
Professional ethics versus institutional expectations

Jessica Kean

Jessica Kean is a lecturer at the programme area of Social Services, North Tec, Te Tai Tokerau Wananga.

Abstract

This article examines an ethical dilemma that emerged during the journey of accreditation and approval for the Bachelor of Applied Social Services degree at North Tec. The degree accreditation process demonstrated how prejudiced belief systems concerning mental illness still exist within institutions. It examines the debate that occurs in many organisations and institutes as they attempt to meet professional ethical codes whilst also meeting organisational and institutional expectations.

The hypothesis for this article is how we, as social work practitioners, can realistically and successfully protect our ethical foundation of anti-discriminatory practice while complying with institutional and organisational requirements. The role social work educators adopt is generally governed by institutional/organisational requirements and funding criteria. This can often lead to a conflict between meeting those criteria and maintaining a foundation of anti-discriminatory practice.

An example of this vocational dilemma occurred in April 2005 when North Tec applied for accreditation and approval to deliver their Bachelor of Applied Social Services degree. The process involved submitting degree documentation to the Institutes of Technology and Polytechnics Quality (ITPQ) appointed panel. This panel used a set of stringent approval criteria to examine the degree documentation, the programme, staff and facilities to determine if the degree could be approved and accredited.

The panel consisted of academics from other tertiary institutes offering social service qualifications, local industry representatives and a representative from the Social Workers Registration Board. A process of approval and accreditation is necessary to ensure that qualifications within Aotearoa New Zealand are robust, consistent and meet both industry, academic and professional standards and requirements.

Two critical questions arose from North Tec's experience. First, how do we ensure the role of the panel, which is to facilitate safe education, is sensitive to the code of ethics that govern the profession of social work? Second and more fundamentally, is it possible for educational ideologies and social work ideologies to be incorporated to provide a qualification that embodies the social work code of ethics in all stages of the educative process?

North Tec's approval documentation was robust and there was significant and strong local industry support. When time came for the panel visit, nervous energy was flowing around the programme staff and everyone was in a state of apprehensive excitement. Overall the result was positive; however the panel expressed concern that North Tec did not have a policy or process in their student application document to identify students with mental health issues as a risk or needing extra attention. The panel therefore required North Tec to establish a process whereby students must disclose any mental health issues they may have or have had, for reasons of 'safety'.

Further thought be given to the safety issues of how a student (admitted with a mental health issue) will be supported through the programmes to ensure the safety of all concerned, especially in relation to placement. Strategies to define and manage potentially dangerous situations should be developed (Panel directive, 2005).

The requirement did not sit well with me or my social work colleagues. The perception was that we were being required to discriminate against students and individuals who have 'mental health issues'. This requirement was in contrast to the social work Code of Ethics that we, as social workers, adhere to as part of practising as competent social workers. The specific codes I felt were being challenged were:

2.1 Independence

Social work is based on the value of independence. The aim of social work is therefore to enable and empower all individuals and groups with a collective identity to handle their own lives and living conditions, to enable them to take care of themselves and to develop autonomously and collectively.

2.3 Non discrimination

Social work is based on the value of non discrimination. Social work is therefore exercised independently of gender, age, disability, colour, race, religion, language, political beliefs or sexual orientation. Exempted are political beliefs aimed at specifically undermining the basic values of human rights. Social workers are therefore on the basis of this principle obliged to seek to practice in an antidiscriminatory manner, and to work towards providing the best possible assistance to anybody seeking their help and advice.

2.4 Democracy and Human Rights

Social work is based on the values of democracy and human rights. Social workers respect the rights of individual human beings and groups' basic rights, integrity and dignity as expressed in the Human Rights charter of the United Nations, the Convention on Human Rights and the Universal Declaration on Indigenous People's Rights (pp. 7-8).

The first question that was raised by the requirement was 'what constitutes a 'mental health issue'?' Mental health issue is a very broad term that can incorporate so many different aspects of the continuum of mental health. What exactly would we be asking our students when we asked them to 'disclose any mental health issue'? Is it only those with a psychiatric diagnosis? Or does it include all of us who have periods of life that get a bit distressing? The latest statistics from the Ministry of Health (September 2006) indicate that 46% of New Zealanders will have a mental illness at some stage in their life, and many of those manage their illness without the need for mental health services. Those that do access mental health services have supports that assist them in managing their illness. The World Health Organisation describes mental illness as having a variety of symptoms that vary substantially, and that mental disorders are generally characterised by some combination of abnormal thoughts, emotions, behaviour and

relationships with others. Under this definition many more than 46% of New Zealand's population will be impacted.

The second question that was raised by the request was what constitutes 'potentially dangerous situations'? If the potentially dangerous situation being referred to was physical risk then it needs to be noted that national and international research indicates the majority of people who are violent do not suffer from 'mental health issues'. In fact, people with a mental illness are more likely to be the victims, rather than the perpetrators of violence (Canadian Mental Health Association, 2007). In 2002 the New Zealand Mental Health Commission stated that the strongest risk factors for violence are not attributable to mental illness, but to individuals that have a past history of violence and threatening to commit acts of violence in the future. The Mental Health Commission also highlighted research done in the 1980s, which found no evidence that violence from people with experience of mental illness was any more common than in the general population.

