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**Teacher Understanding and Management of Students with Anxiety
in New Zealand Primary Schools**

A thesis
submitted in fulfilment
of the requirements for the degree
of
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at
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by
CARLA LEE MARGON



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Abstract

New Zealand has increasing rates of anxiety with 1 in 5 young people meeting the diagnostic criteria for an anxiety disorder by the age of 19 (Ministry of Health, 2018). As of June 2023, over 666,000 children aged between 5 and 14 years old were diagnosed with anxiety, equating to 12.8% of the total population of New Zealand (Stats NZ, 2022). As these children are likely to be engaged in formal education, this study investigated teachers understanding and management of students with anxiety in New Zealand primary schools. Twenty-three teachers from three primary schools completed a questionnaire exploring their definitions of anxiety, the training and support they received, and their identification of the manifestations of anxiety in primary school students. Teachers were also asked about their perceptions of the impacts of COVID-19 on student anxiety. Results revealed that while teachers had a general understanding of anxiety and could identify mild and severe anxiety symptoms, they reported a lack of training and confidence in the area and could not consistently distinguish normal anxiety from excessive anxiety, often defining all anxiety to be a generally negative experience. This study provides a first look into teachers understanding of anxiety in New Zealand primary school students.

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This study is dedicated to "My room 13/multi-sensory kids" for always reminding me that...
"you can do hard things...even if you feel anxious the whole time."

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Teacher Understanding and Management of Students with Anxiety in New Zealand Primary Schools

Anxiety is widely understood to be the most prevalent psychiatric complaint to affect children and adolescents and is one of the most common mental health diagnoses given to children between the ages of 3 and 17 (Pinel, 2006; Saddock & Saddock, 2003). Barlow (2002) described anxiety as a future-oriented mood that can be categorised as a negative affective state which may be accompanied by self-focused, physiological, or somatic symptoms which, if left unchecked, may become uncontrollable and unpredictable. In the United States, a large-scale epidemiological survey of mental health disorders (n = 8,098) estimated the lifelong prevalence of anxiety to be 24.9% in the general population (Kessler et al., 1994). Similar findings were reproduced by a 2018 New Zealand Ministry of Health survey, which explored the mental health outcomes of young people in New Zealand and indicated that anxiety is the most frequent psychiatric disturbance faced during childhood and adolescence, with an estimated lifetime prevalence of 24.9% (Browne, 2006). Although these findings present a nationwide health concern, they also have significant implications for New Zealand children, as those who experience anxiety may traditionally, also experiences problems with peer and parental relationships, general impairments in social and psychological functioning, and lower academic achievement (Headley & Campbell, 2013).

The Diagnostic and Statistical Manual of Mental Disorders

The Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) is used widely across mental health organisations and clinicians around New Zealand to diagnose mental illness. According to the DSM-5, which is published by the American Psychiatric Association (2022), anxiety is a normal response to stress and can be beneficial in certain situations. Anxiety is described in the DSM-5 as excessive worry and

apprehensive expectation, occurring more days than not for at least six months, and arising from a number of events or activities (American Psychiatric Association, 2022). Among various other conditions, the DSM-5 provides the criteria for determining the type of anxiety an individual is experiencing and whether their anxiety is clinically significant (American Psychiatric Association, 2022). There are nine main anxiety diagnoses in the DSM-5: separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalised anxiety disorder, other specified anxiety disorder, and unspecified anxiety disorder (American Psychiatric Association, 2022). These diagnoses are similar in that they all include extensive experiences of anxiety, as well as physiological reactions and behavioural manifestations and disturbances (American Psychiatric Association, 2022). Once anxiety has been identified, the DSM-5 provides further criteria for establishing whether the anxiety is clinically significant, warranting a formal diagnosis. These criteria include: the anxiety is excessive and persistent in nature, it endures beyond a developmentally appropriate level, and it causes significant impairment in an individual's ability to function and engage in daily tasks (American Psychiatric Association, 2022). For children, the experience of anxiety is considered a normal part of development. As such, children may not receive a formal diagnosis of an anxiety disorder but may be identified as having levels of anxiety that have the potential to later develop into a disorder (Carr, 2016). Furthermore, while most children learn to manage their anxiety, approximately 3 to 24% of children below the age of 12 develop significant anxiety problems which interfere with their daily functioning (Cartwright-Hatton et al., 2006). Of these, only 2.5% of children meet the diagnostic criteria for an anxiety disorder (Costello, 2003; Goodman et al., 2003). As outlined by the DSM-5, anxiety is multifaceted, and each aspect must be understood and assessed to fully understand its impacts.

Aspects of Anxiety

Anxiety forms part of “*normal and expected*” human emotions that have developed as part of an evolutionary process and can be thought of as a predisposition to action within the human body (Lang et al., 1998, p1251). Emotions are powerful and insistent sensations that displace other information within the conscious mind (LeDoux, 2012). Therefore, as emotions tend to be associated with situations that have implications for threat or safety, these sensations, and the resulting shift in attention, known as anxiety, are considered beneficial for survival (Lang et al., 1998). The American Psychiatric Association (2013) outline the three most commonly related emotions which play a key role in the development of anxiety - worry, stress, and fear.

Worry

Worry is incorporated into the DSM-5 definition as a key diagnostic element of anxiety (American Psychiatric Association, 2013). Researchers only began to investigate and link the psychological phenomenon of worry in the late 1970's, with early investigations suggesting that worry was a crucial, cognitive aspect of anxiety (Borkovec & Newman, 1998). Borkovec et al. (1998) expanded and formalised a definition of worry as “...*a chain of thoughts and images, negatively affect-laden and relatively uncontrollable. The worry process represents an attempt at mental problem-solving on an issue whose outcome is uncertain but contains the possibility of one or more negative outcomes*” (p.448). This definition has supported subsequent research, leading to confirmation and agreement that worry is distinct from, but vitally related to anxiety (Davey et al., 1996).

Behar et al. (2005) found that while worry may include image-based cognitions, it is more likely to manifest as verbal cognitions. These verbal cognitions manifest as a narrative for many individuals, where an individual contemplates various ‘bad luck’ stories of possible

negative outcomes for a future event (Davey, 1994). Because of this, worry has been argued to be a problem-solving technique, although Davey (1994) posits it to be one which is “...*extremely inefficient and ineffective*” (p. 337).

The intensity of experiencing worry is often placed on a continuum from mild and constructive at one end to chronic and intrusive at the other (Kelly & Miller, 1999). Worry that is seen to be less severe is seen as adaptive, as it brings potential threats or problems to the attention of the individual, prompting a shift in attention and timely resolution (Davey, 1994). On the other end of the spectrum, chronic worry is associated with generalised anxiety disorder (American Psychiatric Association, 2022), and is negatively related to the development of stress and overall life-satisfaction (Paolini et al., 2006).

It is important to understand the purpose and possible implications of worry when considering its role in the development of anxiety. While worry is seen as a normal or helpful survival strategy, when it is not addressed or managed effectively it can lead to maladaptive coping strategies and ineffective internal narratives, specifically in developing children (Weems, 2008; Aslina, 2020). For children, Weems (2008) refers to worry as a “*maladaptive anxious emotion*” and a primary feature of anxiety which presents across all areas of a child’s life, impacting behaviour, social skills, and academic performance (p.489).

Stress

When left untreated, worry has the potential to develop into stress, which has been found to have a profound impact on the potential development of anxiety (Aslina, 2020). Chansky (2020) described stress as a physical, emotional, or mental state of tension leading to discomfort arising from feeling unable to meet demands placed on the individual by their environment. As stress can result when the requirements of a situation out way the individuals perceived ability to cope with them, is it important to note the implications of

stress on children. Bernard-Bonnin et al. (2002) found that for many children the challenges of their day-to-day lives, such as academics and friendships, may become overwhelming. The combination of overwhelm combined with limited control of circumstances can lead to the development of stress (Bernard-Bonnin et al., 2002). Stress is therefore similar to worry as both involve unpleasant reactions to perceived negative situations. Whereas worry is a cognitive phenomenon, stress responses however, tend to be physiological in nature, featuring bodily changes resulting from exposure to a perceived stimulus by the individual as harmful (Pinel, 2006). This distinction shows that worry tends to be more in the realm of 'mind', while stress manifests in the body, however, it is important to note that stress may be caused by psychological as well as physical stimuli (Landy & Conte, 2016) and there is certain a degree of interaction: that which is worrisome may also be stressful.

Fear

Another component of anxiety is fear. When a stimulus is consistently perceived by the body as worrisome or stressful, an individual may develop feelings of fear towards the perceived threat, risking the development of maladaptive coping mechanisms which can lead to anxiety (Landy & Conte, 2016). In the past, fear and anxiety have been poorly differentiated (Beck & Emery, 2005). Beck and Emery (2005) wrote that "*fear involves the intellectual appraisal of a threatening stimulus while anxiety involves the emotional response from that appraisal*" (p.435). Fear can be defined as a fundamental and adaptive emotion that serves to protect individuals from potential threats or harm (Steimer, 2002). It is commonly defined as an emotional response to a specific stimulus or situation perceived as dangerous or threatening (American Psychiatric Association, 2023). According to the influential Fear Circuitry Model proposed by LeDoux (2012), fear is mediated by a complex network of brain structures, including the amygdala, prefrontal cortex, and hippocampus. These regions work together to process and evaluate sensory information, assess potential risks, and generate

appropriate behavioural and physiological responses (LeDoux, 2012). Fear can vary in intensity and duration, ranging from acute fear responses triggered by immediate threats to chronic fear associated with anxiety disorders (Fanselow & Pennington, 2018; LeDoux, 2012; Öhman, 2008).

In relation to anxiety, fear, and to a lesser extent worry and stress, encompass a range of intense emotional reactions triggered by the anticipation of future events or circumstances (Steimer, 2002). For many people, and specifically for children, anxiety is often most labeled or overlooked as fear or worry linked to the developmental stage (Steimer, 2002).

Anxiety in Children

Anxiety during childhood is typical for development. Children often outgrow this anxiety as they mature, for example being fearful of the dark, bad weather, or strangers (Duvall & Roddy, 2021). However, some children continue to experience anxiety beyond reasonable age norms (Campbell, 2003). Contemporary research into the mental health of children, and specifically the existence and implications of anxiety is sparse, particularly in New Zealand. Overseas literature indicates that primary school aged children may be at increased risk for long term physical health problems, stress-related difficulties, and emotional dysfunction (Headley & Campbell, 2013). When compared to other high-income countries, such as Australia, Canada, and the United Kingdom, relatively more New Zealand children experience poor mental health (Child and Youth Wellbeing Strategy, 2019). In 2020 the United Nations Children's Fund (UNICEF) scored New Zealand an 'F' when it comes to wellbeing outcomes for children, with anxiety being noted as an increasing concern (Gromada et al., 2020). As anxiety is among the most common and debilitating mental health challenge faced during childhood (Costello et al, 2003) and while the manifestations of anxiety in childhood frequently do not fulfil the criteria to be classed as a disorder, they cause some level of impairment or difficulty in over a third of children (Chavira et al, 2004).

Despite the negative impacts of psychological distress on academic performance, achievement, and overall life quality (Wong et al., 2006), research into the mental health challenges of primary school students remains a largely neglected area of research. Browne (2006) reports that the number of children globally who have anxiety is much higher than the those who received a diagnosis. Given the persistent nature and serious consequences of anxiety it is vital that early intervention and prevention are a primary focus (Costello & Janiszewski, 1990).

Factors Impacting the Development of Anxiety

Due to the unique make up of anxiety and the multiple factors involved in the development of anxiety, researchers have instead identified factors that increase the risk of an individual developing anxiety. Some of these factors included genetics, traumatic life events, and parenting styles (Ginsburg & Kinsman, 2014). Additional factors that may predispose a child to develop anxiety include Adverse Childhood Experiences (ACEs) and more recently, the impact of the COVID-19 pandemic (Purewal et al., 2016; Hawes, 2022).

Adverse Childhood Experiences (ACEs)

ACEs are stressful or traumatic events experienced before the age of 18 (Purewal et al., 2016). ACEs include psychological, physical, and sexual abuse as well as exposure to substance abuse, mental illness, violence, and parental incarceration (Harvard Centre on the Developing Child, 2009). ACEs can have a profound effect during childhood and later into adulthood, impacting overall health and employment outcomes (McGraw et al., 2022). While the human brain reacts to thousands of positive and negative stimuli every day, ACEs cause a full, biological fight-or-flight response, reflecting the body's reaction to situations it perceives as a serious threat to protect us in life-or-death situations (McGraw et al., 2022). These neurobiological responses may keep a child safe in a moment of real physical danger, but also come at great developmental cost (Harvard Centre on the Developing Child, 2009).

When children experience multiple or prolonged ACEs, the result is children remaining in heightened states while in situationally safe environments, leading to complex circuits within the brain developing inadequately (Purewal et al., 2016). The development of a brain that has been exposed to ACEs echoes Lang et al. (1998) description of the development of anxiety within the brain as attention shifts from perceived safety to threat.

In 2019, the New Zealand government published the Child and Youth Wellbeing Strategy. The strategy, supported by the Prime Minister and the Minister for Children set out the vision to “*Make New Zealand the best place in the world for children and young people*” (Child and Youth Wellbeing Strategy, 2019, p.2). Feedback provided during the public discussion stages of this strategy’s creation found that young people are concerned about anxiety, with many reporting feeling this way from early childhood (Child and Youth Wellbeing Strategy, 2019).

The distressing reality for many children in New Zealand is that their mental health and wellbeing needs are not being met (Head & PH, 2019). Nearly a quarter of New Zealand youth (up to 250, 000) grow up in poverty and an estimated 300, 000 young people are exposed to family or sexual violence every year (Head & PH, 2019). Almost 7,000 children require state care due to family violence, abuse, or neglect (Head & PH, 2019). These numbers are important when we consider that the children affected by the above statistics are likely to be engaged in formal education. The Child and Youth Wellbeing Strategy (2019) also reports that the number of children requiring and accessing specialist mental health services has more than doubled in recent years (Child and Youth Wellbeing Strategy, 2019).

COVID-19 Pandemic

A more recent contributor to anxiety in children has been the COVID-19 pandemic. While research in this area is relatively new, emerging literature has shown increased levels

of anxiety in school aged children (Jeffs et al., 2020). A study investigating concerns about the reopening of New Zealand schools after the COVID-19 lockdowns found that 79% of caregivers were concerned their children would contract the virus while at school, leading both to children missing school and increased levels of student anxiety for those who did attend (Jeffs et al., 2020). Spray and Samaniego (2023) also found an alarming trend where children were excluded from research investigating the ongoing effects of the pandemic. Findings from their study into children's representation and inclusion in New Zealand's COVID-19 response showed that children were rarely represented and when they were, they were most often represented as passive recipients of adult care (Spray & Samaniego, 2023). A review of the relationship between mental health and loneliness/social isolation in children warned that COVID-19 social distancing measures may be particularly detrimental for young children (Loades et al., 2020). Concerns have been raised around primary school aged children specifically and the potentially negative impacts of the pandemic on their overall mental health and development (Hawes et al., 2022).

Cultural Differences in Understanding Anxiety

Another important consideration relevant to the New Zealand context is cultural differences in the way anxiety is understood. Western and Māori mental health viewpoints differ significantly in their underlying philosophies and approaches. The Western perspective tends to adopt a reductionist and individualistic approach, focusing on diagnosing and treating mental disorders based on biomedical models (Ministry of Health, 2018). Emphasis is often placed on the role of genetics, neurochemistry, and cognitive processes in mental health (Durie, 2009). In contrast, the Māori viewpoint takes a holistic and collective approach, considering mental health as interconnected with spiritual, cultural, and social dimensions (Durie, 2009). As the indigenous people of New Zealand, Māori have a unique understanding of anxiety which is deeply rooted in cultural and spiritual beliefs (Valentine,

2009). The Māori view of mental health and anxiety can be attributed to shifts in the balance of one's wairua (spirit), hinengaro (mind), tinana (body), and whānau (family) connections (Durie, 2009). For Māori, the holistic approach to wellbeing is central, and anxiety is seen as a sign of disharmony within oneself and the wider environment (Valentine, 2009). The concept of hauora, which translates to "*total wellbeing*", reflects this comprehensive perspective (Durie, 2009, p.58). These differences are felt specifically within the education system which remains predominantly westernised (Durie, 2009).

Theodore et al., (2022) found Māori children experienced higher rates of mental health distress when compared with non-Māori. The 2021 Youth19 study showed that emotional and mental wellbeing among Māori children between 2012 and 2019 had declined, dropping from 75% to 67%. In addition to this, there was a significant rise from 14% to 28% in reported symptoms of anxiety among Māori children (Ministry of Health, 2021). Theodore et al. (2022) reported that, on average, Māori students had the lowest levels of mental wellbeing when compared with students of other cultural backgrounds. New Zealand's history of colonisation, and the impacts of social and economic inequities such as family breakdowns, educational disparities and the use of language limitations has led to systematic generational trauma which has a cumulative effect for children especially, directly impacting their feelings of identity, safety, and self-worth, increasing the potential to develop anxiety (Wirihana, 2019). Due to some of these factors, Māori children are significantly more vulnerable to ACEs and the earlier development of poor mental health (Durie, 2009).

Prevalence of Anxiety in New Zealand Children

The New Zealand Health Survey (2018) has found anxiety to be one of the most common forms of psychological distress in young people in New Zealand (Ministry of Health, 2018) with 1 in 5 young people meeting the diagnostic criteria for an anxiety disorder by the age of 19 (Baxter et al., 2013; Ministry of Health, 2018). The Ministry of Health

(2019) reported that of the estimated 39, 000 (4.9%) children between 5-14 years of age that were diagnosed with an emotional or behavioural disorder (in July 2017- June 2018), 24 000 of those children had an anxiety disorder. This equates to approximately 62% of the emotional and behavioural disorder diagnoses that were made during this time. Further to these findings, it is estimated that 50,000 New Zealand children were identified as being highly likely to reach the diagnostic criteria for an emotional or behavioural disorder during their childhood or adolescence, and therefore, potentially experiencing anxiety (Ministry of Health, 2018). The Growing Up in New Zealand study recently noted that *“up to 20% of all children may experience significant mental distress, with onset developing for many before the onset of puberty.”* (Morton et al., 2020, p.108).

Following the above findings, The Ministry of Health (2022) surveyed New Zealand children who were diagnosed with anxiety and found that 5% of males and 1.8% of females between ages 5 and 9 had been diagnosed with anxiety. When these statistics are compared by gender between 2012 and 2022 for children aged between 2 and 14 years it is interesting to note an increase in diagnosis for males, although statistically, more females report feelings of anxiety (Morton et al., 2020). Additional data from the 2022 New Zealand Health Survey shows referrals received by various primary mental health teams in New Zealand from education services are notable from 5 years of age with a large increase in referrals happening between ages 5 and 10 for both male and female children (FigureNZ, 2023). These statistics support the findings of a 2022 Life Education Trust Survey where 2,500 primary and intermediate school principals, deputy principals, and teaching staff reported anxiety to be the biggest issue in New Zealand schools, with 90% saying it was a major concern, an increase from 86% in 2020 (Life Education Trust, 2022). These findings are particularly concerning when most of the work being done to address youth mental health is focused on intermediate

and high school students, despite a clear indication that children in primary school are developing anxiety (O'Connell, 2022).

Manifestations of Anxiety in Primary School Students

While the term anxiety has been applied to a vast range of sensations and somatic symptoms, and although many of these manifestations may be related on a conceptual level, their presentation may be remarkably dissimilar, especially during childhood (Ginsburg & Kinsman, 2014). An increasing awareness of mental health challenges has led to increased pressure placed on schools, and therefore teachers, by governments and mental health organisations to identify, reduce, manage, and prevent anxiety in children (Figuroa, 2013). Ehmke (2020) discussed the complexities and impacts anxiety has on a child at school and noted that the key challenge to its management is simply identifying it, especially in younger children. They described anxiety in a classroom as a brain which is both in overdrive and locked simultaneously. Anxious children may also be frequently overly self-critical, doubting their abilities, leading to poor academic performance, and negatively impacting on relationship and social skills (Bethell et al, 2014). The high comorbidity rates of anxiety with other diagnoses, such as Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD), also play a role in difficulties in clearly identifying its manifestations, especially in younger children within a school setting (Campbell, 2003).

