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School Phobic Children at Work

By HAZEL BAKER and URSULA WILLS

SUMMARY Seventy-one school phobic children seen at a child guidance clinic were followed up after they had passed school leaving age. Their record in work and further education was compared with the length of time they were off school, whether or not they returned to school, and the occurrence of further psychiatric treatment after discharge from the clinic. It was found that whether or not the child returned to school and the length of time he was off school had no relationship to future performance at work or in further education. A significantly larger number of children receiving further psychiatric treatment after discharge from the clinic failed to reach their potential in work or further education. Adequate treatment of the underlying conditions appears to be more important than returning the child to school.

Introduction

This paper is a follow-up of 71 school phobic children who have now left school. It investigates the relationship between work record or further education and school attendance during treatment, and compares this with that of the general population. It also examines the occurrence of further psychiatric treatment after discharge from the clinic and its relationship, if any, to work record.

Follow-up studies of school phobia usually use return to school and performance at school, together with general emotional health, as the chief measures of success in treatment. (Eisenberg, 1958; Waldfogel *et al*, 1957; Rodriguez *et al*, 1959; Hersov, 1960; Coolidge *et al*, 1964).

Some workers follow up their children long enough to include performance at work in their results (Weiss and Burke, 1967; Capes *et al*, 1971; Berg *et al*, 1976). Whether a young person is working full-time or in full-time further education is a sign of social adjustment that is relatively easy to measure at follow-up.

Method

This investigation is part of a survey of 1,300 children seen at a child guidance clinic over the years 1962–1972. The clinic covered a mixed rural and urban area and was run on conventional lines. Ninety-nine school phobic children were selected in accordance with the classification of Berg as described in detail in a former paper (Baker and Wills, 1978). A pilot follow-up study was reported at the World Congress of Psychiatry in Honolulu, 1977.

Information was obtained from clinic records, a postal questionnaire, and in-depth interviews by a psychiatric social worker in the home. From these sources we obtained details of family structure and size, personal details of the child such as age, intelligence and personality and particulars of illness. We also investigated details of the child's life since he ceased attending school. We then compiled computer sheets with this information (further details on request). Our paper deals with the 71 children who were past school leaving age. We related work or further education record at the time of follow-up to:—

1. The length of time the child was off school.
2. Whether the child returned to school.
3. Whether the child's job was commensurate with his potential as assessed by WISC scores during treatment, the

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opinion of the educational psychologist and the family background.

4. The occurrence, if any, of further psychiatric treatment after discharge from the clinic.
5. The psychiatric assessment of the child during treatment, and the outcome of treatment.
6. The work record of the general population of the area.

Work record was chosen as a measure of social adjustment as it was purely objective. In comparing the answers to the questionnaire with the interviews we found one possible inaccuracy in that two of the girls had young babies and for this reason had given up work. There is no purely objective way of measuring potential, but we felt it would be useful to make some estimate. Two members of the team made separate assessments before the result of the follow-up was considered, and were in agreement on all the cases. We did investigate other factors, but it is difficult to obtain accurate answers about social life. Comparing the questionnaires with the interviews we found many misleading inaccuracies, so we abandoned further investigation. We included the information about the occurrence of further psychiatric treatment recorded in the postal questionnaires, as this was corroborated in all cases by the interview material. Finally an attempt was made to compare the work record of our patients with that of the general population of the same age group in the area covered.

Results

We obtained comprehensive replies from 67 cases; the remaining 4 had moved from the area and could not be traced. The family and personal details of these children were no different from those in the main survey. There were 39 boys and 28 girls. Their ages at follow-up ranged from 16 to 24 years, the average age being 18.6 (s.d. 1.94). At the time of referral their ages ranged from 6 to 16 years, the average being 12.0 years (s.d. 2.23). There was no significant difference in the age at referral or the age at follow-up as between the sexes. Only one of the children had received in-patient treatment and one residential education.

Return to school

Fifty-seven of the 67 children were working or in full-time further education. Of those who never returned to school, 3 out of the 13 were not working, a slightly but insignificantly poorer work record than the 7 not working out of the 54 who did return to school.

Length of time off school

For the 57 children who were working the time off school varied from one month to 4 years. Nine of these were off school for over a year. For the 10 children not working the time off school varied from 1 month to 5 years. Three of these were off school for over a year. There is no significant difference in time off school between those working and not working.

School attendance and potential

Whether or not the child returned to school had no significant effect on his future job prospects or on further education. Of the 49 who reached their potential 10 did not return to school, whereas of the 18 who did not reach their potential 3 did not return to school.

Potential and time off school

The length of time a child was off school had no significant effect on his future job prospects or on further education.

