Educational Administration Theory and Practice

Understanding and Accommodating Learners with Anxiety disorders in our Classrooms and South African inclusive Schools: a case of learners with Special Education Needs under spotlight

MO Maguvhe[1]*, PH Fabbri[2]

[1]*Department of Inclusive Education, School of Educational Studies, College of Education, University of South Africa, orcid number: https://orcid.org/0000-0002-0625, Email: maguvmo@unisa.ac.za
[2]Department of Inclusive Education, School of Educational Studies, College of Education, University of South Africa, Email: philippa@elsen.co.za

ARTICLE INFO	ABSTRACT
	Background: This article reports on the aspect of children with anxiety disorders in South African classes and inclusive schools and facilitates the implementation of an education support plan, to enable learners with anxiety disorders to fully and effectivly participate in learning activities, and provide guidelines on the effective teaching and learning strategies for learners with anxiety disorders. As many as 8 to 11% of children and adolescents suffer from an anxiety disorder which can develop into specific phobias, social phobias, generalised anxiety disorders and obsessive behaviour. Childhood and adolescents are identified as the main risk developmental phases for the beginning of anxiety disorders and abnormal anxiety levels have negative effects on cognitive functioning, school performance and outcomes. **Objectives:** The objectives for this study were: To facilitate the implementation of an action plan for school personnel to follow when a learner experiencing anxiety disorder required intervention and support to provide guidelines on effective teaching and learning strategies for these learners. Further, to highlight anxiety problems encountered and displayed by children in classes and schools so that educators would be able to better understand and accommodate these learners. **Method:** The researchers followed a mixed-method research design, where both qualitative and quantitative research methods were utilised. Hence, researchers generated in-depth information by using this methods of research via different data collection tools as well as through different data analysis techniques. By employing both quantitative and qualitative methods simultaneously, that provides a better understanding of the research problem and question unlike each method being employed in itself which is why the researchers chose this method approach. The researchers believed that one method alone would not have been enough to address the research problem at hand. The researchers employed purposive sampling composed of teachers, parents and learners experiencing anxiety disorders from Learners with Special Education Needs school (LSEN). **Results:** Through a mixed methods approach, relevant in-depth information was generated and by choosing to conduct a case study, an in-depth analysis of anxiety disorders in learners and adolescents in their natural school setting was possible. The quantitative data came from questionnaires while the qualitative data came from interviews and observation checklist. The analysis was comprised of three steps, namely, organisation of the data, summarising the data and then interpreting the data to search for the patterns. **Conclusion:** The findings suggested that lack of expertise results in teachers incorrectly labelling learners according to the behaviours that they see and not according to the underlying causes of these behaviours. Further, the study found that learners and adolescents with anxiety experience increased interpersonal and peer difficulties compared with their non-anxious peers. As a result, researchers of this study are of the view that the systems of support needed to address academic,

behavioural, and emotional needs of learners should include both prevention and intervention efforts with learners.

Introduction:

Children as young as three years of age are being treated for anxiety (Clark, 2017, p. 2; Martínez-Vega et al., 2024), and it seems as if the population living with an anxiety disorder (AD) is increasing in South Africa. Anxiety rarely occurs in isolation, and often occurs with other conditions such as oppositional defiant disorder, depression or other learning disorders such as ADHD (Kim et al., 2024). Hallahan, Kauffman and Pullen (2012 p. 182) stated that between 25 and 50% of ADHD sufferers also exhibit some form of emotional or behavioural disorder, with anxiety also being evident in around 15 to 35% of children. Jacobs and Wendel (2010, p. 35; Jamaludin et al., 2023) cite studies that show that about a third of children with ADHD also suffer from anxiety disorders and that they worry about anything and everything.

A review conducted by Cresswell, Waite and Cooper (2014) highlighted concerns with assessment and treatment of some of the different anxiety disorders, such as separation anxiety, generalised anxiety disorder, social anxiety disorder, panic disorder and agoraphobia in both children and adolescents. What Cresswell et al. (2014, p. 674) and Caycho-Rodríguez et al., (2023) found was that most of these children and adolescents with anxiety disorders, did not seek out assistance.

According to (Tan et al., 2023; Chlapecka et al., 2023; Kosters et al., 2024) lack of expertise results in teachers incorrectly labelling learners according to the behaviours that they see and not according to the underlying causes of these behaviours. For example, a learner might be seen to have ADHD because of extreme restlessness, lack of focus, constant fidgeting, and, as a result, often treated with stimulant medication. However, the underlying cause of these behaviours could be anxiety. In addition, often when a learner is misdiagnosed and placed on a stimulant medication for ADHD, the anxiety is exacerbated.

Rationale for the study:

This study aimed to ensure that education authorities recognise the need for more support in the classroom for learners experiencing anxiety disorders, including the provision of accessible and quality education as well as the necessary services to enhance learners with anxiety disorders' full participation in the teaching and learning encounter. The researchers attempted to understand how learners with anxiety disorders are perceived in schools and how their anxiety can be managed for them to continue making progress at school and mature into balanced and contented adults.

Literature review:

The theory surrounding anxiety, what it is and how it presents itself in a learner, as well as the extent of its prevalence and its intrusive nature, was relevant to understanding or providing a context for the study. The following questions were discussed:

What defines anxiety disorders?
Although Kessler, Ruscio, Shear and Wittchen (2010, p. 31), Kim et al., (2023), Kim et al., (2024) identify that there may be many definitions for anxiety disorders, "the current definitions of anxiety disorders might substantially underestimate the proportion of the population with a clinically significant anxiety condition". As such, Kessler et al. (2010, p. 31) raise concerns that "as early-onset conditions, anxiety disorders typically begin prior to the vast majority of the other problems with which they are subsequently associated".

