

The current situation and intervention paths of psychogenic school refusal among compulsory education students—A localized observation based on primary and secondary schools in the main urban areas of Hangzhou

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Abstract. In recent years, there has been a marked increase in the number of primary and secondary school students in the main urban areas of Hangzhou who show persistent unwillingness to attend school due to psychological problems, with excessive internet use being one of the most prominent triggers. Taking a local nine-year integrated school as the research subject, this paper examines the causes of this phenomenon by combining daily intervention records and individual student interviews. The study finds that psychogenic school refusal is rarely caused by a single problem; in most cases, it results from the combination of three factors: students' insufficient psychological resilience, excessive academic pressure at school, and poor family communication. On this basis, this paper proposes a three-step intervention framework consisting of early risk identification, accurate diagnosis of core causes, and tiered home-school collaboration, with the aim of offering practical guidance for frontline schools handling such cases.

Keywords: psychogenic school refusal, home-school cooperation, internet dependence, intervention paths, primary and secondary school students

1. Introduction

A special type of absenteeism is drawing growing attention from frontline teachers in primary and secondary schools across the main urban areas of Hangzhou. Unlike absence caused by illness or truancy resulting from disciplinary issues, these students have no identifiable physical illness yet persistently avoid attending school. Further investigation reveals that almost all such cases are related to psychological stress, with internet use playing a significant role: the vast majority of these students have disrupted sleep-wake cycles, staying up late scrolling through mobile phones and playing video games for extended periods.

Nationwide, the number of underage internet users continues to grow, and the internet is penetrating deeper into adolescents' daily lives. Frontline teachers generally observe that school refusal is occurring at increasingly younger ages. Previously, such problems mostly emerged in the upper grades of junior high school, but now they begin to appear as early as Grade 5, Grade 6 or even Grade 4. The COVID-19 pandemic has further

accelerated this trend. For instance, Japan saw its junior high school refusal rate rise to 6.7% and primary school refusal rate to 2.1% during the pandemic [1], and similar growth has been observed in many parts of China. However, for domestic head teachers and subject teachers, the greatest challenge is not recognizing the problem, but knowing how to intervene effectively.

Existing studies based on ecological systems theory have identified multiple influencing factors of school refusal from individual, family and school dimensions, but most research discusses the independent effect of each variable in isolation, and rarely systematically explains how these factors interact and overlap [2]. Meanwhile, practical research on home-school collaborative intervention is relatively scarce, and there is a lack of implementable breakdown and optimization paths that tackle the challenges of disjointed home-school collaboration in frontline scenarios [3, 4]. Therefore, instead of merely emphasizing the importance of home-school cooperation, this paper focuses on practical difficulties encountered in real interventions, and explores the establishment of an implementable home-school collaboration process through a combination of literature review and case analysis. This study aims to systematically examine the multi-factor overlap mechanism of psychogenic school refusal, provide readily applicable intervention practice plans for frontline compulsory education schools, and fill the research gap in localized home-school collaborative intervention paths.

2. Literature review

The currently widely accepted academic definition of school refusal is that students persistently avoid the school environment due to emotional distress, rather than for the purpose of truancy or disciplinary violation. However, a clear definition does not guarantee easy identification in reality. A systematic review of ecological factors of adolescent school refusal by Leduc et al. points out that school refusal behavior is often insidious. In the early stage, it only manifests as increased frequency of absences and poor attendance patterns, which are often misjudged by parents and teachers as ordinary physical discomfort or problems with learning attitude. By the time students completely refuse to enter school, the problem has usually persisted for months and the best intervention window has been missed [2].

Cross-national comparisons reveal significant differences in the core triggers of student school refusal between East Asian and Western cultural contexts. Western studies focus more on external triggers such as school bullying and specific learning disorders, while studies from East Asian countries including China, Japan and South Korea all show that pathological internet use is a significant contributing and perpetuating factor for school refusal [1, 5]. The causal logic deserves attention: many children do not develop emotional disorders first and then indulge in the internet; instead, they first disrupt their work and rest by staying up late watching videos and playing games, leading to difficulty getting up in the morning and increased absenteeism. As the academic gap widens, they eventually completely avoid school. In this process, the internet serves both as an initial trigger and as the main "safe haven" for students to escape real-life pressure [1, 5]. Domestic studies further find that decreased school connectedness significantly increases the risk of adolescent internet addiction, while internet dependence in turn weakens students' campus adaptability and willingness to socialize, forming a vicious cycle of mutual reinforcement [6].

