

# THE JACLYN "JACKIE" FISHER

## OUTREACH CLINIC

La rue des Femmes





JACLYN « JACKIE » LEA FISHER, dont la vie a été tragiquement écourtée à l'âge de 25 ans, était une jeune femme d'une grande bonté, généreuse et dévouée. Atteinte de la maladie de Crohn dès l'âge de neuf ans et d'un cancer à l'âge de 21 ans, Jackie n'a jamais cessé d'embrasser pleinement la vie et de soutenir avec amour tous ceux et celles qu'elle côtoyait. Elle croyait passionnément en l'avènement d'un monde meilleur et ne s'est jamais laissé abattre par la maladie.

Cette clinique symbolise tout ce que Jackie incarnait. Puissent toutes les femmes qui franchissent ces portes ressentir la force, la compassion et la gentillesse que Jackie portait en elle.



JACLYN « JACKIE » LEA FISHER, was a kind, generous, dedicated young woman who's life was tragically cut short at age twenty-five. Suffering with Crohns Disease from the age of nine and diagnosed with cancer at age twenty-one Jackie continuously embraced life to the fullest, always supporting others with abundant love. She passionately believed in the possibility of change for the better and never let the threat of illness get in the way of living life to its fullest.

This clinic represents everything that Jackie embodied. May all women who pass through these doors feel the strength, compassion and kindness that Jackie held in her heart.



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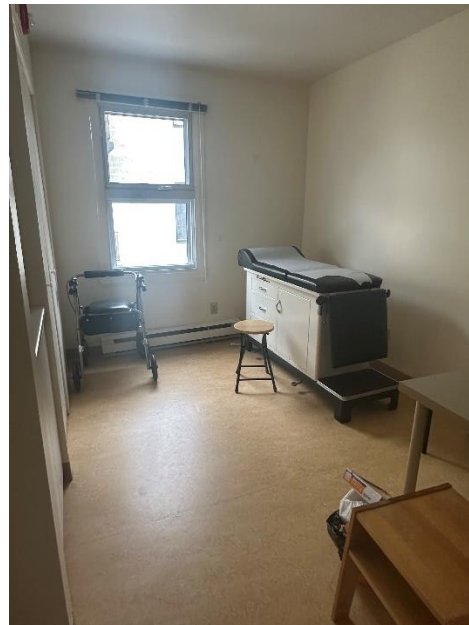
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## THE CLINIC

The Jaclyn “Jackie” Fisher Outreach Clinic, established by La rue des Femmes with the support of the Jaclyn Fischer Foundation, is a response to the critical need for basic physical and mental health care for women living in a state of homelessness.

The Jaclyn Fisher Foundation was created in honour of Jackie Fisher, an extraordinary young woman with deep altruistic values whose life was tragically cut short at the age of 25 by Crohn’s disease.

The Jaclyn “Jackie” Fisher Outreach Clinic is housed on the third floor of Jacqueline House—a small house full of love and pain, but most of all deeply wounded and scarred women. It is in a room bathed in light and sunshine, filled with calm and serenity, that women experiencing homelessness are guided through their medical care in a safe and respectful manner.



Although it is located in Jacqueline House—a facility dedicated to emergency shelter and relational health care—the Jaclyn “Jackie” Fisher Outreach Clinic is not limited to the basic healthcare services offered at Jacqueline House. It is structured and implemented in a circular manner at Olga House and the Dahlia Centre as well as at our two day centres. Its main goal is to enable women experiencing homelessness to invest in their healing and reconnection process according to their abilities and at their own pace.

The Jaclyn “Jackie” Fisher Outreach Clinic is part of the overall healing process for women experiencing homelessness and is an essential component of La rue des Femmes.

## The team

The clinic team is made up of a medical care and follow-up counsellor (a physician by training) and a relational health consultant specializing in mental health and psychotraumatology.

A partnership with the CIUSSS du Centre-Sud-de-l'Île-de-Montréal provides us with the stability of a team made up of a clinical nurse specializing in homelessness and a social worker, on a weekly basis and as needed.

The workers at La rue des Femmes are specialists in relational health and are also involved in the participants<sup>1</sup> care.

Together, they provide support to women experiencing homelessness and act as a liaison between La rue des Femmes' services and the healthcare network.