It is however, an undisputed fact that it is the school-going population experiencing early-onset anxiety disorders, and this population seldom receives treatment, a situation that requires attention to ascertain whether early intervention would help address the enormous public health burden created by anxiety disorders throughout the globe (Kessler et al., 2010, p. 31; Ahmed Abdel-Al Ibrahim et al., 2024). With this study, the researchers wanted to provide the reader with a clear understanding of how learners experiencing an anxiety disorder were identified or recognised.

Green, Berkovits and Baker (2015, p. 137) define an anxiety disorder as a condition that is identified when an individual's fear response becomes excessive and impairs functioning. The South African Depression and Anxiety Group (SADAG, nd.) have estimated that as many as eight to eleven percent of children and adolescents

suffer from an anxiety disorder. Anxieties can also develop into specific phobias such as social phobias, generalised anxiety disorders and obsessive behaviour (Chaliawala et al., 2024).

According to Beesdo, Knappe and Pine (2009, p. 484), McDaid et al., (2024) childhood and adolescence is the core risk phase for anxiety to develop, and these may range from mild, brief or temporary to full-blown anxiety disorders. The South African Stress and Health Study conducted by Herman, Stein, Seedat, Heeringa, Moomal and Williams (2009) found that over 15% of South Africans experience some kind of anxiety disorder.

What kinds of anxiety disorders are seen in classroom situations and schools in general?
The researchers identified that anxiety disorders have a negative impact on learners in classrooms all over the world, and that often there are other comorbidities that exist. Cresswell et al. (2014, p. 671) and Caycho-Rodríguez et al., (2023) concur with studies that anxiety disorders are among the most prevalent psychiatric illnesses in young people and typically adversely affect academic accomplishment, family life and leisure activities. These disorders also often co-occur with other anxiety disorders such as depression and behavioural disorders (Palomino-Coila et al., 2023).

With a diagnosis of **generalised anxiety disorder** in children and adolescents, the anxieties and worries often focus on the quality of learners' performance or competence at school or in sporting events (Javaid et al., 2023). However, there may also be excessive punctuality concerns or fears about catastrophic events such as earthquakes or nuclear war occurring (Beesdo et al., 2009, p. 484). These learners are overly sensitive to taking assessments, receiving results back from tests or any form of competition such as sports days or swimming galas, and, therefore, they might prefer to be absent, rather than take part owing to the fact that the build-up creates excessive stress and anxiety for the learner (Javaid ett al., 2023; Palomino-Coila et al., 2023).

Conversely, separation anxiety often becomes apparent at parties or when starting school. Children suffering from separation anxiety will insist that the caregiver accompany them, and they typically become preoccupied with morbid fears, such as worrying that their parents are going to become ill or die. This form of anxiety extends well into primary school and the learner worries about being away from home and people who are important in their lives, in case something serious occurs while the learner is at school (Jamaludin et al., 2023).

In children with a specific **phobia**, the anxiety may be expressed by crying, tantrums, clinging to someone or not being able to move and a specific fear of animals such as dogs or spiders (Beesdo et al., 2009, p. 484). These behaviours are particularly common and usually temporary. Unless the fears lead to significant impairment and intrusion, when for example, a child that is afraid of dogs refuses to go to school for fear of meeting a dog on the street, diagnosis is not warranted (Stolvoort et al., 2024). Or a child who is afraid of heights, cannot climb up stairs which is problematic if classrooms are not on the ground floor.

What support services are available for learners with anxiety disorders in inclusive school settings?
In 2014, the Department of Education released a document entitled, 'Policy on Screening, Identification, Assessment and Support (SIAS)'. The aim of this policy was to provide a framework for creating a standardised procedure that school personnel could adhere to identify, assess and support learners who required additional input to improve their participation and inclusion in school.

The SIAS (2014) policy is also arranged and designed in such a way that it outlines and clarifies for teachers and schools, the support needed for all learners to enhance the delivery of the national curriculum. However, it does not specifically address emotional challenges such as anxiety. It makes use of the umbrella term, 'learning barriers' and attempts to provide a system for teachers, parents and other educational stakeholders to follow, when faced with a learner who is not making adequate progress, to minimise learning breakdown and potential school dropout.

According to the SIAS (2014) policy, the teacher is the main role-player in the screening and identification of the learner who might have a learning barrier. The assessment occurs either within the school or through a practitioner outside of the school community, for example, a psychologist and/or psychiatrist. The policy outlines the steps that a teacher should take to implement a support plan for a learner experiencing a learning barrier, so as to assist the learner so that he or she can remain in the school environment, be able to manage academic demands as well as other emotional and social demands (Banappagoudar et al., 2023; Kim et al., 2023; Kim et al., 2024).

However, there are very few schools that have the resources to assess learners for learning barriers, and teachers also do not have adequate knowledge and training to assist (Stolvoort et al., 2024). So often, although a vulnerable and anxious learner is desperate to fit in like his/her peers and cope with the daily demands of school-life, he or she cannot.

What classroom management strategies are used for learners with anxiety?

Teachers can be effective in assisting in prevention efforts to reduce the development of anxiety disorders in learners (Alexopoulou et al., 2024). Therefore, Moran (2015, p. 29) suggests the implementation of universal prevention programmes in schools since the onset of anxiety disorders are typically in childhood and adolescence. Moran (2015) also suggests that collaboration with school counsellors allows for the development of these efforts as they are focused on a comprehensive programme that addresses prevention for everyone. For the prevention programmes, it would make sense to include classroom lessons such as education about anxiety, relaxation skills, mindfulness and positive self-talk (Chi et al., 2023; Moran, 2015, p. 29).

