

## CORRESPONDENCE

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#### Impact of Parental Mental Health on School Refusal

### IMPACT OF PARENTAL MENTAL HEALTH ON SCHOOL REFUSAL

School refusal is a condition that affects children of all ages. It presents as separation anxiety in pre-school children. The commonest ages of presentation are at five and eleven (because of school transitions) and fourteen -fifteen (because of accumulating social and academic pressures)<sup>1</sup>.

Fear of going to school was first termed school phobia in 1941<sup>2</sup>. An alternative term, school refusal, was used in Great Britain to define similar problems in children who did not attend school because of emotional distress<sup>3</sup>.

De Sousa's recent study<sup>4</sup> attempts to determine psychopathology and anxiety perception amongst parents of children with school refusal. However, we have some concerns regarding the methodology and reported results.

- 1) Parents' psychopathology is an important factor in school refusal. However, the diagnosis of parents' psychopathology is not clear in this study, as they have used SCL 90 for psychopathology. However, studies show that a primary weakness in it is the lack of discriminate validity of some of the subscales with similar scales. For example scales of general symptomatology, depression and anxiety cannot be differentiated from each other<sup>5</sup>. Furthermore, there has been lack of clinically structured interviews and also there is no clarity about whether they have used ICD 10/ DSM-IV in diagnosing the psychopathology. Furthermore, the psychopathology identified and mentioned in the study lacks reliability and validity as no formal assessments have been carried out.
- 2) Use of School Refusal Assessment Scale<sup>6</sup>, might be clinically robust rather than Spence Children's Anxiety Scale (SCAS). The School Refusal Assessment Scale includes a child, parent, and teacher form and examines school refusal in correlation to negative and positive reinforcers. This scale has been reported to have high reliability and validity<sup>6,7</sup>.
- 3) In school there are certain things which may cause distress to the child; however, the parental perception towards it might be different. This is an

important aspect to explore which has been overlooked in the study<sup>8</sup>.

- 4) Projection of parental psychopathology on children leading them towards having mental health difficulties is an important factor. In order to establish this, assessing the family situation at-home is the key, which has not been the case in the study. As we are aware that family therapy is an important aspect to manage school refusals by bringing a change in the family dynamics<sup>9</sup>.
- 5) The study lacks to reveal whether the order of children in the family has any impact on the parents' perception about their children's anxiety. As 'the youngest child may be at increase risk'<sup>9</sup>.
- 6) The study is limited in its views as it only discusses about nuclear family structure and does not explore the psychopathology of parents and also the differences between parents in perceiving the anxiety of their children living in extended families.
- 7) Although these scales are used frequently in children with school refusal, their clinical usefulness in developing effective treatment strategies has not been demonstrated<sup>10</sup>.

An area of interest for further research would be to establish whether parental mental illness has any genetic influence towards the children school refusal, and if yes, which mental illness?

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