

Effectiveness of intervention of mass conversion at school

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Introduction

Mass conversion incidents were reported frequently since last few years in the schools at various part of Nepal and were mainly affected to girls. The phenomena has been observed mainly in group (mass) though individual case also reported equally. In mass Conversion, the quick spread of illness signs and symptoms affects members of a cohesive group which originates from the nervous system disturbance that involves loss, excitation or modification in function, where physical complaints that are shown unconsciously have no consistent organic aetiology". Weir, E (2005) stated some of key features of MPI were symptoms that have no plausible organic basis; symptoms that are transient and benign; symptoms with rapid onset and recovery; occurrence in a segregated group; the presence of extraordinary anxiety; symptoms that are spread via sight, sound or oral communication; a spread that moves down the age scale, beginning with older or higher-status people; a preponderance of female participants. There were almost no system to support students' psychological difficulties at schools and community. Present study aims to assess effectiveness of mass conversion intervention at schools offered by team of psychologist from Centre for Mental Health and Counselling Nepal (CMC-N)

Implementation process

Two school from Salyan and one from Kailali reported mass psychogenic illness phenomena through district education office and requested for intervention. Psychosocial counsellor in the district were supported and supervised closely in the preparation of intervention plan for mass conversion following 'conversion disorder management guideline' (MoH, 2017), developed by CMC-Nepal and WHO. Psychologist trained and experienced in dealing conversion disorder at school also jointly worked with district counselor. Health workers nearby school were also involved in the team and briefed about the role and intervention process at school.

Team first held **meeting with school management committee and teachers team** to understand about the problems, effect and perception of teachers on mass conversion, how school had supported and its impact and the difficulties teachers were facing etc. Team shared intervention plan, number of people to involve in management of conversion symptoms and with other children and parents. **First session was held with teacher and school administration, listened their experiences, worries and fears. Information regarding conversion disorder, mass conversion symptoms, possible causes of the symptoms and its' management including fear and anxiety of all affected children, school teachers and parent were shared.** Some of the teachers also included in the team with explained role for second-days' session with children showing conversion symptoms. Second day team **introduced their role to support** on the issues experienced by some of the student at schools and to all as it has affected all the students and parent as well, further they were **informed rules** to be followed during sessions where respect and confidentiality assured to experiences of students. During group intervention, affected student displayed symptoms which were

addressed by counsellor and gave freedom for symptom occurrence. Other people were informed **not to watch on the room or surround the affected student during occurrence of mass conversion symptom.** Once the symptoms were over, **students were thanked for allowing team to witness their symptoms.** The possible cause of having symptoms discussed, allowed student to share their fear and apprehension to the situation and to themselves. **Psycho-education session conducted with all student who did not have symptoms but were affected by the incident at school to all affected student.** Counsellor team spent about **2-3 sessions with student having symptoms in three days intervention, supported to work on their perceived stress at school, family and with friend.** Teachers were trained on how they can support if symptoms reoccur and also **refer to highly distress student** for further treatment. **Psycho-education session facilitated with parent, other students and teachers, explained about the association of stress with symptom, helpful behavior to reduce symptoms and impact of misconception.**

Result

Major stresses were due to lack of family support, pressure from school to improve school performance, teasing from friends etc. Intervention approach of witnessing the symptoms, reducing secondary gain, listening worries, fear, made them aware why the symptom appear, how it can be minimized were proved helpful to recovery from the symptoms. Teacher and parent felt reduced worry as they got ideas on how to deal and support child during the symptom and later. Teachers, parent and children have poor level of mental health awareness and mostly depended on traditionally practiced treatments which were not much helpful in mass conversion phenomena rather it became more complicated because of various misconception and attribution of affliction by deities and bad spirits.

Conclusion

This intervention shows the necessity and awareness required on mass conversion at school and community level to reduce mass conversion phenomena. It is also important to have psychosocial support and counseling services in school to help children deal with their emotional difficulties at school and at home with family. It is recommended that the school and health facilities to conduct training on management of mass conversion as the guideline which proves highly effective for intervention.

Reference

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