According to Hayden (2016, p. 34), there are several programmes that are presently available for schools to use. Hayden (2016) refers to the Cool Kids Programme, the FRIENDS Programme the Skills for Social and Academic Success (SSAS) Programme, which have all been evaluated in the school setting. The common thread running through all of these interventions and Cognitive Behaviour Therapy (CBT) are cognitive restructuring and graded exposure, which is a necessary component to help learners address their fears and come to the realisation that certain situations and experiences are not as intimidating as they initially perceived them to be (Zhu et al., 2024). This exposure also teaches learners that they have the skills to cope with scary situations (Chi et al., 2023; Stolvoort et al., 2024).

Some programmes can also be administered to small groups of learners based on screening, led by a school counsellor, held during the day or after school. There can also be parent-therapist meetings to encourage home practice and facilitate ongoing communication (Alexopoulou et al., 2024). Additionally, clinicians can also give talks to teachers on anxiety and share evidence-based approaches. The family and school setting are very important in helping children manage their anxiety and these skills can be taught to everyone (Hayden, 2016, p. 35).

What effective teaching and learning strategies can be used for learners with AD?

According to the U.S. Department of Health and Human Services, Section 504 of the Rehabilitation Act of 1973, which is a national law that protects qualified individuals from discrimination based on their disability, children and adolescents diagnosed with anxiety disorders may be eligible for services, accommodations or modifications (Novotney, 2006, p. 1)**.** However, Hayden (2016, p. 42) identifies that children and adolescents with anxiety disorders do not always ask for help and many struggle through the day, only to experience tantrums and meltdowns at home. Therefore, it is essential to establish a positive relationship with the classroom teacher and have regular check-ins to evaluate what helps and what does not. It can take time to develop the strategies that best help anxious learners but with a solid plan in place, anxious learners can thrive in the classroom setting and learn to manage their symptoms throughout the day (Kim et al., 2023; Kim et al., 2024).

Ludwig, Lyon and Ryan (2015, p. 45) also support that schools can provide access to young people who may not otherwise seek treatment in a traditional mental health specialty clinic. So, the incorporation of mental health treatment in lessons and school curricula, has the added potential to decrease the stigma regarding mental illness. However, Ludwig et al. (2015) find that various intervention protocols have not been actively researched and they report that "despite the existence of multiple intervention protocols with demonstrated efficacy for treating anxiety in youth, fewer well-researched interventions have been developed or adapted to address anxiety disorders in schools. Most of the interventions that have been researched in schools are delivered in group format and not individually".

Theoretical framework:

The study was based on Eyseneck's learning/behavioural theory because in order to understand how to treat or manage and support someone with an anxiety disorder effectively, the causes of anxiety need to be explained.

Mitchell and Kumari (2016, p. 74) explain that Hans Eysenck's learning/behavioural theory of anxiety, relies on two major dimensions, namely, extroversion/introversion and neuroticism whereby the neurotic individual is more prone to anxiety-provoking stimuli.

According to Eysenck, anxiety, which is known as "conditioned fear", can also be learned but the emotional theory of uncertainty embraces the issue that being unsure of the future, can also cause anxiety (in Mitchell & Kumari, 2016).

McKay finds that, "anxiety sensitivity, has been investigated extensively for its association with anxiety disorders" (2016, p. 65) and it can be defined as the "degree that one appraises changes in physical sensations as potentially dangerous". In other words, people may be worried about symptoms that they might feel or what they might behave like in front of other people, as well as possible loss of control. For McKay (2016, p. 65),

another predictor of anxiety disorders is trait anxiety that encourages individuals into action when they are exposed to potentially threatening stimuli.

The interpretivist paradigm underpinning this study included discussion of the theory and an attempt to propose a practical road-map to use and follow, in managing and supporting a child with anxiety at school. Gunbayi and Sorm (2018, p. 59) maintain that people can only "'understand' by occupying the frame of reference of the participant in action", so they need "to understand from the inside rather than the outside".

As pointed out by Thanh and Thanh (2015, p. 25), interpretative researchers do not search for results for, and from, their studies in rigid ways, but they rather engage with their participants, typically from people who own their experiences and are of a particular group or culture. The subjective approach is the analytical tool that was used for this type of study.

McKay (2016, p. 61) identifies the components that mark anxiety as "specific neural, physiological, cognitive, and behavioral components". McKay also identifies three broad domains of thinking that have been evaluated for their specificity in anxiety, namely, intolerance of uncertainty, perfectionism, and overestimation of threat (2016, p. 63). The primary behavioural response associated with anxiety disorders is avoidance, and McKay identifies the situations, which are anxiety-provoking and can be separated into true alarms, false alarms, and conditioned alarms (2016, p. 64).

A true alarm would be, for example, when a potentially fatal car accident is avoided by reacting quickly and instinctively, whereas a false alarm would cause an individual to over-react to a sudden loud noise like a door slamming. Conditioned responses are associated with developing into the more specific phobias through learning from previous experiences and is also considered the basis for anxious avoidance in all anxiety disorders.

In considering the treatment and management of anxiety, the researchers highlighted cognitive-behavior treatment (CBT), which essentially represents a combination of behaviour therapy and cognitive interventions. For Choi, Rothbaum, Gerardi and Ressler (2010, p. 294), the behaviour therapy component has evolved within learning theory and is based on the assumption that behaviour, which has been acquired via classical and/or operant conditioning, can be corrected and changed.

Research methodology:

This study intended to establish how an existing policy, namely, the SIAS (2014) policy, can be enhanced to shift from a theoretical model in inclusive schools to a more practical model that can be implemented at all schools. To guide the study, the research questions identified were addressed using the mixed methods research approach.