Due to the challenges posed by identifying anxiety in younger children, Layne et al., (2006) used the Multidimensional Anxiety Scale for Children (MASC) to assess which manifestations of anxiety were associated with greater teacher awareness. They found that American teachers were most likely to identify children who displayed overt or externalising manifestations, consistent with being highly anxious, such as disruptive behaviours, social difficulties, or separation anxiety. However, it appears that the inherent nature of internalising manifestations of anxiety, such as perfectionism, poor concentration, or social withdrawal,

present a challenge for teachers to recognise (Headley & Campbell, 2013). Consistent with this, studies have found that although teachers are able to recognise the presence of psychological distress, they report being more concerned about children with externalising manifestations due to their impact on classroom management and overall learning time (Loades & Mastroyannopoulou, 2010; Papandrea & Winefield, 2011; Walter et al., 2006). Some research has also found that teachers frequently fail to notice children with internalising manifestations of anxiety because these children are often perceived to be well behaved (Molins & Clopton, 2002). Other research reports that teachers may assume the internalising manifestations of anxiety will improve as the child matures and becomes more resilient (Greene et al., 2009).

The Life Education Trust (2022) runs in-school education across New Zealand, covering topics which include mental health and wellbeing. They surveyed leaders from primary schools who had taken part in their Healthy Harold programme to identify the pressing issues for children today. In 2022, 88% of primary school leaders reported student anxiety to be a concern (Life Education Trust, 2022). The findings of this survey pointed to mental health, wellbeing and the behaviours of primary school children being largely impacted early on in their school careers and showed an overall decline in emotional and mental wellbeing of school children in New Zealand (Life Education Trust, 2022). Findings from the Life Education Trust (2022) report showed 23% of children experienced significant symptoms of anxiety and one in five children reported *“Feeling really sad or stressed about things most of the time”* (p.4). The Trust released a statement regarding the most recent findings *“Research identifies many New Zealand children are struggling with anxiety and challenges to their mental health, and the present uncertainty is adding to the existing challenges. School leaders are reporting that children need support in developing their resilience, to prepare them to navigate life’s challenges.”* (Life Education Trust, 2022, p.23).

Further findings from this survey found a steady increase in demand from primary schools requesting support for students mental and emotional wellbeing (Life Education Trust, 2022). In support of this, Anxiety NZ has reported a 40% increase to their call center when compared with data prior to 2018 and emphasise a clear cause for concern for the mental wellbeing of children in New Zealand (Life Education Trust, 2022).

Impacts of Student Anxiety on School Life

Mental health challenges and distress can compromise cognitive and socio-emotional skills in children, negatively impacting on the likelihood of academic success (Bethell et al., 2014). Children with anxiety, as well as those with higher ACEs, have lower educational performance and more behavioural challenges in the years between starting their school careers and year 8 (Bethell et al., 2014). Mental health challenges, and anxiety specifically, are associated with an increased risk of disengagement from school within the early years of a child's academic career (Morrow & Villodas, 2017), resulting in children being twice as likely to disengage from school (Bethell et al, 2014). Ehmke (2020) highlighted challenges such as attendance, engagement, and truancy as well as behavioural problems such as tantrums, aggression or constant approval seeking to cause lost learning time. Stand-downs and expulsions are frequently cited as challenges faced by schools when students experience emotional distress (Bethell et al, 2014). Māori children are disproportionately affected by the above when compared to peers of other ethnicities (Johnson, 2023). The 2019 Child and Youth Wellbeing Strategy identified poor school attendance and engagement as major factors contributing to poor wellbeing and mental health for children (Child and Youth Wellbeing Strategy, 2019). This demonstrates a possible challenge and disconnect, where children's mental health is impacted negatively by not being at school and also contributes to students staying away from school.

Conroy et al. (2020) found school-based accommodations were common practice for students with anxiety. An accommodation in education is defined by Killu and Crundwell (2016) as “*an alteration of environment, curriculum format, or equipment that allows an individual to gain access to content and/or complete assigned tasks*” (p.32). Attempts to identify which accommodations are used and the reasons they are selected have not been extensively researched. However, recently Conroy et al (2020) found that higher stress and emotional exhaustion among teachers predicted greater use of avoidance orientated accommodations, whereas higher teacher mental health literacy predicted greater use of approach orientated accommodations.

While anxiety as a stand-alone challenge has not been extensively researched within the primary school context, reports over the last five years from the New Zealand Ministries of Health and Education, along with those from school principals and community service providers point to an increasingly overlooked cause of the above-mentioned challenges.

Anxiety Legislation in New Zealand Primary Schools

While there is increasing recognition of the impacts of anxiety on life at school, currently New Zealand has no specific legislation pertaining to the management of anxiety in primary schools. The Education and Training Act (2020) does however include anxiety under the umbrella of mental health. The Education and Training Act (2020) states that “*the principal of a state school must take all reasonable steps to ensure that students get good guidance and counselling*” (p.91). This means that students should have access to a professionally trained counsellor (The Education and Training Act, 2020).

At the time of this study, New Zealand had 2,563 schools, including state and state-integrated schools in 10 regions across the country, covering years 1-13 (Education Counts, 2023). In 2022, New Zealand had 79,950 registered teachers with 41,807, or 57%, being primary school teachers (Education Counts, 2023). In July 2020, the New Zealand

government announced funding for counselling in “*around 200 schools*” across years 1-13 (Flanagan, 2021). The term counselling is also used broadly on the Ministry of Education website (2023), “*it's about providing the best solutions for the situation and the people involved. Schools have been working with community-based providers to put in place supports for ākonga and their whanau, whole-school, or group initiatives. Where needed, referrals will be made to other services or professionals in their community.*” (para.9).

Targeted funding to employ a mental health professional is therefore only available for a small number of schools nationwide and is allocated based on various factors from a new equity index (Ministry of Education, 2021). One of the key factors for a school to qualify for funding is the number of students on their roll (Ministry of Education, 2021). Flanagan (2021) interviewed senior school leaders, counsellors and community organisations who support primary school students and reported that a lack of funding due to small roll size was highlighted as a key theme.

All schools in New Zealand are legally required to offer access to support, guidance and counselling, known as Pastoral Care (Education and Training Act, 2020). However, when funding for professionally trained counsellors is not available, many schools, and specifically primary schools, need to generate funding through other avenues (Flanagan, 2021).

Currently, counselling in primary schools is often funded through the Special Projects allocation, such as family violence prevention, response to traumatic events, and more recently, the Ministry of Education’s Urgent Response Fund. In some cases, the school principal and Board of Trustees may discern that the need justifies self-funding (Flanagan 2021).

As primary schools are often smaller in roll size when compared to intermediate or high schools, the job of pastoral care is likely covered by the Special Education Needs Coordinator (SENCO) within the school (Education Review Office, 2015). This is an

additional paid unit and is most commonly allocated to a senior teacher or Learning Support Co-ordinator (LSC) (Ministry of Education, 2017). While the role of the SENCO is varied, it holds the responsibility for alternative and special education resourcing and plan development. However, it is unclear if specific qualifications or training is required (Storer, 2002).

The Role of Teachers and Schools

Neil and Christensen (2009) suggest early intervention for anxiety could successfully improve outcomes, yet the signs and symptoms of anxiety are frequently undetected and left untreated in children. Although children are considered to be reliable and valid informants of their own feelings, thoughts, and behaviours when questioned by trained professionals and when assessed using standardised rating scales, children may not be fully aware that they are experiencing nontypical thoughts or feelings (Brown-Jacobsen et al., 2011). Children experiencing anxiety may also have poor social skills (Wood, 2006) and low self-esteem (Sowislo & Orth, 2012), both of which may prevent them from reporting symptoms or seeking help. Children must therefore rely on the adults around them to recognise the signs and symptoms of anxiety.

With the publication of the Child and Youth Wellbeing Strategy in 2019, an emphasis on the early identification of mental health challenges in children is specifically at the forefront. Stahl and Clarizio (1999) found that teachers could be a valuable source of information regarding the existence and manifestation of anxiety in students. Primary school teachers are recognised as often being the first adults outside of the family unit to identify mental health concerns in children, and parents often rely on them for guidance and support in these matters (United Kingdom Department for Education, 2011).

Campbell (2003) reported teachers not only have more opportunities to compare children across the same developmental age and stage but are also well placed to observe

children in situations and environments that other adults may not have access to. In recent years, there has been a growing emphasis on mental health in New Zealand schools, with teachers increasingly relied on to not only identify children who may face mental health challenges, but to also support them in a mainstream classroom and submit reports for organisations such as the Infant, Children and Adolescent Mental Health Service (iCAMHS) or Children's Development Teams (Head & PH, 2019). Through the implementation of the Child and Youth Wellbeing Strategy (2019), teachers are increasingly being asked to identify students eligible for school-based interventions for various mental health challenges, including anxiety (Head & PH, 2019). However, Lyneham and Rapee (2011) warn that the accuracy of these identifications "*Has not been investigated and may be highly reliant on the teacher's personal definition of anxiety, and recognition of symptoms.*" (p.365). Therefore, if teachers are to be called upon to identify and report student anxiety, evidence that they are adequately trained and skilled to do so is critical (Cunningham & Suldo, 2014).

While the possible implications of parents' and guardians' mental health on their reports of children's symptoms of anxiety have been vigorously investigated (Bitsika et al., 2015), the connection between teacher training and understanding of anxiety and their reports of students' anxiety has not. This leads to an interesting discrepancy in the available literature as to whether psychological wellbeing is positively (Davis & Kraus, 1997) or negatively (Harkness et al., 2005) associated with greater teacher 'empathic accuracy'. Empathic accuracy is described by Ickes (1997) as the extent to which observation, knowledge, memory, and reasoning are successfully combined, forming insights into the subjective experience of others, which may impact teachers' understanding and perception of anxiety in their students. Solmi et al., (2022) explored the relationship between teacher's day-to-day classroom management practices and anxiety in primary school children and found that almost 40% of anxiety disorders first emerge before the age of 14. The Life Education Trust

Survey (2022) found that teachers reported higher levels of emotional distress in their students and were increasingly feeling out of their depth when managing behavioural issues brought on by children who were not equipped to manage the daily stressors or situations they found themselves in. Fisak et al. (2011) discuss how the non-clinical nature of a school, its familiarity and relative proximity to the child and their family home may also contribute to the reduction of stigma and ease of access necessary for effective engagement with mental health support. Therefore, primary schools are an invaluable setting and are ideally placed to provide a crucial role in identifying those at risk of developing mental health difficulties (Manley et al., 2023).

New Zealand Primary School Teacher Knowledge and Training on Student Anxiety

While there has been increasing focus globally on improving the accessibility to mental health services for children as well as the role of schools in identifying, promoting, and preventing mental health problems (Child and Youth Wellbeing Strategy, 2019), it is recognised that teachers receive little to no education or training in children's mental health as part of their teaching qualifications (Gowers et al., 2004). Congruent with teachers' reports, this gap in training could leave teachers under prepared to identify and appropriately respond to the needs of anxious students (Green et al., 1996; Rothi et al., 2008; Rothi et al., 2005; Headley & Campbell, 2013). Schools have a responsibility to ensure relevant professional learning opportunities and support for teaching staff are available to establish a school environment that is safe and supportive (Education Review Office, 2021). Therefore, it is important to investigate teachers' knowledge and understanding of anxiety.

However, research into teachers' knowledge, understanding and definitions of anxiety in primary school children is limited (Headley & Campbell, 2013). Current research into mental health challenges in childhood focuses predominantly on comparing externalising behaviour challenges and internalising disorders, with anxiety frequently being classified as a

symptom of something else, rather than a stand-alone concern (Campbell, 2003). Bryer and Signorini (2011) investigated Australian student teachers' knowledge of anxiety in primary school children, finding that incidental exposure such as the personal experiences of friends and family, social media and their individual school-based practicum were the main knowledge sources for student teachers and that this exposure contributed to their perceptions of manifestations of anxiety in the classroom. Papandrea and Winefield (2011) found that Australian teachers recognised that there was an expectation for them to identify symptoms of anxiety in students, however, they did not feel sufficiently capable to put this expectation into practice due to a lack of training. It is not clear whether teachers in New Zealand share a similar experience.

Similar results have been reported in the United Kingdom (Rothi et al., 2008) and America (Walter et al., 2006). Rothi et al., (2008) found that while teachers reported feeling confident in identifying students who were experiencing 'anxiety problems' and those who might need assistance, they were unsure whether the child's presentation constituted a mental health problem, a behavioural or discipline problem, psychological distress, or an emotional behavioural difficulty. This supports the idea that while teachers can identify children in need, there may be a knowledge gap, leading to difficulty identifying and understanding children's emotional or psychological problems (Rothi et al., 2008).

Examination of the current coursework requirements for New Zealand education qualifications supports the findings of Gowers et al., (2004) as well as Headley and Campbell (2013) that teachers receive little to no education or training in childhood anxiety as part of their training. There are currently no formal guidelines to indicate what depth or degree childhood mental health must be covered in teaching qualifications, allowing the individual training providers to decide on the level of information their students receive (Teaching Council of Aotearoa New Zealand, 2023). The Mental Health Education Guidelines, which

were published by the Ministry of Education in 2022, are the current resource used for teacher education and are included in programmes through the Health and Physical Education curriculum and inclusive education planning (Teaching Council of Aotearoa New Zealand, 2023). While there is ongoing professional development available to teachers and schools, predominantly posted via the Ministry of Education's website, it is up to each individual schools to implement and manage additional training for their teachers (Ministry of Education, 2023). This is congruent with reports from teachers of feeling inadequately prepared to both recognise and manage students with mental health challenges because they have not received this specific training (Green et al., 1996; Rothi et al., 2008; Headley & Campbell, 2013). The importance of upskilling teachers is clear, as most referrals for children with mental health concerns are being made while children are in primary school (Headley & Campbell, 2011).

Purpose of the Current Study

Gaining insight into teachers' understanding of anxiety and how it manifests in primary school students is vital for understanding how anxious children are managed and supported in New Zealand primary schools. If primary school teachers do not understand the complexities of anxiety or have the ability and resources to identify potentially anxious students it is unlikely that these students will receive support (Bethell et al., 2014). However, if primary school teachers can identify potentially anxious students early, outcomes such as continued mental health challenges, social functioning, and academic performance may improve (Headley & Campbell, 2011). By being adequately trained and equipped to understand, identify, and manage anxious students', teachers are provided a greater opportunity to focus on their key role of facilitating the learning process as opposed to focusing on behaviour management and pastoral care.

Given the limited research investigating teachers understanding and management of

students with anxiety within New Zealand primary schools this study invited teachers from three primary schools in Rotorua, New Zealand, to complete a paper-based questionnaire to explore: a) New Zealand primary school teachers' definition of anxiety, b) how teachers recognise when a primary school student is experiencing anxiety within their classroom, c) what supports are currently available within the New Zealand mainstream primary school system for managing anxious students, d) teachers ability to recognise the severity of anxiety in a primary school student, and e) if teachers feel that COVID-19 and the associated lockdowns has impacted primary school students anxiety levels.

Methodology

Participants

Three primary schools from across Rotorua, New Zealand, were selected for this study. The three schools ranged in decile from 2 – 9, serviced urban and semi-rural communities, and had diverse student and teacher demographics. Due to their geographical location, the three primary schools belong to the same Kahui Ako (group of education providers that form around children's learning pathways). At the time of the study, Owhata Primary School was a decile two, predominantly Māori, co-educational primary school, with both mainstream and rumaki (Māori medium) learning spaces and a current roll of 259 year 0-6 students. Rotokawa Primary School had a lower total student population of 151 between years 0 and 6. Rotokawa Primary was listed as a decile four, co-educational primary school catering to families living on the outskirts of Rotorua. Rotokawa Primary offers a unique mix of rural and urban diversity. Lynmore Primary School is a decile nine primary school with a predominantly NZ European/Pakeha student contingent. Lynmore Primary services a more affluent socio-economic area with the largest total roll among the three schools with 597 year 0-6 students.

All currently registered teachers working at Lynmore Primary, Owhata Primary, and Rotokawa Primary School were eligible and invited to participate in the study. The three schools had a total teaching cohort of 61 teachers. Of the three schools, a total of 52 teaching staff were met with and given the opportunity to participate. A total of 32 research packs were returned, with nine packs returned incomplete. Consequently, 23 questionnaires were analysed in the study.

The participants comprised 18 female and five male teaching staff, with teaching experience ranging from newly qualified to more than 20 years in the profession. Participants had local and international heritage and qualifications and had teaching experience across multiple year levels.

Preliminary Consultation with Schools

Prior to the commencement of the study, preliminary consultations were conducted individually with each school's principal, deputy principal, and SENCO if available. The deputy principal held the SENCO position at Owhata Primary and Rotokawa Primary. This initial consultation took place to ensure that the research aims were appropriate, targeted to areas of need, and relevant and valuable to the wider Kahui Ako these schools belong to. All information on the purpose of the study, data collection procedure and possible feedback were covered during these consultations. Dates were then allocated and set for consultations and data collection with teaching staff. Each school principal approved these dates, and Owhata Primary and Lynmore Primary principals signed a consent form. The deputy principal signed the consent form for Rotokawa Primary, confirming the dates and procedure (consent forms for each school can be found in Appendix B).

Survey Instrument

The paper-based teaching staff questionnaire used for this study was adapted from the Teachers' Anxiety Identification and Referral Questionnaire (TAIRQ) developed by Headley and Campbell (2011). The TAIRQ is an Australian tool designed to explore primary school teachers' knowledge of excessive anxiety symptoms in their students. The first section of the questionnaire comprised socio-demographic information (age, gender, teaching experience, both years and grade levels, as well as the training institution where the teacher obtained their

teaching qualification) and the degree to which childhood anxiety and its manifestations were covered during their training.

The second section of the questionnaire was used to understand teachers' knowledge of anxiety and explore insights into the services and supports available within New Zealand primary schools. Open-ended questions were included, such as "What is anxiety?" and "How would you tell if a child in your classroom was excessively anxious?". Teachers were also asked to identify their own professional development concerning anxiety and managing anxious students, as well as the supports and accommodations offered within their school.

The third and fourth sections of the questionnaire explored teachers' identification of expected and unexpected anxiety manifestations in their students. Research by Manley et al. (2023) and Headley and Campbell (2013) report that teachers are more likely to identify externalising manifestations, such as crying, task avoidance or 'bad behaviour', than the internalising manifestations of anxiety, such as perfectionism, blind obedience, and daydreaming, specifically in primary school students. Due to these findings, the order of the questionnaire was carefully selected to limit the possibility of leading or informing responses (Headley & Campbell, 2011). To understand this, participants were given five scenarios, four of which depicted primary school students with specific anxiety manifestations, increasing in severity for each scenario. A fifth scenario was added to represent a student with minimal symptoms of anxiety and extroverted tendencies to clearly distinguish it from the other scenarios (Green et al., 1996; Headley & Campbell, 2011). Following each scenario, participants were asked, "If this child was in your classroom, would you seek additional assistance for them?". Participants answered using a rating scale of 5 -definitely would to 1-definitely would not. Participants were asked to rank the five students from the scenarios in order of their need of assistance (see Appendix F for a copy of the scenarios).

The final section of the questionnaire explored teachers' perceptions of how COVID-19 and the associated lockdowns may have impacted student anxiety levels. Teachers were asked to list the three main impacts felt within their classrooms to assess teachers' thinking and experiences with anxious students during the pandemic (see Appendix E for a copy of the questionnaire).