Occurrence of further psychiatric treatment

The occurrence of further psychiatric treatment after discharge from the clinic had no significant effect on work or further education record. Of the 14 children needing further treatment 10 were working, whereas of the 53 not needing further treatment 47 were working.

TABLE I
Further treatment and potential

Reached potential	Further treatment	No further treatment	Total
Yes	7	42	49
No	7	11	18
Total	14	53	67

$\chi^2 = 6.424$ $P < 0.01$

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Further treatment and potential

Those children receiving further treatment were significantly less likely to reach their potential in work or further education.

Original diagnosis

There is no significant difference in the disorders from which the working and non-working groups were suffering when they attended the clinic. Ten of the 11 children who had personality disorder and psychotic reactions were working.

TABLE II
Original diagnosis

Diagnosis	Working	Not working	Total
Adaptation reaction	9	1	10
Neurosis	38	8	46
Personality disorder	5	1	6
Psychotic reaction	5	0	5
Total	57	10	67

Treatment and outcome

There is no significant difference in the amount of treatment or outcome of treatment in the two groups.

Comparison with general population

The proportion of economically active people, i.e. at work or in further education, in the area in 1971 was:

Boys aged 16 to 19 years 94.4 per cent.

Girls aged 16 to 19 years 95.6 per cent.

Boys aged 20 to 24 years 95.9 per cent.

Girls aged 20 to 24 years 96.5 per cent.

compared with our economically active patients in 1972–4:

Boys aged 16 to 19 years 92.8 per cent.

Girls aged 16 to 19 years 85 per cent.

Boys aged 20 to 24 years 80 per cent.

Girls aged 20 to 24 years 100 per cent.

(Comparable figures for the years of the follow-up (1972–4) are not available. We obtained information from the 1971 Census. The employment situation in the area was stable over the years in question. (Staffordshire County Council 1971).)

It can be seen that children suffering from school phobia have on average a slightly worse work record than the general population.

Discussion

The results of most previous studies suggest that success in treating school phobia per se does not give a good indication of long-term emotional adjustment.

Rodriguez *et al* (1959) considered that there was no correlation between duration of absence from school and ultimate outcome. Coolidge *et al* (1964) assessed the general adjustment of their children and noted that of the 47 children who did return to school out of the 66 studied many were not adequately adapted and still had neurotic symptoms.

Some workers specifically investigated work performance. Weiss and Burke (1967) followed up 16 cases after leaving school and found three-quarters had a very good or good adjustment. Warren (1965) followed up a group of 16 children 12 to 16 years after treatment was completed. Only 6 of these were doing well, but it is possible that he was dealing with an unusually disturbed group. He was not primarily concerned with work record. Capes *et al* (1971) followed up 15 children over school-leaving age. Only one of these children had returned to normal school, but 12 were working or in full-time education. Berg *et al* (1976) reported on 100 children. At follow-up some had left school and their work record was considered. They had less difficulty going to work than they had attending school.

Only 3 of our children who did not return to school are not working. One of these is a girl with a young baby and the other two are boys who are still under psychiatric treatment. Work record of those who did return to school is not significantly different from that of those who did. Thus failure to return to school does not adversely affect later work record or performance in further education.

Nine of the 57 children at work were off school for over a year, while 7 of the 10 not working were off school for under 3 months. While these figures are not significant, we failed to find any correlation between length of

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time off school and work record or further educational performance.

We also studied the effect of return to school on the level of the child's functioning at work or at college. Of the 54 who returned to school 39 reached their potential, 19 are in skilled jobs or further education and the remainder in semi-skilled jobs or unskilled jobs in line with their abilities. The remaining 15 failed to reach their potential. For example, one boy who gained a place at Oxford left after two years, married and now works as a clerk in the Post Office; and one girl who started out to train as a nursery assistant gave up her course and took an unskilled job in a factory.

Of the 13 children who did not return to school 10 reached their potential. The remaining 3 were the girl with a baby and 2 boys still under treatment. Of the 10 who did reach their potential 7 were boys; 3 are in full-time further education, 3 are technical apprentices and one runs two successful retail businesses. Of the 3 girls, one is a shop manageress, one a buyer for a large store and one helps run a riding school as well as caring for her two children. Whether or not a child returned to school made no difference to future performance at work or in further education.

A significantly larger proportion of those children receiving further treatment did not reach their potential. Although the measurement of potential was not purely objective, the examples given above illustrate that it was useful.

Whether or not the child returned to school made no difference to the ultimate level of functioning.

Our work suggests that a prolonged period off school does not necessarily have a detrimental effect on a child's future career. Berg *et al* (1976) found that the best predictor of final outome was the clinical state of the child on discharge. Thus adequate treatment of the underlying conditions appears to be more important than returning the child to school.

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