Research approach:

The researchers followed a mixed-method research design, where both qualitative and quantitative research methods were included. Hence, the researchers generated in-depth information by using this method of research via different data collection tools as well as through different data analysis techniques. Cresswell explained that by using both quantitative and qualitative methods, in combination, provides a better understanding of the research problem and question than either method by itself, which is why the researchesr chose this method approach (2012, p. 535). The researchers felt that one method alone would not have been enough to address the research problem.

Population and sampling:

This study made use of purposeful sampling criterion, which, according to McMillan (2012, p. 105), the researcher chooses or selects cases because they will be particularly informative about the topic being investigated. The population for this study consisted of all the learners attending an independent school in Port Elizabeth, that caters for learners with special educational needs and learning barriers. Learners at the school receive full-time remedial and emotional support and parents have the additional benefit of a group of professionals, under the guidance of a case manager, tending to the academic and emotional needs of their child or children.

The participants in this study were learners that had been identified as suffering from anxiety and so exhibited similar characteristics and behaviours. These participants as well as their teachers and parents, comprised the sample.

Instrumentation and data collection techniques:

Data collection steps involved setting the boundaries for the study, collecting information as well as establishing the protocol for recording information. It was a vehicle through which the researchers collected information to answer the research questions and both quantitative and qualitative questions were appropriate.

The following instruments and data collection techniques were used in the study:
Document study:
The researchers began the process of selecting learners for the sample by reading through the learner files of learners in Grades 5-12 to narrow the study to a sample of learners having anxiety. Document studies included records and files detailing assessments and diagnoses conducted over the history of the life of each learner with anxiety. This ensured a strong understanding of the learner involved in the study and provided a form of triangulation regarding the parents' and the teachers' perspective of that learner. This type of data collection formed part of the qualitative study.

Questionnaires:
Questionnaires as data collection formed part of the quantitative study. The self-administered questionnaires were compiled by the researchers and were not standardised. They were completed by participants, including parents of learners with anxiety, the teachers involved and the learners themselves. The questionnaires were emailed directly to the parents as an attachment to an email that explained the purpose of the questionnaire. The learners, parents and teachers received their questionnaires in a sealed envelope which included a cover letter explaining the purpose of the questionnaire. The completed questionnaires were then returned in the sealed envelopes to the researchers' post box for analysis.

With the questionnaires, the researchers asked what symptoms or behaviours the learner with AD had experienced, and whether certain experiences at school had exacerbated these symptoms or behaviours. Parent questionnaires investigated when the learner's symptoms became apparent and how an assessment was conducted. The researchers also enquired as to what the findings were and what recommendations were made in the reports following the assessments. Teacher questionnaires aimed to identify what behaviours were observed in the learner and whether any activities or tasks that the learner was asked to do exacerbated these symptoms.

Informal observations:
Informal observations were used to confirm data gathered from questionnaires. The researchers received permission to observe educational situations in both the classroom setting and outside during recess on the playground. The researchers considered how the learners interacted with others, whether they made use of free or structured play and what sort of activities they engaged in. In the classroom, the behaviours of the children were observed, including their mannerisms, their ability to cope with teacher demands and how they attempted to handle their work. This included watching written activities as well as conducting observations during times when they were required to read aloud or do oral presentations. The time spent observing each learner in each setting was recorded so that consistency was ensured. This data collection formed part of the qualitative study.

Data analysis and interpretation:
Observations, questionnaires and the document study, provided the researchers with a large volume of data that required summarising and interpretation which formed the data analysis part of the study. The objective of the study was to explore trends, thoughts, explanations and understandings (McMillan, 2012). With learners experiencing anxiety, the researchers looked for prevalent threads, patterns and behavioural signs. The analysis was comprised of three steps, namely, organisation of the data, summarising the data and then interpreting the data to search for the patterns.

Ethical considerations:

All learners, parents and teachers participated voluntarily. All participants were free not to participate and to withdraw at any time without reprisals, and they did not have to answer questions that made them feel uncomfortable. The participants were also assured of the confidentiality of the inputs and their anonymity in the whole research process. It was made known to the participants that data were collected only for the purposes of the present study as described.

Throughout the study, the researchers were responsible for the ethical standards to which the study adhered and consistently respected the rights and privacy of both learners living with anxiety and their parents. The parental consent was received in writing before any interviews or discussions with the learner took place. The researchers also ensured that the participants were well informed about the purpose of the study. Ethical clearance was requested from UNISA and granted.

Presentation of results and discussion:

The research questions and emerging themes are discussed below:

What defines anxiety specifically in learners at school?
Emerging theme: What are some of the things that define learners with anxiety at school? What are the normal, expected behaviours versus abnormal, unexpected behaviours in learners with regard to their experiences of fear and anxiety?

The literature review indicated that anxiety disorders were the most common mental illness in South Africa with about 20% of South Africans affected (SADAG, 2019). Studies revealed that learners and adolescents with anxiety experience increased interpersonal and peer difficulties compared with their non-anxious peers. For example, McKay (2016, p. 48) pointed out that anxiety disorders negatively impacted educational attainment, and that learners and adolescents with an anxiety disorder often experienced extreme anxiety at school, resulting in concentration difficulties and decreased academic performance. AD can also impact marital functioning, employment and role performance.

The different types of anxiety in learners were explored within the literature review and that there is also increased family dysfunction and caregiver strain, when a child with anxiety forms part of the family dynamic (Kendall et al., 2018, p. 213). The literature review also revealed that anxiety and worry, phobias and fear, depression and stress are inter-related. The varied theories of anxiety, namely, learning theory and existential, psychoanalytic and psychodynamic theories strongly support the view that anxiety can develop in learners at any stage of their development and is caused by a variety of factors and situations. Anxiety can cause psychosomatic illness and exhibits common symptoms that can be identified by parents, caregivers and teachers, such as headaches, irritability and stomach aches.

