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Mass conversion disorder in some schools in western Nepal: a case series of four events

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Abstract

Background: Mass conversion disorder (MCD), or functional neurological symptom disorder, involves motor or sensory symptoms without medical explanation that impair functioning. When such symptoms spread within groups, it is termed MCD, which can often be seen in schools and can be shaped by cultural and social dynamics. This case series examines the presentation, shared features and health-seeking behaviours of students affected by MCD in Ghorahi municipality, Dang, Nepal.

Methods: Between June and August 2022, four public schools in Ghorahi reported MCD cases to the Health Foundation Nepal (HFN). The rapid mental health team responded, conducting retrospective assessments through observation, physical examination, and also interviews with students, parents and teachers. Clinical symptoms and demographic data were compiled, standardised and descriptively analysed.

Results: Between June and August 2022, 20 female students aged 8 to 16 years (mean age 11.8 ± 1.98 years), mostly from school grades 5 (30%) and 6 (30%), were affected across four public schools in Dang, Nepal. Headache (40%), weakness with loss of coordination (35%), dizziness (25%), and cold periphery with numbness (25%) were major symptoms reported. Up to 80% described experiences involving spirits, and 55% knew a family member with a similar illness. Up to 95% had previous episodes, 90% had recurrences, 35% had parents separated due to divorce, and 30% due to unemployment. None of the students' parents had a formal education beyond grade 10. All affected students were taken to traditional healers, and 50% also to hospitals, with timing and order of visits varying by case. Most parents attributed the illness to spirit possession, and teachers noted the need for training and support to address MCD cases.

Conclusions: MCD in Dang's public schools was influenced by cultural beliefs and family stressors. There was a high female prevalence, repeated MCD episodes, low parental education and a preference for traditional healing, which suggests the need for school-based mental health programmes and further research.

Keywords

Mass conversion disorder, Cultural beliefs, spirits, Traditional healer, Separation, School

INTRODUCTION

Mass conversion disorder (MCD), known in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) as functional neurological symptom disorder, is diagnosed when one or more symptoms affecting movement or the senses cannot be explained by any recognised neurological or medical condition (American Psychiatric Association, 2013). These symptoms cause significant distress or interfere with an individual's social and professional functioning, and warrant clinical evaluation (American Psychiatric Association, 2013). When such symptoms emerge in one individual and subsequently spread to others, the phenomenon is referred to as MCD (Siddiqui et al., 2024). The first person to exhibit symptoms is known as the index case. Quickly, similar signs and symptoms may appear in other individuals living nearby, typically after

becoming aware of this index case through auditory and visual mediums (Balaratnasingam and Janca, 2006). The process of somatisation – when physical symptoms cause mental or psychological factors – is considered a form of psychological relief and way to avoid emotional conflict. It is referred to by scholars and clinicians as "primary gain". The sympathy, attention, recognition and support the patient receives afterwards are referred to as "secondary gain" (Feinstein, 2011). The concept of secondary gain has also been described as vague due to its multiple interpretations both within and outside psychoanalysis (van Egmond, 2003).

Historically, MCD has also been referred to in studies as mass hysteria, mass sociogenic illness, mass psychogenic illness or mass psychogenic disorder. Outbreaks of MCD have been reported both globally and in Nepal, particularly in school settings involving young girls (Shakya, 2005; Sapkota et al., 2020).

Historical cases of mass psychogenic illness include events such as the "biting nuns" in medieval France (nuns in a convent who began meowing and biting each other in a collective hysteria), episodes of dancing mania and fainting among factory workers in the 18th century (Sapkota et al., 2020) and *Tarantism* (behaviour that is hysterical and believed to be a result of a bite from the wolf spider). The disorder tends to emerge within cohesive social groups such as schools, factories, prisons and religious communities, where shared cultural beliefs and strong social bonds can intensify and propagate its spread (Sapkota et al., 2020; Siamisang et al., 2022).

This paper explores how the cases of MCD were presented in the school of Ghorahi municipality of Dang district in western Nepal. It explores common characteristics among affected students and highlights the health-seeking behaviour practised by the families of these students.

METHODS

Between June and August 2022, cases of MCD in four public schools of the Ghorahi municipality of Dang district were reported to Health Foundation Nepal (HFN), a non-profit organisation providing mental health services in the region. Teachers from two schools that already knew about the organisation directly reached out for help during the incident. Two other schools first contacted the district's public health office, which reached out to HFN to address the incident. These incidents were addressed by the authors, who were part of the rapid response team from HFN.