Regarding the influencing factors of school refusal, the academic community generally agrees with the three-dimensional analytical framework of individual, school and family. At the individual level, weak emotion regulation ability and insufficient frustration tolerance are the core internal traits; at the school level, heavy academic burden and peer relationship conflict are the main external triggers; at the family level, inappropriate parenting styles and lack of parent-child communication are the fundamental background factors [2, 6]. A large-sample survey of primary and secondary school students in Zhejiang Province also supports this

framework, confirming that psychological problems, academic pressure, parental academic expectations and parenting styles are all key variables affecting school refusal behavior [5].

However, these three types of factors rarely act alone; in reality, they often amplify risks through a cumulative effect. For example, for a naturally sensitive child, when academic pressure rises sharply after moving up to higher grades and parents only focus on grades at home, the combination of the three risk factors will significantly increase the probability of school refusal.

In the process of home-school cooperation, existing studies generally recognize its core value in school refusal intervention, but the available practical operation plans are very limited. A systematic review by Chockalingam et al. shows that family variables such as parenting styles and emotional states are key adjustable targets in intervention, but most intervention programs fail to effectively integrate family factors with school interventions, often leading to inconsistent goals and misaligned actions between home and school [3]. Existing intervention plans are either too general to adapt to the individual situation of each student, or are universal programs for ordinary weariness of learning, but they have limited effectiveness for students who also exhibit internet dependence and long-term absenteeism [4, 5]. Although there are clinical intervention guidelines for school refusal behavior, most are implemented by professional psychological or medical institutions, and are difficult to directly apply to the daily management scenarios of ordinary compulsory education schools¹. Overall, a standardized home-school collaborative intervention model that truly fits the realities of frontline schools and can be directly implemented is still rare [2, 7].

3. Current situation and cause analysis: the superposition of multiple factors

3.1. Basic information of the survey

This study is based on the latest survey data from the main urban areas of Hangzhou. The most intuitive finding is that the number of students who have been absent from school for more than two consecutive weeks due to psychological problems has nearly doubled compared with the previous school year. Although data from a single school cannot represent the entire city, the growth trend is consistent with survey results in many parts of China, reflecting the increasingly prominent problem of psychogenic school refusal in the compulsory education stage [5].

These students show highly similar behaviors: they go to bed in the early morning, cannot get up during the day, and often complain of headaches or stomachaches as excuses for leave. At first, they still answer teachers' phone calls, but gradually lose contact completely. Even when forced to go to school by parents, most just lie on their desks motionless and cannot stay for more than two classes. Unlike truant children who go out to play, they almost always stay at home with an increasingly narrow social circle, and eventually almost only connect with the outside world through the internet — which fully matches the typical characteristics of school refusal accompanied by internet dependence described in domestic studies [5, 6].

3.2. Individual level

From the perspective of cognitive mechanisms, adolescents with school refusal generally have impaired inhibitory control. Insufficient emotion regulation and impulse control make it more difficult for students to actively break the avoidance pattern. Each time they avoid a stressful scenario, the psychological threshold for

¹ RESA. (n.d.). Treatment for school refusal. Retrieved from <https://www.resa.net/downloads/attendance-and-absenteeism/treatmentforschoolrefusal.pdf>

returning to school rises. As the academic gap continues to widen and self-efficacy continues to decline, they eventually fall into a vicious cycle of "avoidance — more difficult return to school — continued avoidance" [7]. Once this habitual avoidance pattern in response to negative events becomes entrenched, it significantly increases the risk of the problem becoming chronic.

3.3. School level

From the school's perspective, the difficulty is also realistic. Against the backdrop of fierce academic competition, even if teachers notice that individual students are distressed, they often have little spare time to focus on psychological problems due to heavy teaching tasks and the pressure to improve academic performance.

School psychological screenings are usually conducted once or twice a semester, and students may not answer the questionnaires carefully, which limits their early warning effectiveness. The continuous weakening of school connectedness will further increase the risks of school refusal and internet addiction among students [5]. Therefore, the key issue is not that schools do not attach importance to it, but that they lack daily and accurate risk identification methods. Intervening after a child completely refuses to go to school is far more difficult.

3.4. Family level

The influence of family is complex, and two extreme situations are common. Some parents are extremely strict, being highly critical of their children over even slight grade fluctuations, so children gradually become unwilling to share their true feelings with family members. Other parents are busy with work and pay little attention to their children, not supervising how long they surf the internet or what content they access. Relevant studies show that parents' emotional dysregulation is significantly correlated with adolescents' school refusal behavior, and unstable family emotional atmosphere directly weakens students' campus adaptability [8]; modifiable factors such as parental academic expectations and parenting response styles play important roles in the occurrence and development of school refusal behavior [3].