Procedure

The study was introduced to all staff members during their weekly staff meeting by each school principal, and the school's formal approval to participate was shared. Principals ensured staff understood their rights, confirming that no staff members were obligated to participate and that, should they choose to participate, no information would be shared with the school in any identifiable form. All teaching staff were given the opportunity to participate and were given research packs. After an introduction of the study by each principal, the aims of the study were discussed with all teaching staff, as well as the data collection and storage process, reiterating confidentiality and the voluntary nature of participation.

As it is essential that participants feel comfortable with both the process and the researcher, *whakawhanaungatanga*, which is the process of making connections, establishing relationships, and building trust, took place during each staff meeting.

Whakawhanaungatanga is a key process in Māori culture, which is a predominant culture in Rotorua (Durie, 2001). Though ethnicity was not a prerequisite for this study, it remains an essential process for anyone identifying as Māori (Durie, 2001) and invites connection for all. The cultural advisor for the Kahui Ako guided *whakawhanaungatanga* and, by doing so, ensured that both the teaching staff and researcher were more comfortable, connected, and relaxed prior to commencing discussions regarding the study. Finally, the researcher answered any questions regarding qualifications, experience, and current work.

All teaching staff were provided with a survey pack in a resealable A4 envelope, which included an information sheet, a consent form to sign and return and the questionnaire (copies of the participant information sheet can be found in Appendix C, and the participant consent form can be found in Appendix D). The information sheet provided details of the study aims, what participation would entail, and participant rights should they choose to participate. The information sheet also included the researcher's email address and phone number should participants have questions or concerns about the study that they wish to avoid publicly discussing.

It was requested that all survey packs (completed or not) be returned to a sealed box that was left in each school staffroom for one week, ensuring confidentiality could be protected and that no individual could be identified by other staff members when returning research packs to the box. As confidentiality was a key area of concern, all participants were also deidentified, therefore no identifying information was included in any analysis.

After each staff meeting, where the researcher discussed the study and provided teaching staff with survey packs, brief notes were taken by the researcher to track any initial thoughts from the meeting and any immediate feedback. This was important to ensure reflexivity (Braun & Clarke, 2013). The researcher collected all surveys, and the data was transferred into digital files. All questionnaires and consent forms from the schools and the participants were stored on a password-protected computer in accordance with The University of Waikato's Code of Ethical Conduct.

Ethical Considerations

In New Zealand, the research approval guideline process has been developed to protect all human participants. These ethical research guidelines protect the researcher and the research participant by providing a framework that ensures all research meets ethical and

legal requirements. The University of Waikato's ethical regulations require that any potential researcher complete and submit an ethical application for the proposed research outlining how they intend to adhere to these ethical and legal requirements. Formal approval to conduct the study was granted by The University of Waikato Human Research Ethics Committee (approval number is HREC(Health)2022#42) (see Appendix A for The University of Waikato Ethical Approval).

Kaupapa Māori

Statistics on mental health deprivation for Māori are significantly high compared to non-Māori living in New Zealand (Organisation for Economic Cooperation and Development, 2022). Any mental health research in New Zealand directly impacts mental health outcomes for Māori. Therefore, it is essential for research integrity that a Kaupapa Māori approach is included as part of the research methodology (Walker et al., 2006). Because this study uses a mixed-method approach of qualitative and quantitative data collection, research participants are empowered to reflect on their interpretations and perceptions. Using a Kaupapa Māori methodology is important so that Māori participants have ownership of any knowledge gained (Durie, 2009). Understanding Kaupapa Māori methodology will therefore support the researcher to respect Māori protocols when engaging with Māori research participants.

When designing the research, meeting with a cultural advisor for the three primary schools was essential to ensure correct procedures were followed, and the mana of all those involved was upheld. The researcher met with the cultural advisor to assess the information sheet, consent form, and questionnaire for cultural appropriateness and discussed the best way to collect data. It was recommended that the process of whakawhanaungatanga be held at each primary school to ensure all teaching staff were given the opportunity to build trust with the researcher before being asked to participate.

These meetings also highlighted vital elements to be observed when facilitating the survey and meeting with teaching staff:

- Being aware of the implications of Te Tiriti Ō Waitangi (Treaty of Waitangi).

The researcher understood and respected the importance of upholding all elements stated within the treaty.

- Kia Tūpato (be cautious).

The researcher took caution in protecting the confidentiality of all research participants.

- Kaua e takahia te mana o te tangata (take care not to trample the mana of people).

The researcher was transparent about the research, its aims, purpose, and expected outcomes.

- Kanohi kitea (the seen face). An important element for whakawhanaungatanga.

The researcher ensured in-person discussions were held with principals while gaining permission to conduct the research and with teaching staff when recruiting participants.

Data Analysis

This study involved a mixed methods approach. Quantitative data was analysed using Microsoft Excel. This allowed the researcher to order, sort and filter the datasets and identify potential data trends. Microsoft Excel's data validation features ensured that data integrity and accuracy were maintained.

The qualitative sections were analysed thematically to provide a broader picture of an issue that is currently under-researched. The current research assumes that what participants say is explicitly what they mean (Braun & Clark, 2013). This form of analysis does not aim to fit data into preconceived codes and themes but instead aims to build and create themes based explicitly on the data available (Braun & Clark, 2006). Braun and Clarke (2019) state that the desirable number of participants in master's level research using thematic analysis is

between eight and ten, making the current cohort of 23 respondents sufficient to gather enough information for analysis. Fowler (2020) recommends that inferential statistics not be used on a sample size under 30 due to the probability of potential bias.

Results

Data analysis was split into five sections and is presented following the format of the questionnaire.

Section one: Demographic information

The first section of the survey (questions 1.1-1.6) collected respondent demographic information and is shown in Table 1. A total of 23 respondents were included in this study, of which 43% came from Owhata Primary, 26% from Rotokawa Primary and 30% from Lynmore Primary. Respondent ages ranged from under 30 years to over 60 years, with teaching experience ranging from one year to over 21 years. Respondents had both local and international heritage and teaching experience. The majority of respondents identified as New Zealand European and female, and most respondents had taught for between 6 and 10 years and had been trained at Canterbury University.

Table 2 illustrates the extent to which anxiety was covered during the respondent's teacher training analysed by tertiary institution. While one respondent reported anxiety was moderately covered by Otago University and two respondents who had attended Massey University and Te Wananga o Aotearoa reported it was somewhat covered, all other respondents, from both New Zealand and international training institutions reported anxiety as either not covered at all during training or covered to a limited degree.

Table 1*Demographic information of respondents (question 1.1-1.5)*

		n	%
SCHOOL	Owhata Primary School	10	43.5
	Rotokawa Primary School	6	26.1
	Lynmore Primary School	7	30.4
AGE	<30-35	5	21.7
	36-40	4	17.4
	41-45	3	13.0
	46-50	3	13.0
	51-55	3	13.0
	56-60	0	0.0
	60+	4	17.4
ETHNICITY	Unknown	1	4.3
	NZ European	11	47.8
	Māori	5	21.7
	Other	7	30.4
GENDER	Male	5	21.7
	Female	18	78.3
YEARS TAUGHT	1-5	1	4.3
	6-10	8	34.8
	11-15	6	26.1
	16-20	2	8.7
	21+	6	26.1
QUALIFICATION OBTAINED FROM	Auckland University	3	13.0
	Canterbury University	5	21.7
	Christchurch College of Education	1	4.3
	Waikato University	2	8.7
	Massey University	2	8.7
	Otago University	1	4.3
	Te Wananga o Aotearoa	3	13.0
	UK	2	8.7
	Australia	3	13.0
University of South Africa	1	4.3	

Table 2

Degree to which anxiety was covered during teacher training analysed by the institution the teaching qualification was obtained from, displayed as a percentage (question 1.6)

QUALIFICATION FROM	NOT AT ALL	LIMITED	SOMEWHAT	MODERATE	FULLY
Auckland University	66.7	33.3	0.0	0.0	0.0
Canterbury University	60.0	40.0	0.0	0.0	0.0
Christchurch College of Education	0.0	100.0	0.0	0.0	0.0
Deakin University	100.0	0.0	0.0	0.0	0.0
Massey University	0.0	50.0	50.0	0.0	0.0
Otago University	0.0	0.0	0.0	100.0	0.0
Te Wananga o Aotearoa	66.7	0.0	33.3	0.0	0.0
UK	0.0	100.0	0.0	0.0	0.0
University of Aberdeen	100.0	0.0	0.0	0.0	0.0
University of South Africa	0.0	100.0	0.0	0.0	0.0
University of Sydney	100.0	0.0	0.0	0.0	0.0
Victoria University	100.0	0.0	0.0	0.0	0.0
Waikato University	50.0	50.0	0.0	0.0	0.0

Section Two: Teachers understanding of anxiety in primary school students, their confidence to manage student anxiety, and their awareness of available support within their schools.

Section two of the survey (question 2.1-2.17) began with two qualitative questions exploring teachers' definitions of anxiety and how they would identify an excessively anxious student in their class. Questions 2.1 and 2.2 were analysed thematically to understand themes and subthemes. These themes and subthemes are reported below.

What is anxiety? (Question 2.1)

Thematic analysis of responses revealed three key themes: definitions of anxiety; the normality of anxiety, and the context of anxiety. Subthemes were identified for each theme to gain deeper understanding. All respondents defined anxiety as an emotional response, followed by 60% of respondents defining it as a physiological response. Anxiety as a cognitive response and an inability to cope was defined by an equal number of respondents. Lastly anxiety was defined as a behavioural response by 30% of respondents. Other themes identified were the normality of anxiety as well as the context of anxiety.

Definitions of Anxiety

Anxiety is an Emotional Response. Every respondent recognised anxiety as an emotional response. While respondents reported some variation in identified emotions, they primarily viewed anxiety as being synonymous with worry, fear, stress, and feelings of uncertainty.

“A state of worry, fear, uncertainty and at times overwhelm” (Study ID:001, Female, 10-15 years teaching experience).

“Long lasting worry” (Study ID:017, Female, 5-10 years teaching experience).

“A sense of unease, worry or uncertainty” (Study ID:008, Female, 21+ years teaching experience).

Anxiety is a Cognitive Response. Multiple respondents reported anxiety being associated with a cognitive or thought process. The primary cognitions reported focused on excessive or constant worry and concern. Many respondents also reported anxiety as involving unhelpful thought processes such as negative or irrational thoughts or catastrophising.

“Stress, nervousness, worry, usually excessively” (Study ID:007, Female, 21+ years teaching experience).

“Constant nervousness or concern about normal situations” (Study ID:011, Female, 5-10 years teaching experience).

“Heavy thoughts and feelings that stop you being able to do the day-to-day things you would normally enjoy” (Study ID:014, Male, 10-15 years teaching experience).

Anxiety as a Physiological Response. Some respondents defined anxiety using physiological symptoms, such as an increased heart rate, fight or flight response or tears.

“Feelings of uncertainty, a fight or flight response, increased heart rate, panic” (Study ID:018, Female, 1-5 years teaching experience).

“Not feeling comfortable, feeling insecure, often with tears in younger children” (Study ID:023, Female, 5-10 years teaching experience).

Anxiety as a Behavioural Response. Behavioural responses were reported as a less common characteristic when defining anxiety. Some respondents associated an emotional response with its impact on a student’s behaviour while others noted more general changes in behaviour.

“A fear of the unknown which affects the way you behave” (Study ID:009, Female, 10-15 years teaching experience).

“Constant stress and worry affecting behaviour” (Study ID:019, Male, 10-15 years teaching experience).

“Withdrawn or avoidant/ disruptive behaviours” (Study ID:015, Female, 21+ years teaching experience).

Anxiety is Being Unable to Cope. Respondents commonly noted this theme as a defining feature of anxiety, with several respondents reflecting the belief that the inability to

cope with change, the unknown, or with pressure of daily life being a key feature of defining anxiety.

“Not coping with and avoiding work or tasks” (Study ID:020, Male, 15-20 years teaching experience).

“When someone is unable to cope with change or manage new daily challenges” (Study ID:013, Female, 10-15 years teaching experience).

“Concerns about the unknown that become stressful and hard to manage” (Study ID:006, Female, 5-10 years teaching experience).

The Normality of Anxiety

Despite being asked about anxiety in general terms, respondents reported two distinct subthemes regarding their perceptions of the normality of anxiety.

Anxiety is Normal. Only two respondents provided a response which indicated an understanding that anxiety is a part of the normal human experience and may be unavoidable when presented with perceived danger, risk, or challenging situation.

“A fight or flight response” (Study ID:018, Female, 1-5 years teaching experience).

“Part of learning about new things and how to cope with them especially for children” (Study ID:021, Female, 10-15 years teaching experience).

Anxiety is Not Normal. A number of respondents defined anxiety as a deviation from normal or expected emotions.

“Anxiety is a disorder characterised by worry, stress, and fear of the unknown” (Study ID:002, Female, 5-10 years teaching experience).

“A response that is wrong or does not fit the situation” (Study ID:022, Male, 21+ years teaching experience).

Anxiety in Context

The final theme indicates that respondents were aware that anxiety is contextual.

Anxiety has Impacts / Consequences. Respondents reported anxiety to have significant impacts and consequences across all areas of functioning. This included social skills, behaviour, and academic performance. Responses indicated that teachers perceived anxiety as often impacting negatively on performance in these areas.

“Nervous around others, often withdrawn or clingy” (Study ID:003, Female, 21+ years teaching experience).

“Avoidance of challenging tasks and frequently needing reassurance around others” (Study ID:006, Female, 5-10 years teaching experience).

“Often leads to emotional outbursts and or meltdowns” (Study ID:010, Male, 5-10 years teaching experience).

No respondents indicated anxiety as having a positive effect on performance in any area.

Anxiety is Situational. A small portion of respondents considered that anxiety is often influenced by or occurs in specific environments or situations. Respondents noted these situations were most likely unfamiliar, disrupted, socially related, or anticipated situations.

“Happens during changes or doing an activity for the first time” (Study ID:002, Female, 5-1- years teaching experience).

“When children or worried or stressed and become overwhelmed or over stimulated by their environment” (Study ID:001, Female, 10-15 years teaching experience).

Anxiety is Varied. Two respondents reported that anxiety had unique, individual causes and affected people differently.

“A unique emotion caused by factors outside of an individual's control” (Study ID:004, Female, 15-20 years teaching experience).

“Feeling unstable or unsafe in a way that is sometimes hard to describe or identify is it can be so unique to the person experiencing it” (Study ID:010, Male, 5-10 years teaching experience).

How would you tell if a student in your classroom was excessively anxious? (Question 2.2)

Thematic analysis of question 2.2 identified five themes and seven subthemes. The most commonly reported theme was behavioural indications such as security seeking, avoidance, nervousness, and changes in behaviour. Taking note of a student's emotional state, and the physical manifestations of anxiety were the second most frequently reported way, respondents tell if a student was anxious. Lastly respondents identified direct reports by students, as well as the consequences of their anxiety as ways to identify if a student in their classroom was excessively anxious. Subthemes of the consequences of anxiety included academic, social and adjustment consequences.

Physical Manifestations

Respondents noted that they relied heavily on physical signs to inform them if a student was excessively anxious. This included a student's body language, facial expressions, and physiological signs.

“Fidgeting, multiple trips to the toilet or for water, general inability to sit still” (Study ID:008, Female, 21+ years teaching experience).

“Refusal to join in, facial expressions and body language or crying often” (Study ID:009, Female, 10-15 years teaching experience).

Emotional State

A number of respondents indicated that excessive anxiety in their students was identified by recognising the students' emotions. While they did not provide detail on how this was done, two respondents acknowledged the importance of the teacher-student relationship.

"... you need to know the children well to see these emotional changes" (Study ID:008, Female, 21+ years teaching experience).

"Emotional responses to an activity or request that are not usual for the child" (Study ID:014, Male, 10-15 years teaching experience).

Behavioural Indications

Respondents predominantly reported that they used behavioural cues to identify when a student was anxious. These cues are described in the following four subgroups.

Avoidance. The majority of respondents indicated that signs of avoidance, withdrawal, or general disconnection were used when identifying anxiety within their students.

"... lack of participation or pulling away from activities" (Study ID:007, Female, 21+ years teaching experience).

"Work refusal and absence, either from class or school in general" (Study ID:019, Male, 10-15 years teaching experience).

"Disengaged from activities or unwillingness to share ideas" (Study ID:012, Female, 5-10 years teaching experience).

Nervousness. Several respondents reported that observing typical, overt nervous behaviours were used when identifying anxiety within their students.

“May appear nervous or fidgety” (Study ID:013, Female, 10-15 years teaching experience).

“Self-soothing behaviours...” (Study ID:007, Female, 20+ years teaching experience).

“Nervous around others and could be clingy or distant” (Study ID:005, Female, 5-10 years teaching experience).

Security Seeking. Multiple respondents reported a heavy reliance on witnessing security seeking behaviours, such as separation challenges, or excessive reassurance seeking to identify anxious students.

“Tearful at drop offs and hard to build relationships with others because of constant need of reassurance” (Study ID:002, Female, 5-10 years teaching experience).

“... wanting to be close to the teacher or safe adult” (Study ID:004, Female, 15-20 years teaching experience).

“Very talkative with teacher, usually for reassurance or validation and often fidgety during stressful situations” (Study ID:009, Female, 10-15 years teaching experience).

Changes in Behaviour. Changes in a student’s typical behaviour were also reported by respondents as a sign of excessive anxiety. Respondents again linked the importance of knowing the students well with being able to identify these changes.

“Behaviours that don’t fit how the child would usually act” (Study ID:022, Male, 21+ years teaching experience).

“.... acting out of character or becoming easily upset” (Study ID:003, Female, 21+ years teaching experience).

Direct Reports. A few respondents indicated that they would use direct reports, usually verbal reports, to identify anxious students. These reports either came from the student themselves or from the student's family and other school staff.

"...or conversations with the child or their family" (Study ID:006, Female, 5-10 years teaching experience).

"The student or their friends may tell you" (Study ID:012, Female, 5-10 years teaching experience).

Consequences

Several respondents reported that they identified excessive anxiety in their students by witnessing the social, academic, and wider adjustment consequences of anxiety, such as their interest and comfort in the school setting and overall engagement.

Social Challenges. Respondents reported that students with anxiety would frequently display social challenges when engaging with peers.

"Avoids joining others and often seems to be and play alone" (Study ID:004, Female, 15-20 years teaching experience).

"Not participating in class discussions and may avoid group activities" (Study ID:017, Female, 5-10 years teaching experience).

Academic Challenges. Similar to the above, respondents reported that academic difficulties may be an indication of anxiety within their students.

"Not coping with work or avoiding it altogether for no reason" (Study ID:020, Male, 15-20 years teaching experience).

“Becoming overwhelmed by tasks and either refusing to participate or submitting work which is below standard for that student” (Study ID:019, Male, 10-15 years teaching experience).

Adjustment Challenges. Difficulty managing changes to routine or environment were reported by some respondents as an indicator of anxiety in students.

“Struggling with routine change and avoiding risks or trying new activities” (Study ID:001, Female, 10-15 years teaching experience).

“...meltdowns or withdrawing when a regular teacher or friend is away” (Study ID:011, Female, 5-10 years teaching experience).

“Regularly struggling with transitions either into school or between classes/tasks/activities” (Study ID:014, Male, 10-15 years teaching experience).

Questions 2.3-2.11 consisted of 12 rating scale questions exploring teacher confidence to identify and manage an anxious student as well as their awareness of the support available within their schools. These results were analysed by teacher age (Table 3), years of teaching experience (Table 4) and school (Table 5).

Table 3 illustrates no respondents reported feeling fully confident in their ability to recognise anxiety. Respondents from the <30-35-year-old category were not as confident as older teachers with only one respondent from this age group reporting feeling moderately confident, while older teachers reported feeling more confident in their ability to recognise anxiety.