The team of authors retrospectively studied these cases based on their initial assessments by observation and physical examination conducted on the day of the incidents, followed by a later visit with affected students and parents. Parents who could not be reached in person were contacted by phone. One of the available parents at the time was interviewed. The enquiry focused on family histories of conversion disorder-like illnesses, past history and nature of the illness in each student, treatments received, and parents' and teachers' understanding and perceptions of MCD. The initial and follow-up visits were part of an internal assessment to the incident. Subsequently, a post-hoc analysis was conducted to compile a case series using the available information. No formal ethical approval was obtained for this analysis.

The reports of the MCD were then written in case formats in MS Word. The demographics (age, sex, grade and address) and signs and symptoms were compiled in an Excel file. Signs and symptoms conveying the same clinical meaning but described differently were harmonised. They were given the same label for standardisation during analysis. A descriptive analysis of the data was done.

CASES OF MASS CONVERSION DISORDER

MCD incident one

On the morning of 16 June 2022, at a primary school in Ghorahi-3, Dang, a 10-year-old girl in grade 4 suddenly began to feel unwell. At around 11am, she complained of a persistent headache, and as the discomfort intensified, she became visibly distressed. Overwhelmed by the pain, she began to cry, drawing the attention of her classmates and teachers. Shortly afterwards, she was

unable to walk unaided. With the support of a teacher and a fellow pupil, she was carefully assisted to the staff room for further help.

Soon after, another 10-year-old student who had helped her also became visibly agitated. She suddenly burst into tears and began rolling on the floor, alarming those nearby. Not long afterwards, another eight-year-old girl from grade 3 began to feel unusually weak. Her hands and feet turned cold, and she showed signs of reduced consciousness, prompting an urgent response from teachers and classmates, who rushed to assist her in the classroom. Meanwhile, another pupil began experiencing a headache and exhibited signs of anxiety. Concerned for her wellbeing, the teachers brought her to the staff room where she was allowed to rest.

Following the incident, an 11-year-old, grade 5 student reported feeling dizzy and weak. Her distress appeared to have a contagious effect, as three of her classmates suddenly began to cry, although they did not exhibit any other symptoms. Similarly, another 14-year-old, grade 8 student, complained of dizziness and a headache before suddenly losing coordination in her body. Recognising the urgency, the staff immediately took her to the staff room for support. Her sister, visibly shaken by the events, also began crying and was later escorted to the staff room for reassurance.

By the time the authors of this report arrived at the school, all affected pupils had already been transferred to Rapti Academy of Health Sciences, the largest hospital in the area, for further medical care. Some students received supportive treatment, including intravenous fluids and analgesics, while others recovered shortly after arriving at the hospital and were discharged with no significant findings. All the patients were later taken to traditional healers by their family members.

MCD incident two

On 28 June 2022, at approximately 10:45 am, an incident occurred at a school located in Ghorahi-7, Dang. A 12-year-old female student in grade 6 was first noticed staring into the distance in the classroom. When questioned, she complained of a headache and murmured in a low voice that a witch was taking her away. The teacher, concerned, tried to reassure her and moved her to the front desk.

Shortly afterwards, another 12-year-old female student from the same grade began to show similar symptoms. She also complained of a headache, exhibited a vacant stare, and started shaking her hands uncontrollably. The situation escalated when a third 12-year-old student suddenly began jumping, shaking violently, and shouting, "It's coming, it's coming!" The teachers were alarmed by the rapid progression of symptoms and called for assistance. The affected students were taken to the staff room. Soon after, an 11-year-old female student from grade 5 began experiencing a headache, anxiety and shortness of breath. Upon reaching the staff room, her body became stiff. Another 11-year-old female student from the same grade exhibited similar symptoms, including shouting and shaking.

By the time the response team arrived, the affected students were showing signs of severe psychological distress, uncontrollable shaking and shouting. Teachers were briefed on the likely nature of the disorder, and the parents of the affected students were informed. The students were isolated from the rest of the school, and psychological counselling was done, including reassurance that the symptoms were temporary.