As there appears to be a lack of research identifying links between mental illness and violence, what are the undisclosed / unidentified 'risks' the approval panel were referring to when requiring NorthTec to request an applicant's disclosure of mental illness? Other 'potentially dangerous situations' may be the relationship stress has as a trigger for unwellness and how this may impact on study and/or social work practice. However, in consideration of this, it is well known that stress as a trigger is an issue that all social workers are faced with, hence the importance placed on supervision within this vocation to monitor workers, their practice and their stress levels. Since risk is a product of both the impact of the event and the likelihood of the event, and the lack of other high impact or high probability events, the question arises: was the panel's 'risk' perspective stemming from the myths/fears that reflect the general public's belief that lead people with a mental health issue to be stigmatised and discriminated?

Were the NorthTec team being asked to discriminate against some students and potentially contribute to stigmatisation? This was the ethical dilemma we faced. As social workers working within an educational institution, which role takes precedent – educator or social worker? Can they exist with equal priority? Sayce (2002) states that:

Challenging discrimination effectively is a highly complex task... the most promising strategy is to combine enforcement of legal rights – the iron fist – with work to challenge powerful beliefs in public and policy debate coupled with practical, grassroots initiatives that change the nature of interaction between people with – and without – mental health problems (Sayce, 2002: 470).

Surely, as both educators and social workers, our role is to explore and challenge currently held beliefs within both academic institutes and our student body, in order to promote the 'positive interaction' Sayce describes. How can we achieve this when a controlling body such as an approval/accreditation panel are asking us to institutionalise discriminatory beliefs through our entry and enrolment systems? As social work educators we need to ask ourselves, are we social workers first and foremost empowering and challenging unjust systems and acting as agents of social change, or are we academics acquiescing to an accreditation panel in order to provide qualifications that meet academic approval sanctioned within discrimination?

So how do we as social work educators combine our dual roles of social workers and academics without losing the essence of what social work is, when a governing panel directs a discriminatory 'risk management policy' be introduced.

By identifying people who are or have experienced a 'mental health issue' as being different or deviating from social norms, we are positioning 'them' as less than 'us'. Furthermore, by requiring them to meet certain criteria that we, the group in power have defined, places them in a subordinate position.

The first step perhaps, lies in breaking down the perceptions of 'them and us'. The perception of 'them' comes from notions of abnormal, they are outside of society norms as their behaviour is sometimes seen as being deviant, or different to what society deems as acceptable. The label of deviant is generally attached to criminal type behaviours but in essence deviance is a recognised violation of cultural or societal norms. At a social level it challenges the social order: the existing web of relationships, values, reality and meaning (Newbold, 1992). When we define someone or a group as deviant we strengthen our own position and simplify our response to the 'other' and how we treat them. Deviance is a phenomenon situation in power.

In responding to the panel's request to establish a disclaimer / discloser around mental health the NorthTec team felt they would be discriminating against a particular group in society, thereby running the risk of labelling these students. We wanted to acknowledge and affirm difference. An experience of mental illness is just one of many differences that exist, but regardless of any types of difference, every individual has the right to respect, humanity and a fair chance of education without being placed on the spectrum of 'them' and 'us'.

The debate that went on within the team regarding this requirement was challenging and passionate. Many discussions occurred, particularly involving the Human Rights Act 1993 which states that:

...any individual who has a physical, sensory, intellectual or other impairment or mental health illness may not be discriminated against on the grounds of their impairments. Discrimination occurs if someone is treated unfairly or less favourably than someone else in the same situation. The organisation must provide an inclusive environment.

The outcome of these discussions was that we could cope with the request by re-interpreting or reframing it to being about an individual's *behaviour* and providing support if and when it was wanted, and not about mental health symptoms / causes

The team's response to the request was to include the following statement in both the entry and selection criteria and the Health and Safety Policy Regulations.

All applicants for the Bachelor of Applied Social Service will be asked to confidentially disclose any history of mental illness during the application process. Where disclosure is made, the Programme Manager will where necessary, negotiate and establish a personalised risk management plan with the student which may include permission to discuss the student's wellness with key informants including family members, health professionals etc.

After much debate and discussion the North Tec Social Service team presented the panel with a two-part resolution to the issue:

Part one:

'Agreement regarding information discloser' which asked our students to indicate any past or current situations that may impact on their participation within the programme (these may include but are not limited to medical conditions, mental illness, disability, substance abuse, addictive behaviours, involvement with social services, criminal involvement and/or conviction).

Part two:

A 'Declaration form' that all students signed which stated that at any time if the student became a risk to self and/or a risk to others and/or display unsafe or unethical practice we could stand them down from the programme.

This solution was accepted by the panel. However the 'agreement regarding information discloser', in hindsight, still involved instituting discrimination. We were no longer discriminating against one group but discriminating against several! What is the impact of this when examining our professional governing code of ethics? I now personally believe that we should not have provided part one of the resolution and should have challenged the idea of a discloser and only agreed to the behavioural implications of safety, which applies to all students (and staff). However one positive of the 'agreement regarding information discloser' is that we are not stating they *must* disclose. We are giving the individual the option to evaluate their own situations and whether they wish to disclose any information by using the word 'may include' rather than 'will include'.

This experience highlighted for me the way groups continue to carry with them prejudices and discriminations. It raised the issue of how we, as social workers, are required to practise our ethical beliefs without compromising or acquiescing to larger governing bodies while still striving to achieve our goals of anti-discriminatory practice and social empowerment. This is an ongoing debate in many organisations and institutions, not just education. It's a debate that needs to be had in order to ensure that anti-discriminatory practice maintains as the foundation of social work throughout Aotearoa New Zealand.

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