

Introduction

The Huronia Regional Center or HRC closed its doors on March 31, 2009 after 148 years in operation. The Ontario Department of Health had oversight for HRC. “People within the institution, therefore, received care under a medical model and that focused primarily on the health of the residents who were viewed as patients who needed to be treated, cared for and protected” (Queen's Printer for Ontario, 2012-14).

Societal attitudes are slow to change. Policies that outlined the framework for the operating procedures within organizations such as HRC, however, started to evolve, leading to more of an alignment with the broader human services sector which was promoting person-centered (taking the time to connect with the person on an individual level).

Consumer-Centered Healthcare

As outlined in the article “Effectively engaging patients in everyday health-care decisions” (Satin, et al., 2017), historically, one of the clinician’s major roles was to provide advice and recommendations to patients. For a long time, this was done without the patient’s involvement in the decision- making (Satin, et al., 2017). In July 2011 new legislation came into effect that spoke to self-determination and choice.

By this time, HRC had been closed for two years and all former residents were now living in the community being supported by funded service providers.

As a practitioner in the broader health sector, comparing quality of life for individuals supported at HRC prior to its closing (where care planning was managed entirely by staff and health professionals) with outcomes after the closure of HRC (where people supported were given an opportunity to be included in the decisions impacting their own care), there is a marked difference. These same individuals

were now involved in making decisions that allowed them to live a fulfilling life. These decisions by the individual also have an impact on the supports and services that the system tended to wrap around them. With an increase in participation and a focus on what is important to the well-being of the individual, the system can now provide targeted strategies and not the assumed and sometimes unnecessary ones that are inherently part of a system that demands one to fit into it instead of the reverse. By taking on this role, the individual requiring the services and supports are at the center of the planning (person-centered support) and are participating in all decisions related to them, as appropriate.

The question of does it make a difference is one that goes to the heart of whether the individual is better off or whether the system has improved.

Similar to individuals with a mental illness, individuals with a developmental disability, whose secondary diagnosis may well be mental illness, face this question. Does it make a difference for them to participate in their plan of care? As the sector transforms and the policies and practices evolve to keep pace, we are seeing more and more individuals advocating for their right to make their own decisions. We have seen a change from doing for, where services and supports were wrapped around the individual outside the broader health community to one where planning is driven by the individual and takes into account the service and supports available to all citizens. Also underpinning service user participation is person-centered care. The arguments for person-centered care range from it being ‘the right thing to do’ of intrinsic benefits for people feeling respected, valued and involved; hence the term in mental health ‘Nothing about me, without me’ (Lawn, 2015). I can see this evolving even more to “Everything about me, I lead”.

References

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