Initially, the intervention appeared effective, and the students gradually began to recover. However, the situation deteriorated when a local villager arrived at the school accompanied by a shaman. The shaman's presence and ritualistic activities intensified the students' distress, leading to more dramatic episodes of shaking and shouting. The students started running chaotically around the school premises. The teachers and staff got hold of them and handed the students over to parents. Despite efforts to provide medical and psychological reassurance by the team – consisting of a medical officer and public health officer – all the parents, influenced by cultural beliefs, decided to take their children to the local shaman instead of seeking medical evaluation.

MCD incident three

On the afternoon of 7 July 2022, another MCD episode

occurred at a school in Ghorahi-4, Dang. The school administration contacted HFN for assistance following the abrupt onset of unexplained symptoms in a group of students.

The incident began when an 11-year-old female student in grade 6 complained to her teacher that a classmate had struck her on the head with a book. Shortly after this, the 11-year-old student began experiencing a headache, eye pain, dizziness and numbness in her limbs. The sudden onset of symptoms caused panic among students and staff. Within minutes, two additional female students from the same grade, aged 11 and 12 who saw the previous incident, began showing similar symptoms. Both complained of dizziness and numbness in their hands and feet and reported seeing spirits when they closed their eyes. The teachers promptly evacuated the three affected students and relocated them to the staff room to manage the situation and minimise distress among other students.

Despite these efforts, the situation escalated. A few minutes later, loud cries and shouting were heard from the grade 5 classroom. Upon entering the classroom, teachers found a 10-year-old female student who was extremely irritable and displaying loud emotional outbursts. At the same time, a nine-year-old student complained of a headache, dizziness and a pricking sensation in her body. Later, an 11-year-old female student from the same grade reported a headache, numbness and hallucinations of spirits. She subsequently became unresponsive.

Before the local response team from HFN arrived, the school had already contacted the parents of all affected students. Some students were taken home by their parents, while others were escorted by teachers to the staff room. As a precautionary measure and to disrupt the spread of symptoms, the school was closed for two consecutive days. Later, upon contacting the parents through phone calls, it was reported that all the students were taken to the traditional healer for treatment.

MCD incident four

On 1 August 2022, the team from HFN was summoned by the District Public Health Office to respond to an incident at a secondary school in Ghorahi, Dang. A teacher had urgently reported cases of suspected hysteria among several students. According to initial reports, the symptoms first appeared in a 16-year-old female student from grade 10. She experienced stiffness in her hands and legs, which rapidly progressed to a complete loss of bodily control, accompanied by yelling and a trance-like state. The student was escorted to the staff room by her friends and a teacher.

Shortly thereafter, two 15-year-old female students from grade 9, who had witnessed the episode began exhibiting similar symptoms. They moved their bodies uncontrollably, shouted incoherently, and appeared to be in a trance. Both students were also assisted to the staff room by teachers and classmates. Soon after, a 12-year-old female student from grade 7 collapsed in her classroom, appeared unconscious, and remained silent for some time. Later, she began uttering the names of gods and produced incomprehensible vocalisations.

The team of authors advised the school via telephone to isolate the affected students in separate rooms for observation. Upon arrival, approximately 15 minutes after the initial call, the team found that two of the students were no longer shaking or vocalising, both were lying quietly and appeared calm. After receiving in-person counselling and reassurance, they regained full control and awareness.

The remaining two students, however, continued to display signs of psychological distress, including yelling and altered awareness. With ongoing support, verbal reassurance, and calming techniques, both students gradually returned to a calm and responsive state. All four students were eventually handed over to their parents.

RESULTS

Between June and August 2022, 20 female students from four public schools in the Dang district of western Nepal exhibited symptoms of MCD (table 1). The ages of the affected individuals ranged from 8 to 16 years, with mean age 11.8 ± 1.98 years. The highest number of cases occurred among 11-year-olds (30%) and

12-year-olds (25%). All the reported incidents occurred during school hours, often beginning with one student and rapidly spreading to others. The incidents were reported in students from grade 3 to grade 10, with the highest number of affected students belonging to grade 5 (30%) and 6 (30%). Two schools were located at Ghorahi-7, and two others at Ghorahi-4 and Ghorahi-3, contributing to 45%, 30% and 25% of total students coming from each locality (table 2).