It can be concluded that the questionnaire responses from parents, teachers and learners verified and endorsed the behaviours that were generally seen in learners experiencing anxiety and the learners were also able to describe these feelings in themselves.

How are these anxiety disorders managed?
Emerging theme: Proper management of anxiety disorders in the school setting is needed, but, more importantly, the school and the learners themselves need to form partnerships.

In South Africa, the Constitution, the South African Schools Act, and the Education White Paper 6 of 2001, provide the foundation for an education system that is inclusive and emphasises equality, human dignity and freedom from discrimination (2010). The Screening, Identification, Assessment and Support (SIAS, 2014) policy, specifically aims to identify the barriers to learning that are experienced by learners as well as the support and intervention that is required. It also addresses lack of parental recognition and refers to the need to establish partnerships between teachers and with parents to equip them with the necessary skills for effective participation in their learners' learning and school lives.

Parents are always encouraged to be actively involved and to take an interest in the teaching, learning and assessment of their learners, and to consult community-based clinics and/or other professional practitioners, including teachers, to conduct an initial assessment and to plan a suitable course of action for the child.
Two-thirds or 66.7% of the parents in the current research study, indicated in their questionnaire that they had sought out a referral for their child with a private practitioner or medical institution. The majority or 88% had received a diagnosis of an anxiety disorder, thereby indicating that seeking assistance and some support for their child had provided the majority of the parent participants with some feedback.

While inclusive practice at school-wide level focuses on organisational development and school restructuring and improvement, it is at the classroom and individual level that learners are in need of support and where many barriers to learning can be adequately addressed. The teacher and parent/caregiver must form a team in identifying and recognising that a learner is in need of support.

This study concurred with Moran (2016, p. 28) who stated that "it is not the responsibility of teachers to diagnose learners with anxiety, but there are many other roles appropriate for teachers". The systems of support needed to address academic, behavioural, and emotional needs of learners should include both prevention and intervention efforts with learners. A third aspect that needed to be addressed was classroom accommodations. The SIAS (2014, p. 22) policy stated that "specialised support resources, personnel, programmes and facilities needed on a lower-frequency basis, will be provided at circuit or district level for learners at ordinary schools, and these will include learning support, remedial education, assistive devices, counselling, rehabilitation and therapeutic services". In terms of provision of specialist services by specialised professional staff, the challenge is that the demand for specialist services such as counselling, therapy or assessments far exceeds the number of specialised professional staff available to attend to the services required. Clark (2017a, p. 3) confirmed this

point when stating that the "high cost and limited availability of resources to the individual child" exacerbates this social problem.

How are these learners with anxiety disorders supported?
Emerging theme: Provision of support to learners experiencing anxiety disorders.
Icebergs are deceiving because what is seen on the surface is usually only a small fraction of what lies below. Observing the behaviour of an anxious child is sometimes like looking at the tip of an iceberg; beneath the surface behaviour are layers of emotions and experiences.

A child experiencing anxiety can be supported at school, especially during stressful times such as writing assessments and exams. The teacher could ask the learner to indicate where they would prefer to be seated to feel more comfortable. This could be towards the back of the venue or on the side. If practical, a smaller venue could be also be provided for those learners. Further accommodations could be provided for the learner experiencing anxiety at school, including:

- allowing the learner to wait in the classroom before school begins if the noise of the playground was too much,
- allowing a learner to go to a quiet space when necessary,
- making sure that the learner receives play therapy or counselling, if necessary,
- allowing any learner who finds assembly challenging to sit at the back near the door or sit closer to their teacher,
- assessment dates and scopes well in advance, and
- assistive devices such as calculators, number charts to be used in Maths.

The SIAS policy refers to assistive technology, which is an umbrella term that includes "assistive, adaptive, and rehabilitative devices for learners with disabilities and also includes the process used in selecting, locating, and using them in an education context" (2014, p. vii). In terms of what assistive technology and devices could be made available for the anxious learner in the classroom, teachers could also allow for noise-cancelling headphones, stress balls, fidget toys, time out to go for a walk outside or the learner could make use of calming music or meditation apps downloaded onto a cellphone.

It is also possible to apply for a concession if a learner has a diagnosed anxiety disorder and, if granted, they can be provided with an amanuensis. The process to apply for concessions for examinations is detailed in the SIAS (2014, pp. 72, 73) policy.

The SIAS (2014) process is a tool for early intervention. It is designed specifically to help practitioners assess needs at an earlier stage, and then work with families, alongside of other practitioners and service providers, to meet those needs. The training of practitioners to be equipped to assess learners' needs must occur at school level. The teacher's role in an inclusive environment is crucial and a "conceptual understanding of inclusion and the diverse needs of learners, including those with disabilities, is required" (SIAS, 2014, p. 33).

Included in the SIAS (2014) policy is the Learner Profile document that provides a tool for teachers to plan interventions and support for all learners as part of the teaching and learning process. The teacher and all who are directly involved with the learner on a daily basis are expected to apply the SIAS process, with the teacher assuming the role of case manager to drive the support process (2014, p.34).

The SIAS (2014) policy outlined the implementation of the teacher training that was to occur. In 2015/2016, all foundation phase teachers were to be trained and in 2016/2017, 20 000 teacher members of SBSTs in 5000 ordinary schools were to be trained. In 2017/2018, a further 20 000 teacher members of SBSTs in 5000 ordinary schools were meant to receive training (SIAS, 2014, p. 23). For the SIAS (2014) policy to work effectively for the benefit of all learners experiencing barriers to learning, teachers will need to be familiar with the policy and be able to implement the process. This will require regular training and support beyond the initial orientation.

