beyond the [statement](#) "This report represents 11,508 student results that schools chose to upload to the Ministry of Education's Secure Data Portal (SDP) from Terms 1 to 3, 2025 ...".

All that can be said of this data is that it is likely that the proportion of students results uploaded to the Ministry and Education may be higher in term 2 and possibly in term 3.

There is no information about the proportions – the study did not link the individual students so could not make any inference to improvements in students from term 1 to term 2 to term 3, and whether any change in proportions is statistically significant.

Therefore, the government has not provided any other comparison data which makes their sweeping statement that phonics checks is the best method to improve children's reading skills erroneous and a mis-conclusion.

Returning to suicide prevention policy development, the current evidence, based on over a century of mental illness based suicide prevention, does not support a simplistic view that a sole variable, i.e. mental illness to be the main cause of suicide (e.g. see Shahtahmasebi 2004, 213).

On the contrary, the evidence suggests that suicide is a complex multi-dimensional phenomenon, not only it is governed by personal traits and socio-economic variables but also its own feed-back effect as a result of governments and communities suicide intervention strategies.

At its simplest, suicide can be assumed a personal trait in the population, e.g. suicidality trait, such that probability of suicide increases as suicidality trait's intensity increases. And, the intensity of the suicide trait is governed by a multitude of personal, community, economic and social as well as external variables such as governments' health, social and economic policies. Therefore, to tackle suicide we must first attempt to understand suicide beyond its definition and then adopt a multidimensional holistic grassroots approach. This strategising can be applied to other sectors such as education, social, health and economy policy development.

Finally, it seems timely to refresh our knowledge of research and statistical concepts by pointing out the three articles published in the first volume of the DHH and repeated subsequently in 2018/19: Paper [1](#), [2](#), and [3](#) (or see below Berridge (2018a, 2018b, 2019). More information and examples are available in (Shahtahmasebi 2010).

List of quoted URLs:-

1. Andrew Little: <https://www.newsroom.co.nz/andrew-littles-hospital-pass>
2. Recently released suicide data: <https://www.rnz.co.nz/news/national/577342/frustration-sadness-as-suicide-rates-remain-high>
3. Erica Stanford: <https://www.beehive.govt.nz/release/transformational-new-entrant-reading>
4. John Milne: <https://www.rnz.co.nz/news/national/576472/why-claims-of-transformational-school-reading-improvement-are-premature>
5. UK study showing phonics test has little impact on reading achievements:- <https://www.rnz.co.nz/news/national/532928/study-finds-phonics-tests-made-little-impact-on-reading-achievement-in-uk>
6. Phonics Checks Report: <https://files-au-prod.cms.commerce.dynamics.com/cms/api/qwxsnqcpfm/binary/MLeHy>

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