Table 3

Teachers' confidence to identify the various ways in which anxiety manifests in childhood and how these may look different to general manifestations, analysed by teachers age and displayed as a percentage (question 2.3)

TEACHER AGE	NOT AT ALL	LIMITED	SOMEWHAT	MODERATE	FULLY
<30-35	0.0	40.0	40.0	20.0	0.0
36-40	0.0	0.0	50.0	50.0	0.0
41-45	0.0	0.0	33.3	66.7	0.0
46-50	0.0	0.0	33.3	66.7	0.0
51-55	33.3	0.0	33.3	33.3	0.0
56-60	0.0	0.0	0.0	0.0	0.0
60+	33.3	25.0	50.0	0.0	0.0
Unknown	0.0	100.0	0.0	0.0	0.0

An analysis was then done comparing teachers reported confidence to identify the differing manifestations of anxiety in childhood and in general to reports of their confidence to recognise anxiety within their classrooms specifically (question 2.4). Table 4 illustrates teachers from all age groups reported similar confidence levels when recognising anxiety in a student in their classroom. No respondents reported feeling fully confident to recognise anxiety within their classroom and 100% of respondents aged 51-60 reported limited confidence.

Table 4

Teachers' confidence to recognise anxiety within their classrooms, analysed by teachers age and displayed as a percentage (question 2.4)

AGE	NOT AT ALL	LIMITED	SOMEWHAT	MODERATE	FULLY
<30-35	0.0	40.0	40.0	20.0	0.0
36-40	0.0	0.0	50.0	50.0	0.0
41-45	0.0	0.0	33.3	66.7	0.0
46-50	0.0	0.0	33.3	66.7	0.0
51-55	0.0	100.0	0.0	0.0	0.0
56-60	0.0	0.0	0.0	0.0	0.0
60+	0.0	50.0	25.0	25.0	0.0
Unknown	0.0	100.0	0.0	0.0	0.0

Teacher confidence to identify anxiety in a student in their classrooms was further analysed by years of teaching experience (Table 5) and by school (Table 6). Table 5 illustrates no respondents, irrespective of teaching experience, reported feeling fully confident to identify anxiety in a student within their classrooms. Respondents in the 11 to 15 years and 21 plus years of teaching experience categories reported feeling moderately confident. Thirteen percent of respondents with six to ten years' experience reported feeling unsure to somewhat confident, with 62% reporting limited confidence.

Table 5

Teachers' confidence in their ability to recognise anxiety within their classroom, analysed by years of teaching experience and displayed as a percentage (question 2.4)

YEARS TEACHING EXPERIENCE	UNSURE	NOT AT ALL	LIMITED	SOMEWHAT	MODERATE	FULLY
1-5	0.0	0.0	0.0	100.0	0.0	0.0
6-10	12.5	0.0	62.5	25.0	0.0	0.0
11-15	0.0	0.0	33.3	33.3	33.3	0.0
16-20	0.0	0.0	0.0	100.0	0.0	0.0
21+	0.0	33.3	0.0	33.3	33.3	0.0

Table 6 shows that when analysed by school, respondents from Lynmore Primary reported the highest confidence with 71% reporting feeling moderately confident to recognise anxiety in their classroom. Fifty percent of respondents from Owhata Primary reported feeling somewhat confident and 10% reported not feeling confident at all. No respondents from any school reported feeling fully confident in their ability to recognise anxiety in their classrooms.

Table 6

Teachers' confidence in their ability to recognise anxiety within their classroom, analysed by school and displayed as a percentage (question 2.4)

SCHOOL	UNSURE	NOT AT ALL	LIMITED	SOMEWHAT	MODERATE	FULLY
Lynmore Primary	0.0	0.0	0.0	28.6	71.4	0.0
Owhata Primary	0.0	10.0	30.0	50.0	10.0	0.0
Rotokawa Primary	0.0	0.0	33.3	16.7	50.0	0.0

To gain understanding of teachers' awareness of available supports, teachers were asked to identify if they were aware of their school having a dedicated behaviour support teacher, often referred to as a Resource Teacher for Learning and Behaviour (RTLB) (question 2.5), and if their school had regular access to an Educational Psychologist (question 2.6) (see Table 7). Table 7 illustrates that while respondents from each school confirmed some knowledge of these supports being available a number of respondents reported that they were unsure if these supports were available at their school. For example, 29% of respondents from Lynmore Primary and 30% of respondents from Owhata Primary reported being unsure if their school had access to a Behaviour Support Teacher. Respondents from all three schools reported that these supports were not available at their schools. Table 7 also shows that 71% of teachers from Lynmore Primary, 40% from Owhata Primary and 33% from Rotokawa Primary reported that their school does not have access to an Educational Psychologist.

Table 7

Teacher awareness of schools' contact with Behaviour Support Teachers (RTLB) and Educational Psychologists, analysed by school and displayed as a percentage (questions 2.5 and 2.6)

SCHOOL / AWARENESS OF SUPPORTS		UNSURE	NO	YES
Lynmore Primary	Behaviour Support Teacher	28.6	14.3	57.1
	Educational Psychologist	14.3	71.4	14.3
Owhata Primary	Behaviour Support Teacher	30.0	20.0	50.0
	Educational Psychologist	10.0	40.0	50.0
Rotokawa Primary	Behaviour Support Teacher	16.7	33.3	50.0
	Educational Psychologist	16.7	33.3	50.0

A further exploration and analysis of the support teachers received through ongoing training in childhood anxiety as part of professional development is illustrated in Table 8 (questions 2.7 and 2.8). Respondents from all three schools reported receiving anxiety specific professional development within the last five years (Table 8), however only 33% from Rotokawa Primary and 30% from Owhata Primary reported professional development within the last three years.

Table 8

Professional development (PD) undertaken by teachers on recognising and managing anxious students in the past 5 (question 2.7) and 3 years (question 2.8), analysed by school and displayed as a percentage

SCHOOL/ PROFESSIONAL DEVELOPMENT		NO	YES
Lynmore Primary	PD in last 5 years	14.3	85.7
	PD in last 3 years	100.0	0.0
Owhata Primary	PD in last 5 years	40.0	60.0
	PD in last 3 years	70.0	30.0
Rotokawa Primary	PD in last 5 years	50.0	50.0
	PD in last 3 years	66.7	33.3

Teachers were asked if anxiety was covered within Individualised Education Plans (IEP's) (question 2.9) and/or Behaviour Plans (BP's) (question 2.10) in their schools, as well as if anxiety was a current consideration when managing behaviour in and around their school (question 2.11) (see Table 9). Table 9 illustrates that, of the responses, 90% from Owhata Primary, 66% from Rotokawa Primary, and 42% from Lynmore Primary reported that they were unsure if anxiety was currently included in a student's Individual Education

Plan (IEP). When asked if anxiety was a consideration for behaviour management, 83% of respondents from Rotokawa Primary confirmed that it was, with those from Owhata Primary either confirming it was (60%) or being unsure (40%). Forty-three percent of respondents from Lynmore Primary reported it was not a current consideration in their school's behaviour management.

Table 9

Teachers' awareness of anxiety being considered and included in Individualised Education Plans (IEPs), Behaviour Plans (BPs) and behaviour management, analysed by school and displayed as a percentage (questions 2.9-2.11)

SCHOOL/ ANXIETY IN PLANS		UNSURE	NO	YES
Lynmore Primary	Anxiety in IEP	28.6	14.3	57.1
	Anxiety in BP	14.3	42.9	42.9
	Behaviour Management	28.6	43.0	29.0
Owhata Primary	Anxiety in IEP	80.0	10.0	10.0
	Anxiety in BP	80.0	0.0	20.0
	Behaviour Management	40.0	0.0	60.0
Rotokawa Primary	Anxiety in IEP	50.0	16.7	33.3
	Anxiety in BP	16.7	33.3	50.0
	Behaviour Management	0.0	16.7	83.3

Two rating scale questions were used to explore teachers' perceptions of the impacts of student anxiety on daily functioning for their students (Table 10) (question 2.12) and themselves (Table 11) (question 2.13). Table 10 illustrates that 50% of respondents from Rotokawa Primary reported anxiety always impacted on a student's functioning as a member of the collective class environment, and 70% of respondents from Owhata Primary reported it often impacted. Eighty five percent of respondents from Lynmore Primary reported anxiety as sometimes impacting on student functioning. No respondents reported anxiety as never

impacting on student functioning and only one respondent from Owhata Primary reported student anxiety rarely having an impact on a student's functioning.

Table 10

Teachers' perception on the impacts of anxiety on daily functioning of their students, analysed by school and displayed as a percentage (question 2.12)

ANXIETY IMPACTING ON STUDENT FUNCTIONING	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
Lynmore Primary	0.0	0.0	85.7	14.3	0.0
Owhata Primary	0.0	10.0	20.0	70.0	0.0
Rotokawa Primary	0.0	0.0	16.7	33.3	50.0

Table 11 illustrates the impact of student anxiety on the perceived daily functioning of teachers in their classrooms. Seventeen percent of respondents from Rotokawa Primary reported anxious students to always have an impact on the functioning of teachers. Respondents from Owhata Primary reported a student's anxiety having an impact on teacher's functioning sometimes (60%) and often (30%). Ten percent of respondents from Owhata Primary and 14% from Lynmore Primary reported student anxiety to rarely impact on a teacher's daily classroom functioning.

Table 11

Teachers' perception on the impacts of student anxiety on their own daily functioning, analysed by school and displayed as a percentage (question 2.13)

ANXIETY IMPACTING ON TEACHER FUNCTIONING	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
Lynmore Primary	0.0	14.3	42.9	42.9	0.0
Owhata Primary	0.0	10.0	60.0	30.0	0.0
Rotokawa Primary	0.0	0.0	50.0	33.3	16.7

To further explore teachers' perceptions of how anxious students are managed, teachers were asked if they found making accommodations for anxious students difficult (Table 12) (question 2.14).

Respondents from Rotokawa Primary reported difficulty accommodating these students, with 17% reporting that they always found it difficult. Respondents reported that it was never difficult to accommodate anxious students. However, the majority of respondents reported finding it difficult sometimes (Lynmore Primary 43%, Owhata Primary 70%, and Rotokawa Primary 50%) or often (Lynmore Primary 43%, Owhata Primary 20%, and Rotokawa Primary 33%).

Table 12

Teachers' difficulty facilitating accommodations for anxious students, analysed by school and displayed as a percentage (question 2.14)

TEACHER DIFFICULTY WITH ACCOMMODATIONS	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
Lynmore Primary	0.0	14.3	42.9	42.9	0.0
Owhata Primary	0.0	10.0	70.0	20.0	0.0
Rotokawa Primary	0.0	0.0	50.0	33.3	16.7

Following the quantitative (rating scale) questions, teachers were asked a qualitative question about the accommodations currently being made within their classrooms. This question was used to gain deeper understanding into the type of accommodations being made, the teachers' perceptions of the types of accommodations needed, and to identify possible trends in the types of accommodations being facilitated.

How are anxious students accommodated in your classroom? (Question 2.15)

Five themes and three sub themes were identified from responses to the question, "How are anxious students accommodated in your classroom?". Classroom adaptations were identified as the most frequently used accommodation made for anxious students. The most commonly reported classroom adaptations were sensory accommodations, followed by behaviour and routine accommodations. Seventy-four percent of respondents identified academic support was required when accommodating anxious students, and 22% of respondents identified utilising leadership or external support within their classrooms. Thirteen percent of respondents were unsure of how anxious students were accommodated within their classrooms.

The themes and sub themes are reported below.

Classroom Adaptions

The majority of respondents reported making classroom adaptations as part of the accommodations made for anxious students.

Sensory. All but three of the respondents noted sensory support as an accommodation made to support anxious students within their classrooms. Sensory supports such as breakout spaces, fidget tools, mindfulness, frequent movement breaks and time in sensory rooms were reported.

“... practicing yoga as a class as well as teaching mindfulness and having self-regulation time as part of the daily routine” (Study ID:014, Male, 10-15 years teaching experience).

“Having safe break out spaces and calm zones both in the classroom and around the school for those who need it” (Study ID: 008, Female, 21+ years teaching experience).

“... teaching self-regulation skills and providing opportunities for students to practice these in a buddy system to build confidence” (Study ID: 023, Female, 5-10 years teaching experience).

Behaviour. Respondents reported effectively managing classroom behaviour to be a key consideration when adaptations were made to accommodate an anxious student. Worth noting however, was that respondents identified the impact of an anxious student's behaviour on the rest of the students within the class and not on the anxious student themselves. The adaptations mentioned by the respondents primarily identified behaviour which is viewed as disruptive or undesirable and not that of emotional distress.

“Using the zones of regulation to try keep them calm and prevent meltdowns or disruptions to learning” (Study ID: 009, Female, 10-15 years teaching experience).

“Having clear expectations for whole class behaviour and communicating these clearly with the anxious student” (Study ID: 019, Male, 10-15 years teaching experience).

“... and having a plan in place for other students if behaviour escalates” (Study ID: 022, Male, 21+ years teaching experience).

Routine. Establishing and maintaining individual routines were reported by respondents as a common classroom adaption as a way to facilitate engagement for anxious students.

“Building relationships and routines” (Study ID: 002, Female, 5-10 years teaching experience).

“Being aware of routine changes, like teacher not being at school or a different seating plan, and letting the student know beforehand” (Study ID: 022, Male, 21+ years teaching experience).

“... and maintaining routines allowing for warning and feeding information down to the child” (Study ID: 016, Female, 21+ years teaching experience).

Academic Support

Several respondents reported academic support being a frequently used accommodation for anxious students in their classrooms. Popular academic supports reported were Individualised Education Plans (IEP's), adapted programs, and additional time, as well as individualised expectations. When describing academic support, it is important to note that multiple respondents identified their relationship with these students, as well as clear communication to be key when working with anxious students.

“Having different expectations and using adapted programs with additional help if needed” (Study ID: 007, Female, 21+ years teaching experience).

“Always ensuring extra considerations and/or scaffolding learning” (Study ID: 010, Male, 5-10 years teaching experience).

“... supporting them with additional time or help and resources, when possible, to feel more comfortable” (Study ID: 012, Female, 5-10 years teaching experience).

Leadership Support

Only one respondent reported leadership support as an accommodation made within classroom adaptations for anxious students. This is important to note as additional support within a school environment is explored in this study.

“Having support from leadership to either allow the student to take a break with their teacher or in the office” (Study ID: 021, Female, 10-15 years teaching experience).

External Support

External support in the form of parents, teacher aides, counseling or medical services and additional referrals were identified by some respondents as adaptations within their classrooms. Respondents noted that anxious students may require an additional adult to be in the room with them, causing changes to the overall running of the day.

“... A teacher aide or medication are a great help for my anxious students” (Study ID: 001, Female, 10-15 years teaching experience).

“... access to counseling when and if needed” (Study ID: 013, Female, 10-15 years teaching experience).

“... and an extra pair of hands either a teacher aide or professional doing an observation of the student” (Study ID: 015, Female, 21+ years teaching experience).

Unsure

Thirteen percent of respondents reported they were unsure of how anxious children were accommodated within their classroom. While they did not provide further information as to whether they had anxious children in their classroom, this response is important to note as it identifies as a potential for either a teacher to not have the resources to accommodate an anxious student or for anxious students to not be accommodated for at all within these classrooms.

“I’m not sure” (Study ID: 004, Female, 15-20 years teaching experience).

The final questions of Section Two explored teachers’ confidence to manage the behaviour of anxious students (question 2.16). Teachers were asked to use a rating-scale and results were analysed first by school (Table 13) and then by age (Table 14). Respondents from all three schools reported managing the behaviour of anxious students as often challenging (Table 13). Sixty percent of respondents from Owhata Primary, 43% from Lynmore Primary and 33% from Rotokawa Primary reported it sometimes being challenging to manage the behaviour of anxious students. Only respondents from Rotokawa Primary reported finding the management of anxious student behaviour to both never be challenging (17%) and always be a challenge (17%).

Table 13

Do teachers find managing the behaviour of anxious students challenging, analysed by school and displayed as a percentage (question 2.16)

CHALLENGING TO MANAGE ANXIOUS STUDENT BEHAVIOUR	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
Lynmore Primary	0.0	14.3	43.0	43.0	0.0
Owhata Primary	0.0	20.0	60.0	20.0	0.0
Rotokawa Primary	17.0	0.0	33.3	33.3	17.0

Table 14 illustrates respondents from the under 40 age group reported finding managing the behaviours of anxious students to be challenging sometimes and often, with only respondents from the 46 to 50-year-old category reporting that they always found it challenging. Respondents from the over 51-year-old age category reported similar results to those of the younger teachers.

Table 14

Do teachers find managing the behaviour of anxious students challenging, analysed by teacher age and displayed as a percentage (question 2.16)

TEACHER AGE	RARELY	SOMETIMES	OFTEN	ALWAYS
<30-35	20.0	40.0	40.0	0.0
36-40	0.0	75.0	25.0	0.0
41-45	33.3	33.3	33.3	0.0
46-50	0.0	33.3	33.3	33.3
51-55	0.0	66.7	33.3	0.0
56-60	0.0	0.0	0.0	0.0
60+	25.0	50.0	25.0	0.0
Unknown	0.0	100	0.0	0.0

The final question in section two asked teachers if they were aware if their school had a current specific management plan for anxious students (question 2.17). This was analysed by school and is shown in Table 15. Twenty nine percent of respondents from Lynmore Primary, 70% from Owhata Primary, and 33% from Rotokawa Primary reported being unsure. Only 29% of respondents from Lynmore Primary and 10% from Owhata Primary reported that they were aware of management plans for anxious students currently being used at their schools. No respondents from Rotokawa Primary were aware if their school had a current management plan.

Table 15

Teacher's awareness of their school's current management plan for anxious students, analysed by school and displayed as a percentage (question 2.17)

MANAGEMENT PLAN FOR ANXIOUS STUDENTS	UNSURE	NO	YES
Lynmore Primary	28.6	42.9	28.6
Owhata Primary	70.0	20.0	10.0
Rotokawa Primary	33.3	66.7	0.0

Section Three: Teachers' ability to identify anxiety in a primary school student and correctly rank the severity of anxiety.

The third section of the survey explored teacher ability to identify anxiety in a student by using five hypothetical scenarios describing primary school students with anxiety that ranged from minimal symptoms to a severe anxiety disorder. Teachers were asked to use their existing knowledge, understanding and perceptions of anxiety to rate how likely they were to seek assistance for these hypothetical students (Table 16). While teachers were asked to report on each scenario separately, the table below shows the combined responses to all five scenarios. Only 35% of respondents reported that they 'definitely would' seek assistance for the student who was demonstrating a very severe anxiety disorder. Of the respondents, 9% reported that they 'definitely would not' seek assistance for the student with a severe anxiety disorder or moderate anxiety symptoms. The majority of respondents scored their likelihood to seek assistance between a 2 or a 4 with few confidently stating that they 'definitely would' or 'definitely would not' seek assistance for the student.

Table 16

Teachers' identification of the severity of anxiety within a student based on five scenarios and displayed as a percentage (questions 3.1-3.5)

TEACHER LIKELIHOOD TO SEEK ASSISTANCE BASED ON SCENARIO	% DEFINITELY WOULD NOT SEEK ASSISTANCE	2	3	4	% DEFINITELY WOULD SEEK ASSISTANCE
Very severe anxiety disorder	0.0	4.3	17.4	43.5	34.8
Severe anxiety disorder	4.3	30.4	26.1	34.8	4.3
Moderate anxiety symptoms	8.7	21.7	26.1	30.4	13.0
Mild anxiety symptoms	0.0	26.1	34.8	39.1	0.0
Minimal anxiety symptoms	21.7	65.2	4.3	4.3	4.3

To analyse this further, teachers were asked to rank the five scenarios from most to least in need of assistance based on their level of severity (question 3.6). Again, this was based on the existing knowledge and perceptions the teachers had at the time of completing the questionnaire (Table 17). Of the responses, 57% correctly ranked the student with a very severe anxiety disorder as the one most needing assistance and the student with minimal anxiety symptoms as needing the least urgent assistance. However, 44% of respondents ranked the students with moderate, mild, and minimal anxiety symptoms in the top rank for needing assistance. Twenty-two percent of respondents ranked the student with minimal anxiety symptoms as the most in need of assistance. The student with mild anxiety symptoms was ranked as the second highest in need of assistance by 44% of respondents. Ranks two, three, and four produced a wide variety of responses.

