

# School refusal

## Presentation

The commonest ages of presentation are at five and 11 (because of school transitions), and 14 - 15 (because of accumulating social and academic pressures).

- The child is reluctant to leave home and attend school. There are often physical complaints, such as abdominal pain, headache, sore throat, often with no signs of physical illness. The symptoms are typically worse on weekday mornings and absent at weekends and holidays. Some children complain of anxiety symptoms that include a racing heart, shaking; sweating, difficulty breathing, butterflies in the tummy or nausea, pins and needles. All symptoms are likely to be interpreted as signs of physical illness; the clue is that they subside during school holidays or on Friday evenings, or are present only in the morning. Attempts by the parents to insist on attendance result in heightened distress, or temper outbursts.
- The child may express fears about the school environment (usually bullying, social ostracism or difficulty with school work), or they may be fearful about leaving the home because of worries such as family illness, death or disability, or maternal depression with threats of self-harm. Often, the child cannot voice these fears, and then they can only be guessed at.
- There is often a history of separation difficulties on first starting school.
- Background family factors include ineffectual organization and discipline, often with an absent or uninvolved father, emotional over-involvement with the child, with excessive anxiety about physical symptoms and difficulties seeking or using help from teachers when school problems first emerge.
- There may be an underlying depressive disorder or generalized anxiety. School refusal can be an expression of a particular fear or phobia or a manifestation of generalized anxiety. Pointers to this can include social withdrawal or avoidance. In depressive disorder, symptoms such as loss of interest and enjoyment may pre-date the school attendance problem. Some children with an anxiety disorder show no symptoms so long as they are off school.

## Differential diagnosis

Truancy is the wilful avoidance of school without parental knowledge and is less likely to present in primary care. In contrast, the whereabouts of school refusers' whereabouts are usually known to parents. Some children have features of both these conditions.

A third possibility is that parents might wilfully keep their child away from school for reasons of their own. Genuine illness such as asthma or migraine may be combined with a school refusal picture. This can be due to the main caregiver having a specific reason to be anxious, such as having had a relative who died from asthma, or from a brain tumour.

## Essential information for parents and carers

- The outcome is best in younger children and those who have been out of school for a short time.
- A change of school is usually unhelpful because the problems tend to recur in the new setting.

- Parents need to work together and agree a firm and consistent approach to their child's difficulties.
- It is crucially important for there to be good communication with the school

## **General management and advice to parents and carers**

- Provide a rapid consultation to exclude physical illness and give reassurance about fitness for school.
- Explore with the child and parents the source of the child's anxieties about attending school/leaving home, and deal with these as far as possible.
- Exclude an underlying depression that might need treatment or referral.

The following steps will enable many children to return to school successfully:

- Establish parental agreement for the goal of the child's return to school.
- Encourage the parents to make close links with a key member of the school staff, to work out and support school return plans and deal with issues such as bullying or academic difficulties.
- The child's return to school may need to be in small steps with consolidation of success at each stage.
- The plans usually involve parents taking the child to school until confidence is restored, and the father's involvement in this is often crucial to success.
- Encourage parents to take a firm and consistent line over keeping to the school return plans. There may be an upsurge of distress from their child to start with, which needs to be managed calmly, and praise given when the child succeeds.
- Once the child is back in school, they may experience a recurrence of some anxiety about returning to school after holidays or illnesses. Prompt action is needed to ensure the attendance problem does not recur.

## **Medication**

- In general, school refusal should be managed without medication.
- A depressive disorder might require antidepressants.
- Co-existent physical illness such as migraine may require its own dietary or pharmacological treatment.

## **Liaison and referral**

- If parents feel the child is too ill to attend school, and will not accept the reassurance of the primary care team, referral to a paediatrician for reassurance can be helpful.
- Referral to the Educational Social Worker (Educational Welfare Officer) will be needed for children with persistent school attendance problems. It is their role to link with the school and other sources of help as necessary. Sometimes parents are threatened with court proceedings; an early approach by the parent to this service can make this less likely.
- Parents can ask the school to refer their child to an educational psychologist or special needs teacher within the school to look for possible undetected academic difficulties.
- The local Child and Adolescent Mental Health Services (CAMHS) might be needed to assess the child's level of depression or anxiety, or to help parents establish authority and control.
- In some areas, a local tutorial unit may provide a valuable halfway house between school and the social isolation of staying at home that is more acceptable to the young person than returning to a large school.

- Home tutors can play a useful role with persistent school refusers by helping them to make the transition between home and school, or between home and tutorial unit, then tutorial unit and school.

## **Resources for parents and carers**

**Advisory Centre for Education (ACE)** 0808 800 5793 (general advice line)

Website: <http://www.ace-ed.org.uk>

Independent advice centre for parents, offering free advice on many topics including exclusion from school, bullying, special educational needs and school admission appeals.

**Young Minds Parent information line** 0800 018 2138

Website: <http://www.youngminds.org.uk>

Produces books and leaflets about young people's mental health and offers seminars and training.

A leaflet is available from the Royal College of Psychiatrists (<http://www.rcpsych.ac.uk>):  
Factsheet 9: Children Who Do Not Go To School.