## LA RUE DES FEMMES AND RELATIONAL HEALTH

La rue des Femmes is a relational health institute dedicated to care, research, teaching, prevention, rehabilitation and the development and promotion of relational health.

Relational health is a state of deep well-being that provides the vital capacity to feel safe and to connect with oneself and others. Relational health is the foundation of overall health, along with mental and physical health.

Relational health deteriorates through violence and trauma, which severely affects our physical and mental state, and directly affects our sense of safety and security, which is the basis of relational health.

### Homelessness and post-traumatic stress

To understand relational health, its wounds, its symptoms, its need for healing, and the state of homelessness, it is important to comprehend the physiological and unchangeable aspect of the body and its protective system, because while trauma affects relational and mental health, it is the body, through the autonomic nervous system<sup>2</sup>, with its survival reflexes—fighting, fleeing, freezing, and even submitting—that gives rise to post-traumatic stress disorder.

Whether it is due to a single trauma (war, rape, accident) or complex developmental trauma (childhood abuse, neglect and/or violence) post-traumatic stress disorder is a major component

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<sup>1</sup> The term “participants” refers to women who visit La rue des Femmes because they are actively involved in their process of healing from homelessness and regaining their relational health (addiction counselling, art therapy, etc.).

<sup>2</sup> Dr. Bessel van Der Kolk <https://www.besselvanderkolk.com/>

of homelessness. Understanding and knowing the impact of trauma and the physiological survival patterns of the body<sup>3</sup> leads to a new understanding of homelessness, a more suitable and effective approach to intervention, and appropriate care.

## The women we welcome

The women we welcome at La rue des Femmes are our society's most broken. They come from all walks of life and are survivors of trauma. They are living in a state of homelessness and have lost everything. They have lost their relational health.

What is particular to many of the women who arrive, especially at Maison Jacqueline, is the violence of the assaults they have suffered on the street, particularly by ex-partners who continue to pursue them, or by pimps. They are or have been victims of rape, kidnapping, armed attacks and death threats.

In general, the health of the women we welcome is therefore very damaged: head injuries, concussions, cardiopulmonary problems, neurodegenerative diseases, dementia, sexual assault injuries, etc.

They also have serious mental health problems that are usually untreated: schizophrenia, bipolar disorder, borderline personality disorder, psychosis, anxiety, dissociative identity disorder, depression, and so on.

It should be noted that an increasing number of older women (70-80 years old) are being seen at La rue des Femmes.

## THE RELATIONAL APPROACH TO INTERVENTION: From emergency care to stabilization and mobilization

### Emergency psychosocial care and follow-up

Women experiencing homelessness are completely disconnected and in a permanent state of survival, and only obtain healthcare in hospital emergency rooms as a last resort. Their disconnection from their bodies leads them to tolerate the intolerable. Drugs and alcohol anesthetize mental and physical pain. The use of street opiates—including fentanyl—allows them to push back the limits of pain and delay medical treatment. They therefore end up in the ER in serious or even critical condition.

The same is true for serious mental health disorders, for which, all too often, a request for a psychiatric evaluation has to be obtained from the Court of Québec or through the application of

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<sup>3</sup> Dr. Stephen Porges <https://www.stephenporges.com/>

Bill P-38<sup>4</sup>. Most homeless women with mental health disorders, which often co-occur with substance abuse problems, are resistant to any form of psychiatric care.

Anosognosia—a symptom of a neuropsychological disorder that prevents the knowledge, awareness or recognition of a disease or deficit—is a real obstacle to medical and psychiatric follow-up, making treatment and compliance more difficult.

Women experiencing homelessness fear the institutional environment, including the healthcare network, and no longer trust it. They therefore avoid using it for as long as possible, jeopardizing their health and sometimes their lives.

By acknowledging their specific needs and providing appropriate care, as well as personalized and reassuring support, they can finally feel confident receiving so-called frontline healthcare.