Table 17

Severity of anxiety ranked by teachers' identification of severity and displayed as a percentage (question 3.6)

RANK BASED ON SEVERITY	1	2	3	4	5
Very severe anxiety disorder	56.5	17.4	8.7	13.0	4.3
Severe anxiety disorder	0.0	26.1	30.4	17.4	26.1
Moderate anxiety symptoms	4.3	8.7	39.1	39.1	8.7
Mild anxiety symptoms	17.4	43.5	17.4	17.4	4.3
Minimal anxiety symptoms	21.7	4.3	4.3	13.0	56.5

Section Four: Teacher's perceptions of the manifestations of anxiety in primary school students.

In the fourth section of this survey, teacher understanding of the manifestations of anxiety was explored to evaluate if teachers would identify students' externalising manifestations more readily as opposed to internalising manifestations of anxiety in their classrooms. Teachers were asked to identify how often they expected to see a specific manifestation of anxiety in a student as a percentage of their total behaviour (Table 18). For example: 14% of teachers expected to see an anxious student being easily embarrassed 20% of the time. Thirty-eight percent of teachers perceived being easily embarrassed as a manifestation of anxiety that would be apparent 80% of the time. Most respondents reported anxiety in primary school students to manifest in traditionally externalising displays, with respondents reporting they expected to see student anxiety manifest as easily embarrassed (38%), avoidant (48%), and worrying (43%) 80% of the time. In contrast, respondents identified that they would only expect to see internalising manifestations such as inattention

(52%), being very imaginative (43%), being easily distracted (38%), and displaying confidence (52%) to only manifest in 20% of anxious students. Only 10% of teachers identified worrying as a manifestation of anxiety 100% of the time.

Table 18

Teachers' perceptions of the manifestations of anxiety within primary school students displayed as a percentage (questions 4.1-4.10)

MANIFESTATION	0%	20%	40%	60%	80%	100%
Easily embarrassed	0.0	14.3	19.0	28.6	38.1	0.0
Physical pains	4.8	28.6	14.3	33.3	19.0	0.0
Worrying	0.0	0.0	19.0	28.6	42.9	9.5
Rashes/skin problems	4.8	52.4	28.6	14.3	0.0	0.0
Hypersensitivity	0.0	14.3	14.3	42.9	28.6	0.0
Inattention	0.0	52.4	19.0	14.3	14.3	0.0
Very imaginative	4.8	42.9	19.0	23.8	9.5	0.0
Avoidant	0.0	0.0	19.0	33.3	47.6	0.0
Confident	4.8	52.4	23.8	14.3	4.8	0.0
Easily distracted	0.0	38.1	23.8	23.8	14.3	0.0

A further analysis of the identification of externalising and internalising manifestations is displayed in Table 19 (see Appendix G).

Section Five: Teachers' opinions on if the COVID-19 pandemic and associated lockdowns have impacted student anxiety.

In the fifth and final section of the survey teachers were asked if they felt the COVID-19 pandemic and associated lockdowns had impacted on student anxiety, and if so, to provide the three main impacts experienced (question 5). First, the 'yes', 'no' or 'unsure' responses were analysed by school to explore the possibility of differing teacher opinions based on the

school (Table 20). Respondents reported they felt the COVID-19 pandemic and associated lockdowns had an impact on student anxiety, with 100% of respondents from Lynmore Primary, 70% from Owhata Primary, and 50% from Rotokawa Primary answering ‘yes’. Teachers from Owhata Primary (20%) and Rotokawa Primary (50%) reported being unsure if the pandemic had impacted student anxiety, and 10% from Rotokawa Primary reported the COVID-19 pandemic and associated lockdowns did not have an impact on student anxiety.

Table 20

Teachers’ opinions on if the Covid-19 pandemic and associated lockdowns have impacted student anxiety, analysed by school and displayed as a percentage (question 5)

SCHOOL/ COVID IMPACTS	UNSURE	NO	YES
Lynmore Primary	0.0	0.0	100.0
Owhata Primary	20.0	10.0	70.0
Rotokawa Primary	50.0	0.0	50.0

Next, responses from those teachers who answered, ‘yes’ to the question, “Do you feel COVID-19 and the associated lockdowns have had an impact on student anxiety levels?” were thematically analysed, with four themes emerging. Teachers identified behavioural impacts as the most frequently observed, followed by academic and social impacts. Another key theme which was identified was the other, external impacts directly relating to the pandemic which teachers were seeing transfer into their classrooms.

Behavioural Impacts

The main impact respondents reported experiencing was on behaviour. Respondents reported increased disruptive behaviours and outbursts as well as students struggling in general with patience, being told no and in younger students, being alone. Respondents also reported an increase in students' emotional sensitivity.

“There has definitely been an increase in what we call big behaviors such as those which disrupt the class” (Study ID:012, Female, 5-10 years teaching experience).

“The constant need for closeness has been a challenge even in the previously confident kids” (Study ID:010, Male, 5-10 years teaching experience).

“... and are unable to manage themselves and their emotions” (Study ID:007, Female, 21+ years teaching experience).

Academic Impacts

Respondents identified academic challenges or difficulties as the second most prevalent impact within their classroom. Overall attendance, engagement within the classroom and with tasks as well as noted delays were reported by respondents.

“An overall drop in attendance and even bigger drop in engagement with classwork” (Study ID:009, Female, 10-15 years teaching experience).

“Students seem more anxious to succeed but don't seem to know how to do it” (Study ID:016, Female, 21+ years teaching experience).

“Missed days and task avoidance as well as needing to change the way we do things as students do not seem to want to work in close proximity to their peers” (Study ID:023, Female, 5-10 years teaching experience).

Social Impacts

Delayed social skills were identified by respondents as a concerning impact of the pandemic. Changes to how students seek out relationships and manage stress and conflict were noted as changes as was students' ability to play with others and communicate with groups.

"Limited ability to play outside because of time spent indoors or online" (Study ID:004, Female, 15-20 years teaching experience).

"Limited communication skills especially when conflict arises within friendship groups" (Study ID:010, Male, 5-10 years teaching experience).

Other Impacts

Respondents also reported impacts such as their own anxiety and that of parents impacting on students as well as stress and burdens of home life such as finances being transferred into the classroom.

"...MY anxiety levels effecting them" (Study ID:003, Female, 21+ years teaching experience).

"Higher parent anxiety resulting in less engagement and worried kids" (Study ID:011, Female, 5-10 years teaching experience).

"Financial stress within the home is a common discussion point among students in my class" (Study ID:022, Male, 21+ years teaching experience).

Discussion

The current research aimed to investigate teachers' understanding and management of students with anxiety within New Zealand primary schools. This study has shown that while primary school teachers could define anxiety in general terms, they viewed anxiety as a solely negative experience. Teachers reported that while there was an expectation for them to identify and support anxious students, they lacked the training and confidence to recognise these students in their classrooms, identifying a need for increased training. The findings also suggest a possible gap in awareness of in-school supports available to teachers to manage and accommodate anxious students. Findings from this study have highlighted four key areas impacting teacher understanding and management of anxious students: systems-level findings, teacher-level findings, individual school-level findings, and teacher perceptions of the impact of the COVID-19 pandemic on student anxiety and are discussed below.

Findings at a Systems Level

Primary schools are ideally placed to play a crucial role in identifying children at risk of developing mental health difficulties (Manley et al., 2023). However, this places a responsibility on schools and, therefore, teachers to identify these challenges and support and manage these students. Teachers in the current study reported not being adequately trained to identify anxiety in the children they teach, which is similar to the findings of Headley and Campbell (2013) and Figueroa (2013), who also found that teachers in Australia and the United States of America reported feeling inadequately trained to identify and manage anxious students. Congruent with the flexibility of the required course work pertaining to childhood mental health required when obtaining a teaching degree in Australia and New Zealand (Teaching Council of Aotearoa New Zealand, 2023; Australian Government Department of Education, 2023), teachers surveyed in the current study who had obtained

their teaching qualifications within New Zealand and internationally reported differing levels of training and education in childhood mental health. Only three tertiary institutions in the current study were reported as having covered anxiety to a 'somewhat' or 'moderate' degree. Findings by Headley and Campbell (2013) and Humayan (2016) also demonstrated a gap in Australian and Canadian teacher knowledge and training. These findings are consistent globally, as mental health education for teachers is typically aimed at a postgraduate or professional development level (Organisation for Economic Cooperation and Development, 2022). While all teachers in the current study reported receiving professional development on recognising and managing anxious students within the past five years, only 33% from Rotokawa Primary and 30% from Owhata Primary reported receiving this professional development within the last three years. These findings are supported by Cross (2018), who reported that teachers in the United Kingdom also do not receive adequate training on student mental health and report feeling unsure of their role in identifying and managing anxious students, indicating a potential gap in the education of teachers globally. This leads to the need to explore what teachers themselves understand about anxiety in their students if they are not receiving this education.

Findings at a Teacher Level

While teachers reported a lack of training in recognising student anxiety, they did offer definitions of anxiety. A surprising finding was that when defining anxiety, a key theme within teacher definitions was the inability of students to manage or cope. Reflecting on this outcome, as well as the finding that many teachers defined the experience of anxiety as not normal, indicates that although teachers may have a basic understanding of anxiety, they often consider it to be a largely unnatural experience which may predispose them to view it in a solely negative light. For example, very few teachers in the current study defined anxiety as normal and natural. The results from this study imply that teachers could appreciate that

anxiety exists on a continuum. However, they appeared to lack the ability to distinguish between normal and excessive anxiety. Instead, they defined anxiety as possibly being part of a bigger problem as opposed to a stand-alone concern.

Furthermore, when defining anxiety, teachers focused on the potential negative consequences, such as deficits in academic performance, social participation, and achievement. While teachers acknowledged the significant consequences of student anxiety, the potential positive outcomes, such as heightened performance serving as a protective feature (Molins & Clopton, 2002), that may increase motivation and performance, were not reported. Molins and Clopton (2002) state that a degree of anxiety can not only heighten performance but also serve as a positive, protective feature. Therefore, teachers may not be aware that anxiety can be a universal, protective response (Campbell, 2003). This lack of awareness indicates that more education is needed around the nature of anxiety and the distinction of anxiety across the continuum.

Essential to gaining insight into teachers' understanding and management of anxious students is their perception of the impact of anxiety on both students and themselves within a classroom setting. While teachers noted the potential academic and social consequences of student anxiety, there remains a discrepancy as to whether the general functioning within a classroom is impacted, either negatively or positively. Only teachers from Rotokawa Primary reported student anxiety to always impact both student and teacher functioning, with the majority of responses being that it either impacts 'sometimes' or 'often' for both student and teacher. How teachers assess this level of functioning and what aspects contribute to the extent to which teachers feel it has an impact is largely subjective. Aldrup et al. (2022) found that teachers' social-emotional competence played a crucial role in students' emotional support and outcomes. This poses interesting questions about what teachers define as functioning for an individual student within a classroom and the potential impact this

fluctuation of functioning may have on teachers' empathic accuracy. These findings suggest that teachers may rely on the subjective nature of experience alone because of the lack of formal training.

When teachers were asked how they could tell if a student in their classroom was anxious, they identified several key signs of anxiety that have been outlined in the literature, including avoidance behaviours, social problems, difficulty tolerating change, needing reassurance, separation issues and crying (Hinchliffe & Campbell, 2016). Teachers also reported using more general identification indicators, as Rothi et al. (2008) mentioned, such as observing a change in a student's behaviour, academic challenges, and difficulty maintaining relationships. Multiple teachers reported the importance of their relationship with a student when identifying anxiety, reporting that a good relationship with a student often facilitated students telling them if they were anxious. Teachers shared similar patterns for identifying anxious students, such as attendance and participation. Teachers reported students staying away from school or having difficulty with transitions throughout the day and their overall participation in academic work and social activities. Teachers also reported various observations of a range of behaviours and witnessing the consequences the manifestations had on the student's adjustment, academic outcomes, and overall success as indicators when identifying anxiety in a student. These findings demonstrate that while teachers have a basic understanding of anxiety and are aware of its impacts on students, the lack of formal training has resulted in teachers using a student's behaviours as the primary identifier of potential anxiety. These findings align with earlier research by Layne (2006) and Headley and Campbell (2013) who also reported that while teachers had a basic, theoretical understanding of anxiety, they lacked the skill to training to identify it effectively, providing valuable insight into how primary school teachers in New Zealand understand anxiety.

The impact of cultural differences must also be noted, as relevant to the New Zealand context, Western and Māori views of anxiety differ. It can, therefore be assumed that a teacher who does not view anxiety as a 'problem' or 'concern' may not recognise its manifestations in a student in the same way as a teacher who may pathologise anxiety (Durie, 2009). The findings from this study are consistent with previous research by Bryer and Signorini (2011), who found that teacher's knowledge of anxiety in primary school students tended to come from incidental exposure, contributing to their common-sense perceptions of the manifestations of anxiety in the classroom as opposed to formal training.

No teachers in the current study reported feeling fully confident to differentiate the manifestations of anxiety in general or in children, nor were they confident in their ability to recognise anxiety within their classroom. Hasan et al. (2023) noted that younger generations may have greater awareness, acceptance, and confidence to identify anxiety due to increased social media visibility. Therefore, this age group may be better able to identify it. Interestingly, findings from this study showed that teachers in the under-35 age group reported not feeling as confident as older teachers. It is unclear what teachers are basing their confidence levels on, however, when teacher confidence in their ability to recognise anxiety within their classroom was analysed by years of teaching experience, teachers with more experience reported slightly higher confidence levels, and only 33% from both the 11 to 15 years of experience and the 21+ years of teaching experience reported their confidence levels as 'moderate'. These findings show that recently completing a teaching qualification did not improve teachers' confidence, suggesting that the recognition of anxiety and its identification in the classroom may not be included in their training.

Teacher confidence was further explored by examining teachers' confidence in facilitating and managing accommodations for anxious students. The majority of teachers reported that they 'sometimes' found accommodating anxious students difficult. Teachers

reported that adaptations to the wider classroom environment were the most commonly used accommodation for anxious students. Seventy-four percent of respondents identified academic support as a typical accommodation for anxious students, and 22% reported utilising school leadership or external support within their classrooms. Teachers noted that the majority of accommodations were managed within the classroom by the teacher and that while some students may have a formal diagnosis or IEP, the majority do not, resulting in the teacher needing to manage the next steps. Steffes (2010) reported a global increase in students with additional needs and, therefore, an increase in general education teachers being required to implement accommodations. Teachers in the current study reported finding whole-class strategies to be the easiest to implement, such as practising yoga and self-regulation skills to the class as a whole and having allocated spaces for students to go to if they felt anxious, such as a reading corner or 'calm zone'. A strong theme of establishing accommodations focused primarily on a student's behaviour was reported when exploring accommodations. Similarly, Neil (2017) also noted that teachers primarily identified behaviour which is viewed as disruptive or undesirable and not that of emotional distress. Accommodations based on behaviour identified in the current study included setting clear expectations and having a plan in place if the student's behaviour escalated. All but one respondent reported the impact of a student's behaviour on the class as a whole and not on the anxious student. Only one respondent reported the need to identify the anxious students' needs first.

As externalising manifestations are frequently reported as the first signs to be identified, teachers were asked if they found managing anxious students' behaviour challenging. Teachers aged between 46 and 50 years old were the only group to report 'always' finding managing the behaviours of anxious students to be challenging, and only 17% of teachers from Rotokawa Primary reported 'never' finding it challenging. Other

respondents reported varying degrees of difficulty. Molins and Clopton (2002) also showed that teachers were more likely to identify externalising manifestations of anxiety, such as behavioural manifestations. This may be due to the attitudes held by teachers towards traditionally negative or disruptive behaviours (Neil, 2017)

An important note was that three respondents reported that they were unsure of how anxious students were accommodated within their classroom. While additional information regarding the unique makeup of their classrooms was not provided, these teachers had between five and 15 years of teaching experience, so the assumption can be made that they have had anxious students in their classrooms over the course of their teaching careers. While the current sample only contains a small number of teachers reporting that they were unsure about how to accommodate anxious students, it is essential for the findings of this study as it adds to the body of knowledge on how anxious students are managed in the classroom.

Teachers from Lynmore Primary, which as a decile 9 school may have access to more resources, reported the highest levels of confidence in their ability to identify anxiety within a classroom setting. However, the same teachers reported having had no anxiety-specific professional development within the last three years. This poses an interesting paradox: If teachers' confidence levels and training play a role in their ability to identify anxiety in a student, would their ability to identify an anxious student, accurately be impacted if they felt more confident but were still not trained? When asked how likely they were to seek assistance for a student in a hypothetical scenario, all teachers were able to identify which student had the most severe symptoms (very severe anxiety disorder) and which student had the least severe symptoms (minimal anxiety symptoms). These results were similar to those of Headley and Campbell (2011) and Hinchliffe and Campbell (2016) in that teachers had difficulty distinguishing between the moderate and severe symptoms of anxiety. The current findings showed that the student with hypothetical mild anxiety symptoms was ranked above

the ones with moderate and severe symptoms. Teachers reported this as an identifying aspect of anxiety over the student with a severe anxiety disorder who displayed sensitivity and perfectionism. Bethell et al. (2014) suggest this may be due to the importance placed on academic achievement, resulting in a high-performing student's anxiety being overlooked, while a student with social difficulties may be more easily identified as needing assistance.

Molins and Clopton (2002) also reported that teachers had difficulty identifying the internalising manifestations of anxiety, while the externalising manifestations were more easily identified. Teachers appeared to link anxiety to social skills and abilities predominantly. It is clear from the current findings that while teachers can identify the extremes of the anxiety continuum, the more significant challenge lies in identifying symptoms associated with the middle. This presents an area of concern as students with internalising manifestations of anxiety may be overlooked in the classroom environment due to what is perceived as good behaviour (Molins & Clopton, 2002). The nature of these students' manifestations of anxiety may result in them being overlooked, while those with externalising manifestations receive assistance and support. These findings support those of Headley and Campbell (2013) and Solmi et al. (2022) and demonstrate that there is still room for improvement.

Currently, the recognition of anxiety in students is highly reliant on teachers' personal definitions (Solmi et al., 2022); as teachers are increasingly being relied on as the first step for identifying mental health challenges such as anxiety, it is vital that they receive the training and support to do so. As there are many variables in the unique makeup of each school, it is essential to note the possible differences in support available to teachers. These differences were explored at a school level.