The literature review revealed that fear of failure, social anxiety, school phobia and other general anxiety disorders, were often missed by teachers and school personnel and, therefore, the child's challenges often became exacerbated. Parents, on the other hand, often are in a position to notice feelings of embarrassment, disgust, loneliness, tiredness and frustration in their anxious child but do not often equate these to anxiety (Ludwig et al., 2015, p. 45). The summarised questionnaire responses from the child, parents and teachers clearly demonstrated how these results positively aligned with the findings from the literature review.

The outward signs of anxiety are therefore often easily identified by the caring adult, however, this is only the first step in screening and identification. Referring the learner for further assessment and evaluation, is the

next step (assessment) and then finally, providing the necessary support and intervention that is recommended by the medical practitioner or counsellor, becomes the final section of the journey (support).

It could be concluded that failure to identify or respond to general anxiety disorders by teachers and school personnel could lead to the exacerbation of a learner's challenges. The SIAS (2014) policy also referred to assistive devices and technology that could be provided to learners experiencing barriers to learning, but it could be concluded that this is not applicable to learners experiencing anxiety disorders since policy did not mention this group/sector of learners. Intervention plans or strategies to support these learners are not in place as the SIAS policy is silent on this group of learners and it could be concluded that the SIAS policy outlining the implementation of the teacher training did not materialise (2014).

Recommendations:

The rationale behind these recommendations comprise increasing awareness about anxiety in children across all ages, as the diagnosis is often missed, creating structures at the different levels of society to address anxiety when it presents, addressing causative stressors and finding ways to address anxiety by increasing resilience in all children to these stressors to which they will definitely be exposed.

Training the teachers:
Education and training of teachers on identifying learners at risk and on ways to work with and support identified and vulnerable children within a classroom setting is vital. According to the SIAS (2014, p. 34) policy, the teacher and all who are directly involved with the learner on a daily basis are expected to apply the SIAS process. The teacher must assume the role of case manager to drive the support process. Information gained from external assessments should serve only to enhance the understanding of the interventions needed and should not be central in decision-making around support. The knowledge and wishes of the parents/caregivers must carry the ultimate weight in any decision-making process.

Educating the parents:
Parents/caregivers must play a meaningful role in forming a partnership with the teacher and the school to ensure that the support process as outlined in the SIAS policy is implemented as parent/caregiver "participation in the SIAS process is not a matter of choice, but is compulsory" (SIAS, 2014, p. 46). The only way that parents will be able to do this, is if they understand what the SIAS policy is all about.
Schools could hold parent evenings and workshops to deal with mental health issues and emotional wellness. Parent support groups where parents and caregivers can share thoughts and experiences with each other are also extremely helpful. These could run at the schools by trained school personnel or by outside organisations dealing with mental health issues.

Empowering the learners:
Posters could be created and stuck up around the school which have information about personal development and emotional wellbeing. Learners could also be encouraged to look after one another by openly discussing issues and providing academic support in the form of remedial classes or tutoring, such causes of anxiety could be lessened. Learners could be taught coping strategies and ways to identify their anxiety triggers.

The learners could be involved in drawing up and applying school policies surrounding bullying, substance abuse and emotional abuse, for example. Schools need to have, and bring to the continuous attention of learners and caregivers, their policies as well as create new specific policies for challenges facing them as individual schools, depending on what issues are relevant. These policies should be strictly adhered to and schools should be accountable to them.

Involving the community:
Groups targeting certain ages of learners, clubs designed to promote life skills, social skills, coping skills or "Big Brother" groups could provide a safe space through which learners can develop a sense of self. Youth groups at churches and community centres have an important role to play, as do sport clubs.

Creating awareness through the media:
These media avenues provide excellent opportunities to consider. People watch certain television shows, they tune in regularly to community radio shows and are influenced by the opinions of talk show hosts. SADAG, via their website also present regular interviews, which spread important information and encourage community ventures and support. The community is best able to focus on the needs of its own children and families, however, organisation is crucial to get such projects off the ground with assistance from NGOs and business and focusing attention on those places where people visit regularly, such as community health clinics, municipal offices, churches, shopping malls and, again, schools. Social media campaigns and advertisements assist to spread the message about this mental health issue.

Improving the referral process:

Paruk and Karim (2016, p. 548) recognise the need for intervention studies as "although the evidence base for management of psychiatric disorders in adolescents is improving, there is still a dire need for further pharmacological and psychosocial intervention studies". Paruk and Karim (2016) also identify the need to form an alliance involving family and school and make use of a multimodal treatment plan including psycho-education and pharmacological and psychosocial interventions.

The issue of what is classified as a barrier to learning needs to be addressed. The SIAS policy referred to barriers to learning as "difficulties that arise within the education system as a whole, the learning site and/or within the learner him/herself which prevent access to learning and development" (2014, p. vii). The policy also mentioned specialised support that is provided or facilitated and health, including mental health, should form part of the integrated school health programme. The researchers are of the view that anxiety, as a learning barrier, is largely underestimated and policy and whitepapers make no mention of anxiety as a disorder.

There is an urgent need to increase awareness, improve screening, detection and treatment of mental illness in these children and adolescents as well as ensure an integrated healthcare system providing medical and mental healthcare at primary and secondary level.

Within each school, some learners may already be connected with an outside intervention team, such as a therapist, psychiatrist, and/or support group, while others may not. In these cases, it might fall to school personnel to assist the learner to connect to further support agents in their community. By creating these honest and transparent networks between the school, the parent and the practitioner, the child's wellbeing remains at the centre of this triangle.