Table 1. MCD event details. Highlighted rows are the index cases (the first case) in each school

Serial number	Event	Gender	Address	Age	Grade	Presenting signs and symptoms
1	1	Female	Ghorahi-3	10	4	Headache, crying, unable to walk
2	1	Female	Ghorahi-3	8	3	Cold periphery, decreased consciousness and weakness
3	1	Female	Ghorahi-3	11	5	Dizziness, weakness
4	1	Female	Ghorahi-3	10	4	Agitation, crying, rolling on floor
5	1	Female	Ghorahi-3	14	8	Headache, dizziness, loss of bodily coordination
6	2	Female	Ghorahi-7	12	6	Staring, headache
7	2	Female	Ghorahi-7	12	6	Headache, vacant stare, handshaking
8	2	Female	Ghorahi-7	11	5	Headache, anxiousness, shortness of breath, stiffness
9	2	Female	Ghorahi-7	12	6	Jumping, shaking violently, shouting
10	2	Female	Ghorahi-7	11	5	Shouting and shaking
11	3	Female	Ghorahi-5	11	6	Headache, eye pain, dizziness, and numbness in a limb
12	3	Female	Ghorahi-5	11	5	Headache, numbness, unresponsiveness
13	3	Female	Ghorahi-5	11	6	Dizziness, numbness in hands and feet
14	3	Female	Ghorahi-5	10	5	Irritability, loud cry
15	3	Female	Ghorahi-5	9	5	Headache, dizziness, pricking sensation in the body
16	3	Female	Ghorahi-5	12	6	Dizziness, numbness in hands and feet
17	4	Female	Ghorahi-7	16	10	Stiffness in hand and leg, loss of bodily control, yelling, and disoriented
18	4	Female	Ghorahi-7	12	7	Collapsed in the classroom, appeared unconscious and remained silent
19	4	Female	Ghorahi-7	15	9	Yelling, loss of bodily control, rolling on floor
20	4	Female	Ghorahi-7	15	9	Yelling, loss of bodily control, rolling on floor

Table 2. Demographic characteristics of students

Variable	Category	Number and percentage (%)
Gender	Male	0 (0%)
	Female	20 (100%)
Age	8	1 (5%)
	9	1 (5%)
	10	3 (15%)
	11	6 (30%)
	12	5 (25%)
	13	0 (0%)
	14	1 (5%)
	15	2 (10%)
	16	1 (5%)
Grade	3	1 (5%)
	4	2 (10%)
	5	6 (30%)
	6	6 (30%)
	7	1 (5%)
	8	1(5%)
	9	2 (10%)
	10	1 (5%)
Address	Ghorahi-3	5 (25%)
	Ghorahi-4	6 (30%)
	Ghorahi-7	9 (45%)

The affected students had a wide variety of presenting signs and symptoms. The most commonly observed sign and symptoms in students included: headache (40%), weakness with loss of bodily coordination (35%), cold periphery and numbness (25%), dizziness (25%), limb shaking (15%), crying (15%), decreased consciousness and unresponsiveness (15%), rolling on floor (15%), yelling and shouting (15%), irritability and agitation, (10%), limbs stiffness (10%), vacant staring (10%), pricking sensation (5%), eye pain (5%), shortness of breath (5%) and anxiousness (5%) (table 3).

Table 3. Presenting signs and symptoms

Presenting signs and symptoms	Number and percentage (%)
Headache	8 (40%)
Weakness with loss of bodily coordination (could not stand still)	7 (35%)
Dizziness	5 (25%)
Cold periphery and numbness	5 (25%)
Crying	3 (15%)
Decrease consciousness and unresponsiveness	3 (15%)
Rolling on floor	3 (15%)
Limb shaking	3 (15%)
Yelling and shouting	3 (15%)
Limb stiffness	2 (10%)
Vacant staring	2 (10%)
Irritable and agitated	2 (10%)
Shortness of breath	1 (5%)
Pricking sensation	1 (5%)
Eye pain	1 (5%)
Anxiousness	1 (5%)

Almost 80% of the students complained or mentioned *chopne* (to get possessed by an unknown) and *devi deuta chadeko* (being possessed by gods and goddesses) and hearing voices during episodes as noted by the teachers and team of authors, which are categorised as a common narrative of spirits among students.

After the incident, by interviewing students and parents through personal visits or phone calls, we also found that 95% of students had a history of similar presentations before this incident, and 90% of students had similar episodes within two months after the incident (table 4).