Findings at a School Level

While the importance of teacher training cannot be overlooked, another important finding in the current study indicates an apparent gap in teacher awareness of the support available to teachers and their students for managing anxiety. For example, only 14% of respondents from Lynmore Primary reported being aware that their school had access to an Educational Psychologist. In addition, respondents reported varying levels of awareness of available in-school supports catering to anxiety, such as Individualised Education Plans (IEP) and Behaviour Plans (BP). Teachers from Lynmore Primary reported being unsure if a student's anxiety was included in their IEPs (29%) or BP's (14%). Teachers from Rotokawa Primary also reported being unsure if anxiety was included in a student's IEP (50%) or BP (17%). The majority of teachers from Owhata Primary reported being unsure whether a student's anxiety was a consideration for their IEP (80%) or BP (80%). Concerningly, respondents from each school reported that these supports were unavailable. Seventy one percent of teachers from Lynmore Primary reported that their school does not have access to an Educational Psychologist. Similar results were obtained from Owhata Primary (40%) and Rotokawa Primary (33%). While there were respondents from each school who answered 'yes' when asked if they knew about these supports being available, the findings suggest a concerning lack of teacher awareness of the supports available at their school. A lack of awareness regarding available supports has also been reported in Australia (Askell-Williams & Lawson, 2013). Teacher perceptions of this lack of awareness and its possible impacts on their confidence levels was not explored in this study; it can, however, be assumed that if a teacher is not aware of support or assistance, they may feel unsupported and less confident to manage an anxious student. Cunningham and Suldo (2014) reported that for teachers to consistently identify and report potentially anxious students, schools need effective mechanisms in place to do so.

While the current study had a relatively small sample size, the three schools included provided an interesting perspective. While these schools all service the same city, and belong to the same Kahui Ako (group of education providers), they cater to different deciles (Lynmore Primary – decile 9, Owhata Primary – decile 2, Rotokawa Primary - decile 4) and socioeconomic demographics. It is also important to note that these schools have different roll sizes (Lynmore Primary – 597, Owhata - 259, Rotokawa – 151). These differences may impact the possible funding each school may qualify for. It can also be assumed that each school's ability to privately fundraise for access to support would also be impacted by their varying socioeconomic catchment areas. Teachers' awareness of the supports available to their schools is important to note as results from Owhata Primary (decile 2) and Rotokawa Primary (decile 4) show their teachers were more aware of these supports than the teachers from Lynmore Primary (decile 9). Trudgen and Lawn (2011) reported similar findings where the resources available to regional, low-socioeconomic schools in Australia played a role in teachers' recognition of anxiety in their students. It may be that a lower decile school, which caters to communities from lower socioeconomic backgrounds, may have a higher percentage of students with ACEs. Therefore, teachers from these schools may have more experience or awareness of these challenges. Teachers from schools with more socioeconomic hardship may also have different relationships with students' families, which may help or hinder the school's ability to support the anxious student. Read-Hamilton and Marsh (2016) reported that schools from lower socioeconomic communities may have greater efficacy at facilitating "*communities or care*" (p 266).

Teacher awareness of their schools' wider management plan for supporting and managing anxious students was also explored to gain a deeper understanding of the general attitudes and awareness of anxiety at a school level. The majority of respondents reported being unsure of a current management plan for anxious students at their schools. Forty three

percent of respondents from Lynmore Primary, 20% from Owhata Primary and 67% from Rotokawa Primary reported that their school did not currently have a school-wide management plan for anxious students. Kane (2021) found that anxiety has far-reaching impacts across all aspects of the school environment, requiring proactive and multidisciplinary awareness, understanding, and input. *"Educators and leadership must have knowledge of ways to support these students so that they can grow academically and socially in the elementary classroom"* (Kane, 2021.p45). Mazzer and Rickwood (2015) suggest that while the teachers themselves hold a responsibility to grow their awareness of student mental health challenges, as well as the resources available to support them, their ability to do this may be heavily impacted by the training they receive and how ongoing learning and information is shared. Headley and Campbell (2013) state that if teachers are to be expected to identify, support, and manage anxious students, they need to be adequately trained and supported to do so.

The majority of respondents reported they were unsure when asked about various in-school supports, suggesting a potential communication barrier between teachers and school leadership. While teacher perceptions of school communication were not explored in this study, it is essential to acknowledge how the individual communication styles and processes within a school may play a significant role in teacher awareness. Possible breakdowns in communication between teachers and school leadership at a school level were noted in studies from Australia (Campbell, 2003; Headley & Campbell, 2013; Askill-Williams & Lawson, 2013), the United Kingdom (Cross, 2018) and Canada (Humayan, 2016). The impact of effective communication, or its absence, within each school may play a role in what support may be available and whether teachers are made aware of it. Similar findings from an Australian study reported that teachers also lacked adequate support to identify and support anxious students (Headley & Campbell, 2013).

Teacher Perceptions of the Impact Of COVID-19 on Student Anxiety

Research suggests that the COVID-19 pandemic has had a global effect on children emotionally, academically, and physically (de Amorim et al., 2021; McNeill, 2022; Burak, 2023; Education Review Office, 2021). The current study found that 90% of teachers reported that the COVID-19 pandemic impacted student anxiety, with only 10% of respondents from Owhata Primary reporting that they felt it did not have an impact. Teachers reported notable behavioural impacts, such as disruptive behaviours and outbursts, as well as students struggling to be alone or manage their emotions. Also noted were academic impacts. Teachers reported that missed time at school had led to decreased engagement, task avoidance and new pressure to succeed for some. The social impacts noted by teachers included communication challenges among students, an overwhelming lack of ability for imaginative play, and an unwillingness to play outside. Similar findings from Australia reported student development was negatively affected and their transition back to school was impacted by the prolonged time away due to the COVID-19 pandemic (Gore et al., 2021)

Interestingly, teachers also recognised their own anxiety levels, changes in engagement with families, and an increase in household stress transferring to younger children and being discussed at school resulting from the COVID-19 pandemic. These findings support a recent Education Review Office (2021) report on the impacts of COVID-19 on schools, which found that students were struggling more after the lockdowns. McNeill (2022) reported that the psycho-social functioning of children aged 10-13 years old was impacted negatively during the COVID-19 lockdown. Principals and teachers across New Zealand have also identified that student anxiety was higher following the lockdowns (Life Education Trust, 2022).

Strengths and Limitations of the Current Research

A strength of the research is that the researcher understands the intricacies and complexities of anxiety and has experience working within New Zealand primary schools. A self-report questionnaire consisting of both qualitative and quantitative questions resulted in the researcher capturing a range of responses as well as the unique narratives of each participant without the researcher being present during data collection, limiting the potential Hawthorne effect, where participants may adjust their responses when being observed (McCambridge et al., 2014). As this is the first study to explore this area within the New Zealand context, this research provides a valuable first impression of an underexplored area.

The main limitation of this research was the small sample size, with only 23 respondents. This representation equates to 0.06% of the total primary school teacher population within New Zealand. This study included teachers from the same city and Kahui Ako, and while these schools varied in decile, generalisability may be limited. Further research should include schools from different regions within New Zealand. The research process also relied on teachers completing a self-report measure, which may have affected the depth of responses provided. Self-reported data is also subject to response bias, which was not controlled for. Changes to the rating scale questions to include more explicit descriptions could assist with this in the future. During the recruitment phase, teachers were introduced to the nature of the study and the role of the researcher, which may have influenced teachers' perception of anxiety being negative or a problem to be solved.

Implications and Future Research

The results of this research provide valuable information that may inform the development of educational practices for teachers in New Zealand. Findings from this study, as well as international research, such as those done by Campbell (2003), Headley and

Campbell (2013), Neil (2017), and Lawson (2023) in Australia, Canada and The United Kingdom, show that teachers would benefit from increased education and training in the identification and management of childhood anxiety. As anxiety is a growing concern within New Zealand (O'Connell, 2022), education and training for teachers specifically focused on understanding anxiety during childhood would be of benefit. This education may strengthen teachers' confidence in identifying and managing anxiety in the classroom, which ensures anxious students are identified early and can be provided support. The need for training should be considered in teaching education programs and professional development, as well as government-funded initiatives. Furthermore, providing teachers with the opportunity to engage with child mental health professionals may provide an additional opportunity to strengthen and refine teacher knowledge in identifying children in need and improve teacher awareness and broader support networks (Walter et al., 2006).

Given the results of this study, showing teacher's reporting low confidence in their ability to identify and manage anxious students within their classrooms, future research should explore other factors that may prevent teachers from identifying anxiety in primary school students, such as teacher mental health and reporting systems. There is a need to further investigate teachers' knowledge and perceptions of internalising manifestations of anxiety in primary school students. The findings from this study point towards teacher education and training to be lacking. The study findings support research from Australia (Headley & Campbell, 2013), Canada (Askel-Williams & Lawson, 2013), and the United Kingdom (Cross, 2018) which reported that teachers are not receiving the education required to equip them to feel confident to identify or support potentially anxious students as well as investigating the possible shortfall in communication between schools and their teachers when sharing information about resources available to them. Again, this is not a New Zealand-specific challenge, as Headley and Campbell (2013) reported similar in-school

communication deficits. Investigating how teachers learn about anxiety despite not receiving specific training would also be valuable.

Conclusion

The findings of this study provide a valuable addition to the limited research investigating teacher awareness of anxiety in primary school students. Specifically, this study provides preliminary evidence to suggest that New Zealand primary school teachers can recognise their students' traditional manifestations of anxiety. However, it appears they have difficulty distinguishing anxiety when it presents as an internalising manifestation. Teachers need to be able to make this distinction, as the presentation of anxiety is not universal. Additionally, given the nature of anxiety, it is likely that students with internalising manifestations of anxiety may be suffering silently within the classroom setting (Neil, 2017). Therefore, teachers may benefit from receiving specialist training and ongoing professional development in children's mental health, specifically anxiety.

An important conclusion to draw from this study is that although the focus of support for anxious students is primarily aimed at intermediate and high school-aged students (Head & PH, 2019; O'Connell, 2022; Ministry of Education, 2022), the teachers who participated in this study have shown that anxiety can manifest in a variety of ways when a student may be too young to identify or express their anxieties appropriately and therefore may not receive proactive intervention. This research has identified possible teacher knowledge and resource gaps and may direct further teacher education into children's mental health.

References

- Aldrup, K., Carstensen, B. & Klusmann, U. (2022). Is empathy the key to effective teaching? A systematic review of its association with teacher-student interactions and student outcomes. *Educational Psychology Review*, 34, 1177–1216.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.).
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- American Psychiatric Association. (2022). *Stress and anxiety: What's the difference?*
<https://www.apa.org/topics/stress/anxiety-difference>
- American Psychiatric Association. (2023). *Diagnostic and Statistical Manual of Mental Disorders* (Revised 5th ed.).
- Askell-Williams, H., & Lawson, M. J. (2013). Teachers' knowledge and confidence for promoting positive mental health in primary school communities. *Asia-Pacific Journal of Teacher Education*, 41(2), 126-143.
- Aslina, D. (2020). *Deeper into how typical worry differs from an anxiety disorder*. University of Phoenix.
- Australian Government Department of Education. (2023). *Higher education guidance*.
<https://www.education.gov.au/higher-education>
- Barlow, D. H. (2002). *Anxiety and its disorders: The nature and treatment of anxiety and panic* (2nd ed.). Guilford Press.

- Baxter, A. J., Scott, K. M., Vos, T., & Whiteford, H. A. (2013). Global prevalence of anxiety disorders: A systematic review and meta-regression. *Psychological Medicine, 43*(5), 897-910.
- Beck, A. T., & Emery, G. (2005). *Anxiety disorders and phobias: A cognitive perspective*. Basic Books.
- Behar, E., Zuellig, A. R. & Borkovec, T. D. (2005). Thought and imaginal activity during worry and trauma recall. *Behavior Therapy, 36*(2), 157-168.
- Bernard-Bonnin, A. C., Hébert, M., Daignault, I. V., & Allard-Dansereau, C. (2008). Disclosure of sexual abuse, and personal and familial factors as predictors of post-traumatic stress disorder symptoms in school-aged girls. *Paediatrics & Child Health, 13*(6), 479-486.
- Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs, 33*(12), 2106–2115.
<https://doi.org/10.1377/hlthaff.2014.0914>
- Bitsika, V., Sharpley, C. F., Andonicos, N. M., & Agnew, L. L. (2015). A test of the ‘parent distortion’ hypothesis when assessing generalised anxiety disorder in boys with an autism spectrum disorder. *Research in Autism Spectrum Disorders, 15-16*, 42-52.
<https://doi.org/10.1016/j.rasd.2015.03.002>
- Borkovec, T. D. & Newman, M. G. (1998). Worry and generalized anxiety disorder. In A.S. Bellack & M. Hersen (Eds.), *Comprehensive clinical psychology* (Vol. 6, pp 439-459). Pergamon.

- Borkovec, T. D., Ray, W. J. & Stöber, J. (1998). Worry: A cognitive phenomenon intimately linked to affective, physiological and interpersonal behavioral processes. *Cognitive Therapy and Research*, 22(6), 561-576.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage Publications.
- Braun, V, & Clarke, V. (2019). *Thematic analysis. A reflexive approach*. The University of Auckland. <https://www.psych.auckland.ac.nz/en/about/thematic-analysis.html>.
- Brown-Jacobsen, A., M., Wallace, D. P., & Whiteside, S. P. H. (2011). Multimethod, multi-informant agreement, and positive predictive value in the identification of child anxiety disorders using the SCAS and ADIS-C. *Assessment*, 18, 382-392. <https://doi.org/10.1177/1073191110375792>
- Browne, M. A. O. (2006). Lifetime prevalence and lifetime risk of DSM-IV disorders. In M. A. O. Browne, G. E. Wells & K. M. Scott (Eds.), *Te rau hinengaro: the new zealand mental health survey* (pp.57-71). Ministry of Health.
- Bryer, F., & Signorini, J. (2011). Primary pre-service teachers' understanding of students' internalising problems of mental health and wellbeing. *Issues in Educational Research*, 21, 233-258. <http://www.iier.org.au/iier21/2011conts.html>
- Burak, D. (2023). The effect of risk and protective factors on primary school students' COVID-19 anxiety: Back to school after the pandemic. *Child Indicators Research* 16, 29–51. <https://doi.org/10.1007/s12187-022-09971-z>

- Campbell, M. A. (2003). An innovative multidisciplinary approach to identifying at-risk students in primary schools. *Journal of Psychologists and Counsellors in Schools*, 13(2), 159-166. <https://doi.org/10.1017/s1037291100002855>
- Campbell, M. A. (2003). Prevention and intervention for anxiety disorders in children and adolescents: A whole school approach. *Journal of Psychologists and Counsellors in Schools*, 13(1), 47-62. <https://doi.org/10.1017/s1037291100004738>
- Carr, A. (2016). *An exploratory study of test anxiety as it relates to the national clinical mental health counselling examination (Review of an exploratory study of test anxiety as it relates to the national clinical mental health counselling examination)*.
- Cartwright-Hatton, S., McNicol, K., & Doubleday, E. (2006). Anxiety in a neglected population: Prevalence of anxiety disorders in pre-adolescent children. *Clinical Psychology Review*, 26(7), 817-883. <https://doi.org/10.1016/j.cpr.2005.12.002>
- Chansky, T. (2020). *Freeing your child from negative thinking: Powerful, practical strategies to build a lifetime of resilience, flexibility, and happiness*. Hachette UK.
- Chavira, D. A., Stein, M. B., Bailey, K., & Stein, M. T. (2004). Child anxiety in primary care: Prevalent but untreated. *Depression and Anxiety*, 20, 155-164. <https://doi.org/10.1002/da.20039>
- Cohen, S. D. (2016). *Applying the science of child development in child welfare system*. Harvard University. <https://doi.org/20.500.12799/4997>
- Conroy, K., Greif Green, J., Phillips, K., Poznanski, B., Coxe, S., Kendall, P. C., & Comer, J. S. (2020). School-based accommodations and supports for anxious youth: Benchmarking reported practices against expert perspectives. *Journal of Clinical Child & Adolescent Psychology*, 51(4), 419-427.
- Costello, E. J., & Janiszewski, S. (1990). Who gets treated? Factors associated with referral in children with psychiatric disorders. *Acta Psychiatrica Scandinavica*, 81(6), 523-

529. <https://doi.org/10.1111/j.1600-0447.1990.tb05492>
- Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. *Archives of General Psychiatry*, *60*(8), 837-844. <https://doi.org/10.1001/archpsyc.60.8.837>
- Cross, G., & Currie, J. L. (2018). An investigation of teachers' perceived roles and barriers for supporting primary students with anxiety disorders. *The International Journal of Health, Wellness and Society*, *9*(2), 1.
- Cunningham, J. M., & Suldo, S. M. (2014). Accuracy of teachers in identifying elementary school students who report at-risk levels of anxiety and depression. *School Mental Health*, *6*, 237-250. <https://doi.org/10.1007/s12310-014-9125-9>
- Davey, G.C.L. (1994). Pathological worrying as exacerbated problem-solving. In G. Davey & F. Tallis (Eds.), *Worrying: Perspectives on theory, assessment and treatment*, (pp. 35-39). John Wiley & Sons.
- Davey, G. C. L., Jubb, M. & Cameron, C. (1996). Catastrophic worrying as a function of change in problem-solving confidence. *Cognitive Therapy and Research*, *20*(4), 333-344.
- Davis, M. H., & Kraus, L. A. (1997). Personality and empathic accuracy. In W. J. Ickes (Ed.), *Empathic accuracy* (pp. 144–168). The Guilford Press.
- de Amorim, L. M., Júnior, J. G., Neto, M. L. R., Lima, N. N. R., AraújoTeixeira, S., & de Sousa Moreira, J. L. (2022). Reflections on early childhood education in the COVID-19 pandemic. *Journal of pediatric nursing*, *65*, e26–e27. <https://doi.org/10.1016/j.pedn.2021.12.031>
- Department of the Prime Minister and Cabinet. (2019). *Child and youth wellbeing strategy*. Te Kāwanatanga o Aotearoa. <https://www.dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy>

Durie, M. (2001). *Mauri ora: The dynamics of Māori health*. Oxford University Press.

Durie, M. (2009). Indigenous models of health promotion. *The Medical Journal of Australia*, 190 (11 Suppl.), 57-60. <https://doi.org/10.1071/HE04181>

Duvall, A., & Roddy, C. (2021). *Managing anxiety in school settings: Creating a survival toolkit for students*. Routledge.

Education Counts. (2023). *Teacher Numbers: Overview of teachers in 2022*.

<https://www.educationcounts.govt.nz/statistics/teacher-numbers>

Education Review Office. (2015). *Inclusive practices for students with special needs in schools*. <https://ero.govt.nz/sites/default/files/2021-05/Inclusive-practices-for-students-with-special-needs-in-schools.pdf>

Education Review Office (2021). *Learning in a covid-19 world: The impact of covid-19 on schools*. <https://ero.govt.nz/our-research/learning-in-a-covid-19-world-the-impact-of-covid-19-on-schools>

Ehmke, R. (2020). Talking to kids about the coronavirus. *Child Mind Institute*.

https://islavistacs.d.ca.gov/files/3dc6f88bb/talking_to_your_kids_about_the_coronavirus.pdf

Fanselow, M. S., & Pennington, Z. T. (2018). A return to the psychiatric dark ages with a two-system framework for fear. *Behaviour research and therapy*, 100, 24-29.

Figueroa, L. (2013). Teachers' awareness and skills in addressing students with anxiety symptoms. *PCOM Psychology Dissertations*. 281.

https://digitalcommons.pcom.edu/psychology_dissertations/281

Figure.nz. (2023). *Children diagnosed with anxiety disorder: By DHB and gender 2017-2020*. <https://figure.nz/chart/bNTX2FE8MvhwPBPu-hoTYqwLolPCzOoJZ>

Figure.nz. (2023). *Children diagnosed with anxiety disorder: by gender 2012-2022*.

