

School Refusal



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School Refusal

A condition characterised by: Cont'd



**RELUCTANCE AND OFTEN OUTRIGHT REFUSAL
TO GO TO SCHOOL IN A CHILD WHO:**

Stays at home

Seeks the comfort and security of home, preferring to stay close to parental figures, specially during school hours.

Emotionally upset

Displays evidence of emotional upset when faced with the prospect of having to attend school.

A condition characterised by:



Aggressive behaviour

Manifests no severe anti-social characteristics, apart from possible aggressiveness when attempts are made to force school attendance.

Shares with parents

Does not attempt to conceal the problem from parents.

Includes behaviours like:

LATE ARRIVAL

Struggling to arrive at school on time.

EARLY EXIT

Leaving before the school day ends.

NO ATTENDANCE

Not attending school at all.

ANXIETY SYMPTOMS

HA, fatigue, stomach aches and other symptoms of anxiety may make it hard to get off to school in the morning or make it necessary to leave early.



Facts

—
BOYS & GIRLS

2-5%

Affects upto 2 -5 % of school-age kids.

GENDER NEUTRAL

Boys and girls equally affected.

INTELLECTUAL DISCONNECT

No relationship with intellectual or academic ability.

YOUNGEST AFFECTED

Youngest in family more likely to be affect.

AGED 10-12

Young teenagers transitioning from primary to middle school more likely to be affected (age 10-12).

AGED 5-6

Also affects 5-6 years.

DSM-5/ICD-10...Cont'd

ANXIOUS SCHOOL REFUSAL AND TRUANCY ARE SYMPTOMS RATHER THAN DISTINCT DIAGNOSIS

School refusal: Frequently associated with

- SEPARATION ANXIETY DISORDER
(F93.0)
- PHOBIC DISORDER OF CHILDHOOD
(F93.1)
- SOCIAL ANXIETY DISORDER OF CHILDHOOD
(F93.2)

DSM-5/ICD-10

ANXIOUS SCHOOL REFUSAL AND TRUANCY ARE SYMPTOMS RATHER THAN DISTINCT DIAGNOSIS

School refusal: Frequently associated with

- AGORAPHOBIA WITHOUT PANIC DISORDER
(F40.0)
- MILD DEPRESSIVE DISORDER
(F32)
- ADJUSTMENT DISORDER
(F41)



Diagnosis

DEFINITION & SYMPTOMS

Diagnosis



Criteria in definition are present.



Symptoms of anxiety and depression are evident.



Physical symptoms usually limited to school timings.



Childs unwillingness to attend school or even make an effort towards it.

What does one do?...Cont'd

ADD MORE OF THESE ON A DAILY BASIS!

1. STEP IN QUICKLY

Missed schoolwork and social experiences makes school avoidance a problem that grows larger and more difficult to control as it rolls along.

2. IDENTIFY ISSUES

Bullying? Social issues?
Academic/exam worries?

4. AILMENTS

R/O physical ailments speedily.

3. BUILD SUPPORT SYSTEM

Communicate and collaborate with school personnel to help build a support system.

What does one do?

ADD MORE OF THESE ON A DAILY BASIS!

5. CHILD/PARENT EDUCATION

Education of child and parent that there is no undiagnosed physical disorder.

6. RETURN TO SCHOOL

Educate that return to school will substantially improve matters and make staying at home boring.

7. COUNSELLING/ SUPPORT

Counselling & support of a MHP.

8. MEDICATION

Medication in the form of anti-depressants.
Anxiolytics avoidable and to be used as last resort.



Therapy

—
360 DEGREES

Effective Therapy



1

Cognitive Behaviour therapy



2

Exposure-response therapy



3

Dialectical Behaviour therapy



Medication

—
TAKE CARE

SSRI: Sertaline

Benzodiapines in
association with SSRIs

Clonazepam/Lorazepam



What
NOT
to do





What **NOT** to do

- Telling your child's friends or peers about his anxiety and making it a joke
- Shaming or punishing your child
- Threatening the child
- Assuming that the issue will work out on its own



FINAL WORDS: THE GOAL

**Get the child to school,
teach parents, teachers
and health providers to
facilitate this."**

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THANK YOU



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