### Emergency care at the Jaclyn “Jackie” Fisher Clinic

- Wound cleaning and dressing changes
- Medication management, including methadone
- Prescription renewal
- Overdose monitoring and management
- Tests: pregnancy, COVID, etc.
- Referrals: doctor/dentist/optometrist/nurse
- Coordination with paramedics
- Pre-assessment for emergency calls: vital signs, assessment, general-condition management
- Blood sugar control
- Crisis management: self-harm, suicide attempt, etc.
- Making and following up on medical appointments
- Treatment of parasitic conditions
- Foot care

### Emergency medical support and psychosocial care for women experiencing homelessness

- Accompaniment: emergency room, medical follow-up, palliative care
- Pregnancy and childbirth follow-up
- Voluntary termination of pregnancy
- Gynecological follow-up
- Death
- Medical assistance in dying
- Medical imaging
- Medical follow-ups
- Surgery

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<sup>4</sup> Act Respecting the Protection of Persons Whose Mental State Presents a Danger to Themselves or to Others (<https://www.legisquebec.gouv.qc.ca/en/document/cs/p-38.001> )

- HIV
- Cancer
- Hepatitis
- Procedures for therapy and support for continuation of therapy
- Hospitalization
- Sexual assault: forensic kit, police complaint
- Visits: Palliative care, hospital emergency room, psychiatry
- Obtaining a request for psychiatric assessment
- Search for family and gathering for end-of-life support
- Support for family after death

### Danielle: an example of psychosocial care and medical support

Danielle died on May 2, 2018, at the age of 59, after falling into a diabetic coma. She kept saying, “If I could sign a lease with Jacqueline House, I’d sign one for 10 years!” When her condition deteriorated, we had her transferred to the emergency room. When we tried to reach her at the CHUM hospital, we found out that she was in intensive care, in a coma. We had learned a lot about her life and her family through our relationship with her. This information, which she had shared over time in informal conversations, allowed us to trace her sister (in the Yukon) who was able to get in touch with Danielle’s children and the love of her life. None of them had heard from Danielle in over 15 years because she was too ashamed of her homelessness.

This reunion, which was so powerful and so fragile at the same time, gave Danielle a calm, peaceful departure, surrounded by the people she loved most in the world. After a life of deep and painful loneliness, she did not die alone.

### **The “Danielle bracelet,” so that no one has to die alone**

A MedicAlert-type bracelet was created in memory of Danielle so that no participant of La rue des Femmes would die in anonymity. On the back of this bracelet is a number for a voicemail box. If a woman is hospitalized, the nurses can leave a message so that one of us can be with her in her final moments.

Women experiencing homelessness have no ID: on the streets, they have nothing. They survive and/or die in the invisibility of anonymity. The Danielle bracelet offers them a chance not to die alone or to die... nameless.

Danielle was a very beautiful, strong, dignified woman who was proud of her most precious achievements and was suffering from what her life of misery had made her lose with tremendous lucidity and conscience... and one hell of a hard head! We loved her deeply and took care of her until her last breath. No woman should die alone and “non-existent.”

### Stabilization care – physical and mental health



The relational healing process leads women towards stabilization and autonomy. Stabilization brings regularity, availability and the possibility of taking charge of their health, medical follow-ups and treatments.

The health problems of stabilized women are often chronic and require long-term follow-up. They are also symptomatic of post-traumatic stress disorder. Many women are not aware of the risks inherent to not receiving or not complying with medical care.

The medical support offered by the Jaclyn “Jackie” Fisher Outreach Clinic enables stabilized women to reconnect with their health: the perception of the illness, its development, the maintenance of necessary care and the importance of medical consultations. Mental health problems contribute to the illness persisting and even worsening. This is why awareness-raising, information and health education meetings are planned based on the severity of the illness and the woman’s compliance with treatment.

The opportunity to meet regularly or as needed in a safe and private relational setting helps to observe symptoms related to health problems.

**Our mission: availability, reachability, assistance and reassurance.**

Through seemingly simple gestures, we often help alleviate emergencies and prevent women from developing complications that can cause disabilities or cost them their lives.

Women living in a state of homelessness experience a lot of mental health issues. They present with health problems that are often chronic or reactive to their post-traumatic stress that require long-term follow-up and, rarely, situations that require emergency intervention.

A physical assessment is performed immediately, beginning with a history taking, considering all risk factors (age, personal medical history, family history, behaviours, etc.) followed by noting the woman’s general condition, physical signs and symptoms, and ending with taking vitals.

Sometimes this assessment immediately reveals the need to call the family doctor, if any, to provide more detailed medical information. The treatment plan is then sent by fax and can be started immediately. Sometimes an appointment has to be made for an in-person visit.

For suspicious skin lesions, we take pictures, which are then forwarded to the family doctor. If the participant does not have a family doctor, we encourage her to be accompanied for a consultation at a walk-in clinic.