<https://figure.nz/chart/Q0lFsNi0fCKmfNRi-YknP3lyIar4wUpq>

- Fisak, B. J., Richard, D., & Mann, A. (2011). The prevention of child and adolescent anxiety: A meta-analytic review. *Prevention Science, 12*, 255-268.
- Flanagan, P. (2021). *Counsellors in NZ primary schools: What's happening in years 1-8*. Wordpress.
- Fowler, J. (2020). Inferential statistics and sample size. *Research Gate*. California Institute of Technology.
- Ginsburg, K., & Kinsman, S. (2014). Students with anxiety: Help struggling teens. *ASCA School Counsellor, 51*(1).
- Goodman, R., Ford, T., Simmons, H., Gatward, R., & Meltzer, H. (2003). Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *International Review of Psychiatry, 15*(1-2), 166-172. <https://doi.org/10.1192/bjp.177.6.534>
- Gore, J., Fray, L., Miller, A. *et al.* The impact of COVID-19 on student learning in New South Wales primary schools: an empirical study. *Australian Educational Research, 48*, 605–637. <https://doi.org/10.1007/s13384-021-00436-w>
- Gowers, S., Thomas, S., & Deeley, S. (2004). Can primary schools contribute effectively to tier I child mental health services? *Clinical Child Psychology and Psychiatry, 9*(3), 419-425. <https://doi.org/10.1177/1359104504043924>
- Green, M. T., Clopton, J. R., & Pope, A. W. (1996). Understanding gender differences in referral of children to mental health services. *Journal of Emotional and Behavioral Disorders, 4*(3), 182-190.
- Greene, F. N., Chorpita, B. F., & Aukahi Austin, A. (2009). Examining youth anxiety symptoms and suicidal ideation in the context of the tripartite model of emotion. *Journal of Psychopathology and Behavioral Assessment, 31*, 405-411.
- Gromada, A., Rees, G., & Chzhen, Y. (2020). Worlds of influence: Understanding what

shapes child well-being in rich countries. *Innocenti Report Card 16*. UNICEF Office of Research-Innocenti.

- Harkness, K. L., Sabbagh, M. A., Jacobson, J. A., Chowdrey, N. K., & Chen, T. (2005). Enhanced accuracy of mental state decoding in dysphoric college students. *Cognition & Emotion, 19*(7), 999-1025. <https://doi.org/10.1080/02699930541000110>
- Harvard Centre on the Developing Child. (2009). *What is early childhood development? A guide to the science* (ECD 1.0). <https://developingchild.harvard.edu/guide/what-is-early-childhood-development-a-guide-to-the-science/>
- Hasan, F., Foster, M. M., & Cho, H. (2023). Normalizing anxiety on social media increases self-diagnosis of anxiety: The mediating effect of identification (but not stigma). *Journal of Health Communication, 28*(9), 563-572.
- Hawes, M., Szenczy, A., Klein, D., Hajcak, G., & Nelson, B. (2022). Increases in depression and anxiety symptoms in adolescents and young adults during the COVID-19 pandemic. *Psychological Medicine, 52*(14), 3222-3230. <https://doi.org/10.1017/S0033291720005358>
- Head, M., & PH, P. (2019). Child and youth wellbeing strategy. *New Zealand Nurses Organisation*. <https://www.chilyouthwellbeing.govt.nz/sites/default/files/2019-08/child-wellbeing-strategy-submission-new-zealand-nurses-organisation-4103625.pdf>
- Headley, C., & Campbell, M. (2011). Teachers' recognition and referral of anxiety disorders in primary school children. *Australian Journal of Educational and Developmental Psychology, 11*, 78-90.
- Headley, C., & Campbell, M. (2013). Teachers' knowledge of anxiety and identification of excessive anxiety in children. *Australian Journal of Teacher Education (Online), 38*(5), 48-66. <https://eprints.qut.edu.au/48399/1/48399.pdf>

- Hinchliffe, K., & Campbell, M. (2016) Tipping points: Teachers' reported reasons for referring primary school children for excessive anxiety. *Journal of Psychologists and Counsellors in Schools*, *26*(01), pp. 84-99. <https://doi.org/10.1017/jgc.2015.24>
- Humayun, A. (2016). The anxious child: Supporting students with anxiety and anxiety-related symptoms in the elementary classroom. *University of Toronto*.
<https://hdl.handle.net/1807/72203>
- Ickes, W. (1997). *Empathic Accuracy*. Guilford Press.
- Jeffs, E., Lucas, N., & Walls, T. (2020). COVID-19: Parent and caregiver concerns about reopening New Zealand Schools. *Journal of Pediatrics and Child Health*. *57*(1). 403-408.
- Johnson, M. (2023). Children in New Zealand left rudderless by failing education system. *The New Zealand Initiative*. <https://www.nzinitiative.org.nz/reports-and-media/opinion/children-in-new-zealand-left-rudderless-by-failing-education-system/>
- Kane, S. (2021). Anxiety in elementary classrooms. *Honors Program Theses and Projects*.
https://vc.bridgew.edu/honors_proj/480
- Kelly, W.E. & Miller, M.J. (1999). A discussion of worry with suggestions for counselors. *Counseling and Values*, *44*(1), 55-66.
- Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., Hughes, M., Eshelman, S., Wittchen, H., & Kendler, K.S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry*, *51*, 8-19.
<https://doi.org/10.1001/archpsyc.1994.03950010008002>
- Killu, K., Marc, R., & Crundwell, A. (2016). Students with anxiety in the classroom: Educational accommodations and interventions. *Beyond Behavior*, *25*(2), 30-40.
<https://doi.org/10.1177/107429561602500205>

- Landy, F. J., & Conte, J. M. (2016). *Work in the 21st century: An introduction to industrial and organizational psychology*. John Wiley & Sons.
- Lang, P. J., Bradley, M. M. & Cuthbert, B. N. (1998). Emotion, motivation and anxiety: Brain mechanisms and psychophysiology. *Biological Psychiatry*, 44(12), 1,248-1,263.
- Lawson, G. M., Jawad, A. F., Comly, R., Khanna, M., Glick, H. A., Beidas, R. S., ... & Eiraldi, R. (2023). A comparison of two group cognitive behavioral therapy protocols for anxiety in urban schools: Appropriateness, child outcomes, and cost-effectiveness. *Frontiers in Psychiatry*, 14.
<https://doi.org/10.3389/fpsyt.2023.11.05630>
- Layne, A. E., Bernstein, G. A., & March, J. S. (2006). Teacher awareness of anxiety symptoms in children. *Child psychiatry and human development*, 36, 383-392.
<https://doi.org/10.1007/s105778-006-009-6>
- LeDoux, J. E. (2012). Rethinking the emotional brain. *Neuron*, 73(4), 653-676.
<https://doi.org/10.1016/j.neuron.2012.02.004>
- Life Education Trust New Zealand. (2022). *Annual report 2022: Inspired learning, inspiring lives*.
https://sgpl.digitaloceanspaces.com/lifeeducation/uploads/tinymce/LETNZ_Annual_Report_2022_-_Digital_Spreads.pdf
- Loades, M. E., & Mastroyannopoulou, K. (2010). Teachers' recognition of children's mental health problems. *Child and Adolescent Mental Health*, 15(3), 150-156.
<https://doi.org/10.1111/j.1475-3588.2009.00551>
- Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., ... & Crawley, E. (2020). Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(11),

1218-1239.

- Lyneham, H. J., & Rapee, R. M. (2011). Prevention of child and adolescent anxiety disorders. *Anxiety Disorders in Children and Adolescents*, 349-366. <https://doi.org/10.1017/cbo9780511994920.017>
- Manley, H., Tu, E. N., Reardon, T., & Creswell, C. (2023). The relationship between teachers' day-to-day classroom management practices and anxiety in primary school children: A systematic review. *Review of Education*, 11(1), e3385. <https://doi.org/10.1002/rev3.3385>
- Mazzer, K. R., & Rickwood, D. J. (2015). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion*, 8(1), 29-41. <https://doi.org/10.1080/1754730x.2014.978119>
- McCambridge, J., Witton, J., & Elbourne, D. R. (2014). Systematic review of the Hawthorne effect: New concepts are needed to study research participation effects. *Journal of clinical epidemiology*, 67(3), 267-277. <https://doi.org/10.1016/j.jclinepi.2013.08.015>
- McGraw, S., Palokas, M., & Christian, R. (2022). Effectiveness of trauma-informed, school-based interventions for children with a history of trauma or adverse experiences: An umbrella review protocol. *JBI Evidence Synthesis*, 20(8), 2087-2093. <https://doi.org/10.11124/jbies-21-00370>
- McNeill, B., & Gillon, G. T. (2022). Lockdown experiences of 10–13 year olds in New Zealand. *New Zealand Journal of Educational Studies*, 57(1), 173-189.
- Ministry of Education & Oranga Tamariki – Ministry for Children (2019). *Children's Act 2014*. <https://www.legislation.govt.nz/act/public/2014/0040/latest/whole.html>
- Ministry of Education. (2017). *Guidelines for principals and boards of trustees for managing behaviour that may or may not lead to stand-downs, suspensions, exclusions, and*

expulsions. <https://assets.education.govt.nz/public/Documents/School/Managing-and-supporting-students/Stand-downs-suspensions-exclusions-and-expulsions-guidelines/SuspensionLegalGuideWEB.pdf>

Ministry of Education. (2017). *Pastoral care in schools*.

<https://www.education.govt.nz/assets/Documents/School/Supporting/students/Pastoral-Care-Guidelines-Te-Pakiaka-TangataNov2017.pdf>

Ministry of Education. (2019). *He Māpuna te Tamaiti: Supporting social and emotional competence in early learning*. <https://tewhariki.taurangi.education.govt.nz/early-childhood-curriculum-home>

Ministry of Education. (2020). *Education and Training Act 2020*.

<https://www.legislation.govt.nz/act/public/2020/0038/latest/LMS170676.html>

Ministry of Education. (2021). *Mental health education guidelines*.

<https://www.education.govt.nz/news/new-mental-health-education-guidance-launched/>

Ministry of Education. (2021). *Te Pakiaka Tangata: Strengthening student wellbeing for success*. <https://www.education.govt.nz/assets/Documents/School/Supporting-students/Pastoral-Care-Guidelines-Te-Pakiaka-TangataNov2017.pdf>

Ministry of Education. (2023). *Counselling in schools*. <https://www.education.govt.nz/our-work/changes-in-education/counselling-in-schools/>

Ministry of Health. (2019). *Te whare tapa whā: A Māori model of health promotion*. <https://www.health.govt.nz/system/files/documents/publications/maori-H>

Ministry of Health. (2022). *Content guide 2017/18: New Zealand health survey*.

<https://www.health.govt.nz/publication/annual-update-key-results-2017-18-new-zealand-health-survey>

Ministry of Health. (2022). *Content guide 2019/20: New Zealand health survey*.

<https://www.health.govt.nz/publication/annual-update-key-results-2019-20-new-zealand-health-survey>

Ministry of Health. (2022). *Content guide 2021/22: New Zealand health survey*.

<https://www.health.govt.nz/publication/annual-update-key-results-2021-22-new-zealand-health-survey>

Ministry of Social Development. (2015). *Supporting young people with stress, anxiety and/or depression*. <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/brochures/guidelines.html>

Missenden, N., & Campbell, M. (2019). Secondary school teachers' ability to recognise and refer students with differing levels of anxiety. *The Educational and Developmental Psychologist, 36*(2), 51-59.

Molins, N. C., & Clopton, J. R. (2002). Teachers' reports of the problem behavior of children in their classrooms. *Psychological Reports, 90*(1), 157-164.
<https://doi.org/10.2466/pr0.2002.90.1.157>

Morrow, A. S., & Villodas, M. T. (2017). Direct and indirect pathways from adverse childhood experiences to high school dropout among high-risk adolescents. *Journal of Research on Adolescence, 28*(2), 327–341. <https://doi.org/10.1111/jora.12332>

Morton, S. M., Walker, C., Gerritsen, S., Smith, A., Cha, J., Bird, A., ... & Wall, C. (2020). Now we are eight: Life in middle childhood. *Growing up in New Zealand*.

Neil, A. L., & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review, 29*(3), 208-215. <https://doi.org/10.1016/j.cpr.2009.01.002>

Neil, L., & Smith, M. (2017). Teachers' recognition of anxiety and somatic symptoms in their pupils. *Psychology in the Schools*, 54(9), 1176-1188.

<https://doi.org/10.1002/pits.22055>

O'Connell, J. (2022). Partnering to support children as mental health statistics decline.

<https://www.lifeeducation.org.nz/anxiety-nz-healthy-minds>

Öhman, A. (2008). Fear and anxiety. *Handbook of emotions*, 709-729.

<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=0b5caae2af7276da904e7e4ec8985544cc502327#page=726>

Organisation for Economic Cooperation and Development (2022). Education at a glance

2022: OECD Indicators. *OECD Publishing*.

https://www.oecd.org/education/EAG2022_X3-D.pdf

Paolini, L., Yanez, A. P., & Kelly, W. E. (2006). An examination of worry and life satisfaction among college students. *Individual Differences Research*, 4(5).

Papandrea, K., & Winefield, H. (2011). It's not just the squeaky wheels that need the oil:

Examining teachers' views on the disparity between referral rates for students with internalising versus externalising problems. *School Mental Health*, 3, 222-235.

<https://doi.org/10.1007/s12310-011-9063-8>

Pinel, J. P. J. (2006). Pupils with mental health difficulties: A study of UK teachers' experiences and views. *Biopsychology* (6th ed.).

Purewal, S. K., Bucci, M., Gutiérrez Wang, L., Koita, K., Silvério Marques, S., Oh, D., & Burke Harris, N. (2016). Screening for adverse childhood experiences (ACEs) in an integrated paediatric care model. *Zero To Three*, 37(1), 10-17.

- Read-Hamilton, S., & Marsh, M. (2016). The communities care programme: Changing social norms to end violence against women and girls in conflict-affected communities. *Gender & Development, 24*(2), 261-276.
- Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education, 24*, 1217–1231.
<https://doi.org/10.1016/j.tate.2007.09.01>
- Rothi, D. M., Leavey, G., & Best, R. (2008). Recognising and managing pupils with mental health difficulties: Teachers' views and experiences on working with educational psychologists in schools. *Pastoral Care in Education, 26*(3), 127-142.
- Saddock, B.J. & Saddock, V.A. (2003). *Synopsis of Psychiatry: Behavioural Sciences/Clinical Psychiatry* (9th ed.). Williams & Wilkins.
- Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., ... & Fusar-Poli, P. (2022). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Molecular psychiatry, 27*(1), 281-295.
- Sowislo, J. F., & Orth, U. (2012). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*.
<https://doi.org/10.1037/a0028931>
- Spray, J., & Samaniego, S. (2023). The public-in-Waiting: Children's representation and inclusion in Aotearoa New Zealand's COVID-19 public health response. *Critical Public Health, 1-14*. <https://doi.org/10.1080/09581596.2023.2227334>
- Stahl, N. D., & Clarizio, H. F. (1999). Conduct disorder and comorbidity. *Psychology in the Schools, 36*(1), 41-50.
- Statistics New Zealand (2023). The disability gap 2018: A snapshot of life for disabled New Zealanders. <https://www.stats.govt.nz/infographics/the-disability-gap-2023>

- Steffes, L. (2010). *General education teacher's perceptions of accommodations for students with learning disabilities in inclusive secondary classrooms*. Walden University.
<https://www.proquest.com/docview/815237042>
- Steimer, T. (2002). The biology of fear-and anxiety-related behaviors. *Dialogues in clinical neuroscience*, 4(3), 231-249. <https://doi.org/10.31887/DCNS.2002.4.3/tsteimer>
- Storer, G. J. (2002). The special education needs coordinator in New Zealand schools (SENCO): Who is this person and what's involved? *UC Library*.
<https://doi.org/10.26021/9443>
- Teaching Council of Aotearoa New Zealand. (2023). *Joining the Profession*.
<https://teachingcouncil.nz/getting-certificated/getting-started/>
- The Organization for Economic Cooperation and Development (OECD). U.S. Department of State. 2023.
- Theodore, R., Bowden, N., Kokaua, J., Ruhe, T., Hobbs, M., Hetrick, S., ... & Boden, J. (2022). *Mental health inequalities for Māori youth: a population-level study of mental health service data*.
- Trudgen, M., & Lawn, S. (2011). What is the threshold of teachers' recognition and report of concerns about anxiety and depression in students? An exploratory study with teachers of adolescents in regional Australia. *Journal of Psychologists and Counsellors in Schools*, 21(2), 126-141.
- United Kingdom Department for Education (2011). Me and my school: Findings from the national evaluation of targeted mental health in schools.
<https://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DFE-RR177>
- Valentine, H. (2009). *Kia Ngāwari ki te Awatea: the relationship between wairua and Maori well-being: A psychological perspective*. Massey University.

- Walker, Garber, J., Vanslyke, D. A., & Greene, J. W. (2006). Long-term health outcomes in patients with recurrent abdominal pain. *Journal of Paediatric Psychology, 20*(2), 233-245. <https://doi.org/10.1093/jpepsy/20.2.233>
- Walter, H. J., Gouze, K., & Lim, K. G. (2006). Teachers' beliefs about mental health needs in inner city elementary schools. *Journal of the American Academy of Child and Adolescent Psychiatry, 45*, 61-68. <https://doi.org/10.1097/01.chi.0000187243.17824.6c>
- Weems CF. (2008). Developmental trajectories of childhood anxiety: Identifying continuity and change in anxious emotion. *Developmental Review, 28*(4), 488–502. <https://doi.org/10.1016/j.dr.2008.01.001>
- Wirihana, R., & Smith, C. (2019). Historical trauma, healing and well-being in Māori communities. *He Rau Murimuri Aroha*.
- Wong, J.G.W.S, Cheung, E.P.T., Chan, K.K.C., Ma, K.K.M. & Tang, S.W. (2006). Web-based survey of depression, anxiety and stress in first year tertiary education students in Hong Kong. *Australian and New Zealand Journal of Psychiatry, 40*(9), 777-782. <https://doi.org/10.1111/j.1440-1614.2006.01883.x>
- Wood, J. (2006). Effect of anxiety reduction on children's school performance and social adjustment. *Developmental Psychology, 42*(2), 345-349. <https://doi.org/10.1037/0012-1649.42.2.345>

Appendix A: Ethics Approval from the University of Waikato

The University of Waikato
Private Bag 3105
Gate 1, Knighton Road
Hamilton, New Zealand

Human Research Ethics Committee
Roger Moltzen
Telephone: +64021658119
Email: humanethics@waikato.ac.nz



31 October 2022

Carla Margon
School of Psychology
DALPSS
By email: cm413@students.waikato.ac.nz

Dear Carla

**HREC(Health)2022#42 Teacher Understanding and Management of Students with Anxiety
in New Zealand Primary Schools**

Thank you for your detailed responses to the Committee feedback.

We are now pleased to provide formal approval for your project.

Please contact the Committee by email (humanethics@waikato.ac.nz) if you wish to make changes to your project as it unfolds, quoting your application number with your future correspondence. Any minor changes or additions to the approved research activities can be handled outside the monthly application cycle.

We wish you all the best with your research.

Regards,



**Emeritus Professor Roger Moltzen MNZM
Chairperson
University of Waikato Human Research Ethics Committee**

Appendix B: School Consent to Participate

RE: SCHOOL PERMISSION TO CONDUCT RESEARCH

24 October 2022

To whom it may concern.

I am writing to ask your permission to allow me to conduct research within your school. This is in view of my thesis, entitled, "The Understanding and Management of Anxiety in New Zealand Primary Schools". I am conducting a survey among primary school teachers in Rotorua. Attached is a copy of the questionnaire for this study.

The questionnaire should take approximately 20-30 minutes to complete and participation in this survey is entirely voluntary. There are no known or anticipated risks to this study and all information provided will be kept in utmost confidentiality and would be used on for academic purposes. The name of the responders will not appear in any thesis or publication resulting from this study.

After the data has been analyzed, you will receive a copy of the findings. Should you be interested in greater detail, an electronic copy (eg PDF) of the entire thesis can be made available to you.

I am hoping to book a time to join a staff meeting during the 7th week of the term (28 November to 2 December) where I will introduce the study and hand out the questionnaire packs to teaching staff.

If you agree, kindly sign below acknowledging your consent and permission for me to conduct the survey/study at your school.

