

## **Success Story\_ from Jaffna**

34 year old Thamilini, mother of two children, was amongst the audience when FRC conducted an orientation programme in her village and identified that FRC's services might help. With the support of FRC's Community Volunteer, she attended FRC's Client Detection Event where she was registered for medical, physiotherapy and counselling sessions as she was observed to be suffering from somatic problems such as backaches and stiff neck and psychological problems such as sadness, low self esteem and distress over her suspicious husband.

Through rapport building, it was gathered that Thamilini had left school at the age of 13 to help her mother with farming. At 25, with the acceptance of her parents, she married the person she fell in love with, however, his parents were against the match and refused to attend the wedding. Nevertheless, over the years, his parents have become accepting of both her husband and children, but this acceptance didn't extend towards her.

In the past four years, Thamilini began to suspect that her husband may possibly be living with an undiagnosed mental illness when she had observed him talking and laughing by himself, preoccupied with his own thoughts, lack of self-care and verbally abusive when he gets angry or suspicious of her. Moreover, he is unemployed, rarely comes home, disregards his responsibilities as a father and a husband and has a lack of: appetite, sleep and interest in sex. She had previously shared her concerns to his parents, but was then accused of finding fault in him and claiming that whatever behaviour he might be displaying is only after his marriage, therefore, she might have cast a black magic spell.

Furthermore, his unemployment had forced her to become the breadwinner of the family making her feel overwhelmed with the work load, lack of social engagement, limited income, unsure of how she can help her husband and lack of protection. She usually goes to her mother's house if her husband is not at home.

Before drawing out a treatment intervention plan, the Client Intake Form assessment was done to assess her wellbeing and her house was visited to assess her family dynamics and her husband's situation, however, her husband was not at home. It was identified that Thamilini feels sad and distressed consistently, low self esteem and perceives that everyone is judging her for her husband's behaviour.

Her distress over her husband's behaviour was further explored where her feelings were normalized and given a brief psychoeducation on how people living with mental illness might be struggling and what type of behaviours they may display. Although, a referral to a psychiatrist was provided, he wasn't keen on going for a consultation, therefore, her support system was explored and she identified that his brother might be able to convince him. After convincing and accompanying him to the consultation, the psychiatrist diagnosed him with schizophrenia and is currently undergoing a treatment intervention. She was also referred to the district's Social Service Officer, to register for a monthly support provision given by the government when a family member is living with a mental illness.

As she is also observed to have low self-esteem, her strengths, skills, support system and obstacles was identified through a Tree of Life activity which she had engaged in quite enthusiastically and remarked that she has not been utilizing what she already had, for instance, her love for gardening that could also be an income generator. She said doing gardening was something that makes her happy but had put it aside when she became troubled with her problems. She also commented that she seemed to perceive her problems were too complicated to be resolved but now realizes that she has the skills to cope and resolve her problems. Further, she also identified that her mother's sister was someone she could reach out to share her feelings and problems. In order to engage with the community, she was encouraged to spare some time to go to the temple, where she had previously engaged with the people and felt at peace.

Furthermore, her sleeping patterns were monitored and it was identified that she sleeps with the light switched on and would watch TV or engage in household chores when she finds it difficult to sleep at night. Therefore, coupled with a simple breathing exercise that can be done every day, a psychoeducation on sleep that includes the impact of lack of sleep, how her behaviour is disrupting her sleep and sleep hygiene techniques such as not drinking water atleast 2 hours before she sleeps and using the room only for sleep and sex were highlighted. Moreover, it was found that she had only begun sleeping with the light switched on when she was afraid when her husband is not at home, therefore, it was suggested that she uses a dim light instead to sleep.

During the last sessions, it was observed that she was engaging in her daily tasks, doing what she likes, engaging with the community, sleeping better and visiting the temple. During the follow up visits, she was observed to be happy and confident. She shared that her relationship with her husband has greatly improved now that he is taking his medications on regular basis and found a job. Due to this, she has given up her job to utilize her time in gardening and raising chickens and the income generated from these initiatives is used for the household expenses. Also, now that her parents and her in-laws are being supportive, she is more relieved and has time to spend with her children.