In reality, many parents care deeply about their children's grades but are insensitive to their emotional state². When a child says "I don't want to go to school", the first reaction of parents is often "you are just lazy" instead of "what difficulties have you encountered". When home cannot be a place for children to relieve their emotions, the internet becomes the only outlet. In addition, many parents themselves constantly scroll through mobile phones during meals and before bed. Children follow their example, and by the time parents try to set rules, it is already too late.

3.5. The vicious cycle of multi-factor superposition

Few students refuse school for only one reason. In most cases, it is the combination of weak psychological resilience of the child, stressful events at school, and failure of the family to provide emotional support in time. When these factors come together, they interact with each other and worsen the situation. Most of the cases we have encountered follow this pattern. This superposition effect of multiple risk factors is highly consistent with the occurrence mechanism of school refusal behavior under the ecological systems theory —

² Central Committee of the Communist Youth League (Department of Rights Protection of Minors), China Internet Network Information Center, & China Youth New Media Association. (2023). The 5th survey report on internet usage of minors in China. China Internet Network Information Center.

multiple risks in the individual microsystem do not simply add up, but amplify negative impacts through interaction [2]. This also shows that to break this cycle, neither schools nor families alone are enough; home-school cooperation is the core breakthrough.

4. Intervention paths: a three-step collaborative approach for frontline schools

Combining the existing practical framework of school refusal intervention³ and the core concept of Solution-Focused Brief Therapy — "focus on goals, advance in small steps" [7], this study piloted a three-step intervention process in a nine-year integrated primary school in Hangzhou, transforming the previous emergency handling by head teachers alone into a structured, role-based collaborative model.

4.1. Step 1: identify early risk signals

Early warning relies on joint monitoring by both schools and families.

School head teachers focus on three types of abnormalities: sudden increase in absences, large fluctuations in class performance, and failure to hand in homework for several consecutive days. Students showing two or more of these signs will be placed under key observation. Meanwhile, attendance is counted weekly. For students with unexcused absences or more than two sick leave days in one week, the school counselor will have a casual conversation with them. The conversation is not for diagnosis, but a relaxed check-in to learn about their recent situation and stress level. Studies have confirmed that intervention in the early stage of school refusal behavior can significantly improve the success rate and effectively prevent the problem from becoming chronic [2, 4].

On the family side, schools inform parents through parent meetings and lectures to pay more attention to their children's sleep, weekend outdoor activities and emotional changes, and to contact the head teacher or school counselor promptly when abnormalities are found, rather than waiting until the problem escalates.

The core purpose of early detection is to intervene before the child completely refuses to attend school, which makes the intervention much easier.

4.2. Step 2: identify the root causes

After identifying risks, the situation is clarified from three dimensions.

First, have one-on-one conversations with students in a non-judgemental manner, asking specifically why they do not want to go to school — whether it is fear of a certain teacher, exam anxiety, conflicts with classmates, or simply difficulty getting up due to disrupted routines.

Second, collect feedback from subject teachers to understand students' class performance, situations they deliberately avoid, and homework completion records.

Third, have in-depth conversations with parents to learn about family routines, education methods, frequency of parent-child communication, and existing conflicts or estrangements.

Multi-dimensional assessment avoids single-perspective bias, more accurately locates the core driving factors of school refusal, and distinguishes the relative weights of individual, family and school dimensions [3, 8]. Cross-referencing information from three aspects usually reveals the real root of the problem. For example, some students have poor grades, and parents blame the teachers for ineffective teaching, but the actual reason

³ RESA. Treatment for school refusal. See note 1 above.

is that too many after-school tutoring classes at home cause excessive pressure on the child, leading to poor math performance. Judging only from the superficial "learning difficulty" or only from the family's "high-pressure education" cannot identify the problem accurately; only by combining both can targeted solutions be formulated.

4.3. Step 3: coordinated intervention with clear division of labor

After identifying the causes, a coordination meeting will be held within a week, attended by the school counselor, head teacher, main subject teachers and parents, and the moral education director if necessary, to clarify the responsibilities of each party. This collaborative intervention idea is consistent with the core principle of home-school collaborative school mental health services: reducing redundancy and improving intervention consistency through clear role division [4].

The school counselor meets with the student once or twice a week. At the initial stage, the counselor does not urge the student to return to school immediately, but first helps stabilize the student's emotions, identify the source of anxiety, and introduce simple coping strategies such as deep breathing and breaking large tasks into smaller steps. Using solution-focused techniques, the counselor guides students to focus on small changes and progress, and gradually rebuild confidence in returning to school [7].

Subject teachers maintain a consistent approach: they do not urge students to make up for missed homework, do not criticize them in public, and only assign a small number of achievable tasks, providing positive feedback upon completion to help children gradually regain confidence in learning. For example, the math teacher assigns only two basic exercises per day, and correct completion counts as progress.

