If your child has not yet seen a doctor and you suspect that he is showing signs of school refusal, you may raise your concerns with your child's school counsellors. School counsellors are connected to our community mental health service, REACH (Response, Early intervention, Assessment in Community mental Health), which can provide further advice and assistance.

If your child is seeking help at our clinic, please raise your concerns with your child's doctor, nurse, or allied health professional.

Where To Get Help

Department of Child & Adolescent Psychiatry
Institute of Mental Health
Buangkok Green Medical Park
10 Buangkok View
Singapore 539747
General Enquiries: 6389 2000
Appointment Line: 6389 2200
Mental Health Helpline: 6389 2222

www.imh.com.sg
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WHAT IS SCHOOL REFUSAL?

School refusal describes a child’s or an adolescent’s frequent refusal to attend school for a significant period and for various reasons. School refusal differs from truancy, in which the child or adolescent deliberately skips school, usually without parental knowledge and to engage in delinquent activities. School refusal is often a concern because it affects the child or adolescent’s school performance and relationships with peers and family.

• physical complaints such as headaches, stomachaches, nausea, vomiting or fainting
• feelings of worry, nervousness, fear, irritability or anger
• behaviours such as crying, screaming, temper tantrums, refusing to get out of bed, clinging to caregivers, avoiding school-related topics or activities or threatening self-harm

After a prolonged period of school refusal, some children or adolescents may start worrying about their ability to catch up on schoolwork, as well as awkward questions that teachers or classmates may ask, and struggle to return to a routine of regular school attendance.

The management plan for supporting a child or adolescent with school refusal depends on the underlying reason for the condition. Where a mental health disorder is present, the recommended treatment may include medication, psychological therapy or both, in addition to a back-to-school plan. In most instances, the primary goal is for the child or adolescent to return to school. This is best achieved with close collaboration among the child, his or her parents, the school and other relevant agencies.

TYPICAL BACK-TO-SCHOOL PLAN

• bring your child to a General Practitioner (GP) to rule out any medical problems
• approach the school to develop a back-to-school plan together with any other external agencies that are involved
• carry out the back-to-school plan and reviewing it at regular intervals
• keep calm and being prepared for your child’s challenging behaviours to worsen during the early stages of the plan

GUIDELINES FOR PARENTS

• structure your child’s daily routine and spelling out the preparation required before bedtime (e.g. “Pack your schoolbag”) and the morning routine (e.g. “Wake up at 6:30 am”)
• state instructions for expected behaviours
  Instructions should be short, clear, specific and without options.
  Communicate to your child clearly and calmly the details of the plan and what is expected of him or her.
• remain assertive as the parent
  Your child may try to negotiate the terms of the back-to-school plan. Although some leeway may be helpful (e.g. allowing your child to choose a reward at the end of the week), remain assertive as the parent.
• ensure consistency when using rewards or consequences
  A system of rewards or consequences can be helpful, but ensure that this is implemented consistently and that the rewards or consequences are specific, time-bound and given only after the child shows the targeted behaviour.
• garner support from the school management and ensuring that the back-to-school plan is approved by the school