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How exactly do politics play a part in determining health? New perspectives on an age old issue

C C Kelleher

Voting patterns, suicide, and mortality

This is the latest study to demonstrate an association between type of political pattern and health status, in this case suicide.¹ Previous studies have also identified a more general relation between party political voting pattern and mortality.²⁻⁵ In this respect, the mechanism through which change in political regime might affect health is of considerable interest. Although the analysis in this paper was also undertaken at ecological rather than at individual level, it is persuasive that there is a temporal relation between the patterns of suicide and the changing governing party. What is particularly notable is the graduated effect seen, with rates highest when both Federal and National Governments were conservative. In the United Kingdom the effect was similar, in that the Liberal Democrat supporting constituencies, occupying an intermediate political position, had less strong relations with all cause standardised mortality ratio than for either Conservative or Labour voting constituencies.² In the Republic of Ireland it was only in polarised political constituencies that an effect between left wing voting and health status was seen.⁵

In assessing predictors of suicide in particular, the authors focused on Durkheim's hypothesis that levels of "anomie" reflect social disorganisation and that therefore this provides a psychosocial mechanism for explaining increased rates of suicide. A similar psychosocial interpretation has been extended more widely in recent years to explain in whole or in part the relativity of health status across social strata, as reflected in measures of income distribution and social inequity.⁶ Self rated health is a powerful proxy for morbidity and mortality and it can be seen to relate to participation in the voting process in the United States, independently of measures of income distribution.⁷ In particular the question of how patterns of social capital and social cohesion might have a psychosocial impact on both cause specific and overall mortality patterns has been examined in the inequality literature, with increasingly

systematic attempts to conceptualise what these terms mean.⁸

The converse argument is based on a more structured materialist approach. Page *et al*¹ took careful account of major confounding factors such as war, change in gross domestic product, extreme environmental factors like drought and sedative availability in this study and they also deal persuasively with the means by which variations in economic policy might have a direct effect on community amenities and services. The recent review by Lynch *et al* on the relation between disease specific outcomes and measures of income distribution across wealthy countries provides support for the view that direct material, rather than primarily psychosocial factors, are at play.⁹ In that analysis there was no consistent relation between income inequality and measures of mental health. The fact that only in the United States was homicide associated with income distribution suggests that means, motive, and opportunity all have to be considered in looking at specific outcomes and across differing social contexts. As Page *et al* point out¹ it has long been known that rates of suicide are associated with general changes in economic conditions, reflected for instance in rates of unemployment in the population.¹⁰⁻¹² There is a large literature on the effects of unemployment on health of both men and women, though this is usually felt to reflect a state of economic uncertainty, particularly for the most disadvantaged, which might have an association with already vulnerable individuals' decision to take their own lives. Indeed, the literature on the prediction of individual suicide at clinical level is, at best, conflicting.¹³⁻¹⁶

It does therefore seem clear from the body of evidence in diverse sociopolitical environments, that party political affiliation, as much as participation in the political process, may well be a sensitive barometer to health status. This, taken with the evidence in the paper by Page *et al*,¹ is suggestive that voting pattern could be seen as a sensitive proxy for social and political attitudes, as well as

an indicator of the economic effects of policies. Further research should examine intermediate processes more closely to see how these ecological level associations might operate at the individual level. In meso-social settings like the work environment, such psychosocial processes are being explored in relation to health inequalities.⁶ There is also clearly a need for qualitative or ethnographic approaches to this question that would explore more fully issues of motivation and ideation as they relate to voting intention and participation in the political process and in turn how this is played out at interindividual, community and policy level.

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Politics

Political regime and suicide: some relevant variables to be considered

S Stack

Future work needs to include unemployment, alcohol consumption, and strikes to the analysis

The study by Page *et al* assesses the impact of type of political regime (conservative compared with social democratic) on suicide rates over time in Australia. There are comparatively few studies on the politics of suicide and this is apparently the first on Australia. It is careful to control for some of the possible confounding variables such as GDP growth and world wars, that might render the relation between political regime and suicide spurious. Australia is known to have relatively sound historical data on suicide. These are among the reasons that the study makes a path-breaking contribution for the field of the politics of suicide.

There are, however, some limitations of the investigation that are apparently not fully addressed by the authors. These are largely in two broad areas: model specification, and review of the previous related literatures on the issues addressed. For a summary of the key works on the politics of suicide see the review by Stack.¹

Firstly, the issues of model specification include the omission of standard variables in time series analyses of national suicide rates: unemployment, divorce, and religiosity.¹ The omission of major sociological correlates of national suicide trends makes the findings somewhat problematic. If these variables were included, the results may have been the same anyway, but we cannot be absolutely certain until they are incorporated into future work. Perhaps adequate data were not available for the entire time period on the variables of interest.

Most important, the investigation does not include an exploration of the

possible relation between type of political regime and the rate of unemployment. Previous works, uncited in the study at hand, have often found that while political integration is related to suicide risk, that once a control for unemployment is introduced the relation becomes insignificant. For example, Wasserman's² work on the monthly suicide rate and presidential elections finds a dip in suicide during the month of an election, but this is, in fact, attributable to a corresponding tendency for unemployment to dip during presidential elections. Turning back to the Australian study, if political regime is associated with unemployment trends, a control for unemployment trends might render the reported relation between regime and suicide spurious, or the relation might weaken. Of course, this might also provide a key rationale for why political regime might be related to suicide. Regimes often lower or increase employment through such tools as manipulation of fiscal and monetary policy.

Some key works on the impact of war on suicide would also suggest that additional controls should be added to the model, if possible, in future work. For example, Marshall³ found that once a control for unemployment was introduced into a time series equation of suicide in the US, that the relation between war and suicide vanished. That is, the real reason wars may reduce suicide is that they tend to reduce unemployment. Wasserman^{4,5} has isolated another possible reason that wars reduce suicide. Alcohol availability tends to decrease because of the need for alcohol related products for the war effort. With alcohol production down, alcohol misuse is

reduced. As alcohol availability is a key predictor of national suicide rates, the impact of war on suicide may be attributable to the reduction in alcohol misuse, not political integration in itself. Hence, the Australian study could be strengthened by a control for unemployment and indicators of alcohol consumption. It is possible that the observed relations between war and suicide in Australia would weaken under such controls.

Finally, future work might incorporate an index of industrial strikes as a possible mediating variable between political regime and suicide. Labor's strikes against management may reduce suicide by uniting the labour movement and increasing its partisan spirit against a common enemy. A cross national investigation of 31 nations confirmed this position.⁶ However, a time series analysis of the US, where labour unionisation is at a low level by international standards, did not.⁷ If type of political regime in Australia is associated with strike activity, this could change the reported results.

The study is a fine contribution to the politics of national suicide rates. It should stimulate a considerable amount of work in the future in this neglected realm of suicide studies.

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