Parents focus on two things: regulating daily routines and improving communication. For example, gradually move up the time when mobile phones are collected at night from midnight to 10:30 PM, and set aside 20 minutes after dinner every day without mobile phones to listen to the child, without interruption or criticism. Relevant studies also confirm that regular family routines and improved parent-child communication quality are key family variables for reducing school refusal risk and consolidating intervention effects [3, 7].

The moral education department follows up on the overall progress, collects feedback from all parties every week, checks whether the child is spending more time at school and whether the child's mood is improving, and adjusts the plan accordingly.

5. Discussion

In the initial stage of school refusal, mutual blame is common: schools think parents are negligent, while parents think schools are at fault, and the child caught in the middle suffers worse. With clear boundaries of what each party can and cannot do, both sides can cooperate effectively. This finding is consistent with relevant research conclusions, namely, the smoothness of home-school collaboration and the supportiveness of family functions are core variables affecting the effect of school refusal intervention [3, 7].

This also answers the initial question: in many cases, home-school cooperation fails not because both sides are unwilling to cooperate, but because there is no clear communication mechanism to make both parties aware of each other's difficulties and capacity boundaries.

Admittedly, this approach also has obvious limitations. First, it relies heavily on the professional competence and sense of responsibility of school counselors. If a school has no full-time counselor, or if counselors are occupied with administrative affairs all day, this model is difficult to replicate. Second, for students with severe depression who require medication, schools and families alone are far from enough, and coordination with hospitals is essential. There were two cases in our survey that were referred to psychiatric

departments. During the suspension period, the school can only maintain simple contact, and the school re-entry transition is difficult to handle. This is consistent with the conclusion of large-sample surveys: nearly half of school refusal students have a confirmed diagnosis of emotional disorders and require professional intervention from the medical system [6].

6. Conclusion

The growing number of students with psychogenic school refusal in Hangzhou's main urban primary and secondary schools is not an isolated case. It is essentially a reflection of the imbalance among students, families and schools, and this complexity has been confirmed by multiple domestic and foreign studies. The three-step intervention framework proposed in this paper is still preliminary, but it at least provides frontline schools with a basic processing procedure when encountering similar problems, instead of relying entirely on improvised responses.

Two directions are worth pursuing in the future: first, to refine early warning mechanisms, combining attendance, homework and psychological screening data to form more sensitive risk alerts; second, to integrate medical resources such as hospitals into the collaboration network as early as possible, instead of waiting for children to refuse school completely before making referrals. After all, psychogenic school refusal is not only an educational issue, but also a public health issue that requires multi-party cooperation.

References

- [1] Matsubara, D., Kotani, K., & Osaka, H. (2025). School refusal behavior in Japan: The impact of COVID-19 on children. *Children*, 12(9), 1105. <https://doi.org/10.3390/children12091105>
- [2] Leduc, K., Tougas, A.-M., Robert, V., & Boulanger, C. (2022). School refusal in youth: A systematic review of ecological factors. *Child Psychiatry & Human Development*, 55(4), 1044–1062. <https://doi.org/10.1007/s10578-022-01469-7>
- [3] Chockalingam, M., Skinner, K., Melvin, G., & Yap, M. B. H. (2023). Modifiable parent factors associated with child and adolescent school refusal: A systematic review. *Child Psychiatry & Human Development*, 54(5), 1459–1475. <https://doi.org/10.1007/s10578-022-01358-z>
- [4] Bachman, H. F., Cunningham, P. D., & Boone, B. J. (2024). Collaborating with families for innovative school mental health. *Education Sciences*, 14(3), 336. <https://doi.org/10.3390/educsci14030336>
- [5] Fu, C., & Su, D. (2024). Investigation and analysis of the current situation and causes of school refusal among primary and secondary school students. *Mental Health Education in Primary and Secondary Schools*, (11), 14–17.
- [6] Cheng, G., Bai, X., & Fu, S. (2026). The relationship between school disconnectedness and adolescent internet addiction: A moderated mediation model. *Behavioral Sciences*, 16(1), 101. <https://doi.org/10.3390/bs16010101>
- [7] Chen, J., Feleppa, C., Sun, T., Sasagawa, S., Smithson, M., & Leach, L. (2024). School refusal behaviors: The roles of adolescent and parental factors. *Behavior Modification*, 48(5–6), 561–580. <https://doi.org/10.1177/01454455241276414>
- [8] Xu, Y. (2023). *Abnormal inhibitory control ability in adolescents with school refusal behavior: Behavioral performance and solution-focused brief therapy intervention study* [Master's thesis, Hangzhou Normal University].