Conclusion:

A valuable credo is "know thy neighbour". In this context get to really know the learners in the school and create that sense of community. Learners with anxiety disorders, may have needs that go beyond the scope of what can be provided in the school setting and school personnel may need to make a referral for further testing to determine if a learner is eligible for special concessions or accommodations. A goal for the near future is to reduce the unwanted rise of anxious distress in young learners and adolescents so that they can be the successful adults of tomorrow.

References:

1. Ahmed Abdel-Al Ibrahim, K., Cuba Carbajal, N., Zuta, M. E. C., & Bayat, S. (2023). Collaborative learning, scaffolding-based instruction, and self-assessment: Impacts on intermediate EFL learners' reading comprehension, motivation, and anxiety. *Language Testing in Asia*, *13*(1), 16.
2. Alexopoulou, E., Skitsou, A., Kaitelidou, D., Galanis, P., & Charalampous, G. (2024). Teachers' perceptions on the treatment of anxiety disorder in children with learning difficulties. *Nursing Care & Research/Nosileia kai Ereuna*, (65).
3. Banappagoudar, S. B., Parveen, A., Vincent, B., Raju, D., & Prabhudas, S. (2023). Reducing Symptoms of Social Anxiety Due to the Change of the Educational System in India: A Psychological Study. *Journal for ReAttach Therapy and Developmental Diversities*, *6*(9s), 844-854.
4. Beesdo, K., Knappe, S. & Pine, D.S. (2009). Anxiety and Anxiety Disorders in Children and Adolescents: Developmental Issues and Implications for DSM-V. The Psychiatric Clinics of North America, 32(3), pp. 483-524. Available at: https://doi.org/10.1016/j.psc.2009.06.002 (Accessed 15 June 2018).
5. Caycho-Rodríguez, T., Valencia, P. D., Vilca, L. W., Carbajal-León, C., Vivanco-Vidal, A., Saroli-Araníbar, D., ... & Flores-Mendoza, C. (2023). Cross-cultural validation of the new version of the Coronavirus Anxiety Scale in twelve Latin American countries. *Current Psychology*, *42*(34), 30612-30629.
6. Chaliawala, K. S., Vidourek, R. A., & King, K. A. (2024). Anxiety among Asian international college students in the US: a systematic literature review. *Journal of American College Health*, 1-8.
7. Chi, T., Cheng, L., & Zhang, Z. (2023). Global prevalence and trend of anxiety among graduate students: A systematic review and meta-analysis. *Brain and Behavior*, *13*(4), e2909.
8. Chlapecka, A., Wolfová, K., Fryčová, B., & Cermakova, P. (2023). Educational attainment and anxiety in middle-aged and older Europeans. *Scientific Reports*, *13*(1), 13314.
9. Choi, D.C., Rothbaum, B.O., Garardi, M. & Ressler, K.J. (2010). Pharmacological Enhancement of Behavioral Therapy: Focus on Posttraumatic Stress Disorder. In Behavioral Neurobiology of Anxiety and Its Treatment. Springer. DOI 10.1007/978-3-642-02912-7.
10. Clark, H. (2017). 'Where are the Children? A look at Childhood Anxiety'. Mental Health Matters, Jan/Feb pp. 2-3. Available at: http://www.sadag.org/index.php?option=com_content&view=article&id=2808:where-are-the-children-a-look-at-childhood-anxiety&catid=78&Itemid=161 (Accessed 17 July 2018).