For benign skin lesions, most of the time an over-the-counter treatment is applied. Sometimes, accompaniment is needed for a prescription and, in exceptional circumstances, a visit to the emergency room is required.

Mental illness is also part of our daily repertoire. Repeated conversations often reveal undiagnosed mental illnesses complicated by anosognosia, which prevents women from seeking treatment and therefore makes physical diseases worse.

Regular, and if necessary, one-off therapy sessions and telephone support in the case of panic attacks outside the home are sometimes essential. Sometimes a medical consultation is needed to prescribe anxiolytics and even antidepressants if the participant's suffering is unbearable.

Monitoring chronic diseases is part of our therapeutic arsenal. Many women, as mentioned above, are not aware of the risk of poor therapeutic follow-up and even their lack of perception of their illness and the importance of medical consultation. Mental disorders, which are frequent and chronic, contribute to the persistence and even aggravation of the disease. This is why awareness-raising, information and health education meetings are planned according to the severity of the disease and the woman's compliance with treatment.

### Conditions treated or referred to the family doctor or requiring emergency treatment

- Fibromyalgia: our women's number one complaint
- Hypertensive crisis: medical emergency
- Unstable angina: medical emergency
- Falls and bradycardia: emergency room visit
- Gangrene of the toes: emergency room, amputation of dead tissue
- Frostbite on hands
- Transient ischemic attack in a diabetic: immediate accompaniment for consultation and blood test
- Signs of stroke
- Stage 3 lymphedema: medical emergency
- Signs of hyperglycemia: refer the woman for blood tests
- Acute abdominal pain: signs of pancreatitis, ambulance transport to emergency room
- Abdominal masses: accompaniment and medical consultation, diagnosis of uterine fibroids, surgical intervention
- Breast masses: diffuse mastitis, referral to family doctor for antibiotic therapy
- Signs of cystitis: interventions for consultation in walk-in clinics or with the family doctor
- Sexually transmitted diseases: medical appointments in walk-in clinics or with the family doctor, educating the woman on risk factors and advising on compliance with treatment
- Suspicious skin conditions, taking photos and sending them to the family doctor, especially during lockdown, making medical appointments: diagnosis of melanoma in the first case and basilar carcinoma in the second case
- Conditions requiring emergency treatment, such as cellulitis, shingles on a diabetic, wound infections, boils
- Frequent benign skin conditions: athlete's foot (especially in summer), candida albicans, onychomycosis, dermatitis, scabies, annular granuloma, bed bugs, etc.
- Digestive disorders with a type of dyspepsia: take into consideration the age of the woman, medical history such as hypertension or diabetes, medications, drug or alcohol use. Is it the first episode or multiple episodes, link to diet? Rule out a heart problem such as tachycardia, dyspnea, sweating, nausea or vomiting, note the timing, frequency,

accompanying signs such as pain on swallowing, weight loss, colour of stools, look for diarrhea, constipation or both.

- Psychotic disorders are common, unfortunately, and often unrecognized and untreated, which exacerbates their social dysfunction: psychosocial intervention and seeking psychiatric care
- Polyphagia and obesity and all the risks associated with them: awareness and health education (lifestyle change)
- Abdominal obesity and monitoring of metabolic syndrome
- Home care for women who are ill and in need: food, clothing, accompaniment to medical appointments, advice

It is through these gestures that La rue des Femmes helps all these women in difficulty avoid unnecessary consultations and long waits in an emergency room. Sometimes, conversely, it is the chance discovery of high blood pressure that requires a medical consultation or the observation of signs of diabetes that require blood tests.

We take the time to explain their illness and, if necessary, we emphasize the benefits of a healthy diet and the importance of physical activity and compliance with medical treatment.

## The strengths of essential collaborative work

Given that relational intervention is central to the healing of women experiencing homelessness, the workers receive ongoing training in relational health, which is unique to La rue des Femmes. This training, combined with their know-how and interpersonal skills, makes them perfectly equipped to help women experiencing homelessness finally have their relational wounds recognized and healed.

With their caring looks, and thanks to the therapeutic bond created with the women, the workers can assess and evaluate the general state of each woman on a daily basis. This closeness and trust gives each woman the encouragement and personal guidance they need to come to the Jaclyn “Jackie” Fisher Outreach Clinic. This first step is essential; without it, the rest will not happen.