Table 4. Commonly observed factors

Commonly observed factors	Number and percent n (%)
Mentioning spirit narrative	16 (80%)
Patient knows of someone in family or relative who has similar illness	11 (55%)
Patient had a previous history of similar illness	19 (95%)
Patient with repeated episode after the school incident within two months	18 (90%)
Patient with parents divorced	7 (35%)
Patient with parents separated for employment	6 (30%)
Patient with parent education above grade 10	0 (0%)

Commonly observed factors

During the follow-up interviews, the cases in the Dang schools revealed that the students involved had significant stressors in their early childhood – 35% of the students' parents were divorced, with an additional 30% separated due to migration for employment. None of the parents of affected students had completed their education beyond grade 10. These students believed that they knew someone in the family who had similar conditions, 55% (table 4).

Treatment

All affected students sought treatment, with traditional healers and local shaman (*dhami/jhankri*)

being the most commonly consulted. Traditional healing practices were the most prevalent form of health-seeking behaviour observed across all cases. Additionally, 50% of the students also visited hospitals for medical treatment, with some taken to traditional healers first and others to hospitals. No cases were managed solely through hospital-based treatment, and none of the students received psychiatric evaluation or formal mental-health care (table 5).

Table 5. Treatment received

Treatment	Number and percent n (%)
Traditional medicine with local shaman	20 (100%)
Hospital only	0
Traditional medicine with local shaman and hospital visit	10 (50%)
Psychiatric evaluation	0

Upon asking the parents about their understanding of their children's illness and their treatment opinion, all of the parents attributed it to supernatural causes, referring to spirit possession. They said this warranted treatment from local shaman (*dhami/jhakri)*. Similarly, in some anecdotal accounts, parents mentioned that hospital treatment only focused on administering fluids and some oral medicine, which did not cure the illness, as the patients repeatedly had similar episodes afterwards.

Teachers, who were typically the first responders during the incidents, recognised the symptoms as resembling hysteria but acknowledged their limited understanding regarding the underlying causes and appropriate interventions. They noticed that the cases were more prevalent in students with lower socio-economic backgrounds and deep superstitious belief systems. Teachers also highlighted the need for targeted mental-health education and institutional support mechanisms to manage similar occurrences.

DISCUSSION

This case series on MCD highlights the common mode of presentation of MCD observed in four schools of Dang, Nepal. It also explores commonly observed factors in affected students and the treatments received. It gives a basic understanding of the illness by parents and teachers.

All of the cases in our study are female students. Similar high female prevalence has been found in similar cases of MCD in schools of Banke (Siddiqui et al., 2024) and Sunsari districts of Nepal (Shakya, 2005).

Until now more than 130 cases of MCD in schools have been reported in at least 40 out of 77 districts in Nepal, primarily affecting female students from middle childhood to and early adolescence (Sapkota et al., 2020), like in our study.

Headache, weakness with loss of bodily coordination, cold periphery and numbness, dizziness, limb shaking, crying, decreased consciousness (Poudel et al., 2020) and unresponsiveness, rolling on floor, yelling and shouting were major presenting signs and symptoms. Other observed signs and symptoms were irritability and agitation, vacant staring, limb stiffness, anxiousness, shortness of breath and pricking sensation in the body.

A similar pattern of presentation has been observed in other studies (Shakya, 2005; Siddiqui et al., 2024; Poudel et al., 2020). Studies suggest two subtypes of mass psychogenic illness: mass anxiety hysteria and mass motor hysteria (Siamisang et al., 2022). The presenting signs and symptoms of our students align more with mass anxiety hysteria (Siamisang et al., 2022), with headaches, dizziness, crying, unresponsiveness, numbness, with comparatively less frequency of motor symptoms like loss of bodily coordination, limb stiffness and limb shaking. Studies suggest mass anxiety hysteria resolves quicker than mass motor hysteria (Siamisang et al., 2022; Wessely,

1987). Most of our cases were resolved quickly after segregating the affected students. We also observed that affected students had repeated episodes of conversion disorder, as 95% had prior episodes and 90% had repeated episodes after the incident.

This is significantly higher than the study from Pyuthan, Nepal (Poudel et al., 2020), where only 27.6% of students had a history of similar episodes. The strong cultural and spiritual narratives common among the affected students in our setting may have rendered them more susceptible to conversion symptoms within this cultural context, a factor which has not been reported in the study from Pyuthan (Poudel et al., 2020).