Sincerely,
Carla Margon
022 157 6656
Cm413@students.waikato.ac.nz

Approved by:

Name and title	Bob Stiles, Principal
School	Owhata
Today's date	28/10/22
Alternative date for study (If applicable)	

Owhata Primary
Monday 28 November 2022
8am



RE: SCHOOL PERMISSION TO CONDUCT RESEARCH

24 October 2022

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Cm413@students.waikato.ac.nz

Approved by:

Name and title	Christina Roberts - DP/SENCO
School	Rotokawa
Today's date	28.10.22
Alternative date for study (if applicable)	

Rotokawa Primary
Thursday 1 December 2022
8am



RE: SCHOOL PERMISSION TO CONDUCT RESEARCH

24 October 2022

To whom it may concern.

I am writing to ask your permission to allow me to conduct research within your school. This is in view of my thesis, entitled, "The Understanding and Management of Anxiety in New Zealand Primary Schools". I am conducting a survey among primary school teachers in Rotorua. Attached is a copy of the questionnaire for this study.

The questionnaire should take approximately 20-30 minutes to complete and participation in this survey is entirely voluntary. There are no known or anticipated risks to this study and all information provided will be kept in utmost confidentiality and would be used on for academic purposes. The name of the responders will not appear in any thesis or publication resulting from this study.

After the data has been analyzed, you will receive a copy of the findings. Should you be interested in greater detail, an electronic copy (eg PDF) of the entire thesis can be made available to you.

I am hoping to book a time to join a staff meeting during the 7th week of the term (28 November to 2 December) where I will introduce the study and hand out the questionnaire packs to teaching staff.

If you agree, kindly sign below acknowledging your consent and permission for me to conduct the survey/study at your school.

Sincerely,
Carla Margon
022 157 6656
Cm413@students.waikato.ac.nz

Approved by:

Name and title	Hinei Taute Principal
School	Lynmore School
Today's date	27/10/22
Alternative date for study (If applicable)	

Lynmore Primary
Friday 2 December 2022
8:15am

Appendix C: Participant Information Sheet



PARTICIPANT INFORMATION SHEET

Study Title: **Teacher Understanding and Management of Students with Anxiety in New Zealand Primary Schools.**

Lead investigator: **Carla Margon**

Ethics committee ref: **HREC(Health)2022#42**

Contact number: **022 157 6656**

WHAT IS THE PURPOSE OF THE STUDY?

You are invited to take part in a voluntary study, looking at how anxiety is being managed within New Zealand Primary Schools. The aim is to understand the following:

- Anxiety within primary school students
- The current resources and support available to teaching staff to manage anxious students
- Your experience of recognising anxiety in students
- Your experience of managing and supporting anxious students
- The training you have been provided with on the manifestations of anxiety in primary school students
- Your overall experience of anxiety withing the mainstream school system

This study has received ethical approval from the University of Waikato Human Research Ethics Committee (**HREC(Health)2022#42**)

WHAT WILL MY PARTICIPATION IN THE STUDY INVOLVE?

As part of this process, you are invited to complete:

Anonymous Feedback Questionnaire.

I (Carla Margon) will be meeting with all teaching staff during a weekly staff meeting, where a questionnaire will be introduced and explained. All teaching staff will be given an A4 envelop with this information sheet and a questionnaire.

You will be asked to complete the questionnaire and return it in the sealed envelope provided, to the box, labelled "Carla's Masters" that will be left in the staff room for one week.

Should you choose to not participate in the study, you are asked to kindly return the pack to the above-mentioned box.

Completing the questionnaire will take between 20-30 minutes and you may choose to not take part or only answer the questions you are comfortable with.



To protect your privacy, no documents will ask for your name, contact details or any other identifying characteristics.

HOW WILL CONSENT BE GIVEN TO PARTICIPATE IN THIS STUDY

Taking part in this study is entirely voluntary and at no point, should a participant be made to feel pressured to participate or provide feedback. To protect your privacy and ensure complete confidentiality, a consent form will be included in your questionnaire pack, but at no point will you be asked to write identifying information on the questionnaire. In this way, your anonymity is protected while ensuring you are able to provide informed consent to participate.

How will my information be kept private?

All questionnaire information will be confidential. Once you have consented to take part and submitted your questionnaire, you will be assigned an anonymous ID and all data collected will be under this ID to assure anonymity. No identifiers will appear in analysis, presentations or reports about this study. All aspects of the study will be strictly confidential and only the researchers involved will have access to this information.

WHAT ARE THE POSSIBLE BENEFITS AND RISKS OF THIS STUDY?

There will be no risks to you in participating in this research. We hope that this study will result in a better understanding of the resources and training available to teaching staff when managing and supporting anxious students.

WHAT ARE MY RIGHTS?

Your participation is voluntary (your choice). If you do not want to take part, kindly return your questionnaire pack to the box labelled "CARLA'S MASTERS" in the staffroom. No reasons will need to be given for opting out.

WHO DO I CONTACT FOR MORE INFORMATION OR IF I HAVE CONCERNS?

If you have any questions or concerns about the study, you can contact:

<p>Carla Margon 022 157 6656 Cm413@students.waikato.ac.nz</p>	<p>Waikato University Human Research Ethics Committee humanethics@waikato.ac.nz Private Bag 3105 Gate 1, Knighton Road Hamilton, New Zealand</p>
<p>Dr Tania Blackmore Tania.blackmore@waikato.ac.nz</p>	

Thank you for taking the time to read this information sheet and to consider participating in this study to better support anxious primary school students and their teachers.

Appendix D: Participant Consent Form**Consent Form**

Study Title: **Teacher Understanding and Management of Students with Anxiety in New Zealand Primary Schools.**

Lead investigator: **Carla Margon**
 Email: **cm413@students.waikato.ac.nz**

Contact number: **022 157 6656**
 Supervisor email: **tania.blackmore@waikato.ac.nz**

- I _____ voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case, all my information and contributions will be deleted.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves an information session during a staff meeting, where the purpose of the study as well as the process will be explained, followed by a paper-based, anonymous questionnaire, which will take approximately 20 – 30 minutes to complete.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by assigning a study identifier to the questionnaire. This identifier will only be used by the researcher to link the consent form to the correct questionnaire, should a participant request to be removed from the study.
- I understand that I am free to contact the researcher (Carla Margon), her supervisor (Dr Tania Blackmore) or the Waikato University Ethics Committee to seek further clarification and information.

Signature of research participant _____ Date _____

Signature of researcher _____ Date _____

Appendix E: Questionnaire: Teachers Understanding and Management of Students with Anxiety in New Zealand Schools, based on the TAIRQ (Headley and Campbell, 2011).



Teaching Staff Questionnaire

Adapted from the original questionnaire by Dr Clea Headley and Dr Marilyn Campbell (2010)

Study Title: **Teacher Understanding and Management of Students with Anxiety in New Zealand Primary Schools.**

Lead investigator: **Carla Margon**

Contact number: **022 157 6656**

Before completing this questionnaire, please carefully read the below consent statements, tick the boxes and sign at the bottom to confirm that you understand and agree to participate in this study.

Consent statement	Tick
I understand that I will be participating in the study titled The Understanding and Management of Anxiety in New Zealand Primary Schools . A Masters research study undertaken by Carla Margon, through the University of Waikato.	
I have read the Participant Information Sheet and have signed the SEPARATE consent form. I understand that this 'tick-box' process is how I give my informed consent to participate in this questionnaire.	
I understand that my participation in this study is entirely voluntary, and I am in no way obligated to participate.	
I understand that demographic information such as my age, gender, and years as a teacher, will be collected, however all my answers will be kept completely anonymous.	
I understand the participation process and understand that my questionnaire will be linked with a study code and I will be able to request that my feedback be removed from the study should I change my mind.	

Thank you for taking the time to complete this questionnaire. Please remember that your participation is entirely voluntary and you are under no obligation to participate. Should you find any of the questions uncomfortable or triggering in any way, please feel free to skip them.

Once completed, please return this questionnaire to the A4 envelope and seal it. Once sealed, please place it in the box in the staffroom labelled "CARLA'S MASTERS". This box will remain in the staff room for one week before being collected. Should you not wish to participate, please place the pack back in the box for disposal.

Please do not write your name, phone number, or any other identifying information on this questionnaire.

**SECTION 1:****General Data Collection**

This information is for statistics, please feel free to skip or leave out should you not feel comfortable answering.

1.1 Your age

1.2 Your gender

Female

Male

Gender diverse

Prefer not to say

1.3 How many years have you been teaching for?

1-5 years	5-10 years	10-15 years	15-20 years	20+ years
-----------	------------	-------------	-------------	-----------

1.4 What primary school year levels have you taught during this time?

New Entrant	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
-------------	--------	--------	--------	--------	--------	--------

1.5 Where did you obtain your teaching qualification from?

1.6 To what degree was childhood anxiety and its manifestations covered in your studies?

Unsure	Not at all	Limited	Somewhat	Moderate	Fully
--------	------------	---------	----------	----------	-------



SECTION 2:

Understanding questions

2.1 What is anxiety?

2.2 How would you tell if a child in your classroom was excessively anxious?

2.3 Would you feel confident identifying the various ways in which anxiety can manifest in childhood and how these manifestations often look different to the manifestations during adulthood?

Unsure	Not at all	Limited	Somewhat	Moderate	Fully
--------	------------	---------	----------	----------	-------

2.4 How confident do you feel in your ability to recognise anxiety within your classroom?

Unsure	Not at all	Limited	Somewhat	Moderate	Fully
--------	------------	---------	----------	----------	-------

2.5 Does your school have a dedicated behaviour support teacher or coordinator?

Unsure	Yes	No
--------	-----	----

2.6 Does your school have regular contact with an Educational Psychologist?

Unsure	Yes	No
--------	-----	----



2.7 In the last five (5) years, have you received training or professional development on recognising and managing anxious students?

Unsure	Yes	No
--------	-----	----

2.8 In the last three (3) years, have you received training on recognising and managing anxious students?

Unsure	Yes	No
--------	-----	----

2.9 Is anxiety currently included on Individual Education Plans (IEP's) at your school?

Unsure	Yes	No
--------	-----	----

2.10 Is anxiety currently included on Behaviour Plans at your school?

Unsure	Yes	No
--------	-----	----

2.11 Is anxiety a current consideration when managing behaviour in and around your school?

Unsure	Yes	No
--------	-----	----

2.12 How often do you find a student's anxiety to be impacting on **THEIR** functioning in the classroom?

Unsure	Never	Rarely	Sometimes	Often	Always
--------	-------	--------	-----------	-------	--------

2.13 How often do you find a student's anxiety to be impacting **YOUR** functioning in the classroom?

Unsure	Never	Rarely	Sometimes	Often	Always
--------	-------	--------	-----------	-------	--------



2.14 Do you find accommodating these students to be difficult?

Unsure	Never	Rarely	Sometimes	Often	Always
--------	-------	--------	-----------	-------	--------

2.15 How are anxious children accommodated in your classroom?

2.16 Do you find managing the behaviours of anxious students to be challenging?

Unsure	Never	Rarely	Sometimes	Often	Always
--------	-------	--------	-----------	-------	--------

2.17 Does your school currently have a management plan for anxious students?

Unsure	Yes	No
--------	-----	----



SECTION 3:

Assistance seeking questions

Please read the following scenarios and answer the corresponding questions

3.1 Tom [Tegan] is a 10-year-old boy [girl]. He [She] tends to be very talkative in class and has several good friends. He [She] requires assistance in reading, however, does well in Mathematics and Sport. He [she] enjoys taking on new challenges although feels slightly nervous prior. In addition, he [she] enjoys giving presentations in front of the class and often volunteers to do class jobs.

If this child was in your classroom, would you refer him/her for additional assistance?

1 2 3 4 5

Definitely
would not

Definitely
would

Could you please indicate why you would or would not refer this child:

Out of every 30 children, how many children do you encounter similar to this description?

In your teaching career, how many children have you referred similar to this description?

3.2 Sam [Sarah] is a 10-year-old boy [girl]. He [She] tends to seek excessive attention from his [her] teacher. When he [she] does not receive attention, he [she] appears sad and withdraws. He [She] is also overly anxious to please, so he [she] is well behaved in the classroom and gets good grades. He [she] is proud of his [her] academic achievement and reports his [her] favorite subjects are Mathematics and Science.

If this child was in your classroom, would you refer him/her for additional assistance?

1 2 3 4 5

Definitely
would not

Definitely
would

Could you please indicate why you would or would not refer this child:

Out of every 30 children, how many children do you encounter similar to this description?

In your teaching career, how many children have you referred similar to this description?



3.3 Ben [Beth] is a shy 10-year-old who worries about tests and grades. He [She] bites his [her] nails and approaches the teacher's desk with several questions and complaints of 'tummy pains' just before something new is to begin. He [She] often cries if he [she] receives a poor grade or if he [she] is criticized. He [She] very much wants to please his [her] teacher and parents, and thus fears making mistakes and feels guilty when he [she] does poorly. He [She] often worries so much about his [her] teachers' and parents' expectations that he [she] feels he [she] cannot breathe and will ask to stay home from school.

If this child was in your classroom, would you refer him/her for additional assistance?

1 2 3 4 5

Definitely
would not

Definitely
would

Could you please indicate why you would or would not refer this child:

Out of every 30 children, how many children do you encounter similar to this description?

In your teaching career, how many children have you referred similar to this description?

3.4 Joshua [Jess] is a shy 10-year-old boy (girl) who prefers to play alone during LUNCH. Sometimes, he [she] seems nervous when his [her] peers attempt to engage him [her] in group activities. When group activities are conducted in the classroom, he [she] participates, however he [she] is noticeably uncomfortable. When he [she] plays alone, he [she] is creative and active.

If this child was in your classroom, would you refer him/her for additional assistance?

1 2 3 4 5

Definitely
would not

Definitely
would

Could you please indicate why you would or would not refer this child:

Out of every 30 children, how many children do you encounter similar to this description?

In your teaching career, how many children have you referred similar to this description?



3.5 Mark [Michelle] is a 10-year-old boy [girl]. He [she] works slowly in the classroom and as a result often takes his [her] work home to complete. He [she] seems to procrastinate often. This is partly due to his [her] excessive fear of making mistakes and oversensitivity to criticism, as he [she] feels a need to do "perfect" work. He [she] generally finishes his [her] work and gets good grades, but it takes him [her] much longer than his [her] peers. In general, he [she] is a child who tends to withdraw and keep things to himself [herself].

If this child was in your classroom, would you refer him/her for additional assistance?

1 2 3 4 5

Definitely
would not

Definitely
would

Could you please indicate why you would or would not refer this child:

Out of every 30 children, how many children do you encounter similar to this description?

In your teaching career, how many children have you referred similar to this description?

3.6 As you are aware, students are usually prioritised to receive additional assistance or assessments. Therefore, please rank the above scenarios according to children you would definitely seek assistance for (1) to children you would definitely not seek assistance for.

Please place a number in the corresponding box:

Tom [Tegan]

Sam [Sarah]

Ben [Beth]

Joshua [Jess]

Mark [Michelle]



Section 4

Anxiety and behaviour

Please read the following question and circle a percentage that corresponds with your response.

For example: 0% 20% 40% 60% 80% 100%

What percentage of children with an anxiety disorder would you expect to display these behaviours?

4.1 Easily embarrassed

0% 20% 40% 60% 80% 100%

4.2 Complaining of physical pains (e.g. headaches)

0% 20% 40% 60% 80% 100%

4.3 Worrying

0% 20% 40% 60% 80% 100%

4.4 Has rashes or skin problems

0% 20% 40% 60% 80% 100%

4.5 Hypersensitivity

0% 20% 40% 60% 80% 100%

4.6 Hyperactivity

0% 20% 40% 60% 80% 100%

4.7 Very imaginative

0% 20% 40% 60% 80% 100%

4.8 Avoidant

0% 20% 40% 60% 80% 100%

4.9 Confident

0% 20% 40% 60% 80% 100%

4.10 Easily distracted

0% 20% 40% 60% 80% 100%



Section 5

Covid-19 and Anxiety

Do you feel Covid-19 and the associated lockdowns have had an impact on student anxiety levels?
If Yes, please list the three 'main' impacts this is having on your classroom.

THANK YOU VERY FOR YOUR TIME AND EFFORT IN COMPLETING THIS QUESTIONNAIRE!

Appendix F: Five scenarios used in section three of this study based on vignettes from Green et al. (1996) and Headley & Campbell (2011)

Very severe anxiety disorder:

Ben [Beth] is a shy 10-year-old who worries about tests and grades. He [She] bites his [her] nails and approaches the teacher's desk with several questions and complaints of 'tummy pains' just before a test is to begin. He [She] often cries if he [she] receives a poor grade or if he [she] is criticized. He [She] very much wants to please his [her] teacher and parents, and thus fears making mistakes and feels guilty when he [she] does poorly. He [She] often worries so much about his [her] teachers' and parents' expectations that he [she] feels he [she] cannot breathe and will ask to stay home from school.

Severe anxiety disorder:

Mark [Michelle] is a 10-year-old boy [girl]. He [She] works slowly in the classroom and as a result often has to take his [her] work home to complete. He [She] seems to procrastinate often. This is partly due to his [her] excessive fear of making mistakes and oversensitivity to criticism, as he [she] feels a need to do "perfect" work. He [She] generally finishes his [her] work and gets good grades, but it takes him [her] much longer than his [her] peers. In general, he [she] is a child who tends to withdraw and keep things to himself [herself].

Moderate anxiety symptoms:

Joshua [Jess] is a shy 10-year-old boy (girl) who prefers to play alone during breaks. Sometimes, he [she] seems nervous when his [her] peers attempt to engage him [her] in group activities. When group activities are conducted in the classroom, he [she] participates, however, he [she] is noticeably uncomfortable. When he [she] plays alone, he [she] is creative and active.

Mild anxiety symptoms:

Sam [Sarah] is a 10-year-old boy [girl]. He [She] tends to seek excessive attention from his [her] teacher. When he [she] does not receive attention, he [she] appears sad and withdraws. He [She] is also overly anxious to please, so he [she] is well behaved in the classroom and gets good grades. He [she] is proud of his [her] academic achievement and reports his [her] favourite subjects are Mathematics and Science.

Minimal anxiety symptoms:

Tom [Tegan] is a 10-year-old boy [girl]. He [She] tends to be very talkative in class and has several good friends. He [She] requires assistance in reading, however, does well in Mathematics and Physical Education. He [she] enjoys taking tests although feels slightly nervous prior to the test. In addition, he [she] enjoys giving presentations in front of the class and is a member of the debating team and the class representative.

Appendix G: Table 19. Teachers' perceptions of manifestations of anxiety within primary school students (question 4.1-4.10).

Externalising manifestations	0%	%	20%	%	40%	%	60%	%	80%	%	100%	%
Physical pains	1	4,8	6	28,6	3	14,3	7	33,3	4	19,0	0	0,0
Rashes/skin problems	1	4,8	11	52,4	6	28,6	3	14,3	0	0,0	0	0,0
Worrying	0	0,0	0	0,0	4	19,0	6	28,6	9	42,9	2	9,5
Hypersensitivity	0	0,0	3	14,3	3	14,3	9	42,9	6	28,6	0	0,0
Hyperactivity	0	0,0	11	52,4	4	19,0	2	9,5	3	14,3	0	0,0
Avoidant	0	0,0	0	0,0	4	19,0	7	33,3	10	47,6	0	0,0
Easily embarrassed	0	0,0	3	14,3	4	19,0	6	28,6	8	38,1	0	0,0
Internalising manifestations												
Internalising manifestations	0%	%	20%	%	40%	%	60%	%	80%	%	100%	%
Very imaginative	1	4,8	9	42,9	4	19,0	5	23,8	2	9,5	0	0,0
Confident	1	4,8	11	52,4	5	23,8	3	14,3	1	4,8	0	0,0
Easily distracted	0	0,0	8	38,1	5	23,8	5	23,8	3	14,3	0	0,0