11. Creswell, C., Waite, P. & Cooper, P. (2014). 'Assessment and Management of Anxiety Disorders in Children and Adolescents'. Archives of Disease in Childhood, 99(7), pp. 674-678.
12. Department of Basic Education. (2014). Policy on Screening, Identification, Assessment and Support. Pretoria.
13. Green, S.A., Berkovits, L.D. & Baker, B.L. (2015). 'Symptoms and Development of Anxiety in Children with or Without Intellectual Disability'. Journal of Clinical Child & Adolescent Psychology, 44(1), pp. 137-144. DOI:10.1080/15374416.2013.873979.
14. Gunbayi, I. & Sorm, S. (2018). Social Paradigms in Guiding Social Research Design: The Functional, Interpretative, Radical Humanist and Radical Structural Paradigms. International Journal on New Trends in Education and Their Implications, 9(2), pp. 57-76. Available at: https://files.eric.ed.gov/fulltext/ED585253.pdf (Accessed 18 August 2019).
15. Hallahan, D.E., Kauffman, J.M. & Pullen, P.C. (2012). Exceptional Learners: An Introduction to Special Education. 12th Edition. Pearson. London.
16. Hayden, C. (2016). Student Anxiety and Depression in Our Schools. Research Review, 1(2), pp. 29-48. Available at: https://selu.usask.ca/documents/research-and-publications/srrj/SRRJ-1-2-Hayden.pdf (Accessed 17 March 2019).
17. Jacobs, C. & Wendel, I. (2010). 'The Everything Parents' Guide to ADHD in Children'. Simon and Schuster. Avon. M.A.
18. Jamaludin, A., Jabir, A. I., Wang, F., & Tan, A. L. (2023). Low-Progress Math in a High-Performing System: The Role of Math Anxiety in Singapore's Elementary Learners. *The Asia-Pacific Education Researcher*, 1-12.
19. Javaid, S. F., Hashim, I. J., Hashim, M. J., Stip, E., Samad, M. A., & Ahbabi, A. A. (2023). Epidemiology of anxiety disorders: global burden and sociodemographic associations. *Middle East Current Psychiatry*, 30(1), 44.
20. Kendall, P., Swan, A., Carper, M. & Hoff, A. (2018). 'Anxiety Disorders Among Children and Adolescents'. In J. Butcher & P. Kendall (Eds). APA Handbook of Psychopathology. 2nd ed. [online]. American Psychological Association. Available at: http://dx.doi.org/10.1037/0000065-011 (Accessed 7 June 2017).
21. Kessler, R., Ruscio, A., Shear, K. & Wittchen, H. (2010). Epidemiology of Anxiety Disorders. In M. Stein & T. Steckler (Eds). Behavioral Neurobiology of Anxiety and Its Treatment. Springer. New York.
22. Kim, T. Y., & Choi, E. Y. (2023). English learning anxiety and English learning demotivation in South Korean third-year high school students. *Porta Linguarum: ,revista internacional de didáctica de las lenguas extranjeras*, (39), 75-91.
23. Kim, S., Hwang, J., Lee, J. H., Park, J., Kim, H. J., Son, Y., ... & Yon, D. K. (2024). Psychosocial alterations during the COVID-19 pandemic and the global burden of anxiety and major depressive disorders in adolescents, 1990–2021: challenges in mental health amid socioeconomic disparities. *World Journal of Pediatrics*, 1-14.
24. Kösters, M. P., Chinapaw, M. J., Zwaanswijk, M., van der Wal, M. F., & Koot, H. M. (2024). Differences in anxiety and depression among migrant and non-migrant primary school children in The Netherlands. *Child Psychiatry & Human Development*, 55(3), 588-598.
25. Ludwig, K.A., Lyon A.R., & Ryan J.L. (2015) Anxiety in Youth: Assessment, Treatment, and School-Based Service Delivery. In: Flanagan R., Allen K., Levine E. (Eds). Cognitive and Behavioral Interventions in the Schools. Springer, New York, Available at: https://doi.org/10.1007/978-1-4939-1972-7_3 (Accessed 18 August 2018).
26. Martínez-Líbano, J., Torres-Vallejos, J., Oyanedel, J. C., González-Campusano, N., Calderón-Herrera, G., & Yeomans-Cabrera, M. M. (2023). Prevalence and variables associated with depression, anxiety, and stress among Chilean higher education students, post-pandemic. *Frontiers in Psychiatry*, 14, 1139946.
27. Martínez-Vega, R., Maduforo, A. N., Renzaho, A., Alaazi, D. A., Dordunoo, D., Tunde-Byass, M., ... & Salami, O. (2024). Scoping review on mental health standards for Black youth: identifying gaps and promoting equity in community, primary care, and educational settings. *Child and Adolescent Psychiatry and Mental Health*, 18(1), 113.
28. McDaid, D., Vidyasagaran, A. L., Nasir, M., Walker, S., Wright, J., Muliyala, K. P., ... & Siddiqi, N. (2024). Understanding the costs and economic impact of mental disorders in South Asia: a systematic review. *Asian journal of psychiatry*, 104239.
29. McKay, D. (2016). 'Anxiety Disorders'. In J.C. Norcross, G.R. Van den Bos, D.K. Freedheim, & N. Pole (Eds). APA Handbooks in Psychology. APA Handbook of Clinical Psychology: Psychopathology and Health (pp. 61-95). Washington, DC, US: American Psychological Association.
30. McMillan, J. (2012). 'Educational Research: Fundamentals for the Consumer'. Pearson. Boston.
31. Mitchell, R.L.C. & Kumari, V. (2016). Hans Eysenck's Interface between the Brain and Personality: Modern Evidence on the Cognitive Neuroscience of Personality. Personality and Individual Differences, 103, pp. 74-81. Available at: https://doi.org/10.1016/j.paid.2016.04.009. (Accessed 2 May 2019).
32. Moran, K. (2015). 'Anxiety in the Classroom: Implications for Middle School Teachers'. Middle School Journal, 47(1), pp. 27-32. DOI:10.1080/00940771.2016.1059727.

33. Novotny, T. E. (2006). US Department of Health and Human Services: a need for global health leadership in preparedness and health diplomacy. American Journal of Public Health, 96(1), pp. 11–13. Available at: https://doi.org/10.2105/AJPH.2005.076885 (Accessed 2 May 2019).

34. Palomino-Coila, M. R., & Nuñez-Palomino, M. (2023). Stress, anxiety, and depression in social work students from Peru. *Revista de Salud Pública*, *22*, 601-608.

35. Paruk, S. & Karim, E. (2016). 'Update on Adolescent Mental Health'. South African Medical Journal. [online]. 106(6), pp. 548-555. Available at: http://www.samj.org.za/index.php/samj/article/view/10943 (Accessed 5 September 2018).

36. Stolvoort, J., Mackaaij, M., & Tribushinina, E. (2024). Age of onset, motivation, and anxiety as predictors of grammar and vocabulary outcomes in English as a foreign language learners with developmental language disorder. *Journal of Communication Disorders*, *108*, 106407.

37. Tan, G. X., Soh, X. C., Hartanto, A., Goh, A. Y., & Majeed, N. M. (2023). Prevalence of anxiety in college and university students: An umbrella review. *Journal of Affective Disorders Reports*, 100658.

38. Thanh, N. & Thanh, T. (2015). The Interconnection Between Interpretivist Paradigm and Qualitative Methods in Education. American Journal of Educational Science, 1(2), pp. 24-27 Available at: https://pdfs.semanticscholar.org/79e6/888e672cf2acf8afe2ec21fd42a29b2cbd90.pdf (Accessed 28 October 2018)

39. Zhu, Q., Zhang, D., Wang, W., D'Souza, R. R., Zhang, H., Yang, B., ... & Liu, Y. (2024). Wildfires are associated with increased emergency department visits for anxiety disorders in the western United States. *Nature Mental Health*, *2*(4), 379-387.

40. The authenticity, confidentiality, and integrity of this UNISA email are preserved by these terms. https://www.unisa.ac.za/disclaimer