Most students (80%) talked about spirit possession in our study. Seale-Feldman explored narratives of female spirit possession in MCD, particularly in in Nepal and she references various authors in her study (Seale-Feldman, 2022) to understand the narrative of *chopne* (to get possessed by an unknown) and *devi deuta chadeko* (being possessed by gods and goddesses) as a loss of control over the body. The concept of female possession, both in Nepal and globally, is often viewed as an "idiom of distress and resistance," through which women express their anger, powerlessness, loss, and abandonment (Seale-Feldman, 2022; Lewis, 2002).

The DSM-V (Association, 2013) associates conversion disorder with trauma, stress, childhood neglect and abuse, which often leads to maladaptive behaviours, particularly in young females (Seale-Feldman, 2022).

In our study, early childhood stressors due to parent separation by divorce (35%) and due to migration for employment (30%) were observed. A total of 55% students reported to know someone in the family or a close relative with a similar problem and a strong religious background. Likewise, all the parents of the students had low parental education. All these associations of potential earlier childhood neglect, lack of emotional and social support, low parental education, communities with challenging socio-economic conditions with strong religious beliefs are further supported by other studies (Kokota, 2011; Siamisang et al., 2022; Sapkota et al., 2020).

All the affected students in our studies were taken by their parents to a local shaman for treatment and 50% of these students were also taken to hospital. None of the affected students of our study received advanced psychiatric care from a mental health specialist. This suggests a lack of proper psychiatric and medical evaluation, which often leads to treatment non-adherence, and misdiagnosis, contributing to the chronic nature of the illness (Stone et al., 2005).

As 80% of these students talked about spirits and ghosts during the presentation, it might have made parents, who have similar beliefs, feel it was logical to take them to a local shaman instead of a healthcare facility. A study done in Nepal (Sawant and Karki, 2018) to understand the health-seeking behaviours of parents of patients with conversion disorder concludes that the Nepalese community prefer ethnic practices and traditional faith healing over medical treatment. In low-and middle-income countries, MCD often involves traditional healers due to financial and cultural factors and shamanic diagnoses frequently lead to a belief in spirit possession (Chase et al., 2018).

LIMITATIONS

Several limitations need to be considered in this study. As this is a retrospective case series report and a post-hoc assessment was done, the authors can have recall bias since interviews with students, teachers, and parents were conducted after the presentation. So it may miss important clinical history or lead to a misinterpretation of findings during recall. Similarly, all the initial data was collected while managing the MCD case at school. Due to limited resources and difficult scenarios a proper clinical evaluation could not be performed. A lot of general socio-demographic variables were not collected. In some instances, the data is collected through teachers' recall of the events, leading to a further lack of clinical evaluation. No standard set of questionnaires was used in collecting data, so many

variables relating to the common association and factors relating to conversion disorder have not been evaluated. The limitations – such as recall bias, lack of clinical evaluation and absence of standardised tools – may affect the accuracy and reliability of the findings, limiting a definitive conclusion, but the study still offers important initial insights into a culturally influenced phenomenon and highlights the need for more comprehensive future research.

RECOMMENDATIONS

Further study and continued monitoring are necessary to understand the true extent of the problem and to identify potential area hot spots. The study highlights the need for qualitative anthropological, ethnographic, and transcultural mental-health research to explore the underlying cultural factors contributing to MCD in Nepal. In addition, more empirical research is required to better establish commonly associated factors and contextual influences. It is also important to investigate the effectiveness of treatments provided by traditional faith healers and explore the possibilities for their integration with modern medical practices. The findings point to an urgent need for a culturally appropriate, school-based prevention and management programme, with particular emphasis on female students. This could address issues related to parental separation and involve the education of both parents and teachers.

CONCLUSION

This report highlights the prevalence of MCD in the public schools of Dang district, Nepal. Students demonstrated a wide variety of symptoms and were influenced by ethnic and cultural beliefs. Common associations found in our study include: a high female prevalence, early childhood psychological stressor, low parental education, strong cultural beliefs and a preference for traditional faith healing. This warrants a need for a school-based mental health programme, increased community awareness, and more empirical research on MCD.

DECLARATIONS

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Conflicts of interest: The authors declare they have no competing interests.

Ethical approval: The preparation of the case report was carried out in accordance with the Declaration of Helsinki. The authors affirm that prior ethical approval was not obtained, as the analysis was conducted retrospectively as part of a post-hoc assessment based on information collected during the initial routine evaluations of the incident.

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Informed consent: Verbal consent was obtained from all the participants before data collection and permission was given by the schools.

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