Close collaboration with multidisciplinary psychiatric teams makes it easier to assess the general condition of women and provide better care and treatment, thereby avoiding a tragedy and/or potential legal action.

They say it takes a village to raise a child. Well, it also takes a village to heal homelessness! Women’s overall health depends on who they are and what they experience. Physical, mental, relational, psychosocial and community health are interdependent. We do this with more than 76 partners from different backgrounds.

## Partners of La rue des Femmes

**Medical services:** hospitals, emergency rooms and follow-up care (childbirth, abortions, surgeries, rehabilitation, palliative and end-of-life care), doctors, medical detoxification units, psychiatric units (psychiatrists, nurses, social workers), CLSCs, dentists, pharmacists, paramedics, first responders (firefighters, etc.), *Urgence psychosociale-justice* (UPS-J), public health, etc.

**Police services:** the Montréal police department (*Service de police de la Ville de Montréal—SPVM*), the *Équipe mobile de référence et d'intervention en itinérance* (mobile homeless referral and intervention team—EMERII), the *Équipe métro d'intervention et de concertation* (métro intervention and consultation team—EMIC), the *Équipe mobile de médiation et d'intervention sociale* (mobile mediation and social intervention team—EMMIS), investigators from the SPVM specialized major crimes unit (human trafficking, pimping, sexual assault, street gangs, missing persons), and more.

**Legal services:** Leclerc (provincial), Joliette (federal) correctional centres, defence and Crown attorneys, probation officers, judges, etc.

**Public services:** guardians, *Directeur de la protection de la jeunesse* (Director of Youth Protection—DPJ), tax clinic, Emploi-Québec, employability, educational institutions, *Centre d'aide aux victimes d'actes criminels* (crime victims assistance centres—CAVAC), *Indemnisation des victimes d'actes criminels* (compensation for crime victims—IVAC), *Régie de l'assurance maladie du Québec* (Québec health insurance board—RAMQ), Canadian refugee services, specialized centre for asylum seekers, *Centre intégré universitaire de santé et de services sociaux* (integrated university health and social services centre—CIUSSS), City of Montréal, etc.

**Community services:** therapy centres, resources and organizations dealing with women's homelessness, mental health, addiction, sex work, crisis centre, including Diogène, Portage Mother and Child residential drug addiction rehabilitation program, Clinique Droits Devant (helping people who have experienced, are currently experiencing or are at risk of experiencing homelessness to regularize their legal situation), *Programme régional d'accueil et d'intégration des demandeurs d'asile* (regional intake and integration program for asylum seekers—PRAIDA), and more.

## IN CONCLUSION

The Jaclyn “Jackie” Fisher Outreach Clinic is an essential part of the healing process for the women participants of La rue des Femmes. All the care provided here is aimed at improving women's overall health. All the different societal realities are taken into account to be able to offer a range of care adapted to various life experiences: immigrant, refugee, indigenous, LGBTQIA2S, undocumented, aging, victim of domestic violence, person with reduced mobility, pregnant, and more.

Through a range of concerted actions rooted in humanity, compassion and caring, women experiencing homelessness feel heard, believed, understood and recognized for who they are and what they are experiencing, not for what they are or are not doing; their actions or lack thereof are recognized as a symptom of their relational suffering and post-traumatic stress disorder.

*“Trauma can be hell on earth, but when transformed, it is a divine gift,”* as Peter Levine, an American psychotherapist and psychological trauma specialist, so aptly puts it.

It is by creating a safe, secure and consistent environment over time that we can provide the necessary and appropriate care for women affected by post-traumatic stress disorder. The continuum of care and services offered by La rue des Femmes and its Jaclyn “Jackie” Fisher Outreach Clinic, provide care, treatment, support, prevention, education and re-entry into the healthcare system.

Recognition of the La rue des Femmes teams’ expertise and their presence at the women’s multidisciplinary clinical follow-ups—always at their request and without any pressure whatsoever—demonstrate the importance and the need for a cohesive generalized care, several different types of care and individualized support to ensure a consistent and systematic treatment and healing process.

This essential connection to oneself and to the other, and others, and this essential kindness are how relational wounds are treated and healed, and how we are brought back to our shared humanities to regain our overall health and heal homelessness!

As an African proverb says: “If you want to go fast, go alone. If you want to go far, go together.”

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